

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** \_\_\_\_\_

<b>Applicant (Owner):</b> _____	<b>Co-Applicant:</b> _____
<b>Property:</b> _____	<b>Contractor:</b> _____

<b>PHASE 1</b>	<b>Date Submitted:</b> _____
<b>State Lead</b>	<b>DHHS</b>

	\$ _____		\$ _____
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	\$ _____		\$ _____
<b>State P1 Total</b>		<b>DHHS P1 Total</b>	

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

<b>INTERIM PHASE (CHANGE ORDERS)</b>	<b>Date Submitted:</b> _____
<b>State Lead</b>	<b>DHHS</b>

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

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

<b>INVOICE TOTALS</b>	
<b>Combined Phase 1 Total</b>	\$ _____
<b>Combined Interim Total</b>	\$ _____
<b>Combined Phase 2 Total</b>	\$ _____
<b>TOTAL</b>	\$ _____

<b>PROGRAM TOTALS</b>	
<b>State Lead</b>	\$ _____
<b>DHHS</b>	\$ _____
<b>TOTAL</b>	\$ _____