

**Form 2-5A Statutory Checklist  
Environmental Review for Activity/Project that is  
Exempt or Categorically Excluded Not Subject to Section 58.5  
Pursuant to 24 CFR Part 58.34(a) and 58.35(b)**

**Project Information**

**Project Name & CDBG No.:** \_\_\_\_\_

**Responsible Entity:** \_\_\_\_\_

**Grant Recipient:** \_\_\_\_\_

**State/Local Identifier:** \_\_\_\_\_

**Preparer:** \_\_\_\_\_

**Certifying Officer Name and Title:** \_\_\_\_\_

**Consultant (if applicable):** \_\_\_\_\_

**Direct Comments to:** \_\_\_\_\_

**Project Location:**

**Description of the Proposed Project [24 CFR 50.12 & 58.32; 40 CFR 1508.25]:**

**Level of Environmental Review Determination:**

- Activity/Project is Exempt per 24 CFR 58.34(a): \_\_\_\_\_
- Activity/Project is Categorically Excluded Not Subject To §58.5 per 24 CFR 58.35(b): \_\_\_\_\_

**Funding Information**

**This project anticipates the use of funds or assistance from another State or Federal agency in addition to HUD in the form of (if applicable):**

Grant Number	Federal/State/Other Program	Funding Amount

**Estimated Total HUD Funded Amount:** \_\_\_\_\_

**Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]:** \_\_\_\_\_

**Compliance with 24 CFR §50.4 and §58.6 Laws and Authorities**

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

Compliance Factors: Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6	Are formal compliance steps or mitigation required?	Compliance determinations
<b>STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6</b>		
<b>Airport Runway Clear Zones and Accident Potential Zones</b> 24 CFR Part 51 Subpart D	Yes No <input type="checkbox"/> <input type="checkbox"/>	
<b>Coastal Barrier Resources</b> Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]	Yes No <input type="checkbox"/> <input type="checkbox"/>	
<b>Flood Insurance</b> Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes No <input type="checkbox"/> <input type="checkbox"/>	

<b>STATE OR LOCAL STATUTES (to be added by Responsible Entity)</b>		
State Historic Preservation Office (SHPO) Section 14.09 of the New York State Historic Preservation Act	Yes No <input type="checkbox"/> <input type="checkbox"/>	
State Environmental Quality Review Act (SEQRA) 6 NYCRR Part 617	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Coastal Zone Management Act (CZMA) 19NYCRR Part 600	Yes No <input type="checkbox"/> <input type="checkbox"/>	
	Yes No <input type="checkbox"/> <input type="checkbox"/>	

**Mitigation Measures and Conditions [40 CFR 1505.2(c)]**

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title/Organization: \_\_\_\_\_

Responsible Entity Agency Official Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).