

EIR SCOPING MEETING AGREEMENT FORM

EIR SCOPING MEETING FOR _____

Date of Scoping Meeting: _____ Date of Planned On-Site EIR: _____

| Name | Organization/Position | Phone/Email | Signature (Agree with Scope) |
|--|-----------------------|---|---------------------------------|
| | OECM EIR Lead | | |
| | FPD | | |
| | PMSO | | |
| SCOPE OF EIR INCLUDES: | | | |
| <div>1.</div> <div>2.</div> <div>3.</div> <div>4.</div> <div>5.</div> <div>6.</div> <div>7.</div> <div>8.</div> <div>9.</div> <div>10.</div> <div>11.</div> <div>12.</div> | | <div>13.</div> <div>14.</div> <div>15.</div> <div>16.</div> <div>17.</div> <div>18.</div> <div>19.</div> <div>20.</div> <div>21.</div> <div>22.</div> <div>23.</div> <div>24.</div> | |
| Required Specialty Skill Sets Include: | | Recommended EIR Team Additions: (Feds/DOE Contractors - Name/Organization) | |
| | | | |
| | | | |
| | | | |
| | | | |

Notes:

1. Estimate \$___K funding required for completing EIR, including CAP review and closure.
2. _____ is the selected EIR contractor.
- 3.
- 4.