

## LHRD TRAINING REIMBURSEMENT APPLICATION

| Company Information   |   |  |          |                |  |
|---|---|--|----------|----------------|--|
| Business Name   |   | Owner  |          |                |  |
| Business Address  |   |  | EIN/TIN  |                |  |
| City  | State   |  |          | Zip            |  |
| Phone   | E-mail  |  |          |                |  |
| Owner Phone #   |   | Email  |          |                |  |
| Company listed in the System for Award Management<br>(If yes, please attach a copy of the registration printout)  | Yes No  |  |          |                |  |
| Company listed in the Federal Awardee Performance and Integrity Information System (FAPIIS)? Yes No (If yes, please attach a copy of the registration printout) |   |  |          |                |  |
| Number of employees to be trained?<br>(maximum of 5 per company of which no more than 2 Project Supervisors)  |   |  |          |                |  |
| Is each employee an EPA Certified Renovator?<br>(attach copies of their certificates)   | Yes   |  | No       |                |  |
| Employee Training Information   |   |  |          |                |  |
| Name  | e Provider                                      |  |          |                |  |
| Lead Course: Project Supervisor Lead  | Worker  | ker Risk Assessor Lead Inspector                                       |          |                |  |
| Name  | Cou   | Course Provider  |          |                |  |
| Lead Course:Project SupervisorLead WorkerRisk AssessorLead Inspector  |   |  |          |                |  |
| Name  | Cou   | rse Provider   |          |                |  |
| Lead Course: Project Supervisor Lead Worker Risk Ass  |   |  | Assessor | Lead Inspector |  |
| Name  | Cours   |  |          |                |  |
| Lead Course: Project Supervisor Lead  | l Worker  | Risk   | Assessor | Lead Inspector |  |
| Name  | Cou   | Course Provider  |          |                |  |
| Lead Course: Project Supervisor Lead  | l Worker  | Risk   | Assessor | Lead Inspector |  |
| Maximum Reimbursements  | Submit this application to:                     |  |          |                |  |
| Lead Abatement Project Supervisor- \$740  |   | Dave Pugh<br>Lead Grant Manager  |          |                |  |
| Lead Abatement Worker- \$420 Risk   |   |  |          |                |  |
| Assessor- \$400   |   | IHCDA<br>30 South Meridian Street- Suite 900<br>Indianapolis, IN 46204 |          |                |  |
| Lead Inspector- \$550   | Phone (317) 234-6289                            |  |          |                |  |
| ISDH Licensing Fee- as applicable   | Fax (317) 232-7778<br>Email: dpugh@ihcda.in.gov |  |          |                |  |



ADDRESS 30 South Meridian Street, Suite 900, Indianapolis, IN 46204 PHONE 317 232 7777 TOLL FREE 800 872 0371 WEB www.ihcda.IN.gov

State of Indiana Lieutenant Governor Suzanne Crouch



EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY