

**State Water Resources Control Board
Underground Storage Tank Cleanup Fund**

REQUEST FOR CARRYING COST REIMBURSEMENT

(To be submitted by the **CLAIMANT** to certify carrying costs actually incurred)

A	Claim No.: _____
	Claimant Name: _____
	Claimant Phone: _____ Claimant Fax: _____
	Claimant E-mail: _____
	Site Address: _____

B	Reimbursement Request (RR) No.: _____ Date of Hold for Payment Letter: _____
	Date of Reimbursement Check: _____ Amount of Check: _____

C	Lender Name and Contact Information (Phone and E-mail)	Annual Percentage Rate (APR)	Total Amount Borrowed to Pay RR Costs	Carrying Cost Amount Requested
	TOTAL CARRYING COSTS BEING REQUESTED FOR REIMBURSEMENT			

D	Claimant Certification							
	I certify to the following:							
	<ul style="list-style-type: none"> • I am the claimant for the Fund claim referenced above and I have personally examined and am familiar with the information submitted in this document. • I actually incurred the carrying costs for which I am requesting reimbursement. • Monies were provided to me by the lender(s) identified above and I became obligated to repay these monies to the lender(s), plus interest at the rate identified above. • I used the borrowed funding to pay for the eligible corrective action, third party compensation, or regulatory assistance costs identified in the reimbursement request specified above. • I understand that reimbursement of carrying costs is limited by subdivision (i) of section 25299.57 of the Health and Safety Code, including a 7 percent cap on the reimbursable interest rate and a carrying cost minimum request of at least \$100 up to maximum of 9 percent of the associated reimbursement payment. • I have attached a copy of the lending agreement or other applicable documentation to support the amount of carrying costs incurred. • I agree to provide additional documentation of the transaction in which I incurred these carrying costs upon request by the State Water Board at any time up to three years after disbursement of the final payment for this claim. 							
	I, the undersigned, certify under penalty of perjury that these facts are true and correct.							
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">_____</td> <td style="width:50%; border:none;">_____</td> </tr> <tr> <td style="border:none;">Print Name and Title (Claimant)</td> <td style="border:none;">Signature and Date</td> </tr> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">Print Name and Title (Joint-claimant)</td> <td style="border:none;">Signature and Date</td> </tr> </table>	_____	_____	Print Name and Title (Claimant)	Signature and Date	_____	_____	Print Name and Title (Joint-claimant)
_____	_____							
Print Name and Title (Claimant)	Signature and Date							
_____	_____							
Print Name and Title (Joint-claimant)	Signature and Date							

INSTRUCTIONS FOR REQUESTING CARRYING COSTS

Pursuant to Health and Safety Code Section 25299.57, Subdivision (i), the Fund is able to reimburse interest expense incurred to claimants to acquire money to pay costs approved for reimbursement, but payment is delayed due to lack of funds.

Use the instructions below to accurately complete the Request for Carrying Cost Reimbursement form. Completion of this form will help the Fund in reviewing your request faster. This form can be obtained from the web site at:

http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml.

- **Section A** – Complete this section using the information on record with the Fund. The claim number, claimant name, and site address should match exactly the information on your Letter of Commitment and Reimbursement Request (RR) form.
- **Section B** – Using the Hold for Payment letter and check issued by the Fund, fill in the requested information as stated on these documents.
- **Section C** – Insert the required information for the person/entity that you acquired the money from to pay costs. (NOTE: The Fund is only authorized to reimburse an Annual Percentage Rate (APR) up to seven percent and a minimum of \$100 to a maximum of nine percent of the associated reimbursement payment.)
- **Section D** – Read the certification in its entirety and sign on the line to certify that the information contained on this form is complete and accurate. Sign using blue ink. Only an original signature will be accepted.
- **Additional Documentation** – Attach the following documentation with this form in order to make it a complete request:
 - Completed RR form and spreadsheet containing the carrying costs being requested.
 - Copy of the lending agreement with any other applicable documentation to support the amount of carrying costs incurred.

IMPORTANT NOTE: Any corrections made on the form **MUST** be made in single-line cross out with initial format to be accepted. If this correction format is not followed, the request will be returned.