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

1. *Submit the following statement on the organization’s letterhead.*
2. *Include the correct grant number, project number, and project title to ensure proper review and approval*
3. *Scan and upload this completed template and all applicable attachments into the EHB to the corresponding* ***Project Completion Certification*** *submission.*

# **Template for**

# **Equipment-Only Project Completion Certification**

Project Title:[*Insert title from Capital Award application or, for supplemental H80 funding, include the program name (such as Oral Health Infrastructure, New Access Point, etc.)*]

Project Number:[*Only applicable to non-H80 awards - Insert project number from the original application, #####-##*]

Project Type:Equipment-Only

Grant Number:[*Insert grant number*]

Grantee Name:[*Insert name of award recipient*]

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, 75.320, 75.321, 75.452) and Department of Health and Human Services (DHHS) Grants Policy Statement II-64
* Procurement requirements (45 CFR Part 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

1. The funded project has been completed in accordance with the previously approved equipment list.
2. The final project costs are consistent with the most recent HRSA-approved Budget and Budget Justification.
3. The funded project will be used to support services consistent with the objectives of the associated HRSA funding opportunity.
4. 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*].

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