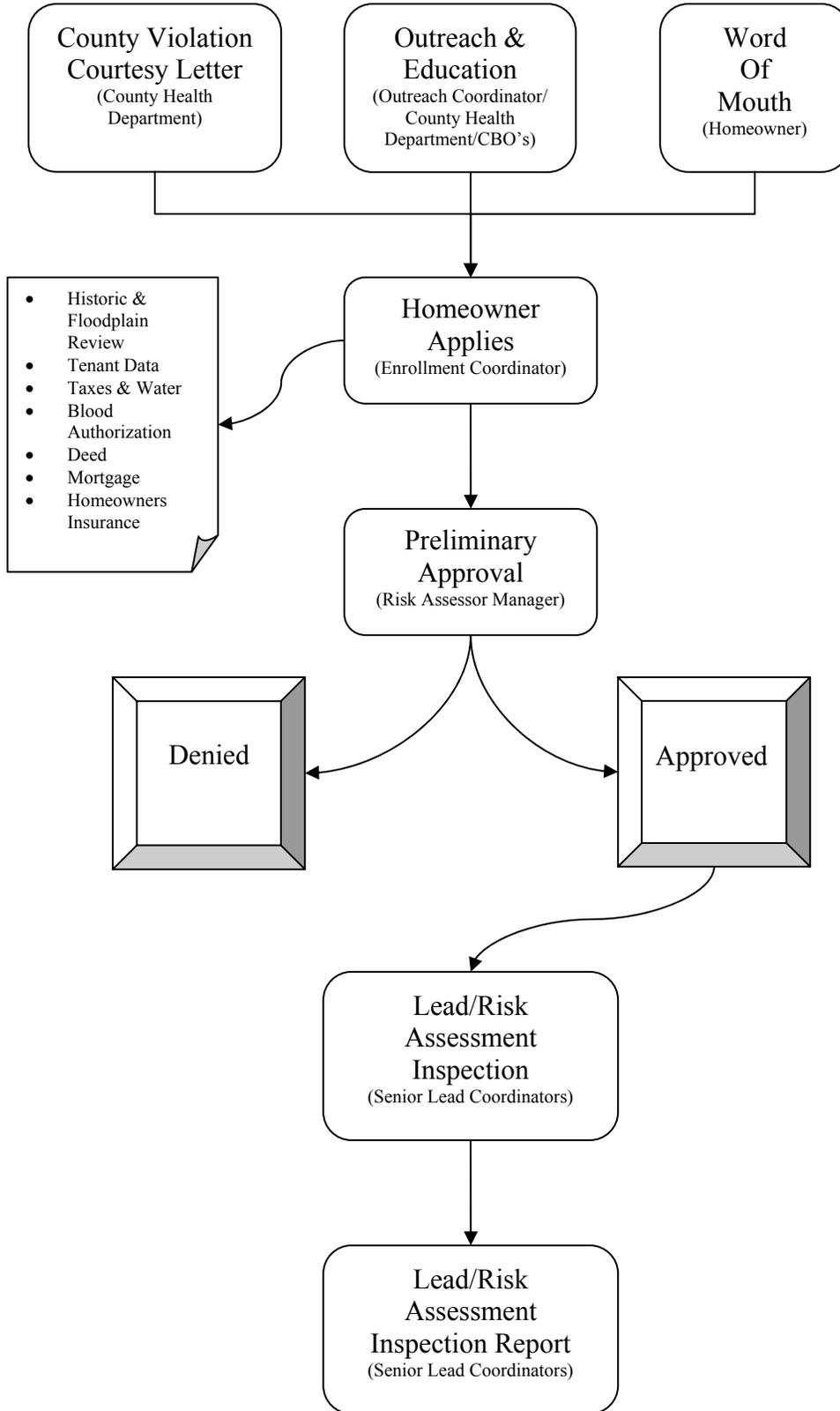
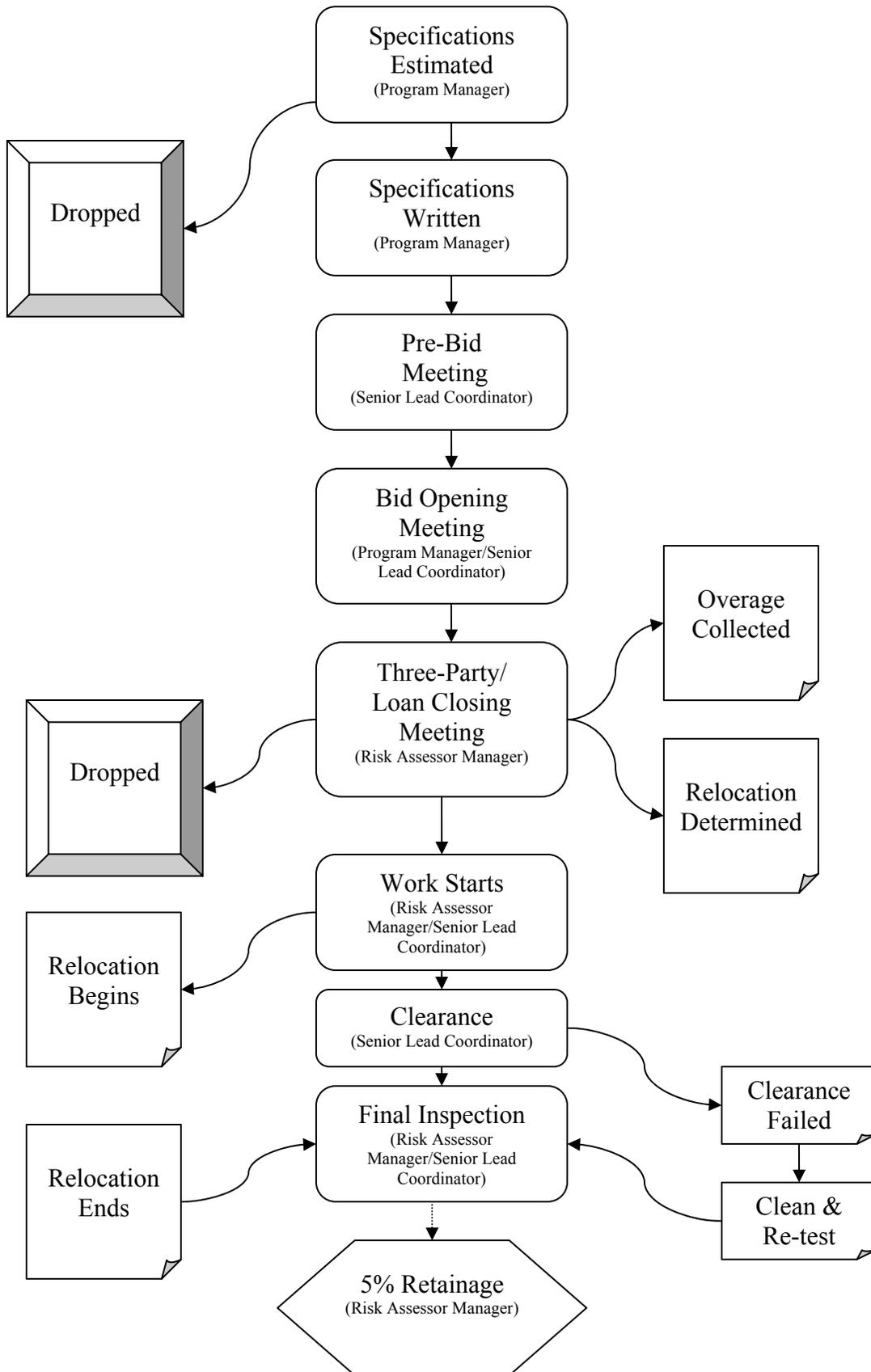


City of Syracuse Lead Hazard Control Program Procedure





The City of Syracuse Lead Hazard Control Program (LHCP) has been awarded federal grants from the Department of Housing and Urban Development (HUD) to financially aid in reducing lead-based paint hazards in pre-1978 one to four family homes within the City of Syracuse. The occupants of the unit must be, according to Federal Income Guidelines, low to very low-income with a child up to 6 years of age or younger living at the property. The Syracuse LHCP enrolls a limited number of visiting children and vacant properties. A one unit home can receive a maximum grant of \$15,000. A two to four unit home can receive a maximum grant of \$20,000. If lead hazard reduction costs exceed the maximum amount of funding the City of Syracuse allows, the excess contract cost is paid directly by the homeowner. The homeowner is responsible to pay the contractual overage amount if they want the work completed because all lead hazards must be addressed. The Syracuse LHCP is a strictly voluntary program and a homeowner does not have to participate. The grant money is used towards any painted surfaces that is in poor condition and that is positive for lead. The housing components with lead hazards will either be fully replaced or encapsulated. Other methods of lead hazard reduction the Syracuse LHCP does are the HUD 3 step cleaning method, painting and scraping, and soil treatments. Some of the housing components that are addressed are windows (must be operable and attic windows are not included), basement windows, siding, soffit, fascia, openings, porch work, stairs and doors. (The Syracuse LHCP does not site any homes.) Once the application is approved, the City Lead Inspectors will go to the qualifying unit and perform a combination Lead Inspection/Risk Assessment. There are three steps during the Lead Inspection/Risk Assessment: a visual inspection, XRF testing and dust wipe samples. A fourth step may occur, soil sampling, if nine square feet of bare soil is present. This will be determined by the visual inspection. Once the testing is complete, within fifteen days, the Lead Inspection/Risk Assessment Report will be written and mailed to the homeowner. At this time, a cost estimate will be written so that the homeowner can get an idea of how much the lead reduction work may cost. At the approval of the homeowner, the unit will be then sent out to bid to the City of Syracuse Lead Hazard Control Programs qualified lead licensed contractors. All contractors on the Syracuse LHCP list go through an extensive contractor criteria approval and all workers are have lead licenses as well. The approved contractors must perform all work through the LHCP. All materials used for the work on units are mid-grade materials. Once the unit is awarded to the lowest bidding contractor (the bid cannot be 20% lower or higher then the cost estimate) a three Party/LC meeting is held. This meeting is with the homeowner, contractor and city lead inspector to review the work specifications. The Syracuse LHCP will draw down the money and open an escrow account. At this time, if there is an overage, the overage is collected and added to the escrow account. The overage must be given at this time to ensure that the money is available so that the contractor will be paid. During the work an inspector will be monitoring the job daily. At the completion of the work, a final inspection is held. The homeowner, contractor and lead inspector will go through the work specifications and review all work. At this time, the homeowner signs a voucher to allow the City of Syracuse LHCP to pay the contractor. The work has a minimum of a one year warranty. Five percent of the contract amount is held for that one year to ensure the quality of work and materials meet warranty standards.

Important Things to Know

Lead-Based Paint

- Any paint that contains lead equal to or greater than 1.0 mg/cm² as measured by XRF or laboratory analysis, or 0.5 percent by weight measured by laboratory analysis.

Lead-Based Paint Hazard

- Poor conditioned paint that is positive for lead
- A condition in which exposure to lead from lead-contaminated dust, lead-contaminated soil, or deteriorated lead-based paint would have an adverse effect on human health (as established by the EPA Administrator under Title IV of the Toxic Substance Control Act) Lead-based paint hazards include for example, deteriorated lead-based paint, leaded dust levels above applicable standards, and bare leaded soil above applicable standards.
- Lead can be found in paint, dust and soil.

The Danger of Lead-Based Paint

- Lead is highly toxic and affects virtually every system of the body. The groups at greatest risk for lead poisoning are fetuses, infants and children under the age of six. Adults and pets can also suffer from hazardous or deteriorated lead-based paint.
- Many children with Elevated Blood Lead Levels (EBL) are undiagnosed and untreated since most poisoned children have no obvious symptoms.

Lead Effects in Children

- Decreases developing brains and nervous systems, causing reductions in IQ and attention span, reading and learning disabilities, hyperactivity and behavioral problems. High exposure levels can cause coma, convulsions and death.

Lead Effects in Adults

- Abdominal discomfort, anemia, colic, constipation, excessive tiredness, fine tremors, headache, high blood pressure, irritability, anxiety, loss of appetite, muscle and joint pain, pallor, pigmentation on the gums 'lead line', sexual impotence, weakness and inability to keep the hands and arms fully extended 'wrist drop.'
- The Syracuse LHCP is a federally funded program. The money comes from the Department of Housing and Urban Development (HUD).
- The HUD Guidelines and Regulations HUD 24 CFR 35 and EPA Federal Regulations are the policies and procedures that the Syracuse LHCP implements.

- The Syracuse LHCP focuses on low to very low-income families with children up to age six and younger that reside at a property built pre-1978 within the City of Syracuse limits.
- This is a voluntary program.
- All information collected for a unit is confidential.
- The Syracuse LHCP does not disclose lead violations to anyone except the property owner.
- Any inquires regarding a property is discussed only with the property owner. For example, if a tenant calls to tries to enroll a unit into the program, we cannot move forward with the enrollment. The property owner or the property manager are the only individuals who have the authority to enroll a property into the Syracuse LHCP.
 - If a tenant calls, the first thing to mention is that the Syracuse LHCP can only go through the homeowner.
 - The Syracuse LHCP can still tell the tenant about the program and can send information so that they can inform their landlord of the program.
 - If a tenant is calling and wants a lead-based paint inspection/risk assessment because they are upset with their landlords, we refer them to the Onondaga County Health Department, Lead Poisoning Division, 315-435-3271.

Outreach

Homeowners are made aware of the LHCP in three ways.

1. Outreach & Education
2. County Violation Letters
3. Word of Mouth

1. Outreach & Education

The Syracuse LHCP Outreach Coordinator works in collaboration with the Onondaga County Health Department, Lead Poisoning Division and six Community Based Organizations.

2. County Violation Letters

Homeowners within the City of Syracuse receive a Courtesy Letter from the Syracuse LHCP if there are Lead Based Paint Violations.

- Whenever a child, six years or younger, in Onondaga County receives a Lead Blood Test, the results automatically are sent to the Onondaga County Health Department. If there is a child with an elevated blood level (ebl), $\geq 10 \mu\text{g/dl}$, the Onondaga County Health Department then refers the homeowner of the Syracuse LHCP to aid in reducing the hazards at the property where the child resides.
- The Onondaga County Health Department does give lead based paint violations to homeowners in the City of Syracuse. A majority of the time, these homes are investor-owner. By mail, the Syracuse LHCP will receive a packet telling the homeowners' name, along with the homeowners address, the address in which there are lead based paint violations and the itemized list of violations. At this time, a Courtesy Letter is sent to the homeowner to make them aware of the federal funds that are available to reduce the lead based paint hazards.

3. Word of Mouth

With inspecting over 1,500 homes to date, word of mouth by homeowners has increased our numbers of enrollment tremendously.

The City of Syracuse's Fight Against Lead Paint



Under the *City of Syracuse Lead Program*, **City of Syracuse homeowners and investor-owners** may be eligible for ***FREE* financial assistance!**

The *City's Lead Program* enables homeowners & investor-owners in the City of Syracuse to obtain ***FREE*** financial assistance for reducing and/or eliminating lead paint hazards at their properties, if qualifications and eligibility requirements are met!

The *City of Syracuse Lead Program* is concerned about the health of your children by reducing **lead hazards** in and around your home and creating a safer environment for you, your family and/or your tenants.

Ask about our monthly **Lead Safe Work Practices Training Course**. It may be helpful if you are a landlord or property owner and you do your own work!

For more information and/or to apply for assistance, please call us at **(315) 448-8710**



County Violation Letter

November 20, 2007

Jane Doe
123 Any Avenue
Syracuse, NY 13202

RE: **123 Any Avenue**

To Whom It May Concern:

I am inquiring if you would be interested in receiving assistance through the Syracuse Lead Hazard Control Program. The Syracuse LHCP is a federally funded (HUD) program, which will allow you to reduce the lead paint hazards at the above-referenced property. Reducing the lead paint hazards in your home, will aide in a healthier home for the children living there. If you qualify, you would be required to sign a Promissory Note agreeing not to sell the property for a 3-year period.

I have enclosed a copy of the Program's guidelines for your review. If you are interested, please call me at 448-8710. I hope to hear from you shortly.

Sincerely,

Sara Markel
Office Manger

Intake

- ❖ Once the homeowner is aware of the Syracuse LHCP, request for applications begin.
- ❖ Only two properties from the same homeowner are permitted to go through the entirety of the program in a 24-month period.

One Unit Properties

- 1 unit with a owner occupied that is a low to very-low income with a child age six or younger
 - women that are pregnant do qualify as a child six years or younger
- 1 unit with a homeowner that is in the low to very-low income with a visiting child age six or younger
 - visiting children must be present at the unit for a minimum of 2 days a week with a minimum 3 hours per visit
- 1 unit with an investor owner which has a low to very-low income tenant with a child age six or younger or a visiting child
- 1 unit with an investor owner and the unit is vacant

Two to Four Unit Properties

- only 1 unit out of a 2 to 4 unit property has to meet the requirements to qualify
 - low to very-low income homeowner or tenant with a child six years or younger, a low to very-low income homeowner or tenant with a visiting child six years or younger, a vacant unit
 - all units may qualify
- Example of a 2 unit property where only 1 unit qualifies
 - The Syracuse LHCP will only reduce lead based paint hazards in the unit that qualifies and all common areas.

Common Areas

- A room or area that is accessible to all residents in a community (e.g., hallways or exterior); in general, any area not kept locked.

Visiting Child

- A child age six or younger that visits the home, at least 2 times a week 3 hours at a time, can qualify to participate in the Syracuse LHCP. The visiting child is considered a dependant and can count towards the number within the household. There is an additional form for visiting children.

Vacant

- A 1 unit home that is vacant can qualify for the Syracuse LHCP. The unit must either stay vacant until the work is completed or if a homeowner/tenant moves into the unit, all requirements must be met to stay qualified. If there is a 2 to 4 unit property, one unit can be vacant to qualify the property.
- For example, if there is a 3 unit property where 1 unit is vacant and the other two units do not qualify, the Syracuse LHCP will reduce lead hazards within the vacant (qualifying) unit, all common areas which includes the exterior of the property.

Owner-Occupied Requirements

- Unit must be built pre-1978.
- Applicant must be income eligible.
- Property must be occupied by a child six years of age or younger.
- Applicant must provide proof of ownership.
- Applicant must list the City of Syracuse Lead Program as a Pay Lossee on its Homeowner's Certificate of Insurance.
- Applicant must provided a copy of mortgage statement indicating it is paid to date.
- Each property owned by the applicant must be current on all City/County property taxes and water bills.
- The property must not have any structural deficiencies such as the roof or foundation.

Investor-Owner Requirements

The Syracuse LHCP staff does not contact tenants to gather information. The only contacts for a unit is the homeowner or the property manager.

- Unit must be built pre-1978.
- Tenants must be income eligible.
- Property must be occupied by a child six years of age or younger.
- Applicant must provide proof of ownership.
- Applicant must list the City of Syracuse Lead Program as a Pay Lossee on its Homeowner's Certificate of Insurance.
- Applicant must provided a copy of mortgage statement indicating it is paid to date.
- Each property owned by the applicant must be current on all City/County property taxes and water bills.
- The property must not have any structural deficiencies such as the roof or foundation.

Historic Review/Floodplain Review

- Each unit that applies to the Syracuse LHCP has to have a Historic Review and a Flood Plain Review. The Syracuse LHCP needs to know whether the unit in question is on the Historic Registry. If so, there has to be a letter written, along with a specialized Work

Specifications, sent to Albany State Historic Preservation Organization (SHPO) to allow work to be done to the property. If the unit in question is in a floodplain, flood insurance is then required as well.

Specialized Database

- Lead Track Pro (LTP) is a specialized database that the Syracuse LHCP uses. Each case has a master file. Once a unit receives Preliminary Approval and an Initial Inspection is scheduled, the case is then entered in to LTP. As data continually gets collected, the information will be input into LTP.
- Each staff member is responsible for certain portions in LTP to be updated. It is very important to input the data into LTP because this specialized database creates necessary reports needed for HUD.

Reducing Lead-Based Paint Hazards

There are three types of lead hazard controls:

1. interim controls
2. abatement of lead-based paint hazards
3. complete abatement

CITY OF SYRACUSE LEAD PROGRAM REQUIREMENTS

Owner Occupied Intake Requirements:

1. Applicant must be income eligible. Owner must provide proof of income: (which ever applies)
 - 1040 Tax Form, Current payroll stubs, Certification of income from non-payroll source (Unemployment, Disability, SSI etc.)
2. The property must be occupied by a child six years or younger. A household also qualifies if a child six and younger visits the house frequently. A separate form must be signed. Children six to one years of age must have a blood lead test done within six (6) months preceding housing intervention.
3. Applicant MUST provide proof of ownership, i.e., DEED.
4. Applicant MUST provide Lead Program with a copy of HOMEOWNERS INSURANCE. You MUST list the City of Syracuse Lead Program as a Mortgagee or Additionally Insured. This occurs so that in case of a fire, the lead program will be able to recoup the federally funding. The insurance binder must read:

Syracuse Lead Program
201 E Washington Street, Rm 500
Syracuse, New York 13202

*If the property is in a designated Flood Zone – Flood Insurance is required.

5. Applicant MUST provided a copy of MORTGAGE STATEMENT indicating it is paid to date. If the property is paid for, please submit verification indicating that it is paid for.
6. Each property owned by the applicant must be current on ALL City/County property taxes and water bills.
7. The property must not have any structural deficiencies such as the roof or foundation.
8. Only ONE to FOUR unit dwellings are eligible for the program. A ONE UNIT property is eligible for a maximum 3-year deferred loan of \$15,000. TWO – FOUR UNIT properties are eligible for a maximum 3-year deferred loan of \$20,000.

Only two properties from the same individual are allowed to go through the Program in a 24-month period.

All lead hazards noted on the lead risk assessment report are required to be mitigated; therefore any contracted amounts above the eligibility amounts are the responsibility of the

homeowner and payable to the City of Syracuse Lead Program at the time of the loan closing.

9. Enclosed is a Lead Tenant Data Form. Each member living in the home must be added to this form. Along with this form, proof of income must be submitted. *Each unit needs their own form.

10. Enclosed is a Lead Blood Test Authorization form. A blood test for children between the ages of one to six years old must be done. The child must have a legitimate blood lead test within six months preceding housing intervention. On the form the parent or legal guardian must fill out the child's name, DOB (date of birth), and sign on the bottom. This form is to be sent back to the Syracuse Lead Program. *Each child needs their own form.

CITY OF SYRACUSE LEAD PROGRAM REQUIREMENTS

Investor-Owner Intake Requirements:

1. Applicant must be income eligible. Owner must provide proof of income: (which ever applies)
 - 1040 Tax Form, Current payroll stubs, Certification of income from non-payroll source (Unemployment, Disability, SSI etc.)
2. The property must be occupied by a child six years or younger. A household also qualifies if a child six and younger visits the house frequently. A separate form must be signed. Children six to one years of age must have a blood lead test done within six (6) months preceding housing intervention.
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Intake Steps

1. Outreach
2. Intake Form filled out
3. The master file is made.
 - File color determines specific grant
 - Left side will have the Case Progress Checklist
 - Case Progress Checklist must be completely filled out
 - Emergency (Yes or No)
 - Determined by dependents blood lead test result
 - Property Address with Zip Code
 - Intake Form
 - Owners Name (Contact Person Name)
 - Intake Form
 - Owners Home/Work/Cell Number (Contact Person Number)
 - Intake Form
 - HUD I.D. #
 - Lead Track Pro
 - Age of Structure
 - Structure/Built/Date Book
 - Property #
 - Structure/Built/Date Book
 - Units
 - Intake Form
 - Investor Owner or Owner Occupied
 - Intake Form
 - Right side will have required paperwork in order following the Case Progress Checklist order
 - Lead-Safe Housing Rule Checklist for General Compliance Documentation must be in the master file
4. Historic Review & Flood Plain Review Paperwork
 - Fill out Initial Historic Review Form (N.Y. State Form)
 - Page 1
 - Write the date
 - Fill in #1 – write the address of property
 - Page 2
 - Fill in #23 – X the Lead Hazard Risk Reduction box
 - Page 3
 - Fill in Building Address
 - X the Lead Hazard Risk Reduction box
 - Place in Ed Knights mail box for photograph
 - Once the pictures are taken, the Historic Review Form with the photos are placed back into the Intake Aides mailbox.

- Historic Eligibility List must be checked at this time.
 - If it is on the Historic Eligibility List, place Historic Review Form in Master File with the SHPO number indicated.
 - * Date and Initial Case Progress Checklist
 - * Check Flood Plain Maps
 - * Date Case Progress Checklist when the Flood Plain Review email request was sent to Heather Lamendola
 - * Date and Initial Case Progress Checklist when review is received
 - If not on eligibility list, mail to Albany SHPO the following information:
 - * Historic Review Form with Photographs
 - * Two (2) copies of Sanborn Maps
 - Date Case Progress Checklist in Master File and Case Progress Dates in LTP when Historic Review & Flood Plain Review Form are mailed to SHPO, received from SHPO and Flood Plain reviewed.
5. Check City/County Taxes and Water Bill for all city properties owned by homeowner
- Sign onto AS400 (You may have to do this step twice)
 - User Name: DBPR18
 - Password: lead
 - Enter #3: Code Enforcement Inquiry Menu
 - Enter #13: Tax Inquiry Menu
 - Enter #3: Property Search by Owner Name
 - Enter #2: Ownership and print out page for property going through the program
 - Go back to previous page
 - Enter #1: Tax collections
 - Check taxes
 - Go back to previous page
 - Enter #4: Water
 - Go back to previous page
 - Enter #9: Previous Assessment
 - Census Tract
 - Home Assessment – use Taxable City
 - State Code – to check the number of units
 - In master file, on Ownership print out, note whether everything is current, initial and date
 - Initial and Date Case Progress Checklist and Case Progress Dates
 - Repeat for all other city property owned by homeowner
6. Once all necessary application paperwork is received, the master file is given to the Lead Program Secretary for Preliminary Approval and the scheduling of the Initial Inspection. The Lead Program Secretary reviews the file to make sure all paperwork is correct.
- If all requirements are met, Preliminary Approval is given. Case Progress Checklist is dated and initialed.
 - If requirements are not met Preliminary Approval is not given and the property is not excepted to the program.

7. If PA is given, the Lead Program Secretary calls the homeowner or property manager and schedules an Initial Inspection.
8. Case Progress Checklist is dated and initialed.
 - Preliminary Approval
 - Initial Inspection
9. Case Status Report Updated
 - Address
 - Year Built
 - Investor or Owner-Occupied
 - Status – PA
 - Number of Units
 - Initial Inspection Date
 - Last Name of Homeowner
10. Write Initial Inspection on schedule board.
11. Start a working file and place in file organizer on Senior Lead Coordinator's desk.
12. Place file into Information Aides mailbox so that the case can be then input into Lead Track Pro.

Case Progress Checklist

Emergency: _____

Property Address: _____

Owners Name: _____

Owners Phone #: Home _____ Work _____ Cell _____

HUD I.D. # _____ Age of Structure _____ Property # _____ - _____

Units _____ I/O _____ O/O _____

PROCEDURE	DATE REQUESTED	DATE COMPLETED	INITIALS
Intake Application			
Courtesy Letter Sent			
County Violations			
Historic/ Photo Review			
Floodplain Review			
Blood Authorization			
Tenant Data			
Check Taxes			
Deed			
Certificate of Insurance			
Mortgage Cert. of Comp.			
Initial Inspection			
Preliminary Approval			
Spec. Estimated			
Spec. Written/Bid			
Pre-Bid Meeting			
Bid Due/Opening/Awarded			
Bid Awarded/Award Letters			
3-Party/ Loan Closing			
Relocation Starting Date			
Relocation Ending Date			
Final Inspection/Payment			
Air Samples Paid			
5% Retainage Released			
Case Dropped			
Start Lead Work			
End Lead Work			
SM 2/2005			SYRLP-003

INTAKE INFORMATION

EMERGENCY CASE? _____

Street# _____ Street Name _____ Zip _____

Initial Contact Date _____ Year Built: _____

HUD I.D. # _____

No. of Units _____

Owner-Occupied: Yes _____ No _____

Vacant: Yes _____ No _____

Other City Property: Yes _____ No _____

Owner _____

Owner _____

Home # _____ Work # _____ Cell # _____

Contact Person: _____ Phone # _____

Have you gone through the program before? Yes _____ No _____

If yes, Date and Address? _____

Owner's Address if different from above:

Street # _____ Street Name _____

City _____ State _____ Zip Code _____

City of Syracuse Lead Program
201 E. Washington Street, RM. 500
Syracuse, New York 13202-1430
Phone (315) 448-8710 / Fax (315) 448-8659

City of Syracuse Lead Program

Please take a moment and tell us how you heard about the **City of Syracuse Lead Program**. Please check **all** that apply.
Thank you for your input. 😊

- I have been through the **Lead Program** and/or Rehab Program before.
- A family member/friend referred me to the **Lead Program**.
- I received a letter in the mail about the **Lead Program**.
- I received a flyer in the mail from Section 8.
- I heard about it from a radio ad. If yes, what radio station. _____
- I saw /heard about it on TV. If yes, what TV station. _____
- I heard about it at a Neighborhood Watch Group Meeting.
- I found out about it from a local housing agency. If yes, what agency. _____
- I was referred to you by the Onondaga County Health Department.
- I was referred to you by the City's Code Enforcement Department.
- I was referred to you by Operation Safe Child.
- I received material from my child's daycare/school. If yes, which one. _____
- Through your website. www.syracuseleadprogram.com
- Through a newspaper/print ad. If yes, which paper. _____
- Through another website's links. If yes, which website. _____
- I was referred by City Hall.
- I was referred by a real estate agent. If yes, which agency. _____
- Other (please specify): _____

NYS BUILDING-STRUCTURE INVENTORY FORM

FOR OFFICE USE ONLY

DIVISION FOR HISTORIC PRESERVATION
NEW YORK STATE PARKS AND RECREATION
ALBANY, NEW YORK (518) 237-8643

UNIQUE SITE NO. _____
QUAD _____
SERIES _____
NEG. NO. _____

YOUR NAME: **Lead Program** DATE: _____
YOUR ADDRESS: **201 East Washington Street Syracuse, NY 13202**
TELEPHONE: **315-448-8710**
ORGANIZATION: **City of Syracuse**

IDENTIFICATION

- 1. BUILDING NAME(S): _____
- 2. COUNTY: **Onondaga** TOWN/CITY: **City of Syracuse** VILLAGE: _____
- 3. STREET LOCATION: _____
- 4. PROPERTY NUMBER: _____
- 5. OWNERSHIP: public private
- 6. PRESENT OWNER: _____ ADDRESS: _____
- 7. USE: Original: _____ Present: _____
- 8. ACCESSIBILITY TO PUBLIC: Exterior visible from public road: Yes No

DESCRIPTION

- 9. BUILDING MATERIAL
 clapboard brick cobblestone stucco
 stone board and batten shingles other: _____
- 10. STRUCTURAL SYSTEM
 wood frame with interlocking joints masonry load bearing walls
 wood frame with light members metal (explain) _____
 other _____
- 11. CONDITION
 excellent good fair deteriorated
- 12. INTEGRITY
 original site moved (if so, when ?) _____
 List major alterations and dates _____
- 13. **PHOTO**
- 14. **SANBORN MAP** (see attached)

15. THREATS TO BUILDING

none known zoning roads developers deterioration

Other: _____

16. RELATED OUTBUILDINGS AND PROPERTY:

barn carriage house garage privy
 shed greenhouse shop gardens

Landscape features: _____

Other: _____

17. SURROUNDINGS OF THE BUILDING (check more than one if necessary):

open land woodland scattered buildings densely built-up
 commercial industrial residential

Other: _____

18. INTERRELATIONSHIP OF BUILDING AND SURROUNDINGS:

(Indicate if building or structure is in an historic district)

19. OTHER NOTABLE FEATURES OF BUILDING AND SITE (including interior features if known):

SIGNIFICANCE

20. DATE OF INITIAL CONSTRUCTION: _____

ARCHITECT: _____

BUILDER: _____

21. HISTORICAL AND ARCHITECTURAL IMPORTANCE:

22. SOURCES:

23. THEME/SCOPE OF WORK:

- Rehabilitation Occupied Vacant
- Acquisition
- Lead Hazard Risk Reduction
- Demolition Immediate Intermediate Long Term
- Handicap-Accessible Ramp
- Economic Development
- Program _____ (Attach Project Description)
- General Inquiry

City of Syracuse
DEPARTMENT OF COMMUNITY DEVELOPMENT
Building-Inventory Form
201 EAST WASHINGTON STREET-RM 500
SYRACUSE, NY 13202
315-448-8710

BUILDING ADDRESS: _____

PROPOSAL:

- Rehabilitation
 - Acquisition
 - Lead Hazard Risk Reduction
 - Demolition
 - Handicap-Accessible Ramp
 - Economic Development Program _____ (Attach Project Description)
 - General Inquiry
- Occupied Vacant
- Immediate Intermediate Long Term

ATTACH PHOTO AND SANBORN MAP:

LEAD TENANT/OWNER DATA FORM

Name of Owner: _____

Subject Property Address: _____

Name of Tenant or Owner: _____ Apt. # _____

Tenant's Phone Number: _____ Work # _____

Head of Household: Age Male Female Race Handicapped?

Name of Household member	Age	Employment (if applicable)	Gross Annual Income (if applicable)

Actual Number of Bedrooms within your apartment: _____

When did you begin to occupy this apartment: _____

What is the monthly rent for this apartment: _____

Please indicate the amount of your gross income: Weekly \$ _____
 Monthly \$ _____
 Yearly \$ _____

Please indicate source of income: Child Support \$ _____
 Social Security \$ _____
 Section 8 \$ _____
 Other \$ _____

Place of Employment: _____

Please submit copy of Income/Tax documents: _____

I/We understand that it may be a Federal crime punishable by fine or imprisonment to knowingly make any false statements concerning any of the about facts as applicable under the provisions of the United States Criminal code. I/We attest that all of the above information is true and accurate. Furthermore, I/We consent and authorize the Department of Community Development to verify any and all information contained herein.

 Tenant Signature

 Date

VISITING CHILD VERIFICATION FORM

I _____ verify that _____ D.O.B. ___ / ___ / ___
Owner/Tenant Child's Name

spends at least two different days within any week at _____, provided
Address

that each day's visit lasts at least 3 hours and the combined weekly visit lasts at least 6 hours. In addition the combined annual visits last at least 60 hours.

Owner/Tenant Signature

Child's Relationship to Owner/Tenant

Drop Letter

November 20, 2007

Jane Doe
100 Any Avenue
Syracuse, New York 13202

RE: 100 Any Avenue

Dear Ms. Doe:

This is to confirm the status of your Lead Hazard Control Program application for the above-mentioned property.

Your case is now dropped for the following reason:

- Voluntary withdrawal
- Failure to provide proof of ownership
- Delinquent property taxes and/or water bill(s)
- Non-compliant
- Other:

Due to certain circumstances, some cases will be able to be re-opened in the future. A new inspection must be performed one year after the date of the first inspection. If you should have any question concerning this matter, feel free to contact me at 448-8710. Thank you.

Regards,

Sara Markel
Office Manager

Lead Track Pro Intake Steps

Once a unit receives Preliminary Approval and an Initial Inspection is scheduled, the data must then be input into Lead Track Pro.

1. Sign into Lead Track Pro
2. Click Create a New Case
3. Fill in the following sections:
 - Intake Information
 - Status/Lead Days/Units Affected
 - Case Status – PA (Preliminary Approval)
 - Number of Affected Units – Determined on total number of units that qualify
 - Number of Affected Units – Determined on units that qualify that are occupied
 - Number of Affected Vacant Units – Determined on units that qualify that are vacant
 - Adult Occupants
 - Dependants
 - Progress Dates
 - Intake Date
 - Historic Review Date
 - Flood Plain Review Date
 - Blood Test Received Date
 - if the child is less than a year old or there is a pregnant woman living at the property, type the intake date in this section
 - Preliminary Approval Date
 - Initial Inspection Date
4. Once all input is complete, Lead Track Pro will automatically give each new case a HUD ID number. You will find this number on the home page of that specific case. This number must be written on the Case Progress Date Checklist in the master file.
5. Once all data input is complete, a copy of the Intake Form is placed into the Lead Program Secretary's mailbox. *If there are county violations for the qualified unit, a copy of violations are also placed in the mailbox. From there, the Lead Program Secretary starts a working file by labeling the tab with the property address. Working File, along with Intake Form and County Violations if it applies, are then filed (in order of inspections) in a file organizer on top of the Senior Lead Coordinator's desk.
6. Master File is then placed in Green Hanging File – type label for Green File and File alphabetically in the correct grant filing cabinet

Dropped Cases

- There may be many reasons to why a case can be dropped from the City of Syracuse Lead Program. A few examples are:
 - * Voluntary withdrawal
 - * Failure to provide proof of ownership
 - * Delinquent property taxes and/or water bill(s)
 - * Non-compliant – property owner’s failure to respond to requests
 - * No lead hazards exist at property
 - * Structural damage
1. The RA Manager writes the dropped letter.
 2. The Case Status Report is updated as well as the Status/Lead Days/Units Affected in Lead Track Pro.
 - If a house is awarded to a contractor and the contract amount is already input into the Award and Contract Summary in LTP, the contract amount must be deleted.
 3. The original letter is mailed to the homeowner while a copy of the letter is placed in the Information Aides mailbox.
 4. The Information Aide then goes into LTP and under the address, dates the Dropped Case space on the Case Progress Checklist.
 - An automatic screen will come up and the reason to why the property was dropped is written on this screen.
 - If the case has been awarded to a contractor and the contract amount is in LT, these amounts must be erased.
 5. Once all necessary steps are taken, the master file, along with the copy of the dropped letter, is filed in the dropped filing cabinets.
- ❖ It is important to note that a case may be re-opened at anytime, depending upon the circumstances. A Risk Assessment/Lead Inspection Report expires 1 year after the date of the initial inspection, if the report has expired, a new inspection must occur.
 - ❖ As required paperwork is received, initial and date the Case Progress Checklist.

Lead Inspection

- ❖ Once a property receives Preliminary Approval, an Initial Inspection is scheduled. For the Initial Inspection, the Syracuse LHCP Risk Assessors perform a combination lead-based paint inspection/risk assessment.

Lead-Based Paint Inspection

- A surface-by-surface investigation for determining the presence of lead-based paint (and in some cases sampling for lead in dust and soil) and a report of results.

Risk Assessment

- An on-site investigation of a residential dwelling for lead-based paint hazards. Risk assessment includes investigating the age, history, management and maintenance of the dwelling; conducting a visual assessment; performing limited environmental sampling, such as dust wipes, soil samples, and deteriorated paint samples; and reporting results that identify acceptable abatement and interim control strategies based on specific conditions and the owners capabilities.

Initial Inspection Steps

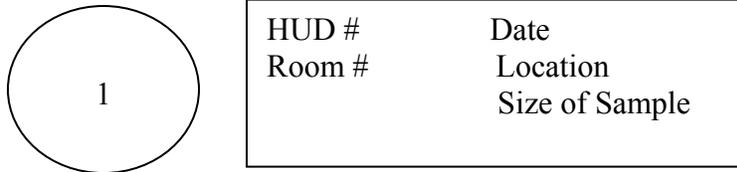
1. Visual Inspection
2. XRF Testing: an XRF analyzer works by exposing a paint surface to radiation emitted from a sealed source inside the instrument. The lead becomes “excited” and responds by emitting energy in the forms of x ray. This response is known as fluorescence.
3. Dust Wipe Sampling
4. Soil Sampling and Plot Plan(only if there is 9 sq ft of bare soil)
5. Floor Plan
6. Questionnaire

Labeling Dust Wipe Tubes

- Collect 9 tubes and 9 dust wipes per unit
- Label caps of tubes 1 through 9 for unit
 - For a 2 family home, unit 2 caps must be labeled 10 through 18
 - For a 3 family home, unit 3 caps must be labeled 19 through 27
 - For a 4 family home, unit 4 caps must be labeled 28 through 36
- Each tube must be labeled with the following information
 - HUD ID # - you can find this either in Lead Track Pro case homepage or in the master file on the case progress dates checklist
 - Date of Inspection
 - Room – this is the room in which the sample is taken from
 - Location – Floor or Sill
 - Size of Sample
- ❖ Floors are always 12 x 12 or 1.0

- ❖ Sill must be measured at inspection

Example:



- ❖ A blank sample must be incorporated into 1 of the 9 samples.
- ❖ Once back in the office, the Risk Assessor then FedEx's the dust wipe samples to the Syracuse LHCP NLLAP laboratory. A Chain of Custody must be included with the samples.

NLLAP Laboratory

- Dust wipe samples and soil samples are submitted to a laboratory recognized by the EPA National Lead Laboratory Accreditation Program
1. Lead Tracking must be updated
 - Award and Contract Summary
 2. Case Status Report
 - Lab Cost

Lead-Based Paint Inspection/Risk Assessment Report

- I. Narrative
 - II. Dust Wipe Summary
 - III. Floor Plan and Plot Plan (only if soil samples were taken)
 - IV. XRF Data
 - V. Visual Inspection
 - VI. Dust Wipe Laboratory Analysis
 - VII. Questionnaire
 - VIII. Intake Form
 - IX. Recommendations
1. Once the report is written, the Senior Risk Assessor then gives the report to the Program Manager. At this time, the Program Manager reads the report thoroughly.
 2. The report is then mailed along with notification to the homeowner.
 3. After reviewing the recommendations and the quantity sheet, the program manager writes a cost estimate. LTP must be updated.
 - Status/Lead Days/Affected Units – Must be changed to B (Bid)
 - Case Progress

- Risk Assessment Receipt
- Spec Estimate

4. The homeowner is then called, by a Senior Lead Coordinator, to go over the lead-based paint hazards and the cost estimate. At this point, the homeowner decides whether or not they would like the property to go Out to Bid.
 - ❖ It is important to note that it is required by HUD that all lead-based paint hazards be reduced.
 - ❖ It is also important to note that this a voluntary program and if there is an overage, the Syracuse LHCP staff can guide homeowners to other financial assistance programs if there is an overage.
5. If the homeowner decided they want their property to go out to bid with the qualified contractors, the Senior Lead Coordinator places the working file into the Program Managers mailbox with a note stating the homeowner wants to proceed.

Lead Hazard Evaluation Notice

Property Address: _____

Date: _____

Evaluation Completed (circle one): Paint Inspection Paint Testing Risk Assessment

Summary of Results:

_____ No lead-based paint or lead-based paint hazards were found.

_____ Lead-based paint and/or lead-based paint hazards were found. See attachment for details.

Person who prepared this notice:

Name: _____

Signature: _____

Date: _____

Company: _____

Street: _____

City & State: _____

Zip: _____

Phone # _____

If you have any questions please call Syracuse Lead Hazard Control Program at 448-8710



DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM

Matthew J. Driscoll, Mayor

Lead-Based Paint Risk Assessment / Inspection Report

For The Dwelling Located at:

100 Any Avenue
Syracuse, New York 13202

Prepared For:

Ms. Betsy Mokrzycki, Program Manager

City of Syracuse Lead Program
201 East Washington Street
Syracuse, NY 13202

November 20, 2007

EXPIRATION DATE: November 15, 2008

GENERAL INFORMATION

The City of Syracuse Lead Program (USEPA Firm NY-07-022006-973) conducted a risk assessment / inspection for lead-based paint hazards at 100 Any Avenue in Syracuse, New York on November 15, 2007. David Severson (USEPA Risk Assessor NY-R-12345) and Adam Van Hoose (USEPA Risk Assessor NY-R-54321) performed this Lead Based Paint Risk Assessment / Inspection. The sample analysis was performed by: Schneider Laboratories, Inc at 2512 W. Cary Street, Richmond, VA and can be reached by phone at (804)353-6778.

OWNER INFORMATION

Address	Owner Information	Construction Date	Assessment Date
100 Any Avenue Syracuse, NY 13202	Jane Doe 100 Any Avenue Syracuse, NY 13202 Ph: 315-555-1234	1940	November 15, 2007

An initial walk-through was conducted in the dwelling to determine the presence of suspect materials, which were accessible or exposed. The information contained in this report has been collected in accordance with current regulations.

PURPOSE

This lead based paint hazard / inspection investigation was based upon EPA 40 CFR 745, HUD 24 CFR 35 and chapters 5 & 7 of the United States Department of Housing and Community Development (HUD) Guidelines. Reference levels are as listed below:

DUST WIPE SAMPLES

Floors	40 $\mu\text{g}/\text{ft}^2$
Window Sills	250 $\mu\text{g}/\text{ft}^2$

XRF ASSAY

1.0 mg/cm^2

PAINT

0.5% Lead by weight

WATER SAMPLES

15 Parts per Billion (ppb)

SOIL SAMPLES

Paving or removal criteria	5,000 ppm
Building perimeter/yard	1,200 ppm
Play/high contact areas	400 ppm

NARRATIVE

A review of all available documentation concerning lead investigations and abatements conducted in the building was completed. On November 15, 2007 The City of Syracuse Lead Program performed a lead based paint risk assessment / inspection at 100 Any Avenue in Syracuse, New York. Upon completion of the visual inspection, settled dust samples and XRF assays were taken in an effort to locate the possible sources of lead within and around the dwelling. Due to no bare soil, soil sampling was not conducted at this time.

The City of Syracuse Lead Program followed ASTM Standard Practice E1728, "Standard Practice for Field Collection of Settled Dust Samples Using Wipe Sampling Methods for Lead Determination by Atomic Spectrometry Techniques" for collection of dust wipe samples. Samples of settled dust were collected from within the units from floors and window sills that appeared to be the dirtiest and most accessible to children. In addition to these samples a field blank was sent to the laboratory for quality assurance and quality control purposes.

Within the dwelling, the average of floor samples is $10.0\mu\text{g}/\text{ft}^2$ and the average of window sill samples is $49.7\mu\text{g}/\text{ft}^2$. This indicates that a lead dust hazard does not exist on the floor or the window sills.

The City of Syracuse Lead Program tested 93 component surfaces from this location using Niton XLP's serial number 7023 and 7794. The XRF's were calibrated following the manufacturer's recommended protocol before and after the testing. Tested surfaces were selected in accordance with Chapter 7 of the HUD Guidelines.

A detailed list of components that were tested by the XRF is provided in the following quick summary of analysis results with the samples exceeding the reference limit for lead in paint indicated in boldface type. In general, room one is defined as the first room or room equivalent directly accessed by the main entrance and rooms are labeled clockwise from that point. Kitchens are labeled as "kitchens" and bathrooms are labeled as "baths". Also the "A" side of any apartment or building is the address side of the house and the sides are then labeled alphabetically going clockwise. If a given unit has two floors the numbering continues with the first non-bathroom on the left unless indicated otherwise on the floor plan.

A copy of this summary must be provided to new Lessees (tenants) and purchasers of this property under Federal Law (24 CFR part 35 and 40 CFR part 745) before they become obligated under a lease or sales contract. The complete report must also be provided to new purchasers and it must be made available to new tenants. Landlords (lessors) and sellers are also required to distribute an educational pamphlet approved by the U.S. Environmental Protection Agency and include standard warning language in their leases or sales contracts to ensure that parents have the information they need to protect their children from lead-based paint hazards

Any lead related work that involves the removal or disturbance of the leaded materials identified in this dwelling must be done in compliance with lead regulations. Any surfaces not tested should be considered lead containing.

This report is a visual survey, X-Ray Fluorescence (XRF) analysis and dust wipe sampling results of the readily accessible areas of this structure and tested components. The presence or absence of lead based paint hazards applies only to tested or assessed surfaces on the date of the field visit and should be understood that conditions noted within this report were accurate at the time of inspection and in no way reflect the conditions at the property after the date of inspection. Ongoing monitoring by the owner or property manager is necessary. No other environmental concerns were addressed during this inspection.

This risk assessment report expires November 15, 2008.

Dave Severson
NY-R-12345

100 Any Avenue
QUICK SUMMARY OF LEAD TESTING RESULTS

Dwelling: 100 Any Avenue, Syracuse NY

Date: 11/15/2007

Inspector: Adam Van Hoose (EPA Cert. NY-R-12345) SAMPLE

LOCATION

SAMPLE	LOCATION	SAMPLE TYPE	AREA	RESULT	COMPLIANCE
1	Room 1 Floor	Wipe Sample	1.00 ft ²	<10.0 µg/ft ²	Y
2	Room 1 Sill	Wipe Sample	0.65 ft ²	38.8 µg/ft ²	Y
3	Kitchen Floor	Wipe Sample	1.00 ft ²	<10.0 µg/ft ²	Y
4	Kitchen Sill	Wipe Sample	0.65 ft ²	92.4 µg/ft ²	Y
5	Room 3 Floor	Wipe Sample	1.00 ft ²	<10.0 µg/ft ²	Y
6	Room 3 Sill	Wipe Sample	0.65 ft ²	40.1 µg/ft ²	Y
7	Room 4 Floor	Wipe Sample	1.00 ft ²	<10.0 µg/ft ²	Y
8	Room 4 Sill	Wipe Sample	0.65 ft ²	27.5 µg/ft ²	Y
9	Field blank	Blank		<10.0 µg	Y

AVERAGE SETTLED DUST LEAD LEVELS OF FLOORS: 10.0µg/ft²
AVERAGE SETTLED DUST LEVELS OF WINDOW SILLS: 49.7µg/ft²

REFERENCE LIMITS

DUST WIPE SAMPLES

Floors 40 µg/ft²
 Window Sills 250 µg/ft²

SOIL SAMPLES

Play/high contact areas 400 ppm
 Building perimeter/yard 1,200 ppm
 Paving or removal criteria 5,000 ppm

PAINT CHIP SAMPLES

0.5% Lead by weight

WATER SAMPLES

15 Parts per Billion (ppb)

Floor Plan

ReadNo	Time	Type	Units	COMPONENT	SUBSTRATE	SIDE	COND.	COLOR	FL	Rm	Results
123	Any Avenue										
	11/1/2007		mg /								
1863	8:58	PAINT	cm ^2	WALL	PLASTER	A	FAIR	WHITE	1st	1	Negative
	11/1/2007		mg /						1st		
1864	8:58	PAINT	cm ^2	WALL	PLASTER	C	FAIR	WHITE		1	Negative
	11/1/2007		mg /						1st		
1865	8:58	PAINT	cm ^2	WALL	PLASTER	D	FAIR	WHITE		1	Negative
	11/1/2007		mg /						1st		
1866	8:58	PAINT	cm ^2	FLOOR	WOOD	D	FAIR	BROWN		1	Negative
	11/1/2007		mg /	WINDOW					1st		
1867	8:59	PAINT	cm ^2	CASING	WOOD	A	FAIR	WHITE		1	Negative
	11/1/2007		mg /	WINDOW					1st		
1868	8:59	PAINT	cm ^2	SILL	WOOD	A	FAIR	WHITE		1	Negative
	11/1/2007		mg /						1st		
1869	8:59	PAINT	cm ^2	BASEBOARD	WOOD	A	FAIR	WHITE		1	Negative
	11/1/2007		mg /						1st		
1870	9:00	PAINT	cm ^2	BASEBOARD	WOOD	B	FAIR	WHITE		1	Negative
	11/1/2007		mg /						1st		
1871	9:00	PAINT	cm ^2	MANTLE	WOOD	B	FAIR	WHITE		1	Negative
	11/1/2007		mg /	DOOR					1st		
1872	9:00	PAINT	cm ^2	CASING	WOOD	B	FAIR	WHITE		1	Negative
	11/1/2007		mg /						1st		
1873	9:01	PAINT	cm ^2	DOOR JAMB	WOOD	B	FAIR	WHITE		1	Null
	11/1/2007		mg /						1st		
1874	9:01	PAINT	cm ^2	DOOR JAMB	WOOD	B	FAIR	WHITE		1	Negative
	11/1/2007		mg /						1st		
1875	9:01	PAINT	cm ^2	COLUMN	WOOD	B	FAIR	WHITE		1	Negative
	11/1/2007		mg /						1st		
1876	9:02	PAINT	cm ^2	WALL	PLASTER	A	FAIR	PINK		2	Negative
	11/1/2007		mg /						1st		
1877	9:02	PAINT	cm ^2	WALL	PLASTER	C	FAIR	PINK		2	Negative
	11/1/2007		mg /						1st		
1878	9:03	PAINT	cm ^2	WALL	PLASTER	D	FAIR	PINK		2	Negative
	11/1/2007		mg /	DOOR					1st		
1879	9:03	PAINT	cm ^2	CASING	WOOD	A	FAIR	WHITE		2	Negative
	11/1/2007		mg /						1st		
1880	9:04	PAINT	cm ^2	DOOR JAMB	WOOD	A	FAIR	WHITE		2	Negative
	11/1/2007		mg /						1st		
1881	9:04	PAINT	cm ^2	DOOR	WOOD	A	FAIR	WHITE		2	Negative
	11/1/2007		mg /	WINDOW					1st		
1882	9:05	PAINT	cm ^2	CASING	WOOD	B	FAIR	WHITE		2	Null
	11/1/2007		mg /	WINDOW					1st		
1883	9:06	PAINT	cm ^2	CASING	WOOD	B	FAIR	WHITE		2	Null
	11/1/2007		mg /	WINDOW					1st		
1884	9:06	PAINT	cm ^2	SILL	WOOD	B	FAIR	WHITE		2	Negative
	11/1/2007		mg /						1st		
1885	9:07	PAINT	cm ^2	BASEBOARD	WOOD	A	FAIR	WHITE		2	Negative
	11/1/2007		mg /						1st		
1886	9:07	PAINT	cm ^2	BASEBOARD	WOOD	C	FAIR	WHITE		2	Null
	11/1/2007		mg /						1st		
1887	9:08	PAINT	cm ^2	BASEBOARD	WOOD	D	FAIR	WHITE		2	Negative
	11/1/2007		mg /	CLOSET					1st		
1888	9:09	PAINT	cm ^2	CASING	WOOD	C	FAIR	WHITE		2	Null
1889	11/1/2007	PAINT	mg /	CLOSET	WOOD	C	FAIR	WHITE	1st	2	Negative

	9:09		cm ^2	WALL								
	11/1/2007		mg /	CLOSET					1st			
1890	9:10	PAINT	cm ^2	DOOR	WOOD	C	FAIR	WHITE	1st	2	Negative	
	11/1/2007		mg /						1st	BATH		
1891	9:10	PAINT	cm ^2	WALL	PLASTER	A	FAIR	BLUE	1st	BATH	Negative	
	11/1/2007		mg /						1st	BATH		
1892	9:10	PAINT	cm ^2	WALL	PLASTER	C	FAIR	BLUE	1st	BATH	Negative	
	11/1/2007		mg /						1st	BATH		
1893	9:11	PAINT	cm ^2	WALL	PLASTER	D	FAIR	BLUE	1st	BATH	Negative	
	11/1/2007		mg /						1st	BATH		
1894	9:11	PAINT	cm ^2	CEILING	PLASTER	D	FAIR	WHITE	1st	BATH	Negative	
	11/1/2007		mg /	WINDOW					1st	BATH		
1895	9:11	PAINT	cm ^2	CASING	WOOD	B	POOR	WHITE	1st	BATH	Negative	
	11/1/2007		mg /	WINDOW					1st	BATH		
1896	9:12	PAINT	cm ^2	SILL	WOOD	B	POOR	WHITE	1st	BATH	Negative	
	11/1/2007		mg /	DOOR					1st	BATH		
1897	9:12	PAINT	cm ^2	CASING	WOOD	D	FAIR	WHITE	1st		Negative	
	11/1/2007		mg /						1st			
1898	9:13	PAINT	cm ^2	DOOR	WOOD	D	FAIR	WHITE	1st	BATH	Null	
	11/1/2007		mg /						1st			
1899	9:13	PAINT	cm ^2	CEILING	WOOD	D	POOR	WHITE	1st	HALL	Negative	
	11/1/2007		mg /						1st			
1900	9:14	PAINT	cm ^2	WALL	PLASTER	A	INTACT	BLUE	1st	3	Negative	
	11/1/2007		mg /						1st			
1901	9:14	PAINT	cm ^2	WALL	PLASTER	B	INTACT	BLUE	1st	3	Negative	
	11/1/2007		mg /						1st			
1902	9:14	PAINT	cm ^2	WALL	PLASTER	C	INTACT	BLUE	1st	3	Negative	
	11/1/2007		mg /						1st			
1903	9:15	PAINT	cm ^2	WALL	PLASTER	D	INTACT	BLUE	1st	3	Negative	
	11/1/2007		mg /						1st			
1904	9:15	PAINT	cm ^2	BASEBOARD	WOOD	A	INTACT	WHITE	1st	3	Negative	
	11/1/2007		mg /						1st			
1905	9:16	PAINT	cm ^2	BASEBOARD	WOOD	C	INTACT	WHITE	1st	3	Negative	
	11/1/2007		mg /						1st			
1906	9:17	PAINT	cm ^2	BASEBOARD	WOOD	D	INTACT	WHITE	1st	3	Null	
	11/1/2007		mg /						1st			
1907	9:17	PAINT	cm ^2	BASEBOARD	WOOD	D	INTACT	WHITE	1st	3	Negative	
	11/1/2007		mg /	WINDOW					1st			
1908	9:18	PAINT	cm ^2	CASING	WOOD	B	INTACT	WHITE	1st	3	Negative	
	11/1/2007		mg /	WINDOW					1st			
1909	9:18	PAINT	cm ^2	SILL	WOOD	B	INTACT	WHITE	1st	3	Negative	
	11/1/2007		mg /	DOOR					1st			
1910	9:18	PAINT	cm ^2	CASING	WOOD	A	FAIR	WHITE	1st	3	Negative	
	11/1/2007		mg /						1st			
1911	9:19	PAINT	cm ^2	DOOR JAMB	WOOD	A	FAIR	WHITE	1st	3	Negative	
	11/1/2007		mg /						1st			
1912	9:19	PAINT	cm ^2	WALL	PLASTER	A	FAIR	BLUE	1st	3	Negative	
	11/1/2007		mg /						1st			
1913	9:19	PAINT	cm ^2	WALL	PLASTER	B	FAIR	BLUE	1st	3	Null	
	11/1/2007		mg /						1st			
1914	9:20	PAINT	cm ^2	WALL	PLASTER	C	FAIR	BLUE	1st	3	Negative	
	11/1/2007		mg /						1st			
1915	9:20	PAINT	cm ^2	WALL	PLASTER	D	FAIR	BLUE	1st	3	Negative	
	11/1/2007		mg /						1st			
1916	9:21	PAINT	cm ^2	CEILING	PLASTER	D	FAIR	WHITE	1st	3	Negative	
1917	11/1/2007	PAINT	mg /	WINDOW	WOOD	D	FAIR	WHITE	1st	3	Positive	

	9:21		cm ^2	CASING									
	11/1/2007		mg /	WINDOW						1st			
1918	9:21	PAINT	cm ^2	SILL	WOOD	D	FAIR	WHITE		3		Positive	
	11/1/2007		mg /	CABINET DR						1st			
1919	9:22	PAINT	cm ^2	OUT	WOOD	D	FAIR	WHITE		3		Negative	

Lead Hazard Control Visual Inspection Form

Date: _____

Name of Inspector: _____

License no.: _____

Name of property owner: _____

Property address: _____ Apt. no.: _____

Room ID	Components	Deteriorated Paint (Y or N)	Friction Surface (Y or N)

NOTES:

Signature _____

Risk Assessment Questionnaire

Location: _____

Date: __ / __ / __

1. What is the approximate age of the dwelling?
2. Where does the child like to play or hide? Inside: _____
Outside: _____
3. Is the unit or are near by buildings or structures being renovated, repainted, or demolished?
4. Is there any deteriorated paint on exterior components?
5. Are there any visible paint chips near the perimeter of the house, fences, garages, or play structures?
6. Risk assessor should note any lead-related occupation or hobby.
7. Does the child have a favorite cup and/or eating utensil? If yes, are they handing made or ceramic?
8. does the child have a pet that could track in contaminated soil or dust from the outside?
If yes, where does the pet sleep?
9. Risk assessor should note cleaning habits within dwelling.
10. Are there any detached structures on this site?

RECOMMENDATIONS PRIORITIZED

100 Any Avenue

NO.	COMPONENT	LOCATION	METHOD	REASON
1	Windows	All rooms (including cellar)	Remove and replace with new windows	Friction surface Poor condition
2	Window Sill	Room 1 – side A Rear Porch – side C	Wet scrape and paint	Poor condition
3	Window Casing	Rear Porch – side C	Wet scrape and paint	Poor condition
4	Door (exterior)	Rear Porch – side B	Remove and replace with new door	Friction surface Poor condition
5	Door (interior)	Rear Porch – side A Cellar Stairway – side B	Remove and replace with new door	Friction surface Poor condition
6	Door Jamb	Rear Porch – side B Bathroom – side A	Wet scrape and paint	Friction surface Poor condition
7	Ceiling	Rear Porch	Wet scrape and cover with vinyl panels	Poor condition
8	Header	Rear Porch	Wet scrape and cover with aluminum coil stock	Poor condition
9	Wall	Rear Porch – all sides	Wet scrape and paint	Poor condition
10	Threshold	Rear Porch – side A	Wet scrape and paint	Poor condition
11	Riser	Cellar Stairway	Wet scrape and cover with solid rubber back carpet	Poor condition
12	Stair Stringer	Cellar Stairway	Wet scrape and paint	Poor condition

Because this report recommends the use of encapsulants and enclosure techniques which are not permanent solutions, it is necessary for the owner to have a monitoring and maintenance schedule. It is recommended that the owner inspect these areas for any damage or deterioration every six months and upon lease renewal. If there are any signs of

deterioration, repairs should be performed by a qualified personnel after which clearance testing should be performed.

If any XRF reading is inconclusive it shall be interpreted as positive.

Anyone that intends on doing the work should at a minimum attend the one-day lead maintenance worker class for lead safe work practices.

Anything listed as fair condition should be monitored frequently by homeowner.

The notice of Lead Hazard Evaluation will be provided by the owner to the residents in the dwelling. The owner will explain to the residents that the lead hazards at the property will be corrected during renovation. After the work has been completed and clearance established, the owner will forward a notice of Lead Hazard Reduction.

Any renovation work that involves the removal or disturbance of leaded materials identified in this dwelling must be done in compliance with lead regulations. Any surfaces not tested should be considered lead containing. This report cannot be reproduced without the permission of The City of Syracuse Lead Program and then only in full.

Bid Process

- ❖ Three steps make up the Bid Process. There is the Specification of Work, the Pre-Bid Meeting and the Bid-Opening Meeting.

Specification of Work/Pre-Bid Meeting

- ❖ Once the homeowner decides to send their property out to bid to the Syracuse LHCP approved Lead Contractors, the Specification of Work is written. The Specifications, along with the Bid Package, are then sent to all contractors on the Syracuse LHCP Contractor List.
1. Scope of Services written
 - SPEC cover
 - Sign in Sheet
 - Minimum Instructions
 - Instructions on Preparing a contractors proposal
 - Pre-Bid Sign In sheet
 - Bid Opening Sheet
 - Bid Award Instruction
 - An updated Pre-Bid/Bid Opening schedule is distributed to the Lead Program Secretary and to the Inspectors
 - Case Progress Dates
 - Spec Written/BID
 - Pre Bid Meeting
 - Bid Due/Opening/Award
 2. Each property goes through a Pre-Bid Meeting which allows a Senior Lead Coordinator and the Contractors to go over the Specification in detail. At this time, the Contractors are not given the Syracuse LHCP cost estimate. The Contractors have one week after the pre-bid meeting to go to the property and write their bid.
 3. One week later a Bid-Opening Meeting occurs. These occur every Tuesday at 8:30 AM. All qualified contractors come and bring in their sealed bids. The cost estimate is verbally announced to the contractors, who are present.
- ❖ The lowest bidding contractor wins the bid (bid cannot be 20% lower or higher than the cost estimate)
 - ❖ The contractor has a maximum of 3 days to decide whether they want to keep the bid.
4. Copies of the award letters and the original bids are put into the master file by the Lead Inspector who assists in the Bid Opening. Award letters are written to all contractors, letting them know whether or not they won the bid.
 5. Once the unit is awarded the information is input into Lead Track Pro and the Case Status Report by the Lead Program Secretary.

6. Lead Track Pro Update

- Award and Contract Summary
 - Contractor
 - Contract Amount
 - Amount from Lead
 - Amount from Homeowner (only if there is an overage)
- Bid Breakdown

7. Case Status Report

- Status Change – SCH
- Contractor Added
- Contract Amount
- Lead Amount
- Homeowner Amount (only if there is an overage)
- Total Sum (including lab costs)

SCOPE OF SERVICES: CITY OF SYRACUSE LEAD HAZARD CONTROL PROGRAM

PROPERTY LOCATED AT: 100 Any Avenue

#OF UNITS: 1

OWNER: Jane Doe

OWNER PHONE #:

WRITTEN & ESTIMATED BY: _____

Supervisor

Date

SCOPE OF SERVICES WRITTEN: November 20, 2007

REVIEWED AND APPROVED BY: _____

Project Manager

Date

I/We have reviewed and understand the contents of this scope of services.

Owner's Signature of Approval

Date: ___/___/___

Owner's Signature of Approval

Date: ___/___/___

REVIEWED AT THREE-PARTY MEETING:

DATE: ___/___/___

HOMEOWNER: _____

CONTRACTOR: _____ (Certified Supervisor)

LICENSED RISK ASSESSOR: _____

PERMITS REQUIRED:

BUILDING ELECTRICAL

DEMOLITION

PLUMBING HEATING

FENCING NONE REQUIRED

NOTE: All the attached work shall be performed in accordance to the City of Syracuse Master Specifications, Lead Based Paint & Hazard Control Master Specifications, and applicable building codes. A site visit is mandatory for all Lead Hazard Control projects. All bidding contractors shall carefully inspect exterior and interior work prior to submitting a bid. Contractor shall bring any discrepancies between the description of the Work in the Scope of Services and the actual conditions or objects on the work site to the attention of the City of Syracuse for clarification prior to submitting their bid. The City shall issue a written Addendum to the Scope of Services to clarify any questions for all bidders. If an Item of Work is listed, and the contractor does not seek clarification on the necessary Scope of Services relating to that item, then it shall be deemed that the Work Item is included in the bid at the most expensive alternative, as is called for on other Work Items having similar physical characteristics to the disputed Item. In no case, shall the contractor be allowed to claim the Work Item was not included in the Bid Amount, and/or claim that additional costs are due.

General Requirements

Contractor shall follow Chapter 11 of the HUD Guidelines for the following Interim Control Operations.

Site preparation – General

Contractor shall follow Chapter 8 of the HUD Guidelines for the site preparation for the following Interim Control Operations. The consultant shall determine the level of preparation. The contractor shall **construct the wash station and it shall be functional PRIOR to the start of any work.** Wash station **shall not** be used as a storage area.

Interior: Warning signs shall be posted at building exterior near main and secondary entryways. Pre-clean the work areas using the HUD 3-step method as defined in Chapter 14 of the HUD Guidelines. Contractor shall clean up any existing paint chips utilizing a HEPA vacuum **prior** to the start of any prep work. Two layers of plastic 6 mils thick fire retardant shall be used to form the barrier sheeting on the floor. If the entire unit is being treated, cleaned and cleared, individual doorways need not be sealed. If only discreet areas a being treated, seal all work area doorways with an airlock flap to avoid cleaning the entire dwelling. Doors secured from the inside need not be sealed. Turn off all vents in rooms sealed with plastic. Remove all furniture from work areas if possible. Large items that cannot be moved can be sealed with a single layer of 6 mil flame retardant plastic and left in work areas. Any loose or peeling paint on components scheduled for treatment shall be wet scraped and HEPA vacuumed after the preparation has been approved and prior to any treatments.

Exterior: Post warning signs on the building and barrier tape at a 20-foot perimeter around building (or less if distance to next building or sidewalk is less than 20 feet). Contractor shall clean up any existing paint chips utilizing a HEPA vacuum **prior** to the start of any prep work. One layer of 6 mil flame retardant plastic sheeting shall be placed on the ground extending 10 feet beyond the perimeter of working surfaces. Do not anchor ladder feet on top of plastic (puncture the plastic to anchor ladders securely on ground). For all other exterior plastic surfaces, protect plastic with boards to prevent puncture from falling debris, nails, etc., if necessary. Raise edges of plastic to create a basin to prevent contaminated runoff in the event of unexpected precipitation. Secure plastic to side of building with tape or other anchoring system (no gaps between plastic and side of building). Weight all plastic sheets down with two-by-fours or similar objects. Keep all windows within 20 feet of working surfaces closed, including windows of adjacent structures. Erect temporary fencing or barrier tape at a 20-foot perimeter around working surfaces (or less if distance to next building or sidewalk is less than 20 feet). If an entryway is within 10 feet of working surfaces, require the use of an alternative entryway. If practical

install vertical containment to prevent exposure. Any loose or peeling paint on components scheduled for treatment shall be wet scraped and HEPA vacuumed after the prep work has been approved and prior to any treatments.

Weather: Do not conduct exterior work if wind speeds exceed 20 miles per hour.

INSTRUCTIONS ON PREPARING A CONTRACTOR'S PROPOSAL

100 Any Avenue – 1 Unit

Dear Contractor: Unless you are currently on our list, the following items are required to be submitted along with your bid in order to have complete and proper bid:

1. A copy of your Business Certificate (DBA). If you are incorporated, please submit copies of papers pertaining to this incorporation.
2. Workmen's compensation.
3. General Liability Insurance (\$1,000,000 minimum coverage).
4. Lead Liability Insurance (\$500,000 minimum coverage).
5. Bid and Proposal (filled out and signed)
6. Bid Breakdown Sheet (filled out and signed).
7. Non-Collusion Affidavit of Prime Bidder/Subcontractor (signed and witnessed).
8. EEO/MBE Requirements (if bid exceeds \$20,000); see below.

Unless other applicable laws, rules or regulations require a larger Minority Business Enterprise goal, any contractor awarded a construction contract on City of Syracuse related projects shall subcontract with Minority Business Enterprises for at least:

- I. 9% MBE **and** 6% WBE participation when the contract amount is in excess of \$20,000.

Include:

1. The name(s) of the Minority Business Enterprises intended to be used as subcontractors.
2. A description of the work each subcontractor is to perform.
3. The dollar value of each proposed subcontractor.

If you have any questions, please contact Dave or Adam at 448-8710.

BID AND PROPOSAL

I have received, understand and accept the complete Contract Documents, including the Master Specifications, and Addenda (if any).

In submitting this bid, I agree that if I am awarded this contract, I will:

1. Enter into and execute a contract for this Bid Price.
2. Start the work upon receipt of Proceed Order.
3. I agree that once the bid is opened and Program Manager has awarded, that I will accept my bid offer unless I contact the Program Manager declining said offer within three (3) business days.

I agree to supply all labor, materials, equipment and services necessary to produce the construction outlined in the Contract Documents for the property located at

_____, including Sales Tax as applicable, overhead and profit, for the Lump Sum Bid Price of:

_____ Dollars (\$ _____)
Bid in Words Figures

Contractor's Name

Applicant(s) Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Contractor's Signature

Applicant(s) Signature(s)

Date of Bid and Proposal

Witness

Date of Acceptance

Property Address: 100 Any Avenue

Violation Descript. No.	Cost	% Complete	Violation Descript. No.	Cost	% Complete
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Subcontractors: (Name)

Carpentry:	Contract Price \$_____ Total Billed \$
Painting:	Less 5% Retention.....\$
Masonry:	Total Allowed.....\$
Waste Disposal:	Less Previous Payments.....\$
	This Payment.....\$
	Balance of Account.....\$
	Contractor's Signature _____ Date

EEO/MBE: _____
SS#: _____ **Phone#:** _____

Partial Payment: I further certify that I have and/or will pay the subcontractors and/or suppliers out of the City of Syracuse payment for work performed at the above mentioned property address.

Final Payment: I guarantee all labor and materials for a period not to exceed one (1) year. I have furnished to the homeowner all the guarantees and/or warranties that exist on any or all of the materials and appliances that were used.

I further certify that all contractors, subcontractors, laborers and/or material suppliers have been paid and herewith submit proof of payment and/or release of all claims together with all guarantees and/or warranties involved in said work have been given to the homeowner.

Signed under the pains and penalties of perjury.

Business Name (DBA) Contractor's Signature Date
(DO NOT SIGN UNTIL FINAL)

Witnessed by: _____ **Date:** _____

NON-COLLUSION AFFIDAVIT OF PRIME BIDDER/SUBCONTRACTOR

State of New York)
County of Onondaga)
City of Syracuse)

_____, being first duly sworn, deposes and says that:

1. He is _____ of _____
(owner, partner, officer, rep. or agent
the Bidder that has submitted the attached Bid;
2. He is fully informed respecting the preparation and contents of the attached Bid and of all
pertinent _____ circumstances respecting such Bid;
3. Such Bid is genuine and is not a collusive or sham Bid;
4. Neither the said Bidder nor any of its officers, partners, owners, subcontractors, agents,
representatives, employees or parties in interest including this affiant, has in any way colluded,
conspired, connived or agreed, directly or indirectly, with any other bidder, firm or person to submit
a sham Bid in connection with the contract for which the attached Bid has been submitted or to
refrain from bidding in connection with such Contract, or has in any manner, directly or indirectly
sought by agreement or collusion or communication or _____ conference with any other Bidder, firm or
person to fix the price or prices in the attached Bid or of any other Bidder, or to fix overhead, profit
or cost element of the bid price or the bid price of any other bidder, or to secure through any
collusion, conspiracy, connivance or unlawful agreement and advantage against the City of Syracuse,
Department of Community Development, or the owner of the property interested in the proposed
contract.
5. No member of the Common Council, or other Officer of the City of Syracuse, or the Syracuse Urban
Renewal Agency, or any person in the employ of the City or Agency is directly or indirectly
interested in the bid, or the work to which it relates, or in any portion of the profits thereof; and,
6. The price of prices quoted in the attached Bid are fair and proper and are not tainted by any
collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its
agents, representatives, owners, employees or parties in interest including this affiant;
7. I have read and understand the attached document entitled, "Additional Eligibility Requirements
of Contractors Who Bid on Community Development Funded Projects and Contracts", and
affirm that the Bidder meets the Eligibility Requirements and agree(s) to comply with the terms and
conditions contained as of the date hereof;
8. I am/The Bidder is not indebted to the City of Syracuse in any form or manner.

Signed _____

Title _____ Witnessed by _____

Revised: 2/6/02 BM

City of Syracuse

Minority & Women Business Participation Plan – (FORM –A)

PAGE: _____ OF _____

Contract # _____ Total Contract Amount: _____
MBE Dollar Goal: _____ WBE Dollar Goal: _____
Project Name: _____

General/Prime Contractor Information

Name of General/Prime Contractor: _____

Address: _____

Business Phone: _____ Cell Phone: _____ Other: _____

Tax I.D. or SS #: _____ *ETHNICITY: _____

List below the names of all proposed Minority/Women Business Enterprises (contractors, suppliers, vendors), the services they will provide, the approximate amount of money they will receive, the date the project will start and its estimated date of completion.

Name: _____ Phone: _____ Cell: _____

Address: _____

Amount: _____ Type of work, services, supplies _____

Start Date: _____ Completion Date: _____

Tax ID#: _____ *ETHNICITY: _____

Total Amounts Listed in Plan: _____

I hereby certify that the dollar amount expended in the M/WBE' are at least _____ % of the total contract price for the above named project, and that the foregoing and attached information is true, accurate and completed to the best of my knowledge.

*Note: This Plan must be approved by the City of Syracuse before the contract will be executed.

Print Name: _____ Title: _____

Signature(s): _____ Date: _____
Authorized signature(s) of General/Prime Contractor or Designee

Notary Signature & Stamp: _____

For Official Use Only

Approved By: _____ Date: _____

* FOR GOVERNMENT MONITORING PURPOSES ONLY

BID OPENING November 30, 2007

<u>Contractor</u>	100 Any Avenue 1Units	Days		Days		Total	Total Discounted Price
		L	R		L		
<u>Estimate:</u>							
Custom Construction							
Lead Construction							
Custom Environmental							
Lead Hazard Construction							
ABC Construction							
123 Construction							

Award to: _____ \$

Approved by:
Betsy Mokrzycki, Program Manager

DETERMINATION OF AWARD

November 20, 2007

Custom Construction
123 Any Street
Syracuse, New York 13202

RE: 100 Any Avenue

Dear Sir:

Thank you for submitting an estimate on the above properties. The result of the bidding is shown below.

Your firm was not awarded the contracts.

Sincerely,

Betsy Mokrzycki
Program Manager

Bid Award: \$14,950.00

Contractors

1. Application Requested
2. Filled out Application
3. Mike collects Application
4. Betsy reviews and approves
5. Input into lead track pro if approved
6. Added to contractor list
7. Receives weekly pre-bid meeting packets

**Criteria for Acceptance Onto the
City of Syracuse Lead Hazard Control Program**

Contractor's List ***Revised May 2007***

All New Contractors:

Must fill-out and complete the Contractor Application Form

Must provide a copy of your Business Certificate/DBA, and if you are incorporated, you must submit copies of incorporation documents. Any changes **must** be noted.

Must grant the City permission to conduct a credit check. Your credit may justify your eligibility. An acceptable credit rating **must** be maintained at all times.

Must sign a Non-Collusion Affidavit and have it notarized.

Must, at all times, be current on all property taxes for properties owned in the City of Syracuse

Must provide at least three (3) references and have a proven track record of quality performances on prior Lead Abatement/Risk-Reduction and/or Renovation projects.

Must carry **General Liability Insurance** (\$1,000,000 minimum coverage), **Lead Liability Insurance** (\$500,000 minimum coverage), **Worker's Compensation Insurance** and Occurrence-based Insurance with no *sunset clause*. The City of Syracuse **must** be named as additional insured. **All** policies **must** be kept current and updated. All new certification **must** be mailed/faxed to the City of Syracuse Lead Program as needed.

Must submit **LEAD TRAINING CERTIFICATES** and **LEAD LICENCES** for the FIRM, and **all** INDIVIDUALS including owners, project managers, supervisors, foremen and all workers. They **ALL** must be EPA-trained, certified **and** licensed by and according to **EPA 40 CFR 745**. **All must undergo certification and licensing by the EPA**. They all **must** remain current with all new Federal and State Guidelines concerning Lead-Based Paint Abatement, especially concerning Certification and Training of Employees. All **Training Certificates** and **Licenses must** remain current at all times.

Must submit **pulmonary function tests, which are required annually and blood lead tests which are required every six (6) months at a minimum** to the Agency

Must comply with the **Master Specifications** and **must** comply with the **Master Lead Specifications/EPA/OSHA Regulations** for **ALL submittals** regarding their respiratory program, medical surveillance and competent personnel. *See Master Lead Specifications References: Section 02090/1.2*

Must comply and abide with Section 3, MBE, WBE and EEO policies and all requirements of the City of Syracuse, State of New York and the Federal Government where/if applicable.

Once Accepted/Approved, ALL CONTRACTORS:

Must attend Pre-Bid Meetings for eligibility to bid on respective projects. Any legitimate absence **MUST** be approved by the **Program Manager PRIOR** to that Pre-Bid Meeting.

Must not engage in inappropriate behavior with respect to bidding procedures and/or by placing undue pressure on the homeowners.

If awarded a job, the contractor **must** submit a certified check or money order for 5% of the total job, **PRIOR** to the start of that job. This 5% start-up fee will be returned to the contractor **after** the work is completed and **all** waste requirements and **all** clearances are met. A *second* 5% retainage fee will be held for a period of one (1) year from the date of the final inspection. This retainage fee will **not** be paid directly to the City of Syracuse Lead Program however, it will be **deducted** from the total job cost at the completion of the respective project. (*EXAMPLE: The job is \$10,000 and upon final inspection and all of the waste and final clearance requirements are met, you the contractor are paid 5% less, or \$9,500*).

Must schedule all jobs within a month of the Agency's loan closing with the homeowner, unless otherwise specified by the Agency. All jobs **must** begin and **must** be completed according to the dates listed on the Proceed Order. The contractor **must** give the Program Manager the dates used on the Proceed Order, and these dates will reflect the start and the end of the project. Any variation from these dates, any delays and/or changes **MUST** be approved by the Program Manager. Furthermore, there is a *\$200.00 per day penalty* for violation of the completion dates as stated on the Proceed Order, issued by the City of Syracuse Lead Program. Again, **all** delays and/or their legitimacy **must** be approved and/or denied by the Program Manager.

Must complete all jobs in a timely manner to reduce the risk of existing lead hazards for those children residing at job sites who may be lead poisoned. A contractor will **NOT** be eligible to bid on new job projects if that contractor has five (5) or more projects that are **NOT** completed according to the Agency. **All** project delays due to inclement weather, material delivery, etc., **must** be approved by the Program Manager.

Must consistently do good, acceptable quality work according to the Master Specifications, Lead Master Specifications and **all** local and state building codes. Contractors are responsible for any necessary permits if and when required. Contractors **must** exhibit professional behavior at all times.

Must pay a \$125.00 fee **each** time there is a failed clearance sample at a job site. This fee covers the retesting charges. **The \$125.00 fee must be made payable to the City of Syracuse Lead Program PRIOR TO THE RELEASE OF YOUR 5% START-UP FEE.**

Must be in conformance with the City of Syracuse Master Lead Specifications, HUD, EPA and the DEC regulations governing waste disposal for **all** hazardous and non-hazardous waste materials

Must warranty **all** work for a period of one (1) year from the date of the final inspection, unless required by law. During this one year warranty period, the contractor **must** be willing to

investigate the homeowner's complaints regarding an item(s) that were completed per the project specifications. This response **must** be made in a timely manner. Material warranties **must** be provided to the homeowner where applicable.

Contractor Removal from the Approved List & Grounds for Suspension:

Contractors may be removed temporarily or permanently from the Approved Contractors List for one or more of the following reasons or for conduct deemed detrimental and/or unprofessional as per the Program Manager. **All** warnings and notices of suspension/removal shall be in writing and sent by registered mail to the Contractor.

The time and the length of the suspension will be determined by the Program Manager. The Contractor's return will also be at the Program Manager's discretion.

Grounds for Not Being Accepted, Suspension and/or Removal from the List:

Failure to provide one and/or any of the following; Contractor Application, Job References, Business Certificate, Refusal of and/or a poor Credit Report, Tax Delinquency on City-owned properties, Failure to provide the necessary updated Insurance Documents, Failure to provide the necessary updated Training, Licensing and Health Certifications, and Failure to comply with the Lead Master Specifications, and any City, EPA, HUD and/or OSHA regulations and/or policies.

Other Grounds for Suspension, etc. are as follows:

Continuous poor quality of work

Failure to complete Contracts within the specified time

Failure to properly address any financial obligation regarding work contracts that result in liens being placed against the property by subcontractors and/or material suppliers.

Failure to adhere to the Terms of the Contract and/or the Specifications

Failure to respond to a complaint/question regarding workmanship, etc. during the one (1) year warranty period

Contractors' insolvency, bankruptcy, and/or any other conduct or condition which results in a monetary loss to a homeowner and/or to the City of Syracuse

Abandonment of a job and/or your refusal of a project that was awarded through our bidding process

Falsification of any documents, etc. associated with the Licensing, Insurance, Certification, Contract Agreement, Loan Closing and/or Specifications

Failure to attend Pre-Bid Meetings

Any other good cause as deemed appropriate by the Program Manager and/or the Commissioner of Community Development, the Office of the Mayor and the City's Corporation Counsel

PERMISSION TO CONDUCT A CREDIT CHECK

I, _____, _____, of _____,
(Name) (Title) (Company)

authorize the City of Syracuse Department of Community Development to conduct a Credit Check on the company here named.

Name of Chief Executive Officer: _____
First MI Last

Social Security #:

Principal Address of Business:

Signature

Subscribed and sworn
before me this
day of _____, 20__.
Commissioner of Deeds/Notary Public
Exp.

Grant Round	Start – Finish	Address	Relocation	Affected Units
11	L-5 7/30- 9/27 R-3	121 Any Street Completed ~ Need Report	No	3
11	L-6 10/10-10/17 R-3	801-803 Any Avenue Completed ~ Need Report	No	2
12	L-4 10/22-10/26 R-1	275 N Any Avenue Completed ~ Need Report	No	2
12	L-5 10/29-11/16 R-10	<i>*HH check needed</i> 234 Any Avenue In Progress	No	1
12	L-4 11/19-11/29 R-5	107 Any Lane	No	2
11	L-3 12/3-12/7 R-2	5571 S Any Street	No	1
11	L-2 12/10-12/14 R-2	101 Any Avenue	No	1
11	L-3 12/17-12/21 R-2	126-128 Any Park	No	2
12	L-4 12/27-1/8 R-4	344 Any Avenue	No	1
12	L-4 1/14-1/23 R-4	123 Any Drive	No	1
12	L-6 1/28-2/15 R-9	<i>*HH check needed</i> 150 Any Street	No	1
12	L-3 2/19-2/25 R-2	146 Any Avenue	No	1
12	L-3 2/28-3/5 R-2	204 Any Avenue	No	1

Three Party Meeting/Loan Closing

- ❖ All lead hazards noted on the lead risk assessment report are required to be mitigated; therefore any contracted amounts above the eligibility amounts are the responsibility of the homeowner and payable to the City of Syracuse Lead Program at the time of the loan closing.
1. Once the property is awarded to the lowest bidding contractor, the Lead Program Secretary calls the homeowner and tells them the contractor along with the contract amount.
 2. A Three Party/Loan Closing Meeting is scheduled. This meeting is between the homeowner, contractor and Syracuse LHCP inspector.
- ❖ The meeting is held at the property that is going through the program so that the work specification can be reviewed in detail to show exactly what will be lead-hazard risk reduced.
 - ❖ Relocation is determined at this time.

Relocation

- If there is major work being done in the kitchen, bathroom and bedrooms then relocation is necessary.
 - The Syracuse LHCP works closely with the County Health Department, Lead Poisoning Division to set up relocation. The Syracuse LHCP pays for hotel bills and food during relocation.
 - Tenants that must be relocated can stay at a family or friends home instead of a hotel if they choose.
3. At this time, the homeowner can still decide whether or not they would like to pay any overage amount. If they do and need further financial assistance, the Lead Program Secretary will tell them of other organizations where loans or grants are available.
 4. Once the meeting has been scheduled, LTP must be updated.
 - Case Progress Dates
 - 3 Party/Loan Closing Meeting
 - Status/Lead Days/Units Affected
 5. The property is then added to the contractor schedule. This schedule is maintained daily by the Lead Program Secretary.
- ❖ The Three Party Meeting/Loan Closing can not be scheduled until all overage funds are guaranteed.

3 Party Table of Contents

Subject Property _____
Applicant(s) _____
Finance Specialist _____
CA/PRS _____

TABLE OF CONTENTS

FINANCIAL INFORMATION SECTION(S)

- Closing/Final Approved Documents
- Intake Information Sheet
- Application
- Authorization of Financial/Employment Information
- Other Sources of Income and Related Documentation
- Rental Income Verification/Tenant Data (Insurance)
- Verification of Title/Tax Status
- Deed
- EBL Test Results
- Historic/Flood Plain Review & Picture
- Miscellaneous
- Waiver/Release of Liability

CONTRACT DOCUMENTATION SECTION(S)

- Relocation Required: Yes _____ No _____
- Work Specifications
- Bid and Proposal
- Contractor Bid Breakdown
- Non-Collusion Statement
- Proceed Order
- Owner/Contractor Agreement
- MBE/WBE Award (If Applicable)
- Section 3 Documentation (If Applicable)
- Accompanying Bids and Required Documentation
- EPA Booklet Receipt
- Notice of Violation Responsibility (County)
- Disclosure Letter
- Copy of Risk Assessment Report
- Waste Forms

INCLUDED IN MASTER FILE

- Risk Assessment Report
- Final Lead Hazard Risk Reduction Report
- Vouchers (Contractor Payments)
- Retainage Release Payment
- Other Miscellaneous Letters

EPA BOOKLET RECEIPT

Property Located at: _____

I, the undersigned, have received the EPA Booklet entitle, **PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME**. I also understand that I must inform my tenant(s) regarding any known information about lead-based paint hazards at the property.

Homeowner

Witness

Date

NOTICE OF VIOLATION RESPONSIBILITY

Re: _____

The undersigned homeowner fully understands and agrees that he/she/corporation is responsible for correcting **all** violations cited on _____ by the Onondaga County Health Department/Environmental Health Division at the above-listed property.

Furthermore, at **no** time should it be assumed that by going through the City of Syracuse's Lead Hazard Control Program that:

- a. All violations will be corrected by the Program, and
- b. Responsibility of the correction of any and/all violations becomes the City's.

The **Homeowner** is responsible for the violations.

Homeowner

Witness

Date

CITY OF SYRACUSE
DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM
201 E Washington Street, RM 500
Syracuse, NY 13202

TO:

FROM:

DATE: November 20, 2007

RE: Lead Hazard Control Program Loan/Closing Notification

Here is the Proceed Orders for your records.

Loan Number: 12345
Applicants Name: Jane Doe
Property Address: 100 Any Avenue, Syracuse, NY
Mailing Address: 100 Any Avenue, Syracuse, NY
Type of Loan: 3 Year Promissory Note/Lead Hazard Control Program
Total Contract Cost: \$14,950.00
Total Lead Escrow: \$14,950.00
Owner Payment/Program Income: \$0.00
Term Requested: 3 Year Promissory Note

Should you need additional information, please feel free to call me at 448-8710.

Thank you.

Enc.

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PROCEED ORDER

CITY OF SYRACUSE
DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM
201 E Washington Street, RM 500
Syracuse, NY 13202

Date: November 20, 2007
Rehab Address: 100 Any Avenue, Syracuse, NY
Contract Amount: \$14,950.00

Contractor: Custom Construction Homeowner: Jane Doe

Enclosed is the original executed Homeowner/Contractor Agreement dated November 20, 2007 for the Lead Hazard Reduction work on the above mentioned property. Please proceed with this work as soon as possible in accordance with said agreement.

You are to commence work on or before _____. All Lead Work shall be completed by _____ according to the Contractor Agreement, Contract Proposal and the General Specifications.

(The above completion dates shall be adhered to unless an Extension of Time is granted according to article 4 of the standard form of agreement between Landscaper and Homeowner.)

Required Permits: None

Owner's Signature

Witness Signature

Cc: Fiscal
 (Owner)
 (Contractor)
 Marge Klamm, County Health Department
 File

STANDARD FORM OF AGREEMENT BETWEEN OWNER AND CONTRACTOR

CITY OF SYRACUSE
DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM
201 E. Washington Street, Room 500
Syracuse, New York 13202

By and between owner Jane Doe resides at 100 Any Avenue, Syracuse, NY, (the Owner) and Custom Construction being a principal place of business located at 123 Any Street, Syracuse, NY (the Contractor).

WITNESSETH THAT:

NOW, THEREFORE, the CONTRACTOR and the OWNER, for the consideration hereinafter named agree as follows:

WHEREAS, the owner desires to engage the contractor to perform lead hazard risk reductions and/or perform any rehabilitation work at the property located at Anywhere Avenue, Syracuse, New York, in conformance with the scope of services for the subject premises and;

ARTICLE 1 CONTRACT DOCUMENTS

The Contract Documents shall form the contract and consist of: 1) Sign off accepting bid, 2) The Proceed Order, 3) Bid and Proposal including the Bid Breakdown, 4) The Bid Package, including the Job Description (Job Scope of Services), 5) The drawings (if any), 6) Waiver/release of liability, 7) EPA booklet receipt, 8) Disclosure information letter, and 9) All Addenda, and All Modifications with respect to subject property. The Contractor has been furnished with a copy of the scope of services. If not received by Contractor, he may obtain same upon request.

ARTICLE 2 THE CONTRACT WORK

The Contractor shall perform all work regarded by the Contract. The Contract Work includes everything necessary to produce the construction required by the Contract Documents: All labor, materials, OSHA approved equipment and services incorporated or to be incorporated in such construction. For roofing, heating, the installation of siding, electrical and structural components the Contractor hereby provides a two-year limited warranty asserting that these items will be free from defective workmanship. For all other items performed, the contractor hereby provides a one-year limited warranty asserting that such items will be free from defective workmanship. Notwithstanding these warranties, the Contractor shall provide to the homeowner all material warranties from the manufacturer. Nothing in this section shall be deemed to limit those material warranties.

ARTICLE 3
ADMINISTRATION OF THE CONTRACT

The City of Syracuse Lead Program is not the general contractor or a party to the Contract. The City of Syracuse Lead Program will, however, inspect all work to make certain that the work has been completed in conformance with the contract.

ARTICLE 4
TIME OF COMMENCEMENT AND COMPLETION

The Contract Work shall be commenced within thirty (30) days of Proceed Order date, and completed within sixty (60) days of Proceed Order date. Time extensions may be granted due to inclement weather or parts and materials delivery, subject to OWNER and City of Syracuse LEAD PROGRAM approval.

ARTICLE 5
CONTRACT AMOUNT

The OWNER shall pay the CONTRACTOR for the Contract work the lump sum Contract Amount of _____ (\$14,950.00), payable as follows: Full payment is due and payable after the final inspection and acceptance of the Contract Work. (A 5% retainage fee will be held for one (1) year from the date of completion).

ARTICLE 6
MBE/WBE/EEO

For contracts in excess of \$20,000, the contractor agrees to comply with the City's Minority and Women's Business Enterprise (MBE/WNE) participation requirement and Equal Opportunity requirements. For more information, contact the City's Division of Contract Compliance and Minority Affairs at (315)448-8108

ARTICLE 7
SECTION 3

Section 3 of the Housing and Urban Development Act of 1968 requires that employment and economic opportunities generated by Community Development assisted projects, be directed toward low and very low income persons within the eligible area. The Contractor agrees to comply with these Section 3 requirements indicated below, and to include the following language in all subcontracts executed under this Agreement. Should the Contractor require additional information on this subject, they should contact the Division of Contract Compliance at City Hall.

- The work to be performed under this Contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, the purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low and very low income persons, particularly persons who are recipients of HUD assistance for housing.

- The parties to this Contract agree to comply with HUD's regulations in 24 CFR Part 135, which implement Section 3. As evidence by their execution of this Contract, the parties to this Contract certify that they are under no contractual or other impediment that would prevent them from complying with the Part 135 regulations.
- The Contractor agrees to send to each labor organization or representative of workers' with which the Contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the Contractor's commitments under this Section 3 clause, and will post copies of the notice in conspicuous places at the work site where employees and applicants for training and employment positions can see the notice. The notice shall describe Section 3 preference, shall set forth minimum number and job titles subject to hire, availability of apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall be done.
- The Contractor agrees to include this Section 3 clause in every subcontract subject to compliance with regulations 24 CFR Part 135, and agrees to take appropriate action as provided in an applicable provision of the subcontract or in this Section 3 clause upon a finding that the subcontractor is in violation of the regulations in 24 CFR part 135.
- The Contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR Part 135 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR Part 135.
- Noncompliance with HUD's regulations in 24 CFR Part 135 may result in sanctions; termination of this contract for default and debarment or suspension from future HUD assisted contracts.
- With respect to work performed in connection with Section 3 covered Indian housing assistance, section 7 (b) of the Indian Self-determination and Education Assistance Act also applies to the work to be performed under this contract. Section 7(b) requires that to the greatest extent feasible (i) preference and opportunities for training and employment shall be given to Indians, and (ii) preference in the award of contracts and subcontracts shall be given to Indian organizations and Indian-owned Economic Enterprises. Parties to this Contract that are subject to the provisions of Section 3 and Section 7(b) agree to comply with Section 3 to the maximum extent feasible but not in derogation of compliance with Section 7(b).

ARTICLE 8

The Contractor is responsible for maintaining General Liability Insurance in an amount not less than \$1,000,000 and \$500,000. Lead Liability Insurance. The Contractor is also responsible to maintain the statutory limits of Workers Compensation Insurance and to verify that his subcontractors maintain the statutory limits of Workers Compensation Insurance. By signing below, the Contractor hereby attests and swears that he is in compliance with these insurance requirements. The contractor agrees to provide a Certificate of Insurance to the City of Syracuse and name the City of Syracuse as additional insured.

IN WITNESS WHEREOF the OWNER and the CONTRACTOR have executed this Agreement as of the dates indicated below.

ACCEPTANCE BY OWNER (S)

CONTRACTOR

Name: Jane Doe
Address: 100 Any Avenue, Syracuse, NY

Name: Custom Construction
Address: 123 Any Street, Syracuse, NY

Signature & Date: _____

Signature & Date: _____

Federal I.D. Number: 123451234512345

Witness & Date: _____

Witness & Date: _____

PROMISSORY NOTE

(deferred)

CITY OF SYRACUSE
DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM

Application: 12345
Place: 100 Any Avenue, Syracuse, NY
Date: November 20, 2007

FOR VALUE RECEIVED, the undersigned jointly and severally promise(s) to pay to the order of the City of Syracuse Department of Community Development hereinafter called the Department or its successors or assigns, the sum of _____ (\$14,9500.00) or pro rata principal thereof as provided below payable within three (3) years from the date thereof ("the Note Date") upon the sale of the property or Event of Default as described in a certain note made even date herewith between the Maker and Holder of this Note in lawful money of the United States at the principal office of the City of Syracuse, Department of Community Development, 201 East Washington Street, Syracuse, New York, or at such other place as shall be designated by the Department.

PROVIDED THERE IS NO EVENT OF DEFAULT OR SALE OF THE PROPERTY during the term of this Note, this Note will be deemed of no further force and effect upon _____, (the date of the third anniversary of the date set forth at the top of this page), and neither party to this Note will have any further rights or obligations under this Note against each other.

The principal amount on this Note plus any penalties or late charges shall be repaid (1) default under this Note, or (2) upon the sale of all or a portion of the premises.

FOR THE PURPOSES OF THIS NOTE, the term "sale" shall mean the transfer or conveyance any manner either voluntary or involuntary, by operation of law, or otherwise, of all or any portion, of the Subject Property. If the loan becomes due and payable, the amount of the debt to be repaid by Borrower will be determined by the City as of the date that the Borrower defaulted under this Note.

The undersigned reserve(s) the right to repay at any time all or any part of the principal amount of this Note without the payment of penalties or premiums. All payments on this Note shall be applied first to the principal due on the Note, and the remaining balance shall be applied to late charges, if any.

IN THE EVENT the undersigned shall fail to pay the principal amount of this Note when due, and if such failure be subsisting on the date the next installment payment under this Note becomes due and payable, the unpaid principal amount of this Note, together with any late charges, shall become due and payable, at the option of the Department, without notice to the undersigned. Failure of the Department to exercise such option shall not constitute a waiver of such default. No default shall exist by reason of non-payment of any required installment of principal so long as the amount of optional prepayments already made pursuant hereto equals or exceeds the amount of the required installments. If the principal of this Note is not paid by the fifteenth day of the calendar month, which includes the due date, the undersigned shall pay to the Department a late charge of 4% per calendar month, or fraction thereof, on the amount past due and remaining unpaid.

If this Note is reduced to judgment, such judgment should bear the statutory interest rate on judgments, but not to exceed 9% per annum. If suit is instituted by the Department to recover on this Note, the undersigned agrees to pay all costs of such collection including reasonable attorney's fees and court costs.

The undersigned jointly and severally waive presentment protest and demand, notice of protest, demand and dishonor and non-payment of this Note and agrees to perform and comply with each of the covenants, conditions provisions and agreements of any of the undersigned contained in every instrument now evidencing or securing said indebtedness. No extension of the time for the payment of this Note or any installment hereof made by agreement with any person now or hereafter liable for the payment of this Note shall operate to release, discharge, modify, change or affect the original liability under this Note, either in whole or in part of any of the undersigned not a party to such agreement.

The undersigned hereby waives, to the extent authorized by law, any and all homestead and other exemption rights which otherwise would apply to the debt evidenced by this Note.

IN WITNESS WHEREOF, this Note has been duly executed by the undersigned, as of its date.

BY: _____ (L.S.)
Jane Doe

STATE OF NEW YORK
COUNTY OF ONONDAGA SS:
CITY OF SYRACUSE

On this _____ day of _____, year _____ before me personally came Jane Doe to me known, who being by me duly sworn, did depose and say: that he/she resides Onondaga County and that he/she executed the aforesaid instrument.

Witness

WAIVER/RELEASE FROM LIABILITY

CITY OF SYRACUSE
DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM
201 E. Washington Street (5th floor)
Syracuse, NY 13202

I/We have reviewed and understand the proposed lead hazard risk reduction project ("the project") that the City intends to fund at 100 Any Avenue, Syracuse, NY. I/We hereby release the City of Syracuse, its officers and employees, from any and all claims, liabilities, judgments, causes of action, and injuries to myself or my dependents, that may arise, directly or indirectly, from the project being funded by the City of Syracuse. I/We acknowledge and consent to the work being performed with the understanding that the project will not eliminate all potential threats to human health that may arise from the presence of lead-based paint and the potential disturbance of lead-based paint hazards during the course of the project.

Owner's signature of approval _____
Date _____

Tenant's signature of approval _____
Date _____

STATE OF NEW YORK)
COUNTY OF ONONDAGA) ss.

On this _____ day of _____, year _____, before me came Jane Doe who being duly sworn, deposes and says that he/she is a resident of 100 Any Avenue, Syracuse, NY that he/she is the owner/tenant of the home described in this document, and that he/she has read and carefully considered the waiver set forth above, and that he/she has executed the above waiver of liability.

Witness

PROJECT: 100 Any Avenue

Change Order No: 1

To: Custom Construction

Homeowner: Jane Doe

You are directed to make following changes in this Contract:

Delete Item # 6 - Porch Work

Not valid until signed by the Owner, Contractor and Program Manager. Signature of the Contractor indicates his agreement herewith, including any adjustment in the Contract Sum or Contract Time.

The original (Contract Sum) (Guaranteed Maximum Cost) was.....	\$15,900.00
Net change by previously authorized Change Orders.....	\$0.00
The (Contract Sum) (Guaranteed Maximum Cost) prior to this Change Order was.....	\$15,900.00
The Contract Sum will be decrease by the Change Order.....	\$950.00
The new Contract Sum including this Change Order will be.....	\$14,950.00
Lead Grant Amount.....	\$14,950.00
Owner Payment.....	\$0.00

Authorized:

Betsy Mokrzycki, Program Manager
201 E. Washington St., Syracuse, NY

Custom Construction
123 Any Street, Syracuse, NY

Jane Doe
100 Any Avenue, Syracuse, NY

Date

Date

Date

Work & Clearance

1. Relocation, if applies, begins.

2. Before a job can start, a job book must be made by the Lead Inspector.
3. An update of the Contractor Schedule and Case Status Report by the Lead Program Secretary.
4. The Lead Inspector checks the jobs daily and writes a daily project log for each.
5. At the completion of each job a clearance must be performed. There are two types of clearances: a visual and a dust wipe.
 - ❖ Dust wipe samples, depending on what type of work is performed, may not have to occur.
 - ❖ The contractor is responsible for calling the Lead Program Secretary to schedule the clearances.
6. Once clearance is achieved, a final inspection can occur.
 - ❖ If there is a failed sample, the contractor has to go and re-clean the job and pay the City for their failed sample.
 - ❖ Each failed sample costs \$125.00.
 - ❖ Clearances must be taken again.
7. At the final inspection the homeowner, the contractor and a City Lead Inspector again reviews the scope of services and review the work performed. The homeowner then signs the voucher allowing the city to pay the contractor.
8. A visual clearance visual inspection is done during the final inspection.
9. The homeowner fills out the Program Evaluation Survey form at this time.
10. The Lead Inspector that does the Final Inspection then gives the Daily Job Book to the Lead Inspector that writes the clearance reports.
11. A Clearance Report is written.

Clearance Report

- I. Narrative of work completed
 - II. Lab Clearance Results
 - III. Project Monitoring Log
 - IV. Contractor Sign-In and Sign-Out Log
12. Program Manager reviews Clearance Report
 13. A copy is placed in the Master File, a copy is mailed to the homeowner and a copy is given to the contractor.
 14. Lead Track Pro Updated

- Case Progress Dates
 - Relocation Start – if applies
 - Relocation Ends – if applies
 - Clearance Received
 - Start Lead Work
 - End Lead Work
 - Partial Payment – if applies
 - Final Inspection/Payment
- Status/Lead Days/Units Affected

15. Case Status Report Updated

- Change status to completed

16. Contractor Schedule Updated

- Deleted from schedule.

Final Inspection

1. When clearance is achieved, the contractor calls the Lead Program Secretary and schedules a Final Inspection. The Final Inspection is between the homeowner, the contractor and a Syracuse LHCP inspector.
2. The Lead Program Secretary then makes up the voucher and updates the Voucher Log Book.
 - ❖ The final voucher can be either a partial payment voucher or a entire payment voucher.
 - ❖ The contract amount of a partial and entire payment voucher withholds five percent for Retainage for a one year period.
 - Examples for a partial payment voucher and entire payment voucher is given in this procedure book.
3. All work on the Work Specifications is reviewed by the homeowner and the LHCP inspector.
4. If the work is satisfactory, the voucher is signed by the homeowner, the contractor and a Syracuse LHCP inspector.

Retainage

- Five percent of the contract is held so that the Syracuse LHCP can warranty the work for one year.
1. A year from the last day the contractors were on the job, the Lead Program Secretary pays the contractor the Retainage amount.
 2. Lead Track Pro Updated

3. The file is moved to the Retainage Filing Cabinets.
4. Lead Track Pro Updated
 - Case Progress Dates
 - Retainage Released
 - Award and Contract Summary

RELOCATION TERMS

I, _____ understand that during the stay of my family at _____ from _____ to _____ the City of Syracuse Lead Hazard Control Program will pay my family's lodging expenses and pay a portion of my family's meal expenses.

I understand that my family will be responsible for any additional expenses, including, but not limited to, telephone usage, movies, room services, etc.

I understand that I may be required to provide a security deposit in order to have a phone service in my hotel room.

I understand that my family may need to leave home at 8:00 AM on the start date of lead. I understand that on the day of my family's discharge from the hotel, I may not be able to move back to my home until after 5:00 PM. **I also understand that I/we will not return to house until the lead work has been completed.**

I agree to abide by the rules and regulations of the above-mentioned hotel. I also agree that I will be responsible for any damaged and/or missing items from my room at the hotel.

Agreed to by: _____

Date: _____

Witness: _____

Date: _____

RELOCATION AGREEMENT

Because lead hazard reduction work in older homes can generate lead-contaminated dust that could be dangerous to occupants, particularly young children, it will be necessary to temporarily relocate your family during this phase of the rehabilitation and renovation work. To help reduce the financial and emotional burden of temporary relocation, this agency provides some funding to offset the cost of packing and storing personal belongings and furnishings, moving to and from the home when work is complete and, in cases where the family has no alternative housing, temporary "lead-safe" housing.

The following worksheet identifies potential benefits you receive if you and your belongings must be temporarily relocated during lead hazard control work. While these benefits may not fully cover all expenses, they represent a major contribution towards the financial burden of relocation.

Subject Property: _____ **Units:** _____

Temporary Lead-Safe Housing:

_____ Nights @ \$ _____/Night \$ _____

Miscellaneous Costs: \$ _____

Total Relocation Benefit: \$ _____

AGREED TO BY: _____
Owner

DATE: _____

RE-OCCUPANCY AUTHORIZATION

To: _____ (Resident)

Re: _____ (Property Address)

Your house successfully passed clearance examination on _____ (Date)

Therefore, you are hereby authorized to re-enter the site as of _____ p.m.

on _____ (Date)

Signature _____

Date _____

JOB START-UP LIST

Location_____

Date_____

- _____ **Credential for all workers on-site**
- _____ **Copy of insurance policy (Certificate)**
- _____ **Copy of the HUD Guideline at project location**
- _____ **Copy of respiratory protection plan at project location**
- _____ **Personal air samples taken?**
- _____ **Copy of employees medicals and authorization to use respirators**
- _____ **Copy of health & safety plan at project location**
- _____ **Copy of daily log for project**
- _____ **Respirator fit test supplied & current (1 year)**
- _____ **Work area sign in/out log**
- _____ **Emergency phone numbers available**
- _____ **Warning signs posted**
- _____ **GFCI on-site**
- _____ **ABC type fire extinguishers on-site**
- _____ **Is first-aid kit on-site?**
- _____ **Is the waste container labeled**
- _____ **Visual inspection of work area each shift**
- _____ **Is there a wash station on-site?**
- _____ **Is personal protective equipment on-site?**
- _____ **Is (flame retardant 6 mil poly) on-site?**
- _____ **Are work areas being pre-cleaned?**
- _____ **Are Hepa-Vacs on-site?**
- _____ **Are 3-step cleaning materials on-site?**

NOTE: **This is not a compliance checklist, but a quality control document.**



DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM

Matthew J. Driscoll, Mayor

Lead Hazard Clearance Report

For The Dwelling Located at:

100 Any Avenue
Syracuse, New York 13202

Prepared For:

Ms. Betsy Mokrzycki, Program Manager

City of Syracuse Lead Program
201 East Washington Street
Syracuse, NY 13202

DECEMBER 20, 2007



DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM

Matthew J. Driscoll, Mayor

**100 ANY AVENUE
SYRACUSE, NEW YORK 13202**

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DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM

Matthew J. Driscoll, Mayor

**100 ANY AVENUE
SYRACUSE, NEW YORK 13202**

NARRATIVE



DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM

Matthew J. Driscoll, Mayor

100 Any Avenue
Syracuse, New York 13202

HUD ID: 12345

On December 15, 2007 Lead hazard reduction operations commenced at the above location. The lead hazard reduction work consisted of window removal and replacement of windows.

Custom Construction located at 123 Any Street, Syracuse, New York 13202 performed the lead related activities. The lead portion of the project was monitored by the City of Syracuse Lead Program to ensure that the work was performed in a manner consistent with EPA and HUD standards. When work was completed clearance was performed. After the work areas were found to be free of paint chips and visible dust, a visual clearance was performed and was found to be free of any visible paint chips. The lead work was completed on December 19, 2007.

It is recommended that the owner inspect the areas that were corrected for any damage or deterioration every six months and upon lease renewal. If there are any signs of deterioration, repairs should be performed by qualified personnel after which clearance testing should be performed.



DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM

Matthew J. Driscoll, Mayor

**100 ANY AVENUE
SYRACUSE, NEW YORK 13202**

LEAD CLEARANCE RESULTS



DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM

Matthew J. Driscoll, Mayor

**100 ANY AVENUE
SYRACUSE, NEW YORK 13202**

DAILY PROJECT LOGS



DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM

Matthew J. Driscoll, Mayor

**100 ANY AVENUE
SYRACUSE, NEW YORK 13202**

DAILY SIGN-IN SHEETS

VOUCHER NUMBER _____

CLAIMANT'S VOUCHER
LEAD HAZARD CONTROL PROGRAM
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
201 EAST WASHINGTON STREET
SYRACUSE, NY 13202

Payable to:
Custom Construction
123 Any Street
Syracuse, New York 13202

SPECIAL INSTRUCTIONS:
HOLD CHECK

PROJECT	LEAD ACCOUNT #:
Description:	
100% of 100% contracted work has been completed at the property located at 100 Any Avenue, Syracuse, N.Y. Owned by Jane Doe.	Amount
	<u>\$14,202.00</u>
Contract Amount \$ <u>14,950.00</u>	
Previous Payment \$ <u>0.00</u>	
Amount of Payment \$ <u>14,202.00</u>	
Balance \$ <u>748.00</u>	
Examiner (Housing) _____	
Program Manager _____	
_____ Owner's Signature	_____ Date

CLAIMANT'S CERTIFICATE (This Certificate must be made by claimant personally if an individual or by a member of the firm or officer of a company). I hereby certify that the merchandise, materials or articles enumerated above were delivered, or the specified services were performed; that the above bill is just, true and correct; that no part thereof has been paid and that the total stated is actually due and owing; that all laws have been complied with, and that taxes from which the City of Syracuse is exempt are excluded therefrom. I hereby warrant that there is no person forbidden by law to be interested in this claim who will benefit from, or is a party hereto.

Signature: _____ Title: _____

Dated: _____ Name of Company: Corbett Custom Construction

COMMISSIONER OF COMMUNITY DEVELOPMENT'S CERTIFICATE: I hereby certify that the merchandise, materials, or articles enumerated above were received, or the services were performed, that they were necessary for, and have been, or will be applied to the use of this department and that no part of said account has been paid or satisfied, and I further certify that this is a valid and accurate claim for which Community Development Block Grant/Lead funds may be used.

Date: _____ Signature: _____
Commissioner of Community Development

Lead Hazard Control Program Evaluation

Property Address: _____

Please take a few moments and answer the following questions. Your honest response will be used to improve the City of Syracuse's **Lead Hazard Control Program** and to make the entire process faster and more efficient. Thank you for your time.

1. Overall, were you satisfied with the your Program experience? Yes ___ No ___
2. Were your expectations met in regards to the Program? Yes ___ No ___
3. Was the staff courteous and informative regarding your case? Yes ___ No ___
4. How did you hear about the Lead Program?
___ Friends or relatives or neighbors ___ Community Organization
___ Poster/fliers ___ Other: Explain _____
5. Do you feel that after going through the Program that you and your family are **more aware** of lead poisoning **and** the dangers related to the exposure to lead hazards? Yes ___ No ___
6. Did your contractor seem knowledgeable and responsible? Yes ___ No ___
7. Would you recommend this contractor to others? Yes ___ No ___
8. Are you a homeowner? ___ Landlord? ___ or tenant? ___
9. Would you recommend others to participate in the Program? Yes ___ No ___
10. Overall, how satisfied were you with your experience with the Lead Program?
Very Satisfied ___ Satisfied ___ Unsatisfied ___ Very Unsatisfied ___

November 20, 2007

John Doe
Custom Construction
123 Any Street
Syracuse, New York 13202

Dear Mr. Doe:

This bill is for your Air Samples, which was submitted to Schneider Laboratories, Inc. to be analyzed for *100 Any Avenue and 100 Any Road*.

Please forward a check in the amount of **\$9.10** to the Syracuse Lead Program, 201 E. Washington Street, Syracuse, NY 13202. I will forward the results to you upon receipt of the check.

Should you have any questions, please contact me at 448-4741.

Sincerely,

Sara Markel
Office Manager

November 20, 2007

John Doe
Custom Construction
123 Any Street
Syracuse, New York 13202

Dear Mr. Doe:

This bill is for your Failed Sample, which was submitted to Schneider Laboratories, Inc. to be analyzed for *100 Any Avenue*.

Please forward a check in the amount of **\$125.00** to the Syracuse Lead Program, 201 E. Washington Street, Syracuse, NY 13202. I will forward the results to you upon receipt of the check.

Should you have any questions, please contact me at 448-4741.

Sincerely,

Sara Markel
Office Manager

VOUCHER NUMBER _____

CLAIMANT'S VOUCHER
LEAD HAZARD CONTROL PROGRAM
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
201 EAST WASHINGTON STREET
SYRACUSE, NY 13202

Payable to:

SPECIAL INSTRUCTIONS:

Custom Construction
123 Any Street
Syracuse, NY 13202

HOLD CHECK

PROJECT	LEAD ACCOUNT #:
Description:	
Retainage due for work completed at property located at 100 Any Avenue owned by Jane Doe in the amount of \$748.00	
Due.....	Total Amount
	\$748.00

CLAIMANT'S CERTIFICATE (This Certificate must be made by claimant personally if an individual or by a member of the firm or officer of a company). I hereby certify that the merchandise, materials or articles enumerated above were delivered, or the specified services were performed; that the above bill is just, true and correct; that no part thereof has been paid and that the total stated is actually due and owing; that all laws have been complied with, and that taxes from which the City of Syracuse is exempt are excluded therefrom. I hereby warrant that there is no person forbidden by law to be interested in this claim who will benefit from, or is a party hereto.

Signature: _____ Title: _____

Dated: _____ Name of Company: _____

COMMISSIONER OF COMMUNITY DEVELOPMENT'S CERTIFICATE: I hereby certify that the merchandise, materials, or articles enumerated above were received, or the services were performed, that they were necessary for, and have been, or will be applied to the use of this department and that no part of said account has been paid or satisfied, and I further certify that this is a valid and accurate claim for which Community Development Block Grant/Lead funds may be used.

Date: _____ Signature: _____
Commissioner of Community Development