

**ARKANSAS NATURAL RESOURCES COMMISSION
CLEAN WATER STATE REVOLVING LOAN FUND (CWSRF)
PROJECT PRIORITY LIST (PPL) APPLICATION/SCORE SHEET**

Applicant / Entity:			
Project Name:			
Contact Person:		Contact Phone:	
Address:		Contact Email:	
City & ZIP Code:		County:	
FEIN:		UEI Number: https://sam.gov/content/home	

Proposed Funding Source Amounts:

CWSRF - Base Program	\$	Infrastructure(BIL-G) General Supplemental	\$
Infrastructure (BIL-EC) Emerging Contaminants	\$	Other Funding Source(s)	\$
Estimated Project Cost:	\$	NPDES Permit Number:	

1. Project Description (A brief narrative including the community and system population, project location, and specific reason(s) for the project and any existing problems. (If you require additional space, please attach a separate sheet.)

2. System Functionality

Will the project improve, repair, upgrade, enhance, rehab, restore, create, or expand an engineered, constructed, or natural system that improves or protects surface water or ground water quality?	Yes	No	If yes, describe the system, the surface or ground water body and how it will be improved.	
--	------------	-----------	--	--

3. Permit Compliance

Are you required to meet any water quality-related permits (NPDES) that will be impacted by the project?	Yes	No	If yes, which of your permit(s) will be impacted by the project:	
--	------------	-----------	--	--

<https://echo.epa.gov>

Will the project allow you to achieve compliance with a permit(s) that you currently are not in compliance with?	Yes	No	If yes, which permit(s) will the project allow you to achieve compliance with:	
--	------------	-----------	--	--

Is the required NPDES permit (including any changes) approved by DEQ?	Yes	No	If yes, describe if this project required permit changes and what changes, if any, were required. If No, explain the status	
---	------------	-----------	--	--

**ARKANSAS NATURAL RESOURCES COMMISSION
CLEAN WATER STATE REVOLVING LOAN FUND (CWSRF)
PROJECT PRIORITY LIST (PPL) APPLICATION/SCORE SHEET**

4. Protecting Impaired Waters: 303(d) list or 305(b) Lists				
Will the project benefit a water body that is listed as impaired on Arkansas's 303(d) list (category 4 or 5) or 305(b) list?	Yes	No	If yes, list the water body that will benefit:	

<https://www.adeg.state.ar.us/water/planning/integrated/303d/list.aspx>

5. Implementing TMDL				
Will the project support the implementation of a TMDL?	Yes	No	If yes, which TMDL will be supported:	

<https://www.adeg.state.ar.us/water/planning/integrated/tmdl/>

6. Illinois or Buffalo River Protection				
Will the project reduce phosphorous contamination in the Illinois River Basin (HUC 11010003) or Buffalo River watershed (HUC 11010005)?	Yes	No	If yes, which watershed will your project reduce phosphorous contamination in?	

<https://water.usgs.gov/wsc/cat/11010003.html>

<https://water.usgs.gov/wsc/cat/11010005.html>

<https://arkansasdeq.maps.arcgis.com/apps/webappviewer/index.html?id=fb5a6aa70fd940cda4c9a3d7bc2fbb15>

7. Green Project Reserve				
Does the project include anything that will count as Green Project Reserve?	Yes	No	If yes, please describe the project aspects that qualify for GPR and what % of the project is estimated to qualify for GRP:	

<https://www.epa.gov/cwsrf/green-project-reserve-guidance-clean-water-state-revolving-fund-cwsrf>

8. Asset Management Plan				
Do you have an asset management plan or will developing an asset management plan be included as part of this project?	Yes	No	Use the link below to get information about asset management planning	

<https://www.epa.gov/sustainable-water-infrastructure/planning-sustainable-water-infrastructure>

9. Consolidation & Regionalization				
Will the project include consolidation and regionalization between utilities, at least one of which has a population under 10,000 people?	Yes	No	If yes, list all the utilities involved in the project:	
If no, is your utility the result of a regionalization between utilities, at least one of which has a population under 10,000 people?	Yes	No	If yes, please provide the details of this historical consolidation:	

I, the undersigned representative of the applicant or grant recipient, certify that the information contained herein, and any attached statements, exhibits and reports are true, correct and complete to the best of my knowledge and belief. I also understand and acknowledge that the ANRC may request additional information needed to score your proposed project.

Applicant's Signature: _____ **Date:** _____

Applicant's Preparer's Signature: _____ **Date:** _____

Please submit your form to : ANRC.Applications@agriculture.arkansas.gov