

# Lead Safe Ohio Program Grant Application



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| <b>Grant Amount Request:</b>   | \$ |
| <ul style="list-style-type: none"> <li>Maximum Request is \$100,000</li> </ul> |    |

**Referral Agency**

- Please note that this Application must be accompanied by one or more letters from one or more referral agencies that have experience administering state or federally funded lead abatement programming in the State of Ohio. Examples include, but are not limited to, agencies that administer programs such as HUD Lead, CHIP and/or CHIP-LAP, SCHIP, and Lead Safe Housing Fund. Each referral letter must be on an approved form and must reference the number of bids that the applicant has submitted. If your referral agency does not have a copy of the approved form, please have them reach out to: [LeadSafeOhio@development.ohio.gov](mailto:LeadSafeOhio@development.ohio.gov)

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| Name of Referral Agency: |  | Attach the referral letter to this Application as “Exhibit A” |
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**Application Information**

- Note that the Applicant must be a construction company that is active in completing lead abatement activities in residential dwellings through state and federally funded programs throughout the State of Ohio.
- The Applicant must have obtained and submitted to Finance Fund a Lead Abatement Contractor License prior to commencing any lead abatement or remediation activities under this program. (See below)

|                    |  |      |  |
|--------------------|--|------|--|
| 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**

|                 |  |                |  |
|-----------------|--|----------------|--|
| 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):  |  |

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| <p>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.</p>  |
| <p>Is the Applicant a New Contractor? A “New Contractor” is any contractor that has received its initial Lead Abatement Contractor License on or after July 1, 2023.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |
| <p>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?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, please explain: _____</p>  |
| <p>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.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, please explain: _____</p> |
| <p>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.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, please explain: _____</p>                      |
| <p>Is the applicant owned and/or controlled by more than 50% of individuals who identify as racial minorities?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, please identify race(s): _____</p>   |
| <p>Is the applicant owned and/or controlled by more than 50% of individuals who identify as women?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |
| <p>Is the applicant owned and/or controlled by more than 50% of individuals who identify as veterans?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>  |

| <b>Impact Data:</b>   |  |
|---|--|
| 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 activities over a 12-month period resulting from the grant proceeds: |  |
| Number of individuals that Applicant expects will benefit from 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 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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|                            | \$        |
| <b>Total Grant Request</b> | <b>\$</b> |

**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.



| <b>Commitment to Bid</b>  |
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| <p>Applicants must provide a minimum of five (5) bids on state or federally funded lead abatement program projects. This Application will not be evaluated until the Applicant has provided one or more Agency Referral letters that collectively reference no less than five (5) such bids. Please check one of the following:</p> <p><input type="checkbox"/> By checking this box, Applicant has attached one or more Agency Referral letters as “Exhibit A” that collectively reference a minimum of five (5) bids on state or federally funded lead abatement program projects.</p> <p><input type="checkbox"/> By checking this box, Applicant commits within thirty (30) business days of the date of this Application to provide one or more Agency Referral letters that collectively reference a minimum of five (5) bids on state or federally funded lead abatement program projects. If the Applicant has checked the “New Contractor” box above, then the applicable period is sixty (60) business days for this purpose.</p> |

| <b>Certification Statement</b> |
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### Agreements and Representations

The undersigned represents and certifies to Finance Fund (i) that all information contained in this Application is true and correct, is not misleading, and does not contain any material omissions, and (ii) that no owner, employee, or affiliate of the Applicant has separately received or applied for funds under the Lead Safe Ohio Program.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

| <b>Submittal of Application</b> |
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This Application and all Exhibits should be emailed to: [leadsafeCAP@FinanceFund.org](mailto:leadsafeCAP@FinanceFund.org)

The following Exhibits are incorporated by reference into this Application.

# Lead Safe Ohio Program Grant Application



## Exhibit A

(Referral Letter(s))

[Date]

Finance Fund:

The purpose of this letter is to support [insert contractor name]'s application for Capital Assistance funds through the Lead Safe Ohio program. Our organization administers the following lead abatement grant programs:

- Program Name, Funding Source
- Program Name, Funding Source

We serve the following Ohio jurisdictions: [Provide list of all applicable cities and counties] [Contractor Name] has agreed to bid on and perform lead abatement work in our lead abatement and/or Lead Safe Ohio-funded programs. Further, in the past six months, [Contractor Name] has provided bids or entered into a contract with us to complete lead abatement or Lead Safe Ohio-funded projects at the addresses listed below:

Project 1 Address

Project 2 Address

Project 3 Address

Project 4 Address

Project 5 Address

Should you have any questions, I can be reached by phone at [phone number] or by email at [email address].

Sincerely,

Program Administrator Name

Title

Organization

# Lead Safe Ohio Program Grant Application



## Exhibit B

(Organizational Documents, if applicable)

# Lead Safe Ohio Program Grant Application



## Exhibit C

(Proof of Insurance)

# Lead Safe Ohio Program Grant Application



## Exhibit D

(Lead Abatement Contractor License)