

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

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**Approval Form to Exceed Maximum Allowable Cost Per Unit**

Agency Name: _____	Grant#: _____	Dual Funding Grant: _____
Client Name: _____		File ID: _____
Address: _____		Year Built: _____
Date of Weatherization: ____/____/____		Total Cost: \$ _____
<input type="checkbox"/> Regular WAP:     \$ _____	<input type="checkbox"/> Health & Safety:     \$ _____	
<input type="checkbox"/> HIP:                     \$ _____	<input type="checkbox"/> HIP Health & Safety:     \$ _____	

**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 that if the total cost exceeds ACPU + \$5,000 in Health and Safety, then the unit must be deferred.**

	<u>State Monitor</u>	<u>OLIEC</u>
<input type="checkbox"/> Regular WAP                     *	<input type="checkbox"/> ACPU \$ _____	<input type="checkbox"/> \$8,501 and over
<input type="checkbox"/> Health & Safety:                     *	<input type="checkbox"/> \$1,500-\$3,500	<input type="checkbox"/> \$3,501 - \$5,000
<input type="checkbox"/> HIP                                     *	<input type="checkbox"/> ACPU \$ _____	<input type="checkbox"/> \$8,501 and over
<input type="checkbox"/> HIP Health & Safety                     *	<input type="checkbox"/> \$1,500-\$3,500	<input type="checkbox"/> \$3,501 - \$5,000
<input type="checkbox"/> Health & Safety (Dual Funded)	<input type="checkbox"/> \$3,001-\$5,000	<input type="checkbox"/> \$5,000-\$7,000

**Please note that any dual funded unit requiring more than \$7,000 in Health and Safety costs for which the fuel source is gas or electric must be referred to the Comfort Partners/WAP Partnership. If the fuel source is oil, then the unit must be deferred.**

**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

<b>DCA USE ONLY:</b>	
<b>Monitor Signature:</b> _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Expenditure Review Date:</b> _____	
<b>OLIEC Supervisor Signature:</b> _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Date:</b> _____	