

Drought Initiative Application
Plant Industry Division



To apply for this funding opportunity, review the request for application to ensure eligibility criteria is met. Please complete the application provided below and submit to Jake Dick via email at jdick@agri.nv.gov and send or deliver a hard copy to 405 South 21st street Sparks, NV 89431.

Producer contact information

Business name: _____

Production address: _____

Producer contact:

- Name: _____
- Email: _____
- Phone: _____
- Mailing address (if different than producer address): _____

- Vendor number (will be needed to award funding): _____

Production information

Source of water: _____

Scope of production (livestock, sheep, vegetables, hay, etc.): _____

Size in acres: _____

Years in production: _____

Other state or federal funding producer previously or currently receives: _____

How water is monitored: _____

Irrigation method: _____

Project Description

Please describe (in one page or less) your project plan and include the following information:

1. Describe your operation’s need for the project and present challenges regarding water conservation. How will this project support the goals outlined in the request for application (RFA).
2. How do you plan to reduce water usage and increase conservation efforts? Project activities may include but are not limited to: water saving technologies, installing water saving infrastructure, laser leveling, cover crops, irrigation canal improvements, etc.
3. Describe how you will evaluate your water savings. *This should include past water usage and how you will determine future water savings.*
4. Describe the sustainability of the project. *How likely is it that more work will be needed in subsequent years to ensure the project’s success? What would the scope of that work be? What is the expected lifetime of the project?*

Budget Narrative (requested funding)

Please provide a general list of expenses for your proposed project. If personnel or contractual expenses are included, please describe the activities that will be performed.

Please note: Funds must be used on costs necessary, reasonable, and allowable for proper and efficient performance and administration of the award.

Personnel

Please list the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities. Attach additional sheet as necessary.

#	Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested
1			
2			
3			
4			
		Personnel Subtotal	

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Personnel Justification

For each individual listed in the above table, please describe the activities to be completed by name/title, including approximately when activities will occur.

Personnel 1: _____

Personnel 2: _____

Personnel 3: _____

Personnel 4: _____

Contractual/Consultant

Please provide a list of contractors/consultants, detailing the name, hourly/flat rate, and overall cost of the services performed. Please note that any statutory limitations on indirect costs also apply to contractors and consultants. *Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately. (Repeat this section for each contract/consultant.)*

#	Name/Organization	Hourly/Flat Rate	Funds Requested
1			
2			
3			
4			
Contractual/Consultant Subtotal			

Contractual Justification

For each of your real or anticipated contractors listed above, please provide a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are needed to meet the anticipated outcomes and objectives. Include timelines for each activity.

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Supplies

Please list the materials, supplies, and fabricated parts costing less than \$5,000 each, and describe how they will support the purpose and goal of the proposal and. See the RFA section 2 for allowable and unallowable costs and activities, supplies and materials, including costs of computing devices for further information.

Item Description	Per-Unit Cost	# of Units Purchased	Acquire When?	Funds Requested
Supplies Subtotal				

Supplies Justification

Please describe the purpose of each supply listed in the table above and why it is necessary for the completion of the project’s objective(s) and outcome(s).

*If you do not receive the full amount of requested funds, how could you reduce your budget (describe)?

Item 1: _____

Item 2: _____

Item 3: _____

Item 4: _____

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Workplan/Timeline

Please describe how you will ensure funding is expended in a timely and efficient manner to the goals of the program. *The timeline should provide a clear and realistic outline showing milestones as the project progresses towards it's completion.*

Project Activity	Performed by	Date of Completion
(Example) Obtain contractor quotes to perform laser leveling.	Project Manager	February 28, 2018
(Example) Hire contractor to perform laser leveling.	John Smith's laser leveling	March 1, 2018

**ATTACHMENT A – COST PROPOSAL CERTIFICATION OF COMPLIANCE
WITH TERMS AND CONDITIONS OF RFA**

I have read, understand and agree to comply with *all* the terms and conditions specified in this Request for Proposal.

YES _____ I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors *must* provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Note: Only cost exceptions and/or assumptions should be identified on this attachment. Do not restate the technical exceptions and/or assumptions on this attachment.

Business Name

Signature

Print Name

Date