NEPA COMPLIANCE CHECKLIST

State:	.		Federal Financial Assistance Grant/Agreement/Amendment Number:
Grant	/Project	Name	
This proposal \square is: \square is not completely covered by categorical exclusion in 516 DM 2, Appendix; and/or in 516 DM 8.5. (check (\checkmark) one) (Review proposed activities. An appropriate categorical exclusion must be identified before completing the remainder of the Checklist. If a categorical exclusion cannot be identified, or the proposal cannot meet the qualifying criteria in the categorical exclusion, or an extraordinary circumstance applies (see below), an EA must be prepared.)			
Extraordinary Circumstances: Will This Proposal (check (✓) yes or no for each item below): Yes No			
		1. 2.	Have significant adverse effects on public health or safety. Have significant adverse effects on such natural resources and unique geographic characteristics as historic or cultural resources; park, recreation or refuge lands; wilderness areas; wild or scenic rivers; national natural landmarks; sole or principal drinking water aquifers; prime farmlands; wetlands (Executive Order 11990); floodplains (Executive Order 11988); national monuments; migratory birds (Executive Order 13186); and other ecologically significant or critical areas under Federal ownership or jurisdiction.
		3. 4.	Have highly controversial environmental effects or involve unresolved conflicts concerning alternative uses of available resources [NEPA Section 102(2)(E)]. Have highly uncertain and potentially significant environmental effects or involve unique or unknown environmental
			risks.
		5.	Have a precedent for future action or represent a decision in principle about future actions with potentially significant environmental effects.
		6.	Have a direct relationship to other actions with individually insignificant but cumulatively significant environmental effects.
		7.	Have significant adverse effects on properties listed or eligible for listing on the National Register of Historic Places as determined by either the bureau or office, the State Historic Preservation Officer, the Tribal Historic Preservation Officer, the Advisory Council on Historic Preservation, or a consulting party under 36 CFR 800.
		8.	Have significant adverse effects on species listed, or proposed to be listed, on the List of Endangered or Threatened
		9.	Species, or have significant adverse effects on designated Critical Habitat for these species. Have the possibility of violating a Federal law, or a State, local, or tribal law or requirement imposed for the
		10.	protection of the environment. Have the possibility for a disproportionately high and adverse effect on low income or minority populations
		11.	(Executive Order 12898).
		12.	practitioners or significantly adversely affect the physical integrity of such sacred sites (Executive Order 13007). Have the possibility to significantly contribute to the introduction, continued existence, or spread of noxious weeds or non-native invasive species known to occur in the area or actions that may promote the introduction, growth, or expansion of the range of such species (Federal Noxious Weed Control Act and Executive Order 13112).
	of the a □ No		straordinary circumstances receive a "Yes" check (), an EA must be prepared.) s grant/project includes additional information supporting the Checklist.
Concu	rrences	/Annro	ovals:
	Leader		Date:
State A desire Community			
State Authority Concurrence: Date: Date:			
(NEPA) and ot ve deter is a ca there is not	her star mined t ategori fore be	ntent of the Council of Environmental Quality's regulations for implementing the National Environmental Policy Act tutes, orders, and policies that protect fish and wildlife resources, I have established the following administrative record that the grant/agreement/amendment: cal exclusion as provided by 516 DM 8.5 and/or 516 DM 2, Appendix 1. No further NEPA documentation will made. etely covered by the categorical exclusion as provided by 516 DM 8.5 and/or 516 DM 2, Appendix 1. An EA
Servic	e signat	ure ap	proval:
RO or WO Environmental Coordinator: Date:			
Staff Specialist, Division of Federal Assistance:Date:			
(or authorized Service representative with financial assistance signature authority) FWS Form 3-2185 OMB Control Number 1018-0110			

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