



**CITY OF SAN MATEO  
PRIVATE SEWER LATERAL REPLACEMENT COST SHARING PROGRAM  
REIMBURSEMENT GRANT REQUEST**

**FY24/25**

*Grant recipients will be issued a 1099 form for grant funds received.*

*This income is to be reported on your personal income tax.*

***Please Print Clearly***

<b>Property Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Property Owner First Name:</b>	<b>Last Name:</b>	
<b>Check Remittance Mailing Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Phone #:</b>	<b>Email Address:</b>	
<b>Contractor Name:</b>	<b>Phone #:</b>	
<b>Final Invoice Amount:</b>		
<b>Length of full lateral replacement:</b>	<b>Depth of Lateral:</b>	
<b>Check if Clean Out Installed:</b>	<b>Check if Wye Installed:</b>	
<b>Required Documents Needed for Reimbursement - <span style="color: red;">STOP</span> Double check your forms are complete and signed</b> Reimbursement Form – Check that all boxes are complete and signed Paid Final Invoice – Confirming Paid with a \$0 balance W-9 (available at <a href="#">W-9 Form</a> ) – Person receiving check should complete – completed using detailed instructions (see below) <b>Find Permits Status: <a href="#">Permits</a></b> Building Permit #: _____ Date Finalized: _____ Encroachment Permit #: _____ Date Finalized: _____		
<b>Submit this form and all required documents by:</b> <b>Email</b> (Preferred): <a href="mailto:pslp@cityofsanmateo.org">pslp@cityofsanmateo.org</a> , <b>Mail or Drop off at City Hall: 330 W. 20<sup>th</sup> Avenue San Mateo, CA Attn: PSLP</b>		

I certify that the information submitted is true and accurate. I understand and agree that the grant reimbursement is not an acceptance of liability on the City's part, and that any future repairs of the lateral are my responsibility, with the exception of warranty workmanship as outlined in my private contract. Should a warranty issue arise, I will contact the hired contractor to address any workmanship issues.

\_\_\_\_\_  
NAME  
  
\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
Date



**CITY OF SAN MATEO  
PRIVATE SEWER LATERAL REPLACEMENT COST SHARING PROGRAM  
REIMBURSEMENT GRANT REQUEST  
FY24-25**

***FOR CITY STAFF ONLY***

In an effort to prevent online fraud, please confirm the above information received with a preexisting contact person from the supplier/agency over the phone or in person. This applies to new suppliers, as well as updates to existing suppliers.

Once the information has been confirmed to the best of your ability, please print and sign your name, and date the form below. Your signature confirms you have verified the supplier information with your supplier contact. For approval in Workday, attach the signed forms to the supplier creation or supplier change in Workday.

**City of San Mateo Department / Contact Person:** \_\_\_\_\_  
(City department receiving goods/services & contact person if there are questions)

**Phone #** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form Completion Guide**

**All Sections of Form Must be Filled Out  
Double Check you have completed all sections**



**CITY OF SAN MATEO**

**SEWER LATERAL REPLACEMENT COST SHARING PROGRAM**

**REIMBURSEMENT GRANT REQUEST**

**FY24/25**

The property owner is the person receiving the reimbursement check – This should only be one person

*Grant recipients will be issued a 1099 form for grant funds received.  
This income is to be reported on your personal income tax.*

Zip Code for property must be entered

Property Address: \_\_\_\_\_ City: San Mateo Zip: \_\_\_\_\_

Property Owner First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Check Remittance Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Final Invoice Amount: \_\_\_\_\_

Length of full lateral replacement \_\_\_\_\_ Depth of Lateral: \_\_\_\_\_

Check if Clean Out Installed: \_\_\_\_\_ Check if Wye Installed: \_\_\_\_\_

**Required Documents Need for Reimbursement - STOP Double check your forms are complete and signed**

- ☐ Reimbursement Form – Check that all boxes are complete and signed
- ☐ Paid Final Invoice – Showing a paid and \$0 balance
- ☐ W-9 (available at [W-9 Form](#)) – Person reporting income to IRS should complete

**Find Permits Status: [Permits](#)**

- ☐ Building Permit #: \_\_\_\_\_ Date Finalized: \_\_\_\_\_
- ☐ Encroachment Permit #: \_\_\_\_\_ Date Finalized: \_\_\_\_\_

Your contractor should be able to provide permit #s or you can click the Permit link. The City will check to ensure they are final and contact you via email if not.

**Submit this form and all required documents by:**

Email: [pslp@cityofsanmateo.org](mailto:pslp@cityofsanmateo.org) or Mail or Drop off at City Hall: 330 W. 20<sup>th</sup> Avenue San Mateo, CA Attn: PSLP

I certify that the information submitted is true and accurate. I understand and agree that the grant reimbursement is not an acceptance of liability on the City's part, and that any future repairs of the lateral are my responsibility, with the exception of warranty workmanship as outlined in my private contract. Should a warranty issue arise, I will contact the hired contractor to address any workmanship issues.

\_\_\_\_\_  
NAME  
\_\_\_\_\_  
PRINT NAME

Make  
Sure to  
Sign and  
Date

\_\_\_\_\_  
Date

## Form Completion Guide

All Sections of Form Must be Filled Out  
Double Check you have completed all sections



### CITY OF SAN MATEO PRIVATE SEWER LATERAL REPLACEMENT COST SHARING PROGRAM REIMBURSEMENT GRANT REQUEST FY24/25

#### *Form Detailed Instructions*

1. **Property Address** – Address where Full Lateral Replacement is being completed  
Must fill in address and Zip Code
2. **Property Owner First and Last Name** – This should be the person completing the W-9 form. Only one person should complete
3. **Check Remittance Address** – Address check should be mailed to
4. **Phone #**
5. **Email Address** – Must complete – all correspondence will be via email
6. **Contractor Name:**
7. **Contractor Phone #**
8. **Final Invoice Amount** - Reminder New- **City will only reimburse 50% of the lowest bid up to a \$2,500.00 max**
9. **Length of Lateral** – Must be included – Your contractor can provide information
10. **Depth of Lateral** - Must be included – Your contractor can provide information
11. **Clean Out Installed** - Must be included if installed– Your contractor can provide information
12. **Wye Installed** - Must be included if installed – Your contractor can provide information
13. **Sign and Date Reimbursement form and provide listed documents**
14. **Did you complete and provide all of the documents listed**
  - Reimbursement Form - Double check everything is completed and signed
  - W-9 Form – Did you complete and sign and date
  - Final Invoice – Invoice Must Show a 0 Balance / Paid
  - Provided encroachment permit # and date finalized - Contractor will have information if completing form via paper method
  - Provided building permit # and date finalized - Contractor will have information if completing form via paper method

# Example Form

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

First and Last Name - This should match the Social Security

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

This address should be where you want the 1099 mailed

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-			-				
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or

Employer identification number

				-							
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### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

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Social security number									
				-				-	
or									
Employer identification number									
				-					

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3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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