STATE OF CALIFORNIA STATE WATER RESOURCES CONTROL BOARD Division of Financial Assistance P. O. Box 944212, Sacramento, CA 94244-2120

GENERAL INFORMATION PACKAGE

I. TYPE OF ASSISTANCE REQUESTED					
Estimated Amount of Assistance Requeste	ed: \$				
Project Title:					
II. APPLICANT INFORMATION					
Applicant Name:					
Street Address:	City:		State:	Zip+4 Code:	
Type of Ownership: Public Ownership	Private O	wnership			
Charter City/County: Yes No					
Mailing Address:	City:		State:	Zip+4 Code:	
Congressional District(s):					
State Senate District(s):					
State Assembly District(s):					
County:	Federal T	ax ID No.:			
Water System No:					
Data Universal Numbering System (DUNS) No.:				
Authorized Representative Name, Title:					
Phone No.: (Email Address:			
Contact Person Name:		-			
Phone No.: (Email Address:			
Project Engineer and License No:					
Phone No.: (Email Address:			
Local Counsel Name:					
Phone No.: (Email Address:			
III. PROJECT INFORMATION AND PROP					
Project Description: (Enter a brief descript	ion of the projec	et)			
Water System Permit No.:					
Current Year Estimated Population Served	:				

State	Use Only
DWSRF Project #	
Project Manager	
Date Received	

A. Facilities Planning (a) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					
1) General Information Package 2) Technical Package 3) Environmental Package 4) Financial Security Package Complete Project Plans and Specifications Advertise Bids Issue Notice to Proceed Complete Construction 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. Provide contact information if known. IV. ESTIMATED PROJECT CAPITAL COSTS AND FUNDING SUMMARY Cost Classification Total Project Costs Other Funding Requested Fir A. Facilities Planning (a) B. Facilities Design (a) C. Construction Management (a) S. S. S. Engineering (a) S. S. S. Endministration (a) S. S. S. F. Facilities Construction Total S. S. S.	contoadio.	Complete Con	struction Application		
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4) Financial Security Package Complete Project Plans and Specifications Advertise Bids Issue Notice to Proceed Complete Construction 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. Provide contact information if known. IV. ESTIMATED PROJECT CAPITAL COSTS AND FUNDING SUMMARY Cost Classification Total Project Costs Other Funding Requested Fir A. Facilities Planning (a) S. S. S. E. Acministration (a) S. S. S. E. Administration (a) S. S. S. F. Facilities Construction Total S. S. S. F. Facilities Construction Total S. S. S. S.		•	-		
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V.	Mar	nagerial Information		
	1.	Classification of Water System		
		☐ Community☐ Non-transient non-community		
		Transient non-community		
		☐ Not currently classified as a public wat	ter system – Please explain:	
	2.	Indicate the Ownership of the Water Syste	m (check all that apply):	
			Private Ownership	
		Municipality	Corporation	
		County Agency Special District	Limited Liability CompanyPartnership	y
		State Agency	Sole Proprietorship	
		School	Non-profit organization	
		U Other:	Other:	
		Please include the ownership documentati	on (See instructions for furthe	er information) (Label as Attachment G1)
		If the water system is privately-owned wha water system in a DWSRF financing agree		ndividual with authority to engage the
		If the water system is a Corporation, Limite completed:	ed Liability Company, or Partr	nership, then the following must be
		A. California Secretary of State Entity	Number:	
		B. Status with California Secretary of	State: Active Suspe	ended Forfeited Dissolved
	3.	Does the California Public Utilities Commis If Yes, Please attach a list and a description before the CPUC (Attachment G2 - CPUC	n of all matter relating to you	
	4.	Names, titles and duties of key officers. If t information (Attachment G3 - Organization		organization chart providing this
		IFICATION AND SIGNATURE OF AUTHOR		
		best of my knowledge and belief, I certify the plication is true and correct; the documentate		
		e entity possesses the legal authority to app		
		Resources Control Board and to finance and		
Naı	me c	of Authorized Representative:		Title:
Sia	natu	ure of Authorized Representative:		Date:
J				

IV. ATTACHMENT CHECKLIST
Check the box next to each item attached to your application.
☐ G1 – Ownership Documents ☐ G2 – CPUC Documentation (if applicable) ☐ G3 – Organization Chart (if applicable)

