

APPLICATION PACKAGE

Available for download at

https://www.bewaterwise.com/innovative-conservation-program.html



2022 INNOVATIVE CONSERVATION PROGRAM COMPLETED PROPOSALS DUE:

DECEMBER 15, 2022 AT 1:00 PM PST

Sponsored in Collaboration with:



Instructions

The following format shall be adhered to for proposals to be considered responsive. Respondents shall limit their proposals to the space provided in this application. No attachments or websites will be considered. Responses must be typed. Use only the free AdobeReader to fill out the form. After entering all information, save the PDF and email it to candry@mwdh2o.com.

Proposals received after the stated time and date will **not** be accepted. The applicant **is solely responsible for ensuring that its proposal is submitted correctly both in form and content and within the stipulated deadline (December 15, 2022 at 1:00 p.m. PST).** If applicant does not receive an email confirming the proposal submission, it is the applicant's responsibility to contact Tina Andry at candry@mwdh2o.com and confirm proposal submission.

| Applicant Information | | | | | | | | |
|--|--|--|-------------|--|--------|----|-------------------|---------|
| Organization: | | | | | | | | |
| Address | | | | | | | | |
| Street: | | | | | | | | |
| City: | | | | | State | e: | Zip/ Postal Code: | |
| Name and contact information of person to be contacted on matters involving this application | | | | | | | | |
| Prefix: | | | First Name: | | | | | |
| Last Name: | | | | | | | | Suffix: |
| Title: | | | | | | | | |
| Phone Number: | | | | | Email: | | | |

| Project Information | | | | | | | |
|---|----------------------------------|-----------------------|---------------------|--|--|--|--|
| Project Title: | | | | | | | |
| Funding Requested: (Max of \$50,000) | Cost of Project | : | | | | | |
| Proposed Start Date: (After Mar. I, 2023) | Proposed End I (Before May 30 | | | | | | |
| Tentative Payment Schedule | | | | | | | |
| Milestone/Task/ Activity | Requested Payment (\$ | Planned Start Date | Planned End Date | | | | |
| | | | | | | | |
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| | | | | | | | |
| Final Report (25% of total funding requested) | | | | | | | |
| TOTAL (Maximum \$50,000) | | | | | | | |

Project Description (Maximum of 15 points)

Provide a concise summary that includes an overall description of the project. Convey a clear understanding of goals, objectives, and strategies for achieving them.

Research Plan (Maximum of 20 points)

Describe your research plan expanding the milestone/task/activity list entered on page 2. Elaborate on the time that it will take for each task. Include information regarding background work already completed that can help with your tasks.

Project Innovation (Maximum of 20 points)

Describe how your proposed project is new and/or innovative. How is this device, technology, or strategy better and/or different than what is existing in the market place? If project is a new device or technology, what is its projected lifespan and reliability?

Market And Impact Potential (Maximum of 25 points)

What audience will benefit from your project? Where is the project applicable? What is the potential market size or impact size for your project? Describe project's potential water savings in the context of cost of device/technology if applicable. Include an estimated cost per acre foot or gallon saved.

Project Preparedness (Maximum of 20 points)

"Project preparedness" encompasses: 1) the applicant's experiences or skills that would allow them to complete the proposed project and 2) how thoroughly the project is planned and "shovel ready", including preparatory work completed to date.

| Signature (Required) | | | | | | | | |
|---|--------|-------------|--|--------|--|--|--|--|
| By signing this application, I certify that I have read, understand, and agree with all Terms and Conditions (separate document) of the 2022 Innovative Conservation Program RFP. I will cooperate with the review of this application as requested. I certify that the information on the application is true and correct. I AGREE | | | | | | | | |
| Authorized Representative: | | | | | | | | |
| Prefix: | | First Name: | | | | | | |
| Last Name: | | | | | | | | |
| Title: | Title: | | | | | | | |
| Phone Number: | | | | Email: | | | | |
| Date Signed: | | | | | | | | |

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