## FEDERAL LEAD AND STATE LEAD PROGRAMS

## Federal Lead Billing Invoice

|  | reuerai Leau               | i billing invoice  |                             |  |  |  |
|--|----------------------------|--|-----------------------------|--|--|--|
| Project Funding: Federal Lead  | Healthy Homes Intervention | Project Type:  | □ Single-Family □Multi-Fami |  |  |  |
| (CAA):   |                            | # Abatement Units # Non-Abatement Units  |                             |  |  |  |
| Applicant (Owner):   |                            | Co-Applicant:  |                             |  |  |  |
| Property:  |                            | Contractor:  |                             |  |  |  |
| PHASE 1  |                            | Date Submitted:  |                             |  |  |  |
|  | Federal Lead               | Healthy Home Interve   | ention                      |  |  |  |
| Abatement Amount   | \$                         | Radon Air Testing  | \$                          |  |  |  |
| Dust wipes Lead Inspection and Risk Assessment Lead Design (\$600 per unit) Merchant Fee | \$                         | Radon Air Mitigation   | \$                          |  |  |  |
|  | \$<br>\$<br>\$             | Healthy Homes Intervention   | \$                          |  |  |  |
|  |                            |  |                             |  |  |  |
|  | \$                         | Healthy Homes Intervention Phase 1 Total \$                                      |                             |  |  |  |
| Soil test<br>Water test  | <del></del>                | \$   |                             |  |  |  |
| Trails, 1961   | \$                         |  |                             |  |  |  |
| Federal Lead Phase   | 1 Total                    |  |                             |  |  |  |
| -  |                            | ums are \$1,200.00 for Single Family homns, please utilize Healthy Homes Product |                             |  |  |  |
| INTERIM PHASE (CH  | ANGE ORDERS)               | Date Submitted:  |                             |  |  |  |
| Fadamill   | 4                          |  |                             |  |  |  |
| Federal Lead   |                            | Healthy Home Intervention  |                             |  |  |  |
| Approved Federal Lead Change Or  | rder(s) \$                 | _ Approved Healthy Homes Change Order  | r(s) <u>\$</u>              |  |  |  |
| PHASE 2  |                            | Date Submitted:  |                             |  |  |  |
|  | _                          |  | _                           |  |  |  |

|           | Federal Lead  |        |            |    |  |  |
|-----------|---|--------|------------|----|--|--|
| ,         | Abatement Amount  |        |            | \$ |  |  |
| (         | Origination Fee(s) (per CAA Contract)                             |        |            | \$ |  |  |
| F         | Relocation Expenses <sup>1</sup>                                  |        |            | \$ |  |  |
|           | Registry Filing Fees  |        |            | \$ |  |  |
| ;         | Soil Test   |        |            | \$ |  |  |
| ,         | Water Test  |        |            | \$ |  |  |
| ı         | Final dust wipes  | #      | @          | \$ |  |  |
| 1         | Miles <sup>2</sup>  | # of s | ite visits | \$ |  |  |
| Flat rate | Flat rate Miles <sup>2</sup> 50 miles or more travelled ${400.0}$ |        |            | \$ |  |  |
|           | Fed   | \$     |            |    |  |  |

 $<sup>^1</sup>$  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                      | \$ |  |  |  |