Strategic Partnership Application Form *Project Identification*

To the extent possible, this form should be electronically filled out and e-mailed BY February 28, 2023 to cengeron@mojavewater.org and efratt@mojavewater.org. Items denoted with an asterisk are required. Any awards from this program will not be available until July 1, 2023. All monies awarded must be spent by June 30, 2024. We will be making announcement of awards around June 1, 2023 (pending board approval).

<u>Please Read:</u> This program is for the reimbursement of materials only. We will not be able to reimburse labor hours or gas mileage; however, if an outside contractor has labor hours or gas mileage, it is acceptable. Please submit this document with your organization's initials listed first in the document title. Example: MWA Strategic Partnership App 2023-2024.doc

Please provide the following information regarding the project sponsor and proposed

PART 1: LEAD IMPLEMENTING AGENCY/ORGANIZATIONAL INFORMATION

project.		and project openion and property
Implementing Agen	cy/ Organization: *	
Agency / Organizati	on Address:	
Contact Name:*		
L Title:		
itte:		
Telephone:*		Fax:
Email:*		
4		
Project Name:*		
	Amount Approved:	
For Office Use	Amount Approved	
Only:	Approval Signature:	
	Date:	

PART 2: PROJECT DESCRIPTION*

A general description of the proposed project is needed. This section will provide information associated with the project concept, general project information, and readiness to proceed. Please provide a 1-2 paragraph description of the project including the general project concept, what will be constructed/implemented, how the constructed project will function, and treatment methods, as appropriate.				

PART 3: PROJECT BENEFITS*

Please provide a 1-2 paragraph description of the benefit(s) that the project will address. Information provided will be used in the assessment of project benefits. Quantify benefits to the extent possible.				
PART 4: PROJECT COST ESTIMATE*				
Project cost information is needed to assist in comparing benefits and costs.				
Please indicate the estimated total capital cost for project implementation. These costs include land purchase/easement, planning/design/engineering, construction/implementation, environmental compliance, administration, and contingency.				
Will this be a multiyear project: Yes: No:				
If yes how many years do you expect the project to last:				
Design Life of Project (years):				
Amount Requested for the project for the Current FY (\$):* *Cannot exceed \$25,000				

How do you plan to publicize this project? Check all that apply:				
Videos		Special events/dedication		
Press relea	ases	Newsletters		
Awards programs		Other		
If my project is soutreach purpos		provide MWA with photos/video of the project for public		
PART 6: MO	JAVE WATER A	AGENCY GOALS*		
like to ensure y		an extension of the Mojave Water Agency. We would eting one or more of our goals. Please check which goal es:		
Goal 1	Develop sound fisc effective, innovative	al and organizational policies that allow the Agency to be e, and responsive.		
Goal 2	Manage water reso to meet future dem water shortages.	ources through or in conjunction with the State Water Project ands while maintaining independence during periods of		
Goal 3		o maintain adequate water quality so that groundwater is nd other beneficial uses.		
Goal 4		areness so that individuals and stakeholder organizations and understand their role in contributing to the Agency's		
Goal 5		understanding of the region's water resources to support ent of water resources.		
Goal 6	Promote efficient us conservation progra	se of the region's water resources through regional ams.		