

REAL PROPERTY STATUS REPORT SF-429  
(COVER PAGE)

OMB Number: 4040-0016  
Expiration Date: 01/31/2019

1. Federal Agency and Organizational Element to Which Report is Submitted: [Redacted]		2. Federal Grant(s) or Other Identifying Number(s) Assigned by Federal Agency(ies): [Redacted]	
3. Recipient Organization (name and complete address including zip code): Recipient Organization Name: [Redacted] Street1: [Redacted] Street2: [Redacted] City: [Redacted] County: [Redacted] State: [Redacted] Province: [Redacted] Country: [Redacted] ZIP / Postal Code: [Redacted]			
4a. DUNS Number: [Redacted]	4b. EIN: [Redacted]	5. Recipient Account or Identifying Number: [Redacted]	
6. Contact Person for this Report: Prefix: [Redacted] First Name: [Redacted] Middle Name: [Redacted] Last Name: [Redacted] Suffix: [Redacted] Email: [Redacted] Phone: [Redacted] Fax: [Redacted]			
7. Report End Date: [Redacted] (MM/DD/YYYY)			
8. Real Property Status Report – Attachments: [check the applicable block(s)]: <input type="checkbox"/> : Attachment A (General Reporting) <i>attached</i> <input type="checkbox"/> : Attachment B (Request to Acquire, Improve or Furnish) <i>attached</i> <input type="checkbox"/> : Attachment C (Disposition Request) <i>attached</i>			
9. Comments: [Redacted]			
<b>10. Certification: I certify to the best of my knowledge and belief that all information presented in this report is true, correct and complete and constitutes a material representation of fact upon which the Federal government may rely.</b>			
11a. Typed or Printed Name and Title of Authorized Certifying Official: Prefix: [Redacted] First Name: [Redacted] Middle Name: [Redacted] Last Name: [Redacted] Suffix: [Redacted] Title: [Redacted]			
11b. Signature of Authorized Certifying Official: [Redacted]			
11c. Telephone (area code, number, extension): [Redacted]			
11d. Email Address: [Redacted]			
11e. Date Report Submitted (MM/DD/YYYY): [Redacted]	12. Agency use only		