



## Strategic Partnership Application Form

### *Project Identification*

To be considered for a Strategic Partnership, complete this form and attach it to this online application: [HERE](#). Items with an asterisk are required.

**Important Dates:**

Deadline to submit FY 26-27 Application: **March 23, 2026**

Grant awards announced: **June 11, 2026 (pending board approval)**

Deadline for grant money to be spent: **June 1, 2027**

Deadline to submit receipts to MWA for reimbursement: **June 10, 2027**

**This program is for reimbursement of materials only.** Labor hours, gas, and mileage incurred directly by the applicant will not be reimbursed. However, costs for work performed by an outside contractor, including their documented gas or mileage, may be reimbursed if billed to the applicant and supported by proof of payment.

Please submit this document with your organization's initials listed first in the document title. Example: MWA\_Strategic\_Partnership\_App\_2026-2027.pdf

### ***PART 1: LEAD IMPLEMENTING AGENCY/ORGANIZATIONAL INFORMATION***

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Please provide the following information regarding the project sponsor and proposed project.

Implementing Agency/ Organization: \*

Agency / Organization Address:

Contact Name: \*

Title:

Telephone: \*

Fax:

Email: \*

Project Name: \*

Is this a continuation of a current project: \_\_\_\_ Yes \_\_\_\_ No

## ***PART 2: PROJECT DESCRIPTION\****

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**Provide a general description of the proposed project.**

**Please include a 1 to 2 paragraph description of the project describing the general project concept, what will be constructed/implemented, how the constructed project will function, and treatment methods, as appropriate.**

### ***PART 3: PROJECT BENEFITS\****

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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\****

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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 – If applying for more than one project, the total amount per agency/district cannot exceed \$25,000.**

## ***PART 5: PUBLIC OUTREACH\****

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**How do you plan to publicize this project? Check all that apply:**

☐ Videos ☐ Special events/dedication  
☐ Press releases ☐ Newsletters  
☐ Awards programs ☐ Other (Please describe: \_\_\_\_\_)

**Please describe what your public outreach will look like:** \_\_\_\_\_

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**How do you plan to recognize MWA during or after the completion of your project?**

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**If my project is selected, I agree to provide MWA with photos/video of the project for public outreach purposes. Initial:** \_\_\_\_\_

## ***PART 6: MOJAVE WATER AGENCY GOALS\****

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**The Strategic Partner program is an extension of the Mojave Water Agency. We would like to ensure your project meets one or more of our goals. Please check which goal(s) your project demonstrates and include a brief description of how your project supports the goal:**

☐ **Goal 1** Develop sound fiscal and organizational policies that allow the Agency to be effective, innovative, and responsive.

**Describe how your project supports this goal:**

\_\_\_\_\_ **Goal 2** Manage water resources through or in conjunction with the State Water Project to meet future demands while maintaining independence during periods of water shortages.

**Describe how your project supports this goal:**

\_\_\_\_\_ **Goal 3** Coordinate efforts to maintain adequate water quality so that groundwater is safe for drinking, and other beneficial uses.

**Describe how your project supports this goal:**

\_\_\_\_\_ **Goal 4** Develop public awareness so that individuals and stakeholder organizations support our efforts and understand their role in contributing to the Agency's mission.

**Describe how your project supports this goal:**

\_\_\_\_\_ **Goal 5** Advance scientific understanding of the region's water resources to support efficient management of water resources.

**Describe how your project supports this goal:**

\_\_\_\_\_ **Goal 6** Promote efficient use of the region's water resources through regional conservation programs.

**Describe how your project supports this goal:**

## ***PART 7: PRESENTATION***

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To streamline the Strategic Partners program, there will be added components to the process to ensure funding is being distributed efficiently, effectively and in alignment with MWA's goals and objectives.

- Once the applications have been accepted, the process will move forward to the review stage through a designated Strategic Partnerships Panel. The panel will carefully review each application and assess the project's feasibility, benefit(s) to the community, conservation focus, budget, and compatibility with MWA's goals. The panel will have the opportunity to ask questions if any portion of the application needs more clarification. The Panel will be selected by Mojave Water Agency and will not have an affiliation with any specific water district, business, or community group.
- If the selected applications that match the necessary criteria exceed the budgeted amount, the applying agency/district/community group will be invited to present their project to the Strategic Partner Panel with a visual representation (i.e., PowerPoint). This is an opportunity for the Strategic Partners applicants to tell the story behind the project beyond the application, and for discussion. The contact person listed on the application does not have to be the presenting representative from your agency/district/community group.
- Mojave Water Agency will notify the contact listed on the application with a funding decision with an award letter as well as notify any projects that were not approved for funding at this time.

## ***PART 8: AUTHORIZATION***

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To the best of my knowledge, the information provided on this application is true and I am authorized to submit this application on behalf of the applicant agency/district/community group.

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

If you have any questions regarding any steps in this process, please contact Elizabeth Fratt at [efratt@mojavewater.org](mailto:efratt@mojavewater.org) or call 760-946-7054.

<b>For Office Use Only:</b>	Amount Approved: _____ Approval Signature: _____ Date: _____
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