



# GRANT PROGRAM APPLICATION SUBMISSION CHECKLIST



## REQUEST FOR 30 % COST REIMBURSEMENT INSTALLATION OF 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 Palm Beach County Vendor Registration](#)

*After 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). Register with commodity code of 95020.*

### **Vendor ID**

Whether you're just starting or ready to apply, we're here to help. Our website is packed with information about the program, including eligibility criteria, application guidelines, and more. Visit us online at [pbewater.com](http://pbewater.com) and discover everything you need to know about this grant program.

Applicants with specific questions about the grant program are encouraged to call or email [backflow@pbewater.com](mailto:backflow@pbewater.com) or 561-493-6166

39688 Hooker Highway  
Belle Glade, FL 33430

**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** \_\_\_\_\_