Crumbling Foundations Application Instructions

This application is intended to request reimbursement for monies spent on visual and/or sampling tests 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:
Office of Public Safety & Inspections, Crumbling Foundations
1000 Washington Street, Suite 710
Boston, MA 02118

Questions may be directed to Robert.Anderson@mass.gov.

Eligibility requirements:

- The Home must have been constructed on or after 1983 up to 2015. If the home was built before 1983, but there is an addition that was built after 1983, the addition is eligible for consideration under the program. The homeowner must supply proof that the addition was built during or after 1983 (building permit, certificate of occupancy or other similar documentation).
- The home must be located within a 20-mile radius of the 10 Meadow Lane Concrete Batching Plant in Stafford Springs Connecticut.

Please note that application may only be approved for reimbursement up to the following levels:

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

Please see addition information regarding the effects of pyrhotite on concrete at the tail-end of this document.

Thank you.
# Crumbling Foundations Application

**REQUIRED INFORMATION IS HIGHLIGHTED**

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Testing Site</th>
<th>City/Town</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Same as Above</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Property</th>
<th>Year Built</th>
<th>Year Addition Built</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>House Addition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Foundation Test</th>
<th>Date Test Conducted</th>
<th>Total Invoice Amount</th>
<th>Number of Cores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Test</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company/Engineer Name</th>
<th>Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Damage Level (If given)</th>
<th>Minor Degradation</th>
<th>Minor to Moderate Degradation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Visible Damage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate to Severe Degradation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did your foundation test positive for pyrrhotite?  □ YES  □ NO  □ 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.

Signature  

Date

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.
This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (AOF), 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, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR: https://www.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: [name]
(d/b/a): [name]
Legal Address: (W-9, W-4):
Contractor Manager: N/A
E-Mail: [email]
Contractor Vendor Code: VC
Vendor Code Address ID (e.g. "ADD01"): AD 001.
(Note: The Address ID must be set up for EFT payments.)
CMARDS Doc ID(s): CT REG 1000 2021REGDPSR140PEN
RFR/Procurement or Other ID Number: N/A - Legislative

COMMONWEALTH DEPARTMENT NAME: Division of Professional Licensure
MMARS Department Code: REG
Business Mailing Address: 1000 Washington St., Ste. 710 Boston, MA 02118
Billing Address (If different): Same as above
Contract Manager: Robert Anderson
Phone: 617-826-5268
E-Mail: Robert.ANDERSON.mass.gov
Fax:

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 Commonwealth Terms and Conditions For Human and Social Services Commonwealth IT Terms and Conditions

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 8.00.

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.

X 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 30 days __% PPD. If PPD percentages are left blank, identify reason: ___ agrees to standard 45 day cycle ___ statutory/legal or Ready Payments (M.G.L. e. 29, § 23A) ___ 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 ___ , 20 ___ a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
3. were incurred as of ___ , 20 ___ 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 ___ , 20 ___ 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 claims or disputes, 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 reviewed and concurred 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 pain 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, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

X AUTHORIZING SIGNATURE FOR THE CONTRACTOR: ____________________________________________________________________
Date: ____________ (signature and date must be handwritten at time of signature)
Print Name: ____________________________________________________________________
Print Title: N/A

X AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: ____________________________________________________________________
Date: ____________ (Signature and Date Must Be Handwritten at Time of Signature)
Print Name: Lavinia B. D’Emilia
Print Title: Commissioner

(Updated 6/30/20) Page 1 of 1
Request for Taxpayer Identification Number and Certification

Form W-9 (Massachusetts Substitute W-9 Form)
Rev. April 2009

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I—See Specific Instruction on page 2)

Business name, if different from above. (See Specific Instruction on page 2)

Check the appropriate box: □ Individual/Sole proprietor □ Corporation □ Partnership □ Other □

Legal Address: number, street, and apt. or suite no. Remittance Address: if different from legal address number, street, and apt. or suite no.

City, state and ZIP code City, state and ZIP code

Phone # ( ) Fax # ( ) Email address:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instruction on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number □

OR

Employer identification number □

Vendors:
Dunn and Bradstreet Universal Numbering System (DUNS)

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am an U.S. person (including an U.S. resident alien).

4. I am currently a Commonwealth of Massachusetts's state employee: (check one): No □ Yes □ If yes, in compliance with the State Ethics Commission requirements.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

Sign Here

Authorized Signature □

Date □

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).

2. Certify you are not subject to backup withholding.

If you are a foreign person, use the appropriate Form W-8. See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

What is backup withholding? Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or

2. You do not certify your TIN when required (see the Part II Instructions on page 2 for details), or

3. The IRS tells the requester that you furnished an incorrect TIN, or

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only, or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II Instructions on page 2.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Form MA-W-9 (Rev. April 2009)
Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose name you enter in Part I of the form.

Sole proprietor. Enter your Individual name as shown on your social security card on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as required on Federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see Limited liability company (LLC) above), and are owned by an individual, enter your SSN (or “pre-LLC” EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner’s EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

What Name and Number to Give the Requester

For this type of account: Give name and SSN of:

1. Individual The individual
2. Two or more individuals (joint account) The actual owner of the account or, if combined funds, the first individual on the account
3. Custodian account of a minor (Uniform Gift to Minors Act) The minor
4. a. The usual revocable savings trust (grantor is also trustee) The grantor-trustee
   b. So-called trust account that is not a legal or valid trust under state law The actual owner
5. Sole proprietorship The owner

For this type of account: Give name and EIN of:

6. Sole proprietorship The owner
7. A valid trust, estate, or pension trust Legal entity
8. Corporate The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization The organization
10. Partnership The partnership
11. A broker or registered nominee The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) The public entity

Privacy Act Notice

Section 6100 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSAs. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2468.

Upon completion of this form, please send it to the Commonwealth of Massachusetts Department you are doing business with.
## COMMONWEALTH OF MASSACHUSETTS
### OFFICE OF THE COMPTROLLER

**Electronic Funds Transfer (EFT) Authorization Agreement**

Complete this form to enroll, modify, or terminate an existing in electronic funds transfer (EFT) agreement with the Commonwealth of Massachusetts Departments.

### PART I: REASON FOR SUBMISSION – See Instructions on Page 2

- New Enrollment [ ]
- Change Enrollment [ ]
- Cancel Enrollment [ ]
- Document Included: Voided Check [ ]
- Bank Letter [ ]

### PART II: ACCOUNT HOLDER INFORMATION - See Instructions on Page 2

<table>
<thead>
<tr>
<th>Account Holder Legal Name:</th>
<th>DBA Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Account Holder Tax Identification Number (9 digits EIN or SSN)</th>
<th>EIN:</th>
<th>SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART III: FINANCIAL INSTITUTION INFORMATION - See Instructions on Page 2

<table>
<thead>
<tr>
<th>Financial Institution Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Routing Number (only nine digits):</th>
<th>Account Number:</th>
<th>Account Type (Checking or Saving):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YOU ARE MODIFYING BANKING INFORMATION, YOU MUST INCLUDE YOUR OLD BANK INFORMATION OR YOUR REQUEST WILL BE RETURNED**

<table>
<thead>
<tr>
<th>Old Financial Institution Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Old Routing Number (only 9 digits):</th>
<th>Old Account Number:</th>
<th>Old Account Type (Checking or Saving):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART IV: VENDOR/CUSTOMER CONTACT INFORMATION: This is the person we will contact for any questions regarding this EFT – See Instructions on Page 2

<table>
<thead>
<tr>
<th>Contact Person’s Name:</th>
<th>Contact Person’s Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person’s Phone:</th>
<th>Contact Person’s Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART V: AUTHORIZATION - See Instructions on Page 2

By signing below, I hereby certify that the account(s) indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the Commonwealth of Massachusetts to initiate, change, or cancel credit entries to the account(s) as indicated on this form. For ACH debits consistent with the International ACH Transaction (IAT) rules check one:

- [ ] I affirm that payments authorized by this agreement are not to an account that is subject to being transferred to a foreign bank account.
- [ ] I affirm that payments authorized by this agreement are to an account that is subject to being transferred to a foreign bank account.

This authority is to remain in full force and effect until the Office of Comptroller (CTR) has received written notification from either me or an authorized officer of the organization of the account’s termination in such time and in such a manner as to afford CTR a reasonable opportunity to act upon it.

**Account Holder must sign and mail this EFT form and include a confirmation of account information on bank letterhead or a void check and mail to the Commonwealth Department you are doing business with.**

<table>
<thead>
<tr>
<th>Account Holder Authorized Signature:</th>
<th>Print Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
PART VI: VERIFICATION FROM THE COMMONWEALTH DEPARTMENT – See Instructions on Page 2

I hereby certify the Vendor/Customer is an authorized signatory and verified by internal records and verbal confirmation initiated by our department.

<table>
<thead>
<tr>
<th>VCC/VM Document ID:</th>
<th>Three letter Department Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: ______ Title: ______ Date: ______
Print Name: ______ Phone #: ______

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT

All EFT requests are subject to a 5 (five) day pre-certification period in which all accounts are verified by the qualifying financial institution before any direct deposits are made.

PART I: REASON FOR SUBMISSION
Indicate your reason for completing this form by checking the appropriate box: New EFT enrollment, a change to your EFT enrollment account information, or cancellation of your EFT enrollment.

PART II: ACCOUNT HOLDER INFORMATION
- Account Holder Name: Enter the accounts holder legal name (individual or business name), as reported to the Internal Revenue Service (IRS).
- DBA Name: Enter the DBA name if applicable.
- Street Address: Enter the account holder’s street address.
- Enter the account holder’s city, state, and zip code.
- Account Holder Tax Identification Number: Enter the tax identification number as reported to the IRS. If the business is a group, organization or corporation, provide the Federal employer identification number (EIN). If enrolling as an individual provide your Social Security Number.

PART III: FINANCIAL INSTITUTION INFORMATION
- Financial Institution Name: Enter your Financial Institution’s name (this is the name of the bank or qualifying depository that will receive the funds).
  - **NOTE:** The account name to which EFT payments will be paid is to the name submitted on Part II of this form.
- Routing Number: Enter the bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Account Number: Enter the account holder’s account number with the financial institution, including applicable leading zeros.
- Account Type: Enter the account type (Checking or Saving).
- Old Account Number: Enter the Old account number with the financial institution, including applicable leading zeros.
- **NOTE:** Supporting bank documents must be in the account holder legal name only.
- If you do not submit this information, your EFT authorization agreement will be returned without further processing.

PART IV: CONTACT INFORMATION
- Enter the name and title of a contact person who can answer questions about the information submitted on this EFT form.
- Enter the contact person’s telephone number. Enter the contact person’s e-mail address.

PART V: AUTHORIZATION
- By your signature on this form, you are certifying that the account is drawn in the Name of an Individual, or the Legal Business Name of the person or entity who has sole control of the account to which EFT deposits are made.
- The EFT authorization form must be signed and dated by the same account holder name in Part II and include a title and telephone number.
- Mail this form with the original signature in black or blue ink (no facsimile signatures can be accepted) to the Commonwealth Department that you doing business with.

PART VI: VERIFICATION FROM THE COMMONWEALTH DEPARTMENT
By your signature on this form, you are certifying that authentication of the vendor/customer’s authorized signatory was conducted by review of the Contractor Signatory Authorization Form (CASL) or by another internal verification process, and additional verification was conducted to confirm banking or address change request. Departments should have multiple known vendor contacts to confirm any registration change.

Effective 8/6/2020
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 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.)

Many Connecticut residents have experienced the effects of pyrrhotite damage to foundations. (See Image 2 below.) 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 may only travel about 20 miles beyond the plant location before the concrete begins to harden. Therefore, structures located in cities and towns identified below are where difficulties are likely to occur. (See Image 3 below.)
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, 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 in the region identified in Image 3?
- 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.
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

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 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 @

https://www.mass.gov/lists/construction-control-documents

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 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.
Are there other eligibility requirements to be considered?

Yes.

- The home must have been constructed on or after 1983 up to 2015. If the home was built before 1983, but there is an addition that was built after 1983, the addition is eligible for consideration under the program. The homeowner must supply proof that the addition was built after 1983 (building permit, CO or other similar documentation).
- The home must be located within a 20-mile radius of the 10 Meadow Lane in Stafford Springs, Connecticut.

How are applications approved and what benefits may I expect?

Applications are reviewed for completeness and eligibility. 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/

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.