



PLUMBING GRANT APPLICATION

GRANT PROGRAM GOAL:

To reduce lead in private plumbing systems connected to NE Rowan Water System to below the EPA Trigger Level while having a goal of zero.

USE OF FUNDS

Funds may be used for eligible expenses associated with plumbing repair/replacement in private property receiving drinking water through the NE Rowan Water System to reduce detectable lead levels to below the EPA Trigger Level while having a goal of zero.

Prequalification Attestations – Check the appropriate box for each item below.

Requirement 1 – Property is supplied drinking water through the NE Rowan Water System.

- Yes, property is supplied with drinking water (is a customer) of NE Rowan Water System.
- No, property is not supplied by N Rowan Water System.
- Unsure.

Requirement 2 – Property owner will participate in Rowan County's voluntary tap water sampling program.

- Property has a sample on record with Rowan County that was within one year (12 months) prior to application date.
- Property has had a 90th percentile compliance sampling taken within one year (12 months) prior to application date.
- Property does not have a recent lead sample (contact 980-330-6988).
- Unsure (contact 980-330-6988).

Requirement 3 – Applicant has supplied at least 3 quotes from licensed, insured plumbing contractors.

- Yes
- No

Requirement 4 – Property owner/applicant agrees to participate in any required inspections pre and post-grant funded repair.

- Yes
- No

Requirement 5 – Property will **not** be eligible if any of the following apply:

- The property owner is unwilling to participate in the County's voluntary tap water testing program.
- The property owner has delinquent Rowan County taxes.
- Property owner declines to participate in any required inspections.
- The property is not a NE Rowan Water System customer.

Plumbing Grant Fund Usage Affirmation – Read and check each box below to confirm your agreement.

- I agree I will ONLY utilize Plumbing Grant funds to reimburse the reasonable and necessary costs associated with the plumbing system repairs that are necessary to address lead leaching into my own private plumbing system.
- I agree that any expenses incurred that are 1) above the awarded amount, and 2) are not grant-eligible, as solely determined by Rowan County, are my sole responsibility to pay.

Grant Application Contact Information

Please ensure the information below is accurate and current. The information you provide below will be used to contact you to collect additional verification documents. Failure to provide correct information may result in disqualification.

Property Owner Name: _____

Phone Number. Cell _____ Landline _____

Email Address _____

Property Physical Address (no P.O. Box)

Mailing Address (if different)

NAMES OF PLUMBING CONTRACTORS PROVIDING QUOTES (3 quotes required).

Each quote should include proof of license and insurance for the State of NC. Submit each quote with this application.

Contractor 1: _____

Contractor 2: _____

Contractor 3: _____

Additional Guidelines – Read and check each box below to confirm your agreement.

- I acknowledge that additional documentation may be required to verify my information. If selected, I will submit requested documentation within 4 business days.
- I acknowledge that by submitting application materials does not guarantee that funding will be awarded. Grants are awarded based on availability of funds and established priorities.

Applicant Signature

By signing here, I attest to the accuracy and truthfulness of the information provided by me on this application. I understand that awards may be made at the sole discretion of the Rowan County Board of Commissioners and may represent a portion of or the full amount of the quoted amount at the Board's own discretion. I understand that awards are contingent on willingness of myself to enter into a formal agreement or contract between myself and the County for the work described only, and for the purposes of reducing lead leaching into my private plumbing system. Any funds awarded to me will be used for the sole purpose of addressing such lead leaching issues; I understand that I am solely responsible to select the contractor and to ensure the selected contractor's work meets my own expectations and any inspection requirements.

Signature _____ Date _____

Printed Name _____

Return this completed application by email to plumbinginfo@rowancountync.gov or by mail to:

***Plumbing Grant
ATTN: Rowan County Grants Office
130 W. Innes St.
Salisbury, NC 28144***