

# STATE WATER RESOURCES CONTROL BOARD

## CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM WASTEWATER ARREARAGES DISBURSEMENT REQUEST FORM

**APPLICANT NAME:** CSA 70-S3 (Lytle Creek) CS

**LEGAL ENTITY NAME** San Bernardino County Department of Public Works - Special Districts

**REMIT PAYMENT TO ENTITY (select one):**

**Wastewater Treatment Provider**       **Wastewater Billing Entity**

**REMIT TO ADDRESS:**

222 W. Hospitality Lane, 2nd Floor, San Bernardino, CA 92415-0450

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
<b>RESIDENTIAL</b>	214	\$ 24,466.80
<b>COMMERCIAL</b>	27	\$ 13,284.19
<b>SUBTOTAL</b>	241	\$ 37,750.99
<b>ADMINISTRATIVE COSTS</b> (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		\$ 1,132.53
<b>GRAND TOTAL OF PAYMENT AMOUNT REQUESTED</b>		\$ 38,883.52

**CERTIFICATION:** I have read and signed the Conditions of Payment Form and understand that this Disbursement Request Form **CANNOT BE PROCESSED** unless a complete and accurate Conditions of Payment Form is currently on file with the State Water Resources Control Board.

The arrearages claimed in this Disbursement Request Form have been incurred and remain unpaid by customers of the Wastewater Treatment Provider and any payments received from the State Water Resources Control Board will be allocated as bill credits within sixty (60) days of receipt of the funds requested in accordance with the California Water and Wastewater Arrearages Payment Program Guidelines and will return any moneys not credited to the State Water Resources Control Board within six months of receipt.

**AUTHORIZED REPRESENTATIVE OR DESIGNEE SIGNATURE:**      **DATE:**

Trevor Leja - DPW - Assistant Director      \_\_\_\_\_

### **FOLLOWING SECTION IS FOR STATE USE ONLY**

**PAYMENT INVOICE NO.:**

**INVOICE DATE:**

**CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM  
WASTEWATER ARREARAGES DISBURSEMENT REQUEST FORM**

APPLICANT NAME:

LEGAL ENTITY NAME:

REMIT PAYMENT TO ENTITY (select one):

Wastewater Treatment Provider

Wastewater Billing Entity

**FOLLOWING SECTION IS FOR STATE USE ONLY**

PAYMENT INVOICE NO.:

INVOICE DATE:

PAYMENT REQUEST AMOUNT	\$
ADJUSTMENT	\$
AMOUNT DUE	\$

ADJUSTMENT COMMENTS:

**FISCAL SUPPLIER ID:**

**ADDRESS ID:**

FUND TITLE		ITEM	FY	CHAPTER	STATUTE
Coronavirus Fiscal Recovery Fund of 2021		3940-162-8506	21/22	21/21	2021
PROGRAM	REPORTING STRUCTURE	ACCOUNT	ALT ACCOUNT	PROJECT #	PROJECT ACTIVITY #
3560000C25	39400556	5432600	5432600000	3940COVIDARREAR	L/A

**STATUTE LANGUAGE:**

Per California Health and Safety Code 116773.4(b)(4)(B), the board provides financial assistance to wastewater treatment providers or their wastewater billing entities for the purpose of assisting customers with past-due bills accrued during the COVID-19 pandemic bill relief period from March 4, 2020 to June 15, 2021.

**SIGNATURES FOR APPROVAL OF PAYMENT**

Analyst

Reviewed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Manager

Reviewed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Wastewater Arrearages Disbursement Request Form Instructions

Use the instructions below to complete the Disbursement Request Form. Complete all required sections of the form to prevent delays in processing. If any assistance is needed in completing this form, please contact: [wwarrearages@waterboards.ca.gov](mailto:wwarrearages@waterboards.ca.gov).

- **Wastewater Treatment Provider and Wastewater Billing Entity Identification section**
  - Provide the Wastewater Treatment Provider or Billing Entity's name that is associated with the Application Survey. If this is an aggregate application, enter "Multiple Providers" in the Applicant Name field.
  - Provide the Legal Entity Name that is on file with the Internal Revenue Service. The entity's name must be listed on the Taxpayer ID Form.
  - Select if the applicant is a Wastewater Treatment Provider or a Wastewater Billing Entity.
  - Provide the remitting address to where the check will be sent. This address must be on file with the State Water Resources Control Board and listed on the Taxpayer ID Form.
- **Payment Request section**
  - Provide the number of residential accounts with arrearages being claimed for payment and the dollar amount associated with them.
  - Provide the number of commercial accounts with arrearages being claimed for payment and the dollar amount associated with them.
  - Administrative costs are defined as any costs incurred to participate in the Program per the Program Guidelines.
- **Certification** – Read the certification in its entirety and sign on the line to certify that the information contained in this Disbursement Request Form is complete and accurate. Sign using blue ink. Only an original signature will be accepted.
- **Signature(s)** – The person signing must be the authorized representative or designee for the entity that is receiving the payment. The signature must be an original wet ink signature in blue ink.
- **State Use Only** – Do not write in this section as it is designated for State Use Only. (NOTE: If you write in this section, the disbursement form cannot be processed, and a new form will be required.)
- **This document is a two-page document. The Applicant name and Legal Entity name must be printed on both pages. Both pages must be uploaded as a single PDF and sent to the State Water Resources Control Board.**
- **Send in the Form**
  - Wastewater Arrearages Payment Program  
State Water Resources Control Board  
1001 I Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814