

California Extended Water and Wastewater Arrearages Payment Program

Please view this application in maximized window mode in your browser, as tables may be misaligned in a reduced size window mode.

About: The purpose of this online application form is to collect required information and documentation from community water systems, wastewater treatment providers, and wastewater billing entities to allow the State Water Resources Control Board (State Water Board) to process your funding application for the California Extended Water and Wastewater Arrearage Payment Program (Extended Arrearage Program).

The application should be completed by an authorized representative of the entity. An application cannot be submitted by an individual customer because the Extended Arrearage Program is not a customer facing program.

The Extended Arrearage Program combines both water and wastewater arrearages into one single program, with **only one** disbursement check allowed per entity. Applicants are encouraged to submit one application for all water and wastewater arrearages per entity.

Applicants that previously received funding from the original Water Arrearage Program and/or Wastewater Arrearage Program for the period of March 4, 2020, through June 15, 2021, may only apply for funding for the modified COVID Relief period of June 16, 2021, through December 31, 2022. New Applicants may apply for the entire extended COVID Relief period of March 4, 2020, through December 31, 2022.

Funding Application Requirements: All questions on this application require a mandatory response or document upload to submit the application. The application will time-out within one (1) hour of being opened and cannot be partially saved. All questions must be answered and submitted within one session.

Please use the Application Preview (https://www.waterboards.ca.gov/arrearage_payment_program/docs/2023/extended-arrearage-application-preview.pdf) to review the application questions and prepare a response to each question before starting this online application. The preview application and other required application documents can also be found in the Application and Forms section on the Extended Arrearage Program website.

https://www.waterboards.ca.gov/arrearage_payment_program/
(https://www.waterboards.ca.gov/arrearage_payment_program/)

You will receive an email confirmation with the summary of the application once submitted.

The application cannot be reopened or edited once submitted. If you need to amend the application, email the Extended Arrearage Program with your Application ID number you received after submitting the initial application stating you will be submitting a new application.

The State Water Board may be able to provide technical assistance to help you complete this funding application. For questions related to the funding application, contact the Extended Arrearage Program at: DFA-WaterArrearages@waterboards.ca.gov (mailto:DFA-WaterArrearages@waterboards.ca.gov).

APPLICANT INFORMATION

(Only one disbursement per legal entity will be allowed for all combined drinking water arrearages, wastewater arrearages, and administrative costs.)

Q1. Legal Entity Name ★

(This should be exactly the name that is on the Tax-ID form)

COUNTY OF SAN BERNARDINO DEPT PUBLIC WKS SPECIAL DISTRICT

Q2. SAM.gov Unique Entity ID ★

(A UEI with Sam.gov is required. DUNS numbers are no longer being accepted. The UEI will be a 12-digit alphanumeric number)

PNJMSCHTMV7

DRINKING WATER ARREARAGES

(All questions require a response.)

Q3. Did you previously receive funding for drinking water arrearages as part of the California Water and Wastewater Arrearage Payment Program: Water Arrearages Program for the period of March 4, 2020, through June 15, 2021? ★

Yes

Q4. Did you receive funding from any other source(s) outside of the State Water Board for drinking water arrearages for the period of March 4, 2020, through December 31, 2022? ★

No

Q5. If you received funding from any other source(s) outside of the State Water Board for drinking water arrearages for the period of March 4, 2020, through December 31, 2022, please list them. ★

If you did not, enter "N/A".

N/A

Q6. In the table below, enter **drinking water arrearages** for residential and customer accounts for the period of **March 4, 2020 through June 15, 2021**. If you have previously received funding from the Water Arrearage Program or are not applying for funding for drinking water arrearages for this period, enter 0 number of accounts and 0.00 dollars requested. Do not enter commas (,) or dollar-signs (\$) in the table. ★

**COVID-19 BILL RELIEF PERIOD 03/04/2020 – 06/15/2021
(DRINKING WATER ONLY)**

**CUSTOMER
ACCOUNTS**

NO. OF ACCOUNTS IN ARREARS ★
REQUESTED AMOUNT IN ARREARS ★

RESIDENTIAL

COMMERCIAL

SUBTOTAL (Auto Calculated)
0
0.00

Q7. In the table below, enter **drinking water arrearages** for residential and customer accounts for the period of **June 16, 2021 through December 31, 2022**. If you are not applying for funding for drinking water arrearages for this period, enter 0 number of accounts and 0.00 dollars requested. Do not enter commas (,) or dollar-signs (\$) in the table. ★

COVID-19 BILL RELIEF PERIOD 06/16/2021 – 12/31/2022 (DRINKING WATER ONLY)
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CUSTOMER ACCOUNTS
NO. OF ACCOUNTS IN ARREARS ★
REQUESTED AMOUNT IN ARREARS ★

RESIDENTIAL

[Red dashed border box]

COMMERCIAL

[Red dashed border box]

[Red dashed border box]

SUBTOTAL
(Auto Calculated)

0

0.00

TOTAL CUSTOMER ACCOUNTS IN ARREARS
(DRINKING WATER ONLY)
(Auto-calculated from Q6 and Q7 responses)

NO. OF ACCOUNTS
IN ARREARS

REQUESTED AMOUNT
IN ARREARS

0

0.00

Q8. Please list all associated PWSID numbers for the community water system(s) that the arrearage payment is being requested for *(separate each PWSID by using a comma)*. 

If no drinking water arrearages are being requested for funding, enter "N/A".

CA3600220, CA3610121, CA3610026, CA3600114, CA3600196, CA3600226, CA3610125

WASTEWATER ARREARAGES
(All questions require a response.)

Q9. Did you previously receive funding for Wastewater Arrearages as part of the California Water and Wastewater Arrearages Payment Program: Wastewater Arrearages Program for the period of March 4, 2020, through June 15, 2021?



Yes 

Q10. Did you receive funding from any other source(s) outside of the State Water Board for wastewater arrearages for the period of March 4, 2020, through December 31, 2022? ★

No

Q11. If you received funding from any other source(s) outside of the State Water Board for wastewater arrearages for the period of March 4, 2020, through December 31, 2022, please list them. ★

If you did not, enter "N/A".

N/A

Q12. In the table below, enter **wastewater arrearages** for residential and customer accounts for the period of **March 4, 2020 through June 15, 2021**. If you have previously received funding from the Wastewater Arrearage Program or are not applying for funding for wastewater arrearages for this period, enter 0 number of accounts and 0.00 dollars requested. Do not enter commas (,) or dollar-signs (\$) in the table. ★

**COVID-19 BILL RELIEF PERIOD 03/04/2020 – 06/15/2021
(WASTEWATER ONLY)**

**CUSTOMER
ACCOUNTS**

**NO. OF ACCOUNTS
IN ARREARS ★**

**REQUESTED AMOUNT
IN ARREARS ★**

RESIDENTIAL

[Red dashed input area for Residential data]

COMMERCIAL

[Red dashed input area for Commercial data]

SUBTOTAL (Auto Calculated)
0
0.00

Q13. In the table below, enter **wastewater arrearages** for residential and customer accounts for the period of **June 16, 2021 through December 31, 2022**. If you are not applying for funding for wastewater arrearages for this period, enter 0 number of accounts and 0.00 dollars requested. Do not enter commas (,) or dollar-signs (\$) in the table. ★

COVID-19 BILL RELIEF PERIOD 06/16/2021 – 12/31/2022 (WASTEWATER ONLY)
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CUSTOMER ACCOUNTS
NO. OF ACCOUNTS IN ARREARS ★
REQUESTED AMOUNT IN ARREARS ★

RESIDENTIAL

COMMERCIAL

SUBTOTAL (Auto Calculated)
0
0.00

TOTAL CUSTOMER ACCOUNTS IN ARREARS (WASTEWATER ONLY)


(Auto-calculated from Q12 and Q13 responses)

**NO. OF ACCOUNTS
IN ARREARS**

**REQUESTED AMOUNT
IN ARREARS**

0

0.00

Q14. Please list all associated WDID number(s) of the wastewater treatment facilities or collection systems that the arrearage payment is being requested for 
(Separate each by using a comma. If the WDID number is unknown, please list the name(s) of the wastewater treatment facilities or collection systems)

If no wastewater arrearages are being requested for funding, enter "N/A".

6B361911004, 8360108001, 6B361911004, 8362899001, 8362200001, 6B361911004, 6B360115010

ADMINISTRATIVE COSTS

(All questions require a response. Entering a zero is an acceptable response.)

Q15. The maximum administrative costs allowed is 3% of the Grand Total Arrearage (\$) Amount Requested (total water and wastewater arrearages requested) included in the Application (up to a maximum of \$1 million dollars).


Enter the Total (\$) Administrative Costs Requested (do not include commas): 

TOTAL FUNDING REQUEST

(Auto-calculated from Q6, Q7, Q12, Q13, and Q15 required responses.)

Total (\$) Funding Request for combined drinking water, wastewater, and administrative costs.

0.00

Q16. Please indicate if your reported Residential and/or Commercial arrearages include any of the following: 

- a. Customer arrearages that have been transferred to a third-party debt collector.
- b. Customer arrearages that have been addressed or received funding from your system's existing customer assistance program that was implemented during the COVID-19 pandemic period.
- c. Both a and b.
- d. None of the above

REQUIRED FUNDING APPLICATION INFORMATION

(A document/file is required for each upload question. Documents requiring a signature must be signed by an authorized representative of the entity, or someone who is delegated by the authorized representative. See the Signatory Requirements Guidelines (https://www.waterboards.ca.gov/arrearage_payment_program/docs/2023/extended-arrearage-sigguide.pdf.)

Q17. Authorized Representative and Mailing Information

Please enter in the following information pertaining to the person authorized or delegated to represent the applicant and accept funding from the State Water Board. A copy of the application summary will be sent to the email address entered in this question once the application is submitted. The entered address is where the disbursement check will be mailed to and **must** be included on the Taxpayer ID form.

Q17.a. Authorized Representative First and Last Name: ★

David Doublet

Q17.b. Title: ★

Assistant Director

Q17.c. Organization: ★

Department of Public Works - Special Districts

Q17.d. Business Mailing Address: ★

222 W Hospitality Lane, 2nd Floor

Q17.e. City: ★

San Bernardino

Q17.f. County: ★

San Bernardino County

Q17.g. State: ★

Q17.h. Zip Code: ★**Q17.i. Phone Number:** ★**Q17.j. Email Address:** ★**Q18. Contact Information for Person Submitting Application**

Please enter in the following information for the person submitting this application. The person submitting the application has been granted the authority to act in the capacity of applying on behalf of the legal entity and is the authorized contact for the State Water Board staff regarding the processing of the application. A copy of the application summary will be sent to the email address entered in this question once the application is submitted.

(this may be the same as the authorized or delegated representative)

Q18.a. Application Contact First and Last Name: ★**Q18.b. Title:** ★**Q18.c. Organization:** ★**Q18.d. Phone Number:** ★**Q18.e. Email Address:** ★


josue.palos@dpw.sbcounty.gov

REQUIRED FUNDING APPLICATION DOCUMENTS

“(A document/file is required for each upload question. Documents requiring a signature must be signed by an authorized representative of the entity, or someone who is delegated by the authorized representative. See the Signatory Requirements Guidelines (https://www.waterboards.ca.gov/arrearage_payment_program/docs/2023/extended-arrearage-sigguide.pdf.)

Q19. Authorized Representative Documentation and Delegation Form

The State Water Board’s Authorized Representative Delegation Form (https://www.waterboards.ca.gov/arrearage_payment_program/docs/2023/extended-arrearage-ard.pdf) can be used to indicate a delegation but is not the only document that serves this purpose. If using the provided form, please physically sign the form prior to uploading because an electronic signature will not be accepted. If using a different method of signatory authorization, please upload that document. If no delegation by the authorized representative is necessary per the Signatory Requirements Guidelines (https://www.waterboards.ca.gov/arrearage_payment_program/docs/2023/extended-arrearage-sigguide.pdf), please upload a blank page.

Authorized Representative Delegation Form (*or other document*) Upload 


Choose Files No file chosen

Q20. Disbursement Request Form

The State Water Board’s Disbursement Request Form (https://www.waterboards.ca.gov/arrearage_payment_program/docs/2023/extended-arrearage-drf.pdf) is required and must be completed in its entirety and physically signed prior to uploading. The original wet signature copy of the Disbursement Request Form must be mailed to the State Water Board before payment is disbursed. Forms with electronic signatures will not be accepted.

You must mail the original wet signed form to:

State Water Resources Control Board
Division of Financial Assistance
Water Arrearage Payment Program
1001 I Street, 17th Floor
Sacramento, CA 95814


Disbursement Request Form Upload  No file chosen**Q21. Conditions of Payment Form**

The State Water Board's Conditions of Payment (COP) Form

(https://www.waterboards.ca.gov/arrearage_payment_program/docs/2023/extended-arrearage-cop.pdf) is required and must be completed in its entirety and physically signed prior to uploading. The original wet signature copy of the COP Form must be mailed to the State Water Board before payment is disbursed. Forms with electronic signatures will not be accepted.

You must mail the original wet signed form to:

State Water Resources Control Board
Division of Financial Assistance
Water Arrearage Payment Program
1001 I Street, 17th Floor
Sacramento, CA 95814

Conditions of Payment Form Upload  No file chosen**Q22. Arrearage Accounts Documentation**

Document upload of spreadsheet in MS Excel format is required. Applicants must provide documentation from accounting or billing systems verifying the reported arrearages as part of the application. The spreadsheet must contain at minimum the customer's account number, the dollar amount of arrearages, the type of arrearage (residential or commercial), and the associated PWSID (for water arrearages) or WDID (for wastewater arrearages) for that customer's arrearage. If additional documentation must be provided from the applicant's accounting or billing system to verify the reported arrearages, please contact State Water Board staff at DFA-WaterArrearages@waterboards.ca.gov (mailto:DFA-WaterArrearages@waterboards.ca.gov).

A sample Accounts Spreadsheet can be found here: [Arrearage Accounts Spreadsheet](#)

(https://www.waterboards.ca.gov/arrearage_payment_program/docs/2023/extended_arrearage_accountsspreadsheet.xlsx)

Arrearage Accounts Spreadsheet Upload 

Choose Files No file chosen

CERTIFICATIONS

Q23. Certification

Please certify that the information provided in this funding application is true and accurate under penalty of perjury: 🌟

I certify.

Q24. Terms and Conditions of Electronic Submission

Before you can submit, you must accept the State Water Resources Control Board Conditions of Use and Privacy Policy: 🌟

Conditions of Use (https://www.waterboards.ca.gov/conditions_of_use.html)

Privacy Policy (https://www.waterboards.ca.gov/privacy_policy.html)

I have read and agree to the Conditions of Use and Privacy Policy.

Submit