

## Project Completion Certification for Minor Alteration/Renovation Activities

<b>Program Name</b>	
<b>Award Number</b>	
<b>Hospital Name</b>	
<b>Address of Minor Alteration/Renovation (A/R) Project</b>	

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 75.317 through 75.321, 75.452) and Department of Health and Human Services (DHHS) Grants Policy Statement II-64
  - Procurement requirements (45 CFR Part 75.326 through 75.326-335)
  - 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 75.318 through 75.321) and DHHS Grants Policy Statement II-66 through 68
  - AIA Guidelines for Design and Construction of Hospital and Health Care Facilities (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. The final scope of the funded project consists of .
3. The final project costs do not exceed 10% of the total hospital award, as specified on award's terms and conditions on your Notice of Award.
4. The funded project will be used to support services consistent with the objectives of the associated HRSA funding opportunity.

**Authorizing Hospital Official Signature:**  
*(E-signatures are acceptable)*

**Date Signed:**