

2. Categorical Exclusion Justification

ACTIVITY	RECOMMENDED DETERMINATION
Provision of staff to USAID GH Bureau and field mission health operating units and partners through fellowships.	Categorical exclusion, per CFR 216.2 (2)(c)i
Logistical support for staff assigned to USAID space and equipment	Categorical exclusion, per CFR 216.2 (2)(c)i
Staff training	Categorical exclusion, per CFR 216.2 (2)(c)i
Workshops, management and technical assessments and conferences that do not generate hazardous waste nor significant municipal waste	Categorical exclusion, per CFR 216.2 (2)(c)xiv

3. Finding and Determination

The effort described above constitutes a class of actions that are not subject to general procedures as set out in 22 CFR 216.2 because they are exclusively "staffing, studies, training, or programs intended to develop the capability of recipient countries to engage in development planning" that do not "directly affect the environment" (22 CFR 216.2 (c)(2)(xiv)). Should the technical assistance or capacity building efforts generate any indirect impact such as the generation of health care medical waste, construction of facilities (including incinerator rehabilitation, or upgrades), or direct impact on the environment, this Categorical Exclusion will not apply and supplemental environmental documentation will be required. Further, if activities are modified such that the descriptions herein no longer applies or other activities are added to the those described, an amended IEE will be prepared and submitted to the GH/BEO for approval.

APPROVAL OF THE RECOMMENDED ENVIRONMENTAL ACTION

Clearance:

Office Director, GH/PDMS

Signed:  Date: 10/29/15
Sharon Carney

Contract Officer Representative

Signed:  Date: OCT 22, 2015
Wallace Lloyd

Concurrence:

Global Health Bureau Environmental Officer

Signed:  Date: 11/3/15
Rachel Dagovitz

Approved:

Disapproved:

Distribution List:

Bureau Environmental Officers (Regional)
Regional Environmental advisors

ATTACHMENT A

Environmental Screening Form

Name of Prime Implementing Organization: _____	Date of Screening: _____
Name of Sub-awardee Organization (if this EMMR is for a sub): _____	Funding Period for this award: FY ____ - FY ____
Geographic location of USAID-funded activities (Province, District): _____	Current FY Resource Levels: FY _____
This report prepared by: Name: _____ Date: _____	Date of Previous EMMR for this organization (if any): _____

Indicate which activities your organization, is implementing.

Key Elements of Program/Activities Implemented		Yes	No
1	<ul style="list-style-type: none"> • Education, Technical Assistance, or Training • Analysis, Studies, Academic or Research Workshops and Meetings • Document and Information Transfers • Programs involving health care, or family planning services except where directly affecting the environment • Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning 		
2	Procurement, Storage, Management and Disposal of Public Health Commodities		
3	Generation, storage, handling and disposal of hazardous and highly hazardous medical waste		
4	Small-scale construction or rehabilitation of hospitals, clinics, laboratories, VCT or training centers		
5	Small-scale Water and Sanitation		
6	Other activities that are not covered by the above categories		