

General Application Package

PLANNING

X CONSTRUCTION

I. APPLICANT INFORMATION			
Applicant Name:			
Street Address:	City:	State:	Zip+4 Code:
Mailing Address:	City:	State:	Zip+4 Code:
Applicant Total Population:			
Applicant Total Number of Service Connections:			
Current year median household income (MHI):			
Congressional District(s):			
State Senate District(s):			
State Assembly District(s):			
Data Universal Numbering System (DUNS) No.:		Federal Tax ID No.:	
Authorized Representative Name:		Title:	
Phone No.:		Email Address:	
Contact Person Name:			
Phone No.:		Email Address:	
Local Counsel Name:			
Phone No.:		Email Address:	
II. PROJECT INFORMATION AND PROPOSED SCHEDULE			
Project Title:			
Project Description and Objectives:			
Current Status of Plans & Specifications, Percent (%):			
Estimated Amount of Financial Assistance Requested:			
Total Project Cost (If More Than the Amount of Assistance Requested):			
Water Supply Permit Number (Attachment G1):			
Population Served by Project:			
Currently Estimated Project Schedule:		<div style="text-align: right; font-weight: bold; background-color: yellow; display: inline-block; padding: 2px;">Estimated</div> or Actual Date	
		Adopt Environmental Documents:	
		100% Plans & Specifications:	
		Start of Construction/Implementation:	
		Complete Construction/Implementation:	

Consultation with Other Agencies

Please list other federal and state agencies that have been involved in this project (e.g. planning, CEQA/NEPA consultation, funding, etc.), their contact information if known, and estimated dates for resolution of any issues.

Partnering Agencies

Please list all other agencies that have an interest in this project, their contact information if known, and brief descriptions of their roles.

Other Funding Sources

List any other funding sources for this project, along with the amount of additional funding and date of availability

III. MANAGERIAL INFORMATION

Classification of Water System:

- Community Non-transient non-community Transient non-community
- Not currently classified as a public water system

Indicate the Ownership of the Water System (check all that apply):

- Include the ownership documentation (See instructions for further information) (label as **Attachment G2**)

Public Ownership

- Municipality County Agency Special District State Agency
- Public School Other:

Private Ownership

- Corporation Limited Liability Corporation Partnership Sole Proprietorship
- Non-profit Organization Other:

- If the water system is privately-owned, indicate the name and title of the individual with authority to engage the water system in a DWSRF financing agreement. Click or tap here to enter text.
- If the Water System is a Municipality, is the Water System a Charter City? Yes No
- If the Water System is a Corporation, Limited Liability Company, or Partnership, complete the following:
 - A. California Secretary of State Entity Number:

B. Status with California Secretary of State:

Active Suspended Forfeited Dissolved

Is the Water System regulated by the California Public Utilities Commission (CPUC)? Yes No

If **yes**, the Water System must obtain CPUC approval. Attach a list and a description of all matter(s) relating to your Water System that are currently pending before the CPUC (label as **Attachment G3**).

List the names, titles and duties of key officers and attach an organization chart providing this information (label as Attachment G4).

Is there any litigation pending relative to the operation of the water system or the proposed project?

Yes No

If **yes**, attach a description of the litigation and the potential costs (label as **Attachment G5**).

Is the Water System leasing land or major water system facilities? Yes No

If **yes**, describe the terms of the lease or attach a copy of the lease agreement (label as **Attachment G6**). (NOTE: If the lease is critical to the location or operation of the proposed project facilities, the term of the lease must be equal to or greater than the loan repayment period.)

Include a general map of the service area/boundaries (label as Attachment G7):

[For Construction Projects Only] Does the Water System have a contract with a private firm or another agency for the operation of the facility to be financed? Yes No

If **yes**, provide the name of the firm or agency and term (in years) of the agreement and attach a copy of the agreement (label as **Attachment G8**)

Water Conservation

1. Are you an urban water supplier as defined in Water Code Section 10608.12?

YES NO

Urban water suppliers must submit one of the following (Label as **Attachment G9**):

- Water Conservation Program
- Signed the Memorandum of Understanding regarding urban water conservation in California
- Urban Water Management Plan per Water Code Section 10653

2. Attach Certification for Compliance with Water Metering Form (label as **Attachment G10**).

IV. ATTACHMENTS

<input type="checkbox"/>	G1 – Water Supply Permit and Enforcement Orders
<input type="checkbox"/>	G2 – Ownership Documentation
<input type="checkbox"/>	G3 – CPUC Documentation (if applicable)
<input type="checkbox"/>	G4 – Organization Chart
<input type="checkbox"/>	G5 – Pending Litigation (if applicable)
<input type="checkbox"/>	G6 – Lease Agreement (if applicable)
<input type="checkbox"/>	G7 – Service Area Map
<input type="checkbox"/>	G8 – Operating Agreement
<input type="checkbox"/>	G9 – Urban Water Supplier Conservation Document (if applicable)
<input type="checkbox"/>	G10 – Certification of Compliance with Water Metering Form (if applicable)
<input type="checkbox"/>	G11 – Potential DWSRF Flags Worksheet

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: