



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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration OTHER REQUIREMENTS FOR SITES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Site Information		
Name of Service Site		
Site Address		
1. Site Control and Federal Interest		
1a. Identify current status of property site (If 'Leased', please answer Question 1b)		
Owned Leased		
1b. If Leased, please check the following:		
The applicant certifies the following: <ul style="list-style-type: none"> • The existing lease will provide you reasonable control of the project site for at least a period of 5 years after the renovation is completed. • The existing lease is consistent with the proposed scope of project. • You 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?		
Yes No		
2b. Is the project facility 50 years or older?		
Yes 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)? 		
Yes No		
2d. Does the project involve renovation to a facility that is, or near a facility that is, architecturally, historically, or culturally significant?		
Yes No		
2e. Is the site located on or near Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?		
Yes No		
Attachments		
Landlord Letter of Consent (Maximum 1 attachment)		
If property status is 'Leased', applicant must provide Landlord Letter of Consent.		

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.