

# TMF Assessment Certification Form For Lead Service Line (LSL) Funding State Water Resources Control Board (SWRCB)

**Water System Name:** \_\_\_\_\_ **Water System Number:** \_\_\_\_\_

- The Authorized Representative of the water system must sign this form to certify that the below information is correct.
- Check the appropriate boxes below to indicate whether the water system satisfies each TMF element, as described in the TMF Instructions at [https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/documents/instructions\\_tmf\\_assessment.pdf](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/documents/instructions_tmf_assessment.pdf). Please note that the designation of elements as either Mandatory or Necessary in the linked TMF Instructions does not apply to this form.
- A water system can be directed to complete a full or partial TMF assessment at the discretion of the Division Financial Assistance (Division).
- Small disadvantaged water systems that do not have adequate TMF capacity may be referred to the technical assistance program. Systems other than small disadvantaged water systems may be required address TMF capacity as a condition of receiving funding. The specific requirements of the TMF Instructions may be modified for the LSL program at the discretion of the Division.

**Does your water system satisfy  
the following requirement?**

	<b>Yes</b>	<b>No</b>
<b><u>Technical Capacity</u></b>		
1. Consolidation Feasibility:	<input type="checkbox"/>	<input type="checkbox"/>
2. System Description:	<input type="checkbox"/>	<input type="checkbox"/>
3. Certified Operators:	<input type="checkbox"/>	<input type="checkbox"/>
4. Source Capacity Assessment:	<input type="checkbox"/>	<input type="checkbox"/>
5. Operations Plan:	<input type="checkbox"/>	<input type="checkbox"/>
6. Training:	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Managerial Capacity</u></b>		
7. Ownership:	<input type="checkbox"/>	<input type="checkbox"/>
8. Water Rights:	<input type="checkbox"/>	<input type="checkbox"/>
9. Organization:	<input type="checkbox"/>	<input type="checkbox"/>
10. Emergency Response Plan:	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Financial Capacity</u></b>		
11. Budget Projection/Capital Improvement Plan:	<input type="checkbox"/>	<input type="checkbox"/>
12. Budget Control:	<input type="checkbox"/>	<input type="checkbox"/>

**To the best of my knowledge, I certify that I am authorized to submit this TMF form, and that all information provided is accurate:**

**Printed Name, Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_