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<SF424:AuthorizedRepresentative>

<globLib:PrefixName>**Ms.**</globLib:PrefixName>

<globLib:FirstName>**Sarah**</globLib:FirstName>

<globLib:LastName>**Gores Rudolf**</globLib:LastName>

</SF424:AuthorizedRepresentative>

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Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
--	--	---

* 3. Date Received: 06/15/2007	4. Applicant Identifier: _____
--	--

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
--	---

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
--	--

8. APPLICANT INFORMATION:

*** a. Legal Name:** Coalition to End Childhood Lead Poisoning, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 521786577	* c. Organizational DUNS: _____
---	---

d. Address:

* Street1: 2714 Hudson Street
Street2: _____
* City: Baltimore
County: _____
* State: MD: Maryland
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 21224

e. Organizational Unit:

Department Name: _____	Division Name: _____
----------------------------------	--------------------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.	* First Name: Ruth Ann
Middle Name: _____	
* Last Name: Norton	
Suffix: _____	

Title: Executive Director

Organizational Affiliation:
Coalition to End Childhood Lead Poisoning

*** Telephone Number:** _____ **Fax Number:** 410-534-6475

*** Email:** _____

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.901

CFDA Title:

Healthy Homes Demonstration Grants

*** 12. Funding Opportunity Number:**

FR-5100-N-19

*** Title:**

Healthy Homes Demonstration Program

13. Competition Identification Number:

HHD-19

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Baltimore City (specifically Historic East Baltimore and selected neighborhoods in West Baltimore, Coppin Heights/Rosemount, Sandtown-Winchester, and Harlem Park.)

*** 15. Descriptive Title of Applicant's Project:**

Safe at Home

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,000,000.00"/>
* b. Applicant	<input type="text" value="REDACTED"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="REDACTED"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="REDACTED"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Attachments

AdditionalCongressionalDistricts

File Name

Mime Type

AdditionalProjectTitle

File Name

Mime Type

Project Abstract

The Project Abstract must not exceed one page and must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

* Please click the add attachment button to complete this entry.

7764-Abstract - Safe at Home.doc

Attachments

ProjectAbstractAddAttachment

File Name

7764-Abstract_-_Safe_at_Home.doc

Mime Type

application/msword

Budget Narrative File(s)

FileName	MimeType
2654-Mandatory_Safe_at_Home_Budget_Narrative_2007.doc	application/msword

Project Narrative File(s)

FileName	MimeType
6575-Mandatory_Rating_Factors_Final.doc	application/msword

Other Attachment File(s)

FileName	MimeType
3668-Mandatory_Mandatory_Attachments.pdf	application/pdf
8989-Optional_Attachments.pdf	application/pdf
1430-Asthma_Hospitalization_Rates_By_Zip_Code.pdf	application/pdf

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011
(exp. 12/31/2006)

Applicant/Recipient Information

* Duns Number:

[REDACTED]

* Report Type:

INITIAL

1. Applicant/Recipient Name, Address, and Phone (Include area code):

* Applicant Name:

Coalition to End Childhood Lead Poisoning, Inc.

* Street1: 2714 Hudson Street

Street2:

* City: Baltimore

County:

* State: MD: Maryland

* Zip Code: 21224

* Country: USA: UNITED STATES

* Phone:

2. Social Security Number or Employer ID Number: 521786577

* 3. HUD Program Name:

Healthy Homes Demonstration Grants

* 4. Amount of HUD Assistance Requested/Received: \$ 1,000,000.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: Safe at Home

* Street1: Historic East Baltimore

Street2: West Baltimore (Sandtown/Coppin Heights/Harlem Park)

* City: Baltimore

County: Baltimore City

* State: MD: Maryland

* Zip Code: 21213, 21216, 21217, 21205

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Form HUD-2880(3/99)

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:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

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 %)

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 %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
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<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

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)

Sarah Rudolf

06/15/2007

Attachments

AdditionalInfo_attDataGroup0
File Name

Mime Type

AdditionalInfo1_attDataGroup0
File Name

Mime Type

Survey on Ensuring Equal Opportunity for Applicants

OMB NO. 1890-0014 EXP. 2/28/2009

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:

Coalition to End Childhood Lead Poisoning, Inc.

Applicant's DUNS Name:

[REDACTED]

Federal Program:

Healthy Homes Demonstration Program

CFDA Number:

14.901

- | | |
|--|--|
| 1. Has the applicant ever received a grant or contract from the Federal government?
<input checked="" type="radio"/> Yes <input type="radio"/> No | 5. Is the applicant a local affiliate of a national organization?
<input type="radio"/> Yes <input checked="" type="radio"/> No |
| 2. Is the applicant a faith-based organization?
<input type="radio"/> Yes <input checked="" type="radio"/> No | 6. How many full-time equivalent employees does the applicant have? (Check only one box).
<input type="radio"/> 3 or Fewer <input checked="" type="radio"/> 15 - 50
<input type="radio"/> 4 - 5 <input type="radio"/> 51 - 100
<input type="radio"/> 6 - 14 <input type="radio"/> Over 1000 |
| 3. Is the applicant a secular organization?
<input checked="" type="radio"/> Yes <input type="radio"/> No | 7. What is the size of the applicant's annual budget? (Check only one box.)
<input type="radio"/> Less Than \$150,000
<input type="radio"/> \$150,000 - \$299,999
<input type="radio"/> \$300,000 - \$499,999
<input type="radio"/> \$500,000 - \$999,999
<input type="radio"/> \$1,000,000 - \$4,999,999
<input checked="" type="radio"/> \$5,000,000 or more |
| 4. Does the applicant have 501(c)(3) status?
<input checked="" type="radio"/> Yes <input type="radio"/> No | |

Survey on Ensuring Equal Opportunity for Applicants

OMB NO. 1890-0014 EXP. 2/28/2009

Provide the applicant's (organization) name and number and the grant name and CFDA number.

1. Self-explanatory.

2. Self-identify.

3. Self-identify.

4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

5. Self-explanatory.

6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1890-0014**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

0348-0046

<p>1. * Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input checked="" type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. * Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application</p> <p><input checked="" type="checkbox"/> b. initial award</p> <p><input type="checkbox"/> c. post-award</p>	<p>3. * Report Type:</p> <p><input checked="" type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>year quarter</p> <p>date of last report</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee Tier if known:</p> <p>* Name: Coalition to End Childhood Lead Poisoning</p> <p>* Address: 2714 Hudson Street</p> <p>Baltimore</p> <p>MD: Maryland</p> <p>21224</p> <p>Congressional District, if known: MD-003</p>	<p>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</p>	
<p>6. * Federal Department/Agency:</p> <p>HUD OHHLHC</p>	<p>7. * Federal Program Name/Description: Healthy Homes Demonstration Grants</p> <p>CFDA Number, if applicable: 14.901</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, complete name):</p> <p>* Name: none</p> <p>none</p> <p>* Address:</p>	<p>b. Individual Performing Services (including address if different from No. 10a):</p> <p>* Name: none</p> <p>none</p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>		
<p>* Signature: Sarah Rudolf</p> <p>* Name: Ruth Ann</p> <p>Norton</p> <p>Title: Executive Director</p> <p>Telephone No.: XXXXXXXXXX</p>		

	Date: 06-15-2007
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Public Burden Disclosure Statement

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

OMB Approval Number 2538-0015 (exp 11/30/2008)

Grant Number: 14.901		Grantee Organization: Coalition to End Childhood Lead Poisoning								Period of Performance: October 1, 2007 - September 30, 2010				
ACTIVITY	Q1 2007	Q2 2008	Q3 2008	Q4 2008	Q5 2008	Q6 2009	Q7 2009	Q8 2009	*Q9 2009	Q10 2010	Q11 2010	Q12 2010	Q13 2010	
	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	
Applicant Capacity (6-120 days)														
Staff Hired														
Approved Environmental Review and Release of Funds														
Written Policies and Procedures														
Healthy Homes Intervention Units in Grant Agreement = 250														
Environmental Assessments:														
Performance Standard														
Work Plan Milestone	0%	5%	15%	30%	45%	55%	65%	85%	95%	100%				
% Planned	0	15	45	80	135	185	195	255	285	300				
Actual # Completed	0%	5%	15%	30%	45%	55%	65%	85%	95%	100%				
Actual % Completed														
** Units in Progress														
Units Completed:														
Performance Standard														
Work Plan Milestone	0	0	2%	5%	15%	30%	45%	55%	* 65%	85%	95%	100%		
% Planned	0	0	5	13	38	75	113	138	163	213	238	250		
Actual # Completed	0	0	2%	5%	15%	30%	45%	55%	65%	85%	95%	100%		
Actual % Completed														
Cumulative LOCCS DRAWDOWNS Grant Award Amount = \$1,000,000														
Performance Standard														
LOCCS Drawdown Work Plan Milestone				5%	10%	15%	20%	30%	* 45%	60%	80%	95%	100%	
% Planned	\$0	\$0	\$20,000	\$50,000	\$100,000	\$150,000	\$200,000	\$300,000	\$450,000	\$600,000	\$800,000	\$950,000	\$1,000,000	
Actual LOCCS Drawdown	0	0	2%	5%	10%	15%	20%	30%	45%	60%	80%	95%	100%	
Actual Cumulative LOCCS Drawdown %														
Community Outreach / Education / Training														
Community Outreach and Education Work Plan Milestone	0	300	600	1000	1500	2000	2500	3000	3500	4000	4500	5000		
Community Outreach and Education Milestones Achieved														
Skills Training Work Plan Milestone														
Skills Training Milestones Achieved			20	20	40	40	60	60	80	80	120	120		
Performance Measured Against Approved Work Plan Milestones													100%	
Close-Out Oct 1 - Dec 31, 2010														
** No bench mark standard														

Safe at Home Assessment and Intervention Strategies

Safe at Home Projected Environmental Assessments and Inspections

	Lead	Roach Allergens	Dust Mite Allergens	Pests/Rodents	Mold/Moisture	Ventilation	Safety Hazards
Basic Level : 50 SAH Units (Basic Healthy Homes Intervention [®] : EHA, Resident Education, Healthy Homes Kit (Cleaning Kit, Safety Kit), Follow-up information, Folder with Healthy Homes Checklist)	Visual Assessment	Visual Assessment	Visual Assessment	Visual Assessment	Visual Assessment	Visual Assessment	Visual Assessment
Facilitated Level : 100 SAH Units (Basic Level service plus: IPM, HEPA Vacuum, Pre- & Post-intervention testing)	Risk Assessment/Paint Inspection [®] ; Post Visual Inspection	Pre- and Post Testing; IPM & Visual Assessment	Pre- and Post Testing; Visual Assessment	Integrated Pest Management Evaluation	Pre- and Post Testing; Visual Assessment	Visual Assessment	Visual Assessment
Intensive Level : 100 SAH Units (Facilitated Level plus: Mold cleaning, Paint stabilization [®] , Sealing dirt floors, Steam clean carpets, Dryer ventilation, Kitchen ventilation, Mattress covers, Air-intake HEPA vacuum, Filters for forced-air furnaces, Air conditioner)	Risk Assessment/Paint Inspection; Post Visual & Lead Dust Clearance Inspection [®]	Pre- and Post Testing; IPM & Visual Assessment	Pre- and Post Testing; Visual Assessment	Integrated Pest Management Evaluation	Pre- and Post Testing; Visual Assessment	Visual Assessment	Visual Assessment

- Risk Assessments and lead dust clearance examinations will be performed by Leadtec Services. Environmental Assessments will be performed by the Safe at Home Program's Environmental Assessment Technician.
- The total number of units receiving Basic Healthy Homes Intervention is 250. This is reflected in the budget and budget narrative (see attachments) as 250 Healthy Home Kit Installations.
- Intensive interventions will be directed to asthma diagnosed children ages 2 - 14 (priority given to households with children 2 - 6)

Resident Health Surveys (Children Ages 2 - 14)

Survey	Pre-intervention	1 Month Post Intervention	6 Month Post Intervention
Health Measurement	Asthma symptoms, incidents, hospitalizations	Reduction in Asthma symptoms, incidents, severity, hospitalizations; improved health	Reduction in Asthma symptoms, incidents, severity, hospitalizations; improved health
Health Measurement	Household Injuries	Reduction in Household Injuries	Reduction in Household Injuries
Health Measurement	Lead Poisoning	Reduction in Elevated Blood Lead Levels	Reduction in Lead Poisoning

Safe at Home Baltimore Projected Interventions and Scope of Remediation

	Lead	Roach/Indoor Allergens	Mold, Mildew & Moisture	Pests/Rodents	Carbon Monoxide & Fire Hazards	Ventilation	Other Home Safety Hazards
Basic Level : 50 SAH Units (Basic Healthy Homes Intervention [®] : EHA, Resident Education, Healthy Homes Kit (Cleaning Kit, Safety Kit), Follow-up information, Folder with Healthy Homes Checklist)	Delivery of Cleaning Kit	Delivery of Cleaning Kit	Referral to internal and external program resources	Delivery of Cleaning Kit	Install Carbon Monoxide Detector and Smoke Alarm; Development of a fire safety and exit plan	In-home education; Referral to external program resources	Install Safety Kits
Facilitated Level : 100 SAH Units (Basic Level service plus: IPM, HEPA Vacuum, Pre- & Post-intervention testing)	Delivery of HEPA-vacuum and cleaning kit	Roach baits and boric acid; Delivery of HEPA-vacuum and cleaning kit	Delivery of HEPA-Vacuum; Referral to external program resources	Roach baits, boric acid treatment, glue traps; Delivery of HEPA-Vacuum and cleaning kit	Install Carbon Monoxide Detector and Smoke Alarm; Development of a fire safety and exit plan	In-home education; Referral to external program resources	Install Safety Kits
Intensive Level : 100 SAH Units (Facilitated Level plus: Mold cleaning, Paint stabilization [®] , Sealing dirt floors, Steam-clean carpets, Dryer ventilation, Kitchen ventilation, Mattress covers, Air-intake HEPA vacuum, Filters for forced-air furnaces, Air conditioner)	Structural repairs, window replacement and paint stabilization; Delivery of HEPA-vacuum and cleaning kit	Roach baits and boric acid; Delivery of HEPA-vacuum and cleaning kit; ventilation service	Minor structural repairs; Mold remediation; Delivery of HEPA-vacuum and cleaning kit; Referral to external program resources; Dryer and kitchen ventilation; Install air-conditioner	Roach baits, boric acid treatment, glue traps, minor structural repairs; Delivery of HEPA-vacuum and cleaning kit	Install Carbon Monoxide Detector and Smoke Alarm; Development of a fire safety and exit plan; Dryer and kitchen ventilation; Furnace cleaning	In-home education; dryer, kitchen and other necessary ventilation; Install Furnace filters	Install Safety Kits
Cleaning Kit 50 kits distributed by community based organizations	Basic cleaning tools enabling residents to reduce indoor allergens and dust to create a healthier home environment. This number is not included in the 250 SAH interventions.						

*All Healthy Homes Interventions will be performed by Safe at Home's in-house Hazard Reduction Team or by the Environmental Assessment Technician.

HUD Healthy Homes Demonstration Grant

Safe at Home Program Staffing Roster

Safe at Home (SAH) Program Position	Job Description and Responsibilities	Organization	FTE/Level of Effort
Program Management and Oversight			
Project Director/Principal Investigator	Executive Director is responsible for Strategic Design, planning, development, and expansion of the Safe at Home Program to incorporate multi-level home-based health hazard reduction interventions. The Executive Director will oversee periodic reporting and evaluation of program. is responsible for the overall management performance, external, and government agency communications.	Coalition	20%
Project Manager	Project Manager is the Coalition's Director of Program Services. is responsible for ensuring implementation of project plan, meeting contract deliverables, and effective management of the Safe at Home program staffing and implementation. will oversee all HUD submissions and Quarterly reporting within program guidelines. Will coordinate with Safe at Home partners to achieve specific program goals and deliverables in 250 properties and broader program objectives in target community. will also coordinate the LOCCS draws with the Coalition's CFO.	Coalition	50%
Director of Hazard Control	Director of Hazard Control will coordinate: assessment, inspection, Healthy Homes interventions, and lead hazard reduction. Will assist Scope of Work Development and will prepare Cost Estimates for properties. will assist the Program Manager in ensuring the integration of Healthy Homes components into hazard reduction protocols, interventions, and Hazard Reduction Team training.	Coalition	25%
In-House Coalition Intervention Crew			
Healthy Homes Environmental Assessment Technician /SAH Hazard Reduction Team Crew Chief	Assessment Technician will perform home visits, environmental assessments, indoor allergen testing, resident educations, and installation of safety kits. Will develop Scopes of Work where appropriate for further SAH intervention. Will be primarily responsible for the on-site management of SAH Hazard Reduction Team, for quality and timely completion of interventions and rehabilitation, and for safe work practices. Will utilize experience in carpentry, lead hazard reduction, home renovation and repair in directing the Team in completing direct interventions addressing mold, moisture, allergens, air flow, pest management, fire and structural safety as well as achieving lead dust clearance levels in the lead hazard reductions undertaken by the Team. The HH Assessment Technician will be trained in the Healthy Homes Curriculum being developed the National Center for Healthy Housing and will be a certified Risk Assessor and Visual Inspector and a Maryland certified Lead Abatement Supervisor.	Coalition	100%
SAH Community Health Educator	Coordinator will be responsible for providing trainings, in-home visits, and outreach initiatives on home-based health hazard awareness for asthma, mold, pests, lead, and other indoor allergens. Will assist in coordinating the outreach and education efforts of the Assessment Technicians, Community Partners, Health Dept. Asthma Nurse, and the Baltimore Health Department Environmental Health Division. Will also assist in data analysis in conjunction with other Safe at Home program staff.	Coalition	80%
SAH Hazard Reduction Team Members (2)	SAH Hazard Reduction Team will be trained to address broad Healthy Homes issues, hazard remediation techniques and safe work practices. Team Members will perform hazard interventions, visual inspections, and testing for indoor allergens, mold, and lead. All Hazard Reduction Team Members will be Maryland certified Lead Workers. Hazard Reduction Team Members are and will continue to be hired from targeted communities.	Coalition	100%
SAH Program Intervention Coordinator	Intervention Coordinator will be primarily responsible for data collection for each Safe at Home assessment, inspection, and intervention. Intervention Coordinator will also provide direct support to Project Director in completing program deliverables, scheduling units, and program reporting.	Coalition	75%
Community Program Partners			
Faith-based Organization (FBO)	John Wesley AME Church is a program partner that will distribute lead prevention and indoor allergen reduction cleaning kits at their community centers in the Safe at Home primary target areas to parents of children under the age of 6.	John Wesley AME Church (FBO)	Distribution of 50 lead prevention and indoor allergen reduction cleaning kits
SAH Nurse Interns	Safe at Home Nurse Interns will be Johns Hopkins School of Nursing and Coppin State University Nursing Program Interns who will work with the Safe at Home Project Director, Community Health Educator, and Assessment Technicians to coordinate asthma specific services to program clients. Safe at Home Nurses will be responsible for tracking asthma assessments, interventions, and data collection. Will also assist in outreach initiatives and community trainings on asthma awareness, lead prevention, and Healthy Homes education.	Johns Hopkins and Coppin State School of Nursing Coppin State University School of Nursing	640 hours 384 hours
Healthy Homes Training Provider	National Center for Healthy Housing will provide 2-day Healthy Homes Training for 120 program staff, partners, community residents, owners, and contractors using national training curriculum developed by the Center.	National Center for Healthy Housing	6 Healthy Homes 2 Day Trainings
Morgan State University School of Public Health Health Assessor	Under the direction of Morgan State University School of Public Health doctoral students will conduct 1 month post intervention and 6 month post intervention Health Surveys of 250 program participants to measure improvements in health outcomes. Initial health surveys at the time of the initial resident education will be conducted by the Community Health Educator.	Morgan State School of Public Health	1800 hours
Morgan State University School of Public Health Program Evaluator	Program evaluator will assist in the development of pre and post intervention health surveys to measure reductions in negative health impacts and the production of positive health outcomes in areas of asthma, lead poisoning, and injury prevention. Program evaluators will also provide data analysis and participate in the creation of national Healthy Homes models based on program results.	Morgan State University	10%
Department of Health and Mental Hygiene (DHMH); Maryland Asthma Control Program (MACP)	DHMH will facilitate the Institutional Review Board (IRB) process. MACP will work with SAH to share data/best practices and disseminate findings, serve on the Healthy Homes program's community board, work to make health-based housing recommendations to local health departments, and collaborate with training of community residents and partners.	Department of Health and Mental Hygiene	-
Private Lead Inspectors and Risk Assessors	Leadtec Inspection Services, Inc. will provide pre risk assessment and post clearance lead dust testing in 50 properties where interventions were performed by Hazard Reduction Team.	Leadtec	50 units

Gen. Inmate
Info. Svcs.
Children
Client
Parents
Safe at Home
Lead Users
Grant / Loan
Other Svcs.
GRCS
House Svcs.
PIRA VEC

Assessment	By Whom	Date	Result
Environmental Assessment/Complaint	LB	12/28/2003	<input checked="" type="checkbox"/>
Pre-Suit Mire Test		12/28/2003	<input checked="" type="checkbox"/>
Pre-Dist Mire Results	Negative	12/28/2003	<input checked="" type="checkbox"/>
Pre-Lead Dust Test		2/10/2004	<input checked="" type="checkbox"/>
Dust/Dust Mire Test		2/10/2004	<input checked="" type="checkbox"/>
Post-Lead Dust Test			<input type="checkbox"/>
Dust Lead/Dust Bucket			<input checked="" type="checkbox"/>
Passed Lead/Dust Clearance		2/10/2004	<input checked="" type="checkbox"/>
Final Environmental Assessment Completed		12/28/2003	<input checked="" type="checkbox"/>
Scope of work completed			<input checked="" type="checkbox"/>
Referred for Grant/Loan Assail			<input type="checkbox"/>

Send Report
Info / Help
Overview
Client
Projects
Safe at Home
Lead Codes
Crabtree Lead
Lead Sys
CRCS
Housing Svcs
HEPA 100

Housing Intervention

	✓	Date	By whom	Room
Spring Mt	<input checked="" type="checkbox"/>	2/28/2003	LB	LB
Charming Hill	<input checked="" type="checkbox"/>	2/28/2003		
IPAF Performed	<input checked="" type="checkbox"/>	2/28/2003		
Lead Hazard Reduction Interventions	<input checked="" type="checkbox"/>	2/1/2004		
Water Filter/Installation	<input checked="" type="checkbox"/>	2/1/2004		
Mold Mitigation/Remediation	<input checked="" type="checkbox"/>	2/1/2004		
Dehumidifier Installation	<input type="checkbox"/>			
# children ages 6-17 in household		2		
# children ages 18-17 in household				
# adults in household		3		

Maryland Nonprofits

June 8, 2007

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Agnes Sacre
Community Ministries of Rockville

Lee A. Shaller Esq.
DLA Piper US LLP

Stacy Zeisler
THE ASSOCIATED Jewish
Community Federation of Baltimore

EXECUTIVE DIRECTOR

Peter V. Borna

To Whom It May Concern:

This letter confirms that the Coalition to End Childhood Lead Poisoning was awarded the Standards for Excellence Seal of Excellence on November 8, 2005 and that this certification is valid until December 31, 2008. This certification requires an extensive application and peer review process of an organization's internal policies & procedures, board operations, ethical practices, and overall accountability. This award represents the most prestigious recognition of solid nonprofit management practices in Maryland. This statewide certification process has also served as a national model for other state certification programs throughout the country.

If you would like additional information about the Standards for Excellence program, please visit www.standardsforexcellenceinstitute.org or reach me at [REDACTED] or at [REDACTED]

Sincerely,



Angeeeki Jones

Standards for Excellence Certification Manager

MEMBER OF



STANDARDS FOR
EXCELLENCE

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SHEILA DIXON
Mayor
250 City Hall
Baltimore, Maryland 21202

June 7, 2007

Ruth Ann Norton
Executive Director
Coalition to End Childhood Lead Poisoning
2714 Hudson Street
Baltimore, Maryland 21224

RE: HUD Grant Application (CDFA 14.901) - *Safe at Home* Healthy Homes Program

Dear Ms. Norton:

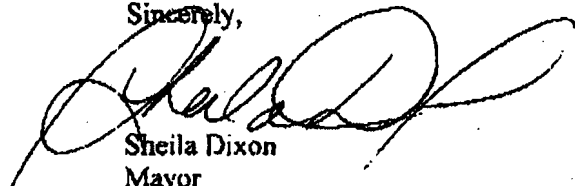
I am pleased to submit this letter to strongly support the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. For more than a decade, the Coalition has been a steadfast ally of Baltimore's Health and Housing Departments as well as its child advocacy community, having a key role in Baltimore City's 96% reduction in childhood lead poisoning. Initiatives such as this Healthy Homes program provide much-needed resources for improving the health and safety of Baltimore's housing, as the City focuses its efforts on becoming cleaner, greener, and healthier.

The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families. Without these free services, many homeowners and residents would not be able to afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home.

Ruth Ann Norton
June 7, 2007
Page 2

As Mayor, I am committed to advancing educational opportunities for our city's children, but children can not focus on learning when their health is compromised. By effectively reducing indoor allergens, mold, pests and rodents, lead exposure, and household safety hazards, *Safe at Home* will demonstrate that healthy homes intervention can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to ensuring that Baltimore's children are truly "safe at home". Healthy homes make healthy children, and healthy children mean a brighter future for our city. I thank you for your partnership in making Baltimore a safer and healthier place where all children can thrive and be successful.

Sincerely,



Sheila Dixon
Mayor
Baltimore City

SD:cw

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STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Family Health Administration

Russell W. Moy, M.D., M.P.H., Director – Joan H. Salim, Deputy Director

June 11, 2007

Alphonso Jackson, Secretary
U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

Re: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

The Maryland Department of Health and Mental Hygiene strongly supports the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The Coalition has been funded by the Maryland Department of Health and Mental Hygiene (DHMH) for the past eight years to conduct outreach and education on lead poisoning and healthy homes issues and has a strong history of meeting and exceeding deliverables.

Should this proposal be funded, DHMH agrees to facilitate the Institutional Review Board (IRB) process for the *Safe at Home* program. Additionally, the Maryland Asthma Control Program (MACP) will synergistically link to the *Safe at Home* program to share data/best practices and disseminate findings, serve on the Healthy Homes program's community advisory board, work together to make health based housing recommendations to local health departments, and collaborate as part of the trainings for community residents as well as housing developers, maintenance workers, child advocates and others. This linkage will serve to strengthen the partnership between the Coalition and the MACP, and will align with the Coalition's role to provide community outreach and education and host Asthma forums under a pending grant from the Centers for Disease Control. The coordinated approach between the MACP and *Safe at Home* will capitalize on the strengths of both programs and complement efforts and resources to create a win-win supportive partnership.

Safe at Home will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families. We strongly endorse this proposal to expand in-home assessments and interventions. It is indicative of the Coalition's innovative approach to ensuring that Baltimore's families are truly "safe at home."

Sincerely,

Cheryl DePinto, M.D., M.P.H.
Medical Director, Maryland Asthma Control Program

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us

06/12/2007 15:43 FAX

TOTAL HEALTH



Total Health Care

June 11, 2007

Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street S.W.
Washington, DC

Re: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

Total Health Care strongly supports the application of the Coalition to End Childhood Lead Poisoning to the U.S. Department of Housing and Community Development's Healthy Homes Demonstration Program. The work of the Coalition has been instrumental in improving the health and safety of Baltimore's communities through healthy homes interventions and outreach and education. Additionally, the Coalition has played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and its work has been instrumental in improving the health and safety of Baltimore's communities.

Total Health Care is a non-profit health care provider that has offered quality, affordable community-based health care services to Baltimore's uninsured and medically at-risk populations for more than 40 years. Believing that access to a healthy lifestyle should not be impeded by one's inability to pay for services, we provide assistance to those who are unable to pay for services through various public grant funded programs. Our mission is to improve the health status of entire communities through health education, outreach, and preventive health programs that change lifestyles and at-risk behaviors. The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods which we serve. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families many of whom could not afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home.

In support of the Coalition's application for funding, Total Health Care is pleased to commit to referring 150 families to the Coalition for general healthy homes information, healthy homes intervention and participation in the *Safe At Home* program over the three years of the project. Additionally, the Coalition will provide in-service Healthy Homes trainings and education for Total Health Care providers.

The Coalition will provide a much needed intervention by demonstrating that healthier homes can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. By focusing on the homes of our most vulnerable families, *Safe at Home* will help to ensure that every child in Baltimore can grow up healthy and thrive.

Sincerely,

Dr. Rama Shankar
Medical Director

Corporate Headquarters
Lorry Young Division
Health Center
1501 Division Street
Baltimore, MD 21217
(410) 383-8300

Saratoga Health Center
1501 W. Saratoga Street
Baltimore, MD 21223
(410) 383-8300

Mondawmin Health Center
Mondawmin Mall
2401 Liberty Heights Ave.
Suite 113
Baltimore, MD 21215
(410) 383-8300

Doris Johnson
Medical Center
2400 Kirk Avenue
Baltimore, MD 21218
(410) 383-8300

Tru Health Center
922-924 West North Ave.
Baltimore, MD 21217
(410) 383-8300

Box Secours
Washington Village
Medical Center
700 Washington Blvd.
Baltimore, MD 21230

Box Secours Family
Care Center
1940 West Baltimore St.
Baltimore, MD 21223

JOHNS HOPKINS
UNIVERSITY

Wald Community Nursing Center
1600 Rutland Avenue
Baltimore, Maryland 21213
410-614-4317 / Fax 410-614-4318

Helen S. Thomas, RN, MS, CPNP
Director

Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street S.W.
Washington, DC

June 10, 2007

Re: HUD Grant Application (CDFA 14.901) - *Safe at Home Healthy Homes Program*

Dear Secretary Jackson:

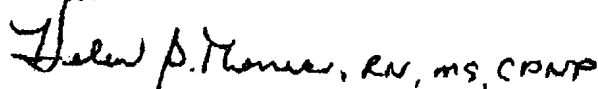
The Lillian D. Wald Community Nursing Center of the Johns Hopkins University School of Nursing strongly supports the application of the Coalition to End Childhood Lead Poisoning for funding under the *Safe at Home Healthy Homes Demonstration Program* of the U.S. Department of Housing and Community Development. The work of the Coalition has been highly instrumental in improving the health and safety of Baltimore communities through interventions, outreach, and education under the Healthy Homes Program and has significantly contributed to the 96% reduction in childhood lead poisoning that has been achieved in Baltimore City over recent years.

The Wald Community Nursing Center is one of a few health programs in Baltimore City that provides nearly barrier-free health services to uninsured and medically underserved residents at no charge. The Center was founded in 1993 to provide preventive medical services, immunizations and lead screening to uninsured children of East Baltimore and continues to provide services to children and adults. In support of the application of the Coalition for *Safe at Home* funding, the Wald Community Nursing Center anticipates referring approximately 30 - 50 families to the Coalition for general information and interventions under Healthy Homes in addition to their participation in the *Safe At Home* program.

The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore in addition to West Baltimore neighborhoods of Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park. By reducing asthma triggers and health hazards in the home, *Safe at Home* will help to create sustainable healthy homes for hundreds of low-income families who might otherwise be unable to afford necessary prevention tools. Furthermore, the program will bring critical knowledge to the communities by educating and training child health professionals and housing/service providers in addition to community residents. As a result of their interventions, the Coalition intends to demonstrate that healthier homes can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, and increase school attendance. The result is healthier children and healthier communities.

Thus, this funding proposal to expand in-home assessments and interventions under *Safe at Home* represents continued innovations by the Coalition to assure that children of Baltimore are truly "safe at home." The Wald Community Nursing Center strongly supports their proposal. Please do not hesitate to contact me directly for any further inquiries.

Sincerely,



Helen Thomas, MS, RN, CPNP
Director, Wald Community Nursing Center



June 12, 2007

Alphonso Jackson, Secretary
U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

Re: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

On behalf of Baltimore Medical System, Inc., it is my pleasure to submit this letter in strong support of the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. We applaud the Coalition in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and look forward to a great partnership with *Safe at Home* to improve the health and safety of Baltimore's communities in need.

BMS treats over 45,000 Baltimore area residents in total and almost 6,000 of those at our Orleans Square delivery site, many of whom have typical chronic diseases. Among those are the 3,000 patient in total at BMS who have asthma, a condition that affects both children and adults in our patient population. Should this proposal be successful, BMSI pledges to refer at least 150 eligible program participants per baseline criteria established by *Safe at Home*. Once participants are enrolled, BMSI will maintain close communication with *Safe at Home* to ensure that all parties simultaneously track families' progress through the program and that home interventions align with patient treatment, including reiterative health education. It is our goal to promote healthy lifestyles and the *Safe at Home* program is a paramount example of our commitment to excellence.

By effectively reducing indoor allergens, mold, pests and rodents, lead exposure, and household safety hazards, *Safe at Home* will demonstrate that healthy homes intervention can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." We strongly support your proposal.

Sincerely,

Jay Wolvovsky
President and CEO

The Ian J. Gray Building PHONE 410.732.8800
3501 Sinclair Lane FAX 410.276.3694
Baltimore, MD 21213 WEB www.bmsi.org

JOHNS HOPKINS
UNIVERSITY

School of Nursing

525 N. Wolfe Street / Room 118
Baltimore, Maryland 21205
410-955-7545 / Fax 410-614-7086

Sandra S. Angell, MLA, RN
Associate Dean for Academic
and Student Support Services

June 8, 2007

Ruth Ann Norton, Executive Director
Coalition to End Childhood Lead Poisoning
2714 Hudson Street
Baltimore, Maryland 21224

Re: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program

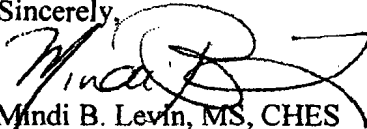
Dear Ms. Norton:

Johns Hopkins University's Student Outreach Resource Center (SOURCE), the community service and service-learning center for the Schools of Medicine, Nursing, and Public Health, strongly supports the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The Coalition played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and its work has been instrumental in improving the health and safety of Baltimore's communities. Should this proposal be successfully funded, SOURCE pledges to work with the Coalition to station two nursing student interns, through the School of Nursing's Community Outreach Program, to conduct community health education and follow up with participating families.

The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families. Without these free services, many homeowners and residents would not be able to afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home.

By effectively reducing indoor allergens, mold, pests and rodents, lead exposure, and household safety hazards, *Safe at Home* will demonstrate that healthy homes intervention can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." We strongly support your proposal.

Sincerely,


Mindi B. Levin, MS, CHES
Director, SOURCE



COPPIN STATE UNIVERSITY

HELENE FULD SCHOOL OF NURSING
OFFICE OF THE ASSOCIATE DEAN
2500 W. North Avenue
Baltimore, MD 21216
(410) 951-3970 FAX (410) 400-5978

June 12, 2007

Ruth Ann Norton
Executive Director
Coalition to End Childhood Lead Poisoning
2714 Hudson Street
Baltimore, Maryland 21224

Re: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program

Dear Ms. Norton:

The Helene Fuld School of Nursing strongly supports the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The Coalition played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and its work has been instrumental in improving the health and safety of Baltimore's communities.

The Coalition has a longstanding agreement to serve as a host site for a Coppin State University nursing student. Should this grant be successful, the Coppin nursing student intern stationed at the Coalition will participate in grant activities including but not limited to conducting community health education and follow up for families enrolled in the program, and conducting community trainings on healthy homes standards, practices and risks as part of the Healthy Homes grant program. The nursing student intern will work at least 120 hours during the school year and we anticipate this relationship continuing over the course of the grant period.

The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families. Without these free services, many homeowners and residents would not be able to afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home.

"Celebrating A Bright Future in Nursing Education and Healthcare"

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By effectively reducing indoor allergens, mold, pests and rodents, lead exposure, and household safety hazards, *Safe at Home* will demonstrate that healthy homes intervention can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." We strongly support your proposal.

Sincerely,



Frances C. Gordon RN, MSN, MSED
Acting Associate Dean of Baccalaureate Education



MARTIN O'MALLEY, Governor
ANTHONY G. BROWN, Lt. Governor
THOMAS E. PEREZ, Secretary

OFFICE OF THE SECRETARY

DLLR Home Page • <http://www.dllr.state.md.us>
DLLR E-mail • mddlrl@dldr.state.md.us

June 15, 2007

Mr. Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street, S.W.
Washington, DC 20410

Re: HUD Grant Application (CDFA 14.901) -- *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

Please accept the Maryland Department of Labor, Licensing and Regulation's (DLLR) strong support for the Coalition to End Childhood Lead Poisoning's (Coalition) *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. Since 1986, the Coalition has been a leader on Healthy Homes and lead poisoning prevention improving the health and safety of Baltimore's communities through Healthy Home Interventions, outreach and education. Many of Baltimore's families and communities served by the Coalition have come to rely on the Coalition's results oriented solutions and reliable direct services.

Safe at Home will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families. This proposal will address home-based hazards through lead hazard reduction, moisture control, window replacement, indoor allergen reduction, IPM, mold remediation, Healthy Homes safety and maintenance kit installation, mattress pad covers, and pillow covers. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home. DLLR is committed to working with the Coalition to incorporate Healthy Homes best practices into trainings and to help disseminate that information to the regulated community and other interested partners so that workers recognize and know how to address home-based environmental hazards.

By effectively reducing indoor allergens, mold, pests and rodents, lead exposure, and household safety hazards, *Safe at Home* will demonstrate that Healthy Homes intervention can reduce allergen levels and asthma episodes; reduce instances of lead poisoning; increase school attendance and result in healthier children and healthier communities. We have great faith in the Coalition and this proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home."

Sincerely,

Thomas E. Perez
Secretary



CASA of Maryland

Community Organizing and Political Action Dept.
2224 E Fayette Street, Baltimore, MD 21231
www.casademaryland.org
410-732-7777 tel. 410-732-2692 fax.

June 14 2007

Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street S.W.
Washington, DC

Re: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

CASA of Maryland strongly supports the application of the Coalition to End Childhood Lead Poisoning to the U.S. Department of Housing and Community Development's Healthy Homes Demonstration Program. The work of the Coalition has been instrumental in improving the health and safety of Baltimore's communities through healthy homes interventions and outreach and education, and has played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning.

Founded in 1985, CASA of Maryland is a community organization that serves immigrants and low wage workers in the state of Maryland. Since 2001, we have been working with immigrant and other low-wage workers in Baltimore on issues of employment justice, providing legal and education services around workplace rights and safety. CASA is recognized as a center for community assistance - an organization local residents know and trust, and aren't afraid to come to for help - and we provide general social service consultations and referrals to over 500 individuals each month. This fall, CASA will open a worker's center to connect day laborers and other contingent workers with employers in a safe, orderly environment that promotes mutual accountability, and this will increase our capacity to expand education activities to include additional workplace safety, health, and job skill development training for low-wage workers. As part of the *Safe at Home* program, the Coalition will provide:

- Worker education on lead-safe work practices to 100 workers; and,
- Provide referrals through the *Safe at Home* collaborative for lead abatement and rehabilitation; permanent housing relocation assistance; Coalition Legal and Advocacy Services to repair housing defects that pose health risks; Baltimore City Health Department Asthma Program; and, advocacy training and resource linkage for other healthy home repairs as needed.

The *Safe at Home* program will be a tremendous asset to the city of Baltimore, bringing critical knowledge to service providers and residents by educating community residents on creating and maintaining a healthy home, including training on workplace safety which is so critical to low-income contingent workers. We are excited at the opportunity to connect our clients with the resources and programs provided by the Coalition and strongly support their proposal.

Sincerely,



Elizabeth Alex
Lead Organizer/Manager

*Organizing & Advocating with Day Laborers, Tenants & Women
For Better Jobs and Communities*

BENJAMIN L. CARDIN
UNITED STATES SENATOR
MARYLAND

United States Senate
Washington, DC 20510-2004

June 11, 2007

Mr. Mark Studdert
Deputy Asst. Secretary, Congressional Relations
U.S. Department of Housing and Urban Development
451 Seventh St., S.W., Room 10148
Washington, D.C. 20410

Dear Mr. Studdert:

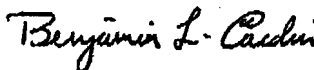
It has come to my attention that the Coalition to End Childhood Lead Poisoning will submit a proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program to fund the Coalition's *Safe at Home* program.

The Coalition has played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and its work has been instrumental in improving the health and safety of Baltimore's communities. The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families. Without these free services, many homeowners and residents would not be able to afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home.

By effectively reducing indoor allergens, mold, pests and rodents, lead exposure, and household safety hazards, *Safe at Home* will demonstrate that healthy homes intervention can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities.

The Coalition to End Childhood Lead Poisoning's proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." Therefore, I respectfully request your full consideration of the proposal, in accordance with established policies and procedures. Thank you for your attention to this matter.

Sincerely,



Benjamin L. Cardin
United States Senator

BC:js

Reply To:

509 Hart Senate Office Building
Washington, DC 20510-2004
(202) 224-4524
www.cardin.senate.gov

Reply To:

Tower 1 Suite 1710
100 S. Charles Street
Baltimore, MD 21201
(410) 962-4436

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Rep. Elijah E. Cummings

410-685-9399

P. 1

ELIJAH E. CUMMINGS
7th DISTRICT, MARYLAND

COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE
CHAIRMAN, SUBCOMMITTEE ON COAST
GUARD AND MARITIME TRANSPORTATION
SUBCOMMITTEE ON HIGHWAYS AND TRAVEL
SUBCOMMITTEE ON RAILROADS,
PIPELINES AND HAZARDOUS MATERIALS

COMMITTEE ON
GOVERNMENT REFORM
SUBCOMMITTEE ON DOMESTIC POLICY
SUBCOMMITTEE ON FEDERAL WORKFORCE,
POST OFFICE AND THE DISTRICT OF COLUMBIA

COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON READINESS

SENIOR WHIP

Congress of the United States
House of Representatives
Washington, DC 20515

June 8, 2007

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(410) 719-8777
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8207 MAIN STREET
ROOM 102
ELLCOTT CITY, MD 21043
(410) 485-8289
FAX: (410) 485-8740

www.house.gov/cummings

Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street S.W., Washington, DC 20410

Re: HUD Grant Application (CDFR 14.901) – *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

I write today to support the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The Coalition played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and its work has been instrumental in improving the health and safety of Baltimore's communities.

The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families. Without these free services, many homeowners and residents would not be able to afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents.

By effectively reducing indoor allergens, mold, pests and rodents, lead exposure, and household safety hazards, *Safe at Home* will demonstrate that healthy homes intervention can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." With the above in mind, I hope that you will give their proposal every reasonable consideration.

Sincerely,



Elijah E. Cummings
Member of Congress

Budget Narrative and Cost Justification

1. Personnel: Personnel salary estimates are based on 1) the estimated number of hours over the full grant period that will be devoted to Safe at Home by each assigned staff position and 2) the hourly rate for the staff member. Coalition salaries, calculated for 2,080 hours per year, are formulated based on skill position, responsibilities, market and experience. All Coalition match dollars are from non-federal funds or allowed CDBG funding. The calculations below are based on a total grant term of 36 months. Some positions will either start later or finish earlier within the grant cycle depending on work to be performed. For categories not listed no expense is estimated.

██████████ (20 % FTE) – As Project Director for Safe at Home, Ms. Norton, Executive Director of the Coalition, will contribute 1,248 to the grant at an hourly rate of ██████████ a total cost of ██████████ (Coalition will contribute 100%).

██████████ (50% FTE) – As Program Manager for Safe at Home, ██████████ Director of Program Services for the Coalition, will contribute 3,120 hours at an hourly rate of ██████████ for a total cost of ██████████ (HUD and the Coalition will equally contribute ██████████).

██████████ (25% FTE) – As the Coalition's Director for Hazard Control and Healthy Homes Interventions, ██████████ will contribute 1,560 hours at an hourly rate of ██████████ for a total cost of ██████████ (HUD share \$18,000 and ██████████ will be paid by Coalition).

██████████ (30% FTE) – As the Community Environmental Health Educator for Safe at Home, ██████████ will contribute 4,992 hours at an hourly rate of ██████████ for a total cost of ██████████ (HUD portion \$17,500 with a Coalition match of ██████████).

██████████ (100% FTE) – As the primary Safe at Home Healthy Homes Assessment Technician and Crew Chief, ██████████ will contribute 6,240 hours to the grant at an hourly rate of ██████████ for a total cost of \$120,000 (HUD portion 100%).

██████████ (FTE 83.3% each) – As the primary Healthy Homes Intervention Crew members, ██████████ will each contribute 5,200 hours to Safe at Home for a total of 10,400 hours. Their average individual hourly rate will be ██████████ for a total cost of \$145,000 (\$145,000 paid by HUD).

██████████ (FTE 75%) – As the Coalition's Intervention Coordinator, ██████████ will contribute 4,680 hours to Safe at Home at an hourly rate of ██████████ for a total cost of ██████████ (HUD and the Coalition will equally contribute ██████████).

2. Fringe Benefits: A 29 percent fringe benefit rate reflects: FICA 7.65%; Unemployment Insurance, 2.10%; Workers Compensation Insurance, 2.75%; health insurance at 14.5%; and retirement/403b match, 2.0%. On salaries of ██████████ the estimated cost of fringe benefits is ██████████ (HUD \$121,184; Coalition ██████████).

3. Transportation

3a. Estimated local mileage is 12,375 miles (2,250 local trips at 5.5 miles per). Estimated mileage for HUD required trips to Washington DC for 3 staff people is 300 miles. The IRS mileage reimbursement rate of \$0.48 is used for total cost \$6,084.

3c. Transportation Other - Insurance and maintenance for two (2) vans (for intervention crew and supplies transport) is estimated to be \$275 per month/36-months for \$9,900 for maintenance and \$240 per month/36 months for \$8,640 for insurance. Local and HUD required trip parking costs are \$200. Total: \$18,740 paid by HUD.

3d. The Per Diem meal costs for the three staff members to attend required grantee meetings are estimated as follows: 3 meetings/3 days each (27 staff days) at \$15 per day for lunch only for \$405 paid by HUD. We estimate no need for hotel accommodations.

5. Supplies and Materials

5a. Consumable Materials: Office supplies and software are estimated at ██████████ per month/36 months for a total of ██████████ \$3,000 paid by HUD and a Coalition contribution of ██████████. 250 Healthy Homes Safety Kits at \$61.35 per kit (\$15,338- HUD 100%). 300 Healthy Homes Maintenance and Cleaning Kits at ██████████ per kit for a total of ██████████ (\$7,750 – HUD; ██████████ Coalition). 90 hypoallergenic furnace filters at \$10 per filter (\$900- HUD 100%). 100 mattress pad cover kits (3 mattress covers and 4 pillow covers) at \$77 per kit (\$7,700- HUD 100%). Dryer venting and vent cleaning supplies for 12 units at \$30 per unit (\$360- HUD

100%). Pre- and post-intervention full allergen test kits, 400 at [REDACTED] (\$34,000 - HUD, [REDACTED] Coalition). Integrated Pest Management (IPM) response kits, 200 at \$20 per (\$4,000 - HUD 100%). Mold remediation cleaning supplies, at \$1250 (\$1250- HUD 100%). 200 HEPA vacuum replacement bag kits (12 bags per) for vacuums being given to Safe at Home clients at [REDACTED] \$5,600- HUD and Coalition [REDACTED]. Subtotal Consumable Supplies [REDACTED] HUD \$77,098; Coalition [REDACTED]

5b. Non-consumable Materials: Computer and installation at \$1,800 (\$1,800- HUD 100%). 25 dehumidifiers with drain connections at \$180 per unit (\$4,500- HUD 100%). 2 dry steam clean machines at [REDACTED] Coalition 100%). 2 Nilfisk HEPA Wet/Dry Vacuums for Intervention Crew at \$690 per vacuum (\$1,380- Coalition 100%). 100 Austin Air Healthmate Jr. permanent HEPA filter air cleaners at [REDACTED] per unit for a total of [REDACTED] 16,500- HUD; [REDACTED] - other sources). 25 air conditioners at \$165 per for a total cost of \$4,125 (\$4,125- HUD 100%). 200 Eureka 4870 True HEPA-Vacuums at \$140 each (\$28,000 - HUD 100%). Subtotal of non-consumable materials: [REDACTED] (HUD \$55,000; the Coalition [REDACTED] and other sources [REDACTED] Total Supplies and Materials: [REDACTED] HUD \$132,098; the Coalition [REDACTED] from other sources).

7. Contracts and Sub-Grantees: Leadtec Services will provide Risk Assessment and Paint Inspection for 50 homes [REDACTED] for [REDACTED] (\$19,310- HUD and other sources [REDACTED] LeadTec will conduct 50 lead dust clearance inspections a [REDACTED] for [REDACTED] \$13,250- HUD; [REDACTED] from other sources). The Baltimore City Health Department will provide Asthma services to 20 clients through an Asthma Nurse and Health Educator at [REDACTED] er, for a total of [REDACTED] Baltimore City Health Department 100%). The Environmental Justice Partnership will conduct focus groups and create related materials to develop low-literacy educational tools for [REDACTED] HUD \$15,000; Other [REDACTED]. John Wesley AME Zion Church will perform outreach and distribute 50 cleaning kits for \$5,000 (HUD share 0%). Coppin Heights Community Development Corporation will assist in the development of low-literacy educational tools and engage community partners for [REDACTED] Coppin Heights share 100%). Baltimore Medical Systems, Inc., will provide 50 referrals/year for 3 years for \$5,000 per year for a total of \$15,000 (\$15,000- HUD 100%). Morgan State University School of Public Health will create and conduct surveys and evaluations for [REDACTED] (HUD \$66,404; Morgan State [REDACTED]. The National Center for Healthy Housing will provide two (2) two-day Healthy Homes Module Trainings for Safe at Home clients and stakeholders a [REDACTED] each for [REDACTED] National Center [REDACTED]. The Johns Hopkins School of Nursing will provide 640 nursing student hours for home visits at \$12 per hour for \$7,680 (\$7,680- HUD 100%). The University of Maryland Pediatric Ambulatory Center will referring 150 asthma-diagnosed children to the Safe at Home Program for a total of [REDACTED] Univ. of MD) Total Contracts: [REDACTED] HUD \$136,644; Other [REDACTED]

9. Other Direct Costs: Paint Stabilization and Lead Hazard Intervention supplies are estimated a [REDACTED] unit for the 50 units receiving this Intervention for total cost of [REDACTED] HUD share is \$44,575 and Coalition share is [REDACTED]. Communications (Internet, fax, cell and office phones) are estimated at \$375 per month/36 months for \$13,500 (HUD- 100%). Printing costs for flyers, brochures, posters estimated for 5,000 print jobs at \$3 per for a total cost of \$15,000 (HUD- 100%). Postage for correspondence, certified mail and delivery services estimated at \$100 per month/36 months for a total cost of \$3,600 (HUD- 100%). It is estimated that 20 clients will require temporary relocation for Interventions to safely occur at [REDACTED] per for a total cost of [REDACTED] (Coalition- 100%). Other Direct Costs Total: [REDACTED] HUD \$76,675; Coalition; [REDACTED] Subtotal of Direct Costs: [REDACTED] (\$909,091 HUD; [REDACTED] Coalition; Other: [REDACTED]

10. Indirect Costs: Indirect costs are calculated at 10% on HUD and Coalition funds as follows:
Total: [REDACTED] HUD \$90,909; Coalition [REDACTED]

Total Estimated Costs: \$1,645,548.00 - (HUD \$1,000,000; Coalition [REDACTED] Other [REDACTED]

Program Abstract: Safe at Home Baltimore – Healthy Homes for Healthy Children

Principal Investigator:

Ruth Ann Norton, Executive Director, Phone [REDACTED] Email [REDACTED]
Coalition to End Childhood Lead Poisoning, 2714 Hudson Street, Baltimore, Maryland 21224
Amount requested: \$1,000,000 Match/Leverage committed: [REDACTED]

The Coalition to End Childhood Lead Poisoning is requesting \$1,000,000 from HUD for its **Safe at Home/ Healthy Homes Demonstration Program (SAH)**. In keeping with the Office of Healthy Homes' goal of reducing allergens in 5000 units and asthmatic episodes in 3000 children, SAH will reduce dust-borne and other allergens in 200 properties and reduce asthma episodes for at least 100 asthma-diagnosed children living in those units. Using the experience gained from managing Healthy Homes programs since 2000, Safe at Home will spark change not only through interventions and education but also by activating our broad network of community partners to raise support, awareness and political capital from the grassroots level all the way to City Hall.

Since 1986, the Coalition has partnered with the communities of Historic East Baltimore and West Baltimore (Sandtown-Winchester/Harlem Park/Coppin Heights) to markedly reduce the incidence of childhood lead poisoning. Despite significant progress on lead, far too many homes continue to present additional environmental health hazards that pose considerable threat of preventable illness, disease and injury. SAH will take the next step to deliver comprehensive and sustainable Healthy Home interventions for a constellation of home-based environmental health hazards. Our target communities are low-income, predominantly African-American neighborhoods with histories of **multiple** health and housing problems, ranking among the top areas in the nation on negative health quality indicators such as the number of children poisoned by lead, housing and health code violations, fires and childhood asthma hospitalizations. These communities also report high numbers of female-headed households, drug-related criminal activity and deteriorated housing stock. Despite these challenges, Safe at Home convenes a strong network of organizations within these communities with a shared commitment to improving the health, housing and quality of life for their children and families.

Safe at Home Healthy Homes Demonstration grant will provide:

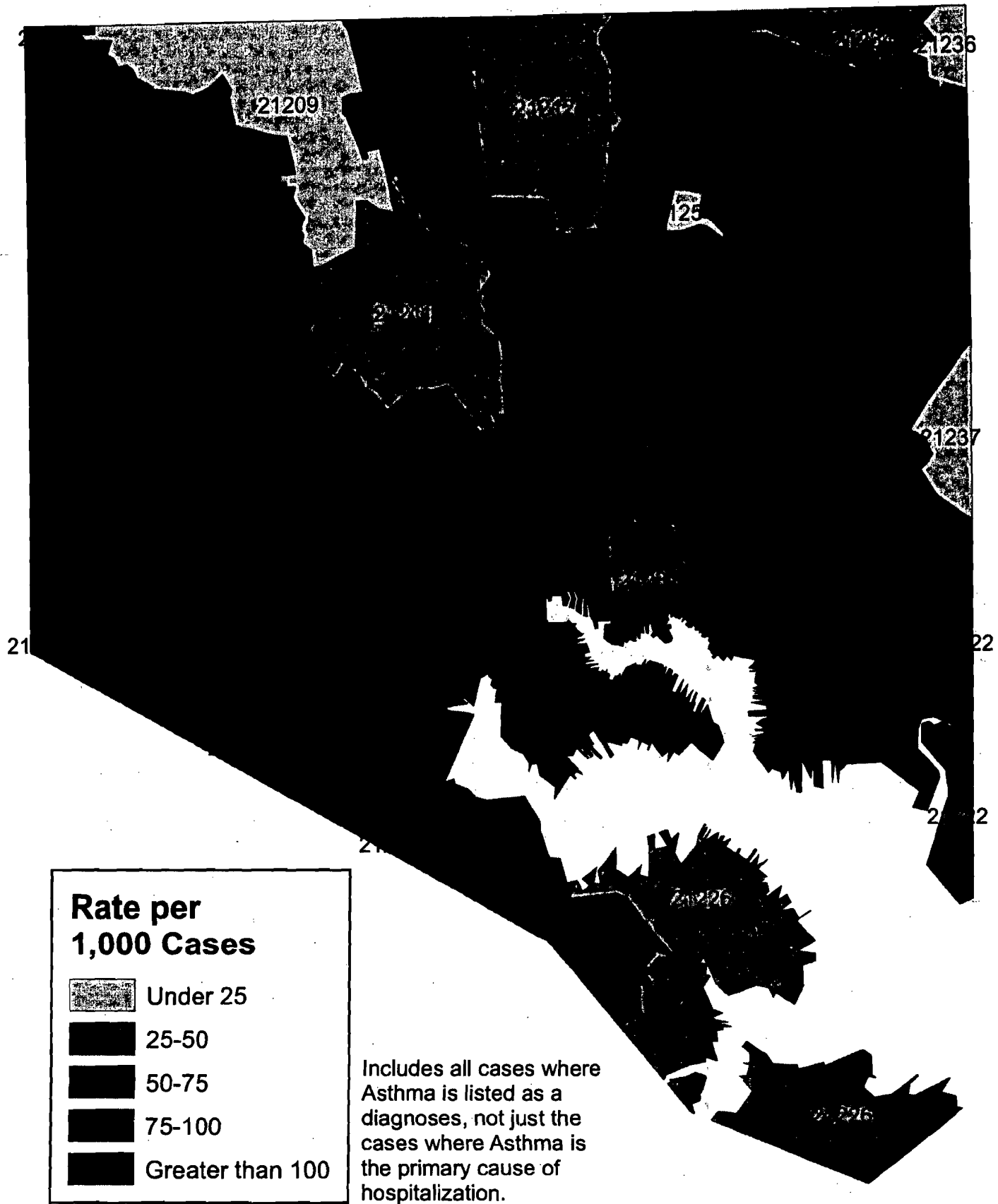
- **100 Intensive Healthy Homes Hazard Reduction Interventions** – initial environmental assessment, indoor allergen reduction, paint stabilization and clearance, moisture control, IPM, mold cleaning, Healthy Homes Safety and Maintenance Kit installation, HEPA vacuum, mattress pad and pillow covers, sealing dirt floors, steam cleaning or replacing carpets, venting clothes dryers, air intake HEPA vacuuming, changing forced-air furnace filters, air conditioners, permanent HEPA filter air cleaners, pre- and post-intervention surveys and indoor allergen testing and in-home health education;
- **100 Facilitated Healthy Homes Hazard Reduction Interventions** – IPM, Healthy Homes Safety and Maintenance Kit installation, HEPA vacuum, in-home education, pre-and post-intervention surveys and indoor allergen testing;
- **50 Basic Healthy Homes Hazard Reduction Interventions** – initial environmental assessment, Healthy Homes Safety and Maintenance Kit installation and in-home education;
- **Distribution of 50 additional Healthy Homes Cleaning Kits;**
- **Healthy Homes Maintenance and Strategies Training for 120** Baltimore City housing code inspectors, contractors and property owners; and,
- **Healthy Homes outreach and training directly reaching 5,000** residents, health care providers, inspectors, property owners, realtors and contractors.
- **Links to resources through the Safe at Home collaborative**, including: lead abatement and rehabilitation; permanent housing relocation assistance; Coalition Legal and Advocacy Services to repair housing defects that pose health risks; Baltimore City Health Department Asthma Program; and advocacy training and resource linkage for other healthy home repairs.

The Safe at Home program model is based on best practices from prior Healthy Homes programs and incorporates the latest approaches to reducing and eliminating dust-borne allergens and other asthma triggers. Safe at Home will address a nexus of home-based environmental health hazards in units occupied by families with asthma-diagnosed children. Clients will be referred to the program through Baltimore Medical Systems Incorporated Orleans Square office, University of Maryland Pediatric Ambulatory Clinic, Wald Clinic and Total Health Care Clinic. Every client will receive reiterative education and case management in a partnership with Baltimore Health Department's Asthma Program, Coppin State University Nursing Program and the Johns Hopkins School of Nursing. Additionally, the Coalition, in partnership with the Baltimore City Health Department and its Office of Healthy Homes, the National Center for Healthy Homes and grass roots partners (Coppin Heights Community Development Corporation, Patterson Park Community Development Corporation, ST. Ambrose Housing, and the Environmental Justice Partnership) will conduct Healthy Homes training for housing and child health professionals and community residents. Safe at Home will partner with the Maryland Asthma Control Program to share data, identify and address trends and promote healthy homes practices throughout the target communities. Program health surveys, data analysis and evaluation will be conducted by the School of Public Health at Morgan State University, a historic black university. The IRB process will be facilitated by the Maryland Department of Health and Mental Hygiene. A property environmental assessment and health survey of each asthmatic child occupant will be conducted immediately prior to and 6 months following the direct and facilitated interventions. This will enable comparison of the effectiveness of these two levels of intervention and help determine if more extensive interventions by trained professions are more, less or equally as successful at reducing allergens and asthmatic episodes than interventions conducted by individually trained residents. Environmental Assessments will include visual inspection and indoor allergen testing (cockroach, cat, dog, and dust mite). Lead dust risk assessments and clearance will be done in homes requiring paint stabilization. Evaluation will include a comparative analysis of the long term effectiveness in urban environments of differing levels of Healthy Homes interventions as well as measuring the effectiveness of providing concrete tools and training to residents to sustain Healthy Home environments. The Safe at Home partnership will collectively provide [REDACTED] in direct match funding for a total program funding of [REDACTED].

While the Demonstration Project is targeted to East and West Baltimore, the lessons learned from the Safe at Home program will be applied as best practices citywide. The program will draw upon the considerable experience of the Coalition's Safe at Home program staff and its broad network of community partners that will have an active training role through the Healthy Homes Training Curriculum and Healthy Homes Community Forums that will be convened.

The prior success of Safe at Home has begun to change attitudes and promote the notion that creating healthy homes in low-income neighborhoods not simply possible but rather a necessary step to help communities and children thrive. Safe at Home will institutionalize Healthy Homes values and intervention methods for healthy housing throughout Baltimore by leveraging key partners in inspections, housing rehabilitation and relocation services. The Coalition led the design, implementation and advocacy surrounding Baltimore's 96% decline in childhood lead poisoning cases since 1993. We are ready to focus our resources, experience and drive towards reducing asthma episodes for Baltimore's children and creating a culture that recognizes that every child can and should be safe at home.

Asthma-Related Hospital Admissions by Zip Code, Ages 0-17, 2005



Healthy Homes and Lead Hazard Programs

U.S. Department of Housing and Urban Development
Office of Lead Hazard Control

OMB Approval No. 2539-0015
(expires 11/30/2008)

Factor 1 Capacity Of The Applicant And Relevant Organizational Experience

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 spend 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	20%	50%	30%
Name: Ruth Ann Norton			
Organization Position Title: Executive Director			
Phone Number: [REDACTED] Fax Number: 410-534-6475			
A.2 Day-to-Day Program Manager <input type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff	50%	30%	20%
Name: [REDACTED]			
Organization Position Title: Program Manager			
Phone Number: [REDACTED] Fax Number: 410-534-6475			
A.3 Other <input type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff	25%	75%	0%
Name: [REDACTED]			
Organization Position Title: Hazard Control Project Director			
Phone Number: [REDACTED] Fax Number: 410-534-6475			

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 Subgrants)
B.1 Name: Morgan State School of Public Health	Commitment Letter Attached	Develop health surveys; complete 1 and 6 month post-intervention surveys	\$66,404
Type of Organization: Graduate School			
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: Baltimore Medical Systems, Inc	Commitment Letter Attached	Refer 150 asthma clients to Safe at Home Program	\$15,000
Type of Organization: Healthcare Service 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			
B.3 Name: Environmental Justice Partnership	Commitment Letter Attached	Conduct Community Focus Groups and recruit Maryland Institute College of Art students to design outreach materials.	\$15,000
Type of Organization: Grassroots nonprofit org.			
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.4 Name: John Wesley AME	Commitment Letter Attached	Distribute Healthy Homes kits and promote Healthy Homes education initiatives	-
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			
B.5 Name: Maryland Department of Health and Mental Hygiene: Maryland Asthma Control Program (MACP)	Commitment Letter Attached	Facilitate IRB process, data sharing, serve on community board, and collaborate for community resident and partner training.	-
Type of Organization: State Government 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			
B.6 Name: Baltimore City Health Department	Commitment Letter Attached	Treat Safe at Home clients through Asthma program	-
Type of Organization: Local Government 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			
B.7 Name: University of Maryland Pediatrics	Commitment Letter Attached	Refer 150 asthma clients to Safe at Home Program	-
Type of Organization: Healthcare Service Provider			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			

**Healthy Homes and
Lead Hazard Programs**

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and Urban Development
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B.8 Name: Total Health Care Type of Organization: Healthcare Service Provider Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed	Commitment Letter Attached	Refer asthma clients to Safe at Home Program (150)	-
B.9 Name: East Baltimore Development, Inc. (EBDI) Type of Organization: Non-profit real estate developer Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed	Commitment Letter Attached	Refer community residents to Safe at Home Program	-
B.10 Name: National Center for Healthy Housing Type of Organization: Health and Housing Non-profit Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed	Commitment Letter Attached	Provide 2-day Healthy Homes training for 120 program and community partners	-
B.11 Name: Wald Clinic (Johns Hopkins) Type of Organization: Community Health Clinic Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed	Commitment Letter Attached	Refer asthma clients to Safe at Home Program (30-50)	-
B.12 Name: Johns Hopkins School of Nursing Type of Organization: University Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed	Commitment Letter Attached	Provide Program interns to coordinate asthma specific services for program clients and other outreach activities	-
B.13 Name: Coppin State University School of Nursing Type of Organization: State University Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed	Commitment Letter Attached	Provide Program interns to coordinate asthma specific services for program clients and other outreach activities	-
B.14 Name: Coppin Heights Community Development Corporation Type of Organization: Community Development Non-Profit Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed	Commitment Letter Attached	Conduct outreach to other Baltimore City Community Development Corporations	-
B.15 Name: Leadtec Inspection Services Type of Organization: Risk Assessment Company Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed	Commitment Letter Attached	Provide pre-intervention risk assessment and post-intervention lead dust testing in 50 properties	-

**Healthy Homes Demonstration
Healthy Homes and Lead
Hazard Programs**

**U.S. Department of Housing
and Urban Development
Office of Lead Hazard Control**

OMB Approval No. 2539-0015
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Factor 2		Need/Extent Of The Problem		
Target Area: Sandtown-Winchester/Harlem Park, Rosemont Coppin Heights, Historic East Baltimore				
Total Population of Target Area: 115,096				
Total Number of Children in Target Area age 18 and under: 34,644 (30% of total population)				
Total Number of Children in Target Area age 6 and under: 11,745 (10% of total population)				
Complete <u>only</u> those sections relevant to your proposal. Enter NA in blocks that are not applicable.				
A. Childhood Illnesses/Injuries in Target Area¹		Rates:		
	Age	No. of Children Hospitalized	% of Total Children in Target Area	
Asthma Hospitalization Rates	0-4	All ages: 4219	12%	
	5-14	see narrative	NA	
	15-17	NA	NA	
Unintentional injuries (e.g., falls or burns)	0-4	NA	NA	
	5-14	NA	NA	
	15-17	NA	NA	
Childhood Lead Poisoning:		Blood Lead Level	No. of Children under 6 Years	% of Total Tested
Number of children <6 years (<72 months) of age in target area:		<10 µg/dl	2632	90.8%
		>10 - <20µg/dl	All >10: 272	9.4%
		>20 µg/dl	see narrative	NA
		Total tested	2904	100%
Other diseases (specify and provide rate information (and source) if available): Blood data: MD Dept of Env.; Asthma data: Balt City Health Dept and Balt. Neighborhood Indicator Alliance: www.bnai.org				
B. Housing Conditions in Target Area¹				
Total Number of Housing Units in Target Area		54536		
Year Housing Built:		Number	Percent of Total	
Pre-1940		24,672	45%	
1940-1949		9,493	17%	
1950-1959		7,766	14%	
1960-1969		4,080	8%	
1970-1977		3,532	7%	
1978 or Newer		5,013	9%	
Number of Units that are publicly funded or subsidized		NA	NA	
Number of Units that are rental housing		29,005	53%	
Housing rated in poor condition		NA	NA	
Other housing measure(s) (please specify):				
Data from Consolidated Plan, AI, or Indian Housing Plan?		Yes (specify which)	Con	No
C. Demographics of Target Area¹		Value or Percent		
Caucasian		8%		
Black or African American		84%		
Asian		>1%		
American Indian or Alaska Native		>1%		
Other (specify):		6%		
Hispanic and Latino		2%		
Unemployment Rate		NA		
Median income		\$30,898		
Percentage of population below 50% of area family median income		32%		
Percentage of population below 80% of area family median income		52%		

¹ Provide as much data as is available for your target area based on 2000 Census. If data are from other sources, such as for blood data, cite the sources.

OMB Control No. 2539-0015 This information is designed to provide timely information to HUD regarding the progress of grantees in carrying out lead hazard control and healthy homes grant programs and provide the Congress with status reports as required by Title X of the Housing and Community Development Act of 1992 (PL 102-550) and/or the Housing and Urban Development Act of 1970. Public reporting burden for this collection of information is estimated to be 12 hours per response. Response to this collection is mandatory to retain a grant awarded by the Office of Healthy Homes and Lead Hazard Control. This agency may not collect this information, and you are not required to complete this form packet, unless it displays a currently valid OMB control number. This collection does not require the retention of confidential or sensitive material.

eLogic Model¹ Applicant Name: Coalition to End Childhood Lead Poisoning



Project Name: Safe at Home
 TERM: Year 1
 HUD Program: HH Demo

Period: _____
 Start Date: _____
 End Date: _____

US Department of Housing and Urban Development
 OMB Approval 2535-0114 exp. 09/30/2007
 Component Name: _____

1		2		3		4		5		6		7	
Policy		Planning		Programming		Measure		Impact		Measure		Accountability	
B1	A	Very low and low-income populations, especially households with children under the age of six, are at risk of housing related environmental health and safety hazards.	Partnerships with non-profits established		Partnerships	20	Reduction in housing related health hazards-improved health	Households	250	A. Tools for Measurement			
B2	B1		Community participants meetings for input/feedback - Meeting		Meetings	2	Improvements in health measures-incidence/severity-asthma	Reduced asthma		Survey			
B4	B6		Households recruited-children 6-17		Persons	25	Improvements in health measures-incidence/severity-asthma	Reduced asthma	3	Interviews			
C2	B5		Households recruited-children under age six		Persons	75	Improvements in health measures-incidence/severity-asthma	Reduced asthma	12	Pre-Post test			
C3	B6		Housing assessment		Households	100	new- Safe at Home Environmental Assessment Form	Assessment	100	B. Where Data Maintained			
C5	B6		Education-household members		Persons	75	Reduction in housing related health hazards-improved health	Households	75	Database			
D2	A		Education-community - Persons		Persons	1000	Reduction in housing related health hazards-improved health	Households	1000	Individual records			
E3	D		Outreach materials disseminated-English		Materials	1000	Reduction in housing related health hazards-improved health	Households	1000	C. Source of Data			
F1	D		Outreach materials disseminated-LEP		LEP Materials	150	Reduction in housing related health hazards-improved health	Households	150	Interviews			
F2	D		Training Opportunities-Other		Persons	40	Training Opportunities-Other	Persons	40	Journals			
F3	D		Referrals to medical establishment		Referrals	5	Improvements in health measures-incidence/severity-asthma	Reduced asthma	5	Site Reports			
			Mitigate asthma triggers-cockroaches-children 6-17		IPM Interventions	20	Improvements in health measures-incidence/severity-asthma	Reduced asthma	20	Testing			
			Mitigate asthma triggers-cockroaches-children under six		IPM Interventions	55	Improvements in health measures-incidence/severity-asthma	Reduced asthma	55	Surveys			
		Mitigate asthma triggers-dust mite-children 6-17		IPM Interventions	20	Improvements in health measures-incidence/severity-asthma	Reduced asthma	20	D. Frequency of Collection				
		Mitigate asthma triggers-dust mite-children under six		IPM Interventions	55	Improvements in health measures-incidence/severity-asthma	Reduced asthma	55	Daily				
		Mitigate asthma triggers-mold-children 6-17		Interventions	20	Improvements in health measures-incidence/severity-asthma	Reduced asthma	20	Weekly				
		Mitigate asthma triggers-mold-children under six		Interventions	55	Improvements in health measures-incidence/severity-asthma	Reduced asthma	55	Monthly				
		Mitigate asthma triggers-rodents-children 6-17		IPM Interventions	20	Improvements in health measures-incidence/severity-asthma	Reduced asthma	20	Quarterly				
									Annually				
									E. Processing of Data				
									Statistical database				

eLogic Model¹ Applicant Name: Coalition to End Childhood Lead Poisoning

US Department of Housing and Urban Development

Project Name: Safe at Home

Period: []

OMB Approval 2535-0114 exp. 09/30/2007

TERM: Year 1

Start Date: []

Component Name: []

HUD Program: HH Demo

End Date: []



1	2	3	4	5	6	7
Policy	Planning	Programming	Measure	Impact	Measure	Accountability
		Mitigate asthma triggers-rodents-children under six	IPM Interventions 55	Improvements in health measures- incidence/severity-asthma	Reduced asthma 55	
		Safety interventions-child proof locks-children under six	Interventions 55	Reduction in housing related health hazards- improved safety	Households 55	
		Safety interventions-smoke/CO detectors-children 6-17	Interventions 20	Reduction in housing related health hazards- improved safety	Households 20	
		Safety interventions-smoke/CO detectors-children under six	Interventions 55	Reduction in housing related health hazards- improved safety	Households 55	
		new- Reduce blood lead levels	Children 55	Reduction in blood lead levels	Children 55	
		Employment opportunities-Section 3 - Persons	Persons 5	Employment opportunities - Section 3 - Persons	Persons 5	
	There is a need to develop, demonstrate and promote cost effective preventive interventions to correct multiple safety and health hazards in the home.	Resources leveraged-dollar value of labor & materials	Dollars	Business opportunities - Other - Dollars	Dollars	
		Partnerships with non-profits established	Partnerships 20	Reduction in housing related health hazards- improved health	Households 75	
		Community participants meetings for input/feedback - Meeting	Meetings 2	Improvements in health measures- incidence/severity-asthma	Reduced asthma	
		Housing assessment	Households 75	new- Safe at Home Environmental Assessment Form	Assessment 75	
		Education-household members	Persons 75	Reduction in housing related health hazards- improved health	Households 75	
		Mitigate asthma triggers-cockroaches-children 6-17	IPM Interventions 20	Reduction-incidence/severity-asthma exacerbation	Physician visits 20	
		Mitigate asthma triggers-cockroaches-children under six	IPM Interventions 55	Reduction-incidence/severity-asthma exacerbation	Physician visits 55	
		Mitigate asthma triggers-dust mite-children 6-17	IPM Interventions 20	Reduction-incidence/severity-asthma - Other	Other 20	
		Mitigate asthma triggers-dust mite-children under six	IPM Interventions 55	Reduction-incidence/severity-asthma - Other	Other 55	
		Mitigate asthma triggers-mold-children 6-17	Interventions 20	Reduction-incidence/severity-asthma - Other	Other 20	
		Mitigate asthma triggers-mold-children under six	Interventions 55	Reduction-incidence/severity-asthma - Other	Other 55	
		Mitigate asthma triggers-rodents-children 6-17	IPM Interventions 20	Reduction-incidence/severity-asthma - Other	Other 20	

eLogic Model¹ Applicant Name: Coalition to End Childhood Lead Poisoning

US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 09/30/2007



Project Name: Safe at Home
TERM: Year 1
HUD Program: HH Demo

Period: []
Start Date: []
End Date: []

Component Name: []

1	2	3	4	5	6	7
Policy	Planning	Programming	Measure	Impact	Measure	Accountability
	Very low and low-income populations, especially households with children under the age of six, are at risk of housing related environmental health and safety hazards.	Mitigate asthma triggers-mold-children under six	Interventions 55	Reduction-incidence/severity-asthma - Other	Other 55	
		Safety interventions-child proof locks-children under six	Interventions 55	Reduction-incidence/severity-asthma - Other	Other 55	
		Safety interventions-smoke/CO detectors-children under six	Interventions 55	Reduction in housing related health hazards-improved safety	Households 55	
		Safety interventions-smoke/CO detectors-children 6-17	Interventions 20	Reduction in housing related health hazards-improved safety	Households 20	
		new- Reduce blood lead levels	Children 55	Reduction in blood lead levels	Children 55	
		new- Distribution of HEPA vacuum	Vacuums 75	Reduction in housing related health hazards-improved health	Households 75	
			#N/A		#N/A	
			#N/A		#N/A	
			#N/A		#N/A	
			#N/A		#N/A	
	There is a need to standardize the measurement of outcomes resulting from interventions and their impact on the health and safety of	Community participants meetings for input/feedback - Meeting	Meetings 2	Training Opportunities-Other	Persons 50	
		Education-household members	Persons 75	New/improved tool-resident understanding of housing health hazards	Tool 75	
		Education-medical establishment - Sessions	Sessions 5	Improvements in health measures-incidence/severity-asthma	Reduced asthma 15	



Applicant Name: **Coalition to End Childhood Lead Poisoning**
 Project Name: **Safe at Home**
 TERM: **Year 2**
 HUD Program: **HH Demo**

Period: _____
 Start Date: _____
 End Date: _____

US Department of Housing and Urban Development
 OMB Approval 2535-0114 exp. 09/30/2007

Component Name:
0

1		2	3		4	5		6		7	
Policy		Planning	Programming		Measure	Impact		Measure		Accountability	
B1	A	Very low and low-income populations, especially households with children under the age of six, are at risk of housing related environmental health and safety hazards.	Community participants meetings for input/feedback - Meeting		Meetings	Reduction in housing related health hazards-improved health		Households			
B2	B1				2			2		A. Tools for Measurement	
B4	B6		Households recruited		Households	Improvements in health measures-incidence/severity-asthma		Reduced asthma		Interviews	
C3	B6				163			163		Pre-Post test	
C5	B6		Housing assessment		Households	new- Safe at Home Environmental Assessment Form		Assessment		Survey	
D2	A				163			163			
E3	D		Education-household members		Persons	Improvements in health measures-incidence/severity-asthma		Reduced asthma			
F1	D				138			138		B. Where Data Maintained	
F2	D		Education-community -- Persons		Persons	new- Safe at Home Environmental Assessment Form		Assessment		Database	
F3	D				2000			2000		Individual records	
C2	B5		Outreach materials disseminated-English		Materials	Reduction in housing related health hazards-improved health		Households			
					1850			1850			
			Outreach materials disseminated-LEP		LEP Materials	Reduction in housing related health hazards-improved health		Households			
					150			150		C. Source of Data	
			Training Opportunities-Other		Persons	Training Opportunities-Other		Persons		Interviews	
					40			40		Site Reports	
			Referrals to medical establishment		Referrals	Improvements in health measures-incidence/severity-asthma		Reduced asthma		Journals	
					12			12		Testing	
			Mitigate asthma triggers-cockroaches-children 6-17		IPM Interventions	Improvements in health measures-incidence/severity-asthma		Reduced asthma		Surveys	
					35			35		D. Frequency of Collection	
		Mitigate asthma triggers-cockroaches-children under six		IPM Interventions	Improvements in health measures-incidence/severity-asthma		Reduced asthma		Daily		
				103			103		Weekly		
		Mitigate asthma triggers-dust mite-children 6-17		IPM Interventions	Improvements in health measures-incidence/severity-asthma		Reduced asthma		Monthly		
				35			35		Quarterly		
		Mitigate asthma triggers-dust mite-children under six		IPM Interventions	Improvements in health measures-incidence/severity-asthma		Reduced asthma		Annually		
				103			103		E. Processing of Data		
		Mitigate asthma triggers-mold-children 6-17		Interventions	Improvements in health measures-incidence/severity-asthma		Reduced asthma		Statistical database		
				35			35				
		Mitigate asthma triggers-mold-children under six		Interventions	Improvements in health measures-incidence/severity-asthma		Reduced asthma				
				103			103				
		Mitigate asthma triggers-rodents-children 6-17		IPM Interventions	Improvements in health measures-incidence/severity-asthma		Reduced asthma				
				35			35				
		Mitigate asthma triggers-rodents-children under six		IPM Interventions	Improvements in health measures-incidence/severity-asthma		Reduced asthma				
				103			103				
		Safety interventions-child proof locks-children under six		Interventions	Reduction in housing related health hazards-improved safety		Households				
				103			103				



Applicant Name: **Coalition to End Childhood Lead Poisoning**

Project Name: **Safe at Home**

TERM: **Year 2**

HUD Program: **HH Demo**

Period:

Start Date:

End Date:

US Department of Housing and Urban Development

OMB Approval 2535-0114 exp. 09/30/2007

Component Name:

0

1	2	3	4	5	6	7
Policy	Planning	Programming	Measure	Impact	Measure	Accountability
		Safety interventions-smoke/CO detectors-children 6-17	Interventions 35	Reduction in housing related health hazards-improved safety	Households 35	
		Safety interventions-smoke/CO detectors-children under six	Interventions 103	Reduction in housing related health hazards-improved safety	Households 103	
		new- Reduce blood lead levels	Children 103	Reduction in blood lead levels	Children 103	
		Employment opportunities-Section 3 - Persons	Persons 5	Employment opportunities - Section 3 - Persons	Persons 5	
		new- Distribution of HEPA vacuum	Vacuums 103	Reduction in housing related health hazards-improved health	Households 103	
			#N/A		#N/A	
	There is a need to develop, demonstrate, and promote cost effective preventive interventions to correct multiple safety and health hazards in the home.	Resources leveraged-dollar value of labor & materials	Dollars	Business opportunities - Other - Dollars	Dollars	
		Community participants meetings for input/feedback - Meeting	Meetings 2	Improvements in health measures-incidence/severity-asthma	Reduced asthma 2	
		Housing assessment	Households 138	new- Safe at Home Environmental Assessment Form	Assessment 138	
		Education-household members	Persons 138	Reduction in housing related health hazards-improved health	Households 138	
		Mitigate asthma triggers-cockroaches-children 6-17	IPM Interventions 35	Reduction-incidence/severity-asthma - Other	Other 35	
		Mitigate asthma triggers-cockroaches-children under six	IPM Interventions 103	Reduction-incidence/severity-asthma - Other	Other 103	
		Mitigate asthma triggers-dust mite-children 6-17	IPM Interventions 35	Reduction-incidence/severity-asthma - Other	Other 35	
		Mitigate asthma triggers-dust mite-children under six	IPM Interventions 103	Reduction-incidence/severity-asthma - Other	Other 103	
		Mitigate asthma triggers-mold-children 6-17	Interventions 35	Reduction-incidence/severity-asthma - Other	Other 35	
		Mitigate asthma triggers-mold-children under six	Interventions 103	Reduction-incidence/severity-asthma - Other	Other 103	
		Mitigate asthma triggers-rodents-children 6-17	IPM Interventions 35	Reduction-incidence/severity-asthma - Other	Other 35	
		Mitigate asthma triggers-rodents-children under six	IPM Interventions 103	Reduction-incidence/severity-asthma - Other	Other 103	



Applicant Name: Coalition to End Childhood Lead Poisoning
 Project Name: Safe at Home
 TERM: Year 2
 HUD Program: HH Demo

Period: _____
 Start Date: _____
 End Date: _____

US Department of Housing and Urban Development
 OMB Approval 2535-0114 exp. 09/30/2007

Component Name: 0

1	2	3	4	5	6	7
Policy	Planning	Programming	Measure	Impact	Measure	Accountability
	There is a need to develop, demonstrate, and promote cost effective preventive interventions to correct multiple safety and health hazards in the home.	Safety interventions-child proof locks-children under six	Interventions 103	Reduction-incidence/severity-asthma - Other	Other 103	
		Safety interventions-smoke/CO detectors-children 6-17	Interventions 35	Reduction in housing related health hazards-improved safety	Households 35	
		Safety interventions-smoke/CO detectors-children under six	Interventions 103	Reduction in housing related health hazards-improved safety	Households 103	
		new- Reduce blood lead levels	Children 103	Reduction in blood lead levels	Children 103	
			#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	
			#N/A		#N/A	
	There is a need to standardize the measurement of outcomes resulting from interventions and their impact on the health and safety of	Community participants meetings for input/feedback - Meeting	Meetings 2	Training Opportunities-Other	Persons 50	
		Education-household members	Persons 75	New/improved tool-resident understanding of housing health hazards	Tool 75	
		Education-medical establishment - Sessions	Sessions 5	Improvements in health measures-incidence/severity-asthma	Reduced asthma 15	

eLogic Model

Applicant Name: Coalition to End Childhood Lead Poisoning

US Department of Housing and Urban Development

Project Name: Safe at Home

Period: []

OMB Approval 2535-0114 exp. 09/30/2007

TERM: Year 3

Start Date: []

Component Name: []

HUD Program: HH Demo

End Date: []

0

1		2		3		4		5		6		7	
Policy		Planning		Programming		Measure		Impact		Measure		Accountability	
B1	A	Very low and low-income populations, especially households with children under the age of six, are at risk of housing related environmental health and safety hazards.	Community participants meetings for input/feedback - Meeting		Meetings	2	Improvements in health measures-incidence/severity-asthma	Reduced asthma	2	A. Tools for Measurement			
B2	B1		Households recruited		Households	37	Improvements in health measures-incidence/severity-asthma	Reduced asthma	37	Survey			
B4	B6		Housing assessment		Households	37	new- Safe at Home Environmental Assessment Form	Assessment	37	Pre-Post test			
C2	B5		Education-household members		Persons	37	Reduction in housing related health hazards-improved health	Households	37	Interviews			
C3	B6		Education-community - Persons		Persons	2000	Reduction in housing related health hazards-improved health	Households	2000	B. Where Data Maintained			
C5	B6		Outreach materials disseminated-English		Materials	1850	Reduction in housing related health hazards-improved health	Households	1850	Database			
D2	A		Outreach materials disseminated-LEP		LEP Materials	150	Reduction in housing related health hazards-improved health	Households	150	Individual records			
E3	D		Training Opportunities-Other		Persons	40	Training Opportunities-Other	Persons	40	C. Source of Data			
F1	D		Referrals to medical establishment		Referrals	3	Improvements in health measures-incidence/severity-asthma	Reduced asthma	3	Interviews			
F2	D		Mitigate asthma triggers-cockroaches-children 6-17		IPM Interventions	15	Reduction-incidence/severity-asthma - Other	Other	15	Site Reports			
F3	D		Mitigate asthma triggers-cockroaches-children under six		IPM Interventions	22	Reduction-incidence/severity-asthma - Other	Other	22	Testing			
			Mitigate asthma triggers-dust mite-children 6-17		IPM Interventions	15	Reduction-incidence/severity-asthma - Other	Other	15	Surveys			
			Mitigate asthma triggers-dust mite-children under six		IPM Interventions	22	Reduction-incidence/severity-asthma - Other	Other	22	Journals			
			Mitigate asthma triggers-mold-children 6-17		Interventions	15	Reduction-incidence/severity-asthma - Other	Other	15	D. Frequency of Collection			
			Mitigate asthma triggers-mold-children under six		Interventions	22	Reduction-incidence/severity-asthma - Other	Other	22	Daily			
		Mitigate asthma triggers-rodents-children 6-17		IPM Interventions	15	Reduction-incidence/severity-asthma - Other	Other	15	Weekly				
		Mitigate asthma triggers-rodents-children under six		IPM Interventions	22	Reduction-incidence/severity-asthma - Other	Other	22	Monthly				
		Safety interventions-child proof locks-children under six		Interventions	22	Reduction in housing related health hazards-improved safety	Households	22	Quarterly				
									Annually				
									E. Processing of Data				
									Statistical database				



Applicant Name: **Coalition to End Childhood Lead Poisoning**
 Project Name: **Safe at Home**
 TERM: **Year 3**
 HUD Program: **HH Demo**

Period: _____
 Start Date: _____
 End Date: _____

Component Name: _____

0

1	2	3	4	5	6	7
Policy	Planning	Programming	Measure	Impact	Measure	Accountability
		Safety interventions-smoke/CO detectors-children 6-17	Interventions 15	Reduction in housing related health hazards-improved safety	Households 15	
		Safety interventions-smoke/CO detectors-children under six	Interventions 22	Reduction in housing related health hazards-improved safety	Households 22	
		new- Reduce blood lead levels	Children 22	Improvements in health measures-incidence/severity-blood lead level	Reduced levels 22	
		Employment opportunities-Section 3 - Persons	Persons 5	Employment opportunities - Section 3 - Persons	Persons 5	
		new- Distribution of HEPA vacuum	Vacuums 22	Reduction in housing related health hazards-improved health	Households 22	
			#N/A		#N/A	
	There is a need to develop, demonstrate, and promote cost effective preventive interventions to correct multiple safety and health hazards in the home.	Resources leveraged-dollar value of labor & materials	Dollars	Business opportunities - Other - Dollars	Dollars	
		Community participants meetings for input/feedback - Meeting	Meetings 2	Reduction in housing related health hazards-improved health	Households 2	
		Housing assessment	Households 37	new- Safe at Home Environmental Assessment Form	Assessment 37	
		Education-household members	Persons 37	Improvements in health measures-incidence/severity-asthma	Reduced asthma 37	
		Mitigate asthma triggers-cockroaches-children 6-17	IPM Interventions 15	Reduction-incidence/severity-asthma - Other	Other 15	
		Mitigate asthma triggers-cockroaches-children under six	IPM Interventions 22	Reduction-incidence/severity-asthma - Other	Other 22	
		Mitigate asthma triggers-dust mite-children 6-17	IPM Interventions 15	Reduction-incidence/severity-asthma - Other	Other 15	
		Mitigate asthma triggers-dust mite-children under six	IPM Interventions 22	Reduction-incidence/severity-asthma - Other	Other 22	
		Mitigate asthma triggers-mold-children 6-17	Interventions 15	Reduction-incidence/severity-asthma - Other	Other 15	
		Mitigate asthma triggers-mold-children under six	Interventions 22	Reduction-incidence/severity-asthma - Other	Other 22	
		Mitigate asthma triggers-rodents-children 6-17	IPM Interventions 15	Reduction-incidence/severity-asthma - Other	Other 15	
		Mitigate asthma triggers-rodents-children under six	IPM Interventions 22	Reduction-incidence/severity-asthma - Other	Other 22	

eLogic Model

Applicant Name: Coalition to End Childhood Lead Poisoning

US Department of Housing and Urban Development

Project Name: Safe at Home
 TERM: Year 3
 HUD Program: HH Demo

Period:
 Start Date:
 End Date:

OMB Approval 2535-0114 exp. 09/30/2007
 Component Name: 0

1	2	3	4	5	6	7
Policy	Planning	Programming	Measure	Impact	Measure	Accountability
	There is a need to develop, demonstrate, and promote cost effective preventive interventions to correct multiple safety and health hazards in the home.	Safety interventions-child proof locks-children under six	Interventions 22	Reduction in housing related health hazards-improved safety	Households 22	
		Safety interventions-smoke/CO detectors-children 6-17	Interventions 15	Reduction in housing related health hazards-improved safety	Households 15	
		Safety interventions-smoke/CO detectors-children under six	Interventions 22	Reduction in housing related health hazards-improved safety	Households 22	
		new- Reduce blood lead levels	Children 22	Reduction in blood lead levels	Children 22	
			#N/A		#N/A	
			#N/A		#N/A	
			#N/A		#N/A	
			#N/A		#N/A	
			#N/A		#N/A	
			#N/A		#N/A	
	There is a need to standardize the measurement of outcomes resulting from interventions and their impact on the health and safety of	Community participants meetings for input/feedback - Meeting	Meetings 2	Training Opportunities-Other	Persons 2	
		Education-household members	Persons 37	New/improved tool-resident understanding of housing health hazards	Tool 37	
B6		Education-medical establishment - Sessions	Sessions 5	Improvements in health measures-incidence/severity-asthma	Reduced asthma 15	

eLogic Model⁷ Applicant Name: Coalition to End Childhood Lead Poisoning

US Department of Housing and Urban Development

Project Name: Safe at Home

Period: _____

OMB Approval 2535-0114 exp. 09/30/2007

TERM: Total

Start Date: _____

Component Name: _____

HUD Program: HH Demo

End Date: _____

0

1		2		3		4		5		6		7			
Policy		Planning		Programming		Measure		Impact		Measure		Accountability			
B1	A	Very low and low-income populations, especially households with children under the age of six, are at risk of housing related environmental health and safety hazards.	Partnerships with non-profits established	Partnerships		Reduction in housing related health hazards-improved health		Households		Households		A. Tools for Measurement			
B2	B1			20		20		20		20		Survey			
B4	B6			Community participants meetings for input/feedback - Meeting		Meetings		Improvements in health measures-incidence/severity-asthma		Reduced asthma		Pre-Post test			
C2	B5			Households recruited		Households		Improvements in health measures-incidence/severity-asthma		Reduced asthma		Interviews			
C3	B6			Households recruited		Households		Improvements in health measures-incidence/severity-asthma		Reduced asthma		Interviews			
C5	B6			Households recruited		Households		Improvements in health measures-incidence/severity-asthma		Reduced asthma		Interviews			
D2	A			Housing assessment		Households		new- Safe at Home Environmental Assessment Form		Assessment		Assessment		B. Where Data Maintained	
E3	D			Education-household members		Persons		Reduction in housing related health hazards-improved health		Households		Households		Database	
F1	D			Education-household members		Persons		Reduction in housing related health hazards-improved health		Households		Households		Individual records	
F2	D			Education-household members		Persons		Reduction in housing related health hazards-improved health		Households		Households		Individual records	
F3	D			Education-household members		Persons		Reduction in housing related health hazards-improved health		Households		Households		Individual records	
				Outreach materials disseminated-English		Materials		Reduction in housing related health hazards-improved health		Households		Households		C. Source of Data	
				Outreach materials disseminated-English		Materials		Reduction in housing related health hazards-improved health		Households		Households		Interviews	
				Outreach materials disseminated-LEP		LEP Materials		Reduction in housing related health hazards-improved health		Households		Households		Interviews	
				Outreach materials disseminated-LEP		LEP Materials		Reduction in housing related health hazards-improved health		Households		Households		Interviews	
		Training Opportunities-Other		Persons		Training Opportunities-Other		Persons		Persons		Site Reports			
		Training Opportunities-Other		Persons		Training Opportunities-Other		Persons		Persons		Site Reports			
		Referrals to medical establishment		Referrals		Improvements in health measures-incidence/severity-asthma		Reduced asthma		Reduced asthma		Surveys			
		Referrals to medical establishment		Referrals		Improvements in health measures-incidence/severity-asthma		Reduced asthma		Reduced asthma		Surveys			
		Mitigate asthma triggers-cockroaches-children 6-17		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		D. Frequency of Collection			
		Mitigate asthma triggers-cockroaches-children 6-17		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Daily			
		Mitigate asthma triggers-cockroaches-children under six		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Weekly			
		Mitigate asthma triggers-cockroaches-children under six		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Monthly			
		Mitigate asthma triggers-cockroaches-children under six		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Quarterly			
		Mitigate asthma triggers-cockroaches-children under six		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Annually			
		Mitigate asthma triggers-dust mite-children 6-17		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		E. Processing of Data			
		Mitigate asthma triggers-dust mite-children 6-17		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-dust mite-children under six		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-dust mite-children under six		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-mold-children 6-17		Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-mold-children 6-17		Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-mold-children 6-17		Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-mold-children under six		Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-mold-children under six		Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-mold-children under six		Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-mold-children under six		Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-rodents-children 6-17		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-rodents-children 6-17		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-rodents-children 6-17		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-rodents-children 6-17		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-rodents-children under six		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-rodents-children under six		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-rodents-children under six		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			
		Mitigate asthma triggers-rodents-children under six		IPM Interventions		Reduction-incidence/severity-asthma - Other		Other		Other		Statistical database			

eLogic Model¹ Applicant Name: **Coalition to End Childhood Lead Poisoning**
 Project Name: **Safe at Home**
 TERM: **Total**
 HUD Program: **HH Demo**

US Department of Housing and Urban Development
 OMB Approval 2535-0114 exp. 09/30/2007

Period:
 Start Date:
 End Date:

Component Name: **0**

1	2	3	4	5	6	7
Policy	Planning	Programming	Measure	Impact	Measure	Accountability
		Safety interventions-child proof locks-children under six	Interventions 175	Reduction in housing related health hazards-improved safety	Households 175	
		Safety interventions-smoke/CO detectors-children 6-17	Interventions 75	Reduction in housing related health hazards-improved safety	Households 75	
		Safety interventions-smoke/CO detectors-children under six	Interventions 175	Reduction in housing related health hazards-improved safety	Households 175	
		new- Reduce blood lead levels	Children 175	Reduction in blood lead levels	Children 175	
		Employment opportunities-Section 3 - Persons	Persons 5	Employment opportunities - Other - Persons	Persons 5	
		new- Distribution of HEPA vacuum	Vacuums 200	Reduction in housing related health hazards-improved health	Households 200	
	There is a need to develop, demonstrate, and promote cost effective preventive interventions to correct multiple safety and health hazards in the home.	Resources leveraged-dollar value of labor & materials	Dollars	Business opportunities - Other - Dollars	Dollars	
		Partnerships with non-profits established	Partnerships 20	Reduction in housing related health hazards-improved health	Households 250	
		Community participants meetings for input/feedback - Meeting	Meetings 6	Improvements in health measures-incidence/severity-asthma	Reduced asthma 250	
		Housing assessment	Households 250	new- Safe at Home Environmental Assessment Form	Assessment 250	
		Education-household members	Persons 250	Improvements in health measures-incidence/severity-asthma	Reduced asthma 250	
		Mitigate asthma triggers-cockroaches-children 6-17	IPM Interventions 75	Reduction-incidence/severity-asthma - Other	Other 75	
		Mitigate asthma triggers-cockroaches-children under six	IPM Interventions 175	Reduction-incidence/severity-asthma - Other	Other 175	
		Mitigate asthma triggers-dust mite-children 6-17	IPM Interventions 75	Reduction-incidence/severity-asthma - Other	Other 75	
		Mitigate asthma triggers-dust mite-children under six	IPM Interventions 175	Reduction-incidence/severity-asthma - Other	Other 175	
		Mitigate asthma triggers-mold-children 6-17	Interventions 75	Reduction-incidence/severity-asthma - Other	Other 75	
		Mitigate asthma triggers-mold-children under six	Interventions 175	Reduction-incidence/severity-asthma - Other	Other 175	
		Mitigate asthma triggers-rodents-children 6-17	IPM Interventions 75	Reduction-incidence/severity-asthma - Other	Other 75	

eLogic Model¹ Applicant Name: Coalition to End Childhood Lead Poisoning

US Department of Housing and Urban Development

Project Name: Safe at Home

Period: _____

OMB Approval 2535-0114 exp. 09/30/2007

TERM: Total

Start Date: _____

Component Name: _____

HUD Program: HH Demo

End Date: _____

0

1	2	3	4	5	6	7
Policy	Planning	Programming	Measure	Impact	Measure	Accountability
	There is a need to develop, demonstrate, and promote cost effective preventive interventions to correct multiple safety and health hazards in the home.	Mitigate asthma triggers-rodents-children under six	IPM interventions 175	Reduction-incidence/severity-asthma - Other	Other 175	
		Safety interventions-child proof locks-children under six	Interventions 175	Reduction in housing related health hazards-improved safety	Households 175	
		Safety interventions-smoke/CO detectors-children 6-17	Interventions 75	Reduction in housing related health hazards-improved safety	Households 75	
		Safety interventions-smoke/CO detectors-children under six	Interventions 175	Reduction in housing related health hazards-improved safety	Households 175	
		new- Reduce blood lead levels	Children 175	Reduction in blood lead levels	Children 175	
			#N/A		#N/A	
			#N/A		#N/A	
			#N/A		#N/A	
			#N/A		#N/A	
			#N/A		#N/A	
	There is a need to standardize the measurement of outcomes resulting from interventions and their impact on the health and safety of	Community participants meetings for input/feedback - Meeting	Meetings 6	Reduction in housing related health hazards-improved health	Households 6	
		Education-household members	Persons 250	New/improved tool-resident understanding of housing health hazards	Tool 250	
		Education-medical establishment - Sessions	Sessions 15	Improvements in health measures-incidence/severity-asthma	Reduced asthma 15	

**Grant Applications
Detailed Budget**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2501-0017
(expires 03/31/2005)

Grant Application Detailed Budget	U.S. Department of Housing and Urban Development					OMB Approval No. 2501-0017 (exp. 03/31/2005)			
Name of Project/Activity: Safe at Home	Functional Categories								
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share	Applicant Match	Other HUD Funds	Other Fed Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	139,292	[REDACTED]	-	-	-	-	-	-	[REDACTED]
b. Fringe Benefits	40,395	[REDACTED]	-	-	-	-	-	-	[REDACTED]
c. Travel	8,205	[REDACTED]	-	-	-	-	-	-	[REDACTED]
d. Equipment (only items > \$5,000 depreciated value)	-	-	-	-	-	-	-	-	-
e. Supplies (only items w/depreciated Value < \$5,000)	44,033	[REDACTED]	-	-	-	-	[REDACTED]	-	[REDACTED]
f. Contractual	45,548	[REDACTED]	-	-	-	-	[REDACTED]	-	[REDACTED]
g. Construction	[REDACTED]								
1. Administration and legal expenses	-	-	-	-	-	-	-	-	-
2. Land, structures, rights-of way, appraisals, etc.	-	-	-	-	-	-	-	-	-
3. Relocation expenses and payments	-	-	-	-	-	-	-	-	-
4. Architectural and engineering fees	-	-	-	-	-	-	-	-	-
5. Other architectural and engineering fees	-	-	-	-	-	-	-	-	-
6. Project inspection fees	-	-	-	-	-	-	-	-	-
7. Site work	-	-	-	-	-	-	-	-	-
8. Demolition and removal	-	-	-	-	-	-	-	-	-
9. Construction	-	-	-	-	-	-	-	-	-
10. Equipment	-	-	-	-	-	-	-	-	-
11. Contingencies	-	-	-	-	-	-	-	-	-
12. Miscellaneous	-	-	-	-	-	-	-	-	-
h. Other (Direct Costs)	25,558	[REDACTED]	-	-	-	-	-	-	[REDACTED]
i. Subtotal of Direct Costs	303,030	[REDACTED]	-	-	-	-	[REDACTED]	-	[REDACTED]
j. Indirect Costs (% Approved Indirect Cost Rate)	[REDACTED]								
Grand Total (Year: 1):	[REDACTED]								
Grand Total (All Years):	[REDACTED]								

**Grant Applications
Detailed Budget**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2501-0017
(expires 03/31/2005)

Grant Application Detailed Budget	U.S. Department of Housing and Urban Development						OMB Approval No. 2501-0017 (exp. 03/31/2005)		
Name of Project/Activity: Safe at Home	Functional Categories								
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share	Applicant Match	Other HUD Funds	Other Fed Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	139,292	[REDACTED]	-	-	-	-	-	-	[REDACTED]
b. Fringe Benefits	40,395	[REDACTED]	-	-	-	-	-	-	[REDACTED]
c. Travel	8,205	[REDACTED]	-	-	-	-	-	-	[REDACTED]
d. Equipment (only items > \$5,000 depreciated value)	-	-	-	-	-	-	-	-	-
e. Supplies (only items w/depreciated Value < \$5,000)	44,033	[REDACTED]	-	-	-	-	[REDACTED]	-	[REDACTED]
f. Contractual	45,548	[REDACTED]	-	-	-	-	[REDACTED]	-	[REDACTED]
g. Construction									
1. Administration and legal expenses	-	-	-	-	-	-	-	-	-
2. Land, structures, rights-of way, appraisals, etc	-	-	-	-	-	-	-	-	-
3. Relocation expenses and payments	-	-	-	-	-	-	-	-	-
4. Architectural and engineering fees	-	-	-	-	-	-	-	-	-
5. Other architectural and engineering fees	-	-	-	-	-	-	-	-	-
6. Project inspection fees	-	-	-	-	-	-	-	-	-
7. Site work	-	-	-	-	-	-	-	-	-
8. Demolition and removal	-	-	-	-	-	-	-	-	-
9. Construction	-	-	-	-	-	-	-	-	-
10. Equipment	-	-	-	-	-	-	-	-	-
11. Contingencies	-	-	-	-	-	-	-	-	-
12. Miscellaneous	-	-	-	-	-	-	-	-	-
h. Other (Direct Costs)	25,558	[REDACTED]	-	-	-	-	-	-	[REDACTED]
i. Subtotal of Direct Costs	303,030	[REDACTED]	-	-	-	-	[REDACTED]	-	[REDACTED]
j. Indirect Costs (% Approved Indirect Cost Rate)									
Grand Total (Year: 2):									
Grand Total (All Years):									

**Grant Applications
Detailed Budget**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2501-0017
(expires 03/31/2005)

Grant Application Detailed Budget	U.S. Department of Housing and Urban Development						OMB Approval No. 2501-0017 (exp. 03/31/2005)		
Name of Project/Activity: Safe at Home	Functional Categories								
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share	Applicant Match	Other HUD Funds	Other Fed Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	139,292	[REDACTED]	-	-	-	-	-	-	[REDACTED]
b. Fringe Benefits	40,395	[REDACTED]	-	-	-	-	-	-	[REDACTED]
c. Travel	8,265	[REDACTED]	-	-	-	-	-	-	[REDACTED]
d. Equipment (only items > \$5,000 depreciated value)	-	-	-	-	-	-	-	-	-
e. Supplies (only items w/depreciated Value < \$5,000)	44,033	[REDACTED]	-	-	-	-	[REDACTED]	-	[REDACTED]
f. Contractual	45,548	-	-	-	-	-	[REDACTED]	-	[REDACTED]
g. Construction									
1. Administration and legal expenses	-	-	-	-	-	-	-	-	-
2. Land, structures, rights-of way, appraisals, etc.	-	-	-	-	-	-	-	-	-
3. Relocation expenses and payments	-	-	-	-	-	-	-	-	-
4. Architectural and engineering fees	-	-	-	-	-	-	-	-	-
5. Other architectural and engineering fees	-	-	-	-	-	-	-	-	-
6. Project inspection fees	-	-	-	-	-	-	-	-	-
7. Site work	-	-	-	-	-	-	-	-	-
8. Demolition and removal	-	-	-	-	-	-	-	-	-
9. Construction	-	-	-	-	-	-	-	-	-
10. Equipment	-	-	-	-	-	-	-	-	-
11. Contingencies	-	-	-	-	-	-	-	-	-
12. Miscellaneous	-	-	-	-	-	-	-	-	-
h. Other (Direct Costs)	25,558	[REDACTED]	-	-	-	-	-	-	[REDACTED]
i. Subtotal of Direct Costs	303,030	[REDACTED]	-	-	-	-	[REDACTED]	-	[REDACTED]
j. Indirect Costs (% Approved Indirect Cost Rate)									
Grand Total (Year: 3):									
Grand Total (All Years):									

**Grant Applications
Detailed Budget**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2501-0017
(expires 03/31/2005)

Grant Application Detailed Budget	U.S. Department of Housing and Urban Development									OMB Approval No. 2501-0017 (exp. 03/31/2005)									
	Functional Categories										[Year 1:] [Year 2:] [Year 3:] [All Years: X]								
	Name of Project/Activity:	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13	Column 14				
	HUD Share	Applicant Match	Other HUD Funds	Other Fed Share	State Share	Local/Tribal Share	Other	Program Income	Total										
a. Personnel (Direct Labor)	417,875																		
b. Fringe Benefits	121,184																		
c. Travel	24,616																		
d. Equipment (only items > \$5,000 depreciated value)																			
e. Supplies (only items w/depreciated Value < \$5,000)	132,098																		
f. Contractual	136,644																		
g. Construction																			
1. Administration and legal expenses																			
2. Land, structures, rights-of way, appraisals, etc																			
3. Relocation expenses and payments																			
4. Architectural and engineering fees																			
5. Other architectural and engineering fees																			
6. Project inspection fees																			
7. Site work																			
8. Demolition and removal																			
9. Construction																			
10. Equipment																			
11. Contingencies																			
12. Miscellaneous																			
h. Other (Direct Costs)	76,675																		
i. Subtotal of Direct Costs	909,091																		
j. Indirect Costs (% Approved Indirect Cost R																			
Grand Total (Year: All):																			
Grand Total (All Years):																			

\$1,000,000

OMB Approval No. 2501-0017

Grant Application Detailed Budget Worksheet

(Exp. 03/31/2006)

Name and Address of Applicant:	Safe at Home Healthy Homes Demonstration Program Coalition to End Childhood Lead Poisoning (CECLP) 2714 Hudson Street Baltimore, Maryland 21224
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Category	Detailed Description of Budget (for full grant period)										
	Estimated Hours	Rate per Hour	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
1. Personnel (Direct Labor)											
<i>Position or Individual:</i>											
Executive Director/Project Director- Ruth Ann Norton	1,248	\$		\$0							
Director of Program Services/Project Manager	3,120	\$		\$71,250							
Hazard Control (intervention) Director	1,560	\$		\$18,000							
Community Environmental Health Educator	4,992	\$		\$17,500							
Healthy Homes Assessment Technician/Crew Chief	6,240	\$ 19.23	\$120,000	\$120,000	\$0						
Healthy Homes Intervention Team (2)	10,400	\$ 13.94	\$145,000	\$145,000	\$0						
Intervention Coordinator	4,880	\$		\$46,125							
Total Direct Labor Cost				\$417,875		\$0	\$0	\$0	\$0	\$0	\$0
2. Fringe Benefits											
	Rate (%)			HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
SSI	7.65%			\$31,967							
Unemployment Insurance	2.10%			\$8,775							
Workers Compensation	2.75%			\$11,492							
Group Health Insurance	14.50%			\$60,592							
Retirement/403b match	2.00%			\$8,358							
	29.00%										
Total Fringe Benefits Cost			\$210,591	\$121,184	\$89,407	\$0	\$0	\$0	\$0	\$0	\$0
3. Travel											
3a. Transportation - Local Private Vehicle											
	Mileage	Rate	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Local Mileage (2250 trips @ 12 mi avg)	12,375			\$5,327							
Travel to Washington, DC (3 trips)	300	\$0.480	\$144	\$144							
Subtotal - Trans - Local Private Vehicle				\$5,471		\$0	\$0	\$0	\$0	\$0	\$0

Grant Application Detailed Budget Worksheet

Detailed Description of Budget											
3b. Transportation - Airfare (show destination)	Trips	Fare	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
	0	\$0.00	\$0	\$0							
Subtotal - Transportation - Airfare			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3c. Transportation - Other	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Program Van Insurance (1 vans)	36	\$240.00	\$8,640	\$8,640	\$0						
Program Van Maintenance (Gas, Oil, Maint.)	36	\$275.00	\$9,900	\$9,900	\$0						
Parking (Local and trips to HUD Meetings in DC)	20	\$10.00	\$200	\$200							
Subtotal - Transportation - Other			\$18,740	\$18,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3d. Per Diem or Subsistence (Indicate location)	Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Travel to Washington, DC (3 people/3 mtg/3 days - Lunch only)	27	\$15.00	\$405	\$405							
			\$0	\$0							
Subtotal - Per Diem or Subsistence			\$405	\$405	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Travel Cost			\$24,616	\$24,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. Equipment (Only Items over \$5,000 Depreciated value)	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Total Equipment Cost			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Grant Application Detailed Budget Worksheet

Detailed Description of Budget

5. Supplies and Materials (Items under \$5,000 Depreciated Value)											
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
5a. Consumable Supplies											
Office Supplies and Software	36			\$3,000							
Healthy Homes Safety Kits	250	\$61.35	\$15,338	\$15,338							
Healthy Home Maintenance and Cleaning Kits	300			\$7,750							
Hypoallergenic Furnace Filters (plus two replacements)	90	\$10.00	\$900	\$900							
Mattress Pad Cover Kits (per house 3 beds/4 pillows per house)	100	\$77.00	\$7,700	\$7,700							
Dryer Venting, Vent Cleaning, Install supplies (Labor in Labor line)	12	\$30.00	\$360	\$360							
Full Allergen Testing (pre and post)/Cockroach, dander, dust mite	500			\$34,000							
IPM Response (Supplies Only)	200	\$20.00	\$4,000	\$4,000							
Mold Remediation (Supplies Cost Only)	1	\$1,250.00	\$1,250	\$1,250	\$0						
HEPA-VacReplacement Bags (Residents)- Year Supply	200			\$2,800							
Subtotal - Consumable Supplies			\$92,348	\$77,098	\$15,250	\$0	\$0	\$0	\$0	\$0	\$0
5b. Non-Consumable Materials											
Computer and Install	1	\$1,800.00	\$1,800	\$1,800	\$0						
Dehumidifiers- Drain connection	25	\$180.00	\$4,500	\$4,500							
Dry Steam Clean Machine	2										
Nilfisk HEPA-Vacuums Wet/Dry (Intervention Crew)	2			\$0							
Austin HEPA Filtered Air Room Cleaners	100			\$16,575							
Air Conditioners	25	\$165.00	\$4,125	\$4,125	\$0						
Eureka 4870 True HEPA-Vacuums - Residential	200	\$140.00	\$28,000	\$28,000							
Subtotal - Non-Consumable Materials				\$55,000		\$0	\$0	\$0	\$0		\$0
Total Supplies and Materials Cost				\$132,098		\$0	\$0	\$0	\$0		\$0
6. Consultants (Type)											
	Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Total Consultants Cost			\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
7. Contracts and Sub-Grantees (List Individually)											
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Lead Risk Assessment and Paint Inspection	50			\$ 19,310	\$ -						
Lead Dust Clearance Testing	50			\$ 13,250	\$ -						
Baltimore City Health Department, Asthma Department	20			\$ -							
Environmental Justice	1			\$ 15,000							
John Wesley AME Zion Church	1			\$ -							
Coppin Heights Community, Community Deval.	1			\$ -							
Baltimore Medical Systems Inc.	3	\$5,000.00		\$ 15,000							
Morgan State University - Health Surveys/Eval	1			\$ 66,404							
National Center for Healthy Housing	2			\$ -	\$ -						
Johns Hopkins School of Nursing	640	\$12.00	\$7,680	\$ 7,680	\$ -						
University of Maryland Pediatric Ambulatory Center	1			\$ -							
Total Subcontracts Cost				\$ 136,644	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -

Grant Application Detailed Budget Worksheet

Detailed Description of Budget

8. Construction Costs											
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
8a. Administrative and legal expenses											
Subtotal - Administrative and legal expenses			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8b. Land, structures, rights-of way, appraisal, etc											
Subtotal - Land, structures, rights-of way, ...			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8c. Relocation expenses and payments											
Subtotal - Relocation expenses and payments			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8d. Architectural and engineering fees											
Subtotal - Architectural and engineering fees			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8e. Other architectural and engineering fees											
Subtotal - Other architectural and engineering fees			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Grant Application Detailed Budget Worksheet

	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
8f. Project inspection fees											
Subtotal - Project inspection fees			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8g. Site work											
Subtotal - Site work			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8h. Demolition and removal											
Subtotal - Demolition and removal			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8i. Construction											
			\$0								
			\$0								
			\$0								
Subtotal - Construction			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8j. Equipment											
Subtotal - Equipment			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8k. Contingencies											
Subtotal - Contingencies			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8l. Miscellaneous											
Subtotal - Miscellaneous			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Construction Costs			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Form HUD-424-CFHW (2/2003)

Grant Application Detailed Budget Worksheet

9. Other Direct Costs				Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Item														
Paint Stabilization/Lead Hazard Intervention (supplies)				50	\$		\$44,575							
Communications (cell, land lines, fax, internet, web server)				36	\$375.00	\$13,500	\$13,500	\$0						
Printing				5000	\$3.00	\$15,000	\$15,000	\$0			0			
Postage (Mail, Certified Mail, Packages, Return Cards)				36	\$100.00	\$3,600	\$3,600	\$0						
Temporary Relocation				20			\$0							
Total Other Direct Costs							\$76,675		\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Direct Costs														
10. Indirect Costs				Rate	Base	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Type														
Overhead				10.00%	\$1,380,566		\$90,909		\$0					\$0
Total Indirect Costs							\$90,909		\$0	\$0	\$0	\$0	\$0	\$0
Total Estimated Costs							\$1,000,000		\$0	\$0	\$0	\$0		\$0

Grant Application Detailed Budget Worksheet

Detailed Description of Budget		
Analysis of Total Estimated Costs	Estimated Cost	Percent of Total
1 Personnel (Direct Labor)	\$ [REDACTED]	[REDACTED]
2 Fringe Benefits	\$ [REDACTED]	[REDACTED]
3 Travel	\$ [REDACTED]	[REDACTED]
4 Equipment	\$ [REDACTED]	[REDACTED]
5 Supplies and Materials	\$ [REDACTED]	[REDACTED]
6 Consultants	\$ [REDACTED]	[REDACTED]
7 Contracts and Sub-Grantees	\$ [REDACTED]	[REDACTED]
8 Construction	\$ [REDACTED]	[REDACTED]
9 Other Direct Costs	\$ [REDACTED]	[REDACTED]
10 Indirect Costs	\$ [REDACTED]	[REDACTED]
Total:	\$ [REDACTED]	[REDACTED]
Federal Share:	\$ 1,000,000	
Match (Expressed as a percentage of the Federal Share):	[REDACTED]	

**Certification of
Consistency with
the RC/EZ/EC-IIs
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 (EZs), renewal community (RCs), or enterprise community (ECs); designated by the United States Department of Agriculture (USDA) in round II (EC-IIs).

(Type or clearly print the following information)

Applicant Name Coalition to End Childhood Lead Poisoning

Name of the Federal Program to which the applicant is applying Healthy Homes Demonstration Program

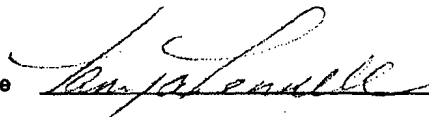
Name of RC/EZ/EC Empower Baltimore Management Corporation

I further certify that the proposed activities/projects will be located within the RC/EZ/EC-IIs or strategic planning communities that are intended to serve the RC/EZ/EC-IIs strategic planning community residents, or renewal community. (2 points)

Name of the Official Authorized to Certify the RC/EZ/EC Tanya Terrell

Title Executive Director

Signature



Date (mm/dd/yyyy)

06/06/2007

America's Affordable Communities Initiative	U.S. Department of Housing and Urban Development	OMB approval no. 2510-0013 (exp. 03/31/2010)
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Public reporting burden for this collection of information is estimated to average 3 hours. This includes the time for collecting, reviewing, and reporting the data. The information will be used for encourage applicants to pursue and promote efforts to remove regulatory barriers to affordable housing. 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.

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

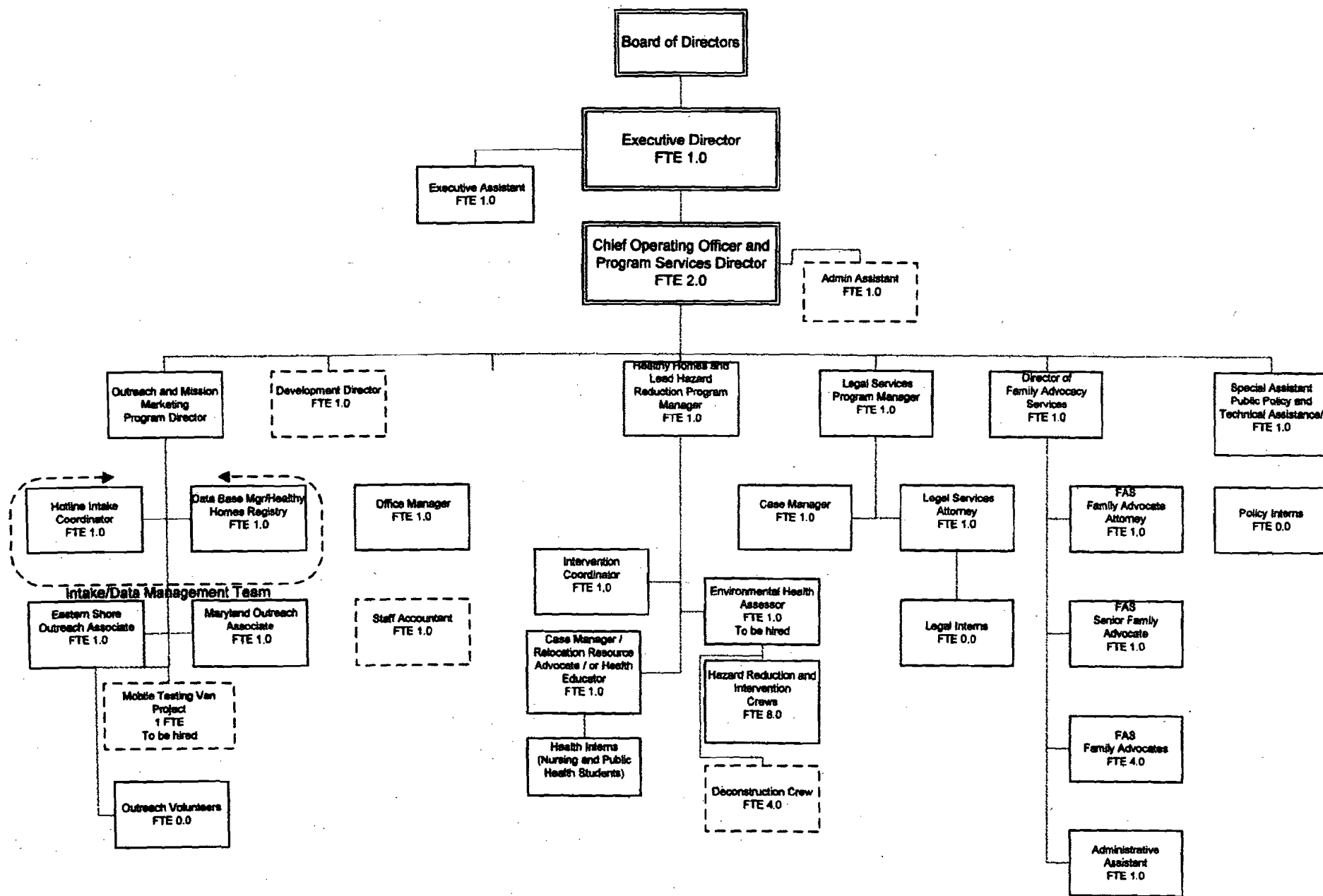
	1	2
<p>1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.</p> <p>Baltimore City does not have development impact fees.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p> <p>Baltimore City does not have development impact fees.</p>	<input type="checkbox"/> No	Yes NA
<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p> <p>Baltimore City does not have development impact or other significant fees.</p>	<input type="checkbox"/> No	Yes NA
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "<i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i>" (www.huduser.org/publications/destech/smartcodes.html)</p> <p>Baltimore City has adopted The Maryland Building Rehabilitation Smart Codes.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p> <p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

<p>production?</p> <p>Baltimore City Ordinance 99-547.</p>		
<p>11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p> <p>In October 2005 the Baltimore City Council established the Task Force on Inclusionary Zoning and Housing to "study the prospect of creating an inclusionary zoning and housing plan in Baltimore City to increase the supply and distribution of adequate, affordable housing across the city so that we can better meet the needs and demands of current and future residents." The Task Force consisted of thirteen voting members appointed by the City Council and was advised by over one hundred neighborhood leaders, representatives from the business and development communities, faith-based leaders, directors of housing advocacy groups, and City officials. After an intensive, seven month period the Task Force, in July 2006, published a report titled <i>At Home In Baltimore: A Plan for an Inclusive City of Neighborhoods</i>.</p>	<p>No <input type="checkbox"/></p>	<p><input checked="" type="checkbox"/> Yes</p>
<p>12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.</p> <p>An Inclusionary Housing bill (Council Bill 06-558), developed in response to the above referenced study, provides for a required set aside of between 10% and 20% affordable housing units for a wide-range of household incomes in most new construction and substantial rehabilitation of 30 or more unit structures built in Baltimore City. The Bill has passed the Planning Commission and its first reader in the Council. It is anticipated that the Bill will gain final Council and Mayor approval in July 2007.</p>	<p><input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes</p>
<p>13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<p><input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes</p>
<p>14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<p><input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes</p>
<p>15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not</p>	<p><input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes</p>

sequential, reviews for all required permits and approvals?		
16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Total Points:		

Coalition to End Childhood Lead Poisoning



Organizational Chart
Updated June 2007



School of Public Health & Policy

June 6, 2007

Ruth Ann Norton
Executive Director
Coalition to End Childhood Lead Poisoning
2714 Hudson Street
Baltimore, Maryland 21224

Re: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program

Dear Ms. Norton:

The Morgan State University School of Public Health and Policy strongly supports the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The Coalition played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and its work has been instrumental in improving the health and safety of Baltimore's communities. In support of the Coalition's application for funding, the school's program in environmental health is pleased to commit to:

- Designing and developing a health survey questionnaire for Healthy Homes program participants.
- Conducting health surveys and collecting data from 250 program participants – pre and post healthy homes interventions.
- Compiling data.
- Evaluating and analyzing health survey data.
- Evaluating and analyzing the effectiveness of the Healthy Homes interventions.

The estimated value for the University's match funded component of this work, including in-kind faculty contributions, is [REDACTED]

The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families. Without these free services, many homeowners and residents would not be able to afford the prevention tools necessary to

reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home.

By effectively reducing indoor allergens, mold, pests and rodents, lead exposure, and household safety hazards, *Safe at Home* will demonstrate that healthy homes intervention can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." We strongly support your proposal.

Sincerely,



Andrea Kidd Taylor, DrPH, MSPH
Assistant Professor
Morgan State University
School of Public Health and Policy



**Leadtec
Services Inc.**

June 7, 2007

Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street S.W.
Washington, DC

Re: HUD Grant Application (CDFA 14.901) -- *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

On behalf of Leadtec Services, Inc., I write to strongly support the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families many of whom could not afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home. The Coalition has played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and its work has been instrumental in improving the health and safety of Baltimore's communities.

In support of these efforts, Leadtec Services has agreed to provide the following services:

Conduct 50 lead paint risk assessments and 50 lead clearances at the following special rates:

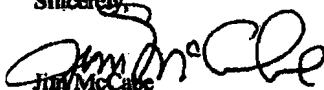
Risk Assessments: [redacted] per unit (plus laboratory fees)

Clearances: [redacted] per unit

*plus a 5% annual increase starting in calendar year 2008

The value of these services to be provided is discounted [redacted] from our market rates. The Coalition will provide a much needed intervention by demonstrating that healthier homes can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." We strongly support their proposal.

Sincerely,


Jim McCabe
President

8841 Orchard Tree Lane, Baltimore, MD 21286
410-321-7663 FAX: 410-321-7666



John Wesley A.M.E. Zion Church

1923 Ashland Avenue ☩ Baltimore, Maryland 21205
410-732-7020 ☩ 410-732-2551 (fax)
www.johnwesleyamez.org

Rev. Dr. Frances "Toni" Draper, Pastor

Min. Moses Stevens, Chairman of the Trustee Board

Min. Diada McCray, Chairperson of the Steward Board

June 13, 2007

Alphonso Jackson, Secretary
U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

Re: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

The John Wesley AME Zion Church strongly supports the application of the Coalition to End Childhood Lead Poisoning to the U.S. Department of Housing and Community Development's for a Healthy Homes Demonstration Program grant.

In support of the Coalition's application for funding, John Wesley AME Zion Church is pleased to commit to:

- Distributing 50 free Healthy Homes prevention cleaning kits; and,
- Promoting and supporting Safe at Home outreach and training events in the community.

The in-kind value of the assistance provided by John Wesley AME Zion Church is estimated to be [REDACTED]

By focusing resources on homes where asthma-diagnosed children reside, Safe at Home is making great strides towards ensuring that children in Historic East Baltimore and West Baltimore live in safe and healthy homes.

Sincerely,

Rev. Dr. Frances "Toni" Draper
Reverend Dr. Frances "Toni" Draper, Pastor

"Where lives are being changed, hurts are being healed, hope is being restored!"



Austin Air Systems, Limited
500 Elk Street
Buffalo, New York
USA 14210
716-856-3700 • Fax: 716-856-8023
Web: www.austinair.com

June 12, 2007

Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

Re: HUD Grant Application (CDFA 14.901) -- *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

On behalf of Austin Air, I write to strongly support the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families many of whom could not afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home. The Coalition has played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and its work has been instrumental in improving the health and safety of Baltimore's communities.

In support of these efforts, Austin Air has agreed to provide 100 Healthmate Jr. air cleaners at a cost of [REDACTED] per unit. This represents a per unit discount of [REDACTED] for a total savings of [REDACTED]. The Austin Healthmate Junior is made in the USA of all steel construction with a true medical HEPA plus Activated Carbon/Zeolite filter that lasts up to 5 years virtually maintenance free with no net ozone output.

The Coalition will provide a much needed intervention by demonstrating that healthier homes can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." We strongly support their proposal.

Sincerely,

A handwritten signature in cursive script that reads "Dana Burt".

Dana Burt
Vice-President, Austin Air Systems, Ltd. - USA



National Center for Healthy Housing

June 7, 2007

Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street S.W.
Washington, DC

Re: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

The National Center for Healthy Housing strongly supports the application of the Coalition to End Childhood Lead Poisoning to the U.S. Department of Housing and Community Development's Healthy Homes Demonstration Program. The work of the Coalition has been instrumental in improving the health and safety of Baltimore's communities through healthy homes interventions and outreach and education. The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families many of whom could not afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home. The Coalition has played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and its work has been instrumental in improving the health and safety of Baltimore's communities.

In support of the Coalition's application for funding, the National Center for Healthy Homes is pleased to dedicate twenty seats in each of its *Essentials for Healthy Homes Practitioner Courses* held at Johns Hopkins University to Coalition members. These courses will be held twice each year. The value of these seats is [REDACTED] each based on other programs' market rate offerings. The Center is currently funded through 2008, and so the total value of the in-kind commitment is [REDACTED] over the first year of the project. The Center and the Coalition will endeavor to work together in the upcoming years to continue to fund these programs and build our partnership.

The Coalition will provide a much needed intervention by demonstrating that healthier homes can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." We strongly support their proposal.

Sincerely,


Rebecca Morley
Executive Director

Building a healthy home environment

10320 LITTLE PATUXENT PARKWAY, SUITE 500, COLUMBIA, MARYLAND 21044 • 410.992.0712 • FAX 443.539.4150
www.centerforhealthyhousing.org



UNIVERSITY OF MARYLAND
SCHOOL OF MEDICINE

6/7/07

Ruth Ann Norton
Executive Director
Coalition to End Childhood Lead Poisoning
2714 Hudson Street
Baltimore, Maryland 21224

Re: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program

Dear Ms. Norton:

The University of Maryland Pediatric Ambulatory Center (PAC) strongly supports the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The Coalition played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning and its work has been instrumental in improving the health and safety of Baltimore's communities. The PAC has, for many years, referred families with lead poisoning to the Coalition. We are confident that as the Coalition expands its mission they will do an equally excellent job eradicating other environmental hazards to children's health.

The PAC currently has approximately 9600 patients: 15-20% have asthma. Should this proposal be successful, the PAC pledges to refer at least 150 clients to the program. The estimated value of these referrals is [REDACTED]

The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families. Without these free services, many homeowners and residents would not be able to afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home.

By effectively reducing indoor allergens, mold, pests and rodents, lead exposure, and household safety hazards, *Safe at Home* will demonstrate that healthy homes intervention can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand



in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." We strongly support this proposal and urge you to provide full funding.

Sincerely,

Virginia Keane, MD

Virginia Keane, MD
Associate Professor of Pediatrics
University of Maryland School of Medicine
Division of General Pediatrics

COPPIN HEIGHTS COMMUNITY DEVELOPMENT CORPORATION

1100 Whitmore Avenue
Baltimore, Maryland 21216
410-951-3622 • Fax: 410-951-6538
www.coppin.edu/chcdc

June 12, 2007

Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street S.W.
Washington, DC

Re: HUD Grant Application – *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

The Coppin Heights Community Development Corporation strongly supports the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The Healthy Homes interventions and outreach and education services provided by the Coalition have proven successful in improving the health and safety of children in some of Baltimore's most at-risk communities. Since 1993, the Coalition has played a vital role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning cases.

Safe at Home is a tremendous asset to the "at risk" communities found in Historic East Baltimore and the West Baltimore neighborhoods of Coppin Heights/Rosemont/Sandtown-Winchester/Harlem Park. The Program allows the Coalition to address asthma triggers and other home-based environmental health concerns by reducing indoor allergens, providing cleaning kits and HEPA vacuums to promote clean environments, conducting resident education workshops, installing safety kits to reduce household injuries, performing integrated pest management, and completing lead hazard reduction in homes. Without these free grant services, many owners and residents would be unable to afford the prevention tools that are necessary to reduce home-based health hazards in their child's daily environment.

In support of these efforts, the Coppin Heights Community Development Corporation has agreed to assist the Coalition in developing culturally competent and effective training and education strategies for community health education. We will also work to engage local faith-based and community partners to broaden the impact of the *Safe at Home* program. Furthermore, we will integrate Healthy Homes information into our outreach and education programs. The value of the time of the Executive Director as well as of staff and volunteer programs is valued at [REDACTED]

By focusing on homes where asthmatic children reside, *Safe at Home* will demonstrate that Healthy Homes interventions can achieve results to reduce allergen levels and asthma episodes by effectively reducing home-based health hazards to the communities and homes most at risk from indoor allergens, mold, pests, lead poisoning, and household safety hazards. The Program's proposal to expand *Safe at Home* services through Healthy Homes assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home".

Sincerely,


Michelle McEachers
Executive Director



June 10, 2007

Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street S.W.
Washington, DC

Re: HUD Grant Application (CDFA 14.901) – Safe at Home Healthy Homes Program

Dear Secretary Jackson:

The Environmental Justice Partnership strongly supports the application of the Coalition to End Childhood Lead Poisoning to the U.S. Department of Housing and Community Development's Healthy Homes Demonstration Program. The work of the Coalition has been instrumental in improving the health and safety of Baltimore's communities through healthy homes interventions and outreach and education. The Safe at Home program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. Safe at Home will reduce asthma triggers and create sustainable healthy homes for hundreds of low-income families many of whom could not afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training housing/child health professionals and educating community residents on creating and maintaining a healthy home. Since 2001, the Coalition has consistently offered education and intervention to improve the environmental health of Baltimore's housing beyond just lead.

The mission of the EJP Community Board is to address public health problems that impact East Baltimore residents by building a partnership of community-based organizations that educate residents, advocate for environmental justice, and represent the East Baltimore community's interests to governmental agencies, academic institutions, and private organizations. The overall goal of the EJP Community Board is to improve the quality of life in our communities. In support of these efforts, the Environmental Justice Partnership has agreed to conduct three community focus groups on each of three topics (asthma, lead, and safety hazards) to develop culturally competent and effective training and education strategies for community health education. We will also work to engage our local faith-based and community partners to broaden the impact of the Safe at Home program, specifically reaching out to local Latino organizations in what are predominantly African-American communities. Our outreach work will be assisted by students from the Maryland Institute College of Art to create visual tools to engage participants in Healthy Homes education. The total value of these services is [redacted] a value which includes a [redacted] in-kind donation from the Partnership over the three year period.

The Coalition will provide a much needed intervention by demonstrating that healthier homes can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." We strongly support their proposal.

Sincerely,

Leon Purnell
President



BALTIMORE HOUSING

SHEILA DIXON
Mayor

PAUL T. GRAZIANO
Executive Director, HABC
Commissioner, HCD

June 8, 2007

Alphonso Jackson, Secretary
U.S. Department of Housing and Urban Development
451 7th Street S.W., Washington, DC 20410

**RE: HUD Grant Application (CDFA 14.901) – *Safe at Home*
Healthy Homes Program**

Dear Secretary Jackson:

Baltimore Housing strongly supports the Coalition to End Childhood Lead Poisoning's *Safe at Home* program proposal to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The Coalition played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning since 1993 and its work has been instrumental in improving the health and safety of Baltimore's communities. Should this proposal be successful, Baltimore Housing pledges to work with the Coalition to:

- Cross train its housing inspectors on Healthy Homes strategies and identification of home-based environmental health hazards
- Provide a code enforcement representative to serve on the Healthy Homes Community Advisory Board
- Maintain open communication to review findings and best practices from the Healthy Homes program for possible future incorporation into the city inspection process

Baltimore Housing currently provides \$185,000 in Community Development Block Grant funding for the Coalition's existing Healthy Homes and housing programs. [REDACTED] of that funding will be leveraged towards the HUD Safe at Home Program for Healthy Homes interventions, temporary relocation assistance, and program staffing

The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods. *Safe at Home* will reduce asthma triggers and create sustainable healthy homes for 200 low-income families and provide 50 healthy homes safety and maintenance kits to additional households.



June 8, 2007

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Alphonso Jackson, Secretary
U.S. Department of Housing and Urban Development

Without these free services, many homeowners and residents would not be able to afford the prevention tools necessary to reduce these home-based health hazards. Further, the program will bring critical knowledge to service providers and residents, training 120 housing/child health professionals and educating over 5,000 community residents.

By effectively reducing indoor allergens, mold, pests and rodents, lead exposure, and household safety hazards, *Safe at Home* will demonstrate that healthy homes intervention can reduce allergen levels and asthma episodes, reduce instances of lead poisoning, increase school attendance and result in healthier children and healthier communities. This proposal to expand in-home assessments and interventions is indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home." We strongly support your proposal.

Sincerely,



Paul Graziano, Commissioner
Baltimore Housing

701 St. Paul Street
Baltimore, MD 21202
410 547-6600
FAX 410 547-6624



The Annie E. Casey Foundation

June 12, 2007

Alphonso Jackson, Secretary
U.S. Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

RE: HUD Grant Application (CDFA 14.901) – *Safe at Home* Healthy Homes Program


Dear Secretary Jackson:

The Annie E. Casey Foundation strongly supports the application of the Coalition to End Childhood Lead Poisoning to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration program. Beginning in 1986, the Coalition has been instrumental in improving the health and safety of Baltimore's communities through Healthy Homes interventions, outreach, and education which played a key role in helping Baltimore City achieve a 96% reduction in childhood lead poisoning over the last decade. Many of the Baltimore families and communities that were served have come to rely on the Coalition's results-oriented solutions and reliable direct services. Since 2001, The Casey Foundation has supported the Coalition's *Safe at Home*/Healthy Homes program having contributed over [REDACTED] to support this work. The Coalition has also influenced and informed Casey's national agenda around health and early childhood outcomes. Given the Coalition's effectiveness and ability to not only achieve, but to exceed, grant deliverables, The Casey Foundation gave a [REDACTED] grant in 2007 to the Coalition to develop a Healthy Homes planning model for use by cities and states nationally.

The *Safe at Home* program will be a tremendous asset to the historically blighted communities of Historic East Baltimore and West Baltimore's Coppin Heights/Rosemont and Sandtown-Winchester/Harlem Park neighborhoods by conducting resident education and addressing home-based environmental health hazards that cause asthma and lead poisoning. The Casey Foundation will continue to invest consultative and technical assistance resources to ensure that healthy homes options exist for these families. As we look at our funding support for 2007 and beyond, we envision direct grant or technical resource contributions of up to [REDACTED].

By focusing on homes where asthma-diagnosed children reside, *Safe at Home* will demonstrate that Healthy Homes interventions can be effectively delivered to reduce home-based health hazards, indoor allergens, mold, and household safety hazards in communities and homes most at risk from dust-borne antigens, lead poisoning, and other home-based health hazards. The Program's indicative of the Coalition's innovative approach to insuring that Baltimore's children are truly "safe at home."

Sincerely,


Anthony Cipollone
Vice President

CITY OF BALTIMORE

SHEILA DIXON, Mayor



HEALTH DEPARTMENT

JOSHUA M. SHARFSTEIN, M.D., Commissioner
 210 Guilford Avenue
 Baltimore, MD 21202

June 15, 2007

Alfonso Jackson, Secretary
 U.S. Housing and Urban Development
 451 7th Street S.W.
 Washington, DC

Re: HUD Grant Application (CDFA 14.901) - *Safe at Home* Healthy Homes Program

Dear Secretary Jackson:

The Baltimore City Health Department strongly supports the application of the Coalition to End Childhood Lead Poisoning's *Safe at Home Program* to the U.S. Department of Housing and Urban Development's Healthy Homes Demonstration Program. The Coalition has played an important role in achieving a 96% reduction in children with lead poisoning in Baltimore City since 1993. Increasing Healthy Homes training opportunities for contractors and providing key interventions and education will extend the Coalition's reach and build much-needed healthy homes capacity within the Baltimore community.

The *Safe at Home* program will be an asset to the at-risk communities of Historic East Baltimore, Sandtown-Winchester/Harlem Park and Coppin Heights/Rosemont. By conducting integrated pest management, safety kit installations, offering cleaning kits and HEPA vacuums, addressing allergens, and reducing lead and other home-based environmental health hazards, hand in hand with comprehensive resident education, *Safe at Home* services can be effectively delivered to those most at risk from lead poisoning, indoor allergens, mold, asthma and household safety hazards.

The Baltimore City Health Department values the partnership of the Coalition. In support of the Coalition's application for funding, the Baltimore City Health Department, is pleased to commit to:

- Provide grants for lead hazard reduction and lead clearances (approximately \$[redacted] per unit) through the Lead Abatement Action Project for eligible applicants, subject to the availability of funds, that will be matched with the *Safe at Home Program* for Healthy Homes interventions;
- Accept up to 20 referrals for children aged 0-6 for asthma case management, at a value of [redacted] per referral;
- Coordinate *Safe at Home Program* activities and Healthy Homes Division program activities;
- Participate in project evaluation and dissemination of lessons learned; and
- Refer families to the *Safe at Home Program* where appropriate.

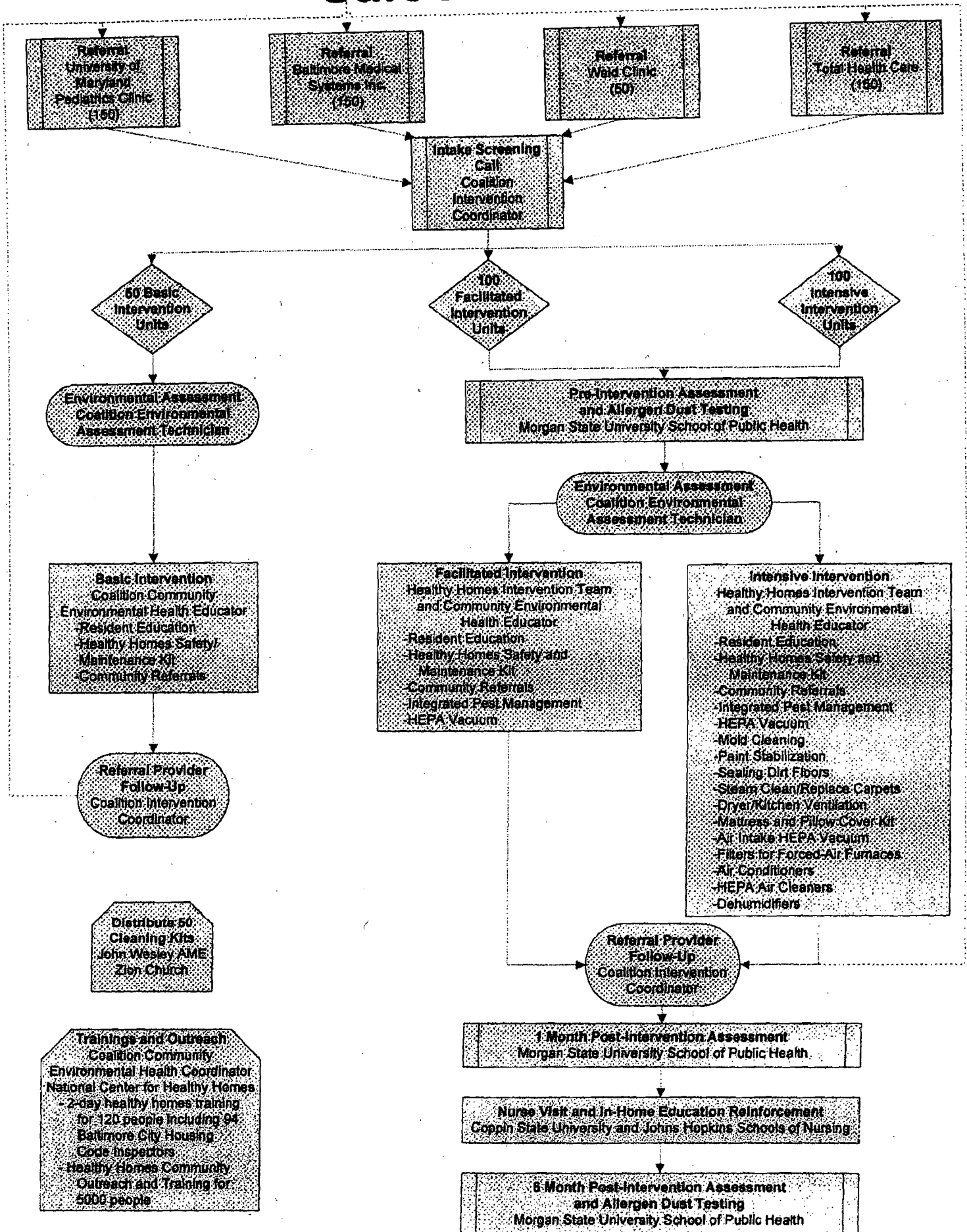
The total in-kind value of these services is [redacted]. By focusing on the homes of our most vulnerable families, *Safe at Home* will help to ensure that every child in Baltimore can grow up healthy and thrive.

Sincerely,

Joshua M. Sharfstein, M.D.
 Commissioner of Health

Cc: Madeline Shea, Ph. D., Assistant Commissioner for Healthy Homes
 Dana Kaplan, Assistant Commissioner for Maternal Child Health

Safe At Home



Factor 1: Capacity of the Applicant and Relevant Organizational Experience**1. Capacity & Qualifications of Principal Investigator and Key Personnel**

Principal Investigator: Ruth Ann Norton, Executive Director of the Coalition (FTE 0.20) will serve as the Project Director and will have ultimate responsibility for the Safe at Home Demonstration Program (SAH). She will oversee project design and management, partnerships and engagement, compliance and best practice dissemination. Ms. Norton has served as Principal Investigator or in key management roles for 15 federal grants including 11 related to the Office of Healthy Homes/Lead Hazard Control. As Executive Director of the Coalition, all grants under her direct management have received excellent or green ratings. Ms. Norton has been the Project Director for both the Coalition's \$872,000 Healthy Homes Demonstration grant in 2003 and currently for its \$2,000,000 LEAP grant. She has directly managed a cumulative budget of over \$21,000,000. A 2005 Robert Wood Johnson Foundation National Community Health Leader, Ms Norton authored "Windows of Opportunity: A Comprehensive Action Plan for the Elimination of Lead Poisoning in Maryland" which was adopted by the State of Maryland and City of Baltimore. In 2000, she created Safe at Home, Baltimore's first comprehensive Healthy Homes program. This program served as the model for the creation of the City's Office of Healthy Homes. She is a founding member of the Baltimore Healthy Homes Advisory Board, Chair of the Maryland Healthy Homes Partnership, member of the Maryland Asthma Coalition and a former member of the State Lead Poisoning Prevention Commission and the Maryland Medicaid Advisory Board. An advisor to the US Conference of Mayors on Healthy Homes, she is consultant to the National Center for Healthy Housing on training curriculum.

Project Manager: [REDACTED], Esq. Director of Program Services (FTE 0.50) will serve as the Project Manager and coordinate all aspects of day-to-day project management. [REDACTED] will bear responsibility for overall project services, contract deliverables, reporting, budgeting and compliance with safety and health standards. He will assist in partnership development and community training. [REDACTED] will also be responsible for the coordination of subcontractors, program partners, and community education, training and engagement. [REDACTED] joined the Coalition in 1996 to direct Legal Services for rent court actions to obtain hazard reductions and housing code compliance. From 1997 to 2004, he oversaw the implementation of case management services under the Maryland Lead Risk Reduction in Housing under a \$1,850,000 contract with the Maryland Department of the Environment. In 2003, he assumed management of the organization's hazard intervention services and has managed its two HUD funded projects 1) Healthy Homes Demonstration for \$872,000 and 2) Operation LEAP 2006 to present, both have been graded as green by HUD with scores of 100 out of 100.

Other Key Personnel: [REDACTED], Director of Hazard Control (FTE 0.25), will oversee the scope and performance of Healthy Homes interventions in the 100 Intensive Intervention units. [REDACTED] has six years of experience in lead hazard reduction and health-based housing rehabilitation and 15 years of project management. The Project Manager and Director of Hazard Control will coordinate intervention services, post intervention education and environmental assessments. SAH has an experienced Healthy Homes staff (see attached Staffing Roster) including: [REDACTED] Healthy Homes Intervention Coordinator (FTE 0.75), [REDACTED] Environmental Assessment Technician (FTE 1.0), [REDACTED], Community Health Educator (FTE 0.80). [REDACTED] trained Healthy Homes and accredited Lead Hazard Reduction Workers (FTE 1.0 each). They will be supported by Community Nurse Interns (1000 hours) from The Johns Hopkins School of Nursing and Coppin State University (an HBCU). [REDACTED] all served on the Coalition's successful 2003-2005 Safe at Home Demonstration Grant. The Coalition's Healthy Homes intervention model utilizes an experienced Healthy Homes Hazard Reduction team of residents from the targeted communities. All members are expertly trained, full time employees with full benefits providing increased economic opportunity. By using an internal Coalition team, critical education, training standards and key resource coordination are enhanced to deliver the highest quality product for the participant families. Crew members engage in on-going training gaining unique and marketable skills and certifications in environmental health, hazard control and community education. All proposed staff for the project are identified, trained employees allowing the program to commence upon award. The Coalition has the capacity, accreditation, experience and community support to successfully implement the demonstration grant.

2. Qualifications of Applicant and Partner Organizations

Safe at Home (SAH) will be administered by the Coalition to End Childhood Lead Poisoning (the Coalition), a 501(c) (3) non-profit organization. The Coalition will direct all aspects of the day-to-day management and services, coordinate partnership activities and be responsible for all grant obligations. Since 1993, the Coalition has successfully managed over [REDACTED] in publicly and privately funded grants. Please refer to Factor 1 Section 3 regarding the Coalition's Past Performance on a Healthy Homes Demonstration grant (2003 to 2005, score 100 out of 100). Recognized as a national leader, the Coalition's mission is to end childhood lead poisoning and home-based environmental health and safety hazards so that every child has a healthy home in which to grow and thrive. The Coalition has systematically altered the landscape of Healthy Homes policy and work in Maryland through strategic resource development and reliable leadership in impacted communities. The Coalition has been instrumental in achieving Baltimore's 96% reduction in childhood lead poisoning ($\geq 20 \mu\text{g/dL}$) and a 92% reduction in elevated blood lead levels ($\geq 10 \mu\text{g/dL}$) since 1993. To reduce home-based health and safety hazards, the Coalition not only pursues policy changes and the creation of prevention resources but also delivers direct services to improve the safety of homes. The Coalition has a Maryland Association of Nonprofits Standards for Excellence Certification for its level of management practices, sound policies, fiscal controls, and service delivery. The Coalition's proven track record extends to direct hazard reduction services, community-capacity building and effective, engaged education to effect and sustain housing-based health interventions. A trusted partner in the targeted communities, the Coalition has been involved in primary prevention initiatives in Baltimore since 1986, including direct service work with over 19,500 families since 1994. Among its accomplishments: Completing 850 hazard reduction interventions; installing over 450 safety kits, distributing 5,100 cleaning kits, establishing a 300 member partnership that conducts monthly meetings to exchange best practices, successfully representing 450 clients in housing actions to improve conditions, developing 8 publications in 7 languages to improve access to prevention information and developing 16 enacted laws to increase the stock of affordable healthy homes.

Program Partners & Subcontractors

Safe at Home partners are listed below. In addition, the following organizations and agencies support the SAH proposal: Office of Mayor Sheila Dixon, Baltimore Department of Housing Code Enforcement Division, Baltimore City Health Department's (BCHD) Office of Healthy Homes, Maryland Asthma Control Program, Maryland Home Improvement Commission, Casa de Maryland and East Baltimore Development Incorporated. Additional community partners will include: Greater Baltimore Asthma Alliance, St. Ambrose Housing, Patterson Park Community Development Corporation, CASA of Maryland, Casey Family Services, Success By 6, The Men's Center, the American Red Cross Fire Stoppers Program, Historic East Baltimore Community Action Coalition, the Maryland Academy of Pediatrics. Please refer to Factor 3 Section 2 "Approach for Managing the Project" for additional information on coordination/communication with subcontractors/partners for monitoring, meetings, reports, and tracking purposes.

Referral Partners:

Baltimore Medical Systems, Inc. (a consortium of 8 area Federally Qualified Health Centers) founded in 1984, serves 42,000 patients in the neediest communities in Baltimore City - communities with high rates of unemployment, minority and immigrant populations, poverty, low levels of education and job skills and few health services. The BMSI Orleans Square Center, located in the heart of East Baltimore will provide at least 150 referrals of asthma-diagnosed children to Safe at Home. For primarily Spanish-speaking clients, BMSI will work closely with the Coalition to assure proper translation.

University of Maryland Pediatric Ambulatory Clinic serves children from birth through age 21 in West Baltimore. The majority of clients are uninsured children who receive care on a sliding fee schedule using Title V Funding. The Clinic focus includes respiratory illness, vulnerable children, minority health and access issues. It has a long history of work on the issues of asthma and lead. It will provide referrals of at least 150 asthma-diagnosed children.

The Johns Hopkins University School of Nursing Lillian D. Wald Community Nursing Center (Wald Clinic) in East Baltimore is one of a few health programs in Baltimore City providing nearly barrier-free health services to

poor, uninsured or under insured residents at no charge to them. The Wald Clinic will provide up to 50 referrals of asthma-diagnosed children for the program.

Total Health Care is a **not-for-profit organization** providing quality, affordable community-based health care services to Baltimore's uninsured and medically at-risk populations. At its five Baltimore-area health centers, Total Health Care treats all areas of medical concerns as well as offering specialized programs in areas including asthma control. Total Health Care will refer at least 150 asthma-diagnosed children and their families for participation.

Intervention Partners:

The Coalition will use its own internal Healthy Homes Intervention Crew to perform site assessments, scope of work, and interventions in enrolled units.

Johns Hopkins School of Nursing and Coppin State University Nursing Program (a Historically Black College/University) will provide Nurse Interns for 1000 hours to assist with SAH in-home environmental health education for at least 250 Program clients. The student nurses will work with the SAH Community Health Educator and Intervention team under supervision of University faculty and the Coalition.

Leadtec Inspection Services, Inc. will assist with Risk Assessments, Lead-based paint inspections and lead clearance testing under state and federal guidelines for an estimated 50 properties in SAH. Since 1991, Leadtec has been offering inspection/risk assessment services and training to the Baltimore community. All of Leadtec's field staff are accredited as inspectors/risk assessors by MDE and EPA.

Training Partner:

The National Center for Healthy Housing will provide two (2) two-day Healthy Homes trainings during 2008 for contractors, owners, and community residents using the Center's model Healthy Homes training curriculum. The trainings will provide both classroom and hands-on practical training in the Coalition's new training center on areas such as ventilation, moisture control and integrated pest management. The Center will endeavor to continue this partnership for the duration of the grant period contingent upon available operational funding beyond 2008. In addition, all nursing students and the Community Health Educator will receive the Center's on-line training for Nurses and the Pediatric Environmental Home Assessment training.

Evaluation Partners:

Morgan State University Graduate School of Public Health (an Historically Black College/University): [REDACTED] MPH PhD (FTE 0.10) will direct Morgan State's role in: Development of resident health surveys, completion of pre-intervention, 1 month and 6 month post intervention Healthy Home resident surveys, program evaluation and data analysis. [REDACTED] has doctorate in health policy from Johns Hopkins University School of Public Health. Doctoral students will conduct the 1 month and 6 month health surveys with residents and data analysis with Faculty oversight. SAH will draw on [REDACTED] extensive experience in public health delivery systems and worker safety for at risk urban and minority populations for both the intervention work as well as training of code enforcement officials and home rehab and maintenance workers through the Casa de Maryland day laborer and temporary laborer programs. In the evaluation work, the Coalition will also engage its community partners and the Baltimore Healthy Homes Advisory Board, the Baltimore Department of Health and the State of Maryland Environmental Health programs through the Departments of Health and the Environment to review and comment accordingly.

Baltimore City Office of Healthy Homes: [REDACTED], Director, will participate in the process of developing health surveys and processing/analyzing program results.

Community Based Partners:

Coppin Heights Community Development Corporation (CHCDC) is a 501 (c) (3) non-profit organization established by Coppin State University to advance the neighborhood revitalization agenda for the Greater Coppin Heights/Rosemont Community. The mission of CHCDC is to be a catalyst for safe and affordable housing for low to moderate income residents. CHCDC will integrate Healthy Homes elements into its Healthy Neighborhoods housing promotion work through resident surveys, focus groups, dissemination of educational materials, and trainings for local CDC's, property owners, tenants and contractors.

Environmental Justice Partnership (EJP) is a **grassroots nonprofit organization** of community resident advocates from East Baltimore and the Maryland Institute College of Art (MICA). EJ is assisted by volunteers from the Johns Hopkins School of Public Health who work to address environmental health and environmental justice issues impacting the residents and community of East Baltimore. EJP will conduct 3 community focus groups on asthma triggers, (ventilation, moisture and pest management) lead, and safety hazards to develop culturally competent and effective training and education strategies. EJP will engage MICA to subsequently create visual tools to aid in Healthy Homes education through SAH. EJP will also engage local faith-based and Latino partners. **The John Wesley AME Zion Baptist Church (faith-based organization)** will distribute education and 50 Safe at Home maintenance and cleaning kits in outreach to young parents and buyers of older housing in East Baltimore.

3. Past Performance of the Organization

The Coalition has effectively been involved in "Healthy Homes" interventions since 1997 through window replacement to address moisture control, cleaning to reduce allergens and lead dust and assisting tenants with filing Notices of Defects with owners for structural problems, home-based safety hazards and lead hazards. Safe at Home (SAH) formally began as a pilot project in 2000 with funding from The Annie E. Casey Foundation and the Baltimore Community Foundation. With HUD Healthy Homes Demonstration Program funding of \$872,000 in 2003, SAH raised the level of interventions to include lead, moisture control, electrical, carbon monoxide, safety hazards, structural defects, fire risks, and unhealthy behaviors putting children at risk. SAH was consistently graded "green" under the HUD rating system and received a performance score of 100 out of 100. SAH met or exceeded all of its production benchmarks, specifically, it exceeded its unit production goal of 300 intervention units by over 115% to deliver an additional 230 intervention units for a total of 530 units. The interventions consisted of: 383 resident educations, 338 environmental assessments, 447 safety kit installations, 278 IPM interventions, 213 lead hazard reduction interventions, 304 indoor allergen/lead prevention cleaning kits delivered; and over 10,131 Baltimore residents reached through outreach and education. SAH recognized the linkage between multiple preventable diseases (asthma, lead, etc.) and injuries and the need to address an often unlimited number of building deficiencies or hazards in homes of the Program's primary target communities. The Coalition is a current \$2,000,000 LEAP grantee as of October 1, 2005. The program is rated green and received a score of 100 out of 100 for the quarter ending March 31, 2007.

As the Coalition found in its lead poisoning prevention work, remaining a constant presence in communities better ensures adoption of necessary changes in housing practices, environmental health behaviors, political will and public policy. Having established a firm foundation for success, the Coalition and its Program Partners seek funding for a new Healthy Homes Demonstration Project that will comparatively measure the sustainability of different levels of interventions developed from lessons learned over the past decade and to replicate them Citywide through Baltimore's Office of Healthy Homes as well as nationally through the network of HUD OHHLHC grantees and others such as the Robert Wood Johnson Community Health Leaders program, The Annie E. Casey Foundation, US Conference of Mayors and National Governors Association.

b. Rating Factor 2: Need/Extent of the Problem

Safe at Home will target high risk, empowerment zone communities in West Baltimore: Sandtown-Winchester/Harlem Park and Coppin Heights/Rosemont and East Baltimore: Historic East Baltimore. These communities suffer from the impact of generational, home-based environmental health and safety hazards. High poverty levels, deteriorated housing stock and housing code violation history in these areas indicate an elevated risk for housing-related health and safety concerns including asthma triggers, mold-induced illness, pests, allergens, lead poisoning, carbon monoxide, fire risks, electrical hazards and structural safety concerns. Several of these demographics are detailed in Table 2.

SAH intervention will target the homes of children with asthma within these neighborhoods. Asthma and asthma related problems are significantly higher in Baltimore than Maryland and the Country as a whole. According to the most recent publicly available data from the Baltimore City Health Department, at least 8,437 children had been hospitalized with asthma as their primary diagnosis in the previous year. The Baltimore Neighborhood Indicators Alliance reports that asthma hospitalizations in Baltimore increased by 15.9% from 2002 to 2004 (Vital

Signs). A 2001 Baltimore Health Department report found that the highest hospitalization rates for asthma for people under 20 years of age were in Historic East Baltimore and Sandtown-Winchester/Harlem Park, both SAH's target communities. The City Health Department reports a 14.4% prevalence among Medicaid enrolled children and a 10.6% prevalence of asthma in all residents. In 2004, 12,259 Baltimore residents visited local emergency rooms (DHMH). This rate of emergency rooms visits per 10,000 residents is over three times that of the state as a whole. Environmental conditions exacerbate the respiratory problems of the city's residents. An American Lung Association study (May 2002) found ozone pollution exposure in Baltimore to be among the worst in the country. An earlier study by the ALA reported that Baltimore had the 2nd highest rate of hospitalizations for smog-related breathing problems in the nation. In addition to the threat posed by asthma, Baltimore residents face other significant health hazards which are caused or affected by their residential environment.

The problem of lead poisoning and the successful approach to prevention in Baltimore is well documented. Baltimore has more than four times the national average of lead-exposed children (4.6% and 1.2% respectively). The 2006 Maryland Department of the Environment (MDE) Lead Poisoning Prevention Annual Report states that 66.17% of the state's elevated blood lead level cases (843 of 1,274) involve Baltimore children, the majority of whom live in the target areas. Data from the State of Maryland's Consolidated Plan reveal that Sandtown-Winchester/Harlem Park, Coppin Heights/Rosemont and Historic East Baltimore are the highest risk areas in Maryland for childhood lead poisoning. Further, based on zip code breakdowns from 2004, children living in the Western target area (21216 and 21217) were poisoned at rates double the city average (8.8% and 8.4%) In the Eastern target areas (21205, 21213, 21214) the rates were up to four times the city average (17.5%, 11.9% and 6.1%). In 2006, MDE issued 261 notices of violation to properties in Baltimore for failure to comply with Maryland's Lead Law. Home-based health hazards in the target communities extend beyond environmental threats and include safety hazards as well. In Baltimore, as in the rest of the country, injury is the leading cause of death for children. Research from the Johns Hopkins School of Public Health has found that the injury rate for children in low-income Baltimore families is twice that of the national rate. Issues of structural integrity and deteriorated housing stock make homes in the target area potential sites of injury for residents of the target communities. Additionally, several recent home fires with high numbers of casualties in the target areas have highlighted the need for increased fire safety outreach, education and intervention.

Community Demographics and Housing – Sandtown-Winchester/Harlem Park and Coppin Heights/Rosemont (21216, 21217)

Based on the 2000 Census, 47% of houses in the targeted western neighborhoods were constructed before 1939 and 79% before 1959. As of June 1, 2007, there were 5,765 open Baltimore City housing violations in the Western target area, comprising 23% of the 25,287 citywide. This figures includes 4,992 new violations in 2006 alone. There is 22.2% vacancy rate in these predominately rental neighborhoods (61% rental 39% homeowner).

The area is 98% African-American with a total population of 49,776 with children under 5 years of age accounting for 7%. Families with a female head of household numbered 7,009 out of 11,456 total households; 71% of those households had children under the age of 18 and 53.3 % had children under age 6. More than half (62%) of all households fall below 50% of the area family median income. In 2000, the average family income was \$28,454.00 as compared to a citywide average of \$48,484. In 2000, the unemployment rate was 8.7 %. The majority of renters and homeowners qualify for assistance under HUD income guidelines (renting households having less than 50% of area median income and owners having less than 80% of area median income.) 28% of students were truant for 20 or more days in 2003-2004. Over that same school year, only 13.6 % of third graders met state mandated reading levels, 9.2% in math; for fifth graders the percentages were 12.2% and 12.9%, for eighth graders, 5.8% and 10.6% respectively. There were 177 arrests per 1,000 juveniles 10-17 years of age, 27% higher than the city average. Violent crime accounted for 7.7% of juvenile arrests. 42% of arrests were drug-related.

Community Demographics and Housing – Historic East Baltimore (21205, 21213, 21224)

Historic East Baltimore has some of the most severely distressed housing in the nation – burdened with lead-based paint hazards, structural defects from years of neglect and disinvestment, mold and moisture problems, and fire and safety hazards. 75% of houses in Historic East Baltimore were constructed before 1939. As of June 1,

2007, there were 5,880 open Baltimore City housing violations in the Eastern target area, comprising 23% of the 25,287 citywide. This figure includes 4,586 new violations in 2006 alone. There is 23.3% vacancy rate in these predominately rental neighborhoods (68% rental 39% homeowner).

The area is 83% African-American with a total population of 65,320 with 4,837 children under 5 years of age. Families with a female head of household totaled 59% of the households and 75% of those households had children under the age of 18. In 2000, the average family income was \$28,454.00 as compared to a citywide average of \$32,761. In 2000, the unemployment rate was 8.4%. The majority of renters and homeowners qualify for assistance under HUD income guidelines (renting households having less than 50% of area median income and owners having less than 80% of area median income.) 28% of students were truant for 20 or more days in 2003-2004. Over that same school year, only 12.2 % of third graders met state mandated reading levels and 4.8 % in math, for fifth graders the percentages were 12.2% and 8.5%, for eighth graders, 7.0% and 10.3% respectively. There were 248 arrests per 1,000 juveniles 10-17 years of age. Violent crime accounted for 11.1% of juvenile arrests and 33% of arrests were drug-related. The two targeted areas largely mirror one another in population, housing stock, and other health and housing factors.

Rates of childhood illnesses:

Asthma: Asthma is a preventable disease associated with home-based environmental health risks, including mold and pest-derived allergens, and second hand cigarette smoke. Data from the Baltimore Neighborhoods Indicator Alliance indicates that 52% of children in Baltimore city who are hospitalized with asthma as their primary diagnosis are residents of our target communities. The most recent publicly available data from the Baltimore City Health Department reported 8113 children were hospitalized due to asthma (inpatient, outpatient and emergency department admissions) in the previous year. Using the prevalence suggested by BNIA, this leads to an estimated 4219 children in our target areas, or 12% of the total children. While hospitalization data reflects the most serious asthma cases, it does not capture all who are affected by asthma. A large scale study found that in Baltimore 31% of children with asthma, and 36% of adults with the disease had been hospitalized for asthma attacks in the previous year, and found that the majority of asthmatics were forced to limit their activity levels to manage their asthma (Source: Asthma in America). The average length of stay for a child admitted to the hospital with a diagnosis of asthma was 3 days at an average cost of \$1,500; not including any other fees or time lost from school for the children and time lost from work for the parent. Nationally, over 14 million school days are lost to asthma nationwide (CDC). Collectively, this evidence suggests that the reach of asthma extends far beyond a person's health and can exert very real limitations on their ability to achieve and to thrive. Furthermore, several sources suggest that despite the efforts of the city's doctors and City and State Health Departments, Baltimore lacks the capacity to adequately address the needs of the City's asthmatics. In 2003, the City Health Department reported that only 90 children were enrolled in its Childhood Asthma Program and research indicates fewer than 30% of the city's asthmatics reported lung-function tests in the previous year or regular use of a peak-flow meter to monitor their airflow, both critical components of medical management of asthmatics (Asthma in America). See attached Map of Asthma Hospitalization Rates by Zip Code showing highest rates for 21216, 21217, 21205, and 21213.

Lead: 18,363 children were tested for lead poisoning in Baltimore in 2006, and 843 were found to have elevated levels of lead in their systems (³ 10 mg/dL); 244 were diagnosed with lead levels greater than 15 mg/dL, and 90 with serious lead poisoning (³ 20 mg/dL). The prevalence of elevated blood lead levels (³ 10mg/dL) in Baltimore of children tested is 4.6 %, a rate nearly four times the statewide rate of 1.2%. Approximately 60% of Medicaid insured children (ages 1 and 2) in Baltimore city were tested for elevated lead levels. Sandtown and Historic East Baltimore have both the highest rates of poisoning and violations and the highest risk factors for lead poisoning (MDE 2002) in Maryland. The Maryland Department of Health and Mental Hygiene's Targeting Lead Poisoning Prevention Plan has designated the zip codes of 21217, 21216 (Sandtown) and 21205, 21213, 21224(Historic East Baltimore) as "high risk" for lead poisoning. In 2006, 156 children in East Baltimore and 115 children in Sandtown had elevated blood levels of greater than 10 mg/dL, reflecting the highest rates in the State. They represented 32% of the citywide total. In the targeted East Baltimore neighborhoods, the rate of poisoning was up to three times greater than that of the city as a whole (12.0%, 11.0%, 10.3% and 5%) and the targeted West Baltimore neighborhoods also presented greater risk (6.9%, 6.8%, 5.5%).

Fire Hazards: Since July 1, 2006 there have been 30 fire deaths in Baltimore City, 18 occurring in 2007 alone (Baltimore City Fire Department, Office of Communications). Eight deaths occurred in a single home fire in Historic East Baltimore on May 22 of this year, an incident which has highlighted the need for increased fire safety education in the city. Five of those who died were children, and the fire is believed to have been caused by careless smoking and compounded by the absence of functioning smoke detectors, which when present reduce fire fatalities by half (CDC, 2007). Poor housing conditions which, as indicated above, are prevalent in Baltimore, are additional contributing factors to fire deaths.

Injuries and Accidents: A study by the Johns Hopkins Bloomberg School of Public Health found that low-income Baltimore city children under the age of 6 suffered injuries at a rate twice that of the national average (Center for Injury Research and Policy). Based on ten years of home visiting program experience and environmental assessments, the Coalition believes that most of these injuries are likely related to home-based safety hazards such as uncovered radiators and outlets, exposed wires, structural defects, broken stairs, broken glass, and accessible poisons and cleaners in the home.

Pest and Rodent Control: Safe at Home's Environmental Assessment Technicians reports have revealed the widespread cockroach, mice, and rat problems in the primary target area. Healthy Start, a Baltimore City agency that provides family support services to pregnant women and new mothers in the target communities, found through their Household Asthma Screening Surveys that among families with children under 6 with a diagnosis of asthma, 40% report the presence of cockroaches in the home and 45% report the presence of rodents. BNIA reports that the rate of rat incidents in the target area is 14% higher than the city-wide average, with 25 incidents reported per 1000 people.

Second-Hand Cigarette Smoke: Based upon Household Asthma Screening Surveys administered by Healthy Start to families with children under 6 with a diagnosis of asthma in the target area, 70% report that someone residing in the household or a regular visitor smokes inside the home. Baltimore City Health Department reports the citywide prevalence of smoking at 23.6% but cautions that the rate is higher among people of color who comprise the majority of residents in our target communities.

Carbon Monoxide Poisoning: Through data gathered through the 2003-2005 Safe at Home Program, most client homes utilized gas stoves, gas furnaces or oil furnaces, posing a risk of carbon monoxide poisoning. Often appliances are old or used improperly, increasing risk of carbon monoxide poisonings.

Mold and Mildew: Safe at Home Environmental Assessment Technicians also indicated the visual presence of mold hazards in some properties with structural defects such as roof leaks and poor drainage systems. Based upon Household Asthma Screening Surveys administered by Healthy Start; 10% report the presence of mold or mildew in the home. Historic East Baltimore, the Program's target area, is also located in a geographic area that is near the Chesapeake Bay, the largest estuary in the world, and Baltimore's Inner Harbor. The target area's proximity to major sources of water results in consistently high humidity that can contribute to mold, moisture problems, and respiratory/asthma ailments.

Baltimore Consolidated Plan 2006 – 2010: The Consolidated Plan outlines the challenges to the city posed by lead hazards. The plan provides data showing that 41% of the housing in Baltimore was constructed before 1940 and that the condition of this housing is frequently poor. Because Baltimore has a predominantly old housing stock with many deficient units, lead-based paint hazards continue to be a serious problem. An examination of addresses obtained from the Baltimore Health Department shows that 95% of the lead poisoned children live in low to moderate-income areas

Factor 3 Soundness of Approach

(1) Approach for Implementing the Project

Safe at Home is a Healthy Homes Demonstration proposal that is a firmly engaged community-based project that will: improve the health of asthma-diagnosed children, reduce home-based health hazards in at-risk properties in Baltimore, efficiently accomplish multiple hazard interventions through one process, and provide sustained training to contractors, property owners and residents to assure sustainable Healthy Home standards and behaviors. The Program will simultaneously undertake comparative analysis to measure the long term effectiveness of intensive Healthy Homes interventions undertaken in low and very low income properties by a trained intervention team

versus simple intervention measures performed by residents who have been provided with hazard reduction tools. All measures are designed to be cost-effective, sustainable and easily replicable. Safe at Home's goal is to reduce dust-borne antigens and other allergens through basic to intensive interventions in 250 units. SAH strives to reduce recorded asthmatic episodes for 100 asthma-diagnosed children residing in those units. These interventions will be primarily targeted to asthma-diagnosed children aged 2-14 (with a concentration for children under 6), but may also benefit children aged 3 months to 2 years who are diagnosed with reactive airway disease, a frequent precursor to asthma. Safe at Home will provide trainings on home-based environmental health and safety hazards and related risks, strategies and interventions for the broad partnership of housing and health-based service providers in Baltimore City. Specifically, training Baltimore City Code Enforcement Inspectors, Latino and Hispanic workers through Casa de Maryland, and property maintenance personnel. Safe at Home will also develop critical infrastructure toward the creation of a Healthy Homes Training Center in Baltimore.

(a) Project Approach

Safe at Home will utilize multi-level interventions and a high quality, cost-effective approach to reduce dust-borne antigens and other allergens in 250 units and reduce asthmatic episodes for 100 children by addressing environmental health and safety hazards in 250 properties in the Program's target areas. This Demonstration Project seeks to expand and enhance the highly effective Safe at Home Program that received funding in 2003 from HUD's Office of Healthy Homes and Lead Hazard Control. In addition to the 250 properties directly participating in the program, extensive outreach and education by the Program and its community partners will increase awareness of Healthy Homes housing-based hazards for 5000 additional individuals in the primary communities and throughout the City. The program will utilize the Coalition's resident education-assessment-injury prevention intervention model that proved highly effective during its past Demonstration Grant at delivering client education, property evaluation, and safety kit installation all within one initial home visit. This model reduces the risk of missed follow-up intervention appointments when multiple site visits are necessary, and results in immediate impact via the confirmed installation of injury prevention tools in the home. The Program will employ multiple, cost effective intervention strategies that involve less toxic and less invasive treatment measures. Please refer to attached Benchmarks Chart for the schedule for achieving milestones for interventions at all levels.

Intervention	# Clients Contacted (referred)	# Clients enrolled	Units to be assessed	Units to receive remediations	Individuals to be trained	Individuals reached through outreach/education
Basic	75	50	50	50	120	5000
Facilitated	175	125	100	100		
Intensive	250	175	150	100		

Basic Intervention (50 units) The Basic Intervention model created for this project is designed to address asthma triggers in homes by empowering homeowners to take steps to reduce dust-borne antigens and other allergens through the use of the Healthy Homes Safety and Cleaning Kits. This level of intervention also includes the Healthy Homes Information Kit and Checklist as well as in-home education of the family, pre and post surveys, and referrals to additional services as needed. These tools empower residents to choose and maintain on-going healthy living environments both in their current and future residences. The projected cost is \$ [REDACTED] per unit.

Facilitated Intervention (100 Units) – The Facilitated Intervention model proposed for this project is designed to measure the effectiveness of low level Healthy Homes interventions coupled with providing occupants with Healthy Homes hazard reduction tools and education to undertake and maintain a safe home environment. Upon completing the Environmental Assessment on the property, the Environmental Assessment Technician will conduct IPM and install Healthy Homes safety and maintenance kit items in the property. Participants will also receive a Eureka 4870 true heap filtered vacuum to attempt to further reduce indoor allergens and lead dust hazards in their home. After gaining experience and community resident input from its prior programs, Safe at Home has modified its intervention model to produce greater immediate impact. Rather than relying on a follow-up home visit model to install safety kits (injury prevention) and perform IPM interventions, the Program will install safety kit items and perform IPM interventions at the initial home visit. This coordinated education and intervention model not only

avoids potential missed follow-up appointments by clients that waste valuable staff resources but also ensures that injury prevention and IPM occurs before the Program leaves the property. The projected cost is [REDACTED] per unit.

Intensive Intervention (100 Units) – A total of 100 units will receive Intensive Healthy Home environmental health and safety hazard interventions from a strategic menu of intervention options (See Safe at Home Assessments and Intervention Chart) ranging in cost from [REDACTED] per unit dependent upon structural needs, moisture levels, ventilation status and need for lead hazard reduction in accordance with HUD and State requirements. These 100 homes will receive IPM, Healthy Homes safety and cleaning kit installation, lead hazard and indoor allergen reduction, and mold remediation. All 100 units will receive mattress and pillow pad covers. Through a national discount partnership with Austin Air, the Coalition will provide all 100 units with an Austin Air Healthmate Jr. air cleaner for the bedroom of the identified asthmatic child to reduce airborne allergens in a room up to 700 sq. ft.. Based upon Environmental Assessment up to 20 units will receive Dehumidifiers connected to household drains to prevent leakage and continual need to empty the condensation tray. An additional 20 will receive air conditioners depending on moisture and cooling needs. Based on 10 years of in-home visiting data, it is estimated that 10% of all units have dryers in need of fresh air ventilation and few require kitchen vents. But all units will receive venting for dryers, ranges and bathrooms where none exist. All carpeted units will have carpets dry steam cleaned (or removed, if owners permit and replaced with smooth, sealable floors). Internal data on 850 units in the target communities shows that approximately 50% of units will require carpet cleaning or replacement. Thirty percent of units have forced air furnaces requiring filter replacement. Filters will be replaced with client instruction provided. Each unit will also be given two additional filters with reminder cards mailed when it is time to change them. It is estimated that 50 units will receive lead hazard reduction and a HEPA-vacuum with a year's supply of replacement bags – with information on how to re-order (Staff will follow up in one to assist). It is anticipated that an additional 50 units will be referred to the City Lead Abatement Action Program, where SAH will coordinate Healthy Home interventions with lead hazard control clearance.

Non-Qualifying Client Referral Properties (50 Units) – An additional 50 client properties will be referred to the Program and will receive an initial resident education and environmental assessment. It is anticipated that 50 properties will not qualify for the program due to: the assessment determining that the repairs and intervention levels in the property exceed the scope and budget of the program; the clients lack of interest in participating in the evaluation component of the program; and clients who fail to maintain contact with the program or keep appointments. These properties, however, will not receive a Safe at Home remediation but will receive Healthy Homes education and referral to the Coalition's HUD funded LEAP Program, City and State lead hazard reduction and rehabilitation grant programs, or other appropriate agencies that can assist the client in addressing the problems in their property.

In accordance with the attached Program Benchmarks and the Logic Model, the Program will incorporate four primary phases in implementing and completing the project:

Phase	Grant months	Activities
Start-up	0-6	After 6 months, all initial Start-Up activities will be completed including: program planning, community partner meetings, Environmental Review, IRB, informed consent form development, and MOUs executed with all Program partners. The Program will also start initial program recruitment, resident educations, environmental assessments, and outreach and education.
Intermediate	7-30	During this phase, the Program will be operating at peak intervention mode with full Program staffing. A high level of production will be maintained in the areas of recruitment, resident education, environmental assessment, Healthy Homes intervention, outreach, and Healthy Homes trainings. The majority of the 250 Healthy Homes interventions will be conducted during this period.

Final	31-36	During this final 6 month phase, the Program will concentrate on completing final interventions, including the 100 Higher Level Interventions that will be completed during the latter phases of the project. The Program will also complete all 6 month follow-up health surveys prior to September 30, 2009.
Close out period		During the close out period, the Program will complete data analysis to measure the effectiveness of each intervention component, complete all final LOCCS Draws for expended funds, and prepare the Final Report for the project.

(b) Start Up

(i) IRB – The Maryland Department of Health and Mental Hygiene will facilitate the IRB process (see attached letter). The IRB process has been initiated and will be formally reviewed in July 2007. Should the Program activities require full IRB approval, Safe at Home will obtain an approval assurance number from the Department of Health and Human Service's Office for Human Research Protections. Safe at Home will collect data on human subjects in the areas of asthma, lead poisoning, and household injury reduction. Safe at Home will utilize the Coalition's existing protocols to insure privacy and protection for program participants and modify as necessary. Informed consent forms and HIPAA Notice of Privacy Rights forms will be collected from all participants. The Community Health Educator will explain these forms at the initial home visit to ensure the family understands the Safe at Home Program, the interventions that they may receive, and their role and benefit from participating in the Program. The Health Educator will speak both English and Spanish and all efforts will be made to provide a translator to families with other primary languages to ensure full comprehension of participation in the program.

(ii) Staff and Partner Training and Capacity Building- As part of the start-up period, all referring agencies, subgrantees, partner organizations and Safe at Home staff will participate in a Safe at Home training. The training will cover the referral and enrollment process, how participants are selected into the program and placed in the basic/facilitated/Intensive intervention groups, data tracking and reporting mechanisms, evaluation, and applicable Federal/State/Local regulations. All Program Staff from the Coalition, City code inspectors, and partnering agencies will receive the two day Healthy Homes model training provided by the National Center for Healthy Homes if they have not already. The National Center for Healthy Housing is the leading Healthy Homes training provider in the country and the Program will utilize its *Essentials for Healthy Homes Practitioners* curriculums on mold, IPM, radon, lead, indoor allergens, etc. All staff and partners will also receive a 2 day customized training to cover mold, integrated pest management, air quality/ventilation, indoor allergens, environmental tobacco smoke, radon, as well as the standard lead training program at the Coalition (where all staff regardless of position are certified as Maryland Lead Workers). The Coalition is a well established training partner for the City of Baltimore and will train 94 City Code Enforcement Inspectors (please refer to City Housing Letter of Commitment) on how to efficiently recognize, detect, and refer code deficiencies related to home-based environmental and safety hazards in the areas of air, moisture, mold, pests, and rodents. All trainers will be certified in their field as sanitarians, inspectors, or have equivalent masters or doctorate degrees or experience where certifications do not exist. The Community Health Educator and other program staff will also participate in the National Center's Train the Trainer program so they can provide full Healthy Homes trainings for the 5000 community residents. The two Hazard Reduction Crew Members will also receive the 4 day Lead Abatement Supervisor Course. The Environmental Assessment Technician will receive training at Leadtec to be a Maryland certified Risk Assessor and Visual Inspector as well as participating in additional Healthy Homes training provided by the National Center for Healthy Housing. Program staff will also participate in HUD and other national or regional Healthy Homes training conferences.

(iii) Quality Assurance Activities SAH will take measures to ensure the integrity of data collection and accurate recordkeeping. These efforts include faculty oversight of the Morgan State survey process, comprehensive start-up training for all staff and partners, ongoing meetings, and quality control lab sample tests throughout the program. The Environmental Health Assessor, Larry Brown, will be conducting all 300 environmental health assessments. Mr. Brown was a staff member on the previous Safe at Home grant and will ensure consistency throughout the assessment and intervention process because a) he will personally be conducting all assessments so staff interpretive differences will be eliminated and b) he will use a standardized checklist with specific Healthy Homes

criteria to look for home-based health hazards. The Morgan State University public health students conducting the surveys will maintain quality assurance by developing the surveys as a group and by assigning one individual to work with a family over the duration of the survey period. All program participants will be tracked using the Coalition's existing client database. Presentation evaluation forms will be used for all outreach presentations by Program staff. For quality assurance, the Assessment Technician will submit quality control samples for 5% of their allergen sampling, utilize ELISA, and select only EMLAP approved laboratories. All data will be tracked using the Safe at Home Program's Access database on clients through each of phase of the program and each intervention action and service provided. DHMH, [REDACTED] and the National Center for Healthy Housing will assist in the development of the Quality Assurance Plan.

(iv) Involvement of community in proposed study - The community of interest for our proposed project are the program participants and other residents in our target areas. As outlined in Community Outreach and Resident Education components of the proposal, community-based participation will be significant in all aspects of the Program. Safe at Home referrals of asthma diagnosed clients will come primarily from community health clinics (Baltimore Medical Systems Orleans Street clinic, University of Maryland Pediatric Ambulatory Center, Johns Hopkins WALD Clinic, and Total Health Care). Subgrantee Baltimore Environmental Justice Partnership is a grass roots community organization that will be hired to lead the Program's community-based participatory research component of the Program by holding community focus groups on various Healthy Homes issues and soliciting community input in the design and implementation of the Program. The Program will convene a group of community residents, GROs, and community stakeholders shortly after notification of award, to review and receive input on the project design, service delivery, and evaluation components. Safe at Home will convene and host a Community Advisory Board comprised of both local and national Healthy Homes experts as well as community residents and program participants. The Coalition's quarterly Healthy Homes Partnership Meetings, MACP Asthma Summits, large Community Health Forums, Community Health Leaders training program, and periodic Safe at Home focus group meetings will involve ongoing interaction with community residents in the design and implementation of the Program. Coalition Hazard Reduction Workers are recruited and hired from the target communities to play important roles in the Safe at Home Program. To increase community capacity and awareness, 120 community residents, owners, Community Health Leaders, and contractors from the target areas will receive the 2 day Healthy Homes training provided by the National Center. Healthy Homes Trainings and Compliance Assistance initiatives by the Program will increase rental property owner, homeowner, and contractor compliance with Title X, the Renovation Rule, and the Maryland Reduction of Lead Risk in Housing Law, as well improve the condition of Baltimore's aging housing stock. Safe at Home will also conduct Healthy Homes good neighbor and home maintenance trainings for homeowners and tenants who are relocating to new neighborhoods in an effort to increase their commitment and longevity in their new community. Through its partnership with Baltimore Housing, Safe at Home will be able to intervene directly with privately owned Section 8 rental units to improve health and safety standards. The Coalition will also work with the National Center to modify the Healthy Homes Training model to develop a curriculum that is more appropriate for residents of at risk and low income communities. Safe at Home's community involvement efforts will create a successful program utilizing ongoing resident input, provide workforce development and employment opportunities, and increase knowledge and capacity by providing trainings and cleaning supplies.

(v) Involvement of Grassroots Community-Based and Faith-Based Organizations

The participation of faith-based institutions and community organizations is a key element in Safe at Home. Organizations including Coppin Heights Community Development Corporation, John Wesley AME Zion Church, Baltimore Environmental Justice Partnership, and all faith-based institutions and community organizations in the target communities will be directly contacted by the program. Outreach materials and 50 healthy home allergen and lead dust cleaning kits will be distributed by FBO John Wesley AME's outreach personnel to families in the target communities. Cleaning kit distribution will provide direct prevention resources to the community while also enhancing the existing prevention partnerships. Additionally, the Coalition will utilize its nine community Healthy Homes Resource Centers to distribute Healthy Homes resources and outreach materials in English and Spanish,

as well as limited materials in Haitian, Vietnamese, Dari, Russian, Somali, and Bosnian. All Resource Centers are easily accessible on foot and during accessible times (weekends, nights).

(c) Recruitment and Enrollment

(i.). A minimum of 500 referrals for Safe at Home will come from the following Health Care partners: Baltimore Medical Systems Orleans Street Clinic, University of Maryland Pediatric Ambulatory Clinic, Total Health Care and Johns Hopkins WALD Clinic. Each referral partner will have been trained on the SAH selection process to increase successful recruitment, client engagement and enrollment. Safe at Home will also receive referrals for Safe at Home education or interventions from the Coalition's extensive network of grassroots partners, government agencies, faith-based centers and private sector resource partners such as in-home day care providers. The Coalition's client services team will conduct initial referral review and intake surveys for all Program referrals and reviewed for applicability to this Project. Units will be prioritized first by the status of the residents. Priority will be given to units within the target areas with one or more asthma-diagnosed child under the age of six, location in the target community, and the condition of the property. After initial intake, an Environmental Health Assessor and Community Environmental Health Educator will schedule an in-home visit and Environmental Health Assessment.

ii. Safe at Home will capitalize on existing community infrastructure and referral networks to conduct outreach through numerous channels and insure that a sufficient number of units that meet the Program's criteria are enrolled. SAH has secured strong commitments for a minimum of 500 referrals from 4 clinics in addition to its existing network of 300 partners. From experience, SAH was in fact over-enrolled in its prior Healthy Homes grant. Due to strong relationships and pre-program training for referral partners, we anticipate that referrals coming into the program are likely to qualify for the program. The Program Manager, along with the Client Intervention Coordinator and referral partners as outlined above will review recruitment numbers quarterly and make adjustments accordingly. We plan to obtain at least 500 referrals, but anticipate that referrals could be as high as 750. Program design and staff training will discourage attrition by providing valuable and useable incentives for program completion (HEPA vacuums, air room cleaners, intervention services, client engagement). In addition, participants will receive Coalition tote bags and discount coupons for local stores for completing the 6-month post survey as well as ongoing communication with referral agencies if they relocate during the grant program. If a Program participant does relocate, the Program will attempt to address hazards in the new property, where feasible, to maintain the participant in the Program. It should be noted that the Coalition did not find additional incentives necessary to maintain clients in past programs and while they are provided here, the Coalition relies mainly on strong client engagement strategies.

iii. The intervention coordinator and client services team will monitor any recruitment issues on a daily basis. The Program will remain diligent, but anticipates that some retention issues will need to be addressed based on the organization's experience in working in the target communities. The Program will work with referring health care providers to lay the proper groundwork for client expectations and enrollment. The strong initial home visit model of coupling Community Health Education with Environmental Assessment and safety kit installation has proven to promote retention. The only perceived impediment to sustaining participants in the Program is the possible loss of participants who relocate from a property that has received a Healthy Homes intervention to a property that has not been involved in the Program. The Program will use other Coalition programs and resources to prevent tenants from being evicted, repair other defects in the property, or to mediate disputes between landlords and tenant participants in the Program that threaten the tenant's ability to remain a resident of the property and to remain in the Program. It is our goal that these additional support mechanisms increase program participation and completion.

iv. The Coalition has an active HIPAA program. The Coalition and its partners will adhere to all HIPAA requirements and HIPAA protocols when receiving and handling confidential medical information. All Program partners will sign and abide by a HIPAA Business Associate Agreement. In consultation with attorneys in the public health field, the Coalition has developed HIPAA protocols and policies for all staff, referring agencies, participants, and Business Associates, including such forms as: HIPAA Notice of Privacy Practices, HIPAA Business Associates Agreement, and Consent for Release of Confidential Information. The Program will utilize these forms for all activities where required and will consult with an attorney regarding any modifications that may be required for the Safe at Home Program.

v. In conformance with the IRB approved protocols, informed consent forms and HIPAA Privacy Rights Forms will also be distributed and completed where appropriate at the initial Resident Education. The Community Health Educator will provide an overview of the Program to the prospective participant or their guardian, discuss intervention options and the evaluation components of the Program, and review the Informed Consent forms with possible participants prior to their complete enrollment in the Program.

vi. Safe at Home was designed to reach high-risk groups and communities, vulnerable populations and traditionally underserved populations by linking with referral sources serving those particular populations. Historically, the Coalition has established credibility with families in at risk communities through over a decade of providing free community-based prevention services to Baltimore's most at risk communities including the Program's target areas. By working with CBOs, FBOs, GRCBOs, and health care providers, the Program links services directly with at risk populations. In response to the emerging Hispanic community in East Baltimore, the program will utilize not only Spanish language materials but also bi-lingual Coalition staff. The Coalition works closely with CASA, Centro de la Comunidad, the Mayor's Liaison on Hispanic affairs and its Office of Neighborhoods to ensure that all materials are accessible by the residents of the targeted areas and culturally competent. Additionally, the Coalition will utilize its nine community Healthy Homes Resource Centers (including the Healthy Start office in Historic East Baltimore neighborhood) to distribute Healthy Homes resources and outreach materials. All Resource Centers are easily accessible on foot and during accessible times (weekends, nights). The entire referral network, outreach and education strategy, and intervention strategy of the Program is designed to deliver services directly to the homes of residents. Resident educations, environmental assessments, cleaning kits, safety kits, and HEPA-vacuums will be delivered directly to program participants. To overcome transportation issues and barriers to resources, the Program is designed to proactively deliver free prevention services directly into the community using its extensive referral network of community based partners to reach underserved clients throughout the target area.

vii. Fair housing and environmental justice will be affirmed through the Program via housing interventions, legal services and education to empower residents to access information, file enforcement actions, defend themselves against retaliatory eviction, and use code enforcement to put their legal rights to action. Safe at Home has partnered with the Baltimore Environmental Justice Partnership to conduct focus groups and provide feedback on the program design and implementation from an environmental justice perspective. As mentioned previously, the Safe at Home program will involve bi-lingual staff and program materials will be made available in both Spanish and English, as well as additional languages when appropriate. The Coalition, through its Family Advocate Attorneys, will provide legal representation to families of children who have been lead poisoned against housing discrimination by enforcing fair housing laws that prevent owners from refusing to rent to children with lead histories and from owners who retaliate against tenants attempting to get repairs to their homes by sending Notices of Defect.

(d) Unit Assessments, Occupant Surveys, & Medical Referrals

(i) Assessment Tools - All properties will receive a visual assessment and resident interview to measure the risks for exposure to home-based health hazards. The Safe at Home Assessments and Intervention Chart outlines the environmental inspections and sampling that will be conducted to collect quality data on the pre-intervention levels of hazards as well as the post intervention levels of selected home-based health hazards. The project will also incorporate all applicable Federal and State visual and dust sampling inspection regulations for lead based paint, which includes taking dust samples on floors, sills and/or wells before and after performing any intervention that disturbs leaded surfaces in a property. See Program Flow Chart for outline of Program activities and resource linkage. The Community Health Educator will use a Health Assessment Survey developed in partnership with Morgan State University School of Public Health. The Health Survey that will occur at pre-intervention, 1 month post intervention and 6 month post intervention to collect basic demographic information, household smoking information, medical history regarding asthma in the household. The Program will use health assessment resources such as the AAP asthma, Healthy Public Housing Initiative, HUD Healthy Homes Program Resources, and the Coalition's prior Safe at Home health assessment form to develop the Health Survey. The Program Health Survey will be used to obtain baseline asthma symptom and environmental risk information on the child(ren) with asthma in the household. Risk assessments and XRF testing will also be performed in 50 units that are designated for higher level lead hazard reduction interventions. All indoor inspection sampling analysis at the

initial Environmental Assessment, immediate post intervention, and 6 month post intervention assessment will utilize ELISA and will be conducted by EMLAP approved laboratories. The Program's three part testing stratagem will use a multi-assay analysis that will test for multiple allergens including: dust mites, cockroach allergens, mold, and pet allergens. All analysis of lead dust samples will be conducted by NLLAP approved laboratories. Quality control samples will also be used in at least 5% of lead and allergen samples to insure the integrity and accuracy of labs participating in the Program.

(ii) Process for evaluating units for interventions - A comprehensive hazard assessment of 300 homes will be completed by the Environmental Assessment Technician. The assessment will include a **visual inspection** that will capture the presence of allergens (dust, mold, cockroach droppings, rodents, and pests), excess moisture, odor (gas, mold, cigarettes, chemical), lead hazards, safety hazards such as broken steps or windows or fire hazards, and examine the type of heating units, proper ventilation of a dryer, structural defects and any other unsafe conditions. Detailed information about both the interior and exterior surfaces of the home will be collected to inform the scope of work necessary to create a healthy home. The environmental assessments will be used both to educate and inform the client about hazards that need to be addressed prior to occupancy but also to develop a Scope of Work for home-based health hazards that can be remedied by the Program. The Environmental Assessment Technician will conduct **indoor allergen testing** in 200 properties prior to the intervention and at follow-up indoor allergen testing conducted at 6 months. 100 properties receiving Intensive Level interventions will also receive indoor allergen testing immediately following the intervention. 50 properties receiving the Intensive Intervention will also receive post intervention lead dust testing to insure that the properties meet federal lead dust clearance where appropriate. The Environmental Assessment Technician will also conduct an **integrated pest management evaluation**. Some of the tools utilized for IPM assessment will include the integrity of the house's structure, the amount of "clutter" in the home, and evidence of pest activity (ex: feces, dead pests, contaminated food supply). The Technician will conduct initial site visits (environmental assessment, visual assessment) in 300 housing units and install safety kits and assist the Community Health Educator in the resident education and HEPA-Vacuum and cleaning kit distribution. It is anticipated that 60 percent of properties enrolled in the Program will be rental properties and 40 percent will be owner occupant. See attached Assessment and Intervention Chart.

iii. Process for referring children to medical case management

Children enrolled in this program will be current asthma patients referred by their clinics. During the initial assessment, if a child is found to need additional medical case management, the family will be referred to the appropriate city, state or private health care agency. For example, children 0-6 years of age with diagnosed asthma will be referred to the Baltimore City Health Department Asthma Program and for additional home-based education and medical case management. Since some asthma diagnosed clients may be referred to the Coalition directly rather than via a health care provider, the Program has partnered with the Health Department who has committed to provide the services of an Asthma Nurse to medically case manage 20 Safe at Home clients who are not currently receiving adequate medical treatment or case management. The Coalition will also incorporate its long-standing partnership with the Maryland Department of Health and Mental Hygiene by making referrals for health insurance (Medicaid/CHIP) and smoking cessation programs. Clients needing other healthy baby services will be referred to the Women, Infants and Children (WIC) program or Baltimore City Healthy Start Programs. Children and pregnant women will also be referred to the Baltimore Health Department or their primary care physicians for blood lead testing. The Coalition will utilize existing relationship with 15 pediatric clinics to meet other health care needs.

(e) Remediations

i. Process for development of work specifications

The Safe at Home Environmental Assessment Technician will conduct an initial site visit at 300 properties and will develop a strategic plan of action in cooperation with the family and owner (if rental) for each property. The Director of Hazard Control will meet with the Environmental Assessment Technician to review the Environmental Assessment report to determine appropriate Healthy Homes interventions and the scope of interventions that can be addressed by the program. If lead hazard reduction services are recommended for the property, a risk assessment/paint inspection by Leadtec Services will be scheduled and a report prepared by Leadtec from its XRF and lead dust findings. The Hazard Director and the Environmental Assessment Coordinator will review the

Environmental Technician's assessment, the Risk Assessment by Leadtec (Risk Assessor) if appropriate, and develop a Scope of Work for the 100 Intensive Level Intervention properties. In the case of the referral of a property with an EBL child, XRF testing by the Baltimore Health Department or the Baltimore Lead Initiative inspectors will be performed where appropriate. Depending on the condition of the home, stabilizing paint, window replacement, and housing rehabilitation will be performed by the Program to accomplish objectives such as reducing the presence of moisture, repairing structural problems, preventing rodent entry, removing lead hazards, and improving ventilation in a room that provides benefits in terms of reducing environmental hazards for asthma, carbon monoxide poisoning, fires, and other accidents. The Hazard Reduction Crew will also utilize the Integrated Pest Management recommendations and work scope to determine the full extent of IPM intervention.

From the pool of 300 properties that are assessed, 100 will be selected for more comprehensive, Intensive Level Healthy Homes interventions by the Program to reduce home-based health hazards. In these units, collected data will be evaluated to craft an action plan for each property. Upon completion of the evaluation and utilizing the results of the pre-environmental sampling and inspections, the owner will be informed of the necessary work in a written Scope of Work. The owner will be asked to sign the Scope of Work and a Mutual Service Agreement that grants permission for the work to be performed. The Mutual Service Agreement will also require the property owner to return the occupants who were displaced back to the home following the intervention if reasonable and appropriate. Pregnant women and families with children under 6 who have an asthma diagnosis or an EBL diagnosis will be considered first priority for interventions (additional consideration will be given to children with illnesses caused by home-based hazards) and their properties will be fast tracked through the system to expedite the intervention. If it is determined that the necessary scope of work is beyond the capability Safe at Home, the Program will refer the unit to a Safe at Home partnering agency. For example, the homeowner or property owner will be eligible for lead abatement and housing rehabilitation grants through the City for up to \$30,000 of the cost to reduce lead hazards and comply with housing code requirements.

Data will be tracked via the Coalition's existing Microsoft Access database as well as the pre-, 1 month post and 6 month post surveys. Ongoing comparative analysis will be done to compare outcomes and sustainability between the three levels of interventions. The goal of the Safe at Home program is to reduce dust-borne antigens and other allergens in 200 units and reduce asthmatic episodes for 100 children.

ii. Select and obtain contractors for remediation

Safe at Home will have a dedicated Healthy Homes team, hired from at risk communities in Baltimore, on staff that will conduct in-home interventions and education so no additional private contractors will be necessary. When needed, units will be referred to local resources for additional intervention, such as Baltimore City's Lead Abatement Action Project or the Coalition's Operation LEAP program. All Hazard Reduction team members will be properly accredited under Maryland law

iii. Efforts to incorporate cost-effective methods to address multiple hazards

Information about each piece of the assessment will be shared among the program team through an interdisciplinary approach to constantly determine the safest, most cost effective method to be utilized. The treatments and work plans will be designed to incorporate multi-level hazard interventions (asthma, mold, pests, lead, injury prevention) affordably. The Coalition has developed cost effective intervention models that minimize labor and maximize intervention tools that are tailored to the housing stock of the Program's target areas. For instance, the use of wet cleaning methods and HEPA-vacuums will remove indoor allergens such as pet dander and cockroach droppings as well as lead dust. The Program combines resident education, cleaning kit distribution, assessment, initial IPM, and safety kit installation in the initial home visit to address multiple hazards in a cost effective manner. During the Coalition's prior Demonstration Grant, the Coalition delivered 530 Healthy Homes interventions – 230 *additional* intervention units than the grant goal. The Coalition's cost effective approach to Healthy Homes interventions is demonstrated by the delivery of 230 additional units while remaining under budget for the project. Average costs for each intervention will be: Basic Intervention - [REDACTED] Facilitated Intervention - [REDACTED] and Intensive Intervention – ranging from [REDACTED] up to [REDACTED] per unit. The Program's approach will be to utilize cost effective intervention strategies that are based on the results of the environmental assessment and

which utilize Healthy Homes methods of intervention that are less toxic and do not exacerbate underlying health conditions of the occupants such as asthma.

Mold Remediation – Mold Remediation will include: repair and removal of sources of water and moisture, cleaning of mold contaminated materials, removal of materials with severe mold growth, installation of dryer ventilation where needed, use of high efficiency air filters, and limited installation of dehumidifiers in 25 properties where appropriate.

IPM – Integrated Pest Management will address roach and rodent infestations in 200 properties by using comprehensive but less toxic treatments than standard pesticides. IPM will include among others: Boric acid, gel bait, glue traps, sealing holes and cracks with wire mesh, and removing open food sources.

Paint Stabilization and Clearance - The Program will focus its resources on the in-place management of lead-based painted surfaces. Lead hazard reduction performed by the Program's contractors will include: repair of structural defects that are causing paint to chip or flake; paint stabilization of deteriorated leaded surfaces; treatment of friction and impact surfaces on doors, windows, and floors; HEPA-vacuuming and wet cleaning of all interior horizontal surfaces sufficient to achieve lead dust clearance.

Indoor Allergen Reduction Cleans - HEPA-Vacuuming and wet clean by Safe at Home staff or resident.

Safety Kits – Installation of safety kits include injury prevention tools in 250 properties to improve the general health and safety of the unit and to prevent injuries. Safety Kits consist of: Radon detector, carbon monoxide detector, smoke alarm w/ 10 year lithium battery, cabinet locks, electrical outlet covers, nightlights, and first aid kits.

Prevention Cleaning Kits - Provided to all properties receiving remediation and distributed by John Wesley AMDE church in 50 additional community residents to reduce indoor allergens such as cockroach matter and dust mites. Cleaning kits include: mop, 2 buckets, 2 sponges, replacement mop head, gloves, cleaning solution and trash can with lid and replacement bags.

iv. Compliance with Federal, state and local regulations

Training on applicable regulations will be included in the Safe at Home start up training for all Safe at Home staff and program partners to ensure compliance with all federal, state and local regulations including: accreditation and training, lead safe work practices (when applicable), waste disposal, HIPAA, IRB, and informed consent among other laws. Post intervention lead dust sampling inspections will be undertaken to insure that federal lead dust clearance levels have been achieved in all units undergoing lead hazard reduction and that the properties are cleared as safe for re-occupancy.

v. **Financing strategy and eligibility** – The Intervention Coordinator will verify that the property meets all enrollment criteria outlined in Section (c) including: property is located in target area, verification of income eligibility under HUD's income guidelines, and an asthma-diagnosed child resides in the property. Proof of income will be required for all applicants using verifiable methods. If a property is not eligible due to income restrictions, the owner will be referred to other grant/loan resources.

Unit Selection Criteria

Enrolled units will house an asthma-diagnosed child preferably between ages 2-6 but up to age 14. As these children will likely have young siblings and/or cousins residing in the same household, these Healthy Home treatments will act as preventive interventions to improve the healthiness of the home environment. Such treatments will also benefit younger children aged 3 months to 2 years who suffer from reactive airway disease, a frequent precursor to asthma. The criteria that will be used for selecting properties for intensive interventions (and the scope of the intervention) will include but is not limited to: asthma diagnosed child in property, lead hazards identified at risk or symptomatic child or pregnant woman in property, results of environmental assessments, inspections, and sampling, structural integrity of property and long term viability, cooperation and interest of owner in participating in program.

MANDATORY PROGRAM ELIGIBILITY CRITERIA

- Property located in the Program's target areas
- Asthma-diagnosed child age 2-14 residing in the unit (preference given to ages 2-6)
- Owner or tenant meets the HUD income requirements
- Property contains at least one bedroom

• Participant agrees to acknowledge and sign necessary Consent Forms

The Coalition's Finance Office will oversee all Program disbursements under its Internal Controls and Accounting Policies. The Coalition will use its Quickbooks audited accounting system to administer Safe at Home funds under federal guidelines and allocate all Program specific expenses, monitor all sub-grantees, and account for match funding as well as leveraged resources. All monies utilized for interventions will be considered grant funds with no loan or repayment obligations on the part of the recipient. The Coalition has an impeccable history of excellent A-133 audits and maintains strict financial internal controls under the auspices of an external Finance Committee of the Board of Directors, outside accountants and auditors as well as excellent finance staff. The CFO will provide monthly financial reports to the Executive Director and the Program Manager and will assist with LOCCS Drawdowns from HUD. The Program will enter into MOUs with all Program partners and payments will be made to all vendors and program partners only following the receipt of valid invoices, documentation for expenses, and applicable program reports. The Coalition was awarded the Maryland Association of Nonprofits Standards for Excellence Certification (see attached letter) which requires extensive financial controls and oversight protocols be in place for all program operations.

vi. Plan for relocation of occupants during intervention

Dependent upon the extent of the intervention, state or federal requirements (i.e. regarding lead hazard control), families receiving service may be relocated temporarily or permanently prior to work being performed. While interventions are being performed, temporary relocation for the families will be paid for by the owner. Relocations will be either to a permanent healthy home or to a temporary healthy home while interventions are performed. In program units where permanent relocation occurs due to the unsafe condition of the property, matching funds may be also utilized from the Coalition's Community Development Block Grant Relocation Assistance Fund that provides relocation assistance grants of up to [REDACTED] to individuals needing permanent or temporary relocation assistance. Families who do need to be relocated during interventions performed by the Safe at Home Hazard Reduction Crew will be housed in hotels while the work is ongoing. All relocations will be conducted in accordance with the Program's Relocation Protocol and HUD's Uniform Relocation Act, where appropriate. Whenever possible during hazard reduction treatments, the in place containment of belongings and rigorous lead safe work practices will be utilized to avoid the cost and additional time required to move belongings to a storage facility.

vii. Plan for ensuring right of return Rental property owners will be required to sign the Program's Mutual Service Agreement prior to the commencement of work in their property which guarantees the tenant's right to return as a condition of the agreement and the Program's intervention. Any owner violating those terms may be subject to the recapture of HUD funds expended.

(f) Community Education, Outreach and Capacity Building/Training

i. Community and Targeted Education/Training. Safe at Home will conduct Healthy Homes training for four types of audiences: program participants, community/residents/general public, health care professionals/advocates and housing professionals (property managers, maintenance personnel, contractors, day laborers, housing counselors, refugee resettlement agencies) Each of the 250 participating units will undergo an in-home resident education that will cover behavioral health and hazards such as mixing cleaning agents, cigarette smoking, and safety hazards (childproofing, exposed wires, broken stairs), home-based health risks with the distribution of Healthy Homes maintenance information. Information reviewed at the first home visit will include: 1) Comprehensive overview of home-based health hazards and their effects; 2) Need for blood lead testing of young children and pregnant women and location of testing sites; 3) Known compliance status of the unit and legal rights implication; 4) Control measures to reduce allergens triggers, lead and other safety hazards; 5) Safe at Home program intervention resources and basic health and housing legal rights and resources; 6) Initial Environmental Assessment and testing for lead dust, dust mites and other items as applicable. The Coalition will provide materials that are culturally competent and language appropriate for the target communities. SAH will conduct 54 community-based outreach trainings in conjunction with community based partners as outlined in Factor 1 to reach 5000 community residents (at Head Starts, local churches, schools, civic associations, partnership meetings). Safe at Home will train 120 Housing related personnel from code enforcement personnel to maintenance workers to

contractors in both English and Spanish in the community and in cooperation with the Maryland Home Improvement Commission in Healthy Homes strategies, interventions, and resources. In service trainings will be conducted through the Maryland Academy of Pediatrics, Family Care physicians and the Coalition's annual Grand Rounds training in 5 local hospitals.

ii) Healthy Homes training programs

Healthy Homes training programs will be offered to non-sub-grantees including the local public housing tenants association, the Baltimore Housing Authority maintenance staff and all grassroots and faith-based organizations in the City. New Psalmist Health Ministries, Bethel AME Outreach Center and John Wesley AME Zion Church will each host one Healthy Homes training seminar for parents and new home buyers. As previously noted, the Coalition will partner with the National Center to conduct Healthy Homes trainings for 120 Baltimore Code Enforcement Inspectors, homeowners, landlords, tenants, and community residents. Community education will be carried out in partnership between the Coalition, Baltimore Environmental Justice Partnership, Sandtown Community Building in Partnership, New Song Ministries in Sandtown, Coppin Heights and Patterson Park Community Development Corporations, Rental Housing Coalition, Baltimore Child Care Resource Center, Greater Baltimore Asthma Alliance, Historic East Baltimore Community Action Coalition, Save Middle East Community, St. Ambrose Housing and Baltimore Healthy Start, as well as over twenty other specifically committed outreach partners in the two primary communities as well as throughout Baltimore. Community education will occur through program linkages with referring clinics, two Asthma Summits, Community Health Forums, training to Head Start partners, families and children, local schools and Parent-Teacher Organizations, the community-based Youth Opportunities programs, education with pediatric, family care and ob/gyn offices and clinics, the monthly Lead and Healthy Homes Partnerships meetings, National and Maryland Lead Poisoning Prevention Awareness Week, health fairs, the NAACP Health Programs, schools and local media (radio, TV, print). To increase awareness, the Program will partner with WBAL-TV and WEAA Morgan State (HBCU) radio to produce six (6) Healthy Homes features. The Safe at Home program will continue the Coalition's history of community investment by providing extensive training to community leaders, including the organization's Community Health Leaders program that develop community advocates. The Health Leaders will partner with SAH staff to perform four trainings per year in the targeted communities on 1) Asthma 2) allergens 3) lead, mold and mildew, and 4) safety issues. The Coalition's fervent dedication to building community capacity and knowledge has been illustrated during the past several years by its helping to provide Maryland Lead Worker certification training to over 300 individuals from at risk communities in Maryland. The Coalition will also add a Healthy Homes section to its current website www.lead-safe.org and pending Safe at Home website to provide more in depth information and links on: hazard awareness and identification, prevention resources, and the program services. Current links on the Coalition's website will be augmented with web-based training on Healthy Homes topic areas, assessments, and intervention techniques. All persons who call into the Coalition's 1-800 hotline will receive Healthy Homes information.

(g) Addressing HUD's Departmental Priorities

(1) With HUD funding, the Safe at Home Program will expend its resources in the most distressed communities in Baltimore, including two Empowerment Zone communities. The Coalition has an 8 year history of working with city's Empowerment Zone programs. Interventions conducted through SAH will improve the health of the community by reducing allergen levels and asthma rates, mold, childhood lead poisoning, rodents, and safety hazards in homes. The Program's lead hazard reduction activities will stabilize the community by combating the existing widespread population loss, high vacancy rates, and deteriorated housing. The Program's interventions will increase the value of housing in the community, and will target cusp neighborhoods that are not directly receiving EBDI rehabilitation intervention. The Program will provide full-time jobs to residents in the community. (2) The Safe at Home Program will provide full access to its grassroots and community-based partners to conduct referrals, outreach and training. Such partners include John Wesley AME Zion Baptist Church, Coppin Heights Community Development Corporation, Baltimore Environmental Justice Partnership, Casa de Maryland, East Baltimore Development Incorporated, Morgan and Coppin State Universities (two local Historic Black Colleges and Universities). Itself a community-based organization in Baltimore, the Coalition will engage its network of over 225 grassroots, minority serving and faith-based partners in Baltimore who are a part of the Coalition Healthy Homes

partnership. (3) Total Health Care, Baltimore Medical Health Systems, Casa de Maryland, Coppin State University, and Morgan State University (two Historic Black Colleges and Universities), Coppin Heights CDC and the Baltimore Environmental Justice Coalition are local minority-serving organizations directly serving the targeted minority communities in this proposal. (4) By expanding the supply of safe, affordable housing in these communities, Safe at Home expands the housing choices of residents receiving housing subsidies and assistance. This project will aid rental owners to improve the marketability of their units. The Coalition now maintains a *Healthy Homes* Housing Registry and available rental properties going through the Safe at Home Program will be added. A public information and education program is already in place to increase public awareness of this Housing Registry. The Housing Registry is available to Public Housing residents through the Housing Authority, the Coalition, community organizations and faith-based institutions. It is currently disseminated to over 750 recipients in the region bi-monthly. The Program will help to remove funding barriers for low to moderate income first-time home buyers by assisting with the remediation of home-based health and safety hazards. Families are able to secure the funding to purchase a home, but are often unable to find the resources to safely and properly renovate their newly acquired property and are forced to live with existing environmental health hazards. (5) The Program will promote energy efficiency by providing Energy Star products where applicable. Additionally, structural repairs, moisture control, proper sealing and venting will improve energy efficiency in properties and contribute to lower gas and electric bills. Form 27300 is attached in keeping with the goal of removing Regulatory Barriers where possible. Go to http://www.baltimorehousing.org/index/consolidated_master_plan.pdf for a copy of the 2005-2010 Consolidated Plan. Contact [REDACTED], Director, at [REDACTED] at the Baltimore City Department of Planning for more information regarding the removal of regulatory barriers. The Coalition has helped to remove regulatory barriers for vacant unit renewal by providing hazard control and rehabilitation and worked owners to place units back in circulation by assisting them in lead hazard reduction compliance.

(h) Economic Opportunity

The Coalition has a demonstrated history of providing economic opportunity and job training for low-income individuals from high-risk communities in Baltimore. The Coalition has provided extensive lead worker training, computer training, public speaking, professional development and life skills training to over 300 low income and minority residents since 1996. The Coalition has continued this commitment to employment opportunities by hiring 8 community residents as current, full-time Hazard Reduction Workers, program assistants or outreach workers with the organization. The Safe at Home Program will continue to enhance the scope of training of the Hazard Reduction Crew under the proposed grant to include additional Healthy Homes training on assessment and remediation techniques and help train at least 30 community residents to improve employable skills. Safe at Home will provide further economic investment in the primary targeted community via its partnership with the EBDI project's Workforce Wednesdays where SAH will link residents to applicable jobs with Coalition partners. It is anticipated that many of the properties to be enrolled in the program and receive remediation are part of designated Empowerment Zones in Sandtown and Historic East Baltimore. The proposed Safe at Home program is consistent with the strategic plans of this area to create affordable, safe housing and economic opportunities for Empowerment Zone residents.

Section 3 Compliance

Through aggressive minority hiring for Safe at Home Program staff, the Coalition will comply with and meet the objectives of Section 3. The Coalition's Hazard Reduction Crew that will perform Healthy Homes interventions under this grant proposal is composed of primarily African-American men who reside in predominantly low income communities. The crew will be and is fully trained as Healthy Home contractors and are accredited lead hazard control workers. Each will be given an opportunity to earn their own Maryland Home Improvement License with support from the Coalition. The Program will use Minority Business Enterprise (MBE) printing firms for printing conducted for the Program and will seek additional MBE vendors for any services utilized by the Program.

(2) Approach for Managing the Project

Safe at Home will be a comprehensive model for the resident education, assessment, and remediation of housing-based health hazards in the primary target communities. The Coalition will offer the management and

planning acumen of its Executive Director, Ruth Ann Norton, and its experienced management team to ensure the timely, safe and effective delivery of services. Upon award, the Project Director and the Program Manager will implement the program management plan for Safe at Home. The Coalition has the capacity and experience to successfully operate both its current LEAP grant and Healthy Homes Demonstration Grant programs. It has developed a thoughtful staffing, finance and partnership plan to accomplish these programs simultaneously. Program Manager [REDACTED] currently provides a limited, supporting role to the Operation LEAP Baltimore Program but will allocate 50% of his time to ensuring the success of Safe at Home – a program much needed by our community.

The program management plan includes project objectives of cost effective intervention strategies; coordination of the referral agencies, community health educator, environmental health assessor and Baltimore Asthma Program; training of all involved staff; periodic scheduled meetings to discuss roles and performance of partners; use of Program protocol manuals; and specific benchmark tracking mechanisms using the Coalition's existing Microsoft Access database system (see attached samples) that will be accessible to all partners. The Coalition's fully functioning Safe at Home program provides the Coalition with the opportunity to formulate proven intervention protocols, resident education and outreach strategies to address home-based health hazards. The Coalition will draw from its existing Safe at Home program staff and funding to provide matching funds for staffing and resources for the project. Please refer to the attached Project Flowchart to view the details of the project's referral network, leveraged resources, community partners, and service delivery structure to be incorporated into this successful Healthy Homes model.

Coordination of program staff, including partners, will be overseen by the program manager and will be monitored through monthly conference calls, quarterly team meetings, etc. as well as daily supervision of Coalition staff. Quality Assurance will be maintained through the use of organized participant feedback, regular reporting, informal participant feedback, third party inspections, and Benchmark Deliverable Tracking mechanisms to insure that individuals meet specific benchmarks for the Program to meet its benchmark deliverables and achieve the desired health outcomes detailed in the Program's Benchmarks Deliverables Chart and Logic Model. Safe at Home will complete hazard assessments, inspections, hands on prevention instruction, remediation assistance, and post intervention evaluation in 250 properties within 36 months after grant funding. All properties will receive home-based environmental health and safety hazard assessments and a resident education session that includes training on proactive measures that families can undertake to address these housing-based health and safety hazards. Families will also be provided with access to prevention tools to combat hazards that pose a risk to the health and educational potential of their children. These prevention tools include: HEPA-vacuums, prevention cleaning kits, safety kits and access to hazard reduction, relocation and legal services. Continuous outreach and education initiatives by all program partners on Healthy Homes will enhance the work done with the Intensive in-home interventions. In conjunction with the in-home assessments (visual inspection and resident interview) and resident educations, 200 properties participating in the program will also undergo dust sampling for indoor allergen particles. After intervention, each property will undergo an immediate inspection to evaluate the effectiveness of the remediation efforts and the techniques employed. Post intervention sampling for indoor allergens and lead hazards will be conducted in 100 properties receiving intensive level intervention by the Safe at Home Program's Hazard Reduction Crew. All properties in the program undergoing paint stabilization will meet federal lead dust clearance standards, if applicable. 200 properties enrolled in the Program will receive post intervention indoor allergen sampling at a 6 month follow-up evaluation to measure results and to monitor the quality of interventions.

The City's establishment of an Office of Healthy Homes provides a unique opportunity to coordinate City resources with a HUD funded Healthy Homes Demonstration project. The commitment by both the City and the State toward lead hazard reduction continues to provide a unique opportunity to extend the benefits beyond lead poisoning prevention to other, home-based environmental health hazards. Safe at Home seeks to take advantage of this opportunity to address other health hazards via a proven lead intervention model. The proposed Safe at Home intervention program is designed to demonstrate the concept that effective, resident-focused lead hazard reduction interventions serve as a model for comprehensive healthy homes interventions. This approach will be leveraged in a cost effective manner to target interventions in a property that address complex underlying

environmental hazards that produce multiple negative health outcomes including hazards related to asthma and housing-based illness and injuries.

Safe at Home will raise that coordination to a new level by working intricately with EBDI and its clients to provide environmental assessments and Healthy Homes interventions where families permanently relocate to insure that families move to safe, sound and healthy homes. Safe at Home understands redevelopment could exacerbate underlying asthma triggers in the cusp neighborhoods surrounding the project. The Safe at Home program is designed to attack the hazards in homes prior to not only the birth of a child, but also prior to occupancy to ensure that 100% of EBDI families will move to safer housing. A coordinated approach will ensure that Safe at Home resources are spent on at-risk homes not otherwise targeted for demolition, and provide an opportunity to ensure that those projects are done safely to protect the health of the surrounding homes, residents and the community. A core principle of Safe at Home is to facilitate the strengthening of long-term capacity to residents and community organizations for the creation of Healthy Homes, healthy communities, and healthy children. Safe at Home will focus on linking with EBDI residents to provide Safe at Home environmental assessments and interventions prior to their occupancy of their new homes or rental units. Safe at Home will provide residents with a panoply of Healthy Homes services designed to address home-based health hazards that are not part, in most instances, of the regular property inspection and remediation process prior to tenants and homeowners moving into properties. Safe at Home will provide Healthy Homes resident education to families going through the project's permanent relocation process to educate them on how to make lead smart and Healthy Homes choices in selecting new properties for permanent relocation. Follow-up home visits will also occur at the new property 6 months following the Healthy Homes intervention. As a result, Safe at Home will work with EBDI to use new deconstruction and demolition practices, developed by the Coalition for the EBDI community to reduce the amount of lead dust emitted into the air and soil during the demolition of over 400 properties. The protocols will serve as a national model by focusing on the health of residents by comprehensively addressing dust emissions through partial deconstruction of high-leaded items, wet hosing during demolition, wetting down debris as it is loaded for hauling, wetting down trucks, and covering windows in adjacent homes with plastic sheeting.

The Coalition will enter into Memorandums of Agreement with all Program sub-grantees or contractors including: Baltimore Environmental Justice Partnership, Morgan State University, The Johns Hopkins School of Nursing, Baltimore Medical Systems, Inc., and Leadtec Services. The Coalition will enter into MOU's with all agencies working on an in-kind basis, including the University of Maryland Pediatric Clinic, the Wald Clinic and Total Health Care as well as all City and State agencies. All Program sub-grantees will be regularly monitored for performance and will be required to submit at least Quarterly Reports for grant activities conducted as well back up documentation such as sign in sheets, receipts or time sheet where appropriate. For verification, quality control, and inventory control, the Program will use carbon triplicate forms to verify the receipt and installation of all Program safety kits and cleaning kits, including a minimum of additional 50 cleaning kits to be distributed by John Wesley AME Church. As the Coalition may contribute more kits to other grass roots partners on an in-kind basis, those will be tracked in the same manner. In addition to using for quality assurance purposes, the Project management will make periodic site visits with the Community Health Educator, Environmental Assessor or Hazard Reduction Crew to assure the Program protocols and safe work practices are being properly implemented. Clearance visual inspections, including indoor allergen, mold and lead, will also be used to monitor the quality of work being undertaken in the Intensive Intervention units. Property owner surveys will be used to get feedback from owners on the quality of the intervention work performed. Sign-in sheets for accountability and post training evaluations will be used to measure the amount and quality of Healthy Homes information retained following Safe at Home outreach presentations and trainings.

(3) Budget Justification Please see attached Budget Justification Narrative and Program Budget.

d. Factor 4: Leveraging Resources

The enclosed letters of commitment identify matching and in-kind funds that are available for this exciting project. The total amount of matching and in-kind funds that has been pledged is [REDACTED] (a [REDACTED] match). All funds and leverage are available to be accessed on the start date of October 1, 2007.

1) Safe at Home combines an array of financial, legal, management, governmental, and educational resources in this proposal, inserted strategically in every phase of the program's structure. The Coalition will leverage [REDACTED] in resources created by Maryland Department of Health and Mental Hygiene (DHMH) spent on Lead and Healthy Homes for outreach and education. Additionally, DHMH has asked the Coalition to leverage SAH work with the Maryland Asthma Control Program. The Annie E. Casey Foundation has provided Healthy Homes support consistently since 2001 and has committed [REDACTED] towards SAH. All SAH work will be incorporated into the Foundation's [REDACTED] investment in East Baltimore and in its national Making Connections program. Baltimore Housing will allow the Coalition to leverage [REDACTED] matching funds from its \$185,000 CDBG grant towards relocation assistance and staff support for SAH participants. Morgan State University School of Public Health will provide an additional [REDACTED] of in-kind staff support. Baltimore Environmental Justice Partnership is a subcontractor offering [REDACTED] worth of in-kind services. Coppin Heights Community Development Corp. will provide [REDACTED] worth of in-kind staff support toward Healthy Homes outreach to other Baltimore CDCs and residents. University of Maryland Pediatric Clinic will provide [REDACTED] of in-kind staff support for [REDACTED] referrals. National Center for Healthy Homes will contribute \$ [REDACTED] worth of training. Baltimore City Asthma program will provide case management for 20 referral cases valued at [REDACTED]. Leadtec will provide risk assessment and lead clearance testing with a discount of [REDACTED]. Justin Air will provide HEPA air cleaners with a discount of [REDACTED]. John Wesley AME Zion Church will provide [REDACTED] of in-kind staff to conduct outreach & distribute cleaning kits.

(2) Please refer to attached Letters of Commitment.

(3) I. The Coalition has a twenty-year history of working in the target communities and is well connected to agencies addressing health, housing and community development.

- Maryland Asthma Control Program will work with SAH to share data, best practices and disseminate findings, serve on Healthy Homes community advisory board, work to make health-based housing recommendations to local housing departments, and collaborate with training of community residents and partners.
- A major factor in the decision to target the East and West neighborhoods in Baltimore was its inclusion in several existing City initiatives, including EBDI and the Empowerment Zone.
- The Johns Hopkins and Coppin State University (HBCU) nursing programs will provide full-semester nursing interns to assist with home visits and resident educations.
- The Coalition is working with the State of Maryland to establish an **Intergovernmental Strategic Plan for Healthy Homes** through the Environment, Health and Housing Departments, much as it did for lead in 2000. The Coalition will leverage its efforts through its 300 member - Maryland Lead Poisoning Prevention and Healthy Homes Partnership (public and private sectors).
- The Coalition has been selected by the Annie E. Casey Foundation to continue its **Community Health Leaders Training Program** to develop community-based leaders focused on environmental health, housing and safety issues. The graduates of this program, along with the Baltimore Community Environmental Justice Board, will serve as a valuable community resource for sustaining community capacity.
- The Coalition is also aligned with Empower Baltimore Management Corporation (the nonprofit entity managing the Baltimore empowerment zone), the Baltimore Community Foundation, the Baltimore City Mayor's office, Public Justice Center, Citizens Planning and Housing Association, Legal Aid, the Baltimore Rental Housing Coalition, Maryland Department of Environment, Maryland Lead Commission, Baltimore City District Court, East Baltimore Development, Inc., Association of Clinicians for the Underserved Pediatric Asthma Indoor Air Quality Improvement Project, Hispanic Apostolate and its network of promotoras, and other nonprofit housing and health service providers throughout the city.
- Safe at Home will build infrastructure, knowledge, relationships and social awareness toward its goal of developing a Healthy Homes Training Center in Baltimore to use as an educational center for housing professionals as well as the general public on healthy homes strategies, resources and interventions. The Center will also include a Healthy Homes Supply Depot offering healthy homes supplies such as radon/smoke/carbon monoxide detectors, basic cleaning supplies, pest control products, air filters, vacuums and vacuum accessories (filter replacements), outlet covers, and radiator cover supplies. These products can be cost-prohibitive but by purchasing in bulk and providing them at or near cost, the financial barriers to a healthy home will be reduced.

- Safe at Home will expand the Coalition's annual training of district housing court judges beyond lead to include specific actions they can order for environmental health aspects of a home when appropriate. Safe at Home will also provide Healthy Homes training to encourage those working in homes to use a holistic and health-based approach: private property maintenance personnel including those employed by community development corporations across the city, contractors and rehabilitators, and CASA of Maryland's temporary worker program to reach Spanish-speaking day laborer populations. The Coalition also has a well established history of working with property owners to assist them in compliance with Maryland lead laws and will incorporate Healthy Homes elements into regular communications with them.

A) The Safe at Home program will extend its impact by institutionalizing Healthy Homes strategies and practices with on-the-ground housing and rehabilitation professionals. **Baltimore Housing's Code Enforcement Division** has committed to 1) allow us to train 94 code inspectors in Healthy Homes strategies and identification and 2) Incorporate best practices in data, enforcement and policies and 3) Continue to enhance housing code enforcement for structural defects (leaking roof, faulty plumbing, rodents) and other housing code violations contributing to unhealthy conditions such as mold and indoor allergens.

- East Baltimore Development (EBDI): EBDI has pledged to incorporate lessons learned from SAH into the [REDACTED] million in housing construction, housing rehabilitation and economic development in East Baltimore.
- When appropriate, SAH will make referrals to the Baltimore City Lead Abatement Action Project which can provide up to [REDACTED] per unit [REDACTED] which is directed towards lead hazard reduction). It is estimate that there will be up to 50 referrals ([REDACTED]).
- Baltimore City Lead Program for Lead Violation Enforcement – SAH will refer non-compliant units to this program for prosecution.
- The Coalition's **Family Advocate Attorney Program** assist families with tenant's rights protection, fair housing issues, housing discrimination, Notices of Defect, and Title X enforcement.
- The Program takes the broad goals of the **City's Consolidated Plan** to provide decent housing and expand economic opportunities to low income residents.
- SAH will supplement Baltimore Housing's **Neighborhood Development Assistance Program** that infuses revitalization funds into neighborhoods that are experiencing economic decline and deteriorating housing stock and fully integrate lead hazard reduction and 1012/1013 compliance into all of its repair and renovation activities.

B) The Coalition's vision is to end childhood lead poisoning and create Healthy Homes so that every child has the opportunity to reach his or her full potential. This work affects families and children at any income level, but is especially focused on reaching vulnerable low- and very-low income children under six years of age who are most at risk. The Annie E. Casey Foundation and Baltimore Housing (through Community Development Block Grant funds) currently has committed dollars to support Healthy Homes work. \$185,000/year of CDBG funds is slated to address Healthy Homes issues including lead and other home-based environmental health hazards in 75 units/year; \$30,000 of which is matched to this proposal. The Annie E. Casey Foundation has pledged [REDACTED] annually to augment the distribution of Healthy Homes safety kits, community training, and implementation of interventions. An additional [REDACTED] of Casey funds has been provided to the Coalition to develop a Healthy Homes planning model for state and local governments. The Coalition will leverage that work into this grant. Most importantly, Safe at Home will build upon the Coalition's track record of turning direct service interventions into policy changes. One example of this practice is when the Coalition made a recommendation to then-Mayor Martin O'Malley to develop an Office of Healthy Homes based upon findings from its previous Safe at Home demonstration program. This office was formally launched in May 2006.

ii) The Coalition to End Childhood Lead Poisoning has a well established history of taking demonstration programs and moving them from implementation to law/policy and integrating findings into oversight agencies, institutions and organizations to ensure ongoing education, enforcement, and funding at the local level. The Coalition has worked to pass over 16 pieces of legislation in an ongoing effort to reduce childhood lead poisoning at the city and state levels, and anticipates doing the same for Healthy Homes work. The Coalition has a track record of garnering private foundation funding to sustain work over time by demonstrating successful protocol and practices. For instance the environmentally safe demolition protocols developed by the Coalition have now been integrated by

Baltimore City both in policy and statute. Please also refer to the above example of Baltimore City's Office of Healthy Homes.

Factor 5: Achieving Results and Program Evaluation

In accordance with the attached Program Benchmarks and Logic Model, the Program will incorporate three primary phases in implementing the project: **Start-Up Phase (0-6 Months)** - After 6 months, all initial Start-Up activities will be completed including: program planning, community partner meetings, Environmental Review, IRB, informed consent form development, environmental assessment and health survey development, and MOUs executed with all Program partners. The Program will also start initial program recruitment, resident educations, environmental assessments, and outreach and education. **Intermediate Phase (7-30 Months)** - During this phase, the Program will be operating at peak intervention mode with full Program staffing. A high level of production will be maintained in the areas of resident education, environmental assessment, Healthy Homes intervention, outreach, trainings and evaluation. The majority of the 250 interventions will be conducted during this period. **Final Phase (31-36 Months)** - During this final 6 month phase, the Program will concentrate on completing remaining activities, including all 6 month follow-up health surveys prior to the September 30, 2010 completion date. **Close Out Period** - During the close out period, the Program will complete data analysis to measure the effectiveness of each intervention component, complete all final LOCCS Draws for expended funds, and prepare the Final Report for the project. We anticipate that participants should flow through the program in an average of 6-8 months for Basic Interventions and 7-10 months from referral to completion of the follow up survey for the Facilitated and Intensive Interventions. The program will adjust recruitment & referral efforts as necessary to ensure adequate unit enrollment. By the end of Q6, we expect to have at least 55% (165) of units assessed and 30% (75) completed, and by the end of Q10 we expect to have 100% (300) assessments completed and 85% completed of units assessed and in the pipeline. The Program's Benchmarks Chart, Safe at Home Program Database, QuickBooks Accounting System, web-based HUD Quarterly Reports, Program Partner reports, and the Logic Model will be used to track activities and expenditures and to measure the Program's ability to produce improved health outcomes and return on HUD investment within the grant term. The Logic Model details the program's outline of intervention activities to produce the desired health and safety outcomes of reductions in asthma incidents and hospitalizations as well as reduction in household injuries and childhood lead poisoning. Our program survey will measure self-reporting of asthma incidences including use of inhaler/medication, school absence due to asthma, and emergency room visits due to asthma. Other program outcomes include: improved resident health and property assessment tools, increased Healthy Homes awareness (5,000), increased numbers of Healthy Homes trained code enforcement inspectors, contractors, and property managers (120), increased Section 3 employment opportunities for community residents hired by the Program (5). The "Referrals to Medical Establishment" under the same column represents the 20 participants referred to the Asthma Nurse at the Baltimore City Asthma Program for further medical evaluation and treatment. The Safe at Home Program anticipates that 250 properties and their occupants will be formally involved in the program through resident education, in-home assessments, inspections, hands on prevention instruction, and Healthy Homes remediation. Each component will result in the tangible reduction of housing-based hazards and allergens. Safe at Home will further the Healthy Homes Initiative's Departmental Goal by reducing allergens in 200 households and reducing asthmatic episodes for 100 children. These reductions will be measured via pre- and post- health surveys, pre- and post- inspection reporting, and allergen sampling for units receiving Facilitated and Intensive Interventions. Post-intervention lead dust sampling inspections will be undertaken to insure that federal lead dust clearance levels have been achieved in units undergoing lead hazard reduction and that the properties are cleared as safe for re-occupancy. Follow-up home visits will be conducted by a Morgan State University graduate student Health Surveyor at 1 month to conduct a health survey and reiterative education and at 6 months by the student and the Coalition's Environmental Assessor. The 6-month home visit will include visual inspection, health survey, environmental assessment, indoor allergen sampling, and resource referral where appropriate. Analysis will be conducted to compare the level of hazards pre-intervention with those levels post-intervention and to compare the change in hazard levels across the Facilitated and Intensive interventions.

The Program will be assisted in the development of the pre- and post- Health Surveys and evaluation tools by [REDACTED] at Morgan State University's School of Public Health and partners from the State and City Health Departments as well as the Environmental Justice Partnership. These partners will also assist in the development of evaluation tools that measure the duration of the impact of interventions as well as comparing the effectiveness of higher-level contractor Healthy Homes interventions versus lower-level occupant centered prevention measures. [REDACTED] will also assist with: data analysis of intervention methods and results; comparative analysis to evaluate the effectiveness and duration of interventions performed by contractor versus residents and between the three levels of intervention; and, the development of cost-effective Safe at Home urban intervention models that can be easily replicated and incorporated into home maintenance practices nationally. Safe at Home will evaluate its performance and intervention impact using multiple tracking mechanisms. Data analysis and data system development will be supplemented by technical support from Baltimore City's nationally recognized CitiStat data tracking system, Maryland Asthma Control Program, Baltimore City Asthma Program, Greater Baltimore Asthma Alliance, the Baltimore Neighborhood Indicators Alliance and the Baltimore City Data Collaborative. The evaluation will compare the overall health impact of the various interventions and analyze longitudinal statistics for each home. Comprehensive reporting will be provided by the program on the number of units and assessments completed, results of assessments, the types of interventions and prevention resources utilized, the cost of each type of intervention, and the comparative results of the interventions. The reporting and data compiled for the Safe at Home Program will be invaluable in developing national and local strategies for Healthy Homes interventions in urban environments.

Program partners will meet quarterly and program staff will meet weekly to review a Unit Tracking Report and ensure that Program accomplishments meet or exceed the expected Benchmarks and the outcomes and timeline indicated in the Logic Model. The Program's Microsoft Access database (accessible to all partners via Citrix Server) and its Unit Tracking Report will serve as a tracking tool for each property referred to the program and that property's progression through each phase of the Program. The database (see attached sample) will measure broad program performance indicators such as the number of referrals to the program, participants enrolled, risk assessments performed, scopes of work completed, and interventions completed and cleared. Data tracking and documentation will also be kept on outreach and education deliverables through presentations conducted, persons directly reached, materials distributed, cleaning kits distributed, HEPA-vacuums loaned and resulting interventions. The database's unit tracking feature will serve as a project management tool to ensure that the program is meeting its unit production benchmarks. The database will also be used to produce data for HUD's web-based Quarterly Reports. Indoor allergen testing, lead dust testing, visual inspections, and risk assessments will provide tangible data on the health of Baltimore's housing stock and residents. Another key benefit of HUD Healthy Homes funding will be the opportunity to more accurately measure Program outcomes versus outputs. The Safe at Home Program has been highly successful at producing quality Healthy Homes intervention outputs and would like the opportunity to more fully measure improvements in health outcomes, particularly asthma reduction, for asthma diagnosed children in Baltimore. To provide adequate analysis and assessment of the programs, Coalition staff will use client health surveys of reported asthma episodes, post-intervention allergen results, lead dust results, elevated blood lead level data, and data from the Baltimore City Asthma Program to measure the program's impact and effectiveness. Through the Coalition's work with Maryland's Environmental Justice Commission and Children's Environmental Health Commission, SAH will work to measure the environmental impact of healthy housing in improving outcomes for Baltimore's children.

Program Management (Project Director, Program Manager, Director of Hazard Control, Crew Chief) will meet bi-weekly to review performance achievements and redirect efforts, if necessary, to meet budget and schedule requirements. If any areas of the Program are ever behind scheduled benchmarks, the Project Director will allocate additional resources to insure that all deliverables are met on time. Monthly meetings will be conducted to review production benchmarks, strategize on any impediments or budget issues, and review deliverables to date with all partners. The Program Manager will maintain ongoing communication with referral partners to ensure consistent flow of potential clients into the system and the timely delivery of services.

f. Bonus Points: Please see attached Form HUD 2990.