

This form is available electronically.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                |  |                                           |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|-------------------------------------------|-----------|
| <b>AMS-ENV-A</b><br>(12-13-2023)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br><b>Agricultural Marketing Service</b> |  | <b>1. GENERAL INFORMATION</b>             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                |  | 1A. Applicant Name and Application Number |           |
| <b>ENVIRONMENTAL PRE-SCREENING WORKSHEET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                |  |                                           |           |
| 1B. Grant Program<br>Local Meat Capacity Grant<br>Organic Market Development Grant<br>Resilient Food Systems Infrastructure Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 1C. Brief Description of Proposed Action                                       |  |                                           |           |
| <b>2. PRE-SCREENING QUESTIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                |  | <b>YES</b>                                | <b>NO</b> |
| 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.)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                |  |                                           |           |
| <b>IF ANY "YES" BOX IS SELECTED IN SECTION 2, A SITE-SPECIFIC ENVIRONMENTAL SCREENING WILL BE REQUIRED.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                |  |                                           |           |
| <b>3. ADDITIONAL COMMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                |  |                                           |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                |  |                                           |           |
| <b>4. PRE-SCREENING DETERMINATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                |  |                                           |           |
| Based on the results of the screening checklist above, the preparer recommends (check which applies):<br><br><b><u>The proposed project fits within the scope of the FONSI and triggers no extraordinary circumstances.</u></b> 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.<br><br><b><u>The project information reviewed may be outside the scope of the PEA and will require a site-specific environmental review.</u></b> 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. |  |                                                                                |  |                                           |           |
| <b>5. PREPARER INFORMATION AND SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                |  |                                           |           |
| A. NAME OF PREPARER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | B. TITLE OF PREPARER                                                           |  |                                           |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                |  |                                           |           |
| C. SIGNATURE OF PREPARER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | D. DATE DOCUMENT WAS PREPARED (MM-DD-YYYY)                                     |  |                                           |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                |  |                                           |           |
| <b>6. RESPONSIBLE FEDERAL OFFICIAL SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                |  |                                           |           |
| A. NAME OF APPROVAL OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | B. TITLE OF APPROVAL OFFICIAL                                                  |  |                                           |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                |  |                                           |           |
| C. SIGNATURE OF APPROVAL OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | D. DATE OF APPROVAL SIGNATURE (MM-DD-YYYY)                                     |  |                                           |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                |  |                                           |           |

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.