

**Real Property Status Report  
ATTACHMENT A (General Reporting) SF-429-A**

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 being reported (duplicate this page to provide information for each parcel of real property being reported under the Federal financial assistance award identified in section 2):**

13. Period and type of Federal Interest (MM/DD/YYYY): From:  To:   
 Acquisition     Renovation     Construction     Government Furnished Property

14a. Description of Real Property:

14b. 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:

14c. 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	14d. 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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14e. 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):

14f. Real Property Cost:	\$	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"/> %]

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in this real property?  
 Yes     No     N/A  
 If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:  
  
 Date:  Jurisdiction:

14h. Has Federally required insurance coverage been secured for this real property?  Yes     No  
 See instructions for more details.

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

14j. Are there any environmental compliance requirements related to the real property?  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 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

14k. 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:

Add Attachment

Delete Attachment

View Attachment

15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period?

Yes  No

If yes, describe the change:

Add Attachment

Delete Attachment

View Attachment

16. Real Property Disposition Status:

- A. Sold       B. Transferred to different award       C. Used in other Federally sponsored project/program  
 D. Transferred title       E. Retained Title       F. N/A

i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of funds owed to the Federal government:

ii. If applicable, enter the amount of any net proceeds from the sale of the real property and describe how the proceeds were distributed:

iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes:

17. Indicate the cumulative energy consumption for the previous 12 months:

A. Electric (kWh)  or (Btu)  B. Petroleum (Gal)

C. Natural Gas (cu ft)  D. Other  (Specify)

18. Remarks:

Add Attachment

Delete Attachment

View Attachment