

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PROJECT COVER PAGE	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	Project Number	Project Type
1. Site Information		
Improved Project Square Footage (total square feet of the area to be altered/renovated):	<input type="text"/>	
2. Project Description		
Provide a detailed description of the project's scope of work and established goals.		
For equipment-only projects:		
<ul style="list-style-type: none"> Describe how the project's potential adverse impacts on the environment will be minimized. Indicate whether and if so, how the project will implement green/sustainable practices (e.g., recycled content, energy efficiency). 		
For minor A/R projects:		
<ul style="list-style-type: none"> Identify the major clinical and non-clinical spaces that will be improved by the project, including the area (in square feet) or dimensions of the spaces to be altered/renovated. List major improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); heating, ventilation, and air conditioning (HVAC) modifications (including the installation of climate control and duct work); electrical upgrades; plumbing work; and any work outside the building. Describe how the project's 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, equipment selection). 		
Maximum 4,000 characters counting spaces:		
3. Project Management		
Explain the oversight for the project, including the Project Manager and the Project Team, if applicable, responsible for managing the project. Describe how the Project Manager will ensure successful management and achievement of the project's established goals.		
Indicate the start and end dates for each of the following milestones within the two-year project period: planning, project development, alteration/renovation, equipment purchases, and project completion. Provide a justification for the reasonableness of each timeframe, the predicted challenges, and plans for mitigating them to ensure that the project is completed within the two-year project period.		
3a. Project Completion Date (MM/YYYY):	<input type="text"/>	
Maximum 4,000 characters counting spaces:		

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Attachments:		
Provide following documents related to this site: <ol style="list-style-type: none"> 1. Project Budget Justification (required for A/R projects) (Maximum 1 document) 2. Environmental Information Documentation (EID) Checklist (required for A/R projects) (Maximum 1 document) 3. Floor Plans/Schematic Drawings/Site Plan (required for A/R projects) (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