

Office of the State Controller
State-Mandated Costs Claiming Instructions No. 2026-03
California Regional Water Quality Control Board, Los Angeles Region,
Order No. R4-2012-0175 – Program No. 392
For the period of December 28, 2012, through December 31, 2017
May 19, 2026

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller’s Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for California Regional Water Quality Control Board, Los Angeles Region, Order No. R4-2012-0175. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program’s Parameters and Guidelines (Ps and Gs). The [Ps and Gs](#) are an integral part of the claiming instructions and are located on CSM’s website.

On December 5, 2025, and corrected on January 30, 2026, the CSM adopted a Decision partially approving the Test Claim and found that part VI.E.1.c. and Attachments M, O, P, and Q, which incorporate by reference Part VI.E.3. of the test claim permit, impose a reimbursable state-mandated program for the pro rata costs to develop and submit a Watershed Management Program or Enhanced Watershed Management Program for only the U.S. Environmental Protection Agency (EPA) adopted Total Maximum Daily Loads (TMDLs) and in accordance with Part VI.E.3.

Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

Eligible Claimants

The cities, county, and special district required to comply with the U.S. EPA-adopted TMDLs listed below, which are subject to the taxing restrictions of articles XIII A and XIII C, and the spending limits of article XIII B, of the California Constitution, whose increased costs for this program are paid from proceeds of taxes, are eligible to claim reimbursement.

- The following permittees required to comply with the Long Beach City Beaches and Los Angeles River Estuary Bacteria TMDL, effective March 26, 2012 (Attachment O to test claim permit):

Los Angeles County Flood Control District and City of Signal Hill.

- The following permittees required to comply with the Los Angeles Area Lakes TMDLs, effective March 26, 2012 (Attachments O and P to the test claim permit for the TMDLs in the Los Angeles River Watershed Management Area and the TMDLs in the San Gabriel River Watershed Management Area:

The following permittees in the Los Angeles River Watershed Management Area (Attachment O to the test claim permit): Los Angeles County Flood Control District, County of Los Angeles, and the Cities of Los Angeles, Arcadia, Bradbury, Calabasas, Duarte, El Monte, Irwindale, Monrovia, Sierra Madra, and South El Monte.

The following permittees in the San Gabriel River Management Area (Attachment P to the test claim permit): Cities of Azusa, Claremont, Irwindale, La Verne, Pomona, and San Dimas; County of Los Angeles; and Los Angeles County Flood Control District.

- The following permittees required to comply with the Los Cerritos Channel Metals TMDL, effective March 17, 2010:

Cities of Bellflower, Cerritos, Downey, Lakewood, Paramount, and Signal Hill; County of Los Angeles; and Los Angeles County Flood Control District.

- The following permittees required to comply with the San Gabriel River and Impaired Tributaries Metals and Selenium TMDL, effective March 26, 2007 (Attachment P):

Cities of Arcadia, Artesia, Azusa, Baldwin Park, Bellflower, Bradbury, Cerritos, Claremont, Covina, Diamond Bar, Downey, Duarte, El Monte, Glendora, Hawaiian Gardens, Industry, Irwindale, La Habra Heights, La Mirada, La Puente, La Verne, Lakewood, Monrovia, Norwalk, Pico Rivera, Pomona, San Dimas, Santa Fe Springs, South El Monte, Walnut, West Covina, and Whittier; County of Los Angeles; and Los Angeles County Flood Control District.

- The following permittees required to comply with the Malibu Creek Watershed Nutrients TMDL, effective March 21, 2003 (Attachment M):

Cities of Agoura Hills, Calabasas, Hidden Hills, Malibu, and Westlake Village; County of Los Angeles; and Los Angeles County Flood Control District.

Reimbursement Claim Deadline

- **Initial Reimbursement Claims**

Initial reimbursement claims must be filed within 120 days from the issuance date of the claiming instructions. Costs incurred for compliance with this mandate are reimbursable for the period beginning December 28, 2012, through December 31, 2017, must be filed with the SCO and be delivered or postmarked on or before **September 16, 2026**, before a late fee is assessed. A separate claim must be filed for each fiscal year.

Claims filed more than one year after the filing date will not be accepted.

Penalty

- **Initial Reimbursement Claims**

When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

Minimum Claim Cost

GC section 17564(a) states that no claim may be filed pursuant to GC sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**\$1,000**).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps and Gs adopted by the CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later.

However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the SCO to initiate an audit will commence to run from the date of initial payment of the claim.

Record Retention

All documentation to support actual costs claimed must be retained during the period subject to audit and made available to the SCO upon request. The period subject to audit is at a minimum, three years after the date that the actual reimbursement claim is filed or last amended, whichever is later, or, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, three years after the date of initial payment of the claim. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

Claim Submission

Electronic submissions of the signed Form FAM-27, all other forms, and supporting documentation are accepted through an online file transfer protocol called the **Data Exchange Portal (DEP)**. All information regarding [DEP](#) is available on the SCO's website.

For more information, contact the Local Reimbursements Section by [email](#).

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, LOS ANGELES REGION, ORDER NO. R4-2012-0175 CLAIM FOR PAYMENT FORM		For State Controller's Office Use Only		PROGRAM 392
		(19)	Program Number 00392	
		(20)	Date Filed	
		(21)	LRS Input	
(01) Claimant Identification Number		Reimbursement Claim Data		
(02) Claimant Name		(22)	FORM 1, (04)(f)	
County of Location		(23)	FORM 1, (06)	
Street Address or P.O. Box and Suite		(24)	FORM 1, (07)	
City, State, and Zip Code		(25)	FORM 1, (09)	
(03)	Type of Claim	(26)	FORM 1, (10)	
(04)	(09) Reimbursement	(27)		
(05)	(10) Combined	(28)		
(06)	(11) Amended	(29)		
(07)	(12) Fiscal Year of Cost	(30)		
(08)	(13) Total Claimed Amount	(31)		
(14) Less: 10% Late Penalty		(32)		
(15) Less: Prior Claim Payment Received		(33)		
(16) Net Claimed Amount		(34)		
(17) Due from State		(35)		
(18) Due to State		(36)		
(37) CERTIFICATION OF CLAIM <p>In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost 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 Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein, and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>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 Officer	Date Signed	
	Telephone Number	
Type or Print Name and Title of Authorized Signatory	Email Address	

(38) Name of Agency Contact Person for Claim	Telephone Number	
	Email Address	
Name of Consulting Firm/Claim Preparer	Telephone Number	
	Email Address	

PROGRAM 392	CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, LOS ANGELES REGION, ORDER NO. R4-2012-0175 CLAIM FOR PAYMENT INSTRUCTIONS	FORM FAM-27
------------------------------	---	------------------------

- (01) Enter the claimant identification number assigned by the State Controller's Office.
- (02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) Not applicable.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year in which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim as shown on Form 1, line (11). The total claimed amount must exceed \$1,000; minimum claim must be \$1,001.
- (14) Initial reimbursement claims must be filed as specified in the claiming instructions. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the result from the following penalty calculation formula:
- Late Initial Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, without limitation
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.

PROGRAM 392	CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, LOS ANGELES REGION, ORDER NO. R4-2012-0175 CLAIM FOR PAYMENT INSTRUCTIONS (CONTINUED)	FORM FAM-27
------------------------------	---	------------------------

(22) to (29) Bring forward the cost information as specified in the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04) 1.a.(f), means the information is located on Form 1, block (04) line 1.a. column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. Completion of this data block will expedite the process.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, and include their typed or printed name, title, telephone number, and email address. Claims cannot be paid unless accompanied by an original signed certification. Please sign the Form FAM-27 in blue ink or electronic signature.

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, claim preparer, telephone number, and email address.

Electronic submissions of the signed Form FAM-27, all other forms, and supporting documentation are accepted through an online file transfer protocol called the Data Exchange Portal (DEP). All information regarding [DEP](#) is available on the SCO's website.

For more information, contact the Local Reimbursements Section by [email](#).

PROGRAM 392	CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION, ORDER NO. R4-2012-0175 CLAIM SUMMARY					FORM 1		
(01) Claimant			(02)		Fiscal Year 20 ___ /20___			
(03) Department								
Direct Costs			Object Accounts					
(04) Reimbursable Activities			(a)	(b)	(c)	(d)	(e)	(f)
			Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Total
<p>The pro rata costs to develop and submit a Watershed Management Program (WMP) or Enhanced Watershed Management Program (EWMP) for only the U.S. Environmental Protection Agency (EPA)-adopted Total Maximum Daily Loads (TMDLs) identified in the Eligible Claimants section and in accordance with Part VI.E.3. as follows:</p> <p>a. Each Permittee subject to one of the U.S. EPA-adopted TMDLs identified below shall propose best management practices (BMPs) to achieve the waste load allocations (WLAs) contained in the applicable U.S. EPA-established TMDL, and a schedule for implementing the BMPs that is as short as possible, in a WMP or EWMP.</p> <p>b. Each Permittee subject to one of the U.S. EPA-adopted TMDLs identified below may either individually submit a WMP or may jointly submit a WMP or EWMP with other Permittees subject to the WLAs contained in the U.S. EPA-established TMDL.</p> <p>c. At a minimum, each Permittee subject to one of the U.S. EPA-adopted TMDLs identified below shall include the following information in its WMP or EWMP, relevant to each applicable U.S. EPA-established TMDL:</p> <ul style="list-style-type: none"> • Available data demonstrating the current quality of the Permittee's Municipal Separate Storm Sewer System discharge(s) in terms of concentration and/or load of the target pollutant(s) to the receiving waters subject to the TMDL; • A detailed description of BMPs that have been implemented, and/or are currently being implemented by the Permittee to achieve the WLA(s), if any; • A detailed time schedule of specific actions the Permittee will take in order to achieve compliance with the applicable WLA(s); • A demonstration that the time schedule requested is as short as possible, taking into account the time since USEPA establishment of the TMDL, and technological, operation, and economic factors that affect the design, development, and implementation of the control measures that are necessary to comply with the WLA(s); and • If the requested time schedule exceeds one year, the proposed schedule shall include interim requirements and numeric milestones and the date(s) for their achievement. <p>d. Each Permittee subject to a WLA in a TMDL established by U.S. EPA-identified below shall submit a draft of a WMP or EWMP to the Regional Water Board Executive Officer for approval per the schedule Part VI.C.4.</p>								
(05) Total Direct Costs								
(06) Indirect Cost Rate			[From ICRP or 10%]					%
(07) Total Indirect Costs			[Refer to Claim Summary Instructions]					
(08) Total Direct and Indirect Costs			[Line (05)(f) plus line (07)]					
Cost Reduction								
(09) Less: Offsetting Revenues								
(10) Less: Other Reimbursements								
(11) Total Claimed Amount			[Line (08) minus {line (09) plus line (10)}]					

PROGRAM 392	CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION, ORDER NO. R4-2012-0175 CLAIM SUMMARY INSTRUCTIONS	FORM 1
------------------------------	--	-------------------------

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.
- (04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (h), to Form 1, block (04), columns (a) through (e), in the appropriate row. Total each row.
- Note: Please refer to the parameters and guidelines for the details of the reimbursable activities.
- (05) Total columns (a) through (f).
- (06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.
- (07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%, excluding fringe benefits. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) If applicable, enter any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, state and federal funds, any service charge, fee, or assessment authority to offset all or part of the costs of this program, and any other funds that are not the claimant's proceeds of taxes shall be identified and deducted from any claim submitted for reimbursement. Submit a schedule detailing the revenue sources and amounts. Such offsetting revenue includes the following:
- Revenue from the Los Angeles Flood Control Act, which authorizes the Flood Control District to impose a fee or charge, in compliance with article XIII D of the California Constitution, to pay the costs and expenses of carrying out projects and providing services to improve water quality and reduce stormwater and urban runoff pollution in the District.
 - Revenues from property-related stormwater fees
- (10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

PROGRAM 392	CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION, ORDER NO. R4-2012-0175 ACTIVITY COST DETAIL	FORM 2
------------------------------	--	-------------------------

(01) Claimant	(02)	Fiscal Year 20__/20__
---------------	------	--------------------------

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

The pro rata costs to develop and submit a Watershed Management Program (WMP) or Enhanced Watershed Management Program (EWMP) for only the U.S. Environmental Protection Agency (EPA)-adopted Total Maximum Daily Loads (TMDLs) identified in the Eligible Claimants section and in accordance with Part VI.E.3. as follows:

- a. Each Permittee subject to one of the U.S. EPA-adopted TMDLs identified below shall propose best management practices (BMPs) to achieve the waste load allocations (WLAs) contained in the applicable U.S. EPA-established TMDL, and a schedule for implementing the BMPs that is as short as possible, in a WMP or EWMP.
- b. Each Permittee subject to one of the U.S. EPA-adopted TMDLs identified below may either individually submit a WMP or may jointly submit a WMP or EWMP with other Permittees subject to the WLAs contained in the U.S. EPA-established TMDL.
- c. At a minimum, each Permittee subject to one of the U.S. EPA-adopted TMDLs identified below shall include the following information in its WMP or EWMP, relevant to each applicable U.S. EPA-established TMDL:
 - Available data demonstrating the current quality of the Permittee's Municipal Separate Storm Sewer System discharge(s) in terms of concentration and/or load of the target pollutant(s) to the receiving waters subject to the TMDL;
 - A detailed description of BMPs that have been implemented, and/or are currently being implemented by the Permittee to achieve the WLA(s), if any;
 - A detailed time schedule of specific actions the Permittee will take in order to achieve compliance with the applicable WLA(s);
 - A demonstration that the time schedule requested is as short as possible, taking into account the time since USEPA establishment of the TMDL, and technological, operation, and economic factors that affect the design, development, and implementation of the control measures that are necessary to comply with the WLA(s); and
 - If the requested time schedule exceeds one year, the proposed schedule shall include interim requirements and numeric milestones and the date(s) for their achievement.
- d. Each Permittee subject to a WLA in a TMDL established by U.S. EPA-identified below shall submit a draft of a WMP or EWMP to the Regional Water Board Executive Officer for approval per the schedule Part VI.C.4.

PROGRAM 392	CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION, ORDER NO. R4-2012-0175 ACTIVITY COST DETAIL	FORM 2
------------------------------	--	-------------------------

(01) Claimant	(02) Fiscal Year 20__/20__
---------------	-------------------------------

(04) Description of Expenses	Object Accounts
------------------------------	------------------------

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: _____ of _____	
--	--

PROGRAM 392	CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION, ORDER NO. R4-2012-0175 ACTIVITY COST DETAIL INSTRUCTIONS	FORM 2
------------------------------	---	-------------------------

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) A separate Form 2 must be prepared for each applicable activity.

Note: Please refer to the parameters and guidelines for the details of the reimbursable activities.

- (04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, and fixed assets. The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.

Required Documentation to Support Reimbursable Costs									
Object Accounts	Columns								Submit Supporting Documents with the Claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries	Employee Name and Job Classification	Hourly Rate	Hours Worked	Salaries equal Hourly Rate times Hours Worked					Copy of Timesheets
Benefits	Activities Performed	Benefit Rate			Benefits equal Benefit Rate times Salaries				
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Costs equal Unit Cost times Quantity Used			Copy of Invoices
Contract Services	Name of Contractor and Specific Tasks Performed	Hourly Rate	Hours Worked and Inclusive Dates of Service				Costs equal Hourly Rate times Hours Worked or Total Contract Cost		Copy of Contract and/or Invoices
Fixed Assets	Description of Equipment Purchased	Unit Cost times Quantity	Usage					Costs equal Total Cost times Usage	Copy of Contract and/or Invoices

- (05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.