

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 Owner Occupied

Property Address _____

Does Owner reside at the property?	Yes	No
Are children under 6 at the property?	Yes	No
Are the 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 _____

Home Phone _____

Work Phone _____

Email _____

Co-Applicant (Co-Owner)

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

Mailing Address _____

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 _____

RADON AIR TESTING/MITIGATION CONTRACTOR

Company Name _____

Mailing Address _____
Street, City, State, Zip

Phone _____

Rep Name _____

Rep Phone _____

Rep Email _____

NOTES/COMMENTS

PROJECT FUNDING SUMMARY

Lead Funding Source	Total Interior	Total Exterior	Total
Federal Lead Grant	\$	\$	\$
Healthy Homes Grant Non-Radon Measures	\$	\$	\$
Healthy Homes Production Non-Radon Measures	\$	\$	\$
Federal Lead Additional Project Costs (Owner Obligation)	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs (Owner Obligation)	\$	\$	\$
DHHS	\$	\$	\$
CONTRACT AMOUNT	\$	\$	\$
Leveraged Funds	\$	\$	\$
PROJECT TOTAL	\$	\$	\$

Lead Project Funding	
☐ Federal Lead Grant	\$
☐ Healthy Homes Grant	\$
Healthy Homes Production Non-Radon Measures	\$
☐ Federal Owner Obligation	\$
Federal Lead Total	\$
☐ 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 \$

Lead 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 \$

Healthy Homes Production Grant Funding	
☐ Radon Air Testing	\$
☐ Radon Mitigation	\$
HHPG Radon Total	\$
☐ HHPG Non-Radon Measures	\$
HHPG Total	\$

Healthy Homes Intervention Radon	
☐ Radon Air Testing	\$
☐ Radon Mitigation	\$
HHI Radon Total	\$