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| --- | --- |
| **Name of Entity:** |  |

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| If this project **HAS NOT** received a funding commitment, provide the associated Project Information Form number(s) (PIF #) for this update. |  |
| If the project **HAS** received a funding commitment, provide the associated five-digit Project number for this update. |  |

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| **Section 8. ADDITIONAL RATING CRITERIA** | | | |
| **A.** | **Stormwater Reduction**  Will a majority of the funds being requested from the CWSRF be used to implement innovative approaches to manage, reduce, treat, or recapture stormwater or subsurface drainage water? If yes, please explain. |  |  |
|  | | | |
| **B.** | **Reuse and Recycling**  Will a majority of the funds being requested from the CWSRF be used to implement reuse or recycling wastewater, stormwater, or subsurface drainage water? If yes, please explain below. |  |  |
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