

OMB Control No. 2539-0008
 Form HUD-96006
 Exp. Date: 9/30/2009

**OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL
 GRANTEE QUARTERLY PROGRESS REPORT**

Grant Program:	Lead Hazard Reduction Demonstration	
1. Grant Agreement Number:	OHLHD0174-07	
2. Grantee Organization:	City of Columbus	
3. Type of Organization	Local Government	
4. Project Title:		
5. Organization Address	50 W. Gay Street Columbus OH 43215 614-645-7452	
6. Report Period:	Jan 1 - Mar 31	Year 2007
7. Project Period of Performance: (Start - Expiration Date)	7a. Original	7b. Current
	11/01/2007 - 10/31/2010	
8. Total Grant Amount:	8a. Original	8b. Current
		\$ 4,000,000.00
9. Cumulative Federal Grant Funds Drawn (LOCCS) Through End Date of Report Period:	9a. Dollar Amount	9b. Percentage of Total
	\$0.00	0% (Negotiated Budget Needs to be Entered By HUD on Part 3)
10. Number of Projected Units per HUD Grant Agreement (HUD 1044)	256	
11. Cumulative Number of Units Completed Through End of Report Period:	11a. Units Completed	11b. Percentage of Total
	0	0.00%
13. Project Manager:	Joe Gothard 614-645-7452 jbgothard@columbus.gov	

Quarterly Report Narrative Overview

General Instructions

Part 1

A. Project Management

Within the context of the current work plan and grant agreement, summarize your overall progress in completing your project/study. As part of your summary, please address the topics listed below, as applicable.

A1. Describe any obstacles to performance and measures taken to overcome those obstacles:

A2. Describe efforts to enhance the coordination and integration of lead hazard control work with other housing, health, and environmental programs (i.e. childhood lead poisoning prevention programs, health and housing code enforcement, housing rehabilitation, weatherizations, etc.). Describe other services to be provided such as blood lead screening and community education and outreach; intra- and inter- agency partnerships and public and private partnerships.

A3. Describe the availability of lead-based paint contractors in your area. Describe activities you have taken to increase the number of contractors available to provide lead hazard control work as part of your grant.

A4. Describe any changes in key personnel in the program, and among sub-grantees or other entities directly involved in your grant program and its impact. Provide information on any new program participants, including resumes of key individuals. (Include letters of commitments, MOUs, or other arrangements with community-based organizations and other partners.) Describe any significant changes to the work plan or budget that have occurred. Describe methods used to collect program data and what criteria were used to evaluate the performance of your grant program. Describe the effectiveness of the financing mechanisms used in enrolling property owners, including owners of rental properties, in the program. Describe any efforts undertaken to develop and utilize a lead-safe housing registry. (Include information on the number of units included, the public availability of the system, and examples of how the registry has been used.) Describe any proposed or actual changes in State or local laws, regulations, or policies that may affect your grant program.

Quarterly Report Narrative Overview

B. Community Education, Outreach and Training

B1. Describe education and outreach activities and events completed this quarter. Discuss the expected results of your efforts. Describe your outreach efforts at reaching specific groups you have targeted (door-to-door), presentations, training, broadcast media, mailings) and the intended recipients of this outreach (tenants, landlords, parent groups, child-care providers). These activities should be included in Item B5 below.

B2. Describe outreach techniques and/or particular methods, materials, and formats that have proven to be most effective (copies of any media coverage and materials, including press clippings, should be submitted to the Office of Healthy Homes and Lead Hazard Control, Attn: Data and Information Manager).

B3. Describe training efforts completed this quarter. Discuss the types of training provided and any certifications received. These efforts should correspond to Item B4 below.

B4. Skills Training and Economic Opportunities

Skills Training Conducted (For Report Quarter)	Number of Individuals Trained	Number of Individuals Employed as a Result of Training	Cumulative Total
Low-Income Individuals	B4a. 0	B4b. 0	B4i. 0
Property Owners / Tenants / Remodelers / Renovators / Maintenance Workers	B4c. 0		B4j. 0
Lead-Based Paint Contractors	B4d. 0		B4k. 0
Grant Program & Partnering Entities Staff	B4e. 0		B4l. 0
Lead-Safe Work Practices (1012-1013)	B4f. 0		B4m. 0

Other (specify)	B4g. 0	B4n. 0
Total Trained this Quarter	B4h. 0	B4o. 0

B5. Community Education and Outreach Activities

Target Audiences	Activities Conducted (For Report Quarter)	Number of Events	Number of Individuals Reached	Cumulative Number of Events
Health & Child Care Providers	B5a.	B5m. 0	B5b. 0	B5v. 0
Schools, Parent groups, Places of Worship	B5c.	B5n. 0	B5d. 0	B5w. 0
Landlords / Landlord Groups, Tenants / Tenant Groups, Housing Corporations	B5e.	B5o. 0	B5f. 0	B5x. 0
Community or Target Area Wide	B5g.	B5p. 0	B5h. 0	B5y. 0
Real Estate Professionals	B5i.	B5q. 0	B5j. 0	B5z. 0
Other (specify)	B5k.	B5r. 0	B5l. 0	B5aa. 0
Total		B5s. 0	B5t. 0	B5u. 0

Click [Help](#) for instructions about completing these questions. Explanations for any of the above entries may be included as narrative in Part 1C.

Quarterly Report Narrative Overview

C. Lead Hazard Control Activities

C1. Describe the extent to which lead hazard control activities were conducted in conjunction with other work. (i.e., rehabilitation, code correction, weatherization, etc.).

C2. Describe the lead hazard control methods or combination of methods used. To the extent possible, describe the number of housing units completed and cleared for the methods used (e.g., low-level interventions, interim controls, hazard abatement). Discuss the lead hazard control and rehabilitation costs for units completed this quarter.

C3. Describe any post-hazard control maintenance plans for units where lead hazard control grant work has been completed.

C4. Lead Hazard Evaluations and Units in Progress

Activity	Number Completed This Quarter	Number Completed Cumulatively
Number of Units Receiving Lead Hazard Evaluations	C4a. 0	C4d. 0

Number of Units with Lead Hazards Identified	C4b. 0	C4e. 0
Number of units enrolled	C4c. 0	C4f. 0
Number of Units in Progress or Under Contract	C4g. 0	

C5. Lead Hazard Control - Unit Production

Number of Units Completed and Cleared	Number Completed and Cleared*	Number of Units With Other Rehab, Code work	Number of Units Where Occupants Were Relocated
Occupied Rental Units	C5a. 0	C5b. 0	C5c. 0
Vacant Units	C5d. 0	C5e. 0	
Owner-Occupied Units	C5f. 0	C5g. 0	C5h. 0
Quarter Total	C5i. 0	C5j. 0	C5k. 0
Cumulative Total (since inception of Grant)	C5l. 0	C5m. 0	C5n. 0

Click [Help](#) for instructions about completing these questions. Explanations for any of the above entries may be included as narrative in Part 1C.

C6. Age of Housing Units Completed and Cleared

Age of Housing Units Completed and Cleared This Quarter	Pre-1940	1940-1959	1960-1977	Unknown
	C6a. 0	C6b. 0	C6c. 0	C6d. 0
Cumulative Units	C6e. 0	C6f. 0	C6g. 0	C6h. 0

Click [Help](#) for instructions about completing these questions. Explanations for any of the above entries may be included as narrative in Part 1C.

C7. Occupant Information of Units Completed

Number of Occupants Residing in Units when Lead Hazard Control Work was Initiated	Children < 6 Years of Age	Children under 6 Years of Age Receiving Medicaid	Other Occupants >= 6 Years of Age (including adults)
	C7a. 0	C7b. 0	C7c. 0
Cumulative Units	C7d. 0	C7e. 0	C7f. 0

Click [Help](#) for instructions about completing these questions. Explanations for any of the above entries may be included as narrative in Part 1C.

C8. Blood Lead Values of Children

Blood Lead Values of Children Under 6 of Age Residing in Units when Lead Hazard Control Work was Initiated	BLL under 10 ug/dL	BLL between 10-19 ug/dL	BLL >20 ug/dL	Not Tested or results not available
	C8a. 0	C8b. 0	C8c. 0	C8d. 0
Cumulative Total	C8e. 0	C8f. 0	C8g. 0	C8h. 0

Click [Help](#) for instructions about completing these questions. Explanations for any of the above entries may be included as narrative in Part 1C.

In addition to the quarterly report, the HUD Office of Lead Hazard Control is always interested in the accomplishments of our Lead Hazard Control grantees and in sharing these with lead poisoning prevention advocates. If you have a particular "success story" which may reflect innovative approaches in implementing your program, or if you have overcome any obstacles that would be of interest or

benefit to others, please submit the information as an email attachment to grantee_quarterly@hud.gov.

**Part 2
Listing of Units Completed and Cleared**

Grant Agreement Number:	OHLHD0174-07
Grant Organization:	City of Columbus
Report Period:	Jan 1 - Mar 31 Year 2007

Please submit the following information for units that have undergone lead hazard control activities and subsequently cleared:

Lead Hazard Control – Unit Production Using HUD OHHLHC Grant Funds

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Housing Unit Counter	Housing unit information					Costs			Where		What									
	Street Address	Apt #	City	State	Zip Code	Housing Unit Area (sq ft)	Total Number of Rooms	Lead Hazard Control Intervention	Relocation	Rehab or other work	Total Project Cost	Interior	Exterior	Soil	No. Rooms Treated	Dust cleaning only	Stabilize paint	Replace component	Abatement	Other
Totals						0	0	0	0	0										

**PART 3
FINANCIAL REPORTING
HUD Lead Hazard Control Grant Funds**

If applicable, please also attach "HUD Form 269, Financial Status Report" to this quarterly report.

Grant Agreement Number:	OHLHD0174-07
Grant Organization:	City of Columbus
Report Period:	Jan 1 - Mar 31 Year 2007

BUDGET CATEGORIES*	NEGOTIATED BUDGET	APPROVED LOCCS DRAWDOWNS THIS PERIOD*	CUMULATIVE LOCCS DRAWDOWNS TO DATE*	AVAILABLE BALANCE
1. Personnel (Direct Labor)	0	0.00	0.00	0.00
2. Fringe Benefits	0	0.00	0.00	0.00
3. Travel	0	0.00	0.00	0.00
4. Equipment	0	0.00	0.00	0.00
5. Supplies and Materials	0	0.00	0.00	0.00
6. Consultants	0	0.00	0.00	0.00
7. Contracts / Sub-Grantees /				
7a.	0	0.00	0.00	0.00
7b.	0	0.00	0.00	0.00
7c.	0	0.00	0.00	0.00
7d.	0	0.00	0.00	0.00

7e.	0	0.00	0.00	0.00
7f.	0	0.00	0.00	0.00
7g.	0	0.00	0.00	0.00
7h.	0	0.00	0.00	0.00
7i.	0	0.00	0.00	0.00
Subtotal Item 7	0	0.00	0.00	0.00
8. Other Direct Costs	0	0.00	0.00	0.00
9. Indirect Costs	0	0.00	0.00	0.00
10. TOTALS*	0	0.00	0.00	0.00

* Administrative costs included in totals expended **are not** to exceed 10-percent.