

CERTIFICATION OF CONTINUED ENVIRONMENTAL COMPLIANCE

Nebraska Department of Economic Development

CDBG, HOME, and NAHTF Projects

INSTRUCTIONS: Complete Parts I-IV and submit to your Program Representative.

PART I. GRANTEE INFORMATION			
INSTRUCTIONS: Based on the original Environmental Review Record (ERR), complete the following information.			
GRANTEE NAME		GRANT NUMBER	
ENVIRONMENTAL REVIEW RECORD DATES			
Determination of Level of Review (DLR): <input type="checkbox"/> CENST <input type="checkbox"/> CEST <input type="checkbox"/> EA		DLR Date Signed	
Statutory Checklist Date		Environmental Clearance Issued	

PART II. PROJECT DESCRIPTION INFORMATION	
INSTRUCTIONS: Input below Item A. original project description, Item B. clear and concise summary of the changes/revisions to the project description for which this form is being completed, and Item C. revised project description based upon those changes/revisions noted within Item B. NOTE: If needed to clearly articulate the responses, attach additional descriptive information, as appropriate, including narrative, maps, photographs, site plans, budgets and other information. Where attachments/enclosures are included, be sure to check the appropriate box.	
A.	ORIGINAL PROJECT DESCRIPTION.
B.	SUMMARY OF CHANGES/REVISIONS.
C.	REVISED PROJECT DESCRIPTION (where applicable).
<input type="checkbox"/> ATTACHMENT(S). Only check box if attachments and/or enclosures are being submitted along with this form.	

PART III. DETERMINATION UPON REVIEW OF REVISIONS

In accordance with the provisions of 24 CFR Part 58.47, it is the finding of the Certifying Officer of the above referenced grantee that [check one of the following]:

1. The scope, scale, nature, magnitude and location of the project are **SUBSTANTIALLY UNCHANGED** from that as originally reviewed and approved; further, no new circumstances or environmental conditions which may affect the project or have a bearing on its impact, such as concealed or unexpected conditions, have been discovered; and the selection of an alternative not in the original finding is not proposed, Re-evaluation of the project under §58.47 is therefore not required. The same conditions that previously applied to the project remain unchanged and are summarized within Part II above.

OR

2. The scope, scale, nature, magnitude and/or location of the project have **SUBSTANTIALLY CHANGED** from that as originally reviewed and approved; or, new circumstances or environmental conditions which may affect the project or have a bearing on its impact, such as concealed or unexpected conditions, have been discovered; or, the selection of an alternative not in the original finding is now proposed. Re-evaluation of the project under §58.47 is required; the findings in the ERR have been updated per §58.47(b).
- a) There are substantial changes in the nature, magnitude, extent, or location of the project/program, including adding new activities not anticipated in the original scope (24 CFR Part 58.47(a)(1));
- b) There are new circumstances and environmental conditions which affect the project/program or have a bearing on its impact, such as concealed or unexpected conditions discovered during the implementation of the project or activity which is proposed to be continued (24 CFR Part 58.47(a)(2)); or
- c) An alternative has been selected not considered in the original finding (24 CFR Part 58.47(a)(3)).
- REQUIRED Attachment(s):** The findings in the ERR have been updated per §58.47(b) and are described within the attached documentation.

PART IV. CERTIFICATION OF REVIEW

INSTRUCTIONS: Local units of government: Certifying Officer signs, keeps original, and sends copy to DED.
 Nonprofit organizations: Preparer signs, sends to DED for RE signature, and DED returns a copy to grantee for the ERR file.

I certify that the above statements accurately reflect the revisions to the project scope of work and that such revisions do not alter the basis under which the project received its original environmental status determination.

Printed Preparer Name & Title	Signature of Preparer	Date
Printed Name & Title of RE Certifying Officer	Signature of RE Certifying Officer	Date

FOR DED USE ONLY

Program Rep/ERR 1 st Reviewer recommendation: <input type="checkbox"/> approve <input type="checkbox"/> deny <input type="checkbox"/> consultation		initials	date
Date received	Signature of ERR 2 nd Reviewer		
	Printed Name/Title	Date	
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied			