

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	MDCH_LSHP_2012 HUD LPBHC_Abst	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	MDCH_LSHP_2012 HUD LPBHC_Narr	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	MDCH_LSHP_Appendices_A-I.zip	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	MDCH_LSHP_Appendices_J-S.zip	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	MDCH_LSHP_Appendix_T.zip	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	MDCH_LSHP_Appendices_U-W.zip	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	MDCH_LSHP_Appendices_X-Z.zip	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Number: 2510-0011  
Expiration Date: 10/31/2012

**Applicant/Recipient Information**

\* Duns Number: 1137041390000

\* Report Type: INITIAL

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

\* Applicant Name:

Michigan Department of Community Health

\* Street1: P.O. Box 30195

Street2: 201 Townsend Street

\* City: Lansing

County: Ingham

\* State: MI: Michigan

\* Zip Code: 48909-7695

\* Country: USA: UNITED STATES

\* Phone: 517.335.8152

2. Social Security Number or Employer ID Number: 38-6000134

\* 3. HUD Program Name:

Lead-Based Paint Hazard Control in Privately-Owned Housing

\* 4. Amount of HUD Assistance Requested/Received: \$ 2,499,601.00

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

\* Project Name: Michigan Lead Safe Home Program

\* Street1: Various addresses

Street2:

\* City: Various cities

County: Various counties

\* State: MI: Michigan

\* Zip Code: Various ZIP codes

\* 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.

**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:

City of Lansing, Dept of Planning & Neighborhood Development

Government Agency Address:

\* Street1: 316 North Capitol Avenue

Street2:

\* City: Lansing

County: Ingham

\* State: MI: Michigan

\* Zip Code: 48933-1234

\* Country: USA: UNITED STATES

\* Type of Assistance: CD Block Grant

\* Amount Requested/Provided: \$ 15,000.00

\* Expected Uses of the Funds:

Collaborative housing rehabilitation activities

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.)

Add Attachment

Delete Attachment

View Attachment

**Part III Interested Parties.** You must decide.

**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 %)
			\$ %
			\$ %
			\$ %
			\$ %
			\$ %

(Note: Use Additional pages if necessary.)

Add Attachment

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View Attachment

**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)

michele borgialli

01/12/2012

**Facsimile Transmittal**

**U. S. Department of Housing  
and Urban Development**  
Office of Department Grants  
Management and Oversight

OMB Number: 2525-0118  
Expiration Date: 06/30/2011

**1326315952 - 5660**

Name of Document Transmitting:

**1. Applicant Information:**

Legal Name:

Address:

Street1:

Street2:

City:

County:

State:

Zip Code:

Country:

**2. Catalog of Federal Domestic Assistance Number:**

Organizational DUNS:

CFDA No.:

Title:

Program Component:

**3. Facsimile Contact Information:**

Department:

Division:

**4. Name and telephone number of person to be contacted on matters involving this facsimile.**

Prefix:  First Name:

Middle Name:

Last Name:

Suffix:

Phone Number:

Fax Number:

5. Email:

**6. What is your Transmittal? (Check one box per fax)**

a. Certification     b. Document     c. Match/Leverage Letter     d. Other

7. How many pages (including cover) are being faxed?

Form HUD-96011 (10/12/2004)

Application for Federal Assistance SF-424	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____	
<b>* 3. Date Received:</b> 01/12/2012	<b>4. Applicant Identifier:</b> _____
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>	
<b>* a. Legal Name:</b> Michigan Department of Community Health	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 38-6000134	<b>* c. Organizational DUNS:</b> 1137041390000
<b>d. Address:</b>	
<b>* Street1:</b> P.O. Box 30195	_____
<b>Street2:</b> 201 Townsend Street	_____
<b>* City:</b> Lansing	_____
<b>County/Parish:</b> Ingham	_____
<b>* State:</b> MI: Michigan	_____
<b>Province:</b> _____	_____
<b>* Country:</b> USA: UNITED STATES	_____
<b>* Zip / Postal Code:</b> 48909-7695	_____
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> MI Dept of Community Health	<b>Division Name:</b> Environmental Health
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Mr.	<b>* First Name:</b> Wesley
<b>Middle Name:</b> F.	_____
<b>* Last Name:</b> Priem	_____
<b>Suffix:</b> _____	_____
<b>Title:</b> Healthy Homes Section Manager	
<b>Organizational Affiliation:</b> Michigan Department of Community Health	
<b>* Telephone Number:</b> 517.335.8152	<b>Fax Number:</b> 517.335.8800
<b>* Email:</b> priemw@mi.gov	

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

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:**

14.900

CFDA Title:

Lead-Based Paint Hazard Control in Privately-Owned Housing

**\* 12. Funding Opportunity Number:**

FR-5600-N-04A

\* Title:

Lead-Based Paint Hazard Control Grant Program

**13. Competition Identification Number:**

LBPHC-04A

Title:

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

Application Q-14 Response.doc

Add Attachment

Delete Attachment

View Attachment

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

Lead Safe Home Program providing lead-based paint hazard identification/control and healthy homes interventions for high-risk, low-income residents using cost-effective and health-protective methods.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: <input type="text" value="MI-ALL"/>	b. Program/Project: <input type="text" value="MI-015"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text" value="Application Q-16 Response.doc"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2015"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text" value="2,499,602.00"/>
* b. Applicant	<input type="text" value="653,572.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="1,113,996.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="4,267,170.00"/>
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>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)</b>	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Jean"/>
Middle Name: <input type="text" value="C."/>	
* Last Name: <input type="text" value="Chabut"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Deputy Director, Public Health Administration"/>	
* Telephone Number: <input type="text" value="517.335.8024"/>	Fax Number: <input type="text" value="517.335.9032"/>
* Email: <input type="text" value="chabutj@mi.gov"/>	
* Signature of Authorized Representative: <input type="text" value="michele borgialli"/>	* Date Signed: <input type="text" value="01/12/2012"/>





## **Michigan Department of Community Health – Healthy Homes Section Lead Safe Home Program**

### **ABSTRACT**

The Michigan Department of Community Health (MDCH), Division of Environmental Health (DEH), Healthy Homes Section (HHS) is proposing to expand, enhance, and strengthen its lead hazard control activities through continued implementation of the Lead Safe Home Program (LSHP). The mission of the Healthy Homes Section is to improve the health and wellbeing of Michigan citizens, especially vulnerable populations such as children under the age of 6, by promoting safe and healthy home environments through comprehensive home-based intervention programs, lead certification and regulations, public education and outreach, and statewide partnerships.

MDCH is requesting \$2,499,602 in HUD, Lead-Based Paint Hazard Control Grant Program (LBPHC) grant funds (including a \$200,000 request for Healthy Homes Supplemental funding) to supplement matched funds that will assist the State in providing comprehensive lead hazard control program services to low-income families who occupy substandard pre-1978 privately-owned housing in eight counties and one city identified as high risk in Michigan – counties of Bay, Calhoun, Hillsdale, Ingham, Jackson, Kalamazoo, Macomb, Oakland and the City of Detroit.

MDCH's comprehensive lead hazard control program approach will utilize interim controls and hazard abatement methods to complete 185 units during the 36-month period of performance.

The LSHP is requesting \$200,000 in Healthy Homes Supplemental funding to support, enhance and expand activities that reduce significant housing-related health and safety hazards in enrolled units utilizing the Healthy Homes Rating System (HHRS). With this funding, the LSHP will perform Healthy Homes Screenings on every LSHP enrolled unit, provide Healthy Homes products to every enrolled unit, perform a Healthy Homes Rating System (HHRS) assessment on 40 select units and provide Healthy Homes products and services to address the top housing-related health hazards in these 40 select units based on the results of the HHRS. This approach is further detailed in the narrative.

The LSHP will provide lead hazard control program services through an established network of sub-grantees, contractors, and partner organizations. This regional network of sub-grantees, contractors and partner organizations will implement an aggressive strategy to increase community awareness and to conduct outreach activities to ensure that the Program meets and exceeds its goals and objectives.

MDCH, an existing HUD grantee with the Office of Healthy Homes and Lead Hazard Control, has successfully operated a Lead-Based Paint Hazard Control grant program in privately-owned housing for the past 16 years. Current and prior Lead-Based Paint Hazard Control grants were awarded in 2009 (Grant number MILHB0443-09), 2006 (Grant number MILHB0328-06), 2003 (Grant number MILHB0159-00 Extension), 2000 (Grant number MILHB0159-00), and 1994 (Grant number MILAG0019-94).

**Rating Factor 1 – Capacity of the Applicant and Relevant Organizational Experience**

The Michigan Department of Community Health (MDCH), Healthy Homes Section (HHS) is proposing to expand and enhance its lead hazard control activities by implementing the Lead Safe Home Program (LSHP). HHS provides seven primary functions to address lead poisoning and healthy housing:

MDCH, Healthy Homes Section Primary Functions
1. Administration of HUD Lead-Based Paint Hazard Control (LBPHC) grant funds, associated match/leveraged resources to address lead-based paint hazards and other housing needs to make units lead-safe;
2. Administration of HUD Healthy Homes Demonstration and HH Technical Studies funds to reduce the incidence and costs associated with asthma and unintentional injuries in high-risk populations;
3. Provision of an lead poisoning Environmental Investigation Program;
4. Conducting public and professional education and outreach;
5. Administration of EPA-authorized training and certification program for lead professionals;
6. Enforcement of lead professionals pursuant to the Michigan Lead Abatement Act;
7. Serve on CDC-funded Healthy Homes Strategic Plan Advisory Committee to design a comprehensive statewide plan for healthy homes initiatives, mapping areas of greatest need and available local resources.

HHS requests **\$2,499,602** in HUD grant funds (\$2,299,602 in LBPHC funds and \$200,000 in Healthy Homes Supplemental funds) to assist the State in providing comprehensive lead hazard control program services to low-income families residing in substandard, pre-1978 privately-owned housing located in eight counties and one city<sup>1</sup> identified as the highest lead priority areas in Michigan<sup>2</sup>. This proposed program will complete **185** units using interim controls and hazard abatement during the performance period. MDCH will leverage additional resources and initiatives to reduce the incidence and costs associated with childhood lead poisoning. Since the passage of Public Law 91-695, *the Childhood Lead-Based Paint Poisoning Prevention Act*, in 1971, the LSHP has evolved into a highly effective and comprehensive program. **c. Capacity**

**and Relevant Organization Experience, (1) Organization’s Progress and Performance:**

HHS has successfully administered consecutive HUD OHHLHC grants since 1994. Program performance and progress, as of this submission, is as follows:

<sup>1</sup> Please note that Lead-Based Paint Hazard Control will be conducted in the RC/EZ/EC-II area in the City of Detroit.

<sup>2</sup> The LSHP may provide lead hazard control interventions in areas outside these target areas if a child with an elevated blood lead level (EBL) is identified and referred to the Program.

**Michigan Department of Community Health – Healthy Homes Section, Lead Safe Home Program  
Lead-Based Paint Hazard Control Grant Program Application Rating Factor Narrative Response**

HUD/OHHLHC Grant Type	Time Period	Benchmark	Completed
Lead Hazard Control w/ HH Component (current)	FY 2010-2012	235 units	166 (pending)
Lead Hazard Control	FY 2000-2009	1,152 units	1,247
Healthy Homes Demonstration	FY 2006-2011	550 units	551
Healthy Homes Technical Studies	FY 2011-2014	125 units	Start-up

In FY 2009, HHS received a HUD LPBHC award of \$3,070,000 to provide lead hazard control interventions in 235 units and Healthy Homes interventions in 70 select units in targeted communities. As of December 31, 2011, the LSHP outcomes include 211 units enrolled, 214 units assessed for lead hazards, and 166 completed units (70.6% of total to be completed). The LSHP developed a Healthy Homes Assessment on enrolled units and has provided Healthy Homes interventions based on results of the tool for 41 units, to date. The Program has expended \$1,605,548.14 (or 52.3%) of grant funds as of September 30, 2011 further confirming that the Program is exceeding all Program benchmarks, is able to draw down funds received in a timely manner and will complete all tasks/deliverables within the performance period. In addition to these outcomes, the milestones, deliverables and capacity-building efforts further confirm that HHS has expertise to successfully conduct the FY 2012 Grant Program.

<b>MDCH Healthy Homes Section - Lead Safe Home Program Outcomes (To Date)</b>	
<b>Milestones and Deliverables</b>	<b>Capacity Building Efforts</b>
<ul style="list-style-type: none"> <li>Conducted 186 education &amp; outreach events reaching 72,961 individuals.</li> <li>Trained 345 individuals, including 87 Section 3 Individuals.</li> <li>Secured Kresge Foundation funds to support lead scholarship training programs for Section 3 residents in target areas for FY 2009 and 2010</li> <li>200 eligible applications on waiting list pending lead hazard control work.</li> <li>Maintains a statewide public Lead Safe Housing Registry on rental housing.</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration with HHS Healthy Homes University Program –providing lead hazard control services to 5 projects in Ingham County also receiving asthma and safety interventions.</li> <li>Increased collaboration with rehabilitation services with Community Development Block Grant (CDBG) Programs, housing programs and Weatherization services on 14 units.</li> <li>Over \$319,618 leveraged through homeowner, rental property owner and partner contributions.</li> <li>Over \$323,045 leveraged from partner agencies for referrals, education, outreach and other activities.</li> <li>Leveraged \$350,000 in windows provided through enforcement action versus Wallside Windows.</li> <li>Secured \$250,000 in windows through EPA SEP against Hansons Windows, for future FY 12 Grant Program use.</li> </ul>

To ensure that the LSHP meets or exceeds established benchmarks, HHS provides the direct oversight and management to ensure the Program is successful. Two impediments during the FY

**Michigan Department of Community Health – Healthy Homes Section, Lead Safe Home Program  
Lead-Based Paint Hazard Control Grant Program Application Rating Factor Narrative Response**

2009 Grant period were a lack of stable, state funding to support the LSHP and demand for services exceeded available funding resources. To address these impediments, the LSHP was able to foster enhanced partnerships with local housing agencies and property owners to leverage increased funding dollars. Additionally, LSHP partners organized the Michigan Alliance for Lead Safe Housing to identify and secure state funding to support childhood lead poisoning prevention and LSHP activities. In addition, the LSHP will continue to foster new and existing partnerships with housing, health and community-based organizations statewide. **(2) Program's**

**Positive Community Impacts:** During the 2009 Grant period, the LSHP has developed and maintained several partnerships within its target areas that provide positive community impact.

For example, the LSHP formalized a unique relationship with the Restoration Works!

Rehabilitation Program, in collaboration with Lansing Community College (LCC) and Allen Neighborhood Center (ANC); the collaborative offers applied opportunities for LCC and local high school students to learn technical construction management and trade skills. LSHP will offer Lead Awareness, Renovation, Repair and Painting (RRP) and Lead Worker/Supervisor training to students, Section 3 individuals and community members, with hands-on training in a Restoration Works!-owned property. The partnership will also assist in rehabilitating community properties while using lead-safe methods. The LSHP will continue to partner with local housing agencies for lead hazard control and rehabilitation on properties within designated target areas (see *Regional Field Consultants and Committed Partner Organization Network Table on page 5*). During the 2009 program, the LSHP has leveraged over \$319,618 in CDBG, weatherization, and property owner funding, \$350,000 in windows provided through a Supplemental Environmental Project and over \$323,045 from partner agencies for referrals, education, outreach and other activities.. **(3) Key Personnel: Wesley Priem, HHS Section**

**Michigan Department of Community Health – Healthy Homes Section, Lead Safe Home Program  
Lead-Based Paint Hazard Control Grant Program Application Rating Factor Narrative Response**

**Manager, Project Director** for the LSHP has managed HUD/OHHLHC grants for over 15 years and has the expertise to serve as the LSHP Project Director. As Section Manager, he has the responsibility and authority for the administration of the LHSP including supervision of Section/Program staff, performing fiscal oversight, developing new partners, overseeing policies and procedures, ensuring NOFA requirements are followed, and working with public/private organizations to achieve Program objectives. Recently, Mr. Priem oversaw the successful completion of the HHS FY 2008 Healthy Homes Demonstration Grant Program and will ensure that the FY 2009 LBPHC Program will meet all Program benchmarks. Mr. Priem will devote **40%** of his time to the LSHP. His resume is included as *Appendix A. Carin Speidel, Lead Safe Home Program Manager*, will serve as the **Day-to-Day Program Manager** and has served in this position for 9 years, successfully managing the LSHP in high ranking with HUD. Ms. Speidel provides critical management and technical skills needed for project management, lead hazard control (LHC) and housing rehabilitation and for maintaining and analyzing financial, contractual, and budget information to ensure that projects are performed in a cost-efficient and effective manner. Ms. Speidel's responsibilities include: day-to-day management of the LSHP, sub-grantees, and partner organization network including oversight of unit selection, lead inspections/risk assessments, LHC specifications, and other LHC activities; Oversight of the pre-qualified contractor selection process; Ensuring compliance with Federal and State statutes and regulations, as well as LSHP policies, procedures, goals and other requirements; Financial management of the grant including all budget and financial records; and Serving as Departmental liaison for program activities. Ms. Speidel will devote **100%** of her time to the LSHP. Her resume is in *Appendix B. Steven Smith. MPA, Housing Specialist*, will serve as LSHP **Interim Program Manager** for the 6-month overlap period with the 2009 LBPHC grant

**Michigan Department of Community Health – Healthy Homes Section, Lead Safe Home Program  
Lead-Based Paint Hazard Control Grant Program Application Rating Factor Narrative Response**

program (retained through contract with SEMHA). Ms. Smith has 25 years of experience administering the housing rehabilitation program for the City of Grand Rapids Community Development Department and served as a LSHP RFC for 6 years, performing assessments, specification writing, overseeing contractors and abatement, clearances and developing policies. Mr. Smith has experience and expertise in project management, housing rehabilitation and LHC. For the overlap period, Mr. Smith will devote 100% of his time towards Program Management functions as described above. His resume is in *Appendix C*. **Courtney Wisinski** will serve as **Healthy Housing Specialist** and has worked with HHS for 6 years as Program Manager for the Healthy Homes University Program, providing successful management for the HUD Healthy Homes Demonstration Program and is currently the Environmental Manager for the Healthy Homes Technical Study, Asthma Control through Education and Environment. Under this LBPHC grant, Ms. Wisinski will conduct Healthy Homes Rating System (HHRS) Assessments, perform data analysis and train staff and sub-grantees on the HHRS. Ms. Wisinski will devote 10% of her time to the LSHP. Her resume is in *Appendix D*. **Regional Network**: The LSHP provides services through an established network of sub-grantees (**Regional Field Consultants (RFC)**) and partner organizations, described below and in *Appendix E*.

<b>Regional Field Consultants and Committed Partner Organization Network</b>	
<p><b><u>Regional Field Consultants (Subgrantees)</u></b></p> <p><b>CLEARCorps Detroit (CBO)</b></p> <ul style="list-style-type: none"> <li>▪ Service Areas: City of Detroit, Counties of Macomb and Oakland</li> </ul> <p><b>Statewide Regional Field Consultant</b></p> <ul style="list-style-type: none"> <li>▪ Service Areas: Counties of Bay, Calhoun, Hillsdale, Ingham, Jackson, and Kalamazoo</li> <li>▪ Out of Target Areas with EBLs</li> </ul> <p><b><u>State Partners</u></b></p> <ul style="list-style-type: none"> <li>▪ MDCH, Healthy Homes &amp; Lead Poisoning Prevention Program</li> <li>▪ MDCH, Administration</li> <li>▪ Michigan State Housing Dev Authority</li> </ul> <p><b><u>Other Committed Partner Organizations</u></b></p> <ul style="list-style-type: none"> <li>▪ Allen Neighborhood Center (CBO)</li> <li>▪ Bay Area Housing, Inc.</li> </ul>	<p><b><u>Continued: Other Committed Partner Organizations</u></b></p> <ul style="list-style-type: none"> <li>▪ Bay County Health Department</li> <li>▪ Calhoun County Public Health</li> <li>▪ City of Lansing, Planning/Neighborhood Dev</li> <li>▪ CLEARCorps Detroit (CBO)</li> <li>▪ City of Detroit, Health &amp; Wellness Promotion</li> <li>▪ Detroit Lead Partnership (CBO)</li> <li>▪ Habitat for Humanity Lansing</li> <li>▪ Hansons Windows</li> <li>▪ Jackson County Health Department</li> <li>▪ Kalamazoo County Health &amp; Community Services</li> <li>▪ Lansing Community College/ Restoration Works!</li> <li>▪ Kalamazoo Neighborhood Housing Svc (CBO)</li> <li>▪ Michigan Environmental Council</li> <li>▪ Wayne County Office of Prosecuting Attorney</li> <li>▪ Wayne State University</li> </ul>

**Michigan Department of Community Health – Healthy Homes Section, Lead Safe Home Program  
Lead-Based Paint Hazard Control Grant Program Application Rating Factor Narrative Response**

**Other Essential Personnel:** The HHS has 8 additional employees that will assist the LSHP, whose responsibilities are described in *Appendix F and Appendix G, the organizational chart.*

**(4) Concurrent Implementation of Lead Grants:** The HHS proposes implementation of the FY 2012 Grant program on July 1, 2012 for a period of 36-months. This requires concurrent implementation of grant activities with the FY 09 grant whose project period ends on December 14, 2012. To safeguard against comingling of funds, Steven Smith will be assigned to the FY 2012 Grant program as Program Manager (100% of time) and Carin Speidel will remain as Program Manager (100% of time) under the FY 2009 Grant program for the six-month overlap period. Ms. Speidel will be re-allocated as the FY 2012 Program Manager after the FY 2009 grant closeout. Both Program Managers have the expertise and experience to successfully manage the programs, as detailed in the appended resumes. Both Program Managers will maintain timesheets documenting their time commitment. CLEARCorps Detroit, a sub-grantee, will assign additional staff to assist in program functions for the overlap period. To avoid comingling funds, the HHS will assign distinct funding codes (PCA) for the FY 2009 and FY 2012 grants and activities and funds for each program will be monitored by program management and budget personnel, with oversight, including review of time sheets, provided by the HHS Section Manager. The HHS will hold bi-monthly meetings with MDCH Budget Section staff to ensure funds under both grants are being properly expended and monitored. Key staff costs will be charged to only one LPBHC grant during the overlap period.

**Rating Factor 2 – Need/Extent of the Problem, Target Area Selection:** MDCH's Healthy Homes and Lead Poisoning Prevention Program (HHLPP) maintains statewide data on: pre-1978 housing, children under the age of six and children identified as having elevated blood lead levels (EBL). The HHS has assessed these and other data provided through various sources, as



noted in the Rating Factor 2 table (*page 8*), to determine the highest risk areas for inclusion in the LSHP. Consolidated Plans (*see Appendix H and H1 for links to consolidated plans of state and local target areas*) document a critical need for lead-safe housing stock. These jurisdictions have certified that the LSHP is consistent with their consolidated plans (*Appendix I*). The **eight counties and one city** identified as highest priority for receiving LHC grant funds are listed below in the *Rating Factor 2 Table*, and a map is included as *Appendix J*<sup>3</sup>. Furthermore, the LSHP program application is designed to ensure prioritization to families in highest need (*see Rating Factor 3, page 14*).

**Rating Factor 3 – Soundness of Approach:** LSHP is a comprehensive LHC program providing services to low-income families residing in substandard pre-1978 privately-owned housing located in eight counties and one city identified as the highest priority in Michigan. The LSHP will use its existing partner network (*see Rating Factor 1, page 5*) to implement the program strategy. a. **Lead Hazard Control Work Plan Strategy:** The proposed LSHP Grant Management Work Plan (*see Appendix K*) includes specific, measurable, and time-phased objectives for each major program activity, and reflects benchmark performance standards for unit production, expenditures, obtaining match funds, community outreach and education, skills training, and other program activities during the 36-month period of performance. The work plan: (1) provides a schedule for the assignment of major tasks and activities, sub-grantee costs, the time frame for delivery and responsible entity to conduct these activities; and (2) includes steps to ensure that coordination, communication, quality assurance activities and corrective actions are managed through meetings, reports, on-site monitoring, performance reviews, policies and procedures, and information exchange.

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<sup>3</sup> The LSHP may provide lead hazard control interventions in areas outside these target areas if a child with an elevated blood-level is identified and referred to the Program.

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Rating Factor 2 Table	Need/Extent of the Problem									
	Bay County	Calhoun County	Hillsdale County	Ingham County	Jackson County	Kalamazoo County	Macomb County	Oakland County	City of Detroit	
<b>a. Population Data</b>										
Total population	107,771	136,146	46,688	280,895	160,248	250,331	840,978	1,202,362	713,777	
Total population under six years of age	7,529	10,745	3,359	20,346	11,826	18,686	59,398	85,894	81,248	
<i>Source: MDCH Data Warehouse</i>										
Number / percentage of population under six w/ EBL >10µg/dL, <i>Source: MDCH Data Warehouse</i>	15 / 1%	20 / 0.8%	16 / 1.9%	28 / 0.5%	23 / 0.9%	50 / 1.3%	28 / 0.3%	43 / 0.3%	802 / 2.6%	
Area Median Income	\$58,500	\$49,500	\$54,200	\$68,700	\$61,600	\$63,200	\$65,300	\$65,300	\$65,300 <sup>4</sup>	
Percent of population at 80% of AMI	42.2%	43.1%	37.5%	46.3%	39.1%	39.6%	37.0%	29.5%	64.4%	
Percent of population at 50% of AMI	22.8%	23.6%	19.4%	27.3%	21.3%	22.6%	18.9%	15.4%	44.3%	
<b>b. Housing Data</b>										
Number / percentage of housing units pre-1978	39,444 / 75.6%	45,991 / 75.3%	13,756 / 63.2%	82,786 / 68.2%	46,888 / 67.9%	68,332 / 62.6%	209,946 / 59.0%	318,882 / 60.5%	340,529 / 93.3%	
Number / percentage of housing units pre-1940	11,903 / 24.7%	16,802 / 27.5%	6,743 / 31.0%	20,895 / 17.2%	16,458 / 23.8%	17,458 / 16.0%	15,682 / 4.4%	41,675 / 7.9%	127,880 / 35.0%	
Number / percentage of housing units - rental	8,963 / 20.2%	15,034 / 27.9%	3,163 / 18.1%	41,670 / 38.3%	14,563 / 24.0%	34,644 / 34.8%	69,031 / 20.9%	122,416 / 25.5%	123,362 / 45.5%	
Number / percentage of housing units - owner occupied	35,382 / 79.8%	38,891 / 72.1%	14,343 / 81.9%	67,053 / 61.7%	46,049 / 76.0%	64,812 / 65.2%	261,291 / 79.1%	358,624 / 74.6%	147,688 / 54.5%	
<b>c. Other Factors Contributing to Need</b>										
Unemployment Rate	11.7%	10.9%	14.2%	10.4%	12.6%	10.2%	13.7%	12.1%	22.7%	
<i>Source: Bureau of Labor Statistics 2010</i>										
Number / percentage of children receiving Medicaid, <i>Source: Kids Count Data Book 2009</i>	9,688 / 38.6%	16,085 / 46.0%	4,907 / 43.3%	24,188 / 36.0%	15,701 / 39.3%	21,234 / 34.9%	61,569 / 30.2%	64,911 / 21.6%	154,057 / 61.8%	
Number / percentage of families receiving assistance through WIC, <i>Source: MI WIC Program</i>	2,900 / 1.1%	4,800 / 1.9%	1,400 / 0.05%	7,200 / 2.8%	4,900 / 1.9%	3,900 / 1.5%	10,200 / 4%	16,500 / 6.4%	43,500 / 17%	
Number of children receiving assistance through Head Start/Early Head Start	3,226 <sup>6</sup>	469	195	944	671	793	1,041	1,918	6,497	
<i>Source: Michigan Community Action Agencies</i>										
Number / percentage of children receiving assistance through SNAP	7,453 / 29.7%	12,669 / 36.2%	3,404 / 30.0%	18,851 / 28.0%	11,893 / 29.7%	16,664 / 27.4%	43,777 / 21.5%	42,626 / 14.2%	128,311 / 51.5%	
<i>Source: Kids Count Data Book 2009</i>										
Data in consolidated plans/LBP element	See Appendix I for certifications of consistency with the consolidated plans for all areas listed.									

Unless otherwise indicated, data provided is from the 2010 U.S. Census, 2006-2010 American Community Survey, and HUD CHAS data.

<sup>4</sup> Figure only available for Detroit-Warren-Livonia HUD Metropolitan Area

<sup>5</sup> Figure only available for City of Kalamazoo.

<sup>6</sup> Figure only available for Northeast Michigan Community Service Agency Report Area

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The table below highlights the major tasks and objectives to be implemented by the LSHP based on historical program accomplishments and current capacity, which takes into consideration potential impediments and delays:

<b>Program Task/Activity-Deliverables</b>	<b>Number</b>
Number of families contacted/Referrals for participation in the lead hazard control grant program	<b>315</b>
Applications received by the Program	<b>236</b>
Eligible applicants to receive combined paint inspection/risk assessment	<b>195</b>
Units enrolled in the LSHP	<b>190</b>
Units to receive lead hazard control work	<b>185</b>
Children living in units made lead-safe	<b>278</b>
Individuals, including <b>Section 3</b> persons to be trained to perform lead hazard control activities	<b>295</b>
Events scheduled to reach groups and individuals through education and/or outreach	<b>108</b>
Persons to be served by outreach activities	<b>78,750</b>

The completed Benchmark Standards worksheet, summarized below, (*also see Appendix L*) provides schedule and milestones to successfully complete all work on time within the performance period (**July 1, 2012-June 30, 2015**).

<b>Work Plan Benchmarks</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Q 5</b>	<b>Q 6</b>	<b>Q 7</b>	<b>Q 8</b>	<b>Q 9</b>	<b>Q 10</b>	<b>Q 11</b>	<b>Q 12</b>	<b>Q 13</b>
<b>Units Enrolled</b>	4	10	29	57	86	105	124	162	181	190			
<b>Inspect/Risk Assessment</b>	4	10	20	39	59	88	107	127	166	185	195		
<b>Units Cleared for LHC</b>		4	11	28	52	72	93	111	139	157	176	185	
<b>HHRS Assessments &amp; Interventions</b>			2	7	12	17	22	27	32	37	40		
<b>LOCCS Drawdown (%)</b>		1	3	5	10	15	20	30	45	60	80	95	100
<b>Outreach (Events)</b>	9	18	27	36	45	54	63	72	81	90	99	108	
<b>Training (Persons)</b>	13	40	53	80	93	130	168	195	208	245	258	295	

**Start Up and Implementation:** As a continuous recipient of HUD LPBHC funds since Fiscal Year 1996, HHS has continuously demonstrated the requisite knowledge and experience needed for a smooth and timely start-up for the LSHP within the first 60 days of the grant. The LSHP is currently operating the necessary components related to education/outreach, training, testing, housing interventions and associated activities to immediately implement the Program.

Therefore, no delays in start-up are anticipated for the FY 2012 program. **Staffing/Training:** All key LSHP positions, including RFCs, are currently filled and fully trained. These positions were discussed in *Factor 1 (pages 3-5 and Appendix E)* and include the key positions of Project Director, Program Manager, and Healthy Housing Specialist, as well as RFCs. In the unlikely

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event that a position becomes vacant, the LSHP will take the necessary steps to continue program implementation with least interruption or delay. Positions will be filled according to civil service requirements and are based on a candidate's relevant education and experience. HHS will provide new hires with staff orientation and on-site field training. As discussed in *Factor 1*, the HHS will concurrently implement LHC activities with the FY '12 and FY '09 Grant. To safeguard against comingling of funds, Steve Smith will be assigned to the FY 2012 Grant program as Program Manager and Carin Speidel will remain as Program Manager under the FY 2009 Grant program for the overlap period. After completion of the FY 2009 grant, Carin Speidel will be re-allocated as Program Manager under the FY 2012 program. Key staff, as well as other staff paid under HUD funding, will be paid only from one grant for the overlap period. HHS staff has been cross-trained in LHC grant program operations and activities. RFCs and program staff are trained and certified as lead inspector/risk assessors, lead supervisors, EBL investigators and Healthy Homes Specialists, and HHS pays for the field staff's required refresher training and re-certification. **Contractor Pool:** Lead abatement contractors must possess the necessary certifications, licenses, and other qualifications in order to be placed on the HHS "pre-qualified" contractor list, which HHS evaluates through an application twice a year. Only these "pre-qualified" contractors are solicited to bid on LHC projects. There are currently 41 "pre-qualified" contractors. HHS anticipates no delays in maintaining this pool. **Written Policies and Procedures:** As a 2009 HUD Grantee, the HHS currently has written policies and procedures for the LSHP. These policies and procedures will be reviewed and revised accordingly after the grant award to correspond with the FY 2012 NOFA, grant proposal and grant award agreement. **Environmental Review:** The LSHP will comply with 24 CFR part 58, Environmental Review Procedures. Having conducted at least 5 reviews, HHS understands the

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OHHLHC requirements for these reviews and in obtaining HUD approval for the Request for Release of Funds. Ms. Speidel is responsible for working with the State Historic Preservation Office (SHPO) to ensure compliance with historic preservation requirements. Ms. Borgialli is responsible for completing and submitting the necessary environmental review documentation to HUD for disposition. The RFCs are responsible for the review process on each individual project while HHS retains overall responsibility for monitoring the RFC's environmental review work. **Implementation of Outreach and Unit Enrollment:** Under the current FY 2009 grant, LSHP conducts outreach and enrollment activities. The LSHP will continue these outreach activities, including referrals from local health departments, housing agencies and other community-based organizations, and educational events conducted by HHS staff, RFCs and partner organizations to target populations. No delays are anticipated by the LSHP with unit enrollment due to these ongoing activities, as well as the current waiting list of approximately 200 units, which will be re-evaluated for enrollment in the 2012 LSHP. **Internal and External Capacity Building:** HHS has formed key partnerships with several organizations that have the knowledge and skills required to assist in implementing the LSHP. HHS partners with many local health departments and community-based organizations statewide to provide referrals to the LSHP, conduct education/outreach events, and coordinate blood lead testing of children. HHS integrates with local housing and Community Action Agencies across the state to provide LHC intervention work in conjunction with rehabilitation and/or weatherization services. HHS contracts with CLEARCorps Detroit and the Southeastern Michigan Health Association for RFC field services. The RFCs play a critical role in the program by serving as day-to-day project coordinator at the local level and are responsible for Inspections and Risk Assessments, specification writing, contractor oversight, clearances, and quality control. **(1) Outreach,**

***Recruitment, Intake, Enrollment, Unit/Income Eligibility: Outreach and Recruitment:*** The LSHP enrolls eligible privately-owned pre-1978 housing units occupied by very low- and low-income families with children less than 6 years of age or a pregnant female. Outreach to and recruitment of these units requires collaboration, affirmative outreach, marketing, and referrals from local service agencies. The MDCH Healthy Homes and Lead Poisoning Prevention Program (HHLPP) case manager, RFCs, local health department staff, community-based organizations within the designated target areas, and other public and private sources are responsible for conducting outreach events in accordance with fair housing obligations and Limited English Proficient guidelines by disseminating low-readability program materials at health and housing community events where individuals of different ethnic and racial backgrounds, disabilities and Limited English Proficiency are likely to attend, such as neighborhood centers and clinics. LSHP community outreach interest flyer and anticipates distributing the LSHP flyer to approximately 1,000 households with the help of partnering agencies. Initially, the LSHP anticipates receiving in excess of 315 flyers/referrals from these referral sources. Referred units will be identified and prioritized, including eligible waitlisted units from the current grant program). 236 units will be identified, selected, and prioritized for inclusion in the Program (195 will receive a lead inspection/risk assessment and 190 units ultimately enrolled). The Program estimates, based on previous experience, that 25% of the referrals will not meet eligibility requirements and approximately 19% of the selected and prioritized units will not be enrolled in the Program. The Program anticipates 97% of enrolled units will be successfully completed. The LSHP will complete and clear 185 units during the performance period. ***Measures to Sustain Recruitment of Units and Families:*** The LSHP will utilize its network of RFCs and partners to ensure sustained recruitment of families and units.

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The network will perform outreach events in target areas and will disseminate information on the LSHP via low-literacy program interest flyers and application packets. Families with EBL children will be specifically targeted for enrollment; LSHP Manager will perform weekly flyer mailings to these units based on clinical lab results provided by the MDCH HHLPP. The LSHP does not anticipate problems in sustaining enrollment. Currently, over 200 eligible applications are on a waiting list for enrollment. The HHS will ensure, through monitoring and oversight of marketing, outreach, and recruitment efforts of its staff and partner network that it will continue to obtain referrals to sustain its robust flow of eligible candidate units in the Program. The LSHP Manager is responsible for monitoring recruitment and RFCs, and partners are responsible for ensuring referrals to sustain recruitment. **(2) Coordination:** Referrals received from Section 8 Housing Choice Voucher Program and other housing assistance programs will receive the same consideration as other referrals to the LSHP and will be evaluated using the same eligibility and ranking prioritization criteria. However, if an applicant has identified funds that can be leveraged for LHC work, they will score a higher priority (in keeping with the HHS objective to maximize the number of units completed and cleared). Referrals received from the MDCH, HHLPP for units with EBL children under 6 years of age are the highest priority for the program and will be expedited through the LSHP process. The HHS and LSHP will continue to partner with the Michigan State Housing Development Authority and local housing agencies for integration of program services for LHC and rehabilitation on properties within target areas including but not limited to, the City of Lansing, Kalamazoo Neighborhood Housing Services, Restoration Works!, Bay Area Housing, Michigan State Housing Development Authority and Habitat for Humanity. The LSHP partners with the MDCH, HHLPP and local health departments regarding case management, referral of cases and data coordination of EBL

children. The LSHP will continue to nurture and formalize statewide partnerships and project partnerships within target jurisdictions, including Hillsdale County, a new LSHP target area.

**(3) Selection/Prioritization/Enrollment of Units:** The selection of units for inclusion in the LSHP is dependent upon responses received from the completion of the Preliminary Field Investigation Form and the Lead Safe Home Program Application. These forms contain all the necessary eligibility criteria and other relevant information to select and prioritize units through a standardized scoring system, including the age and condition of housing, income data, the number of children less than 6 years of age living in unit, blood lead level data, demographic information, potential for contributing resources, landlord and tenant temperament, flood plain management data, structural integrity, visual assessment, and estimated costs for remediation. The decision by the LSHP to enroll a unit is made after carefully evaluating all eligibility, priority ranking, and program criteria (including conducting a paint inspection/risk assessment) and negotiating the financing arrangements to complete a unit based upon lead inspection/risk assessment findings. The LSHP Manager determines the final ranking of the unit based on the eligibility and priority status of all applications submitted. Eligibility criteria includes: unit is within a target area or a child with an EBL is present; presence of a child occupant under six years of age or a pregnant female occupant; income <80 % of AMI; pre-1978 housing; and other HHS requirements. Units are prioritized according to the presence of an EBL child < 6 years of age, the child's lead level, the potential for partner resource-sharing ("blended funds") on the project, units built prior to 1940 and other HHS criteria, further detailed in *Appendix M*. In addition, "repeat offender" units with multiple lead poisonings are given high priority, maximizing the protection of current and future child occupants. While the LSHP emphasis is on the primary prevention of lead poisoning, families with a child less than 6 years of age with



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an EBL are the highest priority beneficiaries for the program and will be expedited through the process. The LSHP has an “EBL Case Flow Chart” to ensure EBL cases are expedited:

<b>Summary of the LSHP Pipeline</b>				
	<b>Owner-Occupied (45%)</b>	<b>Renter- Occupied (single or multi-family units) (55%)</b>	<b>Vacant (5%)</b>	<b>Total</b>
Number Referred	142	158	15	<b>315</b>
Number Prioritized	106	118	12	<b>236</b>
Number of Inspection/Risk Assessments	88	98	9	<b>195</b>
Number Enrolled	86	95	9	<b>190</b>
Number Completed/Cleared	83	93	9	<b>185</b>

**(4) Planned Approach:** The LSHP emphasizes the primary prevention of lead poisoning.

Although families with an EBL child under 6 are the highest priority, all families with children less than 6 years of age are also considered high priority and will have identified lead hazards in the unit remediated to prevent children from exposure. Similar primary prevention emphasis applies to the vacant units to be enrolled in the Program, since enrollment is based on the unit’s future occupancy status and the unit meeting all Title X eligibility criteria. **(5) Compliance with**

**HIPAA:** All medical laboratories are required to report blood lead test results through the MDCH, HHLPP statewide surveillance system. The LSHP is able to obtain and verify blood lead test results through this system for children occupying enrolled units and target recruitment to families with EBL children. This medical information is protected under HIPAA. The LSHP complies with the provisions of the Privacy Act of 1974 to protect health information and unit data from unauthorized access. The Michigan Department of Information Technology ensures that all electronic information is password-protected to restrict access to sensitive information. Worksites are locked, visitors to the Program must be escorted throughout the Program’s area, and staff is required to complete HIPAA web-based training course annually. Sub-grantees and contracted organizations are also required to comply with Privacy Act provisions. **(6) Healthy**

**Homes Supplemental Request Funding:** The LSHP is requesting \$200,000 to support, enhance

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and expand activities that reduce significant housing-related health and safety hazards in enrolled units using the Healthy Homes Rating System (HHRS). The LSHP has proven capacity and knowledge to administer Healthy Homes Initiative funds. HHS staff has completed the NCHH Healthy Homes Practitioner’s Course and HHRS training conducted by HUD. The Healthy Homes University (HHU) Program completed 551 healthy homes interventions in the 6-year program funded through a HUD Healthy Homes Demonstration Grant ending December 2011. Evaluation of the HHU I Program interventions resulted in significant reductions in asthma symptoms for more than 50% of participants and a 70% decrease in emergency department visits/hospitalizations (published in *May/June 2010 Public Health Reports*). HHU staff will consult with RFCs on Healthy Homes issues and provide training to RFCs on the HHRS and necessary interventions to address Healthy Homes issues identified. In addition, as part of the FY 2009 Grant program, the LSHP instituted a 6-page Healthy Homes Assessment (*Appendix N*) into all Lead Inspection/Risk Assessments and addressed various healthy homes related issues, such as moisture control, roof repairs, and other safety-related issues in a limited number of units. Under this proposal, the Healthy Homes aspect of the LSHP will be expanded:

**Proposed Healthy Homes Initiative Activities**

- All units receiving LHC services will receive a fire extinguisher and installation of smoke and carbon monoxide detector (s), as well as “A Guide to a Healthy Home” developed by HHU.
- Emphasize the importance of maintaining a clean home in education and outreach efforts (behavior modification) in all enrolled properties.
- Perform a 6-page Healthy Homes Assessment with Lead Inspection/Risk Assessment on all LSHP units.
- The 6-page assessment, which incorporates the 29-hazards within the HHRS, will be used as a screening tool. Based on the results, identify 40 units within Ingham County and the City of Detroit in highest need for HH Interventions and perform an extensive HHRS Assessment on these units. Courtney Wisinski will perform this HHRS assessment and will train RFCs on this process, as well.
- Through the HHRS results, identify the most hazardous yet efficiently addressed housing-related health hazards in these select 40 units and provide healthy homes products and services to address these hazards. In addition to HH products, develop specifications to address specific hazards including but not limited to: the installation of bath vents/fans; water intrusion interventions; fire prevention; poisoning prevention; integrated pest management; and mitigation of fall/trip hazards (*See Appendix O for list of HH products and services available*). Services will be bid and performed with LHC work.
- Collaborate with housing rehabilitation/weatherization agencies to address LHC and HH, in addition to rehabilitation/weatherization work.

**b. Technical Approach/Lead Hazard Control Interventions:** The proposed technical approach for evaluating and controlling lead-based paint hazards, testing units for lead-based paint hazards, conducting blood-lead testing of children, performing LHC interventions, occupant protection and temporary relocation, as well as number of single and multi-family units to be addressed and proposed interventions for each are discussed below. *(1) Sequencing Key Program Activities, (a) Schedule:* The estimated timeline for treating a typical unit from referral/intake to hazard control/clearance is 12-16 weeks. Key production activity benchmarks are:

Task	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Units Enrolled</b>	4	10	29	57	86	105	124	162	181	190		
<b>Inspection/Risk Assessment</b>	4	10	20	39	59	88	107	127	166	185	195	
<b>Units Cleared/ Completed</b>		4	11	28	52	72	93	111	139	157	176	185

While the LSHP emphasis is on the primary prevention of lead poisoning, families with a child less than 6 years of age with an elevated blood lead level are classified as emergency priority for the program and will be expedited through the LSHP process through an “Expedited Case Flow Chart”. This flow chart accelerates all EBL cases to 8-10 weeks for project completion by ensuring EBL cases are addressed ahead of all other cases, as soon as they are received, and with decreased timeframes for each RFC and contractor activity. *(b) Production Process:* All program activities are time-phased and developed to meet or exceed the benchmark standards established for the Program. Since 1998, HHS has successfully conducted LHC interventions using a technical approach that is cost-effective and efficient and can be replicated throughout Michigan. The schedule for enrollment, testing, intervention work and follow-up involves a 23-step process that results in the LSHP meeting or exceeding all benchmark standards. This approach is detailed in the LSHP *Timeline to Complete Work in a Typical Unit (Appendix P)*. This chart identifies the key activities, responsible organizations/individuals, and estimated

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timelines that are required for unit completion. The overall timeline for treating a typical unit is 12-16 weeks and timeline for completion of a typical unit, is as follows:

<b>Task</b>	<b>Timeframe</b>
<b>From Intake to Inspection/Risk Assessment</b>	2-4 Weeks
<b>Inspection/Risk Assessment Report and Specification Drafting</b>	2-3 Weeks
<b>Schedule Contractor Walkthrough</b>	2 Weeks
<b>Contractor Bids Due</b>	2 Weeks
<b>Purchase Order Issued and LHC Work Scheduled</b>	3-4 Weeks
<b>Clearance Examination Conducted</b>	1 Day Following Work Completion
<b>All Phases</b>	12-16 Weeks

Upon successful clearance, the occupant is allowed to re-occupy. The LHSP documents and monitors all phases of the process to ensure that quality, cost-effective work is completed for each unit and that benchmarks are achieved. The LSHP Manager, with input from HHS staff, RFCs, partner organizations and clients, is responsible for monitoring all steps in the process and has the authority to modify the process to achieve desired program results. The LSHP Manager is available to prevent and resolve production impediments. *(c) Intake, Enrollment,*

***Unit/Income Eligibility, Unit and Income Eligibility, Prioritization and Enrollment:*** The LSHP will use an application process to determine eligibility for receiving assistance under the Program following the eligibility requirements described above in *Factor 3, page 14*. LSHP staff and Manager will review all applications received and verify that the owner- or renter-occupied unit meets all Title X requirements including income and family composition requirements. The LSHP Manager and staff are responsible for collecting, documenting and verifying the family income of applicants, including pay stubs, W2 information, disability statements, alimony, and other sources of income as required by HUD. The LSHP Manager uses the HHS *Calculation of Income Worksheet* to calculate and document income. The income of owner-occupied units and for tenants of renter-occupied units will be verified using “Part 5 annual income” outlined in the OHHLHC Policy Guidance 2005-01. Property records will be used to determine if a property was built pre-1978. Prioritization scheduling of lead inspections

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and risk assessments and enrollment of units is based on the priority score determined from the application and Preliminary Field Investigation review. Units are addressed in order from high to low scoring for inspections/risk assessments, enrollment and LHC work. Based on the unit's eligibility and priority, a paint inspection/risk assessment is completed, and when financial negotiations are complete, the unit is approved for inclusion in the LSHP as an "enrolled unit".

**Lead Hazard Control Financing Strategy, Type of Assistance Provided:** The LSHP provides direct grants for LHC intervention work. RFCs are responsible for seeking multiple funding sources to finance the overall project including any private funds contributed by owners. If leveraged funds consist of loans from partner agencies (CDBG, Weatherization, MSHDA, etc.), these agencies are responsible for the financial management of the loans provided. **Verification of Income:** As discussed previously in *Factor 3, page 18* the LSHP Manager and staff are responsible for collecting, documenting and verifying the applicant family income. LPBHC funds and other matching/leveraged resources will be used in eligible privately-owned pre-1978 housing units where lead-based paint hazards are identified and where low- and very low-income families reside (as defined by HUD, income less than 80% of AMI). The LSHP complies with Section 1011 of the *Residential Lead-Based Paint Hazard Reduction Act of 1992* (Title X) in providing LHC grant program services. The funding mechanism, based on the income of the owner-occupant, is discussed below in *Factor 3, page 20-21*. **Terms and Conditions for Financing Lead Hazard Control:** HHS uses a *Participation Agreement (Appendix Q)* that mandates that homeowners retain their property for a minimum of 36 months after LHC intervention work. In the event that a unit is sold prior to meeting this 36 month requirement, the property owner is required to sell or rent the unit to a very low- or low-income family; otherwise, the property owner must reimburse the program in full for the grant funds received. The

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*Participation Agreement* also includes a provision requiring that Rental Property Owners market to and provide families with children less than 6 years of age priority for tenancy. These conditions are monitored with a yearly survey to program participants. ***Dollar Limitations and Amounts Available for Each Housing Type for Lead Hazard Control Interventions:*** The HHS has extensive experience in developing appropriate, equitable, and cost-effective financing strategies for LHC interventions. These strategies are based on a unit’s occupancy status (owner-occupied or rental) and the ability to provide leveraged funds to support the project. HHS places a high priority on and requires efforts to obtain “blended funds”, including partner funding and homeowner funding to maximize the use of grant funds. In the event that “blended funds” are not a viable option, financing LHC work using only grant program funds is considered. The LSHP will ensure that funds available for financing LHC work are effectively utilized with the LSHP Manager closely monitoring costs for all LHC work (interim controls and abatement). Adjustments in the program will be made to ensure that average costs are \$8,837.84 or less with HUD grant funds accounting for an average of \$6,000 per unit and match/leverage funds making up the additional \$2,837.84. ***Owner Occupied Units:*** An average of \$8,000 is available for *owner-occupied* properties in HUD grant funds with the additional provided in match funds. All owner-occupied units must have a child less than 6 years of age in residence. 45% of units addressed through the LSHP will be owner occupied. ***Rental Units:*** The LSHP has a tiered approach for rental properties. 50% of units addressed will be *single or multi-family*, occupied rental units, as follows:

<b>Rental Property Type</b>	<b>Maximum Dollar Amount for Lead Hazard Control Work</b>
Historic Property	\$8,000 per unit
Single Family Rental Property	\$6,000 per unit
2-4 Unit Rental Property	\$4,000 per unit
5 or more	\$2,000 per unit

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***Vacant Units:*** Funding for a limited number (5%) of vacant units is available. Enrollment in the program and funding is based on the unit’s future occupancy status (either owner-occupied or rental) and the unit meeting all Title X eligibility criteria. Further restrictions are placed on the use of HUD grant program funds for these units to ensure that they qualify for program services and meet all eligibility requirements (e.g. unit is within or outside identified target areas, family includes a child less than 6 years of age, and whether the unit will be occupied by a child with an EBL). The LSHP places the same restriction on the use of HUD grant program funds in vacant rental units as mentioned above for owner-occupied units. ***Responsible Agency for Establishing, Administering, and Overseeing the Financing Program:*** The LSHP Manager is responsible for overseeing the financing of LHC interventions in units and for coordinating payments to the contractors. HHS will directly administer and monitor the financing of work through contracts with the certified abatement contractors and the Michigan Department of Management and Budget (DMB). ***Role of Other Private Sector and Matching Resources:*** Rental property owners are responsible for costs in excess of the maximum grant funds provided by the LSHP (see tiered approach above). In the event that the total lead project costs do not exceed the maximum funds provided by LSHP, rental property owners must contribute a \$500 per unit co-payment. In order to get “buy-in” and ensure participation, owner occupants, based on income, contribute up to \$350 per unit towards LHC costs. These owner-occupied and rental property owner contributed resources are collected by the RFC prior to the start of LHC work. The LSHP will coordinate its LHC efforts with a number of critical public, private, and grassroots community and faith-based organizations, as listed in the Rating Factor 4, *Matching Contributions Table (see Appendix R)*. Contracts and/or other formal or informal commitments have been established with a number of organizations and these commitments will continue into

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the FY 2012-2015 grant period. HHS also participated in the development of the Michigan Strategic Plan to Eliminate Childhood Lead Poisoning by 2010 and has previous experience in working with local health departments, housing agencies, community development agencies, and community-based organizations in the delivery of services. HHS staff continues to participate in the Michigan Alliance for Lead Safe Housing, which brings together community leaders across the state to advocate for the prevention and reduction of childhood lead poisoning. The Alliance also strives to secure revenue sources to support statewide childhood lead poisoning prevention efforts, including leveraged funding for LHC programs. Community-based organizations and faith-based organizations are an integral part of the LSHP and MDCH will enter into additional contractual relationship or other formal arrangements with these organizations during the performance period. Sub-grantee contracts include a provision requesting that community- and faith-based organizations be actively recruited to participate in all aspects of the program to include education, outreach, marketing, information dissemination, and lead-based paint inspections/risk assessments and rehabilitation work. **Recapture of Grant Funds:** Recapture of grant funds shall be administered by HHS and the MDCH, Purchasing Office. LSHP staff administers an annual survey to all enrolled properties to ensure property owners are meeting program terms and conditions. If owner-occupants and rental property owners fail to meet any of the program requirements, including the *Participation Agreement* terms and conditions, the LSHP will recapture grant funds as follows: Owner occupants who fail to comply with program requirements (ie, sale of property) within 3 years after LHC intervention work is completed must repay the total amount of grant funds expended on the project. Rental property owners are required to pay back the total amount of grant funds expended if they fail to comply with program requirements for at least 3 years following completion of LHC work (e.g. sale of



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property, fair market rent values, renting to very-low or low-income families, and giving priority to families with children under six years of age). **(2) Blood Lead Testing Prior to Lead Hazard Control Work:** Blood lead testing on all children under six years of age in an enrolled unit is required within 6 months prior to the start of any LHC intervention work unless declined by a parent/guardian. RFCs will work with local health departments and other local partners in the defined target areas who provide lead poisoning testing for children under six and ensure that they receive appropriate testing. Testing methods are compliant with Centers for Disease Control and Prevention recommendations. Families are referred to their primary care physician or health clinic for pre-intervention blood lead testing. In the rare event that the test is not covered by Medicaid or private insurance, testing costs will be reimbursed from grant funds at a rate of \$17.67 per sample. Medical case management for children identified with an EBL will be provided by the child's primary medical provider or local health department staff. RFCs, the LSHP Manager and other HHS staff will ensure all EBL children will be referred for medical follow-up and proper case management. As previously described, the LSHP will follow HIPAA regulations and ensure that medical information collected on all children be protected, including maintaining files in locked cabinets, ensuring strict data sharing procedures, and requesting that parents/guardians complete a medical release disclosure so that protected health information can be shared among involved parties and agencies. **(3) Paint Inspection/Risk Assessment:** The RFCs are certified Lead Inspectors and Risk Assessors and will conduct paint inspection/risk assessments and clearance testing. All testing will be performed in accordance with applicable state and federal regulations and standards (*see Appendix S for details*). The MDCH Lead Laboratory is NLLAP accredited and provides analytical services for all environmental samples submitted by RFCs. Costs for conducting the comprehensive lead inspection/risk assessment and

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healthy homes screening assessment are estimated at \$850 per unit; clearance testing is estimated at \$200 per unit. The benchmark schedule number of inspection/risk assessments is included in *Factor 3, page 17*. Average time per unit from intake to inspection/risk assessment is 2-4 weeks. In accordance with Lead Disclosure Rule and the Lead Safe Housing Rule, occupants and property owners receive copies of the Lead Inspection/Risk Assessment report, Summary of LHC Activities and Clearance Report and instructions on disclosure of this information and will be required to sign and date an acknowledgement of receipt. The *Participation Agreement* informs property owners of their responsibility to comply with federal disclosure regulations.

**(4) Lead Hazard Control Work Specification Development Process:** The *LSHP Specifications* document was developed by HHS (National Institute for Building Sciences (NIBS) format) and is used as the bidding document and technical guidance on how certified abatement contractors are to conduct LHC. The specifications provide bidding procedures, details on the scope of work and requirements for work area set-up, control measures to be performed, decontamination, clearance, and waste disposal, conforming to Michigan, HUD, EPA and RRP regulations. These specifications are continuously updated to reflect current program policies and procedures. The RFCs administer the bid process and the HHS verifies the documentation and approves purchase orders for the work to be conducted<sup>7</sup>. Once potential projects are enrolled in the Program, RFCs send bid solicitations to all pre-qualified contractors for a pre-bid walkthrough. Within 2 weeks, contractors return bids to the RFCs, who tabulate all bids and recommends a contractor for award. Projects are awarded to a single contractor based on low bid and timeframe for project completion. HHS reviews, approves bids and works with the MDCH Accounting Division to issue purchase orders. The development of work specifications, bid solicitation and procurement

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<sup>7</sup> Lead Safe Home lead hazard control projects are bid and contractors are selected in accordance with HUD Procurement Regulations (24 CFR 85.36).

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of contractor services takes approximately 4 weeks from the date the inspection/risk assessment was completed. The LSHP Manager provides oversight of this process. **(5) Lead Hazard**

**Control Interventions:** All LHC testing and intervention work will be performed in accordance with applicable state and federal regulations and standards (see *Appendix S*). All intervention work will be conducted by trained and certified abatement contractors, who also hold RRP certification, and will be overseen by the RFCs. In select cases, willing and capable owner occupants will be RRP-trained to perform limited work as contribution on the project. Rental property owners must receive RRP training and certification to perform work on their property. However, they will not be allowed to perform lead-related work on the property if the unit has an EBL child residing. The LSHP will use a combination of interim controls and hazard abatement as the cost-effective approach for addressing single family and multi-family owner-occupied, rental, and vacant units enrolled. RFCs consider relative cost and durability of treatments, characteristics of unit and condition and durability of the component when determining the treatment method. Abatement includes work such as component replacement, enclosure and encapsulation. Interim control work includes painting, cleaning and education. All identified hazards will be addressed. However, the LSHP does not consider abatement of all hazards to be cost-effective and will make special request in writing to HUD prior to conducting any projects where full abatement is necessary. An average of \$6,000 in Program grant funds with approximately \$2,837.84 available in other match funds for a total average of \$8,837.84 per unit allocated for this approach, with an average of \$2,000 for interim control work, and an average of \$6,837.84 for hazard abatement. Cost estimates are based on the Program's experience and overall condition of the unit and location of hazards within the unit. Hazard abatement, interim control, and other measures conducted in units are detailed in *Appendix S*. The LSHP approach

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will keep units lead safe for the longest period of time and benefit more children over the life expectancy of the unit. These measures are most cost-effective when done in conjunction with other rehabilitation work. ***Contractor Qualifications and Performance Monitoring/Oversight:*** All abatement contractors must employ certified lead workers and supervisors and meet all federal (HUD, EPA, OSHA) and Michigan Lead Abatement Act and Lead Hazard Control Rules. The LSHP RFCs will ensure that safe and effective hazard control work is performed by contractors by: (1) verifying that all contractors possess the appropriate certifications/licenses; (2) conducting on-site oversight of the projects to ensure that contractors meet all specification and work practice requirements; and (3) performing a final walkthrough of the project with the property owner and contractor that may include a project punch list. RFCs spend a minimum of 25% for established contractors or 50% for new contractors at the project site while LHC work is being performed. RFCs are required to maintain certifications as Lead Inspector/Risk Assessor, Lead Supervisor, Healthy Homes Specialist, and EBL Investigator. In addition to the RFCs, HHS also has a compliance enforcement unit that investigates and performs random unannounced site inspections of certified contractors on grant projects. Other cost saving strategies of the program include: (1) utilizing a competitive bid process for lead work; (2) standardizing the specification writing process to prevent change orders and additional costs; and (3) bundling LHC projects geographically to increase participation in contractor pre-bid walkthroughs. ***Coordination of Weatherization, Housing Rehabilitation and Health Homes Initiatives with Lead Hazard Control Work:*** The LSHP believes in integrating LHC work with rehabilitation and other housing programs to maximize HUD grant funds. The Program is partnering with several agencies to leverage resources for conducting cost-effective LHC work including numerous local CDBG and Community Action Agencies/weatherization programs as

documented in the letters of commitment, *Appendix T*. When collaborating, rehabilitation work typically occurs immediately prior to LHC interventions. Final cleaning and clearance samples are not performed until all LHC work and rehabilitation work is completed, thereby ensuring safe re-occupancy. During collaboration, the LSHP collects and shares necessary data and documents with the partner agency to ensure smooth project progression. The LSHP develops a work plan agreement with each partner agency to outline procedures and documents needed for successful and efficient project partnership. Healthy Housing Initiative work will be conducted simultaneously with LHC work, as explained in *Rating Factor 3, pages 15-16*.

**(6) Temporary Relocation:** The RFCs are responsible for ensuring that an Occupant Protection Plan (OPP), required by state statute, is submitted by the abatement contractors conducting the work. Contractors are also responsible for coordinating work with the RFCs for occupant relocation and unit preparation. Relocation plans may include voluntary stays with family or friends or the use of safe housing through the Red Cross and Salvation Army. Rental property owners may be required to pay for relocation costs of tenants if other suitable housing or arrangements can not be made. Relocation assistance, with standard per diems, is provided by the LSHP as a final option. Occupants are responsible, as noted in the *Participation Agreement*, for storage of household goods. If relocation of rental occupants of units undergoing remediation will occur, then the requirements of the Uniform Relocation Act regulations (49 CFR 24.2) will be met. Occupants must not be present during interior LHC work. RFCs will supervise and monitor contractors and occupants to ensure that occupant health and safety measures are in place and that work is done efficiently for timely re-occupancy. Occupants can return to the unit during exterior work if specific safety measures are followed and interior clearance has been achieved. **(7) Occupant Protection Measures:** When temporary relocation

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of occupants is unnecessary (e.g., when work is limited to a single room with containment), contractors working on LSHP projects and RFCs are responsible for ensuring occupant protection through use of containment, Occupant Protection Plans and education to occupants.

**(8) Clearance Examinations:** Cost for conducting the clearance testing of LSHP units is estimated to be \$200 per unit. Timeline from intake to completion of work is typically 12-16 weeks. The RFCs conduct the clearance testing within 24 hours of work completion. All dust wipe samples are submitted, typically in the same day, to MDCH Laboratory immediately following collection. Upon successful clearance, typically within 24 hours, the RFC will notify the occupant that they may re-occupy the property. Should clearance fail, the RFC must notify all parties and ensure that the contractor return to the property within 24 hours to re-clean for re-clearance. Upon completion of re-cleaning or other necessary work, the RFC will attempt clearance again. The abatement contractor performing the work is responsible for ensuring the project passes clearance. The LSHP Manager deducts a \$150 re-clearance fee from the final contractor payment for each failed clearance. **(9) Post-Lead Hazard Control Maintenance of**

**Units:** RFCs are responsible for investigating and responding to warranty and workmanship concerns during the 18-month warranty period and taking appropriate action with the contractor. The *Participation Agreement* mandates that units comply with the terms and conditions of the LSHP. By signing the *Participation Agreement*, property owners agree to conduct routine monitoring of the work performed and that units are maintained in a lead-safe condition. They further agree to notify the LSHP if a unit is sold within the 36 month period and to provide documentation that the unit is sold to low or moderate income family. Rental Property Owners, per the *Participation Agreement*, agree and are responsible for ensuring that participating rental units are continuously marketed and rented to income eligible families with young children and

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units adhere to Fair Market Rent values for a period of 36 months after project completion.

Failure by the owner of a participating unit to meet necessary HUD requirements may be cause for recapturing of LSHP funds. LSHP staff administers an annual survey to all enrolled properties to ensure property owners are meeting program terms and conditions. **(10) Lead-Safe**

***Housing Registry- Availability of Lead-Safe Housing to Low-Income Families:*** HHS

maintains a web-based Lead Safe Housing Registry containing data on rental units that have received lead identification or lead hazard control activities. Families and agencies can search this registry for lead-safe housing. In addition to the Lead Safe Housing Registry, the LSHP requires participating rental property owners to enter a *Participation Agreement* that includes a statement prohibiting housing discrimination and eviction. The *Participation Agreement* requires Rental Property Owners to affirmatively market lead-safe units to low-income families with children under 6 years of age. LSHP staff administers an annual survey to all enrolled properties to ensure property owners comply with program terms and conditions. **(11) Healthy**

***Homes Supplemental Funding:*** The LSHP is requesting \$200,000 to support, enhance and expand activities that reduce significant housing-related health and safety hazards in enrolled units using the HHRS. This amount is reflected within the total budget request and HUD-424CW. The technical approach for this initiative is as follows: RFCs will perform a 6-page Healthy Homes Assessment, which incorporates the 29 hazards in the HHRS, with each Lead Inspection/Risk Assessment on every LSHP unit receiving a Lead Inspection/Risk Assessment. All units receiving LHC services will receive a fire extinguisher and installation of smoke and carbon monoxide detector (s), as well as “A Guide to a Healthy Home,” a brochure previously developed by the HUD funded Healthy Homes University Program. The LSHP will emphasize the importance of maintaining cleaning behaviors in the home in its education and outreach

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efforts. The 6-page assessment will be used as a screening tool to identify 40 units in Ingham County and the City of Detroit as highest need for Healthy Homes Interventions. An extensive HHRS Assessment will be conducted on these 40 units, within two weeks following the initial healthy homes screening. Courtney Wisinski, Healthy Housing Specialist, will perform 30 of these assessments and will train RFCs to conduct the remaining 10. Using software provided by Wayne State University, RFCs and LSHP staff will prioritize HHRS results to identify the most hazardous yet most feasibly addressed housing-related health hazards in these units. The LSHP will provide healthy homes products and services to address these identified hazards. In addition to products such as safety gates and dehumidifiers, the LSHP will develop specifications to address specific hazards, including but not limited to: installation of bath vents/fans; water intrusion prevention; fire prevention; poisoning prevention; integrated pest management; and mitigation of fall/trip hazards (*See Appendix O for list of HH products and services available*). The Healthy Homes intervention work will be concurrent with LHC work and follow the LHC sequence of events; RFCs will conduct work oversight. Finally, the LSHP will collaborate with housing rehabilitation and weatherization agencies to leverage healthy housing funding and work, as described in *Factor 3, pages 21-22*. Each Healthy Homes Intervention unit will cost an average of \$903 for staff time to conduct the HHRS Assessment and report, as well as \$3,500 for mitigation (products and services) of top hazards identified through the HHRS. These costs are derived from the production costs of the current HUD Healthy Homes Production Grantee, CLEARCorps Detroit. The LSHP will assess and address housing-related health hazards in 40 units over the period, adhering to the following timeline:

Task	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Units Assessed using LSHP HH Screening (All units receiving I/RA)	4	10	20	39	59	88	107	127	166	185	195
Units Assessed with HHRS and receiving HHRS Interventions			2	7	12	17	22	27	32	37	40



**c. Program Administration and Financial Management:** The HHS is the responsible agency for the financial and administrative management of the LSHP and will take all appropriate steps to ensure that its written policies, procedures and forms are in place. Ms. Carin Speidel, under the direction of the Project Director, Wesley Priem, provides the day-to-day management and financial oversight of the LSHP tasks and activities including the RFCs and contractor performance. The LSHP Program Manager utilizes Michigan e-GrAMS, the Electronic Grants Administration and Management software system, to electronically monitor RFC contracts. HHS staff meets bi-monthly with MDCH Budget office staff to ensure that grant funds are appropriated and expended correctly. The LSHP organization chart (*see Appendix G*) depicts program staffing and organization. The LSHP will have contracts in place with the RFCs at the time of grant execution. RFCs are responsible for local project administration and the monitoring of abatement contractor performance and serve as the day-to-day project coordinators at the local level. Detailed RFC responsibilities are included in *Appendix M*. The LSHP Manager monitors performance of the RFCs through policies and procedures, program forms, database tracking, progress reports and meetings and provides corrective guidance and action, as necessary. The LSHP Manager is ultimately responsible for contractor performance and ensuring conformity to terms, conditions and specifications of contracts. If a contractor performs poorly, as reported through the RFC contractor evaluation form, monthly reports and other correspondence, HHS will take the necessary actions to correct performance issues, including contractor removal from the LSHP. After the LSHP receives HUD approval for the Release of Funds, RFCs will immediately begin conducting lead-based paint inspections/risk assessments, bidding and initiation of LHC work. All these actions will occur within 120 days of the award execution. HHS is the responsible entity for the funding flow to contractors. Although RFCs

administer the competitive bid process<sup>8</sup> and submit the associated paperwork to HHS, final approval on LHC projects is assumed by HHS. Upon project approval, the LSHP Manager generates a purchase order to the selected contractor. After the successful completion of the project and submission of the contractor evaluation form, dust clearance results and other documentation, the LSHP Manager and MDCH Accounting Section, releases payment to the contractor. HHS maintains a housing project database and spreadsheet reporting tools to track grant expenditures and budget categories. **d. Economic Opportunity, Section 3 Requirement:** The LSHP intends to provide economic opportunities to residents and businesses, including minority-owned businesses of the target area in compliance with Section 3. As discussed previously, the LSHP has developed a formalized and unique relationship with the Restoration Works! Program in collaboration with Lansing Community College (LCC) and Allen Neighborhood Center, which offers applied opportunities for LCC and Eaton Intermediate School District students to learn career and technical skills, such as construction management and trades. The LSHP will provide Lead Awareness, Renovation, Repair and Painting (RRP) and Lead Worker/Supervisor training to Section 3 persons, individuals and community members, with hands-on training within a Restoration Works! Rehabilitation property. Awareness training and Worker/Supervisor training will be provided by RFC, George Williams under his LSHP contract, a current Michigan-certified trainer; RRP training will be provided through a contract with a private Michigan-certified trainer selected through a competitive Request for Proposal. While providing lead training opportunities to these individuals, including Section 3 persons, the partnership will also assist in rehabilitating community properties while using lead-safe methods.

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<sup>8</sup> For contractors to be eligible to receive solicitations to bid on lead hazard control projects, they must meet qualification criteria established by HHS (Completed application with lead certifications, appropriate insurance certificates and general contractor's license).

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In addition, the LSHP will offer one additional Lead Worker/Supervisor training course within an identified target area to specifically train Section 3 individuals at no cost to the individuals, through a Request for Proposal to a Michigan-certified trainer. The LSHP will work with local agencies statewide to promote these trainings each year and will notify targeted trades of training opportunities and locations as well as post related information on the HHS website. Finally, the LSHP will make available \$15,000 to train local health department staff as Lead Inspectors and Risk Assessors. The LSHP will train a total of 295 individuals, including at least **200 Section 3** individuals, in RRP, Lead Worker/Supervisor/Inspector/Risk Assessor or lead awareness training as detailed in the training benchmark chart below:

Partner Agency	Type of Training offered by LSHP	Number of Courses	Number of Individuals to be reached
LCC/Rest Works (RW)	RRP	2	50 (includes <b>40</b> Section 3)
LCC/RW	Worker/Supervisor	4	100 (includes <b>70</b> Section 3)
LCC/RW/ANC	Lead Awareness	9	90 (includes <b>65</b> Section 3)
Target Area	Worker/Supervisor	1	25 ( <b>all</b> Section 3 persons)
Local Health Departments	Inspector/Risk Assessor	Stipend	30
<b>Total</b>			<b>295 (includes 200 Section 3 persons)</b>

These courses shall be offered over the term of the grant and are reflected within the attached benchmark standards (*Appendix L*). Individuals are responsible for the costs associated with certification. After certification is achieved, these individuals will be invited to participate as a contractor for the LSHP and provided with the LSHP contractor application to bid on LSHP projects within the designated target areas. The LSHP will maintain a list of those individuals completing the training to market to existing lead contracting firms for job placement. Finally, the LSHP will include in bid specifications that 10% of the contractor’s employees must be comprised of Section 3 individuals on all projects. In turn, all 185 projects will be marketed for contract to firms employing Section 3 individuals. In addition, individuals certified through this process will be provided with contact information for local housing programs statewide for job placement. e. **Lead Hazard Control Outreach, (1) Collaborative Agreements/Arrangements:**

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Outreach effectiveness will be monitored by assessing inquiries to the State website, HHS staff, RFCs, and partners. The LSHP network and partner organizations are responsible for outreach activities targeting a variety of groups including landlords, realtors, building and remodeling contractors, parent groups, and public health and social services programs such as WIC and Head Start. These efforts, as described in letters of commitment (*see Appendix T*), will include marketing the LSHP, promoting blood lead testing, and dissemination information on lead poisoning prevention topics. At least twelve partner agencies have committed to providing education and outreach under the LSHP, including community-based organizations, local health and housing departments and state agencies. The education and outreach component is a critical element in the HHS' ongoing efforts to reduce lead poisoning in children. HHS and its sister program, the MDCH/HHLPP are the principle agencies responsible for ensuring the delivery of direct outreach services throughout Michigan and indirectly supporting over 50 local lead programs in Michigan that provide lead education venues for low- and very-low income populations. HHS and HHLPP house extensive materials available for distribution. Partner agencies conduct education/outreach activities through newspapers, television, radio and other sources of media and the LSHP and its partners provide written materials in English, Spanish, Hmong, and Arabic which meet the majority of the target areas, cultural needs and affirmative marketing. If additional foreign languages are needed, LSHP staff will request information via Lead Net, a listserv which is comprised of lead professionals nationwide and capable of providing additional resources. **(2) Outreach Activities and Outcomes:** The HHS LSHP will coordinate its LHC education and outreach efforts with the MDCH/HHLPP throughout the state. Families with an EBL child are referred to the LSHP for LHC interventions. The LSHP education and outreach Work Plan objectives include a total of 108 presentations by program

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staff reaching 78,750 individuals during the period of performance with the goal of reducing childhood lead poisoning through LSHP enrollment. These presentations will target homeowners, rental property owners, tenants, parents and advocacy groups, child care providers, painters, renovation/remodeling contractors, real estate professionals and others. Partner agencies, such as local health departments, also play an integral role in providing outreach venues to priority populations. HHS has developed a low literacy LSHP interest flyer and will distribute this flyer to approximately 1,000 households with the help of partnering agencies. As an outreach outcome, HHS expects an increase in unit enrollment and overall unit production. Culturally and linguistically-sensitive presentations and educational material will be distributed in English, Spanish, Arabic, and other languages as available and will focus on LSHP enrollment/referral, childhood lead poisoning prevention and lead safe work practices. (3)

***Affirmatively Furthering Fair Housing:*** The LSHP will affirmatively further fair housing by ensuring that all completed units will remain affordable and be marketed to vulnerable populations for a minimum of 36 months following program activities. In addition, the LSHP shall be made available to residents within the designated target areas without discrimination, specifically targeting low-income families with children under six years. The LSHP *Participation Agreement* mandates that rental property owners will adhere to Fair Market Rent values and market units to low-income families with children under the age of six; it also prohibits discrimination and retaliatory eviction. The LSHP Manager will administer an annual survey to property owners of completed units to ensure adherence to ownership policies, fair market rent values, required marketing mechanisms and to ensure that lead-safe housing is available to families with young children for the greatest amount of time. **f. Data Collection and other Program Support Activities:** Besides submitting the OHHLHC Quarterly Progress

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Report, the LSHP will document activities, progress, and program effectiveness by collecting, reviewing, and analyzing data from: (1) monthly and quarterly progress reports from RFCs; (2) bi-monthly meetings held with RFCs; and (3) project data related to units including abatement contractor certification, project costs, adherence to work specifications, and other related activities. The LSHP developed a web-based Lead Safe Housing Registry that is designed to enhance program effectiveness by identifying units that are lead safe. Ideally, these lead safe units will be made available to low-income families with children less than 6 years of age to further the State's lead poisoning prevention efforts. This web-based application also tracks LSHP data and compliance data for the HHS. LSHP staff routinely makes changes to policies, procedures and data collection methods as needed to improve the program. These activities, with periodic modifications, improve program effectiveness and efficiency. **g. Budget Proposal, (1) Budget Estimate of Costs and (2) Budget Narrative:** The Forms HUD-424 CBW and Budget Narrative are included as *Appendices U, V and W.* The Budget exceeds the minimum 10% match requirement at 76.9%; exceeds the minimum 65% of the Federal funds for direct LHC costs at 86%; and does not exceed the maximum 10% for administrative costs. **h. Implementing HUD's Strategic Framework and Demonstrating Results (1) Sustainability:** To meet HUD's Strategic Plan Subgoal 4B, the LSHP will incorporate green and healthy design and Energy-star rated products whenever possible on all LSHP projects. This approach will enhance the well-being of occupants while minimizing negative impacts on the community and natural environment. The LSHP will incorporate Enterprise Green Communities Initiative criteria, where applicable, such as water conserving fixtures, urea-formaldehyde-free products, low-VOC and environmentally safe products and cleanable surfaces in units undergoing LHC (see *Appendix X*). In addition, the LSHP will promote energy efficiency by requiring Energy-Star

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qualified products for windows, doors and other products used in the LSHP. The LSHP will incorporate Green Development Measures and Energy star products on **all** units completed, positively impacting the lives of approximately 278 children residing in these units. **(2) Utilize Housing as a Platform for Improving Quality of Life:** To meet HUD’s Strategic Plan Subgoal 3B, the LSHP will assess each enrolled unit for housing-related hazards with a Healthy Homes Assessment in combination with the Lead Inspection/Risk Assessment, as described in the Healthy Homes Initiative section of *Rating Factor 3, pages 15-16. 29-30*. 40 units shall further receive a Healthy Homes Rating System Assessment with follow-up product and service interventions to address the top housing-related hazards for the most vulnerable populations such as children under six, including but not limited to allergen triggers, safety, trip and fall hazard mitigation, integrated pest management, poisonings, indoor air quality improvement, moisture control and other hazards. In units where funding is not available through the Healthy Homes Initiative, the LSHP will build upon existing networks to refer units to other local and state resources for assistance, such as the Michigan Department of Human Services Emergency Relief Program, Michigan State Housing Development Authority, local housing agencies, local health departments, community action agencies, weatherization programs or private contractors. Under this priority, all children identified with an EBL shall be referred for medical follow-up to case managers within the local health departments or private physicians.

**Rating Factor 4 – Matching Resources, (a.) Evaluation of Matching Resources:** The LSHP total budget is \$4,267,170 of which **\$2,499,602** is from HUD grant funds and \$1,767,568 is from match funding (\$653,572 applicant match and \$1,113,996 partner match). The cash/match (cash and in-kind) funds committed to this project represent 76.9% of the requested HUD grant amount, will be used to further the objectives of LSHP and are detailed in the *Matching*

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*Contribution Table (Appendix R)*. These funds are provided by the applicant agency, RFCs, property owners, and partner organizations, as well as an Environmental Protection Agency Enforcement Case, Supplemental Environmental Project (SEP). Letters of commitment and other formal arrangements with partner organizations that identify the funds in support of the LSHP and are signed by authorized representatives are included as *Appendix T*. Each signed instrument includes the organization’s name, their responsibilities as they relate to the proposed program, and the proposed level of commitment. These documents reflect the matching contributions on the *Matching Contribution Table*, the Total Budget, and the SF-424.

**Rating Factor 5 – Achieving Results and Program Evaluation:** The LSHP values achieving its goals with high standards of ethics, performance management, and outcome accountability. The LSHP will continue to strengthen its infrastructure and capacity to provide LHC services to areas of highest need. The LSHP’s goal is to collaborate with a partner network to assess and minimize lead-based paint hazards that contribute to childhood lead poisoning by providing LHC services to 185 units in the program target areas. **a. Program activities, outputs, and yearly outcomes (1) Project goals and activities:** LSHP is committed to conducting cost-effective program activities that will efficiently achieve the goal of reducing health-related hazards in housing for priority residents. The quarterly timeline for completing these outputs/outcomes for the period of performance is delineated in the following **Benchmark Performance Standards:**

Task	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9	Q 10	Q 11	Q 12	Q 13
Units Enrolled (%)	2	5	15	30	45	55	65	85	95	100			
Inspect/Risk Assessment (%)	2	5	10	20	30	45	55	65	85	95	100		
Units Cleared/Completed (%)		2	6	15	28	39	50	60	75	85	95	100	
HHRS Assess/Intervention (%)			5	17	30	42	55	67	80	92	100		
LOCCS Draw (%)		1	3	5	10	15	20	30	45	60	80	95	100
Outreach (%)	8	16	25	33	41	50	58	66	75	83	91	100	
Training (%)	4	13	17	27	31	44	56	66	70	83	87	100	



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To evaluate its progress in meeting these goals and objectives, LSHP has developed specific measurable activities, outputs, and yearly outcomes. These activities and outputs, shown in the table below against which actual achievements will be measured, have been developed in accordance with the program work plan and organizational and sub-grantee capacity:

<b>Program Task/Activity-Deliverables</b>	<b>Number</b>
Referrals for participation in the lead hazard control grant program	<b>315</b>
Applications received by the Program	<b>236</b>
Eligible applicants to receive combined paint inspection/risk assessment	<b>195</b>
Units enrolled in the LSHP	<b>190</b>
Units to receive lead hazard control work	<b>185</b>
Children living in units made lead-safe	<b>278</b>
Individuals, including <b>Section 3</b> persons to be trained to perform lead hazard control activities	<b>295</b>
Events scheduled to reach groups and individuals through education and/or outreach	<b>108</b>
Persons to be served by outreach activities	<b>78,750</b>

**(2) Monitoring and Adjustments:** The Program Manager is responsible for supervising progress through routine monitoring of contract agreements, intake and enrollment, documentation verification, site visits, field inspections, quarterly Consortium meetings, and monthly/quarterly reporting. The partnerships referenced in *Rating Factor 4, page 37-38* will provide the LSHP with resources to improve performance should benchmarks not be met within the established timeframes. LSHP will: (a) maximize resources by integrating lead hazard control work with other housing improvement activities. LSHP has developed formal agreements with community action, weatherization, and CDBG agencies, green and healthy home initiatives, and other housing agencies to blend funds on lead hazard control work; (b) strengthen partnerships with loan-based programs to finance hazard control work, specifically the Michigan State Housing Development Authority; and (c) amend existing policies to more fully integrate LHC into community policies and procedures. The LSHP will also institute a Healthy Homes Initiative program as described in *Rating Factor 3 (pages 15-16, 29-30)* to address housing-related health hazards in 40 units. All current LHC-related HUD policies have been incorporated into LSHP program policies and procedures and/or captured on one of the forms created for data

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collection and verification purposes. The Program Manager will adjust program implementation to ensure that benchmarks are met. **b. Description measures, records, and adjustments to work plan if needed (1) Accountability for meeting program goals, objectives, and activities:** LSHP staff place a high priority on program outcome accountability. Based on experience managing five HUD LBPHC grants, the LSHP has addressed quality and performance issues through site visits and email/telephone communications with RFCs and partners. These communications allow for adjustments to program policies/procedures to address identified performance issues. The Program Manager will monitor LOCCS drawdowns, program expenditures, and other financial program data. In addition to performance issues related to services provided, the LSHP work plan has made adjustments to modify eligibility criteria for program services in order to increase enrollment in the program. **(2) Assessing progress and tracking performance:** Program objectives in *Factor 3* are measured against established benchmarks for program progress and improvement purposes. LSHP will document program- and project-specific data and track the progress of these outputs and outcomes using the following instruments: reports, databases, surveys, timesheets, and RFC communications to collect housing, health, demographic, eligibility, income verification, and quality control determinants. The Program Manager will monitor progress on a weekly, monthly and quarterly basis using the evaluation tools described above. The LSHP will ensure that activities and outputs will assist intended beneficiaries via marketing, documentation and data collection.

**Bonus Points, a. RC/EC/EZ-II:** The LSHP will conduct LHC activities in the RC/EC/EZ-II area of Detroit, Michigan (See *Appendix Y*, Form HUD 2990). **b. Preferred Sustainable Communities Status Bonus Points:** The LSHP will conduct LHC activities in Southeast Michigan, a Preferred Sustainable Community (See *Appendix Z*, Form HUD 2995).

Michigan counties of Bay, Calhoun, Hillsdale, Ingham, Jackson, Kalamazoo, Macomb,  
Oakland and the City of Detroit

MI-005, MI-006, MI-007, MI-008, MI-009, MI-010 and MI-014