**U.S. Department of Energy Historic Preservation Worksheet   
Applicable in the Following Circumstances:**

* **Recipient without a DOE-executed historic preservation programmatic agreement requesting review of activities on homes or buildings forty-five (45) years or older; or**
* **Recipient or subrecipient with or without a DOE-executed historic preservation programmatic agreement, requesting review of activities on tribal homes or tribal buildings that are forty-five (45) years or older.**

**The above circumstances are subject to review by the DOE and may require consultation in accordance with Section 106 of the National Historic Preservation Act with the State Historic Preservation Office (SHPO) or the Tribal Historic Preservation Officer (THPO), as applicable. Consultation with the SHPO or THPO, if determined appropriate by DOE,** **can take thirty (30) days for review once complete information is received by the SHPO or THPO**. **Additional information may be requested based on the level of detail provided in this form, by DOE and/or the SHPO or THPO.**

**INSTRUCTIONS**: Complete steps **#1-#18** below. Steps **#19 and #20** require you to insert high quality photos into this document.

When completed, submit the form to your Project Officer. Use **“Historic Preservation Review Request**” as the subject line.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#1** NEPA Control Number from NEPA determination (See Award documents): | | Enter NEPA Control Number from NEPA determination | | | |
| **#2** Energy Auditor: | **#3** Street Address: | **#4** City: | **#5** County: | **#6** State: | **#7** Zip Code: |
| Enter name | Enter Address | Enter City | Enter County | Enter State | Enter Zip Code |
| **#8** Name of Tribe, if applicable | **#9** Name of THPO, if applicable | **#10** Contact info. for THPO, if applicable | | **#11** Name of Tribal Representative, if applicable | **#12** Contact info. for Tribal Representative, if applicable |
| Enter name | Enter name | Click here to enter text. | | Enter name | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **#13** | If a Tribe is involved, is Tribe a prime recipient, subrecipient, or benefactor of DOE funding? Click here to enter text. | |
|  | |
| **#14** | Year built (indicate if you are estimating the year built): Click here to enter text. | **#15** If home is in a rural area, provide Global Positioning System (GPS) coordinates or description of location: Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **#16** | **Type of activity**  **Example:**  Installation of 6 kW ground mounted photovoltaic (PV) system in backyard of home.  or  Installation and replacement of existing hot water heaters with heat pump water heaters or on demand hot water heaters | **Description of how and where activity will occur.**  For each activity, describe the method of the repair, replacement or installation, the location of the activity (e.g. attic, walls, foundation), and any required modifications to the dwelling and or its components associated with the activity. If activity requires ground disturbance, describe the current condition/use of ground, and the dimensions/depth of disturbance for the activity. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| **#17** List all improvements completed (by current and past owners) to the dwelling and/or its components prior to WAP services (e.g., additions, change to original siding, replacement of original windows and doors): | | Click here to enter text. |
| **#18** Any additional comments: | | Click here to enter text. |

|  |
| --- |
| **#19** Photo(s) of the **exterior of the home and/or area for ground disturbance, as applicable** from all viewpoints (front, back, and sides). Place photos in cells below (to insert a photo, click on the icon within the photo box). |
|  |
|  |
|  |
|  |

|  |
| --- |
| **#20** Photo(s) of the **interior of the home,** in rooms where weatherization activities would occur, as applicable. Place photos in cells below (to insert a photo, click on the icon within the photo box). |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Thank you for providing this information and submitting it to your Project Officer. If you have any questions or concerns, please contact your Project Officer.