



OMB No.: 0915-0285. Expiration Date: 01/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration ALTERATION/RENOVATION (A/R) PROJECT COVER PAGE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
1. Site Information			
Name of Service Site		Site Address	
Improved Project Square Footage			
2. Project Description (maximum 4000 characters)			
<ul style="list-style-type: none"> Provide a detailed description of the scope of work of the minor A/R project. Identify the major clinical and non-clinical spaces to be improved. List key improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); HVAC modifications (including the installation of climate control and duct work); electrical upgrades; and plumbing work. Describe how potential adverse impacts on the environment will be minimized. Indicate whether, and if so, how the project will implement green/sustainable design practices/principles (e.g., using project materials, design/renovation strategies). 			
3. Project Management/Resources/Capabilities (maximum 4000 characters)			
<ul style="list-style-type: none"> Explain the oversight for the minor A/R project, including the Project Manager and the Project Team, if applicable, responsible for managing the project. Describe how the Project Team has the expertise and experience necessary to successfully manage and complete the project within the timeframe and achieve the goals and objectives established for this project. 			
4. Is the proposed minor alteration/renovation project part of a larger scale renovation, construction, or expansion project?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Attachments:			
Provide following documents related to this site: <ol style="list-style-type: none"> A/R Project Budget Justification (required) (Maximum 1 document) Environmental Information Documentation (EID) Checklist (required) (Maximum 1 document) Floor Plans/Schematic Drawings (required) (Maximum 2 documents) 			

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 14N-39, Rockville, Maryland, 20857.