Healthy Homes and Lead Hazard Programs

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

OMB Approval No. 2539-0015 (expires 1/31/2018)

Factor 4	Leveraging Resource	everaging Resources		Page of	
Name Of The Organization Or Entity That Will Contribute Match Or Leveraged Funds And If The Organization Will Be a Subgrantee/Subrecipient	Work To Be Accomplished In Support Of The Program.	Value Of In-Kind Or Cash Match Contribution*	Additional Leveraged Funds Contribution	Total Of Match And Leveraged Contributions	
Name:					
Type of Organization:					
Subgrantee/Subrecipient: Yes No					
Name:					
Type of Organization:					
Subgrantee/Subrecipient: ☐ Yes ☐ No					
Name:					
Type of Organization:					
Subgrantee/Subrecipient: ☐ Yes ☐ No					
Name:					
Type of Organization:					
Subgrantee/Subrecipient: ☐ Yes ☐ No					
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Type of Organization:					
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Name:					
Type of Organization:					
Subgrantee/Subrecipient: ☐ Yes ☐ No					
Name:					
Type of Organization:					
Subgrantee/Subrecipient: Yes No					
Name:					
Type of Organization:					
Subgrantee/Subrecipient: Yes No					
Name:					
Type of Organization:					
Subgrantee/Subrecipient: Yes No					
	Total Amount	\$	\$	\$	
Name of the organization or entity that will contrexplanatory. Work to be accomplished in support of the progoutreach, training, risk Assessments/paint Inspectio Value of In-kind or Cash Match Contribution: As Additional Leveraged Funds Contribution: Additional Total of Match and Leveraged Contributions: The Funds Contribution	ram: The type of activities that ns, relocation, etc.) required by statute or appropriational funds above the match con	will be accomplished ation. ntribution required by	I in support of the prog	ram (i.e. n	