



The Town of Truckee  
Water Bottle Filling Station Program



Fill out the following:  
Grant Request Application, Liability Waiver, W9

**GRANT REQUEST APPLICATION – \*One grant request application per filling station\***

**CONTACT INFORMATION**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant's Legal Entity Name (check payable to): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Installation Address: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

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

**PROJECT INFORMATION**

**1) Make/Model(s) for Proposed 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 through the proposed location.**

**5) Describe your need, reasoning, and interest in a water bottle filling station.**

**6) Funding Amount Requested (up to \$2500 per unit; limit 5 units). Estimated total cost for this project.**

**OTHER INFORMATION**

**APPLICATION CERTIFICATION**

**Our agency agrees to pay for the installation and maintenance costs associated with the unit.**

By signing below, I hereby certify that I am duly authorized by the applicant's governing body to apply for funding from The Town of Truckee 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.

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**Authorized Representative's Signature**

**Date**

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**Authorized Representative's Name (print)**

**Title**

**Submit applications by email or mail to:**

**Email:** [Sustainability@TownofTruckee.com](mailto:Sustainability@TownofTruckee.com)

**Mail:** Town of Truckee c/o Keep Truckee Green

**10183 Truckee Airport Rd.**

**Truckee, CA 96161**

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**Town of Truckee Staff only:**

Date Application Received: \_\_\_\_\_ by Town of Truckee staff (initials) \_\_\_\_\_

- Application received
- Federal Tax ID W-9 received
- Liability waiver received
- Application complete and accepted
- Application missing materials: \_\_\_\_\_
- Application active for 90 days (date) \_\_\_\_\_
- Documentation (proof of payment and photo of installation) received
- Check request submitted on (date) \_\_\_\_\_
- File closed