

California Department of Water Resources
Integrated Regional Water Management Grant Programs

**CERTIFICATION FOR GROUNDWATER MANAGEMENT PLAN COMPLIANCE
FOR THE
PROPOSITION 1, IMPLEMENTATION
GRANT PROGRAM**

Grant Program: Proposition 1, Implementation
IRWM Region: _____
Agency name: _____
Project Title (as shown on application form): _____

Please check one of the boxes below and sign and date this form.

- As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that the agency has prepared and implemented a GWMP in compliance with CWC §10753.7.
- As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that the agency participates or consents to be subjected to an existing GWMP, basin-wide management plan, or other IRWM program or plan that meets the requirements of CWC §10753.7(a).
- As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California that the agency conforms to the requirements of an adjudication of water rights in the subject groundwater basin.
- As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that my project is located in a low or very low priority groundwater basin (as defined by the Department of Water Resources) and the agency consents to be subjected to a GWMP that will meet the requirements of CWC §10753.7 and be completed within 1-year of the grant application submittal date.

I understand that the Department of Water Resources will rely on this signed certification in order to approve funding and that false and/or inaccurate representations in this Certification may result in loss of all funds awarded to the applicant for its project. Additionally, for the aforementioned reasons, the Department of Water Resources may withhold disbursement of project funds, and/or pursue any other applicable legal remedy.

Name of Authorized Representative
(Please print)

Signature

Title

Date