

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 _____

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

PHASE 1 Date Submitted: _____

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

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	\$ _____
Final dust wipes # _____ @ _____	\$ _____
Miles ² _____ # of site visits _____	\$ _____
Flat rate Miles ² 50 miles or more travelled \$400.00	\$ _____
Federal P2 Total	\$ _____

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

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

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