



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