REAL PROPERTY STATUS REPORT SF-429
(COVER PAGE)

OMB Number: 4040-0016
Expiration Date: 06/30/2028

1. Federal Agency and Organizational Element to Which Report is Submitted:
United States Dept. of Education

2. Federal Grant(s) or Other Identifying Number(s) Assigned by Federal Agency(ies):
S425D210047;S425U10047

3. Recipient Organization (name and complete address including zip code):

Recipient Organization Name: Nave City School

Street1: 111 Main St.

Street2:

City: Nave County: Hudson

State: TN: Tennessee Province:

Country: USA: UNITED STATES ZIP / Postal Code: 12345

4a. UEI: 123456789101

4b. EIN: 123456789

5. Recipient Account or Identifying Number: 54321-01

6. Contact Person for this Report:

Prefix: Dr. First Name: Jerri Middle Name: Beth

Last Name: Nave Suffix:

Email: Jerri.Nave@tn.gov

Phone: 615-555-5555 Fax:

7. Report End Date: 01/28/2026
(MM/DD/YYYY)

8. Real Property Status Report – Attachments: [*check the applicable block(s)*]:

☒ : Attachment A (General Reporting) *attached*

☐ : Attachment B (Request to Acquire, Improve or Furnish) *attached*

☐ : Attachment C (Disposition Request) *attached*

9. Comments:

Add Attachment | Delete Attachment | View Attachment

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.

11a. Typed or Printed Name and Title of Authorized Certifying Official:

Prefix: Dr. First Name: Jerri Middle Name: Beth

Last Name: Nave Suffix:

Title: Director of Schools

11b. Signature of Authorized Certifying Official:

Jerri Beth Nave

11c. Telephone *(area code, number, extension)*:
615-555-5555

11d. Email Address:
Jerri.Nave@tn.gov

11e. Date Report Submitted *(MM/DD/YYYY)*:
12/01/2025

12. Agency use only