### STATE WATER RESOURCES CONTROL BOARD

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

APPLICANT NAME: COUNTY OF SAN BERNARDINO DEPT PUBLIC WKS SPECIAL DIST LEGAL ENTITY NAME: COUNTY OF SAN BERNARDINO DEPT PUBLIC WKS SPECIAL DIST REMIT PAYMENT TO ENTITY (select one):

□ Wastewater Treatment Provider

Wastewater Billing Entity

REMIT TO ADDRESS: 222 W. HOSPITALITY LANE, 2<sup>ND</sup> FLOOR

SAN BERNARDINO, CA 92415

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL	3246	403,386.38
COMMERCIAL	91	57,068.52
SUBTOTAL	3337	460,454.90
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		13,813.65
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		474,268.55

**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:
AUTHORIZED	IVELIVE OF IAI WILLAR	OILDEDIGITE	SIGNATURE.

DATE:

Apr 28, 2022

Adobe Acrobat Sign Transaction Number: CBJCHBCAABAAMiFiVT\_gTWgUxuL7hz8jJBLyVNhjXFwW

### FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.: W00013-01

INVOICE DATE: 4/18/2022

Revised March 4, 2022

Wastewater Arrearages Disbursement Request Form

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APPLICANT NAME: COUNTY OF SAN BERNARDINO DEPT PUBLIC WKS SPECIAL DIST LEGAL ENTITY NAME: COUNTY OF SAN BERNARDINO DEPT PUBLIC WKS SPECIAL DIST REMIT PAYMENT TO ENTITY (select one):

☐ Wastewater Treatment Provider

## FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.: W00013-01

INVOICE DATE: 4/18/2022

PAYMENT REQUEST AMOUNT	\$ 474,268.55
ADJUSTMENT	\$ 0.00
AMOUNT DUE	\$ 474,268.55

ADJUSTMENT COMMENTS:

FI\$CAL SUPPLIER ID: 0000012187 ADDRESS ID: 118

FUND TITLE  Coronavirus Fiscal Recovery Fund of 2021		ITEM 3940-162-8506	FY 21/22	CHAPTER 21/21	STATUTE 2021
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 APPROVA	L OF
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**PAYMENT** 

Analyst

Reviewed By:

Title:

2/2/20

Reviewed By:

Manager

Date:

Title: