

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

**NOTICE OF GRANT PRE-APPROVAL**

**Project Funding:**    State Lead    Federal Lead    Healthy Homes   DHHS   **Project Type:**    Single-Family    Multi-Family

**Agency (CAA):** \_\_\_\_\_ CAA Rep Name: \_\_\_\_\_  
 \_\_\_\_\_ CAA Rep Title: \_\_\_\_\_  
 \_\_\_\_\_ CAA Rep Phone: \_\_\_\_\_  
 \_\_\_\_\_ CAA Rep Email: \_\_\_\_\_

<b>Applicant (Owner):</b> _____ <b>Address:</b> _____  <b>Property:</b> _____	<b>Co-Applicant:</b> _____ <b>Address:</b> _____  <b>Grant Amount:</b> \$ _____
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**Your application for one or more of the following Lead Program Grants with the above-named CAA has been reviewed and approved as follows:**

<b>LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)</b>	
Federal Lead Grant	\$
Federal Lead Additional Project Costs ( <i>Owner Assumed Obligation</i> )	\$
<b>MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)</b>	
State Lead Grant	\$
State Lead Owner Match	\$
State Lead Additional Project Costs ( <i>Owner Assumed Obligation</i> )	\$
DHHS	\$
<b>HEALTHY HOMES INTERVENTION PROGRAM (Healthy Homes)</b>	
Healthy Homes Grant	\$
<b>TOTAL FUNDS</b>	<b>\$</b>

**You will need to bring the following documents with you to the Closing (if applicable):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Your Closing is scheduled on:**

**Date:** \_\_\_\_\_      **Place:** \_\_\_\_\_  
**Time:** \_\_\_\_\_

It is important that you bring the above-mentioned items (if applicable) to the Grant closing to avoid any delays. If you have any questions, please contact your CAA Representative prior to your Closing date.

\_\_\_\_\_  
 Signature of CAA Representative      Date

\_\_\_\_\_  
 CAA Representative Name