

# Alternative TMF Assessment Certification Form

(Only for large water systems serving more than 10,000 people)

## State Water Recourses Control Board Health (SWRCB) Funding Programs

Water System Name: \_\_\_\_\_ Water System Number: \_\_\_\_\_

- The water system's authorized representative must sign this form to certify that all of the technical, managerial, and financial (TMF) requirements have been satisfied.
- List the specific location where the information can be found that has been used to evaluate TMF capacity. Reference the TMF Criteria at <http://www.cdph.ca.gov/certlic/drinkingwater/Pages/TMF.aspx> for TMF details.
- All Necessary TMF elements must be satisfied prior to project completion.
- A water system can be directed to complete a full or partial TMF assessment at the discretion of the DFA.

### Technical Capacity

1. Consolidation Feasibility (M): \_\_\_\_\_
2. System Description (N): \_\_\_\_\_
3. Certified Operators (N): \_\_\_\_\_
4. Source Capacity Assessment (N): \_\_\_\_\_
5. Operations Plan (N): \_\_\_\_\_
6. Training (N): \_\_\_\_\_

### Managerial Capacity

7. Ownership (M): \_\_\_\_\_
8. Water Rights (M): \_\_\_\_\_
9. Organization (N): \_\_\_\_\_
10. Emergency Response Plan (N): \_\_\_\_\_
11. Policies: \_\_\_\_\_

### Financial Capacity

12. Budget Projection/Capital Improvement Plan (M): \_\_\_\_\_
13. Budget Control (N): \_\_\_\_\_

To the best of my knowledge, I certify that I am authorized to submit this TMF form, and that all TMF elements meet or exceeds the expectations as described in TMF Criteria guidance document:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_