

TO BE REPRODUCED LOCALLY AND ADAPTED AS  
APPROPRIATE FOR REHABILITATION PROJECTS

SECTION 202 SCREENING CHECKLIST SUMMARY SHEET  
(CONDITIONAL COMMITMENT)

INSTRUCTIONS: TO BE PREPARED BY MHR UPON RECEIPT OF COMMENTS  
FROM REVIEWING OFFICES AND PLACED ON TOP OF FIELD  
OFFICE DOCKET

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Request:           Acceptable for Technical Processing  
  
                  Unacceptable for Technical Processing-Date Letter  
                  Sent: \_\_\_\_\_  
  
                  Incomplete or Missing Exhibits: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Resubmission Review:  
Exhibit No.                   Acceptable                   Unacceptable

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_