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

**DISBURSEMENT REQUESTED FOR:**
- **(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. ________________

**PROJECT NO.**
- **(1)** AGRICULTURAL DRAINAGE PROGRAM ________________
- **(2)** CLEAN WATER STATE REVOLVING FUND PROGRAM ________________
- **(3)** DRINKING WATER STATE REVOLVING FUND PROGRAM ________________
- **(4)** SMALL COMMUNITY GROUNDWATER PROGRAM ________________
- **(5)** SMALL COMMUNITY WASTEWATER PROGRAM ________________
- **(6)** SEAWATER INTRUSION CONTROL PROGRAM ________________
- **(7)** WATER RECYCLING FUNDING PROGRAM ________________
- **(8)** LEGAL ENTITY FORMATION ASSISTANCE (LEFA) PROGRAM ________________
- **(9)** PROP 50 DW FUND ________________
- **(10)** PROP 64 DW FUND ________________
- **(11)** PROP 1 DW FUND ________________
- **(12)** PROP 1 GW FUND ________________

**AMOUNT CLAIMED FOR PAYMENT TO DATE**

**AMOUNT CLAIMED FOR PAYMENT THIS PERIOD**

**AMOUNT APPROVED FOR PAYMENT TO DATE**

**AMOUNT PREVIOUSLY PAID**

**AMOUNT REQUESTED THIS PERIOD**

**TOTAL** ________________

**STATE USE ONLY**

**DESCRIPTION**

**UNIQUE AGREEMENT/GRANT AMOUNT**

**TOTAL** ________________

**AMOUNT CLAIMED FOR PAYMENT TO DATE** ________________

**AMOUNT CLAIMED FOR PAYMENT THIS PERIOD** ________________

**AMOUNT APPROVED FOR PAYMENT TO DATE** ________________

**AMOUNT PREVIOUSLY PAID** ________________

**APPROVED PAYMENT REQUEST** ________________

**TOTAL** ________________

**COMMENTS:**

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**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.

(6) Signature of the Authorized Representative ________________

Date ________________

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**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** ________________

Title ________________

Date ________________

**Reviewer Signature** ________________

Payments Analyst ________________

Title ________________

Date ________________

**Approval Signature** ________________

LGA Chief ________________

Title ________________

Date ________________

Form 260 (Revised 11-09-16)
STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
CONSTRUCTION CONTRACTOR SPREADSHEET

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 # (if available)

AGREEMENT NUMBER:
Contract # (if available)

RECIPIENT AGENCY:
Agency Name

AUTHORIZED REPRESENTATIVE:
Name
Title

AGENCY ADDRESS:
Agency Address

DATE:
18-Nov-16

Eligible Percentage:
Enter % * or N/A

* If eligible percentage applies, include % in Formula in Columns J.

<table>
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<tr>
<th>ITEM NO.</th>
<th>ITEM DESCRIPTION</th>
<th>AS BID CONTRACT QUANTITY</th>
<th>AS BID UNIT PRICE (TON,C.Y., L.S., ETC)</th>
<th>AS-BID CONTRACT DOLLARS (C x E)</th>
<th>TOTAL WORK COMPLETED TO DATE (%)</th>
<th>ENTER TOTAL COSTS INCURRED TO DATE</th>
<th>ELIGIBLE PERCENT</th>
<th>TOTAL ELIGIBLE CONTRACT DOLLARS (F x I)</th>
<th>TOTAL ELIGIBLE COSTS INCURRED TO DATE (G x J)</th>
<th>AMOUNT PREVIOUSLY PAID</th>
<th>PAYMENT THIS REQUEST (K - L)</th>
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FORM 259 (REV. 11/09/16)

NOTE: Eligibility for retention is based on overall project eligibility (Column J/Column F).

* Positive and Negative Change Orders are based on approval, see Form 260 and CO approval Form. The change orders are listed in column H but never carry to column K since it reflects on the Form 260.

REMARKS:

S:/DFA/GCU/SRF Admin Unit/SRF Unit Procedures/SRF Instructions/Form 259 (Rev. 12-10-4)