

Project Implementation Certification & Itemized Budget for Minor Alteration/Renovation (A/R) Activities

Program Name	SHIP COVID-19 Testing and Mitigation
Award Number	[Insert Award Number Here] (e.g., H3LRH55555)
Hospital Name	[Insert the Name of Hospital for A/R Project Here] (e.g., ABC Hospital)
Address of Minor Alteration/Renovation (A/R) Project	[Insert Location of A/R Project Here] (e.g., 1234 Mocking Bird Lane Rockville, MD 20851)

[Insert name of Architect/Engineer (A/E) or Contractor] has been engaged by [Insert name of Hospital] to provide Minor Alteration/Renovation (A/R) for [Insert name/brief description of the project] in accordance with the Owner/Contractor Agreement signed and executed on [Insert Date].

The amount of SHIP COVID-19 Testing and Mitigation funds applied to this project is [Insert actual or estimated amount of COVID SHIP dollars for this project]. For this project, please fill out the itemized budget on the table below.

Itemized Budget for A/R Activities	Actual or Estimated Amount (if applicable)
Administrative and legal expenses from A/E or Contractor	
Construction/Installation Cost	
Demolition and Removal Cost	
Equipment Purchase	
Labor	
Miscellaneous	
Other fees	
Tax	
Total Cost:	

Note Hospitals are only required to list the amount used from SHIP COVID-19 Testing and Mitigation funds. If the renovation cost exceeds the hospital's award amount, only list the amount applicable to COVID SHIP funding. **For the SHIP COVID Testing program hospitals requesting to spend more than 50% of their award on minor A/R must receive approval from the HRSA Project Officer.**

I further certify the following contractor:

1. [Insert Name of A/E or Contractor firm] is licensed to practice in the State of [Indicate State Abbreviation].
2. The executed Agreement is for this project only, and is not "open-ended."

3. The project will be designed in accordance with all requirements imposed on federally-assisted A/R projects by specific laws enacted by Congress, Presidential Executive Orders, or Departmental Policy. Such standards include (but are not limited to) the following, *as applicable*:
- The project design will also meet all applicable program standards, State codes, and local codes and ordinances.
 - Equipment tracking 45 CFR Part 74.34 and 92.32.
 - 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 and Federal Interest 45 CFR Part 74.32, 74.37, and 92.31.
 - 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).

Authorizing Hospital Official Signature: [\[Insert Hospital Authorizing Official's Signature Here\]](#)
(E-signatures are acceptable)

Date Signed: [\[Insert Date of Signature Here\]](#)