

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

Lead Assistance Programs

Approval Form to Exceed Maximum Allowable Cost Per Unit

Agency Name: _____

Lead Program and Program Year for Request: _____

Client Name: _____ File ID: _____

Address: _____ Year Built: _____

Date of Expected Lead Work: ____/____/____

Name of Awarded Contractor: _____

Is Temporary Relocation Needed? Yes No

Amount Exceeding Average Cost Per Unit (Total Cost – ACPU): \$ _____

Total Cost: \$ _____

Proposed Scope of Work & Justification to Exceed Cost:

Please attach the following document(s):

- Copy of Contractor Bids/Quotes Copy of Lead Evaluation
 Copy of Scope of Work

DCA USE ONLY:

Reviewed By:

Monitor Signature: _____

Date: _____

OLIEC Supervisor Signature: _____ Approved Denied

Date: _____