

# Water Bottle Filling Station GRANT PROGRAM







Tahoe Water Suppliers Association (TWSA) and Tahoe Fund are offering \$500 - \$1000 Grants towards Water Bottle Filling Stations.

Program is open to commercial properties and businesses located within the Tahoe Basin.

Applications are being accepted from private businesses and public entities.
Funds are limited, APPLY NOW!

The TWSA/Tahoe Fund Water Bottle Filling Station Grant Program was created to provide the community with access to safe and reliable Tahoe Tap® water to refill personal, reusable water bottles.

#### To be eligible, applicants must:

- Be a public facility (city facility, school, community center, parks, recreation areas, etc.)
- Private facilities (businesses) are eligible if providing public access to fill station during standard business hours.
- Be located in the geographically defined Tahoe Basin.
- Meet all other specific criteria and fulfill all application requirements.
- Program materials and application are posted at: www.TahoeH2O.org
- For more information, contact TWSA via: drinktahoetap@ivgid.org (or) 775-832-1284.

#### **Station Examples:**

Prices vary; roughly \$600-1000 for an indoor water bottle fill station; surface mounted (plus installation)



\$2000-\$5000 for an outdoor station; surface mounted or freestanding (plus installation).



#### **List of Vendors:**

Below is a listing of some of the vendors that offer stations that are eligible through this program. This is by no means an exhaustive list:

- Western Nevada Supply ..... www.goblueteam.com
- Elkay.....<u>www.elkay.com</u>
- Faucet Direct..... <u>www.FaucetDirect.com</u>
- Global Industries..... <u>www.GlobalIndustrial.com</u>

Tahoe Tap® Water Bottle Filling Station Grant Program Guidelines 2022-24

- Hydration by Haws...... <u>www.hawsco.com</u>
- Murdock Manufacturing...... <u>www.murdockmfg.com/water-bottle-filling-station</u>
- Plumbing Supply..... www.PlumbingSupply.com
- Restroom Direct..... www.RestroomDirect.com

#### Applicants must successfully:

- 1) submit a completed application (prior to installation)
- 2) purchase and install the equipment,
- 3) submit proof of installation and payment.

#### **Program Goals:**

Increase access to TAHOE TAP® water to residents and visitors

Promote TAHOE TAP® as a high-quality source of drinking water

Increase awareness of local water suppliers

Encourage stewardship/watershed protection in Tahoe through education

Reduce plastic waste through the use of refillable bottles

Low Contact Water Bottle Fillers can be easily maintained in safe and hygienic conditions

#### **Program Criteria:**

- Proposed location may be private or public property, with public access in an area not restricted by a counter or interior door. Public access must be available during normal business hours.
- Model installed must be NSF 61 certified.
- Model must meet ADA compliance on drinking water fountain installation.
- Applicant agrees to pay in full the total project cost, with reimbursement up to \$500/\$1000 per unit, issued after successful completion of application requirements.
- Applicant agrees to allow placement of DRINK TAHOE TAP \*/TAHOE FUND signage at the fill station for user education, and to allow photo opportunities of station.
- Applicant agrees to listing of location on apps and maps, as part of the Tahoe Refill Network.
- Applicant agrees to complete the installation of the station within 90 days from the application approval date.
- If unit installed has a 'bottles avoided counter', applicant agrees to provide count upon request.
- Limit 5 station rebates per entity, per year. Subject to fund availability.
- Rebate applicants agree to assume responsibility for maintaining equipment post-installation, based on standard manufacturer recommendations.
- TWSA/Tahoe Fund reserve the right to request refund of rebate if station is not properly maintained for the first 3 years of installation.
- The applicant agrees that TWSA/Tahoe Fund is not responsible for any costs or issues associated with installation or station maintenance.

#### **Application Requirements:**

#### All application materials are available online at: www.TahoeH2O.

Submit the following documents for approval PRIOR to purchasing and installing the water filling station:

- 1. Completed Application Form
- 2. Entity's Federal W-9 Tax Form
- 3. Liability Waiver Agreement

Once you have received approval from TWSA, purchase and install the water filling station and then submit the following documents for reimbursement:

- 4. Copy of purchase receipt.
- 5. If your purchase receipt does NOT have the filling station make and model on it, submit back-up information (ex. Copy of the front page of the information packet with make and model #)
- 6. Photo of installed unit (preferably with placement of DRINK TAHOE TAP/ TAHOE FUND signage).

#### **Application Deadline:**

Applications will be continuously accepted on a first-come first-served basis; starting August 1, 2019. Applications accepted on rolling basis. Grants will be awarded until program funding is exhausted.

#### **Selection Process:**

Applications will be reviewed thoroughly for compliance with the application requirements. Incomplete applications will be notified of missing submittal materials.

#### **Other Requirements:**

- TWSA will provide to the applicant signage for installation at the location of the station. The applicant must install the signage within 30 days of the delivery of the sign and prior to the scheduled station promotion opportunity; and
- TWSA requires a commitment to joint promotional opportunity, including, but not limited to, social media coverage, photography coverage, etc.

#### Other Restrictions:

Requests for multiple installations by an entity will be considered on a case-by-case basis. Payment will be made after submitting proof of successful installation. Awarded funds may ONLY be used towards a water filling station purchase. Project must not have started prior to application approval.

#### **Contact Information:**

For questions or concerns about the program, please contact: <a href="mailto:drinktahoetap@ivgid.org/">drinktahoetap@ivgid.org/</a> 775-832-1284

#### **Submit Application materials to:**

Tahoe Tap® Water Bottle Filling Station Grant Program

Tahoe Water Suppliers Association / Incline Village GID 1220

Sweetwater Road, Incline Village, Nevada 89451

Email: drinktahoetap@ivgid.org

#### Disclaimer

TWSA/TAHOE FUND has the right to reject the proposed unit based on not meeting the required criteria. TWSA/Tahoe Fund is not liable for defects of installation or maintenance issues onsite.



### Tahoe Water Suppliers Association Tahoe Fund

## Tahoe Tap® Water Bottle Filling Station Program



## **Grant Request Application**

| CONTACT INFORMATION       | NC  |                                 |                                  |              |
|---------------------------|---|---------------------------------|----------------------------------|--------------|
| Point of Contact Name:    |   |                                 |                                  |              |
|                           |   | l - f double betout do do do do | dia                              |              |
| Title:                    | Identify the person who will be responsible | le for administering the fui    | iding agreement.                 |              |
|                           |   | 7                               |                                  |              |
| Phone Number:             |   | Email Address:                  |                                  |              |
| Applicant's Legal Entity  | Name (check payable to):                    |                                 |                                  |              |
| Mailing Address:          |   | City, State                     |                                  | Zip:         |
| Federal Tax ID #          |   |                                 |                                  |              |
| Installation Address:     |   |                                 |                                  |              |
|                           |   |                                 |                                  |              |
| ☐ Public Agency           | ☐ Private Business ☐ Sch                    | hool 🗖 Other: _                 |                                  |              |
| PROJECT INFORMATIO        | )N  |                                 |                                  |              |
| 1) Make/Model for Prop    | oosed Purchase/Installation                 |                                 |                                  |              |
|                           |   |                                 |                                  |              |
| 2) Proposed Installation  | Date  |                                 |                                  |              |
|                           |   |                                 |                                  |              |
| 3) Proposed Installation  | Location (ex. indoor/outdoor,               | building type).                 |                                  |              |
|                           |   |                                 |                                  |              |
|                           |   |                                 |                                  |              |
| 4) Describe the exposure  | and approximate number of                   | people that pass t              | hrough the proposed location.    |              |
|                           |   |                                 | <u> </u>                         |              |
| 5\5 "                     |   |                                 |                                  |              |
| b) Describe your need, re | easoning and interest for a w               | ater bottle filling si          | ation.                           |              |
|                           |   |                                 |                                  |              |
|                           |   | outdoor) x # station            | s - 5 max. Describe the estimate | d total cost |
| (if known) for this proje | ст.   |                                 |                                  |              |
| 1                         |   |                                 |                                  |              |

| OTHER IN   | NFORMATION  |  |
|------------|---|--|
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
| APPLICAT   | TION CERTIFICATION  |  |
|            |   |  |
| Does your  | agency agree to pay for the installation  | and maintenance costs associated with the unit?                        |
| O Yes      | O No  |  |
| O res      | O No  |  |
| _          |   |  |
|            | ·   | horized by the applicant's governing body to apply for funding from    |
|            | n provided in this application is accurate  | r the project described in this application. I further attest that the |
|            | r provided in this application is accurate  | to the sest of my knowledge.   |
|            |   |  |
| Authorized | Representative's Signature  | Date   |
|            |   |  |
|            | Representative's Name (print)   | Title  |
|            |   |  |
|            | nit applications by mail or email to  |  |
|            | e Tap <sup>®</sup> Water Bottle Filling Sta   | •  |
|            | e Water Suppliers Association / In  |  |
|            | Sweetwater Road, Incline Village, I: <a href="mailto:drinktahoetap@ivgid.org">drinktahoetap@ivgid.org</a> | Nevada 89451   |
| Liliai     | i. <u>urinktarioetap@ivgid.org</u>  |  |
|            |   |  |
|            |   |  |
|            |   |  |
| TWS        | A Staff only:   |  |
|            | -   |  |
| Date A     | pplication Received:  |  |
| by TWS     | SA staff (initials)   |  |
| 0          | Application received  |  |
| 0          | Federal Tax ID W-9 received   |  |
| 0          | Liability waiver received   |  |
| 0          | Application complete and accepted   |  |
| 0          | Application missing materials:  |  |
| Applica    | ition active for 90 days (date)   |  |
| Grant F    | Processing:   |  |
| 0          | Documentation (proof of payment and   | •  |
| 0          | Check request submitted on (date)   |  |
| 0          | File closed   |  |



Program.

## Tahoe Water Suppliers Association Tahoe Fund Tahoe Tap® Filling Station Grant Program LIABILITY WAIVER AGREEMENT



Tahoe Water Suppliers Association / Tahoe Fund (TWSA/Tahoe Fund) has developed a **Tahoe Tap® Water Bottle Filling Station Grant Program** ("Program") to provide members of the community with access to safe and reliable tap water to refill personal, reusable bottles.

Starting in fiscal year 2019, TWSA/Tahoe Fund will award grants —for the purchase of a water bottle filling station, to entities within the Tahoe Basin.

| gotation, to criticios triaini the famoe basin   |     |
|--|-----|
| TWSA/Tahoe Fund agrees to provide a grant in the agreed amounts (on application) for each approv   | ved |
| station to:  |     |
| ("Entity").  |     |
| The purpose of this grant is for Entity to purchase a water bottle filling station under the terms and conditions of the Program.  |     |
| TWSA/Tahoe Fund's only involvement in Entity's activities in connection with the Program is to provide grant funds. Subject to availability of funds, TWSA/Tahoe Fund's only obligation to any Entity participating in the Program is to provide the grant amount for the purpose stated. TWSA/Tahoe Fund is not responsible for any liability to any participants in the Program regardless of any liability incurred in connection with the Entity's participation in the Program. |     |
| Entity assumes all risk of loss resulting from liability, damage, or injury to any property or person arising from the Program, including all risk of injury to its employees, agents, contractors, students, volunteers, and project participants.  |     |

ACCEPTED: (Entity) \_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_Printed Name:

Federal ID No.

Pursuant to this Waiver of Liability, Entity shall defend, indemnify, and hold harmless

TWSA/Tahoe Fund, its Board of Directors, officers, employees, and agents from and against all claims, suits, or causes of action for injury to any person or damage to any property arising out of any intentional or negligent omissions arising out of Entity's participation in the

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

|  | 4 No. ( ) No.  |                                 |                          |  |                      |                   |          |     |
|--|--|---------------------------------|--------------------------|--|----------------------|-------------------|----------|-----|
|  | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line bla   | ank.                            |                          |  |                      |                   |          |     |
|  | 2 Business name/disregarded entity name, if different from above   |                                 |                          |  |                      |                   |          |     |
| page 3.  | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  |                                 |                          | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |                      |                   |          |     |
| oe.<br>ons or  | Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC  | Trus                            | st/estate                | Exemptpay  | vee code             | (if any)          |          |     |
| ફ  | ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►  |                                 |                          |  |                      |                   |          |     |
| Print or type. Specific Instructions on page   | Note: Check the appropriate box in the line above for the tax classification of the single-member LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a is disregarded from the owner should check the appropriate box for the tax classification of its  | the owner of th<br>single-membe | e LLC is                 | Exemption code (if any   |                      | ΓCA rep           | orting   |     |
| eci  | ☐ Other (see instructions) ►   |                                 |                          | (Applies to acco   | ounts mainta         | ined outside      | e the U. | S.) |
| Sp   | 5 Address (number, street, and apt. or suite no.) See instructions.  | Requeste                        | er's name a              | ind address  | (optional)           |                   |          |     |
| See  |  |                                 |                          |  |                      |                   |          |     |
| 0)   | 6 City, state, and ZIP code  |                                 |                          |  |                      |                   |          |     |
|  | 7 List account number(s) here (optional)   |                                 |                          |  |                      |                   |          |     |
|  |  |                                 |                          |  |                      |                   |          |     |
| Par  | , ,  | 1                               |                          |  |                      |                   |          |     |
|  | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to   |                                 | Social sec               | urity numbe  | er                   |                   | 1 1      |     |
|  | o withholding. For individuals, this is generally your social security number (SSN). Howevent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For oth   |                                 |                          | _  | _                    |                   |          |     |
| entities   | s, it is your employer identification number (EIN). If you do not have a number, see <i>How to</i>   | get a                           |                          |  |                      |                   |          |     |
| TIN, la  | ter.   | _                               | or                       |  |                      |                   |          |     |
| Note: If the account is in more than one name, see the instructions for line 1. Also see What Name a |  | me and                          | Employer                 | identification number  |                      |                   |          |     |
| Numb   | er To Give the Requester for guidelines on whose number to enter.  |                                 |                          | -  |                      |                   |          |     |
| Part   | II Certification   |                                 | 1 1                      |  |                      |                   |          |     |
|  | penalties of perjury, I certify that:  |                                 |                          |  |                      |                   |          |     |
|  | number shown on this form is my correct taxpayer identification number (or I am waiting  | for a number                    | to be iss                | ued to me)   | and                  |                   |          |     |
| 2. I am  | not subject to backup withholding because: (a) I am exempt from backup withholding, or rice (IRS) that I am subject to backup withholding as a result of a failure to report all interests.  | (b) I have no                   | t been no                | tified by th   | e Intern             |                   |          | ım  |
|  | onger subject to backup withholding; and a U.S. citizen or other U.S. person (defined below); and  |                                 |                          |  |                      |                   |          |     |
|  |  | ortina is corre                 | oct                      |  |                      |                   |          |     |
|  | FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA report in the standard of t | -                               |                          |  |                      | . LaParan la      |          |     |
| you ha<br>orabai   | cation instructions. You must cross out item 2 above if you have been notified by the IRS that we failed to report all interest and dividends on your tax return. For real estate transactions, ite indonment of secured property, cancellation of debt, contributions to an individual retirement are terest and dividends, you are not required to sign the certification, but you must provide your caterials.  | m 2 does not a<br>rangement (IF | apply. For<br>RA), and g | mortgage i<br>enerally, pa   | nterest p<br>lyments | oaid, ac<br>other |          |     |
| Sign<br>Here   | Signature of U.S. person ►   | Date ►                          |                          |  |                      |                   |          |     |
| Ger  | neral Instructions • Form 1099-DIN funds)  | V (dividends,                   | including                | those from   | stocks               | or mut            | ual      |     |

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.