

LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

CLAIM NO: 006991

CLAIMANT: CITY OF GUADALUPE COMMUNITY REDEVELOPMENT AGENCY, ASSIGNEE

CO-PAYEE:

JOINT CLAIMANT:

C/O:
ATTN:
MAILING ADDRESS: 918 OBISPO ST
GUADALUPE, CA 93434

TAX ID/SSA NO: N/A

Subject to availability of funds, the State Water Resources Control Board (State Water Board) agrees to reimburse CITY OF GUADALUPE COMMUNITY REDEVELOPMENT AGENCY, ASSIGNEE (Claimant) for eligible corrective action costs at AL'S UNION, 995 GUADALUPE ST, GUADALUPE, CA 93434 (Site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

- 1. Reimbursement shall not exceed \$1,500,000, less the applicable deductible of \$5000 per occurrence.
2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds.
3. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.
4. Claimant must at all times be in compliance with all applicable state laws, rules and regulations...
5. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests...
6. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.
7. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the State Water Board.
8. This Letter of Commitment may be withdrawn at any time by the State Water Board if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the State Water Board this 27th day of July, 2011.

STATE WATER RESOURCES CONTROL BOARD

By [Signature]
Manager, Underground Storage Tank Cleanup Fund

STATE USE ONLY
RESIDENT
NON-RESIDENT
VENDOR TYPE:
INITIALS:
TO ACCT: INITIALS:

REIMBURSEMENT REQUEST (RR) - UNDERGROUND STORAGE TANK CLEANUP FUND

CLAIM NO: 006991 REGION: 3 PRIORITY: C

A

CLAIMANT: CITY OF GUADALUPE COMMUNITY REDEVELOPMENT AGENCY, ASSIGNEE
 CO-PAYEE:
 JOINT CLAIMANT:

CONTAMINATED SITE: AL'S UNION
 ADDRESS: 995 GUADALUPE ST
 GUADALUPE, CA 93434

B

C/O:
 ATTN:
 MAILING ADDRESS: 918 OBISPO ST
 GUADALUPE, CA 93434

For Mailing Address Changes Check Box and Complete an "Address Change Form"

FOLLOWING SECTION TO BE COMPLETED BY CLAIMANT

CLAIMANT EMAIL: _____ JT CLAIMANT EMAIL: _____

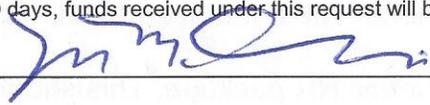
RR CONTACT INFORMATION (Fund Staff is authorized to contact the following about the information contained in this RR package only):

NAME: _____ COMPANY: _____
 PHONE: _____ FAX NO.: _____
 EMAIL: _____

AMOUNT REQUESTED FOR THIS RR: \$ _____ RR NO. _____

CERTIFICATION: I have read and signed the Conditions of Payment Certification Form dated January 2007. I understand that this RR **CANNOT BE PROCESSED** unless a complete and accurate Conditions of Payment Certification Form is currently on file with the Fund.

The costs claimed in this RR have been incurred and have been paid or will be paid within thirty (30) days of receipt of the funds requested hereby. If such costs have not been paid within 30 days, funds received under this request will be returned to the State Water Resources Control Board.

CLAIMANT SIGNATURE:  _____ DATE: 9-1-11

JOINT CLAIMANT SIGNATURE: _____ DATE: _____

FOLLOWING SECTION IS FOR STATE USE ONLY

OFFICIAL RR NO.: _____ FY: _____

PAYMENT CALCULATION

- FINAL (BUDGET) FINAL (CLAIM)
- NEGATIVE CARRYING COST
- APPEAL
- FIRST RR FOR CLAIM W/LOC
- CLMNT NAME/TAX ID CHANGE W/LOC
- MAILING ADDRESS CHANGE

TOTAL REIMBURSEMENT ELIGIBLE
 (TOTAL PAID TO DATE + NEW RR) \$

ADJUSTMENT
 THIRD PARTY JUDGEMENT SETTLEMENT
 OTHER _____ \$

Less: DEDUCTIBLE \$ (5000)

TOTAL REIMBURSEMENT ALLOWED
 (NOT TO EXCEED \$1.5 MILLION - LESS DEDUCTIBLE) \$

Less: PREVIOUS REIMBURSEMENT TOTAL
 (PREVIOUS PAYMENTS) \$

CALSTARS CODING: 0550-570.01-30530

AMOUNT DUE \$

SIGNATURES FOR APPROVAL OF PAYMENT

Reviewed By: _____ Title: Analyst Date: _____

Approved By: _____ Title: Manager Date: _____



State Water Resources Control Board



Linda S. Adams
Acting Secretary for
Environmental Protection

Division of Financial Assistance
1001 I Street • Sacramento, California 95814
P.O. Box 944212 • Sacramento, California • 94244-2120
(916) 324-6581 • FAX (916) 341-5806 • www.waterboards.ca.gov/water_issues/programs/ustcf/

Edmund G. Brown, Jr.
Governor

August 1, 2011

RELEASE OF PAYMENT

CITY OF GUADALUPE COMMUNITY
REDEVELOPMENT AGENCY, ASSIGNEE
918 OBISPO ST
GUADALUPE, CA 93434

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), REIMBURSEMENT REQUEST (RR) NO. 2, CLAIM NO. 006991, FOR SITE ADDRESS: 995 GUADALUPE ST, GUADALUPE

APPROVED COSTS: We have reviewed and processed your RR received on March 28, 2011, for the above-referenced claim. You will be receiving your funds in approximately 45 days. Based on the total amount approved to date of \$84,238, the amount determined eligible for this RR is \$68,128.

REQUIRED DOCUMENTATION: The following information must be provided to the Fund. All of the requested documentation must be completed properly (i.e., properly documented, signed and dated with blue ink, etc.) in order for it to be accepted by the Fund.

PROOF OF PAYMENT: Pursuant to Fund Regulations Section 2812(g), you must pay all reimbursed costs incurred within 30 days of receipt of the check issued by the Fund. Provide proof of payment documentation for the invoices listed on the enclosed Payment Summary within 60 days from the date of the Fund's check. To satisfy this requirement, complete the Proof of Payment Certification form on the Fund's web site. **Failure to comply with this requirement will result in future reimbursement requests being returned, an Accounts Receivable being created for the repayment of reimbursed funds, and the potential withdrawal of your Letter of Commitment.**

NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION: This form needs to be submitted every three years or within one year of the final RR. The form should be signed and dated in blue ink by the claimant(s) or designated attorney-in-fact and include any applicable settlement/insurance documentation. The form can be found on the Fund's web site at:
http://waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml.

RECORDS RETENTION: All projects are subject to audit at any time. Maintain an accurate record-keeping and financial management system that provides efficient accountability of all reimbursed funds used to cleanup the above-mentioned site. Retain records continually for at least three years after final payment from the Fund. The retention period shall be extended until completion of any audit in progress.

CONTACT PERSON(S): For any questions relating to the enclosed Payment Summary and submission and/or completion of future reimbursement requests, please contact me at vlagomarsino@waterboards.ca.gov or (916) 324-6581.

To obtain Fund related information, status of payments, and forms, visit the Fund's web site at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/.

Sincerely,



Ginny Lagomarsino
Payments Unit, UST Cleanup Fund

Enclosures