

WASTEWATER PLANNING APPLICATION

For instructions on how to complete this application, please refer to:

https://www.waterboards.ca.gov/water_issues/programs/grants_loans/srf/docs/forms/planning_design_instructions.pdf

I. APPLICANT INFORMATION			
Applicant (Entity Name):			
Entity Type: <input type="checkbox"/> Public – Local <input type="checkbox"/> Public – State <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other: _____			
Charter City/County: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
Congressional District(s):			
State Senate District(s):			
State Assembly District(s):			
County (or Counties):			
Regional Water Board: <input type="checkbox"/> 1 (North Coast) <input type="checkbox"/> 2 (San Francisco Bay) <input type="checkbox"/> 3 (Central Coast) <input type="checkbox"/> 4 (Los Angeles) <input type="checkbox"/> 5 (Central Valley) <input type="checkbox"/> 6 (Lahontan) <input type="checkbox"/> 7 (Colorado River) <input type="checkbox"/> 8 (Santa Ana) <input type="checkbox"/> 9 (San Diego)			
Federal ID No.:	Unique Entity Identifier (UEI) No.:		
Authorized Representative Name:		Title:	
Phone No.:		Email Address:	
General Contact Person Name:		Title:	
Phone No.:		Email Address:	
Financial Contact Name:		Title:	
Phone No.:		Email Address:	
Legal Counsel Name:		Title:	
Phone No.:		Email Address:	
II. PROJECT INFORMATION			
Project Title:			
Community/Project Area Name:			
Project Description (2-3 sentences):			
Will the project planning/design require any ground disturbing activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Project Components (check all that apply):			
<input type="checkbox"/> Treatment Plant New/Upgrade/Expansion <input type="checkbox"/> Septic-to-Sewer <input type="checkbox"/> Regionalization/Consolidation <input type="checkbox"/> Collection System New/Upgrade/Expansion <input type="checkbox"/> Pump Station/Lift Station <input type="checkbox"/> Water Recycling <input type="checkbox"/> Discharge Outfall/Change Discharge Location <input type="checkbox"/> Clean Energy <input type="checkbox"/> Other: _____			
Planning Amount Requested:			
Has the applicant received Division of Financial Assistance (DFA) Technical Assistance in support of this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

III. PROJECT SERVICE AREA DEMOGRAPHICS		
Service Connections		
Connection Type	Number of Existing Connections	Average Monthly Billing (Last 12 months) Per Connection
Residential		
Commercial		
Industrial		
Other:		
TOTAL		
Has the applicant begun, or are they planning to begin, a rate change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of the most recent Proposition 218 public hearing:		
Current year Median Household Income (MHI):	Source:	
Population in project area:	Source:	
Number of residences in project area:	Source:	
Approximate percentage of residences that are vacation/seasonal homes: <input type="checkbox"/> 0-24% <input type="checkbox"/> 25-49% <input type="checkbox"/> 50% or more		

IV. REGULATORY INFORMATION		
National Pollutant Discharge Elimination System (NPDES) Permit and/or Waste Discharge Requirements (WDR) Order Number:		
Has enforcement action occurred because of violations in the previous 10 years? If yes, list the enforcement orders and/or official Regional Water Quality Control Board (RWQCB) communication and attach to the application:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant aware of any pending enforcement orders, settlements, permit renewals, etc. from the RWQCB? If yes, please explain the status:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. WATER MANAGEMENT AND WATER RIGHTS COMPLIANCE		
An urban water supplier provides water for municipal purposes either directly or indirectly to more than 3,000 customers or supplies more than 3,000 acre-feet of water annually. The Urban Water Management Planning Act, Water Code, Section 10610 et seq., requires every urban water supplier to prepare and adopt an Urban Water Management Plan that includes specific elements, and update the Plan at least once every five years.		
Is the applicant an urban water supplier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have a current Urban Water Management Plan on file with the Department of Water Resources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant a water diverter and subject to Section 5103 of the Water Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VI. DISCUSSION OF MATERIAL EVENTS, MATERIAL OBLIGATION CONDITIONS, AND ANY DEBT LIMIT
Identify any current, prior or pending material events such as bankruptcy, defaults, litigation, grant jury findings, unscheduled draws on reserve funds, substitution of insurers or their failure to perform, unscheduled draws on credit enhancements, actions taken in anticipation of filing Chapter 9, rating changes, relevant conditions in material obligations, and any local debt limit.

VII. ATTACHMENTS – Please refer to the [application instructions](#) for links to templates, certifications, and detailed information on which attachments are required and how to upload attachments.

Submitted		General and Technical
<input type="checkbox"/> Yes		T1 – Plan of Study
<input type="checkbox"/> Yes		T2 – Certification for Compliance with Water Metering Form
<input type="checkbox"/> Yes		T3 – Water Conservation & Water Management Certification Form
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	T4 – RWQCB Requirements and/or Official Communication
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	T5 – Income Survey
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	T6 – Rate Study
		Financial
<input type="checkbox"/> Yes		F1 – Audited Financial Statements (Three Years)
<input type="checkbox"/> Yes		F2 – Budget Projections (Two Years)
<input type="checkbox"/> Yes		F3 – Authorizing Resolution
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	F4 – Rate Adoption Documentation
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	F5 – Agreements (Relevant Service, Management, Operating or Joint Powers Agreements)
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	F6 – New Special Tax, Assessment District, or Service Charge Projections
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	F7 – School District Certification of Interim Report
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	F8 – Debt Schedule
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	F9 – Debt Documentation
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	F10 – No Debt Letter

VIII. 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: _____