

**STATE WATER RESOURCES CONTROL BOARD**

**CALIFORNIA EXTENDED WATER AND WASTEWATER ARREARAGE  
PAYMENT PROGRAM - DISBURSEMENT REQUEST FORM**

**LEGAL ENTITY NAME:** CSA 70 S3 (Lytle Creek) CS

**MAILING ADDRESS:** 222 W. HOSPITALITY LANE, 2ND FLOOR  
SAN BERNARDINO, CA 92415

**ARREARAGE PERIOD (SELECT ALL THAT APPLY)**

**03/04/2020 - 06/15/2021 (Original COVID-19 Bill Relief Period)**

**06/16/2021 - 12/31/2022 (Modified COVID-19 Bill Relief Period)**

*Enter a dollar amount with cents into each field. If no dollars are being requested, enter a zero.*

	<b>WATER ARREARAGE</b>	<b>WASTEWATER ARREARAGE</b>	<b>TOTAL ARREARAGE REQUESTED</b>
<b>RESIDENTIAL</b>	\$	\$	\$
<b>COMMERCIAL</b>	\$	\$	\$
<b>SUBTOTAL</b>			\$
<b>ADMINISTRATIVE COSTS (MAXIMUM OF 3% OF SUBTOTAL UP TO \$1 MILLION)</b>			\$
<b>GRAND TOTAL OF PAYMENT AMOUNT REQUESTED</b>			\$

**CERTIFICATION:** I have read and signed the Conditions of Payment Form and understand 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 Applicant 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 Extended Water and Wastewater Arrearage 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:**

DAVID DOUBLET, ASSISTANT DIRECTOR

**FOLLOWING SECTION IS FOR STATE USE ONLY**

**PAYMENT INVOICE NO.:**

**INVOICE DATE:**

**CALIFORNIA EXTENDED WATER AND WASTEWATER ARREARAGE  
PAYMENT PROGRAM - DISBURSEMENT REQUEST FORM**

**(STATE USE ONLY)**

**LEGAL ENTITY NAME:**

**REMIT TO ADDRESS:**

**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, the board provides financial assistance to community water systems and wastewater treatment providers for the purpose of assisting customers with past-due bills accrued during the COVID-19 pandemic bill relief period from March 4, 2020 to December 31, 2022.

**SIGNATURES FOR APPROVAL OF PAYMENT**

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

**Title: Analyst**

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

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

**Title: Manager**

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

## Disbursement Request Form Instructions

- **Legal Entity Name Section** – Provide the legal entity name of the applicant. The legal entity name must be the name under which the applicant files with the Internal Revenue Service and match the legal entity name reported on both the Taxpayer ID Form and the online application.
  - Provide the mailing address the disbursement check will be mailed to. This address must match the address provided on the Taxpayer ID Form and the online application.
- **Arrearage Period Section**
  - 03/04/2020 – 06/15/2021 Original COVID Relief Period – Check this box if the application for the program contains arrearages from the specified period. Do not check this box if the applicant previously received funding from the previous Water Arrearages Program or the Wastewater Arrearages Program for the original COVID relief period.
  - 06/16/2021 – 12/31/2022 Modified COVID Relief Period – Check this box if the application for the Extended Arrearage Program contains arrearages from the specified period.
- **Payment Request Section** – Enter all dollar amounts in this section with decimal places.
  - Water Arrearage Column – Enter the Residential and Commercial Total Dollar Amount, if applicable. If no arrearage is requested for an area, enter \$0.00.
  - Wastewater Arrearage Column – Enter the Residential and Commercial Total Dollar Amount, if applicable. If no arrearage is requested for an area, enter \$0.00.
  - Total Arrearage Column – Enter the sum of the Residential and Commercial Total Dollar Amount listed in the Water Arrearage Column and the Wastewater Arrearage Column. If no arrearage is requested for an area, enter \$0.00.
  - Subtotal – Enter the sum of the Residential and Commercial Total Dollar Amount listed in the Total Arrearage Column.
  - Administrative Costs – Enter the Administrative costs (\$) dollar amount requested to participate in the Program per the Extended Arrearage Program Guidelines. Administrative costs requested cannot exceed 3% of the Subtotal, up to a maximum of \$1,000,000.00 (one million dollars). If there are no requested costs, enter \$0.00.
  - Grand Total of Payment Amount Requested – Enter the sum of the Subtotal and Administrative Costs.
- **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.
- **Signature** – The Applicant's authorized representative or designee must originally sign and date the form, preferably using blue ink. Electronic signatures will not be accepted on the original Disbursement Request Form.
- **State Use Only** – Do not write in this section as it is designated for State Use Only.
- **Mail in the Form**
  - Extended Water Arrearages Program  
State Water Resources Control Board  
1001 I Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814