



The grantee's authorized representative will submit the following statement on the grantee organization's letterhead. The document may be modified as necessary to meet the specific conditions of the project.

1. *To ensure proper review and approval, please include the correct grant number, project number, project title, and project type.*
2. *This completed statement, and all applicable attachments, must be scanned and uploaded into the EHB to the corresponding "Project Completion Certification" submission.*

Template for Project Completion Certification

Project Title: *[Insert title]*

Project Number: *[Insert project number, #####-##]*

Project Type: *[Insert type]*

Grant Number: *[Insert grant number]*

Grantee Name: *[Insert name]*

I hereby certify the following for this project:

1. The project has been completed in accordance with requirements imposed on federally-assisted projects by specific laws enacted by Congress, Presidential Executive Orders, or Departmental Policy, as well as all applicable program standards, State codes, and local codes and ordinances. Such standards include (but are not limited to) the following, as applicable:
 - Equipment tracking, insurance and maintenance 45 CFR Parts 74.31, 74.34, Part 92.32, and Department of Health and Human Services (DHHS) Grants Policy Statement II-66
 - Procurement requirements 45 CFR Part 74.40-48 and Part 92.36
 - ADA Accessibility Guidelines for Building and Facilities (28 CFR Part 36)
 - Uniform Relocation Assistance, 45 CFR Part 15
 - Real Property insurance, maintenance and Federal Interest 45 CFR Part 74.32, 74.37, and 92.31 and DHHS Grants Policy Statement
 - AIA Guidelines for Design and Construction of Hospital and Health Care Facilities (current edition, as applicable)
 - NFPA 99 Health Care Facilities Code, (current edition, as applicable)
 - NFPA 101 Life Safety Code (current edition, as applicable)
2. The funded project has been completed in accordance with the previously certified documents.
3. The final project costs are consistent with the most recent HRSA approved SF424C Budget and Budget Justification.

4. The project, as proposed in the application and as completed, is the best resolution for the needs and challenges faced by our health center and community.
5. The project is free of mechanics' liens (as applicable for construction-related projects).
6. The site is verified as operational in the *[insert name of grantee]*'s H80 grant portfolio (as applicable to new sites proposed through the application).
7. The funded project will not be used to support space which will be utilized and/or rented by other entities. This space will be operated by *[insert name of grantee]* to support services consistent with section 330 of the Public Health Service Act.
8. The following items are attached to this Project Completion Certification:
 - Certification of occupancy issued by the local authority having jurisdiction (as applicable), Attachment A
 - Certificate of substantial completion (as applicable), Attachment B
9. 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 grantee]*.

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 grantee]*, 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 74.31, 74.31, 74.37 and 92.31 and DHHS Grants Policy Statement.II-68 through 70.

Signature of grantee's authorized representative

Printed name of grantee's authorized representative

Date

Attachments (as applicable)

Attachment A, Certification of Occupancy

Attachment B, Certificate of Substantial Completion