



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: Josue Palos Telephone: 909-386-8824

Agreement No.: _____ Amendment No.: _____ Date of Board Item 12/14/21 Board Item No.: 72

Name of Contract Entity/Project Name: State Water Resources Control Board



Explanation of request/Special Instructions:

The State Water Resources Control Board is providing funding through the Water and Wastewater Arrearage Payment Program to recover revenues lost due to the State of California declared state of emergency and the resulting COVID stay-at-home orders, which prevented the shut-down of water utilities due to non-payment of bills. This is one time funding.

Authority to apply and accept grant awards related to COVID-19 has been extened to the CEO on December 14, 2021, Board Item #72. Signature is being requested from the CEO for each "Condition of Payment" and "Disbursement Form" for each Water System. Once signed, the application to apply for grant funds can be completed. If and when funds are received, acceptance documents will be submitted to the Board for approval.

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: 12/20/21
Reviewing County Counsel Use Only	Review Date <u>12/20/21</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>1/3/22</u>  <u>Maria Meza</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ____ Chair <input checked="" type="checkbox"/> CEO ____ Department ____ Return to Department for preparation of agenda item

**STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
CONDITIONS OF PAYMENT**

Water System Name:*	County Service Area 42 - Oro Grande (CSA 42)
Water System Address:*	222 W. Hospitality Lane, 2nd Floor, San Bernardino, CA 92415-0450
PWSID#(s):*	CA3600220
*if the aggregated application method is used, provide the name of the responsible legal entity, the mailing address of the responsible legal entity, and the PWSID of each Community Water System included in the aggregated application. If additional room is needed an attached sheet may be included. [] Please check this box if attaching an additional sheet.	

By submission hereof, and as a condition of payment hereunder, the Community Water System(s) identified above warrants and agrees that:

1. The Community Water System has complied with, and will comply with, all applicable requirements which are a condition of payment from the California Water and Wastewater Arrearage Payment Program (Program) pursuant to chapter 4.7 (commencing with section 116773) of part 12 of division 104 of the Health and Safety Code and the State Water Resources Control Board's (State Water Board) Program Guidelines.
2. The Community Water System's Program Application and all supporting documents thereof are true and accurate.
3. The Community Water System certifies that the amount requested on the Community Water System's Disbursement Request are eligible for payment pursuant to chapter 4.7 (commencing with section 116773) of part 12 of division 104 of the Health and Safety Code and the Program Guidelines.
4. The Community Water System will allocate the payment received as bill credits within 60 days of receipt in accordance with the Program Guidelines and will return any moneys not credited to the State Water Board within six months of receipt.
5. The Community Water System must comply with all documentation and reporting requirements set forth in the Program Guidelines. The Community Water System will further provide any additional documentation, reports, data, information, or certifications that the State Water Board requests within 15 days of the State Water Board's request, unless the State Water Board grants the Community Water System additional time to respond.
6. The State Water Board or any authorized representative thereof may, any time during the retention period specified in the Program Guidelines, commence an audit of any payment from the State Water Board, and the Community Water System will make available all necessary books and records therefore,

including, but not limited to, the records specified in the Program Guidelines. The Community Water System agrees to reimburse the State Water Board for any payment disallowed as a result of such audit immediately upon receipt of a copy of such audit.


7. The Community Water System will indemnify, defend, and save harmless the State, its officers, agents, and employees from any and all claims, losses, and liability arising out of or connected with any payment to the Community Water System pursuant to the Program, including, but not limited to, the reasonable cost of any attorney fees and any associated court and trial costs.
8. The Community Water System understands that fraud, waste, and the abuse of public funds are prohibited by law. The Community Water System warrants that it and its agents and consultants shall not engage in fraud, waste, or the abuse of State Water Board moneys, and will cooperate in any investigation of such activities that are suspected in connection with the payment. The Community Water System understands that discovery of any evidence of fraud, false claims, misrepresentation, forgery, theft, or any other misuse of public funds related to the disbursement request, or other supporting documentation, including, but not limited to, multiple billings for water system customer accounts in arrearages, may result in repayment of State Water Board moneys, and referral to the Attorney General's Office for appropriate action.

9. CERTIFICATION

NOTE: All individuals signing this Certification on behalf of the Community Water System represent and warrant that they are authorized to do so as the entity's authorized representative or designee.

PLEASE READ CAREFULLY BEFORE SIGNING:

"I (we) certify (or declare) under penalty of perjury that I (we) have read and agree with the Conditions of Payment listed above."

Name:	Leonard X. Hernandez / <i>Luther Snoke for</i>
Title:	Chief Executive Officer
Signature:	
Date:	<i>11/3/21</i>

**STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
CONDITIONS OF PAYMENT**

Water System Name:*	County Service Area 64 - Spring Valley lake (CSA 64)
Water System Address:*	222 W. Hospitality Lane, 2nd Floor, San Bernardino, CA 92415-0450
PWSID#(s):*	CA3610121
*if the aggregated application method is used, provide the name of the responsible legal entity, the mailing address of the responsible legal entity, and the PWSID of each Community Water System included in the aggregated application. If additional room is needed an attached sheet may be included. [] Please check this box if attaching an additional sheet.	

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5. The Community Water System must comply with all documentation and reporting requirements set forth in the Program Guidelines. The Community Water System will further provide any additional documentation, reports, data, information, or certifications that the State Water Board requests within 15 days of the State Water Board's request, unless the State Water Board grants the Community Water System additional time to respond.
6. The State Water Board or any authorized representative thereof may, any time during the retention period specified in the Program Guidelines, commence an audit of any payment from the State Water Board, and the Community Water System will make available all necessary books and records therefore,

including, but not limited to, the records specified in the Program Guidelines. The Community Water System agrees to reimburse the State Water Board for any payment disallowed as a result of such audit immediately upon receipt of a copy of such audit.


7. The Community Water System will indemnify, defend, and save harmless the State, its officers, agents, and employees from any and all claims, losses, and liability arising out of or connected with any payment to the Community Water System pursuant to the Program, including, but not limited to, the reasonable cost of any attorney fees and any associated court and trial costs.
8. The Community Water System understands that fraud, waste, and the abuse of public funds are prohibited by law. The Community Water System warrants that it and its agents and consultants shall not engage in fraud, waste, or the abuse of State Water Board moneys, and will cooperate in any investigation of such activities that are suspected in connection with the payment. The Community Water System understands that discovery of any evidence of fraud, false claims, misrepresentation, forgery, theft, or any other misuse of public funds related to the disbursement request, or other supporting documentation, including, but not limited to, multiple billings for water system customer accounts in arrearages, may result in repayment of State Water Board moneys, and referral to the Attorney General's Office for appropriate action.

9. CERTIFICATION

NOTE: All individuals signing this Certification on behalf of the Community Water System represent and warrant that they are authorized to do so as the entity's authorized representative or designee.

PLEASE READ CAREFULLY BEFORE SIGNING:

"I (we) certify (or declare) under penalty of perjury that I (we) have read and agree with the Conditions of Payment listed above."

Name:	Leonard X. Hernandez / Luther Snoke for
Title:	Chief Executive Officer
Signature:	
Date:	1/3/21

CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM

WATER ARREARAGES DISBURSEMENT REQUEST FORM

PWSID NO: 3600220

WATER SYSTEM NAME: County Service Area 42 - Oro Grande (CSA 42)

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

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, the board provides financial assistance to community water systems 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: _____

STATE WATER RESOURCES CONTROL BOARD

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

PWSID NO: CA 3600220

WATER SYSTEM NAME: County Service Area 42 - Oro Grande (CSA 42)

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

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

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL	25	\$ 13,407.43
COMMERCIAL		
SUBTOTAL	25	\$ 13,407.43
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		\$ 402.22
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		\$ 13,809.65

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 Community Water System 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:

Luther Snoke for
Leonard X. Hernandez

1/3/21

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.: _____

INVOICE DATE: _____

Revised Oct 20, 2021

Water Arrearages Disbursement Request Form Page 1 of 2

STATE WATER RESOURCES CONTROL BOARD

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

PWSID NO: CA 3610121

WATER SYSTEM NAME: County Service Area 64 - Spring Valley Lake (CSA 64)

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

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

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL	365	\$ 72,688.83
COMMERCIAL		
SUBTOTAL	365	\$ 72,688.83
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		\$ 2,180.66
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		\$ 74,869.49

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 Community Water System 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:

Leonard X. Hernandez for
Leonard X. Hernandez

1/3/21

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.: _____

INVOICE DATE: _____

Revised Oct 20, 2021

Water Arrearages Disbursement Request Form Page 1 of 2

CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM

WATER ARREARAGES DISBURSEMENT REQUEST FORM

PWSID NO: 3610121

WATER SYSTEM NAME: County Service Area 64 - Spring Valley Lake (CSA 64)

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

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, the board provides financial assistance to community water systems 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: _____

**STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
CONDITIONS OF PAYMENT**

Water System Name:*	County Service Area 70 F - Little Morongo (CSA 70 F)
Water System Address:*	222 W. Hospitality Lane, 2nd Floor, San Bernardino, CA 92415-0450
PWSID#(s):*	CA3600226
<p>*if the aggregated application method is used, provide the name of the responsible legal entity, the mailing address of the responsible legal entity, and the PWSID of each Community Water System included in the aggregated application. If additional room is needed an attached sheet may be included.</p> <p>[] Please check this box if attaching an additional sheet.</p>	

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PLEASE READ CAREFULLY BEFORE SIGNING:

"I (we) certify (or declare) under penalty of perjury that I (we) have read and agree with the Conditions of Payment listed above."

Name:	Leonard X. Hernandez / Luther Snoke for
Title:	Chief Executive Officer
Signature:	
Date:	1/3/21

STATE WATER RESOURCES CONTROL BOARD

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

PWSID NO: CA 3600226

WATER SYSTEM NAME: County Service Area 70 F - Little Morongo (CSA 70 F)

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

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

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL	12	\$ 11,714.80
COMMERCIAL		
SUBTOTAL	12	\$ 11,714.80
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		\$ 351.44
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		\$ 12,066.24

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 Community Water System 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:

Luther Snoke for
Leonard X. Hernandez

[Signature]
1/3/21

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.: _____

INVOICE DATE: _____

Revised Oct 20, 2021

Water Arrearages Disbursement Request Form Page 1 of 2

CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM

WATER ARREARAGES DISBURSEMENT REQUEST FORM

PWSID NO: 3600226

WATER SYSTEM NAME: County Service Area 70 F - Little Morongo (CSA 70 F)

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

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, the board provides financial assistance to community water systems 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: _____

**STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
CONDITIONS OF PAYMENT**

Water System Name:*	County Service Area 70 J - Oak Hills (CSA 70 J)
Water System Address:*	222 W. Hospitality Lane, 2nd Floor, San Bernardino, CA 92415-0450
PWSID#(s):*	CA3610125
<p>*if the aggregated application method is used, provide the name of the responsible legal entity, the mailing address of the responsible legal entity, and the PWSID of each Community Water System included in the aggregated application. If additional room is needed an attached sheet may be included.</p> <p><input type="checkbox"/> Please check this box if attaching an additional sheet.</p>	

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"I (we) certify (or declare) under penalty of perjury that I (we) have read and agree with the Conditions of Payment listed above."

Name:	Leonard X. Hernandez / Luther Snoke for
Title:	Chief Executive Officer
Signature:	
Date:	1/3/21

STATE WATER RESOURCES CONTROL BOARD

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

PWSID NO: CA 3610125

WATER SYSTEM NAME: County Service Area 70 J - Oak Hills (CSA 70 J)

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

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

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL	260	\$ 111,104.37
COMMERCIAL	2	\$ 243.20
SUBTOTAL	262	\$ 111,347.57
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		\$ 3,340.43
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		\$ 114,688.00

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.

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AUTHORIZED REPRESENTATIVE OR DESIGNEE SIGNATURE:

DATE:

Luther Snoke for
Leonard X. Hernandez

1/3/21

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.: _____

INVOICE DATE: _____

Revised Oct 20, 2021

Water Arrearages Disbursement Request Form Page 1 of 2

CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM

WATER ARREARAGES DISBURSEMENT REQUEST FORM

PWSID NO: 3610125

WATER SYSTEM NAME: County Service Area 70 J - Oak Hills (CSA 70 J)

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

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, the board provides financial assistance to community water systems 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:** _____

**STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
CONDITIONS OF PAYMENT**

Water System Name:*	County Service Area 70 W-3 - Hacienda Heights (CSA 70 W-3)
Water System Address:*	222 W. Hospitality Lane, 2nd Floor, San Bernardino, CA 92415-0450
PWSID#(s):*	CA 3600114
*if the aggregated application method is used, provide the name of the responsible legal entity, the mailing address of the responsible legal entity, and the PWSID of each Community Water System included in the aggregated application. If additional room is needed an attached sheet may be included.	
[] Please check this box if attaching an additional sheet.	

By submission hereof, and as a condition of payment hereunder, the Community Water System(s) identified above warrants and agrees that:

1. The Community Water System has complied with, and will comply with, all applicable requirements which are a condition of payment from the California Water and Wastewater Arrearage Payment Program (Program) pursuant to chapter 4.7 (commencing with section 116773) of part 12 of division 104 of the Health and Safety Code and the State Water Resources Control Board's (State Water Board) Program Guidelines.
2. The Community Water System's Program Application and all supporting documents thereof are true and accurate.
3. The Community Water System certifies that the amount requested on the Community Water System's Disbursement Request are eligible for payment pursuant to chapter 4.7 (commencing with section 116773) of part 12 of division 104 of the Health and Safety Code and the Program Guidelines.
4. The Community Water System will allocate the payment received as bill credits within 60 days of receipt in accordance with the Program Guidelines and will return any moneys not credited to the State Water Board within six months of receipt.
5. The Community Water System must comply with all documentation and reporting requirements set forth in the Program Guidelines. The Community Water System will further provide any additional documentation, reports, data, information, or certifications that the State Water Board requests within 15 days of the State Water Board's request, unless the State Water Board grants the Community Water System additional time to respond.
6. The State Water Board or any authorized representative thereof may, any time during the retention period specified in the Program Guidelines, commence an audit of any payment from the State Water Board, and the Community Water System will make available all necessary books and records therefore,

including, but not limited to, the records specified in the Program Guidelines. The Community Water System agrees to reimburse the State Water Board for any payment disallowed as a result of such audit immediately upon receipt of a copy of such audit.


7. The Community Water System will indemnify, defend, and save harmless the State, its officers, agents, and employees from any and all claims, losses, and liability arising out of or connected with any payment to the Community Water System pursuant to the Program, including, but not limited to, the reasonable cost of any attorney fees and any associated court and trial costs.
8. The Community Water System understands that fraud, waste, and the abuse of public funds are prohibited by law. The Community Water System warrants that it and its agents and consultants shall not engage in fraud, waste, or the abuse of State Water Board moneys, and will cooperate in any investigation of such activities that are suspected in connection with the payment. The Community Water System understands that discovery of any evidence of fraud, false claims, misrepresentation, forgery, theft, or any other misuse of public funds related to the disbursement request, or other supporting documentation, including, but not limited to, multiple billings for water system customer accounts in arrearages, may result in repayment of State Water Board moneys, and referral to the Attorney General's Office for appropriate action.

9. CERTIFICATION

NOTE: All individuals signing this Certification on behalf of the Community Water System represent and warrant that they are authorized to do so as the entity's authorized representative or designee.

PLEASE READ CAREFULLY BEFORE SIGNING:

"I (we) certify (or declare) under penalty of perjury that I (we) have read and agree with the Conditions of Payment listed above."

Name:	Leonard X. Hernandez / Luther Snoke for
Title:	Chief Executive Officer
Signature:	
Date:	1/3/21

STATE WATER RESOURCES CONTROL BOARD

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

PWSID NO: CA 3600114

WATER SYSTEM NAME: County Service Area 70 W-3 - Hacienda Heights (CSA 70 W-3)

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

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

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL	16	\$ 8,062.81
COMMERCIAL		
SUBTOTAL	16	\$ 8,062.81
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		\$ 241.88
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		\$ 8,304.69

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 Community Water System 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:

Leonard X. Hernandez
Leonard X. Hernandez

1/3/21

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.: _____

INVOICE DATE: _____

Revised Oct 20, 2021

Water Arrearages Disbursement Request Form Page 1 of 2

CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM

WATER ARREARAGES DISBURSEMENT REQUEST FORM

PWSID NO: 3600114

WATER SYSTEM NAME: County Service Area 70 W-3 - Hacienda Heights (CSA 70 W-3)

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

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, the board provides financial assistance to community water systems 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: _____

**STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
CONDITIONS OF PAYMENT**

Water System Name:*	County Service Area 70 W-4 - Pioneertown (CSA 70 W-4)
Water System Address:*	222 W. Hospitality Lane, 2nd Floor, San Bernardino, CA 92415-0450
PWSID#(s):*	CA3600196
*if the aggregated application method is used, provide the name of the responsible legal entity, the mailing address of the responsible legal entity, and the PWSID of each Community Water System included in the aggregated application. If additional room is needed an attached sheet may be included.	
[] Please check this box if attaching an additional sheet.	

By submission hereof, and as a condition of payment hereunder, the Community Water System(s) identified above warrants and agrees that:

1. The Community Water System has complied with, and will comply with, all applicable requirements which are a condition of payment from the California Water and Wastewater Arrearage Payment Program (Program) pursuant to chapter 4.7 (commencing with section 116773) of part 12 of division 104 of the Health and Safety Code and the State Water Resources Control Board's (State Water Board) Program Guidelines.
2. The Community Water System's Program Application and all supporting documents thereof are true and accurate.
3. The Community Water System certifies that the amount requested on the Community Water System's Disbursement Request are eligible for payment pursuant to chapter 4.7 (commencing with section 116773) of part 12 of division 104 of the Health and Safety Code and the Program Guidelines.
4. The Community Water System will allocate the payment received as bill credits within 60 days of receipt in accordance with the Program Guidelines and will return any moneys not credited to the State Water Board within six months of receipt.
5. The Community Water System must comply with all documentation and reporting requirements set forth in the Program Guidelines. The Community Water System will further provide any additional documentation, reports, data, information, or certifications that the State Water Board requests within 15 days of the State Water Board's request, unless the State Water Board grants the Community Water System additional time to respond.
6. The State Water Board or any authorized representative thereof may, any time during the retention period specified in the Program Guidelines, commence an audit of any payment from the State Water Board, and the Community Water System will make available all necessary books and records therefore,

including, but not limited to, the records specified in the Program Guidelines. The Community Water System agrees to reimburse the State Water Board for any payment disallowed as a result of such audit immediately upon receipt of a copy of such audit.

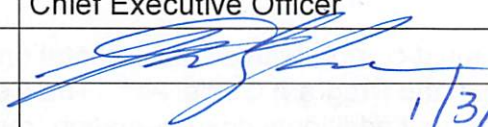
7. The Community Water System will indemnify, defend, and save harmless the State, its officers, agents, and employees from any and all claims, losses, and liability arising out of or connected with any payment to the Community Water System pursuant to the Program, including, but not limited to, the reasonable cost of any attorney fees and any associated court and trial costs.
8. The Community Water System understands that fraud, waste, and the abuse of public funds are prohibited by law. The Community Water System warrants that it and its agents and consultants shall not engage in fraud, waste, or the abuse of State Water Board moneys, and will cooperate in any investigation of such activities that are suspected in connection with the payment. The Community Water System understands that discovery of any evidence of fraud, false claims, misrepresentation, forgery, theft, or any other misuse of public funds related to the disbursement request, or other supporting documentation, including, but not limited to, multiple billings for water system customer accounts in arrearages, may result in repayment of State Water Board moneys, and referral to the Attorney General's Office for appropriate action.

9. CERTIFICATION

NOTE: All individuals signing this Certification on behalf of the Community Water System represent and warrant that they are authorized to do so as the entity's authorized representative or designee.

PLEASE READ CAREFULLY BEFORE SIGNING:

"I (we) certify (or declare) under penalty of perjury that I (we) have read and agree with the Conditions of Payment listed above."

Name:	Leonard X. Hernandez / Luther Shoke for
Title:	Chief Executive Officer
Signature:	
Date:	1/3/21

STATE WATER RESOURCES CONTROL BOARD

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

PWSID NO: CA 3600196

WATER SYSTEM NAME: County Service Area 70 W-4 Pioneertown (CSA 70 W-4)

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

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

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL	4	\$ 5,951.67
COMMERCIAL		
SUBTOTAL	4	\$ 5,951.67
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		\$ 178.55
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		\$ 6,130.22

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 Community Water System 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:

Luther Shoke for
Leonard X. Hernandez

1/3/21

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.: _____

INVOICE DATE: _____

Revised Oct 20, 2021

Water Arrearages Disbursement Request Form Page 1 of 2

CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM

WATER ARREARAGES DISBURSEMENT REQUEST FORM

PWSID NO: 3600196

WATER SYSTEM NAME: County Service Area 70 W-4 Pioneertown (CSA 70 W-4)

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

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, the board provides financial assistance to community water systems 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: _____

**STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
CONDITIONS OF PAYMENT**

Water System Name:*	County Service Area 70 CG - Cedar Glen (CSA 70 CG)
Water System Address:*	222 W. Hospitality Lane, 2nd Floor, San Bernardino, CA 92415-0450
PWSID#(s):*	CA3610026
*if the aggregated application method is used, provide the name of the responsible legal entity, the mailing address of the responsible legal entity, and the PWSID of each Community Water System included in the aggregated application. If additional room is needed an attached sheet may be included.	
[] Please check this box if attaching an additional sheet.	

By submission hereof, and as a condition of payment hereunder, the Community Water System(s) identified above warrants and agrees that:

1. The Community Water System has complied with, and will comply with, all applicable requirements which are a condition of payment from the California Water and Wastewater Arrearage Payment Program (Program) pursuant to chapter 4.7 (commencing with section 116773) of part 12 of division 104 of the Health and Safety Code and the State Water Resources Control Board's (State Water Board) Program Guidelines.
2. The Community Water System's Program Application and all supporting documents thereof are true and accurate.
3. The Community Water System certifies that the amount requested on the Community Water System's Disbursement Request are eligible for payment pursuant to chapter 4.7 (commencing with section 116773) of part 12 of division 104 of the Health and Safety Code and the Program Guidelines.
4. The Community Water System will allocate the payment received as bill credits within 60 days of receipt in accordance with the Program Guidelines and will return any moneys not credited to the State Water Board within six months of receipt.
5. The Community Water System must comply with all documentation and reporting requirements set forth in the Program Guidelines. The Community Water System will further provide any additional documentation, reports, data, information, or certifications that the State Water Board requests within 15 days of the State Water Board's request, unless the State Water Board grants the Community Water System additional time to respond.
6. The State Water Board or any authorized representative thereof may, any time during the retention period specified in the Program Guidelines, commence an audit of any payment from the State Water Board, and the Community Water System will make available all necessary books and records therefore,

including, but not limited to, the records specified in the Program Guidelines. The Community Water System agrees to reimburse the State Water Board for any payment disallowed as a result of such audit immediately upon receipt of a copy of such audit.

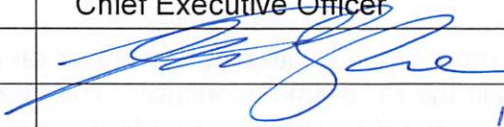
7. The Community Water System will indemnify, defend, and save harmless the State, its officers, agents, and employees from any and all claims, losses, and liability arising out of or connected with any payment to the Community Water System pursuant to the Program, including, but not limited to, the reasonable cost of any attorney fees and any associated court and trial costs.
8. The Community Water System understands that fraud, waste, and the abuse of public funds are prohibited by law. The Community Water System warrants that it and its agents and consultants shall not engage in fraud, waste, or the abuse of State Water Board moneys, and will cooperate in any investigation of such activities that are suspected in connection with the payment. The Community Water System understands that discovery of any evidence of fraud, false claims, misrepresentation, forgery, theft, or any other misuse of public funds related to the disbursement request, or other supporting documentation, including, but not limited to, multiple billings for water system customer accounts in arrearages, may result in repayment of State Water Board moneys, and referral to the Attorney General's Office for appropriate action.

9. CERTIFICATION

NOTE: All individuals signing this Certification on behalf of the Community Water System represent and warrant that they are authorized to do so as the entity's authorized representative or designee.

PLEASE READ CAREFULLY BEFORE SIGNING:

"I (we) certify (or declare) under penalty of perjury that I (we) have read and agree with the Conditions of Payment listed above."

Name:	Leonard X. Hernandez <i>Luether Snoke for</i>
Title:	Chief Executive Officer
Signature:	
Date:	<i>1/3/21</i>

STATE WATER RESOURCES CONTROL BOARD

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

PWSID NO: CA 3610026

WATER SYSTEM NAME: County Service Area CG - Cedar Glen (CSA 70 CG)

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

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

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL	28	\$ 12,861.26
COMMERCIAL	1	\$ 348.72
SUBTOTAL	29	\$ 13,209.98
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		\$ 396.30
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		\$ 13,606.28

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 Community Water System 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:

Leonard X. Hernandez for
Leonard X. Hernandez

1/3/21

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.: _____

INVOICE DATE: _____

Revised Oct 20, 2021

Water Arrearages Disbursement Request Form Page 1 of 2

CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM

WATER ARREARAGES DISBURSEMENT REQUEST FORM

PWSID NO: 3610026

WATER SYSTEM NAME: County Service Area CG - Cedar Glen (CSA 70 CG)

LEGAL ENTITY NAME: San Bernardino Count Department of Public Works - Special Districts

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, the board provides financial assistance to community water systems 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: _____

Water 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: communitywatersystemscovidrelief@waterboards.ca.gov.

- **Community Water System Identification and Mailing Address section**
 - Provide the PWSID number that is associated with the Community Water System you are requesting disbursement under.
 - If this is an aggregate application, provide the PWSID number used to complete the Application Survey.
 - Provide the Community Water System's name.
 - If this is an aggregate application, use the Umbrella Entity name that was provided in the Application Survey.
 - The legal entity name should be the name under which the Community Water System files with the Internal Revenue Service. It also should be the same name reported on the STD. 204 form.
 - The mailing address is where the check will be sent. This address must be either the Community Water System's mailing address, or the Administrative Contact's mailing address as reported on the Application Survey.
- **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 Community Water System's authorized representative or designee. 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 need to be submitted.)
- **This document is a two page document. The PWSID number and Community Water System name must be printed on both pages. Both pages must be uploaded as a single PDF as well as sent in to the Board.**
- **Send in the Form**
 - Water Arrearages Payment Program
State Water Resources Control Board
1001 I Street, 17th Floor
Sacramento, CA 95814