

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

<i>For CSM Use Only</i>
Filing Date: <div style="border: 2px solid blue; border-radius: 15px; padding: 5px; display: inline-block; text-align: center;"> RECEIVED February 10, 2021 Commission on State Mandates </div>
20-0304-I-06 (20-0304-I-08)
Consolidated IRC #:

1. TITLE OF CONSOLIDATED INCORRECT REDUCTION CLAIM

City of Claremont Consolidated Municipal Storm Water &
Urban Discharges Runoff with Los Angeles County IRC

2. JOINT-CLAIMANT INFORMATION

City of Claremont
Name of Local Agency or School District
Adam Pirrie
Joint-Claimant Contact
Finance Director
Title
207 Harvard Avenue
Street Address
Claremont, CA 91711
City, State, Zip
909-399-5328
Telephone Number
909-399-5366
Fax Number
apirrie@ci.claremont.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.

Fiscal Year	Amount of Reduction	Fiscal Year	Amount of Reduction
2002-03	\$ 16,473	2008-09	\$ 16,473
2003-04	\$ 16,472	2009-10	\$ 16,570
2004-05	\$ 16,473	2010-11	\$ 16,619
2005-06	\$ 16,473	2011-12	\$ 17,846
2006-07	\$ 16,473		
2007-08	\$ 16,473		
TOTAL:			\$ 166,345

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.

6. OPTING OUT PROCEDURES FOR A CLAIMANT-INITIATED CONSOLIDATION

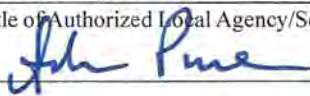
To opt out of a consolidated incorrect reduction claim, a joint-claimant shall file a written notice with the Commission within fifteen (15) days of service of the Office of State Controller's comments. A copy of the notice must be served on all parties and interested parties on the mailing list. Proof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

Adam Pirrie, Finance Director
Name & Title of Authorized Local Agency/School District Official

Signature
1/27/2021
Date

SECTION 4:
Final State Audit Report



BETTY T. YEE
California State Controller

October 20, 2017

Adam Pirrie, Finance Director/Treasurer
City of Claremont
207 Harvard Avenue
Claremont, CA 91711

Dear Mr. Pirrie:

The State Controller's Office (SCO) performed a desk review of costs claimed by the City of Claremont 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 verifying the funding sources used to pay for the mandated activities.

The city claimed \$170,182 for the mandated program. Our review found that \$3,837 is allowable and \$166,345 is unallowable. The costs are unallowable because the city did not offset the restricted revenues used to fund the mandated activities, as described in the attached Summary of Program Costs and Review Results section. The State made no payments to the city. The SCO's Local Government Programs and Services Division will send the city a separate notification letter to resolve unpaid allowable costs. The letter will be sent within 30 days from the issuance date of this report.

We informed you of the review finding via email on August 25, 2017. We did not receive a response from the city.

This final letter report contains an adjustment to costs claimed by the city. If you disagree with the review finding, you may file an Incorrect Reduction Claim (IRC) with the Commission on the 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 report, regardless of whether this report is subsequently supplemented, superseded, or otherwise amended. You may obtain IRC information on the Commission's website at www.csm.ca.gov/forms/IRCFForm.pdf.

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

Sincerely,

Original signed by

JEFFREY V. BROWNFIELD, CPA
Chief, Division of Audits

JVB/rg

Attachments

RE: S18-MCC-9000

cc: 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
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 ¹
<u>July 1, 2002, through June 30, 2003</u>			
Ongoing activities:			
Unit cost rate	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 47	× 47	× -
Annual number of trash collections	× 52	× 52	× -
Total ongoing costs	16,473	16,473	-
Less offsetting revenues and reimbursements	-	(16,473)	(16,473)
Total program costs	<u>\$ 16,473</u>	-	<u>\$ (16,473)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>July 1, 2003, through June 30, 2004</u>			
One-time activities:			
Materials and supplies	\$ 3,837	\$ 3,837	\$ -
Total one-time costs	3,837	3,837	-
Ongoing activities:			
Unit cost rate	6.74	6.74	-
Number of transit receptacles	× 47	× 47	× -
Annual number of trash collections	× 52	× 52	× -
Total ongoing costs	16,472	16,472	-
Total one-time costs and ongoing costs	20,309	20,309	-
Less offsetting revenues and reimbursements	-	(16,472)	(16,472)
Total program costs	<u>\$ 20,309</u>	3,837	<u>\$ (16,472)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 3,837</u>	
<u>July 1, 2004, through June 30, 2005</u>			
Ongoing activities:			
Unit cost rate	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 47	× 47	× -
Annual number of trash collections	× 52	× 52	× -
Total ongoing costs	16,473	16,473	-
Less offsetting revenues and reimbursements	-	(16,473)	(16,473)
Total program costs	<u>\$ 16,473</u>	-	<u>\$ (16,473)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2005, through June 30, 2006</u>			
Ongoing activities:			
Unit cost rate	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 47	× 47	× -
Annual number of trash collections	× 52	× 52	× -
Total ongoing costs	16,473	16,473	-
Less offsetting revenues and reimbursements	-	(16,473)	(16,473)
Total program costs	<u>\$ 16,473</u>	-	<u>\$ (16,473)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Ongoing activities:			
Unit cost rate	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 47	× 47	× -
Annual number of trash collections	× 52	× 52	× -
Total ongoing costs	16,473	16,473	-
Less offsetting revenues and reimbursements	-	(16,473)	(16,473)
Total program costs	<u>\$ 16,473</u>	-	<u>\$ (16,473)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>July 1, 2007, through June 30, 2008</u>			
Ongoing activities:			
Unit cost rate	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 47	× 47	× -
Annual number of trash collections	× 52	× 52	× -
Total ongoing costs	16,473	16,473	-
Less offsetting revenues and reimbursements	-	(16,473)	(16,473)
Total program costs	<u>\$ 16,473</u>	-	<u>\$ (16,473)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>July 1, 2008, through June 30, 2009</u>			
Ongoing activities:			
Unit cost rate	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 47	× 47	× -
Annual number of trash collections	× 52	× 52	× -
Total ongoing costs	16,473	16,473	-
Less offsetting revenues and reimbursements	-	(16,473)	(16,473)
Total program costs	<u>\$ 16,473</u>	-	<u>\$ (16,473)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2009, through June 30, 2010</u>			
Ongoing activities:			
Unit cost rate	\$ 6.78	\$ 6.78	\$ -
Number of transit receptacles	× 47	× 47	× -
Annual number of trash collections	× 52	× 52	× -
Total ongoing costs	16,570	16,570	-
Less offsetting revenues and reimbursements	-	(16,570)	(16,570)
Total program costs	<u>\$ 16,570</u>	-	<u>\$ (16,570)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>July 1, 2010, through June 30, 2011</u>			
Ongoing activities:			
Unit cost rate	\$ 6.80	\$ 6.80	\$ -
Number of transit receptacles	× 47	× 47	× -
Annual number of trash collections	× 52	× 52	× -
Total ongoing costs	16,619	16,619	-
Less offsetting revenues and reimbursements	-	(16,619)	(16,619)
Total program costs	<u>\$ 16,619</u>	-	<u>\$ (16,619)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>July 1, 2011, through June 30, 2012</u>			
Ongoing activities:			
Unit cost rate	\$ 7.15	\$ 7.15	\$ -
Number of transit receptacles	× 48	× 48	× -
Annual number of trash collections	× 52	× 52	× -
Total ongoing costs	17,846	17,846	-
Less offsetting revenues and reimbursements	-	(17,846)	(17,846)
Total program costs	<u>\$ 17,846</u>	-	<u>\$ (17,846)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>Summary: July 1, 2002, through June 30, 2012</u>			
One-time costs	\$ 3,837	\$ 3,837	\$ -
Ongoing costs	166,345	166,345	-
Total one-time costs and ongoing costs	170,182	170,182	-
Less offsetting revenues and reimbursements	-	(166,345)	(166,345)
Total program costs	<u>\$ 170,182</u>	3,837	<u>\$ (166,345)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 3,837</u>	

¹ See Attachment 2, Review Results.

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 NPDES permit, Order No. R4-2012-0175, which became effective on December 28, 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, school districts, and community college districts in claiming mandated program reimbursable costs.

**FINDING—
Unreported offsetting
revenues**

The city did not offset any revenues on its claim forms for the review period. We found that the city should have offset \$166,345 in Proposition C funding used to pay for the ongoing maintenance of transit stop trash receptacles during the review period.

The ongoing maintenance costs are recorded in the Community Services Department, Maintenance/Bus Stops Division (Account 128-4339). The entire amount recorded is funded by Proposition C, a Special Revenue fund. Special Revenue funds are used to account for the proceeds of specific revenue sources that are legally restricted to expenditures for specified purposes.

Proposition C is a half-cent sales tax measure approved by Los Angeles County voters in 1980 to finance transit programs. Twenty percent of the Proposition C tax is designated for the Local Return Program to be used by cities in developing and/or improving public transit and related transportation infrastructure. Local Return funds are distributed monthly to cities based on a "per capita" basis.

The Proposition A and Proposition C Local Return Guidelines, section II. Project Eligibility, identify reimbursement for ongoing trash receptacle maintenance as follows:

2. BUS STOP IMPROVEMENTS AND MAINTENANCE (Codes 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 of electrical work directly associated with the above items

We confirmed that there were no General Fund transfers into the Proposition C Local Return Fund during the audit period. As the city used Proposition C funds authorized to be used on the mandated activities, it was not required to rely on the use of discretionary general funds to pay for the mandated activities.

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

Any offsetting revenue the claimant experiences in the same program as a result of the same statues or executive orders found to contain the mandate shall be deducted for 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 finding, as the period of reimbursement expired on December 27, 2012.

SECTION 5:
Reimbursement Claims

State Mandate Reimbursement Claims Receipt

City of Claremont

September 28, 2011

Mandate/Program

Amount Claimed

Municipal Stormwater & Urban Runoff Discharges, Prog 314

Actual	2002-03	\$	16,473
Actual	2003-04	\$	20,309
Actual	2004-05	\$	16,473
Actual	2005-06	\$	16,473
Actual	2006-07	\$	16,473
Actual	2007-08	\$	16,473
Actual	2008-09	\$	16,473
Actual	2009-10	\$	16,570
Actual	2010-11	\$	16,619

Total Claimed \$ 152,336

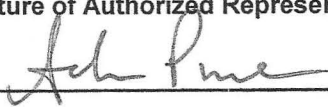
*The following claims were submitted to and received by the State Controller's Office
by Cost Recovery Systems on behalf of the City of Claremont*

Signed by: Lindsey Bailey

Date: 9/28/11

RECEIVED
SEP 28 2011

STATE CONTROLLER'S OFFICE
COST RECOVERY SYSTEMS

Claim for Payment Pursuant to Government Code Section 17561 MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES			For State Controller Use Only	
			(19) Program Number: 000314	Program 314
(01) Claimant Identification Number			9819159	
(02) Claimant Name			City of Claremont	
Mailing Address			207 Harvard Ave.	(22) FORM-1 (04)(A)(1)(g)
Street Address or P.O. Box			P.O. Box 880	
City			Claremont	(23) FORM-1 (04)(A)(2)(g)
State CA			Zip Code 91711	
Type of Claim	Estimated Claim	Reimbursement Claim	(24) FORM-1 (04)(A)(3)(g)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(25) FORM-1 (04)(A)(4)(g)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(26) FORM-1 (04)(A)(5)(g)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(27) FORM-1,(06)	2,444
Fiscal Year of Cost	(06)	(12) 2002-03	(28) FORM-1,(07)	16,473
Total Claimed	(07)	(13) \$16,473	(29) FORM-1,(08)	
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)			(14)	(30) FORM-1,(11)
Less: Estimated Claim Payment Received			(15)	(32) FORM-1,(12)
Net Claimed Amount		(16) \$16,473	(32)	
Due from State	(08)	(17) \$16,473	(33)	
Due to State	(09)	(18)	(34)	
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file 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 Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such 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 documents currently maintained by the claimant.</p> <p>The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. 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 Representative				
 _____ Adam Pirrie			Date Signed <u>9-24-11</u>	
Finance Director			Telephone Number <u>APirrie@ci.claremont.ca.us</u>	
			Email Address <u>(909) 399-5328</u>	
Name of Contact Person for Claim			Telephone Number	E-Mail Address
Annette S. Chinn (CRS)			(916) 939-7901	ACHinnCRS@aol.com

**MANDATED COSTS
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

**Prog 314
FORM
1**

(01) Claimant City of Claremont	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2002-03 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Public Works
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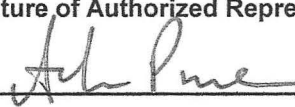
Direct Costs	Object Accounts					
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(g) Total

A. ONE-TIME ACTIVITIES						
1. ID of locations that are required to have receptacle						
2. Select/Eval /& preparation of specs and drawings						
3. Prep of contract specs, review process/award bid						
4. Purchase or construct and install receptacle & pad						
5. Move/restore at old locations & install at new locations						
(05) Total Direct Costs						

B. ON GOING ACTIVITY: Maintain Trash Receptacles and Pads						
(06) Annual number of trash collections						2444
(07) Total Ongoing Costs (Line (06) x RRM rate)						\$16,473

Indirect Costs						
(08) Indirect Cost Rate (applied to salaries)						
	<small>(from ICRP) (Applied to Salaries)</small>					
(09) Total Indirect Costs	<small>Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]</small>					
(10) Total Direct and Indirect Costs	<small>Line (05)(d) + line (07)</small>					\$16,473

Cost Reductions						
(11) Less: Offsetting Savings, if applicable						
(12) Less: Other Reimbursements, if applicable						
(13) Total Claimed Amount	<small>Line (08)- (line(09) + Line(10))</small>					\$16,473

Claim for Payment Pursuant to Government Code Section 17561 MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES			For State Controller Use Only	
			(19) Program Number: 000314	Program 314
(01) Claimant Identification Number			9819159	
(02) Claimant Name			City of Claremont	
Mailing Address			207 Harvard Ave.	(22) FORM-1 (04)(A)(1)(g)
Street Address or P.O. Box			P.O. Box 880	
City			Claremont	(23) FORM-1 (04)(A)(2)(g)
State CA			Zip Code 91711	
Type of Claim	Estimated Claim	Reimbursement Claim	(24) FORM-1 (04)(A)(3)(g)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(25) FORM-1 (04)(A)(4)(g)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(26) FORM-1 (04)(A)(5)(g)	3,837
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(27) FORM-1,(06)	2,444
Fiscal Year of Cost	(06)	(12) 2003-04	(28) FORM-1,(07)	16,473
Total Claimed	(07)	(13) \$20,309	(29) FORM-1,(08)	
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)		(14)	(30) FORM-1,(11)	
Less: Estimated Claim Payment Received		(15)	(32) FORM-1,(12)	
Net Claimed Amount		(16) \$20,309	(32)	
Due from State	(08)	(17) \$20,309	(33)	
Due to State	(09)	(18)	(34)	
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file 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 Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such 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 documents currently maintained by the claimant.</p> <p>The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. 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 Representative				
			Date Signed	9-24-11
Adam Pirrie			Telephone Number	APirrie@ci.claremont.ca.us
Finance Director			Email Address	(909) 399-5328
Name of Contact Person for Claim		Telephone Number	E-Mail Address	
Annette S. Chinn (CRS)		(916) 939-7901	AChinnCRS@aol.com	

**MANDATED COSTS
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

**Prog 314
FORM
1**

(01) Claimant City of Claremont	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-04 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Public Works
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Direct Costs	Object Accounts					
(04) Reimbursable Activities	(a)	(b)	(c)	(d)	(e)	(g)
	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Total

A. ONE-TIME ACTIVITIES						
1. ID of locations that are required to have receptacle						
2. Select/Eval./& preparation of specs and drawings						
3. Prep of contract specs, review process/award bid						
4. Purchase or construct and install receptacle & pad						
5. Move/restore at old locations & install at new locations			\$3,837			\$3,837
(05) Total Direct Costs			\$3,837			\$3,837

B. ON GOING ACTIVITY: Maintain Trash Receptacles and Pads						
(06) Annual number of trash collections						2444
(07) Total Ongoing Costs (Line (06) x RRM rate)						\$16,473

Indirect Costs						
(08) Indirect Cost Rate (applied to salaries)			<small>(from ICRP) (Applied to Salaries)</small>			
(09) Total Indirect Costs	<small>Line (06) x line (05)(a) or line(06) x [(line (05)(a) + line(05)(b))]</small>					
(10) Total Direct and Indirect Costs	<small>Line (05)(d) + line (07)</small>					\$20,309

Cost Reductions						
(11) Less: Offsetting Savings, if applicable						
(12) Less: Other Reimbursements, if applicable						
(13) Total Claimed Amount	<small>Line (08) - (line(09) + Line(10))</small>					\$20,309

Program 314	MANDATED COSTS MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES ACTIVITY COST DETAIL	FORM 2
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(01) Claimant: City of Claremont (02) Fiscal Year Costs Were Incurred: 2003-04

(03) Reimbursable Components: Check only one box per form to identify the component being claimed

<input type="checkbox"/> ID locations that are required to have a trash receptacle	<input type="checkbox"/> Purchase or construct/install receptacles and pads
<input type="checkbox"/> Select/eval. & prep of specifications & drawings	<input type="checkbox"/> Move/restore at old location and install at new location
<input type="checkbox"/> Prep of contracts/specs review, process, award bid...	<input checked="" type="checkbox"/>

(04) Description of Expenses: Complete columns (a) through (f)

(a) Employee Names, Job Class., Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit Rate	Hours Worked or Quantity	Salaries	Benefits	(d) Material and Supplies	(e) Contract Services	(f) Fixed Assets	(c) Total Salaries & Benefits
<u>Dave Bang Assoc. Inc.</u> Purchase of 5 transit trash receptacles + shipping & tax. Moved (including replacement if required) receptacles and pads to reflect changes in transit stops, including costs or removal and restoration of property at former receptacle location and installation at new location.						\$3,837			
(05) Total						\$3,837			



CITY OF CLAREMONT

207 HARVARD AVE.
CLAREMONT, CA 91711
(909) 399-5459

PURCHASE ORDER

8653

24151

THIS NUMBER MUST APPEAR
ON ALL PACKAGES, INVOICES
AND CORRESPONDENCE

JUL 9 PM 1:32

DATE 4/13/04	REQUESTING DEPARTMENT COMM SERVICES	REQUESTED BY DARYL P. QUINN	VENDOR NUMBER	SHIP VIA
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VENDOR DAVE BANG ASSOCIATED INC PO BOX 1088 TUSTIN CA 92781	SHIP TO COMMUNITY SERVICES DEPT 318 CORNELL AVENUE CLAREMONT CA 91711
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- INSTRUCTIONS
1. Address all correspondence to: _____
 2. Render invoices in triplicate to the requesting department, P.O. Box 880, Claremont, CA 91711-0880.
 3. If material is not available for stated delivery, advise.
 4. No deviation in price nor substitution in kind will be permitted. Permission in writing should be secured or a new purchase order requested if any change is necessary.
 5. All merchandise must be PREPAID to POINT OF DESTINATION.
 6. This order is subject to state sales tax; exempt from federal tax.

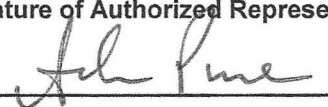
QUANTITY	UNITS	DESCRIPTION	UNIT PRICE	TOTAL	ACCOUNT NUMBER
5	EA	VICTOR STANLEY ES-142 36-GALLON HEAVY DUTY LITTER RECEPTABLE WITH STEEL TAPERED LID, HIGH DENSITY PLASTIC LINER	\$698.00	\$3,490.00	128-4500-5101
		GLOSS BLACK	TAX	248.68	(APPROX)
			SHIPPING	800.00	
Original Amount of P.O.			\$ 3,836.68		
Amount Already Paid			0		
Amount of This Payment			3,836.68		
Balance Remaining on P.O.			0		

Handwritten notes:
OK to pay
6-29-04
X. [Signature]
[Signature]

TOTAL AMOUNT F.O.B. CLAREMONT, CALIFORNIA	UNLESS OTHERWISE INDICATED	\$ 3,836.68
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RE: THIS CAREFULLY - ALL MATERIAL FURNISHED ON THIS ORDER WILL BE SUBJECT TO TEST AND INSPECTION. THE CITY OF CLAREMONT WILL NOT BE RESPONSIBLE FOR MATERIALS OR SUPPLIES FURNISHED WITHOUT AN ORDER PROPERLY APPROVED BY ISSUING MANAGER, DEPARTMENT MANAGER OR CITY MANAGER

If less than \$1,000, approved by Designated Supervisor:	If over \$1,000, approved by Division Head	If over \$5,000, approved by Department Director	White • Vendor's Copy Canary • Department File Copy Pink • Finance Copy Goldenrod • Department Receiving/Finance File Copy
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Claim for Payment Pursuant to Government Code Section 17561 MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES			For State Controller Use Only	
			(19) Program Number: 000314	Program 314
(01) Claimant Identification Number			9819159	
(02) Claimant Name			City of Claremont	
Mailing Address			207 Harvard Ave.	(22) FORM-1 (04)(A)(1)(g)
Street Address or P.O. Box			P.O. Box 880	
City			Claremont	(23) FORM-1 (04)(A)(2)(g)
State CA			Zip Code 91711	
Type of Claim	Estimated Claim	Reimbursement Claim	(24) FORM-1 (04)(A)(3)(g)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(25) FORM-1 (04)(A)(4)(g)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(26) FORM-1 (04)(A)(5)(g)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(27) FORM-1,(06)	2,444
Fiscal Year of Cost	(06)	(12) 2004-05	(28) FORM-1,(07)	16,473
Total Claimed	(07)	(13) \$16,473	(29) FORM-1,(08)	
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)		(14)	(30) FORM-1,(11)	
Less: Estimated Claim Payment Received		(15)	(32) FORM-1,(12)	
Net Claimed Amount		(16) \$16,473	(32)	
Due from State	(08)	(17) \$16,473	(33)	
Due to State	(09)	(18)	(34)	
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file 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 Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such 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 documents currently maintained by the claimant.</p> <p>The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. 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 Representative				
			Date Signed	9-24-11
Adam Pirrie			Telephone Number	APirrie@ci.claremont.ca.us
Finance Director			Email Address	(909) 399-5328
Name of Contact Person for Claim		Telephone Number	E-Mail Address	
Annette S. Chinn (CRS)		(916) 939-7901	AChinnCRS@aol.com	

**MANDATED COSTS
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

**Prog 314
FORM
1**

(01) Claimant City of Claremont	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-05 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Public Works
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Direct Costs	Object Accounts
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(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(g) Total
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A. ONE-TIME ACTIVITIES

1. ID of locations that are required to have receptacle						
2. Select/Eval./& preparation of specs and drawings						
3. Prep of contract, specs, review process/award bid						
4. Purchase or construct and install receptacle & pad						
5. Move/restore at old locations & install at new locations						
(05) Total Direct Costs						

B. ON GOING ACTIVITY: Maintain Trash Receptacles and Pads

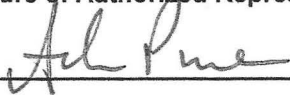
(06) Annual number of trash collections	2444
(07) Total Ongoing Costs (Line (06) x RRM rate)	\$16,473

Indirect Costs

(08) Indirect Cost Rate (applied to salaries)	<small>(from ICRP) (Applied to Salaries)</small>	
(09) Total Indirect Costs	<small>Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]</small>	
(10) Total Direct and Indirect Costs	<small>Line (05)(d) + line (07)</small>	\$16,473

Cost Reductions

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Claimed Amount	\$16,473 <small>Line (08) - (line(09) + Line(10))</small>

Claim for Payment Pursuant to Government Code Section 17561 MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES			For State Controller Use Only		
			(19) Program Number: 000314	Program 314	
(01) Claimant Identification Number			9819159		
(02) Claimant Name			City of Claremont		
Mailing Address			207 Harvard Ave.	(22) FORM-1 (04)(A)(1)(g)	
Street Address or P.O. Box			P.O. Box 880		
City			Claremont	(23) FORM-1 (04)(A)(2)(g)	
State CA			Zip Code 91711		
Type of Claim	Estimated Claim		Reimbursement Claim		(24) FORM-1 (04)(A)(3)(g)
	(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>	(25) FORM-1 (04)(A)(4)(g)
	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>	(26) FORM-1 (04)(A)(5)(g)
	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>	(27) FORM-1,(06)
Fiscal Year of Cost	(06)	(12)	2005-06	(28) FORM-1,(07)	2,444
Total Claimed	(07)	(13)	\$16,473	(29) FORM-1,(08)	16,473
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)			(14)	(30) FORM-1,(11)	
Less: Estimated Claim Payment Received			(15)	(32) FORM-1,(12)	
Net Claimed Amount		(16)	\$16,473	(32)	
Due from State	(08)	(17)	\$16,473	(33)	
Due to State	(09)	(18)		(34)	
(38) CERTIFICATION OF CLAIM					
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file 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 Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such 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 documents currently maintained by the claimant.</p> <p>The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. 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 Representative					
			Date Signed	9-24-11	
Adam Pirrie			Telephone Number	APirrie@ci.claremont.ca.us	
Finance Director			Email Address	(909) 399-5328	
Name of Contact Person for Claim			Telephone Number	E-Mail Address	
Annette S. Chinn (CRS)			(916) 939-7901	AChinnCRS@aol.com	

**MANDATED COSTS
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

**Prog 314
FORM
1**

(01) Claimant City of Claremont	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-06 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Public Works
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Direct Costs	Object Accounts
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(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(g) Total
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A. ONE-TIME ACTIVITIES

1. ID of locations that are required to have receptacle						
2. Select/Eval./& preparation of specs and drawings						
3. Prep of contract specs, review process/award bid						
4. Purchase or construct and install receptacle & pad						
5. Move/restore at old locations & install at new locations						
(05) Total Direct Costs						

B. ON GOING ACTIVITY: Maintain Trash Receptacles and Pads

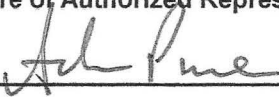
(06) Annual number of trash collections	2444
(07) Total Ongoing Costs (Line (06) x RRM rate)	\$16,473

Indirect Costs

(08) Indirect Cost Rate (applied to salaries)	<small>(from ICRP) (Applied to Salaries)</small>	
(09) Total Indirect Costs	<small>Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]</small>	
(10) Total Direct and Indirect Costs	<small>Line (05)(d) + line (07)</small>	\$16,473

Cost Reductions

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Claimed Amount	\$16,473

Claim for Payment Pursuant to Government Code Section 17561 MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES			For State Controller Use Only		
			(19) Program Number: 000314	Program 314	
(01) Claimant Identification Number			9819159		
(02) Claimant Name			City of Claremont		
Mailing Address			207 Harvard Ave.	(22) FORM-1 (04)(A)(1)(g)	
Street Address or P.O. Box			P.O. Box 880		
City			Claremont	(23) FORM-1 (04)(A)(2)(g)	
State CA			Zip Code 91711		
Type of Claim	Estimated Claim		Reimbursement Claim		(24) FORM-1 (04)(A)(3)(g)
	(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>	(25) FORM-1 (04)(A)(4)(g)
	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>	(26) FORM-1 (04)(A)(5)(g)
	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>	(27) FORM-1,(06)
Fiscal Year of Cost	(06)	(12)	2006-07	(28) FORM-1,(07)	2,444
Total Claimed	(07)	(13)	\$16,473	(29) FORM-1,(08)	16,473
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)			(14)	(30) FORM-1,(11)	
Less: Estimated Claim Payment Received			(15)	(32) FORM-1,(12)	
Net Claimed Amount		(16)	\$16,473	(32)	
Due from State	(08)	(17)	\$16,473	(33)	
Due to State	(09)	(18)		(34)	
(38) CERTIFICATION OF CLAIM					
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file 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 Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such 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 documents currently maintained by the claimant.</p> <p>The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. 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 Representative					
			Date Signed	9-24-11	
Adam Pirrie			Telephone Number	APirrie@ci.claremont.ca.us	
Finance Director			Email Address	(909) 399-5328	
Name of Contact Person for Claim			Telephone Number	E-Mail Address	
Annette S. Chinn (CRS)			(916) 939-7901	AChinnCRS@aol.com	

**MANDATED COSTS
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

**Prog 314
FORM
1**

(01) Claimant City of Claremont	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-07 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department Public Works

Direct Costs	Object Accounts					
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(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(g) Total
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A. ONE-TIME ACTIVITIES

1. ID of locations that are required to have receptacle						
2. Select/Eval./& preparation of specs and drawings						
3. Prep of contract.specs, review process/award bid						
4. Purchase or construct and install receptacle & pad						
5. Move/restore at old locations & install at new locations						
(05) Total Direct Costs						

B. ON GOING ACTIVITY: Maintain Trash Receptacles and Pads

(06) Annual number of trash collections	2444
(07) Total Ongoing Costs (Line (06) x RRM rate)	\$16,473

Indirect Costs

(08) Indirect Cost Rate (applied to salaries)	<small>(from ICRP) (Applied to Salaries)</small>	
(09) Total Indirect Costs	<small>Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]</small>	
(10) Total Direct and Indirect Costs	<small>Line (05)(d) + line (07)</small>	\$16,473

Cost Reductions

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Claimed Amount	\$16,473 <small>Line (08)- [(line(09) + Line(10))]</small>

**Claim for Payment
Pursuant to Government Code Section 17561
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES**

For State Controller Use Only

(19) Program Number: 000314
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

**Program
314**

(01) Claimant Identification Number		9819159		
(02) Claimant Name		City of Claremont		
Mailing Address		207 Harvard Ave.	(22) FORM-1 (04)(A)(1)(g)	
Street Address or P.O. Box		P.O. Box 880		
City		Claremont	(23) FORM-1 (04)(A)(2)(g)	
State	CA	Zip Code	91711	
Type of Claim	Estimated Claim	Reimbursement Claim	(24) FORM-1 (04)(A)(3)(g)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(25) FORM-1 (04)(A)(4)(g)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(26) FORM-1 (04)(A)(5)(g)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(27) FORM-1,(06)	2,444
Fiscal Year of Cost	(06)	(12) 2007-08	(28) FORM-1,(07)	16,473
Total Claimed	(07)	(13) \$16,473	(29) FORM-1,(08)	
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)		(14)	(30) FORM-1,(11)	
Less: Estimated Claim Payment Received		(15)	(32) FORM-1,(12)	
Net Claimed Amount		(16) \$16,473	(32)	
Due from State	(08)	(17) \$16,473	(33)	
Due to State	(09)	(18)	(34)	

(38) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file 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 Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such 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 documents currently maintained by the claimant.

The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Representative

Adam Pirrie

Date Signed 9-24-11

Adam Pirrie

Telephone Number APirrie@ci.claremont.ca.us

Finance Director

Email Address (909) 399-5328

Name of Contact Person for Claim

Telephone Number

(916) 939-7901

E-Mail Address

AChinnCRS@aol.com



**MANDATED COSTS
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

**Prog 314
FORM
1**

(01) Claimant City of Claremont	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2007-08 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Public Works
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Direct Costs	Object Accounts
---------------------	------------------------

(04) Reimbursable Activities	(a)	(b)	(c)	(d)	(e)	(g)
	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Total

A. ONE-TIME ACTIVITIES						
1. ID of locations that are required to have receptacle						
2. Select/Eval./& preparation of specs and drawings						
3. Prep of contract.specs, review process/award bid						
4. Purchase or construct and install receptacle & pad						
5. Move/restore at old locations & install at new locations						
(05) Total Direct Costs						

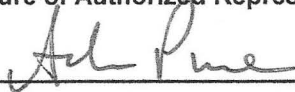
B. ON GOING ACTIVITY: Maintain Trash Receptacles and Pads	
(06) Annual number of trash collections	2444
(07) Total Ongoing Costs (Line (06) x RRM rate)	\$16,473

Indirect Costs

(08) Indirect Cost Rate (applied to salaries)	<small>(from ICRP) (Applied to Salaries)</small>	
(09) Total Indirect Costs	<small>Line (06) x line (05)(a) or line(06) x [(line (05)(a) + line(05)(b))]</small>	
(10) Total Direct and Indirect Costs	<small>Line (05)(d) + line (07)</small>	\$16,473

Cost Reductions

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Claimed Amount	<small>Line (08)- (line(09) + Line(10))</small> \$16,473

Claim for Payment Pursuant to Government Code Section 17561 MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES			For State Controller Use Only	
			(19) Program Number: 000314	Program 314
(01) Claimant Identification Number			9819159	
(02) Claimant Name			City of Claremont	
Mailing Address			207 Harvard Ave.	(22) FORM-1 (04)(A)(1)(g)
Street Address or P.O. Box			P.O. Box 880	
City			Claremont	(23) FORM-1 (04)(A)(2)(g)
State CA			Zip Code 91711	
Type of Claim	Estimated Claim		Reimbursement Claim	
	(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>
	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>
	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>
				(24) FORM-1 (04)(A)(3)(g)
				(25) FORM-1 (04)(A)(4)(g)
				(26) FORM-1 (04)(A)(5)(g)
				(27) FORM-1,(06)
				2,444
Fiscal Year of Cost	(06)	(12)	2008-09	(28) FORM-1,(07)
				16,473
Total Claimed	(07)	(13)	\$16,473	(29) FORM-1,(08)
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)			(14)	(30) FORM-1,(11)
Less: Estimated Claim Payment Received			(15)	(32) FORM-1,(12)
Net Claimed Amount		(16)	\$16,473	(32)
Due from State	(08)	(17)	\$16,473	(33)
Due to State	(09)	(18)		(34)
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file 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 Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such 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 documents currently maintained by the claimant.</p> <p>The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. 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 Representative				
			Date Signed	9-24-11
Adam Pirrie			Telephone Number	APirrie@ci.claremont.ca.us
Finance Director			Email Address	(909) 399-5328
Name of Contact Person for Claim		Telephone Number		E-Mail Address
Annette S. Chinn (CRS)		(916) 939-7901		ACHinnCRS@aol.com

**MANDATED COSTS
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

**Prog 314
FORM
1**

(01) Claimant City of Claremont	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2008-09 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Public Works
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Direct Costs	Object Accounts					
(04) Reimbursable Activities	(a)	(b)	(c)	(d)	(e)	(g)
	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Total

A. ONE-TIME ACTIVITIES

1. ID of locations that are required to have receptacle						
2. Select/Eval./& preparation of specs and drawings						
3. Prep of contract specs, review process/award bid						
4. Purchase or construct and install receptacle & pad						
5. Move/restore at old locations & install at new locations						
(05) Total Direct Costs						

B. ON GOING ACTIVITY: Maintain Trash Receptacles and Pads

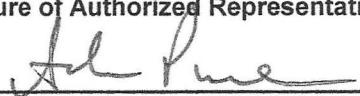
(06) Annual number of trash collections	2444
(07) Total Ongoing Costs (Line (06) x RRM rate)	\$16,473

Indirect Costs

(08) Indirect Cost Rate (applied to salaries)	<small>(from ICRP) (Applied to Salaries)</small>	
(09) Total Indirect Costs	<small>Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]</small>	
(10) Total Direct and Indirect Costs	<small>Line (05)(d) + line (07)</small>	\$16,473

Cost Reductions

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Claimed Amount	<small>Line (08) - (line(09) + Line(10))</small> \$16,473

Claim for Payment Pursuant to Government Code Section 17561 MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES			For State Controller Use Only	
			(19) Program Number: 000314	Program 314
(01) Claimant Identification Number			9819159	
(02) Claimant Name			City of Claremont	
Mailing Address			207 Harvard Ave.	(22) FORM-1 (04)(A)(1)(g)
Street Address or P.O. Box			P.O. Box 880	
City			Claremont	(23) FORM-1 (04)(A)(2)(g)
State CA			Zip Code 91711	
Type of Claim	Estimated Claim		Reimbursement Claim	
	(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>
	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>
	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>
(24) FORM-1 (04)(A)(3)(g)				
				(25) FORM-1 (04)(A)(4)(g)
				(26) FORM-1 (04)(A)(5)(g)
				(27) FORM-1,(06)
				2,444
Fiscal Year of Cost	(06)	(12)	2009-10	(28) FORM-1,(07)
				16,570
Total Claimed	(07)	(13)	\$16,570	(29) FORM-1,(08)
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)			(14)	(30) FORM-1,(11)
Less: Estimated Claim Payment Received			(15)	(32) FORM-1,(12)
Net Claimed Amount		(16)	\$16,570	(32)
Due from State	(08)	(17)	\$16,570	(33)
Due to State	(09)	(18)		(34)
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file 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 Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such 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 documents currently maintained by the claimant.</p> <p>The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. 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 Representative				
			Date Signed	9-24-11
Adam Pirrie			Telephone Number	APirrie@ci.claremont.ca.us
Finance Director			Email Address	(909) 399-5328
Name of Contact Person for Claim		Telephone Number		E-Mail Address
Annette S. Chinn (CRS)		(916) 939-7901		ACHinnCRS@aol.com

**MANDATED COSTS
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

**Prog 314
FORM
1**

(01) Claimant City of Claremont	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2009-10 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Public Works
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Direct Costs	Object Accounts
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(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(g) Total
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A. ONE-TIME ACTIVITIES

1. ID of locations that are required to have receptacle						
2. Select/Eval.& preparation of specs and drawings						
3. Prep of contract specs, review process/award bid						
4. Purchase or construct and install receptacle & pad						
5. Move/restore at old locations & install at new locations						
(05) Total Direct Costs						

B. ON GOING ACTIVITY: Maintain Trash Receptacles and Pads

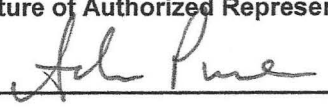
(06) Annual number of trash collections	2444
(07) Total Ongoing Costs (Line (06) x RRM rate)	\$16,570

Indirect Costs

(08) Indirect Cost Rate (applied to salaries)	<small>(from ICRP) (Applied to Salaries)</small>	
(09) Total Indirect Costs	<small>Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]</small>	
(10) Total Direct and Indirect Costs	<small>Line (05)(d) + line (07)</small>	\$16,570

Cost Reductions

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Claimed Amount	\$16,570 <small>Line (08)- {(line(09) + Line(10))}</small>

Claim for Payment Pursuant to Government Code Section 17561 MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES			For State Controller Use Only	
			(19) Program Number: 000314	Program 314
(01) Claimant Identification Number			9819159	
(02) Claimant Name			City of Claremont	
Mailing Address			207 Harvard Ave.	(22) FORM-1 (04)(A)(1)(g)
Street Address or P.O. Box			P.O. Box 880	
City			Claremont	(23) FORM-1 (04)(A)(2)(g)
State CA			Zip Code 91711	
Type of Claim	Estimated Claim	Reimbursement Claim		(24) FORM-1 (04)(A)(3)(g)
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>		(25) FORM-1 (04)(A)(4)(g)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>		(26) FORM-1 (04)(A)(5)(g)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>		(27) FORM-1,(06)
				2,444
Fiscal Year of Cost	(06)	(12) 2010-11	(28) FORM-1,(07)	16,619
Total Claimed	(07)	(13) \$16,619	(29) FORM-1,(08)	
<i>Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)</i>			(14)	(30) FORM-1,(11)
<i>Less: Estimated Claim Payment Received</i>			(15)	(32) FORM-1,(12)
Net Claimed Amount		(16) \$16,619	(32)	
Due from State	(08)	(17) \$16,619	(33)	
Due to State	(09)	(18)	(34)	
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file 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 Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such 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 documents currently maintained by the claimant.</p> <p>The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. 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 Representative				
			Date Signed	9-24-11
Adam Pirrie			Telephone Number	APirrie@ci.claremont.ca.us
Finance Director			Email Address	(909) 399-5328
Name of Contact Person for Claim			Telephone Number	E-Mail Address
Annette S. Chinn (CRS)			(916) 939-7901	ACHinnCRS@aol.com

**MANDATED COSTS
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

**Prog 314
FORM
1**

(01) Claimant City of Claremont	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2010-11 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Public Works
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Direct Costs	Object Accounts
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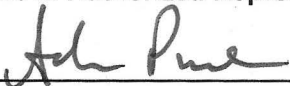
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(g) Total
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A. ONE-TIME ACTIVITIES						
1. ID of locations that are required to have receptacle						
2. Select/Eval./& preparation of specs and drawings						
3. Prep of contract specs, review process/award bid						
4. Purchase or construct and install receptacle & pad						
5. Move/restore at old locations & install at new locations						
(05) Total Direct Costs						

B. ON GOING ACTIVITY: Maintain Trash Receptacles and Pads						
(06) Annual number of trash collections						2444
(07) Total Ongoing Costs (Line (06) x RRM rate)						\$16,619

Indirect Costs						
(08) Indirect Cost Rate (applied to salaries)			<small>(from ICRP)</small>	<small>(Applied to Salaries)</small>		
(09) Total Indirect Costs	<small>Line (06) x line (05)(a) or line(06) x [(line (05)(a) + line(05)(b))]</small>					
(10) Total Direct and Indirect Costs	<small>Line (05)(d) + line (07)</small>					\$16,619

Cost Reductions						
(11) Less: Offsetting Savings, if applicable						
(12) Less: Other Reimbursements, if applicable						
(13) Total Claimed Amount	<small>Line (08) - (line(09) + Line(10))</small>					\$16,619

Claim for Payment Pursuant to Government Code Section 17561 MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES			For State Controller Use Only	
			(19) Program Number: 000314	Program 314
(01) Claimant Identification Number			9819159	
(02) Claimant Name			City of Claremont	
Mailing Address			207 Harvard Ave.	(22) FORM-1 (04)(A)(1)(g)
Street Address or P.O. Box			P.O. Box 880	
City			Claremont	(23) FORM-1 (04)(A)(2)(g)
State CA			Zip Code 91711	
Type of Claim	Estimated Claim	Reimbursement Claim	(24) FORM-1 (04)(A)(3)(g)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(25) FORM-1 (04)(A)(4)(g)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(26) FORM-1 (04)(A)(5)(g)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(27) FORM-1,(06)	2,496
Fiscal Year of Cost	(06)	(12) 2011-12	(28) FORM-1,(07)	17,846
Total Claimed	(07)	(13) \$17,846	(29) FORM-1,(08)	
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)		(14)	(30) FORM-1,(11)	
Less: Estimated Claim Payment Received		(15)	(32) FORM-1,(12)	
Net Claimed Amount		(16) \$17,846	(32)	
Due from State	(08)	(17) \$17,846	(33)	
Due to State	(09)	(18)	(34)	
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file 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 Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such 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 documents currently maintained by the claimant.</p> <p>The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. 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 Representative				
			Date Signed	1-22-13
Adam Pirrie			Telephone Number	APirrie@ci.claremont.ca.us
Finance Director			Email Address	(909) 399-5328
Name of Contact Person for Claim		Telephone Number	E-Mail Address	
Annette S. Chinn (CRS)		(916) 939-7901	AChinnCRS@aol.com	

**MANDATED COSTS
MUNICIPAL STORM WATER & URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

**Prog 314
FORM
1**

(01) Claimant City of Claremont	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2011-12 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Public Works
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Direct Costs **Object Accounts**

(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(g) Total
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A. ONE-TIME ACTIVITIES

1. ID of locations that are required to have receptacle						
2. Select/Eval./& preparation of specs and drawings						
3. Prep of contract.specs, review process/award bid						
4. Purchase or construct and install receptacle & pad						
5. Move/restore at old locations & install at new locations						
(05) Total Direct Costs						

B. ON GOING ACTIVITY: Maintain Trash Receptacles and Pads

(06) Annual number of trash collections	2496
(07) Total Ongoing Costs (Line (06) x RRM rate)	\$17,846

Indirect Costs

(08) Indirect Cost Rate (applied to salaries)	<small>(from ICRP) (Applied to Salaries)</small>	
(09) Total Indirect Costs	<small>Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]</small>	
(10) Total Direct and Indirect Costs	<small>Line (05)(d) + line (07)</small>	\$17,846

Cost Reductions

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Claimed Amount	<small>Line (08)- (line(09) + Line(10))</small> \$17,846

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 February 19, 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 Claremont) issued February 19, 2021**
- **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 Santa Clarita) issued February 19, 2021**
- **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 Signal Hill) issued February 19, 2021**
- **Notice of Intent to Join a Consolidated Incorrect Reduction Claim filed by the City of Claremont on February 10, 2021**
- **Notice of Intent to Join a Consolidated Incorrect Reduction Claim filed by the City of Santa Clarita on February 9, 2021**
- **Notice of Intent to Join a Consolidated Incorrect Reduction Claim filed by the City of Signal Hill on February 9, 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, and 20-0304-I-11

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

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 February 19, 2021 at Sacramento, California.



Jill L. Magee
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 2/19/21

Claim Number: 20-0304-I-08 Consolidated with 19-0304-I-04, 20-0304-I-06, 20-0304-I-09, 20-0304-I-10, 20-0304-I-11

Matter: Municipal Storm Water and Urban Runoff Discharges

Claimants: City of Claremont
City of Downey
City of Glendora
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.)

Adaoha Agu, *County of San Diego Auditor & Controller Department*

Projects, Revenue and Grants Accounting, 5530 Overland Avenue, Ste. 410 , MS:O-53, San Diego, CA 92123

Phone: (858) 694-2129

Adaoha.Agu@sdcounty.ca.gov

Socorro Aquino, *State Controller's Office*

Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-7522

SAquino@sco.ca.gov

Arlene Barrera, Auditor-Controller, *County of Los Angeles*

Claimant Contact

Auditor-Controller's Office, 500 West Temple Street, Room 525, Los Angeles, CA 90012

Phone: (213) 974-8301

abarrera@auditor.lacounty.gov

Ray Beeman, Chief Fiscal Officer, *City of Gardena*

1700 West 162nd Street, Gardena, CA 90247

Phone: (310) 217-9516

rbeeman@cityofgardena.org

Robbeyn Bird, Finance Director, *City of West Covina*

1444 West Garvey Ave South, West Covina, CA 91790

Phone: (626) 939-8438
RBird@westcovina.org

Allan Burdick,
7525 Myrtle Vista Avenue, Sacramento, CA 95831
Phone: (916) 203-3608
allanburdick@gmail.com

Guy Burdick, Consultant, *MGT Consulting*
2251 Harvard Street, Suite 134, Sacramento, CA 95815
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gburdick@mgtconsulting.com

Evelyn Calderon-Yee, Bureau Chief, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740,
Sacramento, CA 95816
Phone: (916) 324-5919
ECalderonYee@sco.ca.gov

Manuel Carrillo, Director of Finance and Administrative Services, *City of Bell Gardens*
7100 Garfield Ave, Bell Gardens, CA 90201
Phone: (562) 806-7700
MCarrillo@bellgardens.org

George Chavez, City Manager, *City of Beverly Hills*
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Phone: (310) 285-1014
gchavez@beverlyhills.org

Annette Chinn, *Cost Recovery Systems, Inc.*
705-2 East Bidwell Street, #294, Folsom, CA 95630
Phone: (916) 939-7901
achinnrcs@aol.com

Edgar Cisneros, City Administrator, *City of Commerce*
2535 Commerce Way, Commerce, CA 90040
Phone: (323) 722-4805
ecisneros@ci.commerce.ca.us

Geoffrey Cobbett, Treasurer, *City of Covina*
Finance Department, 125 E. College Street, Covina, CA 91723
Phone: (626) 384-5506
gcobbett@covinaca.gov

Kris Cook, Assistant Program Budget Manager, *Department of Finance*
915 L Street, 10th Floor, Sacramento, CA 95814
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Kris.Cook@dof.ca.gov

Viki Copeland, *City of Hermosa Beach*
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Phone: N/A
vcopeland@hermosabch.org

Ray Cruz, City Manager, *City of Santa Fe Springs*
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Phone: (562) 868-0511
rcruz@santafesprings.org

Gigi Decavalles-Hughes, Director of Finance, *City of Santa Monica*
Finance, 1717 4th Street, Suite 250, Santa Monica, CA 90401
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gigi.decavalles@smgov.net

Steven Dobrenen, Finance Director, *City of Cudahy*
5220 Santa Ana Street, Cudahy, CA 90201
Phone: (831) 386-5925
sdobrenen@cityofcudahyca.gov

Evangeline Domingo, Financial Analyst, *City of Santa Clarita*
23920 Valencia Blvd, Santa Clarita, CA 91355
Phone: (661) 286-4145
edomingo@santa-clarita.com

Bob Elliot, *City of Glendale*
141 North Glendale Ave, Ste. 346, Glendale, CA 91206-4998
Phone: N/A
belliot@ci.glendale.ca.us

Vic Erganian, Deputy Finance Director, *City of Pasadena*
Finance Department, 100 N. Garfield Ave, Room S348, Pasadena, CA 91109-7215
Phone: (626) 744-4355
verganian@cityofpasadena.net

Paul Espinoza, *City of Alhambra*
111 South First Street, Alhambra, CA 91801
Phone: N/A
pespinoza@cityofalhambra.org

Ken Farfsing, City Manager, *City of Carson*
701 E. Carson Street, Carson, CA 90745
Phone: (310) 952-1700
kfarfsing@carson.ca.us

Donna Ferebee, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
donna.ferebee@dof.ca.gov

Artie Fields, City Manager, *City of Inglewood*
1 Manchester Boulevard, Inglewood, CA 90301
Phone: (310) 412-5301
AFields@Cityofinglewood.org

Art Gallucci, City Manager, *City of Cerritos*
18125 Bloomfield Ave, Cerritos, CA 90703
Phone: (562) 916-1310
agallucci@cerritos.us

Anil Gandhi, Finance Director, *City of Downey*
Claimant Contact
11111 Brookshire Avenue, Downey, CA 90241
Phone: (562) 904-7265
agandhy@downeyca.org

Martha Garcia, Director of Management Services, *City of Monterey Park*
320 West Newmark Ave, Monterey Park, CA 91754

Phone: (626) 307-1349
magarcia@montereypark.ca.gov

Susan Geanacou, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
susan.geanacou@dof.ca.gov

Howard Gest, *Burhenn & Gest, LLP*
Claimant Representative
624 South Grand Avenue, Suite 2200, Los Angeles, CA 90402
Phone: (213) 629-8787
hgest@burhenngest.com

Dillon Gibbons, *Legislative Representative, California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
dillong@csda.net

Jose Gomez, *Director of Finance and Administrative Services, City of Lakewood*
5050 Clark Avenue, Lakewood, CA 90712
Phone: (562) 866-9771
jgomez@lakewoodcity.org

Troy Grunklee, *Director of Administrative Services, City of La Puente*
15900 East Main Street, La Puente, CA 91744
Phone: (626) 855-1500
tgrunklee@lapuente.org

Heather Halsey, *Executive Director, Commission on State Mandates*
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