This Form is applicable to any IRWM Region within a Cooperative Funding Area that chooses their Application to be not scored as per Table 4 in the PSP. This Form will be used to ensure an appropriate process was followed to select projects for Proposition 1 IRWM Implementation Round 2 that includes all criteria required by Proposition 1 for project eligibility and preferences. The completed form should not exceed three pages.

1. Please describe the criteria used to select IRWM projects. Selection criteria must include the preferences required by Proposition 1:
* 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
1. IRWM Regions must use a competitive process to select projects for Round 2. How were the selection criteria in Question 1 applied to the project selection process? Please describe if any of the criteria was weighted differently, if applicable.
2. Did the project selection process comply with the process included in the adopted IRWM Plan? If not, please explain.

1. Were all conflict-of-interest laws and policies followed in this selection process as outlined in the draft Grant Agreement Paragraph D.12?

[ ]  Yes [ ]  No

I understand that the Department of Water Resources will rely on this signed certification in order to accept application for funding and that false and/or inaccurate representations in this Self-Certification may result in revocation of the award of funds or loss of all funds awarded to the Grantee.

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| --- | --- |
| Name of the IRWM Region:  |  |
| Name of Authorized Representative | Signature |
| Title | Date |