

Worksheet 6. Anticipated Healthy Homes Activities				
Activity	Who Will Perform This Activity? Identify (In-house, contractor, faith-based or community-based non-profit organization, etc.)	Number of Units	Estimated Unit Cost	Estimated Total Cost
Lead Hazard Evaluation (Risk Assessment)				
Lead Hazard Control				
Clearance Testing				
Assessment (specify)				
Assessment (specify)				
Assessment (specify)				
Intervention (specify)				
Intervention (specify)				
Intervention (specify)				
Post-intervention testing				
Other (specify)				
Other (specify)				