## STATE WATER RESOURCES CONTROL BOARD DISBURSEMENT REQUEST INSTRUCTIONS FOR THE CLEAN WATER STATE REVOLVING FUND (CWSRF) PROGRAM

This document provides instructions for requesting disbursement for the CWSRF Program.

# WHEN TO REQUEST DISBURSEMENT

The Request for Disbursement (Form 260) and the Construction Contractor Spreadsheet (Form 259) will be transmitted via e-mail to the authorized representative or the person designated to process the disbursements. Disbursement requests may be submitted to the Division of Financial Assistance (DFA) after the financing agreement (or amendment) has been executed.

# **DISBURSEMENT REQUEST FORM (FORM 260)**

Disbursement requests must be submitted on Form No. 260. Form No. 260 is transmitted to the recipient at the time the executed financing agreement or amendment is transmitted. A copy of Form No. 260 is included as Attachment A.

# AUTHORIZED REPRESENTATIVE

The application for the CWSRF 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 CWSRF 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 **NAME** and **TITLE** of the representative. This letter <u>must be</u> 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 CWSRF 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 (SWRCB), and (3) that all prior funds received from the CWSRF Program have been disbursed within 30 days of receipt or have been returned to the SWRCB.

The recipient is also certifying that the costs claimed are specific to the financing agreement and within the approved scope of work.

# <u>COMPLETING FORM NO. 260 -- REQUEST FOR DISBURSEMENT (ATTACHMENT</u> <u>A)</u>

The Form No. 260 will be partially completed by the SWRCB staff before being sent to the recipient. The recipient must:

- 1. Enter the submittal date.
- 2. Enter the Disbursement Request Number.
- 3. Enter the eligible construction completion percentage (refer to Attachment B).
- 4. Enter total costs incurred to date in <u>Column (C)</u>, except construction costs. (For construction costs see the section of these instructions titled <u>Completing Form</u> <u>No. 259 -- Construction Contractor Spreadsheet</u>.)
- 5. Complete Column (E). Refer to **Attachment B** for complete details on how to calculate the allowances.
- 6. The authorized representative must sign and date the Recipient Certification portion of Form No. 260.

For Local Match financing agreements, the Local Match of 16.667% must be deducted under Column (E).

No other entries or adjustments to the form should be made. A copy of the processed Form No. 260 will be sent to the recipient showing the date processed and the amount to be disbursed.

# <u>COMPLETING FORM NO. 259 -- CONSTRUCTION CONTRACTOR SPREADSHEET</u> (ATTACHMENT C)

If disbursement is being requested for construction work, the recipient must include (1) Form No. 259 (Construction Contractor Spreadsheet) and (2) a signed construction contractor's pay estimate. A copy of Form No. 259 is included as Attachment C.

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. Enter Total Costs Incurred to Date for each bid item into <u>Column (H)</u>. Once this amount is entered, it will automatically generate the percentage completed in Column (G).
- 4. If there are materials on hand, enter this figure into Column (H), just below the Subtotal on the bottom of the spreadsheet.
- 5. Any retention withheld from the contractor should be entered into Column (H), just below the Subtotal on the bottom of the spreadsheet <u>unless</u> the retention was deposited into an Escrow Account. The recipient must provide a copy the Escrow Agreement, Certificate of Deposit or Letter of Credit for any contractor retention funds that have been deposited into Escrow account.
- 7. Total Column (H). Enter this figure on the Form No. 260, Column (C) for construction costs.
- 8. Total Column (K). Enter this figure on the Form No. 260, Column (E) for construction costs.

Columns (K), (L), and (M) will automatically be generated once Column (H) is completed.

With the Form Nos. 259 and 260, the recipient must include a copy of the <u>construction</u> <u>contractor's pay estimate</u>. The contractor's pay estimate must be itemized by bid item for the project as outlined in the original bid in the Approval to Award. 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. <u>Both the recipient and the contractor must sign the contractor's pay estimate</u>.

# WHERE TO SEND DISBURSEMENT REQUESTS

Disbursement requests for the CWSRF funds should be mailed to:

State Water Resources Control Board Division of Financial Assistance Attention: CWSRF Program Analyst State Revolving Fund Unit Post Office Box 944212 Sacramento, CA 94244-2120

Street Address: 1001 I Street, 17<sup>th</sup> Floor Sacramento, CA 95814

Revised: 6/08

	ST	STAT ATE WATER R		IFORNIA	BOARD					
DISBURSEMENT REQUESTED FO ( ) AGRICULTURAL DRAINAGE LO ( ) STATE REVOLVING FUND (SRF ( ) SRF LOCAL MATCH FINANCING ( ) SMALL COMMUNITY GROUNDW ( ) SMALL COMMUNITY WASTEWA ( ) SEAWATER INTRUSION CONTR ( ) WASTEWATER CONSTRUCTION ( ) WATER RECYCLING FACILITIES ( ) WATER RECYCLING FUNDING ( ) WATER RECYCLING FUNDING	DAN PROGRAM ) FINANCING AGR 3 AGREEMENT VATER GRANT ATER GRANT ROL LOAN N GRANT S PLANNING GRA PROGRAM (GRAN	NT IT)	PROJECT NO							
FINANCING AGREEMENT/GRANT STREET/P. O. BOX:	RECIPIENT:									
CITY AND ZIP CODE: AUTHORIZED REPRESENTATIVE:					TITLE:					
	-					STATE USE ONLY				
(A) DESCRIPTION	(B) AGREEMENT/ GRANT AMOUNT	(C) COSTS INCURRED TO DATE	(D) ELIGIBLE PERCENT	(E) COSTS CLAIMED FOR DISB'T TO DATE	(F) COSTS APPROVED FOR DISB'T TO DATE	(G) AMOUNT PREVIOUSLY DISBURSED	(H) APPROVED DISB'T THIS REQUEST			
SUBTOTAL Less Local Match (16.667%) if	\$0	\$0		\$0						
applicable TOTAL	\$0	\$0		\$0						
COMMENTS: RECIPIENT CERTIFICATION I certify that the costs shown in column ' requested hereby. If such costs have no Control Board (SWRCB). I certify that or have been returned to the SWRCB.	ot been paid within	30 days, funds receiv	ved under this	request will be retu	irned to the State Wate	er Resources				
In addition to the foregoing, where the L funds that equate to at least the State m		ng Agreements apply	y, I certify that	the appropriate pa	ayment has been made	e with local				
I also certify that costs claimed are spec	ific to the Financing	g Agreement/grant ar	nd within the ap	oproved scope of w	vork.					
Signature of the Authorized Represe	ntative		-	Date			-			
STATE USE ONLY: APPROVAL FO										
All Quarterly Reports have	e been submit	ted to date.	D							
Project Manager Signature		Project Manager Title			Date					
			Program Ana	alyst						
Reviewer Signature		Title			Date					
Approval Signature		Title		-	Date					

## ATTACHMENT B CLEAN WATER STATE REVOLVING FUND FORM 260 - ALLOWANCES

## **Planning and Design Allowance**

The Planning and Design Allowances are eligible for disbursement upon execution of the financing agreement.

## **Construction Management and Administration Allowances**

Form 259 -- Construction Contractor Spreadsheet

The Construction Management and Administration Allowances are prorated according to the construction completion percentage per the contractor's pay estimate submitted with the disbursement request. The construction completion percentage is calculated as follows:

<u>Subtotal Eligible Costs + MOH (Column J)</u> = % of Construction Complete Eligible Bid Amount (Column J) (e.g., 23.17% -- two places-Column J)

#### Form 260 -- Request for Disbursement

To calculate the Costs Claimed for Disbursement to Date -- Column (E), multiply the Allowance -- Column (B) with the construction completion percentage. This figure is the maximum eligible for the allowance. If the cost incurred is less than the maximum eligible, then post the cost incurred amount in Column E.

#### Prime Engineering Allowance

Prime Engineering Allowance is eligible for disbursement after construction is complete (100 percent).

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

MAIL	MAIL TO: PAYMENTS UNIT DIVISION OF CLEAN WATER PROGRAMS STATE WATER RESOURCES CONTROL BOARD P.O. BOX 944212		PROJECT NUMBER : AGREEMENT NUMBER : RECIPIENT AGENCY : AGENCY ADDRESS :		Project # Contract # (if available) Agency Name Agency Address		PAYMENT REQUEST NUMBER: AUTHORIZED REPRESENTATIVE:			Name Title	DATE:	11-Jul-08
SACRAMENTO, CA 94244-2120									Reduction Factor: Enter % * or N/A			
		(0)				(G)	40	(1)	* If reduction factor (J)*	applies, include % in (K)*	Formula in Columns J and K (L) (M)	
(A) ITEM	(B) ITEM DESCRIPTION	(C) AS BID	(D) UNIT	(E) AS-BID	(F) AS-BID	TOTAL WORK	(H) ENTER	(I) ELIGIBLE				
NO		CONTRACT	DESCRIPTION	UNIT PRICE	CONTRACT	COMPLETED	TOTAL COSTS	PERCENT	CONTRACT	COSTS INCURRED		THIS
		QUANTITY	(TON,C.Y.,	OR	DOLLARS	TO DATE	INCURRED		DOLLARS	TO DATE	DISBURSED	REQUEST
			L.S., ETC)	LUMP SUM	(C x E)	(%)	TO DATE		(F x I)	(H x I)		(K - L)
	CONTRACT BID ITEMS											
				\$-		#VALUE!	\$-	0.00%	\$-	#VALUE!	\$-	#VALUE!
				\$-		#VALUE!	\$-	0.00%	\$-	#VALUE!	\$-	#VALUE!
				\$-		#VALUE!	\$ -	0.00%	\$-	#VALUE!	\$ -	#VALUE!
				\$-		#VALUE!	\$	0.00%	\$-	#VALUE!	\$	#VALUE!
				\$-		#VALUE!	\$-	0.00%	\$-	#VALUE!	\$-	#VALUE!
				\$-		#VALUE!	\$	0.00%	\$-	#VALUE!	\$	#VALUE!
				\$-		#VALUE!	\$ -	0.00%	\$-	#VALUE!	\$ -	#VALUE!
				\$-		#VALUE!	\$-	0.00%	\$-	#VALUE!	\$	#VALUE!
				\$-		#VALUE!	\$-	0.00%	\$-	#VALUE!	\$-	#VALUE!
				\$-		#VALUE!	\$-	0.00%	\$-	#VALUE!	\$-	#VALUE!
				\$-		#VALUE!	\$-	0.00%	\$-	#VALUE!	\$-	#VALUE!
				\$-		#VALUE!	\$-	0.00%	\$-	#VALUE!	\$-	#VALUE!
				\$-		#VALUE!	\$ -	0.00%	\$-	#VALUE!	\$ -	#VALUE!
	SUBTOTAL CONTRACT ITEM DATA	XXXXXXXXX	XXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	\$-	XXXXXXXXXXX	\$ -	#VALUE!	\$-	#VALUE!
	MATERIALS ON HAND (MOH)	XXXXXXXXX	XXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	\$-	#VALUE!		#VALUE!	\$-	#VALUE!
	LESS RETENTION	XXXXXXXXX	XXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	\$-	#DIV/0!		#DIV/0!	\$-	#DIV/0!
	CONTRACT TOTALS	XXXXXXXXX	XXXXXXXX	XXXXXXXXXXX	\$-	XXXXXXXXXXX	\$-	XXXXXXXXXXX	\$-	#VALUE!	\$-	#VALUE!
FORM No. 259 (REV. 6/9/08) NOTE: Eligibility for meterials as hand and retention costs is based on everall project eligibility. #VALUE! / \$ = #VALUE! Eligible Construction Costs Completed												

NOTE: Eligibility for materials on hand and retention costs is based on overall project eligibility

REMARKS: