*Revised April 22, 2021*

**Instructions for completion by the award recipient’s authorized representative:**

1. *This Project Completion Certification template is for alteration, renovation, construction and/or expansion projects. HRSA uses a separate Project Completion Certification template for equipment-only projects.*
2. *Submit the template below on the organization’s letterhead.*
3. *Scan and upload the completed template and all applicable attachments into the EHB to the corresponding* ***Project Completion Certification*** *submission. Include Certification of Occupancy and Certificate of Substantial Completion attachments.*
* *The* ***Certificate of Occupancy*** *is a document provided by the local jurisdiction for commercial construction. In some areas, a new or updated certificate may not be issued for minor alteration and renovation work. In these cases, please provide evidence from the local permitting office that the work has been inspected and/or is acceptable.*
* *A* ***Certificate of Substantial Completion*** *is a document provided by architectural and engineering or contracting firms issued when the contract work is completed.*

# **Alteration/Renovation & Construction/Expansion Project Completion Certification**

**Award Number:** [*Insert grant/award number*]

**Recipient Name:** [*Insert organization name*]

**Project Title:** [*Insert title from application document or Program name*]

**Project Number:** [*Insert project number for application document (i.e., 654321-02, if applicable)*]

**Project Type:** [ ] Alteration/Renovation (A/R) OR [ ] Construction/Expansion (C/E) *[Check one*]

**Project physical address:** [*Insert address of the* ***project site****, which may or may not be the health center main site*]

[*Insert street address*]

[*Insert city, state, Zip Code*]

I hereby certify the following for this project:

1. The project has been completed in accordance with requirements, regulations and laws stated in the Notice of Funding Opportunity and Notice of Award(s) associated with the above project.
2. The funded project has been completed in accordance with the previously certified documents. The final scope of the funded project consists of [*insert brief project description*].
3. The final project costs are consistent with the most recent HRSA approved Budget and Budget Justification, including the most recently approved equipment list.
4. The project is free of mechanics' liens (as applicable for construction-related projects).
5. The funded project will be used to support services consistent with the objectives of the associated HRSA funding opportunity.
6. Check the following items and ensure the inclusion of attachments to this Project Completion Certification:

Attachment A: Certification of Occupancy

[ ] A certification is attached, issued by the local authority having jurisdiction

OR

[ ] A final inspection report from the local building permit department or Fire Marshal

OR

[ ] Not applicable because local municipality with inspection/permit authority does not require a permit (building, electrical, mechanical, or plumbing) or inspections for this type of work.

Attachment B: Certificate of Substantial Completion

[ ] A certificate of substantial completion or similar letter from the architect, engineer or
contractor of record is attached, indicating the completion date.

OR

[ ] Not applicable because project did not require services of an architect, engineer, or
contractor. Select this option only for cosmetic improvements or repairs where the local jurisdiction does not require a commercial building permit or inspections.

1. The required property and equipment insurance policies on the project were purchased. The equipment and real property (title and destruction) insurance coverage will be maintained at the full replacement value of the facility throughout the period of time the property is owned by the [*insert name of award recipient*].
2. Real property acquired with DHHS grant support may not be conveyed, transferred, assigned, mortgaged, or in any other manner encumbered by the [insert name of award recipient], except as expressly authorized in writing by the DHHS awarding component or its successor organization. The Government's interest in real property acquired under grants is described in 45 CFR Parts 75.318 and DHHS Grants Policy Statement II-66 through 68.

Signature of award recipient’s authorized representative

Printed name of award recipient’s authorized representative

Date

## Attachments (as applicable)

Attachment A, Certification of Occupancy or other evidence as listed above.

Attachment B, Certificate of Substantial Completion or other evidence as listed above.