Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

Claimant's Legal Counsel - proceed to section 2)	(If represe	nting yourself (Pro	Se) please ch	neck this box and	
Jones	David		djones@wlj.com		
(last name)	(first name)		(email)		
200 West Capitol Ave., Ste. 2300	Little Rock	AR	72201	501.212.1263	
(address)	(city)	(state)	(zip)	(primary phone)	
Arkansas Bar Number: 2002	128	If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.			
2. Claimant Crawford-Sebastian County Dev	elopment Counc	il			
(title/last name/first name or company)		(email)			
1617 Zero Street	Fort Smith	AR	72901	479.785.2303	
(address)	(city)	(state)	(zip)	(primary phone)	
3. State Agency Involved: (mu has no jurisdiction over county			he Arkansas	Claims Commission	
Arkansas Department of Environn	nental Quality				
(state agency involved)					
4. Incident Date					
June 16, 2020					
5. Claim Type					
Please provide a brief explana additional statements to this fo	•	claim. If additiona	l space is re	quired please attach	
CSCDC is a community action against that	provides low is some	a againtanaa ingludhaa La	u Inaama Hama F	normy Assistance such as how	

CSCDC is a community action agency that provides low income assistance, including Low-Income Home Energy Assistance such as home weatherization. CSCDC receives reimbursement pursuant to a grant/assistance award from the Arkansas Energy Office, a division of ADEQ. CSCDC made a claim for reimbursement on June 16, 2020, which was for February 20, 2020 expenses. AEO incorrectly believed that the February 20, 2020, invoiced expenses were part of a mistaken double payment involving other expenses, which caused the February 2020 expenses to be canceled. When CSCDC discovered the error, it notified AEO in December of 2021 and requested payment. However, payment was never reissued. AEO has acknowledged that the payment is outstanding but has asserted the necessity to file a claim because the fiscal year for which the funds were owed has expired.

5a. Check here if this claim involves damage to a motor vehicle.

5b. Check here if this claim involves damage to property other than a motor vehicle.

100

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

I did not have insurance covering my property/motor vehicle at the time of damage.

All property damage claims require ONE of the following (please attach):

- 1. Invoice(s) documenting repair costs, OR
- 2. Three (3) estimates for repair of the damaged property, OR
- 3. An explaination why repair bill(s) or estimate(s) cannot be provided.

6. Was a state vehicle involved? (If Yes, please complete the following section)				
(type of state vehicle involved)	(license number)	(driver)		
7. Check here if this claim involves pe	ersonal injury.			
All personal injury claims require a coin place at the time of the incident.	py of your medical ins	urance information and relevant medical bills		
I do not have health insurance				
8. Amount Sought: \$98,382.45				
The undersigned certifies that being presented for any improper pargument for extending, modifying,	urpose; this claim is wo or reversing existing la or, if specifically so ide	MA		
	ACKNOWLEDGEMEN	IT		
State of Musus County of Musus				
appeared Whole ones k	nown to me (or satisfa	before me, the undersigned notary, personally actorily proven) to be the person whose name is the executed the same for the purposes therein		
In witness whereof I hereunto	set my hand and offici	ial seal.		
Signature of Notary Public My Commission expires: 2 25	2025	[seal of office] COMM. EXP. 2-25-2025 No. 12403344: * FAULKNER COUNTY OUBLIC - ARAMINING		

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CRAWFORD-SEBASTIAN COUNTY DEVELOPMENT COUNCIL

CLAIMANT

V.

CLAIM NO. 230450

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

RESPONDENT

ORDER

This claim was filed by Crawford-Sebastian County Development Council (the "Claimant") against the Arkansas Department of Environmental Quality (the "Respondent") for an unpaid bill in the amount of \$98,382.45.

Respondent filed an answer on November 2, 2022, admitting liability in full

The Arkansas State Claims Commission (the "Claims Commission") unanimously allows this claim in the amount of \$98,382.45 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.

ARKANSAS STATE CLAIMS COMMISSION
Courtney Baird

(Band

ARKANSAS STATE CLAIMS COMMISSION Paul Morris, Chair

ARKANSAS STATE CLAIMS COMMISSION Sylvester Smith

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DATE: <u>November 17, 2022</u>

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).