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State Waterboard Community Water System COVID Relief Application

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About: The purpose of this online application form is to collect the required information and documentation to allow the State Water Board to process your funding application for the drinking water component of the [Water and Wastewater Arrearage Payment Program](#).

Funding Application Requirements & Technical Assistance: The State Water Board may be able to provide technical assistance to help your water system complete this funding application.

- For questions related to funding application below, please contact the State Water Board at CommunityWaterSystemsCovidRelief@waterboards.ca.gov or 916-322-6227.
- For assistance completing the funding application, please submit a [Technical Assistance Request Form](#); Please email TA request form to DFA-TARequest@waterboards.ca.gov

APPLICANT INFORMATION

PWSID:	CA4410011
Water System Name:	WATSONVILLE, CITY OF
Aggregated Application?:	No
Legal Umbrella Organization:	N/A
Aggregated Application PWSIDs:	N/A
Number of Service Connections for Applicant:	14474

DRINKING WATER ARREARAGE NEEDS

1. Please provide your most current total of eligible Residential accounts in arrears. This number can be smaller or larger than the total provided in the Program survey: *

Reported number of eligible Residential accounts in

939

Attachment 4

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arrears from Program survey:

✓✓✓

821

2. Please provide your most current sum of eligible Residential arrearages (EXCLUDE LATE FEES). This sum can be smaller or larger than the amount provided in the Program survey: ?*

Total (\$) Residential Arrearages Reported in Survey: 397729.84

402261.17

3. Please provide your most current total of eligible Commercial accounts in arrears. This number can be smaller or larger than the total provided in the Program survey: ?*

Reported number of eligible Commercial accounts in arrears from Program survey:

47

36

4. Please provide your most current sum of eligible Commercial arrearages (EXCLUDE LATE FEES). This sum can be smaller or larger than the amount provided in the Program survey: ?*

Total (\$) Commercial Arrearages Reported in Survey:

69846.99

61682.18

5. Please indicate if your reported Residential and/or Commercial arrearages include any of the following: ?*

- ☒ [a] Customer arrearages that have been transferred to the third-party debt collector.
- ☐ [b] Customer arrearages that have been addressed or received funding from your system's existing customer assistance program that was implemented during the COVID-19 pandemic period.
- ☐ [c] None of the above.

MAXIMUM FUNDING ALLOTMENT

The State Water Board has determined your maximum funding allotment based on the information provided in the previous section.

Total Reported Arrearages: 463943.35

3% Administrative Costs: 13918.30

TOTAL Maximum Funding Allotment: \$477861.65

You may submit a funding application for this amount or less for your community water system or aggregated group of water systems (if submitting an aggregated application). If your funding application request is greater than the figure above, your application amount will default to this figure.

FUNDING APPLICATION REQUEST

6. What is your total funding application request?

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You must comply with all documentation and reporting requirements in the Program Guidelines. Please note that you must allocate the funding you receive to offset arrearages in accordance with the Program Guidelines and must return any moneys not credited to customers' accounts to the State Water Board within six months of receipt.

477861.65

REQUIRED FUNDING APPLICATION MATERIALS

7. Water System Authorized Representative or Designee

The following contact is listed in the State Water Board's database as the Administrative Contact. Is this person authorized to represent your water system and accept funding from the State Water Board? This contact is required to provide a wet signature (physically sign) on the application forms required below. Forms with electronic signatures will not be accepted.

Administrative Contact:

BEAU KAYSER

Is this person the authorized representative or designee who will be signing the funding application materials?*

- ☐ Yes, this is the correct person
- ☒ No, this is not the correct person

7.1 Please indicate who the appropriate authorized representative or designee is for your water system.

The authorized representative or designee provided will be validated by your water system's District Engineer before the funding application materials will be approved.

First Name:*

Matt

Last Name:*

Huffaker

Title:*

City Manager

Organization:*

City of Watsonville

Business Email:*

matt.huffaker@cityofwatsonville.org

Business Mailing Address 1:*

250 Main Street

Business Mailing Address 2:

YY

City:*

Watsonville

- ☐
- ☐ Alabama
- ☐ Alaska
- ☐ Arizona

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State:*

- ☐ Arkansas
- ☒ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia
- ☐ Florida
- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

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Zipcode:*

95076

Work Phone:*

8317683012

Work Cell Phone:

YY

8. Please attach any applicable documentation to support the authorized representative or designee provided above. Documentation may, but is not required to be provided using the [Authorized Representative Delegation Form](#).[?]*

If the Administrative Contact listed above is not an authorized signatory per Signatory Requirements Table, please provide documentation delegating authority for the Administrative Contact to sign on behalf of the Community Water System. See the [Authorized Signatory Guidelines](#) for this process.



Choose Files No file chosen

Upload

(Uploaded files:)

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9. You must download and complete the [Conditions of Payment](#) form. Use the button to attach the completed form. This form must be physically signed by your water system's authorized representative or designee. Forms with electronic signatures will not be accepted.[?]*



Choose Files No file chosen

Upload

(Uploaded files:)

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10. You must download and complete the [Disbursement Request](#) form. This form must be physically signed by your water system's authorized representative or designee. Use the button to attach the completed form and then physically mail in the form:[?]*



Choose Files No file chosen

Upload

(Uploaded files:)

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The original, physically signed, copy of the Disbursement Request form must be mailed to the State Water Board before payment is disbursed. Forms with electronic signatures will not be accepted.

You must mail the wet signed form to:

State Water Resources Control Board
Division of Financial Assistance
Water System Arrearage Program
1001 I Street, 17th Floor
Sacramento, CA 95814

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11. The distribution of Program funding can either be sent to the Community Water System’s mailing address, or the address provided on the Tax ID form. Is the following mailing address the correct location for distribution of Program funding? * ?

Mailing Address:

500 Clearwater Lane, WATSONVILLE, CA, 95076

- ☐ Yes, this is the mailing address
- ☒ No, this is not the correct mailing address

11.1 Please provide the appropriate mailing address for distribution of Program funding. This address must be the one provided (or will be provided) on the Tax ID form. ?

Business Mailing Address
1: *

250 Main Street

Business Mailing Address
2:

YY

City: *

Watsonville


- ☐
- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☒ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia
- ☐ Florida
- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska

State: *

- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

Zipcode:*

95076

12. If you have not done so already, please download and complete the Tax ID form provided below. Use the button to attach the completed form. This form must be physically signed by your water system's authorized representative or designee or authorized fiscal representative. Forms with electronic signatures will not be accepted. 

Government Tax Filing Status: https://fiscal.ca.gov/wp-content/uploads/2019/08/GovtTINForm_000.pdf

Non-Government Tax Filing Status: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

Non-government water systems that would like their remittance sent to the mailing address as provided in [Question 10] and have a different address than that provided on the Payee Data Record form STD 204, must also complete and upload this form as well: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std205.pdf>




Choose Files No file chosen

Upload

(Uploaded files:)

- - - - - No files uploaded - - - - -

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13. Applicants with 3,300 service connections or more are required to submit this completed spreadsheet that includes the following information: *

- a. Customer account number of eligible residential and/or commercial customers in arrears.
- b. The total amount of current qualifying arrears.
- c. Customer zip code.

Attachment 4

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Use this [spreadsheet template](#) for a single water system applicant.

If you are submitting an aggregated application for multiple water systems, please use this [spreadsheet template](#).

Please upload this spreadsheet in the excel format provided.



Choose Files No file chosen

Upload

(Uploaded files:)

[Delete](#) [Water Arrearages Spreadsheet.xls](#)

0%

Please certify that the information provided in this funding application is true and accurate under penalty of perjury:*

☒ I certify that the information provided in this funding application is true and accurate under penalty of perjury.

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