

# 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 \_\_\_\_\_

Does Owner reside at the property?	Yes	No
Are children under 6 at the property?	Yes	No
Are the 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 \_\_\_\_\_

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

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

Email \_\_\_\_\_

## Co-Applicant (Co-Owner)

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

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

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 <i>(Owner Obligation)</i>	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs <i>(Owner Obligation)</i>	\$	\$	\$
DHHS	\$	\$	\$
<b>CONTRACT AMOUNT</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Leveraged Funds	\$	\$	\$
<b>PROJECT TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Click boxes if there are funds. Check-boxes will auto-populate.

Project Funding	
<input type="checkbox"/> Federal Lead Grant	\$ _____
<input type="checkbox"/> Healthy Homes Grant	\$ _____
<input type="checkbox"/>	
Federal Lead Owner Obligation	\$ _____
<b>Federal Lead Total</b>	<b>\$ _____</b>
<input type="checkbox"/> State Lead Grant	\$ _____
State Lead Owner Match	\$ _____
State Lead Owner Obligation	\$ _____
DHHS	\$ _____
<b>State Lead Total</b>	<b>\$ _____</b>
Leveraged Funds	\$ _____
<b>State Lead Match Criteria</b> <input type="checkbox"/> 10% Non-Abatement <input type="checkbox"/> 25% Abatement <input type="checkbox"/> Waived	
<b>Total Owner Obligation</b>	<b>\$ _____</b>

Agreement/Constructions Contract	
Grant Amount	\$ _____
<b>Contract Amount</b>	<b>\$ _____</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>	<b>\$ _____</b>
<b>PROJECT TOTAL</b>	<b>\$ _____</b>