

# Wastewater Arrearage Payment Program Reporting Requirements Survey Preview

**THIS DOCUMENT IS FOR INFORMATIONAL USES ONLY. DO NOT COMPLETE THIS FORM.**

**About:** This survey is required to be completed by each wastewater treatment provider and wastewater billing entity that received funding from California Water & Wastewater Arrearage Payment Program: Wastewater Arrearages "Program.". Wastewater treatment providers and wastewater billing entities that received funding must answer the questions below to comply with the reporting requirements portion of the Program.

For help please contact [WWarrearages@waterboards.ca.gov](mailto:WWarrearages@waterboards.ca.gov)  
[Review California Water & Wastewater Arrearage Payment Program Guidelines:](#) (adopted January 19, 2022).

## Section 1: Applicant Information

1.0: Application ID associated with reporting requirements :\*

**[Pick one from dropdown]**

**Questions 1.1 to 1.4 will auto populate based on the Application ID selected in Question 1.0 and after the user clicks the "Pull STEPS information" button below.**

1.1: WDID of wastewater treatment provider: \*

1.2: Wastewater treatment provider/Wastewater billing entity name: \*

1.3: Total funding Issued (\$): \*

1.4: Funding Issue Date: \*

**[Pull STEPs Information]**

## Section 2: Arrearages Reporting Requirements

2.1: Arrearage Funding Issued to Applicant (\$) \*

2.2: Total funding allocated to customers as bill credits (\$) \*

2.2.a: Total funding allocated to residential customer accounts \*

2.2.b: Total number of residential customer accounts credited \*

2.2.c: Total funding allocated to commercial customer accounts \*

2.2.d: Total number of commercial customer accounts credited \*

2.3: Please explain if the amount allocated as bill credits is less than the amount issued to your entity.

2.4: Please download, complete, and upload [this spreadsheet](#) to report how Program funds were used to credit customers in arrears \*

**[Upload]**

2.5: If your reported arrearages included debt transfer to a third party and/or Customer Assistance Program (CAP) credits, please email [WWarrearages@waterboards.ca.gov](mailto:WWarrearages@waterboards.ca.gov) and the Program will provide you with a different template. \*

**[Upload]**

### Section 3: Administrative Costs Reporting Requirements

3.1: Administrative costs funding issued to applicant (\$) \*

3.2: Total administrative costs used by applicant (\$): \*

3.3: Enter the legal business name of the entity using Program funds to cover administrative costs. \*

3.4: Administrative tasks/entries. \*

Type of Expense	Description	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Expense Amount	Performed By

### Section 4: Return of Unused Funds to the State Water Resources Control Board

4.1: When did you receive the Program funds (MM/DD/YYYY)? \*

**Question 4.2 displays the amount that should be remitted back to the State Water Board. This amount is the total funding issued in Question 1.3 subtracted by the total funding allocated as customer bill credits from Question 2.2 and the total funding reimbursed for administrative costs from Question 3.2**

4.2: Based on the information provided in previous sections, the applicant shall return (\$)

**[Reveal Amount]**

If there are no funds left to return, move on to Section 5.

4.3: Have you already returned unused funds to the State Water Resources Control Board? \*

- Yes
- No

**If yes, please answer questions 4.3.a and 4.3.b. If no, proceed to question 4.4.**

4.3.a: Please provide the date funds were returned (MM/DD/YYYY) \*

4.3.b: Please provide the amount of funds returned (\$) \*

4.4. Comments on return of unused funds (optional).

### Section 5: Federal Reporting Requirements

5.1: Do you have an account with SAM.gov? \*

- Yes
- No

If No, Sign-up for one at <https://sam.gov/content/home> to complete reporting requirements.

**5.2: What is your SAM Unique Entity ID (UEI)? \***

**5.3: Is your account with SAM.gov registered? \***

- Yes
- No

**5.4: What is the expiration date of your registered account with SAM.gov? \***

**5.5: What is your Data Universal Numbering Systems (DUNS) number? If your entity has more than one, please provide the one that you want associated with this funding.**

**5.6: In the preceding federal fiscal year (October 1, 2020 – September 30, 2021), did your entity receive 80% or more of its annual gross revenue from federal funds? \***

- Yes
- No

**5.7: In the preceding federal fiscal year (October 1, 2020 – September 30, 2021), did your entity receive \$25 million or more of its annual gross revenue from federal funds? \***

- Yes
- No

## **Section 6: Certification:**

You must download and complete the [Reporting Requirements Certification Form](#). This form must be physically signed by your entity's authorized representative or designee. Use the button to attach the completed form. \*

**[Upload]**