



**WRF Pre-Approval Request & Review Form**

**Instructions:** Complete and submit this form through Hancock to obtain approval for all proposed uses of WRF. WRF will be approved only for deferral-level barriers that prevent weatherization and are not appropriate for resolution under standard WAP Health & Safety (H&S) funding. For guidance, refer to the CT WAP WRF Guidelines, CT WAP Operations Manual, H&S State Plan, and WRF State Plan.

**SECTION 1: Client/Job Information**

WAP Agency:		Agency Job Number:			
<input type="text"/>		<input type="text"/>			
Client Name:	Owner	Renter			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Building Address:	City:	State:	ZIP Code:		
<input type="text"/>					
Building Owner's Name:					
<input type="text"/>					
Owner's Authorized Representative (If building contains rental Units):					
<input type="text"/>					
Number of Units:			Pre-1978 Home:		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> over 4 _____ Total	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Housing Type:					
<input type="checkbox"/> Conventional Construction					
<input type="checkbox"/> Manufactured Home		<input type="checkbox"/> Group Home/Shelter Primary			
Fuel Type:					
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Solid Fuel	<input type="checkbox"/> Other



**SECTION 2: Barrier Identification (Check All That Apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Roof Repair   | <input type="checkbox"/> Foundation/Surface Repair | <input type="checkbox"/> Lead Paint                    |
| <input type="checkbox"/> Wall Repair   | <input type="checkbox"/> Exterior Drainage Repair  | <input type="checkbox"/> Asbestos                      |
| <input type="checkbox"/> Ceiling Repair                                      | <input type="checkbox"/> Plumbing Repair           | <input type="checkbox"/> Mold and/or Moisture          |
| <input type="checkbox"/> Floor Repair  | <input type="checkbox"/> Electrical Repair         | <input type="checkbox"/> Other (add description below) |
| <input type="checkbox"/> Clean-up or Remediation beyond Typical Scope of WAP |  |  |

Detailed Description of Conditions:



**SECTION 3: Deferral-Level Determination (Required):**

The condition(s) described above would cause the unit to be **deferred from weatherization** if not addressed.

Deferral Explanation (condition-based; not budget-based):
Empty space for deferral explanation

**Affected Areas (Check all that apply):**

- Attic/Kneewall
- Crawlspace
- Walls
- Mechanical Area

- Living Space
- Basement
- Garage
- Other: \_\_\_\_\_

- Bathroom
- Kitchen



**SECTION 4: H&S vs. WRF Determination (Required)**

- The proposed work **exceeds normal WAP Health & Safety scope** due to severity, extent, or nature of the condition.
- The issue is **not appropriate for resolution under standard H&S funding.**

Justification on why H&S is not appropriate:

- The proposed use of WRF is **not related to H&S budget limitations, caps, or allocation levels.**

**SECTION 5: Limited Scope of Work (Readiness Only)**

Describe the minimum work necessary to remove the barrier and make the unit weatherization-ready:

- Scope is limited to readiness and does not include general rehabilitation, cosmetic upgrades, or routine H&S measures



**SECTION 6: Cost & Contractor Information**

Estimated Total WRF Cost: \$ \_\_\_\_\_

Contractor (s) / Vendor (s) Name (s): \_\_\_\_\_  
\_\_\_\_\_

**SECTION 7: Weatherization Commitment (Required)**

- The unit will proceed through the standard DOE Weatherization Assistance Program following completion of WRF-funded work.
- A final Quality Control Inspection (QCI) will be completed, and the unit will be reported as a DOE-completed weatherization unit.

**SECTION 8: Attachments Checklist**

- |  |  |
|--|--|
| NEAT Data Collections Sheet            | Auditor Notes                                |
| NEAT Recommended Measures Report (RMR) | WRF Proposed Scope of Work and Cost Estimate |
| NEAT Work Orders                       | Deferral or Near-Deferral Documentation      |
| Photo Documenting Condition(s)         |  |

**SECTION 9: Subgrantee Certification**

I certify that the information provided is accurate and that the proposed use of WRF complies with DOE WAP requirements. I understand that WRF may not be used as a substitute for H&S funding or due to budget limitations. Further, I understand that WRF expenditures that do not align with CT and DOE WAP requirements may result in disallowed costs.

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**SECTION 10: Grante / State Review & Determination (To Be Completed By Reviewer)**

**WRF Pre-Approval Decision:**

- Approved
- Approved with Conditions (describe in the "Reviewer Comments" box below)
- Denied (provide justification in the "Reviewer Comments" box below)

Reviewer Comments:

Reviewer Name/Title:

Signature:

Date: