

Grant Amount Request: Maximum Request is \$100,000	\$		
<ul> <li>Referral Agency</li> <li>Please note that this Application <u>must</u> state or federally funded lead abateme agencies that administer programs suc Name of</li> </ul>		amples include, but are not lin	nited to, ng Fund.
Referral Agency:		this Application as	
<ul><li>construction activities in residential of</li><li>The Applicant must have obtained an</li></ul>	nstruction company that is active in com Iwellings through state and federally fu d submitted to Finance Fund a Lead Aba remediation activities under this program	inded programs throughout the atement Contractor License pr	e State of Ohio.
Name of Applicant:			
Business Address:			
City:		Zip:	
County:			
Phone:			
Provide a brief description of the activities in residential dwelling			•
	5		
Contact Information			

Contact Person:		Title:
Contact Phone:	Contact Email:	

Applicant Profile	
Federal Tax ID/EIN (if the Applicant is an	
organization such as a corporation, nonprofit	
corporation, or limited liability company):	
Social Security Number (if the Applicant is a sole	
proprietor):	



If the Applicant is an organization, attach to this Application as "Exhibit B" true and correct copies of all relevant organizational documents, including Articles of Incorporation/Organization, By-Laws/Code of Regulations, and operating agreements.
Does the Applicant have any lawsuits or other causes of action pending against it or its business associates that arose out of lead remediation activity?
🗆 Yes 🗆 No
If Yes, please explain:
Has the Applicant or its business associates ever settled a lawsuit or entered into a consent agreement involving a lawsuit that arose out of a lead remediation activity? If yes, please explain.
🗆 Yes 🗆 No
If Yes, please explain:
Has the Applicant or its business associates ever been cited and ordered to pay a penalty or monetary damages as result of lead remediation activity? If yes, please explain.
□ Yes □ No
If Yes, please explain:
Is the applicant owned and/or controlled by more than 50% of individuals who identify as racial minorities?
If Yes, please identify race(s):
Is the applicant owned and/or controlled by more than 50% of individuals who identify as women? □ Yes □ No
Is the applicant owned and/or controlled by more than 50% of individuals who identify as veterans? □ Yes □ No
Impact Data:

Impact Data:	
Number of Jobs created or expected to be created by Applicant	
resulting from the grant proceeds:	
Number of residential dwellings in the State of Ohio that Applicant	
expects to complete lead abatement and mitigation activities over	
a 12-month period resulting from the grant proceeds:	
Number of individuals that Applicant expects will benefit from the	
lead abatement and mitigation activities resulting from the grant	
proceeds:	



<ul> <li>Use of Grant Proceeds</li> <li>Note that grant proceeds must be used solely in connection with completing lead practivities in residential dwellings in the State of Ohio.</li> <li>By its signature below, Applicant certifies that all proposed activities concerning lead Lead-Based Paint requirements of 24 CFR Part 35, subparts A, B, J, K and R.</li> </ul>	
Please provide the project address(es) and a brief description of	the project's scope of work.
Please provide a line-item budget of the specific lead prevention activities to be completed by Applicant. Grant proceeds shall be used to reimburse Applicant for eligible expenses, which may ind Materials, tools, equipment, and supplies needed for lead abatement projects. Increased business costs related to expanding capacity to perform lead abatement of Wages for time spent in lead abatement contractor training.	clude, without limitation:
Costs incurred traveling to lead abatement project sites.	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Grant Request	\$



### Insurance

Attach to this Application as "Exhibit C" proof of Applicant's insurance coverage applicable to the project's scope.

### Lead Abatement Contractor License

Attach to this Application as "Exhibit D" a true and correct copy of Applicant's Lead Abatement Contractor License.

□ If Applicant does not currently have a Lead Abatement Contractor License, then by checking this box, Applicant commits to completing all necessary training required to obtain a Lead Abatement Contractor License. If awarded funds under this program, Applicant must submit such Lead Abatement Contractor License to Finance Fund within twelve (12) weeks of executing a grant agreement and before Applicant commences any lead abatement or remediation activities.

#### **Commitment to Bid**

Successful applicants are expected to provide a minimum of five (5) bids on state or federally funded lead abatement program projects.

□ By checking this box, Applicant commits to providing a minimum of five (5) bids on state or federally funded lead abatement program projects.

### **Certification Statement**

Agreements and Representations

The undersigned represents and certifies to Finance Fund that all information contained in this Application is true and correct, is not misleading, and does not contain any material omissions.

Authorized Signature:		Date:	
Printed Name:	Title:		

#### **Submittal of Application**

This Application and all Exhibits should be emailed to: <u>leadsafeCAP@FinanceFund.orq</u>

The following Exhibits are incorporated by reference into this Application.



<u>Exhibit A</u>

(Referral Letter)



<u>Exhibit B</u>

(Organizational Documents, if applicable)



<u>Exhibit C</u>

(Proof of Insurance)



<u>Exhibit D</u>

(Lead Abatement Contractor License)