

## GRCA MINIMUM REQUIREMENT ANALYSIS

### PROPOSED ACTION:

GRCA Project Number (if applicable):

PREPARED BY:

DATE:

### PART A: Is this action necessary to manage the area as wilderness?

#### DESCRIPTION OF PROPOSED ACTION:

**1. Describe Special Provisions of Wilderness Legislation.** Is there a special provision in wilderness legislation (The Wilderness Act or others) that allows consideration of actions involving Section 4(c) uses?

Cite law and section:

**2. Describe Requirements of Other Legislation, Policy, and Guidance.** Does taking action conform to and implement relevant standards and guidelines and direction contained in other legislation, policy, management plans, species recovery plans, tribal government agreements, and/or other interagency agreements?

Explain and cite law, policy, etc.:

**3. Describe Options Outside of proposed wilderness.** Can this action be accomplished outside of the GRCA wilderness? [Wilderness Coordinator concur? \_\_\_\_\_]

Yes       No    Explain:

**4. Describe how the action would contribute to the preservation of wilderness character:** How would the action contribute to the preservation of wilderness character as described by the components below?

**Untrammeled** (Wilderness is ideally unhindered and free from modern human control or manipulation):

**Undeveloped** (Wilderness has minimal evidence of modern human occupation or modification):

**Natural** (Wilderness ecological systems are substantially free from the effects of human use, e.g. visitation and/or management activities)

**Outstanding opportunities for solitude or a primitive and unconfined type of recreation** (Wilderness provides opportunities for people to experience natural sights and sounds, solitude, risk, adventure and other attributes):

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**5. Describe the effects to the public purposes of wilderness:** How would this action support the public purposes for wilderness (as stated in Section 4(b) of the Wilderness Act) of recreation, scenic, scientific, education, conservation and historical use?

Explain:

### **PART A DECISION: *Is it necessary to take this action?***

Yes       No

Explain:

### **PART B: Determine the Minimum Tool - *HOW the action will be done***

**Description of alternative methods to accomplish the proposed action:** For each alternative, describe what methods and techniques will be used, when and where the action will take place, the general effects to the resources and wilderness character, and what mitigation measures are necessary.

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#### **ALTERNATIVE 1:**

***When will the action take place? What is the duration of the project?***

***Where will the action take place?***

***How many people are needed to complete the action?***

***Describe effects to:***

***Biological and Physical Resources***

***Cultural Resources***

***Visitor Experience***

***Safety (personnel, visitors, contractors, work methods)***

***Economic and Time Constraints***

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### ALTERNATIVE 2:

*When will the action take place? What is the duration of the project?*

*Where will the action take place?*

*How many people are needed to complete the action?*

*Describe effects to:*

*Biological and Physical Resources*

*Cultural Resources*

*Visitor Experience*

*Safety (personnel, visitors, contractors, work methods)*

*Economic and Time Constraints*

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### ALTERNATIVE 3:

*When will the action take place? What is the duration of the project?*

*Where will the action take place?*

*How many people are needed to complete the action?*

*Describe effects to:*

*Biological and Physical Resources*

*Cultural Resources*

*Visitor Experience*

*Safety (personnel, visitors, contractors, work methods)*

*Economic and Time Constraints*

*Describe monitoring, mitigations and reporting requirements.*

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### **PART B DECISION: *What is the Minimum Tool?***

State Alternative and Rationale. Describe monitoring and mitigations to minimize impacts on wilderness character.

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**APPROVALS**

**Prepared by:**

**Date:**

**Recommended:** Yes \_\_\_ No \_\_\_

**Comment:**

\_\_\_\_\_  
GRCA Wilderness Coordinator

\_\_\_\_\_  
Date

**Recommended:** Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Director, Science Center

\_\_\_\_\_  
Date

Comment:

**Approved:** Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Deputy Superintendent

\_\_\_\_\_  
Date

Comment: