



STATE WATER RESOURCES CONTROL BOARD  
Division of Financial Assistance  
P. O. Box 944212, Sacramento, CA 94244-2120

## GENERAL INFORMATION PACKAGE

The General Application and attachments may be submitted in one of three ways. Applicants are encouraged to utilize the Financial Assistance Application Submittal Tool (FAAST) to streamline the application submittal and review process, but if that will create a hardship, email or mail can be utilized instead:

- 1.) Apply online via the FAAST: <https://faast.waterboards.ca.gov>

To submit a DWSRF Application in FAAST, you must complete all the tabs in FAAST and attach (at minimum) the General Information Package. (Note: Once the DWSRF Application has been uploaded, you must still complete the application by clicking on the "Submit" button.) Once the DWSRF Application is submitted in FAAST, a project manager will be assigned to help the applicant complete the application process.

To submit additional documents for the same project, **do not** start a new application. Instead, click on the Submitted Applications link on the Main Menu and choose the project from the list of previously submitted applications. Open the Attachments tab, and then the Post-Submission sub-tab. Choose a document from the Attachment Category dropdown list and then select the file to upload. The project manager will receive an email notification letting them know you have submitted additional information for review.

If you need assistance, you can also contact the FAAST Help Desk, which is staffed Monday through Friday 8am through 5pm, at 1-866-434-1083 or [FAAST\\_ADMIN@waterboards.ca.gov](mailto:FAAST_ADMIN@waterboards.ca.gov).

- 2.) To submit a DWSRF Application via email, please use the following email address:

[DrinkingWaterSRF@waterboards.ca.gov](mailto:DrinkingWaterSRF@waterboards.ca.gov)

- 3.) To submit a DWSRF Application via mail, please use the following address:

State Water Resources Control Board  
Division of Financial Assistance  
P.O. Box 944212  
Sacramento, CA 94244-2120

# General Application Instructions

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Check the box to indicate the type of project (planning or construction) needing financial assistance.

## Section I - Applicant Information

**Applicant Name** – Enter the entity that will be the legal signatory to a financing agreement.

**Street Address, City, State, Zip** – Enter the applicant's physical street address. The Zip+4 Code can be found at <https://tools.usps.com/go/ZipLookupAction>.

**Mailing Address, City, State, Zip** – Enter the applicant's mailing address, if different from the street address.

**Applicant Total Population** – Enter the total applicant service area population.

**Applicant Total Number of Service Connections** – Provide the total number of active service connections that are currently and directly served by the water system. This includes all residential, industrial, commercial, and other connections.

**Current year median household income (MHI)** – Enter the current year median household income of the applicant or project service area. An official MHI Determination will be conducted during the review of this General Application Package.

**Congressional District(s)** – Enter the Congressional district(s) where the project will be physically located. If the project will span multiple Congressional Districts (i.e., a pipeline project), list all affected districts. A map of California Congressional Districts can be found at <https://www.house.gov/representatives/find-your-representative>.

**State Senate District(s) & State Assembly District(s)** – Enter the State Senate district(s) and State Assembly district(s) where the project will be physically located. Refer to <http://findyourrep.legislature.ca.gov/>.

**Unique Entity Identifier (UEI) No.** – This number is required to receive a financial assistance agreement. If the applicant does not have a UEI number, more information is available at <https://sam.gov/content/entity-registration>.

**Federal Tax ID No.** – Enter the Federal tax identification number of the applicant.

**Authorized Representative Name, Title** – Identify the person who has the authority to represent the applicant and sign documents pertaining to the funding application. If the applicant is a public agency or has a governing board, the application must include a copy of a resolution adopted by the governing body designating its authorized representative and authorizing the submission of an application. If the applicant does not have a governing board, then it must provide documentation supporting the authorization of the authorized representative. It is advisable to designate the title of the position authorized to sign and submit an application rather than naming a specific person. The funding application must be signed by the authorized representative.

**Auth. Rep. Phone & Email** - Enter the authorized representative's telephone number and email address.

**Contact Person Name** – Enter the name of the person who is the day-to-day contact for the project. This



person should be able to answer general questions about the project and application.

**Contact Person Phone & Email** – Enter the contact person's telephone number and email.

**Local Counsel Name** – Enter the name of the applicant's general counsel. Borrowers with existing bond debt will also need to provide contact information for bond counsel.

**Local Counsel Phone & Email** – Enter the local counsel's telephone number and email.

## **Section II - Project Information and Proposed Schedules**

**Project Title** – Enter the title or name of the project. This name should match that on the CEQA documents, resolution, and any other existing documents.

**Project Description and Objectives** – Provide a brief description of the project and its objectives.

**Current Status of Plans and Specifications** – Provide the current status in percent complete.

**Amount of Financial Assistance Requested** – Provide the amount of financial assistance requested.

**Total Project Cost (If More Than the Amount of Assistance Requested)** – Provide the total project cost.

**Water Supply Permit Number** – Enter permit number and attach a copy of the water supply permit, along with any enforcement orders (label as **Attachment G1**).

**Population Served by Project** – Enter the population served by the Project.

**Estimated Project Schedule** – Provide an estimated or actual date for the following:

- Adopt Environmental Documents
- 100% Plans & Specifications
- Start of Construction/Implementation
- Complete Construction/Implementation

**Consultation with Other Agencies** – Provide the following:

- Name of other federal or state agencies involved in this project (e.g. planning, CEQA/NEPA consultation, funding, etc.)
- Contact information for the named agencies
- Brief descriptions of the status of these consultations

**Partnering Agencies** – Provide the name and contact information of all other agencies that have an interest in the project, their contact information if known, and brief description of their roles.

**Other Funding Sources** – Provide a list of other funding sources for this project. Include the amount and an estimate date on which the funding will be available.

## **Section III – Managerial Information**

**Classification of Water System** – Check the box that represents your type of system. If you are unsure of the classification of your system, refer to the system's domestic water supply permit or refer to the *Decision Tree for Classification of Water Systems* flow chart located at [https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/docs/class\\_dec\\_tree.pdf](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/docs/class_dec_tree.pdf).

**Ownership and Organization of the Water System** – Check the box(es) that corresponds to the ownership of your water system.

**Municipalities** – If the Applicant is a Municipality, indicate if the Applicant is a Charter City.

**Privately-owned entities** - Non-community water systems are only eligible for DWSRF funding if they qualify as a non-profit entity. Non-profit owners of non-community water systems must include the appropriate IRS non-profit ID number and Tax-Exempt Status form IRS 501(c).

Privately owned systems must include a copy of the fictitious name statement, if they are operated under a name that is different than their owner's legal name, and must provide a copy of their owner's organizational documents, and federal tax returns or other financial document (label as **Attachment G2**).

The following is a list of organizational and financial documents for different types of for-profit or non-profit private water systems:

**Limited Liability Company**

- Applicable federal tax return for the last 3 years (e.g., Form 1040 (sole proprietor), Form 1065 (partnership), or Form 1120 (corporation))
- Articles of Organization, with all amendments, certified by Secretary of State (CA)
- Executed Operating Agreement
- Fictitious Business Name (FBN) Statement (if using any name other than the exact name that is on record with the Secretary of State's Office)
- Secretary of State Entity/File Number

**Partnership**

- Partnership Agreement(s)
- Statement of Partnership Authority (Form GP-1), filed with Secretary of State
- Federal tax return for the last 3 years (e.g., Form 1065)
- Majority owner's last three years of personal tax returns
- Fictitious Business Name (FBN) Statement (if using a name that does not include the surname of each general partner or a name that suggests the existence of additional owners such as "Company," "& Company," "& Son," "& Sons," "& Associates," "Brothers," and the like)

**For-Profit Corporation**

- Articles of Incorporation, with all amendments, certified by Secretary of State (CA)
- Bylaws
- Fictitious Business Name (FBN) Statement (if using any name other than the exact name that is on record with the Secretary of State's Office)
- Federal tax return for the last 3 years (e.g., Form 1120 (C-Corp) or Form 1120S (S-Corp))

**Non-Profit Corporation**

- Articles of Incorporation, with all amendments, certified by Secretary of State (CA)
- Bylaws
- IRS Tax Exempt Determination IRS 501(c)
- Latest Annual Report filed with the California Registry of Charitable Trusts
- Filed Fictitious Business Name Certificate (DBA) (if applicable)
- Federal tax return of organization exempt from income tax Form 990 – most recent 3 years

**Sole Proprietorship**

- Filed Fictitious Business Name (FBN) Statement (if using any name that does not include the last



- name (surname) of the owner, or which implies additional owners)
- Federal tax return Form 1040, including schedules – most recent 3 years

#### **Trusts**

- Trust or Certification of Trust, signed by all currently acting trustees – discuss with DFA prior to submitting
- For revocable trust, federal tax return of grantor Form 1040, including schedules – most recent 3 years
- For irrevocable trust, Form 1041 – most recent 3 years

**Corporations, LLCs, and Partnerships** – If your water system is a Corporation (e.g. mutual water company; incorporated homeowners association), Limited Liability Company, or Partnership, list your water system's California Secretary of State Entity Number as well as your water system's filing status with the California Secretary of State. Information relating to a Corporation's, Limited Liability Company's, or Partnership's filings with the Secretary of State can be found at the following website: <https://sos.ca.gov/business-programs/business-entities/>.

**Does the California Public Utility Commission (CPUC) regulate your system?** – Indicate whether your water system is regulated by the CPUC. Include (1) the CPUC resolution that authorized acquisition/construction/extension of your system; (2) the most recent annual report filed with the CPUC; (3) the most recent general rate case documents; (4) CPUC audit reports, if any; and (5) a list of all actions or matters associated with your system that are currently pending before the CPUC, as well as all filings associated with those actions or matters. Water systems regulated by the CPUC must submit any required CPUC approval or notification to enter into a funding agreement for DWSRF financing. (label as **Attachment G3**)

**Names, titles and duties of key officers or decision-making personnel** – Provide the name, title, and duties of key officers or decision-making personnel of the water system. Submit an organization chart showing the names, titles, and the reporting relationship of all key persons involved with the operation of the water system. The organization chart does not need to describe all personnel employed by the system, only those persons that have primary responsibilities for making decisions that affect the operation of the water system. Submit an organizational chart showing parent, subsidiary, or otherwise affiliated entity structures, or submit a certification that there are none (label as **Attachment G4**).

**Is there any pending litigation, sale of system property, or audit/investigation?** – Indicate if there is any litigation, sale of system property, or audit/investigation pending with respect to the water system's assets or water rights or relative to the operation of the water system or the proposed project. Litigation or audits/investigations involving operators, officers, and decision-making personnel should be included. If yes, submit a description of the matter and potential costs or liabilities, (label as **Attachment G5**).

**Is the applicant leasing land or major water system facilities?** – Indicate if the applicant is leasing land or any major water system facilities. If yes, describe the terms of the lease and submit a copy of the lease agreement (label as **Attachment G6**). If the lease is critical to the location or operation of the proposed project facilities, the term of the lease is expected to extend through the useful life of the project and cannot be shorter than the loan repayment period of the DWSRF financing.

**Include a general map of the service area/boundaries** – The map must include service boundaries, and existing source(s), storage, treatment, and distribution system. (label as **Attachment G7**)

**Does the applicant have a contract with a private firm or another agency?** – Indicate if the applicant has a

contract with a private firm or another agency for the operation of the facility to be financed. If yes, indicate the name of the firm or agency and term (in years) of the agreement and submit a copy of the agreement (label as **Attachment G8**).

**Prior to the State Water Board's approval of the project, specific water conservation and urban water management requirements must be achieved.**

1. Urban Water Suppliers – Urban Water Suppliers (defined as a water supplier, either publicly or privately owned, that directly or indirectly provides potable municipal water to more than 3,000 customers or that supplies more than 3,000 acre-feet of potable water annually at retail for municipal purposes) must submit proof of Urban Water Management Plan (UWMP) submittals to the Department of Water Resources (label as **Attachment G9**):
2. Certification for Compliance with Water Metering Form – Water Code section 529.5 requires urban water purveyors to meet metering requirements. If you are an urban water supplier (i.e., supply to more than 3,000 customers or supplying more than 3,000 acre-feet annually), you must comply with this requirement. Please consult with your legal counsel and review section 529.5 of the Water Code before completing this certification (**Attachment G10**).

**Potential Flags** – To avoid potential delays later in the application process, it is required that the applicant complete and submit this worksheet to alert the Division staff of any issues that may potentially affect the application review. (**Attachment G11**)

**Authorized Representative Resolution/Ordinance** – (for use by publicly owned entities): Submit this attachment here only if not submitting the Financial Security Package. This resolution or ordinance designates the Authorized Representative(s) for the project, who will have the authority to sign and submit the DWSRF application materials, certify compliance with applicable state and federal laws, execute the financial assistance agreement and amendments, and certify disbursement requests.

- To minimize the potential for problems, use of the exact language in the template resolution is recommended.
- Enter the title of the Authorized Representative, NOT a person's name.
- Do not modify the words financing or financial assistance to other terms such as "loan", "grant", or "principal forgiveness". Use of these terms may create legal complications; the terms "financing" and "financial assistance" are broad enough to be applicable to all of the above. (**Attachment G12**)

**Corporate Resolution to Apply, Borrow and Grant Security** (for use by private applicants) – This resolution designates the Authorized Representative(s) for the project, who will have the authority to sign and submit the DWSRF application materials, certify compliance with applicable state and federal laws, execute the financial assistance agreement and amendments, certify disbursement requests, grant security interest, and authorize State Water Resources Control Board to perform any acts necessary to perfect security.

- To minimize the potential for problems, use of the exact language in the template resolution is recommended.
- Enter the title of the Authorized Representative, NOT a person's name. (**Attachment G13**)

**Other Entity Type** – If you are a limited partnership, general partnership, trust, or sole proprietor identify your authority for designating an Authorized Representative and include relevant governance documents that provide for that authority. If you are a trust, include the Trust or Certification of Trust. (**Attachment G14**)



**Payee Data Record, STD 204** (for use by private applicants) – Complete and submit this attachment located at: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>. (**Attachment G15**)

**Government Agency Taxpayer ID Form** (for use by public applicants) – Complete and submit this attachment located at: <https://business.ca.gov/wp-content/uploads/2021/09/Government-Agency-Taxpayer-ID-Form-1.pdf>. (**Attachment G16**)

#### **Section IV – Attachments**

- G1** – Water Supply Permit and Enforcement Orders
- G2** – Ownership Documentation, for private entities
- G3** – CPUC Documentation (if applicable)
- G4** – Organization Chart (if applicable)
- G5** – Pending Litigation, Sale, or Audit/Investigation (if applicable)
- G6** – Lease Agreement (if applicable)
- G7** – Service Area Map
- G8** – Operating Agreement (if applicable)
- G9** – Urban Water Supplier Conservation Document (if applicable)
- G10** – Certification for Compliance with Water Metering Form
- G11** – Potential DWSRF Flags Worksheet
- G12** – Authorized Representative Resolution/Ordinance (publicly owned entities)
- G13** – Corporate Resolution (for private entities)
- G14** – Other Entity Type
- G15** – Payee Data Record, STD 204 (for private entities)
- G16** – Government Agency Taxpayer ID Form (publicly owned entities)

#### **Certification and Signature of Authorized Representative**

- ✓ Print the name and title of the authorized representative.
- ✓ Sign and date the application.

# General Application Package

☒ **PLANNING**

☐ **CONSTRUCTION**

<b>I. APPLICANT INFORMATION</b>			
Applicant Name: County Service Area (CSA) 70, Improvement Zone CG (Cedar Glen) (San Bernardino County)			
Street Address: 222 W. Hospitality Lane, 2nd Floor	City: San Bernardino	State: CA	Zip+4 Code: 92415-0001
Mailing Address: 222 W. Hospitality Lane	City: San Bernardino	State: CA	Zip+4 Code: 92415-0001
Applicant Total Population: 1106			
Applicant Total Number of Service Connections: Residential: 329 Commercial: 6			
Industrial: N/A Other: N/A			
Current year median household income (MHI): \$45,691			
Congressional District(s): 23rd			
State Senate District(s): State Senate District 34th, State Assembly District 23rd			
State Assembly District(s):			
Data Universal Numbering System (DUNS) No.: 117352105		Federal Tax ID No.: 95-6002748	
Authorized Representative Name: Luther Snoke		Title: CEO	
Phone No.: (909)387-5425		Email Address: luther.snoke@sdd.sbcounty.gov	
Contact Person Name: David R. Doublet			
Phone No.: (909) 386-8800		Email Address: david.doublet@sdd.sbcounty.gov	
Local Counsel Name: Aaron Gest			
Phone No.: (909) 387-5455		Email Address: aaron.gest@cc.sbcounty.gov	
<b>II. PROJECT INFORMATION AND PROPOSED SCHEDULE</b>			
Project Title: CSA 70 Cedar Glen Substandard Water Distribution System Ongoing Replacement Project			
Project Description and Objectives: County Service Area (CSA) 70, Improvement Zone Cedar Glen (CG) (San Bernardino County) water distribution system was inherited due to poor management and inadequate infrastructure (including undersized main lines with insufficient cover); therefore, there are no plans nor documentation for all existing features. CSA 70 CG will investigate and identify existing features and implement upgrades as necessary to supply safe and affordable drinking water. Over 300 parcels within CSA 70 CG have been experiencing poor water quality or pressures. The existing system is undersized, experiences leaks, and lacks adequate fire flows and water pressures. Parts of the existing water system exceeds the lead and copper action levels, set forth by the Title 22 California Code of Regulations (CCR) Section 64678 (e). The service lines are required to be replaced if action level exceedances persist after installing corrosion controls. Proposed improvements are expected to include construction of replacement water main lines and pipe appurtenances within the CSA 70 Cedar Glen, abandonment or removal of existing water lines, construction/installation of a new well and well connections, inspection and replacement of lead and copper service lines, and corresponding planning, design, construction, and construction administration. The Project will increase capacity, enhance system reliability, increase treatment capacity, improve water quality, and upgrade the existing water distribution system where needs exist. CSA 70 CG is seeking planning funds (with Principal Forgiveness), such that design plans and reports can be prepared to support the Project.			
Current Status of Plans & Specifications, Percent (%): 0			
Estimated Amount of Financial Assistance Requested: \$2,832,108.00			
Total Project Cost (If More Than the Amount of Assistance Requested): N/A - requesting full funding for design/environmental phase			
Water Supply Permit Number (Attachment G1): 05-13-16P-010			



Population Served by Project: 1232		
		<b>Estimated or Actual Date</b>
Currently Estimated Project Schedule:	Adopt Environmental Documents:	December 2026 (assu
	100% Plans & Specifications:	December 2026 (assu
	Start of Construction/Implementation:	2027 (pending constr
	Complete Construction/Implementation:	2028/2029 (pending c
<b>Consultation with Other Agencies</b> Please list other federal and state agencies that have been involved in this project (e.g. planning, CEQA/NEPA consultation, funding, etc.), their contact information if known, and estimated dates for resolution of any issues. No other federal or state agencies have been involved in the Project to date. Planning funding is being requested, at which time agencies will be contacted as required.		
<b>Partnering Agencies</b> Please list all other agencies that have an interest in this project, their contact information if known, and brief descriptions of their roles. Crestline-Lake Arrowhead Water Agency (CLAWA) may have an interest, as they are currently supplying temporary water based on the established emergency intertie.		
<b>Other Funding Sources</b> List any other funding sources for this project, along with the amount of additional funding and date of availability No other funding sources have been obtained.		
<b>III. MANAGERIAL INFORMATION</b>		
<b>Classification of Water System:</b>  <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-transient non-community <input type="checkbox"/> Transient non-community  <input type="checkbox"/> Not currently classified as a public water system		

**Indicate the Ownership of the Water System (check all that apply):**

- Include the ownership documentation (See instructions for further information) (label as **Attachment G2**)

**Public Ownership**

- ☐ Municipality    ☒ County Agency    ☐ Special District    ☐ State Agency
- ☐ Public School    ☐ Other:

**Private Ownership**

- ☐ Corporation    ☐ Limited Liability Company    ☐ Partnership    ☐ Sole Proprietorship    ☐ Non-profit Organization    ☐ Other:

- If the water system is privately-owned, indicate the name and title of the individual with authority to engage the water system in a DWSRF financing agreement. Click or tap here to enter text.
- If the Water System is a Municipality, is the Water System a Charter City?    ☐ Yes    ☒ No
- If the Water System is a Corporation, Limited Liability Company, or Partnership, complete the following:
  - A. California Secretary of State Entity Number:
  - B. Status with California Secretary of State:  
☐ Active    ☐ Suspended    ☐ Forfeited    ☐ Dissolved

**Is the Water System regulated by the California Public Utilities Commission (CPUC)?**    ☐ Yes    ☒ No

If **yes**, the Water System must obtain CPUC approval. Attach the documentation identified in the Application instructions (label as **Attachment G3**).

**List the names, titles and duties of key officers and attach an organization chart providing this information.**

Refer to attachment G3 .

**List the names and affiliation of all parent, subsidiary, or otherwise affiliated entities and attach a chart providing this information. If none, indicate that here.**    ☐ N/A (label as **Attachment G4**)

**Is there any litigation, sale, or audit/investigation pending relative to the operation of the water system or the proposed project or key personnel or officers?**

☐ Yes    ☒ No

If **yes**, attach a description of the litigation and the potential costs (label as **Attachment G5**).



Is the Water System leasing land or major water system facilities?

☐ Yes

☒ No

If **yes**, describe the terms of the lease or attach a copy of the lease agreement (label as **Attachment G6**). (NOTE: If the lease is critical to the location or operation of the proposed project facilities, the term of the lease should be as long as the useful life of the proposed project facilities and cannot be shorter than the loan repayment period.)

Include a general map of the service area/boundaries (label as **Attachment G7**):

**[For Construction Projects Only] Does the Water System have a contract with a private firm or another agency for the operation of the facility to be financed?** ☐ Yes ☐ No

If **yes**, provide the name of the firm or agency and term (in years) of the agreement and attach a copy of the agreement (label as **Attachment G8**)

#### Water Conservation

1. Are you an urban water supplier as defined in Water Code Section 10617?

☐ YES

☒ NO

If **yes**, submit a copy of your Urban Water Management Plan per Water Code Section 10653 (Label as **Attachment G9**).

2. Attach Certification for Compliance with Water Metering Form (label as **Attachment G10**).

#### IV. ATTACHMENTS

<input checked="" type="checkbox"/>	G1 – Water Supply Permit and Enforcement Orders
<input checked="" type="checkbox"/>	G2 – Ownership Documentation
<input type="checkbox"/>	G3 – CPUC Documentation (if applicable)
<input checked="" type="checkbox"/>	G4 – Organization Chart(s) (if applicable)
<input type="checkbox"/>	G5 – Pending Litigation, Sale, or Audit/Investigation (if applicable)
<input type="checkbox"/>	G6 – Lease Agreement (if applicable)
<input checked="" type="checkbox"/>	G7 – Service Area Map
<input type="checkbox"/>	G8 – Operating Agreement
<input type="checkbox"/>	G9 – Urban Water Supplier Conservation Document (if applicable)
<input checked="" type="checkbox"/>	G10 – Certification for Compliance with Water Metering Form
<input checked="" type="checkbox"/>	G11 – Potential DWSRF Flags Worksheet
<input checked="" type="checkbox"/>	G12 – Authorized Representative Resolution/Ordinance (publicly owned entities)
<input type="checkbox"/>	G13 – Corporate Resolution (for private entities)
<input type="checkbox"/>	G14 – Other Entity Type

#### CERTIFICATION AND SIGNATURE OF AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, I certify that I am authorized to submit this application; the information provided in this application is true and correct; the documentation has been duly authorized by the governing body of the applicant; and the entity possesses the legal authority to apply for the financing and enter into a financing agreement with the State Water Resources Control Board and to finance and construct the proposed facilities.

Name of Authorized Representative: Luther Snoke

Title: CEO

Signature of Authorized Representative:



Date: 2/10/2025



## CERTIFICATION FOR COMPLIANCE WITH WATER METERING REQUIREMENTS FOR FUNDING APPLICATIONS



<b>Funding Agency Name:</b>	<b>State Water Resources Control Board</b>
<b>Funding Program Name:</b>	<b>Drinking Water State Revolving Fund</b>
<b>Applicant (Agency Name):</b>	County Service Area (CSA) 70, Improvement Zone CG (Cedar Glen) (San Bernardino County)

Please check one of the boxes below and sign and date this form.



As the authorized representative for the applicant agency, I certify under penalty of perjury that the agency is not an urban water supplier, as that term is understood pursuant to the provisions of section 529.5 of the Water Code, and that the applicant agency is in compliance with Water Code, section 525, requiring a suitable water meter to be installed as a condition of new water service.



As the authorized representative for the applicant agency, I certify under penalty of perjury that the applicant agency has fully complied with the provisions of Division 1, Chapter 8, Article 3.5 of the California Water Code (sections 525 through 529.7 inclusive), as applicable and that the ordinances, rules, or regulations submitted with this certification as listed below have been duly adopted and are in effect as of this date.

I understand that the Funding Agency will rely on this signed certification in order to approve funding and that false and/or inaccurate representations in this Certification Statement may result in loss of all funds awarded to the applicant for its project. Additionally, for the aforementioned reasons, the Funding Agency may withhold disbursement of project funds, and/or pursue any other applicable legal remedy.

Name of Authorized Representative: Luther Snoke

Title: CEO

Signature of Authorized Representative: \_\_\_\_\_

Date: 2/10/2025

## Drinking Water State Revolving Fund (DWSRF) Program Potential DWSRF **Flags** Worksheet

To avoid potential delays later in your DWSRF application process, we recommend you review the following list of questions and statements, and place a check (✓) beside each question or statement where your answer is "yes" or "true".

If you answer "yes" or "true" to any of the questions or statements on this worksheet, we recommend that you discuss the specifics of your answers with the State Water Board, Division of Financial Assistance staff at your earliest opportunity so we can identify issues up front that may require supplementary information or additional review time. Although it is not a required application attachment, we recommend you submit this worksheet with your "General Information Package".

**Applicant (Entity) Name** County Service Area (CSA) 70, Improvement Zone CG (Cedar Glen)

**Project Title:** CSA 70 Cedar Glen Substandard Water Distribution System Ongoing Replacement

**Contact Person:** David R. Doublet

**Phone:** (909) 386-8800

✓ if Yes or True	<b><u>LEGAL</u></b> Question / Statement
<input type="checkbox"/>	<p>1.a. If you anticipate grant-only funding, after reviewing and discussing with your attorney(s), do you have any concerns regarding your ability to comply with the Exhibit C Standard Terms and Conditions used for all DFA funding agreements? Terms and conditions: <a href="https://www.waterboards.ca.gov/water_issues/programs/grants_loans/general_terms.html">https://www.waterboards.ca.gov/water_issues/programs/grants_loans/general_terms.html</a></p> <p>1. b. If you anticipate repayable financing from the Board (i.e., a loan), after reviewing and discussing the form of agreement and forms of opinion of counsel, do you have any concerns regarding your ability to comply with the Board's standard terms and conditions or provide opinion(s) of counsel?</p>
<input type="checkbox"/>	2. Is there doubt about whether your governing statutes allow you to finance your project through the DWSRF?
<input type="checkbox"/>	3. Is there existing or pending litigation with respect to your system's assets, water rights, or regarding the source of repayment or implementation of the project?
<input type="checkbox"/>	4. Are there any existing or pending inquiries or investigations of your agency, members of the board of directors, or key management by outside entities, for example, the Grand Jury?
<input type="checkbox"/>	5. Was there a significant level of protests during the most recent rate setting process?
<input type="checkbox"/>	6. Is there an existing or pending rate rollback initiative on an upcoming ballot, or are there any efforts within the community to initiate a rate rollback? Have rates been rolled back in the past due to a voter initiative?
<input type="checkbox"/>	7. Has there been or is there currently significant disagreement within the community about the project?
<input type="checkbox"/>	8. Will the project involve a public-private partnership?

**Drinking Water State Revolving Fund (DWSRF) Program**  
**Potential DWSRF Flags Worksheet**

<input type="checkbox"/>	9. Are you a small community or a dependent special district anticipating that some or all of your financial assistance will be a repayable loan?
<input type="checkbox"/>	10. Are you a State agency, a Native American Tribe, a federal entity, or a non-governmental entity?
<input type="checkbox"/>	11. Are you a Joint Powers Authority or are there agreements with other entities related to the project?
<input type="checkbox"/>	12. Do you need to purchase or otherwise obtain legal access rights to the project property for the term of the financing to implement the project?
<input type="checkbox"/>	13. Are you not the owner of all of the system's property?
<input type="checkbox"/>	14. Are there liens on any of the system's property?
<input type="checkbox"/>	15. Do your property rights for any of the property needed for the Project extend for less than 33 years from the date of the application or are subject to revocation?
<input type="checkbox"/>	16. Does the application include the purchase of land or other assets?
<input type="checkbox"/>	17. Do you expect to use eminent domain so that you can implement your project?
<input type="checkbox"/>	18. If you are a private entity, are you not in good standing with the California Secretary of State and the Franchise Tax Board?
<input type="checkbox"/>	19. If you are a private entity, are you domiciled and registered outside of California?



## Drinking Water State Revolving Fund (DWSRF) Program Potential DWSRF **Flags** Worksheet

✓ if Yes or True	<b><u>TECHNICAL</u></b> Question / Statement
<input type="checkbox"/>	1. Do you anticipate that the plans & specifications will be out for bids within the next 6 to 12 months (i.e., likely before receiving an executed financing agreement)?
<input type="checkbox"/>	2. The project bidding is complete, but the specifications did not include the Build America, Buy America (BABA), the American Iron and Steel, Disadvantaged Business Enterprises, or Davis-Bacon requirements.
<input type="checkbox"/>	3. You are an urban water supplier and your project is a water management project as defined by Water Code section 10631 (AB 1420). You have <b>not</b> received a compliance letter from the Department of Water Resources.
<input type="checkbox"/>	4. Is this a regionalization project, or will the project be a joint effort with other agencies?
<input type="checkbox"/>	5. The plans and specifications have not been reviewed and/or approved by the Division of Drinking Water for permitting purposes.
<input type="checkbox"/>	6. Do you have policies and procedures to solicit, evaluate, and select candidates for professional services using a fair, competitive selection process based on demonstrated competence and professional qualifications, consistent with California Government Code section 4526.
<input type="checkbox"/>	7. Do you anticipate the project will be implemented in phases with multiple bids?
<input type="checkbox"/>	8. Do you anticipate the project will be implemented with a Design-Build delivery method?

✓ if Yes or True	<b><u>ENVIRONMENTAL</u></b> Question / Statement
<input checked="" type="checkbox"/>	1. The environmental documents have not been prepared for the proposed project.
<input type="checkbox"/>	2. The environmental documents were not prepared to meet "federal cross-cutting" requirements.
<input type="checkbox"/>	3. Will the project impact any cultural resources?
<input type="checkbox"/>	4. Will the project impact any state or federally listed species?
<input type="checkbox"/>	5. Will the project require consultations with the United States Fish and Wildlife Service or the National Marine Fisheries Service?
<input type="checkbox"/>	6. Will the project's air quality emissions (construction and operation) exceed the federal de minimis levels, and require a general conformity determination?
<input type="checkbox"/>	7. Will the project require a Clean Water Act Section 404 permit and a Section 401 Certification?



Drinking Water State Revolving Fund (DWSRF) Program  
**Potential DWSRF Flags Worksheet**

<input type="checkbox"/>	8. Is there any significant controversy related to the project's environmental documents?
<input type="checkbox"/>	9. Were the project's environmental documents approved more than five years from the expected date of the DWSRF financing agreement?
<input type="checkbox"/>	10. If the water system is private and there is no local discretion, has the water system discussed with the local agency about carrying out the CEQA lead agency role?
<input type="checkbox"/>	11. Is it anticipated that the Lead Agency for the potential construction project will be an agency other than the Applicant?






## Drinking Water State Revolving Fund (DWSRF) Program

### Potential DWSRF **Flags** Worksheet

✓ if Yes or True	<b><u>FINANCIAL</u></b> Question / Statement
<input type="checkbox"/>	1. Is the entity's status "Suspended" with the Secretary of State?
<input type="checkbox"/>	2. If non-profit, is the entity unable to provide a copy of its tax exemption confirmation statement from the IRS? If not non-profit, please enter "N/A" in the box.
<input type="checkbox"/>	3. Are you missing any portion of the necessary Project funding aside from what is being sought as part of this application? Please enter "N/A" in the box if no additional funding sources are necessary.
<input type="checkbox"/>	4. Has the entity ever failed to make timely and sufficient payments on its existing loans within the past 10 years? If none, please enter "N/A" in the box.
<input type="checkbox"/>	5. Are you planning to pledge a repayment source other than Net Revenues of your water enterprise, as defined in Appendix E to the DWSRF Policy?
<input type="checkbox"/>	6. Are your annual revenues currently insufficient to cover annual expenses?
<input type="checkbox"/>	7. Will you be requesting approval of your DWSRF financing before rates, assessments, or other charges used to support repayment are adopted?
<input type="checkbox"/>	8. Do you have outstanding fines or penalties due to non-compliance with a permit or order?
<input type="checkbox"/>	9. Do you have existing debt that relies on the same source of revenue as the source you plan to pledge for repayment of the DWSRF financing?
<input type="checkbox"/>	10. Will the Project be co-funded with funding other than the Drinking Water State Revolving Fund?
<input checked="" type="checkbox"/>	11. Was the last rate study completed over five years ago?
<input type="checkbox"/>	12. Do your existing debt covenants affect your ability to incur new parity debt, and/or are non-compliant with existing debt covenants?
<input type="checkbox"/>	13. Are you currently out of compliance or have you been out of compliance with covenants in your existing debt in the preceding 5 years?
<input type="checkbox"/>	14. Have you had a prior material event such as a bankruptcy, default, unscheduled draw on reserve funds, substitution of insurers on their failure to perform, or unscheduled draw on a credit enhancement in the preceding 10 years?
<input type="checkbox"/>	15. Are you subject to a lien on any portion of the system property?
<input type="checkbox"/>	16. If you are a government entity, do you have a local debt limit?
<input type="checkbox"/>	17. Have you taken actions in anticipation of the sale of significant system assets?
<input type="checkbox"/>	18. Have you taken actions in anticipation of restructuring or dissolution?
<input type="checkbox"/>	19. Have you taken actions in anticipation of filing for bankruptcy protection or other insolvency proceedings?



Drinking Water State Revolving Fund (DWSRF) Program  
**Potential DWSRF Flags Worksheet**

Name of Authorized Representative: <u>Luther Snoke</u>	Title: <u>CEO</u>
Signature of Authorized Representative: 	Date: <u>2/10/2025</u>





## County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

**Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.**

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

**For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.**

Department/Agency/Entity: Department of Public Works - Special Districts

Contact Name: Jared Beyeler

Telephone: 386-8882

Agreement No.: \_\_\_\_\_ Amendment No.: \_\_\_\_\_ Date of Board Item 12-17-24 Board Item No.: 96

Name of Contract Entity/Project Name: Financial Assistance for County Service Area 70 Cedar Glen

**Explanation of request/Special Instructions:**

The resolution authorizes the CEO and Director of Public Works to submit a financial assistance application and financial agreement to the State Water Resources Control Board for the Substandard Water Distribution System Ongoing Replacement and Balsam Tank Replacement and New Wells Project. This includes funding for the planning, design, and environmental phases of the project.

**Insert check mark that the following required documents are attached to this request:**

- ☐ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Aaron Gest	Date Sent: 1/28/25
Reviewing County Counsel Use Only	Review Date <u>1/28/25</u>  <u>Aaron Gest</u> Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>2/6/25</u>  <u>Maria Garcia</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ____ Chair <input checked="" type="checkbox"/> CEO ____ Department <input type="checkbox"/> Return to Department for preparation of agenda item