

**FEDERAL LEAD AND STATE LEAD PROGRAMS
INVOICE**

Project Funding: State Lead Federal Lead Healthy Homes

Project Type: Single-Family

Agency (CAA): _____ Multi-Family **# Units** _____

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

PHASE 1 **Date Submitted:** _____

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

Federal Lead Phase 1 Total \$ _____

Healthy Home Intervention

Healthy Homes Phase 1 Total \$ _____

State Lead	
Abatement (less owner contribution)	\$ _____
Lead Inspection and Risk Assessment	\$ _____
Lead Design (\$600 per unit)	\$ _____
Demolition of out buildings	\$ _____
Merchant Fee	\$ _____
Dust wipes	\$ _____
Water test	\$ _____
Soil test	\$ _____
Asbestos inspection	\$ _____

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

State Lead Phase 1 Total \$ _____

INTERIM PHASE (CHANGE ORDERS) **Date Submitted:** _____

Federal Lead	
Approved Federal Lead Change Order(s)	\$ _____

Federal Lead Interim Phase Total \$ _____

Healthy Home Intervention

Approved Healthy Homes Change Order(s) \$ _____

Healthy Homes Interim Phase Total \$ _____

State Lead	
Approved State Lead Change Order(s)	\$ _____

State Lead Interim Phase Total \$ _____

PHASE 2 **Date Submitted:** _____

Federal Lead	
Origination Fee(s) (per CAA Contract)	\$ _____
Relocation Expenses ¹	\$ _____
Registry Filing Fees	\$ _____
Final dust wipes # @	\$ _____
Miles ² # of site visits	\$ _____

Federal Lead Phase 2 Total \$ _____

State Lead	
Administrative Fee (per CAA Contract)	\$ _____
Relocation Expenses ¹	\$ _____
Registry Filing Fees	\$ _____
Final dust wipes # @	\$ _____
Miles # of site visits	\$ _____

State Lead Phase 2 Total \$ _____

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

PROGRAM TOTALS	
State Lead	\$ _____
Federal Lead	\$ _____
Healthy Homes Intervention	\$ _____
TOTAL	\$ _____

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

