

**RESOLUTION
RES 07-04-026**

WHEREAS, the U.S. Dept. of Housing and Urban Development provides grant assistance to eligible Ohio Counties, and

WHEREAS, Mahoning County is an eligible Ohio county for this grant; and

WHEREAS, Mahoning County through the Lead Based Paint Office has received this grant funds in the past, and

WHEREAS, Mahoning County through the Lead Based Paint Office is a qualified applicant for funding under the 2007 NDFA designed to decrease lead hazards in the home; and

WHEREAS, the Mahoning County Lead Based Paint Office has made application for the 2007 NDFA fiscal period.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Mahoning County Commissioners, hereby supports the application to the U.S. Dept. of Housing and Urban Development in an amount of \$9,000,000.00, and if awarded such funding, agrees to accept and implement said Program.

It was moved by Mr. McNally, and seconded by Mr. Ludit, that the foregoing Resolution be approved this 19th day of April, 2007.


Roll call voting resulted:

| | |
|----------------|-----|
| Mr. Ludit | aye |
| Mr. McNally | aye |
| Mr. Traficanti | aye |

WHEREUPON, the President of the Board declared the foregoing Resolution be duly adopted this 19th day of April, 2007.


ANTHONY T. TRAFICANTI,
PRESIDENT OF THE BOARD

ATTEST:


NANCY M. LABOY,
CLERK OF THE BOARD

JR VOL 05, PAGE 257

cc: Lead-Based

EXHIBIT A (Factor 1, Page 1)

JOB DESCRIPTION
BOARD OF MAHONING COUNTY COMMISSIONERS

Position Title: Lead Hazard Control Program Director
Department: Board of County Commissioners

NATURE OF WORK:

Under the Board of County Commissioners and the County Administrator, the Program Director will administer, implement, and process lead-based paint hazard control strategies. The Director will be responsible for planning, directing and coordinating the Mahoning County Lead-Based Paint Hazard Control Program through integration with all existing housing and related programs in the City of Youngstown and in Mahoning County.

TYPICAL TASKS:

- Develops program plan, communications network and other processes for implementation;
- Hires, fires, trains and evaluates staff;
- Develops a loan, grant and matching funds program for lead hazard control work;
- In conjunction with the County Office of Management and Budget, prepares all budget documentation, and develops reporting forms;
- Works with the local organizations and agencies to implement the lead hazard control program and other grants.
- Holds office meetings on a weekly basis for all employees of the Grant Program and on an as needed basis with the Working Partners;
- Writes grant narratives and letters of transmittal for program modifications and changes;
- Provides all reports to Grant agencies, attends training conferences and workshops as required;
- Identify community based programs and process funds to continue lead hazard control work in County;
- Develops contracting processes and forms; directs procurement with contractors involved in repair and lead hazard control work;
- Makes presentations to public and civic groups, makes presentations to local, county, city, state and federal officials.

LICENSURE AND CERTIFICATION REQUIREMENTS:

Possession of Ohio Motor Vehicles Driver's License; Possession of State License for Lead Contractor/Supervisor and State License for Risk Assessor within one year of hire.

KNOWLEDGE, SKILLS AND ABILITIES:

Possession of a Bachelor's Degree in Natural Sciences or a Business or Public Administration background, and at least 10 years of experience in housing such as rehabilitation or new construction with 3-5 years of supervisory experience or any combination of education or experience which provides the essential knowledge, skills, and abilities.

Knowledge of Lead Related Issues: Extensive knowledge and experience in planning and managing large and complex interdisciplinary programs, especially involving housing rehabilitation and environmental programs; comprehensive knowledge of grant program administration; knowledge of personnel management techniques; ability to develop and manage budgets; ability to write and speak effectively; sufficient interest in the area of concentration to attend conference workshops and training as needed.

JOB DESCRIPTION
BOARD OF MAHONING COUNTY COMMISSIONERS

Position Title: Lead Hazard Control Asst. Director/Program Manager
Department: Board of County Commissioners

NATURE OF WORK:

Under the supervision of the Lead Hazard Control Program Director provides implementation and coordination of all phases of this program; meets with landlord and/or property owners to explain and process grant/loans applications; performs related duties as required.

TYPICAL TASKS:

- Assists the Program Director in planning, development and implementation of the program;
- Assists the Program Director in supervising staff;
- Reviews all lead hazard control work specifications and bid according to county procurement;
- Prepare documentation for all bid packets and submit proper forms for bidding to the Commissioners office;
- Receive all bids in conjunction with the Purchasing Department
- Prepare and write contract(s) including all appropriate grant forms between the contractor and owner for the case file;
- Review all contracts with County Prosecutor's Office, Purchasing Department and Auditor's Office;
- Conduct all pre-construction meetings, determine level of work, duration of project and outcomes;
- Answers inquiries requiring interpretations of lead rehabilitation rules and regulations;
- Performs clinical and office duties as required for the Program;
- reviews and inspects work in progress to determine compliance with work statements;
- Interviews applicants for the Lead Program;
- Maintains and processes applicants case file to ensure work in progress and completion;
- Represent the Program Director at meetings and events, as request;
- Prepares reports and documentation as required.

LICENSURE AND CERTIFICATION REQUIREMENTS:

Possession of Ohio Motor Vehicles Driver's License; Possession of State License for Lead Contractor/Supervisor and State License for Risk Assessor within one year of hire.

KNOWLEDGE, SKILLS AND ABILITIES:

Possessions of certification as a lead-licensed contractor/supervisor, at least 6 - 8 years of experience in housing such as new construction, rehabilitation projects or other related experience; ability to make decisions; ability to read blue prints and drawings; ability to create effective working relationships with contractors, co-workers and the general public; knowledge of modern construction practices, methods and materials. Some supervisory experience needed; ability to write and speak effectively; sufficient interest in the area of concentration to attend conference workshops and training needed. Knowledge of lead issues is preferred; ability to know and understand Federal rules and regulations governing Housing Programs; Ability to effectively communicate orally and in writing with applicants and organizations; ability to maintain complex rehabilitation records and to prepare reports and answer questions from records/supporting documentation.

JOB DESCRIPTION
BOARD OF MAHONING COUNTY COMMISSIONERS

Position Title: Lead Hazard Control Fiscal Officer
Department: Board of County Commissioners

NATURE OF WORK:

Under direction of the Lead Hazard Control Program Director, perform accounting tasks as assigned and required by Federal and State Laws; perform related tasks as required.

TYPICAL TASKS:

- Assists the Program Director and other staff with preparing the budget and making financial forecasts;
- Develops and maintains procedures for processing and documenting financial information;
- Consults with the County Auditor and Purchasing Departments regarding routine fiscal matters;
- Prepares payroll information for the Auditor;
- Prepares and files purchase orders, invoices, and contract reimbursements;
- Prepares special billings;
- Develops and maintains a computerized records management system for correspondence, contracts and other documents;
- Prepares and maintains reports including all funded monthly, quarterly and annual status reports;
- Maintains files including: fiscal correspondence, legal documents, contracts;
- Attends meetings and serves on temporary committees as requested.

KNOWLEDGE, SKILLS AND ABILITIES:

Possession of bachelor degree in management, accounting, finance or related field and a minimum of two (2) years experience in accounting or an equivalent combination of education, training and experience; ability to define problems, collect data, establish facts and draw valid conclusions; ability to develop financial reporting methods; ability to communicate effectively in written and oral form; ability to develop and maintain effective working relationships with supervisors, co-workers and the public.

JOB DESCRIPTION
BOARD OF MAHONING COUNTY COMMISSIONERS

Position Title: Lead Hazard Control Housing Specialist/Supervisor
Department: Board of County Commissioners

NATURE OF WORK:

Under the supervision of the Lead Hazard Control Program Director; supervises the other Housing Specialists; writes lead hazard control work specifications from a completed lead inspection/risk assessment; inspects the completed work for approval and payment.

TYPICAL TASKS:

- Provides direct supervision of the Lead Program Housing Specialists and assigns tasks;
- Performs day-to-day tracking of all on-going lead hazard control work and schedules the write up of working specifications;
- Receives completed lead inspections/risk assessments from the District Board of Health's Childhood Lead Poisoning Prevention Program;
- Serves as a liaison between property owners and Program Director;
- Provides consultation to homeowner/landlord on lead hazard control work;
- Performs inspections in housing units to determine the structural soundness of unit;
- Prepares reports and summaries as to the type and condition of housing units;
- Conducts inspection with Lead Monitor at time of clearance;
- Prepares estimates for the cost of the lead hazard control work;
- Attends meetings as required;
- May make presentations to Board of County Commissioners, Board of Health, City Council and other groups as assigned.

LICENSURE AND CERTIFICATION REQUIREMENTS:

Possession of Ohio Motor Vehicles Driver's License; possession of State License for Lead Contractor/Supervisor.

KNOWLEDGE, SKILLS AND ABILITIES:

Ability to supervise and make decisions; ability to draw conclusions; ability to work independently; ability to establish effective working relationships; knowledge of City and County codes related to housing issues; able to trouble-shoot and resolve problems; knowledge of lead hazards; extensive knowledge of housing construction and rehabilitation; ability to write and speak clearly and effectively.

JOB DESCRIPTION

BOARD OF MAHONING COUNTY COMMISSIONERS

| | |
|-----------------------|--|
| Position Title: | Lead Hazard Control Interviewer/Clerical Support |
| FLSA Status: | Non-Exempt <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> |
| Department: | Board of County Commissioners |
| Civil Service Status: | Original Provisional |

NATURE OF WORK:

Under direction, serves as office interviewer and performs supportive clerical duties for all office staff; performs related tasks as required.

TYPICAL TASKS:

- Interview applicants and completion of all forms to compile case;
- Note case file forms on all logs;
- Photocopies materials;
- Answers the telephone as required, and directs calls;
- From rough copy, types reports, correspondence, etc.
- Performs computer data-entry assignments;
- Prints real estate ownership outline from real estate computer;
- Prepares reports as required;
- Schedules applicants interviews by telephone and/or mail;
- Other tasks as assigned.

LICENSURE AND CERTIFICATION REQUIREMENTS:

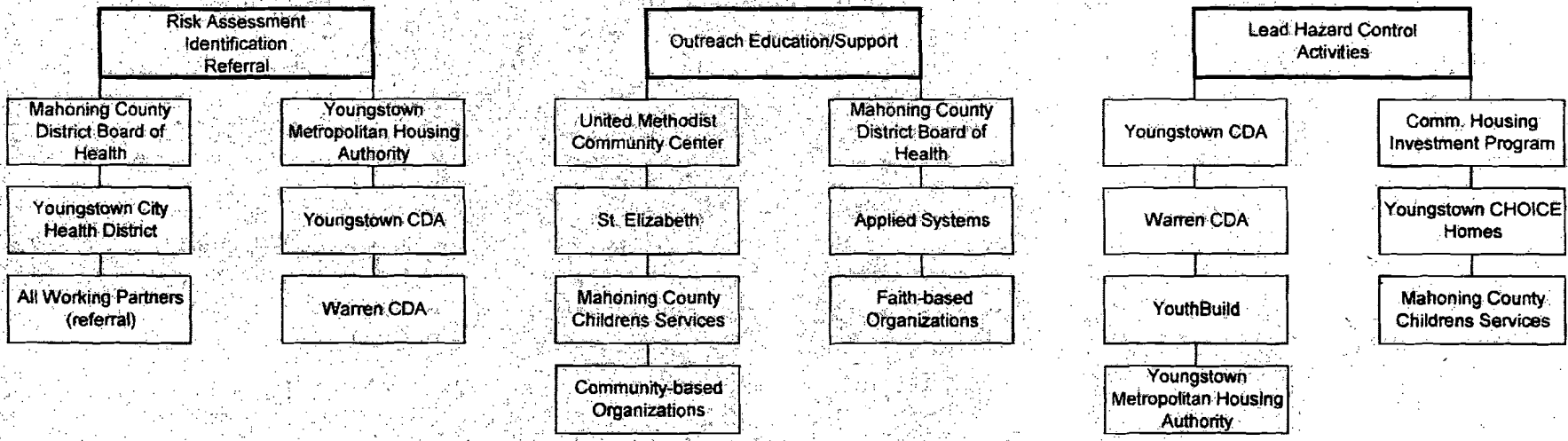
Possession of Ohio Motor Vehicles Driver's License.

KNOWLEDGE, SKILLS AND ABILITIES:

High school diploma; some course work in office practices and procedures, word processing, office machines including calculators, computer courses, etc.; ability to write and speak clearly; develop and maintain working relationship between supervisor and co-workers.

**Mahoning County Board of Commissioners
Healthy Homes and Lead Hazard Control Program
Project Table of Organization**

EXHIBIT D (Factor 1, Page 2)





Childhood Lead Poisoning

The chart below presents data on Ohio children found to have high blood lead levels during calendar year 2004.

Lead poisoning is Ohio's largest preventable environmental health threat to children. Very severe lead exposure in children (blood lead levels ≥ 80 ug/dL) can cause coma, convulsions and death. Lower levels cause adverse affects on the central nervous system and kidneys. Blood lead levels as low as 10 ug/dL, which do not cause distinctive symptoms, are associated with decreased intelligence and impaired neurobehavioral development. Decreased stature or growth has also been associated with these lower blood levels.

NOTES:

1. Chart contains preliminary data and may be updated quarterly.
2. ug/dL = a measurement tool; micrograms per deciliter of blood
3. Levels reflect the highest confirmed test for the current year.
4. Child may have been screened in previous years.

The chart below demonstrates the number of children screened and determined to have elevated blood lead levels during 2005:

| Jurisdiction | Total Children Screened (0-72 months) | under 10ug/dL | 10-14 ug/dL | 15-19 ug/dL | 20-24 ug/dL | 25 ug/dL and over | Total EBLs |
|----------------------|---------------------------------------|---------------|-------------|-------------|-------------|-------------------|------------|
| Mahoning County | 2570 | 2451 | 81 | 21 | 8 | 9 | 119 |
| Trumbull County | 1430 | 1410 | 10 | 6 | 2 | 2 | 20 |
| Target Areas* | | | | | | | |
| Youngstown | 2016 | 1904 | 76 | 21 | 8 | 7 | 112 |
| Warren | 620 | 607 | 8 | 3 | 1 | 1 | 13 |

* ODH Screening Data given for smallest available geographic sample area

**HIGH RISK ZIP CODES
REQUIRING BLOOD LEAD TESTING
for Children Ages 6 to 72 months, as Ohio Law designates
Ohio Department of Health
Bureau of Child and Family Health Services
Ohio Childhood Lead Poisoning Prevention Program (OCLPPP)
Revised January 2004**

MAHONING COUNTY

44405
44413
44436
44471
44502
44503
44504
44505
44506
44507
44509
44510
44511
44512
44555
44601

TRUMBULL COUNTY

44062
44231
44420
44446
44483
44484
44485
44491

The Lead Risk Model used to determine the high risk zip codes was developed by The Ohio State University, Center for Biostatistics.

2000 Census data and 2001 blood lead data were used to locate hot census tracts, which were then overlaid with zip code boundaries. A zip code with any part of a hot census tract is considered to be at high risk.

The variables used in the Lead Risk Model included:

- At least 12% of children tested in that census tract have BLL 10µg/dL or higher (2001 blood lead data)
 - Housing environment
 - Demographic characteristics
 - Socioeconomic
 - Housing density & % public assistance
- * Based on Ohio Department of Administrative Services 2001 zip code shape file.file

www.odh.ohio.gov/ASSETS/7DFE551A0C214BB381D27FD71C65A8A6/riskzip.pdf



H36: TENURE BY YEAR STRUCTURE BUILT [21] - Universe: Occupied housing units
 Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

NOTE: Corrected counts are available for one or more geographies displayed in this table.

NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, definitions, and count corrections see <http://factfinder.census.gov/home/en/datanotes/expsf3.htm>

| | Mahoning County, Ohio | Girard city, Ohio | Niles city, Ohio | Warren city, Ohio |
|--------------------------|-----------------------|-------------------|------------------|-------------------|
| Total: | 102,587 | 4,672 | 8,864 | 19,300 |
| Owner occupied: | 74,690 | 3,208 | 5,611 | 11,291 |
| Built 1999 to March 2000 | 713 | 17 | 25 | 19 |
| Built 1995 to 1998 | 3,439 | 89 | 115 | 52 |
| Built 1990 to 1994 | 3,377 | 69 | 161 | 90 |
| Built 1980 to 1989 | 3,844 | 143 | 221 | 176 |
| Built 1970 to 1979 | 9,591 | 237 | 834 | 537 |
| Built 1960 to 1969 | 10,539 | 349 | 875 | 1,850 |
| Built 1950 to 1959 | 18,110 | 928 | 1,044 | 3,194 |
| Built 1940 to 1949 | 8,714 | 361 | 506 | 2,024 |
| Built 1939 or earlier | 16,363 | 1,015 | 1,830 | 3,349 |
| Renter occupied: | 27,897 | 1,464 | 3,253 | 8,009 |
| Built 1999 to March 2000 | 313 | 8 | 46 | 41 |
| Built 1995 to 1998 | 806 | 20 | 141 | 216 |
| Built 1990 to 1994 | 833 | 21 | 139 | 99 |
| Built 1980 to 1989 | 2,443 | 32 | 284 | 336 |
| Built 1970 to 1979 | 5,581 | 340 | 926 | 1,575 |
| Built 1960 to 1969 | 4,798 | 335 | 496 | 1,490 |
| Built 1950 to 1959 | 4,312 | 237 | 332 | 1,226 |
| Built 1940 to 1949 | 3,536 | 170 | 347 | 1,046 |
| Built 1939 or earlier | 5,275 | 301 | 542 | 1,980 |

U.S. Census Bureau
 Census 2000

Standard Error/Variance documentation for this dataset:

Accuracy of the Data: Census 2000 Summary File 3 (SF 3) - Sample Data (PDF 141.5KB)

EXHIBIT G (Factor 2, Page 6)

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H36: TENURE BY YEAR STRUCTURE BUILT [21] - Universe: Occupied housing units
 Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, definitions, and count corrections see <http://factfinder.census.gov/home/enr/datanotes/expsf3.htm>.

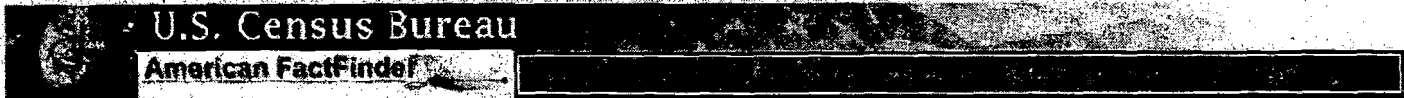
| | 44405 5-Digit ZCTA, 444 3- Digit ZCTA | 44413 5-Digit ZCTA, 444 3- Digit ZCTA | 44420 5-Digit ZCTA, 444 3- Digit ZCTA | 44436 5-Digit ZCTA, 444 3- Digit ZCTA | 44446 5-Digit ZCTA, 444 3- Digit ZCTA | 44471 5-Digit ZCTA, 444 3- Digit ZCTA | 44483 5-Digit ZCTA, 444 3- Digit ZCTA | 44484 5-Digit ZCTA, 444 3- Digit ZCTA | 44485 5-Digit ZCTA, 444 3- Digit ZCTA | 44502 5-Digit ZCTA, 445 3- Digit ZCTA |
|--------------------------|---|---|---|---|---|---|---|---|---|---|
| Total: | 3,714 | 3,112 | 6,802 | 1,660 | 9,693 | 4,795 | 11,893 | 9,675 | 7,902 | 4,850 |
| Owner occupied: | 2,785 | 2,531 | 4,879 | 1,485 | 6,324 | 3,723 | 7,938 | 7,427 | 4,779 | 3,492 |
| Built 1999 to March 2000 | 11 | 45 | 25 | 4 | 16 | 6 | 16 | 89 | 11 | 0 |
| Built 1995 to 1998 | 39 | 111 | 151 | 34 | 128 | 62 | 154 | 296 | 19 | 0 |
| Built 1990 to 1994 | 49 | 90 | 119 | 38 | 194 | 60 | 171 | 304 | 16 | 8 |
| Built 1980 to 1989 | 56 | 155 | 229 | 80 | 267 | 33 | 273 | 412 | 65 | 0 |
| Built 1970 to 1979 | 416 | 289 | 533 | 191 | 1,019 | 161 | 655 | 1,526 | 390 | 116 |
| Built 1960 to 1969 | 554 | 132 | 730 | 206 | 1,026 | 318 | 930 | 1,510 | 1,320 | 173 |
| Built 1950 to 1959 | 556 | 425 | 1,382 | 307 | 1,241 | 1,357 | 2,101 | 1,456 | 1,455 | 957 |
| Built 1940 to 1949 | 326 | 204 | 452 | 166 | 558 | 532 | 1,505 | 807 | 503 | 693 |
| Built 1939 or earlier | 778 | 1,080 | 1,258 | 459 | 1,875 | 1,194 | 2,131 | 1,027 | 1,000 | 1,547 |
| Renter occupied: | 929 | 581 | 1,923 | 175 | 3,369 | 1,072 | 3,957 | 2,248 | 3,123 | 1,358 |
| Built 1999 to March 2000 | 68 | 0 | 8 | 0 | 46 | 0 | 0 | 28 | 38 | 5 |
| Built 1995 to 1998 | 16 | 4 | 25 | 0 | 161 | 7 | 34 | 187 | 107 | 0 |
| Built 1990 to 1994 | 14 | 0 | 21 | 2 | 131 | 0 | 82 | 78 | 45 | 10 |
| Built 1980 to 1989 | 77 | 68 | 88 | 33 | 288 | 40 | 212 | 185 | 96 | 34 |
| Built 1970 to 1979 | 78 | 61 | 499 | 29 | 935 | 176 | 648 | 606 | 642 | 109 |
| Built 1960 to 1969 | 201 | 97 | 403 | 18 | 512 | 131 | 608 | 338 | 805 | 101 |
| Built 1950 to 1959 | 127 | 59 | 311 | 22 | 388 | 170 | 733 | 225 | 526 | 342 |
| Built 1940 to 1949 | 131 | 50 | 198 | 14 | 347 | 247 | 552 | 226 | 333 | 279 |
| Built 1939 or earlier | 217 | 242 | 390 | 57 | 581 | 301 | 1,090 | 375 | 531 | 478 |

U.S. Census Bureau
 Census 2000

Standard Error/Variance documentation for this dataset:

Accuracy of the Data: Census 2000 Summary File 3 (SF 3) - Sample Data (PDF 141.5KB)

EXHIBIT H.1 (Factor 2, Page6)



H36. TENURE BY YEAR STRUCTURE BUILT [21] - Universe: Occupied housing units
 Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

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| | 44503 5-Digit ZCTA, 445 3- Digit ZCTA | 44504 5-Digit ZCTA, 445 3- Digit ZCTA | 44505 5-Digit ZCTA, 445 3- Digit ZCTA | 44506 5-Digit ZCTA, 445 3- Digit ZCTA | 44507 5-Digit ZCTA, 445 3- Digit ZCTA | 44509 5-Digit ZCTA, 445 3- Digit ZCTA | 44510 5-Digit ZCTA, 445 3- Digit ZCTA | 44511 5-Digit ZCTA, 445 3- Digit ZCTA | 44512 5-Digit ZCTA, 445 3- Digit ZCTA |
|--------------------------|---|---|---|---|---|---|---|---|---|
| Total: | 427 | 2,260 | 8,106 | 1,400 | 3,306 | 5,707 | 1,245 | 9,673 | 15,439 |
| Owner occupied: | 0 | 1,125 | 5,121 | 901 | 1,728 | 4,061 | 624 | 7,195 | 10,857 |
| Built 1999 to March 2000 | 0 | 0 | 0 | 0 | 0 | 6 | 6 | 0 | 73 |
| Built 1995 to 1998 | 0 | 0 | 45 | 14 | 0 | 18 | 0 | 59 | 336 |
| Built 1990 to 1994 | 0 | 0 | 73 | 0 | 0 | 6 | 0 | 55 | 734 |
| Built 1980 to 1989 | 0 | 0 | 134 | 25 | 0 | 7 | 0 | 55 | 1,003 |
| Built 1970 to 1979 | 0 | 23 | 533 | 58 | 19 | 167 | 40 | 737 | 1,856 |
| Built 1960 to 1969 | 0 | 46 | 1,074 | 41 | 71 | 331 | 11 | 1,375 | 1,420 |
| Built 1950 to 1959 | 0 | 253 | 1,482 | 53 | 332 | 1,228 | 99 | 2,831 | 2,566 |
| Built 1940 to 1949 | 0 | 260 | 589 | 204 | 364 | 613 | 76 | 1,041 | 1,497 |
| Built 1939 or earlier | 0 | 543 | 1,191 | 506 | 942 | 1,685 | 392 | 1,042 | 1,372 |
| Renter occupied: | 427 | 1,135 | 2,985 | 499 | 1,578 | 1,646 | 621 | 2,478 | 4,582 |
| Built 1999 to March 2000 | 0 | 0 | 38 | 10 | 19 | 7 | 0 | 34 | 37 |
| Built 1995 to 1998 | 0 | 11 | 68 | 8 | 19 | 59 | 0 | 39 | 197 |
| Built 1990 to 1994 | 0 | 15 | 32 | 22 | 0 | 17 | 0 | 8 | 250 |
| Built 1980 to 1989 | 84 | 108 | 108 | 34 | 112 | 116 | 0 | 31 | 531 |
| Built 1970 to 1979 | 63 | 78 | 632 | 44 | 152 | 257 | 21 | 495 | 1,470 |
| Built 1960 to 1969 | 161 | 183 | 575 | 53 | 144 | 132 | 90 | 520 | 909 |
| Built 1950 to 1959 | 84 | 202 | 590 | 61 | 299 | 324 | 61 | 453 | 587 |
| Built 1940 to 1949 | 14 | 152 | 363 | 65 | 342 | 359 | 140 | 481 | 381 |
| Built 1939 or earlier | 21 | 386 | 579 | 202 | 491 | 375 | 309 | 417 | 220 |

U.S. Census Bureau
 Census 2000

Standard Error/Variance documentation for this dataset:
 Accuracy of the Data: Census 2000 Summary File 3 (SF 3) - Sample Data (PDF 141.5KB)

EXHIBIT H.2 (Factor 2, Page6)

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FY 2007 Income Limits Documentation System

FY 2007 Income Limits Summary

| Youngstown-Warren-Boardman, OH HUD Metro FMR Area | | | | | | | | |
|---|---------------|-----------------------------------|----------|----------|----------|----------|----------|----------|
| FY 2007 Income Limit Area | Median Income | FY 2007 Income Limit Category | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person |
| Youngstown-Warren-Boardman, OH HUD Metro FMR Area | \$51,400 | Very Low (50%) Income Limits | \$18,250 | \$20,850 | \$23,450 | \$26,050 | \$28,150 | \$30,200 |
| | | Extremely Low (30%) Income Limits | \$10,950 | \$12,500 | \$14,100 | \$15,650 | \$16,900 | \$18,100 |
| | | Low (80%) Income Limits | \$29,200 | \$33,350 | \$37,550 | \$41,700 | \$45,050 | \$48,300 |

The Youngstown-Warren-Boardman, OH HUD Metro FMR Area contains the following areas: Mahoning County, OH; and Trumbull County, OH.

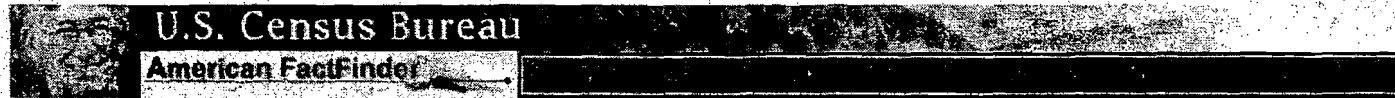
Income Limit areas are based on FY 2007 Fair Market Rent (FMR) areas. For a detailed account of how this area is derived please see our associated FY 2007 Fair Market Rent documentation system.

Other HUD Metro FMR Areas in the Same MSA

Select another FY 2007 HMFA Income Limit area that is a part of the Youngstown-Warren-Boardman, OH-PA MSA

Sharon, PA HUD Metro FMR Area

Select HMFA Income Limits Area



P76. FAMILY INCOME IN 1999 [17] - Universe: Families
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

NOTE: Corrected counts are available for one or more geographies displayed in this table.

NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, definitions, and count corrections see <http://factfinder.census.gov/home/en/datanotes/expsf3.htm>.

| | Mahoning County, Ohio | Girard city, Ohio | Niles city, Ohio | Warren city, Ohio |
|------------------------|-----------------------|-------------------|------------------|-------------------|
| Total: | 69,230 | 3,053 | 5,561 | 12,135 |
| Less than \$10,000 | 4,334 | 198 | 186 | 1,361 |
| \$10,000 to \$14,999 | 3,315 | 189 | 279 | 791 |
| \$15,000 to \$19,999 | 3,979 | 292 | 412 | 821 |
| \$20,000 to \$24,999 | 4,813 | 121 | 337 | 928 |
| \$25,000 to \$29,999 | 4,872 | 210 | 452 | 989 |
| \$30,000 to \$34,999 | 4,945 | 224 | 367 | 933 |
| \$35,000 to \$39,999 | 4,535 | 210 | 502 | 937 |
| \$40,000 to \$44,999 | 4,446 | 176 | 375 | 771 |
| \$45,000 to \$49,999 | 4,012 | 140 | 288 | 694 |
| \$50,000 to \$59,999 | 7,467 | 373 | 627 | 1,041 |
| \$60,000 to \$74,999 | 8,414 | 405 | 744 | 1,150 |
| \$75,000 to \$99,999 | 7,667 | 270 | 619 | 1,004 |
| \$100,000 to \$124,999 | 3,292 | 111 | 137 | 395 |
| \$125,000 to \$149,999 | 1,232 | 78 | 87 | 131 |
| \$150,000 to \$199,999 | 954 | 40 | 53 | 64 |
| \$200,000 or more | 953 | 16 | 98 | 125 |

U.S. Census Bureau
Census 2000

Standard Error/Variance documentation for this dataset:

Accuracy of the Data: Census 2000 Summary File 3 (SF 3) - Sample Data (PDF 141.5KB)

P76. FAMILY INCOME IN 1999 [17] - Universe: Families
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, definitions, and count corrections see: <http://factfinder.census.gov/home/en/data/notes/expsf3.htm>.

| | 44504 5-Digit ZCTA, 445 3-Digit ZCTA | 44505 5-Digit ZCTA, 445 3-Digit ZCTA | 44506 5-Digit ZCTA, 445 3-Digit ZCTA | 44507 5-Digit ZCTA, 445 3-Digit ZCTA | 44509 5-Digit ZCTA, 445 3-Digit ZCTA | 44510 5-Digit ZCTA, 445 3-Digit ZCTA | 44511 5-Digit ZCTA, 445 3-Digit ZCTA | 44512 5-Digit ZCTA, 445 3-Digit ZCTA |
|----------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Total: | 1,197 | 5,196 | 864 | 2,116 | 3,647 | 795 | 6,550 | 9,689 |
| Less than \$10,000 | 104 | 751 | 236 | 397 | 329 | 191 | 543 | 258 |
| \$10,000 to \$14,999 | 109 | 367 | 154 | 255 | 201 | 129 | 317 | 225 |
| \$15,000 to \$19,999 | 93 | 379 | 91 | 227 | 265 | 113 | 454 | 398 |
| \$20,000 to \$24,999 | 91 | 425 | 105 | 183 | 261 | 69 | 495 | 545 |
| \$25,000 to \$29,999 | 53 | 341 | 88 | 191 | 373 | 40 | 490 | 519 |
| \$30,000 to \$34,999 | 97 | 411 | 42 | 218 | 408 | 36 | 421 | 570 |
| \$35,000 to \$39,999 | 53 | 311 | 49 | 72 | 295 | 45 | 443 | 621 |
| \$40,000 to \$44,999 | 94 | 257 | 47 | 105 | 290 | 18 | 399 | 710 |
| \$45,000 to \$49,999 | 33 | 229 | 11 | 84 | 177 | 31 | 388 | 507 |
| \$50,000 to \$59,999 | 103 | 473 | 25 | 175 | 462 | 57 | 644 | 1,272 |
| \$60,000 to \$74,999 | 136 | 412 | 52 | 130 | 268 | 33 | 701 | 1,450 |
| \$75,000 to \$99,999 | 84 | 395 | 64 | 55 | 200 | 20 | 794 | 1,367 |

| | 44405 5-Digit ZCTA, 444 3-Digit ZCTA | 44413 5-Digit ZCTA, 444 3-Digit ZCTA | 44420 5-Digit ZCTA, 444 3-Digit ZCTA | 44436 5-Digit ZCTA, 444 3-Digit ZCTA | 44448 5-Digit ZCTA, 444 3-Digit ZCTA | 44471 5-Digit ZCTA, 444 3-Digit ZCTA | 44483 5-Digit ZCTA, 444 3-Digit ZCTA | 44484 5-Digit ZCTA, 444 3-Digit ZCTA | 44485 5-Digit ZCTA, 444 3-Digit ZCTA | 44502 5-Digit ZCTA, 445 3-Digit ZCTA |
|------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Total: | 2,645 | 2,264 | 4,657 | 1,178 | 6,219 | 3,304 | 7,594 | 6,838 | 5,271 | 2,994 |
| Less than \$10,000 | 326 | 50 | 285 | 26 | 240 | 162 | 590 | 301 | 563 | 310 |
| \$10,000 to \$14,999 | 166 | 72 | 224 | 34 | 298 | 214 | 376 | 235 | 375 | 307 |
| \$15,000 to \$19,999 | 136 | 177 | 328 | 37 | 482 | 207 | 425 | 334 | 329 | 344 |
| \$20,000 to \$24,999 | 235 | 190 | 234 | 110 | 391 | 335 | 515 | 381 | 378 | 267 |
| \$25,000 to \$29,999 | 170 | 183 | 343 | 87 | 514 | 291 | 548 | 251 | 534 | 328 |
| \$30,000 to \$34,999 | 159 | 167 | 338 | 88 | 430 | 299 | 581 | 378 | 515 | 316 |
| \$35,000 to \$39,999 | 201 | 333 | 335 | 87 | 554 | 205 | 461 | 579 | 471 | 235 |
| \$40,000 to \$44,999 | 149 | 164 | 282 | 65 | 410 | 247 | 548 | 445 | 333 | 177 |
| \$45,000 to \$49,999 | 216 | 156 | 221 | 78 | 317 | 263 | 496 | 306 | 264 | 141 |
| \$50,000 to \$59,999 | 269 | 231 | 500 | 162 | 682 | 361 | 863 | 697 | 384 | 208 |
| \$60,000 to \$74,999 | 327 | 236 | 623 | 194 | 834 | 292 | 871 | 910 | 508 | 172 |
| \$75,000 to \$99,999 | 121 | 217 | 484 | 127 | 655 | 303 | 777 | 1,081 | 353 | 120 |
| \$100,000 to \$124,999 | 79 | 57 | 200 | 66 | 167 | 52 | 289 | 555 | 141 | 15 |
| \$125,000 to \$149,999 | 27 | 22 | 129 | 6 | 94 | 26 | 99 | 138 | 36 | 25 |
| \$150,000 to \$199,999 | 5 | 9 | 75 | 4 | 53 | 39 | 68 | 99 | 28 | 10 |
| \$200,000 or more | 59 | 0 | 56 | 7 | 98 | 8 | 67 | 168 | 58 | 21 |

U.S. Census Bureau
Census 2000

Standard Error/Variance documentation for this dataset:
Accuracy of the Data: Census 2000 Summary File 3 (SF 3) - Sample Data (PDF 141.5KB)

Mahoning County Office Of Lead-Based Paint Hazard Control

ON-GOING MONITORING AND MAINTENANCE **ACKNOWLEDGEMENT FORM**

DATE: _____

PHONE: _____

PROPERTY OWNER(s): _____ (OO) – (LL)

PROPERTY OWNER(s): _____ (OO) – (LL)

PROPERTY ADDRESS: _____

I/We, the undersigned have been informed by the Mahoning County Lead-Based Paint Hazard Control Program of the need for on-going monitoring of the completed lead hazard control work and of the known leaded components which are presently intact.

I/We, understand that a Certificate of Post-Abatement Clearance only represents a period of time, and does not guarantee that the housing unit will continue to be lead-safe (Examples are an enclosure of a leaded component that is breached which now exposes the leaded component, or a water leak which disturbs a component that was previously intact and is now a lead hazard).

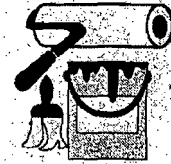
I/We further understand that it is my/our responsibility to monitor and maintain leaded components in order to keep the housing unit lead-safe.

Owner(s)

Date

Owner(s)

Date



ATTENTION LANDLORDS

FUNDING AVAILABILITY FOR LEAD HAZARD CONTROL WORK

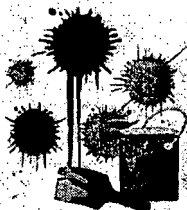
In conjunction with First Place Bank, loans will be made available to Landlords for lead hazard control work. The tenants must be low-income, have a child under six years of age living in the household, and the housing unit must be located in a targeted census tract.

The Mahoning County Lead-Based Paint Hazard Control Program will provide the following to landlords who are approved for loans:

1. A Lead Inspection/Risk Assessment for the housing unit.
2. Written lead specifications for the lead hazard control work.
3. A 50% Buy-Down of the loan (the maximum amount of the loan buy-down cannot exceed \$6,250.00).
4. Relocation of tenants
5. A Clearance Examination of the lead hazard control work.

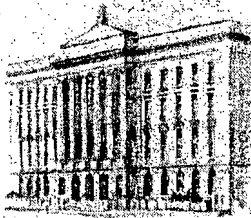
FOR MORE INFORMATION, PLEASE CONTACT

**Mahoning County Lead-Based Paint Hazard Control Program
(330) 740-2130 Ext. 7174**



46 point CASE FILE CHECKLIST

- ___ 1) Data Collection Form
- ___ 2) Signed Application
- ___ 3) Signed -Receipt of Program Policies/Grievance Procedure
- ___ 4) Signed Acknowledgment - Temporary Relocation Form
- ___ 5) Signed Acknowledgment - No Guarantee of Funding Form
- ___ 6) Signed Authorization - Sharing Information Form
- ___ 7) Signed Verification of Employment Form (if applicable)
- ___ 8) Signed Verification of Benefits Form (if applicable)
- ___ 9) Real Estate Summary Sheet
- ___ 10) Verification of Ownership Form
- ___ 11) Copy of Deed
- ___ 12) Flood Plain Review
- ___ 13) Historic Review
- ___ 14) Appendix A Completed by Staff
- ___ 15) Birth Certificates of Children Under Six Years of Age
- ___ 16) Blood Lead Levels of Children Under Six Years of Age
- ___ 17) Copy of Medical Cards
- ___ 18) If Low-Income Landlord, Verification of Income
- ___ 19) If Rental Property, Tenant Package Completed
- ___ 20) If Loan, Signed Truth and Lending and Right of Recision (Rental Property)
- ___ 21) Income Verifications Received (3rd-Party or Tax Return)
- ___ 22) Signed Stipulations (rental property)
- ___ 23) Certificate of Insurance (lead)
- ___ 24) Paint Inspection/Risk Assessment
- ___ 25) Original Specifications Initialed by Owner
- ___ 26) Bid Proposals/Sealed Bids
- ___ 27) Bid Tabulation Sheet
- ___ 28) Estimate of Work Specifications
- ___ 29) Acceptance of Contractor by Owner
- ___ 30) Grant/Matching Funds/Loan Worksheet
- ___ 31) Resolution of Award to Contractor
- ___ 32) Award of Grant/Matching Funds/Loan to Owner
- ___ 33) Signed Relocation Forms
- ___ 34) Required Contractor's Bonding
- ___ 35) Required Permits
- ___ 36) Pre-Abatement Plan
- ___ 37) Notification to State
- ___ 38) Signed/Approved Contract
- ___ 39) Notice-To-Proceed
- ___ 40) Signed Final Inspection (Owner and Inspector)
- ___ 41) Lead Monitor's Report
- ___ 42) Waste Disposal Receipt
- ___ 43) Certificate of Post-Abatement Clearance
- ___ 44) Payment to Contractor
- ___ 45) Signed On-going Monitoring/Maintenance Acknowledgment Form
- ___ 46) Signed Receipt of Closeout Package Form



Board of Mahoning County Commissioners

Office of Lead-Based Paint Hazard Control

100 Westchester Drive Suite B - Youngstown, Ohio 44515 (330) 740-2124 - (330) 740-7998(Fax)

County Commissioners
Anthony T. Trafficanti
David Ludt
John A. McNally

Program Director
Philip Puryear
Assistant Director
Daniel Martin

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Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Mahoning County Childrens Services Board

Government Agency Address:

* Street1: 222 West Federal Street

Street2:

* City: Youngstown

County: Mahoning

* State: OH: Ohio

* Zip Code: 44503

* Country: USA: UNITED STATES

* Type of Assistance: Match, Leverage

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Lead Hazard Control Work, Outreach, Education

Department/State/Local Agency Name:

* Government Agency Name:

Mahoning County District Board of Health

Government Agency Address:

* Street1: 50 Westchester Drive

Street2:

* City: Youngstown

County: Mahoning

* State: OH: Ohio

* Zip Code: 44515

* Country: USA: UNITED STATES

* Type of Assistance: Match, Leverage

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Outreach, Lab Services, Lead Inspections/ Risk Assessment

(Note: Use Additional pages if necessary.)

Add Attachment

Use this Attachment

Use this Attachment

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Mahoning Youngstown Community Action Partnership

Government Agency Address:

* Street1: 101 Federal Plaza east

Street2:

* City: Youngstown

County: Mahoning

* State: OH: Ohio

* Zip Code: 44503

* Country: USA: UNITED STATES

* Type of Assistance: Match, Leverage

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Lead Hazard Control Work, Outreach, Education, Training

Department/State/Local Agency Name:

* Government Agency Name:

Warren Community Development Agency

Government Agency Address:

* Street1: 418 Main Avenue

Street2: Suite 201

* City: Warren

County: Trumbull

* State: OH: Ohio

* Zip Code: 44481

* Country: USA: UNITED STATES

* Type of Assistance: Match, In-kind

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

housing Rehab, Lead Hazard Control

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds:

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Youngstown Community Development Agency

Government Agency Address:

* Street1: 9 West Front Street

Street2:

* City: Youngstown

County: Mahoning

* State: OH: Ohio

* Zip Code: 44503

* Country: USA: UNITED STATES

* Type of Assistance: Match, Leverage

* Amount Requested/Provided: \$ [REDACTED]

* Expected Uses of the Funds:

Housing Rehab, Lead Hazard Control Work, Outreach, Training

Department/State/Local Agency Name:

* Government Agency Name:

Youngstown Metropolitan Housing Authority

Government Agency Address:

* Street1: 131 West Boardman Street

Street2:

* City: Youngstown

County: Mahoning

* State: OH: Ohio

* Zip Code: 44503

* Country: USA: UNITED STATES

* Type of Assistance: Match, Leverage

* Amount Requested/Provided: \$ [REDACTED]

* Expected Uses of the Funds:

Housing Vouchers

(Note: Use Additional pages if necessary.)

Add Attachment

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Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

YouthBuild Mahoning County

Government Agency Address:

* Street1: 131 West Boardman Street

Street2:

* City: Youngstown

County: Mahoning

* State: OH: Ohio

* Zip Code: 44503

* Country: USA: UNITED STATES

* Type of Assistance: Match, Leverage

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Lead Hazard Control Work Training

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State: OH: Ohio

* Zip Code:

* Country: USA: UNITED STATES

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

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View Attachment

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

| * Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | * Social Security No. or Employee ID No. | * Type of Participation in Project/Activity | * Financial Interest in Project/Activity (\$ and %) |
|--|--|---|---|
| Applied Systems, Inc. | 341590181 | Training, Eval. | \$ [REDACTED] |
| Comm Housing Imp. Program | 341517833 | Lead Safe Units | \$ [REDACTED] |
| Mah Cnty Bd of Commissioners | 346001777 | Admin, Impl. | \$ 1,915,200.00 63.83 % |
| Mah Cnty Childrens Services Bd | 346001777 | Lead Safe Units | \$ 24,000.00 0.80 % |
| Mah Cnty District Bd of Health | 346001777 | LI/RA, Outreach | \$ 180,000.00 6.00 % |

(Note: Use Additional pages if necessary.)

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Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.
I certify that this information is true and complete.

* Signature:

* Date: (mm/dd/yyyy)

Completed on submission to Grants.gov

Part III Interested Parties (continued)

| *Alphabetical Listing | *Social Security No. or Employer ID No. | *Type of Participation in Project/Activity | * Financial Interest In |
|------------------------------|---|--|-------------------------|
| St Elizabeths | 5004922 | Outreach, Lab Services | \$ [REDACTED] |
| United Methodist Comm Center | 341006737 | Outreach, Education | \$ [REDACTED] |
| Warren CDA | 346002974 | Lead Safe Units | \$ [REDACTED] |
| Youngstown CHOICE Homes | 341580181 | Lead Safe Units | \$ [REDACTED] |
| Youngstown CDA | 346001389 | Lead Safe Units | \$ [REDACTED] |
| YouthBuild Mahoning County | 346003198 | Lead Safe Units, Training | \$ [REDACTED] |

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**WORK PLAN DEVELOPMENT WORKSHEET
WITH MINIMUM BENCHMARK PERFORMANCE STANDARDS
FOR 36-MONTH PERIOD OF PERFORMANCE**

| Healthy Homes and Lead Hazard Program | | | | | | | | | | | | OMB Approval Number 2538-0015 (exp 11/30/2008) | | | |
|---|---------------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------------------|---------------------|---|---------------------|------|--|
| Grant Number: | Grantee Organization: Mahoning County | | | | | | | | | | | Period of Performance: Oct 1, 2007 - September 30, 2010 | | | |
| ACTIVITY | Q1 2007 Oct-Dec | Q2 2008 Jan-Mar | Q3 2008 Apr-Jun | Q4 2008 Jul-Sep | Q5 2008 Oct-Dec | Q6 2009 Jan-Mar | Q7 2009 Apr-Jul | Q8 2009 Jul-Sep | Q9 2009 Oct-Dec | Q10 2010 Jan-Mar | Q11 2010 Apr-Jun | Q12 2010 Jul-Sep | Q13 2010 Oct-Dec | | |
| Applicant Capacity (0-120 days) | | | | | | | | | | | | | | | |
| Staff Hired | | | | | | | | | | | | | | | |
| Approved Environmental Review and Release of Funds | | | | | | | | | | | | | | | |
| Written Policies and Procedures | | | | | | | | | | | | | | | |
| Lead Hazard Control Implementation Units in Grant Agreement = # | | | | | | | | | | | | | | | |
| Paint Inspections/Risk Assessments: | | | | | | | | | | | | | | | |
| Performance Standard | | 5% | 15% | 30% | 45% | 55% | 65% | 85% | 95% | 100% | | | | | |
| Work Plan Milestone | | 16 | 22 | 34 | 34 | 32 | 30 | 29 | 18 | 11 | | | | | |
| % Planned | | 8% | 17% | 32% | 48% | 62% | 71% | 68% | 98% | 100% | | | | | |
| Actual # Completed | | | | | | | | | | | | | | | |
| Actual % Completed | | | | | | | | | | | | | | | |
| ** Units In Progress | | | | | | | | | | | | | | | |
| Units Completed and Cleared: | | | | | | | | | | | | | | | |
| Performance Standard | | | 2% | 5% | 15% | 30% | 45% | 65% | * 85% | 95% | 100% | | | | |
| Work Plan Milestone | | 6 | 15 | 22 | 20 | 20 | 28 | 28 | 22 | 18 | 16 | 10 | | | |
| % Planned | | 3% | 11% | 22% | 32% | 42% | 55% | 68% | 79% | 87% | 95% | 100% | | | |
| Actual # Completed | | | | | | | | | | | | | | | |
| Actual % Completed | | | | | | | | | | | | | | | |
| Cumulative LOCCS DRAWDOWNS Grant Award Amount = \$ | | | | | | | | | | | | | | | |
| Performance Standard | | | | 5% | 10% | 15% | 20% | 30% | * 45% | 60% | 80% | 95% | 100% | | |
| LOCCS Drawdown Work Plan Milestone | | 75,000 | 160,000 | 300,000 | 600,000 | 900,000 | 1,350,000 | 1,800,000 | 2,100,000 | \$2,400,000 | 2,700,000 | 2,970,000 | 3,000,000 | | |
| % Planned | | 0% | 3% | 5% | 10% | 20% | 30% | 45% | 60% | 70% | 80% | 90% | 99% | 100% | |
| Actual LOCCS Drawdown | | | | | | | | | | | | | | | |
| Actual Cumulative LOCCS Drawdown % | | | | | | | | | | | | | | | |
| Community Outreach / Education / Training | | | | | | | | | | | | | | | |
| Community Outreach and Education Work Plan Milestone | | 0 | 2 | 3 | 3 | 4 | 4 | 4 | 5 | 3 | 3 | 3 | 1 | | |
| Community Outreach and Education Milestone Achieved | | | | | | | | | | | | | | | |
| Skills Training Work Plan Milestone | | 0 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | 0 | | | |
| Skills Training Milestone Achieved | | | | | | | | | | | | | | | |
| Performance Measured Against Approved Work Plan Milestones | | | | | | | | | | | | | | 100% | |
| Close-Out Oct 1 - Dec 31, 2010 | | | | | | | | | | | | | | | |
| * Renewal Eligibility Milestone | | | | | | | | | | | | | | | |
| ** No bench mark standard | | | | | | | | | | | | | | | |

eLogic Model™

Applicant Name:

Mahoning County

Project Name:

MCHHLHCP

TERM:

Total

HUD Program:

Combined Lead

Period:

Start Date:

End Date:

US Department of Hc

OMB Approval 25

| HUD Goals | Policy Priority | Problem/Need/Situation | Service or Activities/Output | Pre | Post | Outcome | Pre | Post |
|-----------|-----------------|---|--|----------------------|--|---|----------|------|
| 1 | 2 | 3 | 4 | 5 | | 6 | | |
| Policy | Planning | Programming | Measure | Impact | | Measure | | |
| A1 | A | There is a need to mitigate residential lead-based paint hazards that threaten the long-term health of children less than six years of age in single and multifamily housing by 2010. | Intake | Units | | Increased lead safe affordable housing | Units | |
| B1 | B1 | | | 225 | | | 201 | |
| C3 | B5 | | Housing enrollment | Units | | Increase in lead safe certified employees | Persons | |
| C5 | B6 | | | 201 | | | 6 | |
| D2 | D | | Lead screening-blood lead levels | Children | | Increased training-lead safe certification | Persons | |
| E1 | E | | | 600 | | | 120 | |
| F1 | G | | Lead safe certified employees | Persons | | Sustainable community lead control programs | Programs | |
| F2 | H | | | 6 | | | 7 | |
| F3 | | | Risk assessment/LBP inspection | Units | | Decreased blood lead levels | Children | |
| | | | | 225 | | | 580 | |
| | | | Resources leveraged | \$\$/materials labor | | Leveraged funds to awarded funds | Percent | |
| | | | | ##### | | | 140% | |
| | | | Lead hazard costs | Average \$\$/unit | | Program waiting lists | Units | |
| | | | | 7960 | | | 30 | |
| | | | Training Opportunities-Other-Sessions | Sessions | | Training Opportunities-Section 3 | Persons | |
| | | | | 15 | | | 32 | |
| | | | Employment opportunities-Section 3-Persons | Persons | | Training Opportunities-Other | Persons | |
| | | | | 32 | | | 118 | |
| | | Community outreach to targeted population - Events | Events | | Employment opportunities-Section 3-Persons | Available jobs | | |
| | | | 35 | | | 20 | | |
| | | Outreach materials disseminated - English | Materials | | | #N/A | | |
| | | | 3500 | | | | | |
| | | Outreach materials disseminated - LEP | LEP Materials | | | #N/A | | |
| | | | 800 | | | | | |
| | | Clearance | Units cleared | | | #N/A | | |
| | | | 201 | | | | | |
| | | | #N/A | | | #N/A | | |
| | | | #N/A | | | #N/A | | |
| | | | #N/A | | | #N/A | | |
| | | | #N/A | | | #N/A | | |
| | | | #N/A | | | #N/A | | |
| | | | #N/A | | | #N/A | | |

eLogic Model™

Applicant Name:

Project Name:

TERM:

HUD Program:

Mahoning County

MCHHLHCP

Year 1

Combined Lead

Period:

Start Date:

End Date:

US Department of Hc

OMB Approval 25

| HUD Goal | Policy Title | Problem/Need/Innovation | Strategy or Activities/Output | Pre | Post | Outcome | Pre | Post |
|----------|--------------|---|---------------------------------------|----------------------|--|---|----------|------|
| 1 | 2 | 3 | 4 | 5 | | 6 | | |
| Policy | Planning | Programming | Measure | Impact | | Measure | | |
| A1 | A | There is a need to mitigate residential lead-based paint hazards that threaten the long-term health of children less than six years of age in single and multifamily housing by 2010. | Intake | Units | | Increased lead safe affordable housing | Units | |
| B1 | B1 | | | 72 | | | 43 | |
| C3 | B5 | | Housing enrollment | Units | | Increase in lead safe certified employees | Persons | |
| C5 | B6 | | | 65 | | | 4 | |
| D2 | D | | Lead screening-blood lead levels | Children | | Increased training-lead safe certification | Persons | |
| E1 | E | | | 250 | | | 35 | |
| F1 | G | | Lead safe certified employees | Persons | | Sustainable community lead control programs | Programs | |
| F2 | H | | | 4 | | | 7 | |
| F3 | | | Risk assessment/LBP inspection | Units | | Decreased blood lead levels | Children | |
| | | | | 72 | | | 180 | |
| | | | Resources leveraged | \$\$/materials labor | | Leveraged funds to awarded funds | Percent | |
| | | | | | | | 47 | |
| | | | Lead hazard costs | Average \$\$/unit | | Program waiting lists | Units | |
| | | | | 7960 | | | 0 | |
| | | | Training Opportunities-Other-Sessions | Sessions | | Training Opportunities-Section 3 | Persons | |
| | | | 6 | | | 11 | | |
| | | Employment opportunities-Section 3-Available jobs | Available jobs | | Training Opportunities-Other | Persons | | |
| | | | 11 | | | 50 | | |
| | | Community outreach to targeted population - Events | Events | | Employment opportunities-Section 3-Persons | Available jobs | | |
| | | | 8 | | | 18 | | |
| | | Outreach materials disseminated - English | Materials | | | #N/A | | |
| | | | 875 | | | | | |
| | | Outreach materials disseminated - LEP | LEP Materials | | | #N/A | | |
| | | | 250 | | | | | |
| | | Clearance | Units cleared | | | #N/A | | |
| | | | 43 | | | | | |
| | | | #N/A | | | #N/A | | |
| | | | #N/A | | | #N/A | | |
| | | | #N/A | | | #N/A | | |
| | | | #N/A | | | #N/A | | |
| | | | #N/A | | | #N/A | | |
| | | | #N/A | | | #N/A | | |

Applicant Name: Mahoning County
 Project Name: MCFHLHCP
 TERM: Year 2
 HUD Program: Combined Lead

Period:
 Start Date:
 End Date:

US Department of Hc
 OMB Approval 25

| HUD Goals | Policy Priority | Problem, Need, Situation | Service or Activities/Output | Pro | Posts | Outcome | Pro | Posts |
|-----------|-----------------|---|---------------------------------------|----------------------|--|---|----------------|----------|
| 1 | 2 | 3 | 4 | 5 | | 6 | | |
| Policy | Planning | Programming | Measure | Impact | | Measure | | |
| A1 | A | There is a need to mitigate residential lead-based paint hazards that threaten the long-term health of children less than six years of age in single and multifamily housing by 2010. | Intake | Units | | Increased lead safe affordable housing | | Units |
| B1 | B1 | | | 125 | | | 92 | |
| C3 | B5 | | Housing enrollment | Units | | Increase in lead safe certified employees | | Persons |
| C5 | B6 | | | 115 | | | 2 | |
| D2 | D | | Lead screening-blood lead levels | Children | | Increased training-lead safe certification | | Persons |
| E1 | E | | | 250 | | | 50 | |
| F1 | G | | Lead safe certified employees | Persons | | Sustainable community lead control programs | | Programs |
| F2 | H | | | 2 | | | 7 | |
| F3 | | | Risk assessment/LBP Inspection | Units | | Decreased blood lead levels | | Children |
| | | | | 125 | | | 250 | |
| | | | Resources leveraged | \$\$/materials labor | | Leveraged funds to awarded funds | | Percent |
| | | | | | | | 47 | |
| | | | Lead hazard costs | Average \$\$/unit | | Program waiting lists | | Units |
| | | | | 7980 | | | 0 | |
| | | | Training Opportunities-Other-Sessions | Sessions | | Training Opportunities-Section 3 | | Persons |
| | | | 6 | | | 11 | | |
| | | Employment opportunities-Section 3-Persons | Persons | | Training Opportunities-Other | | Persons | |
| | | | 11 | | | 45 | | |
| | | Community outreach to targeted population - Events | Events | | Employment opportunities-Section 3-Persons | | Available jobs | |
| | | | 17 | | | 8 | | |
| | | Outreach materials disseminated - English | Materials | | | | #N/A | |
| | | | 1750 | | | | | |
| | | Outreach materials disseminated - LEP | LEP Materials | | | | #N/A | |
| | | | 500 | | | | | |
| | | Clearance | Units cleared | | | | #N/A | |
| | | | 92 | | | | | |
| | | | #N/A | | | | #N/A | |
| | | | #N/A | | | | #N/A | |
| | | | #N/A | | | | #N/A | |
| | | | #N/A | | | | #N/A | |
| | | | #N/A | | | | #N/A | |
| | | | #N/A | | | | #N/A | |

eLogic Model™

Applicant Name:

Mahoning County

US Department of Hc

Project Name:

MCHHLHCP

OMB Approval 25

TERM:

Year 3

Period:

Start Date:

HUD Program:

Combined Lead

End Date:

| 1 | 2 | 3 | 4 | 5 | 6 | |
|--------|----------|---|---------------------------------------|--|---|----------|
| Policy | Planning | Programming | Measure | Impact | Measure | |
| A1 | A | There is a need to mitigate residential lead-based paint hazards that threaten the long-term health of children less than six years of age in single and multifamily housing by 2010. | Intake | Units | Increased lead safe affordable housing | Units |
| B1 | B1 | | | 28 | | 66 |
| C3 | B5 | | Housing enrollment | Units | Increase in lead safe certified employees | Persons |
| C5 | B6 | | | 21 | | 0 |
| D2 | D | | Lead screening-blood lead levels | Children | Increased training-lead safe certification | Persons |
| E1 | E | | | 100 | | 35 |
| F1 | G | | Lead safe certified employees | Persons | Sustainable community lead control programs | Programs |
| F2 | H | | | 0 | | 7 |
| F3 | | | Risk assessment/LBP Inspection | Units | Decreased blood lead levels | Children |
| | | | | 28 | | 150 |
| | | | Resources leveraged | \$\$/materials labor | Leveraged funds to awarded funds | Percent |
| | | | | | | 46 |
| | | | Lead hazard costs | Average \$\$/unit | Program waiting lists | Units |
| | | | | 7960 | | 30 |
| | | | Training Opportunities-Other-Sessions | Sessions | Training Opportunities-Section 3 | Persons |
| | | | 3 | | 10 | |
| | | Employment opportunities-Section 3-Persons | Persons | Training Opportunities-Other | Persons | |
| | | | 10 | | 23 | |
| | | Community outreach to targeted population - Events | Events | Employment opportunities-Section 3-Persons | Available jobs | |
| | | | 10 | | 4 | |
| | | Outreach materials disseminated - English | Materials | | #N/A | |
| | | | 875 | | | |
| | | Outreach materials disseminated - LEP | LEP Materials | | #N/A | |
| | | | 250 | | | |
| | | Clearance | Units cleared | | #N/A | |
| | | | 66 | | | |
| | | | #N/A | | #N/A | |
| | | | #N/A | | #N/A | |
| | | | #N/A | | #N/A | |
| | | | #N/A | | #N/A | |
| | | | #N/A | | #N/A | |
| | | | #N/A | | #N/A | |
| | | | #N/A | | #N/A | |

45

JUSTIFICATION OF BUDGET/PROGRAM ELEMENTS

ADMINISTRATION AND PROGRAM MANAGEMENT

The Mahoning County Healthy Homes and Lead Hazard Control Program will begin project management of the lead hazard control grant on October 1, 2007. Grant program staff is already in place and will be ready to immediately begin the proposed work plan and complete testing and lead hazard control work within the 36 month period. A specific, time-phased work plan involving activities/tasks, start dates, completion dates, and agency responsibility is outlined in Rating Factor 1 narrative.

PERSONNEL AND FRINGE BENEFITS

The staff of experienced housing and fiscal personnel will be able to perform lead-based paint hazard control intervention, and other proposed activities within 120 days of grant award. Administrative costs are estimated to be \$267,980.04 or 8.93% of the total grant award. Fringe benefits will include the employers' share of social security and Medicare, workers compensation, and retirement benefits. The fringe benefits are consistent with OMB Circular A-87 (Cost Principles Applicable to Grants, Contracts, and other Arrangements with State and Local Governments).

COMMUNITY AWARENESS, EDUCATION, OUTREACH

There are over 40 working partner organizations who will be actively involved in community awareness, education and outreach efforts. It is important that outreach efforts utilize a coordinated approach, target and affirmatively market program services to those populations least likely to apply.

LEAD HAZARD CONTROL INTERVENTION

An approach utilizing mostly interim controls will be implemented for the elimination and/or control of identified lead hazards in the MCHHLHCP area. A justification is outlined in the Rating Factor narrative whenever abatement techniques are proposed. Working partners have committed [REDACTED] leveraged funds.

PAINT INSPECTION, RISK ASSESSMENT, CLEARANCE EXAMINATIONS

Site-specific paint inspections/ risk assessments will be conducted by licensed providers to determine the nature and scope of the lead hazards and the types of lead hazard controls needed. The cost per combined inspection and assessment is projected to be [REDACTED] including all environmental sampling. Also, clearance examination will be conducted to determine if the unit has met clearance standards. The cost per clearance examination is projected to be [REDACTED] plus environmental sampling.

RELOCATION

Based on our experience with previous lead hazard control grant awards, the projected plan for relocation has been determined. MCHHLHCP will be able to negotiate favorable rates with local motels and restaurants. The federal share is \$108,558.00.

PROGRAM EVALUATION

John Zilka will independently evaluate the effectiveness of the MCHHLHCP. The evaluator has extensive experience regarding lead and other environmental issues. The personnel and methodology responsible for the lead hazard control activities will be consistent to HUD guidelines.

PROGRAM AUDIT

The program will be audited on an annual basis by a qualified provider.

OTHER IMPLEMENTATION ITEMS (general office supplies, consumable supplies, travel, lead insurance, rent, postage, etc.)

These items necessary for the implementation of the Lead Hazard control grant have been budgeted at a very reasonable rate with cost effectiveness being a priority.

PROGRAM ELEMENTS

| | | |
|--|-----------------------------------|----------------|
| Administrative | | |
| Community Awareness, Education, Outreach, Training | | |
| Lead Hazard Control / Intervention | | |
| Paint Inspections, Risk Assessment, Clearance Examinations | | |
| Relocation | | |
| Program Evaluation | | |
| Program Audit | | |
| Other Implementation | | |
| | Requested HUD Grant funds | \$3,000,000.00 |
| | Leveraged Funds | |
| | Total Proposed Grant Expenditures | |

DETAILED DESCRIPTION OF THE FEDERAL BUDGET REQUEST

| | | | Year 1 10/1/2007 9/30/2008 | Year 2 10/1/2008 9/30/2009 | Year 3 10/1/2009 9/30/2010 | TOTAL |
|------------------------------------|-----------|-------------|----------------------------------|----------------------------------|----------------------------------|----------------------|
| ADMINISTRATIVE COST | | | | | | |
| PERSONNEL | | | | | | |
| | % of time | # of months | | | | |
| Program Director | 0.35 | 24 | \$ 14,652.17 | \$ 14,652.17 | \$ 14,652.16 | 43,956.50 |
| Program Manager/Assistant Director | 0.35 | 27 | 13,458.90 | 13,458.90 | 13,458.90 | 40,376.70 |
| Fiscal Officer | 0.75 | 30 | 22,426.67 | 22,426.67 | 22,426.66 | 67,280.00 |
| Total Personnel | | | 50,537.74 | 50,537.74 | 50,537.72 | 151,613.20 |
| Fringe Benefits | | | | | | |
| | % | Base | | | | |
| PERS | 0.2335 | | 11,800.56 | 11,800.56 | 11,800.56 | 35,401.68 |
| Workers' Comp | 0.0282 | | 1,425.17 | 1,425.16 | 1,425.16 | 4,275.49 |
| Medicare | 0.029 | | 1,465.59 | 1,465.59 | 1,465.60 | 4,396.78 |
| Life Insurance | | 1:8 | 26.00 | 26.00 | 26.00 | 78.00 |
| Health Insurance | | 992.5 | 14,341.63 | 14,341.63 | 14,341.63 | 43,024.89 |
| Total | | | 29,058.95 | 29,058.94 | 29,058.95 | 87,176.84 |
| Travel | | | | | | |
| Local (staff) | | | 1,702.34 | 1,702.33 | 1,702.33 | 5,107.00 |
| Out of County | | Air travel | 350.00 | 350.00 | 350.00 | 1,050.00 |
| | | Hotel | 440.00 | 440.00 | 440.00 | 1,320.00 |
| | | Food | 196.00 | 196.00 | 196.00 | 588.00 |
| Total Travel | | | 2,688.34 | 2,688.33 | 2,688.33 | 8,065.00 |
| Office Supplies | | | 1,633.33 | 1,633.33 | 1,633.34 | 4,900.00 |
| Postage | | | 408.33 | 408.33 | 408.34 | 1,225.00 |
| Cost Allocation Program | | | 5,000.00 | 5,000.00 | 5,000.00 | 15,000.00 |
| Total Administrative Cost | | | \$ 89,326.69 | \$ 89,326.67 | \$ 89,326.68 | \$ 267,980.04 |

* Administrative Cost is 8.93 %

JUSTIFICATION OF BUDGET/PROGRAM ELEMENTS

ADMINISTRATION AND PROGRAM MANAGEMENT

The Mahoning County Healthy Homes and Lead Hazard Control Program will begin project management of the lead hazard control grant on October 1, 2007. Grant program staff is already in place and will be ready to immediately begin the proposed work plan and complete testing and lead hazard control work within the 36 month period. A specific, time-phased work plan involving activities/tasks, start dates, completion dates, and agency responsibility is outlined in Rating Factor 1 narrative.

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LEAD HAZARD CONTROL INTERVENTION

An approach utilizing mostly interim controls will be implemented for the elimination and/or control of identified lead hazards in the MCHHLHCP area. A justification is outlined in the Rating Factor narrative whenever abatement techniques are proposed. Working partners have committed [REDACTED] in leveraged funds.

PAINT INSPECTION, RISK ASSESSMENT, CLEARANCE EXAMINATIONS

Site-specific paint inspections/ risk assessments will be conducted by licensed providers to determine the nature and scope of the lead hazards and the types of lead hazard controls needed. The cost per combined inspection and assessment is projected to be \$425.00 including all environmental sampling. Also, clearance examination will be conducted to determine if the unit has met clearance standards. The cost per clearance examination is projected to be [REDACTED] plus environmental sampling.

RELOCATION

Based on our experience with previous lead hazard control grant awards, the projected plan for relocation has been determined. MCHHLHCP will be able to negotiate favorable rates with local motels and restaurants. The federal share is \$108,558.00.

PROGRAM EVALUATION

John Zilka will independently evaluate the effectiveness of the MCHHLHCP. The evaluator has extensive experience regarding lead and other environmental issues. The personnel and methodology responsible for the lead hazard control activities will be consistent to HUD guidelines.

PROGRAM AUDIT

The program will be audited on an annual basis by a qualified provider.

OTHER IMPLEMENTATION ITEMS (general office supplies, consumable supplies, travel, lead insurance, rent, postage, etc.)

These items necessary for the implementation of the Lead Hazard control grant have been budgeted at a very reasonable rate with cost effectiveness being a priority.

PROGRAM ELEMENTS

| | | |
|--|-----------------------------------|----------------|
| Administrative | | [REDACTED] |
| Community Awareness, Education, Outreach, Training | | [REDACTED] |
| Lead Hazard Control / Intervention | | [REDACTED] |
| Paint Inspections, Risk Assessment, Clearance Examinations | | [REDACTED] |
| Relocation | | [REDACTED] |
| Program Evaluation | | [REDACTED] |
| Program Audit | | [REDACTED] |
| Other Implementation | | [REDACTED] |
| | Requested HUD Grant funds | \$3,000,000.00 |
| | Leveraged Funds | [REDACTED] |
| | Total Proposed Grant Expenditures | [REDACTED] |

**GRANT FUNDS IDENTIFIED FOR DIRECT
LEAD HAZARD CONTROL ACTIVITIES**

**Combined paint inspections/risk assessments
and clearance examinations**

\$

[REDACTED]

**Combination of interim controls and
abatement techniques**

201 units

[REDACTED]

\$

[REDACTED]

Temporary Relocation

\$

[REDACTED]

Total

\$

[REDACTED]

[REDACTED]

divided by \$3,000,000.00 =

[REDACTED]

DETAILED DESCRIPTION OF THE FEDERAL BUDGET REQUEST

| | | | Year 1 10/1/2007 9/30/2008 | Year 2 10/1/2008 9/30/2009 | Year 3 10/1/2009 9/30/2010 | TOTAL |
|------------------------------------|-----------|-------------|----------------------------------|----------------------------------|----------------------------------|----------------------|
| ADMINISTRATIVE COST | | | | | | |
| PERSONNEL | | | | | | |
| | % of time | # of months | | | | |
| Program Director | 0.35 | 24 | \$ 14,652.17 | \$ 14,652.17 | \$ 14,652.16 | 43,956.50 |
| Program Manager/Assistant Director | 0.35 | 27 | 13,458.90 | 13,458.90 | 13,458.90 | 40,376.70 |
| Fiscal Officer | 0.75 | 30 | 22,426.67 | 22,426.67 | 22,426.66 | 67,280.00 |
| Total Personnel | | | 50,537.74 | 50,537.74 | 50,537.72 | 151,613.20 |
| Fringe Benefits | | | | | | |
| | % | Base | | | | |
| PERS | 0.2335 | | 11,800.56 | 11,800.56 | 11,800.56 | 35,401.68 |
| Workers' Comp | 0.0282 | | 1,425.17 | 1,425.16 | 1,425.16 | 4,275.49 |
| Medicare | 0.029 | | 1,465.59 | 1,465.59 | 1,465.60 | 4,396.78 |
| Life Insurance | | 1.8 | 26.00 | 26.00 | 26.00 | 78.00 |
| Health Insurance | | 992.5 | 14,341.63 | 14,341.63 | 14,341.63 | 43,024.89 |
| Total | | | 29,058.95 | 29,058.94 | 29,058.95 | 87,176.84 |
| Travel | | | | | | |
| Local (staff) | | | 1,702.34 | 1,702.33 | 1,702.33 | 5,107.00 |
| Out of County | | Air travel | 350.00 | 350.00 | 350.00 | 1,050.00 |
| | | Hotel | 440.00 | 440.00 | 440.00 | 1,320.00 |
| | | Food | 196.00 | 196.00 | 196.00 | 588.00 |
| Total Travel | | | 2,688.34 | 2,688.33 | 2,688.33 | 8,066.00 |
| Office Supplies | | | 1,633.33 | 1,633.33 | 1,633.34 | 4,900.00 |
| Postage | | | 408.33 | 408.33 | 408.34 | 1,225.00 |
| Cost Allocation Program | | | 5,000.00 | 5,000.00 | 5,000.00 | 15,000.00 |
| Total Administrative Cost | | | \$ 89,326.69 | \$ 89,326.67 | \$ 89,326.68 | \$ 267,980.04 |

* Administrative Cost is 8.93 %

**Certification of
Consistency with
the RC/EZ/EC-II's
Strategic Plan**

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in this application are consistent with the strategic plan of a federally designated empowerment zone (EZ), designated by HUD or by the United States Department of Agriculture (USDA); the tax incentive utilization plan for an urban or rural renewal community (RC) designated by HUD; or the strategic plan for an enterprise community (EC-II) designation in round II by USDA.

(Type or clearly print the following information)

Applicant Name Mahoning County

Name of the Federal Program to which the applicant is applying Lead Demonstration Rd. 15

Name of RC/EZ/EC-II Youngstown, Ohio

I further certify that the proposed activities/projects will be located within the RC/EZ/EC-II identified above and are intended to serve the residents of the designated area. (2 points)

Name of the Official Authorized to Certify the RC/EZ/EC-II Bill D'Avignon

Title Director

Signature *Bill D'Avignon*

Date (mm/dd/yyyy) 05/06/2007

**Certification of Consistency
with the Consolidated Plan**

U.S. Department of Housing
and Urban Development

Certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information.)

Applicant Name: Mahoning County

Project Name: Healthy Homes & Lead Hazard Control Program

Location of the Project: 108 Westchester Drive
Youngstown, Ohio 44515

Name of the Federal Program to which the applicant is applying: Lead-based Paint Hazard Control Grant Program

Name of Certifying Jurisdiction: City of Youngstown

Certifying Official of the Jurisdiction Name: Jay Williams

Title: Mayor, City of Youngstown

Signature: 

Date: 6/8/07

Applicant Abstract Summary:

This is an application for federal funds to carryout a Lead hazard Control Grant Program involving low to very-low income families with children under six years old. There are eighteen (18) high risk zip codes being targeted, thirteen (13) in the Mahoning County, Ohio, and five (5) in the cities of Girard, Niles, and Warren. The targeted zip codes have very high socio-economic and environmental risk factors. These factors include age of housing, high poverty, crime, low proficiency scores, and concentrated ethnicity.

The Goals and Objectives of the Mahoning County Lead Hazard Control Grant Program: 1) The elimination and/or the control of all identified lead hazards in two-hundred and one (201) housing units involving low to very-low income families with children; 2) conduct the recruitment and training of minority and low-income contractors and workers; 3) conduct outreach programs, including one involving the United Methodist Community Center, a Faith-Based Organization (recruitment involving 600 home visits); 4) implement programs which will effectively increase the number of children screened for lead poisoning such as sending phlebotomist to the targeted census tracts; 5) make available 25 Section 8 Housing Choice Vouchers to families who have children with elevated blood lead levels; 6) implement a loan program involving First Place Financial Corp.; 7) create a public relations campaign to promote lead awareness; 8) development of a preventive maintenance program in partnership with John Zilka of Applied Systems, Inc, Mahoning County Board of Health, and the Home Builders Association; 9) Develop a comprehensive fair-housing training initiative by conducting workshops and training seminars to housing providers, public and private, civic and Community-Based organizations; 10) create a registry of pre-1978 housing units in the MCHHLHCP area that have been made lead-safe; 11) Provide lead training and awareness not only in the MCHHLHCP, but on a regional basis involving Trumbull County and Lawrence County Pennsylvania.

The Amount of Federal Request and Amount of leveraging resources: The amount of the Lead Hazard Control Grant Request is \$3,000,000.00 which will be used in combination with leveraging resources of [REDACTED]

Number of Units in which Lead Hazard Control Activities will be conducted: Lead-based paint hazards will be eliminated and/or controlled in two-hundred and one (201) units. An average of [REDACTED] of actual lead hazard control work is projected to be expended per unit.

The Mahoning County Lead hazard Control Strategy Utilizing Assessment Tools: Utilize a site specific combination paint inspection/ risk assessment conducted by the Mahoning County Childhood Lead Poisoning Prevention Program to determine the nature and scope of lead hazards and lead hazard controls needed. The overall goals of this strategy are to reduce lead hazards such as lead-contaminated dust, bare soil, and loose, peeling, or flaking lead-based paint to clearance levels; to slow recontamination by treating bare soil and high-risk lead painted surfaces; to make repairs to prevent paint failure; to facilitate clean-up of recontamination by creating

cleanable floors and window troughs; and to educate owners and occupants on lead safety and in-place management of lead hazards.

Selection of Units: a) presence of children with elevated blood –lead levels less than six years of age; b) presence of children under six years of age as part of a primary prevention program. This is a planned approach to control lead hazards before children are poisoned; c) units occupied by children under six years of age who are undergoing chelation therapy; d) presence of children in units identified by the Mahoning County District Board of Health in which two or more children had blood lead levels of 10ug/dl or greater; e) units located in targeted high risk zip codes; f) units of families who are holders of the twenty-five (25) Section 8 Choice Vouchers which have a local preference; g) units ear-marked for existing rehab programs such as the working partnership with the Youngstown and Warren CDAs; h) units ear-marked for lead hazard control intervention with working partners such as YouthBuild, Community Housing Investment Partnership, Youngstown CHOICE Homes and Mahoning County Children Services Board; i) units earmarked for the Rental Loan program with First Place Financial Corp.; j) condition of the structure and value of the unit; h) on a case-by-case basis , a unit located outside of the targeted high risk zip code areas and occupied by a family with a child under the age of six that has an elevated blood lead level will be considered for financial assistance.

The Mahoning County Lead Hazard Control Grant Program will have the responsibility of administrating the Grant Program. Staff utilized for the Lead Hazard Control Program will include the Program Director, Program Processor/Assistant Director, Fiscal Officer, Interviewer/Clerical Support Person and two Housing Inspectors.

Prior Activities: The Mahoning County Lead-Based Hazard Control Program has successfully implemented and completed in a timely and cost-effective manner, the goals and objectives of multiple Lead Hazard Control Grants. We are currently meeting or exceeding goals of a Round 12 Lead Hazard Control Grant, a Lead Hazard Reduction Grant and have successfully completed a Healthy Homes Demonstration Grant that ended in September 2006.

The local community has come together as evidenced by the participation of forty-seven (47) working partners and [REDACTED] in matching funds. Educational programs/training sessions are projected to be presented over the thirty-six (36) month period of this Lead Hazard Control Grant. **The Lead Program will have a positive impact on the local community.** It will help the Community understand that lead poisoning in children less than six (6) years of age is a preventable health issue. And will increase the capacity of the local Community to deal with lead-related issues by providing numerous lead awareness classes, especially lead contractor/supervisor classes, lead worker classes, and lead inspector/risk assessor classes. In addition, a significant number of housing units will be made lead-safe. The lead hazard control work, along with CDBG Funds, will improve the housing stock of the targeted areas. The impact would be significant in the targeted neighborhoods.

Factor 1 Capacity Of The Applicant And Relevant Organizational Experience
Public reporting burden for this collection of information is estimated to average 17 hours. This includes the time for collecting, reviewing, and reporting the data. This information collection is collected during the application process and is used to select grantees under a competitive selection process. Section 1011 of Title X of the Housing and Community Development Act of 1992 authorizes this collection. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

| A. Key Personnel | | | |
|--|---|---|---|
| Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix. | Percent of Time Proposed for this Grant (HUD Funded or In-Kind) | Percent of Time to be spent on other LHC HUD grants | Percent of Time to be spent on other Activities |
| Note: These three columns should total 100%. | | | |
| A.1 Overall Project Director | | | |
| Name: Phillip O. Puryear | 67% | 33% | |
| Organization Position Title: Program Director | | | |
| Phone Number: [REDACTED] Fax Number: 330-740-7998 | | | |
| Email: [REDACTED] | | | |
| A.2 Day-to-Day Program Manager <input type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff | | | |
| Name: [REDACTED] | 75% | 25% | |
| Organization Position Title: Assistant Program Director | | | |
| Phone Number: [REDACTED] Fax Number: 330-740-7998 | | | |
| Email: [REDACTED] | | | |
| A.3 Other <input type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff | | | |
| Name: [REDACTED] | 80% | 20% | |
| Organization Position Title: Fiscal Officer | | | |
| Phone Number: [REDACTED] Fax Number: 330-740-7998 | | | |
| Email: [REDACTED] | | | |

| B. Partners | | | |
|---|--------------------------------------|---|---|
| Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient | Description of Commitment and Status | Proposed Activities To Be Conducted by Partner | Amount of HUD Grant Funds (If Subgrant) |
| B.1 Name: [REDACTED] Type of Organization [REDACTED] Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.2 Name: [REDACTED] Type of Organization: Training, Environmental Consultant Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Consultation, Evaluation, Awareness, Outreach, Training | 66000 |
| B.3 Name: [REDACTED] Type of Organization: Community Based Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.4 Name: [REDACTED] Type of Organization: Manufacturer Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Education, Materials | 0 |
| B.5 Name: [REDACTED] Type of Organization: Faith Based Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.6 Name: [REDACTED] Type of Organization: Manufacturer Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Education, Materials | 0 |
| B.7 Name: [REDACTED] Type of Organization: Manufacturer Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |

Definitions:
Partner Name: Name of organization or entity that will partner with applicant in conducting program activities.
Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc.
Description of Commitment: Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc.
Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)
Amount of HUD Grant Funds if Subgrantee/Subrecipient: The dollar amount subgrantee/subrecipient will be receiving for the services they will provide.

| Factor 1 Capacity Of The Applicant And Relevant Organizational Experience | | | |
|---|---|---|---|
| Public reporting burden for this collection of information is estimated to average 17 hours. This includes the time for collecting, reviewing, and reporting the data. This information collection is collected during the application process and is used to select grantees under a competitive selection process. Section 1011 of Title X of the Housing and Community Development Act of 1992 authorizes this collection. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. | | | |
| A. Key Personnel | | | |
| Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix. | Percent of Time Proposed for this Grant (HUD Funded or In-Kind) | Percent of Time to be spent on other LHC HUD grants | Percent of Time to be spent on other Activities |
| Note: These three columns should total 100% | | | |
| A.1 Overall Project Director | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: | Fax Number: | | |
| Email: | | | |
| A.2 Day-to-Day Program Manager <input checked="" type="checkbox"/> To be hired <input type="checkbox"/> On staff | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: | Fax Number: | | |
| Email: | | | |
| A.3 Other <input checked="" type="checkbox"/> To be hired <input type="checkbox"/> On staff | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: | Fax Number: | | |
| Email: | | | |
| B. Partners | | | |
| Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient | Description of Commitment and Status | Proposed Activities To Be Conducted by Partner | Amount of HUD Grant Funds (if Subgrant) |
| B.1 Name: [Redacted] | Letter of Commitment | Housing Rehab, Lead hazard Control Work | 125000 |
| Type of Organization: Housing | | | |
| Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | | | |
| B.2 Name: [Redacted] | Letter of Commitment | Outreach, Education, Referral | 0 |
| Type of Organization: Community Based Organization | | | |
| Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | | | |
| B.3 Name: [Redacted] | Letter of Commitment | Outreach, Education, Referral | 0 |
| Type of Organization: Faith Based Organization | | | |
| Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | | | |
| B.4 Name: [Redacted] | Letter of Commitment | Low Interest Loans | 0 |
| Type of Organization: Financial Institution | | | |
| Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | | | |
| B.5 Name: [Redacted] | Letter of Commitment | Provide Lead Safe Units | 0 |
| Type of Organization | | | |
| Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | | | |
| B.6 Name: [Redacted] | Letter of Commitment | Education, Materials | 0 |
| Type of Organization: Manufacturer | | | |
| Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | | | |
| B.7 Name: [Redacted] | Letter of Commitment | Outreach, Education, Referral | 0 |
| Type of Organization: Faith Based Organization | | | |
| Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | | | |
| Definitions: Partner Name: Name of organization or entity that will partner with applicant in conducting program activities. Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc. Description of Commitment: Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc. Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.) Amount of HUD Grant Funds if Subgrantee/Subrecipient: The dollar amount subgrantee/subrecipient will be receiving for the services they will provide. | | | |

Factor 1 Capacity Of The Applicant And Relevant Organizational Experience
Public reporting burden for this collection of information is estimated to average 17 hours. This includes the time for collecting, reviewing, and reporting the data. This information collection is collected during the application process and is used to select grantees under a competitive selection process. Section 1011 of Title X of the Housing and Community Development Act of 1992 authorizes this collection. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

| Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix. | Percent of Time Proposed for this Grant (HUD Funded or in-Kind) | Percent of Time to be spent on other LHC HUD grants | Percent of Time to be spent on other Activities |
|--|---|---|---|
| | Note: These three columns should total 100% | | |

A. Key Personnel

A.1 Overall Project Director To be hired On staff

Name: _____
 Organization Position Title: _____
 Phone Number: _____ Fax Number: _____
 Email: _____

A.2 Day-to-Day Program Manager To be hired On staff

Name: _____
 Organization Position Title: _____
 Phone Number: _____ Fax Number: _____
 Email: _____

A.3 Other To be hired On staff

Name: _____
 Organization Position Title: _____
 Phone Number: _____ Fax Number: _____
 Email: _____

| Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient | Description of Commitment and Status | Proposed Activities To Be Conducted by Partner | Amount of HUD Grant Funds (if Subgrant) |
|---|--------------------------------------|--|---|
| B.1 Name: _____ Type of Organization: Builders Association Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education | 0 |
| B.2 Name: _____ Type of Organization: Community Based Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.3 Name: _____ Type of Organization: Faith Based Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.4 Name: Mahoning Columbiana Training Assoc. Type of Organization: Training Facility Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Training | 0 |
| B.5 Name: Mahoning County Childrens Services Board Type of Organization: County Agency Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Housing Rehab, Lead Hazard Control Work, Outreach, Education | 24000 |
| B.6 Name: Mahoning County District Board of Health Type of Organization: County Health Agency Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | LI/RA, Clearance, 1YR Evaluation, CLPPP | 180000 |
| B.7 Name: Mahoning County Job & Family Services Type of Organization: County Agency Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |

Definitions:
Partner Name: Name of organization or entity that will partner with applicant in conducting program activities.
Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc.
Description of Commitment: Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc.
Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)
Amount of HUD Grant Funds if Subgrantee/Subrecipient: The dollar amount subgrantee/subrecipient will be receiving for the services they will provide.

Factor 1 Capacity Of The Applicant And Relevant Organizational Experience
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| Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix. | Percent of Time Proposed for this Grant (HUD Funded or In-Kind) | Percent of Time to be spent on other LHC HUD grants | Percent of Time to be spent on other Activities |
|--|---|---|---|
| | Note: These three columns should total 100% | | |

A. Key Personnel

A.1 Overall Project Director To be hired On staff

Name: _____
 Organization Position Title: _____
 Phone Number: _____ Fax Number: _____
 Email: _____

A.2 Day-to-Day Program Manager To be hired On staff

Name: _____
 Organization Position Title: _____
 Phone Number: _____ Fax Number: _____
 Email: _____

A.3 Other To be hired On staff

Name: _____
 Organization Position Title: _____
 Phone Number: _____ Fax Number: _____
 Email: _____

| Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient | Description of Commitment and Status | Proposed Activities To Be Conducted by Partner | Amount of HUD Grant Funds (if Subgrant) |
|--|--------------------------------------|--|---|
| B.1 Name: _____ Type of Organization: Landlord Association Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.2 Name: _____ Type of Organization: Head Start Program Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.3 Name: _____ Type of Organization: Housing Weatherization Program Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.4 Name: _____ Type of Organization: Code Enforcement Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.5 Name: _____ Type of Organization: Community Based Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.6 Name: _____ Type of Organization: Faith Based Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.7 Name: _____ Type of Organization: Environmental Consultant Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |

Definitions:
Partner Name: Name of organization or entity that will partner with applicant in conducting program activities.
Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc.
Description of Commitment: Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc.
Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)
Amount of HUD Grant Funds if Subgrantee/Subrecipient: The dollar amount subgrantee/subrecipient will be receiving for the services they will provide.

Factor 1 Capacity Of The Applicant And Relevant Organizational Experience
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A. Key Personnel

| Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix. | Percent of Time Proposed for this Grant (HUD Funded or In-Kind) | Percent of Time to be spent on other LHC HUD grants | Percent of Time to be spent on other Activities |
|--|---|---|---|
| Note: These three columns should total 100% | | | |
| A.1 Overall Project Director | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: Fax Number: | | | |
| Email: | | | |
| A.2 Day-to-Day Program Manager <input checked="" type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: Fax Number: | | | |
| Email: | | | |
| A.3 Other <input checked="" type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: Fax Number: | | | |
| Email: | | | |

B. Partners

| Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient | Description of Commitment and Status | Proposed Activities To Be Conducted by Partner | Amount of HUD Grant Funds (if Subgrant) |
|---|--------------------------------------|---|---|
| B.1 Name: [Redacted] Type of Organization: Community Based Organization Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 0 |
| B.2 Name: [Redacted] Type of Organization: Community Based Organization Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Translation Services, Outreach, Education, Referral | 0 |
| B.3 Name: [Redacted] Type of Organization: Tenant Council Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Training, Awareness, Outreach, Education | 0 |
| B.4 Name: [Redacted] Type of Organization: Health Care Provider Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Lead Screening | 60000 |
| B.5 Name: [Redacted] Type of Organization: County Agency Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education | 0 |
| B.6 Name: [Redacted] Type of Organization: Faith Based Organization Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral | 19800 |
| B.7 Name: [Redacted] Type of Organization: Tenant Council Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Training, Awareness, Outreach, Education | 0 |

Definitions:
Partner Name: Name of organization or entity that will partner with applicant in conducting program activities.
Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc.
Description of Commitment: Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc.
Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)
Amount of HUD Grant Funds if Subgrantee/Subrecipient: The dollar amount subgrantee/subrecipient will be receiving for the services they will provide.

Factor 1 Capacity Of The Applicant And Relevant Organizational Experience
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A. Key Personnel

| Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix. | Percent of Time Proposed for this Grant (HUD Funded or In-Kind) | Percent of Time to be spent on other LHC HUD grants | Percent of Time to be spent on other Activities |
|--|---|---|---|
| Note: These three columns should total 100% | | | |
| A.1 Overall Project Director | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: | Fax Number: | | |
| Email: | | | |
| A.2 Day-to-Day Program Manager <input checked="" type="checkbox"/> To be hired <input type="checkbox"/> On staff | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: | Fax Number: | | |
| Email: | | | |
| A.3 Other <input type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: | Fax Number: | | |
| Email: | | | |

B. Partners

| Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient | Description of Commitment and Status | Proposed Activities To Be Conducted by Partner | Amount of HUD Grant Funds (if Subgrant) |
|--|--------------------------------------|--|---|
| B.1 Name: [Redacted] Type of Organization: Manufacturer Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Education, Materials | 0 |
| B.2 Name: [Redacted] Type of Organization: Housing Agency Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Housing Rehab, Lead Hazard Control Work, Outreach, Education, Referral | 200000 |
| B.3 Name: [Redacted] Type of Organization: Tenant Council Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education | 0 |
| B.4 Name: [Redacted] Type of Organization: Fair Housing Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Fair Housing | 0 |
| B.5 Name: [Redacted] Type of Organization: School Board Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Training | 0 |
| B.6 Name: [Redacted] Type of Organization: Housing Agency Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Housing Rehab, Lead Hazard Control Work, Outreach, Education | 187500 |
| B.7 Name: [Redacted] Type of Organization: Health Agency Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education | 0 |

Definitions:
Partner Name: Name of organization or entity that will partner with applicant in conducting program activities.
Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc.
Description of Commitment: Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc.
Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)
Amount of HUD Grant Funds if Subgrantee/Subrecipient: The dollar amount subgrantee/subrecipient will be receiving for the services they will provide.

Factor 1 Capacity Of The Applicant And Relevant Organizational Experience
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A. Key Personnel

| Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix. | Percent of Time Proposed for this Grant (HUD Funded or In-Kind) | Percent of Time to be spent on other LHC HUD grants | Percent of Time to be spent on other Activities |
|--|---|---|---|
| Note: These three columns should total 100% | | | |
| A.1 Overall Project Director | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: | Fax Number: | | |
| Email: | | | |
| A.2 Day-to-Day Program Manager <input checked="" type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: | Fax Number: | | |
| Email: | | | |
| A.3 Other <input checked="" type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff | | | |
| Name: | | | |
| Organization Position Title: | | | |
| Phone Number: | Fax Number: | | |
| Email: | | | |

B. Partners

| Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient. | Description of Commitment and Status | Proposed Activities To Be Conducted by Partner | Amount of HUD Grant Funds (if Subgrant) |
|--|--------------------------------------|--|---|
| B.1 Name: [Redacted] Type of Organization: Realtors Association Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Training | 0 |
| B.2 Name: [Redacted] Type of Organization: Housing Agency Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Housing Rehab, Lead Hazard Control Work, Outreach, Education, Referral | 200000 |
| B.3 Name: [Redacted] Type of Organization: Housing Agency Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Referral, Training | 0 |
| B.4 Name: [Redacted] Type of Organization: Education Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Outreach, Education, Training | 0 |
| B.5 Name: [Redacted] Type of Organization: Training Agency Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | Letter of Commitment | Housing Rehab, Lead Hazard Control Work, Training | 22500 |
| B.6 Name: [Redacted] Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | | | |
| B.7 Name: [Redacted] Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed | | | |

Definitions:
Partner Name: Name of organization or entity that will partner with applicant in conducting program activities.
Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc.
Description of Commitment: Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc.
Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)
Amount of HUD Grant Funds if Subgrantee/Subrecipient: The dollar amount subgrantee/subrecipient will be receiving for the services they will provide.

Factor 2 Need/Extent Of The Problem
Public reporting burden for this collection of information is estimated to average 17 hours. This includes the time for collecting, reviewing, and reporting the data. This information collection is collected during the application process and is used to select grantees under a competitive selection process. Section 1011 of Title X of the Housing and Community Development Act of 1992 authorizes this collection. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Name of Jurisdiction: Mahoning County, Girard, Niles, Warren Name of Target Area (s): 18 Target Zip Codes

A. Documented Blood Lead Level (BLL)

| A.1 Total Number of Children <6 Years (72 months) of Age in Jurisdiction: 25292 % of Total Population: 7.52% | | | A.2 Total Number of Children <6 Years (72 months) of Age in Target Area: 21194 % of Total Population: 7.73% | | |
|--|--|------------|---|--|------------|
| Blood Lead Level | Number of Children Under 6 Years | % Of Total | Blood Lead Level | Number of Children Under 6 Years | % Of Total |
| < 10 µg/dL | 3058 | 95.85 | < 10 µg/dL | 2511 | 95.26 |
| ≥10 µg/dL and ≤19 µg/dL | 113 | 3.55 | ≥10 µg/dL and ≤19 µg/dL | 108 | 4.10 |
| ≥ 20 µg/dL | 19 | .60 | ≥ 20 µg/dL | 17 | .64 |
| Total Tested | 3190 | 100% | Total Tested | 2636 | 100% |
| Source and Date Documented (Indicate Period Covered)* | Ohio Dept. of Health (2005 STELLAR data) | | Source and Date Documented (Indicate Period Covered)* | Ohio Dept. of Health (2005 STELLAR data) | |

*Attach documentation in appendix - State or local health department may be a good source for this information

B. Housing Age and Tenure

| B.1 Jurisdiction: Mahoning County, Girard, Niles, Warren | | | | | B.2 Target Area (s): 18 Target Zip Codes | | | | |
|--|---------|------------|--------|--------|--|---------|------------|--------|--------|
| Year Built | Number | % of Total | Owner | Renter | Year Built | Number | % of Total | Owner | Renter |
| Pre-1940 | 30,655 | 22.64 | 22,557 | 8,098 | Pre-1940 | 27,284 | 23.85 | 20,022 | 7,262 |
| 1940-1949 | 16,704 | 12.32 | 11,605 | 5,099 | 1940-1949 | 15,064 | 13.18 | 10,390 | 4,674 |
| 1950-1959 | 29,383 | 21.71 | 23,276 | 6,107 | 1950-1959 | 25,625 | 22.40 | 20,081 | 5,544 |
| 1960-1969 | 20,732 | 15.32 | 13,613 | 7,119 | 1960-1969 | 19,033 | 16.64 | 10,003 | 9,030 |
| 1970-1977 | 19,618 | 14.50 | 11,196 | 8,422 | 1970-1977 | 16,722 | 14.62 | 9,729 | 6,993 |
| 1979 or newer | 18,287 | 13.51 | 12,550 | 5,737 | 1979 or newer | 10,685 | 9.33 | 6,465 | 4,220 |
| Total | 135,379 | 100.00 | 94,797 | 40,582 | Total | 114,413 | 100.00 | 76,690 | 37,723 |

Source: 2000 Census - http://factfinder.census.gov/servlet/DatasetMainPageServlet?_ds_name=DEC_2000_SF3_U&program=DEC&lang=en

- Instructions:
1. Select "Census 2000 Summary File 3 (SF3) - Sample Data"
 2. Click on "Detailed Tables" on the side menu
 3. On the next page, select "Place" from the pull-down menu next to "Select a geographic type"
 4. Select the "State" from the pull-down menu next to "Select a State"
 5. Select one or more "cities" of interest from the selected state and click "Add"
 6. Click the button that says "Next"
 7. On the next page, select "H36. Tenure by Year Structure Built" from the pull-down menu, then "Select one or more tables" and click "Add"
 8. Click "Show Tables"

*Attach copy of the downloaded information in appendix.

C. Very Low and Low-Income Population - As Determined by HUD

| C.1 Jurisdiction | | | | C.2 Target Area (s) | | | |
|--------------------------------|-------|--------------------------------------|-------|--------------------------------|-------|--------------------------------------|-------|
| Number of Families <50% of AMI | % | Total Number of Families <80% of AMI | % | Number of Families <50% of AMI | % | Total Number of Families <80% of AMI | % |
| 22,356 | 24.85 | 41,532 | 46.16 | 19,767 | 27.04 | 35,753 | 48.90 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Source: Income Limits As Determined by HUD - <http://www.huduser.org/datasets/ll.html>

- Instructions:
1. Select the appropriate State
 2. Click on the link that says "Open PDF file"
 3. Search for appropriate location

*Attach copy of the downloaded information in appendix

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 of 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)* | App. Agency, Partner | 250 | 145 | 75 | 30 | 3 DAYS | 175.00 |
| Intake/Enrollment | App. Agency | 225 | 135 | 70 | 20 | 5 DAYS | N/A |
| Financing (Grant, Loan, Other) | App. Agency, Partner | 201 | 120 | 81 | 20 | 12 DAYS | N/A |
| Pre-Hazard Control Blood Lead Testing | Partner Org. | 600 | N/A | N/A | N/A | 1 DAYS | 35.00 |
| Paint Inspections/Risk Assessments | Partner Org. | 225 | 135 | 70 | 20 | 1 DAYS | 300.00 |
| Laboratory Analysis of Samples | Partner Org. | 225 | N/A | N/A | N/A | 1 DAYS | 250.00 |
| Work Specifications | App. Agency, Partner | 201 | N/A | N/A | N/A | 3 DAYS | 245.00 |
| Bid Process/ Contractor Selection | App. Agency, Partner | 201 | N/A | N/A | N/A | 15 DAYS | 225.00 |
| Temporary Relocation | App. Agency, Partner | 181 | 120 | 61 | 0 | 12 DAYS | 978.00 |
| Interim Controls | Contractors | 201 | 120 | 81 | 20 | 12 DAYS | 7,960.00 |
| Hazard Abatement | NA | 0 | 0 | 0 | 0 | NA | 0.00 |
| Quality Control-Contractor Performance | App. Agency, Partner | 201 | N/A | N/A | N/A | 5 DAYS | N/A |
| Clearance Evaluations | Partner Org. | 201 | N/A | N/A | N/A | 1 DAYS | 100.00 |
| Maintenance Plan - Unit Follow Up | App. Agency, Partner | 201 | N/A | N/A | N/A | 2DAYS/1DAYS | N/A |
| Community Outreach/ Education | App. Agency, Partner | N/A | N/A | N/A | N/A | 1 DAYS | N/A |
| Training | App. Agency, Partner | N/A | N/A | N/A | N/A | 1 TO 5DAYS | 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



New Bethel Baptist Church

Rev. Kenneth L. Simon, Pastor

Residence:

133 Gypsy Lane
Youngstown, Ohio 44505
(330) 747-8911

1507 Hillman Street
Youngstown, Ohio 44507
Telephone: (330) 747-2125
Fax: (330) 747-4452
E-Mail: Nbaptist@sbcglobal.net

April 9, 2007

Mr. Jon Gant, Director
U.S. Department of Housing & Urban Development
Office of Healthy Homes and Lead Hazard Control
451 Seventh Street S.W. Room 8236
Washington, DC 20410

ATTN: Lead Hazard Control Grant Program

RE: Lead Hazard Control Grant
15th Round of Funding

Dear Mr. Gant,

The New Bethel Baptist Church has entered into a working partnership with the Mahoning County Lead-Based Paint Hazard Control Program, for the education, reduction and prevention of the hazards from lead-based paint in the Greater Youngstown Community. This agreement is contingent upon the availability of funding from the Department of Housing and Urban Development.

The Antioch Missionary Baptist Church has agreed to work with the Mahoning County Lead-Based Paint Hazard Control Program and its support staff to spread the message in the Community, its schools and organizations of the dangers and hazards of lead-based paint.

As you are aware, the need for such action is critical. I urge your support in our efforts by providing the necessary funding for this vital program. Before closing, allow me to thank you in advance for your support, because I know that together we can and will make a difference.

Sincerely,



Rev. Kenneth L. Simon, Pastor
New Bethel Baptist Church

Neighborhood Improvement Corps

Maureen D. O'Neil, President
(330) 502-6004

April 27, 2007

Mr. Jon Gant, Director
U.S. Department of Housing and Urban Development
Office of Lead Hazard Control
451 Seventh Street, S.W., Room 8236
Washington, D.C. 20410

Re: Lead-Based Paint Hazard Control Grant

Dear Mr. Gant:

The Neighborhood Improvement Corps, Inc. is a non-profit corporation that works in conjunction with the Youngstown Housing Code Appeals Board and Housing Court to provide assistance to low-to-moderate income owner-occupants in bringing their homes into compliance with the Youngstown Housing Code. The Neighborhood Improvement Corps (N.I.C.) has entered into a working relationship with the Mahoning County Lead Hazard Control Grant in which the N.I.C. will refer sixty cases of homes which are in violation of provisions of the Youngstown Housing Code relating to properly maintaining painted surfaces over the next three years. Phillip Puryear, the Program Director of the Mahoning County Lead Hazard Control Program, anticipates that twenty of those referred houses will meet their eligibility criteria and be made completely lead-safe.

The scope and magnitude of the current lead problem and myriad other environmental issues in Youngstown, Ohio is extreme. Youngstown is particularly affected by these problems due to its aging housing stock and numerous blighted homes in deteriorating condition. The City of Youngstown and the Neighborhood Improvement Corps desperately need the assistance of the Mahoning County Lead Hazard Control Program to address these problems. The N.I.C. urges HUD to award a Lead-Based Hazard Control Grant to the Mahoning County Lead Hazard Control Program.

If further information is needed, please contact the President of the Executive Board of the Neighborhood Improvement Corps, Maureen O'Neil, at (330) 502-6004.


Maureen D. O'Neil, President

Gary Crim
President

Harvey Morrison
Vice-President

Alice Morrison
Treasurer

Sherry DeMar
Secretary

Rick Weisner
Director

David Mignella
Director

Hank Conrad
Director

Sam Naples
Director

Neil Kennedy
Director

Wayne Ensor
Director

Rochelle Ensor
Director

Michelle Wells
Past-President

Mahoning Valley Real Estate Investors Association

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Phone (330) 788-5761
Email: MVreia@aol.com Visit:
www.MahoningValleyREIA.com

April 2, 2007

Mr. Jon Cant, Director
U.S. Dept. of Housing and Urban Development
Office of Healthy Homes and Lead Hazard Control
Attn: Lead Hazard Control Grant Program
451 Seventh Street S.W. Room 8236
Washington, DC 20410

RE: Lead Hazard Control Program
15th Round of Funding

Dear Mr. Cant:

Mahoning Valley REIA has a working partnership with the Mahoning County Lead-Based Paint Hazard Control Program for participation in the Rental Outreach Program. Landlords are encouraged to participate in the Section 8 Voucher Program. This program gives a local preference to families who have children with an EBL blood level of 10 mcg/dl or above. In addition, they are encouraged to participate in the Rental Loan Program sponsored by First Place Bank and a landlord matching fund program co-sponsored by the City of Youngstown and the Mahoning County Lead Program.

The Mahoning Valley REIA will also assist in Community Outreach efforts. These efforts would include conducting and participating in general community educational programs on environmental health and safety hazards, including but not limited to Educational In-Services for local housing providers and all those involved in housing by holding monthly meetings and all day educational classes.

I urge the funding of this vital program to continue to educate real estate investors and housing providers within the Mahoning County. Thank you for your time and attention in this matter.

Sincerely,


Gary N. Crim
MVREIA President

GMC: re