

Landlord Letter of Consent

is/are the owner(s) of the property located at

. The property is currently leased by

. currently has/will have a lease agreement with

, for a period of years that will expire on .

is/are in full agreement of the proposed improvements to the aforementioned leased property as part of the Health Resources and Services Administration (HRSA)

funding opportunity, and grant permission to

to undertake proposed improvements.

agrees to either modify the existing lease, or include in the new lease, the following restrictive terms, which will be signed by both and

:

a) The recipient agrees not to sublease, assign, or otherwise transfer the property, or use the property for a non-grant-related purpose(s) without the written approval from HRSA (at any time during the term of the lease/agreement, whether or not grant support has ended).

b) The property owner will inform HRSA of any default by the recipient under the lease/agreement.

c) HRSA shall have 60 days from the date of receipt of the property owner's notice of default in which to attempt to eliminate the default, and that the property owner will delay exercising remedies until the end of the 60-day period.

d) HRSA may intervene to ensure that the default is eliminated by the recipient or another recipient named by HRSA.

e) The property owner shall accept payment of money or performance of any other obligation by the HRSA's designee, for the recipient, as if such payment of money or performance had been made by the recipient.

f) In the event that the recipient defaults, the grant is terminated, or the recipient vacates the property before the end of the lease term, HRSA shall have the right to designate a replacement for the recipient for the balance of the lease term, subject to approval by the property owner, which will not be withheld except for good reason.

also acknowledge that there will be a Federal interest in the property as a result of the proposed improvements and that _____ agrees to file a Notice of Federal Interest prior to work commencing, if required by HRSA.

Landlord/Corporation Signature:

Typed Name:

Title:

Date: