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

|  |  |
| --- | --- |
| Program Name | Coronavirus SHIP |
| Award Number | [Insert Award Number Here] (e.g., H3JRH55555) |
| 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 COVID SHIP 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 COVID SHIP funds. A/R costs cannot exceed 10% of the hospital’s award. If the renovation cost exceeds the hospital’s award amount, only list the amount applicable to COVID SHIP funding****.***

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]