FORM 2-3A
CERTIFICATION OF SEQRA CLASSIFICATION

CDBG Project Number: _____ Date _____

Name and Title of Certifying Officer: _____ Title _____

Name of Responsible Entity: _____

Address (e.g., Street No. or P.O. Box): _____

Co/C/T/V, State, Zip Code+4: _____ NY _____

Telephone Number of Responsible Entity: _____

It is the finding of the _____ that the activity(ies) proposed in its _____ NYS CDBG
Name of CDBG Grant Recipient *Funding Year*

project, _____ are:
Project Name

Check the applicable classification:

- ☐ Type I Action (6NYCRR Section 617.4)
  - ☐ Identify the Lead Agency _____
  - ☐ Evidence of Lead Agency Declaration and Consent attached
  - ☐ Copy of Environmental Notices Bulletin attached
- ☐ Type II Action (6NYCRR Section 617.5)
- ☐ Unlisted Action (not Type I or Type II Action)
  - ☐ Identify the Lead Agency _____
  - ☐ Evidence of Lead Agency Declaration and Consent attached

Check if applicable:

- ☐ Environmental Impact Statement (EIS) Prepared
  - ☐ Draft EIS
  - ☐ Final EIS

_____
Signature of Certifying Officer