

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

**1. Site Control and Federal Interest**

Identify current status of property (If 'Leased', please provide Landlord Letter of Consent)

Owned by the applicant     Leased/Occupancy Agreement

**2. Cultural Resource and Historic Preservation Considerations (For Alteration/Renovation (A&R) projects ONLY)**

2a. Is the project facility 50 years or older?  Yes     No

2b. Does the overall proposed project include

1. any renovation/modification to the exterior of the facility (including the installation of new signage), or  Yes     No

2. ground disturbance activities (including installation of permanent access ramps, utility work, installation of curb cuts, fencing, and parking)?

2c. Does the project involve renovation to a facility or site that is historically, culturally, or architecturally significant?  Yes     No

2d. Is the site located on current or historic Native American, Alaskan Native, Native Hawaiian, or equivalent, culturally significant land?  Yes     No

**Landlord Letter of Consent** (Maximum 1 attachment)

If property status is 'Leased' please provide Landlord Letter of Consent.

**Property Information** (Maximum 1 attachment)

If property status is 'Leased' or 'Owned' please provide Property Information