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| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration OTHER REQUIREMENTS FOR SITES | FOR HRSA USE ONLY | | |
| | Grantee Name | | |
| | Grant Number | | Application Tracking # |
| Address of physical site for which Applicant is requesting any Federal funding for alteration and renovation, including the installation of equipment: | | | |
| Identify the current status of the property site (if leased, please answer Question 1B: <input type="checkbox"/> Owned <input type="checkbox"/> Leased | | | |
| If Leased, please check the following: <input type="checkbox"/> We, _____, certify the following: <ul style="list-style-type: none"> • The existing lease will provide the health center reasonable control of the project site; • The existing lease is consistent with the proposed scope of project; • We are in compliance with all of the terms and conditions affecting the federal interest. | | | |
| Cultural Resource Assessment and Historic Preservation Considerations (required if ANY Federal funding for alteration and renovation is requested) | | | |
| 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 | |