

ENVIRONMENTAL REVIEW REQUEST FORM

All HUD-assisted projects and state-funded projects used for match require an environmental review and documentation in accordance with 24 CFR Part 58. [Organizations may not commit or expend funds until DCA approves an environmental review.](#)

Please complete the information below and return to DCA to complete an environmental review. Please complete a **separate form** for each funded activity. As example, for ESG, an agency might complete one form for Rapid Re-Housing, one form for Prevention, and one form for HMIS.

Contact Person		Organization
Mailing Address		City, State, Zip Code
Phone		Fax Email
Funding Source and Project Activity (Check appropriate boxes)		
<input type="checkbox"/> Housing Opportunities for Persons with AIDS (HOPWA). <i>Choose project type:</i>	<input type="checkbox"/> Emergency Solutions Grants (ESG). <i>Choose project type:</i>	<input type="checkbox"/> Shelter Plus Care (S+C). <i>Choose project type:</i>
<input type="checkbox"/> Supportive Services	<input type="checkbox"/> Rapid Re-Housing	<input type="checkbox"/> Support Services
<input type="checkbox"/> Tenant-Based Rental Assistance	<input type="checkbox"/> Prevention	<input type="checkbox"/> Harm Reduction
<input type="checkbox"/> Short-Term Rental, Mortgage and Utility Assistance	<input type="checkbox"/> Emergency Shelter**	<input type="checkbox"/> This Agency does not receive S+C Matching Awards (Agencies that check this do not need to complete the rest of this form before returning it to DCA)
<input type="checkbox"/> Housing Information and Referral Services	<input type="checkbox"/> Street Outreach	
<input type="checkbox"/> Resource Identification	<input type="checkbox"/> Supportive Services	
<input type="checkbox"/> Administration	<input type="checkbox"/> Hotel/Motel Vouchers	
<input type="checkbox"/> Facility Based Housing**	<input type="checkbox"/> HMIS	
<input type="checkbox"/> Permanent Housing Placement		
Funding Information		
Estimated Total HUD Funded Amount:		Estimated Total Project Cost (HUD and non-HUD funds):
Anticipated funds or assistance from other Federal agency(ies), if applicable:		
Project Location		
Admin Office Address: _____		
ESG Emergency Shelter Address(es) (if applicable): _____		
HOPWA Facility Based Housing Address(es) (if applicable): _____		
Separately list all counties where you anticipate undertaking activities, including where TBRA units will be located: _____		

I certify that, to the best of my knowledge, the above information is true, accurate and complete.

Authorized Signature of Grantee

Date

****Agencies that receive either ESG Emergency Shelter or HOPWA Facility Based Housing funds please answer the following:**

Do you receive ESG or HOPWA funds for rent to lease your facility? YES / NO

Do you intend to use funds used to lease your facility as match for ESG? YES / NO

If you answered “YES” to either of the above, DCA will need to complete a more restricted ER for your facility.

