

**Real Property Status Report
ATTACHMENT C
(Disposition or Encumbrance Request) SF-429-C**

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 seeking disposition or other instructions (duplicate this page to provide information for each parcel of real property under the Federal financial assistance award identified in section 2). If a section does not apply, enter "N/A":

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:

13c. Land Acreage or Square Units: Enter Amount: <input type="text"/> Select units: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet <input type="checkbox"/> Square Kilometers <input type="checkbox"/> Square Meters	13d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.): Enter Amounts: Gross <input type="text"/> Usable <input type="text"/> Select units: <input type="checkbox"/> Square Feet <input type="checkbox"/> Square Meters
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14a. Disposition Preference or Encumbrance Request [Check one]:

A. Sell B. Transfer to different award C. Use in other Federally sponsored project/program
 D. Transfer title E. Retain Title F. Encumber Property

14b. If this is a request to transfer Federal Interest to a different award, specify the proposed grant number and funding agency:

Grant Number: Funding Agency:

14c. If this is a request to use the real property in other Federal-sponsored projects/activities, describe the proposed use of the real property:

14d. If this is a request to transfer title, identify the proposed receiving entity:

14e. Appraised Value (Valuation):	\$	Share Percentage %:
Federal Share:	\$ <input type="text"/>	(<input type="text"/> %)
Non-Federal Share:	\$ <input type="text"/>	(<input type="text"/> %)
Total (sum of Federal and Non-Federal Share):	\$ <input type="text"/>	(<input type="text"/> %)

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

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

If yes, describe them:

14h. 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

14i. If this is a request to encumber the property, identify the party or parties to whom the property is proposed to be encumbered and attach related information (See instructions for more details):

Add Attachment

Delete Attachment

View Attachment

15. If this is a request for a release from the obligation to report on the real property, describe the reasons for the request:

Add Attachment

Delete Attachment

View Attachment

16. Remarks:

Add Attachment

Delete Attachment

View Attachment