IOWA DEPARTMENT OF ECONOMIC DEVELOPMENT'S

Lead Based Paint Reimbursement Form

Please Read Carefully

In order to receive reimbursement you must supply a copy of:

1) Verification you passed your training (trainer usually supplies a completion certificate)
2) A Receipt showing you paid for your training
3) Your IA Department of Public Health Lead Professional Training Certification **Letter AND**

Reimbursement will be paid to one individual or contractor for the total amount.

Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Individual's SS#: _____ **Contractor FED ID#:** _____

What training course(s) are you asking reimbursement for?

_____ Sampling Technician/Lead Inspector Part I (20 hrs)
_____ Refresher Course Sampling Technician-Lead Inspector Part I (8 hrs)
_____ Lead Inspector/Risk Assessor Part II (20 hrs)
_____ Refresher Course Lead Inspector Part II (8 hrs)
_____ Lead Abatement Contractor Course (40 hrs)
_____ Lead Abatement Worker Course (24 hrs)
_____ Refresher Lead Abatement Worker & Contractor (8 hrs)
_____ Lead Abatement Worker to Contractor Upgrade Course (16 hrs)
_____ Reciprocal Course (8 hrs) (For a contractor from another state who has on 32 hrs initial training)
_____ XRF Training Course (4-8 hrs)
_____ Lead Safe Renovator Course (8 hrs)
_____ Refresher Course Lead Safe Renovator (4hrs)

(Individuals who have taken a LSWP Course, Lead Abatement Contractor, or Worker Course can take this 4 hr refresher and certify as a Lead Safe Renovator. People who are currently certified as an Abatement Worker or Abatement Contractor will need to take this 4 hr Refresher or the original 8 hr Abatement Refresher Course to be trained in Renovation but will not certify as a Renovator.)

Course Training/Registration Fee: $_____ Certificate Fee: $_____ 3rd Party Exam Fee: $_____

Travel Information: (*Travel not reimbursed when residence and training are located in same metro city*)

Departed from: _____ Traveled to: _____
City, State, Departure Time **City, State, Arrival Time**

Departed from: _____ Returned to: _____
City, State, Departure Time **City, State, Arrival Time**

Meals and Hotel Reimbursement: (need original receipts for all expenses)

Day:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date:							
Mileage							
Breakfast	$____	$____	$____	$____	$____	$____	$____
Lunch	$____	$____	$____	$____	$____	$____	$____
Dinner	$____	$____	$____	$____	$____	$____	$____
Lodging	$____	$____	$____	$____	$____	$____	$____

Reimbursement Rates Below. Original receipts required.
Meals:
Breakfast - $ 5.00 (depart before 6:00 AM)
Lunch - $ 8.00 (depart before 11:30 AM
Dinner $15.00 (return/arrive destination after 7:00 PM)
Meal receipts need to show menu items purchased.
Hotel: $ 56.00 (receipt must show **ZERO** balance at check out)

I CERTIFY REIMBURSEMENT ITEMS CLAIMED WERE FURNISHED REASONABLY, PROPER CORRECT FOR TRAINING UNDER THE LAW AND NO PART OF THIS CLAIM HAS BEEN REIMBURSED OR PAID BY THE STATE. I WILL MAKE MY SERVICES AVAILABLE FOR THE IA DISASTER RECOVERY.

Signed:_____ **Date:** _____

WEB SITE FOR IDED LEAD INFO: www.iowalifechanging.com/jumpstart/lead.aspx
IDED Phone: 515-725-3002

WEB SITE FOR IDPH: www.idph.state.ia.us/eh/lead_poisoning_prevention.asp#certification
IDPH Phone: 515-281-3479

Send Completed form to:
IDED 200 E. Grand Ave.
Des Moines, IA 50309
Phone: 515-725-3002
Attn: Carol Weber

This reimbursement program provided by the State of IA & HUD. State and Federal rule guidelines are subject to change without notice.

Revised 1-11