

## **Exhibit A: Description of Services**

### **I. Purpose**

Charles County has created the Economic Development Initiative Indoor Plumbing (EDIP) program, with federal grant funds obtained through the US Department of Housing and Urban Development, to assist eligible Charles County households without indoor plumbing and/or potable water. These EDIP funds will be used to install plumbing in low-income owner-occupied housing.

The Charles County Department of Community Services Housing Authority (HA) requires consulting services of one or more Service Providers—501(c)(3) non-profit organizations or local businesses—with at least 5 years of demonstrated experience in housing rehabilitation and identifying potential participants units without indoor plumbing. These Service Providers will identify homeowners in need of assistance; assist qualified homeowners to complete County EDIP applications to secure the services of a local contractor to perform the plumbing work; work with eligible home owners and local contractors on project design and any necessary permits; monitor contractor compliance and progress; and review for approval contractors' work and contractors' draw request.

### **II. Scope of Work**

The Service Provider will conduct outreach to the citizens of Charles County in need of such assistance, and upon identifying a potential program applicant, will verify that the applicant is eligible to apply for the program, including that the applicant must:

- be a U.S. citizen or permanent resident alien, and a Charles County resident.
- own and occupy as principal residence the unit being proposed for rehabilitation.
- comply with all of the program's income eligibility requirements.

Service Provider will also verify that the applicant's home meets program criteria, including that the home must:

- be an owner occupied unit used as a principal residence, located in Charles County, Maryland.
- be structurally sound.
- comply with the HUD Environmental Assessment requirements.

Service Provider will secure permission to perform the work from owners of the property, and will review deeds to ascertain the proper legal ownership of the property before submission of

the EDIP program application and commencing work. Service Provider will also assist the eligible home owner with completion of the EDIP program application with all attachments.

Service Provider will work with home owner and local contractors on project design and construction; will monitor contractor compliance and progress; and will review for approval contractor's work and contractor's draw request.

Service Provider will aid homeowner in obtaining quotes by local contractors for project work funded through the federal EDIP grant program. In accordance with Charles County's procurement policy, Service Provider must attempt to obtain at least three written quotations for work costing more than \$5,000 from the contractor bidding to provide the plumbing services. However, in the event there is only one quote for a project, Service Provider will provide a written "sole source" justification to be approved by the County prior to the purchase.

Service Provider will document the following for each quote obtained: firm name, firm federal employer identification number (FEIN) or owners Social Security Number, company telephone number, person providing the quote, project description of the plumbing services to be provided, and amount of each quote. The EDIP Construction Proposal Form must also be provided with each such quote.

Service Provider will verify construction contractor is not currently on the Federal List of Excluded Parties, nor debarred or suspended from doing business with the State of Maryland, or any other state, county, or municipal government.

The HA shall conduct a site visit with the Service Provider for each proposed project in order to ensure the proposed housing improvements are in accordance with the purpose and scope of work of this agreement. Service Provider will ensure that all work is done in compliance with applicable law, including that the work meets basic livability standards and applicable building codes, which may include applying for any local permits as required by law.

Service Provider will provide monthly written reports to the HA by the 10th of each month, detailing the status and progress on EDIP applications and construction projects.

**In the event any additional information or guidance is needed regarding the scope of work, or procurement requirements, or any other issue related to this contract, the Service Provider shall contact the HA.**

#### Payment to Contractor

EDIP financing payment will be made directly to the approved homeowner and contractor for work properly installed and accepted by Service Provider and the HA.

Service Provider will ensure that rehabilitation construction work on a project will not begin until approval has been provided by the HA, as grant funds will not be provided for projects not first approved by the HA. The maximum EDIP grant award for a household will be \$40,000. Actual EDIP grant amount will be awarded based on an HA evaluation of the contracts' proposals provided with the EDIP application. EDIP financing for payment will be made directly to the approved homeowner and contractor for work properly installed and accepted by the Service Provider and the HA.

Service Provider will assist HA in approving a contractor's draw requests. Upon the contractor's submission for a draw request, the Service Provider will make a site visit to confirm the work included in the draw request. Requests for payment must include all documentation required under Charles County Procurement Policies (outlined above).

The Contractor's invoice should be submitted to Service Provider for payment when improvements have been completed as follows:

- Draw #1: a minimum of 25% of improvements have been completed.
- Draw #2: a minimum of 50% of improvements have been completed.
- Draw #3: a minimum of 75% of improvements have been completed.
- Draw #4: a 100% of improvements have been completed.

After the payment request is received from the contractor, the Service Provider will schedule an inspection within three days. The Service provider will coordinate a scheduled time with the home owner and the contractor. All parties will participate in the inspection process. The Service Provider will evaluate the percentage of completed improvements and make recommendation. The payment request shall have an approval/ sign -off space for the contractor, home owner and Service Provided. Once the payment request has been approved by the contractor, home owner, Service Provider, and HA, the contractor should allow thirty days before the check for payment is mailed to the Contractor.

The HA will withhold twenty percent (25%) of the estimated total project cost until project completion. Once the Service Provider has notified the HA that a project has been completed, an inspection will be scheduled to confirm that all terms and conditions of this agreement have been met and the work is complete and satisfactory. Final payment will be processed once all permit inspection approvals, releases of liens, and contracted work is completed to the satisfaction of the HA.

Funds for this EDIP program are limited and Housing Authority representatives will be able to approve payment only if sufficient funding exists.

### **III. Representations of Service Provider**

The Service Provider represents and warrants that:

- it is experienced in and competent to perform the work;

- it is familiar with all federal, state, and local laws, including but not limited to local building codes and regulations which may in any way affect the work to be accomplished;
- it is compliance with the applicable HUD requirements Article I under the Grant Agreement for EDI SP # B-10-SP MD-0061;
- it will not discriminate against any potential recipient of services because of race, color, religion, sex or national origin;
- it will not assign any interest in this agreement, and shall not transfer any interest in the same without prior written consent of the HA;
- it is not currently on the Federal List of Excluded Parties, nor debarred or suspended from doing business with the State of Maryland, or any other state, county, or municipal government, and
- there is no conflict of interest in accordance with the Charles County Procurement Policies and Procedures.

#### **IV. Payment to Service Provider**

The Service Provider will receive a fixed fee for such services and will invoice the County Department of Community Services Housing Authority as follows:

- First Invoice: Upon completion and submission of EDI Plumbing Application to the Charles County Department of Community Services Housing Authority; and upon the approval of such application by the DCS Housing Authority, Charles County government to pay a fixed fee of \$200 to the consultant.
- Final Invoice: Upon successful completion of the plumbing project as determine by the DCS Housing Authority, issue of all permit final inspection approval and the release of all contractor's liens, Charles County government to pay a fixed fee and final fee of \$1,800 to the consultant.

## Exhibit B

### Service Provider Qualifications

To be considered qualified, a potential Service Provider must use the following format. Service Provider shall complete the attached “Exhibit B: Service Provider’s Experience” form and address the following areas at a minimum in its Statement of Qualifications:

- **Description of the Service Provider’s firm including:**
  - Location, including local office handling this project, headquarter location.
  - The number and nature of professional staff to be assigned to Charles County;
  - The number of years in business, including previous firm name(s)
  - Financial References demonstrating a stable and secure financial position. Potential Service Providers must include a business information report or business profile from a credit reporting agency dated no earlier than sixty (60) days prior to bid submission date.
  
- **Firm Qualifications/Past Performance**
  - Resumes for key staff and representative staff to be assigned to Charles County, clearly identifying the CCG point of contact.
  - Service Provider must provide references for five similar projects over the previous five (5) years.
  
- **Understanding of the Requirements**
  - Describe relevant experience (minimum of five years previous experience with proven effectiveness) the Service Provider’s firm or organization possesses in relevant indoor plumbing program experience in meeting the requirements of this EDIP indoor plumbing program;
  - Service Provider shall include a summary that demonstrates the Service Provider’s understanding of the requirements of this program as well as a summary that demonstrates the Service Provider’s ability to carry out the program requirements.

To be deemed qualified, the Service Provider must demonstrate requisite experience, skills, and resources necessary to successfully perform services required. The County reserves the right to verify a Service Provider’s capability to adequately perform under the Agreement, by whatever means necessary. A minimum of five years’ experience in providing solicited services must be demonstrated by the Service Provider.

**Exhibit B**

**SERVICE PROVIDER’S EXPERIENCE**

**Name of Service Provider/Company:** \_\_\_\_\_

The following is a list of at least five projects similar in character and scope to the work specified under this project which has been successfully completed by this Service Provider in the last five years. This information must be furnished by each Service Provider. The term “completed” means accepted and final payment received from the owner or authorized representative.

Firms which, in the sole opinion of the County, lack sufficient specific experience, may be deemed not qualified, and will not receive consideration for this project.

<u>PROJECT NAME/LOCATION/ COMPLETION DATE</u>	<u>OWNERS NAME &amp; ADDRESS</u>	<u>CONTACT NAME/ Fax No./Phone No.</u>	<u>% OF WORK (FIRM WAS/IS RESPONSIBLE)</u>	<u>CONTRACT PRICE</u>

This form may be duplicated if additional space is required.

**Charles County  
Department of Community Services – Housing Authority**

**EDI-Plumbing Service Provider  
Vendor List Registration Application**

Please type or print all information except signatures.

Date: \_\_\_\_\_

**PART A: GENERAL INFORMATION**

Legal Business Name:	Business or Trade Name:
Federal Tax Identification Number (EIN or SSN):	DUNs Number:
Mailing Address:	Physical Address:
Company's Point of Contact: Name: _____ Title: _____ Telephone: _____ Email Address: _____	Company Contact Information: Telephone: _____ Fax: _____ EmailAddress: _____ Website: _____
Year Established:	Date Incorporated:
Number of Employees:	How Long at Present Address:

**Part B: BUSINESS OWNERSHIP, ORGANIZATION, and CONTROL INFORMATION**  
**Type of Business:**

- Sole Proprietorship
- Limited Liability Company (LLC)
- Limited Liability Partnership (LLP)
- Corporation
- Partnership

**Part C: INFORMATION ABOUT THE BUSINESS**

Please check the box that most appropriately describes your business:

- Architectural & Engineering Services
- Construction
- Professional Services (i.e., Accountants, Appraisers, Attorneys, Business Consultants, Real Estate Brokers)
- Other Services (i.e., Snow Removal, Electrical, Moving & Storage, Towing & Transport)
- Retailer
- Wholesaler
- Manufacturer



\_\_\_ 10. An agency operating budget, approved and signed by the Chief Executive Officer, for the organization's current fiscal year, which specifically identifies all revenues and expenses.

\_\_\_ 11. References for five similar projects over the previous five years.

The applicant hereby certifies that the information and related documentation provided herein is true and accurate:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

# Charles County Government

## Service Provider Contract for the Economic Initiative Indoor Plumbing (EDIP) Program

This contract is made between County Commissioners of **Charles County, Maryland, a body corporate and politic** (CCG), physical address 200 Baltimore Street, La Plata, Maryland 20646, and mailing address P.O. Box 2150 La Plata, Maryland 20646 and \_\_\_\_\_ (Service Provider), with a principle place of business at:

Contract Name: \_\_\_\_\_

Contract Term: \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_. There shall be \_\_\_\_\_ renewal terms of \_\_\_\_\_ year(s) each, with the mutual consent of both parties. The parties to this contract intend to form a contract under seal.

### Services/Commodities to be Provided

Service Provider agrees to provide the services/commodities described in Exhibit A, attached to this Contract.

### Payment

In consideration for the services/commodities provided by Service Provider, CCG agrees to pay Service Provider the process/rates described in Exhibit A, attached to this Contract.

### Terms of Payment

Invoices for payment shall include, at a minimum: an invoice number, the CCG Purchase Order number if one was provided, the dates covered by the invoice, the hours expended and a summary of the work performed, and/or the commodities provided.

CCG payment shall be made within 30 days of receipt by CCG of a correct invoice from Service Provider.

CCG shall pay Service Provider in accordance with Exhibit A, attached to this Contract.

### Expenses

Service Provider shall be responsible for all expenses incurred while providing the services/commodities under this Contract. This includes but is not limited to: license fees; memberships and dues; automobile and other travel expenses; meals and entertainment; insurance premiums; and all salary, expenses and other compensation paid to employees or contract personnel the Service Provider hires to complete the work under this Contract.

### Independent Contractor Status

Service Provider is not a CCG employee. Service Provider's employees, subcontractors, or contract personnel are not CCG employees. Service Provider and CCG agree to the following rights consistent with an independent contractor relationship.

- Service Provider has the right to provide services/commodities for others during the term of this Contract.
- Service Provider has the right to hire assistants as subcontractors, and/or to use Service Provider's employees to provide the services/commodities required by the Contract.
- The Service Provider or Service Provider's employees, subcontractors or contract personnel shall provide the services/commodities required by this Contract; CCG shall not hire, supervise or pay any assistants to help Service Provider.
- CCG shall not require Service Provider or Service Provider's employees, subcontractors or contract personnel to devote full time to providing the services/commodities required by this Contract.

### Business Permits, Certificates and Licenses

The Service Provider shall comply with all federal, State, and local laws in the execution of this Contract, including, but not limited to: business permits, and certificates and licenses required to carry out the services to be performed under this Contract.

**State and Federal Taxes** CCG will not:

- Withhold FICA (Social Security and Medicare taxes) from Service Provider's payments or make FICA payments on Service Provider's behalf.
- Make State or federal unemployment compensation contributions on Service Provider's behalf.
- Withhold State or federal income tax from Service Provider's payments.

The Service Provider shall pay all applicable taxes incurred while providing the services/commodities under this Contract-including all applicable sales taxes, income taxes and, as applicable, self-employment (Social Security) taxes. Upon demand, the Service Provider shall provide CCG with proof that such payments have been made. The Service Provider shall provide a completed IRS form W-9 Request for Taxpayer Identification Number and Certification, if such certification is not already on file with CCG.

**Fringe Benefits**

The Service Provider understands that neither the Service Provider nor the Service Provider's employees, subcontractors or contract personnel are eligible to participate in any employee pension, health, vacation pay, sick pay or other fringe benefit plan of CCG.

**Worker's Compensation**

Service Provider shall provide workers' compensation insurance as required by law for all Service Provider employees, and ensure compliance by subcontractors. Service Provider shall provide CCG with a certificate of workers' compensation insurance before the employees begin the work.

**Unemployment Compensation**

CCG shall make no State or federal unemployment compensation payments on behalf of the Service Provider or the Service Provider's employees, subcontractors or contract personnel. The Service Provider will not be entitled to these benefits in connection with work performed under this Contract.

**Insurance and Indemnification**

CCG shall not provide insurance coverage of any kind for the Service Provider, or Service Provider's employees or agents. The Service Provider agrees to maintain insurance to cover all errors, omission, or negligence committed by the Service Provider or the Service Provider's employees or agents connected with the performance of this contract. CCG shall be named as an additional insured on all such coverage. Service Provider shall provide certification to CCG of coverage prior to the commencement of any work.

Service Provider agrees to protect, hold free and harmless, defend/indemnify CCG, its officers, agents, and employees from all liability, penalties, costs, losses, damages, expenses, causes of action, claims or judgments, including attorney's fees, resulting from injury to, or death of, any person or damage to property of any kind, which injury, death or damage arises out of, or is in any way connected with the performance of this contract. This shall apply to acts or omissions, negligent conduct, whether active or passive, including acts or omissions of Service Provider's agents or employees; except that this agreement shall not be applicable to injury, death or damage to property arising from the sole negligence of CCG its officers, agents and employees.

In the event the services/commodities provided by the Service Provider involve construction, and/or any other actions requiring work to be performed on the premises of CCG facilities, and/or the operation of any vehicles, equipment or machinery, and/or pose any physical risk to individuals providing services/commodities on behalf of the Service Provider, the Service Provider shall obtain and maintain for the full term of the Contract the following minimum levels of insurance. CCG shall be an additional named insured on all coverage. If the insurance obtained requires deductibles, the Service Provider shall pay all costs not covered because of such deductibles. Service Provider shall provide certification to CCG of coverage prior to the commencement of any work.

- Workmen's Compensation in compliance with Maryland Statutory Limit
- Comprehensive automobile bodily injury and property damage insurance covering all vehicles whether owned, hired, or non-owned operated by/or on behalf of the Service Provider in the performance of this contract with not less than the following units:
  - Bodily Injury: \$1,000,000 per person  
\$2,000,000 per occurrence
  - Property Damage: \$500,000 per occurrence

- o Comprehensive General Liability in an amount not less than \$2,000,000 (combined personal injury and/or property damage) per occurrence subject to \$2,000,000 aggregate.

**Terminating the Contract**

CCG may, by written notice to the Service Provider, terminate this contract in whole or in part at any time, either for CCG convenience or because of the failure of the Service Provider to fulfill his obligations under this contract. CCG will when possible, provide at least thirty days written notice to Service Provider of the intent to terminate. Service Provider shall be entitled to compensation for all services/commodities provided up to the date of termination, consistent with the terms in Exhibit A.

**Exclusive Contract**

This is the entire Contract between Service Provider and CCG for the services/commodities specified herein.

**Severability**

If any part of this Contract is held unenforceable, the rest of the Contract shall continue in effect.

**Applicable Law**

This Contract will be governed by the laws of the State of Maryland.

**Notices**

All notices and other communications in connection with this Contract shall be in writing and shall be considered given as follows:

- When delivered personally to the attention of the official signing this Contract at that person's address:

Charles County Government  
Attention:  
P.O. Box 2150  
La Plata, Maryland 20646

- Three days after being deposited in the United States mail, with postage prepaid to the recipient's address (see above) as stated on this Contract, or
- When sent by fax to the last fax number, or email to the last email address of the recipient known to the person giving notice. Notice is effective upon receipt provided that a duplicate copy of the notice is promptly given by first class mail, or the recipient delivers a written confirmation of receipt.

**No Partnership**

This Contract does not create a partnership relationship. Service Provider does not have authority to enter into contracts on CCG's behalf.

**Assignment**

Service Provider may not assign or subcontract any writes or obligations under this Contract without CCG's prior written approval.

**Criminal Background Check**

The Service Provider shall require each of its employees who will be assigned to work with CCG staff to submit to a criminal background check. This contract may be voided at CCG's sole option if CCG is not satisfied with the results of the criminal background check.

**Compliance with Employment Regulations**

Federal law requires that employers verify that an individual whom they plan to employ or continue to employ in the United States is authorized to accept employment in the United States. By his signature herein, the Service Provider certifies he will comply with all federal and State employment laws and that no person will be employed in the execution of the Contract in any manner, that is not eligible to work in the United States, or whose employment is in violation of State or federal law.

The Service Provider has sole responsibility for compliance with this requirement, and violation of this requirement may result in termination of the Contract, a penalty of \$500 per occurrence, and/or reporting of the violation to the appropriate authorities.

**Electronic Transmission of Contract**

Service Provider and CCG agree that this Contract will be considered signed by a party when the signature of that party is delivered on this Contract by electronic (Scanned) or facsimile transmission. Signatures transmitted by such transmission shall have the same effect as original signature.

**Supremacy of CCG Contract**

In the event of any conflict between this Contract and the provisions of any Service Provider's proposal, quotation, standard contract, service agreement, and/or any other document, even if Attached to this Contract, the provisions of this Contract shall prevail.

IN WITNESS WHEREOF, the parties hereto have set their hands and respective seals as of the day and year first above written:

**SERVICE PROVIDER**

**COUNTY COMMISSIONERS OF CHARLES COUNTY, MARYALND**

(SEAL)

By: \_\_\_\_\_  
Signature/Title

By: \_\_\_\_\_  
**Candice Quinn Kelly, President**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

(SEAL)

Approved as to Form:

By: \_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
**Barbara L. Holtz, Esq., County Attorney**

By: \_\_\_\_\_  
Secretary

*NOTES:*

*IF SERVICE PROVIDER IS A CORPORATION, THE CORPORATE SECRETARY MUST ALSO SIGN AND THE CORPORATE SEAL MUST BE IMPRESSED. IF THE CORPORATION DOES NOT POSSESS A SEAL, SIGNATORIES MUST "CIRCLE" THE WORD SEAL AND INITIAL.*

*BUSINESS ENTITIES OTHER THAN COPROATIONS MUST SIGN, CIRCLE THE WORD (SEAL), AND INITIAL.*

*SIGNATURES MUST BE WITNESSED AND DATED.*



**Charles County Department of Community Services  
Housing Authority  
Economic Development Initiative Plumbing Program  
Program Highlights**

The Charles County Economic Development Initiative Plumbing Program (EDIP) administered by Charles County Department of Community Services Housing Authority (HA), is designed to assist low income owner/occupant families in Charles County in obtaining indoor plumbing and/or potable water.

**Applicant Eligibility**

1. Must be a U.S. citizen or permanent resident alien, and a Charles County resident.
2. Must own and occupy as principal residence the unit being proposed for rehabilitation.
3. Meet Income Eligibility: Total household Annual Adjusted Gross Income cannot exceed 80% area median income (AMI), adjusted for household size. The program income limits are as follows:

Household Size	1	2	3	4	5	6	7	8
80% AMI Income Limit	\$47,950	\$54,800	\$61,650	\$68,500	\$74,000	\$79,500	\$84,950	\$90,450

**Unit Criteria**

Must be an owner occupied unit used as a principal residence, located in Charles County Maryland. Unit must be structurally sound as determined by the HA.

**Charles County EDIP Grant Terms**

The maximum EDIP grant award for a household will be \$40,000. Actual EDIP grant amounts will be awarded based on an HA evaluation of contractors' proposals provided by the homeowner. Payments will be made directly to the approved contractor for work properly installed and in place.

**Application Process**

Homeowners will be required to submit a complete EDIP application package with all attachments and itemized contractors' proposals from three or more licensed contractors detailing the proposed work to be done. Once a complete application package is received, the HA will review the package for approval within fifteen days. Incomplete applications will not be reviewed and will be returned to the homeowner.

**How To Apply**

EDIP applications can be obtained from the Charles County Department of Community Services Housing Authority office located at 8190 Port Tobacco Road, Port Tobacco, MD 20677 or can be downloaded from our website at [www.charlescounty.org/cs/housing](http://www.charlescounty.org/cs/housing).

**Type of work allowed under EDIP**

- Well systems
- Plumbing fixtures and equipment
- Sand mound systems
- Purification systems
- Alternative and Innovative systems
- Septic tank and drain field systems
- Additions, modifications and alterations required to provide private space for toilet and bath facilities
- Percolation tests

(Revised 02-01-2014)





Charles County Department of Community Services – Housing Authority  
 Economic Development Initiative Plumbing Program  
 Application

Home Owners Name \_\_\_\_\_  
 Property Street Address \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

FAMILY COMPOSITION

FAMILY MEMBER NAME	RELATION TO HEAD	Date of Birth	SEX	Soc. Sec. Number
1.	Self			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

INCOME (All household members)

Family Member	Source of Income/Assets, Address	Pay Rate	Current Annual Income
	_____ _____ _____		





**Charles County Department of Community Services  
Housing Authority  
Economic Development Initiative Plumbing Program  
Pre-Qualification Form**

The Charles County Economic Development Initiative Plumbing Program (EDIP), administered by Charles County Department of Community Services Housing Authority (HA), is designed to assist low income home owners in Charles County in obtaining indoor plumbing and/or potable water for their principal residence.

**Applicant Eligibility**

1. Yes \_\_\_ No \_\_\_ Are you a U.S. citizen or permanent resident alien, and a Charles County resident?
2. Yes \_\_\_ No \_\_\_ Do you own and occupy as your principal residence the unit being proposed for rehabilitation?
3. Yes \_\_\_ No \_\_\_ Is your total household Annual Adjusted Gross Income (as reported on your Federal Tax Return) below the maximum income limit, adjusted for household size? The program income limits are as follows:

Household Size	1	2	3	4	5	6	7	8
Household Maximum Income Limit	\$47,950	\$54,800	\$61,650	\$68,500	\$74,000	\$79,500	\$84,950	\$90,450

**Unit Criteria**

1. Yes \_\_\_ No \_\_\_ Is the housing unit an owner occupied unit used as a principal residence, located in Charles County Maryland?
2. Yes \_\_\_ No \_\_\_ Is the housing unit structurally sound?

**Summary of Work to be Done (check all that apply)**

- Well systems
- Plumbing fixtures and equipment
- Sand mound systems
- Purification systems
- Alternative and Innovative systems
- Explain any other work \_\_\_\_\_
- Septic tank and drain field systems
- Additions, modifications and alterations required to provide private space for toilet and bath facilities
- Percolation tests

**Contact Information**

Homeowner Name \_\_\_\_\_  
 Property Street Address \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternate day phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Note: Qualified home owners will be required to submit a complete EDIP application package with all attachments and itemized contractors' proposals from three or more licensed contractors detailing the proposed work to be done. Once a complete application package is received, the HA will review the package for approval. Incomplete applications will not be reviewed and will be returned to the home owner.  
 (Revised 02-01-2014)



EDIP Construction Proposal Form

Client Name	_____
Address	_____
	_____
Phone #	_____
Fax #	_____
E-mail	_____

Contractor	_____
Address	_____
	_____
Phone #	_____
Fax #	_____
E-mail	_____

The Proposal pricing must itemize the work to be done by the following line items.

- |     |   |       |
|-----|---|-------|
| 1.  | Well system   | _____ |
| 2.  | Septic tank and drain field system  | _____ |
| 3.  | Piping from the septic system in the home   | _____ |
| 4.  | Connection fees and assessments   | _____ |
| 5.  | Plumbing fixtures and equipment   | _____ |
| 6.  | Additions, modifications and alterations<br>required to provide private space for toilet<br>and bath facilities | _____ |
| 7.  | Sand mound system   | _____ |
| 8.  | Purification system   | _____ |
| 9.  | Cost of percolation test  | _____ |
| 10. | Alternative and Innovative septic and water<br>system   | _____ |
| 11. | Other plumbing costs (Specify)  | _____ |
| 12. | Final grading and seeding to establish<br>lawn  | _____ |
|     | TOTAL BID PRICE   | _____ |

Contractor's Construction Proposal must include and allow for removal and hauling of any and all construction debris, waste, and any hazardous waste disposal costs incurred.

Contractor's Construction Proposal must give precise breakdown, measurements, and specifications for each item listed. Any changes to the estimate must be pre-authorized by this office in writing.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
MHIC#

# Certification of Structural Soundness

## for the

### Charles County EDI Plumbing Program

Home Owner Names: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

\_\_\_\_\_

Property Tax Assessment ID No. : \_\_\_\_\_

I hereby certify that on \_\_\_\_\_, 20\_\_ I, a qualified person, physically inspected the property noted above and determined that the subject property is structurally sound and does not have any existing physical conditions, which is serious enough to endanger the life, property, safety or welfare of the occupants and/or public.

Certified By Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Firm/Agency: \_\_\_\_\_

Date: \_\_\_\_\_

---

Witness: Signature

Print Name

Date



# Charles County Economic Development Initiative Plumbing Program (EDIP)

## Photography Release Form

I/We the undersigned, do hereby authorize the Charles County Department of Community Services Housing Authority and their agent to have the freedom to take and use photographs of me and my/our property for reasons of documentation, references, and promotional purposes. I/We hereby state that the released information is freely, willingly, and voluntarily made.

---

Applicant: Print Name	Signature	Date
-----------------------	-----------	------

---

Co- Applicant: Print Name	Signature	Date
---------------------------	-----------	------

---

Witness: Print Name	Signature	Date
---------------------	-----------	------

For Official Use: EDIP Track # \_\_\_\_\_

Revised 7/19/2010

F:\HCD program files\Community Development\NCI Neighborhood Conservation Initiative 2008\NCI Program Forms\County NCI Forms\Borrowers Application\Photo Release.docx

