



CALIFORNIA WATER & WASTEWATER ARREARAGE PAYMENT PROGRAM

California Extended Water and Wastewater Arrearage Payment Program - Application Preview

The purpose of this Application Preview form is to provide a preview of what the application for the California Extended Water and Wastewater Arrearage Payment Program (Extended Arrearage Program, or “Program”) will require. All questions require a mandatory response, even if the response would be \$0.00, “0”, or “N/A”.

The Program Application must be submitted through an online application portal. A link to the Application will be provided on the Program website when the application period opens. A copy of this Application Preview form that is mailed in will not be accepted. An Applicant must complete the online application to successfully apply for the Program.

Applicants are encouraged to use this Application Preview form to gather the necessary information to apply for the Program. The online Application will time out within one (1) hour of being opened and cannot be partially saved. All questions must be responded to and submitted within one session.

APPLICANT INFORMATION

Q1. Legal Entity Name

(This should be exactly the name that is on the Tax-ID form.)

Q1 Response:

Q2. SAM.gov Unique Entity ID

(A UEI with SAM.gov is required. DUNS numbers are no longer being accepted. The UEI will be a 12-digit alphanumeric number.)

Q2 Response:

DRINKING WATER ARREARAGES

Q3. Did you previously receive funding for drinking water arrearages as part of the California Water and Wastewater Arrearage Payment Program: Water Arrearages Program for the period of March 4, 2020, through June 15, 2021?

Q3 Response: (Select Yes / No)

Q4. Did you receive funding from any other source(s) outside of the State Water Board for drinking water arrearages for the period of March 4, 2020 through December 31, 2022?

Q4 Response: (Select Yes / No)

Q5. If you received funding from any other source(s) outside of the State Water Board for drinking water arrearages for the period of March 4, 2020, through December 31, 2022, please list them. If you did not, enter "N/A."

Q5 Response:

Q6. In the table below, enter **drinking water arrearages** for residential and customer accounts for the period of **March 4, 2020 through June 15, 2021**. If you have previously received funding from the Water Arrearage Program or are not applying for funding for drinking water arrearages for this period, enter "0" number of accounts and "0.00" dollars requested. Do not enter commas (,) or dollar-signs (\$) in the table.

Q6 Response: Drinking Water Arrearages for 03/04/2020 – 06/15/2021

	Number of Accounts in Arrears	Requested (\$) Amount in Arrears
Residential		
Commercial		
Subtotal		

Q7. In the table below, enter **drinking water arrearages** for residential and customer accounts for the period of **June 16, 2021 through December 31, 2022**. If you are not applying for funding for drinking water arrearages for this period, enter "0" number of accounts and "0.00" dollars requested. Do not enter commas (,) or dollar-signs (\$) in the table.

Q7 Response: Drinking Water Arrearages for 06/16/2021 – 12/31/2022

	Number of Accounts in Arrears	Requested (\$) Amount in Arrears
Residential		
Commercial		
Subtotal		

Q8. Please list all associated PWSID numbers for the community water system(s) for which arrearage payment is being requested.

(Separate each PWSID by using a comma.) If no drinking water arrearages are being requested for funding, enter "N/A."

Q8 Response:

WASTEWATER ARREARAGES

Q9. Did you previously receive funding for Wastewater Arrearages as part of the California Water and Wastewater Arrearages Payment Program: Wastewater Arrearages Program for the period of March 4, 2020 through June 15, 2021?

Q9 Response: (Select Yes / No)

Q10. Did you receive funding from any other source(s) outside of the State Water Board for wastewater arrearages for the period of March 4, 2020 through December 31, 2022?

Q10 Response: (Select Yes / No)

Q11. If you received funding from any other source(s) outside of the State Water Board for wastewater arrearages for the period of March 4, 2020 through December 31, 2022, please list them. If you did not, enter "N/A."

Q11 Response:

Q12. In the table below, enter **wastewater arrearages** for residential and customer accounts for the period of **March 4, 2020 through June 15, 2021**. If you have previously received funding from the Wastewater Arrearage Program or are not applying for funding for wastewater arrearages for this period, enter "0" number of accounts and "0.00" dollars requested. Do not enter commas (,) or dollar-signs (\$) in the table.

Q12 Response: Wastewater Arrearages for 03/04/2020 – 06/15/2021

	Number of Accounts in Arrears	Requested (\$) Amount in Arrears
Residential		
Commercial		
Subtotal		

Q13. In the table below, enter **wastewater arrearages** for residential and customer accounts for the period of **June 16, 2021 through December 31, 2022**. If you are not applying for funding for wastewater arrearages for this period, enter “0” number of accounts and “0.00” dollars requested. Do not enter commas (,) or dollar-signs (\$) in the table.

Q13 Response: Wastewater Arrearages for 06/16/2021 – 12/31/2022

	Number of Accounts in Arrears	Requested (\$) Amount in Arrears
Residential		
Commercial		
Subtotal		

Q14. Please list all associated WDID number(s) of the wastewater treatment facilities or collection systems for which arrearage payment is being requested.

(Separate each WDID by using a comma. If the WDID number is unknown, please list the name(s) of the wastewater treatment facilities or collection systems.)

If no wastewater arrearages are being requested for funding, enter “N/A.”

Q14 Response:

ADMINISTRATIVE COSTS

Q15. The maximum administrative costs allowed is 3% of the Grand Total Arrearage (\$) Amount Requested (total water and wastewater arrearages requested) included in the Application (up to a maximum of \$1 million dollars).

Enter the Total (\$) Administrative Costs Requested

Q15 Response:

TOTAL FUNDING REQUEST

Enter the combined total (\$) dollar amount of Q6, Q7, Q12, Q13, and Q15.

Total Funding Request: \$

(Note that on the Online Application, the Total Funding Request will Auto-Calculate once Q6, Q7, Q12, Q13, and Q15 are fully answered.)

Q16. Please indicate if your reported Residential and/or Commercial arrearages include any of the following:

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

- b. Customer arrearages that have been addressed or received funding from your system's existing customer assistance program that was implemented during the COVID-19 pandemic period.
- c. Both a and b.
- d. None of the above.

Q16 Response: (Select a, b, c, or d)

REQUIRED FUNDING APPLICATION INFORMATION

Q17. Authorized Representative and Mailing Information

Please enter in the following information pertaining to the person authorized or delegated to represent the applicant and accept funding from the State Water Board.

A copy of the application summary will be sent to the email address entered in this question once the application is submitted.

The entered address is where the disbursement check will be mailed to and must be included on the Taxpayer ID form.

Q17 Response:

First and Last Name:

Title:

Organization:

Mailing Address:

City:

County:

State:

Zip Code:

Phone Number:

Email Address:

Q18. Contact Information for Person Submitting Application

Please enter in the following information for the person submitting this application. The person submitting the application has been granted the authority to act in the capacity of applying on behalf of the legal entity and is the authorized contact for the State Water Board regarding the processing of the application.

A copy of the application summary will be sent to the email address entered in this question once the application is submitted.

(This person may be the same as the authorized or delegated representative.)

Q18 Response:

First and Last Name:

Title:

Organization:

Phone Number:

Email Address:

REQUIRED FUNDING APPLICATION DOCUMENTS

Q19. Authorized Representative Documentation and Delegation Form

The State Water Board's [Authorized Representative Delegation Form](#) can be used to indicate a delegation but is not the only document that serves this purpose. If using the provided form, please physically sign the form prior to uploading because an electronic signature will not be accepted. If using a different method of signatory authorization, please upload that document. If no delegation by the authorized representative is necessary per the [Signatory Requirements Guidelines](#), please upload a blank page.

Q19 Response: (Prepare the document for upload on the online application)

Q20. Disbursement Request Form

The State Water Board's [Disbursement Request Form](#) is required and must be completed in its entirety and physically signed prior to uploading. The original wet signature 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 original wet signed form to:

State Water Resources Control Board
Division of Financial Assistance
Water Arrearage Payment Program
1001 I Street, 17th Floor
Sacramento, CA 95814

Q20 Response: (Prepare the document for upload on the online application)

Q21. Conditions of Payment Form

The State Water Board's [Conditions of Payment \(COP\) Form](#) is required and must be completed in its entirety and physically signed prior to uploading. The original wet signature copy of the COP 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 original wet signed form to:

State Water Resources Control Board
Division of Financial Assistance
Water Arrearage Payment Program
1001 I Street, 17th Floor
Sacramento, CA 95814

Q21 Response: (Prepare the document for upload on the online application)

Q22. Arrearage Accounts Documentation

Document upload of spreadsheet in MS Excel format is required. Applicants must provide documentation from accounting or billing systems verifying the reported arrearages as part of the application. The spreadsheet must contain at minimum the customer's account number, the dollar amount of arrearages, the type of arrearage (residential or commercial), and the associated PWSID (for water arrearages) or WDID (for wastewater arrearages) for that customer's arrearage. If additional documentation must be provided from the applicant's accounting or billing system to verify the reported arrearages, please contact the State Water Board at DFA-WaterArrearages@waterboards.ca.gov.

A sample Accounts Spreadsheet can be found here: Arrearage Accounts Spreadsheet.

Q22 Response: (Prepare the document for upload on the online application)
