



Attachment
ESG Non-profit Level of Environmental Review Form

Check the one that applies:

- Sub-recipient
 Second-tier Sub-recipient

Name: _____ Contract Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Total Funds Received/Retained: \$ _____

Project/Activity Description:

Check All That Apply:

| Street Outreach (24 CFR 576.101) | |
|--|--|
| <input type="checkbox"/> | Engagement, Case Management, Emergency Health Services, Emergency Mental Health Services, Transportation |
| Emergency Shelter (24 CFR 576.102) | |
| <input type="checkbox"/> | Essential Services |
| <input type="checkbox"/> | Shelter Operations (except rent and repairs) |
| <input type="checkbox"/> | Repairs, Minor Rehabilitation |
| <input type="checkbox"/> | Rent (leasing) |
| <input type="checkbox"/> | Major Rehabilitation and Conversion |
| <input type="checkbox"/> | URA Assistance |
| Homelessness Prevention & Rapid Re-housing (24 CFR 576.105; 24 CFR 576.106) | |
| <input type="checkbox"/> | Housing Relocation and Stabilization Services – Services Costs |
| <input type="checkbox"/> | Housing Relocation and Stabilization Services – Financial Assistance Costs |
| <input type="checkbox"/> | Tenant – based Rental Assistance |
| <input type="checkbox"/> | Leasing Office Space |
| HMIS (24 CFR 576.107) | |
| <input type="checkbox"/> | TA, Salaries for HMIS Administrators |
| <input type="checkbox"/> | Purchasing/leasing Equipment, Utilities, Travel for TA |
| <input type="checkbox"/> | Leasing Office Space |
| Administrative Activities (24 CFR 576.108) | |
| <input type="checkbox"/> | TA, General Management/Oversight/Coordination (except office equipment) |
| <input type="checkbox"/> | Office Equipment |
| <input type="checkbox"/> | Leasing Office Space |

 Authorized Responsible Entity Name (printed)

 Title (printed)

 Authorized Responsible Entity Signature

 Date