**Crumbling Foundations Application Instructions**

This application is intended to request reimbursement for monies spent on visual and\or test samplings relating to the damaging effects of pyrrhotite on concrete home foundations.

**Please remember, this is a reimbursement program, so monies have to be expended first and evidence of expenditures must be submitted with the application. Applicants cannot prospectively request reimbursement for costs.**

**All applications must be accompanied by:**

* Proof of Home Ownership - Condos: proof of foundation ownership - usually the association declaration - *(Examples of homeownership include mortgage statements, tax bills, copies of deeds, etc.)*
* Testing and\or Visual Inspection Report and Results
* Pictures of Foundation Damage *(If not in Report)*
* Invoice or other Documentation of Costs *(Such as a cancelled check)*
* Dated Records of House Addition (*If applicable)*
* List of Other Units that Share Foundation *(For Condos)*
* Commonwealth Standard Contract Form *(Needed for the Commonwealth to process payment)*
* W-9 Form *(For tax purposes)*
* Electronic Fund Transfer Form *(EFT)*

**Completed applications and support material shall be returned to the:**

Office of Public Safety & Inspections, Crumbling Foundations

1000 Washington Street, Suite 710

Boston, MA 02118

Questions may be directed to [Robert.Anderson@mass.gov](mailto:Robert.Anderson@mass.gov)

**Eligibility requirements:**

* Legislation was recently revised, removing distance and time-built requirements that appear in the original bill’s text, allowing any homeowner in the commonwealth to apply for reimbursement, regardless of the home’s location or when constructed.

**Please note that applications may only be approved for reimbursement up to the following amounts:**

* 100% for visual testing conducted by a licensed professional engineer up to $400 maximum.
* 75% for testing of two core samples up to $5000 maximum.

An application and associated required forms are provided below; information in the text box below may be helpful when completing the forms. Additional information, in the form of an article titled ***Effects of Pyrrhotite on Home* Concrete Foundations**, is also provided towards the end of this document. Again, please feel free to send a message to [Robert.Anderson@mass.gov](mailto:Robert.Anderson@mass.gov) if something remains unclear.

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| Complete *required information* on the Commonwealth Standard Contract Form *(****The applicant*** *needs to remember that he\she is considered the contractor for filing this form and therefore needs only to complete the top, left portion of the form, sign and date.)* Dates in the body of the contract indicating start\stop times will be completed by OPSI upon receipt of completed application. | *Fully* complete the Electronic Fund Transfer Form *(EFT) (In this instance,* ***the applicant*** *is considered the vendor and needs to complete all parts with the exception of old banking information.  Also, the applicant needs to remember to provide a* ***voided check*** *so that reimbursement monies are deposited in the correct account.  The Tax Identification Number (TIN) is the applicant’s social security number.  The form also provides further instruction as to what is required for each part.)* |
| *Fully* complete the W-9 Form. | Finally, applicants must remember to present evidence of payment for inspections made and\or core samples tested in the form of a cancelled check, credit card statement or similar evidence, not just an invoice marked *paid*. |

**Crumbling Foundations Application**

**REQUIRED INFORMATION IS HIGHLIGHTED**

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| **First and Last Name** | **Phone Number** | | **E-mail** | | |
| **Address of Testing Site** | | **City/Town** | | **Zip Code** | |
| **Mailing Address** □ Same as Above | | **City/Town** | **State** | **Zip Code** | |
| **Type of Property**  □ Residential □ Condo □ House Addition | | **Year Built** | **Year Addition Built** | | |
| **Type of Foundation Test**  □ Visual □ Core Test | **Date Test Conducted** | **Total Invoice Amount** | | | **Number of Cores** |
| **Company/Engineer Name** | **Phone Number** | **E-mail** | | | **License Number**  *(If available)* |
| Did your foundation test positive for pyrrhotite? **□ YES □ NO □ I don’t know**  Damage Level (*If given*)  **□ No Visible Damage □ Minor Degradation □ Minor to Moderate Degradation**  **□ Moderate to Severe Degradation □ Severe Degradation □ I don’t know** | | | | | |
| Where is the location of the damage?  **□ Concrete Floors Only □ Concrete Wall Only □ Floors and Walls □ I don’t know** | | | | | |
| Does your house have any of the following characteristics? (*Check all that you know, skip if you don’t* know.)  **□ Waterproofing on the exterior of the basement □ Routine use of dehumidifier in the basement**  **□ Waterproofing in the interior walls □ Gutters**  **□ Finished Basement or partially finished □ Damage was in the partially finished portion** | | | | | |

**Please enclose the following to complete your application:**

**□ Proof of Home Ownership (Condos: proof of foundation ownership - usually the association declaration)** *(Examples of homeownership include mortgage statements, tax bills, copies of deeds, etc.)*

**□ Testing / Visual Inspection Report / Results**

**□ Pictures of Foundation Damage** *(If not in Report)*

**□ Invoice or other Documentation of Costs** *(Such as a cancelled check)*

**□ Dated Records of House Addition (***If applicable)*

**□ List of Other Units that Share Foundation** *(For Condos)*

**□ Commonwealth Standard Contract Form** *(Needed for the Commonwealth to process payment)*

**□ W-9 Form** *(For Tax Purposes)*

**□ Electronic Funds Transfer Form** *(EFT)*

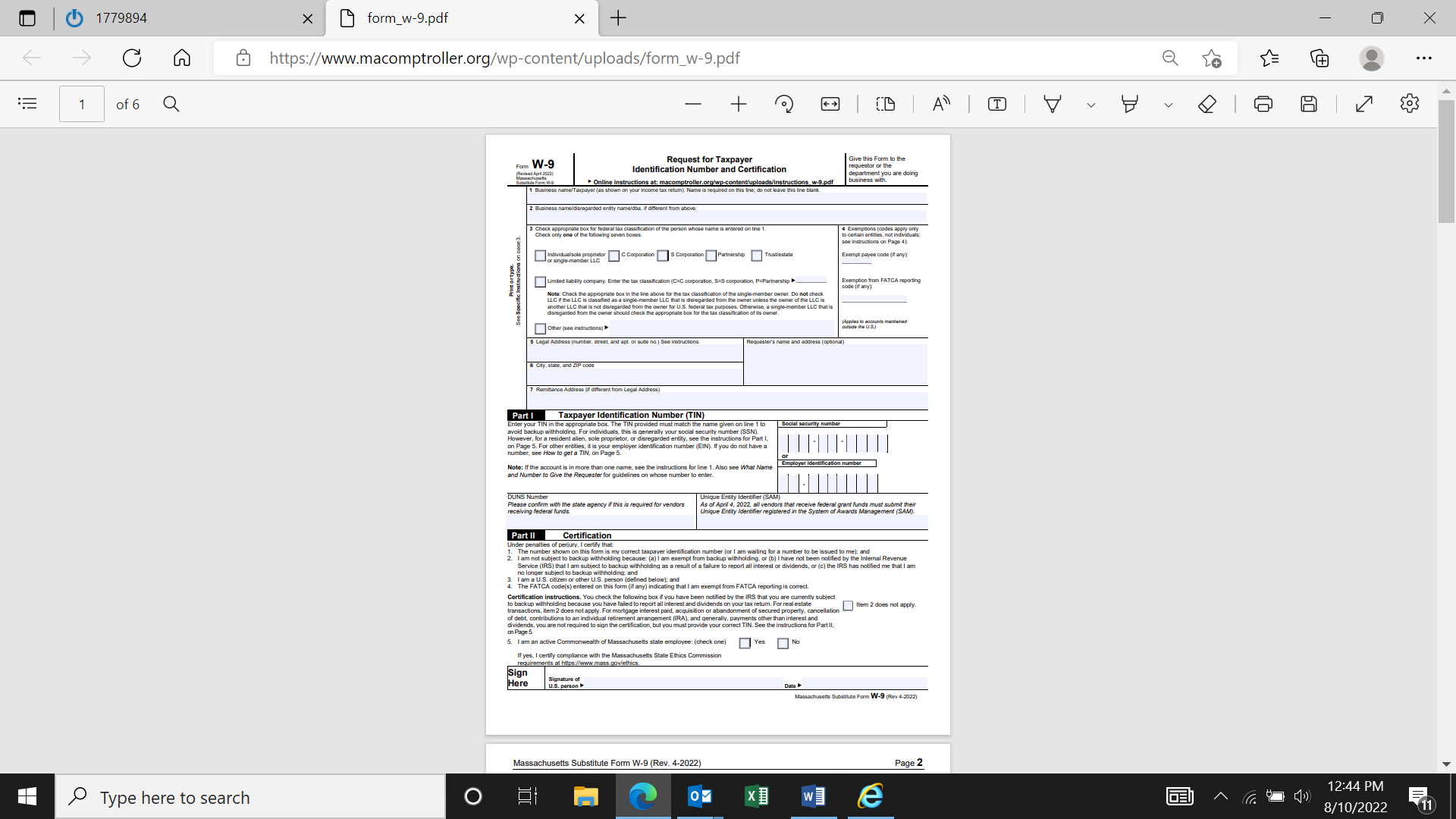
**I certify that the information entered above is complete and accurate.**

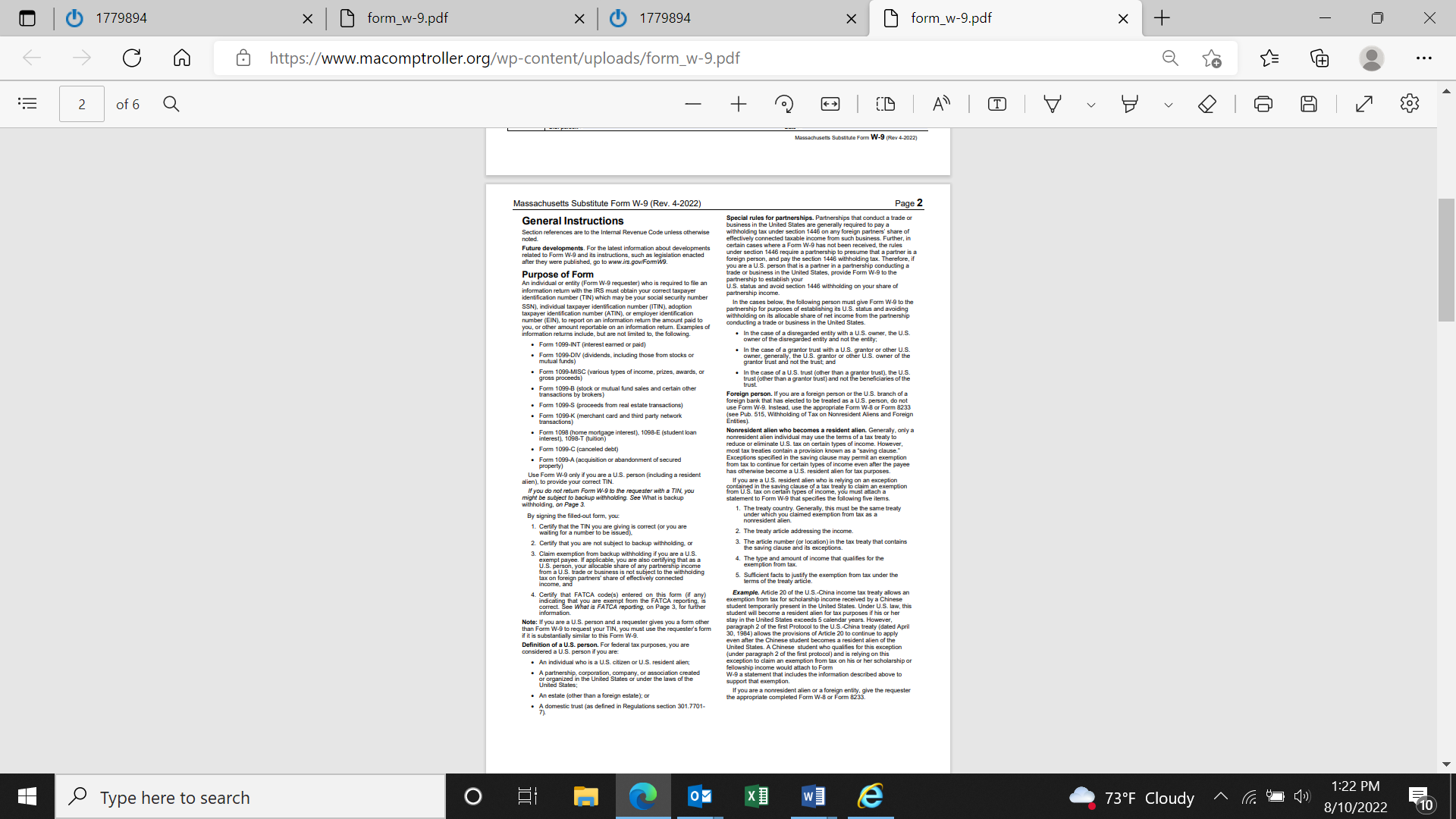
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| **Signature**  **Mail applications to:**  Office of Public Safety & Inspections, Crumbling Foundations  1000 Washington Street, Boston, MA Suite 710, Boston, MA 02118  Question may be directed to [Robert.Anderson@mass.gov](mailto:Robert.Anderson@mass.gov). |  | **Date** |

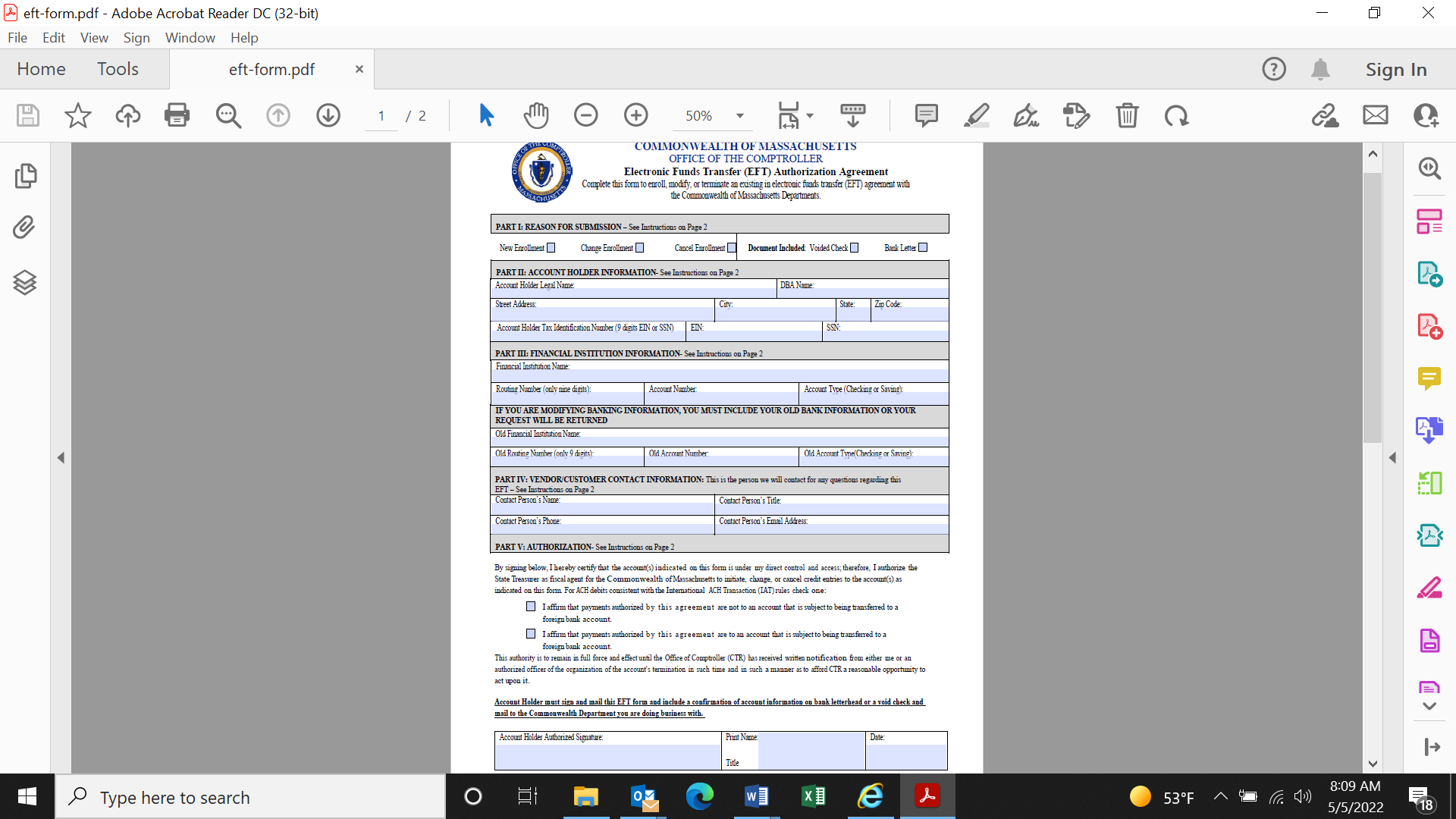
COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

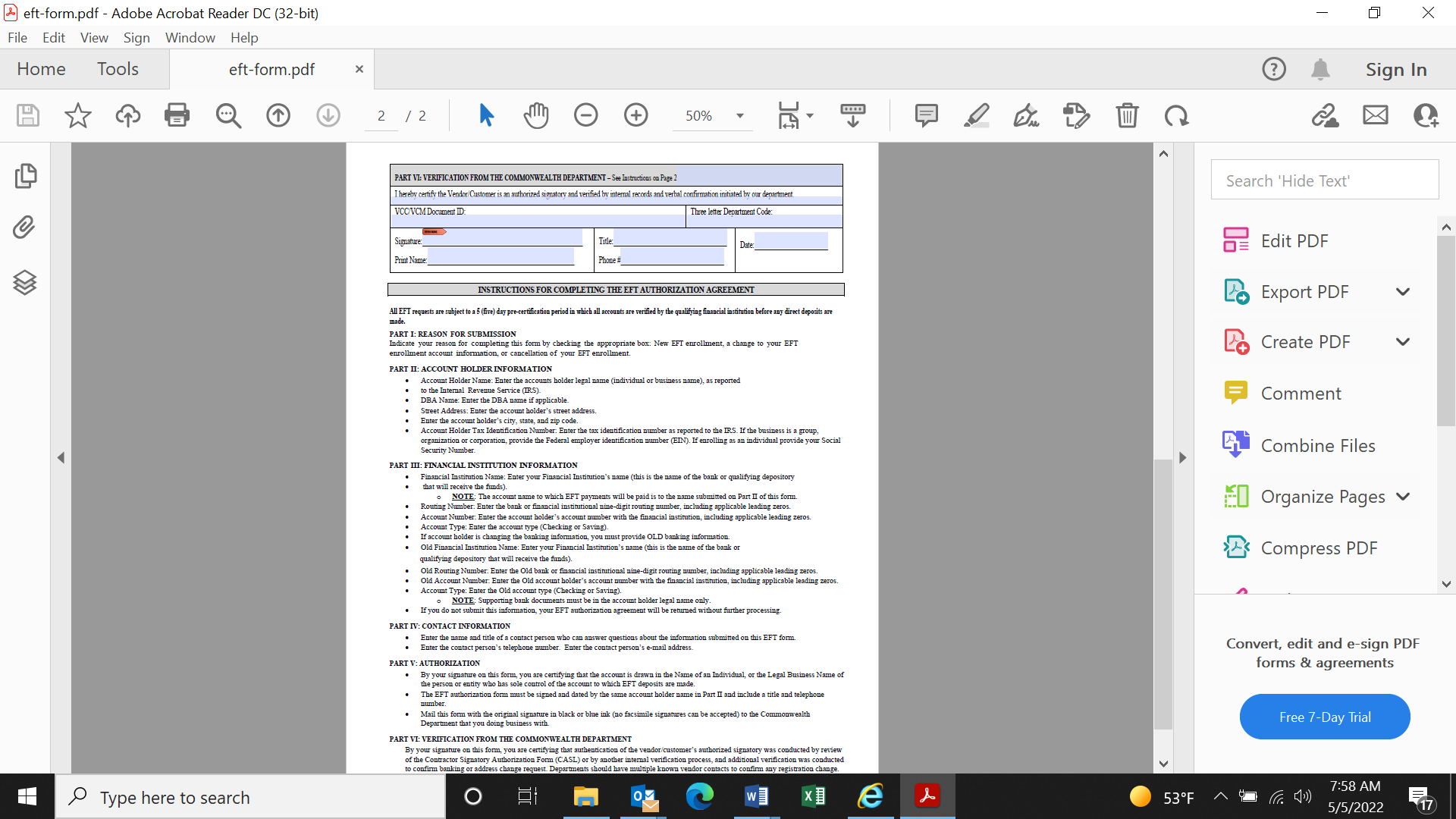
This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [**Standard Contract Form Instructions and Contractor Certifications**](http://www.macomptroller.info/comptroller/docs/forms/contracts/StandardContractForm_Instructions.pdf)**,** the [**Commonwealth Terms and Conditions for Human and Social Services**](http://www.macomptroller.info/comptroller/docs/forms/contracts/CommonwealthTermsAndConditionsForHumanAndSocialServices.pdf)or the [**Commonwealth IT Terms and Conditions**](http://www.macomptroller.info/comptroller/docs/TermsandConditions/IT%20Terms%20and%20Conditions.pdf) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <https://www.macomptroller.org/forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

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| **CONTRACTOR LEGAL NAME:**  **(and d/b/a):** | | | **COMMONWEALTH DEPARTMENT NAME: Division of Professional Licensure**  **MMARS Department Code: REG** | |
| **Legal Address: (W-9, W-4):** | | | **Business Mailing Address: 1000 Washington St., Ste. 710 Boston, MA 02118** | |
| **Contract Manager: N/A** | **Phone:** | | **Billing Address (if different): Same as above** | |
| **E-Mail:** | **Fax:** | | **Contract Manager: Robert Anderson** | **Phone: 617-826-5268** |
| **Contractor Vendor Code: VC** | | **E-Mail: Robert.Anderson@mass.gov** | | **Fax:** |
| **Vendor Code Address ID (e.g. “AD001”): AD 001 .**  **(Note: The Address ID must be set up for EFT payments.)** | | **MMARS Doc ID(s): CT REG 1000 2021REGDPSR14OPEN** | | |
| **RFR/Procurement or Other ID Number: N/A - Legislative** | | |
| **\_X\_** **NEW CONTRACT**  **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)**  **\_\_** **Statewide Contract** (OSD or an OSD-designated Department)  **\_\_ Collective Purchase** (Attach OSD approval, scope, budget)  **\_\_ Department Procurement** (includes all Grants - [815 CMR 2.00](https://www.mass.gov/law-library/815-cmr)) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  **\_\_ Emergency Contract** (Attach justification for emergency, scope, budget)  **\_\_ Contract Employee** (Attach Employment Status Form, scope, budget)  **\_X** **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget) | | **\_\_\_ CONTRACT AMENDMENT**  Enter **Current Contract End Date** ***Prior*** to Amendment:  **, 20 .**  Enter **Amendment Amount**: $ . (or “no change”)  **AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)**  **\_\_** **Amendment to Date, Scope or Budget** (Attach updated scope and budget)  **\_\_ Interim Contract** (Attach justification for Interim Contract and updated scope/budget)  **\_\_ Contract Employee** (Attach any updates to scope or budget)  **\_\_** **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget) | | |
| **The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding:** (Check ONE option): \_X\_ [Commonwealth Terms and Conditions](http://www.macomptroller.info/comptroller/docs/forms/contracts/CommonwealthTermsAndConditions.pdf) \_\_ [Commonwealth Terms and Conditions For Human and Social Services](http://www.macomptroller.info/comptroller/docs/forms/contracts/CommonwealthTermsAndConditionsForHumanAndSocialServices.pdf) \_\_ [Commonwealth IT Terms and Conditions](http://www.macomptroller.info/comptroller/docs/TermsandConditions/IT%20Terms%20and%20Conditions.pdf) | | | | |
| **COMPENSATION:** (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under [815 CMR 9.00](https://www.mass.gov/law-library/815-cmr).  **\_X\_ Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  **\_\_** **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ . | | | | |
| **PROMPT PAYMENT DISCOUNTS (PPD):** Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days **\_\_**% PPD; Payment issued within 15 days **\_\_** % PPD; Payment issued within 20 days **\_\_** % PPD; Payment issued within 30 days **\_\_**% PPD. If PPD percentages are left blank, identify reason: **\_\_**agree to standard 45 day cycle **\_\_** statutory/legal or Ready Payments ([M.G.L. c. 29, § 23A](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleIII/Chapter29/Section23A)); **\_\_** only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) | | | | |
| **BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:** (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) **Reimbursement of costs to homeowners associated with implementation of testing for the presence of Pyrrhotite in the foundation of their home.** | | | | |
| **ANTICIPATED START DATE:** (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  **\_\_** 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.  **\_\_** 2. may be incurred as of June 30 , 202\_\_, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  \_X 3. were incurred as of July 1, 202, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. | | | | |
| **CONTRACT END DATE**: Contract performance shall terminate as of  **June 30 , 202 ,** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. | | | | |
| **CERTIFICATIONS:** Notwithstanding verbal or other representations by the parties, the **“****Effective Date”** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor’s Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor’s Response only if made using the process outlined in [801 CMR 21.07](https://www.mass.gov/law-library/801-cmr), incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. | | | | |
| **AUTHORIZING SIGNATURE FOR THE CONTRACTOR:**  **X: . Date: .**  **(Signature and Date Must Be Handwritten At Time of Signature)**  **Print Name: .**  **Print Title: N/A .** | | AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: **X: . Date: .**  **(Signature and Date Must Be Handwritten At Time of Signature)**  **Print Name: Sarah R. Wilkinson .**  **Print Title: Commissioner .** | | |









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| |  | | --- | | **Commonwealth of Massachusetts**  **Division of Professional Licensure**  **Office of Public Safety & Inspections**  1000 Washington Street, Suite 710- Boston MA 02118 |      |  | | --- | | ***Effects of Pyrrhotite on***  ***Home* Concrete Foundations** | | |
|  | |  |  | | --- | --- | | |  | | --- | | **BACKGROUND**  Pyrrhotite is an iron sulfide mineral that has been found in at least one quarry in northeastern Connecticut. Over the years, materials extracted from this quarry have been used in concrete mixtures and the concrete has been used in varied construction projects in\around Connecticut and central Massachusetts regions. Pyrrhotite that is exposed to oxygen and water may react and cause severe swelling and cracking. As the concrete continues to deteriorate, concrete foundations may become structurally unsound.    The cracking is not normal settling or shrinkage and it may take 15 - 20 years for the pyrrhotite damage to appear. Cracks are typically horizontal, on a 45° angle, or appear in a spider pattern. A white powdery substance may be noticeable in\around the cracks, brown stains or drips that resemble rust may also be evident.  (See **Image 1** below.)    https://mlsvc01-prod.s3.amazonaws.com/635bdd6b001/3e414412-5c38-4cd4-8726-0a6daac38d1a.jpghttps://mlsvc01-prod.s3.amazonaws.com/635bdd6b001/4c9b2172-b730-4f1d-a382-fe29be06da1b.jpg    **Image 1**  Many Connecticut residents have experienced the effects of pyrrhotite damage to foundations.  Some Massachusetts residents are seeing or suspecting damage due to pyrrhotite as well. Concrete mix originating from a batching plant located in Stafford Connecticut used in structures circa 1983 through 2015 are of greatest concern. Concrete trucks generally only travel about 50 miles beyond the plant location before the concrete begins to harden.  Damage caused by pyrrhotite is irreversible. The most effective repair is to replace the existing foundation with a new one that does not contain pyrrhotite. The cost to replace a foundation can vary greatly based on multiple factors, but estimates range between $150,000 and $250,000 per home.  **What can be done?**  The first thing to do is determine whether or not there is reason to be concerned. Concrete may and does crack for a number of reasons, settling, excess moisture content, etc., so just because there are cracks in a foundations does not necessarily mean it is due to the presence of pyrrhotite. A few things should be considered:   * Is the structure located within 50 miles of the J.J. Mottes Plant, 10 Meadow Lane, Stafford Springs Connecticut? * Was the structure built between 1983 and 2015? * Is there visible cracking beyond the norm?   **If the answer is yes to one or more of these questions, there may be reason for concern and further investigation should be done.**  **Visual Inspection and Core Sampling.**  First, a visual inspection should be done by a qualified person and findings should be memorialized in a report. If the inspection concludes that there is no evidence of pyrrhotite damage, nothing further is required.  Continued cracking should be monitored since, as mentioned earlier, pyrrhotite damage may take years to become evident.    Next, if a visual inspection is inconclusive or the inspection reports evidence of pyrrhotite damage, a core sample should be taken and tested for more definite results.    **Who is considered qualified to perform visual inspection**  **and report finding?**  A Massachusetts licensed:   * Engineer; * Architect; * Construction Supervisor; or * Certified Building Code Enforcement Official are all considered qualified for such work.   **Are engineers, architects, construction supervisor, or building officials licensed in Connecticut considered qualified to perform inspections?**  Certainly each of these individuals, by education and\or experience, may be consider qualified. However, Massachusetts law requires such individuals to be licensed in the Commonwealth.    Many engineers and\or architects (collectively referred to as Registered Design Professionals or RDPs) are licensed in multiple states. If you are interested in using an out-of-state RDP to perform an inspection, please be sure that they are appropriately licensed in the Commonwealth. Licenses may be checked @    [https://www.mass.gov/how-to/check-a-professional-license](https://urldefense.proofpoint.com/v2/url?u=http-3A__r20.rs6.net_tn.jsp-3Ft-3Diah8lw5ab.0.0.wjn8n8cab.0-26id-3Dpreview-26r-3D3-26p-3Dhttps-253A-252F-252Fwww.mass.gov-252Fhow-2Dto-252Fcheck-2Da-2Dprofessional-2Dlicense&d=DwMFaQ&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=FvB0AlpVWeP2qspWCRC3eTyxjTuZykqsCorHLJFb_0Q&m=zd5K-Ni7OnlWsaUo3eRolYloOWc4Llp0Yt17DyApPSc&s=EhfOWqq8QflexeLI0sxeMq0wlU8Dqj7ARgLFNnQd5yQ&e=)    **Are reciprocal\comity or temporary licenses available through the Commonwealth to out-of-state RDPs?**  **Yes.** Recognizing the unique situation related to the effects of pyrrhotite, the Commonwealth's Division of Professional Licensure (DPL) has established an expedited approval process for applicants.    Out-of-state RDPs who wish to apply to the Commonwealth should start by emailing the Licensing Board directly at [engineerboard@mass.gov](mailto:engineerboard@mass.gov) or by calling the Board at (617) 727-9957.    Additionally, an applicant who submits a complete application to the Board will be granted a temporary permit.  This permit, which is valid as long as a complete application is pending before the Board, allows an applicant to legally work in Massachusetts using the seal of his/her home state of licensure. Please ask the Board for more information.    If preferred, an out of state RDP can also qualify by working under the license of a Massachusetts licensee without having to obtain a temporary permit.    **Is assistance available for homeowners affected by this issue?**  **Yes.** The Massachusetts legislature has established a reimbursement fund to help assist with visual inspection and\or core sampling costs.    **How can I apply for assistance?**  Download an application @    [Frequently Asked Questions and Forms (BBRS) | Mass.gov](https://www.mass.gov/info-details/frequently-asked-questions-and-forms-bbrs)    **All applications must be accompanied by:**   * **Proof of Home Ownership** (For Condos: proof of foundation ownership - usually the association declaration - Examples of homeownership include mortgage statements, tax bills, copies of deeds, etc.). * **Testing and\or Visual Inspection Report and Results.** * **Pictures of Foundation Damage** (If not in Report). * **Invoice or other Documentation of Costs** (Such as a cancelled check). * **Dated Records of House Addition** (If applicable). * **List of Other Units that Share Foundation** (For Condos)***.*** * **Commonwealth Standard Contract Form** *(Needed for the Commonwealth to process payment).* * **W-9 Form** *(For tax purposes)* * **Electronic Fund Transfer Form** *(EFT)*   **Completed applications and support material shall be returned to:**  Office of Public Safety & Inspections, Crumbling Foundations  1000 Washington Street, Suite 710, Boston, MA 02118  Questions directed to [Robert.Anderson@mass.gov](mailto:Robert.Anderson@mass.gov).  **Are there other eligibility requirements to be considered?**   * **No.** Legislation was recently revised, removing distance and time-built requirements that appear in the original bill’s text, allowing any homeowner in the commonwealth to apply for reimbursement, regardless of the home’s location or when constructed.   **How are applications approved and what benefits may I expect?**  Applications are reviewed for completeness.  If approved, applicants will be reimbursed at a rate of:   * 100% for visual testing conducted by a licensed professional engineer up to $400 maximum; and * 75% for the testing of two core samples up to $5000 maximum.   **Please remember, this is a reimbursement program, so monies have to be expended first and evidence of expenditures must be submitted with the applications. Applicants cannot prospectively request reimbursement for costs.**    **Who is considered eligible to draw core samples?**  No specific license is required to draw concrete core samples from home foundations, but specialized tools and knowledge are essential. The best way to find qualified companies is to perform a web search of ***concrete core sampling in Massachusetts***; numerous results will appear. Caution should be exercised to be sure that the company and its personnel are reputable and reliable.    **Where can core samples be tested?**  Testing for the presence of pyrrhotite is specialized. Again, a web search for **concrete testing laboratories in Massachusetts** will reveal several results, but Massachusetts laboratories may not be equipped to perform necessary tests. Since no special license is required for pyrrhotite testing in Massachusetts, you may wish to consult a list of available vendors in Connecticut @    [**http://crcog.org/concrete-vendors/**](http://crcog.org/concrete-vendors/)    **What about business owners who suspect that pyrrhotite may be causing damage to their commercial business buildings? Are they eligible to apply for expended testing costs?**  **No**, not at this time.    **What if I find out that there is significant damage to my foundation requiring replacement, is there additional monetary assistance available?**    At this time, the answer is **no**. However, pyrrhotite damage to home foundations is a relatively new issue in Massachusetts. Depending on the extent of damage and number of homes involved, further assistance may be available in the future. | | | |  | | --- | |  | | |