State Water Resources Control Board

Division of Financial Assistance
1001 I Street • Sacramento, California 95814
P.O. Box 944212 • Sacramento, California • 94244-2120
(800) 813-FUND (3863) ♦ FAX (916) 341-5806 ♦ www.waterboards.ca.gov/water_issues/programs/ustcf

Linda S. Adams
Secretary for Environmental Protection

Arnold Schwarzenegger
Governor

October 19, 2009

To: Underground Storage Tank (UST) Cleanup Fund (Fund) Claimants and Interested Parties

IMPORTANT NOTICE – CHANGES TO FUTURE PAYMENT REVIEW AND PROCESSING

This letter is to notify you that the Fund is making several improvements for payment review and processing on existing claims. These include:

- **Changes to Letter of Commitment (LOC) Issuance.** The LOC process will be streamlined to eliminate processing amended LOCs for each payment issued for a claim. The new LOC will not contain any specific dollar amounts, but modified language stating that the Fund will reimburse the claim up to $1.5 million per occurrence less the deductible.

  Due to this change, the Fund will issue an LOC only once during the life of a claim, unless the claimant information changes. If the claimant information changes (i.e., address changes, tax ID changes, etc.) for a claim, then an amended LOC will be issued with the correct information. A copy of the amended LOC will be mailed to the claimant for their records.

  PLEASE NOTE: In order to ensure consistency through the program, the Fund will be sending out the new LOC for all active claims as reimbursement requests are processed.

- **New Reimbursement Request (RR) Form.** A new version of the RR Form is now available for use when submitting your RR package to the Fund. Fund Staff will be sending the new RR Form out for every package they process and place on hold for revenue. Please discard any previous versions of the RR Form. Failure to use the new RR Form may result in a delay of reviewing your RR package.

  PLEASE NOTE: The new RR form is only needed for future submittals. The Fund will continue to process any in-house submittals that used previous versions of the RR form. If you are submitting an RR package and do not have the new form, please contact the Fund and new forms will be provided. Requests for RR forms for multiple claims can be consolidated into one email request.

All information referenced in this Notice, along with other Fund related information, can be found on our web site at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/.

If you have questions, please contact the Fund at (800) 813-FUND (3863) or by e-mail at USTCleanupFund@waterboards.ca.gov.

Sincerely,

Ronald M. Duff, P.E., Fund Manager
Underground Storage Tank Cleanup Fund

bcc: Fund Staff, DFA
Allan Patton, DFA
Barbara Evoy, DFA
Rob Egel, OLA
William Rukeyser, OPA
Kathie Keber, OCC

STATE WATER RESOURCES CONTROL BOARD

REIMBURSEMENT REQUEST (RR) - UNDERGROUND STORAGE TANK CLEANUP FUND

A

CLAIM NO: *0000* **REGION:** *5* **PRIORITY:** B

CLAIMANT: *RUSS T. TANK*
CO-PAYEE:
JOINT CLAIMANT:

B

C/O: *CLEAN IT UP COMPANY*
ATTN: *MIGHTY HELPFUL*
MAILING ADDRESS: *425 FIRST STREET*
BIG PLUME, CA 99999

CONTAMINATED SITE: *CLEAN WATER MARKET*
ADDRESS: *6777 CLEAN WATER WAY*
BIG PLUME, CA 99999

☐ ***If Any Information in Section B Has Changed, Check Here And Complete An "Address Change Form"***
www.waterboards.ca.gov/water_issues/programs/ustcf/paymentformsinfo.shtml

FOLLOWING SECTION TO BE COMPLETED BY CLAIMANT

RR CONTACT INFORMATION (Fund Staff is authorized to contact the following person/entity regarding the information contained in this RR package only):

NAME: __REALLY CLEAN CONSULTING_____ COMPANY: _____

PHONE: ___999-999-9999_____ FAX NO.: _111-111-1111_____

EMAIL: __RCLEANCONSULT@EMAIL.COM_____

AMOUNT REQUESTED FOR THIS RR: $____25,321_____ **REIMBURSEMENT NO.**_____1_____

CERTIFICATION: I have read and signed the Conditions of Payment Certification Form dated January 2007. I understand that this RR **CANNOT BE PROCESSED** unless a complete and accurate Conditions of Payment Certification Form is currently on file with the Fund.

The costs claimed in this RR have been incurred and have been paid or will be paid within thirty (30) days of receipt of the funds requested hereby. If such costs have not been paid within 30 days, funds received under this request will be returned to the State Water Resources Control Board.

CLAIMANT SIGNATURE: _____ **DATE:** _____

FOLLOWING SECTION IS FOR STATE USE ONLY

OFFICIAL RR NO.: _____

RR TYPE:
☐ PAYOFF
☐ FINAL
☐ NEGATIVE

COPY OF LOC ATTACHED:
☐ FIRST RR FOR CLAIM
☐ CLAIMANT INFORMATION CHANGE

CALSTARS CODING: 0550-570.01-30530

PAYMENT CALCULATION	
TOTAL REIMBURSEMENT ELIGIBLE (TOTAL PAID TO DATE + NEW RR)	$
LESS: ADJUSTMENT ☐ THIRD PARTY JUDGEMENT ☐ SETTLEMENT ☐ OTHER _____	$
LESS: DEDUCTIBLE	$ «DEDUCT»
TOTAL REIMBURSEMENT ALLOWED (NOT TO EXCEED $1.5 MILLION - LESS DEDUCTIBLE)	$
LESS: PREVIOUS REIMBURSEMENT TOTAL PREVIOUS PAYMENTS)	$
AMOUNT DUE	$

SIGNATURES FOR APPROVAL OF PAYMENT

_____	Analyst	_____
Reviewed By:	Title:	Date:
_____	Manager	_____

SAMPLE

REIMBURSEMENT REQUEST (RR) FORM INSTRUCTIONS

Use the instructions below to complete the RR Form. Complete all required sections of the Form to prevent delays in processing your RR package. This Form can be obtained by contacting the Fund directly at: USTCF_Payments@waterboards.ca.gov.

- **Section A** – Do not write in this section. (PLEASE NOTE: Any changes made to Section A on the RR Form will result in the RR package being returned.)

- **Section B** – Do not write in this section. Mark the checkbox if you have any changes to the information in this section. If you check this box, complete and submit an Address Change Form to correct this information. The accompanying RR and any future RR Forms will be updated with the new information. (PLEASE NOTE: Any changes made to Section B on the RR Form will result in the RR package being returned.)

- **RR Contact Information** – Complete this section only if you would like the Fund to contact a different person/entity regarding the information contained in the accompanying RR package or to request information that may be needed in order to process the accompanying RR package.

- **Amount Requested for this RR** – Enter the amount that is being requested for the accompanying RR package only.

- **Reimbursement No.** – Enter the RR No. for this RR package. This should be the number following the last RR package you submitted to the Fund.

- **Certification** – Read the certification in its entirety and sign on the line to certify that the information contained in this RR package is complete and accurate. Sign using blue ink. Only an original signature will be accepted.

- **State Use Only** – Do not write in this section as it is designated for State Use Only. (PLEASE NOTE: If you write in this section, the Fund will return the RR package.)

Address Change and Condition of Payment Certification Forms can be obtained at http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml.

SAMPLE

LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

[

CLAIM NO: **0000**

CLAIMANT: **RUSS T. TANK**

CO-PAYEE:

JOINT CLAIMANT:

C/O: **CLEAN IT UP COMPANY**
ATTN: **MIGHTY HELPFUL**
MAILING ADDRESS: **425 FIRST STREET**
BIG PLUME, CA 99999

TAX ID/SSA NO: 00-0000000

Subject to availability of funds, the State Water Resources Control Board (State Water Board) agrees to reimburse **RUSS T. TANK** (Claimant) for eligible corrective action costs at **CLEAN IT UP COMPANY, 425 FIRST STREET, BIG PLUME, CA 99999** (Site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

1. Reimbursement shall not exceed **$1,500,000, less the applicable deductible of $5,000.**

2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds. In the event that sufficient funds are not available for reasons beyond the reasonable control of the State Water Board, the State Water Board shall not be obligated to make any disbursements hereunder. If any disbursements otherwise due under this Letter of Commitment are deferred because of unavailability of funds, such disbursements will promptly be made when sufficient funds do become available. Nothing herein shall be construed to provide the Claimant with a right of priority for disbursement over any other claimant who has a similar Letter of Commitment.

3. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.

4. Claimant must at all times be in compliance with all applicable state laws, rules and regulations and with all terms, conditions, and commitments contained in the Claimant's Application and any supporting documents or in any payment requests submitted by the Claimant.

5. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests duly executed by or on behalf of the Claimant. All Payment Requests must be executed by the Claimant or a duly authorized representative who has been approved by the Division of Financial Assistance.

6. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.

7. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the State Water Board. In the event of any such assignment, the rights of the assignee shall be subject to all terms and conditions set forth in this Letter of Commitment and the State Water Board's consent.

8. This Letter of Commitment may be withdrawn at any time by the State Water Board if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the State Water Board this **1ST** day of **JANUARY**, **1111**.

STATE WATER RESOURCES CONTROL BOARD

By _____
Manager, Underground Storage Tank Cleanup Fund

STATE USE ONLY

☐ RESIDENT

☐ NON-RESIDENT

VENDOR TYPE: _____

INITIALS: _____

SAMPLE