

**STATE WATER RESOURCES CONTROL BOARD**  
**DISBURSEMENT REQUEST INSTRUCTIONS FOR THE**  
**CLEAN WATER STATE REVOLVING FUND (CWSRF) AND DRINKING WATER STATE**  
**REVOLVING FUND (DWSRF) PROGRAMS**

This document provides instructions for requesting disbursement.

**WHEN TO REQUEST DISBURSEMENT**

The Request for Disbursement (Form 260) and the Construction Contractor Spreadsheet (Form 259) will be e-mailed to the authorized representative or the person designated to process the disbursements upon execution of the Agreement or Amendment. Disbursement requests may be submitted to the Division of Financial Assistance (DFA) after the Agreement or Amendment has been executed.

**Final Disbursement**

Division staff and the recipient will establish a deadline for submittal of the final disbursement request. The complete final disbursement request must be received by the Division in a timely manner. **For final disbursement request, the Project Completion Report must be submitted per Section XIV of the Policy for Implementing the CWSRF or Section XV of the Policy for Implementing the DWSRF.** If the Division has not received the complete final disbursement request and prior approval has not been granted to submit the final disbursement request at a later time, then the Division may deobligate the undisbursed balance of the financing agreement.

**AUTHORIZED REPRESENTATIVE**

The application for the funds included a copy of the resolution by the governing body of the Recipient designating its Authorized Representative who is authorized to sign documents and represents the agency relative to the respective Program. The Form No. 260 lists the name and title of the authorized representative. If your agency uses a Designated Representative (Designee) instead of the agency's appointed authorized representative as executor, please provide a letter of explanation indicating the **TITLE** of the representative. This letter must be signed and dated by the Agency's appointed authorized representative in order to be effectual.

In the event that a new authorized representative is named, a resolution authorizing the new representative must be submitted. **Note:** If the authorizing resolution identified the authorized representative by title or position rather than name, a new resolution may not be required. In such cases, a formal letter of appointment will suffice.

**CERTIFICATION OF EXPENDITURES**

To comply with the 1986 Federal Tax Reform Act, Recipients must certify that (1) costs claimed have been incurred and that these costs have been paid or will be paid within thirty days of receipt of the funds requested, (2) if the costs have not been paid within 30 days, funds remaining will be returned to the State Water Resources Control Board (State Water Board), and (3) that all prior funds received from the respective Program have been disbursed within 30 days of receipt or have been returned to the State Water Board.

Salaries, wages, and expenses claimed should be based on actual costs incurred, and should not include a markup for profit. The actual costs of fringe benefits (costs such as social security taxes, health insurance, dental insurance, and long-term disability insurance) may be included in the hourly rate. The authorized representative must sign the Certification of Expenditures on the Form 260, certifying that the overhead or indirect cost 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%.

The Recipient is also certifying that the costs claimed are specific to the Agreement and within the approved scope of work. The Certification of Expenditures is included on the Form 260 under Recipient Certification.

**COMPLETING FORM NO. 260 -- REQUEST FOR DISBURSEMENT (See Attachment)**

The Form No. 260 will be partially completed by the State Water Board staff before being e-mailed to the Recipient. The Recipient must complete the following:

- (1) Enter the submittal date.
- (2) Enter the Disbursement Request Number.
- (3) Enter cumulative total for "Amount Claimed for Payment to Date" in Column (3). (This should include the "Amount Claimed for Payment this Period" in Column (4))
- (4) Enter total for "Amount Claimed for Payment this Period" in Column (4).
- (5) The authorized representative must sign and date the Recipient Certification portion of Form No. 260.

No other entries or adjustments to the form should be made.

**COMPLETING FORM NO. 259 (if applicable) -- CONSTRUCTION CONTRACTOR SPREADSHEET (See Attachment)**

If disbursement is being requested for construction, the Recipient must include (1) Form No. 259 (Construction Contractor Spreadsheet) and (2) a signed construction contractor's pay estimate.

Form No. 259 will be partially completed by the DFA. The Recipient must:

- (1) Enter the submittal date.
- (2) Enter the Disbursement Request Number.
- (3) Complete Column (H) by entering the information provided from contractor's progress pay estimate using Total Costs Incurred to Date for each bid item. Once this amount is entered, it will automatically generate the percentage completed in Column (G) and Columns (K) and (M) will automatically generate.
- (4) For disbursement #2 and beyond, complete step 4 (which is this one) before doing step 3 listed above. Complete Column (L), Amount Previously Paid by manually entering the amounts from Column (K) of the previous Form 259 into current Form 259 Column (L). If there were no paid previous construction costs, this Column will be zero dollars (\$0).

- (5) If applicable, complete line items for Positive Construction Change Orders and/or Negative Construction Change Orders in column (H). Do not carry the change orders over to column (K) on Form 259. Please itemize the Construction Change Orders on the Change Order Approval Form (see attached Form) provided upon execution of the agreement. Also, provide copies of all change order invoices.
  - a. Please note; Construction Change Orders are direct construction costs from the contractor. All other change orders (indirect costs) are eligible for reimbursement on the final disbursement request at project completion upon approval and availability of funds.
- (6) Any retention withheld from the contractor should be entered into Columns (H) and (K), just below the Subtotal. If the retention was deposited into an Escrow Account, the Recipient must provide a copy the Escrow Agreement, Certificate of Deposit or Letter of Credit.
- (7) Total Column (H). Enter the “Costs Incurred to Date” for construction costs.
- (8) Total Column (K). Enter the “Costs Claimed for Payment to Date” for construction costs.
- (9) For Change Orders, transfer the net figures from Change Order Table to Form No. 260 “Amount Claimed for Payment to Date (3)” and “Amount Claimed for Payment this Period (4).”

**DOCUMENTATION:**

With the Form Nos. 259 and 260, the Recipient must include the following:

- (1) A copy of the complete construction contractor’s pay estimate. The contractor’s pay estimate must be itemized by bid item for the project as outlined in the original bid in the Final Budget Approval. If the contractor’s pay estimate is itemized differently than what is outlined in the original bid document, then the Recipient must provide documentation to show correlation between the contractor’s pay estimate and the original bid. Both the Recipient and the contractor must sign the contractor’s pay estimate.
- (2) Copies of all approved construction change orders (positive and negative) and backup documentation for each change order.
- (3) Grantees requesting reimbursement for travel expenses may only invoice the amount permissible under State of California travel policies. Disbursement requests must contain supporting documentation to account for the following elements: name/title of the traveler, dates travelled, travel purpose, to/from destinations, distance, and rate of mileage. Travel outside the State of California will only be disbursed if written authorization is obtained prior to travel. The State travel policies and per diem amounts allowable for meals and lodging are available at <http://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx>

- (4) Disbursement of Allowances (soft cost) will be made on actual costs incurred and may be requested as soon as the financing agreement is executed.
- a. Invoices and backup documentation must include employee names, classification, rate and hours worked towards project.
  - b. Surcharge/In-direct expense cannot exceed 25%. (per state contract rules)
  - c. Travel will be reimbursed as a direct expense. Travel cost will be calculated with State rates.

**WHERE TO SEND DISBURSEMENT REQUESTS**

Disbursement requests for the funds should be mailed to:

State Water Resources Control Board  
Division of Financial Assistance  
Attn: Disbursement Unit  
State Revolving Fund Unit  
Post Office Box 944212  
Sacramento, CA 94244-2120

Street Address: 1001 I Street, 16<sup>th</sup> Floor  
Sacramento, CA 95814

**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: 30%;">(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.	_____
(1) DATE:	_____														
(2) DISBURSEMENT REQUEST NO.	_____														
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(4) AGREEMENT NO.	_____														
(5) FISCAL PO NO.	_____														
(6) PCA CODE(S)	_____														
(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)
CONTRACT BID ITEMS												
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	POSITIVE CHANGE ORDERS*	XXXXXXXX	XXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	\$ -	#DIV/0!			\$ -	\$ -
	NEGATIVE CHANGE ORDERS*	XXXXXXXX	XXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	\$ -	#DIV/0!			\$ -	\$ -
	LESS RETENTION	XXXXXXXX	XXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	\$ -	#DIV/0!		#DIV/0!	\$ -	#DIV/0!
	CONTRACT TOTALS	XXXXXXXX	XXXXXXXX	XXXXXXXXXX	\$ -	XXXXXXXXXX	\$ -	XXXXXXXXXX	\$ -	#VALUE!	\$ -	#VALUE!

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: