

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	\$ _____
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	\$ _____
<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> <p style="text-align: center; margin: 0;">State Lead Match Criteria</p> <p style="margin: 0;"> <input type="checkbox"/> 10% Non-Abatement <input type="checkbox"/> 25% Abatement <input type="checkbox"/> Waived </p> </div>	
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	_____
<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> <p style="text-align: center; margin: 0;">Change Orders</p> <p style="margin: 0;">Federal Lead Change Order #1 \$ _____</p> <p style="margin: 0;">Federal Lead Change Order #2 \$ _____</p> <p style="margin: 0;">State Lead Change Order #1 \$ _____</p> <p style="margin: 0;">State Lead Change Order #2 \$ _____</p> </div>	
Final Contract Amount	\$ _____
<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> <p style="text-align: center; margin: 0;">PROJECT TOTAL</p> <p style="margin: 0;">\$ _____</p> </div>	

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	\$	\$	\$

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	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