

PROJECT SUMMARY SHEET FOR MULTI-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

<input type="checkbox"/> Multi-Family (and Single Family Rentals)	# Units _____	Does Owner reside at the property?	Yes	No
Property Address: _____		Are children under 6 at the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Are the children covered by MaineCare?	Yes	<input type="checkbox"/> No
		Is property under abatement order?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Phone

CAA Rep Email

CAA Rep Title

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

TENANT INFORMATION

UNIT 1

Tenant Name _____
First MI Last

Co-Tenant Name _____
First MI Last

Apt/Unit # _____

Mailing Address _____
Street, City, State, Zip

Home Phone _____

Email _____

Are children under 6 in the unit? Yes No

Are the children covered by MaineCare? Yes No

Household Size: _____ AMI: _____

Maximum Eligible Income: \$ _____

Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
DHHS			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

UNIT 3

Tenant Name _____
First MI Last

Co-Tenant Name _____
First MI Last

Apt/Unit # _____

Mailing Address _____
Street, City, State, Zip

Home Phone _____

Email _____

Are children under 6 in the unit? Yes No

Are the children covered by MaineCare? Yes No

Household Size: _____ AMI: _____

Maximum Eligible Income: \$ _____

Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
DHHS			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

UNIT 2

Tenant Name _____
First, MI Last

Co-Tenant Name _____
First MI Last

Apt/Unit # _____

Mailing Address _____
Street, City, State, Zip

Home Phone _____

Email _____

Are children under 6 in the unit? Yes No

Are the children covered by MaineCare? Yes No

Household Size: _____ AMI: _____

Maximum Eligible Income: \$ _____

Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
DHHS			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

UNIT 4

Tenant Name _____
First, MI Last

Co-Tenant Name _____
First MI Last

Apt/Unit # _____

Mailing Address _____
Street, City, State, Zip

Home Phone _____

Email _____

Are children under 6 in the unit? Yes No

Are the children covered by MaineCare? Yes No

Household Size: _____ AMI: _____

Maximum Eligible Income: \$ _____

Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
DHHS			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

PROJECT FUNDING SUMMARY

Click boxes if there are funds. Check boxes will auto-populate.

Project Funding	
<input type="checkbox"/> Federal Lead Grant	\$ _____
<input type="checkbox"/> Healthy Homes Grant	\$ _____
<input type="checkbox"/>	
<input type="checkbox"/> 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

10% Non-Abatement
 25% Abatement
 Waived

Total Owner Obligation	\$ _____
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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	\$ _____
PROJECT TOTAL	\$ _____

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	\$	\$	\$