



## Lead Hazard Reduction Demonstration Grant Scope of Work Review Certification

Property Address: \_\_\_\_\_

Sub-Recipient: \_\_\_\_\_

Award Number: \_\_\_\_\_ Relocation Requested?

If relocation is requested,  
must attach Exhibit G  
HUD 40030

### ***Sub-Recipients Project Manager's Statement:***

I certify the Scope of Work has been developed in accordance with all LHRD policies, local, State, and Federal guidelines and is based solely on the Lead Inspection Risk Assessment and the Healthy Homes Assessment (if applicable).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ***IHCDA's Project Manager's Statement:***

I have reviewed the Scope of Work and determined the Scope of Work is in accordance with LHRD policy guidance.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**ADDRESS** 30 South Meridian Street, Suite 900, Indianapolis, IN 46204  
**PHONE** 317 232 7777 **TOLL FREE** 800 872 0371 **WEB** [www.ihcda.IN.gov](http://www.ihcda.IN.gov)

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