

PROJECT SUMMARY SHEET FOR SINGLE-FAMILY PROJECTS

INSTRUCTIONS: Complete this Project Cover Sheet and the forms contained in this bundle will auto-populate. The Project Cover Sheet does not contain all the fields needed to completely populate forms. Review the forms, provide missing data. Forms not contained in the bundle can be downloaded from the CAA Portal.

PROPERTY

Single Family

Does Owner reside at the property? Yes No

Property Address _____

Are children under 6 at the property? Yes No

Street, City, State, Zip

Are children covered by MaineCare? Yes No

Is property under abatement order? Yes No

Applicant (Owner)

Entity or Owner First Name MI Last Name

Mailing Address _____
Street, City, State, Zip

Home Phone _____

Work Phone _____

Email _____

Co-Applicant (Co-Owner)

Co-Entity or Co-Owner First Name MI Last Name

Mailing Address _____
Street, City, State, Zip

Home Phone _____

Work Phone _____

Email _____

COMMUNITY ACTION AGENCY (CAA/ESCROW AGENT)

CAA Name

Mailing Address _____
Street, City, State, Zip

CAA Rep Name

CAA Rep Title

CAA Rep Phone

CAA Rep Email

Lead Designer Name

Lead Designer Phone

Lead Designer Fax

Lead Designer Email

LEAD REDUCTION/ABATEMENT CONTRACTOR

Company Name

Mailing Address _____
Street, City, State, Zip

Phone

Rep Name

Rep Phone

Rep Email

NOTES/COMMENTS

PROJECT FUNDING SUMMARY

Funding Source	Total Interior	Total Exterior	Total
Federal Lead Grant	\$	\$	\$
Healthy Homes Grant	\$	\$	\$
Federal Lead Additional Project Costs <i>(Owner Obligation)</i>	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs <i>(Owner Obligation)</i>	\$	\$	\$
DHHS	\$	\$	\$
CONTRACT AMOUNT	\$	\$	\$
Leveraged Funds	\$	\$	\$
PROJECT TOTAL (without change orders)	\$	\$	\$

Check boxes if funds. Will auto-populate.

Project Funding	
<input type="checkbox"/> Federal Lead Grant	\$ _____
<input type="checkbox"/> Healthy Homes Grant	\$ _____
Federal Owner Obligation	\$ _____
Federal Lead Total	\$ _____
<input type="checkbox"/> State Lead Grant	\$ _____
State Lead Owner Match	\$ _____
State Lead Owner Obligation	\$ _____
DHHS	\$ _____
State Lead Total	\$ _____
Leveraged Funds	\$ _____
State Lead Match Criteria <input type="checkbox"/> 10% Non-Abatement <input type="checkbox"/> 25% Abatement <input type="checkbox"/> Waived	
Total Owner Obligation	\$ _____

Agreement/Constructions Contract	
Grant Amount	\$ _____
Contract Amount	\$ _____
Contract/Agreement Date	_____
Interior Start Date	_____
Interior End Date	_____
Exterior Start Date	_____
Exterior End Date	_____
Change Orders	
Federal Lead Change Order #1	\$ _____
Federal Lead Change Order #2	\$ _____
State Lead Change Order #1	\$ _____
State Lead Change Order #2	\$ _____
Final Contract Amount	\$ _____
FINAL PROJECT TOTAL	\$ _____

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

PHASE 2– SINGLE-FAMILY DOCUMENT CHECKLIST

Applicant (Owner) _____ **CAA** _____
Property Address _____ **Date Submitted** _____

Program Type(s): Federal Lead State Lead (N261) Healthy Homes **DHHS**

	Document Reference	FEDERAL LEAD	STATE LEAD	DHHS
FILE SECTION 2 (Invoices, Checklists, Waiver)				
Phase 2 Invoice	Appendix IA	X	X	X
Phase 2 Single-Family Document Checklist	Appendix 1B-SF2	X	X	X
Project Summary Sheet <i>(updated)</i>	Appendix 1	X	X	X
Relocation and travel receipts	CAA	X	X	X
FILE SECTION 3 (Contractor)				
Contractor Payment Request(s) including Contractor invoices	Appendix I-C	X	X	X
Certificate and Release of Liens	Appendix I-B	X	X	X
Certificate of Final Inspection	Appendix Q	X	X	X
Change Order(s) <i>(if applicable)</i>	Appendix N	X	X	X
FILE SECTION 5 (Federal and State Compliance, Healthy Homes)				
DEP Notification and Clearance	DEP Form	X	X	X
Dust Wipe Clearance Results	CAA	X	X	X
Lead Paint Plus Essential Maintenance Practice Plan	Appendix R	X	X	X
Letter of Lead Hazard Reduction Compliance	Appendix P	X	X	X
Occupant Protection Plan	Contractor	X	X	X
HUD Quarterly Report: Supplemental Information Worksheet	Appendix R1	X		
HUD Section 3 Verification Data and CPOII Pilot Program Form	Appendix R3	X		
Healthy Homes HRRS Assessment Report <i>(if applicable)</i>	CAA	X		
FILE SECTION 6 (Photos, Correspondence)				
Colored Photo(s) <i>(in progress and completed)</i>	CAA	X	X	X
Correspondence	CAA/MHSA	X	X	X

CAA certifies that the originals of all documents listed are retained with the project file located at the CAA office. CAA further certifies that documents not included on this Checklist, but are required by program regulations as referenced in the Procedures Guide, are maintained in the Applicant(s) project file at the CAA's office. These documents are subject to periodic inspection by MaineHousing.

 CAA Representative Signature

 Date

 CAA Representative Name

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

CONTRACTOR CERTIFICATE AND RELEASE OF LIENS

Project Funding: State Lead Federal Lead Healthy Homes DHHS **Project Type:** Single-Family Multi-Family

Agency (CAA): _____ CAA Rep Name: _____
_____ CAA Rep Title: _____
_____ CAA Rep Phone: _____
_____ CAA Rep Email: _____

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	Contractor: _____
	Contract Amount: \$ _____
	Contract Date: _____

Regarding the *Construction Contract* ("Contract") entered into between the Applicant and Contractor identified above, for work performed on the above-referenced Property in accordance with the agreed upon project specifications, the Contractor certifies/states as follows:

1. \$ _____ is due from and payable by the Applicant to the Contractor pursuant to the Contract and duly approved *Change Orders* and modifications.
2. All work invoiced under the Contract has been performed in accordance with the terms thereof, and that there are no unpaid claims for materials, supplies or equipment and no claims of laborers or mechanics for unpaid wages arising out of the performance of the Contract.
3. That upon receipt of the payment stated in Paragraph 1 hereof, the Contractor does hereby release the Applicant from any and all claims arising under or by virtue of this invoiced amount; provided, however, that if for any reason the Applicant does not pay in full the amount stated in Paragraph 1 hereof, the unpaid amount will become the amount which the Contractor has not released.

Contractor Representative Signature

Date

Contractor Representative Name

Acknowledged by:

Applicant (Owner) Signature

Date

Co-Applicant (Co-Owner) Signature

Date

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

CONTRACTOR PAYMENT REQUEST

Project Funding: State Lead Federal Lead Healthy Homes DHHS Project Type: Single-Family Multi-Family

Agency (CAA): _____ CAA Rep Name: _____
_____ CAA Rep Title: _____
_____ CAA Rep Phone: _____
_____ CAA Rep Email: _____

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	Contractor: _____
	Contract Amount: \$ _____
	Contract Date: _____

TYPE OF PAYMENT: Final Progress _____ % of work completed as outlined in the Contract

CONTRACTOR:

I hereby request an inspection to receive payment # _____ for the amount of \$ _____

I certify that I have satisfactorily completed the necessary work to justify this request. Cost breakdown/invoice(s) attached.

Contractor Representative Signature _____ Date _____

Contractor Representative Name

LEAD DESIGNER / RISK ASSESSOR:

I hereby certify that all work is completed as indicated on the Contractor's payment request/invoice and in accordance with all applicable specifications and standards. I hereby recommend approval of the payment to the Contractor in the following amount:

Payment Amount \$ _____

Lead Designer/Risk Assessor Signature _____ Date _____

Lead Designer/Risk Assessor Name

OWNER:

Your signature on this Payment Request form means that you understand and agree with the following:

- The materials being billed for this project have been installed in/on your home/property.
- The work being billed for this project phase has actually occurred.
- You are satisfied with the work that the Contractor has performed.
- You are requesting payment to the Contractor for the above work and materials.
- You agree that this information has been explained to you and you understand this payment request process.

If you have concerns about the work being done to your home, you should discuss them with the Community Action Agency before signing this form.

Owner Signature _____ Date _____

Co-Owner Signature _____ Date _____

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

CERTIFICATE OF FINAL INSPECTION

Project Funding: State Lead Federal Lead Healthy Homes DHHS **Project Type:** Single-Family Multi-Family
Agency (CAA): _____

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

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	Contractor: _____
	Contract Amount: \$ _____
	Contract Date: _____

1. The CAA Technician certifies and the Applicant(s)/Owner(s) acknowledges that the Contractor has satisfactorily completed the lead-hazard work, including all change orders, as outlined in the *Construction Contract* ("Contract") for the herein referenced Property, and final cleaning that passed HUD lead dust wipe clearance standards as outlined in the Contract between the Applicant(s) and the Contractor on the above written Contract Date.
2. The Applicant(s)/Owner(s) acknowledges that he/she received a Client Satisfaction Survey card which provides an opportunity to provide MaineHousing with information about his/her experience with the Home Accessibility and Repair Program Assistance Program.

Lead Designer Signature _____
Date

Lead Designer Name

Acknowledged by:

Applicant Signature _____
Date

Co-Applicant Signature _____
Date

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

LEAD PAINT PLUS ESSENTIAL MAINTENANCE PLAN

Project Funding: State Lead Federal Lead Healthy Homes DHHS **Project Type:** Single-Family Multi-Family
Agency (CAA): _____ CAA Rep Name: _____
_____ CAA Rep Title: _____
_____ CAA Rep Phone: _____
_____ CAA Rep Email: _____

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	Contractor: _____
Unit #: _____	Inspection Date: _____

RESIDENTIAL UNIT: _____

A. Overview

Paint Plus Essential Maintenance Plan (“Paint Plus”) is an interim (short-term) method used by lead contractors and property owners to temporarily eliminate lead hazards. Interim controls are achieved through the removal of any chipping, cracking, and flaking paint plus the application of a new protective coating of paint in conjunction with the implementation of a written essential maintenance plan. This method cannot be used on impact or friction surfaces (e.g. floors, stair treads/risers, thresh holds, window sashes, parting beads, stops, window wells, doorjambs and edges).

B. Essential Maintenance Plan

An Essential Maintenance Plan is a written and implemented plan of paint inspection and maintenance that ensures that the paint remains in good condition and that the surface is not creating a lead hazard. The building owner must carry out Essential Maintenance Practices six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces.

Enclosed you will find an inventory of the building components that you will need to inspect and several forms that will assist you in documenting your Essential Maintenance Plan-related activities. Also enclosed you will find the “Essential Maintenance for a Lead-Safe Home” brochure. Please make sure you read this brochure; it provides information you need to implement Essential Maintenance Practices.

C. Elements of the Essential Maintenance Plan

The Essential Maintenance Plan has 4 parts: an inventory of painted surfaces that need routine inspection and maintenance; a schedule and protocol for routine visual inspections; forms for documenting routine inspections and essential maintenance performed; and the booklet “Essential Maintenance for a Lead-Safe Home” that describes how to perform essential maintenance.

D. “Paint Plus” Building Component Inventory

The “Paint Plus” *Building Component Inventory Form* contains a list of all building components within your dwelling unit where paint plus essential maintenance practices was used by the contractor. It is organized first by Room Name, and then lists Building Component and Location in the Room. These are the specific building components that must be visually inspected and properly maintained.

UNIT # _____

E. Scheduled Visual Inspections of Building Components

Each of the building components listed on the **“Paint Plus” Building Component Inventory Form** must be visually inspected six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces. You must do this visual inspection to document that the condition of the paint remains intact.

F. How to do a visual inspection

When performing your inspection, check each building component for signs of:

- (1) Flaking paint
- (2) Peeling paint
- (3) Cracking paint
- (4) Paint chips
- (5) Dust on window sills
- (6) Dust on the floor

If the building component is damaged and/or needs repair, follow the **Safe Work Practices** referred to in the enclosed brochure, **“Essential Maintenance for a Lead-Safe Home”**.

G. What to do after your visual inspection

After completing the routine visual inspection, fill in the enclosed form, **“Visual Inspection Form”** to document that you have done your visual inspection(s). Save this form with your Essential Maintenance Practices Plan.

H. Documenting Essential Maintenance Practices Plan Requirements

Included are forms used to record your Essential Maintenance Practice-related activities. It includes a signature sheet that is to be used to document that you have read and understand the Essential Maintenance Practices Plan requirements.

I. Forms/Signature Sheet

- (1) Understanding the Requirements of the Essential Maintenance Practices Plan Signature Sheet;
- (2) Paint Plus Building Component Inventory Form;
- (3) Visual Inspection Form; and
- (4) Essential Maintenance for a Lead-Safe Home brochure.

Understanding the Requirements of the Essential Maintenance Practices Plan

I/We have read and understand the requirements of the Essential Maintenance Practices Plan, and agree to maintain this facility in accordance with the developed Essential Maintenance Practices Plan.

:

Applicant Signature

Date

Co-Applicant Signature

Date

UNIT # _____

BUILDING COMPONENT INVENTORY FORM

The following listing shows the type and location of those building components where Paint Plus Essential Maintenance Practices was used as a lead hazard control method by a lead abatement contractor to eliminate lead hazards. These are the specific building components that must be visually inspected and properly maintained to prevent lead hazards from redeveloping.

RESIDENTIAL UNIT: _____

<i>Room Name</i>	<i>Building Component</i>	<i>Location in Room</i>

UNIT # _____

VISUAL INSPECTION FORM AND ESSENTIAL MAINTENANCE RECORD

This form is used to document your visual inspections and essential maintenance actions conducted six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces. This helps ensure that the paint on these building components remains in good condition and that the surfaces are not creating lead hazards.

RESIDENTIAL UNIT: _____

Room Name	Building Component	Location in Room	Changed Noted	Maintenance Needed	Date Maintenance Completed

INSPECTION DATE _____

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 Federal Lead Healthy Homes DHHS **Project Type:** Single-Family Multi-Family
Agency (CAA): _____ CAA Rep Name: _____
_____ CAA Rep Title: _____
_____ CAA Rep Phone: _____
_____ CAA Rep Email: _____

Applicant (Owner): _____ **Co-Applicant:** _____
Property: _____ **Tenant:** _____
Unit #: _____

Apartment/Unit #: _____ **Are children covered by MaineCare?**
Total # of rooms in unit: _____ **Yes** **No**
of children with EBLL: _____

Key Dates:
Enrollment date _____ Work started date _____
Assessed date _____ Clearance achieved date _____

of rooms treated in unit: _____

Areas Abated (check all that apply):

<input type="checkbox"/> Interior	<input type="checkbox"/> Basement
<input type="checkbox"/> Exterior	<input type="checkbox"/> Ground floor
<input type="checkbox"/> Common Area	<input type="checkbox"/> Upper level(s)
<input type="checkbox"/> Crawl space	<input type="checkbox"/> Attic

Relocation Total: \$ _____
Abatement Total: \$ _____

HUD SECTION 3 VERIFICATION DATA

Contractor Name: _____
Contractor Address: _____

The requirements of HUD Section 3 apply to recipients of HUD Lead-Based Paint Hazard Control funding exceeding \$200,000 in one year. Contractors or subcontractors that receive contracts in excess of \$100,000 for Section 3 covered projects and/or activities are required to comply with Section 3 regulations in the same manner as direct recipients (visit <https://www.hud.gov/Section3> for additional information about Section 3 regulations).

INSTRUCTIONS: Contractors must complete and submit this HUD Section 3 Verification Data Form for each project (Property). In addition, contractors must complete the Contractor Pollution Occurrence Insurance Incentive Pilot Program (CPOII Pilot Program) section of this form in order to participate in the CPOII Pilot Program.

1. Is your business a qualified Section 3 business? Yes No

If Yes, Please indicate one of the following:

- Business is 51 percent or more owned by Section 3 residents.
- Business's permanent, full-time employees include persons, at least 30 percent of whom are Section 3 residents, (or **within three years of first employment with the firm were Section 3 residents.**)
- Business can provide evidence of a commitment to subcontract in excess of 25 percent of the dollar amount of all subcontracts to be awarded to businesses that meet the qualifications described above.

Definition of Section 3 Residents: (1) Residents of Public and Indian Housing; or (2) Individuals that reside in the area in which the Section 3 covered assistance is expended whose incomes do not exceed the local criteria of low-income. Refer to the *2020 80% Median Income Limits by Family Size.*

2. HUD Section 3 regulations intend that recipients of HUD funding hire Section 3 residents or award contracts to Section 3 businesses whenever possible to complete covered projects/activities. If the expenditure-covered funding does not result in new employment, contracting or training opportunities, the requirements have not been triggered.

Project Type: (check one) Single-Family Multi-Family

Project Location: _____

Contract Date: _____ Contract Amount: \$ _____

3. Did your business hire additional help, even temporary, to work on the project? Yes No

Complete the following table in reference to the above project only. (Other qualified projects for this grant will report separately.)

A.	B.	C.	D.	E.	F.
Job Category	Number of New Hires	Number of New Hires that are Sec 3 Residents	% of Aggregate Number of Staff Hours or New Hires that are Sec 3 Residents	% of Total Staff Hours for Sec 3 Employees and Trainees	Number of Sec 3 Trainees
Professionals					
Technicians					
Office/Clerical					
Lead Abatement					
Carpenter RRP					
Electrician					
Other (describe)					

Column A: Contains various job categories. Professionals are defined as people who have special knowledge of an occupation (i.e., supervisors, architects, surveyors, planners and computer programmers).

Column B: Enter the total number of new hires for each category of workers identified in Column A in connection with the project. New hires refer to persons not on the contractor's payroll for employment prior to the commencement of the project identified on this Section 3 Report.

Column C: Enter the number of Section 3 new hires for each category of workers identified in Column A in connection with the project. New hires refer to persons not on the contractor's payroll for employment prior to the commencement of the project identified on this Section 3 Report.

Column D: Enter the percentage of the total staff hours of new hires in connection with this project.

Column E: Enter the percentage of the total staff hours worked for employees and trainees (including new hires) connected with this project. Include staff hours for part-time and full-time.

Column F: Enter the number of Section 3 residents that were trained in connection with this project.

Contractor Pollution Occurrence Insurance Incentive Pilot Program

INSTRUCTIONS: Contractors must complete this Contractor Pollution Occurrence Insurance Incentive Pilot Program (CPOII Pilot Program) section to receive a \$500 incentive payment to supplement Pollution Occurrence insurance premiums currently being paid by the Contractor who performed lead hazard reduction and/or abatement services funded through HUD's Lead Hazard Reduction Grant. The maximum annual award is \$2,000 per contractor. MaineHousing will calculate and remit payment directly to Contractors. Contractors who have reached the maximum benefit amount of \$2,000 during the current calendar year of the pilot program will not be eligible for an incentive payment until January 1 of the following calendar year. The CPOII Pilot Program period is February 3, 2020 through August 3, 2023.

- I wish to participate in the CPOII Pilot Program. I certify the following (check all that apply):
- Project started within seven (7) days from the effective start date indicated on the signed Construction Contract
 - Project completed by the end date referenced on the signed Construction Contract
 - Units cleared on the first test.
 - I have satisfactorily completed the necessary work to justify this request.
 - Attached is my company's current and active Pollution Occurrence Insurance Certificate.
- I do not wish to participate in the CPOII Pilot Program.

Contractor Representative Signature

Date

Contractor Representative Name