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AMS-ENV-A U.S. DEPARTMENT OF AGRICULTURE (12-13-2023) Agricultural Marketing Service		1. GENERAL INFORMATION 1A. Applicant Name and Application Number		
ENVIRONMENTAL PRE-SCREENING WORKSHEET				
1B. Grant Program Local Meat Capacity Grant Organic Market Development Grant Resilient Food Systems Infrastructure Program		1C. Brief Description of Proposed Action		
2. PRE-SCREENING QUESTIONS A. Does the project involve any ground disturbing activities? B. Does the project involve any vegetation or habitat removal? C. Will the project alter a structure greater than 50-years of age or the general aesthetic of the property (i.e., new interior or exterior configuration)? D. Is there an adjacent river, stream, or water body? E. Will there be a permanent increase in noise, odor, or traffic as a result of the project? F. Will the project increase the emissions of carbon dioxide, methane, and/or nitrous oxide (increased use of internal combustion engines, manure management, etc.)?			YES	NO
IF ANY "YES" BOX IS SELECTED IN SECTION 2, A SITE-SPECIFIC ENVIRONMENTAL SCREENING WILL BE REQUIRED.				
3. ADDITIONAL COMMENTS 				
4. PRE-SCREENING DETERMINATION Based on the results of the screening checklist above, the preparer recommends (check which applies): The proposed project fits within the scope of the FONSI and triggers no extraordinary circumstances. This screening checklist is sufficient to document the potential impacts of the project, and they are considered insignificant to the environment and/or human health. The project information reviewed may be outside the scope of the PEA and will require a site-specific environmental review. More information is required to show consistency with the PEA on the level of environmental documentation required before funding the project in conformance with NEPA.				
5. PREPARER INFORMATION AND SIGNATURE				
A. NAME OF PREPARER		B. TITLE OF PREPARER		
C. SIGNATURE OF PREPARER		D. DATE DOCUMENT WAS PREPARED (MM-DD-YYYY)		
6. RESPONSIBLE FEDERAL OFFICIAL SIGNATURE				
A. NAME OF APPROVAL OFFICIAL		B. TITLE OF APPROVAL OFFICIAL		
C. SIGNATURE OF APPROVAL OFFICIAL		D. DATE OF APPROVAL SIGNATURE (MM-DD-YYYY)		

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