**housing trust fund corporation**

**Environmental Compliance Checklist**

Office of Community Renewal (OCR) state funded programs including:

*Adirondack Community Housing Trust (ACHT), Buffalo Main Streets Initiative (BMSI), Community Controlled Affordable Housing (CCAH), OCR Managed Downtown Revitalization Initiative (DRI), Land Bank Initiative (LBI) New York Main Street (NYMS).*

|  |
| --- |
| **Local Program Administrator (LPA):**       |
| **Funding Program:** |  | **Project Municipality:** |       |
| **SHARS ID:** |       | **Project County:** |       |
| **Review Type:** |  | **Project Address (if site specific):** |       |
| **Identify other HCR funding sources planned for project below:** |
|       |
| **Compliance Area** | **Attachments Included** | **Compliance Procedures** |
| **A. Historic/Cultural Resources:**Section 14.09 of the Parks, Recreation and Historic Preservation Law. | [ ]  |       |
| **B. Flood Plains:**6 NYCRR Part 502, Floodplain Management Criteria for State Projects. | [ ]  |       |
| **C. Zoning:**C1. Projects must conform to local land use plans and receive all necessary zoning and site plan approvals and permits. | [ ]  |       |
| C2. Projects that result in a change in the building use must be identified. | [ ]  |       |
| **D. Coastal Zones:**19 NYCRR Part 600, Coastal ZoneManagement | [ ]  |       |
| **E. Site Contamination- *Hazardous Materials:*** Projects funded under the Program must be free of hazardous materials which could affect the health and safety of occupants or conflict with the intended utilization of the property.  | [ ]  |       |
| **F. Lead Based Paint:**All activities impacting dwelling units or child occupied facilities must be free from the hazards posed by lead-based paint. ***Refer to the Program Policy for Lead-Based Paint.*** | [ ]  |       |
| **G. Asbestos Containing Materials**NYS Department of Labor at 12 NYCRR Part 56 | [ ]  |       |
| **H. Radon**EPA map of Radon Zones; EPA Radon Mitigation Standards | [ ]  |       |
| **I. Wetlands:**6 NYCRR Part 663, Freshwater Wetlands Permit Requirements and, Section 404 of the Clean Water Act | [ ]  |       |
| **J. Endangered Species:**6 NYCRR Part 182, Endangered and Threatened Species | [ ]  |       |
| **K. Agricultural Districts:**Agriculture and Markets Law Article 25-AA, Sections 303 and 304, Agricultural Districts | [ ]  |       |
| **L. Smart Growth:** 2019 and later NYMS contracts must complete the Smart Growth Criteria Form and confirm outcome. | [ ]  |       |

**Individual site-specific checklists may require more detailed supporting documentation and review in circumstances such as:**

* substantial improvement in a flood zone;
* projects in, or adjacent to, Agricultural Districts;
* work on a building determined by SHPO to have historic or cultural significance;
* ground disturbance, new construction, or tree cutting;
* zoning changes;
* a change in actual building use (whether or not this change is locally regulated);
* acquisition, new construction of, or expansion or reconstruction of infrastructure;
* if the work constitutes a SEQR Unlisted action.

**Certification**

I am authorized to execute contract materials for the program award to the Local Program Administrator (LPA) named above. I have read this Checklist and by signing this document agree with the statements made herein and agree that: (1) site specific checklists will be prepared and submitted to the OCR for each project site and additional documentation will be provided as necessary for the circumstances listed above; (2) project activities will be conducted in conformance with the described compliance procedures; (3) an environmental determination letter or approval from OCR will be received before taking any physical action on a site or incurring costs related to a specific activity; (4) costs incurred for activities completed prior to the SEQR determination and submission of the site-specific checklist will not be eligible for reimbursement; and (5) if any circumstances of project activities change, altering compliance language and/or required procedures herein, a new Checklist or Smart Growth Criteria Form will be provided*.*

**Signature:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Printed Name:** |       | **Prepared by:** |       |
| **Title:** |       | **Title:** |       |
| **Date:** |       | **Phone:** |       |
|  |  | **Email:** |       |