



Environmental Review Request Form

Southern Nevada Continuum of Care Grants
Form **MUST** be Typed and **ONE PAGE ONLY**

This form is for leasing/rental assistance and case management activities only.

General Project Information

Agency Name _____

Program Name: _____

Staff Contact: (fill in blank box below)

Name	Phone & Email

Funding Information (See Grant Award for your Information)

*SNV Continuum of Care # is NV500 List yours if different: _____

Grant Number	
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Agency CoC Program Funding Information

Program Total Cost	\$		
HUD – CoC Grant	\$	Non HUD Grant	\$
Leasing/Rental	\$	Leasing/Rental	\$
Supportive Services	\$	Supp. Svcs.	\$

Project Address: (must be verified in GISMO – see instructions)

Street - Include Unit #	City	Zip Code	Year Built

Name of Complex – where applicable

Type of Unit – Please check the appropriate box for all that apply

<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Duplex	<input type="checkbox"/> Multi-Family Apartment Complex # of units in complex for entire site
<input type="checkbox"/> 4-plex	
<input type="checkbox"/> 8-plex	<input type="checkbox"/> Is unit a Condo or Townhome?

Must choose one of these options for the assistance provided. Is the assistance

<input type="checkbox"/> Project Based?	-OR-
<input type="checkbox"/> Tenant Based Selection?	

Description of the Proposed Project [24 CFR 50.12 & 58.32; 40 CFR 1508.25]:

(In depth: 1 paragraph) (Please use space provided on this page – approximately 7 lines)