

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

**NOTICE OF GRANT PRE-APPROVAL**

**Project Funding:** State Lead (Z267)    State Lead (N261)    Federal Lead    Healthy Homes    DHHS

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

CAA Rep Name: \_\_\_\_\_

CAA Rep Title: \_\_\_\_\_

CAA Rep Phone: \_\_\_\_\_

CAA Rep Email: \_\_\_\_\_

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

<b>Applicant (Owner):</b> _____	<b>Co-Applicant:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Property:</b> _____	<b>Grant Amount:</b> \$ _____

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>TOTAL FUNDS</b>	\$ _____
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You will need to bring the following documents with you to the Closing (if applicable):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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