

**State Water Resources Control Board
Underground Storage Tank Cleanup Fund
Budget Change Request Form**

Budget Fiscal Year: _____

SECTION A	Claim No.: _____ Priority: _____ Region: _____ Global ID: _____ Claimant Name: _____ Claimant Mailing Address: _____ Claimant Phone: _____ Claimant E-mail: _____ Site Address: _____ Regulatory Oversight Agency: _____	FOR STATE USE ONLY Original Budget Amount: \$ _____ Determination: _____ Revised Budget Amount: \$ _____ Reviewer Initials _____ Date _____
SECTION B	Consultant in Charge Name: _____ Consultant License No.: _____ Consultant Company: _____ Consultant Website: _____ Consultant Address: _____ Consultant E-mail: _____ Consultant Phone: _____ Consultant Fax: _____	
SECTION C	Current Budget Category: _____ Current Allocated Budget Amount: _____ Requested to (Select all that apply) : <input type="checkbox"/> Change Budget Category <input type="checkbox"/> Increase Budget Amount <input type="checkbox"/> Decrease Budget Amount Requested Budget Category: _____ Requested Budget Amount Increase/Decrease: _____	
SECTION D	<p>Claimant Certification – I certify to the following:</p> <ul style="list-style-type: none"> I am the claimant for the above-mentioned claim, and I have personally reviewed this document; I understand that the Fund will review the most recent directive(s) issued by my regulatory oversight agency and technical reports posted to GeoTracker in support of this Budget Change Request; I acknowledge that I must submit to the Fund a brief narrative justification in support of the Budget Change Request being submitted, and an Excel spreadsheet budget estimate of additional work for the fiscal year; I further acknowledge that I must submit to the Fund a complete Remediation Information Form if the Budget Change Request includes proposed remediation or if the site is undergoing active remediation; I understand that any misrepresentation herein may lead to disqualification of this claim. <p>I, the undersigned, certify under penalty of perjury that all facts and statements set forth in this document are true and correct to the best of my knowledge and belief.</p> <p>_____ Print Name and Title (Claimant)</p> <p>_____ Signature and Date</p> <p>_____ Print Name and Title (Joint-claimant)</p> <p>_____ Signature and Date</p>	

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BUDGET CHANGE REQUEST INSTRUCTIONS

It is important to use the instructions below to complete the Budget Change Request including this Budget Change Request Form.

Claimants should use this form to certify that they are requesting a change to the allocated Annual Site Budget by the Fund. All sections of the form **must** be completed to be accepted by the Fund. Failure to complete any section will result in the form being rejected by the Fund. The Budget Change Request Form can be obtained from the Fund's website at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml.

Forms should be submitted to the Fund by uploading the documentation through the CUF Documents portal in [GeoTracker](#). The documentation must include the Budget Change Request Form, the [Annual Budget Project Narrative](#), the [Budget Breakdown](#) showing the budget estimate for the additional work, and, if applicable, the [Remediation Information Form](#). For information on how to upload Budget Change Requests, see the CUF Documents User Guide at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/fund_gto/cufdocs.pdf.

Budget Change Requests may take more than one month to process because they require review by the Fund's Technical Unit the regulatory oversight agency, and the Fiscal Management Unit.

SECTION-BY-SECTION INSTRUCTIONS

- **Claim Information (Section A)** – Enter the Fund claim's information in this section. This information should match the Fund's records **exactly**. Most of this information can be obtained from the Reimbursement Request Form provided to you by the Fund.
- **Consultant in Charge Information (Section B)** – Provide the indicated information about the person that can respond to technical Questions that may arise when reviewing the Budget Change Request. This person should be knowledgeable about the work being performed on the site and authorized by the claimant to act as the technical representative.
- **Budget Information (Section C)** – Clearly indicate the type of Budget Change Request you are seeking. The current fiscal year budget information can be found on the Fund's website at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/.
- **Claimant Certification & Additional Documentation (Section D)** – Read the certification in its entirety and sign on the line to certify that the information contained on this form is complete and accurate and that all accompanying documentation needed for the acceptance and review of the Budget Change Request is included. The claimant or a person with authority to act on the claimant's behalf (as authorized by a Power-of-Attorney Form) must sign the certification.

IMPORTANT: The Fund will review the most recent regulatory directive(s) and technical reports posted to GeoTracker. Make sure that you are frequently checking GeoTracker to ensure the most current information is uploaded.

REMEMBER: When submitting your Budget Change Request Form, you will need to include the following in order for the Fund to accept your form: (1) a brief justification for the Budget Change Request. This could be change of category, new regulatory requirements, Fund error on the initial budget, etc.; (2) a complete [Budget Breakdown Form](#) showing the budget estimate that includes the additional work; and (3) a complete [Remediation Information Form](#), if the Budget Change Request includes proposed remediation for the site or if the site is in active remediation.