

STATE WATER RESOURCES CONTROL BOARD

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

PWSID NO: CA4410011

WATER SYSTEM NAME: CITY OF WATSONVILLE

LEGAL ENTITY NAME: CITY OF WATSONVILLE

ATTN: FINANCE DEPARTMENT

MAILING ADDRESS: 250 MAIN STREET, WATSONVILLE, CA 95076

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL	821	\$ 402,261.17
COMMERCIAL	36	\$ 61,682.18
SUBTOTAL	857	\$ 463,943.35
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		\$ 13,918.30
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		\$ 477,861.65

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:

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.: _____

INVOICE DATE: _____

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PAYMENT INVOICE NO.: _____

INVOICE DATE: _____

PAYMENT REQUEST AMOUNT	\$
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ADJUSTMENT	\$
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AMOUNT DUE	\$
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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
REPORTING STRUCTURE	ACCOUNT	ALT ACCOUNT	PROGRAM		
39400556	5432600	5432600000	3560000C25		

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: _____
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Manager

Reviewed By: _____	Title: _____	Date: _____
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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.

- **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