

**NOTICE OF INTENT TO JOIN A CONSOLIDATED
INCORRECT REDUCTION CLAIM**

1. TITLE OF CONSOLIDATED INCORRECT REDUCTION CLAIM

Municipal Storm Water and Urban Runoff Discharges, 20-0304-I-08

2. JOINT-CLAIMANT INFORMATION

City of Pomona, CA
 Name of Local Agency or School District
 Andrew Mowbray
 Joint-Claimant Contact
 Finance Director/City Treasurer
 Title
 505 South Garey Avenue
 Street Address
 Pomona, CA 91766
 City, State, Zip
 909 620 2353
 Telephone Number
 Fax Number
 andrew_mowbray@ci.pomona.ca.us
 E-Mail Address

3. AMOUNT OF INCORRECT REDUCTION

Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2002/03 to 2011/12	\$272,474.00
TOTAL:	\$272,474.00

4. FINAL STATE AUDIT REPORT OR OTHER WRITTEN NOTICE OF ADJUSTMENT

Please include a copy of the final state audit report, letter, remittance advice, or other written notice of adjustment from the Office of State Controller that explains the reason(s) for the reduction or disallowance.

5. REIMBURSEMENT CLAIMS

Please include a copy of the subject reimbursement claims submitted to the Office of State Controller.

For CSM Use Only

Filing Date: **RECEIVED**
 February 10, 2021
 Commission on
 State Mandates

20-0304-I-13 (20-0304-I-08)

Consolidated IRC #:

6. OPTING OUT PROCEDURES FOR A CLAIMANT-INITIATED CONSOLIDATION

To opt out of a consolidated incorrect reduction claim, a joint-claimant shall file a written notice with the Commission within fifteen (15) days of service of the Office of State Controller's comments. A copy of the notice must be served on all parties and interested parties on the mailing list. Proof of service shall be filed with the notice pursuant to section 1181.2.


No later than one (1) year after opting out, or within the statute of limitations under section 1185(b) of the Commission's regulations, whichever is later, a claimant that opts out of a consolidated claim shall file an individual incorrect reduction claim pursuant to Commission requirements in order to preserve its right to challenge a reduction made by the Controller on that same mandate.

If a claimant opts out of a consolidated incorrect reduction claim and an individual incorrect reduction claim for that entity is already on file with the Commission, the individual filing is automatically reinstated.

7. CLAIM CERTIFICATION

Joint-Claimant authorizes the original claimant in the above-named incorrect reduction claim to act as its representative in this consolidated incorrect reduction claim, which is filed pursuant to Government Code section 17558.7. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this intent to join a consolidated incorrect reduction claim is true and complete to the best of my own knowledge or information or belief.

Andrew Mowbray, Finance Director/City Treasurer
 Name & Title of Authorized Local Agency/School District Official


 Signature
 MARCH 9, 2021
 Date



BETTY T. YEE
California State Controller

May 21, 2018

Onyx Jones, Finance Manager
City of Pomona
505 South Garey Avenue
Pomona, CA 91766

Dear Ms. Jones:

The State Controller's Office (SCO) performed a review of costs claimed by the City of Pomona for the legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program (Los Angeles Regional Water Quality Control Board, Order No. 01-182, Permit CAS004001, Part 4F5c3) for the period of July 1, 2002, through June 30, 2012. We conducted our review under the authority of Government Code (GC) sections 12410, 17558.5, and 17561. Our review was limited to ensuring that costs claimed were incurred during the reimbursement period and that restricted revenues were properly offset.

The city claimed \$272,474 for the mandated program. Our review found that the entire amount is unallowable because the city claimed costs incurred outside of the reimbursement period and did not offset the restricted revenues used to fund the mandated activities, as described in the attached Summary of Program Costs and Review Results. The State made no payments to the city. Following issuance of this report, the SCO's Local Government Programs and Services Division will notify the city of the adjustments via a system-generated letter for each fiscal year in the audit period.

We issued a draft letter on March 16, 2018. You responded by letter (Attachment 3), acknowledging Finding 1 and disagreeing with the premise of Finding 2. This final letter includes the city's response.

This final letter contains an adjustment to costs claimed by the city. If you disagree with the review findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (Commission). Pursuant to Section 1185, subdivision (c), of the Commission's regulations (*California Code of Regulations*, Title 3), an IRC challenging this adjustment must be filed with the Commission no later than three years following the date of this letter, regardless of whether this letter is subsequently supplemented, superseded, or otherwise amended. You may obtain IRC information on the Commission's website at www.csm.ca.gov/forms/IRCFORM.pdf.

If you have any questions, please contact Jim Spano, Assistant Division Chief, by telephone at (916) 323-5849.

Sincerely,

Original signed by

JEFFREY V. BROWNFIELD, CPA
Chief, Division of Audits

JVB/as

Attachments

RE: S18-MCC-9002

cc: Meg McWade, Public Works Director
City of Pomona
Linda Poliakon, Accounting Manager
City of Pomona
Dustin Andolsen, CPA, Accounting Supervisor
City of Pomona
Chris Hill, Principal Program Budget Analyst
Local Government Unit, California Department of Finance
Steven Pavlov, Finance Budget Analyst
Local Government Unit, California Department of Finance
Anita Dagan, Manager
Local Government Programs and Services Division
California State Controller's Office

Attachment 1— Summary of Program Costs July 1, 2002, through June 30, 2012

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment	Reference ¹
<u>July 1, 2002, through June 30, 2003</u>				
One-time costs:				
Salaries and benefits	\$ 1,148	\$ -	\$ (1,148)	
Materials and supplies	6,713	-	(6,713)	
Indirect costs	98	-	(98)	
Total one-time costs	7,959	-	(7,959)	Finding 1
Ongoing costs	1,402	1,402	-	
Total one-time costs and ongoing costs	9,361	1,402	(7,959)	
Less offsetting revenues and reimbursements	-	(1,402)	(1,402)	Finding 2
Total program costs	<u>\$ 9,361</u>	-	<u>\$ (9,361)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2003, through June 30, 2004</u>				
Ongoing costs	\$ 1,402	\$ 1,402	\$ -	
Less offsetting revenues and reimbursements	-	(1,402)	(1,402)	Finding 2
Total program costs	<u>\$ 1,402</u>	-	<u>\$ (1,402)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2004, through June 30, 2005</u>				
Ongoing costs	\$ 1,402	\$ 1,402	\$ -	
Less offsetting revenues and reimbursements	-	(1,402)	(1,402)	Finding 2
Total program costs	<u>\$ 1,402</u>	-	<u>\$ (1,402)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2005, through June 30, 2006</u>				
Ongoing costs	\$ 1,402	\$ 1,402	\$ -	
Less offsetting revenues and reimbursements	-	(1,402)	(1,402)	Finding 2
Total program costs	<u>\$ 1,402</u>	-	<u>\$ (1,402)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment	Reference ¹
<u>July 1, 2006, through June 30, 2007</u>				
Ongoing costs	\$ 1,402	\$ 1,402	\$ -	
Less offsetting revenues and reimbursements	-	(1,402)	(1,402)	Finding 2
Total program costs	<u>\$ 1,402</u>	-	<u>\$ (1,402)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2007, through June 30, 2008</u>				
One-time costs				
Materials and supplies	\$ 81,392	\$ 81,392	\$ -	
Total one-time costs	81,392	81,392	-	
Ongoing costs	34,698	34,698	-	
Total one-time costs and ongoing costs	116,090	116,090	-	
Less offsetting revenues and reimbursements	-	(116,090)	(116,090)	Finding 2
Total program costs	<u>\$ 116,090</u>	-	<u>\$ (116,090)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2008, through June 30, 2009</u>				
Ongoing costs	\$ 34,698	\$ 34,698	\$ -	
Less offsetting revenues and reimbursements	-	(34,698)	(34,698)	Finding 2
Total program costs	<u>\$ 34,698</u>	-	<u>\$ (34,698)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2009, through June 30, 2010</u>				
Ongoing costs	\$ 34,903	\$ 34,903	\$ -	
Less offsetting revenues and reimbursements	-	(34,903)	(34,903)	Finding 2
Total program costs	<u>\$ 34,903</u>	-	<u>\$ (34,903)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2010, through June 30, 2011</u>				
Ongoing costs	\$ 35,006	\$ 35,006	\$ -	
Less offsetting revenues and reimbursements	-	(35,006)	(35,006)	Finding 2
Total program costs	<u>\$ 35,006</u>	-	<u>\$ (35,006)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment	Reference ¹
<u>July 1, 2011, through June 30, 2012</u>				
Ongoing costs	\$ 36,808	\$ 36,808	\$ -	
Less offsetting revenues and reimbursements	-	(36,808)	(36,808)	Finding 2
Total program costs	<u>\$ 36,808</u>	-	<u>\$ (36,808)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>Summary: July 1, 2002, through June 30, 2012</u>				
One-time costs	\$ 89,351	\$ 81,392	\$ (7,959)	Finding 1
Ongoing costs	183,123	183,123	-	
Total one-time costs and ongoing costs	272,474	264,515	(7,959)	
Less offsetting revenues and reimbursements	-	(264,515)	(264,515)	Finding 2
Total program costs	<u>\$ 272,474</u>	-	<u>\$ (272,474)</u>	
Less amount paid by the State ²		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		

¹ See Attachment 2, Review Results.

² Payment information current as of January 3, 2018.

Attachment 2— Review Results July 1, 2002, through June 30, 2012

BACKGROUND—

The California Regional Water Quality Control Board, Los Angeles Region (Board) adopted a 2001 storm water permit (Permit CAS004001) that requires local jurisdictions to:

Place trash receptacles at all transit stops within its jurisdiction that have shelters no later than August 1, 2002, and at all other transit stops within its jurisdiction no later than February 3, 2003. All trash receptacles shall be maintained as necessary.

On July 31, 2009, the Commission determined that Part 4F5c3 of the permit imposes a state mandate reimbursable under GC section 17561 and adopted the Statement of Decision. The Commission further clarified that each local agency subject to the permit and not subject to a trash total maximum daily load is entitled to reimbursement.

The Commission also determined that the period of reimbursement for the mandated activities begins July 1, 2002, and continues until a new National Pollutant Discharge Elimination System (NPDES) permit issued by the Board is adopted. On November 8, 2012, the Board adopted a new permit, Order No. R4-2012-0175, which became effective on December 28, 2012. As such, this legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program ended on December 27, 2012.

The program's parameters and guidelines establish the state mandate and define the reimbursement criteria. The Commission adopted the parameters and guidelines on March 24, 2011. In compliance with GC section 17558, the SCO issues claiming instructions to assist local agencies in claiming mandated program reimbursable costs.

FINDING 1— Ineligible one-time costs claimed for FY 2002-03

The city claimed \$7,959 in one-time costs for activities related to the purchase and installation of transit-stop trash receptacles for fiscal year (FY) 2002-03. We found that none of the costs claimed are allowable, as the costs were incurred prior to the beginning of the reimbursement period on July 1, 2002.

Section III. (Period of Reimbursement) of the parameters and guidelines states:

The filing dates of these test claims establish eligibility for reimbursement beginning July 1, 2002, pursuant to Government Code section 17557, subdivision (e), and continues until a new NPDES permit issued by the Regional Water Quality Control Board for Los Angeles is adopted.

Purchase or Construction and Installation of Receptacles and Pads cost component

The city provided an invoice, dated December 31, 2001, from Vido Samarzich, Inc., a general engineering contractor, for the purchase and installation of four transit-stop trash receptacles totaling \$6,400. The purchase order was dated June 11, 2001, and the city’s final payment to the contractor was approved on February 5, 2002, which was well before the reimbursement period began on July 1, 2002.

Selection, Evaluation, and Preparation of Specifications and Drawings cost component

The city claimed \$1,246 in salaries, benefits, and related indirect costs, and \$313 in miscellaneous costs (such as postage, advertising, and printing charges). The documentation provided to support the salaries, benefits, and miscellaneous costs claimed did not identify when the costs were incurred; however, as the costs of furnishing and installing receptacles were incurred prior to December 31, 2001—which was the date of the last invoice from the contractor—the costs related to the “selection, evaluation, and preparation of specifications and drawings” must also have been incurred prior to the reimbursement period, which began on July 1, 2002.

Recommendation

No recommendation is applicable for this mandated program, as the period of reimbursement expired on December 27, 2012. When claiming reimbursement for other mandated programs, we recommend that the city claim reimbursement for costs incurred during the eligibility period.

City’s Response

Finding 1 – The City acknowledges that the one-time costs claims were outside of the eligibility period per the parameters and guidelines of the program. The claims were prepared in house at the time by staff that are no longer with the City. The City has since contracted a third party to prepare the SB90 State Mandate Claims reimbursements to maximize collectability in all aspects of the claims.

**FINDING 2—
Unreported offsetting revenues and reimbursements**

The city did not offset any revenues or reimbursements on its claim forms for the review period. We found that the city should have offset \$264,515 in Proposition A Local Return funds used to pay \$81,392 in one-time costs and \$183,123 in ongoing maintenance costs.

The following table summarizes the review adjustment:

	Offsetting Revenue Reported	Unreported Offsetting Revenue	Review Adjustment
One-time costs claimed in FY 2007-08	\$ -	\$ (81,392)	\$ (81,392)
Ongoing maintenance costs, FY 2002-03 through FY 2011-12	-	(183,123)	(183,123)
	<u>\$ -</u>	<u>\$ (264,515)</u>	<u>\$ (264,515)</u>

Proposition A is a half-cent sales tax measure approved by Los Angeles County voters in 1980 to finance transit programs. Twenty-five percent of the sales tax revenue is dedicated to the Local Return Program to be used by cities for the developing and/or improving public transit and related transportation infrastructure.

Section II. (Project Eligibility) of the Proposition A and Proposition C Local Return Guidelines identifies reimbursement for ongoing trash receptacle maintenance as follows:

2. BUS STOP IMPROVEMENTS AND MAINTENANCE (Code 150, 160 & 170)

Examples of eligible Bus Stop Improvement and Maintenance projects include installation/replacement and/or maintenance of:

- Concrete landings – in street for buses and at sidewalk for passengers
- Bus turn-outs
- Benches
- Shelters
- Trash Receptacles
- Curb cuts
- Concrete or electrical work directly associated with the above items

Section VIII. (Offsetting Revenues and Reimbursements) of the parameters and guidelines states:

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any federal, state or non-local source shall be identified and deducted from this claim.

Recommendation

No recommendation is applicable for this mandated program, as the period of reimbursement expired on December 27, 2012. When claiming reimbursement for other mandated programs, we recommend that the city offset all revenues and reimbursements used to fund mandated activities on its claim forms.

City's Response

Finding 2 – The City disagrees with the premise of the Finding. The City used Prop A funding at the time the program was mandated in 2002 due to the eligibility and purpose of Prop A funds. There was not guidance from the state at the time in regards to the appropriate source of funding that was required in order to be eligible for reimbursement. It wasn't until March 2011 when the programs parameters and guidelines became published and reimbursement claims were eligible to be submitted, approximately 9 years after the mandate. These parameters and guidelines stated that any non-General fund monies used are not eligible for reimbursement. If this was known by the City at the time the program was mandated, General Fund monies would have been used and Prop A

funds would have been used on much needed transit related activities. The City feels that State is overreaching on its power of mandated programs and that the parameters and guidelines should be written for a program at the time it is mandated by the State. A program mandated by the State and implemented by the City, should be reimbursed for their costs regardless of the funding source used. Ultimately these funds could have been used for much need programming. Going forward, the City has contracted a third party to prepare the SB90 State Mandated Claims reimbursements to maximize the collectability in all aspects of the claims.

SCO Comment

Our finding and recommendation remain unchanged.

The city states that it should be reimbursed for state mandates “regardless of the funding source used.” This statement contradicts the California Supreme Court ruling in *County of Fresno v. State of California*, which states that mandate reimbursement is limited to costs incurred solely from tax revenues, as follows:

Section 6 was included in article XIII B in recognition that article XIII A of the Constitution severely restricted the taxing powers of local governments. The provision was intended to preclude the state from shifting financial responsibility for carrying out governmental functions onto local entities that that were ill equipped to handle the task. Specifically, it was designed to protect the tax revenues of local governments from states mandates that would require expenditures of such revenues. **Thus, although its language broadly declares that the “state shall provide a subvention of funds to reimburse...local governments for the costs [of a state-mandated new] program or higher level of service,” read in its textual and historical context section 6 of article XIII B requires subvention only when the costs in question can be recovered *solely from tax revenues*.** [Emphasis added]

The city chose, at its discretion, to use the Proposition A Local Return funds for ongoing maintenance costs of the transit-stop trash receptacles. As such, reimbursement for mandated costs is not required to the extent that the city used its Proposition A Local Return funds to fund the mandated activities.

The city states that the “State is overreaching on its power of mandated programs.” We disagree. Our authority to conduct this engagement is outlined in GC section 17561, which states that our responsibility is to ensure that claimed costs represent increased costs resulting from the mandated program. Furthermore, we have the authority to reduce any claim determined to be excessive and unreasonable.

The city states “that the parameters and guidelines should be written for a program at the time it was mandated by the State.” To clarify, the process of developing the parameters and guidelines began in the fall of 2003, when Los Angeles County and 14 cities in Los Angeles County filed a test claim with the Commission alleging that the various sections of the 2001 storm water permit imposed increased costs upon local agencies. The Statement of Decision was not adopted until 2009, due to a lengthy rebuttal period for the claimants and interested parties.

**Attachment 3—
City's Response to Draft Letter**

THE CITY OF
POMONA

Finance Department



March 29, 2018

Mr. Jim L. Spano, CPA
Office of the State Controller Betty T. Yee
Division of Audits
3301 C Street, Suite 715A
Sacramento, CA 95816

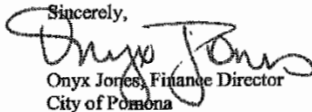
Dear Mr. Spano,

Thank you for the opportunity to provide comments on the State Controller's Office (SCO) draft audit report of the Municipal Stormwater and Urban Runoff Discharges Program in relation to the City of Pomona. See our responses below:

Finding 1 – The City acknowledges that the one-time cost claims were outside of the eligibility period per the parameters and guidelines of the program. The claims were prepared in house at the time by staff that are no longer with the City. The City has since contracted a third party to prepare the SB90 State Mandate Claims reimbursements to maximize collectability in all aspects of the claims.

Finding 2 – The City disagrees with the premise of the Finding. The City used Prop A funding at the time the program was mandated in 2002 due to the eligibility and purpose of the Prop A funds. There was no guidance from the state at the time in regards to appropriate source of funding that was required in order to be eligible for reimbursement. It wasn't until March 2011 when the programs parameters and guidelines became published and reimbursement claims were eligible to be submitted, approximately 9 years after the mandate. These parameters and guidelines stated that any non-General Fund monies used are not eligible for reimbursement. If this was known by the City at the time the program was mandated, General Fund monies would have been used and Prop A funds would have been used on much needed transit related activities. The City feels the State is overreaching on its power of mandated programs and that the parameters and guidelines should be written for a program at the time it is mandated by the State. A program mandated by the State and implemented by the City, should be reimbursed for their costs regardless of the funding source used. Ultimately these funds could have been used for much need programming. Going forward, the City has contracted a third party to prepare the SB90 State Mandate Claims reimbursements to maximize collectability in all aspects of the claims.

Sincerely,


Onyx Jones, Finance Director
City of Pomona

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only		PROGRAM								
		(19) Program Number 00314 (20) Date Filed AUG 01 2011 (21) LRS Input		314								
(01) Claimant Identification Number <i>9819696</i>		Reimbursement Claim Data										
(02) Claimant Name <i>City of Pomona</i>		(22) FORM-1, (04) A.1.(g)										
County of Location <i>Los Angeles</i>		(22) FORM-1, (04) A.2.(g)	1,148									
Street Address of P.O. Box <i>505 S. Garey Ave Suite</i>		(22) FORM-1, (04) A.3.(g)										
City <i>Pomona</i> State <i>CA</i> Zip Code <i>91766</i>		(22) FORM-1, (04) A.4.(g)	6,713									
<table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Type of Claim</th> </tr> <tr> <td style="text-align: center;">(03)</td> <td>(09) Reimbursement <input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">(04)</td> <td>(10) Combined <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">(05)</td> <td>(11) Amended <input type="checkbox"/></td> </tr> </table>		Type of Claim		(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(04)	(10) Combined <input type="checkbox"/>	(05)	(11) Amended <input type="checkbox"/>	(22) FORM-1, (04) A.5.(g)		
		Type of Claim										
		(03)	(09) Reimbursement <input checked="" type="checkbox"/>									
		(04)	(10) Combined <input type="checkbox"/>									
(05)	(11) Amended <input type="checkbox"/>											
(22) FORM-1, (06)	208											
(22) FORM-1, (07)	1,402											
(22) FORM-1, (08)	10%											
Fiscal Year of Cost	(06)	(12) <i>2002-2003</i>	(22) FORM-1, (11)									
Total Claimed Amount	(07)	(13) <i>9,361</i>	(22) FORM-1, (12)									
Less: 10% Late Penalty		(14) -	(32)									
Less: Prior Claim Payment Received		(15) -	(33)									
Net Claimed Amount		(16) <i>9,361</i>	(34)									
Due from State	(08)	(17) <i>9,361</i>	(35)									
Due to State		(18) -	(36)									

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.

I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer	Date Signed	<i>July 28, 2011</i>
	Telephone Number	<i>(909) 620-2353</i>
<i>Paula Chamberlain, Finance Director</i>	E-Mail Address	<i>paula_chamberlain@ci.pomona.ca.us</i>
Type or Print Name and Title of Authorized Signatory		

(38) Name of Agency Contact Person for Claim	Telephone Number	<i>(909) 620-2499</i>
<i>Nancy Garcia</i>	E-Mail Address	<i>nancyx_garcia@ci.pomona.ca.us</i>

Name of Consulting Firm / Claim Preparer	Telephone Number	
	E-Mail Address	

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY						FORM 1	
(01) Claimant <i>City of Pomona</i>				(02) Fiscal Year <i>2002-2003</i>				
(03) Department				<i>Public Works</i>				
(04) Reimbursable Activities								
Direct Costs		Object Accounts						
(04) Reimbursable Activities		(a)	(b)	(c)	(d)	(e)	(f)	(g)
A. One-Time Activities		Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
1. Identification of locations that are required to have a trash receptacle		-	-	-	-	-	-	-
2. Selection/evaluation/and preparation of specifications and drawings		982	166	-	-	-	-	1,148
3. Preparation of contracts/specification review process/advertise/review and award bids		-	-	-	-	-	-	-
4. Purchase or construction and installation of receptacles and pads		-	-	6,713	-	-	-	6,713
5. Moving/restoration at old location/and installation at new location		-	-	-	-	-	-	-
(05) Total One-time Costs		982	166	6,713	-	-	-	7,861
Reasonable Reimbursement Methodology (RRM).								
B. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections (refer to claiming instructions)							208	
(07) Total Ongoing Costs							Line (06) x RRM rate	1,402
Indirect Costs								
(08) Indirect Cost Rate for A. One-time Activities					[From ICRP or 10%]		10.0%	
(09) Total Indirect Costs for A. One-time Activities				Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]			98	
(10) Total Direct and Indirect Costs					Line (05)(g) + line (07) + line (09)		9,361	
(11) Less: Offsetting Savings							-	
(12) Less: Other Reimbursements							-	
(13) Total Claimed Amount					[Line (10) - {line (11) + line (12)}]		9,361	

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES ACTIVITY COST DETAIL	Form 2
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(01) Claimant <p style="text-align: center;"><i>City of Pomona</i></p>	(02) Fiscal Year <p style="text-align: center;"><i>2002-2003</i></p>
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. One-Time Activities

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input checked="" type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
--	--

(04) Description of Expenses				Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel	
<i>Richard Dimalanta</i>			982	166	-	-	-	-	
(05) Total <input type="checkbox"/>	Subtotal <input checked="" type="checkbox"/>	<u>1</u> of <u>2</u>	982	166	-	-	-	-	

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES ACTIVITY COST DETAIL	Form 2
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(01) Claimant <p style="text-align: center;"><i>City of Pomona</i></p>	(02) Fiscal Year <p style="text-align: center;"><i>2002-2003</i></p>
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. One-Time Activities

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input checked="" type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
---	---

(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel
<i>Receptacles</i>	-	-	-	-	6,713	-	-	-
(05) Total <input checked="" type="checkbox"/> Subtotal <input type="checkbox"/>	<u>2</u> of <u>2</u>		982	166	6,713	-	-	-

State Controller's Office

Local Mandated Cost Manual

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only		PROGRAM
		(19) Program Number 00314 (20) Date Filed AUG 01 2011 (21) LRS Input		314
(01) Claimant Identification Number <i>9819696</i>		Reimbursement Claim Data		
(02) Claimant Name <i>City of Pomona</i>		(22) FORM-1, (04) A.1.(g)		
County of Location <i>Los Angeles</i>		(22) FORM-1, (04) A.2.(g)		
Street Address of P.O. Box <i>505 S. Garey Ave</i> Suite		(22) FORM-1, (04) A.3.(g)		
City <i>Pomona</i> State <i>CA</i> Zip Code <i>91766</i>		(22) FORM-1, (04) A.4.(g)		
		Type of Claim		
(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(22) FORM-1, (06)		208
(04)	(10) Combined <input type="checkbox"/>	(22) FORM-1, (07)		1,402
(05)	(11) Amended <input type="checkbox"/>	(22) FORM-1, (08)		10%
Fiscal Year of Cost	(06)	(12) <i>2003-2004</i>	(22) FORM-1, (11)	
Total Claimed Amount	(07)	(13) <i>1,402</i>	(22) FORM-1, (12)	
Less: 10% Late Penalty	(14)	-	(32)	
Less: Prior Claim Payment Received	(15)	-	(33)	
Net Claimed Amount	(16)	<i>1,402</i>	(34)	
Due from State	(08)	<i>1,402</i>	(35)	
Due to State	(18)	-	(36)	
(37) CERTIFICATION OF CLAIM				
In accordance with the provisions of Government Code Section 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.				
I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.				
The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer		Date Signed	<i>July 28, 2011</i>	
<i>Paula Chamberlain</i>		Telephone Number	<i>(909) 620-2353</i>	
<i>Paula Chamberlain, Finance Director</i>		E-Mail Address	<i>paula_chamberlain@ci.pomona.ca.us</i>	
Type or Print Name and Title of Authorized Signatory				
(38) Name of Agency Contact Person for Claim		Telephone Number	<i>(909) 620-2499</i>	
<i>Nancy Garcia</i>		E-Mail Address	<i>nancyx_garcia@ci.pomona.ca.us</i>	
Name of Consulting Firm / Claim Preparer		Telephone Number		
		E-Mail Address		

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY						FORM 1	
(01) Claimant <i>City of Pomona</i>				(02) Fiscal Year <i>2003-2004</i>				
(03) Department				<i>Public Works</i>				
(04) Reimbursable Activities								
Direct Costs		Object Accounts						
(04) Reimbursable Activities		(a)	(b)	(c)	(d)	(e)	(f)	(g)
A. One-Time Activities		Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
1.	Identification of locations that are required to have a trash receptacle	-	-	-	-	-	-	-
2.	Selection/evaluation/and preparation of specifications and drawings	-	-	-	-	-	-	-
3.	Preparation of contracts/specification review process/advertise/review and award bids	-	-	-	-	-	-	-
4.	Purchase or construction and installation of receptacles and pads	-	-	-	-	-	-	-
5.	Moving/restoration at old location/and installation at new location	-	-	-	-	-	-	-
(05) Total One-time Costs		-	-	-	-	-	-	-
Reasonable Reimbursement Methodology (RRM).								
B. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections (refer to claiming instructions)							208	
(07) Total Ongoing Costs					Line (06) x RRM rate		1,402	
Indirect Costs								
(08) Indirect Cost Rate for A. One-time Activities					[From ICRP or 10%]		10.0%	
(09) Total Indirect Costs for A. One-time Activities			Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]				-	
(10) Total Direct and Indirect Costs					Line (05)(g) + line (07) + line (09)		1,402	
(11) Less: Offsetting Savings							-	
(12) Less: Other Reimbursements							-	
(13) Total Claimed Amount					[Line (10) - {line (11) + line (12)}]		1,402	

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only		PROGRAM
		(19) Program Number 00314 (20) Date Filed AUG 01 2011 (21) LRS Input		314
(01) Claimant Identification Number <i>9819696</i>		Reimbursement Claim Data		
(02) Claimant Name <i>City of Pomona</i>		(22) FORM-1, (04) A.1.(g)		
County of Location <i>Los Angeles</i>		(22) FORM-1, (04) A.2.(g)		
Street Address of P.O. Box <i>505 S. Garey Ave</i> Suite		(22) FORM-1, (04) A.3.(g)		
City <i>Pomona</i> State <i>CA</i> Zip Code <i>91766</i>		(22) FORM-1, (04) A.4.(g)		
	Type of Claim		(22) FORM-1, (04) A.5.(g)	
	(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(22) FORM-1, (06)	208
	(04)	(10) Combined <input type="checkbox"/>	(22) FORM-1, (07)	1,402
	(05)	(11) Amended <input type="checkbox"/>	(22) FORM-1, (08)	10%
Fiscal Year of Cost	(06)	(12) <i>2004-2005</i>	(22) FORM-1, (11)	
Total Claimed Amount	(07)	(13) <i>1,402</i>	(22) FORM-1, (12)	
Less: 10% Late Penalty		(14) <i>-</i>	(32)	
Less: Prior Claim Payment Received		(15) <i>-</i>	(33)	
Net Claimed Amount		(16) <i>1,402</i>	(34)	
Due from State	(08)	(17) <i>1,402</i>	(35)	
Due to State		(18) <i>-</i>	(36)	
(37) CERTIFICATION OF CLAIM				
In accordance with the provisions of Government Code Section 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.				
I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.				
The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer		Date Signed	<i>July 28, 2011</i>	
<i>Paula Chamberlain</i>		Telephone Number	<i>(909) 620-2353</i>	
<i>Paula Chamberlain, Finance Director</i>		E-Mail Address	<i>paula_chamberlain@ci.pomona.ca.us</i>	
Type or Print Name and Title of Authorized Signatory				
(38) Name of Agency Contact Person for Claim		Telephone Number	<i>(909) 620-2499</i>	
<i>Nancy Garcia</i>		E-Mail Address	<i>nancyx_garcia@ci.pomona.ca.us</i>	
Name of Consulting Firm / Claim Preparer		Telephone Number		
		E-Mail Address		

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY						FORM 1	
(01) Claimant <i>City of Pomona</i>				(02) Fiscal Year <i>2004-2005</i>				
(03) Department				<i>Public Works</i>				
(04) Reimbursable Activities								
Direct Costs		Object Accounts						
(04) Reimbursable Activities		(a)	(b)	(c)	(d)	(e)	(f)	(g)
A. One-Time Activities		Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
1. Identification of locations that are required to have a trash receptacle		-	-	-	-	-	-	-
2. Selection/evaluation/and preparation of specifications and drawings		-	-	-	-	-	-	-
3. Preparation of contracts/specification review process/advertise/review and award bids		-	-	-	-	-	-	-
4. Purchase or construction and installation of receptacles and pads		-	-	-	-	-	-	-
5. Moving/restoration at old location/and installation at new location		-	-	-	-	-	-	-
(05) Total One-time Costs		-	-	-	-	-	-	-
Reasonable Reimbursement Methodology (RRM).								
B. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections (refer to claiming instructions)							208	
(07) Total Ongoing Costs					Line (06) x RRM rate		1,402	
Indirect Costs								
(08) Indirect Cost Rate for A. One-time Activities					[From ICRP or 10%]		10.0%	
(09) Total Indirect Costs for A. One-time Activities				Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]			-	
(10) Total Direct and Indirect Costs					Line (05)(g) + line (07) + line (09)		1,402	
(11) Less: Offsetting Savings							-	
(12) Less: Other Reimbursements							-	
(13) Total Claimed Amount					[Line (10) - {line (11) + line (12)}]		1,402	

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only		PROGRAM
		(19) Program Number 00314 (20) Date Filed AUG 01 2011 (21) LRS Input		314
(01) Claimant Identification Number <i>9819696</i>		Reimbursement Claim Data		
(02) Claimant Name <i>City of Pomona</i>		(22) FORM-1, (04) A.1.(g)		
County of Location <i>Los Angeles</i>		(22) FORM-1, (04) A.2.(g)		
Street Address of P.O. Box <i>505 S. Garey Ave</i> Suite		(22) FORM-1, (04) A.3.(g)		
City <i>Pomona</i> State <i>CA</i> Zip Code <i>91766</i>		(22) FORM-1, (04) A.4.(g)		
		(22) FORM-1, (04) A.5.(g)		
		(22) FORM-1, (06)		208
		(22) FORM-1, (07)		1,402
		(22) FORM-1, (08)		10%
Fiscal Year of Cost		(12) <i>2005-2006</i>	(22) FORM-1, (11)	
Total Claimed Amount		(13) <i>1,402</i> MM	(22) FORM-1, (12)	
Less: 10% Late Penalty		(14) -	(32)	
Less: Prior Claim Payment Received		(15) -	(33)	
Net Claimed Amount		(16) <i>1,402</i>	(34)	
Due from State		(17) <i>1,402</i>	(35)	
Due to State		(18) -	(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.

I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.


Signature of Authorized Officer <i>Paula Chamberlain</i>	Date Signed <i>July 28, 2011</i>
<i>Paula Chamberlain, Finance Director</i>	Telephone Number <i>(909) 620-2353</i>
Type or Print Name and Title of Authorized Signatory	E-Mail Address <i>paula_chamberlain@ci.pomona.ca.us</i>

(38) Name of Agency Contact Person for Claim <i>Nancy Garcia</i>	Telephone Number <i>(909) 620-2499</i>
Name of Consulting Firm / Claim Preparer	E-Mail Address <i>nancyx_garcia@ci.pomona.ca.us</i>
	Telephone Number
	E-Mail Address

Program <b style="font-size: 1.5em;">314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY	FORM 1					
(01) Claimant <p style="text-align: center;"><i>City of Pomona</i></p>		(02) Fiscal Year <p style="text-align: center;"><i>2005-2006</i></p>					
(03) Department <p style="text-align: center;"><i>Public Works</i></p>							
(04) Reimbursable Activities							
Direct Costs	Object Accounts						
(04) Reimbursable Activities	(a)	(b)	(c)	(d)	(e)	(f)	(g)
A. One-Time Activities	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
1. Identification of locations that are required to have a trash receptacle	-	-	-	-	-	-	-
2. Selection/evaluation/and preparation of specifications and drawings	-	-	-	-	-	-	-
3. Preparation of contracts/specification review process/advertise/review and award bids	-	-	-	-	-	-	-
4. Purchase or construction and installation of receptacles and pads	-	-	-	-	-	-	-
5. Moving/restoration at old location/and installation at new location	-	-	-	-	-	-	-
(05) Total One-time Costs	-	-	-	-	-	-	-
Reasonable Reimbursement Methodology (RRM).							
B. Ongoing Activity: Maintain Trash Receptacles and Pads							
(06) Annual number of trash collections (refer to claiming instructions)							208
(07) Total Ongoing Costs						Line (06) x RRM rate	1,402 ✓
Indirect Costs							
(08) Indirect Cost Rate for A. One-time Activities					[From ICRP or 10%]		10.0%
(09) Total Indirect Costs for A. One-time Activities			Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]				-
(10) Total Direct and Indirect Costs						Line (05)(g) + line (07) + line (09)	1,402 ✓
(11) Less: Offsetting Savings							-
(12) Less: Other Reimbursements							-
(13) Total Claimed Amount						[Line (10) - {line (11) + line (12)}]	1,402 ✓

State Controller's Office

Local Mandated Cost Manual

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only		PROGRAM
		(19) Program Number 00314 (20) Date Filed AUG 01 2011 (21) LRS Input		314
(01) Claimant Identification Number <i>9819696</i>		Reimbursement Claim Data		
(02) Claimant Name <i>City of Pomona</i>		(22) FORM-1, (04) A.1.(g)		
County of Location <i>Los Angeles</i>		(22) FORM-1, (04) A.2.(g)		
Street Address of P.O. Box <i>505 S. Garey Ave Suite</i>		(22) FORM-1, (04) A.3.(g)		
City <i>Pomona</i> State <i>CA</i> Zip Code <i>91766</i>		(22) FORM-1, (04) A.4.(g)		
		Type of Claim		
(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(22) FORM-1, (04) A.5.(g)		
(04)	(10) Combined <input type="checkbox"/>	(22) FORM-1, (06)	<i>208</i>	
(05)	(11) Amended <input type="checkbox"/>	(22) FORM-1, (07)	<i>1,402</i>	
		(22) FORM-1, (08)	<i>10%</i>	
Fiscal Year of Cost	(06)	(12) <i>2006-2007</i>	(22) FORM-1, (11)	
Total Claimed Amount	(07)	(13) <i>1,402</i> <i>MM</i>	(22) FORM-1, (12)	
Less: 10% Late Penalty		(14) <i>-</i>	(32)	
Less: Prior Claim Payment Received		(15) <i>-</i>	(33)	
Net Claimed Amount		(16) <i>1,402</i>	(34)	
Due from State	(08)	(17) <i>1,402</i>	(35)	
Due to State		(18) <i>-</i>	(36)	
(37) CERTIFICATION OF CLAIM				
In accordance with the provisions of Government Code Section 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.				
I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.				
The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer		Date Signed	<i>July 28, 2011</i>	
		Telephone Number	<i>(909) 620-2353</i>	
<i>Paula Chamberlain, Finance Director</i>		E-Mail Address	<i>paula_chamberlain@ci.pomona.ca.us</i>	
Type or Print Name and Title of Authorized Signatory				
(38) Name of Agency Contact Person for Claim		Telephone Number	<i>(909) 620-2499</i>	
<i>Nancy Garcia</i>		E-Mail Address	<i>nancyx_garcia@ci.pomona.ca.us</i>	
Name of Consulting Firm / Claim Preparer		Telephone Number		
		E-Mail Address		

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY						FORM 1	
(01) Claimant <i>City of Pomona</i>				(02) Fiscal Year <i>2006-2007</i>				
(03) Department				<i>Public Works</i>				
(04) Reimbursable Activities								
Direct Costs		Object Accounts						
(04) Reimbursable Activities		(a)	(b)	(c)	(d)	(e)	(f)	(g)
A. One-Time Activities		Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
1. Identification of locations that are required to have a trash receptacle		-	-	-	-	-	-	-
2. Selection/evaluation/and preparation of specifications and drawings		-	-	-	-	-	-	-
3. Preparation of contracts/specification review process/advertise/review and award bids		-	-	-	-	-	-	-
4. Purchase or construction and installation of receptacles and pads		-	-	-	-	-	-	-
5. Moving/restoration at old location/and installation at new location		-	-	-	-	-	-	-
(05) Total One-time Costs		-	-	-	-	-	-	-
Reasonable Reimbursement Methodology (RRM).								
B. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections (refer to claiming instructions)							<i>208</i>	
(07) Total Ongoing Costs					Line (06) x RRM rate		<i>1,402</i>	
Indirect Costs								
(08) Indirect Cost Rate for A. One-time Activities					[From ICRP or 10%]		<i>10.0%</i>	
(09) Total Indirect Costs for A. One-time Activities			Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]				-	
(10) Total Direct and Indirect Costs					Line (05)(g) + line (07) + line (09)		<i>1,402</i>	
(11) Less: Offsetting Savings							-	
(12) Less: Other Reimbursements							-	
(13) Total Claimed Amount					[Line (10) - {line (11) + line (12)}]		<i>1,402</i> ✓	

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only	PROGRAM
		(19) Program Number 00314 (20) Date Filed AUG 01 2011 (21) LRS Input	314
(01) Claimant Identification Number <i>9819696</i>		Reimbursement Claim Data	
(02) Claimant Name <i>City of Pomona</i>		(22) FORM-1, (04) A.1.(g)	
County of Location <i>Los Angeles</i>		(22) FORM-1, (04) A.2.(g)	
Street Address of P.O. Box <i>505 S. Garey Ave</i> Suite		(22) FORM-1, (04) A.3.(g)	
City <i>Pomona</i>	State <i>CA</i>	Zip Code <i>91766</i>	(22) FORM-1, (04) A.4.(g)
			<i>81,392</i>
	Type of Claim		(22) FORM-1, (04) A.5.(g)
(03)	(09) Reimbursement	<input checked="" type="checkbox"/>	(22) FORM-1, (06)
(04)	(10) Combined	<input type="checkbox"/>	(22) FORM-1, (07)
(05)	(11) Amended	<input type="checkbox"/>	(22) FORM-1, (08)
			<i>5,148</i>
			<i>34,698</i>
			<i>10%</i>
Fiscal Year of Cost	(06)	(12) <i>2007-2008</i>	(22) FORM-1, (11)
Total Claimed Amount	(07)	(13) <i>116,090</i> MM	(22) FORM-1, (12)
Less: 10% Late Penalty		(14) -	(32)
Less: Prior Claim Payment Received		(15) -	(33)
Net Claimed Amount		(16) <i>116,090</i>	(34)
Due from State	(08)	(17) <i>116,090</i>	(35)
Due to State		(18) -	(36)
(37) CERTIFICATION OF CLAIM			
<p>In accordance with the provisions of Government Code Section 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>			
Signature of Authorized Officer		Date Signed	<i>July 28, 2011</i>
<i>Paula Chamberlain</i> <hr/> <i>Paula Chamberlain, Finance Director</i>		Telephone Number	<i>(909) 620-2353</i>
		E-Mail Address	<i>paula_chamberlain@ci.pomona.ca.us</i>
Type or Print Name and Title of Authorized Signatory			
(38) Name of Agency Contact Person for Claim		Telephone Number	<i>(909) 620-2499</i>
<i>Nancy Garcia</i>		E-Mail Address	<i>nancyx_garcia@ci.pomona.ca.us</i>
Name of Consulting Firm / Claim Preparer		Telephone Number	
		E-Mail Address	

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY						FORM 1	
(01) Claimant <i>City of Pomona</i>				(02) Fiscal Year <i>2007-2008</i>				
(03) Department				<i>Public Works</i>				
(04) Reimbursable Activities								
Direct Costs		Object Accounts						
(04) Reimbursable Activities		(a)	(b)	(c)	(d)	(e)	(f)	(g)
A. One-Time Activities		Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
1. Identification of locations that are required to have a trash receptacle		-	-	-	-	-	-	-
2. Selection/evaluation/and preparation of specifications and drawings		-	-	-	-	-	-	-
3. Preparation of contracts/specification review process/advertise/review and award bids		-	-	-	-	-	-	-
4. Purchase or construction and installation of receptacles and pads		-	-	81,392	-	-	-	81,392
5. Moving/restoration at old location/and installation at new location		-	-	-	-	-	-	-
(05) Total One-time Costs		-	-	81,392	-	-	-	81,392
Reasonable Reimbursement Methodology (RRM).								
B. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections (refer to claiming instructions)							5,148	
(07) Total Ongoing Costs						Line (06) x RRM rate	34,698 ✓	
Indirect Costs								
(08) Indirect Cost Rate for A. One-time Activities					[From ICRP or 10%]		10.0%	
(09) Total Indirect Costs for A. One-time Activities				Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]			-	
(10) Total Direct and Indirect Costs					Line (05)(g) + line (07) + line (09)		116,090	
(11) Less: Offsetting Savings							-	
(12) Less: Other Reimbursements							-	
(13) Total Claimed Amount						[Line (10) - {line (11) + line (12)}]	116,090 ✓	

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES ACTIVITY COST DETAIL	For m 2
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(01) Claimant <p style="text-align: center;"><i>City of Pomona</i></p>	(02) Fiscal Year <p style="text-align: right;">2007-2008</p>
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. One-Time Activities

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input checked="" type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
---	---

(04) Description of Expenses				Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel	
<i>Receptacles</i>	-	-	-	-	81,392	-	-	-	

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	<u>1</u> of <u>1</u>	-	-	81,392	-	-	-
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MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only		PROGRAM
		(19) Program Number 00314 (20) Date Filed AUG 01 2011 (21) LRS Input		314
(01) Claimant Identification Number <i>9819696</i>		Reimbursement Claim Data		
(02) Claimant Name <i>City of Pomona</i>		(22) FORM-1, (04) A.1.(g)		
County of Location <i>Los Angeles</i>		(22) FORM-1, (04) A.2.(g)		
Street Address of P.O. Box <i>505 S. Garey Ave Suite</i>		(22) FORM-1, (04) A.3.(g)		
City <i>Pomona</i> State <i>CA</i> Zip Code <i>91766</i>		(22) FORM-1, (04) A.4.(g)		
		Type of Claim		
(03)	(09) Reimbursement	<input checked="" type="checkbox"/>	(22) FORM-1, (04) A.5.(g)	
(04)	(10) Combined	<input type="checkbox"/>	(22) FORM-1, (06)	5,148
(05)	(11) Amended	<input type="checkbox"/>	(22) FORM-1, (07)	34,698
			(22) FORM-1, (08)	10%
Fiscal Year of Cost		(06)	(12) <i>2008-2009</i>	(22) FORM-1, (11)
Total Claimed Amount		(07)	(13) <i>34,698</i>	(22) FORM-1, (12)
Less: 10% Late Penalty		(14)	-	(32)
Less: Prior Claim Payment Received		(15)	-	(33)
Net Claimed Amount		(16)	<i>34,698</i>	(34)
Due from State		(08)	(17) <i>34,698</i>	(35)
Due to State		(18)	-	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.

I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer	Date Signed	<i>July 28, 2011</i>
	Telephone Number	<i>(909) 620-2353</i>
<i>Paula Chamberlain, Finance Director</i>	E-Mail Address	<i>paula_chamberlain@ci.pomona.ca.us</i>
Type or Print Name and Title of Authorized Signatory		

(38) Name of Agency Contact Person for Claim	Telephone Number	<i>(909) 620-2499</i>
<i>Nancy Garcia</i>	E-Mail Address	<i>nancyx_garcia@ci.pomona.ca.us</i>
Name of Consulting Firm / Claim Preparer	Telephone Number	
	E-Mail Address	

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY						FORM 1	
(01) Claimant <i>City of Pomona</i>				(02) Fiscal Year <i>2008-2009</i>				
(03) Department				<i>Public Works</i>				
(04) Reimbursable Activities								
Direct Costs		Object Accounts						
(04) Reimbursable Activities		(a)	(b)	(c)	(d)	(e)	(f)	(g)
A. One-Time Activities		Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
1. Identification of locations that are required to have a trash receptacle		-	-	-	-	-	-	-
2. Selection/evaluation/and preparation of specifications and drawings		-	-	-	-	-	-	-
3. Preparation of contracts/specification review process/advertise/review and award bids		-	-	-	-	-	-	-
4. Purchase or construction and installation of receptacles and pads		-	-	-	-	-	-	-
5. Moving/restoration at old location/and installation at new location		-	-	-	-	-	-	-
(05) Total One-time Costs		-	-	-	-	-	-	-
Reasonable Reimbursement Methodology (RRM).								
B. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections (refer to claiming instructions)							<i>5,148</i>	
(07) Total Ongoing Costs					Line (06) x RRM rate		<i>34,698</i>	
Indirect Costs								
(08) Indirect Cost Rate for A. One-time Activities					[From ICRP or 10%]		<i>10.0%</i>	
(09) Total Indirect Costs for A. One-time Activities				Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]			-	
(10) Total Direct and Indirect Costs					Line (05)(g) + line (07) + line (09)		<i>34,698</i>	
(11) Less: Offsetting Savings							-	
(12) Less: Other Reimbursements							-	
(13) Total Claimed Amount					[Line (10) - {line (11) + line (12)}]		<i>34,698</i>	

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only	PROGRAM
		(19) Program Number 00314 (20) Date Filed AUG 01 2011 (21) LRS Input	314
(01) Claimant Identification Number <i>9819696</i>		Reimbursement Claim Data	
(02) Claimant Name <i>City of Pomona</i>		(22) FORM-1, (04) A.1.(g)	
County of Location <i>Los Angeles</i>		(22) FORM-1, (04) A.2.(g)	
Street Address of P.O. Box <i>505 S. Garey Ave Suite</i>		(22) FORM-1, (04) A.3.(g)	
City <i>Pomona</i> State <i>CA</i> Zip Code <i>91766</i>		(22) FORM-1, (04) A.4.(g)	
	Type of Claim	(22) FORM-1, (04) A.5.(g)	
(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(22) FORM-1, (06)	<i>5,148</i>
(04)	(10) Combined <input type="checkbox"/>	(22) FORM-1, (07)	<i>34,903</i>
(05)	(11) Amended <input type="checkbox"/>	(22) FORM-1, (08)	<i>10%</i>
Fiscal Year of Cost	(06) (12) <i>2009-2010</i>	(22) FORM-1, (11)	
Total Claimed Amount	(07) (13) <i>34,903</i> MM	(22) FORM-1, (12)	
Less: 10% Late Penalty	(14) -	(32)	
Less: Prior Claim Payment Received	(15) -	(33)	
Net Claimed Amount	(16) <i>34,903</i>	(34)	
Due from State	(08) (17) <i>34,903</i>	(35)	
Due to State	(18) -	(36)	
(37) CERTIFICATION OF CLAIM			
<p>In accordance with the provisions of Government Code Section 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>			
Signature of Authorized Officer		Date Signed	<i>July 28, 2011</i>
<i>Paula Chamberlain</i> <i>Paula Chamberlain, Finance Director</i>		Telephone Number	<i>(909) 620-2353</i>
		E-Mail Address	<i>paula_chamberlain@ci.pomona.ca.us</i>
Type or Print Name and Title of Authorized Signatory			
(38) Name of Agency Contact Person for Claim		Telephone Number	<i>(909) 620-2499</i>
<i>Nancy Garcia</i>		E-Mail Address	<i>nancyx_garcia@ci.pomona.ca.us</i>
Name of Consulting Firm / Claim Preparer		Telephone Number	
		E-Mail Address	

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY						FORM 1	
(01) Claimant <i>City of Pomona</i>				(02) Fiscal Year <i>2009-2010</i>				
(03) Department				<i>Public Works</i>				
(04) Reimbursable Activities								
Direct Costs		Object Accounts						
(04) Reimbursable Activities		(a)	(b)	(c)	(d)	(e)	(f)	(g)
A. One-Time Activities		Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
1. Identification of locations that are required to have a trash receptacle		-	-	-	-	-	-	-
2. Selection/evaluation/and preparation of specifications and drawings		-	-	-	-	-	-	-
3. Preparation of contracts/specification review process/advertise/review and award bids		-	-	-	-	-	-	-
4. Purchase or construction and installation of receptacles and pads		-	-	-	-	-	-	-
5. Moving/restoration at old location/and installation at new location		-	-	-	-	-	-	-
(05) Total One-time Costs		-	-	-	-	-	-	-
Reasonable Reimbursement Methodology (RRM).								
B. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections (refer to claiming instructions)							<i>5,148</i>	
(07) Total Ongoing Costs						Line (06) x RRM rate	<i>34,903</i>	
Indirect Costs								
(08) Indirect Cost Rate for A. One-time Activities					[From ICRP or 10%]		<i>10.0%</i>	
(09) Total Indirect Costs for A. One-time Activities				Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]			-	
(10) Total Direct and Indirect Costs					Line (05)(g) + line (07) + line (09)		<i>34,903</i>	
(11) Less: Offsetting Savings							-	
(12) Less: Other Reimbursements							-	
(13) Total Claimed Amount						[Line (10) - {line (11) + line (12)}]	<i>34,903</i>	

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only		PROGRAM								
		(19) Program Number 00314 (20) Date Filed AUG 01 2011 (21) LRS Input 12-20-11		314								
(01) Claimant Identification Number <i>9819696</i>		Reimbursement Claim Data										
(02) Claimant Name <i>City of Pomona</i>		(22) FORM-1, (04) A.1.(g)										
County of Location <i>Los Angeles</i>		(22) FORM-1, (04) A.2.(g)										
Street Address of P.O. Box <i>505 S. Garey Ave Suite</i>		(22) FORM-1, (04) A.3.(g)										
City <i>Pomona</i> State <i>CA</i> Zip Code <i>91766</i>		(22) FORM-1, (04) A.4.(g)										
<table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Type of Claim</th> </tr> <tr> <td style="text-align: center;">(03)</td> <td>(09) Reimbursement <input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">(04)</td> <td>(10) Combined <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">(05)</td> <td>(11) Amended <input type="checkbox"/></td> </tr> </table>		Type of Claim		(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(04)	(10) Combined <input type="checkbox"/>	(05)	(11) Amended <input type="checkbox"/>	(22) FORM-1, (04) A.5.(g)		
		Type of Claim										
		(03)	(09) Reimbursement <input checked="" type="checkbox"/>									
		(04)	(10) Combined <input type="checkbox"/>									
(05)	(11) Amended <input type="checkbox"/>											
		(22) FORM-1, (06)		5,148								
		(22) FORM-1, (07)		35,006								
		(22) FORM-1, (08)		10%								
Fiscal Year of Cost (06)		(12) <i>2010-2011</i>	(22) FORM-1, (11)									
Total Claimed Amount (07)		(13) <i>35,006</i>	(22) FORM-1, (12)									
Less: 10% Late Penalty		(14) -	(32)									
Less: Prior Claim Payment Received		(15) -	(33)									
Net Claimed Amount		(16) <i>35,006</i>	(34)									
Due from State (08)		(17) <i>35,006</i>	(35)									
Due to State		(18)	(36)									
<p>(37) CERTIFICATION OF CLAIM</p> <p>In accordance with the provisions of Government Code Section 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>												
Signature of Authorized Officer		Date Signed	<i>July 28, 2011</i>									
<i>Paula Chamberlain</i>		Telephone Number	<i>(909) 620-2353</i>									
<i>Paula Chamberlain, Finance Director</i>		E-Mail Address	<i>paula_chamberlain@ci.pomona.ca.us</i>									
Type or Print Name and Title of Authorized Signatory												
(38) Name of Agency Contact Person for Claim		Telephone Number	<i>(909) 620-2499</i>									
<i>Nancy Garcia</i>		E-Mail Address	<i>nancyx_garcia@ci.pomona.ca.us</i>									
Name of Consulting Firm / Claim Preparer		Telephone Number										
		E-Mail Address										

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY						FORM 1	
(01) Claimant <i>City of Pomona</i>				(02) Fiscal Year <i>2010-2011</i>				
(03) Department				<i>Public Works</i>				
(04) Reimbursable Activities								
Direct Costs		Object Accounts						
(04) Reimbursable Activities		(a)	(b)	(c)	(d)	(e)	(f)	(g)
A. One-Time Activities		Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
1. Identification of locations that are required to have a trash receptacle		-	-	-	-	-	-	-
2. Selection/evaluation/and preparation of specifications and drawings		-	-	-	-	-	-	-
3. Preparation of contracts/specification review process/advertise/review and award bids		-	-	-	-	-	-	-
4. Purchase or construction and installation of receptacles and pads		-	-	-	-	-	-	-
5. Moving/restoration at old location/and installation at new location		-	-	-	-	-	-	-
(05) Total One-time Costs		-	-	-	-	-	-	-
Reasonable Reimbursement Methodology (RRM).								
B. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections (refer to claiming instructions)							<i>5,148</i>	
(07) Total Ongoing Costs					Line (06) x RRM rate		<i>35,006</i>	
Indirect Costs								
(08) Indirect Cost Rate for A. One-time Activities					[From ICRP or 10%]		<i>10.0%</i>	
(09) Total Indirect Costs for A. One-time Activities			Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]				-	
(10) Total Direct and Indirect Costs					Line (05)(g) + line (07) + line (09)		<i>35,006</i>	
(11) Less: Offsetting Savings							-	
(12) Less: Other Reimbursements							-	
(13) Total Claimed Amount					[Line (10) - {line (11) + line (12)}]		<i>35,006</i>	

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only		PROGRAM
		(19) Program Number 00314 (20) Date Filed FEB 15 2013 (21) LRS Input		314
(01) Claimant Identification Number <i>9819696</i>		Reimbursement Claim Data		
(02) Claimant Name <i>City of Pomona</i>		(22) FORM-1, (04) A.1.(g)		
County of Location <i>Los Angeles</i>		(23) FORM-1, (04) A.2.(g)		
Street Address of P.O. Box <i>505 S. Garey Ave</i> Suite		(24) FORM-1, (04) A.3.(g)		
City <i>Pomona</i> State <i>CA</i> Zip Code <i>91766</i>		(25) FORM-1, (04) A.4.(g)		
Type of Claim (03) (09) Reimbursement <input checked="" type="checkbox"/> (04) (10) Combined <input type="checkbox"/> (05) (11) Amended <input type="checkbox"/>		(26) FORM-1, (04) A.5.(g)		
		(27) FORM-1, (06)		5,148
		(28) FORM-1, (07)		36,808
		(29) FORM-1, (08)		10%
Fiscal Year of Cost (06) <i>2011-2012</i>		(30) FORM-1, (11)		
Total Claimed Amount (07) <i>36,808</i>		(31) FORM-1, (12)		
Less: 10% Late Penalty (14) <i>-</i>		(32)		
Less: Prior Claim Payment Received (15) <i>-</i>		(33)		
Net Claimed Amount (16) <i>36,808</i>		(34)		
Due from State (08) (17) <i>36,808</i>		(35)		
Due to State (18) <i>00-</i>		(36)		
(37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code Section 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code. I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant. The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer <i>Paula Chamberlain</i>		Date Signed <i>January 31, 2013</i>		
<i>Paula Chamberlain, Finance Director</i>		Telephone Number <i>(909) 620-2353</i>		
Type or Print Name and Title of Authorized Signatory		E-Mail Address <i>paula_chamberlain@ci.pomona.ca.us</i>		
(38) Name of Agency Contact Person for Claim <i>Nancy Garcia</i>		Telephone Number <i>(909) 620-2499</i>		
		E-Mail Address <i>nancyx_garcia@ci.pomona.ca.us</i>		
Name of Consulting Firm / Claim Preparer		Telephone Number		
		E-Mail Address		

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY						FORM 1
(01) Claimant <i>City of Pomona</i>				(02) Fiscal Year <i>2011-2012</i>			
(03) Department <i>Public Works</i>							
Direct Costs		Object Accounts					
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel and Training	(g) Total
A. One-Time Activities							
1. Identification of locations that are required to have a trash receptacle	-	-	-	-	-	-	-
2. Selection/evaluation/and preparation of specifications and drawings	-	-	-	-	-	-	-
3. Preparation of contracts/specification review process/advertise/review and award bids	-	-	-	-	-	-	-
4. Purchase or construction and installation of receptacles and pads	-	-	-	-	-	-	-
5. Moving/restoration at old location/and installation at new location	-	-	-	-	-	-	-
(05) Total One-time Costs	-	-	-	-	-	-	-
Reasonable Reimbursement Methodology (RRM)							
B. Ongoing Activity: Maintain Trash Receptacles and Pads							
(06) Annual number of trash collections (Refer to claiming instructions)						<i>5,148</i>	
(07) Total Ongoing Costs						[Line (06) x RRM rate] <i>36,808</i>	
Indirect Costs							
(08) Indirect Cost Rate for A. One-time Activities				[From ICRP or 10%]		<i>10.0%</i>	
(09) Total Indirect Costs for A. One-time Activities				[Line (05)(a) x 10%] or [Refer to Claim Summary Instructions]		-	
(10) Total Direct and Indirect Costs				[Line (05)(g) + line (07) + line (09)]		<i>36,808</i>	
(11) Less: Offsetting Revenues						-	
(12) Less: Other Reimbursements						-	
(13) Total Claimed Amount				[Line (10) - {line (11) + line (12)}]		<i>36,808</i>	

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On March 15, 2021, I served the:

- **Notice of Complete Notice of Intent to Join a Consolidated Incorrect Reduction Claim, Consolidation of Claims, Schedule for Comments, and Tentative Hearing Date (City of Pomona) issued March 15, 2021**
- **Notice of Intent to Join a Consolidated Incorrect Reduction Claim filed by the City of Pomona on February 10, 2021**

Municipal Storm Water and Urban Runoff Discharges, 19-0304-I-04, 20-0304-I-06, 20-0304-I-08, 20-0304-I-09, 20-0304-I-10, 20-0304-I-11, and 20-0304-I-13

Los Angeles Regional Quality Control Board Order No. 01-182,
Permit CAS004001, Part 4F5c3

Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012

City of Claremont, Claimant

Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006

City of Downey, Claimant

Fiscal Years: 2008-2009, 2009-2010, 2010-2011, 2011-2012

City of Glendora, Claimant

Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012

City of Pomona, Claimant

Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009

City of Santa Clarita, Claimant

Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013

City of Signal Hill, Claimant

Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013

County of Los Angeles, Claimant

By making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on March 15, 2021 at Sacramento, California.



Jill L. Magee
Commission on State Mandates
980 Ninth Street, Suite 300
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(916) 323-3562

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 3/12/21

Claim Number: 20-0304-I-08 Con. 19-0304-I-04, 20-0304-I-06, 20-0304-I-09, 20-0304-I-10, 20-0304-I-11, 20-0304-I-13

Matter: Municipal Storm Water and Urban Runoff Discharges

Claimants: City of Claremont
City of Downey
City of Glendora
City of Pomona
City of Santa Clarita
City of Signal Hill
County of Los Angeles

TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

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