

# 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

☐ Single Family

Property Address \_\_\_\_\_

*Street, City, State, Zip*

Does Owner reside at the property? ☐ Yes ☐ No

Are children under 6 at the property? ☐ Yes ☐ No

Are 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 \_\_\_\_\_

*Street, City, State, Zip*

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

## Co-Applicant (Co-Owner)

\_\_\_\_\_  
Co-Entity or Co-Owner First Name MI Last Name

Mailing Address \_\_\_\_\_

*Street, City, State, Zip*

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 (Owner Obligation)	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs (Owner Obligation)	\$	\$	\$
DHHS	\$	\$	\$
<b>CONTRACT AMOUNT</b>	\$	\$	\$
Leveraged Funds	\$	\$	\$
<b>PROJECT TOTAL</b> (without change orders)	\$	\$	\$

Check boxes if funds. Will auto-populate. State lead check-boxes are on CAA document checklist page.

Project Funding	
<input type="checkbox"/> Federal Lead Grant	\$
<input type="checkbox"/> Healthy Homes Grant	\$
<input type="checkbox"/>	
Federal Owner Obligation	\$
<b>Federal Lead Total</b>	\$
<input type="checkbox"/> State Lead Grant	\$
State Lead Owner Match	\$
State Lead Owner Obligation	\$
DHHS	\$
<b>State Lead Total</b>	\$
Leveraged Funds	\$
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center; margin: 0;"><b>State Lead Match Criteria</b></p> <p style="margin: 0;"> <input type="checkbox"/> 10% Non-Abatement               <input type="checkbox"/> 25% Abatement               <input type="checkbox"/> Waived         </p> </div>	
<b>Total Owner Obligation</b>	\$

Agreement/Constructions Contract	
Grant Amount	\$
<b>Contract Amount</b>	\$
Contract/Agreement Date	
Interior Start Date	
Interior End Date	
Exterior Start Date	
Exterior End Date	
<b>Change Orders</b>	
Federal Lead Change Order #1	\$
Federal Lead Change Order #2	\$
State Lead Change Order #1	\$
State Lead Change Order #2	\$
<b>Final Contract Amount</b>	\$
<div style="border: 1px solid black; height: 20px; margin: 5px 0;"></div>	
<b>FINAL PROJECT TOTAL</b>	\$

## PHASE 2- SINGLE-FAMILY DOCUMENT CHECKLIST

**Program Type(s):** ☐ Federal Lead ☐ State Lead (Z267)  
State Lead (N261) ☐ Healthy Homes

CAA certifies that the originals of all documents listed are retained with the project file located at the CAA office. CAA further certifies that documents not included on this Checklist, but are required by program regulations as referenced in the Procedures Guide, are maintained in the Applicant(s) project file at the CAA's office. These documents are subject to periodic inspection by MaineHousing.

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Date \_\_\_\_\_

SF Phase 2 Document Checklist Lead 03/18/2025

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

**CONTRACTOR CERTIFICATE AND RELEASE OF LIENS**

**Project Funding:**      State Lead (N261)      State Lead (Z267)      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

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

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

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

**Contractor:** \_\_\_\_\_

**Contract Amount:**    \$ \_\_\_\_\_

**Contract Date:** \_\_\_\_\_

Regarding the *Construction Contract* ("Contract") entered into between the Applicant and Contractor identified above, for work performed on the above-referenced Property in accordance with the agreed upon project specifications, the Contractor certifies/states as follows:

1.      \$ \_\_\_\_\_ is due from and payable by the Applicant to the Contractor pursuant to the Contract and duly approved *Change Orders* and modifications.
2.      All work invoiced under the Contract has been performed in accordance with the terms thereof, and that there are no unpaid claims for materials, supplies or equipment and no claims of laborers or mechanics for unpaid wages arising out of the performance of the Contract.
3.      That upon receipt of the payment stated in Paragraph 1 hereof, the Contractor does hereby release the Applicant from any and all claims arising under or by virtue of this invoiced amount; provided, however, that if for any reason the Applicant does not pay in full the amount stated in Paragraph 1 hereof, the unpaid amount will become the amount which the Contractor has not released.

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name

**Acknowledged by:**

\_\_\_\_\_  
Applicant (Owner) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant (Co-Owner) Signature

\_\_\_\_\_  
Date

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

**CONTRACTOR PAYMENT REQUEST**

**Project Funding:** State Lead (N261) State Lead (Z267) 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

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

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

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

**Contractor:** \_\_\_\_\_

**Contract Amount:** \$ \_\_\_\_\_

**Contract Date:** \_\_\_\_\_

**TYPE OF PAYMENT:** ☐ Final ☐ Progress \_\_\_\_\_ % of work completed as outlined in the Contract

**CONTRACTOR:**

I hereby request an inspection to receive payment # \_\_\_\_\_ for the amount of \$ \_\_\_\_\_

I certify that I have satisfactorily completed the necessary work to justify this request. Cost breakdown/invoice(s) attached.

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name

**LEAD DESIGNER / RISK ASSESSOR:**

I hereby certify that all work is completed as indicated on the Contractor's payment request/invoice and in accordance with all applicable specifications and standards. I hereby recommend approval of the payment to the Contractor in the following amount:

Payment Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Lead Designer/Risk Assessor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lead Designer/Risk Assessor Name

**OWNER:**

Your signature on this Payment Request form means that you understand and agree with the following:

- The materials being billed for this project have been installed in/on your home/property.
- The work being billed for this project phase has actually occurred.
- You are satisfied with the work that the Contractor has performed.
- You are requesting payment to the Contractor for the above work and materials.
- You agree that this information has been explained to you and you understand this payment request process.

**If you have concerns about the work being done to your home, you should discuss them with the Community Action Agency before signing this form.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner Signature

\_\_\_\_\_  
Date

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

**CERTIFICATE OF FINAL INSPECTION**

**Project Funding:** State Lead (N261) State Lead (Z267) 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>Property:</b> _____	<b>Contractor:</b> _____
	<b>Contract Amount:</b> \$ _____
	<b>Contract Date:</b> _____

1. The CAA Technician certifies and the Applicant(s)/Owner(s) acknowledges that the Contractor has satisfactorily completed the lead-hazard work, including all change orders, as outlined in the *Construction Contract* ("Contract") for the herein referenced Property, and final cleaning that passed HUD lead dust wipe clearance standards as outlined in the Contract between the Applicant(s) and the Contractor on the above written Contract Date.
2. The Applicant(s)/Owner(s) acknowledges that he/she received a Client Satisfaction Survey card which provides an opportunity to provide MaineHousing with information about his/her experience with the Home Accessibility and Repair Program Assistance Program.

\_\_\_\_\_  
Lead Designer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lead Designer Name

**Acknowledged by:**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

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

**LEAD PAINT PLUS ESSENTIAL MAINTENANCE PLAN**

**Project Funding:** State Lead (N261)    State Lead (Z267)    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

**Applicant (Owner):**

**Co-Applicant:**

**Property:**

**Contractor:**

**Unit #:**

**Inspection Date:**

**RESIDENTIAL UNIT:**

**A.    Overview**

Paint Plus Essential Maintenance Plan ("Paint Plus") is an interim (short-term) method used by lead contractors and property owners to temporarily eliminate lead hazards. Interim controls are achieved through the removal of any chipping, cracking, and flaking paint plus the application of a new protective coating of paint in conjunction with the implementation of a written essential maintenance plan. This method cannot be used on impact or friction surfaces (e.g. floors, stair treads/risers, thresh holds, window sashes, parting beads, stops, window wells, doorjambs and edges).

**B.    Essential Maintenance Plan**

An Essential Maintenance Plan is a written and implemented plan of paint inspection and maintenance that ensures that the paint remains in good condition and that the surface is not creating a lead hazard. The building owner must carry out Essential Maintenance Practices six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces.

Enclosed you will find an inventory of the building components that you will need to inspect and several forms that will assist you in documenting your Essential Maintenance Plan-related activities. Also enclosed you will find the "Essential Maintenance for a Lead-Safe Home" brochure. Please make sure you read this brochure; it provides information you need to implement Essential Maintenance Practices.

**C.    Elements of the Essential Maintenance Plan**

The Essential Maintenance Plan has 4 parts: an inventory of painted surfaces that need routine inspection and maintenance; a schedule and protocol for routine visual inspections; forms for documenting routine inspections and essential maintenance performed; and the booklet "Essential Maintenance for a Lead-Safe Home" that describes how to perform essential maintenance.

**D.    "Paint Plus" Building Component Inventory**

The "*Paint Plus*" *Building Component Inventory Form* contains a list of all building components within your dwelling unit where paint plus essential maintenance practices was used by the contractor. It is organized first by Room Name, and then lists Building Component and Location in the Room. These are the specific building components that must be visually inspected and properly maintained.

UNIT # \_\_\_\_\_

**E. Scheduled Visual Inspections of Building Components**

Each of the building components listed on the ***“Paint Plus” Building Component Inventory Form*** must be visually inspected six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces. You must do this visual inspection to document that the condition of the paint remains intact.

**F. How to do a visual inspection**

When performing your inspection, check each building component for signs of:

- (1) Flaking paint
- (2) Peeling paint
- (3) Cracking paint
- (4) Paint chips
- (5) Dust on window sills
- (6) Dust on the floor

If the building component is damaged and/or needs repair, follow the **Safe Work Practices** referred to in the enclosed brochure, **“Essential Maintenance for a Lead-Safe Home”**.

**G. What to do after your visual inspection**

After completing the routine visual inspection, fill in the enclosed form, **“Visual Inspection Form”** to document that you have done your visual inspection(s). Save this form with your Essential Maintenance Practices Plan.

**H. Documenting Essential Maintenance Practices Plan Requirements**

Included are forms used to record your Essential Maintenance Practice-related activities. It includes a signature sheet that is to be used to document that you have read and understand the Essential Maintenance Practices Plan requirements.

**I. Forms/Signature Sheet**

- (1) Understanding the Requirements of the Essential Maintenance Practices Plan Signature Sheet;
- (2) Paint Plus Building Component Inventory Form;
- (3) Visual Inspection Form; and
- (4) Essential Maintenance for a Lead-Safe Home brochure.

**Understanding the Requirements of the Essential Maintenance Practices Plan**

I/We have read and understand the requirements of the Essential Maintenance Practices Plan, and agree to maintain this facility in accordance with the developed Essential Maintenance Practices Plan.

:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



UNIT # \_\_\_\_\_

# BUILDING COMPONENT INVENTORY FORM

The following listing shows the type and location of those building components where Paint Plus Essential Maintenance Practices was used as a lead hazard control method by a lead abatement contractor to eliminate lead hazards. These are the specific building components that must be visually inspected and properly maintained to prevent lead hazards from redeveloping.

**RESIDENTIAL UNIT:** \_\_\_\_\_[illegible]

UNIT #

# VISUAL INSPECTION FORM AND ESSENTIAL MAINTENANCE RECORD

This form is used to document your visual inspections and essential maintenance actions conducted six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces. This helps ensure that the paint on these building components remains in good condition and that the surfaces are not creating lead hazards.

**RESIDENTIAL UNIT:**[illegible]

INSPECTION DATE

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 (N261) State Lead (Z267) 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

**Applicant (Owner):** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_  
**Property:** \_\_\_\_\_ **Tenant:** \_\_\_\_\_  
**Unit #:** \_\_\_\_\_

**Apartment/Unit #:** \_\_\_\_\_ **Are children covered by MaineCare?**  
**Total # of rooms in unit:** \_\_\_\_\_ **Yes No**  
**# 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):**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Interior    | <input type="checkbox"/> Basement       |
| <input type="checkbox"/> Exterior    | <input type="checkbox"/> Ground floor   |
| <input type="checkbox"/> Common Area | <input type="checkbox"/> Upper level(s) |
| <input type="checkbox"/> Crawl space | <input type="checkbox"/> Attic          |

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

**HUD SECTION 3 VERIFICATION DATA**

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

The requirements of HUD Section 3 apply to recipients of HUD Lead-Based Paint Hazard Control funding exceeding \$200,000 in one year. Contractors or subcontractors that receive contracts in excess of \$100,000 for Section 3 covered projects and/or activities are required to comply with Section 3 regulations in the same manner as direct recipients (visit <https://www.hud.gov/Section3> for additional information about Section 3 regulations).

**INSTRUCTIONS:** Contractors must complete and submit this HUD Section 3 Verification Data Form for each project (Property). In addition, contractors must complete the Contractor Pollution Occurrence Insurance Incentive Pilot Program (CPOII Pilot Program) section of this form in order to participate in the CPOII Pilot Program.

**1. Is your business a qualified Section 3 business?** ☐ Yes ☐ No

If Yes, Please indicate one of the following:

- ☐ Business is 51 percent or more owned by Section 3 residents.
- ☐ Business's permanent, full-time employees include persons, at least 30 percent of whom are Section 3 residents, (or **within three years of first employment with the firm were Section 3 residents.**)
- ☐ Business can provide evidence of a commitment to subcontract in excess of 25 percent of the dollar amount of all subcontracts to be awarded to businesses that meet the qualifications described above.

**Definition of Section 3 Residents:** (1) Residents of Public and Indian Housing; or (2) Individuals that reside in the area in which the Section 3 covered assistance is expended whose incomes do not exceed the local criteria of low-income. Refer to the *2020 80% Median Income Limits by Family Size*.

**2. HUD Section 3 regulations intend that recipients of HUD funding hire Section 3 residents or award contracts to Section 3 businesses whenever possible to complete covered projects/activities.** If the expenditure-covered funding does not result in new employment, contracting or training opportunities, the requirements have not been triggered.Project Type: (check one) ☐ Single-Family ☐ Multi-Family

Project Location: \_\_\_\_\_

Contract Date: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_

**3. Did your business hire additional help, even temporary, to work on the project?** ☐ Yes ☐ No

Complete the following table in reference to the above project only. (Other qualified projects for this grant will report separately.)

A.	B.	C.	D.	E.	F.
Job Category	Number of New Hires	Number of New Hires that are Sec 3 Residents	% of Aggregate Number of Staff Hours or New Hires that are Sec 3 Residents	% of Total Staff Hours for Sec 3 Employees and Trainees	Number of Sec 3 Trainees
Professionals					
Technicians					
Office/Clerical					
Lead Abatement					
Carpenter RRP					
Electrician					
Other (describe)					

**Column A:** Contains various job categories. Professionals are defined as people who have special knowledge of an occupation (i.e., supervisors, architects, surveyors, planners and computer programmers).

**Column B:** Enter the total number of new hires for each category of workers identified in Column A in connection with the project. New hires refer to persons not on the contractor's payroll for employment prior to the commencement of the project identified on this Section 3 Report.

**Column C:** Enter the number of Section 3 new hires for each category of workers identified in Column A in connection with the project. New hires refer to persons not on the contractor's payroll for employment prior to the commencement of the project identified on this Section 3 Report.

**Column D:** Enter the percentage of the total staff hours of new hires in connection with this project.

**Column E:** Enter the percentage of the total staff hours worked for employees and trainees (including new hires) connected with this project. Include staff hours for part-time and full-time.

**Column F:** Enter the number of Section 3 residents that were trained in connection with this project.

### Contractor Pollution Occurrence Insurance Incentive Pilot Program

**INSTRUCTIONS:** Contractors must complete this Contractor Pollution Occurrence Insurance Incentive Pilot Program (CPOII Pilot Program) section to receive a \$500 incentive payment to supplement Pollution Occurrence insurance premiums currently being paid by the Contractor who performed lead hazard reduction and/or abatement services funded through HUD's Lead Hazard Reduction Grant. The maximum annual award is \$2,000 per contractor. MaineHousing will calculate and remit payment directly to Contractors. Contractors who have reached the maximum benefit amount of \$2,000 during the current calendar year of the pilot program will not be eligible for an incentive payment until January 1 of the following calendar year. The CPOII Pilot Program period is February 3, 2020 through August 3, 2023.

☐ I wish to participate in the CPOII Pilot Program. I certify the following (check all that apply):

- ☐ Project started within seven (7) days from the effective start date indicated on the signed Construction Contract
- ☐ Project completed by the end date referenced on the signed Construction Contract
- ☐ Units cleared on the first test.
- ☐ I have satisfactorily completed the necessary work to justify this request.
- ☐ Attached is my company's current and active Pollution Occurrence Insurance Certificate.

☐ I do not wish to participate in the CPOII Pilot Program.

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name