



PUBLIC UTILITIES COMMISSION  
STATE OF CALIFORNIA  
505 VAN NESS AVENUE | SAN FRANCISCO, CALIFORNIA 94102  
300 CAPITOL MALL | SACRAMENTO, CALIFORNIA 95814

May 28, 2025

Lea Kolek  
lkolek@murrietaca.gov  
City of Murrieta  
1 Town Square  
Murrieta, CA 92562

**SUBJECT: CASF ADOPTION ACCOUNT GRANT AWARD FOR BROADBAND ACCESS**

This letter serves to inform you that the California Public Utilities Commission (CPUC) Communications Division (CD) approves California Advanced Services Fund (CASF) Broadband Adoption Account grant funding to City of Murrieta (Grantee).

In your application, you requested \$9,004. The CPUC has approved your CASF grant application for funding of up to \$9,003 for the City of Murrieta Youth Center Broadband Access Project project.

**Budget:** Grant funding is approved for this project as described below.

CASF Broadband Adoption Grant Funding	
Category	Approved Grant
<i>In-Classroom Computing Devices</i>	\$6,000
<i>Hotspots</i>	\$0
<i>General Program Implementation<sup>1</sup></i>	\$3,003
<b><i>Total Grant Award</i></b>	<b>\$9,003</b>
<b><i>Funding per participant (exclusive of in-person and take-home computer or hot spot funding, if applicable)</i></b>	<b>\$4.55</b>

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<sup>1</sup> This includes items and activities listed in the grantees' application and eligible for reimbursement per Decision (D.) 22-05-029, Broadband Adoption Account Guidelines. (See website [here](https://www.cpuc.ca.gov/industries-and-topics/internet-and-phone/california-advanced-services-fund/casf-adoption-account) - <https://www.cpuc.ca.gov/industries-and-topics/internet-and-phone/california-advanced-services-fund/casf-adoption-account>).

## Requirements

The grant award is predicated on City of Murrieta's commitment to provide adoption services as expressed in its application and consistent with the Ministerial Review criteria that City of Murrieta agreed and/or attested to in its application which includes meeting all milestones and goals for each project(s) as well as fulfilling the requirements per D.22-05-029. Key requirements include, among others:

- Grantee will provide free broadband access as described in its application.
- Grantee has identified a designated space for broadband access or provided detailed information on how such a space will be obtained.
- Grantee has at least one year's experience conducting broadband access projects or has completed at least one broadband access project.
- Grantee must provide technical support, either by phone or in person, within 24 hours.
- Grantee agrees that reimbursement for computing devices used in community training rooms or other public space is capped at \$11,250 and limited to \$750 per device.
- Grantee must make broadband access available within six months of submitting a consent form accepting the CASF grant.
- Grantee agrees that the project costs \$42 per participant or less.
- Grantee must complete the project within a 24-month timeframe or earlier.

City of Murrieta must provide broadband access to 660 participants and aspires to subscribe 0 participants to broadband internet services.

## Reporting

The grant award is also contingent upon fulfilling the reporting requirements per D.22-05-029, Appendix 2. These reports include a Ramp-up period report (if applicable), a Year 1 Progress Report and a Year 2 Completion Report. Ramp-up reports must be submitted no later than 3 months after completion of ramp-up activities. Year 1 Progress Report and Year 2 Completion Report must be submitted within 3 months after the end of the first year of deployment and no later than 3 months after completion of the project, respectively. If applicable, City of Murrieta must fulfill the monthly reporting requirements set forth in Public Utilities Code, § 281(l)(1) if it is using a licensed contractor or subcontractor to undertake a contract or subcontract in excess of twenty-five thousand dollars (\$25,000) to perform work on the project funded or financed by CASF. Reporting templates are available in the Administrative Manual posted on the Adoption Account website.

City of Murrieta must maintain files, invoices, and other related documentation for three years after final payment. City of Murrieta shall make these records available to the CPUC

upon request and agree that these records are subject to audit and review by the CPUC at any time within three years after City of Murrieta has incurred the expense being audited to ensure that CASF funds are spent in accordance with the terms of approval the CPUC grants.

## **Payment**

All reimbursements are contingent upon the City of Murrieta fulfilling its obligation to provide digital literacy training as described in its application. City of Murrieta may submit up to three payment requests throughout the project period. Payment requests may accompany the Ramp-up or Year 1 reports or be submitted separately; Year 2 Completion Report must be submitted with a final payment request. Payment will be based upon receipt and approval of invoices and other supporting documents showing that expenditures incurred for the project are in accordance with their approved application and budget. Ramp-up period payment requests may not exceed 25% of grant amount and no more than 90% of the grant amount will be reimbursed before the completion report and final payment request. Completion Reports must be submitted no later than three months post project completion. Payment request templates are available in the Administrative Manual posted on the Adoption Account website.

## **Execution and Performance**

City of Murrieta must begin the project within six months after submitting a consent form accepting the terms stated in the award letter and must complete the project within 24-months. City of Murrieta must complete all performance under the award on or before the termination date of the award.

By receiving a CASF grant, City of Murrieta agrees to comply with the terms, conditions, and requirements of the grant award and submit to the jurisdiction of the CPUC regarding disbursement and administration of the grant and the CPUC's enforcement authority under Pub. Util. Code, §§ 2108 and 2111. City of Murrieta must notify the Director of Communications Division as soon as it becomes aware that it may not be able to meet project deadlines. The CPUC may withhold, reduce or terminate grant payments if City of Murrieta does not comply with any of the requirements set forth in its application and compliance with the CASF. In the event City of Murrieta fails to complete the project in accordance with the terms of the approval granted by the CPUC as set forth in D. 22-05-029 and this award letter, City of Murrieta must reimburse some or all the CASF funds it has received.

City of Murrieta must notify CD within 30 days regarding modifications to budget line items or milestone/activity timelines set forth in D.22-05-029, Appendix 2, Section XV. City of Murrieta must also report any material changes in the entries for the application, by letter to

the California Public Utilities Commission, Director of the Communications Division, 505 Van Ness Avenue, San Francisco, CA 94102 and [CDCompliance@cpuc.ca.gov](mailto:CDCompliance@cpuc.ca.gov).

**Award Acceptance**

City of Murrieta must sign the Consent Form (Attachment 1) and the Payee Record Form (Attachment 2) and email both within 30 days from the date of this award letter to [CASF\\_Adoption@cpuc.ca.gov](mailto:CASF_Adoption@cpuc.ca.gov). If City of Murrieta does not submit the Consent Form within 30 calendar days from the date of the award, the CPUC will deem the Grant or award to be null and void.

If you have any questions, please contact [CASF\\_Adoption@cpuc.ca.gov](mailto:CASF_Adoption@cpuc.ca.gov).

Sincerely,

/s/ Maria Ellis  
Director for Broadband Initiatives  
Communications Division

ATTACHMENT 1  
**Consent Form and Acknowledgement and Acceptance of the  
California Advanced Services Fund Broadband Adoption Grant Award**

Name of Grantee: City of Murrieta

☒ Grantee identified above hereby acknowledges receipt of the letter approving the California Advanced Services Fund Broadband Adoption Grant for the City of Murrieta Youth Center Broadband Access Project project (award sequence 1138). The grantee agrees to comply with all grant terms, conditions, and requirements set forth in the letter dated May 28, 2025, as well as all CASF rules, including those in the Broadband Adoption Account Requirements, Guidelines and Application Materials. **Grantee also agrees to fulfill the goals it identified in the application and agrees that all payment requests will be subject to meeting those goals.**

Undersigned representative of City of Murrieta [Name of Grantee] is duly authorized to execute this Agreement Form on behalf of the Grantee and to bind the Grantee to the terms, conditions, and requirements set forth by the California Public Utilities Commission in the letter referenced above.

Dated this \_\_\_\_ day of June, 2025.

Signature \_\_\_\_\_

Printed Name Justin Clifton

Title City Manager

Organization or Name of Company City of Murrieta

Business Address (include street address, suite/apt. number, city, state, and ZIP Code)

1 Town Square, Murrieta, CA 92562

ATTACHMENT 2

**Payee Record Form**

**PAYEE DATA RECORD**(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)  
STD 204 (Rev. 03/2021)**Section 1 – Payee Information****NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)

City of Murrieta

**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (If different from above)

City of Murrieta

**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)

1 Town Square, Murrieta, CA 92562

**CITY, STATE, ZIP CODE****E-MAIL ADDRESS**

JCarcamo@MurrietaCA.gov

**Section 2 – Entity Type****Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2)☐ **SOLE PROPRIETOR / INDIVIDUAL**☐ **SINGLE MEMBER LLC** Disregarded Entity owned by an individual☐ **PARTNERSHIP**☐ **ESTATE OR TRUST****CORPORATION** (see instructions on page 2)☐ **MEDICAL** (e.g., dentistry, chiropractic, etc.)☐ **LEGAL** (e.g., attorney services)☐ **EXEMPT** (e.g., nonprofit)☒ **ALL OTHERS****Section 3 – Tax Identification Number**Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must **match** the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

**Social Security Number (SSN) or Individual Tax Identification Number (ITIN)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OR****Federal Employer Identification Number (FEIN)**3 3 - 0 4 6 8 9 7 5**Section 4 – Payee Residency Status (See instructions)**

- ☒ **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California.
- ☐ **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding.
- ☐ No services performed in California
- ☐ Copy of Franchise Tax Board waiver of state withholding is attached.

**Section 5 – Certification**

**I hereby certify under penalty of perjury that the information provided on this document is true and correct.**  
**Should my residency status change, I will promptly notify the state agency below.**

**NAME OF AUTHORIZED PAYEE REPRESENTATIVE**

Justin Clifton

**TITLE**

City Manager

**E-MAIL ADDRESS**

JClifton@MurrietaCA.gov

**SIGNATURE****DATE****TELEPHONE** (include area code)  
(951) 304-2489**Section 6 – Paying State Agency**

Please return completed form to:

**STATE AGENCY/DEPARTMENT OFFICE**

California Public Utilities Commission

**UNIT/SECTION**

Broadband Video &amp; Market Branch, CASF Adoption &amp; Access

**MAILING ADDRESS**

505 Van Ness Avenue

**FAX****TELEPHONE** (include area code)**CITY**

San Francisco

**STATE**

CA

**ZIP CODE**

94102

**E-MAIL ADDRESS**

casf\_adoption@cpuc.ca.gov



**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)  
STD 204 (Rev. 03/2021)

**GENERAL INSTRUCTIONS**

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

**NOTE:** Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

**Section 1 – Payee Information**

**Name** – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

**Business Name** – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

**Mailing Address** – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

**Section 2 – Entity Type**

If the Payee in Section 1 is a(n)...	THEN Select the Box for...
Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership	Partnerships
Estate • Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations.	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

**Section 3 – Tax Identification Number**

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

**Section 4 – Payee Residency Status**

**Are you a California resident or nonresident?**

- A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.
- A partnership is considered a resident partnership if it has a permanent place of business in California.
- An estate is a resident if the decedent was a California resident at time of death.
- A trust is a resident if at least one trustee is a California resident.
  - For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900

E-mail address: [wscs.gen@ftb.ca.gov](mailto:wscs.gen@ftb.ca.gov)

For hearing impaired with TDD, call: 1-800-822-6268

Website: [www.ftb.ca.gov](http://www.ftb.ca.gov)

**Section 5 – Certification**

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

**Section 6 – Paying State Agency**

This section must be completed by the state agency/department requesting the STD 204.

**Privacy Statement**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.