

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

**Site Information**

**Name of Service Site**

**Site Address**

**1. Site Control and Federal Interest**

**1a.** Identify current status of property (If 'Leased', please provide Landlord Letter of Consent answer Question 1b)

Owned by the applicant —  Leased /  Occupancy Agreement

**1b. If Leased, please check the following:**

The applicant certifies the following:

- 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 understand and accept the terms and conditions regarding Federal Interest in the property.

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

2a. Was the facility constructed prior to 1975?  Yes  No

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

2cb. Does any element of the overall proposed work at the project site include:

1. Any renovation/modifications to the exterior of the facility (including the for example: roof, HVAC, windows, siding, installation of new signage, exterior painting, generators, etc.), or  Yes  No

2. Ground disturbance activities ( for example: including expansion of building footprint, parking lot, sidewalks, installation of permanent access ramps, utilities, etc. y work, installation of curb cuts, fencing, and parking)?

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

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

**Attachments**

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

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

**Property Information** (Maximum 1 attachment)

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

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average .5 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857