STATUS REPORT FOR FEDERALLY FUNDED OR LEASED BUILDINGS - ACCOMMODATION OF PHYSICALLY HANDICAPPED					<b>3</b> -	REPOF	RTING PERIO	D		TYPE OF FUNDING					
NAME OF DEPARTMENT/AGENCY/GOVERNMENT ENTITY		NAM	E OF A	GENC	Y CONT							TELEPHONE NO.			
			Ë	ΩĻ	DE		111	OWNED/GRANT				LEASED FACILITIES			
NAME OF BUILDING AND GOVERNMENT BUILDING NO.	STREET ADDRESS, CITY AND STATE	° COMPLY	a EXCEP. UTIL	Φ WAIV. GRNT'D	BUILDING USAGE CODE	ے AGENCY HOUSED	SQUARE FOOTAGE	- NEW	ADD./ALT.	BID INVITA- TION DATE	DATE - OCCU- PIED	3 RENT	ALTERA- > TION COSTS	o LEASE	
CERTIFICATION: I certify that the above buildings are subject to and comply with Section 2 of Public Law 90-480, as amended.	TYPE NAME AND TITLE OF CERTIFYING OFFICIAL					SIGNATURE OF CERTIFYING OFFICIAL							DATE		

## INSTRUCTIONS

Purpose of this form is to provide an inventory of buildings subject to Sections 2, 3, 4, and 4a of Public Law 90-480.

Reporting Period: The annual reporting period for purposes of this requirement, end on the last day of August. (For

example, September 1, to August 31, ). Reports will be due on the fifteenth calendar

day of the following month.

Type of funding: Indicate whether Government-owned, Government-leased, funded by grant; funded by loan. Use

separate pages to group projects according to type of funding.

Department/Agency/Entity: Self-explanatory.

Name and Telephone No.

of Agency Contact: Indicate person most familiar with program.

Name of Building: Use official Building Title and avoid obscure abbreviations. Enter in column a.

Street address, City and State: Enter actual address of the building in column b. Use official state abbreviation.

Comply: Does this facility comply with Sections 2, 3, 4, or 4a of Public Law 90-480, as amended? Enter an "X" in

column c if the facility is in compliance.

Exception Utilized: If an exception has been utilized as listed under FPMR, Subpart 101-19.604, enter the applicable

paragraph letter; i.e., (a), (b), (c), (d), or (e) in column d. Agencies not subject to FPMR: leave the

column blank.

Waiver granted: If the facility has been granted a waiver under Section 6 of Public Law 90-480, enter an "X" in column e.

Building Usage Code: Refer to FPMR (41 CFR) Subpart 101-3.4901, (k) (4), <u>Usage Code and Classification</u> for usage code

only. Enter appropriate usage code number in column f.

Agency Housed: As space permits, enter Federal Agency Code Number for the principle agencies housed in the facility

in column g.

Square Footage: Enter the gross square footage (to the nearest thousand sq. ft.) of the facility if owned or assisted with

Federal funds, or the net usable square footage of leased areas, in column h.

Owned/Grant

New: If the facility is newly constructed, enter an "x" in column i.

Addition/Alteration: If the construction is an addition or alteration to an existing facility, enter an "X" in column j.

Bid Invitation: Enter the date that bids were formally invited on the facility in column k.

Date Occupied: Enter the date of project completion or date of occupancy, whichever occurs first, in column i.

Leased Facilities

Annual Rent: Enter annual contract rent to nearest thousand dollars in column m.

Alteration Costs: Enter any funds (to the nearest thousand dollars) expended for providing handicapped facilities under

the lease including any portion of the rent which can be directly attributed to the cost of providing the

handicapped facilities in column n.

Lease Terms: Date of lease commencement and expiration dates. If you are not able to furnish actual dates place "e"

in column o to signify estimated dates.

Certification and Signature: The signature of the head of the agency or his designee certifies that all projects subject to the Act are

prepared and that the projects are in compliance with the Act.