

APPENDIX D

rganization Name:	Date:
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omplete one entry on this Appendix for each paragraph that was checked "N/A" throughout the oplication(s). Enter the paragraph number and a brief description of why the paragraph is not oplicable. If several consecutive paragraphs are not applicable for the same reason, you may enter the ange of paragraph numbers and one comment covering all of them. Also, please use this Appendix for my comments you want to make about an entry.	
Paragraph Number	Description