



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES
FY 2023**

**Priority Determination System
Requested Project Information Sheet**

Applicant: _____ Contact Person: _____

Street Address: _____ Title: _____

City & Zip Code: _____ Phone: _____

Project Name/Number: _____

Total Cost: _____ Anticipated Start Date: _____ Green Infrastructure (Y/N) _____

Project Description:

Proposed or Predicted Water Quality Benefit (Include name of receiving or impacted waterbody):

DEM USE ONLY

Rating Date: _____ Project Category: _____

OWR Comments: _____

Reviewers' Initials: _____ / _____ / _____ / _____ / _____ / _____

PROJECT RATING CRITERIA SUMMARY		POINTS
I.	Existing Conditions Criteria	_____
II.	Proposed Facilities Criteria	_____
III.	Water Quality Improvement Criteria	_____
IV.	Intergovernmental Needs Criteria	_____
V.	Readiness to Proceed Criteria	_____
	Grand Total	_____