

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: _____

Applicant (Owner): _____ Address: _____ Property: _____	Co-Applicant: _____ Address: _____ Grant Amount: \$ _____
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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:

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

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