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)

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) 6NYCRRSection 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

_____
Date:

Instructions for
Form 2-3A Certification of SEQRA Classification

Under 6NYCRR Section 617, CDBG Recipients must review their projects under the State Environmental Quality Review Act (SEQRA). The Certification of SEQRA Classification is used to classify the project for compliance requirements at 6NYCRR Section 617.

Recipients are strongly encouraged to check individual regulations directly for applicability and compliance measures.

Project Information

1. CDBG No.
    a. Provide the OCR assigned CDBG Project Number, 555PR999-14.
2. Date is the date the form is completed.
3. Certifying Officer Name and Title
    a. Provide the name and title of person identified in the Designation of Certifying Officer
4. Responsible Entity
    a. This is the entity identified in the Designation of Certifying Officer
    b. Provide the complete address of the Responsible Entity.

Name of the CDBG Grant Recipient

1. This is the County, City, Town or Village that has been awarded NYS CDBG funds.

Funding Year

1. This is the Program Year in which NYS CDBG are awarded, for example, if the last two digits of the CDBG Project Number is "14", the Program Year is 2014.

Program Name

1. An example would be "*Town of Upstate Water District #1 Improvements".*

Check the applicable Classification

a. For Type I Actions
    i. Identify the Lead Agency
    ii. Submit evidence of Lead Agency designation and consent from involved and interested agencies with Form 2-3A.
    iii. Submit a copy of the Environmental Notice Bulletin for all Negative Declarations and Positive Declarations

b. For Type II Actions
    i. No further documentation required

c. For Unlisted Actions
    i. Identify the Lead Agency
    ii. Submit evidence of Lead Agency designation and consent from involved and interested agencies with Form 2-3A.
    iii. Submit a copy of the Environmental Notice Bulletin for all Positive Declarations

For Environmental Impact Statements

a. Check if either a Draft EIS or Final EIS has been prepared for this project.

Signature of Certifying Officer

1. To be signed at the time the documentation is complete.