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DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
ENVIRONMENTAL AND HISTORIC PRESERVATION SCREENING FORM

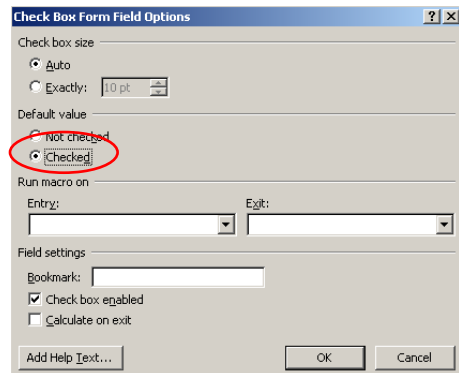
Paperwork Burden Disclosure Notice

*Public reporting burden for this form is estimated to average 8 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660- 0115) **NOTE: Do not send your completed form to this address.***

Completing the Screening Form:

This form must be attached to all project information sent to the Grant Programs Directorate (GPD) to initiate environmental and historic preservation (EHP) compliance review, per the National Environmental Policy Act (NEPA) and other EHP laws and executive orders. *There is no need to complete and submit this form if the grant scope is limited to planning, management and administration, classroom-based training, table-top exercises and functional exercises, or purchase of mobile and portable equipment where no installation needed.* Information Bulletin 345 (September 1, 2010) provides details on these activities. The form must be completed by someone with in-depth understanding of project details and location. Completion of this form does not conclude the EHP review process and FEMA may need to contact you for further information. Not providing requested information may result in funding release delays. This form is intended to be completed electronically. The following website provides a version of this form that is suitable for printing and completing by hand as well as additional guidance such as on how to make an aerial map: <http://www.fema.gov/plan/ehp/ehp-applicant-help.shtm#5>.

To check (X) a box (for example, Yes No), left double-click using your mouse and a Check Box Form Field Options box will appear, then under the Default Value, select Checked and press OK (see figure, right). To write in a text field (____), select the text field with your mouse and begin typing.



Submit completed form with necessary attachments to GPDEHPInfo@dhs.gov with the following information in the e-mail subject line: EHP Submission: Project Title, Subgrantee Name; Grant Award Number (Example, EHP Submission: Courthouse Camera Installation, Any Town, State, 12345).

Complete all of Section A, Section B, all of each portion(s) of Section C corresponding to checked blocks in Section B, and all of section D that apply to the project.

A. PROJECT INFORMATION (complete all)

DHS Grant Award Number: SST9-0039 Grant Program:.....HSGP/UASI
 Fiscal Year:FFY13
 Project Title: MBHSR/PSnet Lesley University Microwave Radio Installation
 Grantee (SAA):Executive Office of Public Safety & Security Sub grantee: Metro Boston Homeland Security Region
 Grantee POC:Jenny Barron Subgrantee POC:.....Andrew Murphy
 Mailing Address:.....10 Park Plaza, Suite 3720 Mailing Address:.....Boston City Hall Rom 204
 E-mail:.....jenny.barron@state.ma.usOne City Hall Square
Boston, MA 02201
 E-mail: andrew.murphy@cityofboston.gov

Dollar value of grant (if known): _____

B. PROJECT TYPE

Please check ALL the block(s) that best fit the scope of the project.

- 1. Training and Exercises. Go to page 2. Complete all of Section C.1.
- 2. Purchase of Equipment. Go to page 3. Complete all of Section C.2.
- 3. Physical security enhancements. Go to page 3. Complete all of Section C.3.
- 4. Renovations/upgrades/modifications to existing structures. Go to page 3. Complete all of Section C.4.
- 5. New construction/addition. Go to page 4. Complete all of Section C.5.
- 6. Communication towers, related equipment, and equipment shelters. Go to page 5. Complete all of Section C.6.
- 7. Other. If your project does not match any of these categories, go to page 6. Complete Section C.7

The following information is required to initiate EHP review of the project. Based on the project's scope of work, determine which project type applies below and complete that section. For multi-component projects or those that may fit into multiple project types, complete the section that best applies and provide a complete project description. The project description should contain a brief summary of what specific action is proposed, where it is proposed, and how it will be implemented. If the project involves multiple locations, information for each must be provided. Attach additional pages, if needed.

Provide a complete project description: Installation of one microwave radio on existing Lesley University communications tower (1815 Massachusetts Ave Cambridge, MA 02140). No drilling required.

C. PROJECT DETAILS

1. **Training and Exercises (check each that applies):** Classroom-based Field-based
If the training is classroom and discussion-based only, and is not field-based, this form does not need to be completed and submitted. All other training must provide the following:
- a. Describe the scope of the proposed training or exercise (purpose, frequency, materials, and equipment needed, number of participants, and type of activities required)
 (Attach additional pages, if needed):.....
 - b. Will the field-based training take place at an existing facility having established procedures for that particular proposed training and exercise, and that conforms with existing land use designations (refer to Information Bulletin #329 (http://fema.dps.mo.gov/empg/IB%20329_20090902.pdf) for further information)? Yes No
 - If yes, please provide the name and location of the facility (physical training site address or latitude-longitude):.....
 - If no, provide the location (physical project address or latitude-longitude) and a full description of the area where training will occur:.....
 - c. Does the field-based training/exercise differ in any way (including, but not limited to frequency, amount of facilities/land used, materials or equipment used, number of participants, type of activities) from previously permitted training exercises and training practices?..... Yes No

- If yes, explain any differences between the proposed activity and those that were approved in the past, and the reason(s) for the change in scope:
 - d. Will any equipment or structures need to be installed to facilitate training? Yes No
 - If yes, explain how and where this is proposed to be done (*include site-specific color photographs*):
2. **Purchase of equipment (If the entire project is limited to purchase of mobile/portable equipment and there is no installation needed, you do not need to complete and submit this form.)**
- a. Specify what equipment, and the quantity: **One microwave radio.**
 - b. Provide AEL number(s) (if known): **06CP-03-MWAV**
 - c. Will this equipment be installed?..... **Yes**
If Yes, go to page 6. Complete Section D.
3. **Physical security enhancements and or installations (for example: installation of back-up generators, fencing, cameras, building/room access control, bollards, motion detection systems, x-ray machines, and lighting).**
- a. Describe what, how, and where improvement(s)/installation(s) will occur in/on the facility/building/structure:
 - b. Provide project location (physical project address and latitude-longitude):
 - c. Will the new equipment/improvements use the existing power supply systems?..... **Yes**
 - d. If generator installation, please state the capacity (KW):.....
If a separate fuel tank is also included, describe if it is to be installed above or below ground, and its capacity (gallons):
 - e. Go to Page 6. Provide additional project details in Section D.
4. **Renovations/upgrades/modifications to existing structures.**
- a. Provide detailed description of modifications: **1815 Massachusetts Ave Cambridge, MA 02140 – Installation of one microwave radio on existing communications tower/pole**
 - b. Provide project location (physical project address and latitude-longitude): **1815 Massachusetts Ave Cambridge, MA 02140 – 42.387144,-71.118699**
 - c. Will any equipment need to be installed? **Yes**
 - If yes, please note in Section 2, (purchase of equipment).
 - f. Go to Page 6. Provide additional project details in Section D.
5. **New construction/addition (for example: emergency operations centers, docks, piers, security guardhouse).**
- a. Provide detailed scope of work (site acreage, new facility square footage/number of stories, utilities, parking, storm water features, etc.):
 - b. Provide project location (physical project address or latitude-longitude):.....
 - c. Will any equipment need to be installed?..... Yes No
 - If yes, please note in Section 2 (purchase of equipment).
 - d. Will the new building/facility/renovations use existing utilities? Yes No
 - If no, describe installation of new utilities in (a) above (including trenching):
 - e. Go to Page 6. Provide additional project details in Section D.
6. **Communication towers, related equipment, and equipment shelters**
- a. Provide a detailed description of the project:
 - b. Provide project location (physical project address or latitude-longitude):
 - c. Provide the elevation above mean sea level of the project location:.....
 - d. For projects involving antenna(s) installations on existing towers:
 - Provide the height of the existing tower:
 - The height of the tower following the installation of the new antenna(s):

- e. For new tower projects, state the total height (in feet) of the communication tower or structure including any antennae to be mounted: _____
 - If the proposed tower height is greater than 199 feet above ground level, state why this is needed to meet the requirements of the project: _____
 - Will the tower be free-standing or require guy wires? Free standing Guy wires
 - If guy wires are required, state number of bands and how many: _____
 - State why a guyed tower is needed to meet the requirements of this project: _____
 - What kind of lighting will be installed, if any (for example: white strobe, red strobe, or steady burning?): _____
- f. A general description of terrain (For example: mountainous, rolling hills, flat to undulating): _____
- g. Describe the frequency and seasonality of fog/low cloud cover: _____
- h. Provide a list of habitat types and land use on and adjacent to the tower site (within 1/2 mile), by acreage and percentage of total (e.g., woodland conifer forest, grassland, agriculture) waterbody, marsh): _____
- i. Is there evidence of bird roosts or rookeries present within 1/2-mile of the proposed site? Yes No
 - a. If yes, describe: _____
 - Distance to nearest wetland area (for example: forested swamp, marsh, riparian, marine) and coastline if applicable: _____
 - i. Distance to nearest telecommunication tower: _____
- j. Have measures been incorporated for minimizing impacts to migratory birds? Yes No
 - If yes, describe: _____
- k. Has an FCC registration been obtained for this tower? Yes No
 - If yes, provide Registration #: _____
- l. Has the FCC E106 process been completed? Yes No
- m. Has the FCC Tower Construction Notification System (TCNS) process been completed? Yes No
 - If yes, attach all relevant environmental documentation submitted as part of the registration process including use of the Tower Construction Notification System (TCNS), if applicable. FRN# _____
- n. Will any equipment or structures need to be installed? Yes No
 - If yes, explain what type how and where this is proposed to be done (*attach additional pages, if pages needed*): _____
- o. Will equipment be co-located on existing FCC licensed tower or other structure? Yes No
 - If yes, identify the type of structure: _____
- p. Go to Page 6. Provide additional project details in Section D.

7. **Other.** For any project that does not fit a category listed above, please provide a thorough summary of the proposed action and location. Include as much detail as necessary to ensure someone not personally familiar with the project is able to conduct an EHP review.

- a. Project Summary: _____
- b. Provide additional project details in Section D.

D. OTHER PROJECT RELATED INFORMATION (complete all that apply)

The following website may provide some additional EHP related guidance and resources to help complete this section <http://www.fema.gov/plan/ehp/ehp-applicant-help.shtm#5>.

1. If work is proposed on/in an existing building(s) or structure(s) provide the year built: ...**1815**

Massachusetts Ave – 1928 year built (former Sears Roebuck & Company)

- If the building or structure involved is over 45 years old and significant renovation, rehabilitation, or modification has occurred, please provide the year(s) and briefly describe the nature of remodeling: **Originally built in 1928. Sears store closed in 1986, property converted to mixed use retail at that time (Porter Exchange development). This reconstruction involved demolition of all exterior walls and finishes including have**

of the existing tower as well as an interior demolition to the structural slabs and columns. Property acquired by Lesley University in 1994. Mass. Historical Commission rejected historical designation due to extent of demolition in 1986.

N/A

2. If the project affects the exterior of the building, are there any known buildings and/or structures that are 45 years or older in the immediate project area? N/A
3. Is the building or structure on which work is proposed a historic property or in a historic district, or are there any adjacent historic properties? No
 - Information about historic properties may be found on the National Register of Historic Places at <http://nrhp.focus.nps.gov/natreghome.do?searchtype=natreghome> or the respective State Historic Preservation Office may have information on their website.
4. Will ground disturbance be required to complete the project? No
5. Has the ground been previously disturbed? Yes
 - If yes, please describe the current disturbed condition of the area (for example, parking lot, roadway right-of-way, commercial development): **Previously standing structure with foundation**
6. Are there technical drawings or site plans available, if yes please attach. No
7. Attach color site photographs:
 - Ground-level color site photos that provide context and show where site work/physical installations are proposed (label photos),
 - Ground-level color photographs of each side of the building involved.
 - Aerial color photograph with project limits outlined and with the location of any proposed installations identified.
 - Aerial color photograph(s) showing all ground disturbing activities (if applicable).
8. Is the project part of an approved plan such as a Master Plan or an Implementation Plan or any larger action/project? No
9. Is there any *previously* completed environmental documentation for this project (for example: Environmental Impact Statement, Environmental Assessment, wetland delineation, archaeological study)? No
10. Is there any *previously* completed agency coordination for this project (for example correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office (SHPO), Tribal Historic Preservation Office (THPO), or permitting agencies)? No
11. Provide FEMA Flood Insurance Rate Map (FIRM), with project limits outlined. FIRM maps can be created from: <http://www.fema.gov/hazard/map/firm.shtm>
12. Provide U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map created from: <http://www.fws.gov/wetlands/Data/Mapper.html>

1815 Massachusetts Avenue Cambridge, MA 02140



Front



Side 1



Rear



Side 2



Copy of MHC PNF for reference — Original has been mailed to
MHC

950 CMR: OFFICE OF THE SECRETARY OF THE COMMONWEALTH

APPENDIX A MASSACHUSETTS HISTORICAL
COMMISSION

220 MORRISSEY BOULEVARD
BOSTON, MASS. 02125
617-727-8470, FAX: 617-727-
5128

PROJECT NOTIFICATION FORM

Project Name: MBHSR/PSnet Lesley University Microwave Radio Installation

Location / Address: 1815 Massachusetts Avenue Cambridge, MA 02140 (Former Sears building —
Currently owned by Lesley University)

City / Town: Cambridge, MA

Project Proponent

Name: Metro Boston Homeland Security Region (MBHSR)

Address: One City Hall Plaza, Room 204

City/Town/Zip/Telephone: Boston, MA 02201

Agency license or funding for the project (list all licenses, permits, approvals, grants or other entitlements being sought from state and federal agencies).

Agency Name

Department of Homeland Security

Type of License or funding (specify)

UASI Grant

Project Description (narrative):

This project involves the installation of one (1) microwave radio link for public safety communications on an existing communications tower on the roof of 1815 Mass. Ave in Cambridge. No drilling required.

Does the project include demolition? If so, specify nature of demolition and describe the building(s) which are proposed for demolition. **NO**

Does the project include rehabilitation of any existing buildings? If so, specify nature of rehabilitation and describe the building(s) which are proposed for rehabilitation. **NO**

Does the project include new construction? If so, describe (attach plans and elevations if necessary). **NO**

5/31/96 (Effective 7/1/93) - corrected

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APPENDIX A (continued)

To the best of your knowledge, are any historic or archaeological properties known to exist within the project's area of potential impact? If so, specify. **NO**

What is the total acreage of the project area? **NA**

Woodland _____ acres	Productive
Resources:	
Wetland _____ acres	Agriculture _____
_____ acres	Floodplain _____ acres
_____ acres	Forestry _____ acres
_____ acres	Open space _____ acres
_____ acres	Mining/Extraction _____
_____ acres	Developed _____ acres
_____ acres	Total Project Acreage _____
_____ acres	

What is the acreage of the proposed new construction? **NA**

What is the present land use of the project area? **Commercial District**

Please attach a copy of the section of the USGS quadrangle map which clearly marks the project location.

This Project Notification Form has been submitted to the MHC in compliance with 950 CMR 71.00.

Signature of Person submitting _____ Date: _____
this form:

Name: Andrew Murphy

Address: One City Hall Plaza, Room 204

City/Town/Zip: Boston, MA 02201

Telephone: 617-635-1400

REGULATORY AUTHORITY

950 CMR 71.00: M.G.L. c. 9, §§ 26-27C as amended by St. 1988, c. 254.

7/1/93

950 CMR — 276

