

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 Federal Lead Healthy Homes
Agency (CAA): _____

Project Type: Single-Family Multi-Family

CAA Contact Name: _____
CAA Contact Title: _____
CAA Contact Phone: _____
CAA Contact Email: _____

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

Apartment/Unit #: _____
Total # of rooms in unit: _____
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: \$ _____