

**NYS HOMES & COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
FORM #48
HEALTH & SAFETY DETAIL SHEET**

Subgrantee Name: _____ Contract #: _____ Program Year: _____

In the chart below, provide a detailed list of how you will utilize your Health and Safety funds for this program year. Include a list of any other local or State agencies that you will be coordinating with. Explain how these H&S funds will be used and provide a detailed description of the anticipated costs/activities: testing, materials, certifications, makes and models of equipment, or any other relevant information about the planned costs.

	Activity or purchase	Coordinating Agency(ies)	Estimated Cost
1.			\$
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total Cost for H&S:			\$

Add or attach additional information as needed for the items listed to explain why they are an appropriate use of your H&S funds.

Subgrantee Approval

Subgrantee signature

Date

HCR Approval

The named Subgrantee is authorized to expend the total amount requested on the detailed H&S items, not exceeding 10% of the agency's total allocation for the program year.

HCR Program Field Representative signature

Date

HCR Regional Supervisor signature

Date