

MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)  
LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)

**QUARTERLY REPORT: SUPPLEMENTAL INFORMATION**  
**For individual, completed units**

**Project Funding:**  State Lead  Federal Lead  Healthy Homes

**Project Type:**  Single-Family  Multi-Family

**Agency (CAA):** \_\_\_\_\_

Technician Name: \_\_\_\_\_

\_\_\_\_\_

Technician Phone: \_\_\_\_\_

\_\_\_\_\_

Technician Email: \_\_\_\_\_

**Applicant (Owner):** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Property:** \_\_\_\_\_

**Tenant:** \_\_\_\_\_

\_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Apartment/Unit #:** \_\_\_\_\_

**Total # of rooms in unit:** \_\_\_\_\_

**# of children with EBLL:** \_\_\_\_\_

**Key Dates:**

Enrollment date \_\_\_\_\_

Work started date \_\_\_\_\_

Assessed date \_\_\_\_\_

Clearance achieved date \_\_\_\_\_

**# of rooms treated in unit:** \_\_\_\_\_

**Areas Abated (check all that apply):**

Interior

Basement

Exterior

Ground floor

Common Area

Upper level(s)

Crawl space

Attic

**Relocation Total:** \$ \_\_\_\_\_

**Abatement Total:** \$ \_\_\_\_\_