Appendix D

Notice of Determination

From: Public Agency: SCAG Address: 900 Wilshire Blvd. Ste 1700 Office of Planning and Research U.S. Mail: Street Address: Los Angeles, California, 90017 P.O. Box 3044 1400 Tenth St., Rm 113 Contact: Karen Calderon Sacramento, CA 95812-3044 Sacramento, CA 95814 Phone: (213) 236-1983 County of: San Bernardino Lead Agency (if different from above): Address: 385 N Arrowhead, Second Floor See above San Bernardino, CA 92415 Address: Contact: Phone: SUBJECT: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code. State Clearinghouse Number (if submitted to State Clearinghouse): 2022100337 Project Title: Connect SoCal 2024 (2024-2050 Regional Transportation Plan and Sustainable Communities Strategy Project Applicant: Southern California Association of Governments Project Location (include county): Six-county area (Please refer to Section 2.0 of the PEIR) Project Description: Connect SoCal 2024 is a long-range visioning plan for Southern California's future through 2050. Built upon the policy directions established in the adopted Connect SoCal 2020, as amended, Connect SoCal 2024 visions the balancing of future mobility and housing needs with economic and environmental goals through planning policies, strategies, and projects for the SCAG region consisting counties of Imperial, Los Angeles, Orange, Riverside, San Bernardino, and Ventura. Please see Chapter 2.0, Project Description, of the 2024 PEIR for more information. This is to advise that the Southern California Association of Governments has approved the above (X Lead Agency or ☐ Responsible Agency) described project on April 4, 2024 and has made the following determinations regarding the above (date) described project. 1. The project [X] will \(\subseteq \) will not] have a significant effect on the environment. 2. An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQ

This is to certify that the final EIR with comments and responses and record of project approval, or the

Date Received for filing at OPR: April 4, 2024 Date: April 4, 2024

6. Findings [☒ were ☐ were not] made pursuant to the provisions of CEQA.

A Negative Declaration was prepared for this project pursuant to the provisions of CEQA. 3. Mitigation measures [X] were were not] made a condition of the approval of the project. 4. A mitigation reporting or monitoring plan [X] was \ \ was not \] adopted for this project. 5. A statement of Overriding Considerations [X] was \(\square\) was not] adopted for this project.

SCAG website at: https://scag.ca.go//peir and Majn-Office at: 900 Wilshire Blvd., Ste.1700, Los Angeles, CA 90017

negative Declaration, is available to the General Public at:

Signature (Public Agency):

Title: Senior Regional

		RECEIPT NUM	BER:
·		24-9636	5
		STATE CLEARIN	NGHOUSE NUMBER (If applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.	•	2022100	0337
LEAD AGENCY	LEADAGENCY EMAIL		DATE
SOUTHERN CALIFORNIA ASSOCIATION OF	BANUELOS@SCAG.	BANUELOS@SCAG.CA.GOV 04/04/2024	
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER
RIVERSIDE			E-202400387
PROJECT TITLE			
CONNECT SOCAL 2024 (2024-2050 REGIONAL COMMUNITIES STRATEGY)	TRANSPORTATION	PLAN AND SU	JSTAINABLE
PROJECT APPLICANT NAME PROJECT APPLICANT EMAIL		MAIL	PHONE NUMBER
SOUTHERN CALIFORNIA ASSOCIATION OF	N CALIFORNIA ASSOCIATION OF BANUELOS@SCAG.CA.GOV		(213) 630-1532
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE
900 WILSHIRE BOULEVARD, SUITE 1700	LOS ANGELES	CALI	90017
PROJECT APPLICANT (Check appropriate box)	· · · · · · · · · · · · · · · · · · ·		·
	Other Special District	State Ag	ency Private Entity
 ☐ Mitigated/Negative Declaration (MND)(ND) ☐ Certified Regulatory Program (CRP) document - payment due ☐ Exempt from fee ☐ Notice of Exemption (attach) ☐ CDFW No Effect Determination (attach) ☐ Fee previously paid (attach previously issued cash receipt con 	·	\$2,916.75 \$ _ \$1,377.25 \$ _	
☐ Water Right Application or Pelition Fee (State Water Resourc	es Control Board only)	\$850.00 \$	
County documentary handling fee		\$	\$50.00
☐ Other		\$_	
PAYMENT METHOD:		_	
☐ Cash ☐ Check ☐ Other	TOTAL R	ECEIVED \$ _	\$4,101.25
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SIGNATURE	NCY OF FILING PRINTED N		7
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