## 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)	
	real property for which you are seeking disposition or other instructions (duplicate operty under the Federal financial assistance award identified in section 2). If a
13a. Description of Real Property:	
13b. Address of Real Property (legal description and complete	te address including zoning information):
Street1:	
Street2:	
City:	County:
State:	Province:
Country:	ZIP / Postal Code:
Zoning Information:	
GPS Location Longitude: GP	S Location Latitude:
13c. Land Acreage or Square Units:	13d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):
Enter Amount:	Enter Amounts:
Select units: Acres Square Feet	Gross Usable
Square Kilometers Square Meters	Select units: Square Feet Square Meters
14a. Disposition Preference or Encumbrance Request [Chec	k one]:
A. Sell B. Transfer to different award	C. Use in other Federally sponsored project/program
D. Transfer title E. Retain Title F. Er	ncumber Property
	ent award, specify the proposed grant number and funding agency:
Grant Number:	Funding Agercy:
14c. If this is a request to use the real property in other Fede	ral-sponsored projects/activities, describe the proposed use of the real property:
	Add Attachment Delete Attachment View Attachment
14d. If this is a request to transfer title, identify the proposed	receiving entity:
14e. Appraised Value (Valuation):	Share Percentage %:
Federal Share: \$	[ %]
Non-Federal Share: \$	[ %]
Total (sum of Federal and Non-Federal Share): \$	[ %]
14f. Are there any Uniform Relocation Act (URA) requiremen	ts applicable to this real property? Yes No
14g. Are there any environmental compliance requirements of If yes, describe them:	elated to the real property?  Yes  No
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14h. In accordance with the National Historic Preservation Action for listing in the National Register of Historic Places?  If yes, describe them:	t (NHPA), does the property possess historic significance, and/or is it listed or eligible  Yes No
.,-,-,-	Add Attachment Delete Attachment View Attachment

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

	Add Attachment	Delete Attachment	View Attachment
If this is a request for a release from	rom the obligation to report on the real property, de	escribe the reasons for th	e request:
,	Add Attachment	Delete Attachment	View Attachment