

**Factor 3**

**Soundness Of Approach**

**A. Proposed Lead Hazard Control Activities**

**Total Units To Be Completed and Cleared**

Activity	Who Will Perform This Activity (Name or Agency/Organization)	Number of Units	Housing Tenure			Estimated Timeline to Complete Work	Estimated Per Unit Cost
			Owner Occupied	Rental	Vacant		
Identification, Selection, Prioritization of Units (Referrals)*							
Intake/Enrollment							N/A
Financing (Grant, Loan, Other)							N/A
Pre-Hazard Control Blood Lead Testing			N/A	N/A	N/A		
Paint Inspections/Risk Assessments							
Laboratory Analysis of Samples			N/A	N/A	N/A		
Work Specifications			N/A	N/A	N/A		
Bid Process/ Contractor Selection			N/A	N/A	N/A		
Temporary Relocation							
Interim Controls							
Hazard Abatement							
Quality Control—Contractor Performance			N/A	N/A	N/A		N/A
Clearance Evaluations			N/A	N/A	N/A		
Maintenance Plan – Unit Follow Up			N/A	N/A	N/A		N/A
Community Outreach/ Education		N/A	N/A	N/A	N/A		N/A
Training		N/A	N/A	N/A	N/A		N/A

**Activity:**

\*Identification, Selection, Prioritization of Units (Referrals) This should be a higher number than the number of units that are projected to be completed and cleared by the program

**Who Will Perform This Activity:** Applicant Agency, Partner Organization, Contractor, Grassroots Faith-Based or Community-Based Non-Profit Organization.

**Number of Units:** Number of units to receive program services.

**Housing Tenure:** Number of units to receive program services according to housing tenure status (i.e. owner occupied, renter occupied, vacant)

**Estimated Time to Complete Work for each unit:** Hours, days, weeks required to complete an activity

**Estimated Unit Cost:** Self explanatory