

SAMPLE NOTICE OF FEDERAL INTEREST

On *(insert date)*, the Health Resources and Services Administration awarded Grant No. _____ to *(insert name of recipient)*. The grant provides funds for *(describe purpose of grant, e.g., construction of a building)*, which is located on the land described below in _____ County, State of _____:

(INSERT LEGAL DESCRIPTION OF PROPERTY—Land and Buildings within the scope of the grant project.)

The Notice of Award for this grant includes conditions on use of the aforementioned property and provides for a continuing Federal interest in the property. Specifically, the property may not be (1) used for any purpose inconsistent with the statute and any program regulations governing the award under which the property was acquired; (2) mortgaged or otherwise used as collateral without the written permission of the Associate Administrator, Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA); or (3) sold or transferred to another party without the written permission of the Associate Administrator, OFAM, HRSA. These conditions are in accordance with the statutory provisions set forth in *[insert the name of the appropriations bill authorizing the award of the construction/major alterations and renovations projects for the particular year –see program guidance]*, Title 45 CFR part 74 or 92 as applicable, the HHS Grants Policy Statement, and other terms and conditions of award.

These grant conditions and requirements cannot be nullified or voided through a transfer of ownership. Therefore, advance notice of any proposed change in usage or ownership must be provided to the Associate Administrator, OFAM, HRSA.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

(EXAMPLE OF NOTARIZED AFFIRMATION)

STATE OF _____

COUNTY OF _____

On this ___ day of _____, 20___, before me, the undersigned, a Notary Public for the County of _____, (State), personally appeared before me and is known to be the person who executed this instrument on behalf of said _____, and acknowledged to me that he/she executed the same as the free act and deed of said Corporation.

Witness my hand and official seal.

Notary Public in and for the County of _____, State of _____.