

Alternative TMF Assessment Certification Form

(Only for large water systems serving more than 10,000 people)

State Water Recourses Control Board Health (SWRCB) Funding Programs

Water System Name: _____ **Water System Number:** _____

- The General Manager (GM) of the water system must sign this form to certify that all of the technical, managerial, and financial (TMF) requirements have been satisfied.
- List the specific location where the information can be found that has been used to evaluate TMF capacity. The Division of Financial Assistance (DFA) reviewer must date and sign each TMF element verifying that the system has addressed all of the TMF elements and has satisfied the mandatory (M) elements. Reference the TMF Criteria at http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/TMF.shtml for TMF details.
- All Necessary TMF elements must be satisfied prior to project completion.
- A water system can be directed to complete a full or partial TMF assessment at the discretion of the DFA.

Technical Capacity

1. Consolidation Feasibility **(M)**: _____
2. System Description **(N)**: _____
3. Certified Operators **(N)**: _____
4. Source Capacity Assessment **(N)**: _____
5. Operations Plan **(N)**: _____
6. Training **(N)**: _____

Managerial Capacity

7. Ownership **(M)**: _____
8. Water Rights **(M)**: _____
9. Organization **(N)**: _____
10. Emergency Response Plan **(N)**: _____
11. Policies: _____

Financial Capacity

12. Budget Projection/Capital Improvement Plan **(M)**: _____
13. Budget Control **(N)**: _____

GM Certifies that all TMF elements meets or exceeds expectations as described in TMF Criteria guidance document: _____ **Date:** _____