

Abandoned Manufactured Home Grant Program

Project Summary Invoice

The following information is submitted for reimbursement through the AMH Grant

_____ County Contract No. _____

Project ID # _____ Property Owner Name: _____

Date of Deconstruction: _____ Demolition Contractor: _____

Location of Demolition / Deconstruction: _____

Unit Size: Single Wide Double Wide Triple Wide

Destination and Amount of Deconstructed Materials:

C&D Materials Landfill (facility name) : _____ Amount: _____ Tons

Recycled Materials (facility name): _____ Amount: _____ Tons

Mercury Thermostats (facility name): _____ Amount (#) : _____

Project Financial Summary:

Contractor Fee: _____

Disposal Cost / Fee: _____

Hazardous Materials Cost: _____

Administrative Costs / Fees: _____

Other Costs / Fees: _____

Subtotal Costs: _____

Responsible Party and Other Fees Collected: _____

Net Cost of Project Before Grant Reimbursement (costs minus fees received): _____

A site inspection conducted on _____ (date) verifies that the above abandoned manufactured home has been removed from the above referenced property in accordance with the policies and guidelines set forth by the _____ County Abandoned Manufactured Home Program.

I verify the information submitted above and hereby request reimbursement from the AMH Grant Program in the amount of _____ for unrecoverable costs experienced in an effort to properly manage and dispose of abandoned manufactured homes.

Project Coordinator: _____

Date: _____