## Healthy Homes and Lead Hazard Programs

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

Factor 4	Leveraging Resource	everaging Resources		Page of	
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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					
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					
Name:					
Type of Organization:					
Subgrantee/Subrecipient: Yes No					
	Total Amount	\$	\$	\$	

Name of the organization or entity that will contribute match or leveraged funds and if they are to be a subgrantee/subrecipient: Self explanatory.

Work to be accomplished in support of the program: The type of activities that will be accomplished in support of the program (i.e. outreach, training, risk Assessments/paint Inspections, relocation, etc.)

Value of In-kind or Cash Match Contribution: As required by statute or appropriation.

Additional Leveraged Funds Contribution: Additional funds above the match contribution required by statute or appropriation

Total of Match and Leveraged Contributions: The total of an applicant's In-kind or Cash Match Contribution and any additional Leveraged Funds Contribution