# Frazier Park Public Utility District P.O. Box 1525

# Frazier Park, CA 93225

July 27, 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 # SWRCB000000000D2002051 Claim # 17 for July 1, 2023 – July 30, 2023

Dear Mr. Manzano,

## Claim #17 submittal:

Attached are the original and one copy of the Frazier Park Public Utility District (District) Claim # 16 for Planning project costs from June 1, 2023, through July 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 OF CALIFORNIA STATE WATER RESOURCES CONTROL BOARD PEIMPLIPSEMENT PEOLIEST (INVOICE)

REIMBURSEMENT REQUEST (INVOICE) DATE STAMP FROM: **INVOICE DATE: INVOICE NO.:** AGREEMENT NO.: PROJECT NO.: **BILLING PERIOD:** STATE WATER RESOURCES CONTROL BOARD **DIVISION OF FINANCIAL ASSISTANCE Analyst Signature: ATTN: DISBURSEMENT UNIT 16TH FLOOR** POST OFFICE BOX 944212 SACRAMENTO, ELECTRONIC SUBMITTAL TO: CA 94244-2120 FOLLOWING SECTION TO BE COMPLETED BY RECIPIENT REQUESTED REIMBURSEMENT AMOUNT: \$ 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 FOLLOWING SECTION IS FOR STATE USE ONLY **CALCULATION FOR REIMBURSEMENT** Reason(s) for Adjustment: REIMBURSEMENT REQUESTED AMOUNT: | \$ ADJUSTMENT AMOUNT: | \$ REIMBURSEMENT AMOUNT APPROVED: | \$ **FUNDING LINE PAYMENT ALLOCATION (ACCOUNTING DETAIL)** FI\$CAL SUPPLIER ID NO.: **FUNDING DESCRIPTION** RECEIPT NO. PROGRAM NO. **PURCHASE ORDER NO. AMOUNT** BY \$ \$ \$ TOTAL REIMBURSEMENT APPROVED FOR THIS REQUEST: \$ STATE USE ONLY: APPROVAL FOR PAYMENT

Date

Date

Form 261 (Revised 7-9-21)

**Disbursement Manager Signature** 

**Authorized Manager Signature** 

## STATE OF CALIFORNIA STATE WATER RESOURCES CONTROL BOARD REIMBURSEMENT REQUEST MAIL TO: STATE WATER RESOURCES CONTROL BOARD (1) INVOICE DATE: **DIVISION OF FINANCIAL ASSISTANCE** (2) INVOICE NO.: AGREEMENT NO .: ATTN: DISBURSEMENT UNIT POST PROJECT NO.: OFFICE BOX 944212 SACRAMENTO, CA 94244-2120 **ELECTRONIC SUBMITTAL TO:** STREET ADDRESS: 1001 I STREET, 16TH FLOOR SACRAMENTO, CA 95814 AGREEMENT LOAN and/or GRANT RECIPIENT: STREET/P.O. BOX: CITY AND ZIP CODE: AUTHORIZED REPRESENTATIVE: TITLE: STATE USE ONLY STATE USE ONLY (7) (3) (4) (5) (6) (8) AMOUNT APPROVED AMOUNT % OF LINE ITEM AMOUNT CLAIMED FOR PAYMENT THIS PERIOD **BUDGETED AMOUNT BUDGET LINE ITEM** PREVIOUSLY PAYMENT FOR APPROVED FOR **BUDGET SPENT** PAYMENT TO DATE PAID THIS REQUEST TO DATE TOTAL COMMENTS (STATE USE ONLY): STATE USE ONLY: APPROVAL FOR PAYMENT **Final Disbursement Date:** All Quarterly Reports have been submitted to date. Draft deliverables submitted for disbursement >70% of total financing amount (Grants Only) Final deliverables submitted for disbursement >90% of total financing amount (Grants Only) Water Code 5103 Compliant Yes, No, N/A Project Manager Signature Reviewer Signature Date

Allowance (soft costs) Summary Sheet								
(1) Project Name: Frazier Park Public U	Itility District Meter Replacement Pro	,	<u> </u>					
(2) Project Number: 1510007-002C (3) Agreement Number: SWRCB000000	0000002002054							
(3) Agreement Number. Switchboodoodb2002001							For Disbursement	
							DFA* Grant Amount	
Category (i.e. Planning, Design, etc.)	Description of Work Completed:	Vendor	Billing Period	Invoice #	Invoice Total	(please indicate split %)	(please indicate split %)	
(4A) Construction								
Phase 1 Well \$1,077,392.00								
Phase 2 Meters \$ 1,637,486.00								
Pre-Purchased Material/Equipment:\$0								
Land/ Right of Way: \$0								
Construction Subtotal: \$2,714,878.00								
(4B) Planning/Design:								

6/01/2023 - 6/30/2023

#23-00611

\$169.50

\$169.50

0%

100%

100%

Contingency Subtotal: \$343,283.00 Total: \$3,464,036.00 Instructions: Add additional rows as needed for each category

Definition: \* DFA (Division of Financial Assistance through the State Water Resources Control Board) 1. Complete the project name 2. Complete the project number

Meters RFI Response and project corre Dee Jaspar and Associates

(4D) Administration:

(4E) Contingency:

3. Complete the agreement number

Administration Subtotal: \$135,750.00

Planning/ Design Subtotal: \$141,000.00 (4C) Construction Management:

Construction Management Subtotal:\$229,116.00

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

5. If there are multiple funding sources please indicate the splits

6. Please subtotal each category

# Claim 17 Funding Agreement Scope of Work Task 4: 4C -Construction Management: Meter Replacement Project Correspondence

June 30, 2023, Charges: \$169.50

and RFI response

**Invoice # 23-00611** 



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:

June 30, 2023

Frazier Park Public Utility District PO Box 1525 Frazier Park, CA 93255 Jonnie

Invoice # 23-00611

In Reference To:

Meter Replacement Project

**Professional Services** 

	<u>Hrs/Rate</u>	<u>Amount</u>
6/1/2023 CMS Senior Engineer I Project correspondence and RFI response	1.00 169.50/hr	169.50
For professional services rendered	1.00	\$169.50
For professional services rendered	1.00	\$169.50

Billings from June 1 to June 30, 2023