

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration OTHER REQUIREMENTS FOR SITES	FOR HRSA USE ONLY			
	Grant Number		Application Tracking #	
	Project Tracking #		Project Type	
	Project Title			
Site Information				
Name of Service Site:				
Site Address:				
1. Site Control and Federal Interest				
1a. Identify current status of property (If 'Leased', please provide Landlord Letter of Consent)				
<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 proposed 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:				
<ul style="list-style-type: none"> • Any renovation/modifications to the exterior of the facility (e.g., roof, HVAC, windows, siding, signage, exterior painting, generators) or • Ground disturbance activity (e.g., expansion of building footprint, parking lot, sidewalks, utilities)? 				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
2d. Does the project involve alteration/renovation/repair to a project facility that is architecturally, historically, or culturally significant?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
2e. Is the site located on Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Attachments:				
Attachment 4: Property Information (Minimum 1) (Maximum 1)				
Provide a copy of the title, deed, or lease for the project.				
Attachment 5: Landlord Letter of Consent (as applicable) (Minimum 1) (Maximum 1)				
Upload the Landlord Letter of Consent document only if you indicated that the property status is 'Leased' in question 1a of this form. Otherwise, do not upload the document.				

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.