

**STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
REQUEST FOR DISBURSEMENT**

<b>DISBURSEMENT REQUESTED FOR:</b> <input type="checkbox"/> AGRICULTURAL DRAINAGE PROGRAM <input type="checkbox"/> CLEAN WATER STATE REVOLVING FUND PROGRAM <input type="checkbox"/> DRINKING WATER STATE REVOLVING FUND PROGRAM <input type="checkbox"/> SMALL COMMUNITY GROUNDWATER PROGRAM <input type="checkbox"/> SMALL COMMUNITY WASTEWATER PROGRAM <input type="checkbox"/> SEAWATER INTRUSION CONTROL PROGRAM <input type="checkbox"/> WATER RECYCLING FUNDING PROGRAM <input type="checkbox"/> LEGAL ENTITY FORMATION ASSISTANCE (LEFA) PROGRAM <input type="checkbox"/> PROP 50 DW FUND <input type="checkbox"/> PROP 84 DW FUND <input type="checkbox"/> PROP 1 DW FUND <input type="checkbox"/> PROP 1 GW FUND	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">(1) DATE:</td> <td>_____</td> </tr> <tr> <td>(2) DISBURSEMENT REQUEST NO.</td> <td>_____</td> </tr> <tr> <td>(3) PROJECT NO.</td> <td>_____</td> </tr> <tr> <td>(4) AGREEMENT NO.</td> <td>_____</td> </tr> <tr> <td>(5) FISCAL PO NO.</td> <td>_____</td> </tr> <tr> <td>(6) PCA CODE(S)</td> <td>_____</td> </tr> <tr> <td>(7) FISCAL SUB TASK NO.</td> <td>_____</td> </tr> </table>	(1) DATE:	_____	(2) DISBURSEMENT REQUEST NO.	_____	(3) PROJECT NO.	_____	(4) AGREEMENT NO.	_____	(5) FISCAL PO NO.	_____	(6) PCA CODE(S)	_____	(7) FISCAL SUB TASK NO.	_____
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(7) FISCAL SUB TASK NO.	_____														

**AGREEMENT/GRANT RECIPIENT:** \_\_\_\_\_

**STREET/P. O. BOX:** \_\_\_\_\_

**CITY AND ZIP CODE:** \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

DESCRIPTION	AGREEMENT/ GRANT AMOUNT	(3) AMOUNT CLAIMED FOR PAYMENT TO DATE	(4) AMOUNT CLAIMED FOR PAYMENT THIS PERIOD	STATE USE ONLY		
				AMOUNT APPROVED FOR PAYMENT TO DATE	AMOUNT PREVIOUSLY PAID	APPROVED PAYMENT THIS REQUEST
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>			

**COMMENTS:**

**RECIPIENT CERTIFICATION**

I certify that the costs shown under Costs Incurred to Date have been incurred and that these costs have been paid or will be paid within 30 days of receipt of the funds requested hereby. If such costs have not been paid within 30 days, funds received under this request will be returned to the State Water Resources Control Board (SWRCB). I certify that all prior funds received from this Finance Agreement/Grant have been disbursed within 30 days of receipt or have been returned to the SWRCB.

I certify that all amounts on this invoice are for costs incurred for the Project and represent only costs directly related to the Project Finance Agreement/Grant and within the approved scope of work. I also certify that overhead or indirect costs rates or surcharges (to account for a reasonable portion of the administrative costs of day-to-day operations such as rent, telephone, fax, copying, computer-related expenses, postage, electricity, human resources) do not exceed 25%. **Note:** If entity chooses to add a surcharge, this surcharge must be supportable and documented by direct costs related to the Project. These records can be requested at any time for auditing purposes to ensure costs are justified and directly related to the Project.

\_\_\_\_\_ Date \_\_\_\_\_

**(6) Signature of the Authorized Representative**

**STATE USE ONLY: APPROVAL FOR PAYMENT**

All Quarterly Reports have been submitted to date.

Draft deliverables submitted for disbursement >70% of total financing amount (Grants only).

Final deliverables submitted for disbursement >90% of total financing amount (Grants only).

**Water Code 5103 Compliant**     Yes,  No,  N/A

Project Manager Signature	Project Manager	Date
	<b>Title</b>	
Reviewer Signature	Payments Analyst	Date
	<b>Title</b>	
Approval Signature	LGA Chief	Date
	<b>Title</b>	

**STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
CONSTRUCTION CONTRACTOR SPREADSHEET  
CONTRACTOR:**

MAIL TO:  
  
State Water Resource Control Board  
Division of Financial Assistance  
Attn: Disbursement Unit  
P.O. BOX 944212  
Sacramento, CA 94244-2120

PROJECT NUMBER : Project #  
AGREEMENT NUMBER : Contract # (if available)  
  
RECIPIENT AGENCY : Agency Name  
  
AGENCY ADDRESS : Agency Address

DISBURSEMENT REQUEST NUMBER: \_\_\_\_\_ DATE: 18-Nov-16  
  
AUTHORIZED REPRESENTATIVE: Name  
Title

Eligible Percentage: Enter % \* or N/A  
\* If eligible percentage applies, include % in Formula in Columns J.

(A) ITEM NO.	(B) ITEM DESCRIPTION	(C) AS BID CONTRACT QUANTITY	(D) UNIT DESCRIPTION (TON,C.Y., L.S., ETC)	(E) AS-BID UNIT PRICE OR LUMP SUM	(F) AS-BID CONTRACT DOLLARS (C x E)	(G) TOTAL WORK COMPLETED TO DATE (%)	(H) ENTER TOTAL COSTS INCURRED TO DATE	(I) ELIGIBLE PERCENT	(J)* TOTAL ELIGIBLE CONTRACT DOLLARS (F x I)	(K) TOTAL ELIGIBLE COSTS INCURRED TO DATE (G x J)	(L) AMOUNT PREVIOUSLY PAID	(M) PAYMENT THIS REQUEST (K - L)
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