

# PLANNING OR DESIGN FINANCIAL ASSISTANCE APPLICATION

I. APPLICANT INFORMATION			
Applicant (Entity) Name:			
Entity Type: <input type="checkbox"/> Public - Local <input type="checkbox"/> Public - State <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other: Specify _____			
Charter City/County: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address:	City:	State:	Zip+4 Code:
Mailing Address:	City:	State:	Zip+4 Code:
Congressional District(s):			
State Senate District(s):			
State Assembly District(s):			
County (or Counties):			
Regional Water Board: <input type="checkbox"/> 1 (North Coast) <input type="checkbox"/> 2 (San Francisco Bay) <input type="checkbox"/> 3 (Central Coast) <input type="checkbox"/> 4 (Los Angeles) <input type="checkbox"/> 5 (Central Valley) <input type="checkbox"/> 6 (Lahontan) <input type="checkbox"/> 7 (Colorado River) <input type="checkbox"/> 8 (Santa Ana) <input type="checkbox"/> 9 (San Diego)			
Federal ID No.:		Data Universal Numbering System (DUNS) No.:	
Authorized Representative Name, Title:			
Phone No.: (    )		Email Address:	
General Contact Person Name:			
Phone No.: (    )		Email Address:	
Financial Contact Person Name:			
Phone No.: (    )		Email Address:	
Legal Counsel Name:			
Phone No.: (    )		Email Address:	
Bond Counsel Name (if applicable):			
Phone No.: (    )		Email Address:	
II. PROJECT INFORMATION			
Project Title:			
CWSRF Planning/Design Financing Amount Requested: \$			
III. PROJECT SERVICE AREA DEMOGRAPHICS			
<b>Active Service Connections</b>			<input type="checkbox"/> <b>Not Applicable</b>
Connection Type	Number of Connections	Current Monthly Service Charge	Projected Monthly Service Charge at Planning Completion*
Residential		\$	\$
Commercial		\$	\$
Industrial		\$	\$
Other		\$	\$
TOTAL		\$	\$
*Rate increase effective date for projected monthly service charges:			
			State Use Only
			CWSRF Project #
			Project Manager
			Date Received

Date of the most recent Proposition 218 public hearing:			
Current Year Median Household Income: \$	Current Year Estimated Population Served:		
Are less than 50% of residences permanently occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>IV. REGULATORY INFORMATION</b>			
NPDES Permit and/or WDR Order No.:			
Has enforcement action occurred as a result of the water quality problem? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>V. COMPLIANCE WITH URBAN WATER MANAGEMENT AND WATER RIGHTS REQUIREMENTS</b>			
Are you an Urban Water Supplier*? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>• If yes, have you submitted an Urban Water Management Plan to the Department of Water Resources?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ul>			
*An Urban Water Supplier provides water for municipal purposes either directly or indirectly to more than 3,000 customers or supplies more than 3,000 acre-feet of water annually. The Urban Water Management Planning Act, Water Code, Section 10631.5, requires every urban water supplier to prepare and adopt an Urban Water Management Plan that includes specific elements.			
Is your entity a water diverter and subject to section 5103 of the Water Code? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>VI. DISCUSSION OF MATERIAL EVENTS, MATERIAL OBLIGATION CONDITIONS, AND ANY DEBT LIMIT</b>			
Identify any current, prior or pending material events such as bankruptcy, defaults, litigation, grant jury findings, unscheduled draws on reserve funds, substitution of insurers or their failure to perform, unscheduled draws on credit enhancements, actions taken in anticipation of filing Chapter 9, rating changes, relevant conditions in material obligations, and any local debt limit.			
<b>VII. GREEN PROJECT RESERVE (GPR)</b>			
1. Is this project, or a portion of this project, eligible for the <a href="#">CWSRF GPR</a> ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If no, skip to Section VI			
2. Which GPR Category(ies) are applicable, and identify whether the project is categorically eligible or requires a business case to demonstrate eligibility.			
<b>% of Total Project Cost*</b>	<b>Category</b>	<b>Categorically Eligible</b>	<b>Business Case Attached</b>
	Green Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>
	Water Efficiency	<input type="checkbox"/>	<input type="checkbox"/>
	Energy Efficiency	<input type="checkbox"/>	<input type="checkbox"/>
	Environmentally Innovative	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Total</b>		
* Includes associated planning and design costs.			

**VIII. ATTACHMENTS**

- 1 – Plan of Study
- 2 – Certification for Compliance with Water Metering Form
- 3 – Regional Water Quality Control Board Requirements
- 4 – Authorizing Resolution/Ordinance
- 5 - Relevant Service, Management, Operating or Joint Powers Agreements
- 6 - Audited Financial Statements
- 7 – Rate Adoption Resolution/Ordinance
- 8 – Related Debt

The following attachment is not required for Small Disadvantaged Communities applying for 100% grant:

- 9 – Pledged Revenues and Fund(s) Resolution/Ordinance

**CERTIFICATION AND SIGNATURE OF AUTHORIZED REPRESENTATIVE**

To the best of my knowledge and belief, I certify that I am authorized to submit this application; the information provided in this application is true and correct; the documentation has been duly authorized by the governing body of the applicant; and the entity possesses the legal authority to apply for the financing and enter into a financing agreement with the State Water Resources Control Board and to finance and construct the proposed facilities.

Name of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION FOR COMPLIANCE WITH WATER METERING  
REQUIREMENTS FOR FUNDING APPLICATIONS**



Funding Entity name: State Water Resources Control Board

Funding Program name: Clean Water State Revolving Fund

Applicant (Entity name): \_\_\_\_\_

Please check one of the boxes below and sign and date this form.

As the authorized representative for the applicant Entity, I certify under penalty of perjury that the Entity is not an urban water supplier, as that term is understood pursuant to the provisions of section 529.5 of the Water Code.

As the authorized representative for the applicant Entity, I certify under penalty of perjury that the applicant Entity has fully complied with the provisions of Division 1, Chapter 8, Article 3.5 of the California Water Code (sections 525 through 529.7 inclusive) and that the ordinances, rules, or regulations submitted with this certification as listed below have been duly adopted and are in effect as of this date.

I understand that the Funding Entity will rely on this signed certification in order to approve funding and that false and/or inaccurate representations in this Certification Statement may result in loss of all funds awarded to the applicant for its project. Additionally, for the aforementioned reasons, the Funding Entity may withhold disbursement of project funds, and/or pursue any other applicable legal remedy.

\_\_\_\_\_  
Name of Authorized Representative  
(Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date



**RELATED DEBT**

The following related debts are senior to the proposed CWSRF financing:

Name of Lender and Title of Debt or Loan Number	Debt Security or Source of Revenue	Debt Service Coverage Requirement	Rating	Original Debt Amount	Current Balance	Payment Amount	Interest Rate	Debt Term & Maturity Date
				\$	\$	\$		/
				\$	\$	\$		/
				\$	\$	\$		/

The following related debts are on parity to the proposed CWSRF financing:

Name of Lender and Title of Debt or Loan Number	Debt Security or Source of Revenue	Debt Service Coverage Requirement	Rating	Original Debt Amount	Current Balance	Payment Amount	Interest Rate	Debt Term & Maturity Date
				\$	\$	\$		/
				\$	\$	\$		/
				\$	\$	\$		/
				\$	\$	\$		/

The following related debts are subordinate to the proposed CWSRF financing:

Name of Lender and Title of Debt or Loan Number	Debt Security or Source of Revenue	Debt Service Coverage Requirement	Rating	Original Debt Amount	Current Balance	Payment Amount	Interest Rate	Debt Term & Maturity Date
				\$	\$	\$		/
				\$	\$	\$		/
				\$	\$	\$		/
				\$	\$	\$		/

Attach copies of the debt documents associated with the above debt.

## PLEDGED REVENUES AND FUND(S) (PRF) RESOLUTION

WHEREAS \_\_\_\_\_  
*(insert appropriate findings regarding intent, authority, and procedure)*

\_\_\_\_\_;

THEREFORE BE IT RESOLVED, the \_\_\_\_\_ (the "Entity") hereby  
*(insert Entity name)*  
 dedicates and pledges \_\_\_\_\_  
*(insert exact name of revenue stream and designated fund containing those revenues)*

to payment of any and all Clean Water State Revolving Fund and/or Water Recycling Funding Program  
 financing for \_\_\_\_\_ (the "Project"). The  
*(insert Project name and 4-digit CWSRF Project number)*

Entity commits to collecting such revenues and maintaining such fund(s) throughout the term of such financing and until the Entity has satisfied its repayment obligation thereunder unless modification or change is approved in writing by the State Water Resources Control Board. So long as the financing agreement(s) are outstanding, the Entity's pledge hereunder shall constitute a lien in favor of the State Water Resources Control Board on the foregoing fund(s) and revenue(s) without any further action necessary. So long as the financing agreement(s) are outstanding, the Entity commits to maintaining the fund(s) and revenue(s) at levels sufficient to meet its obligations under the financing agreement(s).

### CERTIFICATION

I do hereby certify that the foregoing is a full, true, and correct copy of a resolution duly and regularly adopted at a meeting of the \_\_\_\_\_ held  
*(insert name of Governing Board of the Entity)*

on \_\_\_\_\_.  
*(Date)*

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*(Name, Signature, and Seal of the Clerk or Authorized Record Keeper of the Governing Board of the Agency)*