



HOPWA Environmental Review Determination Form

Project Sponsor Information:

Project Sponsor Name: _____ Contract Number: _____

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

ADECA Funding Amount: \$ _____

Project/Activity Description:

Instructions: Mark the box next to the category or categories that apply to the proposed activities listed above.

24 CFR 574.300(b)	
<input type="checkbox"/>	(1) Housing information services including, but not limited to, counseling, information, and referral services to assist an eligible person to locate, acquire, finance and maintain housing. This may also include fair housing counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap;
<input type="checkbox"/>	(2) Resource identification to establish, coordinate and develop housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives);
<input type="checkbox"/>	(3) Acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services;
<input type="checkbox"/>	(4) New construction (for single room occupancy (SRO) dwellings and community residences only).
<input type="checkbox"/>	(5) Project- or tenant-based rental assistance, including assistance for shared housing arrangements;
<input type="checkbox"/>	(6) Short-term rent, mortgage, and utility payments to prevent the homelessness of the tenant or mortgagor of a dwelling;
<input type="checkbox"/>	(7) Supportive services including, but not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals;
<input type="checkbox"/>	(8) Operating costs for housing including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs;
<input type="checkbox"/>	(9) Technical assistance in establishing and operating a community residence, including planning and other pre-development or pre-construction expenses and including, but not limited to, costs relating to community outreach and educational activities regarding AIDS or related diseases for persons residing in proximity to the community residence;
<input type="checkbox"/>	(10)(ii) Administrative expenses: Each project sponsor receiving amounts from grants made under this program may use not more than 7 percent of the amounts received for administrative costs.

Certifying Officer Signature

Date

Certifying Officer Name (printed)

Title (printed)