



MAILING ADDRESS:

STATE WATER RESOURCES CONTROL
DIVISION OF FINANCIAL ASSISTANCE
UST CLEANUP FUND
P.O. BOX 944212
SACRAMENTO, CA 94244-2120

PHYSICAL ADDRESS:

STATE WATER RESOURCES CONTROL
DIVISION OF FINANCIAL ASSISTANCE
UST CLEANUP FUND
1001 I STREET
SACRAMENTO, CA 95814

**Request for Assignment of Claim to Priority Class B (Small Business)
Addendum to the UST Cleanup Fund Application**

Claim Number: _____

Name: _____

Site Address: _____

Description of Business: _____

To qualify as a small business, a business must be independently owned and operated, and not dominant in its field of operation. In addition, the business, together with all affiliates, must employ 100 or fewer employees and have average annual gross receipts of fifteen million dollars (\$15,000,000) or less over the previous three years. However, if the business is a manufacturer, there is no revenue test, but the business, together with all affiliates, must employ 100 or fewer employees.

Please check the appropriate box below and provide the required information:

1. Check this box if you are submitting a small business certification from the Office of Small Business and DVBE Services (OSDS) to document the claimant's small business classification. Attach Certification.
2. Check this box if claimant is a manufacturing business that is independently owned and operated, is not dominant in its field of operation, and, together with all affiliates, employs 100 or fewer employees.
Total number of employees: _____
Submit documentation supporting the number of employees prior to the date of application to the Fund (i.e., Department of Employment Development (DE9C) payroll reports for the last four quarters).
3. Check this box if claimant is not a manufacturer, is independently owned and operated, is not dominant in its field of operation, together with all affiliates employs 100 or fewer employees, and, together with all affiliates, has had average annual gross receipts of fifteen million dollars (\$15,000,000) or less over the previous three years from the date of the claim application to the Fund.
Total number of employees: _____
Submit documentation supporting the number of employees prior to the date of the application to the Fund (i.e., Department of Employment Development (DE9C) payroll reports for the last four quarters).

If you checked either box 2 or 3, please complete the Worksheet for Priority Class B Claimants.9

Submit signed and dated copies of the complete federal tax returns, as shown on the Financial Document Submission Requirements Chart, for the three years prior to the date of application to the Fund, for the claimant and each affiliate. (Use the attached Worksheet for Priority Class B Claimants to identify affiliates.)

I (we) hereby declare under penalty of perjury that all facts and statements set forth above are true and correct to the best of my (our) knowledge and belief. This form is part of my (our) application to the California Underground Storage Tank Cleanup Fund, and I (we) understand that any misrepresentation made on this form may result in disqualification of the claim. Federal tax returns documenting the annual gross receipts, including all affiliates, will be retained for the life of the claim and for at least three years after the last reimbursement issued pursuant to this claim.

Executed at _____, on this _____ day of _____, _____

Claimant Signature: _____ Printed Name: _____

Claimant Signature: _____ Printed Name: _____

FINANCIAL DOCUMENT SUBMISSION REQUIREMENTS CHART PRIORITY CLASS “B”

If the claimant does not submit a valid small business certification (valid for the three-year period preceding the date of application to the Fund) issued by the Office of Small Business and DVBE Services (OSDS), the claimant is required to submit the following federal tax returns (FTRs) or other financial documents for the claimant and each affiliate to determine gross annual receipts for Priority B classification. Claimants must submit complete FTRs, including all supporting schedules and forms, for the claimant and each affiliate for the last three years prior to the date of application to the Fund.

“Affiliate” or “affiliation” refers to a relationship of direct or indirect control or shared interests between the claimant and another business. Affiliates may be individuals, corporations, or other entities. Some factors determining the existence of an affiliation include, but are not limited to, ownership, management, financial, and/or business relationships or ties with another business, familial relationships, contractual relationships, and assignments.

ENTITY TYPE	REQUIRED FINANCIAL DOCUMENTS
INDIVIDUAL, SOLE PROPRIETORSHIP, or LIMITED LIABILITY COMPANY FILING AS A SOLE PROPRIETORSHIP	Submit the claimant's FTR 1040 for the last three years and the applicable FTR for the last three years for each affiliate, including each affiliate identified on Schedule E.
ESTATE or TRUST	<p><u>Estate</u></p> <p>Submit the claimant's FTR 1041 for the last three years and the applicable FTR for the last three years for each affiliate, including each affiliate identified on Schedule E. If the estate has not filed an FTR 1041 for each of the last three years, provide the decedent's FTR 1040 for the years for which the estate did not file an FTR 1041.</p> <p><u>Revocable Trust</u></p> <p>Submit the grantor(s) FTR 1040 for the last three years. If the trust has filed an FTR 1041, also submit the trust's FTR 1041 for the last three years. Also, submit the applicable FTR for the last three years for each affiliate of the grantor(s) and/or the trust, including each affiliate identified on Schedule E of the grantor(s) FTR 1040 and/or the trust's FTR 1041.</p> <p><u>Irrevocable Trust</u></p> <p>Submit the claimant's FTR 1041 for the last three years and the applicable FTR for the last three years for each affiliate, including each affiliate identified on Schedule E. Also, submit each beneficiary's FTR 1040 for the last three years.</p>
PARTNERSHIP or LIMITED LIABILITY COMPANY FILING AS A PARTNERSHIP	Submit the claimant's FTR 1065 for the last three years; the applicable FTR for the last three years for each general partner and any other major partner; and the applicable FTR for the last three years for each affiliate.
CORPORATION or LIMITED LIABILITY COMPANY FILING AS A CORPORATION	Submit the claimant's FTR 1120 for the last three years or submit audited financial statements for the last three years. Also, submit the applicable FTR for the last three years for each major shareholder and officer, and the applicable FTR for the last three years for each affiliate.
NONPROFIT	Submit the claimant's latest annual report filed with the Registry of Charitable Trust or the claimant's FTR 990 for the latest fiscal year.
LOCAL ENTITY	Submit the claimant's Report of Financial Transactions submitted to the State Controller for the latest fiscal year ending prior to the date of application.