

# Interim Guidance (IG) Screening

for projects with a Treated as Eligible (TE) Road in the APE

**Form version:**  
2-11-14

**Project Name:**

**State Project #:**

**Federal Project #:**

**6004 Assignable:**

Yes  
 No

**Description of APE** (attach figures as needed):

Project Activities (please list individually; continue on next page if needed)	Indicate which, if any, appendix list items apply	Consultation required on effects to TE List Road?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Do any project activities have potential to affect other historic properties ?**  Yes  No

*If project may affect other historic properties, and does not qualify for review under Section 5.1, address remaining effects under 36 CFR 800. Only Region PQI signature is required in these cases.*

**Does the project qualify for review under IG Section 5.1?**  Yes  No

*If yes, attach documentation of the identification efforts that support this decision and include Statewide PQI signature below. If a Section 5.1 FHWA finding is required, also include appropriate FHWA signature.*

**Effect to TE List Road** (not necessarily the finding for the entire project) :

- No Historic Properties Affected (all activities are included in Appendix 3)
- No Adverse Effect (all activities are included in Appendix 4, or a combination of Appendices 3 & 4)
- Effect determination will be addressed through consultation. (See completed project Sec 106 file for documentation.)

\_\_\_\_\_ Date:   
 DOT&PF Region PQI (printed name and signature)

\_\_\_\_\_ Date:   
 Statewide Office PQI (If a finding is being made under IG Section 5.1)

\_\_\_\_\_ Date:   
 FHWA representative (If an FHWA finding is being made under IG Section 5.1)

# Continuation Sheet- Interim Guidance (IG) Screening

Project Activities-Continuation	Indicate which, if any, appendix list items apply	Consultation required on effects to TE List Road?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Additional comment space:**