

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
Division of Housing and Community Resources

Lead-Safe Home Remediation Pilot Grant Program

**Re-Work Approval Form**

Agency Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ File ID: \_\_\_\_\_

Address: \_\_\_\_\_ Year Built: \_\_\_\_\_

Date of Original Lead-Safe Remediation: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Original Lead-Safe Remediation Scope of Work:**

**Justification for Re-work:**

**Proposed Scope of Work:**

**Please attach the following document(s):**

- \_\_\_ Copy of Contractor Bids/Quotes
- \_\_\_ Copy of Lead Evaluation
- \_\_\_ Copy of Scope of Work
- \_\_\_ Copy of Cost Estimate

Agency signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR DCA USE ONLY:**

Monitor Review and Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OLIEC Supervisor Review:      \_\_\_ Denied      \_\_\_ Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_