

NC - ARPA Asbestos Remediation Reimbursement Request Form

Entity Name: _____ Page 1 of _____ (enter total # of pages including documentation)

Public School System Charter School Licensed Child Care Facility Family Child Care Home

Point of Contact (POC): _____ Child Care Facility Inside a School

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Building Name of Public-School /Child Care where ASB activity occurred: _____

Address: _____ City: _____ State: _____ Zip Code: _____

School LEA Number: _____ Child Care License Number: _____ County: _____

UEI#: _____ NC Substitute W-9 Tax ID#: _____ Year Built: _____

Asbestos Inspection Cost (\$): _____ Paid by Clean Classroom for Carolina Kids: Yes or No

Asbestos Abatement/Interim Control Cost (\$): _____ Replacement Material Cost (\$): _____

Total Cost (\$): _____

Total Matching Funds (1/3 of Total Cost) *applies to public and charter schools only* (\$): _____

Total Amount Requested (\$): _____

Make Check Payable To (Entity Legal Name): _____

Remit to Address: _____

Certification: As appointed designee of the recipient organization, I hereby certify that the cost or units billed to NC Division of Public Health on this public payment voucher have been delivered in accordance with NC Session Law 2021-180, Section 9G.8.(a)(2), and that to the best of my knowledge and belief we have complied with all laws, regulations, and provisions that are conditions of payment. I hereby certify that the cost or units billed to NC DPH for reimbursement on this Remediation Reimbursement Request Form were incurred and delivered according to the provisions of NC Session Law 2021-180, Section 9G.8.(a)(2). I further certify that any required matching expenditures have been incurred, and that to the best of my knowledge and belief we have complied with all laws, regulations, and provisions that are conditions of payment.

Authorized Signature: _____ **Date:** ____/____/____

Phone Number: _____ Email: _____

Note: Use this form when requesting a reimbursement. Attach **ALL** documents to justify reimbursement. Use the NC Lead-Based Paint and Asbestos Reimbursement Documents Checklist for Guidance.

Submit each reimbursement directly to Health Hazards Control Unit (HHCU) at the email below:

ARPA-Reimbursement@dhhs.nc.gov

This section to be completed by DPH staff:

HHCU Date Received: ____/____/____ Date reviewed: ____/____/____

Amount Approved: _____ Date: ____/____/____ Initials: _____

ARPA ID: _____