

Weatherization Readiness Funds Request

Please attach the following items

(Requests will **NOT** be approved without **ALL** supporting documentation)

Check box when complete

- Completed Request Form (page 2 of this document)
- Signed and completed Deferral Form
- Pictures - **Labeled and in color**
- Bids - **Minimum of 2 or documentation supporting sole-source**

Email completed requests to chris.bracy@hhs.iowa.gov and kurt.nicholson@hhs.iowa.gov

*****NOTE - Please use the following format in the Subject Line*****

Agency number, Agency name, WRF Request, Client last name - job number

ex: **02 HACAP WRF Request Smith-1234-5**

Weatherization Readiness Funds Request

Application for Readiness Funds

Iowa Weatherization Program

Agency <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
Contact Person <input style="width: 90%;" type="text"/>	Phone <input style="width: 90%;" type="text"/>

Client Name <input style="width: 90%;" type="text"/>	File # <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	City, Zip <input style="width: 90%;" type="text"/>
Phone <input style="width: 90%;" type="text"/>	Ownership Owner Rental
Housing Type: _____ Year Built: _____	

This form is to be used to request approval to use DOE Readiness funds to provide necessary repairs to avoid weatherization deferrals. Only homes that will receive complete weatherization services are eligible for this project.

Funds are restricted to a maximum of **\$20,000** per home. Any additional expenses above this limit must be paid from other sources such as HUD, FmHA, housing trust funds, client or landlord contribution, etc.

Provide reason for deferral and description of work to be completed: (add additional page if necessary)

Total Amount of Lowest and Best Bid(s) Selected:	\$ <input style="width: 90%;" type="text"/>
<i>Less other sources of funds (list)</i>	<i>(Enter numbers below as a negative)</i>
	\$
	\$
	\$
	\$
Total Readiness funds Requested	\$ <input style="width: 90%;" type="text"/>

Contractor(s) providing Readiness work as part of the total bid:	Minority/Woman/ Veteran-owned?
1) _____	Yes No
2) _____	Yes No
3) _____	Yes No

Email completed form to Chris.Bracy@iowa.gov and Kurt.Nicholson@hhs.iowa.gov for approval.

HHS Review

Approved: Yes No

Reviewed by: Date

Comments: