

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

<input type="checkbox"/> Single Family Property Address _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Does Owner reside at the property?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Are children under 6 at the property?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Are the children covered by MaineCare?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Is property under abatement order?</td> <td>Yes</td> <td>No</td> </tr> </table>	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
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 _____

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	\$	\$	\$

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	\$ _____
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	\$ _____
PROJECT TOTAL	\$ _____