COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: **Last Updated:** **Reporting Year:**

Financial Management

	Questions	Points
1.	Person Providing This Financial Information	
	Name: Telephone: E-Mail Address(optional):	
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	
	○ Yes (0 points) ○ No (40 points) If No, please explain:	
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year:	
	○ 0-2 years ago (0 points) ○ 3 or more years ago (20 points) ○ Not Applicable (Private Facility)	
4.	Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?	
	○ Yes ○ No (40 points)	
	REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)	
5.	Equipment Replacement Funds	
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year:	
	○ 1-2 years ago (0 points) ○ 3 or more years ago (20 points) ○ Not Applicable Explain:	
	5.2 What amount is in your Replacement Fund? **Equipment Replacement Fund Activity**	
	5.2.1 Ending Balance Reported on Last Year's CMAR: $ **5.2.2** *Adjustments* $ if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.) **5.2.3 Adjusted January 1st Beginning Balance** $ **5.2.4** *Additions* to Fund (e.g., portion of User Fee, earned interest, etc.) + $	

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Financial Management (Continued)

5.2.5 *Subtractions* from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*.) - $

5.2.6 Ending Balance as of December 31st for CMAR Reporting Year $

(All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.)

*5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above

5.3 What amount should be in your replacement fund? $

(If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP option button.)

5.3.1 Is the Dec. 31 Ending Balance in your Replacement Fund above (#5.2.6) equal to or greater than the amount that should be in it(#5.3)?

- ○ Yes
- ○ No Explain:

6. Future Planning

6.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating or new construction of your treatment facility or collection system?

- ○ Yes (If yes, please provide major project information, if not already listed below)
- ○ No

Project Description	Estimated Cost	Approximate Construction Year

7. Financial Management General Comments:

Total Points Generated	
Score (100 - Total Points Generated)	
Section Grade	