

DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration  OTHER REQUIREMENTS FOR SITES	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		<b>Application Tracking #</b>
<b>Address of physical site for which Applicant is requesting any Federal funding for alteration and renovation, including the installation of equipment:</b>			
<b>Identify the current status of the property site (if leased, please answer Question 1B:</b> <input type="checkbox"/> Owned <input type="checkbox"/> Leased			
<b>If Leased, please check the following:</b> <input type="checkbox"/> We, _____, certify the following: <ul style="list-style-type: none"> <li>• The existing lease will provide the health center reasonable control of the project site;</li> <li>• The existing lease is consistent with the proposed scope of project;</li> <li>• We are in compliance with all of the terms and conditions affecting the federal interest.</li> </ul>			
<b>Cultural Resource Assessment and Historic Preservation Considerations (required if ANY Federal funding for alteration and renovation is requested)</b>			
A. Is the project facility 50 years or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
B. Does the project include any alteration/renovation to the exterior of the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C. Does the project involve renovation to a project facility that is architecturally, historically, or culturally significant?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D. Is the site located on Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	