

# State Waterboard Wastewater COVID Relief Application

You completed application 441722 on 03/15/2022 17:00:10

## Form

**About:** [?](#) (../Content/WW.html#0) 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 wastewater arrearages funding from the Water and Wastewater Arrearage Payment Program ([https://www.waterboards.ca.gov/arrearage\\_payment\\_program](https://www.waterboards.ca.gov/arrearage_payment_program)).

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

- For questions related to funding application below, please contact the State Water Board at [wwarrearages@waterboards.ca.gov](mailto:wwarrearages@waterboards.ca.gov) (mailto:wwarrearages@waterboards.ca.gov)
- See also California Water & Wastewater Arrearage Guidelines: Appendix A: (Wastewater Arrearages guidelines), adopted January 19, 2022.

## APPLICANT INFORMATION

0. Has the wastewater treatment provider or wastewater billing entity accrued wastewater arrearages during the COVID-19 pandemic billing relief period between 03.04.2020 through 06.15.2021? \* [?](#) (../Content/WW.html#0)

- Yes  
 No

0.1 Thank you for your interest in the application. At this time, you do not meet the criteria to receive wastewater arrearage funding. If you feel like this is incorrect, please review the Wastewater Arrearages Guidelines ([https://www.waterboards.ca.gov/arrearage\\_payment\\_program/docs/wastewater\\_arrearages\\_proposedguidelines.pdf](https://www.waterboards.ca.gov/arrearage_payment_program/docs/wastewater_arrearages_proposedguidelines.pdf)) and contact us at [wwarrearages@waterboards.ca.gov](mailto:wwarrearages@waterboards.ca.gov) (mailto:wwarrearages@waterboards.ca.gov).

1. Is the applicant applying as a wastewater treatment provider or wastewater billing entity? Please select from the following options. \* [?](#) (../Content/WW.html#1)

- a. Wastewater treatment provider: city, county, special district, or joint powers authority that provides wastewater collection, treatment or disposal services through a publicly-owned treatment works.
- b. Wastewater billing entity: a local government entity (city, county, or special district) that is the designated billing entity for a wastewater treatment provider.
- c. I am Neither a wastewater treatment provider nor a wastewater billing entity

1.1 Thank you for your interest in the application. At this time, you do not meet the criteria to receive wastewater arrearage funding. If you feel like this is incorrect, please review the Wastewater Arrearages Guidelines ([https://www.waterboards.ca.gov/arrearage\\_payment\\_program/docs/wastewater\\_arrearages\\_proposedguidelines.pdf](https://www.waterboards.ca.gov/arrearage_payment_program/docs/wastewater_arrearages_proposedguidelines.pdf)) and contact us at [wwarrearages@waterboards.ca.gov](mailto:wwarrearages@waterboards.ca.gov) (mailto:wwarrearages@waterboards.ca.gov).

2. Please select the option below that best describes the wastewater treatment provider. \*

- a. The entity is a publicly-owned treatment works (POTW)
- b. The entity is a collection system discharging into a POTW.

3. How does the POTW bill customers? \* [?](#) (../Content/WW.html#3)

- a. The POTW directly bills all customers
- b. The POTW directly bills a subset of customers and a different entity directly bills the remaining customer accounts.

4. Please enter the WDID associated with the POTW below. If you do not know the WDID associated with the POTW, please review the Reference List here ([../Content/Wastewater\\_Reference\\_List.pdf](../Content/Wastewater_Reference_List.pdf)) \*. [?](#) (../Content/WW.html#4)

My entity cannot be found on the Reference List.

4.1 Please email [wwarrearages@waterboards.ca.gov](mailto:wwarrearages@waterboards.ca.gov) (mailto:wwarrearages@waterboards.ca.gov) with the Application ID and the agency you are trying to locate.

5. Which POTW(s) does the applicant entity serve? Please enter the associated WDID(s) below. If you do not know the WDID(s) associated with the POTW(s), please review the Reference List here ([../Content/Wastewater\\_Reference\\_List.pdf](#)) \* [?](#) ([../Content/WW.html#5](#))

**2 386009001, 2 386010001**

The POTW entity cannot be found on the Reference List.

5.1 Please email [wwarrearages@waterboards.ca.gov](mailto:wwarrearages@waterboards.ca.gov) (mailto:wwarrearages@waterboards.ca.gov) with the Application ID and the agency you are trying to locate.

6. Please select if the entity you are applying for wastewater arrearage funding is a collection system or a county, city, joint powers authority, or special district: \*

- a. Collection System  
 b. County, city, joint powers authority or special district

6.1 Please enter the WDID of the collection system below. If you do not know the WDID associated with the collection system, please review the Reference List here ([../Content/CollectionSystemsReferenceList.pdf](#)) \* [?](#) ([../Content/WW.html#6.1](#))

**2SSO10193-C, 2SSO10193, 2SSO10192, 5SSO10747**

The collection system cannot be found on the Reference List.

6.2 Please email [wwarrearages@waterboards.ca.gov](mailto:wwarrearages@waterboards.ca.gov) (mailto:wwarrearages@waterboards.ca.gov) with the Application ID and the agency you are trying to locate.

6.5 Please provide the name of the organization applying for wastewater arrearages. [?](#) ([../Content/WW.html#6.5](#))

Organization: \*

## WASTEWATER ARREARAGE NEEDS

7. Please provide your most current total of eligible **Residential** accounts in arrears. \* [?](#) ([../Content/WW.html#7](#))

**12251**

8. Please provide your most current sum of eligible **Residential** arrearages (EXCLUDE LATE FEES AND INTEREST). \* [?](#) ([../Content/WW.html#8](#))

**7376768.91**

9. Insert the number of **Residential** accounts greater than \$600 in arrears during the COVID-19 pandemic billing relief period. \* [?](#) ([../Content/WW.html#9](#))

**3739**

10. Please provide your most current total of eligible **Commercial** accounts in arrears. \* [?](#) ([../Content/WW.html#10](#))

**1590**

11. Please provide your most current sum of eligible **Commercial** arrearages (EXCLUDE LATE FEES AND INTEREST). \* [?](#) ([../Content/WW.html#11](#))

**1825274.61**

12. Insert the number of **Commercial** accounts greater than \$600 in arrears during the COVID-19 pandemic billing relief period. \* [?](#) ([../Content/WW.html#12](#))

**318**

13. Please indicate if the reported Residential and/or Commercial arrearages include any of the following: \* [?](#) ([../Content/WW.html#13](#))


a. Customer arrearages that have been transferred to the third-party debt collector.

- b. Customer arrearages that have been addressed or received funding from the wastewater treatment provider's or wastewater billing entity's customer assistance program.
- c. None of the above.

**14. Wastewater treatment providers and wastewater billing entities are required to submit this completed spreadsheet (../Content/wastewater-spreadsheet-template.xlsx) that includes the following information: ? (../Content/WW.html#14) \***

- 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.

Use the provided spreadsheet template for a single wastewater treatment provider or wastewater billing entity.

  No file selected

(Uploaded files:) Delete SFPUC Q14 Spreadsheet.xlsx (/MT/TakeSurvey/Download? fileName=1143\_441722\_129492\_WastewaterCOVID\_q129492\_1.xlsx)

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## MAXIMUM FUNDING ALLOTMENT

15. The State Water Board has determined your maximum funding allotment based on the information provided in the previous section. ? (../Content/WW.html#15)

**Total Reported Arrearages:**

**3% Administrative Costs:**

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**TOTAL Maximum Funding Allotment: \$**

The wastewater treatment provider or wastewater billing entity may submit a wastewater arrearages funding application for this amount or less. If the funding application request is greater than the figure above, the application amount will default to this figure.

## FUNDING APPLICATION REQUEST

**16. What is your total wastewater arrearages funding application request? ? (../Content/WW.html#16)\***

You must comply with all documentation and reporting requirements in the Wastewater Arrearages Guidelines. Please note that the wastewater treatment provider or wastewater billing entity must allocate the funding it receives to offset arrearages in accordance with the Wastewater Arrearages Guidelines and must return any moneys not credited to customers' accounts to the State Water Board within six months of receipt.

9302043.52

## REQUIRED FUNDING APPLICATION MATERIALS

**16.1 Wastewater Treatment Provider or Wastewater Billing Entity Authorized Representative or Designee. ? (../Content/WW.html#16.1)**

Please enter in the following information pertaining to the person authorized to represent the wastewater treatment provider or wastewater billing entity and accept wastewater arrearage funding from the State Water Board.

**First Name:\***

Erin

**Last Name:\***

Franks

**Title:\***

Rates Administrator

**Organization:\***

San Francisco Public Utilities Commission

**Business Email:\***

efranks@sfgwater.org

**Business Mailing Address**

**1:\***

525 Golden Gate Avenue

**Business Mailing Address**

**2:**

4th Floor, Financial Services

**City:\***

San Francisco

**County:\***

San Francisco

**State:\***

CA

**Zipcode:\***

94102

**Work Phone:\***

415-487-5227

**Work Cell Phone:**

**17. 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 (../Content/WW-Authorized-Signatory.pdf).[?](#) (../Content/WW.html#17)\***



Choose File No file selected

Upload

(Uploaded files:)

Delete FINAL Signed WW Authorized Signatory.pdf (/MT/TakeSurvey/Download? fileName=1143\_441722\_129515\_WastewaterCOVID\_\_q129515\_1.pdf)

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**18. You must download and complete the Conditions of Payment (../Content/WW-conditions-of-payment-form.pdf) form. This form must be physically signed by the wastewater treatment provider's or wastewater billing entity's authorized representative or designee. Use the button to attach the completed form and then physically mail in the form:[?](#) (../Content/WW.html#18)\***



Choose File No file selected

Upload

(Uploaded files:)

Delete FINAL Signed Conditions of Payment.pdf (/MT/TakeSurvey/Download? fileName=1143\_441722\_129517\_WastewaterCOVID\_\_q129517\_1.pdf)

0%

**The original, physically signed, copy of the Conditions of Payment 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

19. You must download and complete the Disbursement Request (../Content/WW-disbursement\_request\_form.pdf) form. This form must be physically signed by the wastewater treatment provider's or wastewater billing entity's authorized representative or designee. Use the button to attach the completed form and then physically mail in the form: [?](#) (../Content/WW.html#19)\*

 No file selected

(Uploaded files:)

Delete FINAL Signed Disbursement Request Form.pdf (/MT/TakeSurvey/Download? fileName=1143\_441722\_129520\_WastewaterCOVID\_\_q129520\_1.pdf)

0%

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  
Wastewater Arrearage Program  
1001 I Street, 17th Floor  
Sacramento, CA 95814

20. Please download and complete the Tax ID form below. [?](#) (../Content/WW.html#20)

**Government Tax Filing Status:** [https://fiscal.ca.gov/wp-content/uploads/2019/08/GovtTINForm\\_000.pdf](https://fiscal.ca.gov/wp-content/uploads/2019/08/GovtTINForm_000.pdf) ([https://fiscal.ca.gov/wp-content/uploads/2019/08/GovtTINForm\\_000.pdf](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> (<https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>)

Non-government wastewater systems that would like their remittance sent to the mailing address as provided in Question 19 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> (<https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std205.pdf>)

 No file selected

(Uploaded files:)

Delete Signed Tax ID WW.pdf (/MT/TakeSurvey/Download? fileName=1143\_441722\_129541\_WastewaterCOVID\_\_q129541\_1.pdf)

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21. Please certify that the information provided in this wastewater arrearages funding application is true and accurate under penalty of perjury.\*

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