

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

Approval Form to Exceed Maximum Allowable Cost Per Unit

Agency Name: _____ Grant: _____

Client Name: _____ File ID: _____

Address: _____ Year Built: _____

Date of Weatherization: ____/____/____ Total Cost: \$ _____

Regular WAP: \$ _____ Health & Safety: \$ _____

HIP: \$ _____ HIP Health & Safety: \$ _____

Proposed Scope of Work & Justification to Exceed Cost:

Please note that if the total cost exceeds ACPU + \$3,500 in Health and Safety, then the unit must be deferred.

State Monitor

OLIEC

<input type="checkbox"/> Regular WAP	*	<input type="checkbox"/> ACPU \$ _____	<input type="checkbox"/> \$8,001 and over
<input type="checkbox"/> Health & Safety:		<input type="checkbox"/> \$1,500-\$2,500	<input type="checkbox"/> \$2,501 - \$3,500
<input type="checkbox"/> HIP	*	<input type="checkbox"/> ACPU \$ _____	<input type="checkbox"/> \$8,001 and over
<input type="checkbox"/> HIP Health & Safety		<input type="checkbox"/> \$1,500-\$2,500	<input type="checkbox"/> \$2,501 - \$3,500

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 Review Date: _____

OLIEC Supervisor Signature: _____ Approved Denied

Date: _____