



# Endangered Species Consultation Agency Action Report

(Illinois Administrative Code Title 17 Part 1075)  
Division of Ecosystems and Environment

Date \_\_\_\_\_

### 1. Indicate the government unit and type of action requiring consultation.

- Local Government                       State Agency
- Authorization (a unit of state or local government must issue a permit or other authorization)
- Funding (a unit of state or local government will provide a grant, loan, or other direct support)
- Performance (a unit of state or local government is performing the action, such as construction)

Name of government unit \_\_\_\_\_

Government contact name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

If local government, is it a county highway or local roads department?    Yes    No

### 2. Will the project receive technical assistance or funding from the state of Illinois?   Yes   No

If yes, indicate the state agency providing support \_\_\_\_\_

*Projects receiving state assistance (including federal funding through a state agency) must comply with the Interagency Wetland Policy Act. These projects will be reviewed for wetland impacts.*

### 3. Applicant information

Applicant name \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### 4. Project information and location (a map showing the location of the proposed action is required)

Project name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

City and zip \_\_\_\_\_

Township/Range/Section (e.g., T45N,R9E,S2) \_\_\_\_\_

*(Projects cannot be reviewed without the TRS)*

Project description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this is a resubmittal, please provide previous IDNR Project Code \_\_\_\_\_

**Mail completed form and map of project location to:**  
Illinois Department of Natural Resources  
Division of Ecosystems and Environment  
One Natural Resources Way  
Springfield, IL 62702

IDNR Use Only Project Code: _____
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