 **APPLICATION INSTRUCTIONS & FORM**

**Seattle Water & Waste Innovation Funding Program**

# **Instructions**

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**Applications are due by end of day on Friday, May 7.**

**Informational Webinar**

Thursday, April 22

6:00 pm to 7:30 pm

**Meeting Link**

<https://seattle.webex.com/webappng/sites/seattle/meeting/info/ce11f3e8d50445f9add548db82296a41?isPopupRegisterView=true>

1. **Complete the Print Application Form:**
   * Applications may be submitted in your preferred language. SPU will provide translation/interpretation.
2. **Compile your completed application package, including:**
   * Print Application Form (Required)
   * Letter of support or email from each project partner (Optional)
   * Images or maps that help explain your project (Optional)
3. **Submit one copy of your completed application package by end of day on Friday, April 23, 2021:**
   * Email (preferred) your completed application package to Catherine.Morrison@seattle.gov.

OR

Mail a hardcopy to the following address. We are not accepting in-person application deliveries in 2021.

Seattle Water & Waste Innovation Funding Program

Seattle Municipal Tower

700 5th Ave, Suite 4900

P.O. Box 34018

Seattle, WA 98124-4018

FOR INTERNAL USE ONLY**—Tracking Number:**

# **Applicant Information**

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| Applicant Name, Business, or Organization |  |
| Fiscal Agent Name (if applicable) |  |
| Mailing Address |  |
| City, State, Zip Code |  |
| Contact Person |  |
| Job Title |  |
| E-mail Address |  |
| Preferred Phone Number |  |

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| Check all categories that describe the applicant.   |  |  |  |  | | --- | --- | --- | --- | |  | Business | Institution (such as health care or housing) | | |  |  |  | | |  | Nonprofit | Faith-based organization | | |  |  |  | | |  | Community or neighborhood group | Youth or children’s program | | |  |  |  | | |  | School, college, or university | Other (please list): | | |  |  |  |  | |

# **Program/Project Information**

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| Program/Project Name |  |
| Requested Funding (Estimate is OK) |  |
| Location where the program/project will take place (e.g., neighborhood, business name, building name, etc.). Include the street address and zip code if the project will take place at a specific site. |  |
| Does your organization serve primarily BIPOC and other marginalized communities? (Yes/No) |  |
| Is your organization led by primarily BIPOC individuals? (Yes/No) |  |

# **Project Description**

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| **1. Project Description**  Describe your proposed project, including:   * What you want to do * Why you want to do it * How your project addresses one of the Innovation Areas (See Table 1 for more information):  1. **Area 1:** Waste prevention solutions focused on food and other materials. Examples include sharing, reusing, repairing, and repurposing. 2. **Area 2**: Water, waste, and hand hygiene access solutions, which may include options for accessing safe drinking water, for individuals experiencing homelessness. |
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| **2. Project Activities**  What specific activities and strategies will you use to accomplish your project objectives? Project milestones will drive the reimbursement schedule. Suggested milestones include: (1) Complete project plan; (2) Complete permitting and approval process; (3) Implementation (can be broken into smaller segments); (4) Project completion.  If available, please include information about: (1) Any models or suggested prototypes, (2) Any proposed collaborations with the Arts community, and (3) Any workforce development activities. |
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| **3. Project Outcomes & Measuring Success**  What outcomes do you expect from your project? Review the attachment for specific data measures. Feel free to copy and paste!  What tools and strategies will you use to measure the success of your project? |
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| **4. Prior Work**  Any work you’ve done to address challenge areas including (but not limited to) whether your idea meets food and hygiene regulations, addresses maintenance, safety, ADA accessibility, any public siting criteria and requirements, and other challenges that might exist. |
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| **6. Project Partners**  Partners are only required if needed to make a project successful. List all partners who will be supporting the project. Describe their roles in the project and the relevant knowledge, skills, similar work experience, and community relationships they bring to the project.  Projects that will engage partners are encouraged to secure partnerships before submitting the grant application. Include an email or letter of support from each partner with your application. |
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| **7. Community Involvement**  Will the communities that are impacted by your project be involved in the project planning and implementation? If so, please explain how. |
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| **8. Long-Term Impacts**  What do you think will happen after the project period is over?  For example, what will happen to any installations? When risks associated with COVID diminish, will the overall need also diminish? If long-term funding were available, how would you use it? |
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| Please answer **Yes** or **No** to the following questions about your project. Answering “No” does not eliminate your chance of receiving funds, but it will help us understand how best to work with you.   |  |  |  |  | | --- | --- | --- | --- | |  | The project activities meet ADA requirements | The project has a plan for regular maintenance to maintain a hygienic state | | |  |  |  | | |  | The project incorporates permits and other permissions into planning | The project has a plan for continuous community engagement | | |  |  |  | | |  | The project is not located in or obstructing the Right of Way | The organization is a registered non-profit or is fiscally sponsored by one | | |  |  |  | | |  | Your organization has access to insurance and is willing to indemnify        Your organization has private property permissions (if applicable) | The project plan considers what happens at the end of the funding period        If applicable, your project meets public health guidelines concerning potable drinking water | | |  |  |  |  | |