

## SEQRA CLARIFICATION FORM

Instructions: Complete and submit one copy of this form with the *Scope of Proposed Project* form to the Office of Facilities Planning, NYS Education Department, Room 1060 EBA, Albany, NY 12234. (NOTE: This applies to projects set up for work that previously cleared SEQRA as part of a larger project.)

1. District/BOCES \_\_\_\_\_ Date Submitted \_\_\_\_\_

2. Building Name \_\_\_\_\_ County \_\_\_\_\_

3. Building Address \_\_\_\_\_

4. Name of Person  
Completing Form \_\_\_\_\_ Phone Number \_\_\_\_\_

5. SED Project Control Number:

		-			-			-					-					-				
(BEDS Code)						(Facility Code)			(Project #)													

**SEQRA STATUS (choose I or II)**

**I. New York State Education Department as Lead Agency:**

The above listed project previously had SEQRA process conducted and completed by the New York State Education Department as Lead Agency, prior to September 1, 2001.

Date of SED SEQRA Determination: \_\_\_\_\_

Determination under the following SED number: \_\_\_\_\_

**NOTE:** Copies of all associated SEQRA determinations by SED must be submitted with this form.

**II. District Board of Education as Lead Agency** (see attached *Scope of Proposed Project* form.) **NOTE:** Include a copy of the board resolution with this form.

**OPRHP Determinations:**

Project Notification made to Office of Parks, Recreation and Historic Preservation (OPRHP) by District (copy attached).

Official Office of Parks, Recreation and Historic Preservation (OPRHP) Determination (copy attached). **Please note:** A Building Permit for this project will not be issued until we receive this document.

**Signatures:** The undersigned certify to the State Education Department that all information provided above is true and accurate for this project filing.

**President, Board of Education:**

(Print Name)	(Signature)	(Date)

**Superintendent of Schools:**

(Print Name)	(Signature)	(Date)