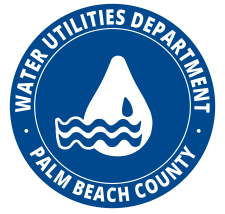




GRANT PROGRAM APPLICATION SUBMISSION CHECKLIST



REQUEST FOR 30 % COST REIMBURSEMENT INSTALLATION OF DRINKING WATER BACKFLOW PREVENTION ASSEMBLY

Office Use

- Completed Application**
- Receipt(s) for cost of installation**
- Inspector Approval**
-Final inspection
- Initial Test Report**

- Documentation of Installation**
-Photograph of new device
-Contractor Certification
-Final inspection
-Permit Application

Completed Registration to be a Palm Beach County Vendor

When you complete registration, you will be given a unique vendor number. This number will be an important identifier for you and will help us to accurately identify and manage your reimbursement(s).

Vendor ID

Surina Woodson -Program Administrator

39688 Hooker Highway
Belle Glade, FL 33430
561-493-6166

GRANT PROGRAM APPLICATION

**REQUEST FOR 30% COST REIMBURSEMENT
INSTALLATION OF BACKFLOW PREVENTION ASSEMBLY**

PROPERTY OWNER(S)/APPLICANT

NAME(S)

DATE

TELEPHONE

EMAIL _____

ADDRESS OF PROPERTY

Number

Street Name

City/State

Zip Code

***Always installed above the flood plane**

TOTAL COST PAID FOR INSTALLATION \$ _____

(Attach copy of paid in full, itemized invoice/receipt)

(Reimbursement amount shall not to exceed 30% cost of total installation cost **OR** \$2,000, whichever is less.)

ADDRESS OF APPLICANT- IF DIFFERENT THAN ABOVE (FOR CHECK REMITTANCE)

Number

Street

City

State

Zip Code

PLUMBER

NAME

BUSINESS

ADDRESS

Number

Street

City

State

Zip Code

STATE LICENSE NO.

BUSINESS NO.

PLUMBING PERMIT NO.

DATE OBTAINED

DATE OF APPROVED FINAL INSPECTIONS _____

_____ Bldg. Dept Plumbing Inspector

_____ Customer

PROPERTY OWNER CERTIFICATION AND RELEASE

I (we) certify under penalty of law that I (we) have paid in full for the installation of backflow prevention assembly for the above named property. As a condition of accepting the reimbursement allowance, I (we), if requested by the County, will permit the County to verify said installation without delay, prior to receiving the reimbursement allowance. Further, as a condition of accepting the reimbursement allowance, I (we) agree to accept full responsibility for operation and maintenance of said backflow prevention equipment; and release, indemnify, defend, hold harmless, and agree not to sue the County from any damages due to discharge of sewage and/or rain and ground water into or on the above property prior to or after installation of said backflow prevention equipment. I (we) certify that all discovered sump pumps, downspouts, and foundation drains have been disconnected from the sanitary lateral and release, indemnify, defend, hold harmless, and agree not to sue the County from flooding due to any unknown or missed connections. I (we) also agree to transfer this certification and release to future owners of the above property.

SIGNED: _____ DATE _____

_____ DATE _____

CERTIFICATION OF PLUMBER

I certify under penalty of law that I have installed backflow prevention equipment and verified all illicit connections have been removed from the drinking water system at the above listed property on _____ and have been paid in full for same. Date

SIGNED: _____ DATE _____

OFFICE USE ONLY

DATE RECEIVED

WAS INSTALLATION VERIFIED BY A SITE VISIT? YES NO

REIMBURSEMENT ALLOWANCE APPROVED BY

REIMBURSEMENT ALLOWANCE NOT APPROVED BY

REASON FOR DISAPPROVAL

WAS APPLICANT SENT NOTICE AND REASONS FOR DISAPPROVAL? YES NO

DATE NOTICE SENT _____ BY _____

Attach copy of disapproval notice to application

ACCOUNT #:

Approval Date _____ **Check #** _____

Amount Reimbursed _____ **Date Sent** _____