



AGREEMENT FOR RESIDENTIAL IRRIGATION EFFICIENCY INCENTIVE PROJECT

This agreement is entered into as of _____ 2008 by and between Miami Dade County Florida Yards and Neighborhoods (FYN) Program in collaboration with the Mobile Irrigation Lab (MIL) AND _____ Homeowners/ Condo Association hereinafter referred to as the HOA under the following **TERMS**:

1. The HOA will be contacted to schedule an initial evaluation of its irrigation system by MIL.
2. The HOA shall purchase the supplies and contract an irrigation company to make the repairs required to implement the irrigation system upgrade as recommended by the MIL irrigation evaluation report.
3. The Miami Dade Water & Sewer (MDWASD) will purchase the soil moisture sensor and controller system, for the each HOA.
4. On completion of the system upgrade and retrofit of soil moisture monitor sensor and controller system, the HOA will arrange to have the MIL to do a follow-up evaluation to determine that the irrigation system has been made more efficient as a result of implementing the recommendations.
5. The MDWASD will reimburse the HOA **up to but not exceeding two thousand eight hundred fifty dollars (\$2850.00)** for implementing the recommended irrigation system upgrade/retrofit and installation of soil moisture monitor sensor and controller system.
6. Reimbursement will be made from the office MDWASD subject to following conditions:
 - A. Receipt of invoice and copy of cancelled check documenting payment**
 - B. Confirmation by Florida Yards & Neighborhoods that all work on the system upgrade and retrofit/installation of soil moisture monitor sensor and controller system has been completed.
 - C. The post-upgrade MIL **evaluation** is COMPLETED.
7. The HOA will allow the MIL to release copies of both pre- and post- evaluation reports to FYN, MDWSAD, SFWMD to documents water savings.
8. The HOA agrees to hold harmless FYN and MIL for any loss or damage to HOA property or landscaping.

HOA Authorized Representative

Print Name _____
Address _____ **Phone** _____
Signature _____ **Date signed** _____

FYN Authorized Representative (Print Name) _____

Address 18710 SW 288 St.
 Homestead, FL 33030 **Phone** 305-248-3311 x 239
Fax 305-246-2932
Signature _____ **Date signed** _____

MIL Authorized Representative (Print Name) _____

Address 1450 N. Krome Avenue, Suite 140
 Florida City, FL 33034 **Phone** 305-242-1288
Signature _____ **Date Signed** _____