

PART II

PROJECT APPROVAL INFORMATION SECTION A

Item 1.

Does this assistance request require State, local, regional, or other priority rating?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Governing Body \_\_\_\_\_  
Primary Rating \_\_\_\_\_

Item 2.

Does this assistance request require State, or local advisory, educational or health clearances?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Agency or Board \_\_\_\_\_

(Attach Documentation)

Item 3.

Does this assistance request require clearinghouse review in accordance with OMB Circular A-95?

\_\_\_\_\_ Yes \_\_\_\_\_ No

(Attach Comments)

Item 4.

Does this assistance request require State, local, regional or other planning approval?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Approving Agency \_\_\_\_\_

Date \_\_\_\_\_

Item 5.

Is the proposal project covered by an approved comprehensive plan?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Check one: State   
Local   
Regional

Location of Plan \_\_\_\_\_

Item 6.

Will the assistance requested serve a Federal installation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Federal Installation \_\_\_\_\_

Federal Population benefiting from Project \_\_\_\_\_

Item 7.

Will the assistance requested be on Federal land or installation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Federal Installation \_\_\_\_\_

Location of Federal Land \_\_\_\_\_

Percent of Project \_\_\_\_\_

Item 8.

Will the assistance requested have an impact or effect on the environment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

See instruction for additional information to be provided

Item 9.

Will the assistance requested cause the displacement of individuals families, businesses, or farms?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Number of:  
Individuals. \_\_\_\_\_  
Families. \_\_\_\_\_  
Businesses. \_\_\_\_\_  
Farms. \_\_\_\_\_

Item 10.

Is there other related Federal assistance on this project previous, pending, or anticipated?

\_\_\_\_\_ Yes \_\_\_\_\_ No

See instructions for additional information to be provided.