



STAFF REPORT

SAUSALITO CITY COUNCIL

AGENDA TITLE:

Sewer Lifeline Rebate Program

RECOMMENDED MOTION:

Move to Adopt Resolution No. _____ adopting a Sewer Lifeline Rebate Program for the City of Sausalito.

PROPOSED POLICY

The City of Sausalito annually offers a Sewer Lifeline Rebate for low and fixed income residents who live in single-family or multi-family dwelling units within the corporate boundaries of the City of Sausalito. Residents who participate in Pacific Gas & Electric's (PG&E's) low and fixed CARE (California Alternate Rates for Energy) or FERA (Family Electric Rate Assistance) programs shall automatically qualify for the City of Sausalito's Sewer Rebate program and receive a 5% rebate on the fixed City Sewer rate for the respective property or unit that they reside in. Residents must satisfy the following requirements to demonstrate that they participate in PG&E's CARE or FERA programs:

1. Present a current PG&E bill to the City confirming that they participate in the CARE or FERA programs
2. The service address on the PG&E account is the same as the service address for the City Sewer bill.

The City of Sausalito may at any time require the participant to provide proof of household income, current copy of PG&E bill or any other information deemed necessary to verify compliance with participation criteria as set forth above or PG&E's program requirements.

PROPOSED PROCEDURE

Annually, from January 1 to January 31 of each fiscal year, residents can mail or deliver their current PG&E bill to the City's finance department at 420 Litho Street, Sausalito, CA 94965. If residents satisfy the criteria in the Sewer Lifeline Rebate Policy, they will receive a rebate check on February 15 in the amount representing a 5% discount on the fixed rate portion of the respective property's sewer bill. No prorated billing cycle rebates will be given. There will be only one rebate per qualifying household.

DISCUSSION

Currently, the City of Sausalito's Sewer Fees, and City policies and procedures do not provide for sewer lifeline rates for its low and fixed income residents. During the public review process

of approving the final plan of the sanitary sewer fee plan, the City Council Finance Committee directed staff to design a lifeline program that provided relief for its low and fixed income residents in a manner similar to PG&E's program. In addition, the adopted FY 2009-10 annual budget appropriated \$10,000 to implement a sewer lifeline program.

FISCAL IMPACT

PG&E has informed the City that there are currently 482 eligible qualifying CARE residents (single family residences) in Sausalito and 4 FERA (multi-family residences) The fiscal exposure for residents in single family residences of a sewer rebate of \$18 (\$360 times 5%) would be \$8,676. The fiscal exposure for the multifamily residence' rebate of \$13 (\$260 times 5%) would be \$52. The total for all annual rebates would be \$8,728. The City General Fund has appropriated a transfer to the Sewer Enterprise Fund in the amount of \$10,000 to cover the costs of the Sewer Lifeline Rebate Program. Based upon overall participation in the program and current year budget appropriations, the City's sewer lifeline rebate percentage could be tailored to accommodate additional hardship relief.

PUBLIC OUTREACH

City staff will develop procedures to find and notify qualifying residents of the Sewer Lifeline Rebate Program. Such procedures could include direct mail, mail inserts, radio announcements, newspaper notices, and internet transmissions.

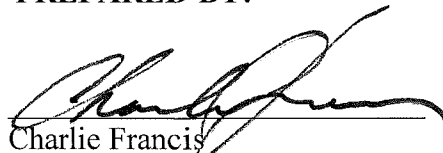
STAFF RECOMMENDATIONS

Staff recommends that the City Council of the City of Sausalito move to adopt Resolution No. ___ implementing the proposed Sewer Lifeline Rebate Policy and Procedure.


ATTACHMENTS

- CARE/FERA Program Application for Single-Family Customers
- CARE/FERA Program Application for Tenants of Sub-Metered Residential Facilities

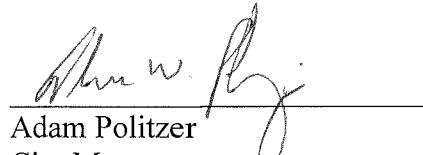
PREPARED BY:


Charlie Francis
Administrative Services Director

REVIEWED BY:


Mary Wagner
City Attorney

SUBMITTED BY:


Adam Politzer
City Manager

RESOLUTION NO. _____

A RESOLUTION OF THE CITY OF SAUSALITO ADOPTING A SEWER LIFELINE REBATE PROGRAM FOR THE CITY OF SAUSALITO

WHEREAS, the City Council of the City of Sausalito desires to provide subsidy relief in the form of a Sewer Lifeline Rebate Program for certain low and fixed income residents who live in single-family or multi-family dwelling units within the corporate boundaries of the City of Sausalito, and

WHEREAS the City has found that residents who participate in Pacific Gas & Electric's (PG&E's) low and fixed CARE (California Alternate Rates for Energy) or FERA (Family Electric Rate Assistance) programs shall automatically qualify for the City of Sausalito's Sewer Lifeline Rebate program, and

WHEREAS the City has determined that the amount of the Sewer Lifeline Rebate shall be five percent (5%) rebate on the fixed City Sewer rate for the respective property or unit that they reside in, and

WHEREAS, the City has appropriated \$10,000 in the City's General Fund for administering the Sewer Lifeline Rebate Program.

BE IT RESOLVED THAT the City Council of the City of Sausalito adopts the Sewer Lifeline Rebate Program in the amount of five percent (5%) on the fixed City Sewer rate for the respective property or unit that they reside in to qualifying members of PG&E's CARE or FERA programs in order to provide subsidy relief low and fixed income residents who live in single-family or multi-family dwelling units within the corporate boundaries of the City of Sausalito, and

BE IT FURTHER RESOLVED THAT the City Manager is authorized to develop procedures to administer the public outreach and management of the Sewer Lifeline Rebate Program.

PASSED AND ADOPTED at a regular meeting of the City Council of the City of Sausalito on the _____ day of _____, 2009 by the following vote:

AYES: Councilmembers:
NOES: Councilmembers:
ABSTAIN: Councilmembers:
ABSENT: Councilmembers:

Item #: 485
Meeting Date:
Page #: 3

MAYOR OF THE CITY OF SAUSALITO

ATTEST:

CITY CLERK

Item #: 485
Meeting Date: _____
Page #: 4



ABOUT THE CARE/FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a monthly discount on energy bills for income qualified households.
- **Family Electric Rate Assistance (FERA)** Program provides a monthly discount on electric bills for income qualified households of three or more persons.

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE/FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **Balanced Payment Plan** – Contact Pacific Gas and Electric Company Customer Services to see how your monthly payments can be evened out to allow you to budget your energy costs. Call 1-800-PGE-5000 for more information.
- **Bill Guaranty** – A deposit alternative enables customers to secure their account by having another qualifying PG&E customer sign on their behalf. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income qualified customers. Call 1-800-989-9744 for more information.
- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **REACH** – Contact the Salvation Army for one-time assistance in paying your bills. Call the Salvation Army at 1-800-933-9677 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

Mail Completed Application to: Pacific Gas and Electric Company
 CARE/FERA Program
 P. O. Box 7979
 San Francisco, CA 94120-7979

CARE: ☎ **1-866-743-2273** Fax: ☎ 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: ☎ 415-973-6419 www.pge.com/fera

CAREandFERA@pge.com

TDD/TTY 1-800-652-4712 for Speech/Hearing-Impaired, Monday – Friday 9:00 a.m. – 11:00 p.m.

California Relay 1-800-735-2929 if you can not utilize the TDD line

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Number of Persons in Household	Annual Income*	
	CARE	FERA
1-2	\$30,500	Not Eligible
3	\$35,800	\$35,801 - \$44,800
4	\$43,200	\$43,201 - \$54,000
5	\$50,600	\$50,601 - \$63,200
6	\$58,000	\$58,001 - \$72,400
For Each Additional Person add	\$7,400	\$7,400 - \$9,200

* Before taxes based on current income sources

Valid until May 31, 2010

PROGRAM GUIDELINES

- The energy bill from your landlord must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share energy meter(s) with another home.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE/FERA discount.
- PG&E will notify you when it is time for you to reapply, if you still qualify.

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1 MANAGER / FACILITY INFORMATION: (please print clearly)

Mobile Home Park/Other Sub-Metered Facilities Name

Mobile Home Park/Other Sub-Metered Facilities Address

City

Zip Code

PG&E Account Number:

Electricity

Grid for Electricity account number

Gas

Grid for Gas account number

Manager or Landlord Name

Telephone Number

Manager or Landlord Mailing Address

City

Zip Code

Applicant Status: ADD NEW, DROP, RE-CERTIFY, MOVE TO DIFFERENT SPACE

2 TENANT INFORMATION: (please print clearly)

Name (As it appears on your energy bill)

Telephone Number

Home Address (Do NOT use a P.O. Box)

Unit #

City

Zip Code

Mailing Address (If different from the above address)

Unit #

City

Zip Code

Number of Persons in Household: Adults + Children (under 18) =

3A PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

CHECK all programs you participate in, then GO TO section 4.

- Medicaid/Medi-Cal, LIHEAP, NSL FREE Lunch Program, etc.

If you do not participate in any of the above programs, GO TO section 3B

3B HOUSEHOLD INCOME ELIGIBILITY: (skip if you filled out section 3A)

CHECK all sources of household income. You will be enrolled in either the CARE or FERA Program depending on your household size and income.

- Pensions, Social Security, Wages and/or Profits from Self-Employment, etc.

Total Annual Household Income: \$ [] [] , [] [] []

4 DECLARATION: (please read and sign below)

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked.

X Signature

fill in circle if guardian or power of attorney

Date

For Internal Use Only

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