

| Grant Amount Request: | ¢ |
|--|---|
| Maximum Request is \$100,000 | Ψ |

| Please note that this A state or federally fund agencies that adminis referral letter must be them reach out to: Lea | ed lead abatement pr ter programs such as e on an approved form | ogramming in HUD Lead, C n. If your refer | n the State of Ol HIP and/or CHI rral agency does | hio. Example P-LAP, SCHI | s include, bu P, and Lead | ut are not lir Safe Housir | mited to, ng Fund. The |
|---|--|---|---|-----------------------------|------------------------------------|-------------------------------|---------------------------|
| Name of | Attach the referral letter to | | | | | | |
| Referral Agency: | Referral Agency: this Application as "Exhibit A" | | | | | EXNIBIT A | |
| residential dwelling The Applicant must | nation ant must be a constru s through state and fe have obtained and sut ad abatement or reme | derally funder omitted to Fir | ed programs thr nance Fund a Le | oughout the ad Abateme | State of Ohions State of Ohions | 0. | |
| Name of Applicant | : | | | | | | |
| Business Address | : | | | | | | |
| City: | | | | | | Zip: | |
| County: | | | | | | | |
| Phone: | | | | | | | |
| Provide a brief description of the Applicant's experience with lead abatement activities in residential dwellings within the State of Ohio over the past three (3) years: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Contact Information | on | | | | | | |
| Contact Person: | | | | Title: | | | |
| Contact Phone: | | | Contact Email: | | | | |
| Applicant Profile | | | | | | | |
| Federal Tax ID/EIN organization such corporation, or lim | as a corporation | n, nonprof | fit | | | | |



| Social Security Number (if the Applicant is a sole proprietor): | |
|---|-----------------------------------|
| If the Applicant is an organization, attach to this Application copies of all relevant organizational documents, including A Incorporation/Organization, By-Laws/Code of Regulations, a | rticles of |
| Does the Applicant have any lawsuits or other causes of action 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 la agreement involving a lawsuit that arose out of a lead remed explain. | |
| □ Yes □ No | |
| If Yes, please explain: | |
| Has the Applicant or its business associates ever been cited monetary damages as result of lead remediation activity? If | |
| □ Yes □ No | |
| If Yes, please explain: | |
| Is the applicant owned and/or controlled by more than 50% of indiversities? | riduals who identify as racial |
| If Yes, please identify race(s): | |
| Is the applicant owned and/or controlled by more than 50% of indiv $\hfill\square$ Yes $\hfill\square$ No | viduals who identify as women? |
| Is the applicant owned and/or controlled by more than 50% of indiv ☐ Yes ☐ No | viduals who identify as veterans? |
| | |
| Impact Data: | . |
| Number of Jobs created or expected to be created by Application resulting from the grant proceeds: | ant |
| Number of residential dwellings in the State of Ohio that App | olicant |
| expects to complete lead abatement activities over a 12-mor | |
| period resulting from the grant proceeds: | |
| Number of individuals that Applicant expects will benefit fro | m the |

lead abatement activities resulting from the grant proceeds:



Use of Grant Proceeds

- Note that grant proceeds must be used solely in connection with completing lead abatement activities in residential
 dwellings in the State of Ohio.
- By its signature below, Applicant certifies that all proposed activities concerning lead-based paint will comply with the Lead-Based Paint requirements of 24 CFR Part 35, subparts A, B, J, K and R.
- Please be aware that the availability of grant proceeds is <u>extremely limited</u> for lead abatement activities in the following counties: Ashtabula, Columbiana, Cuyahoga, Geauga, Hamilton, Lake, Mahoning, Portage, Stark, Summit, and Trumbull.

Please provide a short description of how the Applicant intends to use the grant proceeds. Please also list each of the Ohio counties in which you intend to conduct lead abatement activities.

Please provide a line-item budget of the specific lead abatement activities to be completed by Applicant with grant proceeds.

Grant proceeds will be disbursed to Applicant for eligible expenses, which may include, but are not limited to:

- Materials, tools, equipment, and supplies needed for lead abatement projects.
- Increased business costs related to expanding capacity to perform lead abatement activities.
- Wages for time spent in lead abatement contractor training.
- Costs incurred traveling to lead abatement project sites.

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| Total Grant Request | \$ |

Insurance

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



| l ead A | ∆hatemen | nt Contractor | License |
|---------|----------|-----------------|----------|
| Leau r | zpatemen | it Goilli actor | LICCIISC |

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

| Commitment to Bid |
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| Successful applicants are expected to provide a minimum of five (5) bids on state or federally funded lead abatement program projects. Please check one of the following: |
| \square By checking this box, Applicant has already submitted a minimum of five (5) bids on state or federally funded lead abatement program projects and will attach to this Application as "Exhibit E". |
| \square 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: |
| |

This Application and all Exhibits should be emailed to: LeadsafeCAP@FinanceFund.org

The following Exhibits are incorporated by reference into this Application.

Submittal of Application



Exhibit A

(Referral Letter)



Exhibit B

(Organizational Documents, if applicable)



Exhibit C

(Proof of Insurance)





Exhibit D

(Lead Abatement Contractor License)



Exhibit E

(Previous Bids, as applicable)