

**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
project, _____ are:
Name of CDBG Grant Recipient *Funding Year*
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)

For SEQR Type II classification, as Certifying Officer, I understand that any project funded in whole or part with NYS CDBG funds must be assessed in accordance with the State Environmental Quality Review Act (SEQRA) 6NYCRR Section 617.5 (c). The _____ has reviewed the scope of work for the above referenced CDBG grant and determined that the project is classified as Type II.

Unlisted Action (not Type I or Type II Action)

Check if applicable:

Environmental Impact Statement (EIS) Prepared

Draft EIS

Final EIS

Signature of Certifying Officer

Typed Name of Certifying Officer