

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

Public Burden Statement: 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 project is 0915 0285. Public reporting burden for this collection of information is estimated to average 1 hour 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 Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857