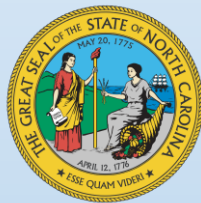


# Asbestos and Lead-Based Paint Reimbursement Program

Funded by the American Rescue Plan Act (ARPA)  
NC - Health Hazards Control Unit (HHCU)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



**Clean Classrooms**<sup>™</sup>  
For Carolina Kids

**NC Health Hazards Control Unit**

**5505 Six Forks Road**

**Raleigh, NC 27609**

**Phone: 919-707-5950**

**Email: [ARPA-Reimbursement@dhhs.nc.gov](mailto:ARPA-Reimbursement@dhhs.nc.gov)**

# Program Background

The American Rescue Plan Act (ARPA) of 2021 is providing one-time federal funding to state and local governments

NC Governor and General Assembly budgeted funding to address lead in water, asbestos, and lead-based paint in NC public schools and licensed child care facilities



# Who Qualifies for Reimbursement?

- **Facilities participating in the Clean Classrooms for Carolina Kids program:**

NC public schools and charter schools

NC licensed child care centers and family child care homes

# Reimbursement Requirements

NC public schools and licensed child care facilities must have an inspection for asbestos and lead-based paint as referenced below and identify hazards

SB-105, Section 9G .8, and 10A NCAC 41C .1001 through .1007 requirements must be met

<https://www.ncdhhs.gov/10a-ncac-41c-perm-rules-5-9-2023/download?attachment>



# What are the Eligible Expenses?

- **Eligible expenses:** Public Schools may receive 2/3 reimbursement and Licensed Child Care Centers may receive 100% reimbursement.
- **Asbestos and lead-based paint abatement and remediation activities that meet 10A NCAC 41C .1003 and .1004.**
- **Replacement materials that meet requirements in 10A NCAC 41C .1002 (SDS/letter from manufacturer or lab data documenting less than 1% asbestos or less than 90PPM lead in paint).**

**Note: Lead in water testing and remediation at NC public schools and licensed child care facilities are managed through a different ARPA-funded program.**

# Where Do We Start?

**Visit our web page:** <https://www.ncdhhs.gov/divisions/public-health/asbestos-and-lead-based-paint-reimbursement-program-arpa>

**Read the FAQs:** <https://www.ncdhhs.gov/nc-arpa-frequently-asked-questions/download?attachment>

**Email questions and reimbursements to:**  
[ARPA-Reimbursement@dhhs.nc.gov](mailto:ARPA-Reimbursement@dhhs.nc.gov)

# What is Required for Reimbursement?

- ARPA Reimbursement Documents Checklist

## NC – ARPA Lead-Based Paint and Asbestos Reimbursement Documents Checklist

### Required Documents:

1. ARPA Reimbursement Request Form
2. Current NC Substitute W-9
3. UEI Number Documentation (from SAM.gov)
4. Provide Appropriate Documents Listed Below to Justify Reimbursement:

#### Asbestos Inspection

<input type="checkbox"/> Provided by Clean Classroom for Carolina Kids
--

*If not provided by the Clean Classroom for Carolina Kids program, the following documents are required:*

<input type="checkbox"/> Scope of Work/Proposal
<input type="checkbox"/> Signed Contract
<input type="checkbox"/> Asbestos Inspection Report
<input type="checkbox"/> Lab Results & NVLAP
<input type="checkbox"/> Invoice(s) from Vendor
<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s

#### Lead-Based Paint Inspection

<input type="checkbox"/> Provided by Clean Classroom for Carolina Kids
--

*If not provided by the Clean Classroom for Carolina Kids program, the following documents are required:*

<input type="checkbox"/> Scope of Work/Proposal
<input type="checkbox"/> Signed Contract
<input type="checkbox"/> LBP Inspection/Risk Assessment/ XRF readings
<input type="checkbox"/> Lab Results & ELLAP/NLLAP
<input type="checkbox"/> Invoice(s) from Vendor
<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s

#### Asbestos Abatement/Remediation

<input type="checkbox"/> Scope of Work/Proposal	<input type="checkbox"/> Signed Contract	<input type="checkbox"/> Change order, if applicable
<input type="checkbox"/> ARPA Notification	<input type="checkbox"/> Invoice(s) from Vendor	<input type="checkbox"/> Asbestos Permit, if applicable
<input type="checkbox"/> Asbestos Hazard Form(s)	<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	<input type="checkbox"/> Design, if applicable
<input type="checkbox"/> Waste Shipment Records	<input type="checkbox"/> Clearance/Lab Report	<input type="checkbox"/> Air Monitoring Plan, if applicable

#### Lead-Based Paint Abatement/Remediation

<input type="checkbox"/> Scope of Work/Proposal	<input type="checkbox"/> Signed Contract	<input type="checkbox"/> Change order, if applicable
<input type="checkbox"/> ARPA Notification	<input type="checkbox"/> Invoice(s) from Vendor	<input type="checkbox"/> Lead Permit, if applicable
<input type="checkbox"/> Lead Hazard Form(s)	<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	<input type="checkbox"/> Design, if applicable
<input type="checkbox"/> Disposal Ticket(s)	<input type="checkbox"/> Clearance/Lab Report	<input type="checkbox"/> Occupant Protection Plan

#### Replacement Materials

<input type="checkbox"/> Scope of Work/Proposal	<input type="checkbox"/> Letter from manufacturer
<input type="checkbox"/> Signed Contract	<input type="checkbox"/> Safety Data Sheet(s), if applicable
<input type="checkbox"/> Change Order, if applicable	<input type="checkbox"/> Lab Results Confirming less than 1% Asb
<input type="checkbox"/> Invoice(s) from Vendor	<input type="checkbox"/> Lab Results confirming less than 90 PPM LBP
<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	

# What is Required for Reimbursement?

The following is required when submitting a packet for reimbursement to [ARPA-Reimbursement@dhhs.nc.gov](mailto:ARPA-Reimbursement@dhhs.nc.gov):

- ARPA Lead-Based Paint Remediation Reimbursement Request Form
- ARPA Asbestos Remediation Reimbursement Request Form

**NC - ARPA Lead-Based Paint 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 LBP activity occurred: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School LEA Number: \_\_\_\_\_ Child Care License Number: \_\_\_\_\_ County: \_\_\_\_\_

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

Lead Inspection Cost (\$): \_\_\_\_\_ Paid by RTI Contract:  Yes

Lead 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 Health on this public payment voucher have been delivered in accordance with NC Session Law 2021-180, Section 9G.8.(a) 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 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. Attached 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](mailto:ARPA-Reimbursement@dhhs.nc.gov)

This section to be completed by DPH staff: HHCU Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount Approved: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_  
ARPA ID: \_\_\_\_\_

ARPA (American Rescue Plan Act)-Funded Remediation Reimbursement Request Form, NC Department of Health and Human Services, Division of Public Health, Health Hazards Control Unit (7/2023)

**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 RTI Contract:  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. Attached 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](mailto:ARPA-Reimbursement@dhhs.nc.gov)

This section to be completed by DPH staff: HHCU Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount Approved: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_  
ARPA ID: \_\_\_\_\_

ARPA (American Rescue Plan Act)-Funded Remediation Reimbursement Request Form, NC Department of Health and Human Services, Division of Public Health, Health Hazards Control Unit (7/2023)





# What is Required for Reimbursement?

The following is required when submitting a packet for reimbursement to [ARPA-Reimbursement@dhhs.nc.gov](mailto:ARPA-Reimbursement@dhhs.nc.gov):

- Current NC Substitute W-9 Form
- Unique Entity Identifier Number

REV 02/2022

NC Office of the State Controller (IRS Form W-9 will not be accepted in lieu of this form) <b>*Denotes a Required Field</b>		STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM Request for Taxpayer Identification Number			
*1. <input type="checkbox"/> Social Security Number (SSN), OR <input type="checkbox"/> Employer Identification Number (EIN), OR <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)		Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require the State of NC to withhold 24% for backup withholding tax.			
*2. _____ <small>(PRESS THE TAB KEY TO ENTER EACH NUMBER)</small>		_____			
*4. Legal Name (as shown on your income tax return): <small>(PRESS THE TAB KEY TO ENTER EACH NUMBER)</small>		3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)  <small>(PRESS THE TAB KEY TO ENTER EACH NUMBER)</small>			
5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:		_____			
<b>Contact Information</b>					
*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD) *Address Line 1: Address Line 2:		7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable) Address Line 1: Address Line 2:			
*City *State *Zip (9 digit)		City State Zip (9 digit)			
*County		County			
*8. Contact Name:		_____			
*9. Phone Number:		_____			
*10. Fax Number:		_____			
*11. Email Address:		_____			
*12. Entity Type <input type="checkbox"/> Individual/Sole Proprietor/Single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____		*13. Entity Classification <input type="checkbox"/> Medical Services <input type="checkbox"/> Legal/Attorney Services <input type="checkbox"/> NC Local Govt <input type="checkbox"/> Federal Govt <input type="checkbox"/> NC State Agency <input type="checkbox"/> Other Govt <input type="checkbox"/> Other (specify) _____		*14. Exemptions (see instructions)  Exempt payee code (if any): _____  Exemption from FATCA reporting code (if any): _____	
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.					
Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website ( <a href="https://www.irs.gov/">https://www.irs.gov/</a> )					
*Printed Name:		*Printed Title:		*Date:	
*Authorized U.S. Signature:		_____		_____	
Please complete the "Modification to Existing Vendor Record" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address					
Return to the NC State Agency from which you are requesting payment.					

Updated April 25, 2022  
U.S. Department of Education  
Office of Acquisition and Grants Administration  
Grants Policy and Training Division

## Unique Entity Identifier (UEI) Fact Sheet

The Federal Government has transitioned from the use of the DUNS Number to the Unique Entity Identifier (UEI) as the primary means of entity identification for Federal awards government-wide. UEIs are required in accordance with 2 CFR Part 25, and the transition from DUNS to UEI has resulted in the UEI being issued by the Federal Government in SAM.gov. This means entities no longer rely on a third-party to obtain an Identifier (i.e., a DUNS issued by Dun and Bradstreet). This change streamlines the entity identification and validation process, making it easier and less burdensome for entities to do business with the Federal Government. Information addressing the reasons for this transition is available at [The New Unique Entity Identifier is Here](#) and at [Why has SAM.gov changed from the DUNS Number to the Unique Entity ID?](#)

Here is what you need to know about this recent transition:

1. Direct Grant Recipients and Grant Applicants
  - a. If your organization is currently registered in SAM.gov with either an active or inactive registration, you have already been assigned a UEI. Your UEI is viewable on your entity's registration record in SAM.gov. To learn how to view your UEI, see this guide: [How can I view my Unique Entity ID?](#)
  - b. On April 4, 2022, the Integrated Award Environment (IAE) systems (i.e., SAM.gov, FPDS, eRS, FSRS, FAPIS, and CPARS) complied with the Federal Government's requirement to end use of the DUNS Number for Federal award management. **The U.S. Department of Education's Grants Management System (GS) implemented this transition on April 4, 2022.**
  - c. If you have an inactive registration or need to update your registration, you must ensure that your renewal or updates occur on time and as required, but this does not affect whether you have been assigned a UEI. If you have a registration, you already have a UEI. If your registration has expired, you have been assigned a UEI, but you will need to renew your registration. You

<sup>1</sup> SAM.gov – Or the System for Awards Management is the official site for registering to do business with the Federal Government.  
<sup>2</sup> FPDS.gov – Or the Federal Procurement Data System is the official site for reporting contracts whose estimated value is \$10K or more.  
<sup>3</sup> eRS.gov – Or the Electronic Subcontracting Reporting System is the official site for reporting subcontracts. <sup>4</sup> FSRS.gov – Or the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) is the official reporting site that Federal prime awardees (i.e., prime contractors and prime grant recipients) use to capture and report subaward and executive compensation data regarding their first-tier subawards.  
<sup>5</sup> FAPIS.gov – Or the Federal Awardee Performance and Integrity Information System is the official site in which records are entered and searchable related to Administrative Agreements, Defective Pricing, DoD Determination of Contractor Fault, Non-Responsibility Determination, Recipient Not-Qualified Determination, Termination for Cause, Termination for Default, Termination for Material Failure to Comply, Suspension/Debarment information if the entity has any of these records, and Administrative Proceedings information.  
<sup>6</sup> CPARS.gov – Or the Contractor Performance Assessment Reporting System is the official site in which Federal agencies can create and measure the quality and timely reporting of contractor performance information, and where contractors can review this information and provide comment.

# Other Documents Required for Reimbursement?

The following is required when submitting a packet for reimbursement to [ARPA-Reimbursement@dhhs.nc.gov](mailto:ARPA-Reimbursement@dhhs.nc.gov):

- Bids
- Contracts
- Invoices
- Proof of Payments
- ARPA Reimbursement Documents Checklist is a tool to help you
- Note: This is for all parts of the project for asbestos, lead based paint or replacement

**NC – ARPA Lead-Based Paint and Asbestos Reimbursement Documents Checklist**

**Required Documents:**

1. ARPA Reimbursement Request Form
2. Current NC Substitute W-9
3. UEI Number Documentation (from SAM.gov)
4. Provide Appropriate Documents Listed Below to Justify Reimbursement:

Asbestos Inspection		Lead-Based Paint Inspection	
<input type="checkbox"/> Performed through RTI		<input type="checkbox"/> Performed through RTI	
<i>If not performed through RTI, the following documents are required:</i>		<i>If not performed through RTI, the following documents are required:</i>	
<input type="checkbox"/> Scope of Work/Proposal		<input type="checkbox"/> Scope of Work/Proposal	
<input type="checkbox"/> Signed Contract		<input type="checkbox"/> Signed Contract	
<input type="checkbox"/> Asbestos Inspection Report		<input type="checkbox"/> LBP Inspection/Risk Assessment/ XRF readings	
<input type="checkbox"/> Lab Results & NVLAP		<input type="checkbox"/> Lab Results & ELLAP/NLLAP	
<input type="checkbox"/> Invoice(s) from Vendor		<input type="checkbox"/> Invoice(s) from Vendor	
<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s		<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	

Asbestos Abatement/Remediation		
<input type="checkbox"/> Scope of Work/Proposal	<input type="checkbox"/> Signed Contract	<input type="checkbox"/> Change order, if applicable
<input type="checkbox"/> ARPA Notification	<input type="checkbox"/> Invoice(s) from Vendor	<input type="checkbox"/> Asbestos Permit, if applicable
<input type="checkbox"/> Asbestos Hazard Form(s)	<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	<input type="checkbox"/> Design, if applicable
<input type="checkbox"/> Waste Shipment Records	<input type="checkbox"/> Clearance/Lab Report	<input type="checkbox"/> Air Monitoring Plan, if applicable

Lead-Based Paint Abatement/Remediation		
<input type="checkbox"/> Scope of Work/Proposal	<input type="checkbox"/> Signed Contract	<input type="checkbox"/> Change order, if applicable
<input type="checkbox"/> ARPA Notification	<input type="checkbox"/> Invoice(s) from Vendor	<input type="checkbox"/> Lead Permit, if applicable
<input type="checkbox"/> Lead Hazard Form(s)	<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	<input type="checkbox"/> Design, if applicable
<input type="checkbox"/> Disposal Ticket(s)	<input type="checkbox"/> Clearance/Lab Report	<input type="checkbox"/> Occupant Protection Plan

Replacement Materials	
<input type="checkbox"/> Scope of Work/Proposal	<input type="checkbox"/> Letter from manufacturer
<input type="checkbox"/> Signed Contract	<input type="checkbox"/> Safety Data Sheet(s), if applicable
<input type="checkbox"/> Change Order, if applicable	<input type="checkbox"/> Lab Results Confirming less than 1% Asb
<input type="checkbox"/> Invoice(s) from Vendor	<input type="checkbox"/> Lab Results confirming less than 90 PPM LBP
<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	

ARPA (American Rescue Plan Act)-Funded Reimbursement Required Documents Checklist  
NC Department of Health and Human Services, Division of Public Health, Health Hazards Control Unit (3/2023)

# Other Documents Required for Reimbursement?

The following is required when submitting a packet for reimbursement to [ARPA-Reimbursement@dhhs.nc.gov](mailto:ARPA-Reimbursement@dhhs.nc.gov):

- Complete Asbestos or Lead Inspection Report
- Asbestos or Lead Abatement Permit
- Design or Air Monitoring Plan
- Remediation Plan and OPP
- Clearance Report
- Documented Accredited Laboratory
- Disposal Tickets or Waste Shipment Records
- Documentation for Replacement Materials

**NC – ARPA Lead-Based Paint and Asbestos Reimbursement Documents Checklist**

**Required Documents:**

1. ARPA Reimbursement Request Form
2. Current NC Substitute W-9
3. UEI Number Documentation (from SAM.gov)
4. Provide Appropriate Documents Listed Below to Justify Reimbursement:

Asbestos Inspection		Lead-Based Paint Inspection	
<input type="checkbox"/> Performed through RTI		<input type="checkbox"/> Performed through RTI	
<i>If not performed through RTI, the following documents are required:</i>		<i>If not performed through RTI, the following documents are required:</i>	
<input type="checkbox"/> Scope of Work/Proposal		<input type="checkbox"/> Scope of Work/Proposal	
<input type="checkbox"/> Signed Contract		<input type="checkbox"/> Signed Contract	
<input type="checkbox"/> Asbestos Inspection Report		<input type="checkbox"/> LBP Inspection/Risk Assessment/ XRF readings	
<input type="checkbox"/> Lab Results & NVLAP		<input type="checkbox"/> Lab Results & ELLAP/NLLAP	
<input type="checkbox"/> Invoice(s) from Vendor		<input type="checkbox"/> Invoice(s) from Vendor	
<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s		<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	

Asbestos Abatement/Remediation		
<input type="checkbox"/> Scope of Work/Proposal	<input type="checkbox"/> Signed Contract	<input type="checkbox"/> Change order, if applicable
<input type="checkbox"/> ARPA Notification	<input type="checkbox"/> Invoice(s) from Vendor	<input type="checkbox"/> Asbestos Permit, if applicable
<input type="checkbox"/> Asbestos Hazard Form(s)	<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	<input type="checkbox"/> Design, if applicable
<input type="checkbox"/> Waste Shipment Records	<input type="checkbox"/> Clearance/Lab Report	<input type="checkbox"/> Air Monitoring Plan, if applicable

Lead-Based Paint Abatement/Remediation		
<input type="checkbox"/> Scope of Work/Proposal	<input type="checkbox"/> Signed Contract	<input type="checkbox"/> Change order, if applicable
<input type="checkbox"/> ARPA Notification	<input type="checkbox"/> Invoice(s) from Vendor	<input type="checkbox"/> Lead Permit, if applicable
<input type="checkbox"/> Lead Hazard Form(s)	<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	<input type="checkbox"/> Design, if applicable
<input type="checkbox"/> Disposal Ticket(s)	<input type="checkbox"/> Clearance/Lab Report	<input type="checkbox"/> Occupant Protection Plan

Replacement Materials	
<input type="checkbox"/> Scope of Work/Proposal	<input type="checkbox"/> Letter from manufacturer
<input type="checkbox"/> Signed Contract	<input type="checkbox"/> Safety Data Sheet(s), if applicable
<input type="checkbox"/> Change Order, if applicable	<input type="checkbox"/> Lab Results Confirming less than 1% Asb
<input type="checkbox"/> Invoice(s) from Vendor	<input type="checkbox"/> Lab Results confirming less than 90 PPM LBP
<input type="checkbox"/> Proof of Payment(s): No Check or Credit Card #s	

ARPA (American Rescue Plan Act)-Funded Reimbursement Required Documents Checklist  
NC Department of Health and Human Services, Division of Public Health, Health Hazards Control Unit (3/2023)



# Are There Other Required Forms?

The following is required to be submitted 45 days after the project has been completed. This is to be sent to HHCU.

## Hazard Forms:

- NC - ARPA Lead-Based Paint Hazard Assessment and Response Actions
- NC - ARPA Asbestos Hazard Assessment and Response Actions

### NC - ARPA Lead-Based Paint Hazard Assessment and Response Actions

This form is to be used to implement 10A NCAC 41C .1004 (F)(1).

Facility Type:  Public School  Charter School  Child Care Facility (CCF)  Family Child Care Home

Facility Name: \_\_\_\_\_ Facility County: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Year Built: \_\_\_\_\_

Public or Charter School LEA #: \_\_\_\_\_ Child Care Facility License #: \_\_\_\_\_  CCF Inside a School

Responsible Individual Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

NC Lead Risk Assessor (RA): 1004 (F)(1)(B) \_\_\_\_\_ NC Certification #: \_\_\_\_\_

RA Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

RA Company Name: \_\_\_\_\_ RA Company Address: \_\_\_\_\_

Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_ LBP Hazard(s) Identified y/n:  Yes  No

**If an LBP Hazard is Present, then an Occupant Protection Plan (OPP) is required.**

Summary of Results: Identified XRF/Paint Chip-Lead Hazards (if applicable): 1004 (F)(1)(C)  Attach Lab Results and XRF Data

Building	Room or Room Equivalent	Sample ID	Building Component	Sample Location Description	Type of Hazard	Condition of Material (Intact, non-intact)	Lead Level		Response Action	Photo Y/N
							Sample Type	mg/cm <sup>2</sup> ppm, µg/g		
							<input type="checkbox"/> Chip <input type="checkbox"/> Paint <input type="checkbox"/> Dust <input type="checkbox"/> Soil <input type="checkbox"/> Lead			

Include if interior or exterior surface, room equivalent and wall side as appropriate. LBP on friction surface with dust-lead hazard beneath; impact surface; chewable surface with teeth marks; other deteriorated lead-based paint. Common causes of paint deterioration are moisture (indicate source if apparent), rubbing, friction or abrasion, impact, damaged or deteriorated substrates, and severe lead. Components and paint type: Milligrams per square centimeter (mg/cm<sup>2</sup>), or micrograms per gram (µg/g; parts per million; ppm). NOTE: EPA standard for LBP: 1.0 mg/cm<sup>2</sup> or 5,000 µg/g.

ARPA Lead-Based Paint Hazard Assessment and Response Actions  
NC Department of Health and Human Services, Division of Public Health, Health Hazards Control Unit (3/2023) Page \_\_\_ of \_\_\_

### NC - ARPA Asbestos Hazard Assessment and Response Actions

THE PURPOSE OF THIS FORM IS TO BE USED TO IMPLEMENT 10A NCAC 41C .1003(F)(1)

Facility Type:  Public School  Charter School  Child Care Facility (CCF)  Family Child Care Home

Public or Charter School LEA #: \_\_\_\_\_ Child Care Facility License #: \_\_\_\_\_  CCF Inside a School

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_

Responsible Individual: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

NC Asbestos Management Planner: \_\_\_\_\_ NC Accreditation #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of most current AHERA Reinspection: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

If asbestos hazards are found:  Attach Lab Results  Assumed Positive?  Yes  No Hazards identified?  Yes  No

Provide asbestos hazard information below: 1003(F)(1)(F)(G)

Building	Functional Space Room/Area or Exterior	Homogeneous Area (HGA) ID	Material Location	Material Description	ACBM Estimated Quantity (sq. ft. or ft <sup>3</sup> )	Asbestos		Friable or Non-Friable	Assessment <sup>1</sup>	Response Action <sup>2</sup>	Photo Y/N
						Type	%				
						<input type="checkbox"/> Chrysotile <input type="checkbox"/> Actinolite <input type="checkbox"/> Amphibole <input type="checkbox"/> Anthophyllite <input type="checkbox"/> Crocidolite <input type="checkbox"/> Tremolite					

Footnotes: 1. Assess and classify the ACBM and suspected ACBM of the building (interior and exterior) into one category (§ 763.89). (1) Damaged or significantly damaged thermal system insulation ACM. (2) Damaged friable surfacing ACM. (3) Significantly damaged friable surfacing ACM. (4) Damaged or significantly damaged friable miscellaneous ACM. 2. Response Actions for Asbestos Containing Materials (§ 763.90): (1) Restrict Access (2) Repair & Maintain (3) Remove (4) Isolate (5) Enclose (6) Replace (7) Encapsulate (8) Operations and Maintenance

ARPA ASBESTOS HAZARD FORM • NC Department of Health and Human Services, Division of Public Health, Health Hazards Control Unit (3/2023) Page \_\_\_ of \_\_\_



# Mitigation/Abatement Rule Requirements

- **Inspect for Asbestos and LBP Hazards Using RTI Vendors**
- **All Hazards Require Restricting Access Until Abated or Interim Control Used**
- **Notifications Required 10 Calendar Days Before Disturbing Asbestos or LBP**
- **Use NC Accredited or Certified Asbestos/LBP Individuals**
- **Priority to Conduct Compliance Inspections by HHCU Inspectors**
- **Clearance Required**
- **Within 45 Days of Completing Inspection Notify HHCU of Any Identified Hazard**
- **Within 45 Days Following Abatement Submit Documentation to HHCU**

# Mitigation/Abatement Reimbursement Cont.

- **Hold Off Submitting a Reimbursement Packet Until the Work has Been Completed and Completely Paid for, Then Submit all Documentation for Reimbursement**
- **Use the Checklist on the Web Page as a Guide**
- **The Substitute W-9 Address Must Match the Remittance Address**
- **Check Math and Make Sure the Reimbursement Packet Agrees With the Submitted Documentation or Expect a Reduction in Reimbursement**

**Learn more about reimbursement and covered mitigation activities:**

1. Visit <https://www.ncdhhs.gov/divisions/public-health/asbestos-and-lead-based-paint-reimbursement-program-arpa>
2. Review the Frequency Asked Questions: <https://www.ncdhhs.gov/nc-arpa-frequently-asked-questions/download?attachment>
3. Contact us at [ARPA-Reimbursement@dhhs.nc.gov](mailto:ARPA-Reimbursement@dhhs.nc.gov)



# Questions?

Thank you for taking steps to protect children from lead and asbestos hazards across NC!

Visit our web page: <https://www.ncdhhs.gov/divisions/public-health/asbestos-and-lead-based-paint-reimbursement-program-arpa>

Read our FAQ: <https://www.ncdhhs.gov/nc-arpa-frequently-asked-questions/download?attachment>

Use the documents checklist: <https://www.ncdhhs.gov/nc-arpa-lead-based-paint-and-asbestos-reimbursement-documents-checklist/download?attachment>

Please submit any questions to: [ARPA-Reimbursement@dhhs.nc.gov](mailto:ARPA-Reimbursement@dhhs.nc.gov)  
or call us at (919) 707-5950.

