

By Legislators Hughes-Smith and Bonnick

Intro. No. _____

RESOLUTION NO. _____ OF 2026

CLASSIFICATION OF ACTION AND DETERMINATION OF SIGNIFICANCE PURSUANT TO STATE ENVIRONMENTAL QUALITY REVIEW ACT TO AMEND THE 2026-2031 CAPITAL IMPROVEMENT PROGRAM AND 2026 CAPITAL BUDGET TO ADD AND AUTHORIZE FINANCING FOR A PROJECT ENTITLED "RENOVATION AND REVITALIZATION OF THE FRIENDSHIP BUILDING AND GROUNDS" AT MONROE COMMUNITY HOSPITAL

BE IT RESOLVED BY THE LEGISLATURE OF THE COUNTY OF MONROE, as follows:

Section 1. The Monroe County Legislature determines that the Amendment of the 2026-2031 Capital Improvement Program and 2026 Capital Budget to add and authorize financing for a Project Entitled "Renovation and Revitalization of the Friendship Building and Grounds" at Monroe Community Hospital is an Unlisted Action.

Section 2. The Monroe County Legislature has reviewed and considered the Short Environmental Assessment Form dated October 7, 2025 and has considered the potential environmental impacts of the Amendment of the 2026-2031 Capital Improvement Program and 2026 Capital Budget to add and authorize financing for a Project Entitled "Renovation and Revitalization of the Friendship Building and Grounds" at Monroe Community Hospital pursuant to the requirements of State Environmental Quality Review Act and has found that the proposed action will not result in any significant adverse environmental impacts. The Monroe County Legislature hereby issues and adopts the Negative Declaration attached hereto and made a part hereof and determines that an environmental impact statement is not required.

Section 3. The County Executive, or his designee, is hereby authorized to take such actions to comply with the requirements of the State Environmental Quality Review Act, including without limitation, the execution of documents and the filing, distribution, and publication of the documents required under the State Environmental Quality Review Act, and any other actions to implement the intent of this resolution.

Section 4. This resolution shall take effect in accordance with Section C2-7 of the Monroe County Charter.

Environment and Public Works Committee; December 16, 2025 - CV: 7-0
File No. 25-0396

ADOPTION: Date: _____ Vote: _____

ACTION BY THE COUNTY EXECUTIVE

APPROVED: _____ VETOED: _____

SIGNATURE: _____ DATE: _____

EFFECTIVE DATE OF RESOLUTION: _____

10.2

Short Environmental Assessment Form Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

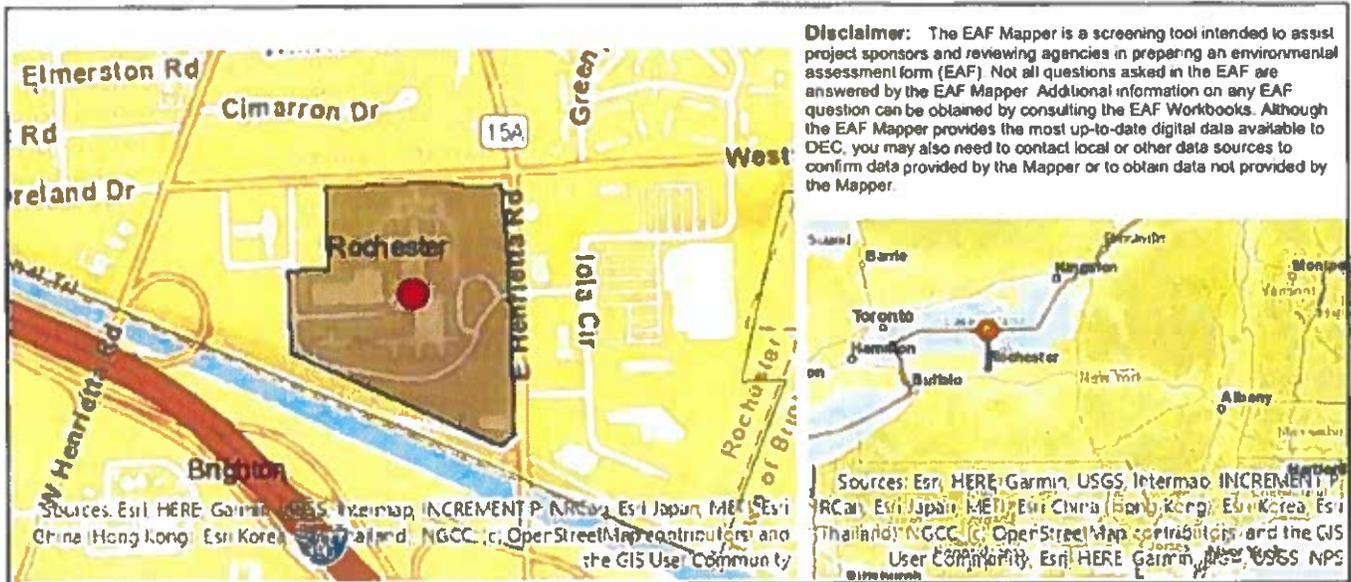
Part 1 – Project and Sponsor Information			
Name of Action or Project: Renovation and Revitalization of the Friendship Building and Grounds			
Project Location (describe, and attach a location map): 435 E Henrietta Rd, Rochester, NY 14620			
Brief Description of Proposed Action: The proposed project, Renovation and Revitalization of the Friendship Building and Grounds, involves the renovation of approximately 42,000 square feet within Monroe Community Hospital, including the first and third floors of the Friendship building and associated exterior playground area. The project will be completed over an estimated 1- to 2-year period and includes both interior and exterior construction activities. Interior renovations will expand and modernize the pediatric long-term care unit and renovate and right-size the existing ventilator unit. Exterior work will include improvements to the playground to support pediatric residents. The project also includes the purchase and installation of new equipment, including beds, furniture, and patient care equipment, necessary to support the enhanced clinical and residential functions of the renovated spaces.			
Name of Applicant or Sponsor: Monroe Community Hospital		Telephone: 585-760-6240	
		E-Mail: dvogt@monroehosp.org	
Address: 435 E. Henrietta Rd			
City/PO: Rochester		State: New York	Zip Code: 14620
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: Monroe County Legislature, SHPO			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		14.9 acres	
b. Total acreage to be physically disturbed?		.96 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		14.9 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? Reason:Environmentally sensitive, Agency:Rochester, City of, Date:3-14-86 If Yes, identify: _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO <input type="checkbox"/> <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> <input type="checkbox"/>	

<p>14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:</p> <p><input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional</p> <p><input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban</p>		
<p>15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>16. Is the project site located in the 100-year flood plan?</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>17. Will the proposed action create storm water discharge, either from point or non-point sources?</p> <p>If Yes,</p> <p> a. Will storm water discharges flow to adjacent properties?</p> <p> b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?</p> <p>If Yes, briefly describe:</p> <p>_____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?</p> <p>If Yes, explain the purpose and size of the impoundment:</p> <p>_____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe:</p> <p>_____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe:</p> <p>_____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor/name: <u>Steven M. Olufsen</u> Date: <u>10/07/2025</u></p> <p>Signature: <u><i>Steven M. Olufsen</i></u> Title: <u>Senior Planner</u></p>		

EAF Mapper Summary Report

Tuesday, September 30, 2025 9:27 AM



Part 1 / Question 7 [Critical Environmental Area]	Yes
Part 1 / Question 7 [Critical Environmental Area - Identify]	, Reason:Environmentally sensitive, Agency:Rochester, City of, Date:3-14-86
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	Yes
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No

10.6

Agency Use Only [If applicable]

Project:	Monroe Community Hospital
Date:	10-7-25

**Short Environmental Assessment Form
Part 2 - Impact Assessment**

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PRINT FORM

10.7

Agency Use Only (If applicable)
 Project: **Monroe Community Hos**
 Date: **10-7-25**

**Short Environmental Assessment Form
 Part 3 Determination of Significance**

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

This project involves the Renovation and Revitalization of the Friendship Building and Grounds, involves the renovation of approximately 42,000 square feet within Monroe Community Hospital, including the first and third floors of the Friendship building and associated exterior playground area. The project will be completed over an estimated 1- to 2-year period and includes both interior and exterior construction activities. Interior renovations will expand and modernize the pediatric long-term care unit and renovate and right-size the existing ventilator unit. Exterior work will include improvements to the playground to support pediatric residents. The project also includes the purchase and installation of new equipment, including beds, furniture, and patient care equipment, necessary to support the enhanced clinical and residential functions of the renovated spaces. The EAF Mapper triggered the follo

Critical Environmental Area

The proposed action involves the disturbance of previously developed land. Due to proximity to the Genesee River, the site is within a Critical Environmental Area (areas within 100ft of the Genesee River). This action will not disturb or have an adverse impact on the Critical Environmental Area.

Impact on Historical and Archaeological Resources

The mapper noted that the site is near a potential Archeological site, however the land has been previously disturbed and has been developed since at least 1935, minimizing any potential environmental effects associated with this activity.

National or State Register of Historic Places

A review was requested by the State Historic Preservation Office (SHPO), who concluded in their March 23, 2022 letter: It is the opinion of the New York SHPO that no historic properties including archaeological and/or historic resources will be affected by this undertaking.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input checked="" type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
Monroe County	
_____	_____
Name of Lead Agency	Date
Adam J. Bello	County Executive
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	<i>Susan M. O'Brien</i>
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT FORM



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

December 5, 2025

OFFICIAL FILE COPY
No. <u>250396</u>
Not to be removed from the Office of the Legislature Of Monroe County
Committee Assignment
ENV. & PUB. WORKS-L

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Classification of Action and Determination of Significance Pursuant to the State Environmental Quality Review Act to Amend the 2026-2031 Capital Improvement Program and 2026 Capital Budget to Add and Authorize Financing for a Project Entitled "Renovation and Revitalization of the Friendship Building and Grounds" at Monroe Community Hospital

Honorable Legislators:

I recommend that Your Honorable Body determine whether the Amendment of the 2026-2031 Capital Improvement Program and 2026 Capital Budget to add and authorize financing for a project entitled "Renovation and Revitalization of the Friendship Building and Grounds" at Monroe Community Hospital may have a significant adverse impact on the environment pursuant to the State Environmental Quality Review Act ("SEQRA"). This action is described as follows:

The Amendment of the 2026-2031 Capital Improvement Program and 2026 Capital Budget to create and authorize financing for a Project Entitled "Renovation and Revitalization of the Friendship Building and Grounds" at Monroe Community Hospital. has been preliminarily classified as an Unlisted action. The SEQRA regulations found at 6 NYCRR Part 617 requires that no agency shall carry out or approve an Action until it has complied with the requirements of SEQRA.

The specific legislative actions required are:

1. Determine that the Amendment of the 2026-2031 Capital Improvement Program and 2026 Capital Budget to add and authorize financing for a Project Entitled "Renovation and Revitalization of the Friendship Building and Grounds" at Monroe Community Hospital is an Unlisted Action.
2. Make a determination of significance regarding the Amendment of the 2026-2031 Capital Improvement Program and 2026 Capital Budget to create and authorize financing for a Project Entitled "Renovation and Revitalization of the Friendship Building and Grounds" at Monroe Community Hospital pursuant to 6 NYCRR § 617.7.

3. Authorize the County Executive, or his designee, to take such actions to comply with the requirements of the State Environmental Quality Review Act, including without limitation, the execution of documents and the filing, distribution and publication of the documents required under the State Environmental Quality Review Act, and any other actions to implement the intent of this resolution.

This designation will have no impact on the revenues or expenditures of the current Monroe County budget.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,


Adam J. Bello
Monroe County Executive

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: Renovation and Revitalization of the Friendship Building and Grounds			
Project Location (describe, and attach a location map): 435 E Henrietta Rd, Rochester, NY 14620			
Brief Description of Proposed Action: The proposed project, Renovation and Revitalization of the Friendship Building and Grounds, involves the renovation of approximately 42,000 square feet within Monroe Community Hospital, including the first and third floors of the Friendship building and associated exterior playground area. The project will be completed over an estimated 1- to 2-year period and includes both interior and exterior construction activities. Interior renovations will expand and modernize the pediatric long-term care unit and renovate and right-size the existing ventilator unit. Exterior work will include improvements to the playground to support pediatric residents. The project also includes the purchase and installation of new equipment, including beds, furniture, and patient care equipment, necessary to support the enhanced clinical and residential functions of the renovated spaces.			
Name of Applicant or Sponsor: Monroe Community Hospital		Telephone: 585-760-6240 E-Mail: dvogt@monroehosp.org	
Address: 435 E. Henrietta Rd			
City/PO: Rochester		State: New York	Zip Code: 14620
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: Monroe County Legislature, SHPO			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 14.9 acres b. Total acreage to be physically disturbed? _____ .96 acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 14.9 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? Reason:Environmentally sensitive, Agency:Rochester, City of, Date:3-14-86 If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

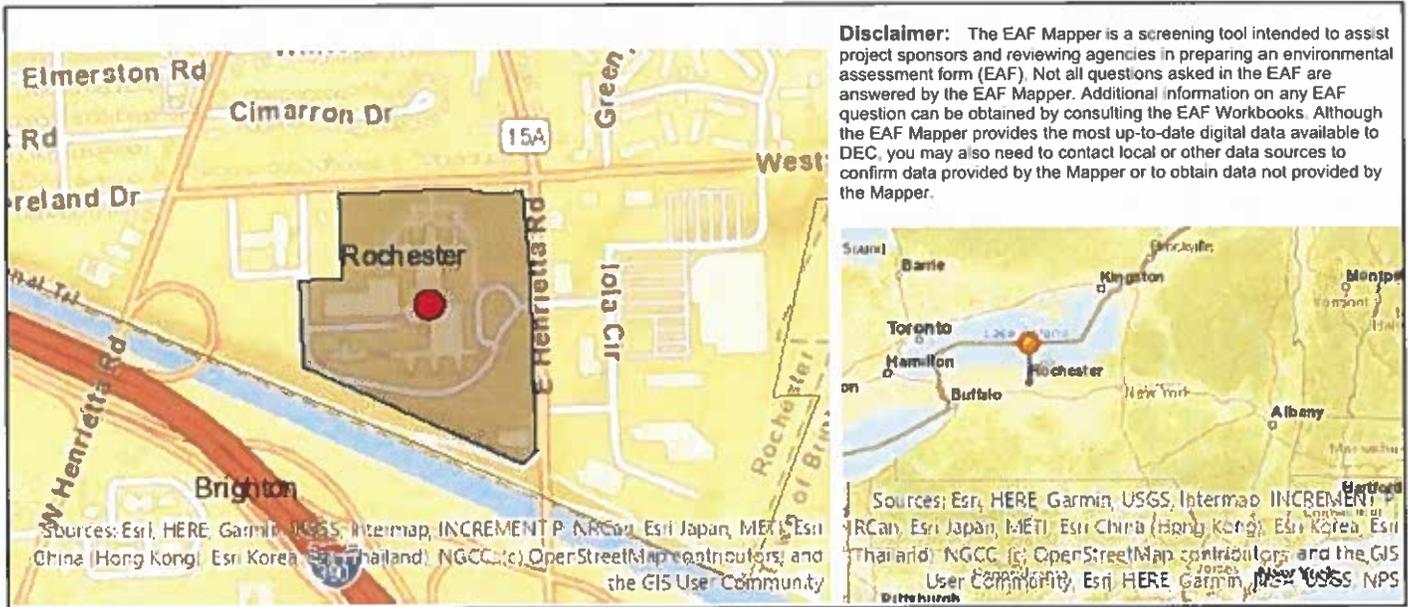
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe:		

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain the purpose and size of the impoundment:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Steven M. Olufsen</u> Date: <u>10/07/2025</u>		
Signature: <u><i>Steven M. Olufsen</i></u> Title: <u>Senior Planner</u>		



Part 1 / Question 7 [Critical Environmental Area]	Yes
Part 1 / Question 7 [Critical Environmental Area - Identify]	, Reason:Environmentally sensitive, Agency:Rochester, City of, Date:3-14-86
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	Yes
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No

Agency Use Only [If applicable]

Project:	Monroe Community Hospital
Date:	10-7-25

**Short Environmental Assessment Form
Part 2 - Impact Assessment**

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Project: **Monroe Community Hos**

Date: **10-7-25**

**Short Environmental Assessment Form
Part 3 Determination of Significance**

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

This project involves the Renovation and Revitalization of the Friendship Building and Grounds, involves the renovation of approximately 42,000 square feet within Monroe Community Hospital, including the first and third floors of the Friendship building and associated exterior playground area. The project will be completed over an estimated 1- to 2-year period and includes both interior and exterior construction activities. Interior renovations will expand and modernize the pediatric long-term care unit and renovate and right-size the existing ventilator unit. Exterior work will include improvements to the playground to support pediatric residents. The project also includes the purchase and installation of new equipment, including beds, furniture, and patient care equipment, necessary to support the enhanced clinical and residential functions of the renovated spaces. The EAF Mapper triggered the follo

Critical Environmental Area

The proposed action involves the disturbance of previously developed land. Due to proximity to the Genesee River, the site is within a Critical Environmental Area (areas within 100ft of the Genesee River). This action will not disturb or have an adverse impact on the Critical Environmental Area.

Impact on Historical and Archaeological Resources

The mapper noted that the site is near a potential Archeological site, however the land has been previously disturbed and has been developed since at least 1935, minimizing any potential environmental effects associated with this activity.

National or State Register of Historic Places

A review was requested by the State Historic Preservation Office (SHPO), who concluded in their March 23, 2022 letter: It is the opinion of the New York SHPO that no historic properties including archaeological and/or historic resources will be affected by this undertaking.

<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.	
<input checked="" type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.	
Monroe County <hr/> Name of Lead Agency	<hr/> Date
Adam J. Bello <hr/> Print or Type Name of Responsible Officer in Lead Agency	<hr/> County Executive Title of Responsible Officer
<hr/> Signature of Responsible Officer in Lead Agency	<hr/> <i>Steven M. Olson</i> Signature of Preparer (if different from Responsible Officer)