MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)
LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)

QUARTERLY REPORT: SUPPLEMENTAL INFORMATION
For individual, completed units

Project Funding: ☐ State Lead (Z267) ☐ State Lead (N261) ☐ Federal Lead ☐ Healthy Homes Intervention ☐ Healthy Homes Production ☐ DHHS

Agency (CAA): _____

_____

CAA Rep Name: _____
CAA Rep Title: _____
CAA Rep Phone: _____
CAA Rep Email: _____

Project Type: ☐ Single-Family ☐ Multi-Family

Applicant (Owner): _____ **Co-Applicant:** _____

Property: _____ **Tenant:** _____

Unit #: _____

Apartment/Unit #: _____

Total # of rooms in unit: _____

# of children with EBLL: _____

Are children covered by MaineCare?
☐ **Yes** ☐ **No**

Key Dates:

Enrollment date _____ Work started date _____

Assessed date _____ Clearance achieved date _____

# of rooms treated in unit: _____

Areas Abated (check all that apply):

- ☐ Interior
- ☐ Exterior
- ☐ Common Area
- ☐ Crawl space
- ☐ Basement
- ☐ Ground floor
- ☐ Upper level(s)
- ☐ Attic

Relocation Total: $ _____ **Healthy Homes Intervention Total:** $ _____

Federal Lead Abatement Total: $ _____ **Healthy Homes Production Total:** $ _____

Reminder: Be sure to include any/all approved Change Order amounts in the applicable total.