

**Factor 3 Soundness Of Approach**

Proposed Lead Hazard Control Activities						* Total Units To Be Completed and Cleared	0
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)		999,999,999	999,999,999	999,999,999	999,999,999		0.00
* Intake/Enrollment		999,999,999	999,999,999	999,999,999	999,999,999		N/A
* Financing (Grant, Loan, Other)		999,999,999	999,999,999	999,999,999	999,999,999		N/A
* Pre-Hazard Control Blood Lead Testing		999,999,999	N/A	N/A	N/A		0.00
* Paint Inspections/Risk Assessments		999,999,999	999,999,999	999,999,999	999,999,999		0.00
* Laboratory Analysis of Samples		999,999,999	N/A	N/A	N/A		0.00
* Work Specifications		999,999,999	N/A	N/A	N/A		0.00
* Bid Process/Contractor Selection		999,999,999	N/A	N/A	N/A		0.00
* Temporary Relocation		999,999,999	999,999,999	999,999,999	N/A		0.00
* Interim Controls		999,999,999	999,999,999	999,999,999	999,999,999		0.00
* Hazard Abatement		999,999,999	999,999,999	999,999,999	999,999,999		0.00
* Quality Control-Contractor Performance		999,999,999	N/A	N/A	N/A		N/A
* Clearance Evaluations		999,999,999	N/A	N/A	N/A		0.00
* Maintenance Plan-Unit Follow Up		999,999,999	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