

**Calvert County Health Department Bay Restoration Fund Grant Program  
CHECKLIST OF DOCUMENTS REQUIRED PRIOR TO AWARD**

- 1. Applicant: \_\_\_\_\_
- 2. BRF Application : \_\_\_\_\_
- 3. Sanitary Construction Application # \_\_\_\_\_ Date Received: \_\_\_\_\_
- 4. Date Sancon Issued: \_\_\_\_\_
- 5. Current IRS 1040: \_\_\_\_\_
- 6. Agreement & Easement Signed: \_\_\_\_\_
- 7. \$60.00 Check for Recordation: \_\_\_\_\_  
(make payable to Clerk of the Circuit Court)
- 8. BAT Vendor Contract: \_\_\_\_\_
- 9. Installer Contract for Drainfields: \_\_\_\_\_
- 10. Proof of Failure: \_\_\_\_\_