

### ENVIRONMENTAL REVIEW CHECKLIST

STATE REVIEWER:	DATE:
GRANTEE:	GRANT NUMBER:
PROJECT NAME:	
DATE RROF/CERTIFICATION RECEIVED:	

	YES	NO	N/A
1. Certifying Officer and ERO has been designated (formal designation-if applicable)			
CO Name: _____, title _____	ERO Name: _____, title _____		
2. Environmental review record has been completed			
3. A statutory checklist was completed			
4. SHPO Letter Sent Date: _____ SHPO Letter Received Date: _____ Prior to Publication Date: _____			
5. Tribal Consultation Checklist was completed			
6. EGLE Permit Checklist was completed			
7. There is an environmental assessment containing the following items:			
a. Project description – project name, location, project costs, activities			
b. Description of existing environmental conditions and identification of beneficial and adverse environmental impacts			
c. Description of mitigating measures to address and minimize adverse environmental impacts			
d. Description of alternatives to the project that were considered and why the project was chosen as the best alternative			
e. An environmental finding determination as a finding of no significant impact (FONSI) or a finding of significant impact			
	YES	NO	N/A
8. Was the Eight-Step Process required?			
a. Was the Eight-Step Process documentation received?			
b. If yes, was the first notice published?			
Publish date: _____	Date is Correct		
c. Were alternatives identified and evaluated?			
d. Were impacts identified?			
e. Were actions identified to minimize negative impacts?			
f. If Yes, was the second notice published?			
Publish date: _____	Date is Correct		
g. Were the 8-Step notices prepared in format specified in Grant Administration Guide (GAM)?			
h. Were the 8-step notices published prior to the publication of the Notice of Intent to Request Release of Funds or the Combined Notice?			

9. Notice of Intent to Request a Release of Funds (NOI/RROF)	DATE		YES	NO	N/A
a. NOI/RROF publication date		Date is Correct			
b. On or about date		Date is Correct			
c. State comment period ending date		Date is Correct			
d. Date RROF/Cert submitted to State		Date is Correct			
e. Notice contains correct format					
f. Name, address, telephone number provided					
g. Description of project is adequate					
h. Location and availability of ERR provided					
i. NOI/RROF notice was prepared in format specified in the GAM					
10. Combined Notice	DATE		YES	NO	N/A
a. Combined Notice publication date		Date is Correct			
b. On or about date		Date is Correct			
c. Local comment period ending date		Date is Correct			
d. State comment period ending date		Date is Correct			
e. Date RROF/Cert submitted to State		Date is Correct			
f. Notice contains correct format					
g. Name, address, telephone number provided					
h. Description of project is adequate					
i. Location and availability of ERR provided					
j. Combined Notice was prepared in format specified in the GAM					
			YES	NO	N/A
11. Was the notice disseminated?					
12. Were local comments received? (also, any from 8-Step Process-if applicable)					
13. Were State-level objections received?					
14. RROF/Certification Form is complete with attached published combined notice					
15. RROF/Certification Form is signed by Certifying Officer					
16. SHPO letter received by UGLG/MEDC and in file					
<b>CORRECTIVE ACTION IF REQUIRED</b>					