

FEDERAL LEAD AND STATE LEAD PROGRAMS

State Lead Billing Invoice

Project Funding: State Lead Z267 DHHS State Lead N261 **Project Type:** Single-Family Multi-Family
(CAA): _____ **# Abatement Units** _____ **# Non-Abatement Units** _____

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	Contractor: _____

PHASE 1	Date Submitted: _____
State Lead	DHHS

	\$ _____		\$ _____
Abatement Amount	\$ _____		\$ _____
Abatement (less owner contribution)	\$ _____		\$ _____
Asbestos inspection (State only)	\$ _____		\$ _____
Dust wipes	\$ _____		\$ _____
Lead Inspection and Risk Assessment	\$ _____		\$ _____
Lead Design (\$600 per unit)	\$ _____		\$ _____
Merchant Fee	\$ _____		\$ _____
Out building intervention (State only)	\$ _____		\$ _____
Soil test	\$ _____		\$ _____
Water test	\$ _____		\$ _____
State P1 Total		DHHS P1 Total	

Match Type: 10% Non-Abatement 25% Abatement
Match Amount: \$ _____ Waived

INTERIM PHASE (CHANGE ORDERS)	Date Submitted: _____
State Lead	DHHS

Approved State Lead Change Order(s) \$ _____	Approved DHHS Change Order(s) \$ _____
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PHASE 2	Date Submitted: _____
State Lead	DHHS

	\$ _____		\$ _____
Administrative Fee (per CAA Contract)	\$ _____		\$ _____
Abatement Amount	\$ _____		\$ _____
Origination Fee(s) (per CAA Contract)	\$ _____		\$ _____
Relocation Expenses ¹	\$ _____		\$ _____
Registry Filing Fees	\$ _____		\$ _____
wipes# _____ @ _____		wipes# _____ @ _____	
Final dust wipes total _____		Final dust wipes total _____	
Miles _____ # of site visits _____		Miles _____ # of site visits _____	
Miles total \$ _____		Miles total \$ _____	
State P2 Total \$ _____		DHHS P2 Total _____	

INVOICE TOTALS	
Combined Phase 1 Total	\$ _____
Combined Interim Total	\$ _____
Combined Phase 2 Total	\$ _____
TOTAL	\$ _____

PROGRAM TOTALS	
State Lead	\$ _____
DHHS	\$ _____
TOTAL	\$ _____