



Montana State Parks Grant Programs
Categorical Exclusion Form for Forest Service Lands

Proposed Project Name:

Organization Applying for Funding:

Provide a description of project activity/action. Include trail names on which work will occur and months in which work will occur. If exact location of work is unknown, include potential work locations.

CONDITIONS FOR A CATEGORICAL EXCLUSION

Resource conditions should be considered in determining extraordinary circumstances related to a proposed activity/action. Using the checklist, indicate if any of the following resource conditions exists in the area(s) to be impacted by this activity. Any "Yes" response must be addressed in the next section.

1. Federally listed threatened or endangered species or designated critical habitat, species proposed for Federal listing or proposed critical habitat, or Forest Service sensitive species	Yes	No
2. Flood plains, wetlands, or municipal watersheds	Yes	No
3. Congressionally designated areas, such as wilderness, wilderness study areas, or national recreation areas	Yes	No
4. Inventoried roadless areas or potential wilderness areas	Yes	No
5. Research natural areas	Yes	No
6. American Indians and Alaska Native religious or cultural sites	Yes	No
7. Archaeological sites, or historic properties or areas	Yes	No

POTENTIAL IMPACT TO RESOURCES

The presence of any of these resources/situations does not necessarily preclude the use of a Categorical Exclusion but requires more explanation. For example, trail maintenance work in a wilderness area is typically categorically excluded under 36 CFR 220.6(d)(4). Additional explanation is required, however, to address why the presence of potentially extraordinary circumstances does not result in significant adverse impact.

If you selected “Yes” for any of the checklist items, please provide an explanation of specific resources present, potential impact, planned mitigation efforts, and an assessment of whether the “net” potential impact is significant. Attach or provide links to additional information as necessary (Travel Plans, Forest Plans, etc.).

The checklist preparer, by signing, certifies the accuracy of the information provided.

Preparer Name: _____

Preparer Title: _____

(Include Forest and/or Ranger District, if applicable)

Preparer Signature: _____ Date: _____