

PROJECT QUALIFICATION CRITERIA

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PROJECT QUALIFICATION CRITERIA	FOR HRSA USE ONLY	
	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: