

**Green Retrofit Program  
PAE Payment Invoice (Asset-Specific)**

**Form 2.14A-GRP**

TO: OAHF PRESERVATION OFFICE, Attn. Debt Restructuring Specialist

DATE: \_\_\_\_\_

From: **PAE NAME**

SUBJECT: GREEN RETROFIT PROGRAM INVOICE

Instructions: For each asset, send a copy of this PAE Payment Invoice with an original signature to the OAHF Preservation Office for processing. No cover letter is required. Attach supporting documentation to each copy of this PAE Payment Invoice, including invoices for services and previously approved OAHF Waiver Forms (Form 2.15GRP) if applicable. Do not send invoices directly to OAHF Headquarters. (The OAHF Preservation Office will send the PAE Payment Invoice to OAHF Headquarters.)

**TO BE COMPLETED BY PAE:**

**A. PAE INFORMATION:**

INVOICE NUMBER	_____
PAE ADDRESS	_____
PAE'S TAX ID NUMBER	_____
PAE'S DUNS NUMBER	_____
PAE'S ABA NUMBER	_____
PAE'S BANK ACCOUNT NUMBER	_____
PRA CONTRACT NUMBER	_____

**B. ASSET INFORMATION:**

ASSET NAME	_____
REMS ID NUMBER	_____
FHA PROJECT NUMBER (if applicable)	_____

Is this the final invoice for this asset?

Yes

No

**C. PAYMENT REQUEST SUMMARY - Schedule A**

PAEs: Complete Columns (E) and (F) of attached Schedule A: 'All documents supporting the claims must be attached in the order of the item numbers appearing in Column (B) of the Schedule and marked to 'clearly correspond to the relevant item number. Claims in excess of the Maximum Amount, specified in Column (D), must be accompanied by a completed OAHF Waiver (Form 2.15GRP).

<b>FOR USE BY HUD</b>
LOCCS Invoice Number
LOCCS Schedule Number

**D. AUTHORIZING SIGNATURE FROM PAE:**

I hereby certify that the work covered by this voucher has been reviewed and has been acceptably completed and performed in accordance with the terms of the Portfolio Restructuring Agreement (PRA) executed between the Participating Administrative Entity (PAE) listed above and OAHP. I also certify that the PAE has actually submitted vouchers totaling \$ \_\_\_\_\_, i.e., amount previously paid by OAHP plus amount previously voucher by the PAE but not yet paid by OAHP, for work performed and reimbursable items for this asset as of \_\_\_\_\_ (date). No amounts are presently claimed or in dispute, except for \_\_\_\_\_, i.e., amount currently claimed plus disputed amount from prior voucher(s). I further certify that the third-party reimbursable items listed on Schedule A have been paid or will be paid within five (5) days of receipt of requisitioned funds. Also, I certify that the PAE retains the original invoices from each of its teaming partners, independent contractors and subcontractors, who performed work and for whom the PAE seeks payment by its submission to OAHP of this voucher. Further, the original invoices supporting this voucher are retained and available to OAHP, its successor agency, and designees, in accordance with the terms of the PRA, and more specifically Section 15.1.3, entitled "Retention of Records," and Section 16.4.3 entitled "Books and Records."

Signature	Name/Title	Date
_____	_____	_____

**WARNING:**

U.S. Criminal Code, Section 1010, Title 18, U.S.C., "Federal Housing Administration transactions," provides in part: "Whoever, for the purpose of... Influencing in any way the action of such Administration...makes, passes, utters, or publishes any statement, knowing the same to be false, ...shall be fined not more than \$5,000 or imprisoned not more than two years, or both."

**E. OAHP Preservation Office Certification:**

**FOR USE BY HUD**

I hereby certify that the work covered by this invoice has been reviewed and has been acceptably completed and performed in accordance with the terms of the portfolio Restructuring Agreement executed between the Participating Administrative Entity listed above and OAHP. I also certify that the amounts shown in Column (G) of Schedule A have been approved for payment in accordance with the provisions of the Portfolio Restructuring Agreement applicable to the asset. To the best of my knowledge, information and belief, the total sum listed in Column (G) is now payable and the information supplied by the Participating Administrative Entity is accurate.

Preservation Office Invoice Specialist	Name/Title	Date
_____	_____	_____

Preservation Director Signature	Name/Title	Date
_____	_____	_____

**Explanation of Disallowed Amount and Other Notes (attach additional sheets as necessary):**

FOR USE BY HUD	
<u>Date Originals sent to OAHP HQ</u>	<u>Date Originals received by OAHP HQ</u>
<u>Date Received by PO</u>	<u>Approval for HQ's Disallowances</u>

**REMS ID Number:** \_\_\_\_\_

**FHA Project Number:** \_\_\_\_\_  
(if applicable)

**Green Retrofit Program Form 2.14A-GRP**  
**PAE Payment Invoice (Asset-Specific) - Schedule A**

**PAE Instructions:** Complete Columns (E) and (F) for items that apply to your asset. All documentation supporting the claims must be attached in the order of the item numbers appearing in Column (B) and marked to clearly correspond to the relevant item number. Claims in excess of the maximum amount, or Column (D), or marked as requiring the approval of OAHF must be accompanied by a completed OAHF Waiver Form (Form 2.15GRP).

(A) Asset Designation/L OCCs Acct. Codes	(B) Item Number and Description	(C) Section of PRA	(D) Max Amount	(E) Total Amount Previously Paid to/ Invoiced by PAE**	(F) Current Amount Claimed by PAE	(G) Current Amount Approved by PO	(H) Column (F) - Column (G) (Difference)
<b><u>THIRD PARTY AND OTHER REIMBURSEMENTS</u></b>							
HGRP-0100	Green Physical Condition Assessment Reports	GRP Amendment	7,000*				
HGRP-0110	Energy Audit	GRP Amendment	3,000*				
HGRP-0120	IPM Report	GRP Amendment	2,000*				
HGRP-0130	Recording Costs	GRP Amendment	500*				
HGRP-0140	Title Bring-Down Expenses	GRP Amendment	300*				
HGRP-0150	Legal Counsel	GRP Amendment	3,000*				
HGRP-0160	Travel Related to GRP (Use Govt. Contract Expense Voucher) Trip 1 - limited to one person	GRP Amendment	1,200* based on location; at per diem rates				
HGRP-0170	Use of Other Subcontractors	GRP Amendment	150*				
HGRP-0180	Other: Describe -	GRP Amendment	Approval of OAHF required				
<b><u>BASE FEES</u></b>							
HGRP-0200	Initial Feasibility Assessment - Only paid if application rejected as result of IFA	GRP Amendment	300*				
HGRP-0210	After Plan Approval by Director	GRP Amendment	15,000*				
HGRP-0220	After Closing and Document Distribution	GRP Amendment	1,500*				
<b><u>INCENTIVE FEES</u></b>							
HGRP-0300	Completion of Due Diligence - w/in 50 days of Completion of Initial Feasibility Assessment	GRP Amendment	2,000*				
HGRP-0310	Closing w/in 110 days of PAE's Completion of Initial Feasibility Assessment	GRP Amendment	2,000*				

<b>TOTAL AMOUNT</b>	0	0		
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\*This maximum reimbursement amount may be waived upon PAE execution and OAHF acceptance of an OAHF Waiver Form (Form 2.15GRP) prior to invoicing. Previously-approved waivers must accompany each applicable invoice.

\*\* This column represents the amount previously paid and previously invoiced by the PAE, but not yet paid.

**REMS ID Number:** \_\_\_\_\_ 0 \_\_\_\_\_

**FHA Project Number:** \_\_\_\_\_ 0 \_\_\_\_\_  
 (if applicable)