**CDBG Environmental Workflow Process (For Grantee Use)**

**Type of Project: HR Tier 2 Individual Single Unit, Owner-Occupied LMI Home**

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| --- | --- | --- | --- |
| **Grantee Name** |  | Grant # |  |
| **Address of Home:**  |   |
| **ERR Prepared By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Printed Name) (Organization)**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature) (Date)  |

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| --- |
| **PROCESS/REQUIRED DOCUMENTATION** |
| **✓** | **HUD LEVEL OF REVIEW INDICATED**  |
|  | **Determination of Level of Environmental Review form**  |
|  | **Categorically Excluded per 58.35 ( a ) ( 3 ) ( i ) ( ) ( )**  |
| **✓** | **DCEO / HUD CERTIFICATION FORMS Date** |
|  | Signature Date of Environmental Review for Activity/Project that is Categorically Excluded (Subject to 58.5)  |  |
| Does this review convert to Exempt? 🞎 Yes 🞎 No  |  |
| **Please scan and email color version of completed ERR to DCEO CDBG ERO. You may mail a colored COPY – Originals will not be returned.**  |
| *Once the ERR is approved, the DCEO HR Program Manager will send you a copy of approval allowing the community to then sign individual home’s rehab contract.*  |