

## PROJECT QUALIFICATION CRITERIA

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>PROJECT QUALIFICATION CRITERIA</b>	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number	Grant Number
	Project Number	Project Type
	Project Title	

### Qualification Criteria

1. Has the applicant organization received construction-related funding (i.e. new construction or alteration/renovation/repair project) through FY 2009 Facility Investment Program or FY 2011 Capital Development funding?

Yes  No

If **'Yes'** please provide the description:

2. Does the project proposed occur at a site that received construction-related funding (i.e. new construction or alteration/renovation/repair project) through FY 2009 Capital Improvement Program?

Yes  No

If **'Yes'** please provide the description:

3. Have any construction contracts for the proposed project been executed (entered into a formal contract)?

Yes  No

If **'Yes'** please provide the description:

4. Has any construction work (including demolition) been implemented for the proposed project?

Yes  No

If **'Yes'** please provide the description:

5. Will the space proposed to be improved or enhanced with Federal funds be rented to other entities for purposes of generating revenue?

Yes  No

If **'Yes'** please provide the description: