

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

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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

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

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