

FEDERAL LEAD AND STATE LEAD PROGRAMS

**Federal Lead Billing Invoice**

**Project Funding:**     Federal Lead     Healthy Homes

**Project Type:**     Single-Family     Multi-Family

**(CAA):** \_\_\_\_\_

# Abatement Units \_\_\_\_\_ # Non-Abatement Units \_\_\_\_\_

<b>Applicant (Owner):</b> _____	<b>Co-Applicant:</b> _____
<b>Property:</b> _____	<b>Contractor:</b> _____

**PHASE 1** Date Submitted: \_\_\_\_\_

Federal Lead	Healthy Home Intervention
Abatement Amount	<b>Healthy Homes Phase 1 Total</b> \$ _____
Dust wipes	
Lead Inspection and Risk Assessment	
Lead Design (\$600 per unit)	
Merchant Fee	
Soil test	
Water test	
<b>Federal P1 Total</b>	

**INTERIM PHASE (CHANGE ORDERS)** Date Submitted: \_\_\_\_\_

Federal Lead	Healthy Home Intervention
Approved Federal Lead Change Order(s)    \$ _____	Approved Healthy Homes Change Order(s)    \$ _____

**PHASE 2** Date Submitted: \_\_\_\_\_

Federal Lead	
Abatement Amount	\$ _____
Origination Fee(s) (per CAA Contract)	\$ _____
Relocation Expenses <sup>1</sup>	\$ _____
Registry Filing Fees	\$ _____
Final dust wipes    # _____ @ _____	\$ _____
Miles <sup>2</sup> _____ # of site visits _____	\$ _____
Flat rate Miles <sup>2</sup> 50 miles or more travelled \$400.00	\$ _____
<b>Federal P2 Total</b>	<b>\$ _____</b>

<sup>1</sup> Include copies of invoices & receipts.  
<sup>2</sup> CAA travel reimbursement is capped at \$400 for projects funded with Federal Lead

INVOICE TOTALS	
<b>Combined Phase 1 Total</b>	\$ _____
<b>Combined Interim Total</b>	\$ _____
<b>Combined Phase 2 Total</b>	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

PROGRAM TOTALS	
<b>Federal Lead</b>	\$ _____
<b>Healthy Homes Intervention</b>	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>