Frazier Park Public Utility District P.O. Box 1525 Frazier Park, CA 93225

November 16, 2023

ATTN: Eric Manzano, Disbursement Analyst Disbursement Unit Division of Financial Assistance State Water Resources Control Board P.O. Box 944212 Sacramento, CA 94244-2120

> RE: Frazier Park Public Utility District Meter Replacement Project and Emergency Well Supply Project Funding Agreement # SWRCB00000000000002002051 Claim # 21 for October 1, 2023 – October 31, 2023

Dear Mr. Manzano,

<u>Claim #21 submittal:</u>

Attached are the original and one copy of the Frazier Park Public Utility District (District) Claim # 21 for Planning project costs from October 1, 2023, through October 31, 2023.

I can be reached at (661) 245-3734 or Oscar Cisneros, Self-Help Enterprises at (559) 802 - 1631, if there are any questions.

Sincerely

Jonnie Allison Manager, Frazier Park Public Utility District

C: Lawrence Sanchez, P.E. Associate Sanitary Engineer - Region 4 Funding Coordinator Jesse Dhaliwal, Sr. Sanitary Engineer, Drinking Water Field Operations Branch, Tehachapi District Dee Jaspar, Dee Jaspar & Associates Oscar Cisneros, Self- Help Enterprises

	STATE WATER F	TE OF CALIFORNIA RESOURCES CONTR MENT REQUEST (IN					
					ATE.	DATE STAMP	
FROM:				INVOICE I		-	
				AGREEME			
TO: STATE WATER RESOU	RCES CONTROL BOAR	D		PROJECT BILLING P	-		
				Analyst Sig	nature:		
ATTN: DISBURSEMEN POST OFFICE BOX 944	040						
SACRAMENTO, CA 942	ELEG	TRONIC SUBMITTAL TO:					
	FO	LLOWING SECTION TO	BE COMPLE	TED BY F	RECIPIE	NT	
REQUESTED REIMBURSE	MENT AMOUNT:	\$					
RECIPIENT CERTIFICATION							
(1) This document was prepared, and any accurate. (2) I have paid, or can certify as I Agreement that must be satisfied prior to days of receipt of the funds requested her disbursed within 30 days of receipt or hav within the Agreement's approved scope of Agreement.(8) I am aware that there are significant the second se	to the payment of, any and all fees the disbursement of the funds in t eby. If such costs have not been p e been returned to the State Water f work and budget. (7) The Agreen	due to the State Water Resources C his reimbursement request. (4) The c vaid within 30 days, funds received u Board. (6) All amounts included in t hent might or might not include author	control Board (State W costs claimed in this n nder this request will this invoice are for cost	later Board). (3) eimbursement i be returned to t sts incurred for	I have satist request have the State Wa the Project a	fied, or can certify as to the sa been incurred and have been ter Board. (5) All prior funds re and represent only costs autho	tisfaction of, all conditions in the paid or will be paid within thirty (30) eccived from this Agreement have been orized under the Agreement that are
Signature of the Recipient's Author	orized Representative			Date			
	•	OLLOWING SECTIO	N IS FOR ST		E ONL'	r	
		CALCULATION	FOR REIMBUR	SEMENT			
		s		Reason(s)	for Adjust	tment:	
REIMBURSEMENT REQUESTED AMOUNT: \$ ADJUSTMENT AMOUNT: \$							
	AMOUNT APPROVED:						
	FUNDING	G LINE PAYMENT AL	LOCATION	(ACCOU	NTING	DETAIL)	
FI\$CAL SUPPLIER ID NO.:							
						I	1
PURCHASE ORDER NO.	FUNDING	G DESCRIPTION	PROGR	RAM NO.	BY	RECEIPT NO.	AMOUNT
							\$
							\$
							\$
							\$
							\$
		TOTAL REI	MBURSEMEN		VED FC		\$
STATE USE ONLY: APF	KOVAL FOR PAYN	ΛEN I					
Disbursement Manager Signat	ure						Date
Authorized Manager Signature							Date
Form 261 (Revised 11-8-21)							

STATE OF CALIFORNIA							
STATE WATER RESOURCES CONTROL BOARD							
REIMBURSEMENT REQUEST							
(1) INVOICE DATE: (2) INVOICE NO.:	-	r	MAIL TO: STATE WA	ATER RESOURCES CO			
AGREEMENT NO.:				BURSEMENT UNIT PO			
PROJECT NO.:			OFFICE BO				
				NTO, CA 94244-2120			
			ELECTRONIC SUBMI [®] STREET ADDRESS:	1001 I STREET, 1	6TH FLOOR		
				SACRAMENTO, C			
AGREEMENT LOAN and/or GRANT RECIPIENT:							
STREET/P.O. BOX:							
CITY AND ZIP CODE:							
AUTHORIZED REPRESENTATIVE:		7		TITLE:			
STATE USE ONLY	1			1	STATE USE ONLY	[
	(3)	(4)	(5)	(6)	(7)	(8)	
BUDGET LINE ITEM	BUDGETED AMOUNT	AMOUNT CLAIMED FOR PAYMENT THIS PERIOD	AMOUNT PREVIOUSLY PAID	APPROVED PAYMENT FOR THIS REQUEST	AMOUNT APPROVED FOR PAYMENT TO DATE	% OF LINE ITEM BUDGET SPENT TO DATE	
Construction							
Allowances (Soft Costs)							
			-				
TOTAL							
COMMENTS (STATE USE ONLY):							
STATE USE ONLY: APPROVAL FOR PAYMENT							
All Quarterly Reports have been submitted to date					Final Disbu	rsement Date:	
Draft deliverables submitted for disbursement >70		mount (Grants Only)					
Final deliverables submitted for disbursement >90% of total financing amount (Grants Only)							
Water Code 5103 Compliant		Yes, No, N/A					
		103, 110, 11/A					
		_			Data		
Project Manager Signature					Date		
Reviewer Signature		_			Date		
Neviewel Signature					Date		

Form 260 (Revised 11-1-21) Analyst Unit Signature:

Allowance (soft costs) Summary Sheet

(3) Agreement Number: SWRCB00000	0000002002051						
						Amount Claiming	For Disbursement
							DFA* Grant Amount
						(please indicate	(please indicate split
Category (i.e. Planning, Design, etc.)	Description of Work Completed:	Vendor	Billing Period	Invoice #	Invoice Total	split %)	%)
(4A) Construction							
Phase 1 Well \$1,077,392.00							
Phase 2 Meters \$ 1,537,495.00							
Pre-Purchased Material/Equipment:\$0							
Land/ Right of Way: \$0							
Construction Subtotal: \$2,614,887.00							
(4B) Planning/Design:							
Planning/ Design Subtotal: \$141,000.00							
(4C) Construction Management:							
	Well 5 project correspondence and cos		10/01/2023 - 10/31/2023	#23-01018	254.25	0%	
	Meters project correspondence	Dee Jaspar and Associates	10/01/2023 - 10/31/2023	#23-001019	\$84.75	0%	100%
Construction Management Subtotal:\$229	,116.00						
(4D) Administration:							
Administration Subtotal: \$135,750.00							
(4E) Contingency:							
Contingency Subtotal: \$780,000.00							
Total: \$3,900,753.00					\$339.00	0%	100%

1. Complete the project name

Perinition:
 * DFA (Division of Financial Assistance through the State Water Resources Control Board)

2. Complete the project number

3. Complete the agreement number

4. Allocate the allowances (cost costs) accordingly into the appropriate catoegories

If there are multiple funding sources please indicate the splits
 Please subtotal each category

Claim 21 Funding Agreement Scope of Work Task 4: 4C -Construction Management: Well 5 Replacement Project correspondence

Invoice # 23-01018

October 31, 2023, Charges: \$254.25



INVOICE

Invoice submitted to: Frazier Park Public Utility District PO Box 1525 Frazier Park,, CA 93255 Jonnie October 31, 2023

Invoice # 23-01018

In Reference To: Well 5 Replacement Project

Professional Services

	Hrs/Rate	Amount
10/3/2023 CMS Senior Engineer I Project correspondence and final well cost explanation	0.50 169.50/hr	84.75
10/4/2023 CMS Senior Engineer I Project cost explanation and correspondence	1.00 169.50/hr	169.50
- For professional services rendered	1.50	\$254.25
- For professional services rendered	1.50	\$254.25

Billings from October 1 to October 31, 2023

Claim 21 Funding Agreement Scope of Work Task 4: 4C -Construction Management: Meter Replacement Project Correspondence

Invoice # 23-01019

October 31, 2023, <u>Charges: \$84.75</u>



DEE JASPAR AND ASSOCIATES, INC. 2730 Unicorn Road Building A Bakersfield, CA 93308 PH(661) 393-4796 FX(661) 393-4799

INVOICE

Invoice submitted to: Frazier Park Public Utility District PO Box 1525 Frazier Park, CA 93255 Jonnie October 31, 2023

Invoice # 23-01019

In Reference To: Meter Replacement Project

Professional Services

	_	Hrs/Rate	<u>Amount</u>
10/5/2023 CMS Senior Engineer I Meter correspondence	т	0.50 169.50/hr	84.75
For professional services rendered		0.50	\$84.75
For professional services rendered		0.50	\$84.75

Billings from October 1 to October 31, 2023

TERMS: INVOICES PAYABLE UPON RECEIPT AND DUE 30 DAYS FROM DATE OF INVOICE. A FINANCE CHARGE OF 1.5% WILL BE ADDED ON ALL PAST DUE INVOICES. IF COLLECTION BECOMES NECESSARY, CLIENT AGREES TO PAY ALL LEGAL COSTS.