

(Owner)  
(Location/Address)

### Statement of Agreement

I, (Owner), hereby state (Owner) is/(are) the owner(s) of the property located at (facility name & address). The property is currently leased by (recipient/lessee). The (Owner) currently has a lease agreement with (Owner), for a period of \_\_\_\_\_ years that will expire on (Date).

And, the (Owner), is/(are) in full agreement of the proposed improvements to aforementioned leased property as part of the Health Resources and Services Administration (HRSA) Capital Improvement Program (CIP) funding opportunity, and grant permission to (recipient/lessee) to undertake proposed improvements.

I, the (Owner), also acknowledge that there will be a federal interest in the property as a result of the proposed improvements and that (Owner) agrees to file a Notice of Federal Interest prior to work commencing.

Landlord/Corporation Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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~Insert Notary Statement~