**U.S. DEPARTMENT OF ENERGY
National Nuclear Security Administration
OFFICE OF GENERAL cOUNSEL
FINANCIAL ASSISTANCE NEPA CHECKLIST**

**Background for the Checklist:** In compliance with the National Environmental Policy Act (NEPA), proposed National Nuclear Security Administration (NNSA) funded activities are reviewed to determine if they would have any environmental impacts and, if so, what mitigating actions might be implemented. Completing the attached form provides the information necessary for that NEPA review.

**Checklist Instructions:** All activities, including those conducted by the awardee, sub-awardees, and any other parties, proposed to be funded under the financial assistance award must be described in a single checklist for each award. Parts I through III of the checklist are to be completed by someone within the grant applicant’s organization who is closely familiar with the proposed action such as the program director or project manager. Part IV of the checklist should be signed by the person who completed Parts I-III. Part V of the checklist solicits information that the program director or project manager may not be aware of, so if that Part or any questions within Part III are unclear, they should be completed in coordination with the environment, health, and safety coordinator/officer at each non-federal institution\* at which the proposed project would be undertaken. A person responsible for ES&H compliance is asked to complete and sign Part VII before returning the form to the NNSA via email at Nepa-Checklists@nnsa.doe.gov. Please include the project name, award number, institution, and principal investigator in the subject line of the e-mail.

\* Please note, Department of Energy National Laboratories are federal institutions.

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**U.S. DEPARTMENT OF ENERGY
NNSA OFFICE OF GENERAL COUNSEL
FINANCIAL ASSISTANCE NEPA CHECKLIST**

# Part I: Financial Assistance Recipient Information

Project Title:

Project Director: Date Checklist Completed:

Organization Name:

Solicitation Number: Award Number: (To be Completed by NNSA)

# Part II: Project Description and Information

1. Please describe the intended use of NNSA funding in your proposed project. Describe the project as specifically as possible, e.g., would it involve conducting a feasibility study, developing a design, data analysis, or education or outreach activities? Would it involve use of established research facilities, construction, capital purchases and/or equipment installation or modification? At what location(s) would the project be conducted? What is the desired outcome of the proposed project? When would the project start? What is the expected duration of the project?

Please describe the project completely and do not refer solely to an attachment for the description of a project. Attachments may be used to provide additional background information on the project.

**Enter description here:**

2. Indicate below if the funding you are requesting would be applied to the entire project or only to support a phase of the project. [ ]  Entire Project [ ]  Project Phase
**Explain:**

3*.* Which, if any, of the following activities apply to your proposed project? Check all that apply.

 [ ]  Award of a contract for technical support services
[ ]  Entirely a “Paper Study”
[ ]  Information gathering such as literature surveys, inventories, audits
[ ]  Data analysis including computer sciences/modeling, applied mathematics, modeling and simulation
[ ]  Document preparation such as design, feasibility studies, analytical energy supply and demand studies
[ ]  Information dissemination, including document mailings, publication, distribution, training, conferences, internships, and informational programs.

 [ ]  Activity-level work: Any job, task, or sub-task performed where hazards are present; are introduced by the work (i.e. R&D, D&D, construction, operations, maintenance); or are introduced by the work environment

4(A). Which of the following describe the scale of the actions you are proposing for the **present** effort?

 [ ]  Laboratory (Batch) Research [ ]  Pilot- or Proof-of-concept-Scale Research

 [ ]  Full-Scale Demonstration [ ]  Bench-top/Small scale Research

 [ ]  Pilot Plant Construction/Operation [ ]  Other **(please describe)**

 [ ]  No activity-level work

4(B). Which of the following describe the scale of the **entire** project?

 [ ]  Laboratory (Batch) Research [ ]  Pilot- or Proof-of-concept-Scale Research

 [ ]  Full-Scale Demonstration [ ]  Bench-top/Small scale Research

 [ ]  Pilot Plant Construction/Operation [ ]  Other **(please describe)**

 [ ]  No activity-level work [ ]  Not applicable

***If you selected the “No activity-level work” option in item 4(A) please proceed to Part III, Certification. Otherwise continue to Question 5.***

5. Would the work occur outdoors or have an outdoor component?[ ]  Yes [ ]  No

 **If yes, please describe:**

6. Would the work to be performed take place entirely in existing buildings? [ ]  Yes [ ]  No

7. Would the work to be performed require new construction? [ ]  Yes [ ]  No

 **If yes, would the construction be on a:** [ ]  Developed site [ ]  Undeveloped site

**If yes, please describe the construction, the site, and any laydown areas required and associated acreages of disturbance:**

 Would the work to be performed require existing facility modification and/or upgrades?

[ ]  Yes [ ]  No

**If yes, please describe:**

# Part III: Potential Environmental Impacts

Insert an explanation for each “Yes” response in the table in Part VI. If an explanation is not provided, the checklist will be returned for more information. **All the environmental impacts of the proposed project should be noted below, even if they are considered minor and/or below regulatory thresholds.**

|  |  |  |
| --- | --- | --- |
|  | A. | Sensitive Resources: Would the proposed action result in changes and/or disturbances to any of the following resources? |
|  |  |  |  | Yes | No |
|  |  | 1. | Threatened/Endangered Species and/or Critical Habitats (e.g. wildlife/plants) |[ ] [ ]
|  |  | 2. | Other Protected Species (e.g., Burros, Migratory Birds) |[ ] [ ]
|  |  | 3. | Sensitive Environments (e.g., Tundra/Coral Reefs/Rain Forests) |[ ] [ ]
|  |  | 4. | Archaeological/Historic Resources |[ ] [ ]
|  |  | 5. | Important Farmland |[ ] [ ]
|  |  | 6. | Non-Attainment Areas for Ambient Air Quality Standards |[ ] [ ]
|  |  | 7. | Class I Air Quality Control Region |[ ] [ ]
|  |  | 8. | Special Sources of Groundwater (e.g. Sole Source Aquifer) |[ ] [ ]
|  |  | 9. | Navigable Air Space |[ ] [ ]
|  |  | 10. | Coastal Zones |[ ] [ ]
|  |  | 11. | Areas with Special National Designation (e.g. National Forests, Parks, Trails, Wild & Scenic Rivers) |[ ] [ ]
|  |  | 12. | Floodplains and/or Wetlands |[ ] [ ]
|  |  |  |  |  |  |
|  | B. | Other Environmental Impacts: Would the proposed action involve any of the following items or activities? |
|  |  |  |  | Yes | No |
|  |  | 13. | Natural Resource Damage Assessments |[ ] [ ]
|  |  | 14. | Exotic Organisms |[ ] [ ]
|  |  | 15. | Noxious Weeds |[ ] [ ]
|  |  | 16. | Clearing or Excavation (indicate if greater than one acre) |[ ] [ ]
|  |  | 17. | Dredge or Fill (under Clean Water Act, Section 404, indicate if greater than ten acres) |[ ] [ ]
|  |  | 18. | Noise  |[ ] [ ]
|  |  | 19. | Asbestos/Lead Removal |[ ] [ ]
|  |  | 20. | Polychlorinated biphenyls (PCBs) |[ ] [ ]
|  |  | 21. | Import, Manufacture, or Processing of Toxic Substances |[ ] [ ]
|  |  | 22. | Chemical Storage and Use/Chemical Exposure |[ ] [ ]
|  |  | 23. | Petroleum/Fuel Products Storage and Use  |[ ] [ ]
|  |  | 24. | High Energy Sources/Explosives Storage and Use |[ ] [ ]
|  |  | 25. | Pesticide/Herbicide Storage and Use |[ ] [ ]
|  |  | 26. | Hazardous, Toxic, or Criteria Pollutant Air EmissionsA |[ ] [ ]
|  |  | 27. | Liquid Effluents |[ ] [ ]
|  |  | 28. | Underground Injection |[ ] [ ]
|  |  | 29. | Solid WasteB |[ ] [ ]
|  |  | 30. | Hazardous WasteB |[ ] [ ]
|  |  | 31. | Radioactive WasteB | [ ]  | [ ]  |
|  |  | 32. | Mixed Waste (Radioactive and Hazardous)B | [ ]  | [ ]  |
|  |  | 33. | Radioactive Materials or Sources/Radiation Exposure | [ ]  | [ ]  |
|  |  | 34. | Underground Storage Tanks | [ ]  | [ ]  |
|  |  | 35. | Surface Water/Storm Water Impacts |[ ] [ ]
|  |  | 36. | Pollution Prevention Act reporting | [ ]  | [ ]  |
|  |  | 37. | Ozone Depleting Substances | [ ]  | [ ]  |
|  |  | 38. | Off-Road Vehicles/Driving Off-Roads | [ ]  | [ ]  |
|  |  | 39. | Transportation of Hazardous Materials/Waste | [ ]  | [ ]  |
|  |  | 40. | Nanomaterials |[ ] [ ]
|  |  | 41. | Biosafety Level 1-2 Laboratory |[ ] [ ]
|  |  | 42.43. | Biosafety Level 3-4 LaboratoryGreenhouse Gas Emissions (carbon dioxide, methane, nitrous oxide, hydrofluorocarbons, perfluorocarbons, or sulfur hexafluoride) AA If yes, please indicate in the table the amounts of each to be released to the atmosphere. B If yes, please indicate in the table the approximate quantities and plans or arrangements for disposal.  | [ ] [ ]  | [ ] [ ]  |
| Part IV: Certification of Project Information This section is to be completed by someone closely familiar with the proposed action such as the program director or project manager. By signing below, this person is certifying the information provided in Parts I, II, and III. I hereby certify that the information I have provided is current, accurate, and complete as of the date noted with my signature.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Name: Title: Email: Telephone(s)Part V: Project Implications Would the proposed action involve the following implications? This section is to be completed by the applicant in coordination with the environment, health, and safety coordinator/officer at each non-federal institution at which the proposed project would be undertaken. Please insert an explanation in the table in Part VI for each “Yes” response. |  |  |  |  |  |
|  |  | 44. | Potential Violation of Environment, Safety, or Health Regulations/Permits | [ ]  | [ ]  |
|  |  |  | Siting/Construction/Major Modification of Waste Recovery, or Waste Treatment, Storage, or Disposal Facilities | [ ]  | [ ]  |
|  |  |  | Disturbance of Pre-existing Contamination (e.g. Environmental Remediation Projects) | [ ]  | [ ]  |
|  |  |  | Public Controversy | [ ]  | [ ]  |
|  |  |  | Environmental Justice Issues | [ ]  | [ ]  |
|  |  |  | Action/Involvement of Another Federal Agency (e.g. license, funding, approval) | [ ]  | [ ]  |
|  |  |  | Public Utilities/Services (e.g. new or significant increases in water, sewage, electricity consumption or planned utility system modifications)  | [ ]  | [ ]  |
|  |  |  | Depletion of a Non-Renewable Resource | [ ]  | [ ]  |
|  |  |  | Extraordinary Circumstances  | [ ]  | [ ]  |
|  |  |  | Connected Actions (e.g. other projects closely related to the proposed project)  | [ ]  | [ ]  |

# Part VI: Description of Project Environmental Impacts/ImplicationsFor Items 1-53 above, if you marked yes, please provide an explanation for the item as well as contact information for the item in case NNSA needs to follow-up for more details. Quantify impacts where possible.

 Number Explanation Contact

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Part VII: Environmental Reviews and Permits *Note: Part VII is not required for programmatic checklists*

This section is to be completed by the environment, health, and safety coordinator/officer at each non-federal institution at which the proposed project would be undertaken. Parts I-III of this form describe a project planned to take place at your institution. Based on that information and the information provided in Parts V and VI, please respond to the following questions.

1. Is a state-level review similar to the National Environmental Policy Act required for this project?

 [ ]  Yes, **please explain:**

 [ ]  No, **please explain:**

2. Does your institution have environmental permits (e.g., Resource Conservation and Recovery Act, Clean Air Act) or licenses (e.g., radioactive materials) to host this project?

[ ]  Yes, **please explain:**

[ ]  No, **please explain:**

If an existing radioactive materials license applies to the proposed project, **please supply the number(s):**

3. Would your institution be required to receive or modify environmental permits (e.g., Resource Conservation and Recovery Act, Clean Air Act) or licenses (e.g., radioactive materials) to host this project?

[ ]  Yes, **please explain:**

[ ]  No, **please explain:**

**Additional comments:**

I hereby certify that the information I have provided is current, accurate, and complete as of the date noted with my signature.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name: Title:

Email: Telephone(s)