**ENVIRONMENTAL REVIEW CHECKLIST**

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| --- | --- |
| 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. MDEQ 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 | | | | |  | |  | |  | |
| **CORRECTIVE ACTION IF REQUIRED** | | | | | | | | | | |
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