

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

<b>Applicant / Entity:</b>			
<b>Project Name:</b>			
<b>Contact Person:</b>		<b>Contact Phone:</b>	
<b>Address:</b>		<b>Contact Email:</b>	
<b>City &amp; ZIP Code:</b>		<b>County:</b>	
<b>FEIN:</b>		<b>UEI Number:</b> <a href="https://sam.gov/content/home">https://sam.gov/content/home</a>	

**Proposed Funding Source Amounts:**

<b>CWSRF - Base Program or Infrastructure(BIL-G) General Supplemental</b>	\$	<a href="#">Sewer overflow and stormwater reuse (OSG)</a>	\$
		<b>Other Funding Source(s)</b>	\$
<b>Infrastructure (BIL-EC) Emerging Contaminants</b>	\$	<b>Other Funding Source(s)</b>	\$
<b>Estimated Project Cost:</b>	\$	<b>NPDES Permit Number:</b>	
<b>Community Population</b>		<b>Population served by project</b>	

**1. Project Description (A brief narrative including 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?	<b>Yes</b>	<b>No</b>	If yes, describe the system, the surface or ground water body and how it will be improved.	
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**3. Permit Compliance**

Are you required to meet any water quality-related permits (NPDES) that will be impacted by the project?	<b>Yes</b>	<b>No</b>	If yes, which of your permit(s) will be impacted by the project:	
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<https://echo.epa.gov>

Will the project allow you to achieve compliance with a permit(s) that you currently are not in compliance with?	<b>Yes</b>	<b>No</b>	If yes, which permit(s) will the project allow you to achieve compliance with:	
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Is the required NPDES permit (including any changes) approved by DEQ?	<b>Yes</b>	<b>No</b>	If yes, describe if this project required permit changes and what changes, if any, were required.  If No, explain the status	
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<b>4. Protecting Impaired Waters: 303(d) list or 305(b) Lists</b>				
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?	<b>Yes</b>	<b>No</b>	If yes, list the water body that will benefit:	

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

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

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

<b>6. Illinois or Buffalo River Protection</b>				
Will the project reduce phosphorous contamination in the Illinois River Basin (HUC 11010003) or Buffalo River watershed (HUC 11010005)?	<b>Yes</b>	<b>No</b>	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>

<b>7. Green Project Reserve</b>				
Does the project include anything that will count as Green Project Reserve?	<b>Yes</b>	<b>No</b>	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>

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

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

<b>9. Consolidation &amp; Regionalization</b>				
Will the project include consolidation and regionalization between utilities, at least one of which has a population under 10,000 people?	<b>Yes</b>	<b>No</b>	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?	<b>Yes</b>	<b>No</b>	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](mailto:ANRC.Applications@agriculture.arkansas.gov)