



STATE WATER RESOURCES CONTROL BOARD
 Division of Financial Assistance
 P. O. Box 944212, Sacramento, CA 94244-2120

Clean Water State Revolving Fund (CWSRF) Program Potential CWSRF Planning/Design Flags Worksheet

To avoid potential delays later in the application process, review the list of questions and statements and place a check (✓) beside each question or statement where the answer is “yes”.

Please discuss any potential flags or uncertainty with DFA staff at the earliest opportunity to identify issues up front that may require supplementary information or additional review time.

Applicant (Entity) Name:

Project Title:

✓if Yes	<u>LEGAL</u> Question / Statement
<input type="checkbox"/>	1. Is there doubt about whether your governing statutes allow you to finance your project through the CWSRF?
<input type="checkbox"/>	2. Is there existing or pending litigation regarding the source of repayment or implementation of the project?
<input type="checkbox"/>	3. Are there any existing or pending inquiries or investigations of your agency by outside
<input type="checkbox"/>	4. Was there a significant level of protests during the most recent rate setting process?
<input type="checkbox"/>	5. Is there an existing or pending rate rollback initiative on an upcoming ballot, or are there any efforts within the community to initiate a rate rollback? Have rates been rolled back in the past due to a voter initiative?
<input type="checkbox"/>	6. Has there been or is there currently significant disagreement within the community about the project?
<input type="checkbox"/>	7. Will the project involve a public-private partnership?
<input type="checkbox"/>	8. Are you a small community or a dependent special district with limited financing experience?
<input type="checkbox"/>	9. Are you a State agency, a Native American Tribe, or a non-governmental entity?
<input type="checkbox"/>	10. Are you a Joint Powers Authority or are there agreements with other entities related to the project?



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<input type="checkbox"/>	11. Do you need to purchase or otherwise obtain legal access rights to the project property for the term of the financing to implement the project?
<input type="checkbox"/>	12. Do you expect to use eminent domain so that you can implement your projects?
<input type="checkbox"/>	13. Do you have any concerns regarding your ability to comply with the Exhibit C Standard Terms and Conditions used for all DFA funding agreements? Terms and conditions: https://www.waterboards.ca.gov/water_issues/programs/grants_loans/general_terms.html



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✓ Yes	<u>TECHNICAL</u> Question / Statement
<input type="checkbox"/>	1. Do you anticipate that the plans & specifications will be completed before receiving an executed planning financing agreement?
<input type="checkbox"/>	2. Is this a septic-to-sewer project or a regionalization project, or will the project be a joint effort with other agencies?
<input type="checkbox"/>	3. Is your project a non-point source or estuary project?
<input type="checkbox"/>	4. Is your project a recycled water project?

✓ Yes	<u>ENVIRONMENTAL</u> Question / Statement
<input type="checkbox"/>	1. Are the environmental documents already prepared or in the process of being prepared for the potential construction project?
<input type="checkbox"/>	2. Is it anticipated that the Lead Agency for the potential construction project will be an agency other than the Applicant?
	3. Do you anticipate any controversy related to the environmental aspect of the project or potential CEQA document(s)?



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✓ Yes	<u>FINANCIAL</u> Question / Statement
<input type="checkbox"/>	1. Will the Project be co-funded with funding other than the Clean Water State Revolving Fund?
<input type="checkbox"/>	2. Are your annual operating revenues currently insufficient to cover annual operating expenses?
<input type="checkbox"/>	3. Was the last rate study completed over five years ago?
<input type="checkbox"/>	4. Do you anticipate raising rates, assessments, or other charges to meet operations and maintenance (O&M) requirements prior to receiving construction financing?
<input type="checkbox"/>	5. Do you have outstanding fines or penalties due to non-compliance with a permit or order?
<input type="checkbox"/>	6. Do you have existing CWSRF or other debt?
<input type="checkbox"/>	7. Do your existing debt covenants affect your ability to incur new parity debt, and/or are non-compliant with existing debt covenants?
<input type="checkbox"/>	8. Have you had a prior material event such as a bankruptcy, default, unscheduled draw on reserve funds, substitution of insurers on their failure to perform, or unscheduled draw on a credit enhancement?
<input type="checkbox"/>	9. Do you have a local debt limit?
<input type="checkbox"/>	10. Have you taken actions in anticipation of filing Chapter 9 bankruptcy?

CERTIFICATION AND SIGNATURE OF AUTHORIZED REPRESENTATIVE	
To the best of my knowledge and belief, I certify that the information provided in this Worksheet is true and correct.	
Name of Authorized Representative: _____	Title: _____
Signature of Authorized Representative: _____	Date: _____