

FEDERAL LEAD AND STATE LEAD PROGRAMS

Federal Lead Billing Invoice

Project Funding: Federal Lead Healthy Homes Intervention **Project Type:** ☐ Single-Family Owner Occupied ☐ Multi-Family Single Family Rental

(CAA): _____

Abatement Units _____ # Non-Abatement Units _____

Applicant (Owner): _____

Co-Applicant: _____

Property: _____

Contractor: _____

PHASE 1

Date Submitted: _____

Federal Lead

Healthy Home Intervention

| | |
|-------------------------------------|----------|
| Abatement Amount | \$ _____ |
| Dust wipes | \$ _____ |
| Lead Inspection and Risk Assessment | \$ _____ |
| Lead Design (\$600 per unit) | \$ _____ |
| Merchant Fee | \$ _____ |
| Soil test | \$ _____ |
| Water test | \$ _____ |

| | |
|----------------------------|----------|
| Radon Air Testing | \$ _____ |
| Radon Air Mitigation | \$ _____ |
| Healthy Homes Intervention | \$ _____ |

Healthy Homes Intervention Phase 1 Total \$ _____

Federal Lead Phase 1 Total

Reminder: Healthy Homes Intervention Radon cost maximums are \$1,200.00 for Single Family homes and \$500.00 per unit for Multi-Family. If you need to go over these maximums, please utilize Healthy Homes Production (separate invoice).

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 ¹ | \$ _____ |
| Registry Filing Fees | \$ _____ |
| Soil Test | \$ _____ |
| Water Test | \$ _____ |
| Final dust wipes # @ | \$ _____ |
| Miles ² # of site visits | \$ _____ |

Flat rate Miles² 50 miles or more travelled \$400.00 \$ _____

Federal Lead Phase 2 Total \$ _____

¹ Include copies of invoices & receipts. Reminder relocation max per FL unit is \$1,450.00

² CAA travel reimbursement is capped at \$400 for projects funded with Federal Lead

INVOICE TOTALS

| | |
|---------------------------------------|-----------------|
| Combined Phase 1 Total | \$ _____ |
| Combined Interim (Change Order) Total | \$ _____ |
| Combined Phase 2 Total | \$ _____ |
| TOTAL | \$ _____ |

PROGRAM TOTALS

| | |
|----------------------------|-----------------|
| Federal Lead | \$ _____ |
| Healthy Homes Intervention | \$ _____ |
| TOTAL | \$ _____ |