

PROJECT SUMMARY SHEET FOR SINGLE-FAMILY PROJECTS

INSTRUCTIONS: Complete this Project Summary Sheet and the forms contained in this bundle will auto-populate. The Project Summary 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"/> Single-Family (owner occupied)	Does Owner reside at the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property Street _____	Are children under 6 at the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property City State Zip _____	Is property under abatement order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PROPERTY OWNER(S)

Applicant (Owner)	Co-Applicant (Co-Owner)
Entity or Owner First Name MI Last Name _____	Co-Entity or Co-Owner First Name MI Last Name _____
Mailing Address _____	Mailing Address _____
City State Zip _____	City State Zip _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____

COMMUNITY ACTION AGENCY (CAA/ESCROW AGENT)

CAA Name _____	CAA Rep Name _____
Mailing Address _____	CAA Rep Phone _____
City State Zip _____	CAA Rep Email _____
Intake Staff Name _____	Rehab Tech Name _____
Intake Staff Phone _____	Rehab Tech Phone _____
Intake Staff Fax _____	Rehab Tech Email _____
Intake Staff Email _____	

LEAD REDUCTION/ABATEMENT

Lead Designer	Lead Contractor
Designer Name _____	Company Name _____
Mailing Address _____	Mailing Address _____
City State Zip _____	City State Zip _____
Phone _____	Phone _____
Email _____	Rep Name _____
	Rep Phone _____
	Rep Email _____

FUNDING

Complete the Project Funding Summary on page 2 and the Project Funding will auto calculate.

Project Funding	Agreement/Constructions Contract
<input type="checkbox"/> Federal Lead Grant \$ _____	Grant Amount \$ _____
<input type="checkbox"/> Healthy Homes Grant \$ _____	Contract Amount \$ _____
Federal Owner Obligation \$ _____	Contract/Agreement Date _____
Federal Lead Total \$ _____	Interior Start Date _____
	Interior End Date _____
<input type="checkbox"/> State Lead Grant \$ _____	Exterior Start Date _____
State Lead Owner Match \$ _____	Exterior End Date _____
State Lead Owner Obligation \$ _____	
State Lead Total \$ _____	
Leveraged Funds \$ _____	

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	\$ _____

State Lead Match Criteria

10% Non-Abatement
 25% Abatement
 Waived

Total Owner Obligation \$ _____

PROJECT TOTAL \$ _____

PROJECT FUNDING SUMMARY

Complete this Project Funding Summary and the Project Funding on page 1 will auto calculate.

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>	\$	\$	\$

CONTRACT AMOUNT	\$	\$	\$
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