



OMB No.: 0915-0285. Expiration Date: XX/XX/XXXX

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>Other Requirements for Sites</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>
<b>Site Information</b>		
Name of Service Site		
Site Address		
<b>1. Site Control and Federal Interest</b>		
<b>1a. Identify current status of property site (If 'Leased', please answer Question 1b)</b>		
<input type="checkbox"/> Owned <input type="checkbox"/> Leased		
<b>1b. If Leased, please check the following:</b>		
<input type="checkbox"/> The applicant certifies the following: <ul style="list-style-type: none"> <li>The existing lease will provide reasonable control of the project site.</li> <li>The existing lease is consistent with the proposed scope of project.</li> <li>We understand and accept the terms and conditions regarding federal interest in the property.</li> </ul>		
<b>2. Cultural Resource Assessment and Historic Preservation Considerations</b>		
<b>2a. Was the project facility constructed prior to 1975?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2b. Is the project facility 50 years or older?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2c. Does any element of the overall work at the project site include:</b>		
<ul style="list-style-type: none"> <li>Any renovation/modifications to the exterior of the facility (e.g., roof, HVAC, windows, siding, signage, exterior painting, generators) or</li> <li>Ground disturbance activity (e.g., expansion of building footprint, installation or expansion parking lot, sidewalks, utilities)?</li> </ul>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2d. Does the project involve renovation to a facility that is, or near a facility that is, architecturally, historically, or culturally significant?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2e. Is the site located on or near Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Attachments</b>		
<b>Property Information</b> (required) (Maximum 1) Provide a copy of the title, deed, or lease for the property.		
<b>Landlord Letter of Consent</b> (as applicable) (Maximum 1) If property status is 'Leased', applicant must provide Landlord Letter of Consent.		

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. 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 information collection is 0915-0285 and it is valid until XX/XX/202X. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 0.5 hours 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the



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