

**Real Property Status Report  
ATTACHMENT B  
(Request to Acquire, Improve or Furnish) SF-429-B**

OMB Number: 4040-0016  
Expiration Date: mm/dd/yyyy

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page)

Complete the applicable blocks below for each parcel of real property for which you are requesting to acquire, improve, or furnish (duplicate this page to provide information for each parcel of real property under the Federal financial assistance award identified in section 2):

13a. Description of Real Property:

13b. Address of Real Property (legal description and complete address including zoning information):

Street1:

Street2:

City:  County:

State:  Province:

Country:  ZIP / Postal Code:

Zoning Information:

GPS Location Longitude:  GPS Location Latitude:

14a. Describe the intended use of the real property and how it will benefit the program:

14b. Proposed Real Property Ownership Type(s):

A. Owned     B. Co-Owned     C. Fee Simple     D. Corporate

E. Joint Tenancy     F. Partnership     G. Limited Liability Partnership     H. Co-Operative

I. Government Furnished Property     J. Other (Describe):

14c. Proposed Acquisition Date (MM/DD/YYYY):

14d. Land Acreage or Square Units:

Enter Amount:

Select units:  Acres     Square Feet  
 Square Kilometers     Square Meters

14e. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):

Enter Amounts:

Gross  Usable

Select units:  Square Feet     Square Meters

14f. Appraised Value (Valuation):

\$  Share Percentage %:  %

Federal Share: \$  [  %]

Non-Federal Share: \$  [  %]

Total (sum of Federal and Non-Federal Share): \$  [  %]

14g. Are there any Uniform Relocation Act (URA) requirements applicable to this real property?  Yes  No

14h. Are there any environmental compliance requirements related to the real property?  Yes  No

If yes, describe them:

14i. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is it listed or eligible for listing in the National Register of Historic Places?  Yes  No

If yes, describe them:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 4040-0016. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

14j. Does the proposed action employ green/sustainable practices (check all that apply)?

- A. Integrated Design Principles?       B. Enhances Indoor Environmental Quality?  
 C. Protects and Conserves Water (anticipated water reduction)?       D. Reduces Environmental Impact of Materials?  
 E. Optimizes Energy Performance (anticipated energy reduction)?

14k. What was the cumulative energy consumption for the facility in the past 12 months?:

A. Electric (kWh)  or (Btu)  B. Petroleum (Gal)   
C. Natural Gas (cu ft)  D. Other  (Specify)

14l. What is the anticipated cumulative energy use for the 12 months following completion of the proposed acquisition/construction/renovation project?

A. Electric (kWh)  or (Btu)  B. Petroleum (Gal)   
C. Natural Gas (cu ft)  D. Other  (Specify)

15. Remarks:

Add Attachment

Delete Attachment

View Attachment