

GENERAL INFORMATION PACKAGE (PLANNING)

<i>FOR STATE USE ONLY</i>	
Project Manager	
DWSRF Project #	
Date Complete Package Received	

I. TYPE OF ASSISTANCE REQUESTED		LGTS?
Estimated Amount of Financial Assistance Requested: \$		
Project Title:		
II. APPLICANT INFORMATION		
Water System Number:		
Data Universal Numbering System (DUNS) Number:		
Applicant (Entity) Name:		
Street Address:	City:	
State:	Zip+4 Code:	
Mailing Address:	City:	
State:	Zip+4 Code:	
Congressional District(s):		
State Senate District(s):		
State Assembly District(s):		
County:	Federal Tax Identification Number:	
(MANDATORY)		
Authorized Representative Name, Title:		
Phone Number: ()	Email Address:	
(MANDATORY)		
Primary Contact Person Name:		
Phone Number: ()	Email Address:	
(OPTIONAL)		
Project Engineer and License Number:		
Phone Number: ()	Email Address:	
(OPTIONAL)		
Environmental Contact Person Name:		
Phone Number: ()	Email Address:	
(MANDATORY)		
Local Counsel Name:		
Phone Number: ()	Email Address:	

III. PROJECT INFORMATION AND PROPOSED SCHEDULES	(All fields mandatory)	LGTS?																		
Project Description: <i>(Enter a brief description of the project)</i>																				
Water System Permit Number:																				
Current year estimated population served by the water system:																				
Briefly describe how the population was determined:																				
Current population of the area benefitting from the project:																				
Number of active service connections:																				
Briefly describe how the number of service connections was determined:																				
Current number of service connections for the area benefitting from the project:																				
<table border="0"> <thead> <tr> <th data-bbox="74 1226 925 1289">Estimated Project Schedule:</th> <th data-bbox="925 1226 1442 1289">Estimated or Actual Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="74 1289 925 1377">Complete Planning Application</td> <td data-bbox="925 1289 1442 1377">_____</td> </tr> <tr> <td data-bbox="74 1377 925 1451">1) General Information Package</td> <td data-bbox="925 1377 1442 1451">_____</td> </tr> <tr> <td data-bbox="74 1451 925 1524">2) Technical Package</td> <td data-bbox="925 1451 1442 1524">_____</td> </tr> <tr> <td data-bbox="74 1524 925 1598">3) Environmental Package</td> <td data-bbox="925 1524 1442 1598">_____</td> </tr> <tr> <td data-bbox="74 1598 925 1671">4) Financial Security Package</td> <td data-bbox="925 1598 1442 1671">_____</td> </tr> <tr> <td data-bbox="74 1671 925 1745">Select Alternative/Engineering Report</td> <td data-bbox="925 1671 1442 1745">_____</td> </tr> <tr> <td data-bbox="74 1745 925 1818">Complete CEQA/NEPA</td> <td data-bbox="925 1745 1442 1818">_____</td> </tr> <tr> <td data-bbox="74 1818 925 1919">Complete Project Plans and Specifications</td> <td data-bbox="925 1818 1442 1919">_____</td> </tr> </tbody> </table>	Estimated Project Schedule:	Estimated or Actual Date	Complete Planning Application	_____	1) General Information Package	_____	2) Technical Package	_____	3) Environmental Package	_____	4) Financial Security Package	_____	Select Alternative/Engineering Report	_____	Complete CEQA/NEPA	_____	Complete Project Plans and Specifications	_____		
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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. MANAGERIAL INFORMATION

(All fields mandatory)

1. Classification of Water System

- Community
- Non-transient non-community
- Transient non-community
- Not currently classified as a public water system – Please explain:

2. Indicate the Ownership of the Water System (check all that apply):

Public Ownership

- Municipality
- County Agency
- Special District
- State Agency
- School
- Other: _____

Private Ownership

- Corporation
- Limited Liability Company
- Partnership
- Sole Proprietorship
- Non-profit organization
- Other: _____

<p>If the Applicant is a Municipality, is the Applicant a Charter City? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Please include the ownership documentation (See instructions for further information) (label as Attachment G1)</p> <p>If the water system is privately-owned, indicate the name and title of the individual with authority to engage the water system in a DWSRF financing agreement.</p>	
<p>If the water system is a Corporation, Limited Liability Company, or Partnership, complete the following:</p> <p>A. California Secretary of State Entity Number: _____</p> <p>B. Status with California Secretary of State: <input type="checkbox"/> Active <input type="checkbox"/> Suspended <input type="checkbox"/> Forfeited <input type="checkbox"/> Dissolved</p>	
<p>3. Does the California Public Utilities Commission (CPUC) regulate your system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a list and a description of all matter(s) relating to your water system that are currently pending before the CPUC (label as Attachment G2).</p>	
<p>4. List the names, titles and duties of key officers. If there are more than 3, attach an organization chart providing this information (label as Attachment G3):</p>	
<p>5. Is there any litigation pending relative to the operation of the water system or the proposed project? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a description of the litigation and the potential costs (label as Attachment G4).</p>	

6. Is the applicant leasing land or major water system facilities? Yes No

If **yes**, describe the terms of the lease or attach a copy of the lease agreement (label as **Attachment G5**).
(NOTE: If the lease is critical to the location or operation of the proposed project facilities, the term of the lease must be equal to or greater than the loan repayment period.)

7. Please include a general map of the service area/boundaries (label as **Attachment G6**):

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: _____

ATTACHMENT CHECKLIST

Check the box next to each item attached to your application.

- G1 – Ownership Documentation
- G2 – CPUC Documentation (if applicable)
- G3 – Organization Chart (if applicable)
- G4 – Pending Litigation (if applicable)
- G5 - Lease Agreement (if applicable)
- G6 - Service Area Map

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Project created in LGTS? YES

Contact information in LGTS reflects current Authorized Representative, Davis-Bacon, Legal and Engineering contacts? YES

Legislative Districts entered in LGTS? YES

Application documents uploaded into LGTS? YES

Spending forecast in LGTS - Spending forecast is set as: Manual Automatic
If manual, is it updated? YES N/A

Project listed on Comprehensive List? YES (if yes, attach documentation)

Project Category: A B C D E F

NOTES/COMMENTS (Attach additional sheets as needed):

SECTION I

SECTION II

SECTION III

SECTION IV

SECTION V

Describe median household income determination (Attach checklist if necessary)

Project Manager Signature

Date

Senior Engineer Signature

Date