\$12,000 Expenditure Limit Waiver Request

Iowa Weatherization Assistance Program (WAP) prior approval is required when estimated labor and material costs of ALL measures will be more than \$12,000.

Agency Name: Agency Contact Person:		Date: Phone Number:		
Client Name:		File Number:		
Address:		City, Zip:		
Phone Number:		_SIR:		
Total Estimated Costs:				
Insulation (attic, walls, foundation, bandjoists, etc.) Infiltration (weatherstrip, caulk, liquid foam, etc.) Air Sealing (rigid foam, bypass sealing materials, etc.) Heating System Water Heater Furnace and Water Heater Venting Misc. Health & Safety Refrigerator Freezer General Health & Safety Repair (refer to limit) Incidental Repair (refer to limit) Ventilation (duct, termination, wiring of fan, etc.) Other TOTAL:	Material Cost:	Labor Cost:	Total Cost:	
List all funds and dollar amounts to be used:				
HEAPE	ECIP		OTHER	
	LITY		(specify)	
CLIENT		Total of all Funding:		
Provide an explanation for the If costs are shown in the OTHER H INCIDENTAL REPAIR Approval with the second	EALTH & SAFETY	, GENERAL HEALT ory, describe what is	H & SAFETY REPAIR,	
Iowa WAP REVIEW Iowa WAP Approval: Yes No				
Reviewed By:			Date:	
Notes:				
			Revised 0	9/24/2024

Misc. Health & Safety

Comment: Health & Safety measures not included in the other Health & Safety categories must be included here.

Incidental Repair Costs

Comment: All repair measures not listed as General Health & Safety must be included here.

Ventilation

Comment: This includes:

- * Duct to vent outside
 - * Termination
 - * Duct for existing fans as well as termination for existing fans
 - * Insulation for duct
 - * Wiring for the fan
 - * Fan switches
 - * Etc.

Total Cost

Comment: This total should equal the total dollar amount of all funds to be used. (Equals the Total Estimated Cost)

Total of all Funding

Comment: This total should equal the total estimated Material + Labor cost above.

- Includes ECIP