



**Tahoe Water  
Suppliers  
Association**  
Protect the Source

## Water Bottle Filling Station Grant Program

Lake Tahoe has some of the cleanest and tastiest tap water in the world. As part of its mission to reduce plastic litter in the Lake Tahoe Basin, the Tahoe Water Suppliers Association encourages residents and visitors to ditch the plastic single-use water bottle and use a reusable bottle to Drink Tahoe Tap®.

There have been many efforts in the past few years to ban plastic single-use bottles in parts of Tahoe, and to help with the implementation of those bans, TWSA is offering grants for water bottle fillers. Grants cover 50% of the cost of the filler\* up to \$2500.

\*up to \$2500 per unit, excludes any installation costs.



Fill up with the world's best water,  
anywhere you go in Tahoe.  
[drinktahoetap.org](http://drinktahoetap.org) #drinktahoetap

**To be eligible, applicants must:**

1. **Be in the geographically defined Tahoe Basin.**
  - 2a. Be a public facility **OR**
  - 2b. Be a private facility that provides public access to fill station during standard business hours.
3. Include Drink Tahoe Tap® logo on or near fill station

### **Questions?**

Contact us at: [drinktahoetap@ivgid.org](mailto:drinktahoetap@ivgid.org) or 775-832-1284

**List of Vendors:**

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

- Western Nevada Supply [www.gobluesteam.com](http://www.gobluesteam.com)
- Elkay [www.elkay.com](http://www.elkay.com)
- Faucet Direct [www.FaucetDirect.com](http://www.FaucetDirect.com)
- Global Industries [www.GlobalIndustrial.com](http://www.GlobalIndustrial.com)
- Hydration by Haws [www.hawesco.com](http://www.hawesco.com)

**Applicants must successfully:**

1. Submit a grant application request form (prior to installation). Forms at: [www.TahoeH2O.org](http://www.TahoeH2O.org)
2. Purchase and install the equipment
3. Submit proof of installation and payment.\*

\*Grant funds will be issued after completion of proof of purchase and installation.

**Program Criteria:**

- Proposed location may be private or public property, with public access and must be available during regular 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 \$2500 per unit, issued after successful completion of all application requirements.***
- Applicant agrees to allow placement of Drink Tahoe Tap® signage at the fill station for user education.
- Applicant agrees to listing of location as part of the Take Care Tahoe Refill Station Map (or similar).
- 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.
- The applicant agrees that TWSA is not responsible for any costs or issues associated with installation or station maintenance.

**Contact Information:**

For questions or concerns about the program, please contact: [drinktahoetap@ivgid.org](mailto:drinktahoetap@ivgid.org) / 775-832-1284

**Application Requirements:**

All application materials are available online at: [www.TahoeH2O.org](http://www.TahoeH2O.org)

Submit the following documents for approval ***PRIOR*** to purchasing and installing the bottle 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, then submit the following documents for reimbursement:

1. Copy of filling station purchase receipt. 50% of cost reimbursable up to \$2500 per unit.
2. Photo of installed unit (preferably with placement of Drink Tahoe Tap® and signage).

**Application Deadline:**

Applications will be continuously accepted. 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, Drink Tahoe Tap® signage or decals for installation at the location of the station. The applicant must install the signage when delivered. TWSA requires a commitment to joint promotional opportunity, including, but not limited to, social media coverage, photography, etc. 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.

**Submit Application Materials to:**

Tahoe Water Suppliers Association  
1220 Sweetwater Road,  
Incline Village, Nevada 89451



**Tahoe Water  
Suppliers  
Association**  
Protect the Source

## Tahoe Water Suppliers Association Drink Tahoe Tap® Water Bottle Filling Station Grant Program

Fill out the following: Grant Application, Waiver, and Tax ID Forms

### APPLICATION:

<b>Contact Information</b>	
<b>Contact Person:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Legal Entity Name (check payable to):</b>	
<b>Mailing Address:</b>	
<b>Installation Address:</b>	
<b>Federal Tax ID #:</b>	

☐ Public Agency    ☐ Private Business    ☐ School    ☐ Other: \_\_\_\_\_

<b>PROJECT INFORMATION</b>
<b>Make/Model(s) proposed:</b>
<b>Proposed installation date:</b>
<b>Proposed location (indoor/outdoor):</b>
<b>Approximate exposure (people per year that visit location):</b>
<b>Funding amount requested (up to \$2500 per unit; limit of 5 units):</b>

<b>APPLICATION CERTIFICATION</b>
<b>Does your business/agency agree to pay for installation cost, and conduct routine maintenance associated with the unit?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I hereby certify that I am duly authorized to apply for funding from Tahoe Water Suppliers Association for the project described in this application. I further attest that the information provided in this application is accurate to the best of my knowledge.

Authorized Representative's Signature	Date
Authorized Representative's Name (print)	Title

**Submit application to:**  
Tahoe Water Suppliers Association  
1220 Sweetwater Road  
Incline Village, NV 89451

**Or by email:**  
[DrinkTahoeTap@IVGID.org](mailto:DrinkTahoeTap@IVGID.org)

<b>TWSA Staff Use Only:</b>		<b>Date Received:</b>	
<input type="checkbox"/> Application	<input type="checkbox"/> W-9	<input type="checkbox"/> Waiver	<input type="checkbox"/> Application Accepted
<input type="checkbox"/> Proof of Payment/Install	<input type="checkbox"/> Check request submitted (date): _____		<input type="checkbox"/> Grant Complete



## Tahoe Water Suppliers Association Drink Tahoe Tap® Water Bottle Filling Station Grant Program

### LIABILITY WAIVER AGREEMENT

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

TWSA provides this grant to the Entity written below ("Entity") for the purchase of a water bottle filling station to entities within the geographically defined Lake Tahoe Basin, as part of the TWSA watershed control program. The funds for this grant originate entirely from the TWSA annual budget as approved by the TWSA Board of Directors.

TWSA Agrees to provide a grant in the agreed upon amount of 50% the purchase price (excluding installation) of a water bottle filling station, up to a maximum of \$2,500 (two-thousand five hundred dollars) for each approved station. This grant is payable to: \_\_\_\_\_ (legal Entity name).

TWSA's only involvement in Entity's activities in connection with the Program is to provide this grant fund. Subject to availability of funds, TWSA's only obligation to Entity is to provide the grant in the amount for the purpose stated. TWSA is not responsible for any liability to any participants in the Program regardless of any liability incurred in connection with 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.

Pursuant to the Waiver of Liability, Entity shall defend, indemnify, and hold harmless TWSA, 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 from Entity's participation in the Program.

Entity: \_\_\_\_\_

Entity Federal Tax ID: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Name of Authorized Representative (Print): \_\_\_\_\_

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

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<b>or</b>	
<b>Employer identification number</b>	
<input type="text"/>	<input type="text"/> - <input type="text"/>

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
------------------	--------------------------	------

**General Instructions**

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 [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they