

RESOLUTION NO. 2018-59
RESOLUTION NO. PFA-03
ORDINANCE NO. 2018-02

AGENDA

MISSION STATEMENT

"Our team is dedicated to protecting, enhancing, and developing our rich water resources to the highest beneficial use for Calaveras County, while maintaining cost-conscious, reliable service, and our quality of life, through responsible management."

Regular Board Workshop
Wednesday, October 24, 2018
1:00 p.m.

Calaveras County Water District
120 Toma Court, (PO Box 846)
San Andreas, California 95249

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Administration Office at 209-754-3028. Notification in advance of the meeting will enable CCWD to make reasonable arrangements to ensure accessibility to this meeting. Any documents that are made available to the Board before or at the meeting, not privileged or otherwise protected from disclosure, and related to agenda items, will be made available at CCWD for review by the public.

ORDER OF BUSINESS

CALL TO ORDER / PLEDGE OF ALLEGIANCE

1. **ROLL CALL**

2. **PUBLIC COMMENT**

At this time, members of the public may address the Board on any non-agendized item. The public is encouraged to work through staff to place items on the agenda for Board consideration. No action can be taken on matters not listed on the agenda. Comments are limited to three minutes per person.

3. **CONSENT AGENDA**

The following items are expected to be routine / non-controversial. Items will be acted upon by the Board at one time without discussion. Any Board member may request that any item be removed for later discussion.

- 3a Approval of Employment Contract with Interim General Manager
(Stacey Lollar, Director of Human Resources and Customer Service)

RES 2018-_____

BOARD OF DIRECTORS

Scott Ratterman, President Russ Thomas, Vice President
Terry Strange, Director Bertha Underhill, Director Jeff Davidson, Director

4. NEW BUSINESS

- 4a Discussion / Direction of the FY 2018-19 First Quarter Investment Report
(Jeffrey Meyer, Director of Administrative Services)
- 4b Authorization for Joint Application for Incidental Take Permit
(Peter Martin, Manager of Water Resources)
- 4c Presentation/Discussion regarding District Vehicle Replacement Program
(Jesse Hampton, Interim Director of Operations)

5. WORKSHOP: 1:15 p.m.

- 5a Discussion / Direction on Rate Assistance Program (Joel Metzger, Manager of External Affairs, Conservation, and Grants)

6. OLD BUSINESS

7.* GENERAL MANAGER REPORT

8.* BOARD REPORTS / INFORMATION / FUTURE AGENDA ITEMS

9. NEXT BOARD MEETINGS

- Friday, November 9, 2018, 1:00 p.m., Special Board Meeting
- Wednesday, November 14, 2018, 1:00 p.m., Regular Board Meeting
- Wednesday, December 12, 2018, 1:00 p.m., Regular Board Meeting

10. ADJOURNMENT

CALAVERAS COUNTY WATER DISTRICT

Board of Directors

District 1 Scott Ratterman
District 2 Terry Strange
District 3 Bertha Underhill
District 4 Russ Thomas
District 5 Jeff Davidson

Legal Counsel

Matthew Weber, Esq.
Downey Brand, LLP

Financial Services

Umpqua Bank
US Bank
Wells Fargo Bank

Auditor

Richardson & Company, LLP

CCWD Committees

*Engineering Committee
*Finance Committee
*Legal Affairs Committee
Executive Committee (*ad hoc*)
Cost of Service Study Committee (*ad hoc*)

Membership**

Davidson / Thomas (alt. Underhill)
Underhill / Ratterman (alt. Thomas)
Ratterman / Davidson (alt. Underhill)
Ratterman / Thomas
Strange / Ratterman

Joint Power Authorities

ACWA / JPIA
CCWD Public Financing Authority
Calaveras-Amador Mokelumne River Authority (CAMRA)
Calaveras Public Power Agency (CPPA)
Eastern San Joaquin Groundwater Authority
Tuolumne-Stanislaus Integrated Regional Water
Management Joint Powers Authority (T-Stan JPA)
Upper Mokelumne River Watershed Authority (UMRWA)

Ratterman (alt. Dave Eggerton)
All Board Members
Ratterman / Underhill (alt. Strange)
Peter Martin (alt. Dave Eggerton)
Russ Thomas
Strange (alt. Thomas)
Davidson (alt. Ratterman)

Other Regional Organizations of Note

Calaveras LAFCO
Calaveras County Parks and Recreation
Committee
Highway 4 Corridor Working Group
Mountain Counties Water Resources
Association (MCWRA)
Mokelumne River Association (MRA)
Tuolumne-Stanislaus Integrated Regional Water
Mgt. JPA Watershed Advisory Committee (WAC)

Ratterman / Strange
Thomas (alt. Underhill)
Thomas / Underhill
All Board Members
All Board Members
Peter Martin (alt. Metzger)

* Standing committees, meetings of which require agendas & public notice 72 hours in advance of meeting.

** The 1st name listed is the committee chairperson.

Agenda Item

DATE: October 24, 2018
TO: Board of Directors
FROM: Stacey Lollar, Director of Human Resources and Customer Service
SUBJECT: Employment Agreement of Interim General Manager

RECOMMENDED ACTION:

Motion: _____ / _____ adopting Resolution No. 2018-____ approving Employment Agreement for Position of Interim General Manager.

SUMMARY:

At the Board Meeting of October 10, 2018 the Board of Directors voted to appoint Jeffrey Meyer as the District's Interim General Manager. The finalized Employment Agreement is provided to you for formal approval.

FINANCIAL CONSIDERATIONS:

The change in personnel will be minimal and can be absorbed in the current payroll budget.

Attachment: Resolution Approving Interim General Manager Employment Agreement

RESOLUTION NO. 2018 –

**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE
CALAVERAS COUNTY WATER DISTRICT**

**APPROVING
INTERIM GENERAL MANAGER EMPLOYMENT AGREEMENT**

WHEREAS, the Board of Directors held a Board Meeting on October 10, 2018, to negotiate a contract and appoint an Interim General Manager; and

WHEREAS, negotiations have been successfully completed between Jeffrey Meyer and the Board of Directors.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors hereby approves and authorizes execution of an Employment Agreement with Jeffrey Meyer, Interim General Manager, effective October 15, 2018, the terms and conditions of employment specifically set forth in said Agreement, attached hereto and made a part hereof.

BE IT FURTHER RESOLVED, the President of the Board of Directors is authorized to execute said Agreement.

PASSED AND ADOPTED this 24th day of October 2018 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

CALAVERAS COUNTY WATER DISTRICT

Scott Ratterman, President
Board of Directors

ATTEST:

Rebecca Hitchcock
Clerk of the Board

Agenda Item

DATE: October 24, 2018

TO: Dave Eggerton, General Manager

FROM: Jeffrey Meyer, Director of Administrative Services

SUBJECT: Review and Direction of the FY 2018-19 First Quarter Investment Report

RECOMMENDED ACTION:

Motion: _____/_____ by Minute Entry, to review and accept the District's quarterly Cash and Investments report for the period ending September 30, 2018.

SUMMARY:

Stated below are cash and investment balances for June 30 and September 30, 2018 and the change in respective balances:

	<u>06/30/18</u>	<u>09/30/18</u>	<u>Change</u>
Cash, Umpqua Bank (general account)	\$ 2,030,099	\$ 2,029,446	\$ (653)
Cash on Hand, Petty Cash & Cash Drawer	600	600	-
Local Agency Investment Fund (LAIF)	25,458,421	24,774,167	(684,254)
Money Market Accounts	3,626,705	3,145,170	(481,535)
Bond Investments*	44,175	42,180	(1,995)
Certificates of Deposits*	2,254,620	2,260,837	6,217
Trustee Accounts	<u>526,925</u>	<u>529,552</u>	<u>2,627</u>
Total Cash and Investments	<u>\$ 33,941,545</u>	<u>\$ 32,781,952</u>	<u>\$ (1,159,593)</u>

**Bonds based on Market Value*

District Funds	\$ 31,756,625
Trustee Accounts	529,552
Assessment District Funds	<u>495,775</u>
Total Funds	<u>\$ 32,781,952</u>

This report is for the first quarter of FY 2018-19 and covers the months of July through September 2018. The District posted investment earnings of \$7,698 during the quarter. Activity recorded during the quarter included transferring funds from LAIF and the Umpqua Money Market account to cover debt service payments. LAIF interest rate closed .17% higher compared to the prior quarter end.

Staff continues to pursue alternate investment opportunities.

FINANCIAL CONSIDERATIONS:

The Federal Open Market Committee (FOMC) met on September 26 and voted unanimously to increase the federal funds target range to between 2.00% and 2.25%. This is the third rate increase the Fed enacted in 2018 as economic data supports the decision to implement gradual increases - the labor market continues to strengthen, the unemployment rate remains low (3.7%), and economic activity is rising at a strong rate. Furthermore inflation, both overall and inflation for items other than food and energy, continues to remain near the Fed's long-term objective of 2.0%.

Consistent with its statutory mandate, the FOMC seeks to foster maximum employment and price stability. The Committee expects that further gradual increases in the fed funds rate will be consistent with sustained economic expansion, a strong labor market, and inflation near 2.0% over the medium term.

The Dow, NASDAQ and S&P markets continued to regain some of the 2018 losses. As of September 28, the Dow stood at 26,458. This represents a 2,925 point, or 12.4% gain from it's low of 23,533 on March 23. Similarly, the S&P and NASDAQ markets also gained ground on 2018 lows, 12.9% and 18.7% respectively. Yields on ten-year treasuries moved above 300 basis points for the first time since May of this year, and LAIF daily yields increased to 2.09% at quarter end. Staff will continue to evaluate the market and will look for the best short-term investment options until such time of higher short and medium-term interest rates.

CALAVERAS COUNTY WATER DISTRICT

Quarterly Report on Investments

September 30, 2018

Investment Cost	Market Value	Coupon Rate	Date Invested	Date of Maturity	Days to Maturity	% of Portfolio	Invested with
\$ 24,774,167	\$ 24,774,167	2.090%	Open	Open	193	78.56%	Local Agency Investment Fund
26,027	26,027	0.010%	Open	Open	5	0.08%	Wells Fargo Money Market
3,119,143	3,119,143	0.460%	June 14, 2007	Open	1	9.89%	Umpqua Bank Money Market
325,917	325,917	0.900%	March 28, 2012	May 1, 2019	213	1.03%	Umpqua Bank Certificate of Deposit
2,000,000	1,934,920	1.300%	July 22, 2016	July 22, 2021	1,026	6.34%	Wells Fargo Bank Certificate of Deposit
760,603	42,180	3.950%	May 5, 2008	November 10, 2009	DEF	2.41%	Lehman Bros Hldgs Med Term Note CUSIP 52517PXT3
529,552	529,552	(Trustee funds from page 2)				1.68%	
<u>\$ 31,535,409</u>	<u>\$ 30,751,906</u>					100.00%	

I certify that all of the investments reported herein are substantially in accordance with the District's Financial Management Policy 7, "Investment Policy Guidelines", the law and other contractual agreements. I further certify the investments reported herein provide for the ability of the District to meet cash flow needs as specified in Financial Management Policy 7.



Jeffrey Meyer, Director of Administrative Services

CALAVERAS COUNTY WATER DISTRICT
Quarterly Report on Investments

September 30, 2018

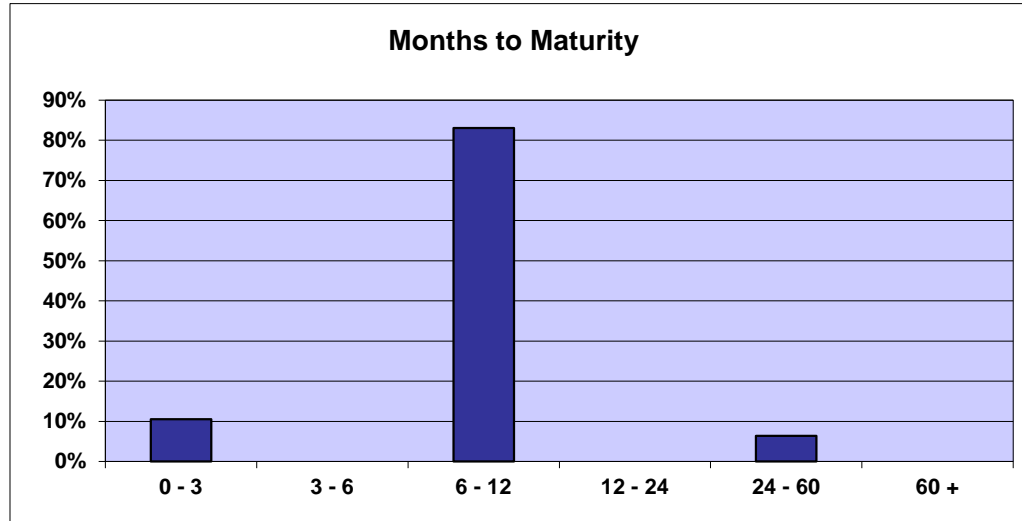
Trusteed Funds:

Cost	Market Value	% Yield	Date Invested	Date of Maturity	Days to Maturity	% Portfolio	Trustee	INVESTED FOR
\$ 322,529	\$ 322,529	0.00%	Aug 16, 06	Open	1	60.91%	USBank	2006 Saddle Creek Ltd, Reserve
138,176	138,176	0.01%	Oct 15, 13	Open	1	26.09%	USBank	Fly In Acres Reserve Fund
68,847	68,847	0.01%	Sep 09, 10	Open	1	<u>13.00%</u>	USBank	DaLee/Cassidy Reserve Fund
<u>\$ 529,552</u>	<u>\$ 529,552</u>					<u>100.00%</u>		

Maturity Analysis	Maturity Time Frames
\$ 27,919,337	LAIF/Money Market
42,180	Maturity in Default
325,917	Scheduled Maturities in 2019
1,934,920	Scheduled Maturities in 2021
<u>\$ 30,222,354</u>	Total
529,552	Trustees Investments
<u>\$ 30,751,906</u>	Total Investments
\$ 2,029,446	Checking Account Balance
600	Petty Cash + Change Fund
<u>\$ 32,781,952</u>	Total Cash & Investments

Weighted Average Maturity	
(The average life in days following the last day of the month)	
Fund Class:	No. of Days
General	<u>288</u>
In Years =	<u>0.79</u>
Trust	<u>1</u>

Calaveras County Water District
Monthly Maturity Distribution (Market Value)
As of September 30, 2018



Months to Maturity	Maturity Distribution	Market Value
0 - 3	11%	\$ 3,187,350
3 - 6	0%	-
6 - 12	83%	25,100,084
12 - 24	0%	-
24 - 60	6%	1,934,920
60 +	0%	-
	Total	<u><u>\$ 30,222,354</u></u>

Months to maturity chart includes Lehman Bros defaulted bond of \$42,180 as of 09/30/18.

**Calaveras County Water District
Portfolio Summary
As of September 30, 2018**

Investments	Par Value	Market Value	Book Value	% of Portfolio	Days to Maturity	Yield to Maturity
Local Agency Investment Fund (LAIF)	24,774,167	24,774,167	24,774,167	79.9%	193	2.09%
Money Market Funds (Wells Fargo)	26,027	26,027	26,027	0.1%	5	0.01%
Money Market Funds (Umpqua)	3,119,143	3,119,143	3,119,143	10.1%	1	0.46%
Non-Negotiable Certificates of Deposit (Umpqua Bank)	325,917	325,917	325,917	1.1%	213	0.90%
Non-Negotiable Certificates of Deposit (Wells Fargo Bank)	2,000,000	1,934,920	2,000,000	6.5%	1,026	1.30%
Medium Term Notes	1,425,000	42,180	760,603	2.5%	DEF	DEF
Total Investments	31,670,254	30,222,354	31,005,857	100%		
Ending Accrued Interest		143,314	143,314			
Total Investments & Accrued Interest:	31,670,254	30,365,668	31,149,171			

**Calaveras County Water District
Investment Compliance Checklist
As of September 30, 2018**

California Government Code Section	Investment Category	Maximum Maturity	Authorized Investment Limits (Percent of Portfolio)	Percentage Held in Portfolio	Credit Rating Limits	Compliance
16429.1	Local Agency Investment Fund (LAIF)	None	*	80%	n/a	Yes
53601(l)	Money Market Funds (Wells Fargo)	None	20%	0%	(1)	Yes
53601(l)	Money Market Funds (Umpqua)	None	20%	10%	(1)	Yes
53684	Non-Negotiable Certificate of Deposit (Umpqua Bank)	2 years	40%	1%	n/a	See Note
53684	Non-Negotiable Certificate of Deposit (Wells Fargo Bank)	2 years	40%	6%	n/a	No
53601(k)	Medium Term Notes	5 years	30%	2%	A or >	Yes
				100%		

(1) Highest ranking by 2 of 3 of the nationally recognized rating agencies

*LAIF currently allows a maximum of \$50 million per account.

Note: This Certificate of Deposit is held for Loan Collateral

Agenda Item

DATE: October 24, 2018
TO: Jeffrey Meyer, Interim General Manager
FROM: Peter Martin, Manager of Water Resources
SUBJECT: Authorization for Joint Application for Incidental Take Permit

RECOMMENDED ACTION:

Motion: _____ / _____ by Minute Entry to authorize the Interim General Manager to jointly apply for a General Incidental Take Permit under the Endangered Species Act of 1973 for covered activities related to the Calaveras River.

SUMMARY:

Calaveras County Water District (CCWD) and Stockton East Water District (SEWD) are prepared to jointly submit an application to the National Oceanic and Atmospheric Administration, National Marine Fisheries Service (NMFS) for a fifty-year Incidental Take Permit (ITP). The resulting permit will allow for incidental take coverage of two federal Endangered Species Act listed fish species: 1) the California Central Valley distinct population segment of steelhead (*Oncorhynchus mykiss*) and, 2) any fall-, late-fall-, spring- or winter-run Chinook Salmon (*Oncorhynchus tshawytscha*) that may opportunistically migrate upstream of Bellota in the lower Calaveras River. A Final Draft of the Habitat Conservation Plan (HCP) will be submitted with the application, and this document generally outlines the Districts' covered activities, conservation strategies, and monitoring obligations. It is anticipated that conditions of the draft HCP will ultimately be the regulatory foundation for issuance of the ITP, which will provide coverage for the collective activities of CCWD and SEWD below New Hogan Reservoir. For CCWD, the covered activities include: (1) Jenny Lind operations, maintenance, and expansion; and (2) diversion of water by private agricultural water users.

Staff recommends the Board authorize the preparation and submittal of the joint application for the ITP. CCWD staff and counsel, along with SEWD staff and their counsel, have developed the Draft HCP in close coordination with NMFS staff over more than decade. Consequently, NMFS is prepared to initiate their final review and approval process. Note that this the first item of several that will be brought before the CCWD Board of Directors for approval related to the HCP over the next several months. Subsequent items will likely include approval for implementation of the final HCP, as well as a cost sharing and operations agreement with SEWD.

NMFS staff will be in attendance to speak about the history of the project, the HCP and ITP process, , and outline the upcoming NMFS internal approval process.

FINANCIAL CONSIDERATIONS:

All work associated with this ongoing effort has been authorized and budgeted in the Water Resources Department budget.

Agenda Item

DATE: October 24, 2018

TO: Jeffrey Meyer, Interim General Manager

FROM: Jesse Hampton, Interim Director of Operations

SUBJECT: Presentation/Discussion regarding District Vehicle Replacement Program

RECOMMENDED ACTION:

Discussion only.

SUMMARY:

On September 18th the Finance Committee received an update on the District's vehicle replacement program. Today, along with Mr. Bob Carter, the District's Senior Mechanic, we will present an overview of the District's fleet and equipment needs and how these needs relate to the current inventory of trucks and equipment. We will also review the District's Vehicle and Equipment Replacement and Purchasing Policy (attached) and discuss the California Air Resource Control Board's large diesel truck emissions regulation and how it will affect the District's fleet of large diesel trucks.

The emissions regulation requires diesel trucks and buses with a gross vehicle weight rating ("GVWR") that is 14,001+ lbs. to reduce exhaust emissions by meeting particulate matter (PM) filter requirements and upgrading to 2010 model year (MY) or newer engines. Newer heavier trucks and buses had to meet the PM filter requirements beginning January 1, 2012. By January 1, 2023, nearly all large diesel trucks will need to have 2010 model year engines or equivalent or be removed from service. The following is a summary of the requirements for lighter and heavier vehicles:

LIGHTER VEHICLES with a GVWR between 14,001 and 26,000 lbs. need to be upgraded to 2010 or newer MY engines. No retrofit PM filter or reporting is required.

Engine Year	2010 MY Engine
1995 and older	January 1, 2015
1996	January 1, 2016
1997	January 1, 2017
1998	January 1, 2018
1999	January 1, 2019
2003 and older	January 1, 2020
2004 - 2006	January 1, 2021
2007 - 2009	January 1, 2023

HEAVIER VEHICLES with a GVWR of 26,001+ lbs. need upgrades as shown in the table. No reporting is required if using the heavier vehicle schedule.

Engine Year	PM Filter	2010 MY Engine
1995 and older	Not Required	January 1, 2015
1996	Not Required	January 1, 2016
1997	January 1, 2012	January 1, 2020
1998	January 1, 2013	January 1, 2021
2004 - 2006	January 1, 2014	January 1, 2022
2007 – 2009	If already equipped	January 1, 2023

Staff will present a current inventory of all large diesel trucks and equipment and whether or not they comply with the emissions regulations. For those non-compliant vehicles, replacement plans and costs will be discussed.

FINANCIAL CONSIDERATIONS:

Unknown at this time.

Attachment: Resolution 2003-61, Vehicle and Equipment Replacement and Purchasing Policy

RESOLUTION NO. 2003 - 61

A RESOLUTION AMENDING THE VEHICLE / EQUIPMENT
REPLACEMENT AND PURCHASING POLICY

WHEREAS, the Board of Directors of CALAVERAS COUNTY WATER DISTRICT adopted a Vehicle / Equipment Replacement and Purchase Policy on March 26, 2003; and

WHEREAS, the Board desires to amend such policy.

FURTHER RESOLVED, the attached amended Vehicle Policy, is hereby approved, and shall become effective immediately.

PASSED AND ADOPTED this 27th day of August 2003, by the following vote:

AYES: Directors Fonceca, Underhill, Deem, and Davidson
NOES: None
ABSTAIN: None
ABSENT: Director Hebrard

CALAVERAS COUNTY WATER DISTRICT



Jeff Davidson
President

ATTEST:



John W. Stewart
Secretary/General Manager

CCWD Vehicle and Equipment Replacement and Purchasing Policy

1.0 Replacement Policy:

- 1.1 Light duty vehicles: These vehicles - office pool vehicles, compact to one ton pickups and meter reading vehicles - are eligible to be replaced after 120,000 miles.
- 1.2 Heavy duty vehicles: These vehicles - backhoes, dump trucks, wastewater collection cleaning & inspection equipment such as VACCON, Vactor, TV van etc, - are eligible to be replaced according to the following schedule:

Vehicle Type	Replacement, years
Backhoe	12
Dump Trucks	12
VACCON	7
VacTor	7
TV Van	10

- 1.3 Special replacement authorization for high maintenance (lemon law) vehicles: Any vehicle or piece of equipment may be replaced sooner than indicated in 1.1 and 1.2 at the discretion of the General Manager when maintenance costs dramatically exceed the average.
- 1.4 Board review: The General Manager is directed to annually prepare a schedule for vehicle replacement listing all District vehicles and equipment. The General Manager is also directed to prepare a five-year cash flow analysis of the vehicle replacement fund. The list and the cash flow analysis shall be reviewed with the Board President to determine if any review by the full Board is appropriate.

2.0 Purchasing Policy

2.1 Source:

2.1a Light Duty: Every effort will be made to locate good used vehicles, such as those available from lease returns and/or from public agency sales, such as Salt Lake City Department of Public Works. Good used vehicles generally will be only 1-3 years old with less than 40,000 miles on them. After three months (90 days) with no success, vehicles will be purchased new from the factory through local dealers following the District's purchasing policy.

2.1b Heavy Equipment: Backhoes and the Wastewater collection system cleaning equipment will be purchased new from the factory through local dealers. Good used dump trucks will be sought either from dealers and/or lease return sources.

2.1c Internet: Use of Internet sources shall be used.

2.2 Quotation & Bidding:

2.2a Used: Whenever possible, the District's purchasing policy will be followed – competitive bids will be sent to three or more qualified sources. However, the General Manager or his designate shall have the authority to approve single source purchases for already Board approved vehicle purchases.

2.2b New: The District's purchasing policy, regarding competitive bidding, will be followed with the exception that newspaper advertising is not required. The District will establish specifications for the vehicle or equipment, which will be sent to a minimum of ten prospective vendors for quotation. They will be given a minimum of 20 and a maximum of 30 days to respond. Regardless of the number of quotes received, the lowest qualified bid will be accepted.

3.0 Funding:

3.1 **Source:** Subject to budget approval, each year sufficient funds will be placed into the Vehicle Replacement Fund to support the replacement policy in section 1.0. The current amount is \$200,000, but this amount will change with changes in the average cost of vehicles and with changes in the number of vehicles in inventory. This amount will be calculated each year as part of the budget process and will be put into the Vehicle Replacement and Improvement fund.

3.2 **Unused funds:** Any unused funds in the Vehicle Replacement Fund shall remain intact and carry forward each year. This will allow for accumulation of funds for heavy equipment purchases.

4.0 **Purchase authority:** With this policy, the Board authorizes the General Manager to purchase vehicles and equipment without further Board review.

Originally adopted: Res. No. 2003- 24, March 26, 2003
Revised: Res. No. 2003-61, August 27, 2003

Agenda Item

DATE: October 24, 2018

TO: Jeffrey Meyer, Interim General Manager

FROM: Joel Metzger, Manager of External Affairs, Conservation & Grants
Stacey Lollar, Director of Human Resources and Customer Service

RE: Discussion/Direction Regarding Customer Assistance Program

RECOMMENDED ACTION:

Discussion/direction regarding development of a Customer Assistance Program policy.

SUMMARY:

Over the past few years, customers have told District staff that water and sewer rates are creating significant financial hardships for some low-income customers, including retired persons, veterans, single parents and those living on fixed incomes. In 2002 and continuing through 2010, the District partnered with the Resource Connection to create the Wastewater Rate Assistance Program (WRAP) for wastewater customers (see attached policy). Qualifying customers received a \$15 monthly stipend. The program was funded by employee donations and the proceeds from charity golf tournaments organized by District staff and board members. However, these funding sources proved to be unsustainable and the program was discontinued.

At the state level, a low-income relief bill was approved by Gov. Brown in 2016, AB 401 (Dodd), which requires the State Water Resources Control Board to develop a plan for the funding and implementation of a low-income water rate assistance program by 2018. A report with recommendations was expected from the state in early 2018. However, that report has been delayed indefinitely. Additionally, it is important to note that AB 401 does not address sewer bills and the District's single-family residential sewer bills are substantially higher than water bills.

In May 2018, after receiving feedback from ratepayers during community meetings held in advance of the most recent five-year rate plan adoption, the Board directed staff to develop a policy for a Customer Assistance Program ("CAP") before the end of the 2018 calendar year. Since that time, staff held community workshops/meetings on September 27, October 3 and October 12, as well as making a presentation to the Finance Committee on October 16.

BACKGROUND:

The District has 13,080 water customers, 4,848 wastewater customers, and serves a population of approximately 22,000. Due to the requirements of Prop. 218, the District treats all customers equally. If a customer is unable to pay their bill, the District has no recourse but to assess late fees and eventually lock the customer's water meter off or submit a past-due wastewater bill to the County tax rolls. A Customer Assistance Program has the potential to help participating customers pay their bills and reduce the possibility of these customers being charged late fees and water meter lock-off.

Because Proposition 218 prohibits the use of rate revenue paid by one customer to be used to subsidize the costs of providing service to another customer, only non-rate revenues can be used to fund an assistance program. However, it is important to note that all District non-rate revenues are currently committed and in order to implement this program, the District would need find new "sustainable" non-rate revenues to provide ongoing funding for a CAP.

District staff met with the Resource Connection regarding a CAP and they offered to partner with the District to administer this program, including verification of income and application processing. The Resource Connection would provide the District with verified applications, which will significantly reduce the amount of District staff time involved in processing applications.

After assessing feedback from the public workshops and the Finance Committee, staff has drafted some preliminary program policy guidelines:

- Offer the program to anyone making between 185-200% of the federal poverty guidelines (see attached)
- Use the Resource Connection to qualify customers using PG&E Care program requirements
- Require owner consent forms to allow renters to participate in the approved CAP
- The program would be available on a first-come, first-served basis
- Limit a maximum number of people and amount of funding
- Require customers to have an account in good standing while enrolled in the program
- Require customers to re-qualify every one to two years

The CAP program guidelines will also need to include procedures to ensure successful program implementation, such as application processing and review; how the credits will be applied and what if any modification will need to be made with the District 's billing system; how the "the account in good standing" will be monitored; and the re-qualification process

One CAP subsidy option discussed is a bimonthly assistance of \$20 per water account and \$20 – \$30 per sewer account. Customer Service estimates at least 200 customers would sign up for the program. If a \$20 per water bill subsidy was provided, the cost of

the water subsidy would be \$120 per year per CAP customer. If the wastewater subsidy was \$30 per bill, the cost of the wastewater subsidy would \$180 per year per CAP customer. The following is a cost summary per 100 customers:

- For every 100 water customers enrolled, the annual cost is \$12,000
- For every 100 wastewater customers enrolled, the annual cost would be \$18,000
- Total annual cost for 100 water and wastewater enrolled customers - \$30,000

Other CAP subsidy policy guidelines discussed include:

- Option 1: If a customer has both a water and sewer account, they have their choice of only one (1) credit, water or sewer
- Option 2: If a customer has both a water and sewer account they can receive both credits

NEXT STEPS

After receiving Board and public comments, staff will prepare draft Customer Assistance Program policies and procedure. Staff will present the proposed policy to the full Board for review and eventual adoption by the end of the calendar year.

FINANCIAL CONSIDERATIONS:

None at this time

*Attachments: CCWD WRAP Policy
2017 Federal Poverty Guidelines
2018 HEAP Application
Regional CAP Program Summary
EID CAP Application
PID CAP Application
STPUD CAP Application
PG&E CARE Program*

RESOLUTION NO. 2009 – 69

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE
CALAVERAS COUNTY WATER DISTRICT
AMENDING THE WASTEWATER RATE ASSISTANCE POLICY

WHEREAS, the Board of Directors of CALAVERAS COUNTY WATER DISTRICT adopted a Wastewater Rate Assistance Policy, dated August 29, 2002 by Resolution 2002-72 and amended February 12, 2003 by Resolution No. 2003-09; further amended April 28, 2004 by Resolution 2004-16; further amended November 9, 2005 by Resolution 2005-77; further amended November 8, 2006 by Resolution 2006-121; further amended January 16, 2008 by Resolution 2008-05, and further amended October 8, 2008 by Resolution 2008-80; and

WHEREAS, the Board of Directors desires to continue the Wastewater Rate Assistance Policy and Program for the program year commencing on November 1, 2009, through October 31, 2010.

NOW, THEREFORE, BE IT RESOLVED, that the Wastewater Rate Assistance Policy, attached hereto and made a part hereof, is approved by the Board of Directors and shall become effective immediately.

BE IT FURTHER RESOLVED, that the eligibility criteria continue to include households with incomes up to 150% of the Federal Poverty Level as published by 2009 HHS Poverty Guidelines; and

BE IT FURTHER RESOLVED, that the monthly stipend continue to be \$15 per qualified household.

PASSED AND ADOPTED this 28th day of October 2009, by the following vote:

AYES: Directors Davidson, Underhill, Rich, and McCartney
NOES: None
ABSTAIN: None
ABSENT: President Dean

CALAVERAS COUNTY WATER DISTRICT



Philip J. McCartney
Vice President, Board of Directors

ATTEST:



Mona Walker, Clerk to the Board

Calaveras County Water District Wastewater Rate Assistance Program Policy

Calaveras County Water District's (CCWD) Wastewater Rate Assistance Program (WRAP) provides financial aid for low-income customers utilizing wastewater services of the District, primarily funded by outside donations/grants. By approval of the CCWD Board of Directors, the District may provide revenues not derived from customer rates to supplement other revenue sources to foster the program, if desired.

Program Year: The program year will run from November 1st, 2009 through October 31st of the following calendar year. Funds will be distributed to eligible customers having applied as of November 1st, 2009 for the program first, then to first time eligible applicants thereafter on a first-come, first-serve basis, until program revenues for the year are depleted.

General Eligibility Requirements: The Resource Connection of Calaveras County will determine an applicant's eligibility from September 1st until October 31st of the following year, applicants must meet all of the following requirements annually in order to become/remain eligible for the program:

- ❖ The applicant must fill out an application and provide any additional documentation as required by THE RESOURCE CONNECTION to determine income eligibility requirements.
- ❖ The applicant's household income must meet WRAP income eligibility requirements.
- ❖ The applicant must be the owner of the property on which the CCWD wastewater service is located.
- ❖ The applicant must live at the property where the aid will be received.
- ❖ The applicant must live at the property more than half the program year (not for second homes).

Income Eligibility Requirements: The income eligibility level shall be established at 150% of the Department of Health and Human Services (HHS) poverty guidelines in effect at the beginning of the program year (see attached schedule). Income eligibility will be determined by The Resource Connection using the HHS poverty guidelines. The Department of Health and Human Service (HHS) 2009 Poverty Guidelines will be used for the program year starting November 1, 2009. A household's income includes money from any of these sources:

- Wages and Salaries
- Interest and/or Dividends from
 - Savings Accounts
 - Stocks or Bonds
 - Retirement Accounts
- Unemployment Benefits
- Rental and Royalty Income
- School grants, scholarships or other aid used for living expenses
- Profit from Self-Employment (IRS Form Schedule C, Line 29)
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps

- Child Support
- Cash and/or Other Income
- Spousal Support

The total combined household income from the above sources must be equal to or less than the HHS poverty guidelines, less any mid-year Federal or State Cost of Living Adjustments realized during the program year, to be eligible for the program. The Resource Connection will require a completed application and evidence (as determined by The Resource Connection) of the household's income sources annually in order to be eligible for each program year.

WRAP Credit Amount: The WRAP Credit Amount for the 2009/2010 program year is set at \$15.00 per month, of the current monthly wastewater fixed service charge that supports operations. Each year, the CCWD Finance Director will prepare an estimate of the program revenues and number of eligible applicants in order to propose the monthly WRAP credit amount for the upcoming program year. Assistance is not available for other rates, fees, or charges of the District including capacity fees, inspection fees, and capital replacement surcharges. The CCWD General Manager and Finance Committee will approve the WRAP credit amount annually prior to the beginning of the program year.

WRAP credits for the 2009/2010 program year, will be applied to all 2008/2009 program eligible applicants accounts first. Thereafter, funds will be distributed to newly qualifying applicant's accounts on a first-come, first-serve basis, until all program revenue is allocated for the program year. Under no circumstances shall the total WRAP credits exceed program revenue for any program year.

The Resource Connection will notify CCWD by the 15th of each month of newly qualified customers for the WRAP credits. The Resource Connection will additionally forward a check to CCWD by the 15th of each month to support the allocation of credits to newly qualified customers. CCWD will hold the funds as prepayments for the monthly wastewater fees to be distributed bimonthly through WRAP credits.

Program Revenues: Program Revenues are defined as the total funds available for the program less administrative costs for each program year. Funds may be derived from the following sources:

- *Customer Contributions* – Donations will be solicited from customers two times annually during the April/May and September/October billing cycles: Donations will be made directly to THE RESOURCE CONNECTION, a 501(c)(3) Non-Profit Organization, for the benefit of the Wastewater Rate Assistance Program. THE RESOURCE CONNECTION will send a receipt to persons making donations each calendar year.
- *Grants* – CCWD and THE RESOURCE CONNECTION will solicit grant contributions from United Way and other granting organizations annually as available.
- *CCWD Interest Earnings/Non-Rate Revenues* – Each year CCWD may authorize funds to be used for the program during the annual budget process and budget resolution. Unused funds in any fiscal year will be carried over to the following program year unless otherwise indicated in the following year's budget resolution. Funds will be designated as either direct contributions to the program or may be contributed on a matching basis with other program fund sources (e.g., dollar-for-dollar match with customer contributions), as designated in the budget authorizing resolution. CCWD revenues derived from customer rates shall not be used as program revenues. Any funding in excess of the original \$10,000 advanced by CCWD must have Board approval.

Unused funds from sources outside CCWD will automatically be carried over to the following program year until fully distributed through WRAP credits.

Administrative Costs: The Resource Connection will charge an administrative fee based on actual Resource Connection personnel time spent administering the program plus any direct expenses that may be incurred in said administration (i.e. printing, postage). Changes in the fee in future program years must be authorized by both The Resource Connection and the CCWD General Manager prior to the beginning of each program year.

Interest Earnings: WRAP funds will be held in an interest-bearing bank account and interest earnings may be used to defer administration costs and/or to fund the program.

Change of Eligibility Status: Customers who are receiving credits must notify The Resource Connection if their household no longer qualifies for WRAP. Upon notification of the disqualification, credits will be terminated. Failure to notify The Resource Connection when a household no longer meets the qualification for the program would result in the customer's permanent removal from WRAP eligibility and revocation of any credits received during the current program year, which would become immediately due and payable to The Resource Connection.

Customers on the program who provided incorrect information in the determination of their eligibility may be permanently removed from the program. All credits previously given to these customers may be revoked and become immediately due and payable to The Resource Connection. Additionally, an interest penalty at the most current LAIF (Local Agency Investment Fund) rate of interest may be charged for all credits previously received and will become immediately due and payable. Failure to make restitution for the amounts prescribed in this section will subject the customer to CCWD collection procedures as set forth in the Rules and Regulations Governing the Furnishing of Water and/or Wastewater Service, as amended from time to time, and may ultimately result in the termination of the customer's water/wastewater service with CCWD.

Water Efficiency Assistance: CCWD staff will provide customers receiving WRAP credits with free information, water conservation kits and water audit services to help control the cost of their water bills. Additionally, water conservation kits will be supplied to The Resource Connection by CCWD to be distributed to WRAP eligible customers who require them.

Disputes: The CCWD General Manager is authorized to resolve in his sole discretion any disputes or claims that may arise from the administration of this program. General policy changes must be reviewed and approved by the CCWD Board of Directors.

Contacts:

Calaveras County Water District
Finance Department
423 E. St. Charles Street
P.O. Box 846
San Andreas, CA 95249
Phone: (209) 754-3543
Fax: (209) 754-0270

The Resource Connection
c/o CCWD WRAP Program
584 W. St. Charles Street
P O Box 919
San Andreas, CA 95249
Phone: (209) 754-1257
Fax: (209) 754-3561

Approved by



Date 10/29/09

2017 Federal Poverty Guidelines

Per the United States Department of Health and Human Services

Size of family unit	100 Percent of Poverty	110 Percent of Poverty	125 Percent of Poverty	150 Percent of Poverty	175 Percent of Poverty	185 Percent of Poverty	200 Percent of Poverty
1	\$11,880	\$13,068	\$14,850	\$17,820	\$20,790	\$21,978	\$23,760
2	\$16,020	\$17,622	\$20,025	\$24,030	\$28,035	\$29,637	\$32,040
3	\$20,160	\$22,176	\$25,200	\$30,240	\$35,280	\$37,297	\$40,320
4	\$24,300	\$26,730	\$30,375	\$36,450	\$42,525	\$44,955	\$48,600
5	\$28,440	\$31,284	\$35,550	\$42,660	\$49,770	\$52,614	\$56,880
6	\$32,580	\$35,838	\$40,725	\$48,870	\$57,015	\$60,273	\$65,160
7	\$36,730	\$40,403	\$45,913	\$55,095	\$64,278	\$67,951	\$73,460
8	\$40,890	\$44,979	\$51,113	\$61,335	\$71,558	\$75,647	\$81,780



Preferred percentages



AMADOR TUOLUMNE COMMUNITY ACTION AGENCY
2018 HEAP (Home Energy Assistance Program) Calaveras
Income guidelines for home weatherization, PG&E or propane payment assistance:

Size of Household	1	2	3	4	5	6	7
Total Gross Monthly Income not to exceed	\$2,097.98	\$2,743.52	\$3,389.05	\$4,034.58	\$4,680.12	\$5,325.65	\$5,446.69

APPLICATION INSTRUCTIONS: Keep the Yellow papers for your records.

DOCUMENTS NEEDED FROM YOU: All documents will be kept confidential: SEE BELOW

DO NOT USE WHITE OUT! Applications for assistance on utility bills with a credit balance larger than 1 months average charge will not meet eligibility requirements. Complete and return the 5 white, 2 green forms, & client survey in the application. All documentation must be included with the application. Incomplete application will be returned. Return application by mail or call for an appointment at the locations and phone numbers listed below.

- 1. Identification and Social Security Card** for applicant only. Current CA ID or Driver's License
- 2. Proof of citizenship.** Birth certificate, unexpired passport or Baptismal Certificate for the applicant only.
- 3. Current proof of income:** All household members 18 and over must provide proof of monthly income over the last 6 weeks prior to the application submittal date. **Income examples;** paystubs, Social Security 2018 award letters, pension letters must be current and include gross, interest statements (No 1099's accepted), unemployment stubs. All adults claiming no income must fill out a **'Zero Income'** form (CSD 43B, provided by ATCAA).
- 4. Current Notice of Action or Passport to services** for cash aid/food stamps.
- 5. Current Electric Bill** must be within 6 weeks of application date. Provide all pages. Submit for energy cost, even if applying for propane.
- 6. Propane** 12 month history on bulk fill accounts. If propane fill is needed a written estimate from current propane provider on business letter head with the account holder name, service address, account number, gallons and cost. For metered accounts provide current billing.
- 7. Utilities included in rent** must provide a copy of your most current rent receipt stating the cost of utilities and usage.
- 8. Wood, pellet, or kerosene receipts within last 12 months.**
- 9. Proof of ownership** for homeowners applying for Weatherization.

Note: Please allow time for the application to be processed 12-16 weeks. Please continue to pay your bills. If credit does **NOT** appear on your account after 12-16 weeks call PG&E at 1-800-743-5000 or your propane vendor first.

If you have questions, concerns, complaints, or would like to appeal a decision about your HEAP application, contact ATCAA Energy Program at one of the following numbers below.

**AMADOR-TUOLUMNE
COMMUNITY ACTION AGENCY**
 Energy Department
 10590 Hwy 88
 Jackson, Ca 95642

209-223-1485 Ext. 221 /259
 Appointments Mon – Thurs 9-Noon

<http://atcaa.org/utility-assistance/>

Tuolumne County ATCAA
 427 HWY 49, Suite 305
 Sonora, CA 95370
 533-1397 Ext. 287/250
 Appointments Mon – Thurs 9 –Noon

No person shall be discriminated against in participating due to age, sex, color, religion, gender, marital status, ancestry, medical condition, physical or mental disability, citizenship, or any other consideration made unlawful by state, federal, and local laws.

Staff	ATCAA Program:
Use:	Intake Date:

Client's Information

Service you are applying for today: _____

First Name	Middle	Last Name	Suffix
Date of Birth	SSN (last 4 digits only) <input type="checkbox"/> Unknown 999-99- <input type="checkbox"/> Decline to State	Gender (please circle one) F=Female U=Unknown/Other M2F = Transgender Male to Female M=Male R=Decline to State F2M =	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State			
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Unknown/Other <input type="checkbox"/> Decline to State			
Primary Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			
Additional languages spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			

Address History

Street Address	Apartment Number
City	Zip Code
, CA	
Mailing Address (if different from above)	
City	Zip Code
, CA	
Email Address	Home Phone Number
Cell Phone	Message Phone

Program Entry

Program Name
Family Type: <input type="checkbox"/> Single Adult <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Single Parent, Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Other

Client Information

Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State
Do you have a disabling condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State
Type of health Insurance?	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Employment based <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults
Military Status?	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Neither Active Military or veteran
Housing Type:	<input type="checkbox"/> Own <input type="checkbox"/> Rent/No subsidy <input type="checkbox"/> Rent/Subsidized Housing <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Other
Education Level (Adults 24+):	<input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 Year College Graduate
Employment:	<input type="checkbox"/> Working Full-time <input type="checkbox"/> Working Part-time <input type="checkbox"/> Unemployed (Short-Term, 6 months or less) <input type="checkbox"/> Unemployed (Long-Term, more than 6 months) <input type="checkbox"/> Not in work force <input type="checkbox"/> Retired
Other Family Characteristics:	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Seasonal Farm Worker

Below are other ATCAA services/programs you may be interested in:

Please call: 223-1485 in Amador County or 533-1397 in Tuolumne County for more information:

<u>Amador/Tuolumne Programs</u> Infonet & Referral Budget/Credit Counseling Head Start/Early Head Start/Childcare Housing Resources/Rental Assistance PG&E/Propane /Weatherization Assistance Shelter/Permanent Supportive Housing Tax Assistance	<u>Amador Programs:</u> Children's Counseling Foster Youth Program Lifeline Tutoring Program	<u>Tuolumne Programs</u> Family Learning-ESL/GED Classes Food Assistance Programs Friday Night Live Homeless Street Outreach Mental Health First Aid	Promotores de Salud Suicide Prevention Transitional Housing YES Partnership Youth Mentoring
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Staff Use:	Primary Client Name:
	Intake Date:

PLEASE COMPLETE FOR EVERY MEMBER OF THE HOUSEHOLD

Other Household Member (1)

First Name	Middle	Last Name	Suffix
Date of Birth	SSN (last 4 digits only) <input type="checkbox"/> Unknown 999-99- <input type="checkbox"/> Decline to State	Gender (please circle one) F=Female U=Unknown/Other M2F = Transgender Male to Female M=Male R=Decline to State F2M = Transgender Female to Male	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State			
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Unknown/Other <input type="checkbox"/> Decline to State			
Relationship to client / Head of Household:			
Lives in same household as client? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Household Member Information (1)

Are you pregnant? Yes No Unknown Decline to State

Do you have a disabling condition? Yes No Unknown Decline to State

Type of health Insurance? Medicare Medicaid Employment based Direct Purchase Military Health Care
 State Children's Health Insurance State Health Insurance for Adults

Military Status? Veteran Active Military Neither Active Military or veteran

Housing Type: Own Rent/No subsidy Rent/Subsidized Housing Other Permanent Housing Other

Education Level (Adults 24+): 0-8 Grade 9-12 Grade/Non-graduate High School graduate/GED 12+ Some College
 2 or 4 Year College Graduate

Employment: Working Full-time Working Part-time Unemployed (Short-Term, 6 months or less)
 Unemployed (Long-Term, more than 6 months) Not in work force Retired

Other Family Characteristics: Farmer Migrant Farm Worker Seasonal Farm Worker

Other Household Member (2)

First Name	Middle	Last Name	Suffix
Date of Birth	SSN (last 4 digits only) <input type="checkbox"/> Unknown 999-99- <input type="checkbox"/> Decline to State	Gender (please circle one) F=Female U=Unknown/Other M2F = Transgender Male to Female M=Male R=Decline to State F2M = Transgender Female to Male	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State			
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Unknown/Other <input type="checkbox"/> Decline to State			
Relationship to client / Head of Household:			
Lives in same household as client? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Household Member Information (2)

Are you pregnant? Yes No Unknown Decline to State

Do you have a disabling condition? Yes No Unknown Decline to State

Type of health Insurance? Medicare Medicaid Employment based Direct Purchase Military Health Care
 State Children's Health Insurance State Health Insurance for Adults

Military Status? Veteran Active Military Neither Active Military or veteran

Housing Type: Own Rent/No subsidy Rent/Subsidized Housing Other Permanent Housing Other

Education Level (Adults 24+): 0-8 Grade 9-12 Grade/Non-graduate High School graduate/GED 12+ Some College
 2 or 4 Year College Graduate

Employment: Working Full-time Working Part-time Unemployed (Short-Term, 6 months or less)
 Unemployed (Long-Term, more than 6 months) Not in work force Retired

Other Family Characteristics: Farmer Migrant Farm Worker Seasonal Farm Worker

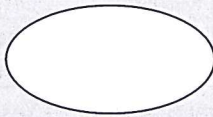
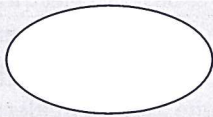
Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2017)

Official Use Only:	
Priority Points	
A.C.C.	
Eligibility Cert Date	

Agency:	Intake Initials:	Intake Date:		
First name	Middle Initial	Last Name	Date of Birth MM/DD/YY	
SERVICE ADDRESS – Address where you live (this <i>cannot</i> be a P.O. Box)				
Service Address			Unit Number	
Service City	Service County	Service State	Service Zip Code	
Have you lived at this residence during each of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mailing Address			Unit Number	
Mailing City	Mailing County	Mailing State	Mailing Zip Code	
Social Security Number (SSN):			Telephone Number ()	
E-mail Address:				

PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including yourself		INCOME Enter the total number of people who receive income	
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total gross monthly income for all people living in the household:</i>	
Ages 0 – 2 Years		TANF / CalWorks	\$
Ages 3 - 5 years		SSI / SSP	\$
Ages 6 - 18 years		SSA / SSDI	\$
Ages 19 - 59		Paycheck(s)	\$
Ages 60 and older		Interest	\$
Disabled		Pension	\$
Native American		Other	\$
Seasonal or Migrant Farmworker		Total Monthly Income	\$

HOUSEHOLD MEMBERS					
ENTER THE INFORMATION BELOW FOR <u>ALL</u> HOUSEHOLD MEMBERS.					
If you have more than 7 people in your household, please list the information on a separate piece of paper.					
First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			
Household Total Monthly Gross Income				\$	
Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No					

STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS

Name of the Applicant Requesting Energy Services	Date
Name of Person Acting for Applicant, if any	Relationship to Applicant

Public Benefits To Citizens And Non-Citizens

Citizens and Nationals of the United States who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out *Sections A and D*.

Non-Citizens who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete *Sections A, B or C, and D*.

Section A: Citizenship/Non-Citizen Status Declaration

1. Is the applicant a citizen or national of the United States? Yes No
 If the answer to the above question is yes, where was he/she born? City/State
2. To establish citizenship or naturalization, please submit one of the documents on *List A* (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to *Section D*.

If you are a **Non-Citizen**, please complete *Section B, or, if applicable, Section C*.

Section B: Non-Citizen Status Declaration

Important: Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
 - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
 - INS Form I-766 (Employment Authorization Document) annotated "A5";
 - Grant letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
 - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
 - INS Form I-571 (Refugee Travel Document)
4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

REGIONAL CUSTOMER ASSISTANCE PROGRAM EXAMPLES:

EI Dorado Irrigation District (wastewater only)

- \$25 reduction to bimonthly wastewater bill
- Limited to 1,500 customers (of 22,000 total customers)
- Limited to \$225,000
- Eligibility requirements: Customers qualify by providing proof they are enrolled in existing PG&E CARE program
 - CARE Program requirements: Bill in your name; live at address; report income honestly; notify PG&E if income rises and no longer qualify. After enrolling you **may** need to provide IRS tax returns, participate in energy savings assistance program, usage must not exceed Tier 1 allowance (lowest priced rate tier), must renew eligibility every two years (or four if on fixed income), qualification is based on the total income of everyone living in the home or participation in qualifying public assistance programs. Customers are randomly selected for income verification
- Account must be in good standing
- Must reapply every two years
- First-come, first-served
- Staff impacts
 - Billing system must be updated
 - Creation of AR, application, Web page and standard operating procedures
 - Customer notification via bill insert, Web, social media, flyers, community meetings, radio, newspapers, etc.
 - Maintain list of 1,500 customers
- Funding
 - Property taxes
 - Special Board discretionary fund (water transfer revenue)
- EID staff did not recommend implementing this program.
- EID Board decision
 - Approved the program for 1,500 customers up to \$250,000, beginning in April 2018.
- (See attached application)

Paradise Irrigation District (water only)

- Went into effect in 2015 in response to demands from customers.
- Followed a Prop. 218 rate increase process defeat.
- Subsidy is \$10 of monthly service, which is \$39.18/month.
- The subsidy kept rates from increasing for CAP customers
- 1,500 customer limit (total customers: 10,000)
- Customer participation since 2015 is 650
- \$200,000 in property tax revenues were set aside to fund the program.
- Qualification: Customer must be on the PG&E CARE Program
- First come, first served.

- Customer must renew every year. First denied are first to receive the next year.
- 300 to 400 people signed up in the first couple of weeks.
- If we had hydro or lease revenue, we would use that. Property tax gets complicated.
- The Paradise Irrigation District GM said implementing this program was a great idea, and he would do it again in a heartbeat, adding impacts to staff have been minimal and approving customers using PG&E CARE Program makes it a lot simpler.
- (See attached application)

South Lake Tahoe PUD

- Customers qualify by providing proof of PG&E CARE Program participation
- Customers must apply for the program annually
- Customers receive 20% off their standard water and/or sewer bill
- Rebates are credited back to the customers' account
- (See attached application)



El Dorado Irrigation District

2890 Mosquito Rd, Placerville CA 95667 Ph. 530-642-4000

Application for Low-Income Assistance for Residential Wastewater Customers

Form must be completed in its entirety and all information must be furnished in order to process this request

Customer Information: (Please print clearly)

Application Type: New Renewal

Name on Account: _____ Account Number: _____

Service Address: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Requested By: Owner Tenant
Preferred Method of Contact: Phone Email
Number of People in Household: _____ Adults _____ Children

In order to qualify you must meet all eligibility requirements listed below:

- I pay EID for residential wastewater service
- I receive a discounted rate through PG&E's CARE program for the same address and in the same name
- I live at the property that receives these services and the EID bill is in my name

Declaration and Signature

- I have included a copy of my current PG&E bill in my name reflecting the same address in which I receive wastewater service through EID.
- I agree to notify EID if I no longer qualify to receive assistance through the PG&E CARE program. Should I fail to do so I understand that I may be back-billed for the discounted rate received and be ineligible to reapply for 12 months.
- I agree to keep my EID account contact information up to date and in good standings. I understand that should my service be disconnected for non-payment I may be removed from the program and will be ineligible to reapply for 12 months, during which time there will be no additional disconnections in service.
- I understand that I must reapply for the program every two years as outlined in Administrative Regulation 9056. I understand that failure to do so may result in being removed from the program.
- I understand that the program can be suspended or modified at any time and that I have no entitlement to receive assistance.
- I certify, under penalty of perjury, that the information included in and with this application is true and correct.

Signature (Person who's name appears on the EID bill)

Date

Submit by Mail or In Office to:

Submit by Fax or Email to:

El Dorado Irrigation District
Attention: Utility Billing Low-Income
2890 Mosquito Rd
Placerville, CA 95667

Fax Number: 530-622-8569
Email: lowincome@eid.org

For Internal Use Only:

Verification: CARE PG&E Bill Included Residential Wastewater Customer Authorized Customer

Approved Denied Denial Reason: _____ Denial Letter Sent

Placed on Eligibility List Date Placed: _____

Date Processed: _____ Processed By: _____

Rate Updated Approval Letter Sent Logged Alert



PARADISE IRRIGATION DISTRICT

6332 Clark Rd Paradise, CA 95969 530.877.4971 Fax 530.876.0483

Customer Assistance Program (CAP) Application

We are pleased to offer our Customer Assistance Program (CAP) to those residential customer's (single family dwelling) who meet the guidelines listed below. This program provides a discount on your Monthly Service Charge for qualified customers. Funding is limited.

Program qualifications:

- *The Paradise Irrigation bill must be in your name.
- *You must live at the address where the discount will be received.
- *Your household must qualify for the assistance program California Alternate Rates for Energy (CARE) with Pacific Gas & Electric (PGE). If the District has additional funding available the PGE-FERA Discount may be considered. **ATTACH YOUR PG& E BILL.**
- *You must notify Paradise Irrigation District if your household no longer qualifies for the PGE program.
- *At time of enrollment you must provide a copy of your PGE bill reflecting your discount for the CARE program.
- *If you qualify your CAP discount will become effective the month after your application is received and approved.
- *Enrollment/re-enrollment will be offered at the beginning of December for the following calendar year (providing funding available)

I state that the information I have provided is true and correct. I agree to inform Paradise Irrigation District if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received.

PID Account No _____ Phone # _____

Service Address _____

E-Mail _____

Customer Signature

Print Name

*Paradise Irrigation District Board of Directors reserves the right to make changes to the program and the amount of discount at any time.

South Tahoe Public Utility District

1275 Meadow Crest Drive
South Lake Tahoe, CA 96150
(530) 544-6474

Application for Low-Income Customer Assistance Program

Program Description

The South Tahoe Public Utility District offers a Low-Income Customer Assistance Program (CAP) for qualifying residential customers. The District's customer is the record owner of a parcel served by a water or sewer connection. The amount of the rebate is 20% of the standard residential sewer and/or water rate. Eligible customers will receive their rebate as a credit to their quarterly utility bill.

Program Requirements

1. Current participation in the Liberty Energy Utilities CARE Program is required. **Please attach a copy of your most recent billing showing participation in the CARE Program. The CARE Program address must agree with the address applied for below.**
2. The address applied for must be your primary residence.
3. Each application shall be for one residence only.
4. The rebate is not transferable to a new address or another person. If you move, you may reapply for the Program for the new address.
5. You must apply for the Program annually to continue to receive the rebate.
6. The District may, at its discretion, require additional proof of eligibility and may remove you from the Program if it has reason to believe that you are no longer eligible or meet Program requirements.
7. The Program does not apply to rental properties or second homes.

Customer Information

Application Date _____

Customer Name (Please Print) _____

Address to Receive Assistance _____

STPUD Account Number Shown on Bill _____

Daytime Telephone Number _____

Customer Signature and Attest

I have read and understand and agree to abide by the above Customer Assistance Program requirements, and attest that all information provided is true and correct.

Signature _____

Return your completed application together with attachment to:
STPUD – RRP, 1275 Meadow Crest Drive, South Lake Tahoe, CA 96150

<u>Maximum Household Income</u>	
# of Persons in Household	Total Combined Annual Income
1.....	\$22,980
2.....	\$31,020
3.....	\$39,060
4.....	\$47,100
5.....	\$55,140
6.....	\$63,180
Add \$7,104 for each additional family member	

For District Use Only	
Acct. #	_____
APN	_____
Approved	_____
Rate Update	_____
Adjustment	_____
Letter	_____
CAP Spreadsheet	_____
Date	_____
CSR	_____



*Pacific Gas and
Electric Company*[®]

CARE Program

To qualify for CARE:

- The PG&E bill must be in your name. (For sub-metered tenants, the energy bill from your landlord must be in your name.)
- You must live at the address to which the discount applies.
- Another person (besides your spouse) can't claim you as a dependent on an income tax return.
- You must not share an energy meter with another home.
- You must account for all sources of qualifying household income and meet the program income guidelines.
- You must notify PG&E if your household no longer qualifies for the CARE discount.
- After you enroll, you may need to provide proof of qualifying household income, including IRS tax returns. You may also be required to participate in the Energy Savings Assistance Program.
- Your monthly electric usage must not exceed six times the Tier 1 allowance. This is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
- You must renew your eligibility every two years (or every four years if you're on a fixed income).
- Qualification is based on the total income of everyone living in the home or participation in qualifying public assistance programs.

QUALIFYING FOR CARE BASED ON PUBLIC ASSISTANCE PROGRAM PARTICIPATION

You may qualify for the CARE Program if you or someone in your household takes part in any of the following public assistance programs.

- Low Income Home Energy Assistance Program (LIHEAP)
- Women, Infants, and Children (WIC)
- CalFresh/SNAP (Food Stamps)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible (Tribal Only)
- Supplemental Security Income (SSI)
- Medi-Cal for Families (Healthy Families A & B)
- National School Lunch Program (NSLP)
- Bureau of Indian Affairs General Assistance
- Medicaid/Medi-Cal (under age 65)
- Medicaid/Medi-Cal (age 65 and over)

QUALIFYING FOR CARE BASED ON HOUSEHOLD INCOME

Add all household members' incomes from all eligible sources for your total gross annual household income. The total combined gross annual household income must be at or below the amounts shown in the following table. Add all household members' incomes from all eligible sources for your total gross annual household income. The total combined gross annual household income must be at or below the

Number of Persons in Household	Total Gross Annual Household Income*
1-2	\$32,920 or less
3	\$41,560 or less
4	\$50,200 or less
5	\$58,840 or less
6	\$67,480 or less
7	\$76,120 or less
8	\$84,760 or less
9	\$93,400 or less
10	\$102,040 or less
Each additional person, add	\$8,640

**Before taxes based on current income sources. Valid through May 31, 2019.*

Household income includes all taxable and nontaxable revenues from all people living in the home. It includes, but is not limited to the following sources:

- Wages
- Salaries
- Interest and dividends
- Spousal and child support payments
- Public assistance payments
- Social Security and pensions
- Housing and military subsidies
- Rental income
- Self-employment income
- All employment-related, non-cash income

PLEASE NOTE: Your household income must meet the program income guidelines.