

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

March 28, 2024

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 #
SWRCB0000000000D2002051 Claim # 25 for February 1, 2024 –
February 29, 2024

Dear Mr. Manzano,
Claim #25 submittal:

Attached are the original and one copy of the Frazier Park Public Utility District (District) Claim # 25 for Planning project costs from February 1, 2024, through February 29, 2024.

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 Jaspas, Dee Jaspas & Associates Oscar Cisneros, Self- Help Enterprises

**STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
REIMBURSEMENT REQUEST (INVOICE)**

DATE STAMP

FROM:	INVOICE DATE:	
	INVOICE NO.:	-
	AGREEMENT NO.:	
	PROJECT NO.:	
TO: STATE WATER RESOURCES CONTROL BOARD DIVISION OF FINANCIAL ASSISTANCE ATTN: DISBURSEMENT UNIT 16th Floor POST OFFICE BOX 944212 SACRAMENTO, CA 94244-2120	BILLING PERIOD:	
ELECTRONIC SUBMITTAL TO:	Analyst Signature:	

FOLLOWING SECTION TO BE COMPLETED BY RECIPIENT

REQUESTED REIMBURSEMENT AMOUNT:	\$	
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RECIPIENT CERTIFICATION

By signing this reimbursement request I certify, under PENALTY OF PERJURY, in addition to other legally available penalties, each of the following:

(1) This document was prepared, and any attachments were added, by me or under my direction in accordance with the terms and conditions of the Agreement (number listed above) and, to the best of my knowledge and belief, is accurate. (2) I have paid, or can certify as to the payment of, any and all fees due to the State Water Resources Control Board (State Water Board). (3) I have satisfied, or can certify as to the satisfaction of, all conditions in the Agreement that must be satisfied prior to the disbursement of the funds in this reimbursement request. (4) The costs claimed in this reimbursement request have been incurred and have been paid or will be paid within thirty (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 Board. (5) All prior funds received from this Agreement have been disbursed within 30 days of receipt or have been returned to the State Water Board. (6) All amounts included in this invoice are for costs incurred for the Project and represent only costs authorized under the Agreement that are within the Agreement's approved scope of work and budget. (7) The Agreement might or might not include authority for indirect charges. I certify that any indirect charges included in this request are in accordance with the Agreement. (8) I am aware that there are significant penalties for submitting false or misleading information.

Signature of the Recipient's Authorized Representative	Date
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FOLLOWING SECTION IS FOR STATE USE ONLY

CALCULATION FOR REIMBURSEMENT

REIMBURSEMENT REQUESTED AMOUNT:	\$	<u>Reason(s) for Adjustment:</u>
ADJUSTMENT AMOUNT:	\$	
REIMBURSEMENT AMOUNT APPROVED:	\$	

FUNDING LINE PAYMENT ALLOCATION (ACCOUNTING DETAIL)

FISCAL SUPPLIER ID NO.: _____

PURCHASE ORDER NO.	FUNDING DESCRIPTION	PROGRAM NO.	BY	RECEIPT NO.	AMOUNT
					\$
					\$
					\$
					\$
					\$

TOTAL REIMBURSEMENT APPROVED FOR THIS REQUEST: \$

STATE USE ONLY: APPROVAL FOR PAYMENT

Disbursement Manager Signature _____	Date
Authorized Manager Signature _____	Date

Allowance (soft costs) Summary Sheet

(1) Project Name: Frazier Park Public Utility District Meter Replacement Project and Emergency Well Supply Project
 (2) Project Number: 1510007-002C
 (3) Agreement Number: SWRCB0000000000D2002051

Category (i.e. Planning, Design, etc.)	Description of Work Completed:	Vendor	Billing Period	Invoice #	Invoice Total	Amount Claiming	For Disbursement
						DFA* Loan Amount (please indicate split %)	DFA* Grant Amount (please indicate split %)
(4A) Construction							
Phase 1 Well							
Phase 2 Meters							
Pre-Purchased Material/Equipment:\$0							
Land/ Right of Way: \$0							
Construction Subtotal: \$3,271,927.00							
(4B) Planning/Design:							
Planning/ Design Subtotal: \$20,296.00							
(4C) Construction Management:							
	Meters project correspondence and col	Dee Jasper and Associates	02/01/2024 - 02/29/2024	#24-00215	\$339.00	0%	100%
Construction Management Subtotal:\$279,048.00							
(4D) Administration:							
Administration Subtotal: \$37,900.00							
(4E) Contingency:							
Contingency Subtotal: \$388,256.00							
Total: \$3,997,427.00					\$339.00	0%	100%

Instructions: Add additional rows as needed for each category

1. Complete the project name
2. Complete the project number
3. Complete the agreement number
4. Allocate the allowances (cost costs) accordingly into the appropriate categories
5. If there are multiple funding sources please indicate the splits
6. Please subtotal each category

Definition:

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

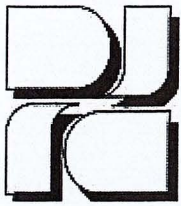
Claim 25

Funding Agreement Scope of Work Task 4:

**4C -Construction Management:
Meter Replacement Project Correspondence
and Conference Call**

Invoice # 24-00215

**February 29, 2024,
Charges: \$339.00**



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

February 29, 2024

Invoice # 24-00215

In Reference To: Meter Replacement Project

Professional Services

	<u>Hrs/Rate</u>	<u>Amount</u>
2/15/2024 CMS Senior Engineer I Conference call and correspondence	1.50 169.50/hr	254.25
2/29/2024 CMS Senior Engineer I Project correspondence	0.50 169.50/hr	84.75
For professional services rendered	<u>2.00</u>	<u>\$339.00</u>
For professional services rendered	<u>2.00</u>	<u>\$339.00</u>

Billings from February 1 to February 29, 2024

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.