

Weatherization Assistance Program | DOE's Wx Readiness Funds (WRF) | Project Approval Form WAP Provider: Client Last Name: HES Job #: Building Type: **Project Address:** Complete this Section to use WRF for non-vermiculite Home Repairs Is all of this home repair work on the "WRF Pre-Approved Home Repair Measure List"? C | Total Amount of the Home Repair A | Total Request **B** | Total Amount of this Request **Costs Covered by Any Other Funds** from DOE's WRF from VHR-Plus Funding (if any) (see grid below) \$ \$ \$ Our agency's leveraged and/or program income: \$ Our agency's funding secured from private funders, e.g., The other contributions being \$ private foundations, donors: made toward this home repair Our agency's funding secured from non-OEO work include: administered grants, e.g., USDA grants: A client contribution: -- Describe the scope of the home repair work below--Submitted by: Submission Date: Approval is required (a) when the WRF funded home repairs exceed \$3,700 in total or (b) for any \$ amount of work that is not included on the "WRF Pre-Approved Home Repair Measure List".



--Home Repair Approval Conditions (if any)--

Approved: Yes



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Complete this Section to use WRF for Vermiculite Remediation			
Type of Vermiculite Remediation Project:		OEO approval is required for all	
Name of Asbestos Contractor:		vermiculite projects	
A Total Request from DOE's WRF	B Total Amount of this Request from VHR-Plus Funding (if any)	C Total Amount of the Vermiculite Costs Covered by Any Other Funds (see grid below)	
\$	\$	\$	
WRF & VHR-Plus funding each have a standard cap of \$8k per job for vermiculite remediation. The other contributions being made toward this home repair work include: Requests for more than \$8,000.00 each from WRF & VHR-Plus funding require cost-matching from the program sources starred* in this grid.	Zonolite Trust Contribution:		\$
	Portion Charged to Regular Weatherization Job/ Grant Funding:		\$
	* Our agency's leveraged and/or program income:		\$
	* Our agency's funding secured from private funders, e.g., private foundations, donors:		\$
	* Our agency's funding secured from non-OEO administered grants, e.g., USDA grants:		\$
	A client contribution:		\$
Describe the scope of the project below Submitted by: Submission Date:			
Approval is required prior to commencement of any remediation services by an asbestos contractor. A signed copy of your agency's Vermiculite Waiver Form (Form 535) is required to secure approval.			
Approved: Yes / No	Date: Reviewer	r:	

