Determination of Categorical Exclusion (not subject to Section 58.5)
Determination of activities per 24 CFR 58.35(b)

Activity Name and Grant Number:

Address:

Activity Description:

Estimated total Activity cost:  $
Funding Source: CDBG  Other: ______________

The activity falls into the category listed below, which is listed at 24 CFR 58.35(b) as a Categorically Excluded activity not subject to Section 58.5.

1. Tenant-based rental assistance
2. Supportive Public Services (including but not limited to): Provision of services associated with a funded community facility
   - Health care
   - Housing services
   - Permanent housing placement
   - Day care
   - Nutritional services
   - Short term payments for rent/mortgage/utility costs
   - Assistance in gaining access to government benefits/services

3. Operating Costs:
   - Maintenance
   - Security
   - Operation
   - Utilities
   - Furnishings
   - Equipment
   - Supplies
   - Staff training and recruitment

4. Economic Development Activities:
   - Equipment purchase
   - Inventory financing
   - Interest subsidy
   - Operating costs
   - Other expenses not associated with construction or expansion

5. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under Part 58, if: the same responsible entity conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under Section 58.47

Compliance Checklist for the “Other Requirements” in 24 CFR 58.6
The requirements under § 58.6 may be applicable to § 58.35(b) and § 58.34 determinations. The following format is suggested to document compliance with § 58.6 in completing the environmental review process.

FLOOD INSURANCE / FLOOD DISASTER PROTECTION ACT (Guidance)

1. Does the project involve the acquisition, construction or rehabilitation of structures, buildings or mobile homes?
   - No; flood insurance is not required. The review of this factor is completed.
   - Yes; continue.
2. Is the structure or part of the structure located in a FEMA designated Special Flood Hazard Area?
   - No. Source Document (FEMA/FIRM floodplain zone designation, panel number, date):  (Factor review completed).
   - Yes. Source Document (FEMA/FIRM floodplain zone designation, panel number, date):  (Continue review).
3. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?
   ☐ Yes - Flood Insurance under the National Flood Insurance Program must be obtained and maintained or the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept in the Environmental Review Record.
   ☐ No (Federal assistance may not be used in the Special Flood Hazards Area).

COASTAL BARRIERS RESOURCES ACT (Guidance)

Section 58.6 also requires compliance with the Coastal Barrier Resources Act. There are no Coastal Barrier Resource Areas in Washington, Oregon, Alaska, or Idaho. Therefore, the Act does not apply.

1. Is the project located in a coastal barrier resource area? (See [http://www.fema.gov/nfip/cobra.shtm](http://www.fema.gov/nfip/cobra.shtm)).
   ☐ No; Cite Source Documentation:
   (This element is completed).
   ☐ Yes - Federal assistance may not be used in such an area.

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES (Guidance)

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone, Approach Protection Zone or a Military Installation's Clear Zone?
   ☐ No; cite SD, page:
   Project complies with 24 CFR 51.303(a)(3).
   ☐ Yes; Disclosure statement must be provided to buyer and a copy of the signed disclosure statement must be maintained in this Environmental Review Record.

RE’s Certifying Officer Signature:

A Request for Release of Funds (RROF) is not required. The activity may be initiated without further environmental review beyond 24 CFR Part 58.6.

Signature___________________________________ Date________________________

Certifying Officer Name and Title (print)________________________________________________________________________