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

Approval Form to Exceed Maximum Allowable Cost Per Unit Grant#1:_____ Grant#2:____ **Agency Name: Client Name:** _____ File ID: Address: **Year Built:** Date of Weatherization _____ Total Cost (\$): _____ Health & Safety(\$): Regular WAP (\$): **HIP(\$):** _____ HIP Health & Safety(\$): **WRF(\$)**: If this is a dual funded unit, over expenditure not allowed for regular WAP. Proposed Scope of Work & **Justification to Exceed Cost:** Grant 1 Total Cost: \$______ Grant 2 Total Cost: \$_____ Please note for a sole grant unit, if the total cost exceeds the ACPU + \$5,000 in Health and Safety and does not meet criteria for WRF the unit must be deferred. **Regular WAP State Monitor** OLIEC Regular WAP ACPU \$9,001 and Over **WAP Health & Safety** \$1,500 - \$3,500 \$3,501 - \$5,000 HIP ACPU__ \$9,001 and Over \$1,500 - \$3,500 **HIP Health & Safety** \$3,501 - \$5,000 **Health & Safety Dual Funding** \$3,500 - \$5,000 \$5,001 - \$7,000 Weatherization Readiness Fund (WRF) \$1 - \$10,000 \$10,001 and Over Please attach the following document(s): ☐ Copy of Contractor Bids □Energy Audit with Library (if applicable) *ACPU - Average Cost Per Unit, please refer to your grant agreement for the respective program year **DCA USE ONLY:** Monitor Signature: ☐ Approved ☐ Denied Expenditure

☐ Approved ☐ Denied Date:

WAP Chapter 7 (6/25)

Review Date:

OLIEC Supervisor Signature:_____