This form should be used by any IRWM region in a Funding Area that has agreed to submit applications with total request from that funding area not exceeding the funding available. This form will be used to ensure an appropriate process was followed to vet projects for Proposition 1 IRWM Implementation Round 2 that includes all criteria required by Proposition 1 for project selection.

1. Please describe the criteria used to select IRWM projects. Selection criteria must include the preferences expressed in Proposition 1 and shown below:
* Projects that leverage funding
* Projects that achieve multiple benefits shall receive special consideration
* Special consideration will be given to projects that employ new or innovative technology or practices, including decision support tools that support the integration of multiple jurisdictions, including, but not limited to, water supply, flood control, land use, and sanitation
* Projects that help address the impacts caused by nitrate, arsenic, perchlorate, or hexavalent chromium contamination, including projects that provide safe drinking water to small disadvantaged communities

Additionally, in line with DWR priorities a criterion must be included to prioritize projects that will have all CEQA, NEPA, and permitting completed within an estimated 12 months of the award date.

Please include how the criteria was weighted, if applicable.

1. Please describe the process used to select the projects. How was the selection criteria applied?
2. Did the project selection process comply with the process included in the adopted IRWM Plan? Please include a final ranking of the projects below or as an attachment.
3. Who voted in process to select the projects (Names, titles, organization)?

|  |  |  |
| --- | --- | --- |
| Name | Title | Organization\* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* Each organization must recuse themselves from voting on their own projects or projects they have strong interest in.

1. Were all conflict-of-interest laws and policies followed in this selection process?

|  |  |
| --- | --- |
|  |  |
| Name of Authorized Representative | Signature |
| Title | Date |