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## Navigating through the Construction and 5-Year Capital Plan Submission.

Volume 4 of the Department of Veterans Affairs FY 2010 Budget Submission consists of two major sections, the first one is the traditional VA Budget submission and the other is the VA's 5-Year Capital Plan.

### The Traditional VA Budget Request

The first section (Chapters 1 through 6) is the VA's traditional budget submission for construction and grants for construction programs. Chapter 1 provides a general overview of the FY 2010 construction program request. Chapter 2 includes the FY 2010 VA major construction program request and contains detailed program and project information (project prospectuses), project description, cost estimates and projected construction schedules. Chapter 3 includes budget materials for the minor construction program for VA's Administrations and Staff Offices. Chapters 4 and 5 capture budget and program information for VA's two capital grant programs: the State Extended Care Program and State Veteran Cemeteries Program. Chapter 6 includes the FY 2010 authorization request for major medical facilities (major construction and leases) and other construction related notification materials. The authorization and notification chapter also provides the current status (through December 2008) of existing authorizations and VA leases.

### The 5-Year Capital Plan

The second part of this volume (Chapter 7) is the 5-Year Capital Plan. The capital plan describes the process, criteria and philosophy applied to acquisition, management and disposal decisions. It is the central document describing the selection of the Department's key capital acquisitions using a formal executive review process developed by senior management and approved by the Secretary. Individual chapters for VHA, VBA, NCA and Staff Offices within the plan contain brief descriptions and justifications of capital investment projects included in the budget, and explain how each investment assists VA in achieving its central mission – to meet Veterans' health care, benefits, and burial needs.

The capital plan appendices provide useful information and data such as the decision models and criteria used by the Department to assist in ranking projects, historical funding tables for VA major projects and tables featuring VA construction programs such as minor construction projects by state and/or region. The appendices also include VA's project listing that will be funded from the American Recovery and Reinvestment Act of 2009. For a detailed listing of tables refer to the Chapter 7 table of contents.

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## *Construction Summary of 2010 Request*

A total of \$1,921,000,000 is requested for 2010 for all construction programs. New budget authority of \$1,194,000,000 is requested for the 2010 Construction, Major Projects appropriation; \$600,000,000 for Construction, Minor Projects appropriation; \$85,000,000 for the Grants for the Construction of State Extended Care Facilities; and \$42,000,000 for Grants for the Construction of State Veterans Cemeteries.

Construction Summary of 2010 Request (dollars in thousands)				
	Construction Major	Construction Minor	Other Request	Summary Request
Veterans Health Administration	\$1,076,800	\$507,198	\$0	\$1,583,998
National Cemetery Administration	\$112,200	\$50,720	\$0	\$162,920
Veterans Benefits Administration	\$0	\$16,907	\$0	\$16,907
General Administration - Staff Offices	\$5,000	\$25,175	\$0	\$30,175
<b>Subtotal</b>	<b>\$1,194,000</b>	<b>\$600,000</b>	<b>\$0</b>	<b>\$1,794,000</b>
Grants for State Extended Care Facilities			\$85,000	\$85,000
Grants for State Veterans Cemeteries			\$42,000	\$42,000
<b>Total Construction, New Budget Authority</b>				<b>\$1,921,000</b>

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## *Construction - Major Projects*

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***Budget Request.....\$1,194,000,000***

For constructing, altering, extending and improving any of the facilities, including parking projects, under the jurisdiction or for the use of the Department of Veterans Affairs, or for any of the purposes set forth in sections 316, 2404, 2406, 8102, 8103, 8106, 8108, 8109, 8110, and 8122 of title 38, United States Code, including planning, architectural and engineering services, construction management services, maintenance or guarantee period services costs associated with equipment guarantees provided under the project, services of claims analysts, offsite utility and storm drainage system construction costs, and site acquisition, where the estimated cost of a project is more than the amount set forth in section 8104(a)(3)(A), of title 38, United State Code, or where funds for a project were made available in a previous major project appropriation, [\$923,382,000] \$1,194,000,000 to remain available until expended, of which [\$10,000,000] \$16,000,000 shall be to make reimbursements as provided in section 13 of the Contract Disputes Act of 1978 (41 U.S.C. 612) for claims paid for contract disputes: *Provided*, That except for advance planning activities, including needs assessments which may or may not lead to capital investments, and other capital asset management related activities, such as portfolio development and management activities, and investment strategy studies funded through the advance planning fund and the planning and design activities funded through the design fund including needs assessments which may or may not lead to capital investments, and funds provided for the purchase of land for the National Cemetery Administration through the land acquisition line item, none of the funds appropriated under this heading shall be used for any project which has not been [approved by] submitted to the Congress in the budgetary process: *Provided further*, That funds provided in this appropriation for fiscal year [2009]2010, for each approved project shall be obligated: (1) by the awarding of a construction documents contract by September 30, [2009]2010; and (2) by the awarding of a construction contract by September 30, [2010]2011: *Provided further*, That the Secretary of Veterans Affairs shall promptly report in writing to the Committees on Appropriations of both Houses of Congress any approved major construction project in which obligations are not incurred within the time limitations established above. [Provided further, That of the amount appropriated in this paragraph, \$923,382,000 shall be for the projects and activities, and in the amounts,



specified under this heading in the explanatory statement described in section 4 (in the matter preceding division A of the consolidated Act).]

## **Construction, Major Projects**

### **Program Description**

The Construction, Major projects appropriation provides for constructing, altering, extending, and improving any VA facility, including planning, architectural and engineering services, assessments, and site acquisition, where the estimated cost of a project is over \$10,000,000, or where funds for a project were made available in a previous appropriation under this heading.

New budget authority of \$1,194,000,000 is requested for the 2010 Construction, Major, appropriation. The major construction request is for twelve medical facility projects: Denver, CO; Orlando, FL; San Juan, PR; two at St. Louis, MO; Bay Pines, FL; Livermore, CA; Canandaigua, NY; San Diego, CA; Long Beach, CA; Brockton, MA; and Perry Point, MD. The construction request also fully funds the 2010 resources required to support the gravesite expansion at two National Cemeteries (Chicago, IL and Houston, TX). Additionally funds are provided to improve facility security, reimburse Treasury's judgment fund, obtain facilities from Department of Defense resulting from the Base Realignment and Closure process, fund land acquisitions for National Cemeteries, and to support other construction related activities.

VA has undergone a profound transformation in the delivery of health care over the two last decades. VA has moved from a hospital driven health care system to an integrated delivery system that emphasizes a full continuum of care. New technology and treatment modalities have changed how and where care is provided, with a significant shift from inpatient to outpatient services. Veterans Health Administration's (VHA) infrastructure was designed and built decades ago, under a different concept of health care delivery (i.e., hospital-centered inpatient care and long admissions for diagnosis and treatment). As a result, VHA's capital assets often do not fully align with current health care needs for optimal efficiency and access; therefore, the capital investment needs are vast.

The goal of VHA major construction program is to enhance outpatient and inpatient care, as well as special programs such as spinal cord injury, blind rehabilitation, seriously mentally ill and long-term care through the appropriate sizing, upgrading and location of VA facilities. The goal of the NCA major construction program is to develop additional gravesites at national cemeteries, and make infrastructure improvements that are critical to achieving the strategic goals and objectives of the National Cemetery Administration (NCA). One of VA's strategic goals (Objective 3.4) is to ensure that the burial needs of Veterans and eligible family members are met. Achievement of this objective is measured by two key performance measures which are impacted by NCA's construction

program. The first of these measures is the percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence.

Construction projects keep existing national cemeteries open by developing additional gravesites and columbaria, or by acquiring additional land, to prevent the loss of a burial option for veterans that currently are served by a national cemetery within a reasonable distance of their residence. Another VA strategic goal (Objective 4.5) is to ensure that national cemeteries are maintained as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made. Achievement of this objective is measured by one key performance measure which is impacted by NCA's construction program. That measure is the percent of survey respondents who rate national cemetery appearance as excellent.

## Major Construction Budgetary Highlights

<b>Major Appropriation Highlights - Summary</b>					
2009					
	2008 Actual	Budget Estimate	Current Estimate	2010 Request	Increase (+) Decrease (-)
Appropriation	\$1,069,100	\$581,582	\$923,382	\$1,194,000	\$270,618
Supplemental Appropriation (P.L. 110-252)	\$396,377	\$0	\$0	\$0	\$0
Reprogramming From Prior Year <sup>1</sup>	\$45,000	\$0	\$0	\$0	\$0
Budget Authority	\$1,069,100	\$581,582	\$923,382	\$1,194,000	\$270,618
Sale of VA Assets	\$0	\$5,000	\$0	\$0	\$0
Emergency Funds rescinded from Medical Services <sup>2</sup>	\$66,000	\$0	\$0	\$0	\$0
<b>Total Budgetary Resources</b>	<b>\$1,531,477</b>	<b>\$586,582</b>	<b>\$923,382</b>	<b>\$1,194,000</b>	<b>\$270,618</b>
Un-obligated Balance brought Forward	\$2,095,658	\$2,002,642	\$2,515,365	\$2,143,755	(\$371,610)
Un-obligated Balance end of year	\$2,515,365	\$1,317,709	\$2,143,755	\$2,033,755	(\$110,000)
Obligations	\$1,111,770	\$1,271,515	\$1,294,992	\$1,304,000	\$9,008
Outlays	\$528,791	\$742,659	\$806,989	\$935,280	\$128,291

<sup>1</sup> Reprogramming – This line is provided for information purposes only and is a non-add. The reprogramming involved a scope change of Waco, TX, and funds were used to fund a Temple, TX major construction project.

<sup>2</sup> The \$66 million included in the FY 08 actual will be used for the Polytrauma Center in San Antonio, TX.

<b>Major Appropriation Highlights by Administration</b>					
2009					
	2008 Actual	Budget Estimate	Current Estimate	2010 Request	Increase (+) Decrease (-)
<b>Veterans Health Administration (VHA)</b>					
Appropriation (P.L.110-328)	\$901,700	\$471,582	\$813,382	\$1,076,800	\$263,418
Supplemental Appropriation (P.L. 110-252)	\$396,377	\$0	\$0	\$0	\$0
Reprogramming From Prior Year <sup>1</sup>	\$45,000	\$0	\$0	\$0	\$0
New Budget Authority	\$901,700	\$471,582	\$813,382	\$1,076,800	\$263,418
Sale of VA Assets	\$0	\$5,000	\$0	\$0	\$0
Emergency Funds rescinded from Medical Services <sup>2</sup>	\$66,000	\$0	\$0	\$0	\$0
Budgetary Resources	\$1,364,077	\$476,582	\$813,382	\$1,076,800	\$263,418
Un-obligated Balance brought Forward	\$1,919,571	\$1,836,026	\$2,293,504	\$1,934,237	(\$359,267)
Un-obligated Balance end of year	\$2,293,504	\$1,196,078	\$1,934,237	\$1,870,537	(\$63,700)
Obligations	\$990,144	\$1,116,530	\$1,172,649	\$1,140,500	(\$32,149)
Outlays	\$445,424	\$662,617	\$726,924	\$837,460	\$110,536
<b>National Cemetery Administration (NCA)</b>					
Appropriation (P.L.110-328)	\$167,400	\$105,000	\$105,000	\$112,200	\$7,200
Budgetary Resources	\$167,400	\$105,000	\$105,000	\$112,200	\$7,200
Un-obligated Balance brought Forward	\$166,944	\$161,277	\$220,004	\$209,161	(\$10,843)
Un-obligated Balance end of year	\$220,004	\$115,977	\$209,161	\$164,361	(\$44,800)
Obligations	\$114,340	\$150,300	\$115,843	\$157,000	\$41,157
Outlays	\$76,460	\$69,067	\$69,067	\$88,893	\$19,826
<b>General Administration - Staff Offices</b>					
Appropriation (P.L.110-328)	\$0	\$5,000	\$5,000	\$5,000	\$0
Budgetary Resources	\$0	\$5,000	\$5,000	\$5,000	\$0
Un-obligated Balance brought Forward	\$5,173	\$5,339	\$3,654	\$2,154	(\$1,500)
Un-obligated Balance end of year	\$3,654	\$5,654	\$2,154	\$654	(\$1,500)
Obligations	\$5,173	\$4,685	\$6,500	\$6,500	\$0
Outlays	\$4,794	\$10,975	\$10,975	\$8,896	(\$2,079)

<sup>1</sup> Reprogramming – This line is provided for information purposes only and is a non-add.

<sup>2</sup> The \$66 million included in the FY 08 actual column will be used to fund a Polytrauma Center in San Antonio, TX.

**Summary of Budget Request  
(dollars in thousands)**

A construction appropriation of \$1,194,000,000 is requested for Construction, Major projects in 2010 to be financed with new budget authority. A summary of the program funding level by activity follows:

	2010 Request
Veterans Health Administration	\$1,076,800
National Cemetery Administration	\$112,200
General Administration - Staff Offices	\$5,000
<b>Total, Construction Major Program</b>	<b>\$1,194,000</b>

<b>Changes from Original 2009 Budget Estimates</b>			
<b>(dollars in thousands)</b>			
	Budget Estimate	Current Estimate	Increase (+) Decrease (-)
Appropriation (P.L.110-328)	\$581,582	\$923,382	\$341,800
New Budget Authority	\$581,582	\$923,382	\$341,800
Sale of Assets	\$5,000	\$0	(\$5,000)
Budgetary Resources	\$586,582	\$923,382	\$341,800
Un-obligated Balance brought Forward	\$2,002,642	\$2,515,365	\$512,723
Un-obligated Balance end of year	\$1,317,709	\$2,143,755	\$826,046
Obligations	\$1,271,515	\$1,294,992	\$23,477
Outlays	\$742,659	\$806,989	\$64,330

The table below shows changes from the original FY 2009 budget request for line items.

**FY 2009 Line Item Adjustments**

Line Item	Description	Original Request	FY 09 Allocation
Advance Planning Fund	Various Stations	\$40,000	\$40,000
Asbestos and Other Airborne Contaminates	Various Stations	\$3,000	\$2,000
BRAC Land Acquisition	Various Stations	\$5,000	\$5,000
Claims Analyses	Various Stations	\$2,000	\$1,500
Facility Security Projects	Various Stations	\$11,930	\$11,930
Hazardous Waste Abatement	Various Stations	\$2,000	\$1,261
Judgment Fund	Various Stations	\$10,000	\$10,000
Sustainability and Energy	Various Stations	\$5,000	\$5,000
Sale of VA Assets		(\$5,000)	\$0
FY 09 Line Item totals		\$73,930	\$76,691

## Detail of Request (dollars in thousands)

A construction appropriation of \$1,194,000,000 is requested for Construction Major Projects, in 2010 to be financed with new budget authority. A summary of the major construction program by activity follows:

Major Construction Detail of Request (\$ in 000's)				
Location	Description	Total Estimated Cost	Funding Through 2009	2010 Request
<b>Veterans Health Administration (VHA)</b>				
Denver, CO	New Medical Facility	800,000	188,300	119,000
Orlando, FL	New Medical Facility	665,400	294,100	371,300
San Juan, PR	Seismic Corrections Bldg 1	299,200	134,280	42,000
St. Louis (JB), MO	Medical Facility Improvements & Cemetery Expansion	396,400	12,000	19,700
Bay Pines, FL	Inpatient/ Outpatient Improvements	194,400	17,430	96,800
Livermore, CA	Realignment and Closure (Design and Land Purchase)	354,300	0	55,430
Canandaigua, NY	Construction and Renovation (Design)	370,100	0	36,580
San Diego, CA	Seismic Deficiency (Design)	183,400	0	18,340
Long Beach , CA	Seismic Corrections - Mental Health and Community Living Center (Design)	258,400	0	24,200
St. Louis, (JC), MO	Replace Bed Tower/ Clinic Expansion (Design)	433,400	0	43,340
Brockton, MA	Long-Term Care Spinal Cord Injury Unit (Design)	188,000	0	24,040
Perry Point, MD	Replacement Community Living Center (Design)	90,100	0	9,000
Advance Planning Fund	Various Stations			123,560
Facility Security Projects	Various Stations			42,510
Judgment Fund	Various Stations			16,000
BRAC Land Acquisition	Various Stations			35,000
	<b>Subtotal, Line Items</b>			<b>217,070</b>
<b>Total VHA</b>		<b>4,233,100</b>	<b>646,110</b>	<b>1,076,800</b>
<b>National Cemetery Administration (NCA)</b>				
Abraham Lincoln National Cemetery	Gravesite Expansion & Cemetery Improvements - Phase 2	39,300	1,000	38,300
Houston National Cemetery	Gravesite Expansion & Cemetery Improvements - Phase 4	35,000	0	35,000
Advance Planning Fund	Various Stations			13,400
NCA Land Acquisition Fund	Various Stations			25,500
	<b>Subtotal, Line Items</b>			<b>38,900</b>
<b>Total NCA</b>		<b>74,300</b>	<b>1,000</b>	<b>112,200</b>
General Administration - Staff Offices				
Department APF for Major				5,000
<b>Major Construction</b>		<b>4,307,400</b>	<b>647,110</b>	<b>1,194,000</b>



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## Major Project Prospectuses Index

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Facility Security Projects	Various Stations	2-91
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**Denver, Colorado**  
**New Medical Facility, Phase 3 - Construction**

*This project is to construct a new medical facility on the same campus as the University of Colorado Hospital complex in Aurora, Colorado, dispose of the existing medical center, and construct appropriate renewable energy initiatives. Funding requested in 2010 will build a Community Living Center (CLC) building, an Outpatient Clinic (OPC) building, and additional parking facilities.*

**I. Budget Authority**

Total <u>Estimated Cost</u>	Available <u>Through 2009</u>	2010 <u>Request</u>	Future <u>Request</u>
\$800,000,000	188,300,000	\$119,000,000	\$492,700,000

**II. Priority Score:** FY 2004 - 0.342

**III. Description of Project**

This project, when all phases are constructed will provide the construction of a new inpatient medical center (including an SCI Center), an Outpatient Clinic, a Community Living Center, a Research building, a Central Utility Plant and parking facilities. In addition, this project includes the remodeling of the recently purchased University of Physicians, Inc. building, the disposal of the current medical center campus, and the addition of renewable energy initiatives as appropriate.

**IV. Priorities/Deficiencies Addressed**

The project addresses multiple problems, ranging from correcting the numerous deficiencies associated with an aging facility to closing the distance gap between VA's medical school affiliate, the University of Colorado's Hospital. The Denver medical center is over 50-years old, is inefficient, is space constrained, and will not support the capacity or quality of Veteran care needed for state-of-the-art treatment. The current facility lacks the ability to expand with the projected increasing workload demands. In addition, with the current location of the VA medical center, there is a strained relationship with our affiliate due to the physical distance between the two campuses.

**V. Strategic Goals and Objectives**

Quality of Life: Restore capability of Veterans with disabilities to the greatest extent possible and improve the quality of their lives. This is achieved through significantly increasing available clinical space to provide for the substantial increases in demand projected for the primary care area. It will also improve the quality of life with the new outpatient and CLC building. Inpatient care will be

provided in a state-of-the-art facility in close proximity to the VAMC's affiliate, ensuring every patient receives the fullest complement of clinical services.

**Ensure Smooth Transition:** Ensure a smooth transition for Veterans from active military service to civilian life. This is done by providing services in a new state-of-the-art medical complex of VA, University, State and community programs in the best facilities available in the Rocky Mountain west. This high level of service ensures the best medical care available as well as high satisfaction from the Veteran patient for the care received and facilities available.

**Public Health & Socioeconomic Well-Being:** Public health and socioeconomic well-being are enhanced by research conducted by top researchers attracted by state-of-the-art research facilities. Additional research space in close proximity with the University of Colorado will enhance the quantity and quality of research conducted. Clinical education is significantly enhanced by increasing space to match clinical need and patient demand. Education given in a new and enhanced facility promotes excellence in training and reflects positively on the clinical community, as well as patients.

## **VI. Alternatives Considered**

**Alternative 1 - Status Quo:** Status quo maintains the current services in the existing building. However, this alternative does not allow the needed expansion of space due to the projected increasing outpatient workload. It also requires a series of complex Minor and Non-Recurring Maintenance (NRM) projects to mitigate the aging facility deficiencies. This option also continues separation from the University for the Veterans serviced by this area. Therefore, this option is deemed as the least desirable.

**Alternative 2 - New Construction (Preferred Alternative):** The preferred method will construct a new medical facility, a new outpatient clinic and CLC, and a new Research center. This option is both the most cost effective and the most effective for patient satisfaction. It creates sufficient space to meet increased demand, as well as co-locates the medical center with the medical affiliate.

**Alternative 3 - Construction of an Health Care Center and Leased Inpatient Beds:** This alternative constructs a large outpatient care building, an outpatient clinic and CLC building, a Research building as well as parking structures. It also renovates the existing UPI building. However, it leases floors at the University of Colorado hospital for VA to provide inpatient care for the Eastern Rocky Mountain Veterans. This option provides the state-of-the-art infrastructure needed to house VA's highest quality of care but is the second most cost effective; therefore, this option is the second preferred.

Alternative 4 - Contract Out: This option provides outpatient and inpatient care through various clinical contracts in the community. Based on a cost effective analysis, this option is the most costly; therefore, this option is the least preferred.

**VII. Affiliation/Sharing Agreements**

Affiliations and sharing agreements exist with the University of Colorado. It is anticipated with this construction, additional sharing agreements will be arranged.

**VIII. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 - 2025)</u>
Veteran Population	407,896	348,421	297,959	-27%
Enrollees	102,504	105,306	98,556	-4%

\*Data reflects the Eastern Rockies Market

**IX. Workload**

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change</u> <u>(2007 - 2025)</u>
Authorized hospital beds	156	150	-4%
Ambulatory stops	325,609	556,674	71%
Mental Health stops	78,958	131,026	66%

\*Data reflects the Eastern Rockies Market

**X. Schedule**

Award construction documents	January 2010
Award construction contract (CLC, OPC, and Parking)	June 2010
Complete construction (CLC, OPC, and Parking)	August 2012

## XI. Project Cost Summary

New construction (945,000 gross square feet)	\$322,220,000
Alterations (90,000 gross square feet)	\$9,450,000
<b>Subtotal</b>	<b>\$331,670,000</b>
Other costs:	
Pre-design development allowance (5 percent)	\$48,785,000
Total other costs, Utilities, etc	\$183,821,000
<b>Total estimated base construction cost</b>	<b>\$564,276,000</b>
Construction contingency	\$27,080,000
Technical services	\$59,390,000
Impact costs	\$9,852,000
Construction management firm costs	\$16,859,000
Land Acquisition	\$56,000,000
Utility Agreements	\$7,500,000
<b>Total estimated base cost</b>	<b>\$740,957,000</b>
Inflation allowance to construction award	\$59,043,000
<b>Total estimated project cost</b>	<b>\$800,000,000</b>

## XII. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$89,000,000	\$4,000,000
One time non-recurring cost	\$52,455,000	\$0
<b>Total non-recurring</b>	<b>\$141,455,000</b>	<b>\$4,000,000</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 1,800)	(FTE: 1,800)
Personal services	\$144,980,000	\$144,980,000
Other recurring	\$121,179,000	\$128,444,000
<b>Total recurring</b>	<b>\$266,159,000</b>	<b>\$273,424,000</b>
<b>Total Operating Costs</b>	<b>\$407,614,000</b>	<b>\$277,424,000</b>

<sup>1/</sup> Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup> Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

**Orlando, Florida**  
**New Medical Facility, Phase 4 - Construction**

*Proposal is to construct a new Medical Center in Orlando, Florida. This phase will complete the project and build the main building including hospital beds, diagnostic and treatment areas, and clinic and support functions.*

**I. Budget Authority**

Total <u>Estimated Cost</u>	Available <u>Through 2009</u>	2010 <u>Request</u>	Future <u>Request</u>
\$665,400,000	\$294,100,000	\$371,300,000	\$0

**II. Priority Score:** FY 2004 - 0.331

**III. Description of Project**

This proposal provides for land acquisition and construction of a new Medical Center consisting of a 134-bed hospital, a large medical clinic, 120 bed Community Living Center (CLC), 60 bed domiciliary, and full support services, utilities, infrastructure on a new site.

**IV. Priorities/Deficiencies Addressed**

This project fully resolves the acute care projected workload gap in VISN 8 East Central Sub-Market (which rises from 45.2% to 79.6%), and also resolves projected workload gaps in Outpatient stops in 2003 equaled 387,215. Workload projections reflect an increase to 623,082 stops in 2023, a gap of 235,867 stops. Current space is approximately 367,500 gross square feet (GSF) and the needed space is 1,150,000 GSF, a gap of 782,500 GSF.

This project resolves several distinct problematic conditions in the VISN 8 Central Market, to include existing and projected workload driven outpatient care space deficits, including space gaps in primary, specialty, ancillary/diagnostic and mental health. For the first time, VA-provided Acute Care, complex Specialty Care and advanced Ancillary/Diagnostic services will be available in East Central Florida for a currently vastly underserved group of 91,996 Veteran enrollees. In addition, the construction of a VA owned hospital in Orlando allows for appropriate inpatient workload allocation between the West and East Central Florida Markets.

This project will comply with the applicable energy and water efficiency and sustainability mandates specified in Executive Order 13423, "Strengthening Federal Environmental, Energy, and Transportation Management," including the Federal Leadership in High Performance and Sustainable Buildings Memorandum of Understanding; and the Energy Policy Act of 2005; including all published instructions, standards, and guidance associated with each.



## **V. Strategic Goals and Objectives**

**Public Health & Socioeconomic Well-Being.:** This project will improve the socioeconomic well being for East Central Florida Veterans by adding inpatient acute care, complex Specialty Care and advanced Ancillary/Diagnostic services to almost 85,892 Veterans.

**Quality of Life:** The construction of a new VA hospital in Orlando improves the quality of life of Florida Veterans by resolving the projected acute care workload planning gap in the V8 East Central Market. Currently, only 45.2 percent of Veterans residing in the area fall within VA access and drive time guidelines. This project meets the access goal by achieving a 79.6 percent goal for drive times.

**Honor and Memorialize:** This project will reduce wait times in the following clinics: Urology, Mental Health, GI, Speech, Dermatology, Pulmonary, Neurology, ENT and Podiatry, which currently exceed the 30 Day VHA Goal for new patients.

## **VI. Alternatives Considered**

**Alternative 1 - Status Quo:** Status quo fails to alleviate current inability to provide full array of services as noted in the CARES study.

**Alternative 2 - New Construction (Preferred Alternative):** Construction of a new medical center resolves space deficits, service insufficiencies, parking shortages, and accessibility limitations. A new facility will also provide space for VBA functions to establish one-stop-shopping for our customers.

**Alternative 3 - Renovation:** This option does not allow for the expansion of space needed to provide for the projected increase in workloads. Therefore, this alternative is one of the least preferred options.

**Alternative 4 - Contract Out:** This option puts patient care into the community, making the continuum of care more difficult and more costly. Based on a cost-benefit analysis, this option is considered the most expensive; therefore, this option is the least preferred.

## **VII. Affiliation/Sharing Agreements**

This project, for the first time, provides a government-managed, broad spectrum of acute inpatient care services in the East Central Florida (ECF) market serving the counties of Brevard, Orange, Osceola, Seminole, Lake and Volusia. Other Federal Agencies, including FEMA, Homeland Security and the Centers for Disease Control (CDC), benefit by the expanded capacity VA will provide in emergent conditions, disaster preparedness and response to epidemic disease.

### VIII. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 - 2025)</u>
Veteran Population	310,379	267,810	235,166	-24%
Enrollees	104,127	102,239	91,305	-12%

\*Data reflects the Orlando Market

### IX. Workload\*

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change</u> <u>(2007 - 2025)</u>
Authorized hospital beds	0	134	134%
Authorized CLC beds	120	120	0%
Authorized Dom beds	60	60	0%
Ambulatory stops	274,918	469,056	71%
Mental Health stops	38,961	85,161	119%

\*Data reflects the Orlando Market

### X. Schedule

Complete design development	January 2009
Award Construction Documents	February 2009
Award Initial Construction Contract (Site Development)	June 2009
Award construction contract (Phase 4)	June 2010
Complete construction	June 2012

### XI. Project Cost Summary

New construction (1,158,298 gross square feet)	\$298,028,000
Alterations	\$0
<b>Subtotal</b>	<b>\$298,028,000</b>
Other costs:	
Pre-design development allowance	\$44,384,000
Total other costs, Utilities, etc	\$145,798,000
<b>Total estimated base construction cost</b>	<b>\$488,210,000</b>
Construction contingency	\$24,412,000
Technical services	\$51,457,000
Impact costs	\$0
Construction management firm costs	\$15,207,000
Land Acquisition	\$35,000,000
Utility Agreements	\$5,000,000
<b>Total estimated base cost</b>	<b>\$619,286,000</b>
Inflation allowance to construction award	\$46,114,000
<b>Total estimated project cost</b>	<b>\$665,400,000</b>

## XII. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$186,978,526	\$0
One time non-recurring cost	\$22,840,000	\$0
<b>Total non-recurring</b>	<b>\$209,818,526</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 1,993)	(FTE: 1,465)
Personal services	\$151,566,988	\$118,279,654
Other recurring	\$45,763,000	\$83,501,000
<b>Total recurring</b>	<b>\$197,329,988</b>	<b>\$201,780,654</b>
<b>Total Operating Costs</b>	<b>\$407,148,514</b>	<b>\$201,780,654</b>

<sup>1/</sup> Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup> Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

**San Juan, Puerto Rico**  
**Seismic Corrections Building 1, Phase 4 – Construction**

*Proposal is to seismically upgrade the main hospital building, provide the necessary emergency sustainment features, provide fire sprinklers throughout Building 1 and abate existing asbestos. In addition a new administrative building, parking structure, and an expansion of the outpatient clinic will be constructed. Funding requested in FY 2010 will design and construct a new parking structure.*

**I. Budget Authority**

Total <u>Estimated Cost</u>	Available <u>Through 2009</u>	2010 <u>Request</u>	Future <u>Request</u>
\$299,200,000	\$134,280,000	\$42,000,000	\$122,920,000

**II. Priority Score:** FY 2005 – 0.289

**III. Description of Project**

This project, when all phases are constructed, will complete the seismic corrections in the main hospital building of the San Juan VA Medical Center (VAMC) to comply with VA immediate occupancy standards. Asbestos abatement and fire protection are integral parts of the scope of the project. The first phase provided approximately 120,000 sq. ft. of new construction, which will house administrative functions to meet VA life safety standards. Renovation of 10,000 sq. ft. will occur as backfill. Phase two will provide approximately 125,000 sq. ft. of new construction that will house outpatient clinic space on top of the existing outpatient clinic. Phase three will demolish the existing tower of Building 1, provide seismic bracing, fire protection and asbestos abatement and renovation of approximately 222,000 sq. ft. Phase 4 will construct a new parking structure. Phase 5 will complete the project.

**IV. Priorities/Deficiencies Addressed**

The main hospital building, Building 1, does not meet VA seismic standards. Puerto Rico is in a high seismic zone. Several seismic evaluations, such as the Degenkolb Study, have validated these deficiencies, which ranked Building 1 at the San Juan VAMC #9 of 78 most dangerous VA buildings nationwide. This project will complete the seismic corrections of the main building. The project will include asbestos abatement and fire protection as part of the seismic retrofit.

This project will comply with the applicable energy and water efficiency and sustainability mandates specified in Executive Order 13423, “Strengthening Federal Environmental, Energy, and Transportation Management,” including the Federal Leadership in High Performance and Sustainable Buildings Memorandum of Understanding; and the Energy Policy Act of 2005; including all published instructions, standards, and guidance associated with each.

This facility has a significant parking shortage based on a VA parking analysis. This project will mitigate this shortage by constructing two parking facilities.

## **V. Strategic Goals and Objectives**

**Quality of Life:** Provision of a safe environment will promote high quality of life and reliable care for the benefit and well-being of the Veterans and Department of Defense (DoD) personnel that use the VAMC now and in the future.

**Public Health & Socioeconomic Well-being:** Regarding the goal of public health and socioeconomic wellbeing, the San Juan VAMC is affiliated with three major medical schools and has over 50 affiliations with allied health providers. It is the leader of health care education in Puerto Rico. The proposed project will enable the VAMC to provide a safe environment for its patients, students, residents and fellows and will solidify the VAMC's ability to remain a viable and vital player in the health care education of the community. By being able to sustain operations after an earthquake, the VAMC would be better prepared to respond to local and national emergencies in its role as Coordinator of the Federal Response Plan in Puerto Rico with close ties to the Federal Emergency Management Agency's Caribbean Area Office.

## **VI. Alternatives Considered**

**Alternative 1 - Status Quo:** This option leaves the facility in a seismically unsafe environment, since the costs associated with the seismic corrections must be funded from the Major program. Therefore, this option is the least preferred.

**Alternative 2 - New Construction (Preferred Alternative):** This option constructs new inpatient areas and seismically upgrades the existing building to ensure the safety of the patients, staff and visitors. In addition, this option provides for the increase in projected workload in the most cost-effective manner. Therefore, this option is the preferred alternative.

**Alternative 3 - Renovation:** This option leaves the facility seismically unsafe. So, while the modernization efforts and increase in access are addressed, the facility remains seismically deficient. Therefore, this alternative is the second preferred alternative.

**Alternative 4 - Contract out:** This proposal contracts care to the community. However, the healthcare community in Puerto Rico does not have the capacity to provide care for the existing Veteran workload. Therefore, this option is the third preferred alternative.

## VII. Affiliation/Sharing Agreements

The San Juan VA Medical Center has active affiliations with three Liaison Committees for Medical Education (LCME) accredited Medical Schools in Puerto Rico: University of Puerto Rico (UPR), Ponce School of Medicine; and the Universidad Central del Caribe Medical School. Approximately 800 trainees, medical residents, interns, and students are trained at this facility each year. The San Juan VAMC has institutional and programmatic accreditation from the American Council of Graduate Medical Education (ACGME), plus VA training program accreditations by the American Dental, American Psychology, American Pharmacology and the American Dietetics Associations. There are academic affiliations with 53 associated/allied health programs in 26 different program categories. There are sharing agreements with the US Army and Army Reserve at Fort Buchanan, with the Puerto Rico Air National Guard and with the US Coast Guard for which the VA is the provider of services.

## VIII. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 - 2025)</u>
Veteran Population	122,640	100,289	75,539	-38%
Enrollees	79,527	60,751	45,493	-43%

\*Data reflects the Puerto Rico market

## IX. Workload\*

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change</u> <u>(2007 - 2025)</u>
Authorized hospital beds	480	258	-46%
Ambulatory stops	468,836	427,653	-9%
Mental Health stops	68,276	97,501	43%

\*Data reflects the Puerto Rico market

## X. Schedule

Complete construction documents	June 2009
Award construction contract (Administration Bldg)	July 2009
Award construction contract (Parking structure, Part 1)	August 2010
Complete construction (Parking structure)	August 2012
Complete construction	*TBD

\*Dates depend on future appropriations.

## XI. Project Cost Summary

New construction (220,000 gross square feet)	\$64,710,000
Alterations (242,000 gross square feet)	\$53,827,000
<b>Subtotal</b>	<b>\$118,537,000</b>
Other costs:	
Pre-design development allowance	\$19,837,000
Total other costs, Utilities, etc	\$82,149,000
<b>Total estimated base construction cost</b>	<b>\$220,523,000</b>
Construction contingency	\$12,513,000
Technical services	\$23,444,000
Impact costs	\$6,576,000
Construction management firm costs	\$7,085,000
Land Acquisition	\$0
Utility Agreements	\$0
<b>Total estimated base cost</b>	<b>\$270,141,000</b>
Inflation allowance to construction award	\$29,059,000
<b>Total estimated project cost</b>	<b>\$299,200,000</b>

## XII. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$24,000,000	\$0
One time non-recurring cost	\$6,000,000	\$0
<b>Total non-recurring</b>	<b>\$30,000,000</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 2,951)	(FTE: 2,951)
Personal services	\$266,573,000	\$233,836,000
Other recurring	\$158,342,000	\$138,897,000
<b>Total recurring</b>	<b>\$424,915,000</b>	<b>\$372,733,000</b>
<b>Total Operating Costs</b>	<b>\$454,915,000</b>	<b>\$372,733,000</b>

<sup>1/</sup> Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup> Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

**St. Louis, Missouri**  
**Jefferson Barracks Medical Center Improvements/Cemetery Expansion,**  
**Phase 3 - Early Cemetery Construction**

*Proposal is to consolidate the outpatient functions to a single location; relocate and consolidate the VA Employee Education System (EES); relocate the National Cemetery Administration (NCA) administrative operations; and replace outlying buildings for NCA expansion. Funding requested in FY 2010 will prepare approximately 10 acres of land for use by NCA and build a columbarium.*

**I. Budget Authority**

Total <u>Estimated Cost*</u>	Available <u>Through 2009</u>	2010 <u>Request</u>	Future <u>Request</u>
\$396,400,000	\$12,000,000	\$19,700,000	\$364,700,000

\*Estimated total cost will be revised upon completion of design.

**II. Priority Score: FY 2007 - 0.341**

**III. Description of Project**

This phase of the project will prepare approximately 10 acres of land for use by the National Cemetery Administration (NCA). Upon completion the total project will decrease the amount of infrastructure maintained and operated by the Veterans Health Administration (VHA) through demolition of underutilized buildings (290,000 GSF) adjacent to the cemetery. The demolition of these buildings will provide approximately 30 acres to NCA for expansion of the Jefferson Barracks (JB) National Cemetery. The remaining phases of the project will relocate all clinics from Building 1; construct a new tenants building for the relocation and consolidation of the VA Employee Education Service (EES) as well as NCA National Training Center; replace the existing deteriorated, obsolete central boiler/chiller plant with energy efficient heating, ventilating, and air conditioning systems for all remaining buildings on the JB Campus; and construct facilities to relocate the patient aquatic and therapy facility, main chapel, engineering shops, and consolidated warehouse.

**IV. Priorities/Deficiencies Addressed**

This project will directly benefit the VAMC, EES and NCA at the JB campus. It will improve patient care delivery and staff productivity by consolidating the JB clinics into a single facility. These clinics are currently in the oldest, most outdated building on the JB campus. Frequent infrastructure failures in Building 1 disrupt patient care.



This project will comply with the applicable energy and water efficiency and sustainability mandates specified in Executive Order 13423, "Strengthening Federal Environmental, Energy, and Transportation Management," including the Federal Leadership in High Performance and Sustainable Buildings Memorandum of Understanding; and the Energy Policy Act of 2005; including all published instructions, standards, and guidance associated with each.

## **V. Strategic Goals and Objectives**

One VA: Improve VACO Centralized Programs staff productivity through consolidating EES in one building at JB campus where educational programming is provided. Ensure that the burial needs of Veterans and eligible family members are met by continuing NCA service delivery beyond 2010 through the addition of 31 plus acres for future expansion. Expanding Jefferson Barracks National Cemetery will help achieve this target by continuing to provide a burial option for the approximately 243,100 Veterans currently being served by this national cemetery.

Honor, Serve and Memorialize: In FY 2005, 78.3% of Veterans were served by a burial option within a reasonable distance (75-miles) of their residence. An NCA strategic performance measure is to increase that percentage of Veterans served by a burial option to 90.0% by FY 2010, the projected peak for Veteran interments. This investment to expand Jefferson Barracks National Cemetery will help achieve that goal.

Public Health & Socioeconomic Well-Being: NCA measures the socioeconomic well-being performance measure by the percentage of respondents who rate the cemetery appearance as excellent. As a VA focal point in the community, this cemetery continues to serve as a starting point for Veterans to inquire about other Veteran services and benefits they may be entitled to. This information will be available through the trained NCA staff working at the cemetery.

Quality of Life: This project will improve patient care delivery and staff productivity by relocating the JB clinics into newly constructed facilities. These clinics are currently in the oldest, most outdated building on the JB campus. Frequent infrastructure failures in Building 1 disrupt patient care. Treatment will improve for patients receiving medical services due to physical plant upgrades.

## **VI. Alternatives Considered**

Alternative 1 - Status Quo: This alternative is not acceptable for the following reasons: Continued deterioration of the existing buildings for lack of future maintenance and repair funds, excessively high energy/utility costs, not eliminating underutilized space in vacant buildings, and closure to new burials in the JB National Cemetery due to lack of available ground.

Alternative 2 - New Construction (Preferred Alternative): Rightsizing the JB campus by demolishing vacant underutilized buildings and obsolete boiler/chiller plant, constructing new buildings for relocating outpatient clinics, consolidation and co-location of EES and NCA training facilities, for the chapel, engineering shops, gym/pool and warehouse. This alternative is the preferred solution because it will eliminate underutilized space; it will consolidate and relocate EES and NCA administrative/training facilities; it will construct a new chapel, medical rehab gym/pool, engineering service and consolidated warehouse; it will provide 31+ acres for expansion of NCA JB National Cemetery; and it will improve fire safety and protection for all buildings at the JB campus by replacement of existing obsolete, high maintenance fire alarm systems.

Alternative 3 - Renovation: Continue to maintain all existing buildings at JB campus, necessitating significant infrastructure repairs. This alternative would require either another Major project or multiple Minor/NRM projects to correct all the infrastructure deficiencies identified in the CARES Facility Condition Assessment completed in April 2002. The cost of correcting the deficiencies identified in the most recent Facility Condition Assessment report for the JB campus and to purchase land for NCA for cemetery expansion is \$70,486,000. This alternative would also require the purchase of adjacent land, St. Louis' County Park, to the existing Jefferson Barracks National Cemetery for future cemetery expansion; however, there is no guarantee that the county park will sell any land to NCA. Jefferson Barracks National Cemetery is the fourth busiest cemetery in VA. Without this land the cemetery will close to new interments by 2017 leaving the Veteran population in the St. Louis, MO area without access to a burial option.

**VII. Affiliation/Sharing Agreements**

The St. Louis JB VAMC has medical school affiliations with St. Louis University School of Medicine and Washington University School of Medicine and DoD sharing agreements with Scott AFB.

**VIII. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 - 2015)</u>
Veteran Population	440,257	354,102	284,281	-35%
Enrollees	144,440	133,538	116,899	-19%

\*Data reflects the Eastern Market

### IX. Workload (Medical)\*

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change (2007 - 2025)</u>
Authorized hospital beds	182	202	11%
Ambulatory stops	50,854	103,122	103%
Mental Health stops	49,564	106,469	115%

\*Data reflects the Eastern Market

### IX. Workload (Burial)

	<u>2008</u>	<u>2013</u>	<u>2018</u>	<u>Change (2008 - 2018)</u>
Annual Interments	4,622	4,375	1,704	-63%
Cumulative Gravesites	134,672	158,504	163,496	21%
Cumulative Interments	172,254	156,994	168,482	-2%
Estimated Veteran Deaths	7,317	6,963	6,310	-14%

### X. Schedule - Phase 3

Complete design development (this phase)	June 2009
Award construction documents	June 2010
Award construction contract (this phase)	May 2010
Complete construction (this phase)	May 2012

### XI. Project Cost Summary

New construction (335,196 gross square feet)	\$114,079,000
Cemetery	\$45,890,000
Alterations (19,915 gross square feet)	\$1,046,000
<b>Subtotal</b>	<b>\$161,015,000</b>
Other costs:	
Pre-design development allowance	\$26,036,000
Total other costs, Utilities, etc	\$99,354,000
<b>Total estimated base construction cost</b>	<b>\$286,405,000</b>
Construction contingency	\$14,349,000
Technical services	\$32,389,000
Impact costs	\$6,200,000
Construction management firm costs	\$9,479,000
Land Acquisition	\$0
Utility Agreements	\$0
<b>Total estimated base cost</b>	<b>\$348,822,000</b>
Inflation allowance to construction award	\$47,578,000
<b>Total estimated project cost*</b>	<b>\$396,400,000</b>

\*Total estimated cost may be revised based on completion of the design

## XII. Operating Costs (Medical)

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$75,000	\$0
One time non-recurring cost	\$4,500,000	\$0
<b>Total non-recurring</b>	<b>\$4,575,000</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 51)	(FTE: 51)
Personal services	\$3,172,400	\$3,018,300
Other recurring	\$1,109,000	\$723,200
<b>Total recurring</b>	<b>\$4,281,400</b>	<b>\$3,741,500</b>
<b>Total Operating Costs</b>	<b>\$8,856,400</b>	<b>\$3,741,500</b>

<sup>1/</sup> Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup> Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

## XII. Operating Costs (Burial)

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$0	\$0
One time non-recurring cost	\$3,600,000	\$0
<b>Total non-recurring</b>	<b>\$3,600,000</b>	<b>\$0</b>
<b>Recurring costs :</b>		
	(FTE: 0)	(FTE: 46)
Personal services	\$0	\$3,000,000
Other recurring	\$100,000	\$2,200,000
<b>Total recurring</b>	<b>\$100,000</b>	<b>\$5,200,000</b>
<b>Total Operating Costs</b>	<b>\$3,700,000</b>	<b>\$5,200,000</b>

<sup>1/</sup> Non-construction costs of \$3,563,000 for crypts funded by the Compensation and Pensions Appropriation.

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**Bay Pines, Florida**  
**Inpatient and Outpatient Improvements, Phase 2-Construction**

*To construct an addition to the main hospital building (Building 100) at Bay Pines VA Healthcare System, Florida, for a consolidated seriously mentally-ill and Post Traumatic Stress Disorder (PTSD) Center of Excellence as well as to renovate sections of buildings 1, 100, and 102. Funding requested in FY 2010 will complete the addition to the main hospital building for mental health programs.*

**I. Budget Authority**

Total	Available	2010	Future
<u>Estimated Cost</u>	<u>Through 2009</u>	<u>Request</u>	<u>Request</u>
\$194,400,000	\$17,430,000	\$96,800,000	\$80,170,000

**II. Priority Score:** FY 2009 - 0.662

**III. Description of Project**

This project will construct an addition to Bay Pines Main Hospital (Building 100), resolving both inpatient psychiatric deficiencies and space gaps in outpatient mental health. It will include an outpatient mental health center of excellence and inpatient psychiatric and geriatric psychiatric bed wards. After the existing psychiatric wards in Building 1 are relocated to the new addition, administrative functions currently located in Building 100 will be relocated to Building 1, creating room for additional outpatient services on the ground level. This project also includes partial renovations to two medical/surgical wards in Building 100; partial renovation to floors two through five in the historic Building 1; and renovation to one wing of Building 102 (Domiciliary).

**IV. Priorities/Deficiencies Addressed**

This project resolves numerous issues. First, Special Emphasis programs will be enhanced by focusing the physical environment to be therapeutic for PTSD, Sexual Trauma and Serious Mental Illness programs. It also corrects accreditation issues relevant to the aging infrastructure, lack of storage, lack of patient privacy, as well as correcting identified air quality infrastructure deficiencies. This project eliminates the four-bed room concept and creates smaller patient-group counseling rooms. Access issues will be addressed by constructing and remodeling space for Primary Care, Specialty Care, Outpatient Mental Health, Ancillary and Diagnostic areas, and Inpatient Mental Health. Finally, the project creates efficiency for both patients and staff by co-locating the inpatient and outpatient mental health services.

## **V. Strategic Goals and Objectives**

**Quality of Life:** Restore the capability of Veterans with disabilities to the greatest extent possible and improve their quality of life and that of their family. By creating private and semi-private settings, patients can focus on their well-being and treatments along with their families.

**Public Health & Socioeconomic Wellbeing:** Contributes to the public health, emergency management, and socioeconomic well-being for the Veterans needing mental health services.

## **VI. Alternatives Considered**

**Alternative 1 - Status Quo:** The Status Quo maintains the infrastructure and building envelope as is, with smaller projects renovating and expanding where absolutely necessary. However, this option fails to address existing shortcomings of space shortage, infrastructure deficiencies, and patient privacy issues

**Alternative 2 - New Construction and Renovation (Preferred Alternative):** This alternative resolves a large portion of the identified space gap deficiencies, while collocating all inpatient and outpatient seriously mentally ill, sexual trauma and PTSD missions. It resolves a number of the identified Facility Condition Assessment (FCA) deficiencies -- improves energy efficiency, indoor air quality (IAQ), HIPAA and handicap accessibility.

**Alternative 3 - Contract Out:** This alternative contracts out the current workload as well as the projected workload to the community. Key disadvantages include the inability of the VA to control costs and greater difficulty in managing high quality patient care and performance indices across multiple sites of care.

**Alternative 4 - Lease a Facility near the Current Location:** This alternative includes leasing space in the community for the increase in workload. However, this option presents additional challenges by requiring the management of high quality patient care and performance indices across multiple sites of care.

## **VII. Affiliations/Sharing Agreements**

The Bay Pines campus is home to the fifth largest VHA Medical Center in the system; the largest VBA Regional Office in the country (serving a single state); and a National Cemetery. This project supports and expands affiliation opportunities with over 40 academic and research affiliates and medical residency programs with five regional hospitals.

## VIII. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> (2007 - 2025)
Veteran Population	344,852	295,874	242,983	-30%
Enrollees	110,806	112,144	97,354	-12%

\*Data reflects the Gulf Market

## IX. Workload

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change</u> (2007 - 2025)
Authorized hospital beds	152	141	-7%
Ambulatory stops	455,929	683,470	50%
Mental Health stops	98,980	299,475	203%

\*Data reflects the Gulf Market

## X. Schedule

Complete design development	September 2009
Award construction documents	September 2009
Award construction contract (Phase 1)	August 2010
Complete construction (Phase 1)	December 2012

## XI. Project Cost Summary

New construction (156,000 gross square feet)	\$48,321,000
Alterations (189,000 gross square feet)	\$43,262,000
<b>Subtotal</b>	<b>\$91,583,000</b>
Other costs:	
Pre-design development allowance	\$12,611,000
Total other costs, Utilities, etc	\$34,533,000
<b>Total estimated base construction cost</b>	<b>\$138,727,000</b>
Construction contingency	\$8,132,000
Technical services	\$15,359,000
Impact costs	\$2,000,000
Construction management firm costs	\$4,651,000
Land Acquisition	\$0
Utility Agreements	\$0
<b>Total estimated base cost</b>	<b>\$168,869,000</b>
Inflation allowance to construction award	\$25,531,000
<b>Total estimated project cost</b>	<b>\$194,400,000</b>



## XII. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$6,305,000	\$0
One time non-recurring cost	\$0	\$0
<b>Total non-recurring</b>	<b>\$6,305,000</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 181)	(FTE: 3,040)
Personal services	\$38,115,000	\$240,888,979
Other recurring	\$3,336,900	\$203,885,188
<b>Total recurring</b>	<b>\$41,451,900</b>	<b>\$444,774,167</b>
<b>Total Operating Costs</b>	<b>\$47,756,900</b>	<b>\$444,774,167</b>

<sup>1/</sup> Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup> Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

**Livermore, California  
Realignment and Closure  
Phase 1-Design and Land Purchase**

*This proposal is to purchase land and to construct a new community based outpatient clinic (CBOC) in the East Bay area, a new CBOC collocated with a new 120-bed Community Living Center (CLC) in the Central Valley area, renovation for a minimally invasive procedure center at the Palo Alto VA Medical Center (VAMC), and then close the Livermore VAMC. Funding requested in FY 2010 will provide for purchase of land and design of the project.*

**I. Budget Authority**

Total <u>Estimated Cost*</u>	Available <u>Through 2009</u>	2010 <u>Request</u>	Future <u>Request</u>
\$354,300,000	\$0	\$55,430,000	\$298,870,000

\* Total estimated cost may be revised based on completed design of the project.

**II. Priority:** FY 2010 – 0.486

**III. Description of Project**

This project includes the construction of a new East Bay area CBOC, an Expanded Central Valley area CBOC, a new 120-bed CLC and then a Specialty Procedure Center at the Palo Alto VAMC for the consolidation of specialized services. Subsequent to the completion of these construction phases, this project will support the redevelopment of the current 113-acre Livermore VAMC campus under VA’s EUL authority.

At the East Bay CBOC, VA will acquire a parcel of land in southern Alameda County and construct a CBOC. Landscape, parking and other exterior revisions associated with utility feeds, cabling and site work are included within the scope of this project.

At the Central Valley CBOC, VA will acquire a parcel of land in the Central Valley and construct a CBOC and a 120-bed CLC. Landscape, parking and other exterior revisions associated with utility feeds, cabling and site work are included within the scope of this project.

At the Palo Alto Procedure Center, VA will renovate the Palo Alto VAMC tertiary care campus to establish a specialty procedure center in an effort to consolidate minimally invasive procedures into a single state-of-the-art procedure center.

The remaining services at the Livermore VAMC campus will be absorbed into the healthcare system, and the property will be Enhanced-Use Leased (EUL) under VA's EUL authority.

#### **IV. Priorities/Deficiencies Addressed**

This project was identified to improve access to and afford a safe and modern environment in which to treat Veterans. The Livermore VAMC realignment major construction proposal will improve ambulatory care and skilled nursing facility access for approximately the 162,000 Veterans currently residing within Livermore VAMC's five (5) county catchment area.

#### **V. Strategic Goals and Objectives**

**Quality of Life:** One of VHA's objectives is to, "Continuously improve the quality and safety of health care for Veterans, particularly those health issues associated with military service." In order to achieve this objective, VA will replace Livermore VAMC's 1940 era obsolescent infrastructure with two (2) state-of-the-art CBOCs and a 120-bed CLC. By relocating inpatient and outpatient services to modern facilities, the VA Palo Alto Health Care System (VAPAHCS) will have the facilities necessary to improve the quality and safety of health care for Veterans.

**Ensure Smooth Transition:** One of VHA's objectives is to, "Provide timely and appropriate access to health care by implementing best practices." In order to achieve this objective, VAPAHCS will relocate Livermore VAMC's ambulatory care services closer to where Veterans reside. The East Bay and Central Valley CBOC's provision of care will be enhanced to ensure that Veterans have access to a broad-range of ambulatory and ancillary/diagnostic services.

**Public Health & Socioeconomic Well-Being:** One of VHA's objectives is to, "Promote excellence in the education of future health care professionals and enhance VHA partnerships with affiliates." In order to achieve this objective, two new CBOCs, centrally located, will enable VAPAHCS to expand its academic programs. Today, the Livermore VAMC's physical location is too remote for many of VAPAHCS' academic affiliates. The campus is currently too far removed from major population centers and academic institutions.

VAPAHCS will replace Livermore VAMC's 1940 era physical plant with modern and accessible treatment facilities in order to help attract and retain a highly qualified and innovative workforce. The environment of care is a critical component with regard to recruitment and retention initiatives. This proposal will help facilitate the recruitment and retention of a talented, multi-disciplinary workforce, one in which is committed to treating Veterans.

One VA: One of VHA's objectives is to, "Promote excellence in business practices through administrative, financial and clinical efficiencies." In order to achieve this objective, VAPAHCS will realign Livermore VAMC's 113 acre campus and help reduce the campus' overhead and maintenance costs. Resources being obligated today to maintain Livermore VAMC's aging infrastructure could be better utilized to enhance the delivery of healthcare services for Veterans. In lieu of maintaining aging capital infrastructure, scarce resources should be utilized to enhance direct patient care activities for Veterans.

## **VI. Alternatives Considered**

Alternative 1 - Status Quo: The status quo alternative would continue to operate Livermore VAMC's 113-acre campus while maintaining the associated 244,000 GSF of aging capital infrastructure. Status quo is the least preferred alternative.

Alternative 2 - New Construction (Preferred Alternative): The new construction alternative constructs a CBOC in the East Bay, and another CBOC in the Central Valley collocated with a 120-bed CLC. Following construction and activation, VA must relocate Livermore VAMC's inpatient and outpatient programs to other locations in preparation for realignment, closure and EUL redevelopment. Upon relocation, VA will seek to develop the vacated Livermore campus for Veterans by establishing a continuum of care campus utilizing VA's EUL authority. The new construction option is the most cost effective alternative consistent, hence the preferred alternative.

Alternative 3 - Lease: Leasing space versus constructing space to accommodate the needs identified in this proposal would entail leasing space for a CBOC in the East Bay, and space for another CBOC in the Central Valley collocated with a 120-bed CLC. Following lease award and activation, VA will seek to develop the vacated Livermore campus for Veterans by establishing a continuum-of-care campus utilizing VA's EUL authority. Based on the previous cost effectiveness analysis (CEA), a 20 year full service lease is more expensive than the new construction alternative. Therefore, the lease option is the second most preferred option.

Alternative 4 - Renovation: This alternative would renovate the existing Livermore VAMC campus to provide a safe and modern environment for both inpatient and outpatient programs. This alternative does not provide CBOCs closer to where the Veterans live nor does it create a new state of the art CLC for our Veterans. This option does not provide the best option for the Veterans; therefore, it is not the preferred option.

Alternative 5 - Contract Out: This alternative would contract out all of Livermore VAMC's current and projected inpatient and outpatient workload. According to

Milliman actuarial projections, approximately 180,000 outpatient encounters annually and over 35,000 bed days of care (BDOC) would be contracted with community providers. Based on previous CEA analyses, the contract-out option is the most expensive of all alternatives reviewed.

**VII. Affiliations/Sharing Agreements**

VAPAHCS manages one of the largest Graduate Medical Education (GME) programs within the Department of Veterans Affairs. In FY 2007, VAPAHCS provided GME training to 1,342 medical students, interns, residents and fellows from 161 academic institutions. VAPAHCS’ primary academic affiliation is with the Stanford University School of Medicine. Following GME completion, VAPAHCS makes a rigorous effort to recruit Stanford University School of Medicine graduates. An antiquated environment of care makes recruitment more difficult. Constructing modern Centers for Ambulatory Care, Polytrauma and Blind Rehabilitation at the Palo Alto Division will help facilitate recruitment and retention of a highly skilled, multidisciplinary workforce.

VA research, in partnership with Stanford University School of Medicine (SUSOM), has enabled VAPAHCS to remain a leader in research and education. With a \$51 million annual research budget, nearly 900 researchers comprise the 3<sup>rd</sup> largest research enterprise in VHA with extensive research centers in multiple areas. Research areas include: Geriatrics - Geriatrics Research, Education and Clinical Center (GRECC), Mental Illness Research, Education and Clinical Center (MIRECC), National Center for PTSD, Alzheimer’s disease, Spinal Cord Injury (SCI), Rehabilitation R&D Bone and Joint Center, schizophrenia, infectious diseases, Traumatic Brain Injury (TBI), Polytrauma Rehabilitation, and War Related Injury Illness Study Center (WRIISC).

**VIII. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 - 2025)</u>
Veteran Population	198,800	99,102	77,566	-61%
Enrollees	55,010	30,949	26,429	-52%

\*Market level data from 55% of Alameda County and all of San Joaquin, Stanislaus, Tuolumne and Calaveras counties.

## IX. Workload\*

	<u>Current</u> <u>(2007)</u>	<u>Projected</u> <u>(2025)</u>	<u>Change</u> <u>(2007 - 2025)</u>
Authorized CLC beds	120	120	0%
Ambulatory stops	48,015	83,793	75%
Mental Health Stops	4,522	11,590	156%

\*Market level data from 55% of Alameda County and all of San Joaquin, Stanislaus, Tuolumne and Calaveras counties.

## X. Schedule

Complete design development	August 2010
Award construction documents	August 2010
Award construction contract	TBD*
Complete construction	TBD*

\*Dates depend on future appropriations.

## XI. Project Cost Summary

New construction (288,272 gross square feet)	\$114,469,000
Site Clearance and Demolition (29,537 gross square feet)	\$12,766,000
<b>Subtotal</b>	<b>\$127,235,000</b>
Other costs:	
Pre-design development allowance	\$20,984,000
Total other costs, Utilities, etc	<u>\$80,997,000</u>
<b>Total estimated base construction cost</b>	<b>\$229,216,000</b>
Construction contingency	\$11,893,000
Technical services	26,948,000
Construction management firm costs	\$8,084,000
Land Acquisition	\$20,000,000
Utility and Other Agreements	\$300,000
<b>Total estimated base cost</b>	<b>\$296,441,000</b>
Inflation allowance to construction award	\$57,859,000
<b>Total estimated project cost*</b>	<b>\$354,300,000</b>

\* Total estimated cost may be revised based on completed design of the project.

## XII. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$10,000,000	\$0
One time non-recurring cost	\$12,117,595	\$0
<b>Total non-recurring</b>	<b>\$22,117,595</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 368)	(FTE: 348)
Personal services	\$40,811,506	\$39,380,765
Other recurring	\$27,140,000	\$26,619,000
<b>Total recurring</b>	<b>\$67,951,506</b>	<b>\$65,999,765</b>
<b>Total Operating Costs</b>	<b>\$90,069,101</b>	<b>\$65,999,765</b>

<sup>1/</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

**Canandaigua, New York  
New Construction and Renovation, Phase 1-Design  
Community Living Center, Domiciliary, and Outpatient Facilities**

*This proposal is for the construction of a new 120-bed Community Living Center (CLC) and a new or renovated 50-bed domiciliary facility along with complete renovation of several existing buildings for outpatient care services and administrative/logistical services at the VA Medical Center in Canandaigua, New York. Funding requested in FY 2010 will provide for design of the project.*

**I. Budget Authority**

Total <u>Estimated Cost*</u>	Available <u>Through 2009</u>	2010 <u>Request</u>	Future <u>Request</u>
\$370,100,000	\$0	\$36,580,000	\$333,520,000

\* Total estimated cost may be revised based on completed design of the project.

**II. Priority Score:** FY 2010 - 0.360

**III. Description of Project**

The project will demolish buildings to allow for the new construction of a new 120-bed CLC, which will include geropsychiatric services and hospice care. This project also renovates a new 50-bed domiciliary/residential rehabilitation facility. This project also renovates Buildings 1, 2, 3, 4, and 9 for outpatient services, behavioral health services, logistic/administrative support departments and inpatient domiciliary beds.

**IV. Priorities/Deficiencies Addressed**

The historic medical center is more than 70 years old and was built for more than six times as many beds as it currently operates. Therefore, it has significant vacant and underutilized space, which is expensive to maintain and operate. The original design and layout of the facilities do not enable VA to provide healthcare services in an operationally efficient manner. There are few private bedrooms and bathrooms. Many inpatient rooms contain two or more beds. Bathroom facilities are generally shared by at least four patients or are centralized congregate facilities. The architectural layout of the floor plates of the inpatient buildings places patient bedrooms at the outer extremities of the wings of the units with nursing stations and clinical space off central corridors, far removed from the patients' rooms. The Canandaigua campus is a nominee for the National Register of Historic Places, which limits any potential improvements to the building footprint through building additions. With the current conditions, recurring maintenance costs for underutilized buildings place an additional burden on VA and will require significant capital expenditures over the next 20 years to upgrade facilities to modern, safe and secure standards.



## **V. Strategic Goals and Objectives**

**Quality of Life:** The existing Medical Center does not meet modern-day standards regarding patient privacy. Only 59 percent (92 out of 157) of the inpatient bedrooms in the current medical center are private rooms. The percentage of rooms with private bathrooms is much lower - of the total 157 bedrooms, only nine have an attached private full bathroom. There are eight other bedrooms that have an attached private half-bathroom (no tub or shower). Therefore, the majority of patients must use congregate or semi-private bathroom facilities. For today's inpatient care, this is not acceptable; therefore, this project will construct new inpatient facilities that will create private rooms with attached private bathrooms.

Further, this objective is also reached for the CLC, which will provide more home-like environments to the patient living and socializing areas. The current units are severely restricted by the architectural layouts of the 70-plus year old buildings that were designed for open ward, multiple bed dormitories. These units are currently located at the extremities of building wings on upper floors of multi-story buildings, far removed from clinical care areas and singular multipurpose rooms. The new nursing home buildings will be one story with clinical support functions in close proximity to the patient units. Parking will be constructed as close to building entrances as possible to eliminate the current long walking distances between parking lots and the patient buildings. The current patient buildings only have 12 feet of space from floor slab to floor slab, leaving little interstitial space for heating, cooling, ventilation plumbing and ductwork and other utility systems. The new buildings will have more space above finished ceilings to allow installation and maintenance of new up-to-date utility systems to improve the patient care environment.

One VA: VA is in the process of finalizing an updated space plan which is in the process of being finalized. Based on the July 2007 Capital Asset Inventory Database update, the current Canandaigua medical center contains approximately 134,189 gross square feet (GSF) of vacant space. Through new construction and renovation of existing buildings, the project will reduce this amount of vacant space to 25,000 GSF or less. This reduction will allow more operating expenses dollars to go towards Veteran patient care versus maintaining vacant and underutilized buildings.

## **VI. Alternatives Considered**

**Alternative 1 - Status Quo:** This historic medical center is more than 70 years old and was built for more than six times as many beds as it currently operates, thereby resulting in expensive operating costs to maintain significant vacant and underutilized space. By maintaining the status quo, operating expenses will

continue to support the maintenance of vacant and underutilized spaces therefore, this option is the least preferred.

Alternative 2 - New Construction and Renovation (Preferred Alternative): Constructing a new CLC and domiciliary/residential rehabilitation facility and renovating numerous buildings to house the outpatient functions is the most cost effective alternative. In addition, it reduces the overall operating costs for the campus by demolishing a building and reducing the vacant and underutilized space. Furthermore, this alternative receives overwhelming support from stakeholders since it provides new clinical facilities while preeserving the historic front of the campus.

Alternative 3 - Renovation: This option includes relocating the nursing home, domiciliary/residential rehabilitation, behavioral health, outpatient services and logistic/administrative support departments in phased renovations to buildings currently within the existing square footage of the facility. These renovations achieve a more modern, safe and secure healthcare environment than is currently provided; however, the project is more expensive, more complex to implement and takes longer than Alternative 2. This alternative results in the highest operating costs of the other alternatives.

Alternative 4 - Contract Out: Contracting inpatient and outpatient services to other area healthcare providers is the most costly. Based on an assessment of local market resources, the community would not be able to provide the necessary level of services, specifically inpatient beds for nursing home and domiciliary/residential rehabilitation care, without incurring additional liabilities, which is then passed to the VA. Therefore, this option is the most costly to implement, which makes it one of the least preferred.

**VII. Affiliations/Sharing Agreements**

This project is a component of the VAMC Canandaigua, which has 19 active academic affiliations with many area colleges and universities. These programs provide training to both medical and allied health professions.

**VIII. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 - 2025)</u>
Veteran Population	110,487	54,069	39,684	-64%
Enrollees	45,863	21,627	16,560	-64%

\* Market level data from Finger Lakes/Southern Tier market

## IX. Workload\*

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change (2007 - 2025)</u>
Authorized hospital beds	218	170	-22%
Ambulatory stops	61,602	63,617	3%
Mental Health stops	44,362	78,051	76%

\* Market level data from Finger Lakes/Southern Tier market

## X. Schedule

Complete design development	September 2010
Award construction documents	August 2010
Complete construction documents	April 2011
Award construction contract	TBD*
Complete construction	TBD*

\*Dates depend on future appropriations.

## XI. Project Cost Summary

New construction (162,000 gross square feet)	\$50,692,000
Alteration (303,396 gross square feet)	\$76,780,000
<b>Subtotal</b>	<b>\$127,472,000</b>
Other costs:	
Pre-design development allowance (5 percent)	\$22,311,000
Total other costs, Utilities, etc	\$95,613,000
<b>Total estimated base construction cost</b>	<b>\$245,396,000</b>
Construction contingency	\$14,392,000
Technical services	\$28,601,000
Impact costs	\$6,196,000
Construction management firm costs	\$8,806,000
Land Acquisition	\$0
Utility Agreements	\$0
<b>Total estimated base cost</b>	<b>\$303,391,000</b>
Inflation allowance to construction award	\$66,709,000
<b>Total estimated project cost</b>	<b>\$370,100,000</b>

## XI. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$34,325,000	\$0
One time non-recurring cost	\$0	\$0
<b>Total non-recurring</b>	<b>\$34,325,000</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 915)	(FTE: 906)
Personal services	\$65,464,000	\$53,608,000
Other recurring	\$19,080,000	\$28,531,000
<b>Total recurring</b>	<b>\$84,544,000</b>	<b>\$82,139,000</b>
<b>Total Operating Costs</b>	<b>\$118,869,000</b>	<b>\$82,139,000</b>

<sup>1/</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

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**San Diego, California**  
**Spinal Cord Injury and Seismic Deficiency, Phase 1 Design**

*This proposal provides for the construction of a new Spinal Cord Injury (SCI) building, seismic retrofit of the existing SCI building, with subsequent conversion into a Community Living Center (CLC) with a hospice unit, and a parking garage at the VA San Diego Health Care System. Funding requested in FY 2010 will provide for design of the project.*

**I. Budget Authority**

Total <u>Estimated Cost*</u>	Available <u>Through 2009</u>	2010 <u>Request</u>	Future <u>Request</u>
\$183,400,000	\$0	\$18,340,000	\$165,060,000

\* Total estimated cost may be revised based on completed design of the project.

**II. Priority:** FY 2010 – 0.356

**III. Description of Project**

The first phase of the project will involve construction of a new SCI Unit, which will provide approximately 42 private inpatient rooms, an outpatient clinic, a genitourinary (GU) clinic, and a therapy clinic.

This project will also construct a new parking garage. This structure will be built on a current surface parking lot to mitigate the loss of parking from the new building’s footprint.

The existing SCI building, building 11, will be structurally and non-structurally upgraded to meet the immediate occupancy performance objective of the American Society of Civil Engineers standard A.S.C.E. 31-03. After the seismic upgrade, the first floor will be renovated to provide a 50 bed CLC and hospice unit. The basement space will remain as administrative space, and functions will be relocated to the first floor during construction to allow for the completion of the seismic work.

**IV. Priorities/Deficiencies Addressed**

The seismic study of the structural integrity of the VA Medical Center San Diego facilities indicate that life safety deficiencies exist in building 11, and structural modifications are needed to resist the lateral forces from an earthquake. It has been assigned a VA deficiency category of III, meaning that the building may be damaged in an earthquake. The Degenkolb Engineers study recommends that the building be strengthened to an immediate occupancy performance level in accordance with A.S.C.E.

In addition, the existing SCI building was constructed in 1988 and does not meet current space planning criteria standards, privacy standards, and infection control best practices. A new SCI building will resolve these deficiencies and allow the structural upgrade of building 11 to be completed without impact to inpatient care. The renovation of the first floor of building 11 will allow the existing SCI unit to be reconstructed into a CLC, which meets the most up-to-date standard of care for extended care.

In addition to the need for a significant amount of parking, by constructing the parking structure on existing surface parking, it will mitigate the loss of parking to the new structure.

## **V. Strategic Goals and Objectives**

**Ensure a Smooth Transition:** OIF/OEF and aging SCI patients and their families are confronted with many obstacles in making geographical, physical and psychological transitions. An SCI long-term care center would promote a smooth transition across the continuum of care by removing some of the obstacles in the transition process. The value of having VA SCI long-term care includes continuity of care over the life span of the individual. Continuity of care is also vital in the use of preventative health measures, treating chronic diseases and reducing adverse events. The new SCI Center will allow San Diego to provide a long-term care facility which will help provide this continuity.

**Quality of Life:** Polytrauma SCI patients require specialized care to improve their quality of life after their injury. Due to their co-morbidity, their families are unable to meet these needs on an ongoing basis in home-settings, requiring polytrauma patients to seek care in SCI long-term care settings. There are limited community resources that are willing and able to meet this population's unique needs. Having a long-term care facility on the same campus of an SCI Center will produce positive outcomes (i.e. continuity of care, less restrictive transfers, more efficient management of the patient) by making it easier for patients to transfer from long-term care to acute care when appropriate, and thus improving their quality of life.

The new SCI building will allow for increase patient privacy in SCI unit rooms to meet HIPAA patient privacy requirements; existing building 11 only has four private rooms and 26 shared. New construction will also provide additional long term care beds, a ventilator program for the SCI inpatient unit (patients currently are admitted to SCI Center Long Beach, CA), increased space for the SCI therapy program, and newly renovated 33,643 SF hospice unit and 50 bed extended care.

Seismically upgrading the building to ensure a safe environment also provides a much higher quality of life for our patients, their families and our staff and visitors.

## **VI. Alternatives Considered**

**Alternative 1 - Status Quo:** In this alternative, the facility will remain in its current condition, and only non-recurring maintenance costs will be incurred. The facility will continue to have significant seismic deficiencies, cramped floors, and limited bed capacity. Moreover, the quality of patient care will remain low as patients will be lodged in four bedroom rooms with a single shared bathroom facility that is not ADA accessible.

**Alternative 2 - New construction and Renovation (Preferred Alternative):** In this alternative, the new SCI facility will provide 45 private inpatient rooms. In addition, the existing SCI building will be seismically upgraded and then renovated to provide 50 CLC beds. The new parking structure will assist with the current parking deficit. These facilities will allow VA to more adequately serve Veteran patients with higher quality of care by increasing patient privacy needs. This option is also the most cost effective, making it the preferred alternative.

**Alternative 3 - Renovation:** This alternative would renovate Building 11 to withstand seismic impacts, as well as improve the building's current layout and design to better improve patient quality of care. However, to temporarily relocate the current SCI patients during construction then to relocate them back to the new facility, makes this option less attractive due to the negative impact on the patients and their families. This option is more costly than other alternatives of new construction and maintaining status quo.

**Alternative 4 - Contract Out:** This alternative would contract out all services that pertain to this project to local private providers. Based on a cost-effectiveness analysis, this is the most costly option due to the complexity of the SCI and extended care patients' needs. Therefore, this option is the least preferred.

## **VII. Affiliations/Sharing Agreements**

The VA San Diego Healthcare System is affiliated with the University of California, San Diego School of Medicine and provides training for 1,479 medical interns, residents and fellows. VASDHS has one of the largest research programs in the VA nationally.



### VIII. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 - 2025)</u>
Veteran Population	1,218,919	929,062	741,619	-39%
Enrollees	351,346	347,773	307,034	-13%

\*Market level data from the Southern California market.

### IX. Workload\*

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change</u> <u>(2007 - 2025)</u>
Authorized hospital beds	146	109	-25%
Authorized CLC beds	43	50	16%
Ambulatory stops	349,978	492,907	41%
Mental Health stops	46,361	78,523	69%

\*Market level data from Southern California market.

### X. Schedule

Complete design development	May 2010
Award construction documents	May 2010
Award construction contract	TBD*
Complete construction	TBD*

\*Dates depend on future appropriations.

### XI. Project Cost Summary

New construction (107,943 gross square feet)	41,592,000
Alterations (33,224 gross square feet)	9,067,000
<b>Subtotal</b>	<b>\$50,659,000</b>
Other costs:	
Pre-design development allowance	\$11,691,000
Total other costs, Site work, Utilities, etc	\$66,237,000
<b>Total estimated base construction cost</b>	<b>\$128,587,000</b>
Construction contingency	\$6,681,000
Technical services	\$14,591,000
Construction management firm costs	\$4,376,000
<b>Total estimated base cost</b>	<b>\$154,235,000</b>
Inflation allowance to construction award	\$29,165,000
<b>Total estimated project cost*</b>	<b>\$183,400,000</b>

\* Total estimated cost may be revised based on completed design of the project.

## XI. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$3,668,000	\$0
One time non-recurring cost	<u>\$14,672,000</u>	\$0
<b>Total non-recurring</b>	<b>\$18,340,000</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 174)	(FTE: 174)
Personal services	\$22,386,000	\$15,720,000
Other recurring	<u>\$25,419,000</u>	<u>\$17,981,000</u>
<b>Total recurring</b>	<b>\$47,805,000</b>	<b>\$33,701,000</b>
<b>Total Operating Costs</b>	<b>\$66,145,000</b>	<b>\$33,701,000</b>

<sup>1/</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis

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**Long Beach, California**  
**Seismic Corrections-Mental Health and Community Living Center**  
**Replacements, Phase 1 Design**

*This proposal is for the construction of a Mental Health Facility and a Community Living Center (CLC), followed by the demolition of two seismically deficient buildings at the VA Long Beach Healthcare System. Funding requested in FY 2010 will provide for design of the project.*

**I. Budget Authority**

<u>Total</u> <u>Estimated Cost*</u>	<u>Available</u> <u>Through 2009</u>	<u>2010</u> <u>Request</u>	<u>Future</u> <u>Request</u>
\$258,400,000	\$0	\$24,200,000	234,200,000

\* Total estimated cost may be revised based on completed design of the project.

**II. Priority:** FY 2010 – 0.349

**III. Description of Project**

This project constructs a new Mental Health Center and a CLC and proposes to demolish two seismically deficient buildings on the VA Long Beach Healthcare System campus. The buildings included in this project are building 128, an existing 93,939 GSF mental health building that will be replaced with a new building for mental health services, and building 133, an existing 58,560 GSF nursing home that will be replaced with a new Community Living Center. The new Consolidated Rehabilitation Center will create adjacency of rehabilitation services to our existing SCI building, main hospital building, and new CLC building. This Center will yield new efficiencies in rehabilitation operations by uniting all rehabilitation-related functions, currently scattered throughout the VA Long Beach campus, into a single building. The Center will also consolidate staff and eliminate staffing deficiencies that occur during peak demand periods.

The new buildings will be connected to each other, and to the remainder of existing VA Long Beach healthcare system (VALBHCS) buildings, through a new connecting corridor. Demolition will include asbestos and lead paint abatement. Buildings 128 and 133 are identified in the 2007 Degenkolb exceptionally high seismic risk (EHR) building list with high national rankings of #13 and #6 out of 71, respectively.

**IV. Priorities/Deficiencies Addressed**

The major problem being solved is seismic deficiency. Buildings 128 and 133 are of 1966 and 1974 vintage, similar in design and construction. The Degenkolb Report identified these buildings as "Exceptionally High Risk," consequently, they are critical for correction.

Existing space within the mental health building is dysfunctional, and the mental health ward does not comply with the latest VA standard design criteria. A 2007 nationally mandated mental health survey of this building against VA's standard design guide resulted in estimated correction costs for cited deficiencies of approximately \$2.5 million. Even with correction to environmental deficiencies, the inefficient and dysfunctional nature of the 1966 vintage space yields challenges that cannot be overcome when considering the new challenges and mandatory initiatives being placed on the mental health program, including seismic requirements.

The current nursing home, hospice, and acute rehabilitation unit is a single-floor slab-on-grade building with gross square footage of 58,760 constructed in 1974. The current structure presents many issues involving quality of care, patient safety, patient privacy, and space inefficiencies, as well as physical inadequacies such as inaccessible utilities and seismic deficiency. The new building will correct these issues, placing patients in a safe, controlled, environment. The ambiance and patient rooms will create the home-like atmosphere to support culture change in our CLC setting. Existing two-patient and four-patient per bedroom configurations will be replaced with new single occupancy bed/bath room models consistent with modern nursing home care privacy standards. Modern nursing home standards cannot be affordably or safely incorporated into the existing building because its slab on grade type of construction does not allow major changes to sewer piping for private bedroom-toilets without compromising the strength of rebar-slab.

In conjunction, the project will construct a Rehabilitation Center to consolidate supporting rehabilitation services at VALBHS. The current model that scatters rehabilitation functions, currently scattered throughout the VA campus has resulted in inefficiencies in staffing, resources and general operations. The new consolidated rehabilitation center will correct these deficiencies and reduce overall operational costs.

## **V. Strategic Goals and Objectives**

**Quality of Life:** The primary goal of this project is to fulfill the VA's mandate to provide seismically safe buildings and to assure continued Medical Center operation in an optimal and contemporary environment of care for Veterans and employees residing in a seismically active geographic area. By ensuring a safe environment, we promote the quality of life our patients deserve.

**Honor and Serve Veterans:** This project advocates the goal to "honor and serve Veterans in life and memorialize them in death" by providing high quality, reliable, accessible and efficient healthcare. This project will provide a seismically safe environment in which Veterans can seek health care and information on benefits for themselves and their families throughout their lifetimes.

Ensure Smooth Transition: Many returning combat Veterans require mental health services that VALBHS will be better able to provide in the new facilities. For example, the construction project will support new and existing PTSD treatment programs that target Veterans returning from combat operations in Iraq and Afghanistan as well as the growing number of women Veterans with Military Sexual Trauma (MST). Over 7,424 combat Veterans have enrolled for care at VA Long Beach. Projections over the next 20 years show a tri-fold increase in the demand for Mental Health services at VALBHS. There is also a significant incidence Traumatic Brain Injury (TBI) in these new Veterans which has demanded new Departmental initiatives to address this condition. The new environment will enable VA to continue to maximize the physical, mental, and social functioning of Veterans, especially the service-disabled Veterans within the special populations of the Serious Mentally Ill and those suffering from PTSD.

## **VI. Alternatives Considered**

Alternative 1 - Status Quo: The status quo alternative would continue to operate the seismically-deficient buildings and provide services to patients in facilities that need upgrading for patient privacy and safety. Capital projects and renovation projects would be required to mitigate some issues; however, due to the cost associated with constructing the new buildings, this mitigation would require renovation. The timing to complete these corrections makes this option the least preferred alternative.

Alternative 2 - New Construction (Preferred Alternative): This alternative involves demolishing building 133 (59,000 sq ft nursing home) and building 128 (94,000 sq ft mental health building) and replacing them with two new seismically compliant buildings - a new building for the nursing home or CLC and new building for mental health. The new buildings' space plans will introduce new efficiencies that would not be possible in renovation of the existing buildings. This alternative is the most cost-effective, therefore, is the preferred option.

Alternative 3 - Renovation: This alternative renovates buildings 133 and 128 only. VA would not construct permanent new buildings. The likely result of renovation is the aggravation and increased dysfunction of building space. New seismic shear walls required to comply with seismic codes will segment the building space, disrupting operational efficiency and breaking up contiguous spaces. In addition, it is not physically possible to renovate building 133 in a way that would eliminate semi-private rooms and replace them with private rooms, baths and showers to comply with current privacy standards. This alternative requires temporary space via modular lease buildings and associated activation/relocation into the temporary structure. Impact costs alone make this alternative impractical. In addition, the resultant space challenges of the renovation will preclude the benefit of modern space plans and restrict the

inclusion of new programs planned for the facilities. This space plan issue also makes this alternative unattractive. This alternative has a lifecycle net present value (NPV) cost almost twice as high as the preferred alternative; therefore, this alternative is not preferred.

Alternative 4 - Contract Out: This alternative assumes that all services and programs currently housed in buildings 128 and 133 would be contracted out to providers in the local community, regardless of whether these providers can feasibly absorb this workload. Contracting out is the least preferred option because it fragments the continuum of care for the Veterans and is the most costly in the overall cost effective comparison.

## **VII. Affiliations/Sharing Agreements**

VA Long Beach Healthcare System has active affiliations with the University of California at Irvine Medical School. Over 155 University medical residents, interns, and students are trained here at VALBHCS each year. Training experience also is provided to over 200 nursing students annually through several affiliations. Those affiliations include: Long Beach Community College; University of Southern California; California State University, Long Beach and Dominguez Hills; University of California at Los Angeles; and, University of Phoenix. Affiliations with Cerritos Community College, Bryman College, California Paramedical and Technical College and Premier College enable students preparing for careers in dental hygiene, psychology, paramedic, hemodialysis, dentistry, pharmacy, and social work to receive exceptional experience and training.

VALBHCS has a medical resident and nursing school student program with a number of institutions of higher learning including California State University Long Beach and the University of California Irvine Medical School. These students receive didactic and clinical training at the VALBHCS facility as part of their clinical rotations in the mental health programs (B128) and nursing home (B133).

### VIII. Demographic Data

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 - 2025)</u>
Veteran Population	1,218,919	929,062	741,619	-39%
Enrollees	351,346	247,773	307,034	-13%

\*Data reflects the Southern California market

### IX. Workload

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change</u> <u>(2007 - 2025)</u>
Authorized hospital beds	200	155	-23%
Authorized CLC beds	170	170	0%
Ambulatory stops	376,957	458,737	22%
Mental Health stops	73,552	126,640	72%

\*Data reflects the Southern California market

### X. Schedule

Complete design development	August 2010
Award construction documents	August 2010
Award construction contract	TBD*
Complete construction	TBD*

\*Dates depend on future appropriations.

### XI. Project Cost Summary

New construction (268,544 gross square feet)	\$113,731,000
Site Clearance and Demolition	\$0
<b>Subtotal</b>	<b>\$113,731,000</b>
Other costs:	
Pre-design development allowance	\$18,162,000
Total other costs, Site work, Utilities, etc	\$67,884,000
<b>Total estimated base construction cost</b>	<b>\$199,777,000</b>
Construction contingency	\$9,989,000
Technical services	\$21,915,000
Construction management firm costs	\$6,265,000
<b>Total estimated base cost</b>	<b>\$237,946,000</b>
Inflation allowance to construction award	\$20,454,000
<b>Total estimated project cost*</b>	<b>\$258,400,000</b>

\* Total estimated cost may be revised based on completed design of the project.



## XII. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$13,355,000	\$0
One time non-recurring cost	<u>\$4,468,400</u>	\$0
<b>Total non-recurring</b>	<b>\$17,823,400</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 315)	(FTE: 1,971)
Personal services	\$28,154,000	\$154,000,000
Other recurring	<u>\$38,149,000</u>	<u>\$171,000,000</u>
<b>Total recurring</b>	<b>\$66,303,000</b>	<b>\$325,000,000</b>
<b>Total Operating Costs</b>	<b>\$84,126,400</b>	<b>\$325,000,000</b>

<sup>1/</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

**St. Louis, Missouri**  
**Replacement Bed Tower & Clinical Expansion, Phase 1-Design**

*This proposal is for the construction of a new inpatient bed tower, Emergent Response unit, parking garages and the renovation of vacated spaces for clinical expansion at the John Cochran Division of the St. Louis VAMC. Funding request in FY 2010 will provide for design of the project and potential land purchase.*

**I. Budget Authority**

<u>Total</u> <u>Estimated Cost*</u>	<u>Available</u> <u>Through 2009</u>	<u>2010</u> <u>Request</u>	<u>Future</u> <u>Request</u>
\$433,400,000	\$0	\$43,340,000	\$390,060,000

\* Total estimated cost may be revised based on completed design of the project.

**II. Priority:** FY 2010 - 0.341

**III. Description of Project**

This project constructs new building space and renovates associated vacated existing space at the John Cochran (JC) Division, VAMC, St. Louis, MO, for private in-patient bed wards, in-patient SCI beds, new ICU beds, inpatient mental health beds, a methadone clinic, expanded women’s clinic, a new Emergent Response (ER) unit, replacement education and multi-media facilities, and consolidated medical research facilities. Necessary buildings will be demolished to provide usable ground on the north and west sides of the JC campus for new construction. This project will provide for improved patient care by replacing the deteriorated environment with new space and providing for patient privacy by having single occupant in-patient rooms with non-shared bathrooms. It will expand the SCI program to eliminate the need to transport these critical patients back and forth between the two divisions of the St. Louis VAMC.

The project will remodel and backfill the vacated in-patient ward space to reduce the space deficiency gaps in the primary care, specialty care, and mental health clinics. Currently, these programs have a space deficiency of 55,000 GSF. By 2025, these space gaps increase to 80,000 GSF. This project will significantly expand the clinic space, thus eliminating the projected 2025 space deficiency.

The project will also include the relocation of the existing ER unit into new space to improve patient privacy, provide isolation facilities for incoming patients with unknown potentially contagious conditions, and improve access to treatment. The ER has a current space deficiency of 7,404 GSF.

To accommodate parking for the new building, a multi-level parking structure will be constructed over the existing surface parking. In addition, a new parking garage will also be constructed in the front of the existing main building to accommodate the parking deficiency for the outpatient clinics. A total parking deficiency of more than 1000 spaces currently exists at the campus.

#### **IV. Priorities/Deficiencies Addressed**

This project will directly benefit the VAMC, Research, and VBA at the JC campus. It will improve patient care delivery and staff productivity by relocating inpatient functions that lack patient privacy into a new bed tower. This project also renovates space to consolidate outpatient services that are now scattered over five floors in the main building and extremely short of space. The renovation will also mitigate the Facility Condition Assessment (infrastructure) items valued at approximately \$42,926,989.

#### **V. Strategic Goals and Objectives**

**Quality of Life:** This project will greatly improve Veteran's quality of life by constructing a new bed tower and expanding the existing clinics. The new bed tower will incorporate current design criteria for privacy, thus alleviating the less than desirable current and congested inpatient environment, especially for SCI patients. The expansion of the existing clinics, via renovation of vacated inpatient areas, will allow for an increase in exam rooms and will effectuate synergy via interaction among providers, creating a better work environment, thereby attracting a higher level of providers. This, in turn, creates a more healing environment and better quality of care for Veterans.

**Ensure Smooth Transition:** By renovating and consolidating the outpatient clinic space, efficiencies will be created for a smooth transition and a better continuum of care. The new clinic areas will provide an expansion of space for existing and returning Overseas Contingency Operation Veterans, particularly mental health services, thereby creating a smooth transition as these Veterans enter the VA system. This project also corrects the current and projected space gaps. By ensuring space is available for patients to be seen timely, our Veterans will Experience a smoother transition.

#### **VI. Alternatives Considered**

**Alternative 1 - Status Quo:** This alternative maintains the inpatient and outpatient wards in their current state, with patient privacy issues and space gap issues. To correct these, a series of minor construction and non-recurring maintenance (NRM) projects would be needed to provide the best environment for our Veterans. Based on the timing needed to execute the projects, this is the least desirable option.

Alternative 2 – New Construction and Renovation (Preferred Alternative): This alternative constructs a new bed tower, research area, and two parking structures, renovates the existing building 1 for consolidation and expansion of specialty care clinics, and demolishes applicable buildings. This alternative is the most the cost effective and is accomplished in the most reasonable time. Therefore, this alternative is the preferred option.

Alternative 3 – Contract Out and Renovation: This option would require minor construction and NRM projects of most existing building at the JC campus to ensure adequate space to provide outpatient services for the projected increase in workload. In addition, this alternative would assume facilities in the local area would have sufficient inpatient capacity to absorb the estimated 2025 inpatient workload levels for the JC campus. Due to the complexities of this broken continuum of care and the costs associated with contracting out, this alternative is the second most costly; therefore, it is the second to the least preferred.

Alternative 4 – Contract out All Care, excluding the Open Heart Surgery and Cardiology Clinic: This option would contract out all services at the JC campus, except for the open heart surgery and cardiology clinic. This option would then require maintenance of one existing building at the JC campus, necessitating significant infrastructure repairs. This alternative also assumes facilities in the local area would have sufficient infrastructure to absorb the estimated 2025 workload levels for the JC campus. Due to the complexities of this broken continuum of care and the costs associated with contracting out all care at the JC campus, this alternative is the most costly; therefore, it is the least preferred.

**VII. Affiliation/Sharing Agreements**

The St. Louis JB VAMC has medical school affiliations with St. Louis University School of Medicine and Washington University School of Medicine and DoD sharing agreements with Scott AFB.

**VIII. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 – 2025)</u>
Veteran Population	440,257	354,102	284,281	-35%
Enrollees	144,440	133,538	116,899	-19%

\*Data reflects the Eastern market

## IX. Workload\*

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change (2007 - 2025)</u>
Authorized hospital beds	118	93	-21%
Ambulatory stops	287,886	440,323	53%
Mental Health stops	39,621	82,821	109%

\*Data reflects the Eastern market

## X. Schedule

Complete design development	August 2010
Award construction documents	August 2010
Award construction contract	TBD*
Complete construction	TBD*

\*Dates depend on future appropriations.

## XI. Project Cost Summary

New construction (261,952 gross square feet)	\$119,419,000
Renovation (131,132 gross square feet)	\$35,682,000
<b>Subtotal</b>	<b>\$155,101,000</b>
Other costs:	
Pre-design development allowance	\$26,959,000
Total other costs, Utilities, etc	<u>\$114,485,000</u>
<b>Total estimated base construction cost</b>	<b>\$296,545,000</b>
Construction contingency	\$15,813,000
Technical services	\$34,140,000
Impact costs	\$12,000,000
Construction management firm costs	\$10,223,000
<b>Total estimated base cost</b>	<b>\$368,721,000</b>
Inflation allowance to construction award	\$64,679,000
<b>Total estimated project cost*</b>	<b>\$433,400,000</b>

\* Total estimated cost may be revised based on completed design of the project.

## XII. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$7,500,000	\$0
One time non-recurring cost	<u>\$4,500,000</u>	\$0
<b>Total non-recurring</b>	<b>\$12,000,000</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 51.1)	(FTE: 51.1)
Personal services	\$3,172,400	\$3,018,300
Other recurring	<u>\$1,109,300</u>	\$723,200
<b>Total recurring</b>	<b>\$4,281,700</b>	<b>\$3,741,500</b>
<b>Total Operating Costs</b>	<b>\$16,281,700</b>	<b>\$3,741,500</b>

<sup>1/</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

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**Brockton, Massachusetts**  
**Long Term Care SCI Unit, Phase 1-Design**

*This proposal is to construct a new 104 Bed Long Term Care Spinal Cord Injury (SCI) Unit and Renovate for Mental Health at the VA Boston Health Care System in Brockton, Massachusetts. Funding requested in FY 2010 will provide for design of the project.*

**I. Budget Authority**

Total <u>Estimated Cost*</u>	Available <u>Through 2009</u>	2010 <u>Request</u>	Future <u>Request</u>
\$188,000,000	\$0	\$24,040,000	\$163,960,000

\* Total estimated cost may be revised based on completed design of the project.

**II. Priority:** FY 2010 - 0.335

**III. Description of Project**

This project supports the construction of a new 104 bed Long Term Care Spinal Cord Injury unit and associated clinical and administrative support spaces. The new inpatient SCI unit will be located on a vacant parcel between buildings 7 and 8. Upon completion of the SCI Building, the existing 60 bed Long Term SCI facility, building 8, will be renovated to house mission growth for mental health services to mitigate the current mental health space deficiency.

**IV. Priorities/Deficiencies Addressed**

This facility will address a workload gap in the availability of long term SCI beds in VISN 1. The workload projections for SCI Long Term Care (LTC) beds project a gap of 74 beds in VISN 1 by 2015. There continues to be a need for SCI LTC beds due to limited community resources, aging caregivers and aging SCI Veterans. Inpatient SCI care for the VA New England Healthcare System is provided at the West Roxbury Campus (acute care) and the Brockton Campus (chronic SCI) of the Boston Healthcare System. The growing population of spinal cord injured Veterans is expected to increase by 21,148 Bed Days of Care (BDOC) from 2005 to 2015 and then further increase to 27,390 BDOC in 2025. Therefore, it is essential that construction plans begins now to ensure facilities are available within the next five to ten years.

**V. Strategic Goals and Objectives**

Quality of Life: The SCI Center will improve the quality of life, clinical outcomes, community access, mobility, independence and opportunities for SCI Veterans. In addition, the center will maximize independent-function outcomes, improve continuity of care, and assist with a successful discharge for SCI Veterans. Poly-trauma SCI patients will be provided specialized care to improve their quality of life. Families of such injured military personnel are unable to meet these patients' significant demands on an ongoing basis in a home-setting; therefore, polytrauma



patients must seek care in a SCI long-term care setting. The construction of these beds will assist the community of Veterans in addressing the gaps.

Another factor affecting the quality of life for SCI is their vulnerability to develop to stage four pressure ulcers from co morbidities, skin deterioration and lack of specialized care. This vulnerability is a rising medical concern particularly in the aging Veteran SCI population, due to the increasing longevity of persons with SCI (due in part to the quality of care provided by VA SCI Centers), as well as aging of the entire Veteran population. SCI patients require access to high-quality, specialized care, with some more severely injured Veterans requiring long-term SCI care. There are limited community resources that are willing and able to meet this population's unique needs. Having a new adequately sized SCI center will produce positive outcomes (i.e. improved continuity of care, more efficient management of the patient) by making it easier for patients to transfer from long-term care to acute care when appropriate, and thus improving their quality of life.

**Ensure a Smooth Transition:** The SCI Center will facilitate a continuum of care between DoD and VHA by easing the re-entry of new Veterans into civilian life, particularly for polytrauma patients. This will be achieved by increasing awareness of, access to, and use of VA healthcare, with the goal to transition the patient back into the community. The SCI long-term care center will assist in a smooth transition across the continuum of care by removing some of the obstacles in the transition process and by ensuring forecasted need is appropriately met, especially for such specialized services as chronic spinal cord injury services that are not provided for in the community. The value of having SCI LTC includes continuity of care over the life span of the individual. Healthcare services provided by a staff of professionals trained in SCI with access to state-of-the-art facilities will ensure a smooth or easier transition in and out of a variety of care levels.

**Public Health/Socioeconomic Well-being:** The SCI program will actively support ongoing research, development and education for the enhancement of spinal cord injury rehabilitation. The program will improve upon VA's SCI treatment approach to health care programs and research by integrating conventional and innovative approaches to improve care. Facilities with both acute care and long-term care have a distinct advantage in terms of research. Areas of proposed research include aging, wound care, cardiovascular, respiratory, bowel/bladder, spasticity, vocational, psychosocial, spiritual, nutritional, mobility and functional studies. These studies not only encompass interdisciplinary research but also provide implications for the non-SCI populations.

## **VI. Alternatives Considered**

Alternative 1 – Status Quo: This option continues to meet current demand levels for long-term SCI beds through contracting out to private providers; however, it does not address projected increases in demand. There are limited providers in the community capable of delivering the complex care at the level or care set by VA standards. Lack of space capacity curtails expanded Department of Defense (DoD) sharing and collaboration opportunities. Also, continuing to contract out for long-term SCI service would reduce the teaching programs and clinical research opportunities. Therefore, to ensure continuum of care for the needs of our Veterans, this option is least preferred.

Alternative 2 – New Construction and Renovation (Preferred Alternative): This alternative is the least disruptive to the patients and staff by meeting the projected demands of the complex SCI patients. It allows for the services to be consolidated on campus with the optimum adjacencies being achieved, to both improve patient wait times for care and reduce operating costs. The new long-term SCI facility would eliminate the need for contracting out costly LTC SCI beds in the community. In addition, LTC SCI research could be integrated with on-site medical care as an added benefit to current and future patients, as well as the community as a whole. This alternative would have a positive effect on staff recruitment and retention. New construction will also generate an opportunity to seek DoD sharing and collaboration agreements. Based on this option being the most cost effective as well as having numerous intangible benefits, this option is the preferred alternative.

Alternative 3 – Leasing and Renovation: A lease scenario would require a build-to-lease arrangement and provide the same type of structure for the LTC SCI patients. However, the costs to lease space versus construct space for this specialized area of patients is more costly in the long-term. This option would also require Veterans and staff to travel from leased space to the medical center regularly, thereby reducing operational efficiency and incurring additional costs. Therefore, leasing space is the second preferred alternative.

Alternative 4 – Renovation: This option renovates existing square footage for the long-term SCI beds. However, this option is not feasible due to lack of available vacant space for renovation.

## VII. Affiliations/Sharing Agreements

The VA Boston Healthcare System is affiliated with Boston University School of Medicine, Harvard University School of Medicine, Tufts University School of Medicine and over 100 area institutions of higher education and research and annually provides graduate medical education programs to over 2,000 medical residents, medical students, and other allied health professionals.

## VIII. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 - 2025)</u>
Veteran Population	454,074	309,703	220,112	-52%
Enrollees	131,010	114,943	93,581	-29%

\*Data from the East market

## IX. Workload\*

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change</u> <u>(2007 - 2025)</u>
Authorized hospital beds	166	129	-85%
Ambulatory stops	74,141	79,183	7%
Mental Health stops	38,854	56,763	46%

\*Data from the East market

## X. Schedule

Complete design development	November 2010
Award construction documents	August 2010
Complete construction documents	November 2011
Award construction contract	TBD*
Complete construction	TBD*

\*Dates depend on future appropriations.

## XI. Project Cost Summary

New construction (165,600 gross square feet)	\$74,073,000
Alterations (75,422 gross square feet)	\$14,968,000
<b>Subtotal</b>	<b>\$89,041,000</b>
Other costs:	
Pre-design development allowance	\$12,322,000
Total other costs, Utilities, etc	\$34,171,000
<b>Total estimated base construction cost</b>	<b>\$135,534,000</b>
Construction contingency	\$7,190,000
Technical services	\$15,521,000
Construction management firm costs	\$4,530,000
<b>Total estimated base cost</b>	<b>\$162,775,000</b>
Inflation allowance to construction award	\$25,225,000
<b>Total estimated project cost*</b>	<b>\$188,000,000</b>

\* Total estimated cost may be revised based on completed design of the project.

## XII. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$6,750,000	\$0
One time non-recurring cost	\$2,375,000	\$0
<b>Total non-recurring</b>	<b>\$9,125,000</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 316.3)	(FTE: 114)
Personal services	\$36,200,535	\$5,337,910
Other recurring	\$2,025,000	\$675,000
<b>Total recurring</b>	<b>\$38,225,535</b>	<b>\$6,012,910</b>
<b>Total Operating Costs</b>	<b>\$38,225,535</b>	<b>\$6,012,910</b>

<sup>1/</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

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**Perry Point, Maryland  
Replacement Community Living Center**

*This proposal is to construct a new 155 Bed Community Living Center (CLC) and then demolish the existing nursing home care unit at Perry Point, MD. Funding requested in FY 2010 will provide for design of the project.*

**I. Budget Authority**

Total <u>Estimated Cost</u>	Available <u>Through 2009</u>	2010 <u>Request</u>	Future <u>Request</u>
\$90,100,000	\$0	\$9,000,000	\$81,100,000

**II. Priority:** FY 2010 - 0.282

**III. Description of Project**

This proposal is to construct a 155 bed Community Living Center. The construction will include new parking space on grade as well as a connecting service tunnel for transporting meals and supplies to the building via electric tow tractors. In addition, it is proposed that the existing 1920's nursing home care unit be demolished.

**IV. Priorities/Deficiencies Address**

The infrastructure, functional layout and fire safety features of buildings 14H, 23H and 25H are inadequate for the purpose of housing frail, functionally dependent CLC residents (inpatients). A new CLC will correct all the fire safety, infrastructure and functional issues in accordance with current VA and industry standards. New systems will include infrastructure for voice, data, closed-circuit television (CCTV), patient and staff internet access, passive patient monitoring systems and paging. In 14H, 23H and 25H, the wood roofs do not meet National Fire Protection Association (NFPA) minimum construction requirements. There are significant infrastructure problems with leaking and corroded plumbing, leaking roofs, and heating and cooling systems that are inefficient, unreliable and do not properly regulate temperature. Cable TV and phone service is unavailable in most rooms. Piped medical gases are not universally available significantly restricting the use of a large number of rooms. These buildings do not provide adequate privacy in resident bedrooms nor bathrooms, with over 30percent resident rooms housing three or more Veterans. With this new project, all resident care functions for the aging will be consolidated in one building.

**V. Strategic Goals and Objectives**

Quality of Life: This project will improve quality of life by providing a home-like living space with 85percent private and 15percent semi-private rooms, all with private baths. The construction will be based on a floor plan more conducive to

purposeful ambulation, while outside courtyards and a "Main Street" area will create a community-like setting. The organization of care into smaller "neighborhoods" will enable staff to care for residents in a prescribed area. This arrangement will encourage ownership of the work area and consistency in assignments directly affecting quality of resident care.

This project will also improve the quality of life through providing an upgraded infrastructure. The building will provide the latest technology in energy efficiencies such as high quality windows and state-of-the-art HVAC systems and controls, which is lacking in the current buildings. The new building will also improve the quality of life by making a home-like environment by upgrading computers for patient internet access.

**Ensure Smooth Transition:** The addition of non-institutional programs including adult day health care and outpatient geriatric evaluation and management with the nursing home programs will maximize the smooth transition of residents from community to inpatient programs and vice-versa (e.g., respite, palliative and hospice care, chronic ventilator, gero-psychiatry, rehabilitation and restorative care, etc.) The inclusion of an adult day health care program will decrease the number of Veterans who must seek this service outside the area with private adult day care centers.

**Public Health & Socioeconomic Wellbeing:** The flexible design of the building allows for the grouping of patients with similar disorders or needs. The provision of 85 percent single rooms will improve patient privacy and provide a more home-like environment for Veterans. This new building will also facilitate intergenerational programming and activities.

**One VA:** VBA and NCA office space will allow VBA and NCA staff to provide access of their services to the patients and visitors of the CLC, including those Veterans enrolled in the non-institutional care programs. There is currently no space provided for these functions.

**Honor and Memorialize:** The replacement nursing home structure will afford the provision of end-of-life and resident hospice care. In addition to the availability of an on-site NCA officer, a formal community wide procedure of recognizing and honoring deceased residents will be incorporated.

## **VI. Alternatives Considered**

**Alternative 1 - Status Quo:** This option leaves the nursing home patients in infrastructure that is in dire need of upgrading. The correction of utility systems, windows and leaks can be corrected through multiple NRMs; however, without

correcting the patient privacy issues and transitioning the environment to a Community Living Center, these efforts would only temporarily address the situation. Therefore, this option is the least preferred.

Alternative 2 - New Construction (Preferred Alternative): This option includes the construction of a replacement nursing home (CLC) and the demolition of building 9H. It provides the best overall financial alternative. It corrects all patient privacy, life safety and patient safety deficiencies. The new design allows for an operational and energy efficient building. The provision of environments of care that are attractive and friendly to both users and visitors will help improve Veteran and family satisfaction. Therefore, this option was deemed the most desirable.

Alternate 3 - Renovation: This option renovates the existing, debilitated buildings for nursing home care. The cost-effectiveness analysis showed this option as the third most expensive due to the extensive renovations needed to bring the existing buildings up to standard. In addition, long corridors and the H-shaped building footprint would fail to eliminate blind spots and remote areas. The age of the building would also limit the efficiency of new building systems. Based on these issues, this option is the second preferred.

Alternate 4 - Contract Out: This option contracts all the nursing home beds to private nursing homes in the area, including therapy and pharmacy services. This alternative is the most expensive option. In addition, there is no immediate capacity available in the surrounding communities. Based on this analysis, this option is the third preferred.

**VII. Affiliation/Sharing Agreements**

Perry Point has numerous affiliations with local universities, including University of Maryland, York College in Pennsylvania, Towson University, etc.

**VIII. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>(2007 - 2025)</u>
Veteran Population	275,938	243,402	208,753	-24%
Enrollees	72,471	79,660	76,136	5%

\*Market level data from Baltimore market.



## IX. Workload\*

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change (2007 - 2025)</u>
Authorized CLC beds	155	155	0%
Ambulatory stops	77,633	153,374	98%
Mental Health stops	56,836	73,002	28%

\*Market level data from Baltimore market.

## X. Schedule

Complete design development	August 2010
Award construction documents	August 2010
Award construction contract	TBD*
Complete construction	TBD*

\*Dates depend on future appropriations.

## XI. Project Cost Summary

New construction (160,000 gross square feet)	\$44,604,000
Alteration	\$0
<b>Subtotal</b>	<b>\$44,604,000</b>
Other costs:	
Pre-design development allowance	\$6,181,000
Total other costs, Site work, Utilities, etc	\$17,211,000
<b>Total estimated base construction cost</b>	<b>\$67,996,000</b>
Construction contingency	\$3,400,000
Technical services	\$7,764,000
Construction management firm costs	<u>\$2,180,000</u>
<b>Total estimated base cost</b>	<b>\$81,340,000</b>
Inflation allowance to construction award	\$8,760,000
<b>Total estimated project cost</b>	<b>\$90,100,000</b>

## XII. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs <sup>1/</sup>:</b>		
Equipment costs	\$0	\$0
One time non-recurring cost	\$65,900,000	\$0
<b>Total non-recurring</b>	<b>\$65,900,000</b>	<b>\$0</b>
<b>Recurring costs <sup>2/</sup>:</b>		
	(FTE: 175)	(FTE: 175)
Personal services	\$411,987,000	\$411,987,000
Other recurring	<u>\$41,783,000</u>	<u>\$46,906,000</u>
<b>Total recurring</b>	<b>\$453,770,000</b>	<b>\$458,893,000</b>
<b>Total Operating Costs</b>	<b>\$519,670,000</b>	<b>\$458,893,000</b>

<sup>1/</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

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**Abraham Lincoln National Cemetery  
Phase 2 Gravesite Expansion & Cemetery Improvements**

*Proposal is to construct an expansion of, and improvements to, the VA National Cemetery. Funding requested in FY 2010 will provide for construction of the project.*

**I. Budget Authority**

Total <u>Estimated Cost</u>	Available <u>Through 2009</u>	2010 <u>Request*</u>	Future <u>Request</u>
\$44,800,000	\$1,000,000	\$38,300,000	\$0

\*Non-construction costs of \$5,500,000 for crypts are included in the Compensation and Pensions Appropriation.

**II. Priority Score:** FY 2010 - 0.516

**III. Description of Project**

This project provides for gravesite development at Abraham Lincoln National Cemetery. The cemetery serves approximately 494,000 Veterans in the Chicago metropolitan area, conducting over 2,400 interments in 2007 and over 15,000 interments since opening in 1999. Abraham Lincoln National Cemetery is projecting depletion of casketed gravesites by 2014. This phase two project will develop approximately 20 acres to provide an estimated ten additional years of burial capacity.

The project will develop approximately 11,000 gravesites with pre-placed crypts for casketed interments, 6,500 columbarium niches and 250 sites for the in-ground interment of cremated remains. Also included will be infrastructure repairs and upgrades as identified in the Study on Improvements to Veterans Cemeteries. In addition to the gravesite development, the project will include a roadway system and parking in newly developed sections and improvements to roadways, parking, and walkways throughout existing cemetery; drainage improvements to correct existing burial area groundwater issues; landscape and re-grading to buffer the cemetery from adjacent land use; grading, drainage, fencing, and landscaping; installation of a new irrigation system; repairs to the existing irrigation system; improvements to the existing deep well system; main entrance area wall/gate/signage improvements; site furnishings/receptacles in newly developed sections and replacement of site furnishings/receptacles; demolition of the former Army office building on the cemetery western boundary (asbestos and lead abatement included); permanent public assembly area accessibility improvements; enhancements to the existing committal shelters; a widening of a vehicle thoroughfare, enhancements to cortege staging lanes, and provision of short-term parking at Public Information Center; provide HVAC and insulation energy improvements to interment staging building; connections between existing cemetery buildings and the city domestic water supply system;

improvements to existing buildings, including handicap accessibility; replacement of the unsafe and deteriorated vehicular bridge over Grant creek; repairs to brick pavers in the existing columbaria plaza and pedestrian access areas; wetland preservation and mitigation; leadership in energy and environmental design (LEED) improvements in buildings; and global positioning system (GPS) site integration.

#### **IV. Priorities/Deficiencies Addressed**

Without this investment, the Abraham Lincoln National Cemetery will deplete its inventory of available gravesites and the cemetery will close to first interments in 2014. Expansion of the Abraham Lincoln National Cemetery will provide for continued access to a burial option in a national cemetery for more than 494,000 Veterans who reside in the Chicago metropolitan area. In 2007, the Abraham Lincoln National Cemetery was the 14<sup>th</sup> busiest cemetery based on interment workload. Abraham Lincoln National Cemetery conducted over 2,400 interments in 2007 and over 15,000 interments since opening in 1999. With the increased number of gravesites to maintain, plus the rate of interments and cemetery visitors, demand on existing cemetery facilities and infrastructure has also increased.

#### **V. Strategic Goals and Objectives**

Honor and serve Veterans in life and memorialize them in death for their sacrifices on behalf of the nation: Objective 3.4: Ensure that the burial needs of Veterans and eligible family members are met.

The Abraham Lincoln National Cemetery serves a Veteran population of more than 494,000. VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in a national cemetery resided within 75 miles of the national cemetery at the time of death. Gravesites and columbaria niches are expected to be depleted by 2012, closing the cemetery to first interments. This project will provide additional in-ground gravesites and columbarium niches, helping ensure that NCA can achieve its strategic target to provide 90 percent of Veterans with access to a burial option within a reasonable distance (75 miles) of their residence.

Contribute to the public health, emergency management, socioeconomic well-being and history of the nation: Objective 4.5: Ensure that national cemeteries are maintained as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice Veterans have made.

In the 2007 Survey of Satisfaction with National Cemeteries, the appearance of Abraham Lincoln National Cemetery was rated as excellent by 98 percent of respondents. Expansion of the cemetery and infrastructure improvements will

improve the quality of service and the appearance of the cemetery and thereby help NCA attain its strategic target of 100 percent.

## **VI. Alternatives Considered**

Alternative 1 - Status Quo: No Action will result in the national cemetery depleting its available gravesites and columbaria niches by 2014. This alternative was the least preferred since it would leave approximately 493,500 Veterans unserved who have been relying upon this Veterans burial benefit since 1999.

Alternative 2 - Major Construction Project: This option was selected because it meets the demand for service and consolidates all requirements in a single project. This option will result in the least disruption to the cemetery's burial operations and the least negative impact on Veterans and their families.

Alternative 3 - Multiple Minor Construction Projects: While providing the same results as the major project, this option would require a longer timeframe and would also result in the cemetery being in a constant state of disruption over many years as the smaller projects are sequentially constructed.

Alternative 4 - Construct a State Veterans Cemetery: A state Veterans cemetery would provide the same services available at a national cemetery. A new state Veterans cemetery in the Chicago metropolitan and surrounding area would duplicate infrastructure already in place at Abraham Lincoln National Cemetery. This alternative would also result in higher costs for VA. VA would fund new infrastructure and startup equipment costs for a state Veterans cemetery to replace Abraham Lincoln National Cemetery. However, VA would continue to maintain the infrastructure and equipment at the national cemetery which would continue to conduct second interments for up to 40 years after closure to casketed first interments.

The State of Illinois has used state cemetery grant funding to improve the Sunset Cemetery in Quincy, 270 miles southwest of Abraham Lincoln National Cemetery, but the State has not expressed any interest in applying for additional cemetery grants.

## **VII. Affiliation/Sharing Agreements**

Not Applicable

### VIII. Demographic and Workload Data

Data relevant to the Abraham Lincoln National Cemetery and its service area.

	<u>2008</u>	<u>2013</u>	<u>2018</u>	<u>Change</u> <u>(2008 - 2018)</u>
Annual Interments	2,429	2,347	2,121	-13%
Cumulative Gravesites	12,536	22,898	32,519	159%
Cumulative Interments	13,488	25,586	37,103	175%
Estimated Veteran Deaths	17,011	15,576	13,946	-18%

### IX. Schedule

Complete design development	May 2009
Award construction documents	April 2009
Award construction contract	July 2010
Complete construction	September 2012

### X. Project Cost Summary

Site Work, Clearing, Improvements, and Grubbing	\$3,020,000
Repair, Renovate, and Expand Facilities	\$8,954,000
Columbarium Niches, Lawn Crypts - Grading and Installation	\$8,500,000
Pre-Design Development Allowance	\$1,990,000
<b>Subtotal Estimated Base Construction Costs</b>	<b>\$22,464,000</b>
Testing Lab Services	\$674,000
Technical Services*	\$1,000,000
Market Condition Allowance	\$1,460,000
Construction Contingency	\$1,685,000
Construction Management Firm Costs	\$899,000
Ingress, Egress, Utility, Environmental Compliance	\$400,000
<b>Subtotal estimated base costs</b>	<b>\$28,582,000</b>
Escalation to midpoint of construction	\$10,718,000
<b>Total estimated project cost</b>	<b>\$39,300,000</b>

\*These funds were appropriated in 2007, therefore the budget request for this project is \$1,000,000 less than the total estimated project cost.

## XI. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs<sup>1</sup> :</b>		
Equipment costs	\$0	N/A
One time non-recurring cost	\$0	N/A
<b>Total non-recurring</b>	<b>\$0</b>	<b>N/A</b>
<b>Recurring costs<sup>2</sup>:</b>		
	(FTE: 0)	(FTE: 14)
Personal services	\$0	\$987,000
Other recurring	\$0	\$966,000
<b>Total recurring</b>	<b>\$0</b>	<b>\$1,953,000</b>
<b>Total Operating Costs</b>	<b>\$0</b>	<b>\$1,953,000</b>

<sup>1</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.



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**Houston National Cemetery  
Phase 4 Gravesite Expansion & Cemetery Improvements**

*Proposal is to construct an expansion of, and improvements to, the VA National Cemetery. Funding requested in FY 2010 will provide for construction of the project.*

**I. Budget Authority**

Total <u>Estimated Cost</u>	Available <u>Through 2009</u>	2010 <u>Request*</u>	Future <u>Request</u>
\$43,750,000	\$0	\$35,000,000	\$0

\*Non-construction costs of \$8,750,000 for crypts are included in the Compensation and Pensions Appropriation.

**II. Priority Score:** FY 2010 - 0.505

**III. Description of Project**

This project provides for gravesite development at Houston National Cemetery. The cemetery serves approximately 318,000 Veterans in the Houston metropolitan area and is the eleventh busiest national cemetery. Houston National Cemetery interred over 2,700 Veterans and their family members in 2007 and maintains over 65,000 gravesites. This phase four project will develop approximately 20 acres and incorporate an additional 32 acres of recently acquired land into the overall cemetery master plan. The project will provide an estimated ten additional years of burial capacity. The project will develop approximately 18,000 gravesites with pre-placed crypts for casketed interments, 5,750 columbarium niches and 250 sites for the in-ground interment of cremated remains. Also included will be infrastructure repairs and upgrades as identified in the Study on Improvements to Veterans Cemeteries. In addition to the gravesite development, the project will include access roads and parking; one committal service shelter; a public restroom facility with gravesite locator kiosk at cortege staging area; landscape and buffering to screen the cemetery from adjacent highway noise; irrigation system in new development area and repairs to existing system; construction of a directional entrance sign for locating the cemetery; repairs to existing curb, gutter, and road system; replacement of site furnishings/receptacles; electrical upgrades, corrections, and metering; dredging of existing irrigation ponds; wetland preservation and mitigation; leadership in energy and environmental design (LEED) improvements in buildings; and global positioning system (GPS) site integration.

**IV. Priorities/Deficiencies Addressed**

Without this investment, NCA's Office of Field Programs estimates that Houston National Cemetery will deplete its inventory of available pre-placed crypts by 2012. Use of pre-placed crypts provides a savings in land utilization since casket interments in pre-placed crypts consumes one-third to one-half the acreage than using burial vaults at time of need. With a growing number of gravesites to maintain, plus the

rising rate of interments and cemetery visitors, demand on existing cemetery facilities and infrastructure has also increased.

## **V. Strategic Goals and Objectives**

Honor and serve Veterans in life and memorialize them in death for their sacrifices on behalf of the nation: Objective 3.4: Ensure that the burial needs of Veterans and eligible family members are met.

The Houston National Cemetery serves a Veteran population of more than 318,000. VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in a national cemetery resided within 75 miles of the national cemetery at the time of death. Gravesites and columbaria niches are expected to be depleted by 2017, closing the cemetery to first interments. This project will provide additional in-ground gravesites and columbarium niches, helping ensure that NCA can achieve its strategic target to provide 90 percent of Veterans with access to a burial option within a reasonable distance (75 miles) of their residence.

Contribute to the public health, emergency management, socioeconomic well-being and history of the nation: Objective 4.5: Ensure that national cemeteries are maintained as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice Veterans have made.

In the 2007 Survey of Satisfaction with National Cemeteries, the appearance of Houston National Cemetery was rated as excellent by 98 percent of respondents. Expansion of the cemetery and infrastructure improvements will improve the quality of service and the appearance of the cemetery and thereby help NCA attain its strategic target of 100 percent.

## **VI. Alternatives Considered**

Alternative 1 - Status Quo: No Action, will result in the national cemetery depleting its available pre-placed crypts by 2012.

Alternative 2 - Major Construction Project: This option was selected because it meets the demand for service and consolidates all requirements in a single project. This option will result in the least disruption to the cemetery's burial operations and the least negative impact on Veterans and their families.

Alternative 3 - Multiple Minor Construction Projects: While providing the same results as the major project, this option would require a longer timeframe and would also result in the cemetery being in a constant state of disruption over many years as the smaller projects are sequentially constructed.

Alternative 4 - Construct a State Veterans Cemetery: A state Veterans cemetery will serve the east central Texas area currently being served by Houston National Cemetery. This alternative would also result in higher construction costs for VA which would be required to provide a grant to fund all new construction infrastructure and startup equipment costs for a duplicate cemetery to replace Houston National Cemetery while simultaneously maintaining the infrastructure and equipment at the national cemetery which would continue to conduct second interments up to 30 or 40 years after closure to casketed first interments. The NCA State Cemetery Grants Office has already utilized VA grants to construct state Veterans' cemeteries to serve Veteran populations in Killeen and Mission, Texas. Both cemeteries are located beyond NCA's 75-mile service area for a Veterans cemetery. Killeen is approximately 160 miles northwest of Houston National Cemetery; Mission is approximately 300 miles southwest of Houston on the Texas - Mexico border. Currently the State is developing Veterans cemeteries in the Corpus Christi area, approximately 175 miles southeast of Houston, and in Abilene, 425 miles west.

**VII. Affiliation/Sharing Agreements**

Not Applicable

**VIII. Demographic and Workload Data**

Data relevant to the Houston National Cemetery and its service area.

	<u>2008</u>	<u>2013</u>	<u>2018</u>	<u>Change</u> <u>(2008 - 2018)</u>
Annual Interments	2,759	2,772	2,707	-2%
Cumulative Gravesites	53,059	63,095	73,039	38%
Cumulative Interments	62,350	76,154	89,954	44%
Estimated Veteran Deaths	8,177	8,088	7,872	-4%

**IX. Schedule**

Complete design development	September 2009
Award construction document	August 2009
Award construction contract	July 2010
Complete construction	July 2012

## X. Project Cost Summary

Site Work, Clearing, Improvements, and Grubbing	\$2,264,000
Repair, Renovate, and Expand Facilities	\$7,887,000
Columbarium Niches, Lawn Crypts - Grading and Installation	\$7,838,000
Pre-Design Development Allowance	\$1,721,000
<b>Subtotal Estimated Base Construction Costs</b>	<b>\$19,710,000</b>
Testing Lab Services	\$592,000
Technical Services (CDs)	\$1,200,000
Market Condition Allowance	\$1,281,000
Construction Contingency	\$1,478,000
Construction Management Firm Costs	\$788,000
Ingress, Egress, Utility, Environmental Compliance	\$400,000
<b>Subtotal estimated base costs</b>	<b>\$25,449,000</b>
Escalation to midpoint of construction	\$9,551,000
<b>Total Estimated Project Cost</b>	<b>\$35,000,000</b>

## XI. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b>Non-recurring costs<sup>1/</sup>:</b>		
Equipment costs	\$75,000	N/A
One time non-recurring cost	\$0	N/A
<b>Total non-recurring</b>	<b>\$75,000</b>	<b>N/A</b>
<b>Recurring costs<sup>2/</sup>:</b>		
	(FTE: 0)	(FTE: 25)
Personal services	\$0	\$1,649,800
Other recurring	\$0	\$1,070,800
<b>Total recurring</b>	<b>\$0</b>	<b>\$2,720,600</b>
<b>Total Operating Costs</b>	<b>\$75,000</b>	<b>\$2,720,600</b>

<sup>1</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

## **Construction, Major Advance Planning Fund**

### **I. Budget Authority**

2010 Request Veterans Health Administration (\$000).....	\$123,560
2010 Request National Cemetery Administration (\$000) .....	\$13,400
2010 Request General Administration (Staff Offices) (\$000).....	\$5,000

### **II. Description of Program**

This request includes \$141,960,000 in Advance Planning Funds (APF) for support of the major construction programs for the Veterans Health Administration (VHA), the National Cemetery Administration (NCA), and the General Administration (Staff Offices).

VA uses APF for developing the scope for design of Major Construction and other requirements such as electrical, plumbing, communications, transport, roadway circulation, heating, ventilation and air conditioning, water supply, drainage and others. Refined project requirements result in more accurate cost estimates.

The APF is also used in the VHA arena for assessments of health care needs, design programs and needs assessments that may or may not lead to capital investments and other capital investment activities, such as portfolio development and management activities and investment strategies.

The fund can also be used for utilities and capital facilities studies, to develop public-private ventures (enhanced-use), to prepare master facility plans, and historic preservation plans, and to conduct environmental assessments and impact studies, energy studies or audits, and design and construction-related research studies including post-occupancy evaluations. The advance planning fund request includes funds for activities such as master planning for new national cemeteries, expansion at existing national cemeteries and environmental assessments at national cemeteries.

The funds are also utilized to maintain construction standards, such as: design guides, design standards, specifications, and space criteria.

### III. Background/Justification

In order to accomplish effective design, it is necessary, to resolve functional and scope issues early in the planning process. VA utilizes a three phase design process similar to that used in the private sector. The schematic design and design development phases evaluates alternative design concepts, establishes functional interrelationships, establishes floor plan layouts and selects all building systems. The contract document preparation phase produces the detailed construction drawings that enable entrance into a contract to be entered into. This line item provides funding through the schematic and design development phases and equates to approximately 35 percent of total design costs.

This funding is needed to carry out planning and project development activities for projects to be submitted in future budget requests as well as to support capital facility related studies.

### IV. Funding History

	2008 Actual	2009		2010 Request	Increase (+) Decrease (-)
		Budget Estimate	Current Estimate		
Veterans Health Administration	\$58,685	\$40,000	\$40,000	\$123,560	\$83,560
National Cemetery Administration	\$1,000	\$6,000	\$6,000	\$13,400	\$7,400
General Administration (Staff Office)	\$0	\$5,000	\$5,000	\$5,000	\$0
Total	\$59,685	\$51,000	\$51,000	\$141,960	\$90,960

## Construction, Major BRAC Land Acquisition

### I. Budget Authority

2010 Request (\$000).....	\$35,000
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### II. Description of Program

The Base Realignment and Closure (BRAC) program established by the Department of Defense (DoD) offers the Department of Veterans Affairs (VA) a unique opportunity to acquire, at fair market value, both buildings and land that are no longer needed by DoD. After thoroughly examining available properties, VA determined that ten sites were of value to VA operations. Notifying the appropriate authorities of its intentions, the VA set in motion the acquisition of the following sites: The Air Force Research Center, Mesa, AZ; Onizuka Air Force Station, Sunnyvale, CA; Army Reserve Center, Providence, RI; Army Reserve Center, San Antonio, TX; Army Reserve Center, Dallas, TX; Reserve Center, Seattle, WA; Army Reserve Center, Mountain View, CA; Army Health Clinic, Ft McPherson, GA; Army Reserve Center, Huntington, WV; and the Army Reserve Center, Fayetteville, AR. The BRAC request has increased over FY 2009 as FY 2010 is the first year VA plans to purchase properties from DoD. Prior year BRAC requests were to conduct appraisals and other preparatory work in anticipation of the properties becoming available.

### III. Background/Justification

The Defense Base Closure and Realignment (BRAC) Act was established under authority of Congress to provide a fair process that will result in the timely closure and realignment of military installations inside the United States. Assessing its requirements, VA determined that these properties would assist in effectively addressing both existing and future needs for health care service delivery. Initially eleven sites were evaluated and applied for, with ten currently approved by DoD. Acquiring these DoD surplus lands and buildings will facilitate VA's ability to continue to provide world-class healthcare services.

### IV. Funding History

	2009		2009 Request	Increase (+) Decrease (-)
	2008 Actual	Budget Estimate		
BRAC Land Acquisition	\$5,000	\$5,000	\$5,000	\$35,000



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## Construction, Major Facility Security Projects

### I. Budget Authority

2010 Request (\$000).....	\$42,510
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### II. Description of Program

This fund will be used to incorporate increased physical security protection measures, structures, and/or equipment at new projects.

### III. Background/Justification

VA is currently conducting security vulnerability assessments as required by National Security Policy Directives, Presidential Decision Directives and Congressional Laws, including Presidential Decision Directive/NSC-63, Public Law 107-188, and Executive Order 12656. These reviews identify areas within existing facilities that are at risk to threats from internal and external sources. These reviews also help to develop specific design criteria that will be incorporated into all new Major projects. Remediation, elimination or avoidance of at risk physical plant or structures, identified through the assessments or from the new design criteria, will be funded through this line item, as a part of a larger major project.

### IV. Funding History

	2009				
	2008 Actual	Budget Estimate	Current Estimate	2010 Request	Increase (+) Decrease (-)
Facility Security Projects	\$21,325	\$11,930	\$11,930	\$42,510	\$30,580

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## Construction, Major Judgment Fund

### I. Budget Authority

2010 Request (\$000).....	\$16,000
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### II. Description of Program

This request provides funding for VA to reimburse the Judgment Fund for the payment of settled claims.

### III. Background/Justification

The Judgment Fund, 31 U.S.C., Section 1304, was established by Congress to ensure a source of funds for prompt payment of final judgments and awards. The intent of the judgment appropriation is to expedite the payment of claims and settlements. The Department of Veterans Affairs should submit settlements to the General Accounting Office for expected payment from the Judgment Fund. VA must reimburse the Judgment Fund when monies have been appropriated. The Judgment Fund increase over FY 2009 is mainly due to one large outstanding claim. The FY 2010 request along with the current unobligated balance will be sufficient to fully pay off this claim and a couple of other smaller claims that will be billed to VA.

### IV. Funding History

	2009				
	2008 Actual	Budget Estimate	Current Estimate	2010 Request	Increase (+) Decrease (-)
Judgment Fund	\$30,000	\$10,000	\$10,000	\$16,000	\$6,000

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# Construction, Major NCA Land Acquisition Fund

## I. Budget Authority

2010 Request (\$000).....	\$25,500
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## II. Description of Program

This request provides funding for National Cemetery Administration's land acquisition fund.

## III. Background/Justification

The FY 2010 budget request includes \$25.5 million for the land acquisition line item in the Major Construction account. This line item provides NCA the flexibility to acquire land when an opportunity arises and not be encumbered by the timing of the budget process. Identifying and purchasing a parcel of land can be a difficult and unpredictable process. Often times, prospective sellers – particularly estates – desire to move more quickly than the multi-year pace of the Federal budget development and approval process.

This line item will allow NCA to achieve and maintain its current strategic target of serving 90percent of Veterans with a burial option within 75 miles of their homes. NCA leadership is using the results of a recent burial benefit program evaluation to provide direction for improving access to a burial option for more Veterans. The line item will also allow NCA to achieve and maintain revised strategic targets in the future.

NCA will evaluate and prioritize decisions regarding land purchases based on factors such as those listed below. These criteria will be used to assess possible land acquisition opportunities as well as provide justification for not acquiring land that does not meet service needs.

- Date of first interment depletion of an existing National Cemetery
- Annual interment rate
  - a. casket
  - b. ground cremation
  - c. columbarium
- Projected interment rate until depletion
  - a. casket
  - b. ground cremation
  - c. columbarium

- Veteran population served in the entire 75-mile service area
  - a. current
  - b. projected – depletion and beyond
- Unserved Veteran population in a new service area based on future access policies
- Name, location and remaining capacity of nearest available burial option
- Proximity of new land to Veteran population center and/or existing cemetery.

NCA currently has the legal authority to acquire land for establishing new national cemeteries and to expand existing cemeteries. Any purchase of land through the line item must be approved by the Secretary of VA.

**IV. Funding History**

	2009				
	2008	Budget	Current	2010	Increase (+)
	Actual	Estimate	Estimate	Request	Decrease (-)
National Cemetery Administration	\$0	\$5,000	\$5,000	\$25,500	\$20,500

FY 2010 CONGRESSIONAL BUDGET				
CONSTRUCTION, MAJOR PROJECTS *				
Location	Description	Available	Total Obligations	Total Unobligated
<b>VHA</b>				
Anchorage, AK	Outpatient Clinic	75,270,000	71,066,254	4,203,746
Atlanta, GA	Modernize Patient Wards	24,534,000	1,116,225	23,417,775
Bay Pines, FL	Inpatient/Outpatient Improvements	17,430,000	0	17,430,000
Lee County, FL (Bay Pines Administrative Station)	Outpatient Clinic	131,800,000	14,873,959	116,926,041
Pensacola, FL	Pensacola Outpatient Clinic	55,056,000	53,422,689	1,633,311
Bronx, NY	Spinal Cord Injury Center (SCI)	8,179,000	0	8,179,000
Syracuse, NY	Addition For SCI Center	77,269,000	13,124,622	64,144,378
Chicago, IL	Modernize Inpatient Space	98,500,561	93,637,176	4,863,385
Cleveland, OH	Brecksville Consolidation	102,315,000	96,209,475	6,105,525
Dallas, TX	Clinical Expansion for Mental Health	15,640,000	0	15,640,000
Dallas, TX	Spinal Cord Injury (SCI)	8,900,000	0	8,900,000
Denver, CO	Replacement Medical Center Facility	188,300,000	56,273,417	132,026,583
Durham, NC	Renovate Patient Wards	9,100,000	8,610,687	489,313
Fayetteville, AR	Clinical Addition	93,000,000	3,288,219	89,711,781
Gainesville, FL	Correct Patient Privacy Deficiencies	136,700,000	88,950,555	47,749,445
Hines, IL	Blind/spinal Cord Injury Rehab Center	30,441,635	28,982,296	1,459,339
Indianapolis, IN	7th & 8th Floor Ward Modernization Add	27,400,000	26,715,028	684,972
Columbia, MO	Operating Suite Replacement	25,830,000	910,267	24,919,733
Las Vegas, NV	New Medical Facility	600,400,000	466,869,726	133,530,274
Long Beach, CA	Seismic Corrections/Clinical,B-7 & 126	117,845,000	98,282,630	19,562,370
Louisville, KY	Replacement Med Center / Regional Office	75,000,000	0	75,000,000
Minneapolis, MN	SCI & SCD Center	20,500,000	20,438,207	61,793
Des Moines, IA	Extended Care Building	25,550,000	24,679,572	870,428
Merlo Park, CA	Seismic Corrections - (Building 324)	32,934,000	31,786,313	1,147,687
Palo Alto, CA	Seismic Corrections, Bldg. 2	54,000,000	2,473,941	51,526,059
Palo Alto, CA	Centers for Ambulatory Care and Polytrauma Rehabilitation	164,877,000	0	164,877,000
Pittsburgh, PA	Medical Center Consolidation	295,600,000	216,512,467	79,087,533
Saint Louis, MO	Med Facility Improvements & Cem Expansion	12,000,000	16,549	11,983,451
San Francisco, CA	Seismic Corrections, Bldg. 203	41,168,000	38,841,856	2,326,144
American Lake, WA	Seismic Corrections-NHCU & Dietetics	38,220,000	34,301,369	3,918,631
American Lake, WA	Seismic Corrections of Bldg. 81	5,260,000	0	5,260,000

\* Figures may vary due to rounding. Available and unobligated amounts include FY 2009 appropriation. Total obligations are through September 30, 2008.



FY 2010 CONGRESSIONAL BUDGET				
CONSTRUCTION, MAJOR PROJECTS*				
Location	Description	Available	Total Obligations	Total Unobligated
Seattle, WA	B101 Mental Health	17,870,000	0	17,870,000
Seattle, WA	Correct Seismic Deficiencies B100, NT & NHCU	4,300,000	0	4,300,000
San Diego, CA	Seismic Corrections - Bldg. 1	47,874,000	47,369,159	504,841
San Antonio, TX	Ward Upgrades And Expansion	19,100,000	14,590,832	4,509,168
San Antonio, TX	Polytrauma Center, & Renovation of Exist Bldg. 1	66,000,000	0	66,000,000
San Juan, PR	Seismic Corrections Bldg. 1	134,280,000	14,524,722	119,755,278
Tampa, FL	Upgrade Essential Electrical Dist. Sys.	49,000,000	39,449,973	9,550,027
Tampa, FL	Polytrauma/Bed Tower	231,500,000	0	231,500,000
Tampa, FL	SCI Expansion	11,407,625	10,850,863	556,762
Orlando, FL	New Medical Facility	294,100,000	34,250,000	259,850,000
Temple, TX	IT Building	10,552,000	0	10,552,000
Tucson, AZ	Mental Health Clinic	13,300,000	13,001,905	298,095
Walla Walla, WA	Multi Specialty Care	71,400,000	0	71,400,000
Los Angeles, CA	Seismic Corrections, Bldg. 500/501	7,936,000	3,133,830	4,802,170
Los Angeles, CA	Seismic Corrections - 11 Bldgs.	15,500,000	0	15,500,000
Milwaukee, WI	Spinal Cord Injury Center	32,500,000	0	32,500,000
Columbus, OH	Outpatient Clinic	94,800,000	91,175,297	3,624,703
	Undistributed CARES	21,682		21,682
SUBTOTAL		1,121,441,307	268,346,582	853,094,725
<b>HURRICANE SUPPLEMENTAL</b>				
Biloxi, MS	Restoration Of Hospital/C onsolidation	310,000,000	44,735,628	265,264,372
Biloxi, MS	Environmental Cleanup	35,919,000	14,955,694	20,963,306
New Orleans, LA	Restoration/Replacement Medical Facility	625,000,000	2,624,812	622,375,188
SUBTOTAL		970,919,000	62,316,134	908,602,866
<b>GENERAL PROJECTS</b>				
Miami, FL	Utility Plant & Electrical Distribution	29,500,000	26,179,803	3,320,197
North Chicago, IL	Surgical Suite/Emergency VA/DoD Sharing	13,000,000	11,776,625	1,223,375
Mountain Home, TN	Reloc Med School/Renovate Bldgs 2, 3, & 5	47,650,448	47,001,879	648,569
Temple, TX	Bed Replacement Building	49,697,015	49,653,015	44,000
	Undistributed General	11		11
SUBTOTAL		139,847,473	134,611,322	5,236,151

\* Figures may vary due to rounding. Available and unobligated amounts include FY 2009 appropriation. Total obligations are through September 30, 2008.

FY 2010 CONGRESSIONAL BUDGET				
CONSTRUCTION, MAJOR PROJECTS*				
Location	Description	Available	Total Obligations	Total Unobligated
<b>CLINICAL IMPROVEMENTS</b>				
Dallas, TX	SCI And Energy Center	30,680,471	30,399,871	280,600
Columbia, MO	Surgical Suite	12,685,929	12,594,059	91,870
<b>SUBTOTAL</b>		<b>43,366,400</b>	<b>42,993,930</b>	<b>372,471</b>
<b>NURSING HOME CARE</b>				
Bonham, TX	120 Bed Nursing Home Care Unit	10,153,190	10,046,520	106,670
<b>SUBTOTAL</b>		<b>10,153,190</b>	<b>10,046,520</b>	<b>106,670</b>
<b>OUTPATIENT IMPROVEMENTS</b>				
Boston, MA	Ambulatory Care Addition	27,853,059	27,806,436	46,623
Cleveland, OH	Ambulatory Care Addition/Renovate	27,684,593	27,331,970	352,622
East Orange/Lyons, NJ	Ambulatory Care Addition	21,100,000	19,925,815	1,174,185
Leavenworth, KS	Ambulatory Care Addition	7,305,974	7,295,787	10,187
N. Cal. Health Care Sys, CA	Outpatient Clinics/New Bed Tower	67,110,093	66,826,291	283,802
Phoenix, AZ	Ambulatory Care Addition	43,088,414	37,686,856	5,401,558
Tampa (Brevard County), FL	Outpatient Clinic	25,000,000	20,255,980	4,744,020
Tucson, AZ	Ambulatory Care Addition/Renovation	25,200,000	24,917,048	282,952
	Undistributed Outpatient Improvements	124,246		124,246
<b>SUBTOTAL</b>		<b>244,466,379</b>	<b>232,046,183</b>	<b>12,420,196</b>
<b>PATIENT ENVIRONMENTS</b>				
Baltimore/Perry Point, MD	80 Bed Psychiatric Building	15,075,499	15,014,700	60,799
Murfreesboro, TN	Psychiatric Patient Privacy	14,000,000	13,849,445	150,555
Temple/Waco, TX	Renovate Bldg 94 Waco/Research Temple	25,112,985	25,071,770	41,215
<b>SUBTOTAL</b>		<b>54,188,484</b>	<b>53,935,915</b>	<b>252,569</b>

\* Figures may vary due to rounding. Available and unobligated amounts include FY 2009 appropriation. Total obligations are through September 30, 2008.

FY 2010 CONGRESSIONAL BUDGET				
CONSTRUCTION, MAJOR PROJECTS*				
Location	Description	Available	Total Obligations	Total Unobligated
<b>REPLACEMENT &amp; MODERNIZATION</b>				
Dallas, TX	Clinical Addition	130,611,199	130,610,423	776
Memphis, TN	Seismic Corrections	88,374,152	88,207,509	166,643
Newington, CT	Medical Center Modernization	49,788,930	49,787,372	1,559
Palo Alto, CA	Rep. Clin/Bed Tower For Seismic Corr.	164,955,169	164,902,940	52,229
SUBTOTAL		433,729,450	433,508,243	221,207
<b>SEISMIC</b>				
Long Beach, CA	Clinical Consolidation & Demolition	22,755,882	22,754,782	1,100
Sepulveda, CA	Seismic Correct/Clinical Services	91,468,544	91,464,344	4,200
San Juan, PR	Seismic Corrections	90,855,189	87,914,301	2,940,888
SUBTOTAL		205,079,615	202,133,427	2,946,188
<b>ASBESTOS ABATEMENT</b>				
Atlanta, GA	Modernize Patient Wards	6,974,000	0	6,974,000
Biloxi, MS	Restoration of Hospital/Consolidation	15,000	10,800	4,200
Chicago, IL	Modernize Inpatient Space	301,000	273,181	27,819
Miami, FL	Utility Plant & Electrical Distribution	102,000	80,000	22,000
Durham, NC	Renovate Patient Wards	578,611	475,806	102,805
Indianapolis, IN	7th & 8th Floor Ward Modernization Add	815,000	734,384	80,616
Columbia, MO	Operating Suite Replacement	50,000	24,601	25,399
Long Beach, CA	Structural Seismic Corrections	2,686,633	2,685,153	1,500
Sacramento, CA	Outpatient Clinics/New Bed Tower	10,930,405	10,640,948	289,457
Menlo Park, CA	Seismic Corrections - (Building 324)	31,500	21,500	10,000
Palo Alto, CA	Seismic Corrections, Bldg. 2	75,000	29,096	45,904
Pittsburgh, PA	Medical Center Consolidation	1,584,758	1,349,416	235,342
San Francisco, CA	Seismic Corrections, Bldg. 203	2,655,300	2,551,422	103,878
American Lake, WA	Seismic Corrections-NHCU & Dietetics	156,600	145,600	11,000
San Diego, CA	Seismic Corrections - Bldg. 1	12,259,100	12,140,746	118,354
San Antonio, TX	Ward Upgrades And Expansion	70,970	60,000	10,970
San Juan, PR	Seismic Corrections	11,948,285	10,614,514	1,333,772
Tampa, FL	Upgrade Essential Electrical Dist. Sys.	3,677,708	2,795,545	882,163
Los Angeles, CA	Seismic Corrections, Bldg. 500/501	75,000	9,500	65,500
	Undistributed Asbestos	30,620,903		30,620,903
SUBTOTAL		85,607,793	44,642,211	40,965,582

\* Figures may vary due to rounding. Available and unobligated amounts include FY 2009 appropriation. Total obligations are through September 30, 2008.

FY 2010 CONGRESSIONAL BUDGET				
CONSTRUCTION, MAJOR PROJECTS*				
Location	Description	Available	Total Obligations	Total Unobligated
<b>BRAC</b>				
Washington, DC	BRAC Properties	200,000	190,000	10,000
	Undistributed BRAC	9,800,000		9,800,000
<b>SUBTOTAL</b>		<b>10,000,000</b>	<b>190,000</b>	<b>9,810,000</b>
<b>CLAIMS ANALYSIS</b>				
Brooklyn, NY	Outpatient Addition	350,000	0	350,000
East Orange/Lyons, NJ	Ambulatory Care Addition	250,004	85,534	164,470
Sacramento, CA	Outpatient Clinics/New Bed Tower	45,000	0	45,000
Mountain Home, TN	Reloc Med School/Renovate Bldgs 2, 3, & 5	351,714	351,714	0
Palo Alto, CA	Rep. Clin/Bed Tower For Seismic Corr.	305,821	280,676	25,145
	Undistributed Claims Analysis	9,662,859		9,662,859
<b>SUBTOTAL</b>		<b>10,965,398</b>	<b>717,924</b>	<b>10,247,474</b>
<b>SUSTAINABILITY AND ENERGY - VHA</b>				
	Undistributed Sustainability & Energy VHA	5,000,000	0	5,000,000
<b>EMERGENCY RESPONSE</b>				
Washington, DC	Physical Security Studies	1,985,000	646,772	1,338,228
<b>PHYSICAL SECURITY</b>				
Washington, DC	VACO Standards - VHA	750,000	710,188	39,812
Anchorage, AK	Outpatient Clinic	1,370,000	970,000	400,000
Cleveland, OH	Brecksville Consolidation	2,267,013	1,848,763	418,250
Las Vegas, NV	New Medical Facility	17,850,000	16,805,500	1,044,500
Long Beach, CA	Seismic Corrections/Clinical, B-7 & 126	6,024,500	5,690,000	334,500
Pittsburgh, PA	Medical Center Consolidation	9,717,000	9,316,000	401,000
American Lake, WA	Seismic Corrections-NHCU & Dietetics	91,400	85,000	6,400
Milwaukee, WI	Spinal Cord Injury Center	1,251,000	0	1,251,000
	Undistributed Physical Security	14,340,087		14,340,087
<b>SUBTOTAL</b>		<b>53,661,000</b>	<b>35,425,451</b>	<b>18,235,549</b>

\* Figures may vary due to rounding. Available and unobligated amounts include FY 2009 appropriation. Total obligations are through September 30, 2008.

FY 2010 CONGRESSIONAL BUDGET				
CONSTRUCTION, MAJOR PROJECTS*				
Location	Description	Available	Total Obligations	Total Unobligated
<b>HAZARDOUS ABATEMENT</b>				
Chicago, IL	Modernize Inpatient Space	1,355,671	1,175,547	180,124
Columbia, MO	Operating Suite Replacement	50,000	5,855	44,145
Sacramento, CA	Outpatient Clinics/New Bed Tower	798,464	738,895	59,569
Menlo Park, CA	Seismic Corrections - (Building 324)	31,500	21,500	10,000
Palo Alto, CA	Seismic Corrections, Bldg. 2	50,000	11,284	38,716
Pittsburgh, PA	Medical Center Consolidation	121,000	86,000	35,000
San Francisco, CA	Seismic Corrections, Bldg. 203	210,600	146,000	64,600
American Lake, WA	Seismic Corrections-NHCU & Dietetics	8,600	8,500	100
	Undistributed Hazardous Waste	10,740,507		10,740,507
<b>SUBTOTAL</b>		<b>13,366,342</b>	<b>2,193,581</b>	<b>11,172,761</b>
<b>DESIGN FUND</b>				
	Design Fund VHA	707,326		707,326
<b>APF/PROJECT REALIGNMENT</b>				
	Advanced Planning Medical Projects	26,966,881	24,235,702	2,731,179
	Project Realignment Projects	146,259,858	121,762,872	24,496,986
	Undistributed APF	63,333,319		63,333,319
<b>SUBTOTAL</b>		<b>236,560,058</b>	<b>145,998,574</b>	<b>90,561,484</b>
<b>WORKING RESERVE - VHA</b>				
	VHA Working Reserve	2,314,600		2,314,600
<b>TOTAL VHA</b>		<b>6,262,508,982</b>	<b>3,161,136,267</b>	<b>3,101,372,715</b>

\* Figures may vary due to rounding. Available and unobligated amounts include FY 2009 appropriation. Total obligations are through September 30, 2008.

FY 2010 CONGRESSIONAL BUDGET				
CONSTRUCTION, MAJOR PROJECTS*				
Location	Description	Available	Total Obligations	Total Unobligated
<b>NATIONAL CEMETERIES</b>				
Calverton Natl Cem, NY	Gravesite Expansion and Columbaria	29,000,000	0	29,000,000
Massachusetts Natl. Ceme., MA	Columbarium and Cemetery Improvements	9,200,000	8,274,658	925,342
Bourne, MA	Gravesite Expansion & Improvements- Phase 3	20,500,000	0	20,500,000
Rock Island, IL	Burial Area Expansion	10,118,000	10,033,671	84,329
Barrances, FL	Gravesite Development	11,929,000	10,079,648	1,849,352
Ft. Sam Houston, TX	Gravesite Development	29,400,000	16,265,285	13,134,715
Jefferson Barracks, MO	Gravesite Development	7,499,211	7,238,299	260,912
Puerto Rico (Bayamon), PR	Gravesite Expansion and Cem Improve on Remaining Land	33,900,000	0	33,900,000
Ft. Logan, CO	Gravesite Development	16,100,000	16,017,322	82,678
Ft. Rosecrans Natl. Ceme., CA	Columbarium Development	6,000,000	5,995,605	4,395
San Diego, CA	Master Plan and Phase I Development of Miramar Annex	19,450,000	615,000	18,835,000
Minneapolis, MN	Gravesite Expansion	24,659,200	22,766,529	1,892,671
Leavenworth Nat. Cemetery, KS	Facility Rightsizing/Gravesite Development	11,900,000	336,946	11,563,054
Willamette, OR	Columbarium & Cemetery Improvements	8,903,400	8,845,000	58,400
Bushnell, FL	Gravesite Expansion (Bushnell)	19,840,000	17,390,206	2,449,794
Dallas/Ft. Worth, TX	Phase II Gravesite Expansion	13,000,000	11,625,751	1,374,249
Albany Natl. Cemetery, NY	Phase I Development (Saratoga)	14,021,511	13,986,511	35,000
Schuylerville, NY	Phase II Gravesite Improvement	7,600,000	5,878,204	1,721,796
Oklahoma (Elgin), OK	Gravesite Development	12,000,000	10,123,418	1,876,582
Sacramento, CA	New National Cemetery - Phase I Development	28,727,000	19,178,207	9,548,793
Atlanta, GA	New National Cemetery (GA Natl Cem)	28,200,000	27,847,128	352,872
Detroit, MI	Gravesite Development (phase 1)	14,498,795	14,439,739	59,056
Holly, MI	Phase 1B Development	16,900,000	9,989,054	6,910,946
Miami, FL	New National Cemetery - Phase 1 Development	30,148,550	25,803,686	4,344,864
Pittsburgh, PA	New National Cemetery	16,378,400	16,309,521	68,879
Philadelphia, PA	New National Cemetery-Land Acquisition	10,767,824	10,550,103	217,721
Philadelphia, PA	New Cemetery- Phase 1B Development	29,600,000	309,579	29,290,421
Birmingham, AL	New National Cemetery- Phase 1B Development	18,500,000	5,015,781	13,484,219
Jacksonville, FL	Land Acquisition	7,000,000	6,218,147	781,853
Jacksonville, FL	New Cemetery- Phase 1 B Development	22,400,000	4,752,222	17,647,778
Bakersfield, CA	New Nat'L Cem Land Acq	250,000	0	250,000
Bakersfield, CA	New National Cemetery- Phase 1B	19,500,000	0	19,500,000
Columbia/Greenville, SC	Phase I Development/Land Acquisition	400,000	243,859	156,141
Columbia/Greenville, SC	New National Cemetery- Phase 1B Development	19,200,000	3,510,553	15,689,447
Sarasota, FL	New National Cemetery - Phase I Development	27,800,000	5,750,557	22,049,443
<b>SUBTOTAL</b>		<b>595,290,891</b>	<b>315,390,189</b>	<b>279,900,702</b>

\* Figures may vary due to rounding. Available and unobligated amounts include FY 2009 appropriation. Total obligations are through September 30, 2008.

FY 2010 CONGRESSIONAL BUDGET				
CONSTRUCTION, MAJOR PROJECTS*				
Location	Description	Available	Total Obligations	Total Unobligated
<b>NATIONAL CEMETERIES - LINE ITEMS</b>				
	Undistributed Design Fund Cemetery	11,469,261		11,469,261
	Undistributed Design Fund Cemetery on Projects	1,365,120	1,523,254	11,746
	Undistributed Cemetery	136,404		136,404
	Undistributed Advance Planning Fund	1,319,611		1,319,611
	Advance Planning Fund of Projects	26,047,889	23,637,893	2,409,996
	Cemetery Working Reserve	7,791,469		7,791,469
	FY 2009 Advance Planning Fund	6,000,000		6,000,000
	FY 2009 Land Acquisition Fund	5,000,000		5,000,000
	FY 2009 Sustainability and Energy	10,600,000		10,600,000
SUBTOTAL		69,729,753	25,161,147	44,738,486
TOTAL NATIONAL CEMETERY		665,020,645	340,551,336	324,639,189
<b>VETERANS BENEFITS</b>				
	Undistributed Design Fund VBA	2,367,084		2,367,084
	Undistributed APF VBA	1,114,493		1,114,493
	APF on VBA Projects	203,279	203,275	4
	VBA Undistributed Working Reserve	643,955		643,955
TOTAL VETERANS BENEFITS		4,328,811	203,275	4,125,537
<b>ASSET MANAGEMENT/STAFF OFFICES</b>				
	Undistributed APF Asset Management	5,550,000		5,550,000
	APF on Asset Management Projects	28,754,704	27,062,051	1,692,653
Martinsburg, WV	Capital Region Data Center	33,700,000	32,288,785	1,411,215
	Undistributed Asset Management	13,817	0	13,817
TOTAL ASSET MANAGEMENT		68,018,521	59,350,836	8,667,685
GRAND TOTAL		6,334,856,314	3,220,690,377	3,438,805,126

\* Figures may vary due to rounding. Available and unobligated amounts include FY 2009 appropriation. Total obligations are through September 30, 2008.

FY 2010 CONGRESSIONAL BUDGET		
CONSTRUCTION, MAJOR PROJECTS*		
Location	Description	FY2009 Appropriation
<b>FY2009 MAJOR APPROPRIATION</b>		
American Lake, WA	Seismic Corrections of Bldg. 81	5,260,000
Atlanta, GA	Modernize Patient Wards	4,000,000
Bay Pines, FL	Inpatient/Outpatient Improvements	17,430,000
Lee County, FL (Bay Pines Administrative Station)	Outpatient Clinic	111,412,000
Bronx, NY	Spinal Cord Injury Center (SCI)	8,179,000
Dallas, TX	Spinal Cord Injury (SCI)	8,900,000
Dallas, TX	Clinical Expansion for Mental Health	15,640,000
Denver, CO	Replacement Medical Center Facility	20,000,000
Long Beach, CA	Seismic Corrections/Clinical, B-7 & 126	10,000,000
Los Angeles, CA	Seismic Corrections - 11 Bldgs.	15,500,000
Louisville, KY	Replacement Med Center / Regional Office	75,000,000
Orlando, FL	New Medical Facility	220,000,000
Pittsburgh, PA	Medical Center Consolidation	62,400,000
Saint Louis, MO	Med Facility Improvements & Cem Expansion	5,000,000
San Juan, PR	Seismic Corrections Bldg. 1	64,400,000
Seattle, WA	Correct Seismic Deficiencies B100, NT & NHCU	4,300,000
Seattle, WA	B101 Mental Health	17,870,000
Walla Walla, WA	Multi Specialty Care	71,400,000
Various Locations	Asbestos	2,000,000
Various Locations	BRAC	5,000,000
Various Locations	Claims Analysis	1,500,000
Various Locations	Sustainability & Energy VHA	5,000,000
Various Locations	Facility Security	11,930,000
Various Locations	Hazardous Waste	1,261,000
Various Locations	Judgment Fund	10,000,000
Various Locations	APF - VHA	40,000,000
<b>SUBTOTAL VHA</b>		<b>813,382,000</b>
Bourne, MA	Gravesite Expansion & Improvements- Phase 3	20,500,000
Calverton Natl Cem, NY	Gravesite Expansion And Columbaria	29,000,000
Puerto Rico (Bayamon), PR	Gravesite Expansion and Cem Improve on Remaining Land	33,900,000
Various Locations	Land Acquisition Fund - NCA	5,000,000
Various Locations	Advance Planning Fund - NCA	6,000,000
Various Locations	Sustainability and Energy - NCA	10,600,000
<b>SUBTOTAL CEMETERY</b>		<b>105,000,000</b>
Various Locations	APF Asset Management	5,000,000
<b>GRAND TOTAL FY2009 MAJOR CONSTRUCTION APPROPRIATION</b>		<b>923,382,000</b>

\* Figures may vary due to rounding. Available and unobligated amounts include FY 2009 appropriation. Total obligations are through September 30, 2008.



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## *Construction - Minor Projects*

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*Budget Request.....\$600,000,000*

### **Appropriation Language**

For constructing, altering, extending, and improving any of the facilities including parking projects under the jurisdiction or for the use of the Department of Veterans Affairs, including planning and assessments of needs which may lead to capital investments, architectural and engineering services, maintenance or guarantee period services costs associated with equipment guarantees provided under the project, services of claims analysts, offsite utility and storm drainage system construction costs, and site acquisition, or for any of the purposes set forth in sections 316, 2404, 2406, 8102, 8103, 8106, 8108, 8109, 8110, 8122, and 8162 of title 38, United States Code, where the estimated cost of a project is equal to or less than the amount set forth in section 8104(a)(3)(A), of title 38, United States Code, [\$741,534,000] \$600,000,000 to remain available until expended, along with unobligated balances of previous "Construction, minor projects" appropriations which are hereby made available for any project where the estimated cost is equal to or less than the amount set forth in such section: *Provided*, That funds in this account shall be available for: (1) repairs to any of the non-medical facilities under the jurisdiction or for the use of the Department which are necessary because of loss or damage caused by any natural disaster or catastrophe; and (2) temporary measures necessary to prevent or to minimize further loss by such causes[:]. [*Provided further*: That \$7,000,000 of the amount listed in this paragraph shall be for the installation of alternative fueling stations at 35 medical facility campuses.]

### **Minor, Program Description**

The Construction, Minor projects, appropriation provides for constructing, altering, extending and improving any VA facilities, including planning, assessment of needs, architectural and engineering services, site acquisition and disposition, where the estimated cost of a project is equal to or less than \$10,000,000.

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## Minor Construction Budgetary Highlights

<b>Minor Appropriation Highlights</b>					
2009					
	2008 Actual	Budget Estimate	Current Estimate	2010 Request	Increase (+) / Decrease (-)
Appropriation (P.L.110-328)	\$630,535	\$329,418	\$741,534	\$600,000	(\$141,534)
Budget Authority	\$630,535	\$329,418	\$741,534	\$600,000	(\$141,534)
Un-obligated Balance brought Forward	\$406,966	\$339,280	\$305,098	\$76,770	(\$228,328)
Un-obligated Balance end of year	\$305,098	\$280,933	\$76,770	\$129,387	\$52,617
Obligations	\$732,403	\$387,765	\$969,862	\$547,383	(\$422,479)
Outlays	\$412,682	\$516,733	\$587,905	\$655,558	\$67,653

### Summary of Budget Request (dollars in thousands)

A construction program of \$600,000,000 is requested for Construction, Minor projects, in 2010 to be financed with new budget authority. A summary of the program funding level by activity follows:

2010 Request (\$000)	
Veterans Health Administration	\$507,198
National Cemetery Administration	\$50,720
Veterans Benefits Administration	\$16,907
General Administration - Staff Offices	\$25,175
<b>Total, Construction Minor Program</b>	<b>\$600,000</b>

<b>Minor Appropriation Highlights by Administration</b>					
2009					
	2008 Actual	Budget Estimate	Current Estimate	2010 Request	Increase (+) Decrease (-)
<b>Veterans Health Administration (VHA)</b>					
Appropriation (P.L.110-328)	\$508,539	\$273,418	\$584,234	\$507,198	(\$77,036)
Budget Authority	\$508,539	\$273,418	\$584,234	\$507,198	(\$77,036)
Un-obligated Balance brought Forward	\$387,783	\$292,779	\$248,452	\$17,213	(\$231,239)
Un-obligated Balance end of year	\$248,452	\$266,197	\$17,213	\$77,411	\$60,198
Obligations	\$640,728	\$300,000	\$815,473	\$447,000	(\$368,473)
Outlays	\$355,081	\$430,714	\$483,582	\$528,463	\$44,881
<b>National Cemetery Administration (NCA)</b>					
Appropriation (P.L.110-328)	\$75,000	\$25,000	\$87,000	\$50,720	(\$36,280)
Budget Authority	\$75,000	\$25,000	\$87,000	\$50,720	(\$36,280)
Un-obligated Balance brought Forward	\$7,527	\$29,527	\$39,667	\$41,430	\$1,763
Un-obligated Balance end of year	\$39,667	\$7,527	\$41,430	\$41,150	(\$280)
Obligations	\$42,563	\$47,000	\$85,237	\$51,000	(\$34,237)
Outlays	\$31,086	\$49,688	\$60,891	\$71,760	\$10,869
<b>Veterans Benefits Administration (VBA)</b>					
Appropriation (P.L.110-328)	\$31,000	\$13,000	\$41,300	\$16,907	(\$24,393)
Budget Authority	\$31,000	\$13,000	\$41,300	\$16,907	(\$24,393)
Un-obligated Balance brought Forward	\$7,375	\$12,925	\$6,460	\$4,760	(\$1,700)
Un-obligated Balance end of year	\$6,460	\$5,925	\$4,760	\$2,267	(\$2,493)
Obligations	\$37,607	\$20,000	\$43,000	\$19,400	(\$23,600)
Outlays	\$19,962	\$22,466	\$27,580	\$32,015	\$4,435
<b>General Administration - Staff Offices</b>					
Appropriation (P.L.110-328)	\$15,996	\$18,000	\$29,000	\$25,175	(\$3,825)
Budget Authority	\$15,996	\$18,000	\$29,000	\$25,175	(\$3,825)
Un-obligated Balance brought Forward	\$4,281	\$4,049	\$8,693	\$11,541	\$2,848
Un-obligated Balance end of year	\$8,693	\$1,284	\$11,541	\$6,733	(\$4,808)
Obligations	\$11,505	\$20,765	\$26,152	\$29,983	\$3,831
Outlays	\$6,553	\$13,865	\$15,852	\$23,320	\$7,468

<b>Changes from Original 2009 Budget Estimates</b>			
<b>(dollars in thousands)</b>			
2009			
	Budget Estimate	Current Estimate	Increase (+) Decrease (-)
Appropriation	\$329,418	\$741,534	\$412,116
Budget Authority	\$329,418	\$741,534	\$412,116
Un-obligated Balance brought Forward	\$339,280	\$305,098	-\$34,182
Un-obligated Balance end of year	\$280,933	\$76,770	-\$204,163
Obligations	\$387,765	\$969,862	\$582,097
Outlays	\$516,733	\$587,905	\$71,172

Additional funds over the President's FY 2009 request will be used to fund additional VHA and NCA minor construction projects. These funds will also be used to provide additional facilities requirements for newly hired Veteran's Benefit Administration staff.

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**Veterans Health Administration  
Minor Construction Projects**

**I. Budget Authority**

2010 Request (\$000).....	\$507,198
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**II. Description/Justification of Program**

The minor construction program is an integral component of VHA’s overall construction program and permits VA to address space and functional changes to efficiently shift treatment of patients from hospital-based to outpatient care settings; realign critical services; improve management of space including vacant and underutilized space, improve facility condition, and other critical infrastructure renovation and improvement activities. VHA’s 2010 request will address the most critical minor construction needs in the system by funding efforts such as facilitating realignments; seismic corrections; improving safety; improving access to healthcare; increasing capacity for dental services; enhancing patient privacy; improving treatment of special emphasis programs; and enhancing research capability.



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**National Cemetery Administration  
Minor Construction Projects**

**I. Budget Authority**

2010 Request (\$000).....	\$50,720
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**II. Description/Justification of Program**

NCA’s 2010 Minor Construction request provides for gravesite expansion and columbaria projects to keep existing national cemeteries open. The minor request will also address infrastructure deficiencies and other requirements necessary to support National Cemetery operations including repair projects identified in the Facility Condition Assessment report of the Millennium Act study on improvements to veteran’s cemeteries. Projects for irrigation improvements, renovation and repair of buildings, and roadway repairs and drainage improvements are critical to serving veterans and ensuring that the cemeteries are maintained as national shrines. Projects will also address administrative and management functions that support cemetery operations.

In addition, these funds may be used for any of the 131 national cemeteries and 33 soldiers lots, plots, and monument sites under the jurisdiction of the National Cemetery Administration requiring emergency repairs because of floods, fires, hurricanes, tornadoes, earthquakes, strong winds, etc., where no other means of funding exist. Natural disasters or catastrophes are unforeseeable; however, repairs must be made to damaged facilities when they occur.

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# Veterans Benefits Administration Minor Construction Projects

## I. Budget Authority

2010 Request (\$000).....	\$16,907
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## II. Description/Justification of Program

VBA's minor construction request in 2010 includes an ongoing national need for relocations, realignments, tenant improvements, repair and alteration projects totaling \$13.9 million. Additionally, \$3.0 million is needed as VBA's prorated share of the Department of State's Capital Security Cost Sharing program for VBA's regional office in Manila. <sup>1</sup> These projects are critical to ensuring continued world-class service delivery of benefits to veterans and their families and to the well being of our Federal employees.

<sup>1</sup> The Secure Embassy Construction and Counterterrorism Act of 1999, Section 1000(a) (7) of Public Law 106-113, was amended to include the Capital Security Cost Sharing (CSCS) program. Agencies with personnel overseas that occupy space controlled by the Department of State (DoS) shall provide funding in advance for their share of costs for new construction. DoS is implementing a 14 year, \$17.5 billion capital construction program to replace 150 Embassy and consulate compounds.

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**General Administration/Staff Offices  
Minor Construction Projects**

**I. Budget Authority**

2010 Request (\$000).....	\$25,175
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**II. Description/Justification of Program**

This program supports necessary additions, modifications and repairs to existing departmental administration facilities that are estimated to cost \$10 million or less. Funds are used to make infrastructure repairs and enhancements to improve operations and provide an acceptable and operationally effective work environment for the Department's staff offices. The FY 2010 request also addresses the new Office of Information Technology infrastructure maintenance and update requirements. Offices contained within the Central Office buildings and other VA-occupied non-patient care buildings are also included in this program.

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## *Grants for Construction of State Veterans Cemeteries*

### Appropriation Language

For grants to assist States in establishing, expanding, or improving state veterans cemeteries as authorized by section 2408 of title 38, United States Code, \$42,000,000, to remain available until expended.

<b>Appropriation Highlights</b> (dollars in thousands)					
	<b>2008</b>	<b>2009</b>	<b>2009</b>	<b>2010</b>	<b>Increase (+)</b>
	<b>Actual</b>	<b>PB</b>	<b>Enacted</b>	<b>Request</b>	<b>Decrease (-)</b>
<b>Obligations.....</b>	\$36,937	\$32,000	\$43,500	\$43,401	-99
Unobligated balances:					
Start of year (-).....	-338	0	-2,901	-1,401	1,500
End of year .....	2,901	0	1,401	0	-1,401
<b>Budget authority</b>					
<b>(appropriation).....</b>	<b>\$39,500</b>	<b>\$32,000</b>	<b>\$42,000</b>	<b>\$42,000</b>	<b>0</b>

### Program Description

Grants are provided to states for the establishment, expansion, improvement or operation of state veterans cemeteries. The state veterans cemeteries complement the national cemeteries and are a critical part of National Cemetery Administration (NCA) strategy for meeting Objective 3.4 of ensuring that the burial needs of Veterans and eligible family members are met. In 2008, 24,826 Veterans and eligible family members were buried in state veterans cemeteries that have been assisted by the program.

NCA data show that about 80 percent of persons interred in national cemeteries resided within 75 miles of the cemetery at time of death. Based upon this experience, NCA has determined that reasonable access to a burial option means that a first interment option (whether for casketed remains or cremated remains, either in-ground or in columbaria) in a national or state veterans cemetery is available within 75 miles of the Veteran's place of residence.



It is not feasible, however, for VA to build and operate national cemeteries in enough locations to provide every eligible Veteran with a burial option in a national cemetery within 75 miles of their residence. Increasing the availability of state veterans cemeteries is a means to provide a burial option to those Veterans who may not have reasonable access to a national cemetery. States may locate these cemeteries in areas where there are no plans for NCA to operate and maintain a national cemetery.

## **Summary of Budget Request**

The National Cemetery Administration requests \$42,000,000 to fund grants for state veterans cemeteries in 2010. Grants to states play a crucial role in achieving NCA's strategic target of providing 90 percent of Veterans with reasonable access to a burial option. States are planning to open 14 new state veterans cemeteries between 2009 and 2014.

<i>Total Obligations by State</i>	
From program inception in 1980 through 06/03/08 (dollars in thousands)	
Arizona .....	\$8,003
Arkansas .....	5,892
California .....	8,822
Colorado .....	6,007
Connecticut.....	682
Delaware.....	11,017
Georgia.....	11,723
Guam.....	5,438
Hawaii.....	14,997
Idaho.....	8,238
Illinois.....	231
Indiana .....	5,662
Iowa .....	7,625
Kansas .....	19,464
Kentucky .....	22,847
Louisiana .....	5,621
Maine.....	8,640
Maryland .....	10,608
Massachusetts .....	19,020
Minnesota .....	3,894
Missouri .....	16,536
Montana.....	5,959
Nevada.....	14,249
New Hampshire .....	4,327
New Jersey.....	19,936
North Carolina .....	2,402
North Dakota .....	3,023
Pennsylvania .....	23
Rhode Island .....	8,880
Saipan, CNMI.....	1,667
South Carolina .....	5,184
Tennessee.....	3,826
Texas.....	24,726
Utah .....	868
Vermont .....	852
Virginia.....	8,048
Wisconsin.....	9,360
Wyoming.....	1,781
<b>Total .....</b>	<b>\$316,078</b>

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*Grants for Construction of State  
Extended Care Facilities*

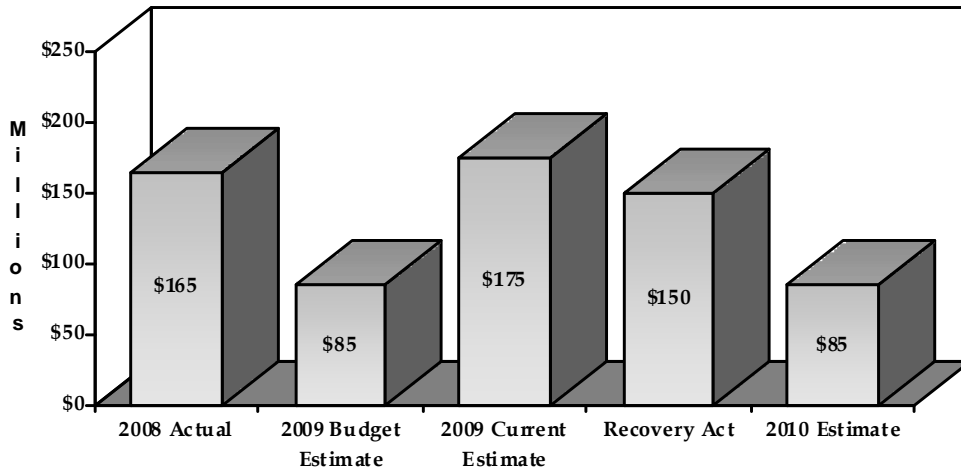
*Budget Request ..... \$85,000,000*

**Appropriation Language**

For grants to assist States to acquire or construct State nursing home and domiciliary facilities and to remodel, modify or alter existing hospital, nursing home and domiciliary facilities in State homes, for furnishing care to Veterans as authorized by sections 8131-8137 of title 38, United States Code, \$85,000,000, to remain available until expended.

**Appropriation**

(dollars in millions)



**Recovery Act**

The American Recovery and Reinvestment Act of 2009 (ARRA), Public Law 111-5 provided \$150 million for the Grants for State Extend Care Facilities program in February 2009. VA is required by law to obligate all of these funds by September 30, 2010. VA expects that we will obligate 50% of the funds in the remainder of 2009 and the remaining 50% in 2010. These funds, which are part of the ARRA, will be used to accelerate activities that were originally planned for 2010. These funds will be used to renovate and construct nursing homes, adult day care and

domiciliary care facilities throughout the country. VA anticipates that 49 projects will be funded utilizing these resources.

**Program Description**

VA is requesting \$85 million in 2010 funding for construction of State home facilities, for furnishing domiciliary or nursing home care to Veterans, and to expand, remodel or alter existing buildings for furnishing domiciliary or nursing home care to Veterans in State homes. VA is required by section 8135 of Title 38 to prioritize state grant applications and its highest priority is protect Veterans from those conditions that threaten the lives and safety of residents of an existing facility. The 2010 budget request ensures life-safety projects, matched with State funding, will not be compromised.

Effective April, 2006, regulations were adopted by VA to give first priority to patient life-safety projects for up to 70% of the annual appropriation. The remainder of the annual appropriation will be used to support new construction projects and non-life safety renovation projects.

Appropriation Highlights (dollars in thousands)					
Description	2008 Actual	2009		2010 Estimate	Increase/ Decrease
		Budget Estimate	Current Estimate		
Regular Appropriation.....	\$85,000	\$85,000	\$175,000	\$85,000	(\$90,000)
2008 Emergency Designation.....	\$80,000	\$0	\$0	\$0	\$0
American Recovery and Reinvestment Act of 2009 Budget Authority.....	\$0	\$0	\$150,000	\$0	(\$150,000)
<b>Total Appropriation.....</b>	<b>\$165,000</b>	<b>\$85,000</b>	<b>\$325,000</b>	<b>\$85,000</b>	<b>(\$240,000)</b>
Obligations.....	\$161,782	\$86,650	\$257,299	\$157,607	(\$99,692)
Unobligated Balance (SOY).....	\$11,688	\$2,100	\$14,906	\$82,607	\$67,701
Unobligated Balance (EOY).....	(\$14,906)	(\$450)	(\$82,607)	(\$10,000)	\$72,607
Outlays.....	\$115,634	\$96,769	\$98,623	\$147,570	\$48,947

**Legislative History**

This program was approved on August 19, 1964, and authorized on appropriation in 1965. At this time a grant may not exceed 65% of the total cost of the project. Public Law 95-62 dated July 5, 1977 authorized the VA to participate in the construction of new domiciliary as well as new nursing homes, and for sums appropriated to remain available until expended. Veterans’ Health Care

Act of 1984, Public Law 98-528 dated October 19, 1984 amended section 8132 to allow States to purchase facilities to be used as State nursing homes and domiciliary. Veterans' Benefits Improvement and Health Care Authorization Act of 1986, Public Law 99-576 dated October 28, 1986 amended section 8135 of title 38 to eliminate a limitation that prohibited any State from receiving in any fiscal year more than one-third of the amount appropriated in that fiscal year and required a priority list to be established on July 1 of each year. Veterans' Benefits and Services Act of 1988, Public Law 100-322 dated May 20, 1988 further amended section 8135 of title 38 to change the date for compiling a priority list of grantees from July 1 to August 15. Construction grants are to be made from that list for the fiscal year beginning October 1<sup>st</sup>. Public Law 100-322 also permitted VA to approve and award State home grants on a conditional basis and obligate funds for these awards. Public Law 100-322 permits VA to increase a conditionally approved grant amount if: (1) the estimated cost on which VA based the conditional approval increases; and (2) VA conditionally approved the grant before the State awarded a construction or acquisition contract for the project.

The final grant award increase would be limited to 10% of the original obligation. Veterans Health Care Act of 1992, Public Law 102-585 dated November 4, 1992 granted permanent authority for this program and extended from 90 days to 180 days, the period within which a State must complete the application for a State home grant after receiving a conditional award. Veterans' Health Care Eligibility Reform Act of 1996, Public Law 104-262 dated October 9, 1996 added Adult Day Health Care as another level of care that may be provided by State homes. Veteran's Millennium Health Care and Benefits Act of 1999, Public Law 106-117 dated November 30, 1999 provided greater specificity in directing VA to prescribe regulations for the number of beds for which grant assistance may be furnished. The following changes were enacted:

- VA is to establish criteria for determining the relative need for additional beds on the part of a State which already has such State home beds;
- Strengthens the requirements governing award of a grant;
- Revises provisions governing the relative priority of each application (among those projects for which States have made their funding available in advance);

- Differentiates among applications for new bed construction by reference to the relative need for such beds, by assigning a higher priority to renovation projects (with a total cost exceeding \$400,000), with highest priority to renovations involving patient life or safety and by assigning second highest priority to an application from a State that has not previously applied for award of a VA construction grant or a grant for a State nursing home; and
- Establishes a “transition” rule providing that current regulations and provisions governing applications for State home grants would continue in effect with respect to applications for a limited number of projects. Those “grandfathered” projects are limited to those projects on the list of approved projects, established by the Secretary on October 29, 1998, for which the State had made sufficient funds available and those priority one projects on VA’s FY 2000 list, approved by the Secretary on November 3, 1999, submitted by States which had not received FY 1999 grant monies and are not included in the October 29<sup>th</sup> list. Note: All of the “grandfathered” projects received grants and are no longer included in the priority list.
- Effective April 2006, regulations were adopted by VA to give first priority to patient life-safety projects for up to 70% of the annual appropriation. The remainder of the annual appropriation will be used to support new construction projects.



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## *VA Lease Notifications, Major Medical Facility Project & Lease Authorizations*

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### **Introductory Statement**

The Department of Veterans Affairs requests an authorization of \$1,196,230,000 for major medical facility construction projects and \$196,227,000 for major medical facility leases in 2010.

Title 38, U.S.C., sections 8104(a)(2) requires statutory authorization for all major medical facility construction projects and major medical facility leases (including parking facilities) prior to appropriation of funds. Public Law 105-368, section 704, amended 38 U.S.C., section 8104(a)(3)(B), currently defines a "major medical facility lease" as those where the annual rent exceeds \$1,000,000. Projects and leases for which authorization is being requested in 2010 are shown in the chart on Page 6-3.

Title 38, U.S.C., section 8104(b) requires VA to notify and submit a prospectus for all major medical facility construction projects and all major medical facility leases exceeding the \$1,000,000 threshold. The prospectuses for the major medical construction projects are reflected on pages 6-5 through 6-12. The prospectuses for projects requesting 2010 funds that also require additional authorization are found in Chapter 2 of this submission. This includes the projects at Denver, CO; Bay Pines, FL; and Livermore, CA. The prospectuses for the VA direct leases that exceed \$1,000,000 are reflected beginning on page 6-13.

Public Law 110-329, Title II section 211, requires that the Secretary submit a written report (notification) to and obtain approval within 30 days from the Committee on Appropriations of Congress prior to the use of appropriated funds for any new lease of real property exceeding \$1,000,000.

VA considers a "new lease of real property" as one that pertains to real property that VA has never before leased, as well as succeeding or follow-up leases that have expired or will soon expire. Lease extensions, expansions, renewals, or other leases with pre-negotiated options are not considered new leases within the meaning of Public Law 110-329.



The Status Report for Authorized Major Medical Facility Projects and Leases (pages 6-73 through 6-78) is required under title 38 U.S.C.

All Department of Veterans Affairs facilities, including sites, are intended to be barrier free. Due to patient care requirements, at some locations VA accessibility standards exceed the General Services Administration (GSA) minimum requirements.

All projects comply with the requirements of the Coastal Barrier Resources Act (Public Law 97-348).

**2010 Lease Notifications over \$1,000,000 (Non - Medical Facility Leases)**

There is one new non-medical facility notification lease over \$1,000,000 for FY 2010. If any additional leases are identified, notification will be made in accordance with the law.

FY 2010 Major Non-Medical Lease Requiring Notification						
Year	VISN/AREA	Location	Project Title - Brief Description	Type	Est. Cost (\$000)	Estimated Annual Rental Cost (\$000)
2010	Central	Lincoln, NE	GSA Lease (VBA)	New	\$3,893	\$1,310

**2010 Major Medical Facility Project and Lease Authorization and Notification**

Title 38, U.S.C., section 8104(a)(2), requires statutory authorization for all major medical facility construction projects and all major medical facility leases exceeding \$1,000,000 (including parking facilities) prior to appropriation of funds. VA is not required to request authorization for leases acquired through the General Services Administration (GSA). The table on the following page provides notice to the Congressional Committees on Authorization and Appropriations of the five major medical facility construction projects and fifteen major medical facility leases for which the Department is requesting authorization.

<b>AUTHORIZATION AND NOTIFICATION REQUEST</b>			
	Location	Description	Authorization Request (\$000)
<b>FY 2010 Major Medical Facility Projects Authorization Request <sup>1</sup></b>			
1	Bay Pines, FL	Inpatient/Outpatient Improvements	\$194,400
2	Denver, CO	New Medical Facility	\$800,000
3	Livermore, CA	Realignment and Closure - Land Purchase	\$55,430
4	Louisville, KY	New Medical Facility - Land Purchase	\$75,000
5	Walla Walla, WA	Multi-Specialty Care	\$71,400
		<b>Total</b>	<b>\$ 1,196,230</b>
	Location	Description	Authorization Request (\$000)
<b>FY 2010 Leases Authorization Request and Notification</b>			
1	Anderson, SC	Outpatient Clinic	\$4,774
2	Atlanta, GA	Specialty Care Clinic	\$5,172
3	Bakersfield, CA	Outpatient Clinic	\$3,464
4	Birmingham, AL	Annex Clinic and Parking Garage	\$6,279
5	Butler, PA	Health Care Center	\$16,482
6	Charlotte, NC	Health Care Center	\$30,457
7	Fayetteville, NC	Health Care Center	\$23,487
8	Huntsville, AL	Outpatient Clinic	\$4,374
9	Kansas City, KS	Johnson County CBOC	\$4,418
10	Loma Linda, CA	Health Care Center	\$31,154
11	McAllen, TX	Outpatient Clinic	\$4,444
12	Monterey, CA	Health Care Center	\$11,628
13	Montgomery, AL	Health Care Center	\$9,943
14	Tallahassee, FL	Outpatient Clinic	\$13,165
15	Winston-Salem, NC	Health Care Center	\$26,986
		<b>Total</b>	<b>\$196,227</b>

<sup>1</sup> Prospectuses for Denver, CO, Livermore, CA and Bay Pines, FL are found in Chapter 2 - Major Construction of this volume.

## Notification of Intent to Obligate Over \$500,000 in Advance Planning Funds

As required by title 38, U.S.C., section 8104(f), VA may not obligate funds in an amount in excess of \$500,000 from the Advance Planning Fund of the Department toward design or development of a major medical facility project unless the Secretary submits to the Congressional Committees a report on the proposed obligation 30 days prior to obligation.<sup>1</sup>

In accordance with this requirement the Department provides notification for the following 17 major medical facility projects:

<b>Location</b>	<b>Title</b>
American Lake, WA	Seismic Correction (Building 81)
Brockton, MA	Long Term Spinal Cord Injury (SCI) Unit
Bronx, NY	Spinal Cord Injury (SCI)
Canandaigua, NY	Construction and Renovation (CLC, Dom and O/P)
Dallas, TX	Clinical Expansion for Mental Health
Dallas, TX	Spinal Cord Injury (SCI)
Livermore, CA	Realignment and Closure/Land Purchase
Long Beach, CA	Seismic Corrections Mental Health
Los Angeles, CA	Seismic Corrections (11 Buildings)
Louisville, KY	New Medical Facility
Perry Point, MD	Replacement Community Living Center
St. Louis, MO (JB Division)	Medical Facility Improvements & Cemetery Expansion
St. Louis, MO (JC Division)	Replace Bed Tower and Clinic Expansion
San Diego, CA	Spinal Cord Injury (SCI) and Seismic Deficiencies
Seattle, WA	Correct Seismic Deficiencies (B100, NT & NHCU)
Seattle, WA	B101 Mental Health
Walla Walla, WA	Multi-Specialty Care

<sup>1</sup> Projects that receive authorization are not subject to this requirement.

**Louisville, Kentucky  
New Medical Facility**

*Build a Medical Center for the existing Louisville, Kentucky VAMC. This proposal requests authorization to position the VA to be able to acquire land if necessary. Site location for the new facility has not yet been determined. This project was appropriated \$75,000,000 in FY 2009. Authorization is now required for land acquisition.*

**I. Budget Authority**

<u>Total Estimated</u> <u>Cost*</u>	<u>Available Through</u> <u>2009</u>	<u>2010 Auth.</u> <u>Request</u>	<u>Future Request</u>
TBD	\$75,000,000	\$75,000,000	TBD

\* Estimated total cost will be revised upon completion of design.

**II. Priority**

FY 2009 - 0.4825

**III. Description of Project**

VA will provide a state-of-the-art health care facility for the Louisville area. VA will develop a study to fully explore the potential for remaining at the existing site as well as further exploration of an option for a downtown location. This authorization will permit VA to purchase land if necessary once the study is completed.

The current facility does not have adequate space to meet current health care demand and projected workload for outpatient services.

**IV. Priorities/Deficiencies Addressed**

The medical center suffers from inadequate physical plant, limited parking, lack of space to meet outpatient demand, and lack of patient privacy. Focus is on the development of a medical center setting that will support current and future patient care demand in a cost efficient and effective manner.

Louisville is a large urban market and inadequate space is restricting ability to deliver patient care services, meet mandated waiting times, and address patient satisfaction requirements. The facility is inadequate in size, configuration and/or infrastructure to meet current and projected demand for inpatient and outpatient services. The new facility will provide adequate space to insure code compliant, efficient and effective patient care for the veteran population living within the Northern market of VISN 9.

## **V. Strategic Goals and Objectives**

**One VA:** This proposal supports the Department's Strategic Goal of "One VA" world-class service to veterans and their families resulting in the effective management of patient care, staff, communications and technology.

**Public Health and Socioeconomic Well Being:** This project improves the socioeconomic well being of veterans through the provision of world class health care covering such disciplines as Inpatient Acute Care, complex Specialty Care, Primary Care, Mental Health Care and advanced Ancillary/Diagnostic services.

**Quality of Life:** The proposed project provides VA high quality, reliable, accessible, timely and efficient healthcare in order to maximize the health and functional status for all enrolled Veterans.

**Ensure Smooth Transition:** Construction of a new VA Hospital supports the ease of re-entry of new veterans into the civilian life by increasing awareness of, improving access to, and expanding use of VA healthcare, benefits, and services.

**Honor and Memorialize:** Construction of a new hospital supports high quality, reliable, accessible, timely, and efficient health care. Provision of such care helps maximize the health and functional status for all enrolled veterans.

## **VI. Alternatives Considered**

**Alternative 1 - Status Quo:** The current hospital has been determined to be deficient to meet the future projected workload. Due to its construction characteristics it cannot be renovated to meet current design criteria for modern healthcare technology.

**Alternative 2 - New Construction:** This alternative resolves the outpatient space deficit, resolves FCA deficiencies, resolves S&FS deficiencies, utilizes horizontal development model assuring maximum ability to expand and renovate in the future, utilizes surface parking and a garage for hospital, provides the best separation of traffic and parking, and allows for a shorter construction phasing.

**Alternative 3 - Contracting Out:** The contracting out alternative is the least preferred alternative from a quality perspective because there could be no guarantee that non-VA providers could provide the same quality care.

**Alternative 4 - Renovation:** This alternative is not the most cost effective due to the numerous NRM and Minor projects that would be required to provide the facilities necessary for this area's need; therefore, it is not the preferred alternative.

**VII. Affiliations/Sharing Agreements**

The Fort Knox VA/DOD Sharing Program continues to play a significant role for both the Louisville VAMC and Fort Knox’s Ireland Army Community Hospital (IACH), by Louisville VAMC providing contractor performance of core functions for Fort Knox IACH. These sharing agreements provide a cost effective means to achieve the performance goals for both organizations while also increasing access to both beneficiary groups.

In addition to the workload presently being generated, Fort Knox is expecting the addition of approximately 13,000 beneficiaries as a result of the latest Base Realignment and Closure (BRAC). With these additional beneficiaries comes the anticipation of additional sharing agreement opportunities as both the Louisville VAMC and Fort Knox IACH continue to aggressively seek new and innovative ways to integrate the two healthcare systems.

This new project will provide the space needed to meet workload demands resulting from the additional primary care panels anticipated. These panels will be needed to support the additional staffing arriving as a result of the BRAC Realignment. Fort Knox has already broken ground for housing for an additional 1,200 students. Additionally, the local community continues to grow exponentially as these new military programs come on line. Increases in the Louisville base population will also increase Veteran, TRICARE and CHAMPVA workloads. A new medical center with the appropriate space for that workload will provide modern, private, state of the art health care for its patients. It will also provide enhanced learning experiences for the medical center’s affiliates who will be seeing the patients.

**VIII. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	330,542	291,416	146,794	-55%
Enrollees	127,552	141,602	135,279	6%

\*Data from Northern market reflects entire state of Kentucky; Louisville veteran population is increasing over the same period.

**IX. Workload**

	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change</u> <u>2007-2025</u>
Authorized hospital beds	122	143	17%
Outpatient visits	421,277	474,344	13%
Mental health stops	37,927	111,915	195%

## X. Schedule

Construction Document Award	February 2010
Construction Contract Award	TBD*
Construction Completion	TBD*

\*Dates are subject to future appropriations.

## XI. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b><u>Non-recurring costs<sup>1/</sup></u></b>		
Equipment costs	\$125,000,000	N/A
One time non-recurring cost	\$88,000,000	N/A
Total non-recurring	\$213,000,000	N/A
<b><u>Recurring costs<sup>2/</sup></u></b>		
	(FTE: 1687)	(FTE: 1412.54)
Personnel services	\$156,647,134	\$123,088,669
Other recurring	\$144,526,915	\$107,848,209
Total recurring	\$301,174,049	\$230,936,878
<b>Total Operating Cost</b>	<b>\$514,174,049</b>	<b>\$230,936,878</b>

<sup>1/</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

**Walla Walla, Washington  
New Multispecialty Outpatient Clinic**

*This project is to construct a new Outpatient Clinic Building, renovate Building 86, add parking, demolish buildings and upgrade site utility distribution systems on the Jonathan M. Wainwright Memorial VAMC, Walla Walla Washington. This project was fully funded (\$71,400,000) in FY 2009; however, authorization is required.*

**I. Budget Authority**

<u>Total Estimated</u> <u>Cost</u>	<u>Available Through</u> <u>2009</u>	<u>2010 Auth.</u> <u>Request</u>	<u>Future Request</u>
\$71,400,000	\$71,400,000	\$71,400,000	\$0

**II. Priority**

FY 2009 - 0.4272

**III. Description of Project**

This project will construct a new Outpatient Building, renovate Building 86, add approximately 175 parking spaces, demolish buildings 7, 8 and 123 and associated site work to include campus wide upgrades to antiquated utility distribution systems.

Construction of the new Outpatient Clinic Building will enable clinical, administrative and support functions currently spread across 88 acres of this historic campus to be consolidated and realigned onto approximately 24 acres on the west end of the campus. The 24 acres will contain the new Outpatient Clinic building, Building 86, adjacent buildings and expanded parking capacity (existing spaces plus 175 additional). The project includes associated site work and campus wide upgrades to antiquated utility distribution systems, and demolition of buildings/structures in the footprint of or adjacent to the new Outpatient Clinic Building.

Consolidation and realignment of clinical and administrative functions onto the west end of the campus will allow the remainder of the campus (approximately 64 acres) and the buildings and structures contained within to be candidates for reuse via Enhanced Use Lease(s) or future demolition or disposal.

**IV. Priorities/Deficiencies Addressed**

This project addresses two issues: Improved quality of care delivery and aging buildings and infrastructure. Quality of care will be improved by integrating all care delivery (primary, mental health, specialty care and ancillary services) into a state of the art building with improved adjacencies. The current campus health



care buildings are up to 100 years old in a dispersed campus setting with aging infrastructure.

## **V. Strategic Goals and Objectives**

**Quality of Life:** This project will ensure the Walla Walla VAMC is able to maximize the physical, mental and social functioning of veterans' chronic illness and disabilities. The project will also improve health outcomes by providing timely access to specialty care for referral from, and the support of, the existing primary care system at the VA Medical Center. This project will improve the veteran's Quality of Life by increasing the veteran patients' satisfaction with their healthcare with improved adjacencies and functional space, and will allow all services to be provided in two buildings, eliminating the need for patients and staff to walk long distances.

**Ensure Smooth Transition:** This investment will ensure quality health care delivery for the veterans in the VISN 20 Inland North Sub Market. It will honor the veteran by providing the facilities necessary to allow the creation of a health care environment that will be characterized by patient centered services where individual health care decisions are made on the basis of the most current medical knowledge, consistent with patients' informed preference and needs.

**Honor and Memorialize:** Provide high quality, reliable, accessible, timely and efficient health care that maximizes the health and functional status of all enrolled veterans. The project will improve access, convenience and timeliness of VA health care services by providing greater clinic exam room capacity (minimum of two rooms per provider). Elimination of the space impediments will increase the efficiency of providers and increase the volume of patients seen.

**Public Health Emergency Management & Socioeconomic Well-being:** Provide ability to fully implement integrated Primary Mental Health into the Primary Care Model will significantly contribute to overall continuity of care.

## **VI. Alternatives to Construction Considered**

**Alternative 1 - Status Quo:** This option leaves the campus in the current state. Currently outpatient services are provided in multiple buildings, many of which are over 100 years old. Functional and Space scores for the facility were extremely low. Low scores were noted in areas of safety, adjacencies, and space. Therefore, this option is deemed the least favored.

**Alternative 2 - New Construction (Preferred Alternative):** Construction of New Outpatient Clinic and Renovation of Building 86 provides a new state of the art outpatient building that will house most of the outpatient needs at the medical center. The existing Building 86 will be fully renovated for clinical,

administrative and support functions. The cost effectiveness analysis shows this option as the most advantageous to the medical center; therefore, it is the preferred alternative.

Alternative 3 - Renovation: Building 86 and 74 would be renovated for patient services, and administrative functions will be located in renovated space in various buildings located throughout the campus. Only Building 86 has been seismically upgraded, therefore buildings 74, 68, 69, 77, 78, 66, 81, and 82 would require seismic upgrades. Extensive construction would be needed in patient care buildings to correct safety and space deficiencies. Renovation does not correct the adjacency or proximity issues. Inefficiencies would remain with clinical services provided in several buildings spread across an expansive campus.

Alternative 4 - Contract Out: Contracting out the entire primary and specialty care in local communities is extremely expensive and the local availability of providers is limited. Last year, we used local providers to aid in reducing the wait list and that process proved to be difficult (due to limited availability) and costly. This option is the most costly alternative; therefore, it is not preferred.

**VII. Affiliations/Sharing Agreements**

Walla Walla Community College, Washington State University

**VIII. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change 2007-2025</u>
Veteran Population	169,012	138,871	116,902	-31%
Enrollees	52,097	54,729	50,143	-4%

\*Inland North market

**IX. Workload**

Workload	<u>Current (2007)</u>	<u>Projected (2025)</u>	<u>Change (2007-2025)</u>
Authorized Beds	36	47	31%
Ambulatory Stops	56,384	70,830	26%
Mental Health Stops	10,306	24,009	133%

**X. Schedule**

Complete RFP documents for Design/Build contract	October 2009
Award Design/Build contract	January 2010
Complete Construction	February 2012
Activation/Occupancy	March 2012

## XI. Project Cost Summary

Alterations	\$10,431,000
New Construction	\$24,324,000
<b>Subtotal</b>	<b>\$34,755,000</b>
Pre-design development allowance	\$4,751,000
Total Other Costs, Utilities, etc.	\$12,757,000
<b>Subtotal</b>	<b>\$52,263,000</b>
Construction contingencies	\$2,902,000
Technical services	\$6,033,000
Impact costs	\$1,000,000
Construction management costs	\$1,696,000
Market condition allowance	\$0
<b>Subtotal</b>	<b>\$63,894,000</b>
Inflation allowance to construction award	\$7,506,000
<b>Total estimated project cost</b>	<b>\$71,400,000</b>

## XII. Operating Costs

	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
<b><u>Non-recurring costs<sup>1/</sup></u></b>		
Equipment costs	\$10,140,000	\$800,000
One time non-recurring cost	\$5,000,000	\$0
Total non-recurring	\$15,140,000	\$800,000
<b><u>Recurring costs<sup>2/</sup></u></b>		
	(FTE: 330)	(FTE: 334)
Personnel services	\$29,037,092	\$26,397,356
Other recurring	\$32,550,000	\$31,000,000
Total recurring	\$61,587,092	\$60,397,356
<b>Total Operating Cost</b>	<b>\$76,727,092</b>	<b>\$61,197,356</b>

<sup>1/</sup>Non-recurring: resources necessary to bring the project on-line.

<sup>2/</sup>Recurring: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

**Anderson, South Carolina  
Outpatient Clinic Lease**

*This proposal provides for a replacement outpatient clinic lease in Anderson, SC, supporting the parent facility of William Jennings Bryan Dorn VAMC in Columbia, SC. The current lease will expire in September 2012.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$4,774,000	\$4,774,000	\$1,662,500

**II. Description of Project**

The existing 5,958 square feet clinic limits our ability to accommodate the needs of veterans residing in the Anderson, SC, service area due to space and staff capacity constraints. Demand for services has grown and will continue to increase over the 20 year projection. The modeled workload projects an increase in Ambulatory Stops alone by 151 percent through FY2025. This number does not reflect Mental Health (MH) visits or the new requirement to provide uniform MH services in the areas of Mental Health Intensive Care Management, Geropsych, Substance Abuse Treatment Program, Psychosocial Rehab, Military Sexual Trauma, Post Traumatic Stress Disorder Intensive Outpatient, Compensated Work Therapy, and a primary therapist for all veterans. Additional plans to expand outreach to veterans in the Anderson catchment area to include OEF/OIF veterans, homeless veterans, and the addition of the Home Based Primary Care program are also part of this lease. For Outpatient Mental Health alone, Anderson CBOC actual stops for FY2007 were 5,536. This is projected to increase 220 percent over the next 20 years. This project is designed to address access and capacity for Primary Care and Mental Health Services. The project is also designed to provide care through the Mental Health Uniform Services Initiative for patients from the Greenville and Spartanburg CBOCs in terms of the specialty mental health services, while general mental health services will continue to be provided at the individual sites.

Approval of this prospectus will constitute authority for up to 20 years of leasing, as well as potential extension of the present lease as may be necessary pending execution of the replacement lease.

**III. Priorities/Deficiencies Addressed**

The existing Anderson Outpatient Clinic Lease expires in FY 2012 and is extremely short of anticipated space needs. This project will increase the current lease ten-fold with approximately 57,321 SF of new space to allow WJB Dorn VAMC to continue providing timely quality outpatient care in the South Carolina up-state.

**IV. Alternatives to Lease Considered**

Alternative 1 - Status Quo: The current leased building is currently approximately ten times too small for projected workload. To ensure support for the veterans in Anderson’s catchment area and to continue to support the needs of the Columbia, SC, VAMC, expansion for this clinic is a must, thereby making this alternative the least favorable option. In addition, the current lease terminates in 2012, with no options remaining; therefore, a new lease will be required to meet the workload demands.

Alternative 2 - Replacement lease (Preferred alternative): This alternative is considered the most viable. It provides for closure of projected gaps in workload and space. By constructing a new lease, the location will be driven by the demographics of the veteran population, ensuring an optimal location for needed services in contemporary space with added operational efficiencies, making this alternative the least costly and least riskiest than other available alternatives.

Alternative 3 - Construct new VA owned space: This option provides closure of projected gaps in workload and space. However, this alternate is more costly than the preferred option and would take longer to accomplish. The reasons include needing to acquire land and needing to plan, request and receive construction appropriation.

Alternative 4 - Contract out services: This option provides closure of projected gaps in workload and space. However, this alternative results in significantly higher long term cost than Alternate 1 (preferred) due to the costs associated with contracting outpatient, specialty and mental health services to the community.

**V. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	431,325	393,203	347,825	-19%
Enrollees	145,450	148,611	139,132	-4%
Outpatient Stops	13,858	25,367	34,840	151%
Mental Health Stops	5,536	11,411	17,705	220%

\*Market level data from South Carolina market and Anderson County.

**VI. Schedule**

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

## VII. Project Cost Summary

Estimated Annual Cost	\$1,622,500
Proposed Rental Rate*	\$28.32/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	57,300
Parking Spaces*	200
Special Purpose Related Improvements**	\$3,151,500

\*Estimate based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Represents lump sum payment to Lessor to design and build out space for clinical use; not included in base rent.

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**Atlanta, Georgia  
Specialty Care Clinic Lease**

*This proposal provides a new build-to-suit Specialty Care lease to support the Atlanta, GA, VAMC.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$5,172,000	\$5,172,000	\$2,207,500

**II. Description of Project**

This lease supports the Atlanta VAMC. The Atlanta VAMC is classified as a Complexity Level 1A tertiary care facility, located in Decatur, GA, on 26 acres. The VAMC (excluding the Community Living Center-NHCU) is approximately 763,344 DGSF and is deficient space for current workload, let alone the anticipated increase in projected workload. Despite significant renovations, clinical additions and the utilization of lease space options, the remaining option to address the anticipated workload is to lease additional space off-site for outpatient services to continue to serve our veterans. Therefore, this new clinic will relocate a portion of outpatient services that can operate independently of the medical center to an off-site lease. The new lease will include 53,869 sq ft of Specialty Clinic space to accommodate services for Primary Care, Women's Wellness, Ophthalmology, Dermatology and Podiatry as well as adequate parking for staff and veterans.

This new space will provide an opportunity to serve veterans in a contemporary facility, ensuring maximum safety and security are addressed. This will also decompress space deficiencies at the medical center and significantly reduce parking congestion. Finally, the areas vacated by these services will be backfilled with other clinical programs needing expansion, such as Mental Health and TBI. The opportunity to improve veteran and staff satisfaction through this relocation is immeasurable.

Approval of this prospectus will constitute authority for up to 20 years of leasing, as well as potential extension of the present lease as may be necessary pending execution of the replacement lease.

**III. Priorities/Deficiencies Addressed**

The project would provide additional space for Ophthalmology, Podiatry, and Dermatology - three of our higher volume clinics, to expand to accommodate increases in current and future workload demand. The new space will ensure appropriate design to adequately address patient flow, safety, patient privacy and



security. This expansion should increase efficiency and productivity and improve patient and staff satisfaction.

Our veteran population continues to include increasing numbers of women veterans. This proposal addresses the need to be responsive to gender-specific needs of our women veterans through the expansion of our Women's Wellness program into a Women's Center of Excellence.

This proposal decompresses on-site traffic and parking at the Atlanta VAMC by relocating approximately 17,000 unique patients with 88,000 outpatient visits per year to the proposed annex.

The vacated space at the medical center will be back-filled to expand other critical areas, such as inpatient and outpatient mental health services and the traumatic brain injury program. This is essential with Georgia having increasing numbers of returning OEF/OIF veterans.

#### **IV. Alternatives to Lease Considered**

Alternative 1 - Status Quo: The Capital Asset Inventory reflects a space need of approximately 300,000 square feet for the Atlanta VAMC. Space constraints significantly impact access measures for many outpatient clinics. To address this, the medical center utilizes fee basis or contracted services. While this option is encouraged, it results in higher long term costs for the medical center. Significant oversight is also required to ensure that veterans that use fee/contract services receive care timely and that care is on par with VA services. Enabling these services to move to leased space that provides for adequate growth and future expansion of services can reduce fee/contract usage significantly, thereby saving operating expenses as well as providing contemporary, adequate space to serve our veterans.

Alternative 2 - New Lease (Preferred Alternative): This alternative is considered the most viable. It provides for closure of projected gaps in workload and space. It is the most cost-effective and timely solution. Veteran needs are addressed in-house which will be at a lower cost than that of continued fee-basis/contracting costs. Leasing an existing building and completing necessary renovations/build-out will enable us to expand services, customize the facility to meet future needs and establish a modernized patient care area. Locating this facility in an optimal setting, closer to where veterans reside will improve customer satisfaction and space and operational efficiencies with the least cost and potential risks than other available alternatives.

Alternative 3 - Construct new VA owned space: This option provides closure of projected gaps in workload and space. However, this alternate is more costly and

would take longer to accomplish than the preferred option. The reasons include needing to acquire land (the Atlanta VAMC is land constrained) and needing to plan, request and receive construction appropriation.

Alternative 4 - Contract out services: This option provides closure of projected gaps in workload and space. However, this alternative results in significantly higher long term cost than Alternate 2 (preferred) due to the costs associated with contracting outpatient, specialty and mental health services to the community.

#### V. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	636,209	629,623	579,857	-9%
Enrollees	176,217	213,682	210,811	20%
Outpatient Stops	409,262	752,053	890,864	118%
Mental Health Stops	131,701	299,618	353,898	169%

\*Market level data from Georgia and Atlanta catchment areas

#### VI. Schedule

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	July 2012

#### VII. Project Cost Summary

Estimated Annual Cost	\$2,207,500
Proposed Rental Rate*	\$40.95/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	53,900
Parking Spaces*	175
Special Purpose Related Improvements**	\$2,964,500

\*Estimate based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Represents lump sum payment to Lessor to design and build out space for clinical use; not included in base rent.

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**Bakersfield, California  
Outpatient Clinic Lease**

*This proposal provides for a replacement outpatient clinic lease in Bakersfield, CA, supporting the parent facility of the West Los Angeles VAMC.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth.</u> <u>Request</u>	<u>Unserviced</u> <u>Annual Rent</u>
2032	\$3,464,000	\$3,464,000	\$1,808,500

**II. Description of Lease:**

This project will replace the satellite outpatient clinic located in Bakersfield, California. The new clinic will include expanded primary care and mental health services, and the addition of a comprehensive array of specialty care clinics to serve the veterans in the Kern County area.

Approval of this prospectus will constitute authority for up to 20 years of leasing, as well as potential extension of the present lease as may be necessary pending execution of the replacement lease.

**III. Priorities/Deficiencies Addressed:**

Currently the existing Bakersfield CBOC provides primary care services, mental health services and limited specialty care services. The new clinic will expand these services to meet the demands of the projected workload.

Expanding the specialty care services at the Bakersfield clinic ensures the veterans' travel times are not excessive. The parent facility is located approximately 3 hours away in West Los Angeles, and the Sepulveda clinic is approximately 1.5 hours away. Accessibility to either clinic for Specialty Care services is not cost efficient for veterans.

The new outpatient clinic, with expanded services and state-of-the-art equipment, will substantially improve employee satisfaction, decrease the shift in employees, and attract high quality health care givers.

In addition, the new outpatient clinic will help to decompress the overloaded health care delivery system at the West Los Angeles and Sepulveda VAMCs.

**IV. Alternatives to Lease Considered:**

Alternative 1 - Status Quo: This alternative would maintain the current CBOC. The clinic first opened in 1992. The CBOC currently accommodates the primary, mental health and specialty care needs of its patient population of approximately

8,000. The 30,140 square feet of space is adequate for the services currently being provided at the clinic but not adequate for expansion of Primary Care and Mental Health services and the clinic overall. Additional spaces will be necessary to accommodate the anticipated veteran patient growth and need for additional services. Therefore, to accommodate the increased workload demands, this alternative is least preferred.

Alternative 2 - New Lease (Preferred Alternative): Relocate VA-staffed CBOC in a different leased space in the same geographical area. The new lease approach requires the establishment of a new CBOC located in the same geographical location as the current CBOC. The current clinic accommodates patient treatment needs but may require future repairs and maintenance and possible remodeling to accommodate future specialty treatment programs and patient growth. This approach is considered most viable. The benefits of this approach are as follows: VA would maintain services in the same geographical location; lower cost than contracted services; the CBOC will be better able to provide expanded primary and specialty care; and this will decompress the parent facility, WLA VAMC. The negatives of this approach are the build out costs and the additional staff costs.

Alternative 3 - New Construction: This alternative would close the same gaps as Alternative 2; however, it would require additional time for construction versus procuring through a lease. It also provides the least flexibility in addressing long term future changes. Therefore, this alternative is not preferred.

Alternative 4 - Contract Out: This approach would entail contracting care for approximately 8,000 veteran patients currently and future patients in the Bakersfield, CA area under a competitively based contract. Based on a cost-benefit analysis, this alternative is the most expensive; therefore, it is the least preferred.

**V. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	1,218,919	929,062	741,619	-39%
Enrollment	351,346	347,773	307,034	-13%
Ambulatory Stops	27,473	48,358	52,545	91%
Mental Health Stops	9,981	20,520	24,580	146%

\*Data for Southern California market and Kern County

**VI. Schedule**

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

**VII. Project Cost Summary**

Estimated Annual Cost	\$1,808,500
Proposed Rental Rate*	\$60.08/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	30,100
Parking Spaces*	144
Special Purpose Related Improvements**	\$1,655,500

\*Estimate based on 2009 and has been escalated at 4% annually to the anticipated effective date of the lease in order to account for inflation.

\*\*Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent.

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**Birmingham, Alabama  
Annex Clinic and Parking Garage**

*This proposal provides a new build-to-suit Annex Outpatient Clinic to support the Birmingham, Alabama VAMC.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$6,279,000	\$6,279,000	\$3,501,500

**II. Description of Project**

The Birmingham VAMC’s proposal will lease approximately 50,500 net square feet of clinical space in order to provide primary care, specialty care, mental health, ancillary/diagnostic outpatient services and a parking structure of 2300 spaces for patient, visitors and staff parking. This project will assume the current workload and services provided in space leased from the Children’s Hospital.

Approval of this prospectus will constitute authority for up to 20 years of leasing, as well as potential extension of the present lease as may be necessary pending execution of the replacement lease.

**III. Priorities/Deficiencies Addressed**

The Birmingham, Alabama VAMC is a tertiary care referral facility located in downtown Birmingham, AL. The main building is approximately 740,643 sq ft situated on 4 acres. The land is constrained; however, the space needs for the projected workload require much needed space.

The benefits of this new lease are as follows:

Parking at the Birmingham VAMC – the VAMC currently has 35 parking spaces; therefore, the medical center leases land to provide for 823 parking stalls. This lease, however, will expire in 2014. In addition to the expiration of the current parking lease, the latest VA parking analysis shows a total need of 1,541 spaces for the Birmingham VAMC and a projected need of 2,391 by 2025. Approval of the annex will allow for appropriate parking in a consolidated location.

Exam Room per provider - The proposal will allow each primary care and specialty care provider to utilize two exam rooms per provider, which is consistent with VA standards. This will increase efficiency and productivity.

The proposal will divert significant traffic away from the main medical center by relocating a significant portion of outpatient visits per year to the proposed annex.



The vacated primary care space at the medical center will be converted to specialty clinic space. This will help address the current and future space and workload gaps for specialty services.

**IV. Alternatives to Lease Considered**

Alternative 1 - Status Quo: The current VAMC is too small and landlocked to provide services for the projected workload. Because the status quo fails to ensure support for the veterans in Birmingham’s catchment area and to continue to support the needs of the Birmingham, AL, VAMC, this alternative is the least favorable option.

Alternate 2 - New Lease (Preferred Alternative): This alternative is considered the most viable and cost effective. It provides for closure of projected gaps in workload and space. By constructing a new lease, the location will be driven by the demographics of the veteran population, ensuring an optimal location for needed services in contemporary space with added operational efficiencies, making this alternative the least costly and least riskiest than other available alternatives.

Alternative 3 - Construct new VA owned space: This option provides closure of projected gaps in workload and space. However, this alternate is more costly than the preferred option and would take longer to accomplish. The reasons include needing to acquire land and needing to plan, request and receive construction appropriation.

Alternative 4 - Contract out services: This option provides closure of projected gaps in workload and space. However, this alternative results in significantly higher long term cost than Alternate 2 (preferred) due to the costs associated with contracting outpatient, specialty and mental health services to the community.

**V. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	392,095	342,619	293,326	-25%
Enrollees	137,004	138,704	151,495	11%
Ambulatory Stops	344,581	436,974	497,874	44%
Mental Health Stops	48,121	70,850	91,145	89%

\*Market level data from Alabama market and Atlanta catchment area

**VI. Schedule**

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

**VII. Project Cost Summary**

Estimated Annual Cost	\$3,501,500
Proposed Rental Rate*	\$69.34/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	50,500
Parking Spaces*	2,300
Special Purpose Related Improvements**	\$2,777,500

\*Estimate based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Represents lump sum payment to Lessor to design and build out space for clinical use; not included in base rent.

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**Butler, Pennsylvania  
Health Care Center (HCC) Lease**

*This proposal provides for a new outpatient clinic lease in Butler, PA, to replace the current VAMC.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$16,482,000	\$16,482,000	\$6,582,000

**II. Description of Lease**

This project will relocate outpatient services from the current Butler VA Medical Center (VAMC) to a leased build-to-suit Health Care Center (HCC) in the vicinity of Butler, PA. The new HCC will expand Butler’s outpatient space to approximately 180,000 net usable square feet (NUSF) to meet increased veteran demand. This clinic will serve veterans from the counties of Beaver, Armstrong, Butler, Clarion, Forest, Venango, Lawrence and Mercer. This project will allow VA to continue to provide timely access to state-of-the-art primary care, specialty care, mental health and ancillary diagnostic services in a properly sized facility to meet increased workload.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term, and any renewal options, as necessary, prior to the completion of the proposed lease.

**III. Priorities/Deficiencies Addressed**

This lease is designed to address quality, access and capacity for Primary Care, Specialty Care, Dental, Laboratory and Pathology, Radiology, Mental Health, and Ancillary and Diagnostic Services. The buildings in which treatment programs currently reside require renovation and significant expansion. By consolidating services in a single building, VA will be able to ensure that patient intake is handled quickly, professionally and privately, and that veterans’ health care needs are fully met. A new facility will enhance the care provided to current veterans and provide proper infrastructure for future veteran care in Butler.

The new HCC will benefit the Butler veteran population in many ways. The efficiency of services provided will be enhanced by the collocation of all clinical categories, such as primary care, mental health and specialty care, in one central building. By expanding the available clinical space to meet projected increases in patient workload, quality of life for veterans will also improve due to reduced wait times. Adding space for both individual and group therapy visits will allow for significant expansion of mental health programs. Increasing the number of

services provided, particularly specialty care services, will increase veterans' geographic access to care and thereby improve the quality of life for rural veterans who previously had to drive approximately 60 minutes to Pittsburgh to access these services. The new facility will also provide adequate parking.

This project will allow VA Butler Healthcare to meet this growing workload, while also increasing its focus on long-term care. The HCC will have the capacity to serve more veterans (3,000 more unique veterans), accommodate the expected increase in clinic stops (projected to increase by 81 percent in Ambulatory Care Stops and increase by 151 percent in Mental Health Stops in the next 20 years) and increase panel provider size by 10 percent.

#### **IV. Alternatives to Lease Considered**

Alternative 1 - Status Quo: This alternative assumes that the present physical space housing outpatient services at the Butler VAMC would continue to be used for outpatient care with general maintenance only. With this alternative, outpatient services would continue to be located in three separate buildings, maintaining existing inefficiencies and costly operational expenses.

Alternative 2 - Lease (Preferred Alternative): This option assumes the lease of a new, state-of-the-art HCC of approximately 180,000 NUSF. All VA Butler healthcare services, with the exception of the domiciliary and Community Living Center, will relocate to the HCC. It will provide infrastructure that supports the increased integration of outpatient services, coordination of care, provider productivity, efficiency, patient satisfaction, compliance with clinical guidelines, access and safety/security. This alternative solves VA Butler Healthcare's current space constraints cost effectively without requiring major up-front capital investment.

Alternative 3 - New Construction: This alternative assumes the construction of a new, free-standing comprehensive outpatient facility of approximately 180,000 NUSF. This option would consolidate all outpatient services in a modern outpatient facility. It would provide an infrastructure that supports the increased integration of outpatient services, coordination of care, provider productivity, efficiency, patient satisfaction, compliance with clinical guidelines, access and safety/security. Flexibility to expand/contract services and/or change location depending on workload demand would be difficult under this alternative.

Alternative 4 - Contract out: This alternative assumes the outsourcing of all outpatient care to the community. This alternative is not viable because the Butler community does not have sufficient capacity to support the veteran workload. This alternative is also the least cost effective alternative.

## V. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran population	487,868	356,166	364,287	-25%
Enrollees	182,025	168,749	141,724	-22%
Ambulatory Stops	73,692	116,732	133,726	81%
Mental Health Stops	25,958	47,102	59,316	129%

\*Data for Western market and Butler catchment area

## VI. Schedule

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

## VII. Project Cost Summary

Estimated Annual Cost	\$6,582,000
Proposed Rental Rate*	\$36.57/NUSF
Proposed Lease Authority	20 Years
Net Usable Square Feet	180,000 NUSF
Parking Spaces*	1,035
Special Purpose Related Improvements**	\$9,900,000

\*Estimate based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent.

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**Charlotte, North Carolina  
Health Care Center (HCC) Lease**

*This proposal provides for a replacement outpatient clinic lease in Charlotte, NC, supporting the parent facility of the W.G. Hefner VAMC in Salisbury, NC.*

**I. Budget Authority**

<u>Lease</u> <u>Through</u> 2032	<u>2010 Request</u> \$30,457,000	<u>2010 Auth.</u> <u>Request</u> \$30,457,000	<u>Unserviced Annual</u> <u>Rent</u> \$14,232,000

**II. Description of Lease**

This project will consist of the lease of an approximately 295,000 net usable square foot (NUSF) build-to-suit outpatient facility in Charlotte, NC. The existing Community-Based Outpatient Clinic (CBOC) in Charlotte will remain operational after the HCC is opened. Pursuit of this alternative will enable VA to expand outpatient specialty services and better serve the needs of veterans and their families. Outpatient services provided at the Charlotte HCC will include specialty medical and surgical services, in addition to various outpatient mental health programs. Although the existing Charlotte CBOC provides a wide array of outpatient services, it is not large enough to accommodate veterans' projected medical needs in the future.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term, and any renewal options, as necessary, prior to the completion of the proposed lease.

**III. Priorities/Deficiencies Addressed**

The existing Charlotte CBOC is not large enough to meet the projected patient workload associated with the facility. The enrolled veteran population in the Charlotte area is projected to grow by 31 percent between 2007 and 2025. This growth in enrollees will be accompanied by a significant increase in workload for the Charlotte area. Excluding pharmacy, the total Ambulatory Care workload in 2007 was 211,719 stops. This number will grow to 457,453 by 2025, creating a total workload gap of 116 percent in the Charlotte area. It is critical that VA address this gap through the lease of a new, appropriately-sized facility.

The new state-of-the-art HCC will be able to support highly-specialized outpatient services, including some surgical specialties. Several outpatient specialty services that are currently contracted out to healthcare providers in the Charlotte area will be provided at the HCC, allowing VA to have greater control over the care of its veterans. Additionally, the HCC will enable VA to expand its



service offerings and improve access for veterans who previously had to travel to other facilities to obtain these services.

#### **IV. Alternatives to Lease Considered**

Alternative 1 - Status Quo: Under the Status Quo, VA would continue to provide services at the existing Charlotte CBOC. Space at this facility is severely limited, and is not sufficient to provide adequate healthcare service in the future. If left as-is, the CBOC will fall short of the projected 2025 workload for the Charlotte area by 116 percent. The existing Charlotte CBOC also does not have dedicated facilities in important clinical specialty areas, including geriatrics, dialysis, oncology, orthopedics, and nuclear medicine. The inadequate space at the current Charlotte facility will also result in significant contract-out costs to provide care for veterans who cannot be accommodated at the CBOC.

Alternative 2 - New Lease (Preferred Alternative): The Lease alternative consists of a VA lease of an approximately 295,000 NUSF HCC. The existing CBOC in Charlotte will remain operational. The HCC provides VA with enough space to meet the projected workload, consolidates several outpatient services, and allows VA to provide several new services to veterans in the Charlotte area. By pursuing the lease option, VA will gain a facility that is large enough to meet the projected workload in the Charlotte area. This option also involves the lowest level of risk of the four alternatives.

Alternative 3 - New Construction: The New Construction alternative would consist of the new construction of an approximately 295,000 NUSF facility to meet projected workload needs. This is not considered a viable alternative, given the lack of flexibility to expand/contract services and/or change location depending on workload demand. In addition, this alternative would require VA to acquire land in the Charlotte area for the facility.

Alternative 4 - Contract Out: The Contract Out alternative assumes that all health care services would be contracted out to health care providers in the Charlotte area. This is not a viable alternative, as it is not cost-effective and would result in a loss of control over the quality of veterans' health care.

#### **V. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007 - 2025</u>
Veteran Population	368,404	362,386	324,925	-12%
Enrollment	113,713	150,997	148,777	31%
Ambulatory Stops	211,719	370,293	457,453	116%
Mental Health Stops	8,781	17,891	26,240	198%

\*Data for Southwest market and Charlotte catchment area

**VI. Schedule**

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

**VII. Project Cost Summary**

Estimated Annual Cost	\$14,232,000
Proposed Rental Rate*	\$48.24/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	295,000
Parking Spaces*	1,930
Special Purpose Related Improvements**	\$16,225,000

\*Estimate based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent.

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**Fayetteville, North Carolina  
Health Care Center (HCC) Lease**

*This proposal relocates Fayetteville VAMC's outpatient services to a build-to-suit lease in close proximity to the VAMC.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$23,487,000	\$23,487,000	\$10,507,000

**II. Description of Lease**

This project will relocate outpatient services from the current Fayetteville VAMC to a leased build-to-suit Health Care Center (HCC) in the vicinity of Fayetteville, NC. The HCC would be approximately 236,000 net usable square feet (NUSF) in size and will relieve the current space shortage at the existing VAMC. It will consolidate Primary Care and Specialty Care Clinics and will enable VA to better meet the needs of veterans. The HCC will also house ancillary and diagnostic services in support of the Primary Care and Specialty Care Clinics and will help the Fayetteville VAMC better accommodate the projected outpatient workload. The new facility will be easily accessible and modern, promoting efficiencies in patient service and enhancing the overall quality of care provided.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term, and any renewal options, as necessary, prior to the completion of the proposed lease.

**III. Priorities/Deficiencies Addressed**

This lease aims to improve several performance measures including capacity, efficiency, access, quality of care and overall patient satisfaction as they pertain to Primary and Specialty Care, Dental, Laboratory and Pathology, Mental Health, Geriatrics, Nuclear Medicine and Radiology, Substance Abuse, Work Therapy and Pharmacy. Quality of care and patient satisfaction will be improved by providing adequate space for waiting and examination rooms and by collocating clinical and administrative services to increase efficiency. The HCC will address the increasing needs of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) and women veteran populations. It will also help accommodate the projected impact of the Department of Defense's Base Realignment and Closure (BRAC) which is estimated to bring an additional 15,000 to 20,000 soldiers, family members and civilians to the Fayetteville VAMC catchment area in the next 3-5 years.

The HCC would benefit the veteran population in many ways. It would increase overall efficiency by collocating services, such as Primary Care, Specialty Care, Mental Health and all administrative support services in one location. It would expand clinical space to reduce wait-times and accommodate increases in patient workload and increase the total number of services provided, to expand overall capacity to serve current and future veterans.

Leasing a modern HCC facility housing expanded primary and specialty care services will result in seamless delivery of care and improved convenience to veteran and intergovernmental customers. A new building that honors and memorializes veterans will also benefit the Fayetteville VAMC by attracting high quality outpatient health care providers and nursing staff. Additionally, it would address significant parking issues which continue to adversely impact patient satisfaction scores. Based on the current space deficiencies, the Fayetteville VAMC currently has a space deficit in excess of 200,000 gross square feet.

#### **IV. Alternatives to Lease Considered**

**Alternative 1 - Status Quo:** The Status Quo maintains the infrastructure and building as is, renovating and expanding only when absolutely necessary. This option is least preferred, as it fails to address existing space shortages, infrastructure deficiencies, and patient privacy and satisfaction issues.

**Alternative 2 - New Lease (Preferred Alternative):** This alternative involves leasing a build-to-suit HCC in close proximity to the existing Fayetteville VAMC. This alternative was selected as the preferred alternative because it offers an effective solution to current mission needs and provides the capabilities to meet VA goals, objectives, and mission requirements. An HCC with consolidated outpatient services is expected to expand the offered specialty clinics at VA and increase patient satisfaction.

**Alternative 3 - New Construction:** This option would utilize federal appropriations to construct a new outpatient facility of approximately of 236,000 NUSF (on land to be acquired by VA in the Fayetteville area). The facility would offer clinical space for primary care, outpatient mental health, specialty outpatient clinical care, ancillary/diagnostic services. Flexibility to expand/contract services and/or change location depending on workload demand would be difficult in this alternative.

**Alternative 4 - Contract Out:** This alternative would seek to contract out all services slated to move to the HCC to private health care providers in the community. This alternative could result in increased annual costs, which the Fayetteville VAMC may not be able to fund out of its current operating budget. This alternative would also face challenges associated with limited existing

capacity in the community to absorb VA's workload and the difficulty of ensuring patients receive VA quality care from non-VA community providers.

**V. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	389,007	362,386	324,925	-16%
Enrollment	124,713	150,997	148,777	19%
Ambulatory Stops	284,176	403,213	489,629	72%
Mental Health Stops	43,643	96,150	131,603	202%

\*Data for Southeast Market and Fayetteville catchment area

**VI. Schedule**

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

**VII. Project Cost Summary**

Estimated Annual Cost	\$10,507,000
Proposed Rental Rate*	\$44.52/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	236,000
Parking Spaces*	1,360
Special Purpose Related Improvements**	\$12,980,000

\*This estimate is based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent.

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**Huntsville, Alabama  
Outpatient Clinic**

*This proposal provides a 47,800 net square feet lease for an Outpatient Clinic in Huntsville, Alabama, in order to provide primary care, specialty care, mental health, and diagnostic outpatient services.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$4,374,000	\$4,374,000	\$1,745,000

**II. Description of Project**

This proposal provides approximately 47,800 net square feet of leased clinical space in order to provide primary care, specialty care, mental health, and diagnostic outpatient services to assist in serving the Birmingham, AL VAMC’s veterans. This project will allow the consolidation of two current leases - a smaller CBOC in Huntsville and a CBOC in Decatur.

Approval of this prospectus will constitute authority for up to 20 years of leasing, as well as potential extension of the present lease as may be necessary pending execution of the replacement lease.

**III. Priorities/Deficiencies Addressed**

New workload projections denote an FY2007 baseline for the Birmingham VAMC of 25,316 mental health stops, 11,454 cardiology stops, 16,574 eye clinic stops, 33,991 non-surgical specialty stops, 8,362 audiology stops, 107,944 pathology stops, 74,319 primary care and related specialty stops, 41,361 radiology and related specialty stops, 42,734 surgical and related specialty stops, 15,024 rehab medicine stops and 8,788 substance abuse stops. The 20-year projected workload for these categories denote significant increases, causing gaps that must be addressed with additional space. The increases include mental health (31 percent), cardiology (189 percent), eye clinic (69 percent), non-surgical specialty (159 percent), audiology (35 percent), pathology (66 percent), primary care and related specialty (37 percent), radiology and related specialty (17 percent), surgical and related specialty (108 percent), rehab medicine (56 percent), and substance abuse (9 percent). The Birmingham VAMC is landlocked and currently has a space deficiency; therefore, in order to address the space gaps, a larger clinic is essential. This clinic would provide services currently provided at the Birmingham VAMC to veterans in North Alabama. By diverting these services to where the veterans live, the expanded clinic could expect to see approximately 157,600 outpatient stops in FY2025, i.e., mental health (14,277), cardiology (3,313), eye clinic (5,476), non-surgical specialty (17,632), audiology (4,376), pathology



(44,491), primary care and related specialty (34,924), radiology and related specialty (11,077), surgical and related specialty (17,801), rehab medicine (3,237), and substance abuse (957). Establishing a clinic in a location where patients reside not only ensures adequate space to serve Alabama’s patients but a significant customer service of being closer to the veterans.

**IV. Alternatives to Lease Considered**

Alternative 1 - Status Quo: The current VAMC is too small and landlocked to provide services for the projected workload, making this alternative the least favorable option.

Alternate 2 - Replacement Lease (Preferred Alternative): This alternative is considered the most viable and cost effective. It provides for closure of projected gaps in workload and space. The new lease location will be driven by the demographics of the veteran population, ensuring an optimal location for needed services in contemporary space with added operational efficiencies and less drive time for patients to the downtown area, making this alternative the least costly and least risky of the available alternatives.

Alternative 3 - Construct new VA owned space: This option provides closure of projected gaps in workload and space. However, this alternate is more costly than the preferred option and would take longer to accomplish. The reasons include needing to acquire land and needing to plan, request and receive construction appropriation.

Alternative 4 - Contract out services: This option provides closure of projected gaps in workload and space. However, this alternative results in significantly higher long term cost than Alternate 2 (preferred) due to the costs associated with contracting outpatient, specialty and mental health services to the community. In addition, market studies were performed in the Huntsville area among local medical facilities, and it was found that many of those facilities (practitioners) were at capacity and did not desire additional workload.

**V. Demographic Data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	392,095	342,619	293,326	-25%
Enrollees	137,004	138,704	127,679	-7%
Ambulatory Stops	15,874	32,683	39,253	147%
Mental Health Stops	6,231	15,947	23,861	283%

\*Market level data from Alabama Market and Huntsville catchment area

**VI. Schedule**

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

**VII. Project Cost Summary**

Estimated Annual Cost	\$1,745,000
Proposed Rental Rate*	\$36.50/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	47,800
Parking Spaces*	400
Special Purpose Related Improvements**	\$2,629,000

\*This estimate is based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Represents lump sum payment to Lessor to design and build out space for clinical use; not included in base rent.

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**Johnson County, Kansas  
Community Based Outpatient Clinic Lease**

*This proposal provides for a Community Based Outpatient Clinic lease in Kansas City, KS, supporting the parent facility of the Kansas City VAMC in Kansas City, MO.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$4,418,000	\$4,418,000	\$1,976,000

**II. Description of Lease:**

This project will lease approximately 44,376 net usable square feet (nurf) in Johnson County, Kansas, for a Community Based Outpatient Clinic (CBOC). The new CBOC will be located in an area with a high concentration of veterans that current have to travel more than 30 minutes to access medical services at the Kansas City VAMC. The lease will provide comprehensive outpatient services in the following disciplines: Dental, Medical Sub-Specialty (Audiology, Speech Pathology, Dermatology, Gastroenterology, Digestive/Gastrointestinal I/Endoscopy, Oncology/Tumor, and Chemo Unit-Medical), Primary Care and Women’s (Women’s Clinics and Primary Care/Medical), Outpatient Surgery (General Surgery Clinics, Eye, Ear, Nose Throat, Obstetrics and Gynecology, Orthopedics, Podiatry, and Urology), Mental Health (Mental Health Clinics-Individual, Post-Traumatic Stress Disorder (PTSD) Group, PTSD Clinical Team PTSD-Individual, Mental Hygiene Clinics, and Social Work), Substance Abuse (Substance Abuse-Ind, Substance Abuse-Group, and Intensive Substance Abuse Treatment). There will also be a limited presence of the following support services: Radiology (X-Ray), Laboratory services, and Pharmacy.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term, and any renewal options.

**III. Priorities/Deficiencies Addressed:**

The Kansas City VAMC has a gap in capacity ranging from 31 percent to 72 percent within the above listed disciplines. The projected workload increases the gaps to range from 49 percent to 72 percent up to FY2025. Therefore, this lease is needed to ensure the Kansas City VAMC has capacity to meet the anticipated projected workload.

The Johnson County location of the CBOC will place comprehensive outpatient services in an area where a high concentration of veterans reside and are currently traveling 30 minutes to get to the VA. This will provide a significant customer service to the Kansas City veterans.

#### IV. Alternatives to Lease Considered:

Alternative 1 - Status Quo: The current space shortage at the Kansas City VAMC does not allow the capacity to meet the increased demands of the projected workload within the next 20 years. In addition, the time veterans spend traveling to the VAMC suggests the status quo is not acceptable to meet customer satisfaction. Therefore, this alternative is the least desired.

Alternate 2 - New lease. (Preferred alternative): This alternative provides a lease in an area closer to where the patients reside and it helps meet the capacity gaps of the projected workload within the next 20 years. Leasing space is the most cost effective alternative, providing a contemporary facility with operational efficiencies.

Alternative 3 - Construct new VA owned space: New construction will also address the gap capacities; however, it is not the most cost effective alternative. In addition, constructing an outpatient clinic versus leasing a facility will take longer to accomplish and lose the flexibility of relocating again to where the veterans reside when the demographics change.

Alternative 4 - Contract out services: This option provides closure of projected gaps in workload and space. However, this alternative results in significantly higher long term cost than Alternate 2 (preferred) due to the costs associated with contracting outpatient, specialty and mental health services to the community.

#### V. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Changes</u> <u>2007-2025</u>
Veteran Population	369,052	308,780	259,950	-30%
Enrollees	127,335	131,222	119,090	-6%
Ambulatory Stops	299,572	417,278	452,291	51%
Mental Health Stops	59,812	111,067	115,255	93%

\*Data for Central market and Kansas City catchment area

#### VI. Schedule

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

## VII. Project Cost Summary

Estimated Annual Cost	\$1,976,000
Proposed Rental Rate*	\$44.50/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	44,400
Parking Spaces*	300
Special Purpose Related Improvements**	\$2,442,000

\*This estimate is based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Represents lump sum payment to Lessor to design and build out space for clinical use; not included in base rent.

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**Loma Linda, California  
Health Care Center (HCC) Lease**

*This proposal provides for an expansion of outpatient services into a build-to-suit lease in close proximity to the Loma Linda, CA, VAMC.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$31,154,000	\$31,154,000	\$16,249,000

**II. Description of Lease**

This project would consist of a build-to-suit lease of an outpatient Health Care Center (HCC) containing 271,000 net usable square feet (NUSF) of space in close proximity to the existing VA Medical Center (VAMC). Creation of the HCC will allow the Loma Linda medical staff to deliver services with greater efficiency and to respond to the growing workload within the market. The proposed HCC would house Dialysis, Nephrology, Oncology, Prosthetics, as well as elements of Primary Care, Dental Health, Mental Health, Women’s Health and various other services. In addition to meeting the extensive outpatient demand, it would simultaneously relieve the current site of overcrowded workspaces and would decrease wait time for veterans and their families. This lease will provide the Loma Linda VAMC with the necessary space to house a variety of fundamental outpatient services, allowing the VAMC to meet its strategic objectives and to reduce the number of contracted-out services.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term, and any renewal options, as necessary, prior to the completion of the proposed lease.

**III. Priorities/Deficiencies Addressed**

The lease of an outpatient clinic would directly benefit eligible veterans of Riverside County and San Bernardino County, California. The HCC will enable the VAMC to accommodate the growing enrolled veteran population within the specified area, increase access to care, expand the service offerings, reduce wait-times, alleviate the existing VAMC space shortage, and reduce the number of contracted out services.

The new leased HCC will accommodate all or a percentage of the following services: Primary Care, Geriatrics, Recreational Therapy, Cardiology, Dialysis, Immunology, Nephrology, Oncology, Pulmonary/Respiratory Care, Rehabilitation Medicine, Dental, Laboratory and Pathology, Mental Health Clinic, and various others. In addition, the new leased HCC will accommodate an



increase in outpatient workload, which is projected to be 16 percent in Ambulatory Care Stops 95 percent in Mental Health Stops. Based on recent projections for the Loma Linda VAMC, the HCC will close the Primary Care gap by 11 percent, the Medical/Surgical gap by 75 percent and the Mental Health gap by 100 percent.

The Loma Linda VAMC provides critical health care services to veterans, enabling them to maintain and improve their quality of life. As demand for services is increasing rapidly, additional space is needed to ensure VA is able to continue to meet veterans' needs.

#### **IV. Alternatives to Lease Considered**

**Alternative 1 - Status Quo:** Maintaining status quo is the third preferred alternative. This alternative will not meet the future needs of the veteran population, affiliations, and the community at large. Long-term planning to provide continued quality care to veterans will continue to depend on short range non-recurring maintenance (NRM) projects to cover deficiencies. Maintenance and repair costs will significantly increase due to using facility spaces for purposes other than that for which they were designed. All clinical services will be adversely impacted by this option, limiting the quality of care provided to veterans.

**Alternative 2 - New Lease (Preferred Alternative):** This alternative consists of leasing approximately 271,000 NUSF. It was selected because it will ensure that the VAMC can meet the growing needs of the enrolled veteran population. More specifically, the HCC will assist the VAMC in closing the volume gap of 279,164 unduplicated stops in primary care, specialty care, and mental health.

**Alternative 3 - New Construction:** This alternative would involve construction of a 271,000 NUSF building within the Loma Linda, CA area. The new building would house new specialty care clinics, clinical research, primary care, administrative space, and building service equipment. Flexibility to expand/contract services and/or change location depending on workload demand would be difficult under this alternative.

**Alternative 4 - Contract Out:** The contract out option is the least preferred alternative. This payer environment places all VA beneficiaries at risk for securing non-VA medical care within the Loma Linda region, where capacity is limited. Relying on contract services is costly and does not ensure veterans' health care needs are fully met.

## V. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Changes</u> <u>2007-2025</u>
Veteran population	1,218,919	929,062	741,619	-39%
Enrollees	351,346	347,773	307,304	13%
Ambulatory Stops	409,461	440,194	475,119	16%
Mental Health Stops	93,504	162,260	182,411	95%

\*Data for Southern market and Loma Linda catchment area.

## VI. Schedule

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

## VII. Project Cost Summary

Estimated Annual Cost	\$16,249,000
Proposed Rental Rate*	\$59.96/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	271,000
Parking Spaces*	1,560
Special Purpose Related Improvements**	\$14,905,000

\*This estimate is based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent.

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**McAllen, Texas**  
**Outpatient Clinic Lease**

*This proposal provides for a replacement outpatient clinic lease in McAllen, TX, supporting the parent facility of the San Antonio VAMC in San Antonio, TX.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth.</u> <u>Request</u>	<u>Unserviced Annual</u> <u>Rent</u>
2032	\$4,444,000	\$4,444,000	\$1,600,500

**II. Description of Project**

This project will replace the existing 27,700 NUSF McAllen Outpatient Clinic lease with a 51,675 NUSF leased facility, which will include expanded services for primary care, mental health, specialty care, and diagnostic services. The new clinic will provide adequate parking for patients and visitors.

The McAllen Outpatient Clinic is located 250 miles from the parent facility in San Antonio, Texas. It serves four counties in South Texas: Starr, Hidalgo, Zapata, and Jim Hogg. The catchment area is comprised of approximately 30,000 veterans. This figure does not include the large number of winter visitors that significantly swells the veteran population in the Valley during the months of December to March each year. The new 51,675 NUSF facility will provide the space for anticipated increased workload in primary care, mental health, and supporting services based on current and projected growth in McAllen. The new facility will have ample parking to improve patient access and meet all new security and safety requirements.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term, and any renewal options, as necessary, prior to the completion of the proposed lease.

**III. Priorities/Deficiencies Addressed**

The clinic has been in its present location since 1991. The current lease for the McAllen VA Outpatient Clinic expires on April 30, 2011. The existing facility is not adequate to meet current and future demands for primary care, mental health, and support services and has inadequate parking. South Texas Veterans Health Care System (STVHCS) proposes a new build to suit lease clinic, which will meet those demands. The new space will ensure appropriate design to adequately address patient flow, safety, patient privacy and security. This should increase efficiency and productivity and improve patient and staff satisfaction. Construction of a new clinic will enable the McAllen Outpatient clinic to improve

through-put and access to care for veterans and improve processes in support of advanced clinic access (ACA) principles.

Our veteran population continues to include increasing numbers of women's veterans. This proposal addresses the need to be responsive to gender specific needs of our women veterans through the expansion of the Women's Clinic. The new facility will also provide space to accommodate the requirements of the newly mandated Uniform Mental Health Services Benefits Package.

#### **IV. Alternatives to Lease Considered**

Alternative 1 - Status Quo: The existing 27,700 NUSF outpatient clinic in McAllen does not have adequate capacity to meet the current or projected workload. A space analysis indicated that approximately 40,000 NUSF would be required for existing services and staffing. The building is currently landlocked by other buildings and there is no opportunity to expand the existing structure. Additionally, the parking is inadequate and creates many complaints from veterans on a daily basis. There is no land or space available to allow expansion of parking. Therefore, this option is the third preferred alternative.

Alternative 2 - New Lease (Preferred Alternative): The Lease alternate was selected because of its flexibility. It solves the current problem cost effectively without requiring major up-front capital investment, and has a low risk of undermining the utilization of existing VA owned infrastructure since it inherently limits duplication of services that are already well served by San Antonio facilities. The leased facility will improve access and enhance customer service by reducing the time it will take veterans to drive to a clinic with specialty services.

Alternative 3 - New Construction: Constructing a new clinic would not be timely due to timing of the construction process. Constructing a facility also decreases the flexibility of relocating to areas where veterans reside when demographics change.

Alternative 4 - Contract/Fee: The expected number of veterans and the higher per-capita cost of contracting for primary care, mental health and specialty care services are not cost effective. Additionally, primary, mental health and specialty care would likely be provided at multiple sites under such a contract scenario. Significant oversight is also required to ensure that veterans that utilize fee/contract services receive care timely and that care meets VA standards for quality and access to care. It has been difficult to locate providers in the Valley who are willing to accept the required reimbursement for fee services. Inability to locate adequate providers and accommodate the expanding workload in a concentrated location make this alternative the least preferred.

## V. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	253,764	243,530	225,933	-11%
Enrollment	82,917	103,333	108,914	31%
Ambulatory Stops	43,009	67,316	73,523	71%
Mental Health Stops	9,908	26,706	37,356	277%

\*Data for Southern market and McAllen catchment area.

## VI. Schedule

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

## VII. Project Cost Summary

Estimated Annual Cost	\$1,600,500
Proposed Rental Rate*	\$30.96/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	51,700
Parking Spaces*	261
Special Purpose Related Improvements**	\$2,843,500

\*This estimate is based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Represents lump sum payment to Lessor to design and build out space for clinical use; not included in base rent.

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**Monterey, California  
Health Care Center (HCC) Lease**

*This proposal provides for a replacement outpatient, build-to-suit leased facility in Monterey, CA, supporting the parent facility of the Palo Alto VAMC in Palo Alto, CA.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$11,628,000	\$11,628,000	\$6,183,000

**II. Description of Lease**

This project proposes the lease of a replacement outpatient Health Care Center (HCC) in the area of Monterey County, California. The HCC would consist of approximately 99,000 net usable square feet (NUSF) of VA clinical space and would address the significant space shortage that the existing Monterey Community Based Outpatient Clinic (CBOC) is facing. The current CBOC is land-locked by the California State University - Monterey Bay Campus and therefore the CBOC is left without any available expansion space.

This proposal would enhance existing VA outpatient services in the Monterey County region by expanding primary care, specialty care and mental health services. Laboratory, radiology and pharmacy services will also be available within the proposed HCC. This lease will provide the VA Palo Alto Health Care System (VAPAHCS) with the necessary space to accommodate their growing workload within the Monterey County area, and room to expand the clinical capacity of primary and specialty services closer to the Monterey County veteran population, and meet VAPAHCS' strategic goals.

This proposal also presents an opportunity for VA to collaborate with the Department of Defense (DoD). Subject to DoD approval, DoD may co-locate its own outpatient services at the Monterey HCC through the addition of approximately 16,000 NUSF to the overall HCC, for a total combined VA-DoD HCC containing 115,000 NUSF (Note: DoD would be responsible for the costs associated with additional square footage.) If DoD decides to co-locate its outpatient services at the Monterey HCC, together VA and DoD would deliver healthcare services in the HCC to over 43,000 VA beneficiaries and over 24,000 DoD beneficiaries.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term, and any renewal options, as necessary, prior to the completion of the proposed lease.



### **III. Priorities/Deficiencies Addressed**

This project will directly benefit veteran enrollees in the Monterey County area, as well as VA staff and the VAPAHCS at large. The new facility will accommodate the growing patient population within the Monterey County area and improve access by providing healthcare services closer to where the largest concentration of veterans exists in the area.

The new leased Health Care Center will accommodate an increase in projected outpatient workload in Ambulatory Care stops of 35 percent and Mental Health stops of 133 percent.

In addition, the new Monterey HCC will present an opportunity for significant VA-DoD collaboration, in the event DoD chooses to co-locate its outpatient services at the HCC. This would allow for further expansion of services, educational resources for veterans and their families and the achievement of additional VA strategic goals. VA-DoD collaboration at the HCC would also enable both agencies to achieve additional efficiencies associated with reducing redundant healthcare services currently existing in both VA and DoD Monterey, CA facilities.

### **IV. Alternatives to Lease Considered**

Alternative 1 - Status Quo: The status quo of operating the current Monterey CBOC is the third preferred option given VA's growing workload in this area. The existing site is located in the middle of the California State University - Monterey Bay campus, and, therefore, is left without any available expansion space. The current facility has a severe parking shortage and its location on the university campus makes it difficult for VA to maintain a constructive environment for veterans and their families.

Alternative 2 - Replacement Lease (Preferred Alternative): This alternative proposes leasing a facility closer to the veteran population that the Monterey CBOC currently serves. This facility would be 99,000 NUSF and provide greater capacity for medical staff to perform at maximum potential. This alternative was selected because the HCC would enable VA to serve a greater number of veterans and improve access by reducing veteran travel time for some clinical services. Furthermore, the lease alternative would provide expanded state-of-the-art clinical space and provide a more functional and effective healthcare environment to the benefit of veterans, veterans' families and medical staff.

If collaboration between VA and DoD were to take place in this initiative, an extra 16,000 NUSF would be added to the overall HCC (at DoD's expense), for a total of 115,000 NUSF. Upon activation of the HCC, the current VA Monterey CBOC would be Enhanced-Use Leased (EUL).

Alternative 3 - New Construction: This alternative would require VA to purchase a minimum of 7 acres within Monterey County, CA, to construct a new 99,000 NUSF Ambulatory Care Center. The new facility would allow Monterey CBOC medical personnel to accommodate their growing workload while reducing travel time for the majority of the patients they serve. This alternative would require VA to acquire new land in the costly Monterey County region. Similar to the lease alternative, collaboration with DoD is a possibility in this alternative. If DoD were to co-locate at the new Ambulatory Care Center, an additional 16,000 NUSF would be added to the facility at DoD's expense. Flexibility to expand/contract services and/or change location depending on workload demand would be difficult in this alternative.

Alternative 4 - Contract Out: If ambulatory care services are not provided directly by VAPAHCS, veterans are dependent upon a local provider network in a changing provider reimbursement environment. Specifically, the providers of the affluent Monterey County region are transitioning towards a fee for service payment system in which many providers are eliminating Medicare enrollees altogether. This environment negatively affects VA participants, placing all VA beneficiaries at risk for securing non-VA medical care within the Monterey County region. Without a comprehensive long-term plan to augment the existing VA healthcare delivery network in Monterey, veterans will experience difficulties accessing healthcare services. In addition, relying on contract services is extremely costly and does not allow for enhanced collaboration with DoD. Therefore, this alternative is the least preferred.

## V. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran population	198,800	142,676	106,083	-47%
Enrollees	55,010	52,672	45,653	-17%
Ambulatory Stops	33,672	42,120	45,298	35%
Mental Health Stops	10,084	18,593	23,539	133%

\*Data for Northern California North Coast market and Monterey catchment area.

## VI. Schedule

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

## VII. Project Cost Summary

Estimated Annual Cost	\$6,183,000
Proposed Rental Rate*	\$62.00/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	99,000
Parking Spaces*	570
Special Purpose Related Improvements**	\$5,445,000

\*This estimate is based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent.

**Montgomery, Alabama  
Health Care Center (HCC) Lease**

*This proposal provides for a new outpatient clinic lease in Montgomery, AL, supporting the parent facility of the Central Alabama Veterans Health Care System (CAVHCS) in Montgomery, AL.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$9,943,000	\$9,943,000	\$3,783,000

**II. Description of Lease**

This project entails leasing approximately 112,000 net useable square foot (NUSF) for a build-to-suit Health Care Center (HCC) in the vicinity of the current Montgomery, AL VA Medical Center (VAMC) with the goal of alleviating current space shortages. The HCC will consolidate Primary and Specialty Care Clinics and will include integrated Mental Health components along with all necessary ancillary and diagnostic support services to enable the CAVHCS to more fully meet the needs of veterans and their families and to accommodate projected outpatient workload expansion. The new facility will be easily accessible and modern, promoting efficiencies in patient service and enhancing the overall quality of care provided.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term, and any renewal options, as necessary, prior to the completion of the proposed lease.

**III. Priorities/Deficiencies Addressed**

The lease is designed to increase capacity and enhance quality and access in Montgomery, AL, in the following areas: Primary Care, Medical and Other Non-Surgical Specialties, Specialty Surgical Clinics, Laboratory and Pathology Draw Stations, Mental Health Programs, Radiology, Prosthetics and Pharmacy. Clinical services currently located at CAVHCS are housed in outdated and inadequately sized facilities. In particular, veterans' needs in the areas of specialty services, Compensation and Pension examinations, Primary Care Integrated Mental Health, Geriatric Primary Care, and rehabilitation services cannot be adequately met due to lack of space for additional exam rooms and nursing support. Inadequate space at the current facility also limits patient privacy and VA's ability to establish new clinical programs, as well as expand existing ones.

The HCC would benefit the veteran population in many ways. It would increase efficiency by collocating Primary and Specialty Care Clinics along with integrated

Mental Health Components and all necessary ancillary and diagnostic support services in one central building. Clinical space would be adequately sized and the overall number of services provided, particularly specialty care services, would be expanded to increase overall capacity to meet growing workload. Lastly, a new HCC would relieve current space shortages at the existing medical facility, thereby relieving patient flow congestion and enabling necessary renovations to occur to address patient privacy concerns and modernize outdated and inadequate space.

Leasing space in a new built-to-suit HCC will resolve current space issues by providing necessary additional space in a secure, modern, accessible facility. In addressing these deficiencies, the HCC would enable VA to offer high quality health care in the new facility and improve the quality of care offered at the existing facility in a comprehensive effort to increase overall patient privacy and satisfaction.

#### **IV. Alternatives to Lease Considered**

Alternative 1 - Status Quo: The status quo maintains the infrastructure and building as is, renovating and expanding only when absolutely necessary. This option fails to address existing space shortages, infrastructure deficiencies, and patient privacy and satisfaction issues.

Alternative 2 - New Lease (Preferred Alternative): This alternative includes leasing space in close proximity to the existing Montgomery, AL VAMC in a new, 112,000 NUSF (130,000 gross square feet (GSF)) built-to-suit HCC. The lease alternative was selected because it will allow VA to expand and consolidate services to accommodate increased workload demand. This alternative will enable VA to provide high quality patient care cost effectively without requiring major up-front capital investment.

Alternative 3 - New Construction: This alternative would consist of the new construction of a 112,000 NUSF facility (on land to be acquired by VA in the Montgomery area) to consolidate Primary Care, Mental Health and Specialty Care Clinics and essential building service equipment. Flexibility to expand/contract services and/or change location depending on workload demand would be difficult in this alternative, making this the second preferred alternative.

Alternative 4 - Contract Out: This alternative would contract out the current and projected workload to private health care providers in the community. Key disadvantages include the inability of VA to control costs and greater difficulty in ensuring high quality patient care and performance indices across multiple providers. This alternative also assumes that the Montgomery community has sufficient capacity to absorb VA's workload.

## V. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	392,095	346,653	299,212	-24%
Enrollment	137,004	156,165	151,495	11%
Ambulatory Stops	154,927	199,253	229,381	48%
Mental Health Stops	12,221	25,503	35,585	191%

\*Data for Alabama market and Montgomery catchment area.

## VI. Schedule

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

## VII. Project Cost Summary

Estimated Annual Cost	\$3,783,000
Proposed Rental Rate*	\$33.77/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	112,000
Parking Spaces*	650
Special Purpose Related Improvements**	\$6,160,000

\*This estimate is based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent.

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**Tallahassee, Florida  
Replacement Outpatient Clinic**

*This proposal expands the current outpatient leased clinic in Tallahassee, Florida. The parent facility is the VA Medical Center, Gainesville, Florida.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$13,165,000	\$13,165,000	\$5,300,000

**II. Description of Project**

This proposal acquires approximately 142,693 net usable square feet of space for the Tallahassee replacement outpatient clinic. This project will provide expanded Primary Care and Mental Health services and a comprehensive array of Specialty Care services for the veterans in the Tallahassee outpatient clinic catchment area. It will also relieve some of the workload burden on the specialty care services at the parent facility, Gainesville’s VAMC. Based on the workload projections for the next 20 years, Tallahassee’s projections significantly increase in the areas of Primary Care, Specialty Care, and Mental Health Services. Therefore, the new clinic will include expanded primary care and mental health services, and the addition of a comprehensive array of specialty care clinics such as Digestive Diseases, Cardiology, Electroencephalography Lab, Eye Clinic, Magnetic Resonance Imaging, Cat Scan, Neurology, Nuclear Medicine, Pain Clinic, Pulmonary Medicine, Surgical, etc.

The replacement clinic cost effectively accommodates the demand and decreases the gaps identified in projected workload in FY2025. Due to the geography of Florida’s North Market, in which the Tallahassee replacement clinic is located and which includes rural and urban areas in 54 counties covering 33,350 square miles of northern Florida and southern Georgia, it is impossible to satisfy the demand represented by the projected workload gaps without the presence of a large multi-specialty clinic such as the Tallahassee replacement outpatient clinic.

Approval of this prospectus will constitute authority for an initial term up to 20 years of leasing plus any renewal options.

**IV. Priorities/Deficiencies Address**

The existing infrastructure in Florida’s North Market cannot accommodate the gaps identified by the projected workload in the area of Primary Care, Specialty Care, and Mental Health Services. The parent facility, Gainesville’s VAMC, has a significant space deficit in primary care, specialty care, and mental health services, and is currently operating beyond capacity. This lease will partially



address the space deficit at the parent facility by providing expanded primary care and mental health care, and a comprehensive array of specialty care services. There is a volume gap for Primary Care, Specialty Care, and Mental Health. The Tallahassee replacement clinic will close 100 percent of these gaps.

**V. Alternatives to Lease Considered**

Alternative 1 - Status Quo: Maintaining the status quo will greatly impact the needs of the veterans receiving services in the Tallahassee catchment area. Aside from the space deficiencies, the current lease expires in 2012. Not expanding or renewing the lease would cause wait times to increase for Primary Care, Specialty Care, and Mental Health Services, ultimately causing a decrease in the quality of care provided due to projected workload as well as an inconvenience of drive times to the Gainesville VAMC.

Alternate 2 - Replacement lease. (Preferred Alternative): This alternative is considered the most viable. It provides for closure of projected gaps in workload and space. Constructing this clinic allows for the expansion of primary care and mental health, and the addition of a comprehensive array of Specialty Care services. This will help to decompress the Gainesville VAMC. With the significant space deficiency at Gainesville for primary care and specialty care space, relief of a new lease is essential. The location will be driven by the demographics of the veteran population, ensuring an optimal location for needed services in contemporary space with added operational efficiencies, making this alternative the least costly and least risky of the other available alternatives.

Alternative 3 - Construct new VA owned space: This option would provide closure of projected gaps in workload and space. However, this alternate is more costly than the preferred option and would take longer to accomplish. The reasons include needing to acquire land and needing to plan, request and receive construction appropriation.

Alternative 4 - Contract out services: This option provides closure of projected gaps in workload and space. However, this alternative results in significantly higher long term cost than Alternate 2 (preferred) due to the costs associated with contracting outpatient, specialty and mental health services to the community.

**V. Demographic data\***

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	344,582	271,062	217,247	-37%
Enrollees	110,086	121,369	112,635	2%
Ambulatory Stops	65,267	109,178	126,160	93%
Mental Health Stops	9,230	18,689	26,355	186%

\*Data from Gulf market and Tallahassee catchment area.

**VI. Schedule**

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

**VII. Project Cost Summary**

Estimated Annual Cost	\$5,300,000
Proposed Rental Rate*	\$37.14/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	142,700
Parking Spaces*	500
Special Purpose Related Improvements**	\$7,865,000

\*This estimate is based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Represents lump sum payment to Lessor to design and build out space for clinical use; not included in base rent.

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**Winston-Salem, North Carolina  
Health Care Center (HCC) Lease**

*This proposal provides for a replacement outpatient clinic lease in Winston-Salem, NC, supporting the parent facility of the W.G. Hefner VAMC in Salisbury, NC.*

**I. Budget Authority**

<u>Lease Through</u>	<u>2010 Request</u>	<u>2010 Auth. Request</u>	<u>Unserviced Annual Rent</u>
2032	\$26,986,000	\$27,986,000	\$11,586,000

**II. Description of Lease**

This project will consist of a build-to-suit outpatient facility of approximately 280,000 net usable square foot (NUSF) in Winston-Salem, NC. The HCC will replace the existing, undersized Community-Based Outpatient Clinic (CBOC) in Winston-Salem, which is approximately 42,000 NUSF. Pursuit of this alternative will enable VA to consolidate outpatient specialty services and better serve the needs of veterans and their families. Outpatient services provided at the Winston-Salem HCC will include specialty medical and surgical services. Although the existing Winston-Salem CBOC provides a wide array of outpatient services, it is not large enough to handle projected veteran medical needs in the future.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term, and any renewal options, as necessary, prior to the completion of the proposed lease.

**III. Priorities/Deficiencies Addressed**

The existing Winston-Salem CBOC is not large enough to meet the projected patient workload associated with the facility. The enrolled veteran population in the Winston-Salem area is projected to grow in the next 20 years. This growth in enrollees will be accompanied by a significant increase in workload for the Winston-Salem area. Excluding pharmacy, the total Ambulatory Care stops for 2007 workload was 82,015 stops. This number is projected to increase 90 percent over the next 20 years. It is critical that VA address this gap through the lease of a new, appropriately-sized facility.

The new, state-of-the-art HCC will be able to support highly-specialized outpatient services, including some outpatient surgical specialties. Several outpatient specialty services that are currently contracted out to healthcare providers in the Winston-Salem area will be provided at the HCC, allowing VA to have greater control over the care of its veterans. Additionally, the HCC will enable VA to expand its service offerings and improve access for veterans who previously had to travel to other facilities to obtain these services.

#### IV. Alternatives to Lease Considered

Alternative 1 - Status Quo: Under the Status Quo, VA would continue to provide services at the existing Winston-Salem CBOC. Space at this facility is severely limited, and is not sufficient to provide adequate healthcare service in the future. If left as-is, the CBOC will be unable to handle the projected 2025 workload for the Winston-Salem area. The current Winston-Salem CBOC also does not have dedicated facilities in important clinical specialty areas, including geriatrics, dialysis, oncology, orthopedics, and nuclear medicine. The inadequate space at the current Winston-Salem facility will also result in significant contract-out costs to provide care for veterans who cannot be accommodated at the CBOC.

Alternative 2 - Lease (Preferred Alternative): The Lease alternative consists of a VA lease of a 280,000 NUSF HCC. The HCC ensures that VA will have enough space to meet the projected workload, consolidates several outpatient services, and allows VA to provide several new services to veterans in the Winston-Salem area. By pursuing the lease option, VA will gain a facility that is large enough to meet the projected workload in the Winston-Salem area. This option also involves the lowest level of risk of the four alternatives.

Alternative 3 - New Construction: The New Construction alternative would consist of the new construction of a 280,000 NUSF facility to meet projected workload needs. This is not considered a viable alternative, given the lack of flexibility to expand/contract services and/or change location depending on workload demand. In addition, this alternative would require VA to acquire land in the Winston-Salem area for the facility.

Alternative 4 - Contract Out: The Contract Out alternative assumes that all health care services would be contracted out to the community and is not viable for multiple reasons. This alternative is not cost-effective and would result in a loss of quality control over veterans' health care. There also may not be sufficient qualified private-sector care providers in the Winston-Salem area to accommodate the veteran workload.

#### V. Demographic Data\*

	<u>2007</u>	<u>2015</u>	<u>2025</u>	<u>Change</u> <u>2007-2025</u>
Veteran Population	368,404	362,386	324,925	-12%
Enrollment	113,713	150,997	148,777	31%
Ambulatory Stops	82,015	133,850	155,588	90%
Mental Health Stops	14,615	31,584	46,389	217%

\*Data for Southwest market and Winston-Salem catchment area.

**VI. Schedule**

Award leases	August 2010
Complete construction	May 2012
Activation/Occupancy	June 2012

**VII. Project Cost Summary**

Estimated Annual Cost	\$11,586,000
Proposed Rental Rate*	\$41.38/SF
Proposed Lease Authority	20 Years
Net Usable Square Feet	280,000
Parking Spaces*	1,615
Special Purpose Related Improvements**	\$15,400,000

\*This estimate is based on 2009 rates, and may be escalated by 4% annually to the effective date of the lease to account for inflation.

\*\*Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent.

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**Status Report for Authorized Major Medical Facility Projects**  
(dollars in thousands)

**Status Codes:**

**CD - Construction Documents**  
**CO - Construction**  
**NA - No Appropriation Available**  
**DD - Design Development**

**P - Planning**  
**PC - Physically Complete**  
**SD- Schematics Development**

Location	Description	Authorization	Approp. Available <sup>1</sup>	FY(s) Authorized	Status
American Lake, WA	Seismic Corrections - NHCU & Dietetics	\$38,220	\$38,220	2007	CO
Anchorage, AK*	Outpatient Clinic and Regional Office	75,270	75,270	2004/2007	CO
Atlanta, GA	Modernize Patient Wards	20,534	24,534	2005/2008	CO
Bay Pines, FL	Inpatient/Outpatient Improvements	0	17,430	In 2010 Request \$194,400	SD/DD
Biloxi, MS	Restoration of Hospital/Consolidation of Gulfport	310,000	310,000	2006	CO
Charleston, SC	Replace R. Johnson VAMC with Joint use	36,800	NA	2007	NA
Chicago, IL (WS)*	Modernize Inpatient Space	98,500	98,500	2004/2007	PC
Cleveland, OH*	Cleveland-Brecksville Consolidation	102,300	102,300	2004/2007	CO
Columbia, MO	Operating Room Suite Replacement	25,830	25,830	2007	SD/DD
Columbus, OH*	Construction of Outpatient Clinic	94,800	94,800	2004/2007	PC
Denver, CO	New Medical Facility	568,400	188,300	2006/2009/2010 Request (\$800,000)	SD/DD
Des Moines, IA*	Extended Care Building	25,000	25,550	2005/2007	CO
Durham, NC*	Renovate Patient Wards	9,100	9,100	2004/2007	CO
Fayetteville, AR*	Clinical Addition	56,163	93,000	2004/2007	CO
Gainesville, FL*	Correct Patient Privacy Deficiencies	136,700	136,700	2004/2007*/2009	CO
Indianapolis, IN*	7th and 8th Fl. Wards Modernization Addition	27,400	27,400	2004/2007	CO



Location	Description	Authorization	Approp. Available <sup>1</sup>	FY(s) Authorized	Status
Las Vegas, NV *	New Medical Facility	600,400	600,400	2004/2007/2009	CO
Lee County, FL *	Outpatient Clinic	131,800	131,800	2004/2007/2009	CD
Livermore, CA	Realignment and Closure (Land Purchase)	0	0	In 2010 Request \$55,430	P
Long Beach, CA*	Seismic Corrections - Bldgs. 7 &126	107,845	117,845	2004/2007	CO
Louisville, KY	New/Renovate Medical Facility	0	75,000	In 2010 Request \$75,000	P
Menlo Park, CA	Seismic Correct - Geopsych NH Replacement B334	33,200	32,934	2005	CO
Miami, FL	Utility Plant/Elect Dist	28,300	28,000	2002	PC
Milwaukee, WI	Spinal Cord Injury (SCI) Center	32,500	32,500	2007	CO
Minneapolis, MN	SCI Center	20,500	20,500	2004	PC
New Orleans, LA *	New Medical Facility	625,000	625,000	2007/2009	SD/DD
Orlando, FL*	New Medical Facility	656,800	294,100	2004/2007/2009	CD
Palo Alto, CA	Seismic Corrections - Bldg. 2	54,000	54,000	2004/2009	CD
Palo Alto, CA**	Centers for Amb. Care & Polytrauma Rehab Center	164,877	164,877	2008	SD/DD
Pensacola, FL	Joint VA and Dept of Navy Medical Project	55,500	55,056	2005	PC
Pittsburgh, PA*	Consolidation of Campuses	295,600	295,600	2004/2007/2009	CO
San Antonio, TX*	Ward Upgrades and Expansion	19,100	19,100	2004/2007	CO
San Antonio, TX*	Polytrauma Center	66,000	66,000	2009	SD/DD
San Diego, CA	Seismic Corrections - Bldg. 1	48,260	47,847	2005	PC
San Francisco, CA	Seismic Corrections - Bldg. 203	41,500	41,168	2005	CO

Location	Description	Authorization	Approp. Available <sup>1</sup>	FY(s) Authorized	Status
San Juan, PR	Seismic Corrections - Bldg 1	225,900	134,280	2009	CD
San Juan, PR	Seismic Corrections	89,000	69,880	1999	CO
St. Louis (JB), MO	Medical Facility Improvements and Cemetery Expansion	69,053	12,000	2007	SD
Syracuse, NY*	Spinal Cord Injury (SCI) Center	77,700	77,269	2007	CO
Tampa, FL*	Upgrade Essential Electrical Distribution Systems	49,000	49,000	2004/2007*	CO
Tampa, FL*	Spinal Cord Injury (SCI) Center	7,100	11,407	2005/2007*	PC
Tampa, FL**	Polytrauma Expansion & Bed Tower Upgrade	231,500	231,500	2008	SD/DD
Tucson, AZ	Mental Health Clinic	12,100	13,300	2004	PC
Walla Walla, WA	Multi-Specialty Care	0	71,400	In 2010 Request \$71,400	SD/DD

<sup>1/</sup> Appropriation available through FY 2009.

\* Authorization extended under P.L. 109-461.

\*\* Included under P.L. 110-252 FY 2008.

FY 1999 projects were authorized in P.L. 105-368. FY 2002 projects were authorized in P.L. 107-135. FY 2004 and 2005 projects were authorized under P.L. 108-170, which expired September 30, 2006. FY 2006 and FY 2007 projects were authorized in P.L. 109-461. Projects that did not have construction awards prior to the expiration date must be reauthorized. Atlanta, GA was authorized in P.L. 110-168. The FY 2009 projects were authorized in P.L. 110-387.

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## Status Report for Authorized Major Medical Leases

### Status Codes:

AC - Alternatives to leased space being considered

AP - Acquisition Process Initiated

C - Complete

CA - Canceled

LAP - Lease Award Pending

LA - Lease Awarded

OH - On Hold

Location	Description	Authorization	NUSF Space	FY(s) Authorized	Status
Austin, TX	Satellite Outpatient Clinic	\$7,443	135,322	2007	AP
Baltimore, MD	Satellite Outpatient Clinic	10,908	132,300	2006	AP
Boston, MA	Satellite Outpatient Clinic	2,879	35,000	2004	CA
Brandon, FL	Outpatient Clinic	4,326	50,000	2009	AP
Charlotte, NC	Satellite Outpatient Clinic	2,626	51,932	2004	C
Colorado Springs, CO	Outpatient Clinic	10,300	115,000	2009	AP
Corpus Christi, TX	Outpatient Clinic	3,900	60,000	2005	AP
Crown Point, IN	Outpatient Clinic	2,600	40,000	2005	AP
Eugene, OR	Satellite Outpatient Clinic	5,826	66,000	2009	AP
Evansville, IN	Satellite Outpatient Clinic	5,032	126,600	2006	AP
Fort Worth, TX	Outpatient Clinic	11,118	161,119	2005	LA
Grand Rapids, MI	Satellite Outpatient Clinic	4,408	65,800	2007	AP
Green Bay, WI	Outpatient Clinic	5,891	70,600	2009	AP
Greenville, NC	Outpatient Clinic	4,096	64,000	2005	AP
Greenville, SC	Outpatient Clinic	3,731	45,900	2009	AP
Harlingen, TX	Outpatient Clinic	1,966	30,000	2005	C
Harlingen, TX	Outpatient Clinic	12,000	100,000	2008	LA
Jacksonville, FL	Satellite Outpatient Clinic	7,638	82,509	1998	AP
Knoxville, TN	Outpatient Clinic	2,600	40,000	2005	LA
Las Vegas, NV	Satellite Outpatient Clinic	8,518	109,200	2007	AP

Location	Description	Authorization	NUSF Space	FY(s) Authorized	Status
Lowell, MA	Satellite Outpatient Clinic	2,520	35,000	2007	CA
Norfolk, VA	Outpatient Clinic	3,500	50,000	2005	OH
Mansfield, OH	Satellite Outpatient Clinic	2,212	27,500	2009	AP
Mayaguez, PR	Satellite Outpatient Clinic	6,276	70,100	2009	AP
Mesa, AZ	Satellite Outpatient Clinic	5,106	60,000	2009	AP
Oakland, CA	Outpatient Clinic	4,380	60,000	2005	LA
Palo Alto, CA	Research Space	8,636	100,000	2009	AP
Parma, OH	Satellite Outpatient Clinic	5,032	74,000	2007	LA
Peoria, IL	Outpatient Clinic	3,600	37,000	2009	AP
Plano, TX	Outpatient Clinic	9,252	34,075	2005	CA
San Diego, CA	Outpatient Clinic (North Co.)	7,781	65,465	2005	LA
San Diego, CA	Outpatient Clinic (South Co.)	2,625	35,000	2005	OH
Savannah, GA	Satellite Outpatient Clinic	3,168	38,900	2009	AP
Summerfield, FL	Outpatient Clinic	5,828	74,715	2005	LA
Sun City, AZ	Satellite Outpatient Clinic	2,295	25,000	2009	AP
Sunrise (Oakland Park), FL	Satellite Outpatient Clinic	4,100	65,180	1999	C
Tampa, FL	Primary Care Annex	8,652	100,000	2009	AP
Toledo, OH	Outpatient Clinic	4,140	60,000	2005	AP
Tyler, TX	Satellite Outpatient Clinic	5,093	72,760	2006	OH
Wilmington, NC	Outpatient Clinic	6,827	80,761	2005	AP

## **Enhanced- Use Leases**

Enhanced-Use Leasing is an important component of the Department of Veterans Affairs' overall asset management program. The program is unique among Federal agencies and considered an innovative method of acquiring needed facilities, goods, and services and assists the Department in achieving its asset goals and objectives.

In return for allowing VA property to be used for non-VA uses (which must be compatible with or benefit the Department's mission) on Department-controlled land, VA can require "rent" in the form of a reduction in the cost or free use of facilities or services for VA programs, monetary payments, or other "in-kind" consideration, which in the opinion of the Secretary "enhances" a particular VA activity's mission.

The program was authorized by law in 1991 and is managed by the Office of Asset Enterprise Management in the Office of the Assistant Secretary Management. Since the program's inception, VA has awarded 58 leases and is actively engaged in developing approximately 81 additional projects. A listing of the 58 awarded enhanced-use lease projects can be found in appendix D. The additional projects being developed can be found in appendix E, Secretary's Approved Priority Enhanced-Use Lease Projects and appendix F, Mission Homeless and Site Review Initiatives Enhanced-Use Lease Projects.

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# U.S. Department of Veterans Affairs

## 5-Year Capital Plan FY 2009 - 2014

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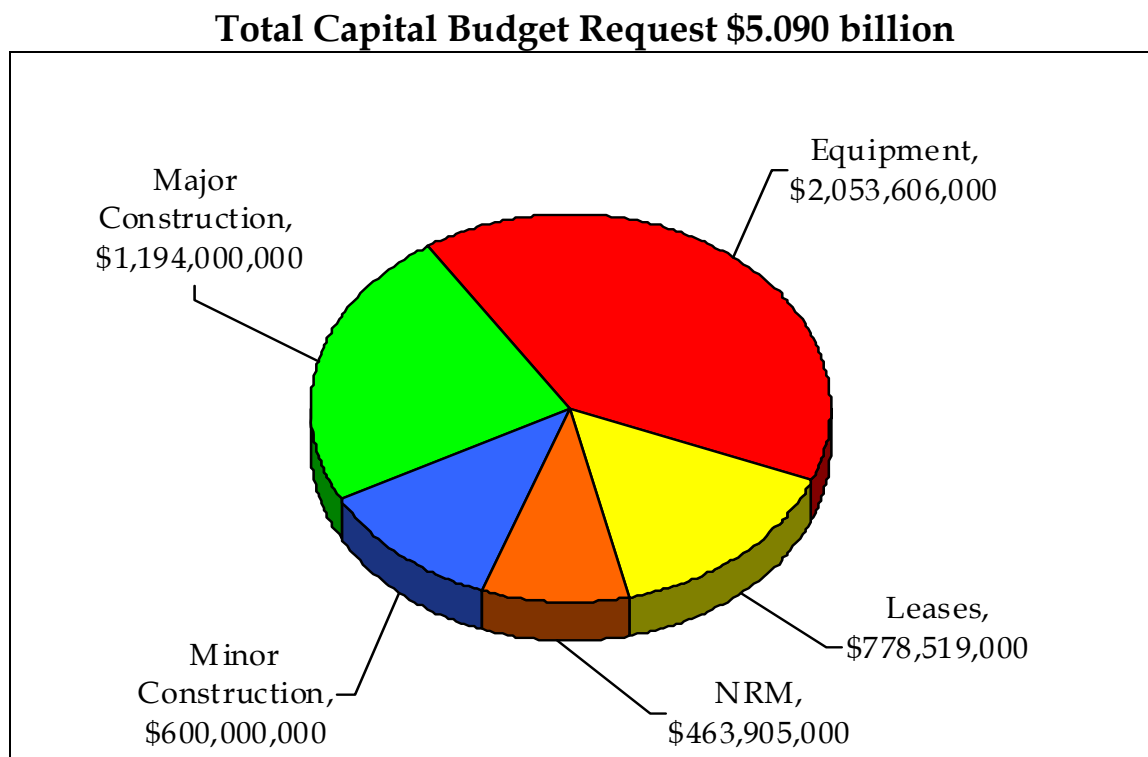
## Executive Summary

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### VA Capital Budget Request

VA is a Cabinet-level department with the primary mission of serving America's Veterans and their families; ensuring that they receive medical care, benefits, social support, and lasting memorials. VA consists of the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), the National Cemetery Administration (NCA), and Staff Offices, which provide support to the Administrations.

**Figure E-1: FY 2010 VA Capital Budget Request**



The FY 2010 VA capital budget request of \$5.090 billion includes investments in a number of asset categories across several organizations within VA.

The Department's updated 5-Year Capital Plan is the culmination of VA's comprehensive capital investment process. The plan supports the annual budget request and reflects the difficult trade-offs between funding the operational expenses for existing assets, and the acquisition of new assets by the most cost-effective means in order to enhance benefits and health care service delivery to Veterans in the 21<sup>st</sup> century.

## Capital Asset Inventory

VA has a vast holding of diverse capital assets consisting of Government (VA) owned buildings and real estate, VA-leased buildings, and enhanced-use leases and sharing agreements pertaining to capital assets and major equipment. Assets include hospitals, clinics, cemeteries, office buildings, and medical and non-medical equipment. The number and composition of assets in the VA portfolio is constantly changing in response to VA needs and decisions by the Secretary. The following table summarizes VA's recent capital holdings.

**Table E-1: VA Capital Asset Inventory**

VA Capital Asset Management System	VA Capital Asset Inventory - End of FY08										
	Owned Assets				Leased Assets			Asset-Related Agreements			
	Bldgs.	Historic Bldgs.	SF	Vacant SF	Acres	Leases	SF	Enhanced Use Leases*	Outlease** Agreements	Sharing Agreements	Energy Conservation Measures
<b>VHA</b>	5,056	1,538	143,002,071	7,178,599	15,691	1,063	8,597,877	44	325	215	313
<b>VBA</b>	7	0	544,406	0	0	191	3,726,291	0	0	0	0
<b>NCA</b>	334	111	943,471	28,513	17,065	5	11,031	1	4	0	0
<b>SO</b>	8	1	1,606,784	0	165	44	1,773,095	2	3	0	0
<b>VA TOTALS</b>	<b>5,405</b>	<b>1,650</b>	<b>146,096,732</b>	<b>7,207,112</b>	<b>32,922</b>	<b>1,303</b>	<b>14,108,294</b>	<b>47</b>	<b>332</b>	<b>215</b>	<b>313</b>
								* Includes only Awarded EU Agreements ** Includes Outleases, Permits, Licenses, Intra-Agency, and Inter-Agency Agreements			

Department of Veterans Affairs Office of Asset Enterprise Management

With more than 5,000 buildings and approximately 32,000 acres of land nationwide, it is critical VA have a systematic framework for managing its portfolio of capital assets. Using an internally developed approach, VA ensures that its assets fully support the mission, vision, and strategic goals of the Department, in concert with the leadership and guidance from the White House. VA is committed to a comprehensive, corporate-level approach to capital asset management. This approach helps VA closely align asset decisions with its strategic goals, elevate awareness of its assets, and employ performance management techniques to monitor asset performance on a regular basis through the entire life cycle of an asset. At the core of VA's capital asset business strategy is value management - striving to return value to VA's business and managing existing value for greater return.

## **About the 5-Year Capital Plan**

The 5-Year Capital Plan is a living document reflecting changes in the composition and alignment of assets. It describes the process, criteria and philosophy applied to acquisition management and disposal decisions. VA makes sound business decisions through the use of asset management initiatives such as the capital investment decision models and methodology, enhanced-use leasing authority, and the Capital Asset Management System (CAMS). In addition, collaborations with the Department of Defense are pursued to increase the sharing of resources to further improve the delivery of health care to our Nation's Veterans. This plan is the central document describing the selection of the Department's key capital acquisitions using a formal executive review process developed by senior management and approved by the Secretary that is closely aligned with the Department's strategic goals and mission. Individual chapters for VHA, VBA, NCA and Staff Offices within the plan contain brief descriptions and justifications of capital investment projects included in the budget and explain how these investments assist VA in achieving its central mission – to meet Veterans' health care, benefits, and burial needs.

Real Property information (which includes space, condition, contract, financial, and energy consumption information) is reported against established measures to evaluate the performance of VA's assets, as well as serve as a management tool to make informed decisions on its portfolio of assets. This plan also includes appendices (beginning on page 7.10-129) containing detailed information referenced throughout the chapters and a list of table and figures following the table of contents on page 7-i.

## **Legislative and Executive Requirements**

The Department's 5-Year Capital Plan was developed in response to recommendations from the Office of Management and Budget's (OMB) *Capital Programming Guide*. The plan fulfills OMB requirements in support of the annual budget request for capital investments. In addition, the plan meets the following Congressional and Executive requirements:

- Conference Report 109-305 and Senate Report 109-105 directed VA to update its 5-year strategic plan for capital asset management.
- Section 8107 of title 38, United States Code, mandates the top twenty medical facility projects be reported annually by the Department.
- Complies with Executive Order 13327, Federal Real Property Asset Management, dated February 4, 2004 and Federal Real Property Council Principles.
- Public Law 108-422 and accompanying report language instructed the Department is to provide a long-term and short-term disposal plan to the Congress.

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## *Chapter 7.1*

# *VA's Capital Asset Management Program*

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### **Introduction**

Federal capital investment planning and decision-making has undergone profound changes during the last decade as a result of the Government Performance and Results Act (1993); Clinger-Cohen Act (1996); Federal Acquisition Streamlining Act (1994); OMB's *Capital Programming Guide* (Supplement to Part 7 of OMB Circular A-11); Executive Order 13327, Federal Real Property Asset Management; and other Federal initiatives.

VA began its pursuit of a comprehensive capital asset planning process and management strategies in earnest in 1997. VA developed a structure that facilitated a comprehensive system-wide integrated capital investment planning process. The fundamental goal of the new process was to ensure that all major capital investment proposals, including high-risk and/or mission-critical projects, were based upon sound business and economic principles; promoted the One VA vision by linking diverse but complimentary objectives; were aligned with the overall strategic goals and objectives of VA; addressed the Secretary's priorities by emphasizing program objectives in support of internal goals; and supported the key areas identified for improvement across government. VA continues to make enhancements to its capital asset management processes and methodologies to meet the needs of Veterans.

Internal experiences, the Office of Management and Budget (OMB), the Government Accountability Office (GAO), and independent consultants have validated the need for a comprehensive corporate-level capital asset management function in the Department. To meet this need, the Department created the Office of Asset Enterprise Management (OAEM) in July 2001 under the auspices of the Office of Management. In response to this new corporate perspective, the VHA developed the Capital Asset Management and Planning Service. The Office of Construction and Facilities Management (OCFM) was established in FY 2007 to provide major construction and lease project management, design and construction standards, and historic preservation services and expertise to the Department of Veterans Affairs to deliver high quality and cost effective facilities in support of our Nation's Veterans. VBA, NCA, and staff offices also established points of contact to work with OAEM.



## **VA Capital Asset Planning Process**

VA is committed to a comprehensive, corporate-level approach to capital asset management. With more than 5,000 buildings and 32,000 acres of land nationwide, it is critical that VA have a systematic and comprehensive framework for managing its portfolio of capital assets in order to improve the use of resources and provide more effective health care and benefits delivery for our Nation's Veterans.

VA's capital asset management philosophy is grounded in a three-tiered capital asset management approach listed below.

1. **Corporate Portfolio Management:** a global perspective to determine and maintain the optimal mix of investments needed to achieve desired VA outcomes or strategic goals, while minimizing risk and maximizing the cost-effectiveness and performance of our assets.
2. **Strategic Linkage:** matching Department goals to investments. This approach has expanded to include VA's capital portfolio goals and real property goals established by the Federal Real Property Council (FRPC).
3. **Life Cycle Approach to Asset Management:** employing performance management techniques to monitor asset performance on a regular basis through the entire life cycle of an asset helps VA closely align asset decisions with its strategic goals and elevate awareness of its assets. Each significant capital investment is tracked through its life cycle from formulation to execution, steady-state, and disposal.

## **Governance**

VA's capital asset planning process is governed by the Strategic Management Council (SMC), which is responsible for overseeing effective and efficient capital asset management. The SMC is chaired by the Deputy Secretary and oversees the approval of all capital investment proposals that exceed certain thresholds, represent a high risk or high visibility, or are crosscutting. The SMC has a panel that assesses and reviews capital investment proposals; evaluates, scores, and prioritizes proposals; and makes recommendations to the Secretary. The table on the following page provides the capital asset categories by investment thresholds that require SMC review.

**Table 1-1: Thresholds for Capital Investments Requiring SMC Approval**

Thresholds for Capital Investments Requiring SMC Approval				
Total Acquisition Costs				
Categories	VHA	VBA <sup>3</sup>	NCA	Staff Offices
Infrastructure Proposals <sup>1</sup>	\$10M	\$10M	\$10M	\$4M
Medical Equipment	\$1M/piece	N/A	N/A	N/A
Non-Medical Equipment	\$500,000/piece	\$500,000/piece	\$500,000/piece	\$500,000/piece
Leases/GSA Space Assignments	\$1M	\$1M	\$1M	\$1M
Energy Savings Performance Contracts <sup>2</sup>	\$10M/Facility or \$15M/Multiple Facilities	\$10M/Facility or \$15M/Multiple Facilities	\$10M/Facility or \$15M/Multiple Facilities	\$10M/Facility or \$15M/Multiple Facilities
Thresholds for Capital Investments Requiring Submission for Information Purposes Only				
Total Acquisition Costs				
Categories	VHA	VBA <sup>3</sup>	NCA	Staff Offices
Enhanced-Use Leases <sup>4</sup>	\$10M	\$10M	\$10M	\$10M
Enhanced Sharing Agreements <sup>5</sup>	\$10M	N/A	N/A	N/A

<sup>1</sup>Threshold includes the Construction and Medical CARE (NRM) appropriations.

<sup>2</sup>Multiple facilities means more than two facilities, with not one of the involved facilities value in the task order exceeding \$10.0M.

<sup>3</sup>Business case application required for all new regional office building (at new or existing sites) in excess of \$4.0M. These will be reviewed by the Office of Management as part of the operating budget plan approval process.

<sup>4</sup>Total value of proposal exceeds \$10.0M in NPV over the term of the proposal (both VA and developers).

<sup>5</sup>Enhanced Sharing Agreements for space will use the E-U threshold. For all other VHA categories, existing threshold will apply.

## VA Capital Investment Panel

The VA Capital Investment Panel (VACIP) was created to support the SMC. The VACIP's role is to assess and review capital investment proposals; evaluate, score, and prioritize proposals; and make recommendations to the SMC. Their role also includes serving as liaison between representative SMC members and the administrations, to improve or defend capital investment proposals. As part of the VA's capital investment and planning process, all major capital investments are evaluated using a multi-criteria decision model. As part of the process improvement activities, VA evaluates the capital decision models on an annual basis to ensure the models by which capital investments are scored reflect current priorities and policy decisions. All major VHA projects are evaluated using the VHA decision model and all projects from VBA, NCA and staff offices are evaluated using the non-VHA decision model. Both decision models are illustrated in appendix A.

## Three Tiers of Capital Asset Management

A detailed description of the three capital asset management tiers follows.

### Level One: Corporate Portfolio Management

The VA capital portfolio management approach focuses on appropriately determining and maintaining the optimal mix of investments needed to achieve desired VA outcomes or strategic goals, while minimizing risk and maximizing the cost-effectiveness and performance of our assets. VA strives to maximize the functional and financial value of capital assets through well thought-out acquisitions, allocations, operations and dispositions.

By following this approach and utilizing tools such as a sound capital investment process (including alternatives analysis, strategic linkage, and life cycle costing), enhanced-use leasing, and VA's Capital Asset Management System (CAMS) (including performance measurement), VA is able to improve coordination and management of capital assets and provide a single consolidated view of all capital investments in the VA portfolio. These tools and initiatives assist VA in maximizing the value of its portfolio, providing balance and ensuring investments meet VA's mission and strategic goals. For example, VA's enhanced-use leasing (EUL) authority allows the Department to leverage its assets and acquire facilities or obtain goods, services, or other in-kind consideration that might otherwise be unavailable or unaffordable. EUL also allows VA to convert underutilized property into an asset that generates revenue, achieves consolidation, or reduces costs.

In addition, by using CAMS, VA monitors its entire capital asset portfolio, examining all significant assets at every life cycle stage, in concert with VA portfolio goals and strategic goals. The development and deployment of CAMS assisted VA in achieving a major milestone in transitioning from the traditional single asset management style to corporately managing our vast portfolio of holdings. This corporate portfolio perspective enables VA to achieve its overall capital asset business strategy of value management.

VA's portfolio consists of four individual asset categories. VA views these assets as a single comprehensive portfolio. At each stage of the project's life cycle, VA's corporate portfolio goals help identify deficiencies requiring analysis and attention. VA's asset categories are described in the table below.

**Table 1-2: Capital Asset Categories**

Asset Category	Details
Buildings and Land	<ul style="list-style-type: none"> <li>• Building systems, additions, new construction, renovation, parking garages, and acquisitions and disposal of properties. This also includes site acquisitions.</li> </ul>
Equipment	<ul style="list-style-type: none"> <li>• Medical Equipment: Any diagnostic or treatment modality used in the delivery of health care. This includes items such as cardiac-catheterization laboratory equipment, magnetic resonance imaging, or linear accelerators.</li> <li>• Non-Medical Equipment: Non-recurring equipment items that are used by non-medical administrations or offices.</li> </ul>
Leases/General Services Administration (GSA) Space Assignments	<ul style="list-style-type: none"> <li>• Direct Lease: A contract vehicle that enables VA to become a tenant and rent space and accompanying building services for a specified period at a negotiated rate.</li> <li>• GSA Lease: Unlike the GSA assigned space, GSA Lease Space is space leased by GSA from the private sector.</li> <li>• GSA Space Assignment: Leased space acquired from GSA.</li> </ul>

Asset Category	Details
Agreements	<ul style="list-style-type: none"> <li>• Energy Savings Performance Contracts (ESPC): A program developed by the Department of Energy designed to reduce energy consumption and costs in federally owned and operated facilities. VA's energy conservation program features ESPC as one among a set of prioritized energy investment funding and procurement vehicles. An ESPC contractor is competitively selected to invest its capital in a set of VA-identified energy improvements, which results in significantly reducing VA energy costs and consumption over what would have been the case had the investment not been made. VA repays project costs out of the stream of cost savings generated by the energy improvements.</li> <li>• Enhanced-Use Leasing: Leasing underutilized VA property on a long-term basis to non-VA users for uses compatible with VA's mission. The Department is able to obtain facilities, services, money, or other in-kind consideration for VA requirements that would otherwise be unavailable or unaffordable.</li> <li>• Enhanced Sharing Agreement: Allows individual medical facilities to contract for services with any health-care provider, or other entity or individual. These contracts can include a wide array of health care resources. There are no maximum dollar limitations for the investments.</li> </ul>

**Level Two: Strategic Linkage**

VA's capital asset management philosophy emphasizes ensuring capital investments fully support the agency mission and strategic goals. Capital investments must contribute to carrying out the Department's mission by filling performance gaps to meet VA's mission and strategic goals. This important linkage between capital asset investment and performance and the Department's mission and strategic goals is stressed throughout the life cycle of an investment.

VA's strategic and enabling goals guide our asset management goals. VA's goals are listed below:

**Table 1-3: VA Strategic Goals**

<b>Goal 1:</b>	Restore the capability of Veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.
<b>Goal 2:</b>	Ensure a smooth transition for Veterans from active military service to civilian life.
<b>Goal 3:</b>	Honor and serve Veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.
<b>Goal 4:</b>	Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.
<b>Enabling Goal:</b>	Deliver world-class service to Veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance.

VA strives to meet the needs of the Nation's Veterans and their families today and tomorrow by:

- Functioning as a single, comprehensive provider of seamless service to the men and women who have served our Nation;
- Cultivating a dedicated VA workforce of highly skilled employees who understand, believe in, and take pride in our vitally important mission;
- Continuously benchmarking the quality and delivery of our service with the best in business and using innovative means and high technology to deliver world-class service; and
- Fostering partnerships with Veterans' service organizations, the Department of Defense and other federal agencies, state and local Veterans organizations, and other stakeholders to leverage resources and enhance the quality of services provided to Veterans.

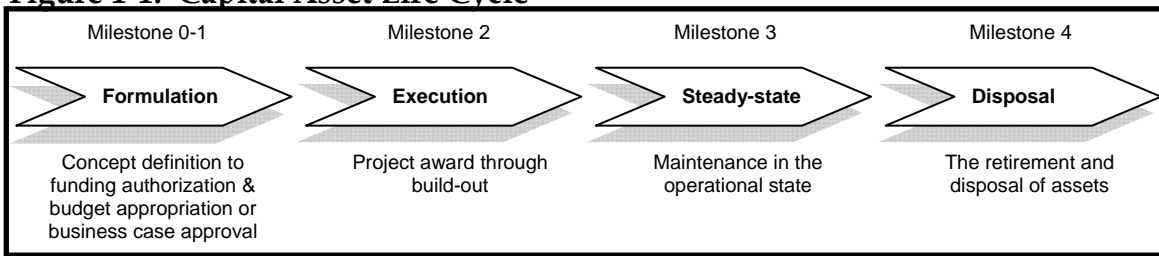
### **Level Three: Life Cycle Approach to Asset Management**

Many of the asset management principles to which VA adheres, and which the Federal Real Property Council (FRPC) has endorsed, are being implemented through a life cycle approach. The Department's asset management philosophy is to reduce underutilized space and the associated operating costs. The Department employs performance management techniques to monitor asset performance on a regular basis through the entire life cycle of an asset.

Each significant capital investment is tracked through its entire life cycle: formulation, execution, steady state, and disposal. The formulation phase involves defining a specific concept or need and obtaining funding, through appropriated or non-appropriated sources, to obtain a needed capital asset. The execution phase focuses on the expenditure of the appropriations obtained in the previous phase and on the actual award of a contract through the build-out or completion of the asset. The steady-state phase involves the typical operations and maintenance of an asset through its expected life span. The disposal phase is the final stage of an asset's life cycle and involves the proper and orderly retirement and liquidation of an asset.

Investment protocols and standards have been developed to provide guidelines for each major phase/milestone in the life cycle of a capital asset (see the figure below). All capital assets are monitored and evaluated against a set of performance measures (including those that are underutilized and/or vacant) and capital goals to maximize highest return on the dollar to the taxpayer.

**Figure 1-1: Capital Asset Life Cycle**



### **Formulation Stage**

- **Functional Development:** The functional development phase is at the operational level and may occur either at the VA Central Office or field level where needs are identified, gap analyses are completed, proposals are developed, and solutions are ultimately applied. In this phase, initial ideas for capital investments are developed and concept papers are completed.

Proposals undergo review first within each administration (VHA, VBA, NCA, and Staff Offices). A decision is made whether to return the proposal for further development, decline the proposal, or forward the proposal for higher-level consideration by the SMC.

- **Technical Review:** In the technical review phase, approved proposals have been developed into either concept paper or acquisition applications and receive technical and financial scrutiny from Department-wide councils or Administration boards, as well as initial prioritization within the owner organization.

Non-VHA proposals that do not pass a technical review are returned for further development, while proposals that do pass are forwarded to the VA Capital Investment Panel (VACIP) for strategic review. VHA proposals are reviewed by a VHA workgroup for further vetting and prioritization and are then submitted to the VACIP.

- **Strategic Review:** In the strategic review phase, proposals of all asset types, from across the Department are reviewed. Proposals are submitted using a web-based application in CAMS. A multi-disciplinary team – the VACIP – validates and then scores the proposal applications. The scoring results in a prioritized list of investments. VHA projects are ranked based on seven criteria, including service delivery enhancements; safeguarding assets (patient life safety projects); special emphasis (e.g., spinal cord injury, blindness, serious mental illness); capital asset priorities/portfolio goals; Departmental alignment (DoD collaboration and strategic alignment); facility condition and workload. Non-VHA projects are

scored and ranked by the VACIP, using some of the same criteria with the exception of service delivery enhancements and special emphasis criteria; however, a customer service criterion was added to the non-VHA model. Brief descriptions of the criteria utilized for both models are included in Appendix B.

A multi-attribute decision methodology, the Analytic Hierarchy Process (AHP), is used to score the proposals. It accommodates the more judgmental factors and imposes a disciplined approach to the decision-making and prioritization process. A hierarchical approach helps to structure the problem and break it down into specific components. These components are called decision criteria. Multi-attribute decision modeling is a technique that allows evaluators to consider a number of diverse criteria in reaching a decision. AHP uses a hierarchical model comprised of a goal, criteria, sub-criteria, and alternative outcomes or conditions for each problem or decision. Such models combine evaluations or decisions using both quantitative and qualitative criteria.

The VACIP uses the capital investment decision models and decision software to score each capital investment proposal application and evaluate investment proposals, based on the effect a particular proposal has with respect to each sub-criterion. The scores are generated by the decision software and result in a list of investments ranked in priority order. The VACIP then provides recommendations to the SMC on which projects to include in the annual budget request to OMB. The SMC recommends approval of scored proposals, and then submits them to the Secretary for final approval.

The strength of the VA capital investment planning process is that it encourages continual improvement and refinement in response to customer needs. Along with stakeholder suggestions, Veteran needs and environmental factors are monitored in order to modify the decision models to address changing needs and priorities. VA revisits its decision models and re-evaluates the criteria and sub-criteria on an annual basis to ensure the decision models are meeting these needs.

### **Execution Stage**

Once a project is approved by OMB and receives funding by Congress it enters the execution stage of its life cycle. Here the emphasis is on measuring planned and actual schedules (design and construction awards, and activation dates) and costs at each phase of the project's initiation.

### **Steady State Stage**

Once a project becomes fully functional or operational, the steady state life-cycle stage is entered. A steady state asset is no longer monitored based on its own milestones and health, but is merged into facility operations. The tracking of health in steady state is performed at the facility or station level rather than at the project level now; this will be expanded with building level data starting in FY 2009. VA's corporate portfolio goals are generally focused on the steady-state phase of capital asset life-cycle.

VA performs regular maintenance and upkeep on its assets and infrastructure through its recurring maintenance funds. These funds are used for service contracts and routine repairs of both facilities and land. Recurring maintenance does not alter, modify, or make improvements to existing infrastructure; these funds only keep assets performing in their current operating state.

Non-recurring maintenance (NRM) involves the purchase and/or improvements of buildings, land, and other structures (including equipment), where additions, alterations, and modifications are made. Non-recurring maintenance projects result in a change in space function and/or a renovation of existing infrastructure. Examples of non-recurring maintenance projects include modifying buildings to install equipment, roof replacements, and non-structural improvements to land such as landscaping, sewers, and wells.

**Data Sources for Steady-State:** The two primary sources of data for VA steady-state capital assets are the Capital Asset Inventory (CAI) database (for inventory information) and VA's Financial Management System (FMS) (for financial data). CAI is operated by the Office of Construction and Facilities Management (CFM), with data input and maintenance accomplished locally by each administration using desktop web access. The database contains essential inventory information on all VA administrations. The major components of the CAI database are:

- Owned buildings
- Land
- Leases
- Major equipment
- Space Driver (space usage model)
- Facility Condition Assessment
- Historic Preservation
- Asset-based agreements such as enhanced-use leases, sharing agreements, donations, permits, licenses, energy agreements and Inter-agency agreements.
- Disposals



The other key source system for CAMS is FMS. Financial data, such as obligations and expenditures, are pulled from the FMS database. In CAMS, the financial data is aggregated by cost types (e.g., operating and maintenance, leasing, energy) for specific assets. The data can also be rolled up for more general views at the local facility, region, and administration levels.

Data from CAI and FMS can be viewed in CAMS separately or in combination to track the health of steady state assets. For example, CAMS reports space utilization using CAI data. CAMS also calculates cost per gross square foot using FMS and CAI data. CAI and FMS played a critical role in meeting Federal Real Property Council inventory reporting requirements.

### **Disposal Stage**

The final stage of an asset's life cycle is disposal. Public Law 108-422, signed in November 2004, authorizes VA, independent of the General Services Administration (GSA), to dispose of real property and to deposit proceeds from the sale, transfer or exchange of VA assets into the Capital Asset Fund (CAF).

The CAF can be used for current and future disposal transactions, improvements or renovations to medical projects with an estimated cost of less than \$7 million, and/or to appropriate historic properties. The authority requires VA to meet all McKinney-Vento Act requirements. Proceeds that are deposited into the CAF need to be re-appropriated by the Congress and can only be used for specific purposes including minor medical facility and historical preservation projects. Additionally, VA is required to submit disposal plans to Congress annually, per Public Law 108-422 and accompanying report language. The VA disposal plan has two parts: short-term (one year) and long-term (five year). CAMS records the impact of disposals on performance across the capital portfolio. Summary data on actual disposals and enhanced-use leases for FY 2008, and planned disposals and enhanced-use leases for FY 2009 through FY 2013 can be found in appendix C. In FY 2008, VA disposed of 86 assets and 70 acres of land through reuse, demolition and enhanced use lease for an estimated cost savings of \$6,226,392.

VA is revising the real property disposal policy, Managing Underutilized Real Property, Including Disposal (VA Directive and Handbook 7633), which provides a standard methodology and criteria for identifying appropriate underutilized assets for divestment. This policy provides procedures for appropriate management of underutilized property including the available options (or authorities) VA may use to maintain the highest and best use for its real property portfolio. When a property is proposed for disposal, other VA entities are given the opportunity to express interest in it for an alternative use.

Other modalities to discard non-mission dependent assets are also evaluated in priority order including enhanced-use leasing, sharing, out-leasing, licenses, permits, easements and transfers (i.e., disposal via enhanced-use leasing authority, capital asset fund, state home, and GSA authority) as well as like-kind exchanges. If none of these options prove viable, VA will make the property available for reuse by other federal agencies. If no other agency is interested, VA may utilize deconstruction, mothballing and demolition. The capability for initiating, justifying, and monitoring proposals for divestment of assets is implemented through CAMS. VA's disposal policy also provides guidance for navigating the complex processes of federal real property disposal. These steps include screening for homeless use, environmental and historical status evaluations, as well as various notifications to GSA and Congressional committees.

The disposal stage is not just an afterthought for the Department, as VA must include an exit strategy early in the formulation of the project and it is one of the sub-criteria found in the capital investment decision model. VA has developed guidance and protocol for implementing an exit strategy that:

- Achieves the fullest possible use of the buildings and land without degradation, or undesirable and unintended consequences;
- Preserves historic, cultural, and natural aspects of our national heritage;
- Achieves a balance between the use and development of scarce resources;
- Enhances the quality of renewable resources while working toward the maximum attainable recycling of nonrenewable resources.

Capital investment applications that have well thought-out, methodical exit strategies receive credit when scored by the VA Capital Investment Panel (VACIP). Achieving significant reduction in underutilized and vacant space is also one of the sub-criteria in the decision model for the Department and this can be achieved with disposal authority.

### **Asset Performance**

Monitoring asset performance begins in the formulation stage of project development as VA staff identifies performance gaps and how investment in capital assets contributes to filling those gaps. Each capital asset proposal submitted through the capital asset planning process is required to identify, in the business case application, to which strategic goal (page 7.1-5) the project will contribute. Information on a project's contribution to the capital portfolio goals is also requested. A more recent requirement for minor construction projects is the identification of Federal Real Property Council (FRPC) goals each project will address. Quarterly reporting is conducted for assets in the steady state stage of the life cycle. Detailed descriptions of the VA capital portfolio goals and the

FRPC goals and scorecards are provided below. VA also uses benchmarking to compare the performance of assets against private sector standards and conducts monthly performance reviews to keep updated on the status of VA capital assets.

### VA Capital Portfolio Goals

VA’s capital portfolio goals are closely aligned with the asset management core objective to provide a safe and appropriate environment for the delivery of benefits to Veterans in a cost-efficient manner. The VA capital portfolio goals are based on the Department’s main objective of managing assets to ensure resources are maximized, assets (including VA staff and Veterans) are safeguarded, and all opportunities (public, private, or a combination thereof) are fully explored. The goals also allow VA senior management to monitor the overall health of the Department’s capital asset portfolio and provide for informed corporate decision-making. VA capital portfolio goals include:

**Table 1-4: VA Capital Portfolio Goals**

Goal	Description
<b>Decrease Operational Costs</b>	<p>VA seeks to minimize maintenance and operation costs through increasing the efficient use of space, decreasing the number of assets that have exceeded their useful life, and by lowering costs to commercial benchmarks for operating and maintenance. By decreasing operational costs, VA will be able to reinvest much needed funds in improving services to our Nation’s Veterans.</p> <p>VA’s Capital Asset Management System (CAMS) tracks operating costs using many of the same cost elements the FRPC requires. These include utilities, recurring maintenance and repairs, cleaning/janitorial, and roads/grounds expenditures required to operate a facility.</p>
<b>Decrease Underutilized Capacity</b>	<p>Decreasing unused and underutilized space is one key factor as is the FRPC facility utilization index: Percent of Space Utilization as Compared to Overall Space (owned and direct-leased).</p>
<b>Decrease Energy Utilization</b>	<p>Decreasing the intensity of energy consumption in VA facilities has a direct impact on minimizing the overall operational costs of those facilities. To achieve this, VA is committed to leading the way in effective and efficient building operations and management. VA is achieving this goal by placing energy management expertise at the facility level, proactively upgrading systems that do not meet current standards, more accurately measuring and analyzing energy consumption and costs, and conducting facility energy assessments to identify energy efficiency improvement opportunities. The baseline calculation against which VA measures its progress - traditional facility energy consumption per gross square foot - has been updated from the 2003 standard, as directed in the Energy Policy Act of 2005.</p>

Goal	Description
<b>Increase Intra/Inter-agency and Community-Based Sharing</b>	Combining and sharing assets with other federal, state, and local organizations, departments, and agencies that embrace the mission, goals, and objectives of VA is a cost effective and viable approach to servicing our Veteran's needs.
<b>Increase Revenue Opportunities</b>	Enhanced-use leasing authority provides VA with increased revenues that can then be reinvested to meet other VA service delivery needs.
<b>Safeguard Assets</b>	Safeguarding assets (including patient and employee safety) is a top priority of the Department. Decreasing the number of high-risk assets in VA's portfolio can reduce the cost of making these facilities compliant with government standards and practices. VA will reduce costs by maintaining assets that conform to safety measures.
<b>Maximize Highest and Best Use</b>	Maximizing the highest and best use of VA assets is a combined effort of all VA organizations. VA will increase the number of agreements for asset exchanges (including in-kind consideration) and sales to acquire replacement property better suited to care for and improve the lives of our Nation's Veterans. VA is also working to increase the total number of agreements to ensure full utilization and optimum performance of all VA assets. These agreements and programs - such as enhanced-use leasing - also contribute to increased savings and cost avoidance.

### **Federal Real Property Council**

The Government Accountability Office (GAO) has considered federal real property to be a high risk area for several years. In February 2004, the President issued Executive Order 13327, Federal Real Property Asset Management. It established the Federal Real Property Council (FRPC) to develop guidance and establish asset management principles, collect specified inventory data elements, and performance measures for all federal agencies. The FRPC is composed of Senior Real Property Officers representing federal agencies and cabinet level departments and is chaired by the Office of Management and Budget (OMB). The Assistant Secretary for Management serves as VA's Senior Real Property Officer.

The FRPC is responsible for providing guidance and facilitating the implementation of agency asset management plans. These tasks are accomplished through a myriad of committees and workgroups both external and internal to the Department. Some external committees include the FRPC Asset Management Planning Committee, FRPC Inventory and Performance Measures Committee, FRPC Systems Committee and the Federal Asset Sales Committee. Membership includes federal agencies and the Office of Management and Budget.

In September 2008, GAO reviewed VA again and found "Progress Made in Reducing Unneeded Property, but VA Needs Better Information to Make Further Reductions." VA has improved information and reporting functionality through

implementation of a Business Intelligence (BI) solution. The BI tool will be expanded further in May 2009, to provide building level data, addressing GAO recommendations and more.

### **VA's Asset Management Plan**

VA's Asset Management Plan (AMP) provides VA's overall capital asset management philosophy and fully addresses the FRPC's 10 asset management guiding principles. The AMP has been produced annually since FY 2005. The FY 2008 plan was published in June 2008. VA's asset management plan identifies and categorizes the real property assets owned, leased, or managed by VA. The plan prioritizes the actions needed to improve operational management of the real property inventory. The AMP identifies portfolio goals, as well as Department short and long-term goals related to capital asset management. In addition, the asset management plan indicates how VA addresses the FRPC's 10 guiding principles, which are provided below.

1. Support Agency Mission and Strategic Goals
2. Use Public and Commercial Benchmarks and Best Practices
3. Employ Life-Cycle Cost-Benefit Analysis
4. Promote Full and Appropriate Utilization
5. Dispose of Unneeded Assets
6. Provide Appropriate Levels of Investment
7. Accurately Inventory and Describe All Assets
8. Employ Balanced Performance Measures
9. Advance Customer Satisfaction
10. Provide for Safe, Secure, and Healthy Workplace

Internal workgroups include the VA Real Property Group and the VHA Portfolio Workgroup. Membership includes VA administrations and staff offices, VHA analysts and field Capital Asset Managers. These groups function as representatives for their respective administrations and work with the Office of Asset Enterprise Management to meet federal and agency performance and reporting requirements. Overall, VA portfolio performance is monitored by the VA Monthly Performance Review Board, chaired by the Deputy Secretary, where results are presented on a monthly and/or quarterly basis.

### **Federal Real Property Council Performance Metrics**

In FY 2005, VA implemented the Federal Real Property Council (FRPC) Tier 1 performance metrics and aligned them with VA corporate goals. Because much of the data needed to support the FRPC Tier 1 metrics were already embedded in the Department's predefined corporate portfolio goals, the transition from VA's corporate goals to the FRPC metrics was possible. Tier 1 metrics vary only in their broad approach to federal real property. In order to meet federal requirements and to provide VA-focused measures, the Department currently

measures and maintains VA's capital portfolio goals and the FRPC Tier 1 metrics. Where there was overlap, VA goals were modified accordingly. VA has four real property goals/metrics and they are discussed below.

**Table 1-5: Federal Real Property Goals/FRPC Tier 1 Metrics**

VA Goal/FRPC Metric	Description
<b>Decrease Underutilized Capacity/Percent of Space Utilization as compared to overall space (owned and direct-leased)</b>	Percent of Space Utilization as Compared to Overall Space (owned and direct-leased). Reference Table 1-4, VA Capital Portfolio Goals.
<b>Decrease Operational Costs/Ratio of Operating Costs per Gross Square Foot</b>	This metric measures the Ratio of Operating Costs per Gross Square Foot (GSF). Reference Table 1-4, VA Capital Portfolio Goals.
<b>Percent Condition Index (owned buildings)</b>	VA performs condition assessments of all its medical facilities. These assessments include estimates of repair needs for each building. VA calculates condition index annually as the ratio of repair needs to plant replacement value. The higher the Condition Index the better the condition of the constructed asset. Condition Index helps identify assets most in need of repair and plan for upgrades or disposition. VA's Capital Asset Inventory (CAI) database includes both variables needed to provide a facility condition index score, including the facility condition assessment and the plant replacement value for each building. The Department currently conducts assessment updates on a three-year cycle for all buildings.
<b>Ratio of Non-Mission Dependent Assets to Total Assets</b>	Using the OMB approved methodology, VA determines whether each asset (owned and direct leased buildings, structures, and land parcel) is mission critical; mission dependent/not critical; or not mission dependent. Mission dependency information is entered into the CAI, which feeds into CAMS for tracking and reporting purposes. Mission Dependency is determined by the FRPC Utilization Index. All VA assets that are 70-100 percent utilized are designated as mission critical. Assets that are 50-70 percent utilized are designated as mission dependent/not critical. Assets that fall below 50 percent utilized are designated as not mission dependent.

**Real Property Scorecards**

Externally, progress on how well agencies manage their real property, and implement the elements of real property management are tracked and reported to OMB. These reports reflect VA improvements in both current status in how VA manages its real property, and in the overall progress VA has made in implementing the elements of real property management.

## Real Property Performance Results

As noted above, VA regularly monitors real property performance and reports to the Office of Management and Budget on Federal Real Property Council Tier 1 Measures. VA reports energy consumption to the Department of Energy. The table below reflects the level of change in each performance area from the baseline years.

**Table 1-6: Real Property Performance Results**

Measure	Results					Targets		Strategic Target
	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009 (Final)	FY 2010 (Initial)	
Percent of space utilization as compared to overall space (owned and direct-leased)	80% Baseline	98%	104%	112%	113%	95%	95%	95%
Percent Condition Index (owned buildings)	N/A	82%	82%	74%	66%	85%	85%	87%
Ratio of non-mission dependent assets to total assets	N/A	22% Baseline	15%	12%	12%	12%	12%	10%
Ratio of operating costs per gross square foot (GSF)	\$4.52 Baseline	\$4.85	\$5.59	\$5.80	\$6.47	\$4.52	\$4.52	\$4.52
Cumulative percentage decrease in facility traditional energy consumption per gross square foot from the 2003 baseline	N/A	N/A	4%	8%	11%	12%	15%	30%

**Utilization:** VA's FY 2004 baseline performance is 80 percent; FY 2008 performance was 113 percent, exceeding the target of 95 percent by 2010. VA improved its utilization of space through the following asset management initiatives:

- VA decreased underutilized space by 282 buildings totaling over (2,887,446 SF) from FY 2004 to FY 2008 through various disposals
- VA's total GSF (owned and leased) increased by 3 percent over the same period, increasing from 156,029,692 GSF in FY04 to 160,205,026 GSF in FY 2008 for a net gain

In FY 2008, VA reduced its inventory by 962,348 thousand square feet and 69.51 acres through disposals, functional consolidations, and improved planning. VA continues to assess current and future real property needs through these management initiatives and tools to ensure the Department meets its infrastructure requirements in a cost effective manner.

**Condition:** VA's FY 2005 baseline performance is 82 percent; FY 2008 performance was 66 percent, with a target of 87 percent by 2010. The process of how VA determines its facilities condition and overall repair and maintenance needs including the current status of how the Department is addressing this need is explained below:

### **Upgrading VA Facilities Condition**

VA thoroughly monitors the condition of its facilities. The condition of its buildings is documented in the VA's Facility Condition Assessment report. Each medical center is surveyed by a professional team of engineers and cost estimators at least once every three years. These surveys include an assessment of its building systems (e.g., electrical, mechanical, plumbing, elevators, structural and architectural, safety, etc.) and site conditions (e.g., roads, parking, walks, water mains, sanitary and storm water protection, etc.) The facility is objectively evaluated by the professional FCA review team (contractor and/or VA personnel from headquarters) and given ratings of A (new or like new condition), B (above average condition), C (average condition), D (poor condition) and F (critical condition requiring immediate attention.). Building and site conditions given a rating of a D or F by the reviewers are also given an estimated cost of corrections. Once the assessment is completed the station correction costs are totaled and a percentage is computed comparing the total estimated correction costs to the total estimated replacement cost of the facility. This is referred to as the condition index. Here the higher the percentage the better the condition of the facility. At other times a simple ratio is provided of these two factors with a lower ratio indicating better overall facility condition. VA surveys and documents the condition of all its owned buildings.

The FCA report is actively used by VA to improve the condition of its facilities. The VA Non-recurring Maintenance (NRM) programs are the infrastructure repair program. They are the most active in funding VA's FCA documented severe deficiencies (D's or F's). VA estimates the cost to repair all FCA deficiencies to be approximately \$8 billion. All VA infrastructure or construction project requests now include FCA related corrections. VA is making a concerted effort to reduce its backlog of critical FCA deficiencies. About 30percent of all Minor Construction dollars obligated annually correct important documented FCA deficiencies. VA's Major Construction program also corrects a significant amount of FCA-documented critical needs annually.

VA will continue to use capital resources, where appropriate, to address the most critical deficiencies. Congress has increased both the minor construction account and the non-recurring maintenance accounts in recent years to assist in addressing technical infrastructure deficiencies within VA, tied to the Facility Condition Assessment. The availability of appropriated funds and additional costs identified from special studies (e.g., hurricane preparedness, electrical systems) commissioned by OCFM added significantly to FCA correction costs. A Real Property Task Force was established. Task Force recommendations were made to 1) standardize FCA processes and accountability, 2) define FCA scope, 3) establish



consistent FCA reporting and tracking of FCA progress. Below is the FCA Deficiency Status Report updated weekly.

**Table 1-7: Facility Condition Assessment Deficiency Status Report**

Admin.	Baseline	New Deficiencies	FCA Project Completed	FCA Projects Obligated - Not Yet Completed	\$ Remaining
VHA	\$8,492,223,864	\$593,712,235	\$245,078,205	\$1,040,901,047	\$7,799,956,847
All Other	\$99,689,605	\$2,332,600	\$243,000	\$2,894,835	\$98,884,370
<b>Total</b>	<b>\$8,591,913,469</b>	<b>\$596,044,835</b>	<b>\$245,321,205</b>	<b>\$1,043,795,882</b>	<b>\$7,898,841,217</b>

**Mission Dependency:** VA's FY 2005 baseline performance is 22 percent; FY 2008 performance was 12 percent, on track with the target of 10 percent by 2010. Changes resulting in a decrease in non-mission dependent assets are:

- In FY 2008, VA used disposal or other methods to reduce underutilized and vacant space and relieve itself of the maintenance costs of a total of 86 buildings and land (962,348 GSF):
  - 50 via enhanced use (745,936 GSF)
  - 37 via demolition (216,412 GSF and 26 acres)
  - 1 via reuse by other VA entities (43.51 acres)
  
- In FY 2007, VA used disposal or other methods to reduce underutilized and vacant space and relieve itself of the maintenance costs of a total of 48 buildings and land (360,661 GSF):
  - 44 via demolition (187,590 GSF)
  - 1 via transfer to state home ( 13 acres)
  - 1 via enhanced use lease (27,151 GSF)
  - 1 via transfer to GSA (720 GSF)
  - 1 via reuse by other VA entities (145,200 GSF)
  
- In FY 2006, VA used disposal or other methods to reduce underutilized and vacant space and relieve itself of the maintenance costs of a total of 76 buildings and land (1,189,058 GSF):
  - 4 via sales (656,742 GSF)
  - 45 via enhanced use (347,617 GSF)
  - 25 via demolition (169,499 GSF)
  - 1 via sharing, outlease, license, permit, easement, donation (13,760 GSF)
  - 2 via transfer GSA disposal authority (1,440 GSF)

- In FY 2005, VA used disposal or other methods to reduce underutilized and vacant space and relieve itself of the maintenance costs of a total of 40 buildings and land (158,367 GSF):
  - 36 via demolition (145,647 GSF)
  - 1 via sharing, outlease, license, easement, permit, donation (4,320 GSF)
  - 1 via transfer state home (1.71 acres)
  - 3 via GSA disposal transfer (8,400 GSF)
  
- In FY 2004, VA used disposal or other methods to reduce underutilized and vacant space and relieve itself of the maintenance costs of a total of 32 buildings and land (219,838 GSF):
  - 27 via demolition (187,590 GSF)
  - 3 via sharing, outlease, license, easement, permit, donation (10,080 GSF)
  - 1 via transfer enhanced use lease (21,592 GSF)
  - 1 via reuse by other VA entities (51.99 acres)
  - 1 via deconstruction (576 GSF)

**Operating Cost:** VA's FY 2004 baseline performance is \$4.52 per GSF. For FY 2008, VA's operating cost per GSF was \$6.47. The 2010 target is \$4.52.

- In annual recurring revenue, VA generated:
  - \$1.5M FY 2008;
  - \$1.1M FY 2007;
  - \$1.2M in FY 2006; and
  - Over \$900,000 in FY 2005.
  
- VA generated additional one-time payments of:
  - \$100,000 in FY 2008;
  - \$20,000 in FY 2007;
  - \$22.5M in FY 2006; and
  - \$28M in FY 2005.

This year, VA is participating in a government-wide Presidential initiative to reduce real property-related operating costs required to maintaining non mission dependent physical assets. In 2010, the disposal of surplus assets scheduled to exit VA's inventory will reduce these costs by an estimated \$3.5 million.

### **Monthly Performance Reviews**

The Deputy Secretary of VA convenes a monthly meeting with senior level executives from the administrations and staff offices called the Monthly Performance Review (MPR). The MPR provides these senior level executives information on the status of VA's financial management and programs. The MPR is a means to create dialogue to improve services to Veterans by highlighting

successes and problem areas through performance metrics, including the goals and targets explained above. For capital asset programs, information is provided to the MPR on Major Construction, Minor Construction, Non-Recurring Maintenance, Facility Condition Assessments, Grants for State Cemeteries, Grants for State Extended Care, Energy Consumption and Cost, and Disposals. In addition, information is provided on capital assets that are operational.

### **Benchmarking**

A key measure of VA's success is to compare asset performance to that of the private sector via benchmark analysis. CAMS provides VA the means and data to compare certain asset expenses to industry or commercial benchmarks for its leasing and energy programs. Benchmarking is also done within VA and encompasses comparisons across fiscal years and comparisons between similar VA facilities. CAMS currently holds performance data back to FY 2004. VA can analyze and report increases or decreases in costs, utilization, and other goal performance from year to year and across individual stations, networks, and at administration levels.



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## *Chapter 7.2*

### *Management Initiatives*

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#### **Management Initiatives**

VA has undertaken a number of major management initiatives in order to improve and strengthen the capital asset management program. VA has integrated best practices into the fabric of the capital investment process, learning from the best planning and performance measurement found in government and private industry. One of the main achievements was the development of the Department's first long-term capital plan, which was submitted to Congress in the summer of 2004. Along with VA's vigorous capital investment process, the Department established various tools and programs as described below that support more effective capital asset management.

VA continues to develop tools and processes for managing its vast capital portfolio. Three key initiatives have served VA very well, and their promise is not yet exhausted. The first initiative is the Capital Asset Management System (CAMS), which in four years has made tremendous strides in assisting all parts of the VA enterprise in monitoring their assets. Additional enhancements and functionality are constantly being tested and rolled out to leverage the investment VA has made in this enterprise system. The second major initiative is enhanced-use leasing, which fosters public-private partnerships while ensuring long-term revenue streams for the Department. Enhanced-use leasing supports community needs and job opportunities, and allows VA to transform underperforming or unutilized assets into revenue generators. For 2009, there are a number of enhanced-use leases in various stages of development. The third initiative is the VA Energy Program which promotes and supports efficient energy management and increases energy and water conservation. A fourth federal initiative, Federal Asset Sales (FAS), was added in FY 2006. FAS is a federal initiative promoting centralized sales for personal and real property, focusing on the sales agent and reporting responsibilities. Detailed descriptions of these tools follow.

#### **Capital Asset Management System**

The CAMS initiative supports Executive Order 13327, Federal Real Property Asset Management. CAMS has positioned VA to fully contribute to and comply with Federal Real Property Council (FRPC) guidance. CAMS allows for web-based input of concept papers and acquisition business case applications. The data is organized, analyzed, and presented to track and monitor VA's assets against performance goals within and across asset types and administrations. Reports can be used for multiple purposes, such as review and presentations.

CAMS provides several outcomes that result in improved service delivery to Veterans and increased financial accountability to the general public. The impact of this innovative technology is that CAMS:

- Integrates asset management and governance at multiple levels
- Improves financial and analytical capability
- Improves performance management
- Provides for increased and better-informed decisions
- Improves service delivery

In FY 2007, FRPC reporting was updated to include disposition net proceeds, disposal recipient, as well as lease maintenance and lease authority indicators. VA updated its financial system to reflect specific energy costs, not just traditional energy, to better support internal performance management and Department of Energy (DOE) reporting.

Electronic reporting has been demonstrated. VA submitted an electronic files to the General Services Administration (GSA) beginning in FY 2005, and has successfully submitted again in FYs 2006, 2007, and 2008. VA has also submitted electronic files for Energy Star ratings to Department of Energy (DoE). DoE benchmarks similar facilities in Energy Star to one another and returns the ratings to VA. Annual Energy Performance Reports have now been created in CAMS to incorporate these ratings.

CAMS is the main factor that allows VA to comply with this complex type and level of asset performance measurement. VA is one of the leaders in real property management. Within VA, CAMS has already had an impact on capital asset data management. Inventories have been improved, related costs are more accurately tracked and numerous pre-existing asset-related databases have been linked and coordinated. The CAMS process has generated a renewed focus on capital asset matters at all levels of the Department.

In FY 2008, CAMS implemented enhanced reporting and analysis in the form of a Business Intelligence (BI) and data warehousing system. As reporting became more complex and more data was available for trending and performance management, the BI enhancement became necessary to meet the increased demand. All of the major reporting and analysis elements, such as FRPC Tier 1 Metrics, VA Performance Metrics, Energy performance metrics and reporting, disposals and other inventory data were incorporated into BI. The new tool allows for more capability in trending, graphing, and complex analytics than was available in the past. Multiple training sessions have been conducted and additional sessions are planned for the new future for new BI users.

## **Future Plans**

- Implement/Expand Business Intelligence (BI) reporting capabilities to the building level detail.
- Update CAMS to include the Post Transaction Oversight Tool (PTOT) information to help better oversee Enhanced Use Leases.
- Implement FRPC reporting for sustainability.
- Enhance FAS quarterly reporting.
- Develop GAO recommended reports that:
  - Track maintenance costs for maintaining underutilized and vacant properties.
  - Track building level data by FY in order to correlate characteristics associated with underutilized and vacant buildings.
  - Track, monitor, maintain and evaluate square foot (sq ft) reductions, financial and non financial benefits.
- Release Real Property Group Report:
  - Issue Guidance to Standardize FCA Process.
  - Continue Space Utilization Analysis.
  - Conduct ongoing analysis of VA's real property portfolio to improve overall asset management.
  - Continue evaluation and validation of VHA space needs. Develop a National Lease Strategy - As part of our ongoing portfolio analysis efforts, VA is examining space needs (e.g., existing, planned) for redistribution opportunities. For example, VA is exploring if administrative functions be performed outside of the hospital in leased space in order to make room for needed patient care.

## **Enhanced-Use Leasing Program**

VA utilizes a unique capital asset management tool called enhanced-use (EU) leasing. The benefits of this program include significant cost savings, substantial private investment, new long-term sources of revenues as well as jobs or tax revenues for the local, state and federal sectors.

### **Authority**

VA's authority to use this mechanism was originally enacted in 1991, under section 8161 of title 38, United States Code and renewed in 2001 through 2011. While this authority allows VA to lease land or buildings to both private and/or non-profit sector for up to 75 years, the use of this property must be consistent with VA's mission. Leased property may be developed for non-VA uses, and/or VA uses that will enhance the property.

Although Congress chose to exempt the VA's EU leasing authority from an array of federal property statutes to help provide flexibility in its application, VA must still abide by all federal environmental laws (e.g., the National

Environmental Policy Act and the National Historic Preservation Act). VA is not required to follow typical federal acquisition rules when selecting the EU lessee, but VA must use procedures that ensure selection process integrity.

### **Benefits to VA**

Use of this program has resulted in significant cost savings. VA's EU leasing program is unlike those used by the rest of government, which offer little more than a revenue return in proportion to the depletion of the leased asset. VA's EU leasing program encourages innovative public/private partnerships. In return for the lease, VA must obtain fair consideration (monetary and/or in-kind) in various forms including but not limited to revenue, facilities, space, or services.

Generally, when an agency generates revenue connected to real property, proceeds must be deposited in the U.S. Treasury. Under the EU program, funds received as consideration do not have to be returned to the Treasury, but may be kept by VA. This provides the incentive necessary to encourage VA property managers to be creative and aggressively pursue opportunities to partner with both private and non-profit entities.

### **Benefits to Developers and Local Community**

An EU lease provides the developer (lessee) with the long-term property interest necessary to secure financing through the capital markets, and allows the developer to amortize any capital investment made to the property or facility. Although the underlying land is still federal property, the facility is subject to state and local taxes, which results in an increased tax base for the local community. This in turn facilitates the local community's ability to provide needed services along with substantial private investment, new long-term sources of revenues for the local economy, jobs, and tax revenues for the local, state and federal sectors.

### **Transparency**

A key component of the EU leasing program is close coordination with and involvement of the local government and community as full partners in the development process. For example, VA must hold a public hearing at the location of any proposed EU lease to obtain Veteran and local community input. VA also must provide a notice to its Congressional oversight committees prior to entering into an enhanced-use lease. Close collaboration with community leaders and interested stakeholders enables VA to address concerns early in the planning and development process.

### **Awarded Enhanced-Use Leases**

VA has completed a variety of projects since the enactment of the Enhanced-use (EU) leasing statute, including office buildings, parking facilities, low-cost senior housing, co-generation (heat and electricity) energy plants, single room occupancy housing (homeless shelters), and child care and mental health centers. A listing of enhanced-use leases that have been awarded since the inception of the program can be found in appendix D.

VA is currently exploring ways to expand the use of this capital asset management tool in the Department and continually working to streamline the complex EU process.

### **Recent Enhanced-Use Lease Successes**

**Battle Creek, Michigan - Transitional Housing:** On December 22, 2008, VA signed an enhance-use lease with Medallion Management, Inc. of the State of Michigan to finance, design, develop, and operate a transitional housing facility providing 76 residential units on approximately 4.95 acres of VA land and improvement for the initial term of 50 years with one option to extend for an additional 25 year period.



Under this lease, eligible Veterans receive priority placement and onsite supportive services including case management, substance abuse recovery support, and referrals to education, training, and employment programs. The benefits to VA over the term of the lease consist of the cost avoidance associated with bed referrals and maintenance of the property. These benefits are expected to reduce VA costs by transferring the responsibility to Medallion Management, Inc. while providing valuable services to the Veterans.

**Batavia, New York - Transitional Housing:** On December 22, 2008, VA executed an enhanced-use lease with Cazenovia Recovery Systems, Inc. of the State of New York to finance, design, and develop a parcel consisting of Building No. 1 and its underlying land. The original term of the lease is 40 year with three 10-year options to extend the term. Building No. 1 would be rehabilitated into an 18-bed transitional housing unit for homeless Veterans.



Under this lease, eligible Veterans will receive priority placement and any service and programs offered by the lessee. The benefits to VA over the term of the lease consist of cost avoidance associated with bed referrals, new HVAC system, and maintenance of the property. These benefits are expected to reduce costs by transferring the responsibility to Cazenovia Systems Recovery Inc. while providing valuable services to the Veterans.



### **Current Enhanced-Use Leasing Projects**

**Secretary's Approved Priority List:** A listing of the enhanced-use lease projects that the Secretary has identified as Departmental priorities can be found in Appendix E. These projects represent concepts that will be further developed to leverage VA assets to engage private business to meet VA requirements and needs. As further analysis is conducted, projects may be added, modified or deleted from this list. There are additional projects, particularly in light of the CARES decisions, that VA continuously assesses for potential priority consideration. VA would need to notify Congressional oversight committees prior to entering into an enhanced-use lease for any of the projects listed in Appendix E.

### **Mission Homeless and Site Review**

In December 4, 2006, the Secretary signed a site review initiative with the objective of conducting a comprehensive review and assessment of VA's vast infrastructure and capital asset inventory to decrease the amount of underutilized real property and maximize its value and address the ongoing problem of homelessness among veterans through EU Lease. The EU lease proceeds from the executed projects will be reinvested to enhance services provided to Veterans. On May 5, 2008 the Secretary approved 49 sites for EU lease development under this homeless initiative. Projects were divided in two phases for implementation. A listing of these projects can be found in Appendix F.

**Phase I – Mission Homeless:** 34 sites were selected and are actively pursuing establishing homeless housing. Projects are being evaluated for feasibility and need to proceed as a housing development or some other development within the long term care continuum such as assisted living.

**Phase II – Site Review:** 15 sites are approved for market driven and mission driven homeless projects. These projects establish homeless housing or long term care, but it also includes and a mixed-use component where VA may develop EU lease projects of any kind based on the best value to VA as determined by the responses to the full and open competition procurement.

## **Energy, Environment and Transportation (EE&T) Management and Sustainable Buildings**

### **Background**

Executive Order (EO) 13423 - Strengthening Federal Environmental, Energy and Transportation Management, enacted January 2007, raised the bar on the energy requirements contained in the Energy Policy Act of 2005 and mandated environmental and fleet management improvements as well. In order to best address these new requirements, VA integrated its Department-level transportation and environmental management policy and program office with the energy policy and program office that VA established in 2003. The Office of Asset Enterprise Management (OAEM) continues as the lead program and policy office in all VA Department-level initiatives dealing with energy, environment and transportation management and sustainable building initiatives.

### **EE&T and Sustainable Buildings Programs and Program Management**

OAEM chairs four Department-wide task forces, each of which addresses one of these four management areas. Each task force has developed an action plan that serves as VA's blueprint for fulfilling federal mandates and meeting internal goals in the subject area. The action plans lists activities that VA needs to accomplish in order to meet performance measures, and includes deliverables, responsible parties, deadlines, and resource requirements for each activity. Task force members actively coordinate and oversee implementation of their respective plans, and interact with members of the other task forces on cross-cutting issues. An action featured in each plan is for the Department to update/create energy, environment, fleet and sustainable buildings management programs, policies, directives, and handbooks to reflect current mandates in these areas and lessons learned from implementing existing programs.

VA participates actively in inter-agency workgroups and related sub-group meetings in all four areas, including: the Inter-Agency Energy Management Task Force; the Interfuels Working Group; the Federal Energy Savings Performance Contracting (ESPC) Steering Committee; the Federal Electronics Stewardship Working Group; the Inter-Agency Sustainability Working Group; and others. Participation includes such activities as reviewing and commenting on proposed guidance documents; participating in initiatives by furnishing VA-specific data, experiences and viewpoints; and providing input on proposed legislation, executive orders and other documents.

## **Data and Reporting**

**Energy:** In FY 2008, VA again added new energy reporting categories to CAMS to fulfill new annual reporting requirements. The expanded energy data was included in FY 2008 reporting to DOE. VA also provided individual facility data to DOE as required under the Energy Independence and Security Act of 2007 (EISA) and has been participating in a DOE working group that is developing guidance for collection of data beginning in 2009 on the results of mandated facility energy assessments. VA continues to implement the automated benchmarking process initiated in FY 2006 in partnership with the EPA Energy Star Portfolio Manager program. Using online tools and computer programming, VA in FY 2008 continued quarterly energy benchmarking of its hospitals and regional benefits office facilities via this process.

**Environment:** VA enters data on its environmental management systems (EMS) into an inter-agency database located on the FedCenter website, which calculates a score for each EMS. VA supplies information annually to the Council on Environmental Quality related to environmental conflict resolution efforts. VA collects data for the annual EO 13423 Sustainable Practices report (formerly known as the Resource Conservation Recovery Act report) via an in-house automated survey tool. As EO 13423 Sustainable Practices reporting requirements change, VA changes the survey tool to reflect what is needed. Collecting and tracking green product purchasing and other environmentally-related data continues to present large challenges for VA, as for all federal agencies.

**Transportation:** VA enters key fleet vehicle data into an inter-agency database – the Federal Automotive Statistical Tool (FAST) database – and is able to “see” and report on the data using FAST analytical tools. This data forms the basis for VA’s annual fleet vehicle report to Congress. In addition, VA uses an internal database, CARS, to track key information about VA fleet vehicles around the country. While improving use of CARS, VA is simultaneously participating in GSA’s Vehicle Management Information System (VMIS) pilot program with the intention of adopting the VMIS software when it becomes available. VA was one of the first agencies to provide initial data for testing GSA’s comprehensive new Federal Motor Vehicle Registration System (FMVRS) in 2008, and continues to work with GSA to finalize vehicle data and improve the database.

**Sustainable Building:** VA gathers data on the level of sustainability of existing buildings via an annual in-house survey effort. Facilities use the survey results to report on sustainable building status in CAMS.

## **Budget**

VA's 2010 budget includes \$53.5 million in Medical Care to improve the Department's ability to better manage its energy, environmental and fleet assets, most of which is directed to energy efficiency and sustainable building improvements. Improvements will also be accomplished by making prudent investments in infrastructure, employing best practices in facility and fleet operations and maintenance, implementing renewable energy initiatives, and improving data collection and analysis. VA has allocated an additional \$49.5 million internally to evaluating and implementing renewable energy projects, including solar photovoltaic, wind, geothermal, and renewably fueled cogeneration technologies.

The American Recovery and Reinvestment Act of 2009 (ARRA), Public Law 111-5, dedicated \$200 million for VA to expand its renewable energy portfolio, implement energy efficiency projects, and install energy and water meters to meet federal mandates. Renewable energy funding will address all areas of project development, from conducting detailed technical and economic feasibility studies through construction. Types of renewable energy projects include studies and/or implementation of solar photovoltaic, wind turbine, direct geothermal and renewably fueled cogeneration systems. Energy conservation measures are slated for implementation at facilities in four VISNs and at selected national cemeteries. These energy and water conservation measures (ECMs), identified in previously conducted energy assessments, will improve the performance and efficiency of heating, cooling, lighting and water-using systems to achieve savings that will go back into providing services for Veterans. Along with the centrally-managed energy initiatives mentioned above, an additional \$200 million will be dedicated to ARRA projects that include a renewable energy and/or energy efficiency component. This brings the total energy and energy related projects funded by ARRA to over \$400 million. These energy related projects include window replacements; replacements of aging heating, ventilation and air conditioning systems and components; boiler system upgrades; installation of variable speed drive motors; water conservation measures; solar and wind energy projects; and others. A complete listing of VA ARRA projects (by State) which includes these energy projects is found in Appendix N of this plan.

## **Highlights and Accomplishments**

**Energy:** VA continues to conduct facility energy assessments on a regional basis, and is pursuing implementation ECMs identified during the assessments. In 2008, VA completed region-wide energy assessments in VISNs 1, 6, 11, 16, 17, 19, and 23, and began implementing ECMs identified previously in VISNs 2, 5, 10, 15, 18, and 20. VA installed solar photovoltaic systems at the Loma Linda and Dallas VAMCs in 2008, and intends to install

wind and geothermal systems at pilot sites in FY 2009. VA's 2009 renewable energy initiative features additional solar photovoltaic projects (at West Haven, Albany, Buffalo, Syracuse, Phoenix, Tucson, Sheridan, Fresno, Palo Alto, Reno, Long Beach and West LA VAMCs), and in-depth feasibility studies at 36 sites to develop renewably-fueled central energy plants at a number of sites with high potential. To meet sub-facility level metering requirements, VA is conducting an integrated metering, bill auditing and commodity data pilot at facilities in VISNs 10 and 22, and finalizing procurement approaches for implementing metering at all facilities nationwide.

**Environment:** VA continues to improve its approach to managing the multiple aspects of environmental stewardship, from purchasing more "green" products to enhancing recycling and waste reduction efforts. VA is identifying additional facilities for environmental management system (EMS) implementation, with ARRA funding supporting implementation of EMS at all NCA sites nationwide. VA is also planning for implementation of computer power management nationally. Data collection and tracking remains a large challenge in this area for VA, as for all federal agencies.

**Transportation:** To increase its use of alternative fuels, VA is conducting a national study to select the best existing sites for installing alternative fueling capability and to develop concept-level fueling station design. About 35 stations will be built with funding already dedicated in VA's minor construction program. VA continues to focus on training of all relevant staff to understand fleet management and data collection requirements. While improving use of its existing internal fleet vehicle database, VA is simultaneously participating in GSA's Vehicle Management Information System (VMIS) pilot program with the intention of adopting the VMIS software when it becomes available.

**Sustainable Buildings:** VA proactively developed a Green Buildings Action Plan prior to the mandate for all federal agencies to develop a sustainable building implementation plan (SBIP), and has had a Sustainable Design and Energy Reduction Design Guide applicable to all new construction and major renovation projects in effect since 2007. With the SBIP in place, VA is aggressively pursuing sustainability in existing facilities via a pilot project at the Ann Arbor VAMC to obtain dual third-party certification and a nationally coordinated initiative to earn third-party sustainable building certification at twenty facilities around the country. These facilities, all VA medical centers, are: VISN 3-New York Harbor, VISN 6-Salisbury, Asheville, Richmond, VISN 7-Birmingham, Atlanta, Augusta, Dublin, VISN 8-West Palm Beach, VISN 11-Detroit, VISN 12-Milwaukee, VISN 16-Shreveport,

Houston, Little Rock, VISN 17-Dallas, VISN 20-Portland, Seattle, VISN 22-Los Angeles, Loma Linda, and San Diego.

### **Future Plans**

Through VA's central Energy Management Program, with ARRA funding, VA is planning and executing the following projects through 2010:

**Solar Photovoltaic:** Install solar photovoltaic projects at Calverton and San Joaquin National Cemeteries; conduct feasibility studies of 31 additional potential installations; design and construct up to eight additional installations based on the feasibility studies results.

**Wind:** Install one previously identified wind turbine project at St. Cloud VAMC and at Bourne National Cemetery; complete feasibility assessments of 13 additional high-potential sites (initially identified as Ft. Richardson and Sitka national cemeteries and National Memorial Cemetery of the Pacific; VISN 2-Bath, Buffalo, Manhattan, St. Albans, VISN 3-Northport, VISN 6-Asheville, Salem, VISN 9-Mt. Home, VISN 19-Salt Lake City, and VISN 21-San Francisco VAMCs); design and construct up to six additional wind turbine installations based on results of these studies.

**Renewably Fueled Cogeneration:** Design and construct renewably fueled cogeneration systems (combined heat and power systems that can use methane gas from landfills and/or fuel from wood industry waste); at White River Junction and Togus VAMCs; install up to 9 additional systems at sites selected using the results of previously funded feasibility studies of 36 candidate facilities. Candidate sites initially identified are: VISN 1-Newington, West Haven, Brockton, Bedford, Jamaica Plain, West Roxbury, Manchester and Providence; VISN 2-Albany, Bath, Batavia, Buffalo, Canandaigua; VISN 6-Salem; VISN 7-Augusta, Dublin; VISN 8-San Juan; VISN 10-Chillicothe; VISN 11-Ann Arbor, Battle Creek, Danville; VISN 12-Milwaukee, Hines, Iron Mountain, Tomah; VISN 15-Marion, Leavenworth; VISN 16-Houston; VISN 17-Kerrville, Dallas; VISN 21 San Francisco; VISN 22-Greater Los Angeles VAMC, Los Angeles Ambulatory Care Center, Loma Linda, Long Beach, Sepulveda.

**Geothermal:** Install ground source (geothermal) heat pump systems at Dublin and St. Cloud VAMCs; evaluate seven facilities for feasibility of direct geothermal projects (initially identified as Boise, Ft. Harrison, Salt Lake City, Martinez, Sacramento, San Francisco, and Vallejo/Mare Island); and install direct geothermal systems at up to five of these sites.

**Energy Efficiency:** Implement previously identified energy and water conservation measures at facilities in VISNs 2, 5, 10 and 18, and at NCA facilities around the country. Install building-level meters for natural gas, steam, water and other utilities to meet federal metering mandates.

**FY 2009:**

- Continue identification and implementation of on-site renewable energy projects
- Begin national-coordinated program to implement building-level metering at all VA facilities
- Continue region-wide facility energy assessments
- Invest in energy and water efficiency improvements
- Complete review and updating of energy, environment and transportation management policies, directives, handbooks and other guidance documents
- Create new sustainable buildings policies, directive, handbooks and other guidance documents

**FY 2010**

- Continue identification and implementation of on-site renewable energy projects
- Continue implementing building-level metering at all VA facilities through national program
- Invest in energy and water efficiency improvements
- Add alternative fueling capability to targeted sites
- Identify additional sustainable building candidate sites



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## *Chapter 7.3*

### *Collaboration with the Department of Defense*

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#### **Introduction**

There have been many efforts by Congress and the Executive Branch to improve collaboration and health resource sharing between VA and the Department of Defense (DoD) in order to improve the efficiency, accessibility, and cost-effectiveness of health care delivery for beneficiaries.

President Obama has expressed strong support for improving collaboration and seamless transition between VA and DoD. The Administration's ongoing efforts will achieve significant benefits and savings by forming a more consistent, flexible and meaningful partnership between the two Departments that will better serve the men and women who serve and have served our country.

Executive Order 13214 established the President's Task Force to Improve Health Care for Our Nation's Veterans (Task Force) on May 28, 2001. The Task Force was charged with identifying opportunities to improve benefits and services for beneficiaries; reviewing barriers and challenges that impede coordination; and identifying opportunities for improved resource and infrastructure utilization through partnership between the Departments. The Task Force completed its work and submitted a final report in May 2003. In pursuit of the stated goal and in concert with the Task Force's organizing principles, the VA/DoD Construction Planning Committee (CPC) was created under the VA/DoD Joint Executive Council (JEC). The JEC was established by section 583 of Public Law 108-136. The JEC recommends to the Secretaries of the Departments a strategic direction for joint coordination and sharing of resources. It reports annually on progress made in implementing increased coordination. The CPC was established to provide a formalized structure to facilitate cooperation and collaboration in achieving an integrated approach to capital coordination that considers both short-term and long-term strategic capital issues and is mutually beneficial to both Departments. The primary focus of this group is to ensure collaborative opportunities for joint capital asset planning are maximized. The CPC also serves as the clearinghouse for the final review of all joint capital asset initiatives submitted by any element of the JEC. The CPC is comprised of individuals with expertise and comprehensive knowledge of capital asset planning, investment, and management policies and strategies of their respective Departments.



The CPC identified opportunities and challenges to capital collaborations for FY 2009 through 2014. VA and DoD will continue to coordinate the needs and requirements of both Departments in order to increase collaborative capital initiatives. The CPC also serves as the clearinghouse for review of construction, in the major and minor construction programs, leasing, and real property dispositions proposed by any element of the VA/DoD JEC structure.

### **VA/DoD Joint Executive Council Strategic Plan**

The VA/DoD JEC Strategic Plan targets the improvement of management operational efficiency through Performance Goal 5, which relates to capital assets, procurement, logistics, financial transactions, and human resources. This performance goal has Objective 5.1 tasking the CPC's to evaluate joint collaborative construction initiatives based upon the capital requirements identified by both Departments. The CPC will continue to participate with the Joint Market Opportunities Group (JMO) in joint market evaluation and survey efforts from the Joint Facility Utilization and Resources Sharing Workgroup (WG) and other groups as appropriate.

### **VA/DoD Collaborative Projects**

VA/DoD collaboration is an element of each Major Construction project. Each project is required to provide an assessment of potential DoD collaborative opportunities. DoD collaboration is one of the national criteria elements used to evaluate, score, and rank Major Construction projects. An example of a prominent, successful joint venture is in North Chicago, where VA and DoD are staging an organizationally integrated facility. VA and DoD hope to build on these successes for future projects.

The Major Construction project below involves major collaborative efforts with the Department of Defense.

- Biloxi, MS – With a total estimated cost of \$310,000,000 this project will be comprised of the following elements:
  - New mental health clinical addition
  - New blind rehabilitation center
  - Enhanced-use lease of 90 acres at the Gulfport Division
  - Comprehensive inpatient mental health services to DoD facilities on the Gulf Coast including Keesler Air Force Base (AFB).

In addition, VA and DoD are continuing to work on previously funded major construction projects at Denver, CO and Anchorage, AK; as well as several minor construction projects to establish community based outpatient clinics (CBOC). The Alaska VA Healthcare System is building a clinic outside the perimeter of

Elmendorf Air Force Base which will be connected by an enclosed walkway to the AF Hospital to facilitate ease of access to VA patients being referred for care at the AF facility. The clinic is scheduled to open in 2010.

### **Community Based Outpatient Clinics**

Each business plan submitted for consideration to establish a new CBOC includes an assessment of DoD collaborative opportunities. DoD collaboration is one of VA's national criteria elements used to evaluate and score CBOCs. In recent years, VA identified the following CBOC collaborative opportunities:

- Charleston Naval Hospital, SC (Goose Creek)
- NE Bexar County, (San Antonio) TX, with USAF
- Fort Buchanan, PR (Potential land use)
- Fort Meade, MD
- South Prince Georges County/ Andrews AFB, MD

It is envisioned that VA and DoD could develop a common Business Plan template for a Joint Venture CBOC application to serve as a model for larger projects in the minor and major construction programs.

### **Minor Construction Program**

VA/DoD collaboration is one of the national criteria elements used to evaluate, score, and rank Minor Construction projects. Each project application for funding is required to provide an assessment of potential DoD collaborative opportunities.

VA has identified the following Minor Construction project collaborations:

- Baltimore, MD: Fort Meade CBOC
- Martinsburg, WV: Fort Detrick CBOC
- Honolulu, HI: Guam Hospital and VA CBOC
- Hilo, HI: PTSD Residential Rehabilitation Program Relocation

The South Prince Georges County/ Andrews AFB CBOC, Eglin CBOC, and joint outpatient clinic located at the Lyster Army Health Clinic in Fort Rucker, AL are currently in the activation stage. The Goose Creek CBOC is scheduled to be completed in late 2009. Construction for the Fort Meade CBOC, Fort Detrick CBOC, and Ambulatory Surgery/Procedure Center in Honolulu are currently included in the FY 2009 Operating Plan.

### **The Joint Market Opportunities Work Group**

The JEC tasked the Joint Market Opportunities (JMO) Work Group to assess the eight current Joint Ventures (Phase I) and assess possible future joint markets (Phase II). The objectives include identifying areas where collaboration could increase access for patients; improve efficiency; reduce duplication of services; reduce infrastructure; and mitigate the effect of deployment on access to health care.

Two opportunities identified by the JMO with representation by the CPC are Ft. Bliss, TX and the Colorado Springs, CO OPC. North Chicago, IL is unique among the current eight Joint Ventures with the goal of maximum integration. DoD (Navy) plans new construction of an ambulatory care center adjacent to the North Chicago VA Hospital. Ownership of the building is still under consideration.

### Other Potential Future VA/DoD Collaborative Projects

**Table 3-1: Other Potential Future VA/DoD Collaborative Projects**

VISN	Location		Project Title/Brief Description	Construction Program
16	Panama City	FL	Joint VA/Navy Community Based Outpatient Clinic	Minor
18	EL Paso	TX	Collocation of Outpatient Clinic with Fort Bliss	Major



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## *Chapter 7.4*

### *Investment Selection*

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#### **Capital Investment Selection**

The VA capital investment decision process resulted in the identification of the highest priority construction projects approved by the Secretary. Each year projects over the asset specific thresholds (dollar amount) are reviewed and prioritized by the VA Strategic Management Council (SMC) utilizing established criteria that are closely linked to VA's strategic goals and mission. The decision-making models (including criteria and associated weights) for VHA and non-VHA projects are found in appendix A. The following table identifies projects that were approved by the Secretary and for which funds were approved by Congress in FY 2009. The second table includes the projects for which VA is requesting funding from Congress in FY 2010. The FY 2009 project list is a combination of projects that were included in last year's 5-Year Capital Plan and prioritized projects that received funding as a result of additional funds provided in the FY 2009 appropriation. See appendix G for a summary table of the history of VHA funded projects FY 2004 - 2010, followed by descriptions of each project.

A detailed description of how the FY 2010 VHA project list was developed is provided in the section titled "Applying the Prioritization Process to the Major Construction Budget Request" on page 7.4-41 of this chapter. A complete listing of prioritized projects from the FY 2009 and FY 2010 planning cycles may be found in appendix H.

**Table 4-1: Summary of FY 2009 VHA Capital Projects**

FY	VISN	Location		Project Title - Brief Description	Priority #	Budget Authority (\$000)
2009	4	Pittsburgh <sup>1</sup>	PA	Consolidation of Campuses	FY04 - 3	\$62,400
2009	19	Denver	CO	New Medical Facility	FY04 - 10	\$20,000
2009	8	Orlando <sup>1</sup>	FL	New Medical Facility	FY04 - 12	\$220,000
2009	8	San Juan	PR	Seismic Corrections Building 1	FY04 - 20	\$64,400
2009	22	Long Beach <sup>1</sup>	CA	Seismic Corrections Buildings 7 & 126	FY04 - 33	\$10,000
2009	7	Atlanta <sup>1</sup>	GA	Modernize Patient Wards	FY05 - 22	\$4,000
2009	8	Lee County	FL	Outpatient Clinic	FY05 - 26	\$111,412
2009	15	St. Louis (JB)	MO	Med. Facility Improv. and Cemetery Exp.	FY 07 - 7	\$5,000
2009	8	Bay Pines	FL	Inpatient/Outpatient Improvements	FY09 - 1	\$17,430
2009	20	Seattle <sup>1</sup>	WA	Correct Seismic Deficiencies Building 100, NT and NHCU	FY09 - 4	\$4,300
2009	20	Seattle <sup>1</sup>	WA	Mental Health Services Building 101	FY09 - 5	\$17,870
2009	17	Dallas <sup>1</sup>	TX	Spinal Cord Injury	FY09 - 6	\$8,900
2009	9	Louisville <sup>1</sup>	KY	New Medical Facility	FY09 - 7	\$75,000
2009	22	Los Angeles <sup>1</sup>	CA	Seismic Correction of 11 Buildings	FY09 - 9	\$15,500
2009	3	Bronx <sup>1</sup>	NY	Spinal Cord Injury	FY09 - 10	\$8,179
2009	20	American Lake <sup>1</sup>	WA	Seismic Corrections Building 81	FY09 - 12	\$5,260
2009	17	Dallas <sup>1</sup>	TX	Clinical Expansion for Mental Health	FY09 - 13	\$15,640
2009	20	Walla Walla <sup>1</sup>	WA	Multi-Specialty Care	FY09 - 14	\$71,400
		Various		Line Items		\$76,691
				<b>Total 2009 Construction Program</b>		<b>\$813,382</b>

<sup>1</sup>These projects were funded with additional major construction funding provided in the FY 2009 appropriation. Orlando, FL received \$100 million over the requested amount.

**Table 4-2: Summary of FY 2010 VHA Capital Projects**

FY	VISN	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
2010	19	Denver	CO	New Medical Facility	FY04 - 10	\$119,000
2010	8	Orlando	FL	New Medical Facility	FY04 - 12	\$371,300
2010	8	San Juan	PR	Seismic Corrections Building 1	FY04 - 20	\$42,000
2010	15	St. Louis (JB)	MO	Med. Facility Improv. and Cemetery Exp.	FY 07 - 7	\$19,700
2010	8	Bay Pines	FL	Inpatient/Outpatient Improvements	FY09 - 1	\$96,800
2010	21	Livermore	CA	Realignment and Closure (Design & Land)	FY10 - 1	\$55,430
2010	2	Canandaigua	NY	Construction and Renovation (Design)	FY10 - 2	\$36,580
2010	22	San Diego	CA	Spinal Cord Injury and Seismic Deficiency (Design)	FY10 - 3	\$18,340
2010	22	Long Beach	CA	Seismic Corrections Buildings 128 & 133 (Design)	FY10 - 4	\$24,200
2010	15	St. Louis (JC)	MO	Replace Bed Tower/Clinic Expansion (Design)	FY10 - 5	\$43,340
2010	1	Brockton	MA	Long-Term Care Spinal Cord Injury (Design)	FY10 - 6	\$24,040
2010	5	Perry Point	MD	Replacement Community Living Center	<sup>1/</sup> FY10 - 9	\$9,000
		Various		Line Items		\$217,070
				<b>Total 2010 Construction Program</b>		<b>\$1,076,800</b>

<sup>1/</sup> The projects with a priority ranking of FY10-7 and FY10-8 were withdrawn from budget consideration after scoring to be pursued using funding options other than major construction.

The non-VHA capital investment decision process resulted in the identification of the following highest priority non-VHA projects, which are reviewed each year by the SMC and approved by the Secretary. The following table identifies projects that were approved by the Secretary and for which funds were appropriated in FY 2009. The second table (on the following page) includes the projects for which VA is requesting funding from Congress in FY 2010. The FY 2009 projects were included in last year's 5 Year Capital Plan. See appendix I for a history of non-VHA project's funding FY 2001 - 2010.

**Table 4-3: Summary of FY 2009 Non-VHA Capital Projects**

FY	MSN	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
2009	2	Bayamon	PR	Puerto Rico National Cemetery Gravesite Expansion and Cemetery Improvements	1	\$33,900
2009	1	Bourne	MA	Massachusetts National Cemetery Phase 3 Gravesite Expansion and Cemetery Improvements	2	\$20,500
2009	1	Calverton	NY	Calverton National Cemetery Gravesite Expansion and Cemetery Improvements	3	\$29,000
		Various		Advance Planning Fund		\$6,000
				Land Acquisition		\$5,000
				Sustainability and Energy		\$10,600
				<b>Total FY 2009</b>		<b>\$105,000</b>

**Table 4-4: Summary of FY 2010 Non-VHA Capital Projects**

FY	MSN	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
2010	4	Elwood	IL	Abraham Lincoln National Cemetery - Gravesite Expansion & Cemetery Improvement, Phase 2	1	\$38,300
2010	3	Houston	TX	Houston National Cemetery - Gravesite Expansion & Cemetery Improvements, Phase 4	2	\$35,000
		Various		Advance Planning Fund		\$13,400
				Land Acquisition		\$25,500
				<b>Total FY 2010</b>		<b>\$112,200</b>

## **Applying the Prioritization Process to the Major Construction Budget Request**

Once the budget year's projects are prioritized, a decision must be made about which projects will be included in the annual budget request. Each year projects are prioritized by:

1. Partially funded projects from previous years, in order by fiscal year and priority order
2. Newly evaluated projects from the budget year listed in priority order

With several options for total funding, the previous year's projects are chosen to be funded by priority order, then by their ability to execute within the budget year. A project may be funded out of order due to competing circumstances such as another ongoing project at the facility, which may cause unnecessary complications, or pending decisions about the site that may preclude final consideration of the project. The listing then continues with the newly prioritized projects, in priority order.

The table below is the listing of projects used to develop the FY 2010 budget request. The first 15 projects listed are partially funded projects from previous years. The following 66 projects are the newly scored projects submitted in the FY 2010 planning cycle, with seven of the top nine requesting design funding in FY 2010. The number seven and eight projects, Alameda, CA - Outpatient Clinic and Lexington, KY - Leestown Realignment, respectively, were not considered for major construction funding because the Department is studying funding options other than major construction. In addition, the Cleveland, OH - Renovation at Wade Park and Butler, PA - Comprehensive Outpatient Clinic projects were withdrawn from budget consideration after scoring because those two projects will be pursued using funding options other than major construction.

In the FY 2010 Capital Projects column five of the 15 partially funded projects from previous years are chosen for the budget request. The funding requests for the remaining 10 projects are deferred because those projects just received design funding a short time ago and in most cases would not be able to obligate additional funds in FY 2010.



**Table 4-5: Development of FY 2010 Capital Projects**

<b>Project Location - Description</b>	<b>Priority #</b>	<b>Total Estimated Cost (\$000)</b>	<b>Funding To Date (\$000)</b>	<b>FY 2010 Capital Projects (\$000)</b>
<b>Partially Funded Projects from Prior Years</b>				
Denver, CO – New Medical Facility	FY04-10	800,000	188,300	119,000
Orlando, FL – New Medical Facility	FY04-12	665,400	294,100	371,300
San Juan, PR – Seismic Building 1	FY05-20	299,200	134,280	42,000
New Orleans, LA – New Medical Facility <sup>1</sup>	FY06-N/A	925,000	625,000	0
St Louis, MO – Facility Imp/Cemetery Exp	FY07-07	396,400	12,000	19,700
Palo Alto, CA – Polytrauma/ Amb Care <sup>1</sup>	FY08-5	450,300	164,877	0
Bay Pines, FL – Inpt/Outpt Improvements	FY09-1	194,400	17,430	96,800
Seattle, WA – Seismic Building 100 <sup>1</sup>	FY09-4	43,000	4,300	0
Seattle, WA – Mental Health Building 101 <sup>1</sup>	FY09-5	178,700	17,870	0
Dallas, TX – Spinal Cord Injury <sup>1</sup>	FY09-6	156,400	8,900	0
Louisville, KY – New Medical Facility <sup>1</sup>	FY09-7	TBD	75,000	0
Los Angeles, CA – Seismic 11 Buildings <sup>1</sup>	FY09-9	155,000	15,500	0
Bronx, NY – Spinal Cord Injury <sup>1</sup>	FY09-10	81,794	8,179	0
American Lake, WA – Seismic Building 81 <sup>1</sup>	FY09-12	52,600	5,260	0
Dallas, TX – Mental Health <sup>1</sup>	FY09-13	156,400	15,640	0
<b>FY 2010 Scored Projects</b>				
Livermore, CA – Realignment and Closure	1	354,300	0	55,430
Canandaigua, NY – Const and Reno	2	370,100	0	36,580
San Diego, CA – SCI & Seismic Building 11	3	183,400	0	18,340
Long Beach, CA – Seismic Corrections - Mental Health & Community Living Center	4	258,400	0	24,200
St. Louis (JC), MO – Repl Bed Tower/Clinic Exp	5	433,400	0	43,340
Brockton, MA – Long-Term Care Spinal Cord Injury	6	188,000	0	24,040
Alameda, CA – Outpatient Clinic <sup>2</sup>	7	132,800	0	0
Lexington, KY – Leestown Realignment <sup>2</sup>	8	188,000	0	0
Perry Point, MD – Replacement Community Living Center	9	90,100	0	9,000
Cleveland, OH – Renovation at Wade Park <sup>2</sup>	10	74,000	0	0
Columbia, SC – Specialty Care Renovation	11	54,000	0	0
Reno, NV – Seismic & Life Safety Bldg 1	12	59,000	0	0
Los Angeles, CA – Seismic Bldg 500/501 <sup>3</sup>	13	890,000	7,936	0
Lebanon, PA – Replacement Facility	14	421,000	0	0
Portland, OR – Seismic Bldgs 100 & 101	15	125,000	0	0
Omaha, NE – HVAC and Clinical Defic	16	256,000	0	0
Wichita KS – Healthcare Transformation	17	61,000	0	0
Monterey, CA – VA/DoD Amb Care	18	123,000	0	0
Salem, VA – Mental Health Bldg	19	17,000	0	0
Hines, IL – Acute Inpatient Care Center	20	165,000	0	0

<b>Project Location - Description</b>	<b>Priority #</b>	<b>Total Estimated Cost (\$000)</b>	<b>Funding To Date (\$000)</b>	<b>FY 2010 Capital Projects (\$000)</b>
<b>FY 2010 Scored Projects (cont'd)</b>				
Long Beach, CA - Seismic Corrections & Admin Consolidations	21	50,000	0	0
West LA, CA - New Research Bldg	22	198,000	0	0
Hampton, VA - Outpatient Care Add	23	66,000	0	0
Butler, PA - Comprehensive Outpatient Clinic <sup>2</sup>	24	23,000	0	0
Northport, NY - Mental Health	25	56,000	0	0
Castle Point, NY - Psych & NHCU	26	92,000	0	0
Washington DC - Outpatient Clinic Exp	27	287,000	0	0
Fayetteville, NC - Outpatient Addition	28	40,000	0	0
San Francisco, CA - Seismic Bldgs 1, 6, 8, and 12	29	128,000	0	0
Loma Linda, CA - Clinical Building	30	145,000	0	0
Philadelphia, PA - Behavioral Health Bldg	31	34,000	0	0
Kansas City, MO - Amb Care Addition	32	80,000	0	0
Coatesville, PA - Replacement Facility	33	308,000	0	0
Brockton, MA - Mental Health	34	182,000	0	0
Buffalo, NY - Clinical Addition	35	14,000	0	0
Asheville, NC - Seismic/Outpatient Exp	36	80,000	0	0
Tampa FL - Prim Care & Mental Health	37	155,000	0	0
Miami FL - Clinical Add/Renovation	38	133,000	0	0
Columbia MO - Ambulatory Care Add	39	39,000	0	0
Salt Lake City, UT - Patient Complex Expansion/Renovation	40	40,000	0	0
Providence, RI - Specialties Add & Main Hospital Repair	41	186,000	0	0
Hampton, VA - Ext Care/Rehab Care	42	45,000	0	0
San Diego, CA - Op Room Renovation	43	32,000	0	0
Bay Pines, FL - Hurricane & Homeland Security Deficiencies	44	61,000	0	0
Waco, TX - Support Services/ Education	45	41,000	0	0
Waco, TX - Consolidate Outpatient Svcs	46	90,000	0	0
Phoenix, AZ - Outpatient Ren/Exp	47	32,000	0	0
Jackson, MS - New Spinal Cord Injury	48	50,000	0	0
Fargo, ND - Specialty Care Clinic Addition	49	18,000	0	0
Waco, TX - Mental Health & Rehab Center	50	81,000	0	0
Atlanta, GA - Mental Health, Specialty Care & Parking	51	41,000	0	0
San Francisco, CA - Mental Health/Research Bldg	52	115,000	0	0
West Haven, CT - Clinical Ward Tower	53	116,000	0	0
Boston, MA - Clinical Addition at West Roxbury	54	471,000	0	0
Montgomery, AL - Amb Care Addition	55	43,000	0	0

<b>Project Location - Description</b>	<b>Priority #</b>	<b>Total Estimated Cost (\$000)</b>	<b>Funding To Date (\$000)</b>	<b>FY 2010 Capital Projects (\$000)</b>
<b>FY 2010 Scored Projects (cont'd)</b>				
Salisbury, NC - Clinical Addition	56	76,000	0	0
Albuquerque, NM - Outpatient and Clinical Building	57	49,000	0	0
Charleston, SC - Hurricane Mitigation - Chiller Plant	58	19,000	0	0
Temple, TX - Clinical Replacement	59	130,000	0	0
Loma Linda, CA - Behavioral Medicine	60	46,000	0	0
Beckley, WV - Nursing Home Care Unit	61	39,000	0	0
Waco, TX - Enhance/Consolidate Long Term Care	62	39,000	0	0
Tucson, AZ - I CU, Spec Care, Imaging & Diagnostic Bldg	63	44,000	0	0
San Francisco, CA - ADA and Parking	64	48,000	0	0
St. Albans, NY - New Facility	65	355,000	0	0
Seattle, WA - B RAC Land Purch/Trans	66	16,000	0	0
<b>Total VHA Major Construction - Capital Projects</b>				<b>\$859,730</b>

<sup>1</sup>This project was not funded because an award for the next milestone is not likely to be made in FY 2010 due to the project schedule.

<sup>2</sup> Project withdrawn from FY 2010 budget consideration after scoring; it may be pursued using funding options other than major construction.

<sup>3</sup>Prior year project was cancelled and re-submitted with new scope.

### **Status of Funded VHA Major Construction Projects**

Since FY 2004 (the completion of CARES studies) 50 major construction projects have been funded either for design or for both design and construction to make improvements in the Veterans health system's infrastructure. Eight of these projects have been completed and 20 are under construction with six of these expected to be completed by the end of FY 2009. Fourteen projects are in the design phase and ten newly funded projects in FY 2009 are in the planning phase.



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## *Chapter 7.5*

### *Veterans Health Administration*

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#### **Linkage to VA's Strategic Goals**

VA will remain a national, integrated system of health care delivery, increasingly characterized by a shift from provider and facility-centered health care to patient-centered health care that is driven by data and medical evidence.

By focusing on providing services that are uniquely related to Veterans' health and special needs, VA will provide comprehensive services to an expanding patient base, including a broad range of primary, secondary, and tertiary care. To achieve these service delivery goals, VA-owned capital assets must be enhanced, maintained, safeguarded, and strategically managed. VA's strategic planning effort, Capital Asset Realignment for Enhanced Services (CARES), provided the foundation for planning and prioritizing these endeavors. CARES was the most comprehensive analyses of VA's health care infrastructure that has ever been conducted and the Secretary's decision issued in May 2004 provides a 20-year blueprint for the critical modernization and realignment of VA's health care system. This 5-year Capital Plan identifies priority projects that will improve the environment of care at VA medical facilities and ensure more effective operations by redirecting resources from maintenance of vacant and underused buildings and reinvesting them in Veterans' health care. The projects that received the highest priority ranking were those which best reflected the goals and mission contained in VA's Strategic Plan and the Veterans Health Administration's goals as described below.

#### **Scoring and Prioritizing VHA Projects**

The FY 2010 capital investment process for major medical facilities builds upon previous years' efforts, which prioritized and ranked VHA projects in order to assist the Secretary in determining the projects in VA's FY 2010 funding request. All projects support the results of continued strategic planning. During this process, over 66 concept paper applications were evaluated based on criteria approved by the Secretary.

The projects not selected for FY 2009 funding were reviewed by the Department for FY 2010 consideration. The current FY 2010 list of projects includes those previously selected, high-priority projects that are being funded in phases, along with other highly scored projects.

Provided on the following pages is the summary and detailed project information of VA's major capital investment priorities for FY 2009 and FY 2010. In accordance with section 8107 of title 38, the list of the top twenty major medical facility projects considered for FY 2010 is also included (page 7.5-88).

## **FY 2009 and FY 2010 VHA Major Construction Summary Project Information**

The tables below present the capital requirements needed to implement the strategic objectives for FY 2009 through 2010. The projects were identified through the strategic planning process in order to meet the challenges of the provision of Veterans' health care in the 21<sup>st</sup> century. All projects are subject to re-evaluation, prior to release of the budget submission and 5-year capital plan.

**Table 5-1: Summary of FY 2009 VHA Capital Projects**

<b>FY</b>	<b>VISN</b>	<b>Location</b>		<b>Project Title - Brief Description</b>	<b>Priority #</b>	<b>Budget Authority (\$000)</b>
2009	4	Pittsburgh <sup>1</sup>	PA	Consolidation of Campuses	FY04 - 3	\$62,400
2009	19	Denver	CO	New Medical Facility	FY04 - 10	\$20,000
2009	8	Orlando	FL	New Medical Facility	FY04 - 12	\$220,000
2009	8	San Juan	PR	Seismic Corrections Building 1	FY04 - 20	\$64,400
2009	22	Long Beach	CA	Seismic Corrections Buildings 7 & 126	FY04 - 33	\$10,000
2009	7	Atlanta	GA	Modernize Patient Wards	FY05 - 22	\$4,000
2009	8	Lee County	FL	Outpatient Clinic	FY05 - 26	\$111,412
2009	15	St. Louis (JB)	MO	Med. Facility Improv. and Cemetery Exp.	FY 07 - 7	\$5,000
2009	8	Bay Pines	FL	Inpatient/Outpatient Improvements	FY09 - 1	\$17,430
2009	20	Seattle <sup>1</sup>	WA	Correct Seismic Deficiencies Building 100, NT and NHCU	FY09 - 4	\$4,300
2009	20	Seattle <sup>1</sup>	WA	Mental Health Services Building 100	FY09 - 5	\$17,870
2009	17	Dallas <sup>1</sup>	TX	Long-term Care Spinal Cord Injury	FY09 - 6	\$8,900
2009	9	Louisville <sup>1</sup>	KY	New Medical Facility	FY09 - 7	\$75,000
2009	22	Los Angeles <sup>1</sup>	CA	Seismic Correction of 11 Buildings	FY09 - 9	\$15,500
2009	3	Bronx <sup>1</sup>	NY	Spinal Cord Injury	FY09 - 10	\$8,179
2009	20	American Lake <sup>1</sup>	WA	Seismic Corrections Building 81	FY09 - 12	\$5,260
2009	17	Dallas <sup>1</sup>	TX	Clinical Expansion for Mental Health	FY09 - 13	\$15,640
2009	20	Walla Walla <sup>1</sup>	WA	Multi-Specialty Care	FY09 - 14	\$71,400
		Various		Line Items		\$76,691
				<b>Total 2009 Construction Program</b>		<b>\$813,382</b>

<sup>1</sup>This project was funded with additional major construction funding provided in the FY 2009 appropriation.

**Table 5-2: Summary of FY 2010 VHA Capital Projects**

FY	VISN	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
2010	19	Denver	CO	New Medical Facility	FY04 - 10	\$119,000
2010	8	Orlando	FL	New Medical Facility	FY04 - 12	\$371,300
2010	8	San Juan	PR	Seismic Corrections Building 1	FY04 - 20	\$42,000
2010	15	St. Louis (JB)	MO	Med. Facility Improv. and Cemetery Exp.	FY 07 - 7	\$19,700
2010	8	Bay Pines	FL	Inpatient/Outpatient Improvements	FY09 - 1	\$96,800
2010	21	Livermore	CA	Realignment and Closure (Design & Land)	FY10 - 1	\$55,430
2010	2	Canandaigua	NY	Construction and Renovation (Design)	FY10 - 2	\$36,580
2010	22	San Diego	CA	Spinal Cord Injury and Seismic Deficiency (Design)	FY10 - 3	\$18,340
2010	22	Long Beach	CA	Seismic Corrections - Mental Health and Community Living Center (Design)	FY10 - 4	\$24,200
2010	15	St. Louis (JC)	MO	Replace Bed Tower/Clinic Expansion (Design)	FY10 - 5	\$43,340
2010	1	Brockton	MA	Long-Term Care Spinal Cord Injury (Design)	FY10 - 6	\$24,040
2010	5	Perry Point	MD	Replace Community Living Center	FY10 - 9	\$9,000
		Various		Line Items		\$217,070
				<b>Total 2010 Construction Program</b>		<b>\$1,076,800</b>

**FY 2009 and 2010 VHA Detailed Major Construction Project Information**

<b>Project Location</b>	<b>Pittsburgh, PA</b>
<b>Planned Project Name</b>	<b>Consolidation of Campuses</b>
<b>Fiscal Year</b>	FY2009
<b>BA Received (\$000)</b>	\$62,400
<b>Total Acquisition Cost (\$000)</b>	\$295,600
<b>Future Resource Need (\$000)</b>	\$0
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$20M in FY 2004, \$82.5M in FY 2006, \$130.7M in FY 2008, and \$62.4M in FY 2009 budget authority to continue, with a total estimated cost of approximately \$295.6M. The purpose of this project is to consolidate a three division health care delivery system into two divisions, to accommodate the current and projected workload and to provide a state-of-the-art, improved care environment while reducing operating expenses, and enhancing services. Specifically, this proposal identifies closure and divestiture/enhanced use of

the Highland Drive division, a fifty-year-old campus-style facility, composed of more than 20 buildings on 169 acres. Phase 1 included the design/build of the parking structure and design of all other VHA space. Phase 2 includes construction of all remaining VHA space.

Construction will take place at both the University Drive Division and the H.J. Heinz Division locations in order to relocate the current functions at Highland Drive Division. Construction at the University Drive Division will be approximately 218,000 square feet and a 1,500 car-parking garage. At the H.J. Heinz Division construction will consist of approximately 265,000 square feet.

<b>Project Location</b>	<b>Denver, CO</b>	
<b>Planned Project Name</b>	<b>New Medical Facility</b>	
<b>Fiscal Year</b>	FY 2009	FY 2010 Request
<b>BA Received/Requested (\$000)</b>	\$20,000	\$119,000
<b>Total Acquisition Cost (\$000)</b>	\$800,000	
<b>Future Resource Need (\$000)</b>	\$492,700	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Schematics/Design Development	

This project received \$30M in FY 2004 budget authority, \$25M in a reprogramming action in FY 2006, \$52M in FY 2007 budget authority for design, \$61.3M in FY 2008 budget authority, \$20M in FY 2009 budget authority, and requires an additional \$119M in FY 2010 budget authority to continue, with a total acquisition cost of approximately \$800M. This phase of the project provides a parking facility for the new medical center. This project provides the construction of a new 114 bed inpatient medical center, a 52 bed SCI/CLC, a central utility plant, a research building, and parking facilities on the same campus as the University of Colorado Hospital complex in Aurora, Colorado. In addition, this project includes the remodeling of the recently purchased University of Physicians, Inc. building, the disposal of the current medical center campus, and the addition of renewable energy initiatives as appropriate.

<b>Project Location</b>	<b>Orlando, FL</b>	
<b>Planned Project Name</b>	<b>New Medical Facility</b>	
<b>Fiscal Year</b>	FY 2009	FY 2010 Request
<b>BA Received/Requested (\$000)</b>	\$220,000	\$371,300
<b>Total Acquisition Cost (\$000)</b>	\$665,400	
<b>Future Resource Need (\$000)</b>	\$ 0	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction Documents	

This project received \$25M in FY 2004 and \$49.1M in FY 2008, \$220M in FY 2009 budget authority, and requires an additional \$371.3M in FY 2010 budget authority to complete the project, with a total estimated cost of approximately

\$665.4M. This project provides the land acquisition, construction of a new medical center consisting of a 134-bed hospital, a large medical clinic, 120-bed community living center (CLC), 60-bed domiciliary, and full support services, utilities and infrastructure on a new site.

<b>Project Location</b>	<b>San Juan, PR</b>	
<b>Planned Project Name</b>	<b>Seismic Corrections Building 1</b>	
<b>Fiscal Year</b>	FY 2009	FY 2010
<b>BA Received/Requested (\$000)</b>	\$64,400	\$42,000
<b>Total Acquisition Cost (\$000)</b>	\$299,200	
<b>Future Resource Need (\$000)</b>	\$122,920	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction Documents	

The project received \$14.88M in FY 2005, was reduced by \$4M in a reprogramming action in FY 2006, received \$59M in FY 2008, received \$64.4M in FY 2009, and requires an additional \$42M in FY 2010 budget authority to design and construct the first phase of the new parking structure, with a total estimated cost of approximately \$299.2M. This project will complete the seismic corrections in the main hospital building to comply with VA immediate occupancy standards. Asbestos abatement and fire protection are integral parts of the scope of the project. The first phase provided approximately 120,000 square feet, of new construction, which will house administrative functions to meet VA life safety standards. Renovation of 10,000 square feet will occur as backfill. Phase two will provide approximately 125,000 square feet of new construction that will house outpatient clinic space on top of the existing outpatient clinic. Phase three will demolish the existing tower of Building 1, provide seismic bracing, fire protection and asbestos abatement and renovation of approximately 222,000 square feet. The FY 2010 funding will construct the new parking structure.

<b>Project Location</b>	<b>Long Beach, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections to Buildings 7 &amp; 126</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$10,000
<b>Total Acquisition Cost (\$000)</b>	\$117,845
<b>Future Resource Need (\$000)</b>	\$0
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$10.3M in FY 2004, \$97.5M in FY 2007, and \$10M in FY 2009 budget authority, with a total acquisition cost of approximately \$117.8M. This project consists of the modernization, demolition and seismic upgrade of facilities. Increasing the efficiency of traffic flow and parking will be a high



priority included in the site plan. A security plan will also be implemented during the design phase. This project includes the construction of a new and efficient space for those administrative and support services affected by the demolition of seismically deficient buildings 2, 4, 8, 11 and T162. These buildings contain crucial core support functions: Bldg. 2- Ear, Nose & Throat (ENT), Audiology, Main Library, Chapel, Canteen/Cafeteria, Bldg. 4- Fiscal, Material Management, Equal Employment Opportunity (EEO) & Labor Relations, Human Resources and Credit Union, Bldg. 8- Education, Medical & Surgical Support Offices, Building 11- Employees Education Service (EES) and T162 - Employee Health, TRICARE & Indian Health Clinics and the Veterans Integrated Service Network (VISN 22) Director's and Support Offices. Building 7 will be seismically upgraded and modernized or demolished, rebuilt and expanded as new clinical space based on the consultants' findings. Building 7 was evaluated and deemed essential and placed on the VA national "Exceptionally High Risk" list as seismically deficient (VA Seismic Inventory, Phase 4, EHR Ranked List, October 2003 update). Buildings 2, 4, 8 and 11 are of the same 1943 vintage and design.

Specifically, this project will either renovate and seismically upgrade existing Building 7 (36,000 gsf) and add 24,000 gsf to building 7 or demolish and rebuild to the size of 73,600 gsf of clinic space and will consolidate multiple specialty medical and surgical outpatient clinics and pharmacy to prepare for future outpatient demand. The project will demolish approximately 214,000 gsf of seismically deficient and deteriorated inefficient spaces of Buildings 2, 4, 8, 11 and T162 and consolidate services in a new administrative, research administration, and support services building (approx 137,000 gsf).

In conjunction, the project will construct a 54,000 gsf 24-bed Blind Rehabilitation Center to serve all of the Southwestern part of the United States blind veteran population. Comprehensive rehabilitation services at VALBHS will be consolidated and placed physically adjacent to the SCI Building in order to improve efficiencies and increase productivity. All new construction shall be connected to Buildings 7 and 126OP, connected to the core patient tower building 126 and the new proposed Blind Rehabilitation Center.

<b>Project Location</b>	<b>Atlanta, GA</b>
<b>Planned Project Name</b>	<b>Modernize Patient Wards</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received(\$000)</b>	\$4,000
<b>Total Acquisition Cost (\$000)</b>	\$24,534
<b>Future Resource Need (\$000)</b>	\$0
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$20.534M in FY 2005 and \$4M in FY 2009 budget authority, for a total estimated cost of approximately \$24.534M. This project will renovate existing medical inpatient wards that are below community standards. Improvements include the renovation of approximately 40,000 gross square feet on 2 inpatient floors (7th and 8th) and 20,000 gross square feet on the 10th floor to meet American with Disabilities Act (ADA) accessibility requirements, meet women Veterans' needs, correct patient privacy issues, and improve staff efficiencies with improved functional layout. Work will also address infrastructure improvements to utility systems by resolving outstanding deficiencies. These deficiencies include HVAC, plumbing, electrical and fire and safety concerns on these inpatient floors. This project will also include the addition of two elevators in the main building. In addition, this project will also promote the One VA concept by improving access, through the construction of a connecting bridge, for Veterans traveling between the VBA Regional Office Building and the VA Medical Center.

<b>Project Location</b>	<b>Lee County, FL</b>
<b>Planned Project Name</b>	<b>Outpatient Clinic</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$111,412
<b>Total Acquisition Cost (\$000)</b>	\$131,800
<b>Future Resource Need (\$000)</b>	\$0
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction Documents

This project received \$6.498M in FY 2005 budget authority, \$4M in a reprogramming action in FY 2006, \$9.89M in FY 2008 budget authority, and \$111.4M in FY 2009 budget authority, with a total estimated cost of approximately \$131.8M. The new building will provide an Ambulatory Surgery/Outpatient Diagnostic Support Center to meet the increased demand for diagnostic procedures, ambulatory surgery, and specialty care (including mental health services).

<b>Project Location</b>	<b>St. Louis , MO</b>	
<b>Planned Project Name</b>	<b>Medical Facility Improvements/Cemetery Expansion</b>	
<b>Fiscal Year</b>	FY 2009	FY 2010 Request
<b>BA Received (\$000)</b>	\$5,000	\$19,700
<b>Total Acquisition Cost (\$000)</b>	\$396,400	
<b>Future Resource Need (\$000)</b>	\$364,700	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Schematics	

This project received \$7M in FY 2007 and \$5M in FY 2009, and requires an additional \$19.7M in FY 2010 budget authority with a total project cost of approximately \$396.4M. The project will decrease the amount of infrastructure maintained and operated by the Veterans Health Administration (VHA) through demolition of underutilized buildings (290,000 GSF) adjacent to the cemetery. The demolition of these buildings will provide approximately 30 acres to NCA for expansion of the Jefferson Barracks National Cemetery (without this land, there will be an interruption of service delivery for St. Louis area Veterans). The remaining phases of the project will relocate all clinics from Building 1; construct a new tenants building for the relocation and consolidation of the VA Employee Education Service (EES) as well as a space for the National Cemetery Administration (NCA) National Training Center; replace the existing deteriorated, obsolete central boiler/chiller plant with energy efficient HVAC systems for all remaining buildings on the JB Campus; and construct facilities to relocate the patient aquatic and therapy facility, main chapel, engineering shops, and a consolidated warehouse.

<b>Project Location</b>	<b>Bay Pines, FL</b>	
<b>Planned Project Name</b>	<b>Inpatient/Outpatient Improvements</b>	
<b>Fiscal Year</b>	FY 2009	FY 2010
<b>BA Received/Requested (\$000)</b>	\$17,430	\$96,800
<b>Total Acquisition Cost (\$000)</b>	\$194,400	
<b>Future Resource Need (\$000)</b>	\$80,170	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Schematics/Design Development	

This project received \$17.43M in FY 2009 budget authority to begin design, and requires an additional \$96.8M in FY 2010 to continue the mental health addition, with a total estimated cost of approximately \$194.4M. This project will construct a multi-story addition to Bay Pines Main Hospital (Building 100), resolving both inpatient psychiatric deficiencies and space gaps in outpatient mental health. This project will construct an outpatient mental health center of excellence and inpatient psychiatric and geriatric psychiatric bed wards. After the existing psychiatric wards in Building 1 are relocated to the new addition, administrative

functions currently located in Building 100 will be relocated to Building 1, creating room for an additional outpatient services on the ground level. This project also includes partial renovations to two medical/surgical wards in Building 100; partial renovation to floors two through five in the historic Building 1; and renovation to one wing of Building 102 (Domiciliary).

<b>Project Location</b>	<b>Seattle, WA</b>
<b>Planned Project Name</b>	<b>Correct Seismic Deficiencies Building 100, NT and NHCU</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$4,300
<b>Total Acquisition Cost (\$000)</b>	\$43,000
<b>Future Resource Need (\$000)</b>	\$38,700
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project requires \$4.3M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$43M. This project at the Seattle Division of VA Puget Sound Health Care System (VAPSHCS) is to replace all braced frame members in Building 100, Nursing Tower (NT) and Nursing Home Care Unit (NHCU), with buckling restrained braces. The Bldg 100 NT comprises 180,528 GSF and the NHCU 38,226 GSF of an eight story (with basement) steel bracing and moment frame main hospital that was built in 1985. The purpose of this seismic renovation project is to continue delivering world-class health care to Veterans in a seismically safe environment of care.

<b>Project Location</b>	<b>Seattle, WA</b>
<b>Planned Project Name</b>	<b>Mental Health Services Building 101</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$17,870
<b>Total Acquisition Cost (\$000)</b>	\$178,700
<b>Future Resource Need (\$000)</b>	\$160,830
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$17.87M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$178.7M. This project is twofold - It is for the demolition of 63,464 GSF of existing space and the creation of 165,000 GSF of a new multi-story Mental Health Services and Research building at the Seattle Division of VA Puget Sound Health Care System (VAPSHCS). A separate 566 space parking deck will be constructed to bring the parking at the Seattle campus closer to the prescribed amounts.

This space designated for Mental Health will include clinical research and clinical care. It will house the Mental Illness Research, Education and Clinical

Center (MIRECC), the Center for Excellence in Substance Abuse Treatment and Education (CESATE), the mental health components of the Hepatitis C Resource Center (Hep C RC), the clinical treatment programs of our existing outpatient mental health services including General Psychiatry, Chronic Mental Illness (CMI), Post Traumatic Stress Disorder (PTSD), Substance Abuse and Addictions Treatment, Day Treatment and Mental Health Intensive Case Management (MHICM). Additionally, Mental Health has developed a primary care clinic for their patients with medical comorbidities, which requires additional exam rooms.

The proposed new building will also incorporate space allocated to Research. This space is designated for all other Clinical Research, Rehabilitation Research and Development (RR&D), Health Services Research and Development (HSR&D), and Biomedical Research. Because so much of the focus of the VAPSHCS Research program is dedicated to Mental Health disorders common in the VA such as PTSD, addictions, schizophrenia and mental incapacity of the aging veteran population such as Alzheimer’s disease, the proposed new building will expand clinical, laboratory, health care utilization and outcomes research in mental health. Other major programs that would be housed in this area and will benefit from their close proximity are: amputation and prosthetic limb development to support OIF/OEF; neurology, including Alzheimer’s Disease; endocrinology and metabolism, including diabetes and obesity; gastroenterology, including chronic diseases of the liver, bile ducts, and pancreas; cancer, including colorectal, pulmonary, and prostate malignancies, and pulmonary disease including chronic inflammation of the lung. In addition, research related to special disabilities will also be accommodated in this new building and will include programs examining clinical, basic and translational aspects of spinal cord injury, PTSD, chronic mental illness and prosthetics, including amputation.

<b>Project Location</b>	<b>Dallas, TX</b>
<b>Planned Project Name</b>	<b>Long-term Care Spinal Cord Injury</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$8,900
<b>Total Acquisition Cost (\$000)</b>	\$89,000
<b>Future Resource Need (\$000)</b>	\$80,100
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$8.9M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$89M. This project includes the construction of a 30 bed long term care spinal cord unit and associated clinical and administrative support spaces. The SCI unit represents approximately 64,000 gross square feet of new construction. The footprint and associated buffer

space for this unit may force the relocation/demolition of the following physical structures: Building 44, Warehouse; Temporary Buildings: T-1A/AFGE; T-48/Voluntary Service; T-47/Fiscal; T-46/VA Police, and T51/Human Resource. The 30 bed long term care SCI facility will be operationally integrated with the existing 30 bed acute SCI center at the Dallas campus by way of a connecting corridor that is constructed by this project. Subsequently, additional modifications to the site are required and may be included in this project, such as: relocation of Recreation Service site functions (purchase of land required); construction of a new campus warehouse (50,000 gross square foot) at a new site adjacent to the laundry plant; renovation of an existing parking garage in the basement of Building 2 for administrative space; and construction of two parking garages to mitigate current parking shortages (purchase of land required).

<b>Project Location</b>	<b>Louisville, KY</b>
<b>Planned Project Name</b>	<b>New Medical Center</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$75,000
<b>Total Acquisition Cost (\$000)</b>	TBD
<b>Future Resource Need (\$000)</b>	TBD
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$75M in FY 2009 budget authority to begin design, with a total estimated cost to be determined. This project will acquire land and construct a new medical center. This will include a new inpatient tower downtown with 464,000 GSF, a garage and energy plant and a new Health Care Facility with 688,000 GSF and new garage, demolition and energy plant. It does not include renovations of the existing facility.

The primary objective of this project is the construction of a replacement Medical Center for the current Louisville VAMC. Objective includes the correction of current program space deficiencies. This is reflected in inappropriate patient flow, program deficiencies such as lack of patient privacy, inadequate ADA compliance, infection control issues caused from lack of space necessary to maintain proper separation of clean and dirty environments, and limited ceiling heights for overhead ducts and piping. The current facility does not have adequate space to meet current health care demand and projected workload for outpatient services.

<b>Project Location</b>	<b>Los Angeles, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections of 11 Buildings</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$15,500
<b>Total Acquisition Cost (\$000)</b>	\$155,000
<b>Future Resource Need (\$000)</b>	\$139,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$15.5M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$155M. This project encompasses the required seismic retrofit of 11 buildings located on the campuses of the West Los Angeles and Sepulveda Medical Centers. Based on the Degenkolb Seismic Safety Report updated 11/9/2005, these buildings are currently designated as "exceptionally high risk" and are at risk of substantial damage and/or possible collapse in the occurrence of a seismic event. The following buildings will be renovated within this project:

- B212 (69,400 gsf) Research/ Salvation Army Haven
- B257 (57,386 gsf) Mental Health Programs
- B114 (69,921 gsf) Research
- B115 (60,314 gsf) Research
- B205 (53,047 gsf) Mental Health Program
- B258 (64,715 gsf) Mental Health Clinics, Admin, Sharing Agr.
- B207 (47,015 gsf) Mental Health Program
- B208 (47,285 gsf) Mental Health Program
- B300 (68,824 gsf) VISN22 Nutrition and Food Center
- B206 (47,099 gsf) Multiple Mental and Social Programs
- B222 (23,226 gsf) Future IRM Consolidated Site

The buildings associated with this project encompass the relocation and consolidation of numerous departments and will involve extensive phasing and a multitude of space and functional changes for research and mental health programs within the 11 buildings.

<b>Project Location</b>	<b>Bronx, NY</b>
<b>Planned Project Name</b>	<b>Spinal Cord Injury</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$8,179
<b>Total Acquisition Cost (\$000)</b>	\$81,794
<b>Future Resource Need (\$000)</b>	\$73,615
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$8.18M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$81.8M. This project will establish spinal cord injury/disease center for VISN 3. It will construct a two story structure plus lower level in approximately 121,274 square feet, with 92 beds, outpatient clinic and administrative space. A connection to the main facility would be required and is planned to occur at each level of the new structure. The new SCI center will have a separate street level entrance and dedicated parking.

<b>Project Location</b>	<b>American Lake, WA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections Building 81</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$5,260
<b>Total Acquisition Cost (\$000)</b>	\$52,600
<b>Future Resource Need (\$000)</b>	\$47,340
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$5.26M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$52.6M. This project at the American Lake Division of VA Puget Sound Health Care System (VAPSHCS) is twofold. First, new construction of a 70,000 GSF modern outpatient medical facility will replace the existing main hospital built in a historical architectural set which is not conducive to modern health care delivery standards. Second, the VA will mothball the five floors of the original main sections of Building 81, which was built in 1947 leaving the more recently constructed additions operational.

This project specifically mitigates numerous seismic deficiencies and structural damage to the existing 93,747 GSF of a five story (with basement) concrete frame main hospital, Bldg 81, with unreinforced concrete masonry infill walls that was built in 1947. The current building poses a life-safety threat to patients and staff without extensive seismic retrofit.



<b>Project Location</b>	<b>Dallas, TX</b>
<b>Planned Project Name</b>	<b>Clinical Expansion for Mental Health</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$15,640
<b>Total Acquisition Cost (\$000)</b>	\$156,400
<b>Future Resource Need (\$000)</b>	\$140,760
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$15.64M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$156.4M. This project is an estimated 298,462 gross square feet of construction (271,434 GSF new and 27,028 GSF renovations). New construction is added to the main inpatient care structure, Building 2, to allow the expansion of mental health outpatient care and psychiatric inpatient services. Mental Health outpatient care, inpatient acute, SARRTP, PRRTTP and Domiciliary bed services are relocated and consolidated from several buildings across the campus an addition to Building 2. This project is replacing 131 substandard Mental Health/Domiciliary beds that are currently operating in Building 1, with 141 beds to be built in this project. The campus Energy Center (building 70) will be enhanced and its capacity expanded to support the additional cooling and heating load of the clinical expansion. Structural tie-ins are constructed from the Mental Health addition to the parking garage and building 72. A roadway access tunnel to building 2 and 2J docks is constructed along with a covered entrance driveway to the Mental Health addition.

<b>Project Location</b>	<b>Walla Walla, WA</b>
<b>Planned Project Name</b>	<b>Multi-Specialty Care</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Requested (\$000)</b>	\$71,400
<b>Total Acquisition Cost (\$000)</b>	\$71,400
<b>Future Resource Need (\$000)</b>	\$0
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

This project received \$71.4M in FY 2009 budget authority to complete design and construction, with a total estimated cost of approximately \$71.4M. This project will:

- Construct a new Outpatient Clinic Building (66,000 GSF) to house primary, specialty, primary mental health care, ancillary services, and associated support and administrative functions.
- Renovate Building 86 (approx 47,303 BGSF, circa 1929) to accommodate other clinical, administrative, and support functions coming from

outlying campus buildings. Building 86 system infrastructure is antiquated and energy inefficient.

- Upgrade antiquated utility distribution systems to include electrical, steam, water and sanitary.
- Upgrade site grading and landscaping.
- Add approximately 175 parking spaces.
- Demolish four buildings (quarters 48, 49, 7 and 8) located adjacent to Building 86 and the new proposed OPC.

This project also allows the campus to realign to 24 acres on this 88 acre campus. Under this realignment, the remaining 64 acres will be offered for reuse through the Enhanced Use Lease process.

<b>Project Location</b>	<b>Livermore, CA</b>
<b>Planned Project Name</b>	<b>Realignment and Closure</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$55,430
<b>Total Acquisition Cost (\$000)</b>	\$354,300
<b>Future Resource Need (\$000)</b>	\$298,870
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$55.43M in FY 2010 budget authority to begin design and acquire land, with a total estimated cost of approximately \$354.3M. This project includes the construction of a new East Bay Community Based Outpatient Clinic (CBOC), an Expanded Central Valley CBOC, a new 120-bed CLC and then a Specialty Procedure Center at the Palo Alto VAMC for the consolidation of specialized services. Subsequent to this, this project will support the redevelopment of the current 113-acre Livermore VAMC campus under VA’s enhanced-use leasing (EUL) authority.

At the East Bay CBOC, VA will acquire a parcel of land in southern Alameda County and construct a CBOC. Landscape, parking and other exterior revisions associated with utility feeds, cabling and site work is included within the scope of this project.

At the Central Valley CBOC, VA will acquire a parcel of land in the Central Valley and construct a CBOC and a 120-bed community living center (CLC). Landscape, parking and other exterior revisions associated with utility feeds, cabling and site work is included within the scope of this project.

At the Palo Alto Procedure Center, VA will renovate the Palo Alto VAMC tertiary care campus to establish a specialty procedure center in an effort to consolidate minimally invasive procedures into a single state-of-the-art procedure center.

<b>Project Location</b>	<b>Canandaigua, NY</b>
<b>Planned Project Name</b>	<b>Construction and Renovation</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$36,580
<b>Total Acquisition Cost (\$000)</b>	\$370,100
<b>Future Resource Need (\$000)</b>	\$333,520
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$36.58M in FY 2010 budget authority to begin design, with a total estimated cost of approximately \$370.1M. The project will demolish buildings to allow for the new construction of a new 120-bed community living center (CLC), which will include geropsychiatric services and hospice care. This project also constructs or renovates a new 50-bed domiciliary/residential rehabilitation facility. Finally, this project renovates Buildings 1, 2, 3, 4, and 9 for outpatient services, behavioral health services and logistic/administrative support departments. Outpatient functions will be housed in Buildings 1 and 2. Building 9 currently contains the domiciliary and will be renovated to provide behavioral health services and other administrative/logistical support functions.

<b>Project Location</b>	<b>San Diego, CA</b>
<b>Planned Project Name</b>	<b>Spinal Cord Injury and Seismic Deficiency</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$18,340
<b>Total Acquisition Cost (\$000)</b>	\$183,400
<b>Future Resource Need (\$000)</b>	\$165,060
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$18.34M in FY 2010 budget authority to begin design, with a total estimated cost of approximately \$183.4M. The first phase of the project will involve construction of a Spinal Cord Injury (SCI) Unit, which will provide approximately 46 private inpatient rooms, an outpatient clinic, a genitourinary (GU) clinic, and a therapy clinic. This project will also construct a new parking garage. This structure will be built on a current surface parking lot to mitigate the loss of parking from the new building's footprint. The existing SCI building, Building 11, will be structurally and non-structurally upgraded to meet the immediate occupancy performance objective of the American Society of Civil Engineers standard A.S.C.E. 31-03. After the seismic upgrade, the first floor will be renovated to provide a 50 bed community living center (CLC) and hospice unit. The basement space will remain as administrative space and functions will be relocated to the first floor during construction to allow for the completion of the seismic work.

<b>Project Location</b>	<b>Long Beach, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections - Mental Health and Community Living Center</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$24,200
<b>Total Acquisition Cost (\$000)</b>	\$258,400
<b>Future Resource Need (\$000)</b>	\$234,200
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$24.2M in FY 2010 budget authority to begin design, with a total estimated cost of approximately \$258.4M. This project constructs a new mental health center, a community living center (CLC), and proposes to demolish two seismically deficient buildings on the VA Long Beach Healthcare System campus. The seismically deficient and replacement buildings are Building 128, an existing 93,939 GSF mental health building that is being replaced with a new building for mental health services, and Building 133, an existing 58,560 GSF nursing home that is being replaced with a new CLC. The new Consolidated Rehabilitation Center will create adjacency of rehabilitation services to our existing SCI building, main hospital building, and new CLC building. The new Consolidated Rehabilitation Center will yield new efficiencies in rehabilitation operations by uniting all rehabilitation-related functions, currently scattered throughout the VA Long Beach campus, into a single building. The Consolidated Rehabilitation Center will also consolidate staff and eliminate staffing deficiencies that occur during peak demand periods. The new buildings will be connected to each other, and to the remainder of existing VA Long Beach healthcare system (VALBHCS) buildings, through a new connecting corridor. Demolition will include asbestos and lead paint abatement.

<b>Project Location</b>	<b>St. Louis , MO</b>
<b>Planned Project Name</b>	<b>Replace Bed Tower &amp; Clinic Expansion</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$43,340
<b>Total Acquisition Cost (\$000)</b>	\$433,400
<b>Future Resource Need (\$000)</b>	\$390,060
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$43.34M in FY 2010 budget authority to begin design, with a total estimated cost of approximately \$433.4M. This project constructs new building space and renovates associated vacated existing space at the John Cochran (JC) Division, VAMC, St. Louis, MO for private in-patient bed wards, in-patient SCI beds, new ICU beds, inpatient mental health, a methadone clinic,

expanded women’s clinic, a new Emergent Response (ER) unit, replacement education and multi-media facilities, and consolidated medical research facilities. Necessary buildings will be demolished to provide usable ground on the north and west sides of the JC campus for new construction. This project will provide for improved patient care by replacing the deteriorated environment with new space and providing for patient privacy by having single occupant in-patient rooms with non-shared bathrooms. It will expand the SCI program to eliminate the need for transporting these critical patients back and forth between the two divisions of the St. Louis VAMC.

<b>Project Location</b>	<b>Brockton, MA</b>
<b>Planned Project Name</b>	<b>Long-Term Care Spinal Cord Injury</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$24,040
<b>Total Acquisition Cost (\$000)</b>	\$188,000
<b>Future Resource Need (\$000)</b>	\$163,960
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$24.04M in FY 2010 budget authority to begin design, with a total estimated cost of approximately \$188M. This project supports the construction of a new 104 bed Long Term Care Spinal Cord Injury unit and associated clinical and administrative support spaces. The new inpatient SCI unit will be located on a vacant parcel between Buildings 7 and 8. Upon completion of the SCI Building, the existing 60 bed Long Term SCI facility, Building 8, will be renovated to house mission growth for mental health services to mitigate the current mental health space deficiency.

<b>Project Location</b>	<b>Perry Point, MD</b>
<b>Planned Project Name</b>	<b>Replacement Community Living Center</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$9,000
<b>Total Acquisition Cost (\$000)</b>	\$90,100
<b>Future Resource Need (\$000)</b>	\$81,100
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$9M in FY 2010 budget authority with a total estimated cost of \$90.1M. This proposal is to construct a 155 bed community living center (CLC). The construction will include new parking space on grade as well as a connecting service tunnel for transporting meals and supplies to the building via electric tow tractors. In addition, it is proposed that the existing 1920’s nursing home care unit be demolished.

## FY 2011 - 2014 Potential VHA Major Construction Projects

The following projects which have been identified in the Veterans Integrated Service Networks' (VISN) capital plans will be considered for potential inclusion in future VA budget requests. A Department-wide listing of all potential major construction projects sorted by state can be found in appendix J.

**Table 5-3: FY 2011 - 2014 Potential VHA Major Construction Projects**

VISN	Location		Project Title/Brief Description
1	West Haven	CT	Clinical Ward Tower
1	West Roxbury	MA	Clinical Addition VA Boston Healthcare
1	Providence	RI	Specialties Addition and Main Hospital Repairs
1	Burlington	VT	Satellite Comprehensive Ambulatory Care Center
2	Albany	NY	Community Living Center and Parking Deck
3	Bronx	NY	Renovate Research Building
3	Northport	NY	Mental Health Recovery Center
3	Northport	NY	Research Center
3	Castle Point	PA	Psych and Community Living Center Integration
4	Coatesville	PA	Replacement Medical Center
4	Philadelphia	PA	Parking Garage
5	Washington	DC	Outpatient Clinic and Medical Center Expansion Project
5	Baltimore	MD	Consolidate Outpatient, Benefits & Research to Advance Services
5	Martinsburg	WV	Outpatient Improvements
6	Asheville	NC	Seismic Corrections/Outpatient Services Expansion
6	Fayetteville	NC	Outpatient Addition
6	Hampton	VA	Renovate/Expand SCI/D Unit
6	Hampton	VA	Ambulatory Care Addition
6	Hampton	VA	Community Living Center B146 Renovation/Addition
6	Salem	VA	Mental Health Building
6	Beckley	WV	Community Living Center
7	Charleston	SC	Naval Acquisition Center
7	Charleston	SC	Employee and Veteran Patient Parking Garage
8	Bay Pines	FL	Construct Polytrauma Support and Rehab Facility
8	Gainesville	FL	Surgery/Supply, Process, and Distribution Expansion
8	Gainesville	FL	Community Living Center Addition, Proposed Research / Education
8	Gainesville	FL	New Radiation Therapy
8	Miami	FL	Parking Garage and Helipad
8	Miami	FL	Additional Floors to Research & Education Building 7
8	Tampa	FL	Primary Care and Mental Health Expansion
9	Chattanooga	TN	Health Care Center
9	Lexington	KY	Realignment and Cooper Drive Decompression to Leestown Campus
9	Nashville	TN	Ambulatory Surgery and Outpatient Services Center
11	Fort. Wayne	IN	Multispecialty Health Care Center
12	Chicago	IL	Consolidation of Radiology Dept. & Relocation of Loading Dock Facilities
12	Hines	IL	Renovate Bldg. 51 for Animal Research
12	Hines	IL	Acute Inpatient Care
12	Madison	WI	Ambulatory Care Center
12	Milwaukee	WI	Operating Room Addition
12	Milwaukee	WI	Bed Tower
12	Milwaukee	WI	Relocate Nuclear Med. Basement

VISN	Location		Project Title/Brief Description
12	Milwaukee	WS	Parking Garage Construction
15	Columbia	MO	Nursing Ward Patient Privacy
16	Fayetteville	AR	Construct Inpatient Bed tower
16	Shreveport	LA	Shreveport Clinical Addition
16	Houston	TX	Parking Structure
16	Houston	TX	Establish Community Living and Hospice Center
17	Temple	TX	Clinical Replacement
17	Tyler	TX	Tyler Community Based Outpatient Clinic
18	Mesa	AZ	Outpatient Clinic and VISN 18 Offices
18	Phoenix	AZ	Outpatient Expansion
18	Albuquerque	NM	Outpatient Surgery Center
18	Albuquerque	NM	Construct Research/Coop Pharmacy Building
18	Albuquerque	NM	Correct Seismic Deficiencies B-3,10,11,12,15
18	El Paso	TX	Health Care Center
18	Big Spring	TX	Community Living Center
20	Boise	ID	Clinical Building
20	Portland	OR	Correct Seismic B100 & B101
20	White City	OR	New Integrated Clinic
20	Seattle	WA	Purchase Ft Lawton Army Reserve Center
20	Seattle	WA	Specialty Care & Pharmacy Improvements
20	Seattle	WA	Inpatient Rehab/Polytrauma and Geriatrics Improvements
20	Seattle	WA	Expand Building 100 Floors 3 & 4
20	Seattle	WA	Renovate BMTU/Respiratory/Cardiac Care
20	Seattle	WA	Renovate Surgery/SICU
20	Seattle	WA	Renovate Spinal Cord Injury
20	Seattle	WA	Renovate SPD, Warehouse & Kitchen
20	Spokane	WA	Clinical Addition
21	Alameda	CA	Alameda Point Outpatient Clinic
21	Monterey	CA	VA/DoD Ambulatory Care Center
21	Palo Alto	CA	Comprehensive Mental Health Replacement Center
21	Palo Alto	CA	Building 6 Seismic Correction
21	San Francisco	CA	New Mental Health/Research Building and Parking Garage
21	San Francisco	CA	Improve Campus Accessibility by Eliminating Americans with Disabilities Act and Parking Deficiencies
21	San Francisco	CA	Seismic Retrofit / Replace Buildings 1, 6, 8 & 12
21	Reno	NV	Building 1 Seismic & Life Safety Corrections
22	Long Beach	CA	Spinal Cord Injury Expansion/Parking Garage Construction
22	Los Angeles	CA	Mental Health Renovation
22	San Diego	CA	Research Building
22	San Diego	CA	Operating Room Renovation 5th Floor
22	West Los Angeles	CA	New Essential Care Tower / B500 Seismic Correction and Renovation
22	West Los Angeles	CA	New Research Building
22	Las Vegas	NV	Mental Health Building
22	Las Vegas	NV	Clinical Addition
22	Las Vegas	NV	Administrative Building
22	Las Vegas	NV	Warehouse Building
23	Minneapolis	MN	Expand Polytrauma, Rehabilitation and Community Living Center
23	Fargo	ND	Special Care Addition
23	Omaha	NE	Construct Clinical Addition
23	Sioux Falls	SD	Community Living Center

## FY 2009 Prioritized VHA Minor Construction Projects

Each VA administration has developed its own policies and protocol for capital investments that do not meet current Major Construction thresholds. The VA Capital Asset Management and Planning Service (CAMPS) fulfills this function for VHA in accordance with guidance provided by Department-wide policies. Based on these policies, Minor Construction projects encompass those projects whose total project cost is greater than \$500,000 for expansion of existing facility square footage with a total cost of up to \$10 million.

This program received \$584.2 million in FY 2009 from VA's appropriation to enhance the quality of care provided to Veterans. In addition to the appropriation, approximately \$248.5 million is available from projects that are carried over from FY 2008. VHA will use these funds to efficiently shift the treatment of patients from hospital-based care settings to outpatient care; realign critical services; improve management of space, both vacant and underutilized; correct dysfunctional clinical adjacencies; and accommodate modern medical equipment. These improvements provide a maximum return on investment for the taxpayer and continue to provide high quality service to the Nation's Veterans by improving access, establishing performance measures tied to clinical program priorities, and ensuring a satisfying and rewarding work environment for VA employees.

All FY 2009 minor construction projects listed below were reviewed, evaluated, scored and ranked by a Department-wide, multi-disciplinary group using the VHA decision criteria as required by Congressional language. This list, sorted by VISN and by State, can be found in appendices K and L, respectively.

**Table 5-4: FY 2009 Prioritized VHA Minor Construction Projects**

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
1	6	Salem	VA	B/8 Addition for Acute Mental Health	8,000	U
2	1	White River Junction	VT	Replacement NCPTSD	4,076	CI
3	5	Martinsburg	WV	Mental Health Clinic Renovation	6,933	CI
4	21	Palo Alto	CA	Construct Gero-Psych Unit	6,977	U
5	6	Hampton	VA	Expand/Renovate SCI	6,816	U
6	1	White River Junction	VT	Psych & Polytrauma Rural Residential Rehab Care Center	7,869	U
7	21	Palo Alto	CA	Polytrauma Rehabilitation Center	7,599	U
8	20	White City	OR	Replace Dom Bed B221 (Seismic)	6,996	CI



Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
9	20	American Lake	WA	Renovate B5 Blind Rehab (A)	3,194	CI
10	5	Baltimore	MD	Expand BRECC KT/PT/OT & Admin Support Space	7,318	U
11	1	Brockton	MA	SPD Addition	6,165	U
12	6	Richmond	VA	Polytrauma Neuroscience Center of Excellence	9,617	U
13	15	St. Louis	MO	Mental Health Expansion, B-51	7,729	U
14	5	Washington	DC	OR/ED/Decon Expansion	9,855	CI
15	22	Los Angeles	CA	B500 Medicine Beds, Phase 2	6,915	CI
16	8	Tampa	FL	Renovate & Expand SPD	8,351	CI
17	7	Charleston	SC	OP Mental Health Expansion Bldg	6,553	U
18	5	Washington	DC	4C Patient Ward Renovation/Expansion	9,688	CI
19	7	Dublin	GA	Nursing Home/Community Living Center	9,925	U
20	10	Cleveland	OH	Pharmacy Expansion (W)	6,400	CI
21	4	Erie	PA	Ambulatory Surgery Addition	7,370	U
22	19	Ft. Harrison	MT	New Mental Health Unit	9,945	U
23	10	Cleveland	OH	Radiology Ph 2-PET/CT	6,555	CI
24	3	New York	NY	Protect Facility Asset/Flood Protection	4,150	U
25	12	Madison	WI	Renovate 3rd Floor, NHCU	6,800	CI
26	21	Reno	NV	Correct OP MH Deficiencies	6,900	CI
27	12	Milwaukee	WI	SCI Connecting Corridor	4,553	U
28	21	Fresno	CA	MH Outreach & Rehab Bldg	6,998	U
29	18	Albuquerque	NM	Acute Geriatric Psychiatry Unit	3,534	CI
30	18	Tucson	AZ	Expand OR Suite	6,931	OC
31	18	Big Spring	TX	Renovate 4th Floor for MH/SATP/Social Svcs	6,833	OC
32	1	Northampton	MA	NHCU Bldg 1 East	5,861	CI
33	4	Philadelphia	PA	Expand Parking Garage	9,945	CI
34	7	Tuscaloosa	AL	The Cottages, Phase 1	9,955	U
35	1	Providence	RI	Mental Health Building	6,942	U
36	2	Buffalo	NY	Update/Consolidate Ambulatory Surgery Unit/ICU	3,873	CI
37	1	Togus	ME	Nursing Home Renovation	6,053	CI
38	2	Syracuse	NY	Renovate Inpatient Mental Health Ward	3,634	CI
39	20	Seattle	WA	2 West Ward Renovation (S)	6,490	CI
40	5	Baltimore	MD	Perry Point - Demolish Village Houses	1,040	OC

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
41	9	Mountain Home	TN	Patient/Privacy Isolation, B-200	5,022	U
42	9	Lexington	KY	Renovate 3rd Floor for Privacy, IC, Access	6,450	CI
43	3	Northport	NY	Renovate Dialysis to Meet Space Requirements	2,600	U
44	12	Hines	IL	Relocate 2 OR's, Support and SPD to 2nd, B200	6,809	U
45	18	Prescott	AZ	Realign Patient Services	6,683	CI
46	12	Madison	WI	Renovate Surgical Suites, 7A & 8A	6,600	CI
47	1	Togus	ME	Add HVAC, B203 & B204	3,721	CI
48	21	Sacramento	CA	Improve ER Access & Security	6,663	CI
49	2	Buffalo	NY	Psychiatric Ward Safety Improvements	4,772	CI
50	19	Grand Junction	CO	Seismic Corrections	6,397	CI
51	4	Clarksburg	WV	Modernization of Inpatient Wards	3,267	CI
52	6	Asheville	NC	Renovate Patient Ward 4W	3,390	CI
53	21	Honolulu	HI	Joint VA/DoD Amb Surgery/Procedure Center	6,950	CI
54	17	Waco	TX	Mental Health Center of Excellence	9,800	U
55	17	Waco	TX	Blind Rehab Center	9,800	U
56	17	Waco	TX	Intermediate and long-term psych	9,800	CI
57	17	Waco	TX	Long term care and pool	9,800	U
58	17	Waco	TX	Infrastructure Improvements	9,800	CI
59	1	White River Junction	VT	Imaging Center Replacement	6,908	CI
60	19	Salt Lake City	UT	Expand Mental Health Beds	6,990	U
61	17	San Antonio	TX	Transitional Housing for New Polytrauma Center	9,990	U
62	4	Pittsburg	PA	Modernization of ICU Beds	6,826	CI
63	10	Cleveland	OH	Pathology & Laboratory Medicine Service Addition	6,110	U
64	1	Boston	MA	Eye Clinic Renovation	4,762	CI
65	1	Providence	RI	Upgrade Electrical System	6,061	CI
66	2	Albany	NY	Renovate/Expand Day Treatment Center	3,335	CI
67	1	Togus	ME	Convert NHCU Ward to Hospice	3,536	CI
68	2	Syracuse	NY	Expand Pharmacy for Current & Projected Workload	3,440	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
69	12	North Chicago	IL	Modernize Nursing Home Care Unit, Phase 1-B134	6,800	CI
70	5	Baltimore	MD	Perry Point - Renovate Bldg 360 for Warehouse	2,040	CI
71	18	Albuquerque	NM	Expand GI Suite - Bldg 41	6,958	U
72	2	Albany	NY	Correct Physical Med & Rehab Svc Deficiencies	4,688	CI
73	20	American Lake	WA	Renovate B4 Domiciliary (A)	5,219	CI
74	1	Providence	RI	Specialty Clinics Addition	6,510	U
75	15	Columbia	MO	Relocate Imaging Suite	6,169	CI
76	1	Jamaica Plains	MA	Cryogenics Bio-Repository Facility	2,627	OC
77	20	Walla Walla	WA	Regional Residential Recovery Unit	6,752	U
78	7	Augusta	GA	Patient Privacy Improvement Unit 6D	4,734	U
79	5	Baltimore	MD	Robotics/Pat. Exercise & Employee Education	1,650	CI
80	19	Salt Lake City	UT	Research Relocation	7,150	CI
81	5	Baltimore	MD	Expand Mental Health and Managed Care Clinics	6,500	U
82	9	Huntington	TN	Patient Privacy Wards 4 & 5 South	2,440	CI
83	22	San Diego	CA	Renovate Intermediate NHCU	6,186	U
84	10	Cincinnati	OH	Relocate NHCU	6,555	U
85	7	Charleston	SC	Patient Privacy 4BS	4,689	CI
86	5	Perry Point	MD	Renovate Bldg. 24H for PRRPT	5,131	CI
87	9	Louisville	KY	Renovate SICU, 4 South	2,932	CI
88	18	Phoenix	AZ	Special Care, Mental Health & MRI Expansion	6,733	U
89	4	Lebanon	PA	Clinical Improvements for Radiology	5,410	U
90	11	Ann Arbor	MI	7th Floor Renovation for Mental Health	4,560	U
91	15	Kansas City	KS	Renovate Inpatient Psychiatry	6,050	CI
92	9	Lexington	KY	Renovate ER, CDD	2,700	CI
93	16	Houston	TX	Consolidate Diagnostic Services	5,800	U
94	12	Hines	IL	Relocate Dental Clinics, B200	4,024	U
95	16	Little Rock	AR	Relocate PC to NLR Expand Specialty	4,362	U
96	15	Kansas City	KS	Renovate Inpatient Surgery	5,976	CI
97	4	Wilmington	DE	Emergency Room Addition	6,000	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
98	17	Temple	TX	Construct Cardiac Cath Lab	6,512	U
99	18	Phoenix	AZ	Research Space Expansion	8,628	CI
100	1	West Haven	CT	ICU Step Down Expansion	6,889	CI
101	4	Wilmington	DE	Specialty Clinic Expansion for OIF/OEF	6,000	U
102	5	Martinsburg	WV	ER Safety Accessibility	2,760	CI
103	18	Amarillo	TX	Construct Specialty Care Clinic	6,988	U
104	20	Vancouver	WA	Expand Outpatient Specialty Care	5,800	U
105	11	Detroit	MI	Renovate B3S for Eye Clinic	3,720	U
106	10	Dayton	OH	GI/Pharmacy/Prime Care Space	6,840	U
107	1	Newington	MA	Specialty Care Clinic Consolidation	5,969	U
108	20	Spokane	WA	Construct Outpatient MH Bldg.	6,935	U
109	5	Washington	DC	Renovate SPD	4,987	CI
110	22	Los Angeles	CA	Consolidate Outpatient Mental Health	6,933	U
111	16	Biloxi	MS	Surgery/ICU Renovation	6,989	CI
112	8	West Palm Beach	FL	Ambulatory Procedure Center	3,147	U
113	8	Bay Pines	FL	Ambulatory Surgery Center	5,999	U
114	12	Milwaukee	WI	NHCU Modifications 9A	4,306	U
115	1	West Haven	CT	Surgical Specialty Clinics	5,069	U
116	1	Providence	RI	Expand Pharmacy/Relocate Admin	6,798	OC
117	15	St. Louis	MO	Expand Open Heart/Cardiology	3,668	CI
118	22	Los Angeles	CA	B 500 Clinical Lab Renovation	6,666	CI
119	5	Washington	DC	Research Building Expansion	6,986	CI
120	1	Boston	MA	Specialty Clinic Renovation - Brockton	3,536	CI
121	2	Batavia	NY	Ward B Privacy Renovations	4,054	CI
122	17	Dallas	TX	Relocate Specialty Care Clinics	6,970	CI
123	20	Seattle	WA	Seismic B100, Energy Plant (S)	1,854	CI
124	21	Palo Alto	CA	Bldg 2 Seismic Correction - MH Center	6,998	CI
125	12	Milwaukee	WI	Acute Care Ward 6C-5CN	6,716	U
126	10	Columbus	OH	Access Improvements	5,700	U
127	16	Shreveport	LA	Outpatient Mental Health Improvements	5,777	U
128	20	Portland	OR	Renovate NSCU for Patient Privacy	1,539	CI

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
129	11	Battle Creek	MI	Renovate NHCU for Patient Privacy	6,629	CI
130	8	West Palm Beach	FL	Renovate Ward 8B for Specialty Care	3,575	U
131	17	San Antonio	TX	Renovate Medical Bed Units 5A and 5B	6,000	CI
132	8	Bay Pines	FL	Expand/Renovate B-101 NHCU	6,925	CI
133	4	Lebanon	PA	Behavior Health Clinic Services	6,000	U
134	10	Cincinnati	OH	Outpatient Surgical Center	6,500	U
135	18	Phoenix	AZ	Safety & Security Enhancements	6,950	CI
136	18	Big Spring	TX	Expand Special Care Clinics & Lab	6,447	U
137	22	San Diego	CA	Clinical Lab Renovation	6,972	CI
138	23	Fargo	ND	Audiology-Eye-Ophthalmology	4,011	U
139	4	Clarksburg	WV	Ambulatory Surgery Modernization	5,000	U
140	8	Gainesville	FL	Construct Parking Garage	6,995	CI
141	23	Hot Springs	SD	Renovate Dom for Patient Privacy	5,087	CI
142	21	Sacramento	CA	New IP Psych Ward, SAC	6,900	U
143	9	Mountain Home	TN	IRM Consolidation/Expansion B-77	1,795	U
144	22	Loma Linda	CA	Consolidate Speech Pathology & ENT	4,797	OC
145	23	Fargo	ND	Replace Operating Rooms	6,976	CI
146	20	Boise	ID	Medical Imaging Building	2,717	U
147	4	Altoona	PA	Move & Expand Rehab	2,999	CI
148	5	Washington	DC	Install New Boiler Plant	6,995	CI
149	5	Martinsburg	WV	Renovate Outpatient Surgery	5,378	CI
150	15	Topeka	KS	Specialty Care Addition	4,500	U
151	6	Salem	VA	Patient Dining Area ECRC	4,527	U
152	7	Charleston	SC	Renovate Nursing Home for Hospice/Palliative Care	6,991	U
153	12	Chicago	IL	Expand Outpatient Specialty Clinic	5,380	U
154	6	Beckley	WV	Patient Care Expansion	4,750	U
155	11	Danville	IL	Renovate Wards	6,319	CI
156	12	Iron Mountain	MI	Expand Patient Care Areas	6,400	U
157	6	Fayetteville	NC	Outpatient Expansion	6,645	U
158	11	Danville	IL	Construct ER Addition, Bldg 58	2,390	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
159	11	Danville	IL	Construct two Nursing Home Care Units	3,301	U
160	20	Seattle	WA	New ER Building	9,649	U
161	15	Kansas City	KS	Purchase Radiation Therapy Facility	2,200	OC
162	9	Mountain Home	TN	Expand Outpatient Waiting	705	U
163	1	Boston	MA	Replacement Research Buildings	6,821	CI
164	5	Washington	DC	Expansion of Existing Multi-Story Parking	4,635	CI
165	6	Durham	NC	Research Expansion, Phase 2	6,741	CI
166	6	Durham	NC	New Research Building	6,951	CI
167	6	Salisbury	NC	Mental Health Care Renovation, Bldg 4, Phase 1	9,540	CI
168	6	Salisbury	NC	Long Term Care Renovation, Bldg 42, Phase 1	9,670	CI
169	8	Miami	FL	OR Phase 2	6,981	OC
170	8	Tampa	FL	Juliet Land Acquisition	3,650	U
171	10	Cleveland	OH	Research Renovation (W)	4,560	CI
172	10	Cleveland	OH	Learning Exchange Center (W)	2,500	U
173	11	Marion	IL	Clinical Services Expansion	5,020	U
174	11	Northern Indiana	IN	Demolish Buildings 13, 122, 19-22	4,400	CI
175	15	St. Louis	MO	Renovate Space for Spinal Cord Injury	6,350	CI
176	20	American Lake	WA	Seismic Upgrades at Am Lake	9,013	CI
177	20	Boise	ID	Purchase Mountain Cove Facility	3,789	U
178	20	Boise	ID	Construct Research Education Building	3,877	U
179	20	White City	OR	Replace Dom Bed B204	9,958	CI
180	21	Manila	RP	Transfer of funds to VBA for Manila Embassy Pymt	1,599	U
181	21	San Francisco	CA	North Slope Seismic/ Geologic Stabilization	9,720	CI
182	21	San Francisco	CA	Sausalito Annex - Research Center	6,989	CI
183	22	Los Angeles	CA	Consolidate Research Phase 1	6,233	CI
184	23	Iowa City	IA	Construct 3rd Research Building	6,858	CI

<sup>1</sup>Federal Real Property Council Tier 1 measures that the project addresses:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

A Department-wide listing of all potential minor construction projects sorted by state can be found in appendix M.

**Table 5-5: FY 2010 - 2014 Potential VHA Minor Construction Projects**

VISN	Location		Project Title - Brief Description
<b>2010</b>			
1	Brockton	MA	Administration Renovation
1	Brockton	MA	Infrastructure Improvements, JP, PH 3
1	Manchester	NH	Ancillary/Diagnostic Renovations
1	Northampton	MA	Renovate Recreation Therapy
1	Northampton	MA	Rehab Medicine Renovation
1	Northampton	MA	Central Chiller Plant
1	Northampton	MA	Elevators Building 11 & 25
1	Northampton	MA	Renovate Education Space
1	Providence	RI	Replace Substandard Emergency Room
1	Providence	RI	Mental Health Outpatient Services: Phase I
1	Providence	RI	Replace/Relocate Deficient ICU
1	Providence	RI	Renovate Dental
1	Providence	RI	Pet CT Site Prep
1	Providence	RI	Mental Health Renovations
1	Providence	RI	Expand SPD
1	Providence	RI	Specialty Clinics Renovation: Wing 5A
1	Togus	ME	Private, Semi-private Baths, B200
1	Togus	ME	Private, Semi-private Baths, B200, Ph2 3N/3S
1	Togus	ME	Private Baths NH Phase I
1	Togus	ME	Administration Renovation
1	Togus	ME	Substance Abuse Residential Rehab
1	Togus	ME	Construct 25 Bed Sub Abuse CWT/TR
1	West Haven	CT	Mental Health Renovations Phase 1
1	West Haven	CT	Specialty Care Ph II
1	West Haven	CT	Renovate Dental/Eye Clinic/Recreational Therapy
1	West Roxbury	MA	Surgical Nursing Unit, B1-3N
1	West Roxbury	MA	Infrastructure Improvements (WR) PH 2
1	West Roxbury	MA	Support Service Modification (WR) Ph 3
1	White River Junction	VT	Replacement SPD
1	White River Junction	VT	National Center for Rural Health
1	White River Junction	VT	Specialty Care Renovations
1	White River Junction	VT	Inpatient Ward Renovation
1	White River Junction	VT	Administrative Renovations
1	White River Junction	VT	Pet Scan Site Prep
2	Buffalo	NY	Construct Parking Ramp
3	Brooklyn	NY	Data Center Expansion
3	Lyons	NJ	CLC Ward Renovation
3	Northport	NY	OR Replacement
3	Northport	NY	ICU Replacement
4	Altoona	PA	Expand and Improve BH Clinic
4	Butler	PA	Domiciliary Extended-Stay Treatment Unit Replacement
4	Butler	PA	Dementia Long Term Care Unit Replacement

VISN	Location		Project Title - Brief Description
4	Butler	PA	Replace Boiler/Chiller Plant and Equipment
4	Clarksburg	WV	Expand Mental Health Access
4	Erie	PA	Expand Behavioral Health
4	Lebanon	PA	Expand OR Services
4	Pittsburgh	PA	Upgrade SPD & Security at Loading Dock
4	Pittsburgh	PA	New Elevators for Building 1 at UD
4	Wilmington	DE	Renovate 5 East for Dental
5	Perry Point	MD	Renovate Bldg 22H for SARRTP
5	Washington	DC	OIF/OEF Welcome Center
5	Washington	DC	4E Patient Ward Expansion
6	Asheville	NC	Demolish/Replace Building 9
6	Beckley	WV	Specialty/ Ancillary Care Construction
6	Beckley	WV	Parking Building
6	Salisbury	NC	Expand Outpatient Medical Clinics and Emergency Dept
6	Salisbury	NC	Orthopedic, Rehabilitation and Prosthetics Center
6	Salisbury	NC	Home & Community Care Patient/Staff Learning Center
7	Atlanta	GA	New Parking Structure
7	Charleston	SC	New PTSD/Mental Health Research Addition
8	Bay Pines	FL	Renovate B101 Community Living Center
8	Bay Pines	FL	Construct Primary Care Center
8	Bay Pines	FL	Research Center
8	Lake City	FL	Construct Additional Floor on Outpatient Clinic
9	Louisville	KY	Construct Parking Garage
10	Chillicothe	OH	Renovate NHCU 211AB
10	Chillicothe	OH	Renovate NHCU 211CD
10	Cincinnati	OH	Parking Garage
10	Cincinnati	OH	Relocate NHCU PH II
10	Cincinnati	OH	Replace Animal Research Facility PH I
10	Cleveland	OH	Surgery
11	Ann Arbor	MI	East Parking Deck Expansion
11	Indianapolis	IN	Construct Parking Garage
12	Chicago	IL	Expand & Remodel Existing Space for Material management Area
12	Milwaukee	WI	Expand ER
12	North Chicago	IL	Modernize NHCU for Geri-Psych Phase I - B134
12	North Chicago	IL	Four Unit Community Living Center
12	Tomah	WI	Construct Community Living Center
12	Tomah	WI	Construct Clinical Addition B-400
12	Tomah	WI	Renovate B-2 for MHRRTTP beds
15	Columbia	MO	Relocate SPD
15	Kansas City	KS	New Restrooms & Elevator Bldg. 1
15	Kansas City	KS	Building Addition for MRI
15	Kansas City	KS	ER Expansion
15	Leavenworth	KS	NHCU Relocation
15	Marion	IL	Relocate and Upgrade Operating Room Suite



VISN	Location		Project Title - Brief Description
15	Marion	IL	Relocate and Upgrade Medical Intensive Care Unit, Day Surgery, and Surgical and Medical Specialty Clinics
15	Marion	IL	Mental Health Building for Expansion of Services
15	Topeka	KS	Community Living Center
15	Wichita	KS	MRI Expansion
16	Fayetteville	AR	Remodel Former Army Reserve Center
16	Houston	TX	Specialty Clinic Expansion
16	Little Rock	AR	Consolidate NLR Pt Care Services
16	Oklahoma City	OK	SICU Expansion
16	Oklahoma City	OK	Mental Health Expansion
17	Dallas	TX	Patient Parking
17	Dallas	TX	Mental Health Upgrade Ph. 3
17	San Antonio	TX	Polytrauma Parking Garage
17	Temple	TX	Urgent Care Replacement
17	Temple	TX	Dom Recreation Addition
18	Albuquerque	NM	Renovation of Research Labs Buildings 10&11
18	Albuquerque	NM	Seismic Corrections, Bldg 1
18	Albuquerque	NM	Ambulatory Surgery Center
18	Albuquerque	NM	Outpatient Mental Health Expansion
18	Amarillo	TX	Expand Emergency Department
18	El Paso	TX	Construct/Expand Dental & Prosthetics
18	Phoenix	AZ	Parking Garage
18	Prescott	AZ	Renovate/Expand Emergency Department
18	Tucson	AZ	Mental Health Expansion
18	Tucson	AZ	SPD Expansion and Dental Relocation
19	Ft. Harrison	MT	Correct Patient Privacy Deficiencies
19	Sheridan	WY	Mental Health RRTP
20	American Lake	WA	Seismic Upgrade and Renovation of Building 3 (A)
20	American Lake	WA	Seismic Upgrades at American Lake Campus (A)
20	Boise	ID	Replace and Modernize Surgery/ICU
20	Boise	ID	Construct New Extended Care Unit
20	Portland	OR	New Emergency Dept. Build.
20	Roseburg	OR	Construct Protected Care Unit
20	Roseburg	OR	Correct SPD/Surgical Deficiencies
20	Roseburg	OR	Bldg 2 Acute Psych Ward Replacement
20	Seattle	WA	Expand Specialty Clinics at Seattle (S)
20	Seattle	WA	Replace Therapy Pool (S)
20	Seattle	WA	Research Addition B34 (S)
20	Spokane	WA	Construct Endoscopy/SPD
20	Walla Walla	WA	Construct Specialty Clinic Care Facility
20	White City	OR	Expand Ambulatory Care Clinic
20	White City	OR	Replace Nutrition Food Service (Kitchen)
21	Fresno	CA	Bldg. 24 Seismic Correction
21	Honolulu	HI	Parking Garage Addition
21	Manila	RP	Manila State Dept Funds CSCS Payment
21	Martinez	CA	Consolidate Mental Health
21	Mountain View	CA	Jones Hall Army Reserve Center BRAC Upgrades

VISN	Location		Project Title - Brief Description
21	Palo Alto	CA	SCI/D Renovation and Patient Privacy Correction A Wing
21	Palo Alto	CA	Building 51 Musculo-Skeletal Seismic Correction
21	Reno	NV	Transitional Care Unit Safety & Cultural Improvements
21	Reno	NV	Specialty Clinic Building
21	Reno	NV	Building 1A Seismic Corrections
21	Sacramento	CA	Expand Rehab for OEF/OIF
21	Sacramento	CA	Consolidate/Expand Surgical Specialties
21	San Francisco	CA	Clinical Expansion for MH and Sleep Lab
21	San Francisco	CA	Emergency Preparedness/Response
21	San Francisco	CA	Vivarium Replacement and Expansion
21	San Francisco	CA	Phase I North Slope Mitigation
22	Loma Linda	CA	Behavioral Health Building
22	Loma Linda	CA	NHCU Cultural Transformation
22	Loma Linda	CA	Expand SPD and Warehouse
22	San Diego	CA	Expand and Renovate Research Lab 6S
22	San Diego	CA	Parking Garage
22	San Diego	CA	Inpatient Psychiatry Expansion/Renovation Phase I
22	West Los Angeles	CA	Consolidate Research Phase 1 - WLA
22	West Los Angeles	CA	Demo Various Buildings
22	West Los Angeles	CA	IRM Consolidation
22	West Los Angeles	CA	Relocate Hemodialysis
22	West Los Angeles	CA	Medical Records Building
23	Des Moines	IA	ED Expansion & Renovation
23	Des Moines	IA	3B Expansion & Renovation
23	Fargo	ND	Bldg 1 Additional Outpatient Treatment Space
23	Fargo	ND	TCU Expansion & Remodeling
23	Iowa City	IA	Construct 400 Car Parking Garage
23	Iowa City	IA	Relocate Surgical Operating Rooms
23	Omaha	NE	SPD to 4th Floor of OPC
23	St. Cloud	MN	Expand & Reno Wards, Bldg. 49-1 & 49-2
23	St. Cloud	MN	Expand PC/SC; Reconfigure Support Space
23	St. Cloud	MN	Long Term / Intermediate Psych
<b>2011</b>			
1	Togus	ME	Consolidate MH Services
1	Togus	ME	Convert NHCU Ward to Hospice, B207-3W
1	Togus	ME	Private, Semi-private Baths, B200, Phase 1
1	Togus	ME	Construct Lodger/Renovate Nursing Unit, B200-4S
1	Togus	ME	Private Baths NH Phase 2
1	Togus	ME	Construct 30 Bed Dom
1	White River Junction	VT	Imaging Center Replacement
1	White River Junction	VT	Pet Scan Site Prep
1	White River Junction	VT	Construct 15 Bed Substance Abuse Res Rehab
1	Bedford	MA	Expand Lab and Radiology
1	Bedford	MA	Renovation Outpatient Mental Health
1	West Roxbury	MA	Medical Nursing Unit B1-4N
1	Boston	MA	Support Service Modification (JP) Ph 2

VISN	Location		Project Title - Brief Description
1	West Roxbury	MA	Eye Clinic Renovation
1	Brockton	MA	Specialty Care Renovations BRK
1	Boston	MA	Cyclotron Site Prep
1	Boston	MA	Animal Research Improvements, B1-A
1	West Roxbury	MA	OR Expansion
1	Brockton	MA	Primary Care Expansion
1	Brockton	MA	Dental Renovation
1	Manchester	NH	Mental Health Additions and Improvements
1	Manchester	NH	Administration Renovation 1
1	Manchester	NH	Renovate Pharmacy, Dental
1	Northampton	MA	Renovate NHCUC, Building 1
1	Northampton	MA	Elevator, Building 4
1	Northampton	MA	Inpatient Psychiatry Renovation, Bldg. 4 Lower
1	Northampton	MA	Air Condition Buildings
1	Northampton	MA	Elevators Bldg 20
1	Northampton	MA	Nursing Home Renovation and Expansion
1	Northampton	MA	NHCUC Bldg 1 East
1	Providence	RI	Expand Emergency Room
1	Providence	RI	Upgrade Electrical System
1	Providence	RI	Expand Pharmacy/Relocate Admin
1	Providence	RI	Specialty Clinics Addition
1	Providence	RI	Operating Room Replacement
1	Providence	RI	New Elevator Tower
1	Providence	RI	Mental Health Building
1	Manchester	NH	Specialty Care Renovations
1	Providence	RI	Rehab Medicine Addition
1	Providence	RI	Medicine Convert Space
1	Providence	RI	Renovate FIRM 6
1	Providence	RI	Expand Diagnostic Imaging: MRI & PET CT
1	Providence	RI	Physical Medicine & Rehabilitation Addition
1	Providence	RI	Specialty Clinics Renovation: Wing 2A
1	West Haven	CT	ICU Step-Down Expansion
1	West Haven	CT	Surgical Specialty Clinics
1	West Haven	CT	In Patient Pharmacy Realignment
1	West Haven	CT	Out-Patient Surgical Center
1	West Haven	CT	Mental Health Access Expansion
1	West Haven	CT	Inpatient Pharmacy Renovation
1	West Haven	CT	Primary Care Renovations
1	Newington	CT	Specialty Care Clinic Consolidation
1	Newington	CT	Renovate Ancillary/Diagnostic
2	Albany	NY	Expand ED for Patient Privacy
2	Albany	NY	Expand Delmar Transitional Residence
2	Albany	NY	Main Entrance Addition
3	Castle Point	NY	Expand OPC H-3
3	Manhattan	NY	Seismic Retrofit
3	Northport	NY	Community Living Center 3 Replacement
4	Wilmington	DE	Renovate 2 East for Clinic Space
4	Altoona	PA	Move/Exp Rec/Audio/Speech Pathology

VISN	Location		Project Title - Brief Description
4	Altoona	PA	Move/Exp Specialty/Dermatology/Cardio
4	Pittsburgh	PA	O.R. Expansion
4	Pittsburgh	PA	Second Floor Infill for Clinics
4	Pittsburgh	PA	Research Building Addition
4	Clarksburg	WV	Community Living Center Renovation
4	Philadelphia	PA	Renovate Entrance Bldg #1
5	Baltimore	MD	Managed Care/ED Improvements & Enrollment Center
5	Perry Point	MD	Renovate Bldg 80H for Outpatient Mental Health
5	Perry Point	MD	Renovate Horticultural Therapy & Conference Center
5	Perry Point	MD	Renovate Basements 13H, 14H, 24H, & 25H
5	Martinsburg	WV	50-Bed Replacement Dementia Unit
5	Washington	DC	CNRC Third Floor Expansion - K
5	Washington	DC	Mental Health Expansion- SARP/PHP
5	Washington	DC	Primary Care Expansion - Phase 1
5	Washington	DC	Relocate Chapel to CNRC North patio
5	Washington	DC	West Pedestrian Plaza
5	Washington	DC	Patient/Visitor Parking Garage - Phase 1
5	Washington	DC	Animal Facility Expansion
6	Hampton	VA	Renovate/Expand Surgical Suite
6	Salem	VA	B/2A Addition for Geriatric Assessment
7	Atlanta	GA	Long Term Care Addition
7	Charleston	SC	Patient Bridge to Medical Affiliate - MUSC
7	Charleston	SC	Construct Imaging Center
7	Tuscaloosa	AL	Crimson Cottages, Phase II
7	Augusta	GA	Additional 9 beds for SICU, Bldg. 801
8	Bay Pines	FL	Construct Cancer Infusion Therapy Center
8	Bay Pines	FL	Construct Parking Garage (500 cars)
8	Bay Pines	FL	Lee Co, Construct 23-Hr Post Op Surgical Unit
8	Bay Pines	FL	Construct Cardiac Rehab Center/Relocate Warehouse
8	Bay Pines	FL	Construct Library/PERC/Education Classroom
8	Miami	FL	Additional Water Tank Reserves
8	Miami	FL	Renovate 2nd Floor Pharmacy
8	West Palm Beach	FL	Mental Health Domiciliary
8	West Palm Beach	FL	Hospice Unit
8	Gainesville	FL	Construct Administrative Building
8	Lake City	FL	Construct Supply Warehouse
8	Tampa	FL	Radiology Expansion
9	Mountain Home	TN	Expand Emergency Room
9	Nashville	TN	Parking Garage Expansion
9	Nashville	TN	Research Upgrade
10	Chillicothe	OH	Clinical Addition to B31 Ph I
10	Chillicothe	OH	Clinical Addition to B30 Ph I
10	Cincinnati	OH	Relocate NHCU PH III
10	Cincinnati	OH	Replace Animal Research Facility PH II
10	Cleveland	OH	Outpatient Care Addition
11	Indianapolis	IN	Clinical Tower
12	Madison	WI	Expand Research, 4C & Bldg. 12

VISN	Location		Project Title - Brief Description
12	Madison	WI	Relocate SPD
12	Milwaukee	WI	Relocate VISN Laboratory
15	Kansas City	KS	Seismic Protection
15	Columbia	MO	Relocate ICU
15	Kansas City	KS	Training Center
15	Kansas City	KS	SCI Entrance
15	Kansas City	KS	Main Entrance Accessibility
15	Leavenworth	KS	New Patient Access/Dock Area
15	St. Louis - JC	MO	New Administration Building for IRM, Engineering, and other non-Direct Patient Care Administrative Functions, JC
15	Marion	IL	Relocate remaining Medical Specialty Clinics near Day Surgery, MICU, and OR Suite
15	Marion	IL	Mental Health Building for expansion of services including PRCC program
16	Biloxi	MS	Expand N&FS (Bldg 21)
16	Biloxi	MS	Replace CBOC @ Panama City
16	Biloxi	MS	Construction 24/7 Security Operation Center
16	Biloxi	MS	New Communications Center
16	Houston	TX	Renovate B-108 for Mental Health
16	Jackson	MS	Construct Outpatient/Inpatient Pharmacy Addition
16	Little Rock	AR	Expand Spec CI Space
16	Little Rock	AR	Expand SICU
16	Oklahoma City	OK	1st & 2nd Floor Clinic Expansion
16	Shreveport	LA	Specialty Care Expansion, Bldg 5
17	Dallas	TX	Research Addition and Renovation Ph. 1
17	Dallas	TX	Land Purchases
17	Dallas	TX	Upgrade Mental Health Ph. 4
17	Dallas	TX	Patient Parking
17	San Antonio	TX	Design and new 5G addition for clinical expansion
17	San Antonio	TX	Accommodate remote research functions 4G
17	San Antonio	TX	Design of 4th floor of ECTC for GEL functions
17	San Antonio	TX	New Research wet Labs, 46
17	San Antonio	TX	Additional ECTC Bedrooms, 3rd floor
17	San Antonio	TX	Expand Specialty Clinics Phase IV
17	Temple	TX	Perimeter fence & Site Access Control
17	Temple	TX	On-Site Water Storage
17	Temple	TX	Surgery Suite Replacement
17	Temple	TX	Radiation Therapy
17	Waco	TX	Replacement Warehouse
18	Albuquerque	NM	Expand SICU/PACU
18	Albuquerque	NM	Clinical Space Expansion B-41
18	Big Spring	TX	Expand Bldg. 1 for Mental Health Clinic
18	Big Spring	TX	Expand/Renovate. for Pharmacy/Audiology
18	Phoenix	AZ	Renovate / Expand Emergency Room
18	Phoenix	AZ	BRAC Fair Market Value Minor
18	Phoenix	AZ	BRAC Fair Market Value Minor
18	Prescott	AZ	Expand / Renovate Domiciliary

VISN	Location		Project Title - Brief Description
18	Prescott	AZ	Seismic Corrections - Bldg 14
18	Prescott	AZ	Seismic Corrections - Bldg 111 (Boiler Plant)
18	Tucson	AZ	Radiation Oncology
18	Tucson	AZ	Additional Med/Surg Beds
18	Tucson	AZ	Research Wet Labs Phase 2
18	El Paso	TX	Construct Day Treatment Center (DTC)
19	Salt Lake City	UT	40 Bed Domiciliary
19	Salt Lake City	UT	Eye Clinic Expansion/Canteen
19	Salt Lake City	UT	Potable Water/Seismic Reinforcement.
20	Boise	ID	Construct Parking Garage
20	Boise	ID	Free Standing Dental Clinic
20	Vancouver	WA	Seismic Upgrade Boiler Plant & Ancillary Buildings (V)
20	Portland	OR	Renovate Bldg 6 for Animal Research Facility (P)
20	Roseburg	OR	B2 Mental Health Seismic Replacement Ph 1
20	Roseburg	OR	B2 Mental Health Seismic Replacement Ph 2
20	Roseburg	OR	B2 Mental Health Seismic Replacement Ph 3
20	Walla Walla	WA	Renovate B-74, Outpatient Support
20	White City	OR	Expand Ambulatory Care Clinic- Phase 2
20	White City	OR	Rehabilitation Hospital, B211A (upper)
21	Manila	RP	Manila State Dept Funds CSCS Payment
21	Fresno	CA	Parking Structure
21	Fresno	CA	New Mental Health Day Treatment Center/PRRC and HCHV Program
21	Fairfield	CA	Consolidate/Expand MH and Joint Use Neuro
21	Sacramento	CA	GI/Derm/Urology Specialty
21	Sacramento	CA	Bridge from B 650 to B 700, 2nd and 3rd Fl
21	Sacramento	CA	Inpatient Mental Health Expansion, Phase 2
21	Sacramento	CA	Enhance Clinical Trials Facilities
21	Martinez	CA	Seismic Corrections, Building 21
21	Palo Alto	CA	Genomic Medicine Research Center
21	Sunnyvale	CA	Renovate Onizuka BRAC Realignment for Research
21	Palo Alto	CA	SCI/D Renovation and Patient Privacy Correction B Wing
21	Palo Alto	CA	War Related Injury, Illness Study Center Seismic Correction
21	Reno	NV	ICU Expansion & Correction of Deficiencies
21	Reno	NV	Seismic Replacement for Outpatient Services in Building 1
21	San Francisco	CA	Emergency Sustainability
21	San Francisco	CA	OIF/OEF Welcome Center
21	San Francisco	CA	Phase II, Sausalito Expansion
22	Long Beach	CA	Relocate Hemodialysis Clinic B126
22	Long Beach	CA	Relocate Sleep Lab
22	Long Beach	CA	Relocate and consolidate ENT, Audiology and Speech Pathology (B 2 to B126)
22	Long Beach	CA	Relocate and consolidate specialty clinics, Building 126OP (B7 to B126OP)

VISN	Location		Project Title - Brief Description
22	Loma Linda	CA	Construct Cancer Center
22	Loma Linda	CA	Expand Behavioral Health Building
22	Loma Linda	CA	Primary Care Clinic Building
22	San Diego	CA	Clinical Expansion Renovation
22	San Diego	CA	Expand and Renovate Research Lab 6E
22	San Diego	CA	Surgical Ward Expansion and Patient Privacy
22	West Los Angeles	CA	Outpatient Mental Health
22	West Los Angeles	CA	Consolidate Research - Phase 2 WLA
22	West Los Angeles	CA	Consolidate Research First Module- Sepulveda
22	West Los Angeles	CA	Mental Health Rehabilitation
22	West Los Angeles	CA	New Polytrauma Rehab Center
22	West Los Angeles	CA	Demo various buildings, Phase 1
23	Omaha	NE	OR to 2nd Floor of OPC (Ph I)
23	Des Moines	IA	Surgery Building
23	Des Moines	IA	Imaging Expansion
23	St. Cloud	MN	Expand Community Living Centers
<b>2012</b>			
1	Togus	ME	Construct Residential Rehab
1	Bedford	MA	Renovate Domiciliary
1	Bedford	MA	Renovate Pharmacy and Recreation Therapy
1	Brockton	MA	Replacement Research Facility B44, B46
1	West Haven	CT	Radiology Diagnostic Center
1	West Haven	CT	Emergency Department Expansion
2	Syracuse	NY	Replace Building 2
3	Castle Point	NY	Expand OPC H-3
3	Northport	NY	Community Living Center 4 Replacement
4	Altoona	PA	Move/Exp Eye/Dig/Endo/Pulm/Resp
4	Coatesville	PA	Renovate 1B Med Ward Bldg 1
4	Pittsburgh	PA	Consolidate Radiology & Nuclear Medicine
4	Clarksburg	WV	Primary Care/Mental Health Integration
4	Philadelphia	PA	Expand Parking Garage ph #2
5	Perry Point	MD	Renovate Bldg 25H for Education
5	Washington	DC	Primary Care Expansion - Phase 2
5	Washington	DC	Mental Health Expansion- MHCM
5	Washington	DC	Patient/Visitor Parking Garage - Phase 2
5	Washington	DC	Roadway Reconfiguration
5	Washington	DC	Relocate warehouse & renovate receiving area
5	Washington	DC	Research Clinic Expansion
7	Birmingham	AL	Utility Plant
8	Bay Pines	FL	Renovate Research Building 23
8	Bay Pines	FL	Renovate Community Living Center PH I (Eden Concept)
8	Bay Pines	FL	Construct Specialty Care Center
8	Bay Pines	FL	Replace Laboratory
8	Miami	FL	Renovate CLC Patient Rooms - Phase 1
8	Miami	FL	Renovate 12AB Patient Wards
8	West Palm Beach	FL	Specialty Care Clinic
8	Gainesville	FL	Construct/Expand Parking Spaces

VISN	Location		Project Title - Brief Description
8	Tampa	FL	Outpatient Mental Health Expansion
9	Louisville	KY	Construct Radiology Addition
9	Mountain Home	TN	Expand Radiology
9	Nashville	TN	Inpatient and Specialty Service Upgrade and Expansion
10	Chillicothe	OH	Clinical Addition to B31 Ph II
10	Chillicothe	OH	Clinical Addition to B30 Ph II
11	Indianapolis	IN	Clinical Tower Expansion
12	Madison	WI	Relocate CCU
12	Milwaukee	WI	HVAC Research Bldg. 70
12	Milwaukee	WI	Relocate Nuclear Medicine
15	Leavenworth	KS	Primary Care/Pharmacy In-fill
15	St. Louis - JB	MO	Mental Health Ward Expansion for Female Veterans, B-51
15	Marion	IL	Admin Building
15	Marion	IL	Inpatient Bed Building
16	Biloxi	MS	Construction New Voc. Rehab Bldg.
16	Biloxi	MS	Construction MRI /LA Bldg.
16	Houston	TX	Community Living Palliative Center
16	Jackson	MS	Construct Ambulatory Care
16	Little Rock	AR	Consolidate Admin Space
16	Little Rock	AR	Diagnostic Annex B. 170
16	Oklahoma City	OK	Clinic Infill
16	Shreveport	LA	Hoptel Building
17	Dallas	TX	Research Addition and Renovation Ph. 2
17	Dallas	TX	ER Expansion
17	Dallas	TX	Upgrade Mental Health Ph. 5
18	Albuquerque	NM	Surgical Clinic Expansion
18	Big Spring	TX	Expand/Renovate. for Phys. Therapy/SPD
18	Big Spring	TX	Construct Nursing Home Building
18	Phoenix	AZ	Bldg 16 Addition
18	Prescott	AZ	OT/PT/KT Rehab Medical Building
18	Tucson	AZ	Expand Specialty Clinics
18	Tucson	AZ	Clinical Support Building
18	Tucson	AZ	Renovate for Research
19	Salt Lake City	UT	Urgent Care & Support Expansion
20	Boise	ID	Renovate B.27 1st Floor
20	Boise	ID	Seismic Upgrade B.1, 23, 24, 43, 44, 50
20	Portland	OR	Patient Parking Structure (P)
20	Roseburg	OR	B2 Mental Health Seismic Replacement Ph 4
20	Seattle	WA	Seismically Upgrade Mech & Elec Equip (S)
20	American Lake	WA	Correct Seismic & Functional Deficiencies B132 Canteen (A)
20	American Lake	WA	Seismic Update & Renovate B7 Inpatient Mental Health (A)
20	Spokane	WA	Bldg 8 Pt. Education Renovation
20	Spokane	WA	Audiology Bldg
20	White City	OR	Replace Dom Bldg. 205



VISN	Location		Project Title - Brief Description
21	Manila	RP	Manila State Dept Funds CSCS Payment
21	Sacramento	CA	Marysville CBOC
21	Sacramento	CA	Construct Hoptel
21	Martinez	CA	Expand CLC for Patient Privacy
21	McClellan	CA	Seismic Corrections, Building 98
21	Palo Alto	CA	SCI/D Renovation and Patient Privacy Correction C Wing
21	Palo Alto	CA	Defense and Veterans Brain Injury Center/ Clinical Studies Center
21	Palo Alto	CA	National Center for HIV and HEP C Seismic Correction
21	Reno	NV	Consolidate/Expand Outpatient Special Procedures & Recovery
21	Reno	NV	Radiology Expansion
21	Reno	NV	Construct New Research Building
21	San Francisco	CA	Expand Polytrauma Support Team Rehab
21	San Francisco	CA	Expanded Locked Psych Inpatient Ward
21	San Francisco	CA	Add 2d Floor Vivarium Expansion, Bldg 12
21	Reno	NV	Relocate Clinical Services From Building 1
22	Long Beach	CA	Demo Building 11
22	Loma Linda	CA	Remodel 3SE - Inpatient Medicine
22	Loma Linda	CA	Radiation Therapy Facility
22	Loma Linda	CA	Behavioral Health Building Phase 3
22	San Diego	CA	Relocate SPD
22	San Diego	CA	Medical Wards Expansion and Patient Privacy
22	San Diego	CA	PACU Expansion Renovation
22	West Los Angeles	CA	Pharmacy Expansion / Renovation
22	West Los Angeles	CA	Mental Health Inpatient Renovation
22	West Los Angeles	CA	Renovate Medicine Wards Phase 3
22	West Los Angeles	CA	Demo various buildings, Phase 2
22	West Los Angeles	CA	New Nutrition and Food Preparation Building
22	West Los Angeles	CA	New Physical Rehab Building
22	West Los Angeles	CA	Consolidated Research Phase 3
23	Iowa City	IA	Replace Admin Bldg 21
23	St. Cloud	MN	Expand Community Living Centers
23	Omaha	NE	OR to 2nd Floor of OPC (Ph II)
<b>2013</b>			
1	Bedford	MA	Renovate Bldg 5 for Specialty Care
1	Boston	MA	Research Facility Renovation B1-A
1	West Haven	CT	Lab Service Consolidations
4	Altoona	PA	Exp/Imp Long Term Care 5th Fl
4	Philadelphia	PA	2nd Floor AE Bldg
5	Baltimore	MD	Expand Mental Health & Managed Care (5A & 6A)
5	Washington	DC	Relocate IRM and Data Center
5	Washington	DC	Patient/Visitor Parking Garage - Phase 3
6	Salem	VA	B/2A Addition for Vascular Center
6	Salisbury	NC	Construct Invasive Cardiology & Cardiac Cath Lab, Cardiac Rehab

VISN	Location		Project Title - Brief Description
7	Birmingham	AL	Add 3rd Floor, E Wing
8	Bay Pines	FL	Construct Audiology/Dialysis Center
8	Bay Pines	FL	Renovate Med/Surg Ward
8	Miami	FL	Renovate Research Laboratories
8	Gainesville	FL	Construct Facilities Support Building
9	Mountain Home	TN	Expand Research B-5
12	Milwaukee	WI	Consolidate Kitchen Bldg. 111
15	Leavenworth	KS	Surgery Relocation
16	Biloxi	MS	Construction PM&RS Facility
16	Houston	TX	Physical Plant Emergency Power
16	Houston	TX	Clinical Research Expansion
16	Jackson	MS	Expand Linear Accelerator
16	Little Rock	AR	Energy Conservation
16	Oklahoma City	OK	Renovate B, C, & D Mods
17	Dallas	TX	Research Addition and Renovation Ph. 3
17	Dallas	TX	Upgrade Mental Health Ph. 6
17	Bonham	TX	Ambulatory Care
17	Temple	TX	Clinical Floor, 3rd
18	Albuquerque	NM	Medical Specialty Clinic Expansion
18	Amarillo	TX	Expand Nursing Home
18	Big Spring	TX	Backup Generator & Maintenance Bldg.
18	Phoenix	AZ	Eye Clinic/Audiology New Space
18	Prescott	AZ	ECRC Renovation
18	El Paso	TX	Construct/Expand Ophth/Opt, Pharmacy Waiting, Primary Care, & Podiatry
19	Salt Lake City	UT	25 Bed PTSD Dom/clinic renovation.
20	Roseburg	OR	Seismic Upgrade Boiler Plant, Bldg 7
20	American Lake	WA	Seismic Upgrades, HVAC and Window Replacement B9 (A)
20	American Lake	WA	Correct Seismic & Functional Deficiencies Eng Shops (A)
20	Spokane	WA	Polytrauma/Rehab Bldg
20	White City	OR	Replace Dom Bldg. 206
21	Manila	RP	Manila State Dept Funds CSCS Payment
21	Fresno	CA	New TBI/Polytrauma/SCI Treatment Center
21	Fresno	CA	Research Expansion Bldg. 24
21	McClellan	CA	Expand Primary Care
21	Martinez	CA	Expand Ambulatory Surgery Unit
21	Martinez	CA	Expand CLC for Patient Privacy
21	Martinez	CA	Expand Physical Plant for Emergency
21	Palo Alto	CA	SCI/D Renovation and Patient Privacy Correction D Wing
21	Palo Alto	CA	Polytrauma Patient Simulation and Training Center
21	Menlo Park	CA	Building 323 Seismic Correction
21	Reno	NV	Clinical Diagnostic Center
21	Reno	NV	Upgrade/Integrate Canteen with Nutrition and Food Service
21	San Francisco	CA	Expand OR Suite

VISN	Location		Project Title - Brief Description
21	San Francisco	CA	Expand Canteen/ Auditorium
21	San Francisco	CA	Seismic Bldg 11
21	San Francisco	CA	Seismic Bldg 3
22	Long Beach	CA	Install Co-gen
22	San Diego	CA	Relocate Urology/Cysto
22	West Los Angeles	CA	Renovate Surg. Phase 2
22	West Los Angeles	CA	New Police Building
22	West Los Angeles	CA	New Administration Building
22	West Los Angeles	CA	New Employee Health Building
23	Omaha	NE	OR to 2nd Floor of OPC (Ph III)
<b>2014</b>			
4	Altoona	PA	Expand Radiology A
4	Altoona	PA	Expand Radiology B
4	Philadelphia	PA	Expand HAS Sub Basement
4	Philadelphia	PA	Computer/Tele Bldg.
5	Baltimore	MD	Expand Surgical Care and Mental Health (5B & 6B)
5	Baltimore	MD	Expand Fort Meade CBOC
7	Birmingham	AL	Research Addition
8	Bay Pines	FL	Construct Heart Center
8	Bay Pines	FL	Construct Women's Center
9	Louisville	KY	Construct Pharmacy & Lab Addition
16	Biloxi	MS	Add Floor to Parking Garage
16	Jackson	MS	Construct Medical Laboratories
16	Oklahoma City	OK	Renovate 5 East for Inpatient Beds
17	Temple	TX	Relocate Dental & Clinical Support Floor.
18	Albuquerque	NM	Long-Term Care Expansion
18	Amarillo	TX	Clinical Addition/Expansion
18	Big Spring	TX	Expand/Renovate. for MRI/Imaging
18	Phoenix	AZ	Laundry Plant Relocation/Renovation
18	El Paso	TX	Correct Seismic Deficiencies
18	El Paso	TX	Construction/Expand C&P, Women's Clinic, Medical Specialties
18	El Paso	TX	Construct Administrative Space
20	White City	OR	Replace Dom Bldg. 207
21	Manila	RP	Manila State Dept Funds CSCS Payment
21	Fresno	CA	Community Living Center Expansion, B 31
21	Martinez	CA	Expand CLC for Patient Privacy
21	Sacramento	CA	Construct Parking Structure
21	Martinez	CA	Construct Parking Structure
21	Sacramento	CA	Expand SPD Warehouse
21	Menlo Park	CA	Building 114 Central Plant Seismic Correction
21	Palo Alto	CA	Polytrauma Aquatic Therapy and Treatment Center
21	Palo Alto	CA	SCI/D Renovation and Patient Privacy Correction E Wing
21	Menlo Park	CA	Building 331 NHCU Correction Patient Privacy Deficiencies A Wing
21	Reno	NV	New Education Training & Conference Center
21	San Francisco	CA	Library & Education Learning Center

VISN	Location		Project Title - Brief Description
21	San Francisco	CA	Seismic Bldg 18
21	San Francisco	CA	Phase II No. Slope Mitigation
21	San Francisco	CA	Seismic Bldg 25
22	West Los Angeles	CA	New Engineering Shops Building

**Table 5-6: VHA Portfolio Inventory of Current Projects**  
(Funded but not activated or in use, as of Oct 1, 2008)

Project Type	FY <sup>1</sup>	VISN	Location	Project Title - Brief Description	Total Estimated Cost (\$000)
Major	TBD	20	American Lake, WA	Seismic Corrections to Building 81	\$52,600
Major	2010	20	American Lake, WA	Seismic Corrections - NHCU & Dietetics	\$38,220
Major	2009	20	Anchorage, AK	Outpatient Clinic and Regional Office	\$75,270
Major	2011	7	Atlanta, GA	Modernize Patient Wards	\$24,534
Major	2014	8	Bay Pines, FL	Inpatient/Outpatient Improvements	\$194,400
Major	2012	16	Biloxi, MS	Restoration Hospital/Consolidation Gulfport	\$310,000
Major	2014	3	Bronx, NY	Spinal Cord Injury	\$81,794
Major	TBD	12	Chicago, IL (WS)	Bed Tower (Modernize Inpatient Space)	\$98,500
Major	2010	10	Cleveland, OH	Cleveland-Brecksville Consolidation	\$102,300
Major	2011	15	Columbia, MO	Operating Suite Replacement	\$25,830
Major	2013	17	Dallas, TX	Clinical Expansion for Mental Health	\$156,400
Major	2013	17	Dallas, TX	Spinal Cord Injury	\$89,000
Major	TBD	19	Denver, CO	New Medical Facility	\$800,000
Major	2009	23	Des Moines, IA	Extended Care Building	\$25,550
Major	2009	6	Durham, NC	Renovate Patient Wards	\$9,100
Major	2011	16	Fayetteville, AR	Clinical Addition	\$93,000
Major	2011	8	Gainesville, FL	Correct Patient Privacy Deficiency	\$136,700
Major	TBD	16	Gulfport, MS	Environment Cleanup	\$35,919
Major	2010	11	Indianapolis, IN	7 <sup>th</sup> & 8 <sup>th</sup> Floor Wards Modernization Addition	\$27,400
Major	2011	22	Las Vegas, NV	New Federal Medical Facility	\$600,400
Major	2011	8	Lee County, FL	Outpatient Clinic	\$131,800
Major	2011	22	Long Beach, CA	Seismic Corrections-Bldgs. 7 & 126	\$117,845
Major	TBD	22	Los Angeles, CA	Seismic Corrections of 11 Buildings	\$155,000
Major	TBD	9	Louisville, KY	New Medical Facility	TBD
Major	2009	21	Menlo Park, CA	Seismic Corrections-Geropsych Replacement Bldg 324	\$32,934
Major	2010	12	Milwaukee, WI	Spinal Cord Injury Center	\$32,500
Major	2009	23	Minneapolis, MN	Spinal Cord Injury/Disease Center	\$20,500
Major	TBD	16	New Orleans, LA	Construction, Renovation or Replacement of Hospital	\$925,000
Major	2012	8	Orlando, FL	New Medical Facility	\$665,400
Major	2014	21	Palo Alto, CA	Seismic Corrections, Bldg. 2	\$54,000

Project Type	FY <sup>1</sup>	VISN	Location	Project Title - Brief Description	Total Estimated Cost (\$000)
Major	2015	21	Palo Alto, CA	Ambulatory Care & Polytrauma Rehabilitation Center	\$450,300
Major	2011	4	Pittsburgh, PA	Consolidation of Campuses	\$295,600
Major	2012	17	San Antonio, TX	Polytrauma Center	\$66,000
Major	2012	17	San Antonio, TX	Ward Upgrades and Expansion	\$19,100
Major	2009	22	San Diego, CA	Seismic Corrections-Building 1	\$47,874
Major	2009	21	San Francisco, CA	Seismic Corrections-Building 203	\$41,168
Major	2014	8	San Juan, PR	Seismic Corrections-Building 1	\$299,200
Major	TBD	20	Seattle, WA	Seismic Corrections-Buildings 100, NT, NHCU	\$43,000
Major	2014	20	Seattle, WA	Mental Health Building 101	\$178,700
Major	2012	15	St. Louis, MO (JB)	Medical Facility Improvements and Cemetery Expansion	\$396,400
Major	2012	3	Syracuse, NY	Spinal Cord Injury Center	\$77,269
Major	2010	8	Tampa, FL	Upgrade Essential Electrical Dist. Systems	\$49,000
Major	2015	8	Tampa, FL	Polytrauma/Bed Tower	\$231,500
Major	2011	17	Temple, TX	Information Technology Facility	\$10,552
Major	TBD	20	Walla Walla, WA	Multi-Specialty Care	\$71,400
Lease	2012	17	Austin, TX	Satellite Outpatient Clinic	\$7,443
Lease	2011	5	Baltimore, MD	Outpatient Clinic	\$9,851
Lease	2012	8	Brandon, FL	Outpatient Clinic	\$4,326
Lease	2012	17	Corpus Christi, TX	Outpatient Clinic	\$3,900
Lease	2010	12	Crown Point, IN	Outpatient Clinic	\$2,600
Lease	TBD	17	Dallas, TX	Smith County/Tyler OPC	\$4,293
Lease	TBD	20	Eugene, OR	Satellite Outpatient Clinic	\$5,826
Lease	2011	11	Evansville, IN	Satellite Outpatient Clinic	\$5,032
Lease	2010	17	Fort Worth, TX	Tarrant County OPC (Ft. Worth CBOC #2)	\$11,118
Lease	2011	11	Grand Rapids, MI	Satellite Outpatient Clinic	\$4,408
Lease	2013	12	Green Bay, WI	Outpatient Clinic	\$5,891
Lease	2012	6	Greenville, NC	Outpatient Clinic	\$4,096
Lease	2013	7	Greenville, SC	Outpatient Clinic	\$3,731
Lease	2011	17	Harlingen, TX	Satellite Outpatient Clinic	\$12,000
Lease	2012	8	Jacksonville, FL	Satellite Outpatient Clinic	\$3,095
Lease	2011	22	Las Vegas, NV	Satellite Outpatient Clinic	\$8,518
Lease	2011	10	Mansfield, OH	Satellite Outpatient Clinic	\$2,212
Lease	2012	8	Mayaguez, PR	Satellite Outpatient Clinic	\$6,276
Lease	TBD	18	Mesa, AR	Satellite Outpatient Clinic	\$5,106
Lease	2012	10	Middletown, OH	Community Based Outpatient Clinic	\$1,072
Lease	TBD	6	Norfolk, VA	Outpatient Clinic	\$3,500
Lease	TBD	21	Oakland, CA	Outpatient Clinic	\$4,380
Lease	2011	21	Palo Alto, CA	Research Space	\$8,636
Lease	2009	10	Parma, OH	Satellite Outpatient Clinic	\$5,032
Lease	2011	11	Peoria, IL	Outpatient Clinic	\$3,600
Lease	TBD	22	San Diego, CA	South County Outpatient Clinic	\$2,625

Project Type	FY <sup>1</sup>	VISN	Location	Project Title - Brief Description	Total Estimated Cost (\$000)
Lease	2010	22	San Diego, CA	North County Outpatient Clinic	\$3,203
Lease	2012	7	Savannah, GA	Satellite Outpatient Clinic	\$3,600
Lease	2010	8	Summerfield, FL	Marion County Outpatient Clinic	\$3,609
Lease	2011	18	Sun City, AZ	Satellite Outpatient Clinic	\$2,295
Lease	2012	8	Tampa, FL	Primary Care Annex	\$8,652
Lease	2010	11	Toledo, OH	Outpatient Clinic - (CBOC)	\$4,140
Lease	TBD	17	Tyler, TX	Satellite Outpatient Clinic	\$5,093
Lease	2012	6	Wilmington, NC	Outpatient Clinic	\$4,102

<sup>1</sup>Fiscal year project will be activated

### **FY 2010 Top Twenty Major Medical Facility Projects**

In accordance with section 8107 title 38, Table 5-7 on the following page provides the top twenty medical facility projects that were considered for the FY 2010 budget. These projects were selected based on the VHA capital criteria. This list is comprised of the partially funded project from previous years and the newly prioritized projects for the current budget year. Projects remain on the top twenty list until they are fully funded.

**Table 5-7: FY 2010 Top Twenty Major Medical Facility Projects**

#	VISN	Location		Project Title - Brief Description	Priority Score	Total Est. Cost (\$000)	Category
<b>The projects listed below were funded in phases in prior years and are therefore considered as top priority projects until funding is completed. Priority scores are from the FY 2005 cycle project scoring session.</b>							
1	19	Denver	CO	New Medical Facility	.3424	\$800,000	General
2	8	Orlando	FL	New Medical Facility	.3314	\$665,400	General
3	8	San Juan	PR	Seismic Corrections-Bldg 1	.2888	\$299,200	Seismic
<b>The project listed below was funded by an emergency supplemental appropriation in FY 2006, therefore was not scored and prioritized as part of the Departmental Capital Investment Planning Process.</b>							
4	16	New Orleans	LA	New Medical Facility	N/A	\$925,000	General
<b>The project listed below was funded in a phase in a prior year and is therefore considered as a top priority project until funding is completed. The priority score is from the FY 2007 project scoring session.</b>							
5	15	St. Louis(JB)	MO	Medical Facility Imp/Cem Expansion	.1768	\$396,400	General
<b>The project listed below was funded in a phase in a prior year and is therefore considered as a top priority project until funding is completed. The priority score is from the FY 2008 project scoring session.</b>							
6	21	Palo Alto	CA	Ambulatory Care/Polytrauma Rehab	.5631	\$450,300	General
<b>The projects listed below were funded in a phase in a prior year and is therefore considered as a top priority project until funding is completed. The priority score is from the FY 2009 project scoring session.</b>							
7	8	Bay Pines	FL	Inpatient/Outpatient Improvements	.6620	\$194,400	General
8	20	Seattle	WA	Seismic NHCU Bldg 100	.5477	\$43,000	Seismic
9	20	Seattle	WA	Mental Health Bldg 101	.5142	\$178,700	General
10	17	Dallas	TX	Spinal Cord Injury	.5032	\$89,000	General
11	9	Louisville	KY	New Medical Center	.4825	TBD	General
12	22	Los Angeles	CA	Seismic Corrections of 11 Buildings	.4602	\$155,000	Seismic
13	3	Bronx	NY	Spinal Cord Injury	.4576	\$81,794	General
14	20	American Lake	WA	Seismic Corrections Bldg 81	.4373	\$52,600	Seismic
15	17	Dallas	TX	Clinical Expansion for Mental Health	.4346	\$156,400	General
<b>The projects listed below are additional projects considered for the FY 2010 planning cycle. The priority scores are from the FY 2010 project scoring session.</b>							
16	21	Livermore	CA	Realignment and Closure	.4855	\$354,300	General
17	2	Canandaigua	NY	Construction and Reno	.3603	\$370,100	General
18	22	San Diego	CA	Spinal Cord Injury and Seismic Deficiency	.3561	\$183,400	Seismic
19	22	Long Beach	CA	Seismic Corrections - Mental Health and Comm. Living Center	.3490	\$258,400	Seismic
20	15	St. Louis (JC)	MO	Replace Bed Tower/Clinic Expansion	.3413	\$433,400	General

**Table 5-8: Seismic/Safety Projects in Priority Order**

Location		Project Title - Brief Description	Priority Score
San Juan	PR	Seismic Corrections-Bldg 1	.2888
Seattle	WA	Seismic NHCUC Bldg 100	.5477
Los Angeles	CA	Seismic Corrections of 11 Buildings	.4602
American Lake	WA	Seismic Corrections Bldg 81	.4373
San Diego	CA	Seismic Deficiency	.3561
Long Beach	CA	Seismic Corrections - Mental Health and Comm. Living Center	.3490

**Table 5-9: General Category Projects in Priority Order**

Location		Project Title - Brief Description	Priority Score
Denver	CO	New Medical Facility	.3424
Orlando	FL	New Medical Facility	.3314
New Orleans	LA	New Medical Facility	N/A
St. Louis (JB)	MO	Medical Facility Improvements/Cemetery Expansion	.1768
Palo Alto	CA	Ambulatory Care/Polytrauma Rehab	.5631
Bay Pines	FL	Inpatient/Outpatient Imp	.6620
Seattle	WA	Mental Health Bldg 101	.5142
Dallas	TX	Spinal Cord Injury Center	.5032
Louisville	KY	New Medical Center	.4825
Bronx	NY	Spinal Cord Injury	.4576
Dallas	TX	Clinical Expansion for Mental Health	.4346
Livermore	CA	Realignment and Closure	.4855
Canandaigua	NY	Construction and Renovation	.3603
St. Louis (JC)	MO	Replace Bed Tower/Clinic Expansion	.3413

### **Non-Recurring Maintenance**

Non-recurring maintenance (NRM) funds involve a one-time need of a facility to replace, correct, or maintain infrastructure related issues. Funding provided for NRM in the Medical Facilities appropriation is used by VHA to address correcting facility condition assessments (FCA). VHA NRM projects are renovations within the existing square footage of a facility with a maximum of \$500,000 for associated cost for expansion of new space, up to \$10 million. VHA NRM projects also can be infrastructure or utility projects, such as surface parking or demolition, which have no maximum limit. Examples of VHA NRM projects are boiler repairs, upgrading systems (fire, electrical, and sprinkler), improving facility security, and expanding mental health, polytrauma, or clinical space.

In FY 2007, Congress provided VA with \$550 million in emergency supplemental funding to address its most critical FCA rated NRM projects. Of the \$550 million supplemental, \$325 million was provided specifically to address FCA issues. In



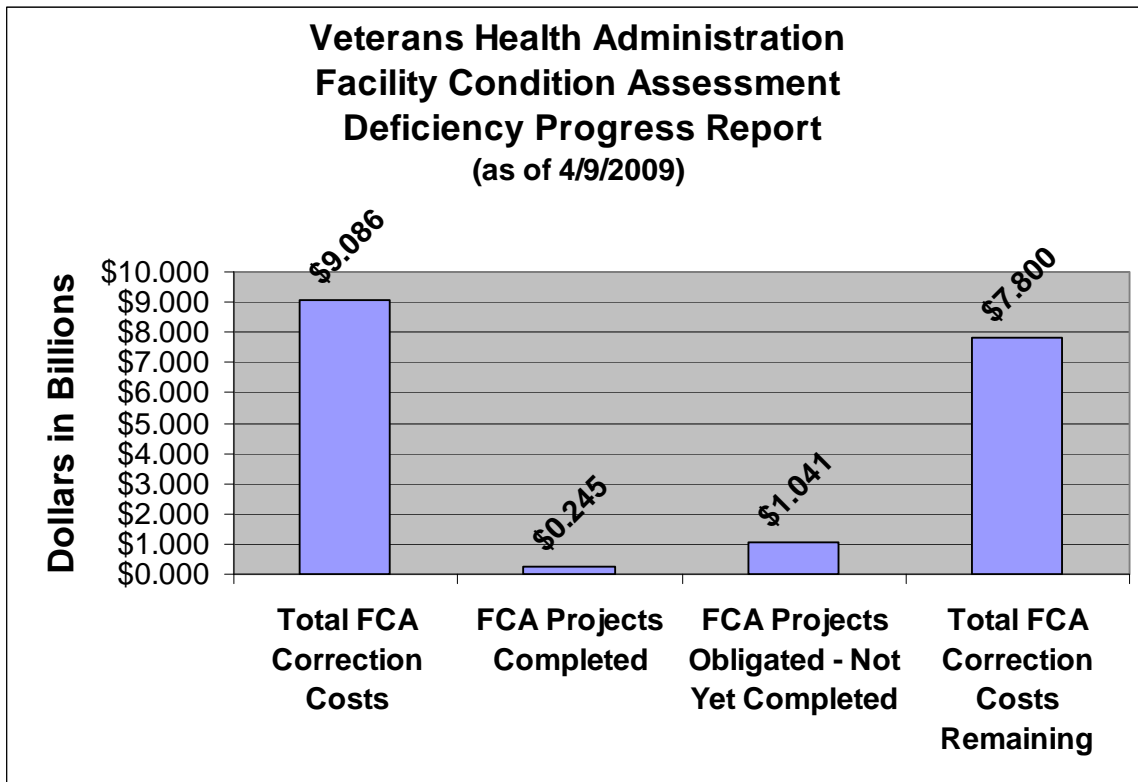
FY 2008 and FY 2009, Congress appropriated \$1.3 billion and \$1.1 billion, respectively, to address NRM projects.

**American Recovery and Reinvestment Act (ARRA)**

In FY 2009, an additional \$1 billion in NRM funding was provided in the American Recovery and Reinvestment Act (Public Law 111-5). As part of the additional FY 2009 funding, VA will monitor all contracts, awards, and reporting deadlines in compliance with the Jobs Accountability Act of Public Law 111-5. As part of the monitoring process, VA will also obtain job creation and retention information from the contractors as well as any subcontractor performing work on a project in compliance with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282). A complete listing of ARRA projects, including NRM projects, is located in Appendix N.

With the additional funding from the ARRA, VHA has currently planned approximately \$400 million in energy related projects that incorporate energy efficiency and renewable energy. The remaining funding will include safety, renovations and expansions, building infrastructure, ADA accessibility, and other projects. The additional funding for these projects will help to address and correct the number of high priority FCA deficiencies.

**Figure 5-1: VHA Facility Condition Assessments Deficiency Progress Report**



The chart on the previous page illustrates the progress VA has made in funding a significant number of identified high priority deficiencies. VHA has completed 736 projects, addressing 992 deficiencies at a cost of \$245M; obligated 1,617 projects, addressing 3,082 deficiencies at a cost of \$1.04B; and has 31,378 remaining deficiencies to address at a cost of \$7.8B. Total FCA correction costs of \$9.09B, addressing 35,452 deficiencies have been identified since the baseline of 34,501 deficiencies costing \$8.492B were identified on February 4, 2009.

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## *Chapter 7.6*

### *Veterans Benefits Administration*

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#### **Linkage to VA's Strategic Goals**

VBA's capital investment process emphasizes improving direct service to Veterans, ensuring projects are related to VA strategic goals, and are based on sound business principles. Projects receiving the highest priority were those that best reflected the goals and mission contained in VA's Strategic Plan.

VBA provides benefits and services to Veterans and their families in a responsive, timely, and compassionate manner. The VA Claims Processing Task Force recommended actions to improve the timeliness and quality of disability compensation and pension claims decisions. As a result of implementing these actions, VBA has decreased claims processing times, increased productivity, and rendered higher quality decisions, which will continue to improve service delivery in the future. VA provides a continuum of services to ensure Veterans receive benefits and services based on the time they first enter service. The Benefits Delivery at Discharge (BDD) process, a collaborative effort with DoD that began in 1995, has facilitated VA's efforts to provide benefits for Veterans in a more timely and accurate manner as they are discharged from service.

The strategic vision for benefits and services includes five crosscutting long-term strategies:

#### **1. Consolidation**

VA will consolidate work in locations where it can be done more efficiently. The Claims Processing Improvement (CPI) model will be used as the structural basis for consolidating compensation workload. Work will be moved to the most productive locations when there is an increase in the intake of claims at BDD sites. Efforts to consolidate the pension workload will continue. Over the last few years, VA has consolidated loan guaranty activities and education activities. In the vocational rehabilitation and employment arena, VA will work on improving access points to provide better service to Veterans.

## **2. Continuum of Service Member or Veteran Attention and Oversight**

VA will provide a continuum of services, starting with establishing a service member or Veteran record upon entry into service. Establishing such a record means that VA working with DoD, will ensure that while in active service, Veterans have their entry physical sent to VA, and when leaving active service, Veterans will receive a combined DoD discharge and VA physical. VA will also properly inform Veterans of benefits they may be entitled to while in service and upon discharge from service. VA will expand outreach efforts, particularly to Veterans with disabilities, through phone contact, direct mailings, and use of electronic technology. This improved contact will ensure Veterans are aware of these services being provided.

## **3. Quality and Consistency**

To ensure quality and consistency, VA will take a more proactive approach by moving from conducting manual reviews of claim files to using an automated tracking system. Currently, information about benefit claims is compiled into databases and evaluated without regard to error trends. VA will evolve to using a more sophisticated system that detects error trends as they occur, and upon reaching a threshold level, provides a cue to implement countermeasures. VA will also develop information systems to identify training needs.

## **4. Partnerships**

VA will continue to strengthen partnerships with key stakeholders to improve the seamless delivery of benefits and services. Stakeholders include Veteran service organizations, DoD, the Social Security Administration, the Department of Labor, schools, lenders, state approving agencies, and the private sector.

## **5. Automation and Innovation**

Veterans will be able to file their claims electronically and receive accurate information on the status of their claims. Data will be imaged to become part of a data-centric system, facilitating the electronic transmission of information. Automation will also facilitate the rapid exchange of information with external stakeholders and enhance the partnerships noted above.

The VBA projects on the following pages were identified through the VA capital investment process as priorities for meeting the strategic vision for benefits and services. VBA internally prioritizes potential projects on the basis of the following criteria: 1) improving Veteran access; 2) improving operational efficiency; 3) reducing rent or operational costs; 4) leveraging underutilized VA assets; 5) CARES coordination; and 6) improving the employee work environment. As VBA proceeds with developing projects, market surveys and cost benefit analyses are completed before signing a new lease or agreement for space to assure best value for dollars spent.

## FY 2009 and 2010 VBA Summary Project Information

**Table 6-1: FY 2009 and 2010 VBA Summary Project Information**

FY	Area	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
2009	All	Nationwide		Supplemental Hiring Initiative - New Leases	1	\$3,650
2009	Central	New Orleans	LA	New Lease	2	\$1,400
2009	Southern	Columbia	SC	New Lease	3	\$1,600
2010	Central	Lincoln	NE	New Lease	5	\$1,093
2010	Western	Albuquerque	NM	GSA Realignment	6	\$949
2010	Eastern	Providence	RI	Relocation	7	\$581
					<b>Total</b>	<b>\$9,273</b>

## FY 2009 and 2010 VBA Detailed Major Leases Project Information

### FY 2009 Projects

<b>Project Locations</b>	<b>San Diego, CA; St. Paul, MN; Nashville, TN</b>
<b>Planned Project Name</b>	<b>Supplemental Hiring Initiative</b>
<b>Fiscal Year</b>	2009
<b>BA Received (\$000)</b>	\$ 3,650 rent
<b>Total Acquisition Cost (\$000)</b>	\$ 34,900 (\$16,650 -Tenant Improvements & \$18,250-Activation Costs)
<b>Asset Type</b>	Lease

The Supplemental Hiring Initiative requires \$3,650,000 in FY 2009 budget authority to lease space at San Diego, CA; St. Paul, MN; and Nashville, TN. The Veterans Benefits Administration (VBA) has recently increased its staffing levels dramatically to address the claims inventory, improve claims processing timeliness and customer service to Veterans. VBA has also specifically instituted priority processing of claims submitted by the significant numbers of returning OIE/OEF Veterans. VBA recognizes that its mission to serve Veterans also applies to all Veterans who have current claims pending or who will file new claims in the future. Therefore, hiring has been accelerated.

Due to VBA's significant new employee growth and commitment to serving Veterans as outlined in our strategic objectives and Congressional mandates, we face real and pressing challenges related to existing facilities and the creation of new ones.

In order to support our Veterans and the dedicated employees who serve them, it is important for the VBA to acquire additional building space for new Full-Time

Employees (FTE) expeditiously and efficiently. Therefore, we must move quickly to hire, train, and house new VBA employees. The locations below will be separate leases with GSA.

Location		Usable Square Feet	Estimated Annual Rent (000)
San Diego	CA	25,000	\$1,100
St. Paul	MN	18,000	\$450
Nashville	TN	11,000	\$400

The project fulfills the following goals: strategic management of human capital, increased productivity, and ability to recruit and retain qualified staff.

<b>Project Location</b>	<b>New Orleans, LA</b>
<b>Planned Project Name</b>	<b>VARO New Orleans New GSA Lease</b>
<b>Fiscal Year</b>	2009
<b>BA Received (\$000)</b>	\$1,400
<b>Total Acquisition Cost (\$000)</b>	\$1,200 (Tenant Improvements)
<b>Asset Type</b>	GSA Lease

The VARO New Orleans new GSA lease requires \$1,400,000 in FY 2009 budget authority to lease 65,936 rentable square feet of space for the continuing requirements of the VARO. VA plans for a 15-year lease. All tenant improvements totaling \$1,200,000 will be paid with FY 2009 minor construction funds. The new lease will provide a permanent location for the VARO, which has been operating out of temporary space as a result of Hurricane Katrina. The project fulfills the following goals: strategic management of human capital – employee satisfaction, increased productivity, and ability to recruit and retain qualified staff.

<b>Project Location</b>	<b>Columbia, SC</b>
<b>Planned Project Name</b>	<b>VARO Columbia New VA Lease</b>
<b>Fiscal Year</b>	2009
<b>BA Received (\$000)</b>	\$1,600
<b>Total Acquisition Cost (\$000)</b>	\$6,128 (Tenant Improvement \$1,500, Activation \$3,313, IT \$1,315)
<b>Asset Type</b>	VA Lease

The VARO Columbia new VA Lease requires \$1,600,000 in FY 2009 budget authority to lease 100,000 rentable square feet of space for the continuing requirements of the VARO Columbia, SC. VA plans for a 15-year lease, with a 5-year option. All tenant improvements will be paid with minor construction funds. Total activation costs are estimated to be \$3,313,000. The new lease will provide improved building infrastructure and provide a safe and healthful work

environment for employees and Veterans. A code-compliant building designed for VBA's business needs will optimize operational efficiency and accessibility. The project fulfills the following goals: strategic management of human capital – employee satisfaction, increased productivity, and ability to recruit and retain qualified staff.

**FY 2010 Projects**

<b>Project Location</b>	<b>Lincoln, NE</b>
<b>Planned Project Name</b>	<b>VARO Lincoln New GSA Lease</b>
<b>Fiscal Year</b>	2010
<b>BA Requested (\$000)</b>	\$1,093
<b>Total Acquisition Cost (\$000)</b>	\$3,893
<b>Asset Type</b>	GSA Lease

The VARO Lincoln new GSA lease requires \$1,093,000 in budget authority to acquire a new lease. The GSA lease on the current VARO facility terminates at the end of April 2010. The building is in need of repairs and refurbishment, and the layout is not considered efficient for current VARO operations. A new GSA lease is to be awarded to a local developer in late January 2009 for 52,000 usable (60,000 rentable) square feet of office space on one of several sites under consideration in the Lincoln Commercial Business District. The developer selected will plan and construct a building on a design/build basis, and will design the interior to accommodate at least 196 FTE.

<b>Project Location</b>	<b>Albuquerque, NM</b>
<b>Planned Project Name</b>	<b>New Lease</b>
<b>Fiscal Year</b>	2010
<b>BA Requested (\$000)</b>	\$949
<b>Total Acquisition Cost (\$000)</b>	\$5,209
<b>Asset Type</b>	GSA Lease

The GSA Lease requires \$949,000 of FY 2010 budget authority to lease an additional 9,000 SF in the current location. The VARO is currently located in one and a half floors, approximately 36,500 usable square feet of space in the Dennis Chavez Federal Building. GSA has committed to complete a prospectus-level repair and alterations project which will modernize and upgrade building systems; overhaul the heating, venting, and air conditioning systems to improve air quality; remove any asbestos material present in the sprayed on fireproofing on floor decks, structural steel, and all building systems located above the ceilings; and other enhancement including tenant improvements to internal office space.

VBA will renovate the two floors including additional space of about 9,000 SF which will be available on the third floor, totaling 35,800 usable SF. The renovation project will be performed in two phases within two fiscal years. The existing telephone switch and computer room will remain in their current locations.



<b>Project Location</b>	<b>Providence, RI</b>
<b>Planned Project Name</b>	<b>New Lease</b>
<b>Fiscal Year</b>	2010
<b>BA Requested (\$000)</b>	\$581
<b>Total Acquisition Cost (\$000)</b>	\$2,581
<b>Asset Type</b>	GSA Lease

The GSA lease requires approximately \$581,000 in FY 2010 budget authority to lease new space. A project to relocate the current Providence Rhode Island Regional office was approved by both the Eastern Area Office and Office of Field Operations. A space program is currently being developed to determine how much space should be requested through GSA. The reason for the relocation is the VARO is located in a GSA leased facility that has deficiencies with all major building systems, accessibility, and space. The current space would require a significant investment in renovations. There is no handicapped parking for customers. There has been an increase in the number of VBA employees and Veterans Service Organization employees. The space can no longer accommodate the additional hires.

### **FY 2009 Prioritized VBA Minor Construction Projects**

VBA projects are initially identified at headquarters or the local Regional Office (RO). Projects exceeding \$500,000 such as co-locations, relocations, business consolidation, and renovations are developed from headquarters based on national claims processing priorities. For projects less than \$500,000 each RO prepares a list of projects and forwards them to the Area Office for approval and prioritization. The consolidated project proposals are transmitted to the Office of Facilities, Access and Administration and the Office of Field Operations for consideration. These projects proposals are subject to a thorough evaluation of all options and alternatives, economic life cycle of the asset, cost-benefit analysis, maintenance and repair costs, and a needs assessment. This approach provides a tactical method for applying minor construction funds. Ultimately five goals are addressed during project selection that directly relate to the effectiveness at a strategic level for the administration.

1. Improve Service to Veterans
2. Improve Operational Efficiency
3. Cost Efficiencies
4. Leverage VA Assets
5. Improve Working Environment of VA Staff

With these goals in mind, VBA also utilizes several project justification factors detailed in each proposal to prioritize funding. The justification factors include how a project relates to an approved initiative, supports VA and VBA strategic

goals, improves processing and timeliness of VBA business line products, generates reductions in space, relates to relocation, and corrects a health and safety condition.

**Table 6-2: FY 2009 Prioritized VBA Minor Construction Projects**

Area	Location		Project Title - Brief Description	Priority #	Total Estimated Cost (\$000)
Western	Manila	PI	State Department CSCS payment	1	\$3,200
All	VBA		Facility condition assessments	2	\$4,780
All	VBA		Emergency preparedness modifications	3	\$4,928
All	VBA		Hiring Initiative	4	\$12,200
Eastern	New York	NY	Rightsizing	5	\$2,100
Southern	St. Petersburg	FL	Second floor file building build out	6	\$900
All	Nationwide		Maintenance, Tenant Improvements, RO requests & rightsizing	7	\$13,192
				<b>Total</b>	<b>\$41,300</b>

**FY 2010 – 2014 Potential VBA Minor Construction Projects**

Potential minor construction projects for FY 2010 and beyond are provided in the table below. Priorities beyond the current budget year are based on business line requirements that may change over the course of the 5-year planning cycle. A Department-wide listing of potential minor construction projects can be found in appendix M.

**Table 6-3: FY 2010 – 2014 Potential VBA Minor Construction Projects**

Area	Location		Project Title - Brief Description
Eastern	Cleveland	OH	Realignment and modernization
Southern	Orlando	FL	Co-location with VHA
Central	St. Louis	MO	Records Management Center – NARA compliance
Western	Las Vegas	NV	Realignment and modernization
Western	Manila	PI	U.S. Embassy

**Table 6-4: VBA Portfolio Inventory of Current Projects**

(Funded but not activated or in use)

Project Type	FY <sup>1</sup>	Area	Location		Project Title - Brief Description	Total Estimated Cost (\$000)
Minor	2009	Central	New Orleans	LA	Relocation	\$1,200
Minor	2009	Western	Boise	ID	New VARO	\$9,335
Minor	2010	Western	Manila	PI	U.S. Embassy	\$3,000
<b>Subtotal Minor Construction: \$13,535</b>						
Lease	2009	Western	Salt Lake City	UT	New GSA lease, 56,000 rentable sf	\$1,700
Lease	2009	Western	San Diego	CA	New GSA Lease, 25,000 rentable sf	\$1,100
Lease	2009	Southern	Columbia	SC	VA Lease 100,000 rentable sf	\$6,128
Lease	2010	Eastern	Providence	RI	New GSA Lease 37,000 rentable sf	\$2,581
Lease	2010	Central	Lincoln	NE	New GSA Lease 60,000 rentable sf	\$3,893
Lease	2010	Western	Albuquerque	NM	New GSA Lease 36,500 usable sf	\$5,209
Lease	2009	Central	St. Paul	MN	New GSA Lease, 18,000 rentable sf	\$550
Lease	2009	Southern	Nashville	TN	New GSA Lease, 11,000 rentable sf	\$1,000
<b>Subtotal Leases: \$22,161</b>						
<b>Total Portfolio Inventory of Current Projects: \$35,696</b>						

<sup>1</sup> Fiscal year project was or will be activated.



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## *Chapter 7.7*

### *National Cemetery Administration*

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#### **Linkage to VA's Strategic Goals**

The construction program is a critical element in NCA's strategy to achieve its performance objectives.

An important objective of the Department is to ensure that the burial needs of Veterans and eligible family members are met. Achievement of this objective is measured by two key performance measures that are impacted by NCA's construction program. The first one of these measures is the percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence. The second measure is the percent of respondents who rate the quality of service provided by the national cemeteries as excellent.

Construction projects to develop new national cemeteries will provide a burial option to Veterans and their families who are not currently served by a national or state Veterans' cemetery within a reasonable distance of their residence. Projects to keep existing national cemeteries open by developing additional gravesites and columbaria, or by acquiring additional land, prevent the loss of a burial option for Veterans that are currently served by a national cemetery within a reasonable distance of their residence.

Another objective of VA is to ensure that national cemeteries are maintained as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice Veterans have made. Achievement of this objective is measured by one key performance measure that is impacted by NCA's construction programs. That measure is the percent of respondents who rate national cemetery appearance as excellent. Construction projects such as irrigation improvements, renovation of historic structures, and road resurfacing are important to maintaining our cemeteries as national shrines. In most cases, these types of projects directly impact cemetery appearance and, thereby, customer satisfaction. NCA's capital asset portfolio also includes leased space in support of burial benefit programs administered by NCA.

#### **Meeting Current and Future Burial Needs**

Annual Veteran deaths were estimated at 658,000 in 2008, and have begun to slowly decline. However, with the opening of new national cemeteries, annual interments will increase from 103,000 in 2008 to an estimated 112,000 in 2010.

Interments in 2014 are expected to be about 113,000, a 10 percent increase from 2008. The total number of graves maintained is also expected to increase during the planning time frame from 2.9 million in 2008 to approximately 3.4 million in 2014.

The Veterans Millennium Health Care and Benefits Act, Public Law 106-117, directed VA to contract for an independent demographic study to identify those areas of the country where Veterans will not have reasonable access to a burial option in a national or state Veterans cemetery, and the number of additional cemeteries required through 2020. The National Cemetery Expansion Act of 2003, Public Law 108-109, directed VA to establish six new national cemeteries in the areas of Bakersfield, California; Birmingham, Alabama; Columbia/Greenville, South Carolina; Jacksonville, Florida; Sarasota County, Florida; and Southeastern Pennsylvania. These six areas were identified in the demographic study.

It is also critical for VA to continue to provide service at existing national cemeteries by completing phased development projects in order to make additional gravesites or columbaria available for interments. National cemeteries that will close due to depletion of grave space are identified to determine the feasibility of extending the service period of the cemetery by the acquisition of additional land or by the construction of columbaria. As public acceptance of cremation as a burial option continues to grow, and demand for this alternative increases, construction of columbaria is an option to maximize service delivery. VA will continue to develop columbaria, particularly in areas where land is scarce and the demand for cremation burials is high.

In addition to building, operating, and maintaining national cemeteries, NCA administers the State Cemetery Grants Program (SCGP). The SCGP provides grants to states of up to 100 percent of the cost of establishing, expanding, or improving state Veterans cemeteries, including the acquisition of initial operating equipment. These cemeteries may be located by the states in areas where there are no plans for NCA to operate and maintain a national cemetery.

### **National Shrine Commitment**

Each national cemetery exists as a national shrine, a place of honor and memory that declares to the visitor or family member who views it, that within its majestic setting, each and every Veteran may find a sense of serenity, historic sacrifice, and nobility of purpose. National cemeteries also carry expectations of appearance that set them apart from private cemeteries. VA will continue to maintain the appearance of national cemeteries as national shrines, dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice Veterans have made. Infrastructure projects such as irrigation

improvements, renovation of historic structures, and road resurfacing are important to maintaining our cemeteries as national shrines.

The following NCA projects were identified through VA's capital investment process as priorities in meeting VA's goal of memorializing Veterans in death for their sacrifices.

### **Prioritization Methodology**

The major construction projects are ranked through VA's capital investment process. This process ensures that all major capital investment proposals are based upon sound economic principles and are fully linked to strategic planning, budget, and performance goals.

### **FY 2009 and 2010 NCA Major Construction Summary Project Information**

**Table 7-1: FY 2009 NCA Major Construction Summary**

<b>FY</b>	<b>MSN</b>	<b>Location</b>		<b>Project Title - Brief Description</b>	<b>Priority #</b>	<b>Budget Request (\$000)</b>
2009	2	Bayamon	PR	Puerto Rico National Cemetery Gravesite Expansion and Cemetery Improvements	1	\$33,900
2009	1	Bourne	MA	Massachusetts National Cemetery Phase 3 Gravesite Expansion and Cemetery Improvements	2	\$20,500
2009	1	Calverton	NY	Calverton National Cemetery Gravesite Expansion and Cemetery Improvements	3	\$29,000
		Various		Advance Planning Fund		\$6,000
				Land Acquisition		\$5,000
				Sustainability and Energy		\$10,600
<b>Total FY 2009</b>						<b>\$105,000</b>

**Table 7-2: FY 2010 NCA Major Construction Summary**

<b>FY</b>	<b>MSN</b>	<b>Location</b>		<b>Project Title - Brief Description</b>	<b>Priority #</b>	<b>Budget Request (\$000)</b>
2010	4	Elwood	IL	Abraham Lincoln National Cemetery Phase 2 Gravesite Expansion & Cemetery Improvements	1	\$38,300
2010	3	Houston	TX	Houston National Cemetery Phase 4 Gravesite Expansion and Cemetery Improvements	2	\$35,000
		Various		Advance Planning Fund		\$13,400
				Land Acquisition		\$25,500
<b>Total FY 2010</b>						<b>\$112,200</b>

## FY 2009 and 2010 NCA Detailed Major Construction Project Information

<b>Project Location</b>	<b>Bayamon, PR</b>
<b>Planned Project Name</b>	<b>Puerto Rico National Cemetery Gravesite Expansion and Cemetery Improvements</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Requested (\$000)</b>	\$33,900
<b>Total Acquisition Cost (\$000)</b>	\$33,900
<b>Asset Type</b>	Major Construction
<b>Status</b>	Design development award in 2009

This project provides for gravesite development at Puerto Rico National Cemetery. The cemetery serves approximately 120,000 Veterans in the San Juan metropolitan area, conducting almost 1,500 interments in 2006 and over 44,000 interments since opening in 1949. Puerto Rico National Cemetery is projecting depletion of casketed gravesites by 2012. This gravesite expansion project will develop approximately six acres to provide an estimated nine additional years of burial capacity.

The project will develop approximately 8,000 full casketed gravesites, including up to 8,000 with pre-placed crypts, and up to 3,000 columbarium niches. Also included will be infrastructure repairs and upgrades as identified in the Study on Improvements to Veterans Cemeteries. In addition to the gravesite development, the project will include renovation or replacement of the administration building and other buildings, and public parking; repairs to the entrance area and gate; renovation of committal shelters and the flag assembly area; repairs to the infrastructure systems; landscaping improvements; energy (LEEDS) improvements to buildings; global positioning system site integration; and environmental preservation and mitigation.

<b>Project Location</b>	<b>Bourne, MA</b>
<b>Planned Project Name</b>	<b>Massachusetts National Cemetery Phase 3 Gravesite Expansion and Cemetery Improvements</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Requested (\$000)</b>	\$20,500
<b>Total Acquisition Cost (\$000)</b>	\$20,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Design development award in 2009

This project provides for gravesite development at Massachusetts National Cemetery. The cemetery serves approximately 400,000 Veterans in the southeastern Massachusetts area, conducting over 2,300 interments in 2006 and over 43,000 interments since opening in 1980. Massachusetts National Cemetery

is projecting depletion of casketed gravesites by 2012. This phase three project will develop approximately 25 acres to provide an estimated ten additional years of burial capacity.

The project will develop approximately 8,000 full casketed gravesites, including up to 7,500 with pre-placed crypts, up to 3,800 columbarium niches, and up to 1,000 sites for the in-ground interment of cremated remains. Also included will be infrastructure repairs and upgrades as identified in the Study on Improvements to Veterans Cemeteries. In addition to the gravesite development, the project will include a new administration building with public information center and electronic gravesite locator; new maintenance building; demolition of the existing administration and maintenance buildings; repairs, renovation and improvements to the supporting infrastructure; energy (LEED) improvements; global positioning system site integration; wetland preservation and mitigation; and access roads.

<b>Project Location</b>	<b>Calverton, NY</b>
<b>Planned Project Name</b>	<b>Calverton National Cemetery Gravesite Expansion and Cemetery Improvements</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Requested (\$000)</b>	\$29,000
<b>Total Acquisition Cost (\$000)</b>	\$30,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction contract award in 2009.

This project provides for gravesite expansion at Calverton National Cemetery. The cemetery serves approximately 800,000 Veterans in the New York City metropolitan area, conducting over 6,800 interments in 2006 and over 194,000 interments since opening in 1978. Calverton National Cemetery is projecting depletion of casketed gravesites by 2012. This project will develop approximately 40 acres to provide an estimated ten additional years of burial capacity.

The project will develop approximately 30,000 full casketed gravesites, including up to 17,000 with pre-placed crypts, up to 3,000 columbarium niches, and 500 sites for the in-ground interment of cremated remains. Also included will be infrastructure repairs and upgrades as identified in the Study on Improvements to Veterans Cemeteries. In addition to the gravesite development, the project will include renovation and expansion of the administration and maintenance buildings; extension of the irrigation system into the newly developed areas and repairs or renovations of the infrastructure; global positioning system site integration; wetland preservation and mitigation; landscaping; energy (LEEDS) improvements; and extension of access roads and utilities into new burial sections.



<b>Project Location</b>	<b>Abraham Lincoln National Cemetery</b>
<b>Planned Project Name</b>	<b>Phase 2 Gravesite Expansion and Cemetery Improvements</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$38,300
<b>Total Acquisition Cost (\$000)</b>	\$39,300
<b>Asset Type</b>	Major Construction

This project will develop approximately 11,000 full casketed gravesites, utilizing pre-placed crypts, up to 6,500 columbarium niches, and approximately 250 gravesites for in-ground interment of cremated remains. Also included in this project will be infrastructure repairs and upgrades to the existing Abraham Lincoln National Cemetery as identified in the Study on Improvements to Veterans Cemeteries. In addition to the gravesite development this project will include drainage improvements to correct existing burial area groundwater issues; roadway system and parking in newly developed sections; roads, parking and walkway improvements throughout the cemetery; landscape and re-grading to buffer cemetery from adjacent land use; grading, drainage, fencing, and landscaping; irrigation system and repairs to the existing irrigation system; improvements to the existing deep well system; main entrance area wall/gate/signage improvements; site furnishings/receptacles in existing cemetery as needed; permanent public assembly area accessibility improvements; enhancements to the three existing committal shelters; widening of vehicle thoroughfare, enhancements to cortege staging lanes, provision of short-term parking at the public information center; provide HVAC and insulation energy improvements to the interment staging building; connections between existing cemetery buildings and to the city water system; improvements to existing buildings, including handicap accessibility; replacement of the unsafe deteriorated vehicular bridge over Grant Creek; demolition of the former Joliet Arsenal building (including asbestos and lead abatement); repairs to brick pavers in existing columbaria plaza and pedestrian access areas; wetland preservation and mitigation; energy and environmental design improvements in buildings; and global positioning system site integration.

<b>Project Location</b>	<b>Houston National Cemetery</b>
<b>Planned Project Name</b>	<b>Phase 4 Gravesite Expansion and Cemetery Improvements</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$35,000
<b>Total Acquisition Cost (\$000)</b>	\$35,000
<b>Asset Type</b>	Major Construction

This project will develop approximately 18,000 full casketed gravesites with pre-placed crypts, up to 5,750 columbarium niches, and up to 250 sites for the in-ground interment of cremated remains. Also included in this project will be infrastructure repairs and upgrades to the existing Houston National Cemetery as identified in the Study on Improvements to Veterans Cemeteries. In addition to the gravesite development, this project will include access roads and parking; a committal service shelter; public restroom facility with gravesite locator kiosk at cortege staging area; landscape and buffering (sections Q & R) to screen from adjacent highway noise; irrigation system in new development areas and repairs to existing system; construction of a directional entrance sign for locating the cemetery; repairs to existing curb, gutter, and road system; repairs to a failed road system as required; expansion of cortege staging area at administration building; replacement of broken curbs throughout cemetery as required; repair/replacement of concrete storm sewer inlets and culverts; replacement of site furnishings; electrical upgrades, corrections and metering; dredging of existing irrigation ponds; wetland preservation and mitigation; energy and environmental design improvements in buildings; and global positioning system site integration.

**Table 7-3: FY 2011 - 2014 Potential NCA Major Construction Projects**

<b>MSN</b>	<b>Location</b>		<b>Project Title - Brief Description</b>
1	Annville	PA	Indiantown Gap National Cemetery Gravesite Expansion
1	Triangle	VA	Quantico National Cemetery Gravesite Expansion
2	Ft Mitchell	AL	Ft Mitchell National Cemetery Gravesite Expansion
4	Dayton	OH	Dayton National Cemetery Gravesite Expansion
4	St. Louis	MO	Jefferson Barracks National Cemetery Gravesite Expansion
5	Kent	WA	Tahoma National Cemetery Gravesite Expansion
5	Phoenix	AZ	National Memorial Cemetery of Arizona Gravesite Expansion
5	Honolulu	HI	National Memorial Cemetery of the Pacific
5	Riverside	CA	Riverside National Cemetery Gravesite Expansion
5	Gustine	CA	San Joaquin Valley National Cemetery Gravesite Expansion

Gravesite Expansion - Cemeteries are projected to deplete available gravesites between FY 2014 - 2019. Project planning begins at least five years prior to the projected gravesite depletion date to ensure continuity of service to the local Veteran population. The time is necessary for planning and construction. Otherwise the cemetery may close to first interments while waiting for completion of the expansion project.

### **FY 2009 Prioritized NCA Minor Construction Projects**

The highest priority for the minor construction program is gravesite expansion projects. Cemeteries with the earliest projected depletion date receive the highest priority to prevent closure and ensure Veterans are provided with continued access to a burial option within a reasonable distance of their residence. The remaining projects are prioritized based on the severity of the problem being corrected and projects which require immediate action to prevent further deterioration to cemetery assets are put higher in the queue for repair, renovation, or rehabilitation.

**Table 7-4: FY 2009 Prioritized NCA Minor Construction Projects**

MSN	Location		Project Title - Brief Description	Priority #	Total Estimated Cost (\$000)
5	Ft Rosecrans	CA	Install Columbaria	1	\$5,100,000
3	Ft Logan	CO	Install Columbaria	2	\$8,140,000
3	Ft Bliss	TX	Install Columbaria	3	\$2,040,000
2	Port Hudson	LA	Site Expansion and Install Crypts	4	\$4,840,000
3	Black Hills	SD	Install Columbaria and Master Plan	5	\$2,300,000
5	Roseburg	OR	Gravesite Expansion and Master Plan	6	\$4,350,000
2	Fayetteville	AR	Site Expansion and Install Crypts	7	\$2,790,000
2	Ft Smith	AR	Site Expansion and Install Crypts	8	\$7,000,000
5	Eagle Point	OR	Install Columbaria	9	\$2,600,000
3	Ft Bliss	TX	Convert to Crypts	10	\$3,160,000
5	Riverside	CA	Install Columbaria	11	\$6,030,000
2	Biloxi	MS	Convert to Crypts	12	\$3,000,000
0	ALL		Land Acquisition	13	\$2,000,000
1	Bath	NY	Correct Site Drainage and Repair Roads	14	\$1,600,000
5	Los Angeles	CA	Replace Roads and Curbs	15	\$4,000,000
4	Zachary Taylor	KY	Reconstruct Storm Sewer System	16	\$850,000
3	Ft Scott	KS	Renovate/Repair Historic Admin Bldg	17	\$500,000
2	Nashville	TN	Repair Historic Perimeter Wall	18	\$2,400,000
2	Raleigh	NC	Repair Historic Perimeter Wall	19	\$2,300,000
2	Little Rock	AR	Repair Historic Perimeter Wall	20	\$1,300,000
4	Marion	IN	Construct Equip Bldg, Wash Bay, Improve Entrance and Roads	21	\$4,050,000
3	Ft Scott	KS	Repair Historic Perimeter Wall	22	\$1,500,000

MSN	Location		Project Title - Brief Description	Priority #	Total Estimated Cost (\$000)
2	Bay Pines	FL	Construct combined Admin, Public Info Ctr, and Maintenance	23	\$4,100,000
3	Ft Scott	KS	Install Irrigation System	24	\$820,000
2	Bay Pines	FL	Replace Irrigation System	25	\$3,230,000
1	Quantico	VA	Install Irrigation System	26	\$3,100,000
1	Calverton	NY	Install Irrigation System	27	\$500,000
				<b>Total</b>	<b>\$83,600,000</b>

### NCA Non-Recurring Maintenance

NCA is currently developing a non-recurring maintenance (NRM) plan for 2010. This plan initially has budgeted \$2 million for NRM projects. A Department-wide listing of potential minor construction projects can be found in appendix M.

**Table 7-5: FY 2010 - 2014 Potential NCA Minor Construction Projects**

MSN	Location		Project Title - Brief Description
0	All MSNs		Land Acquisition (EA, Purchase, and Misc)
1	Alexandria	VA	Restore Historic Lodge
1	Baltimore	MD	Construct Columbaria
1	Bath	NY	Construct Columbaria
1	Bath	NY	Convert to Crypts
1	Beverly	NY	Repair/Replace Slate Roofs - Both Maintenance Garages
1	Calverton	NY	Renovate and Expand Maintenance Bldg and Const Wash Bay
1	Culpeper	VA	Environmental Equipment Wash Station
1	Culpeper	VA	Wall Restoration
1	Cypress Hills	NJ	Install Irrigation
1	Cypress Hills	NJ	Remove/Replace All Roads at Cypress Hills and Union Plot
1	Cypress Hills	NJ	Restore/Replace Wrought Iron Fence and Main Gates
1	Danville	VA	Convert to Crypts
1	Hampton	VA	Clean and Tuck-Point Perimeter Walls (Hampton/Phoebus)
1	Indiantown Gap	PA	Admin Bldg Roof Replacement
1	Indiantown Gap	PA	Construct Columbaria
1	Indiantown Gap	PA	Install Crypts
1	Long Island	NY	Correct Drainage - Resurface Employee/Visitor Lots
1	Long Island	NY	Provide Irrigation to 1/4 Site, Phase 1 Of 4
1	Long Island	NY	Provide Irrigation to 1/4 Site, Phase 2 Of 4
1	Long Island	NY	Provide Irrigation to 1/4 Site, Phase 3 Of 4
1	Long Island	NY	Provide Irrigation to 1/4 Site, Phase 4 Of 4
1	Bourne	MA	Renovate Columbaria and Committal Shelters

MSN	Location		Project Title - Brief Description
1	Bourne	MA	Replace/Refurbish Irrigation System, Sections 1-9
1	Bourne	MA	Resurface Roads
1	Quantico	VA	Construct Equipment Storage Bldg
1	Quantico	VA	In-Ground Irrigation
1	Quantico	VA	Replace Committal Shelters A and B
1	Quantico	VA	Service Road Replacement
1	Grafton	WV	Environmental Equipment Wash Station
1	Grafton	WV	Install Crypts
1	Woodlawn	NY	Construct Columbaria
2	Baton Rouge	LA	Repair Wall
2	Bay Pines	FL	Construct Maintenance Bldg
2	Biloxi	MS	Reconstruct Existing Roads; Install Curbing
2	Biloxi	MS	Resurface Roadways
2	Chattanooga	TN	Construct Columbaria
2	Chattanooga	TN	Convert to Crypts
2	Chattanooga	TN	Install Irrigation
2	Corinth	MS	Construct Admin/Maintenance Bldg
2	Florence	SC	Install Crypts
2	Bushnell	FL	Construct Columbaria
2	Bushnell	FL	Expand Administration Bldg
2	Bushnell	FL	Install Horizontal Wells in Memorial Area
2	Bushnell	FL	Renovate/Automate Irrigation System
2	Bushnell	FL	Construct Restrooms
2	Bushnell	FL	Resurface Roads
2	Ft Smith	AR	Develop Gravesites and Cemetery Expansion
2	Ft Smith	AR	Replace Irrigation System
2	Knoxville	TN	Demolish Maintenance Bldg and Construct Public Restrooms
2	Little Rock	AR	Correct Drainage and Erosion
2	Marietta	GA	Renovate Maintenance Bldg; New Restrooms and Soil Storage
2	Marietta	GA	Replace Roads and Storm Drainage
2	Memphis	TN	Construct Columbaria
2	Memphis	TN	Demolish Lodge/Construct Restrooms and Committal Shelter
2	Memphis	TN	Landscape Improvements (Including Perimeter Buffer)
2	Memphis	TN	Repair/Replace Cemetery Roads and Curbs
2	Memphis	TN	Replace Drainage Ditch and Other Drainage Corrections
2	Mountain Home	TN	Construct Admin/Maintenance Bldg
2	Nashville	TN	Reconstruct Cemetery Wall
2	Nashville	TN	Repair Rostrum
2	Nashville	TN	Replace Irrigation and Hydrants
2	Natchez	MS	Construct Paved Road
2	Natchez	MS	Drainage Correction (Sinkhole Problem)

MSN	Location		Project Title - Brief Description
2	Natchez	MS	Slope Stabilization
2	Port Hudson	LA	Construct Columbaria
2	Port Hudson	LA	Construct Public Information Center
2	Port Hudson	LA	Install Crypts
2	Port Hudson	LA	Repair Cemetery Wall
2	Bayamon	PR	Renovate Committal Shelters
2	Bayamon	PR	Renovate Flagpole and Assembly Area
2	Bayamon	PR	Replace Chain Link Fence With Ornamental Fence
2	Raleigh	NC	Repair Cemetery Wall
2	Salisbury	NC	Convert to Crypts
2	Various MSN 2		Repair Historic Walls, Misc MSN 2 Cemeteries
2	Various MSN 2		Replace Site Furnishings and Signage
3	Black Hills	SD	Install Crypts
3	Black Hills	SD	Road Repair/ Renovation
3	Dallas-Ft Worth	TX	Correct Deficient System Controller and Flow Control
3	Ft Bayard	NM	Gravesite Development- Remove Subterranean Rock for Full Casket Burials
3	Ft Bayard	NM	New Admin/Maintenance Bldg., Shelter, Rostrum
3	Ft Bayard	NM	Pave Existing Gravel Roads & Enclose Drainage Channels
3	Ft Bayard	NM	Replace Shelter and Rostrum; Const New Admin/Maintenance Bldg; Convert Xeriscape
3	Ft Bliss	TX	Convert to Crypts
3	Ft Bliss	TX	Renovate/Repair Roadways
3	Ft Gibson	OK	Maintenance Bldg/ Equip Storage Improvements
3	Ft Logan	CO	Improvements to Irrigation Ditch System
3	Ft Logan and Ft Lyon	CO	Water Rights and Delivery System
3	Ft McPherson	NE	Gravesite Development Including Columbaria
3	Ft Scott	KS	Renovate Maintenance Shop and Expand Parking/Storage Area
3	Ft Scott	KS	Renovate/ Repair Historic Admin Bldg (Lodge)
3	Ft Sill	OK	Convert to Crypts
3	Leavenworth	KS	Remodel and Expand Public Restroom and Public Information Center Area
3	Leavenworth	KS	Remodel Public Restroom and Public Info Center Area
3	Leavenworth	KS	Renovate/Repair Roadways
3	Leavenworth	KS	Expand Admin Parking
3	Leavenworth and Ft Leavenworth	KS	Irrigation System, Entire Cemetery
3	Santa Fe	NM	Gravesite Expansion
3	Santa Fe	NM	Renovate Admin/Maintenance Into Admin; Const/Expand Maintenance Facility
4	Abraham Lincoln	IL	Install Irrigation System in Phase 1 Burial Areas
4	Camp Butler	IL	Irrigate Entire Cemetery

MSN	Location		Project Title - Brief Description
4	Camp Butler	IL	Replace Water Lines for Public Flower Placement & Turf
4	Camp Nelson	KY	Irrigation System
4	Danville	IL	Convert to Crypts
4	Dayton	OH	Install Crypts
4	Dayton	OH	Irrigation System
4	Ft Custer	MI	Install Crypts and Roadway
4	Ft Custer	MI	Amphitheater Assembly Area
4	Jefferson Barracks	MO	Asphalt Road and Cemetery Improvements
4	Jefferson Barracks	MO	Renovate and Expand Administration Building
4	Lebanon	KY	Irrigation System
4	Ohio Western	OH	Irrigation System
4	Rock Island	IL	Irrigation System
4	Springfield	MO	Replace Waterlines and Irrigate Cemetery
4	Wood	WI	Irrigation System
4	Zachary Taylor	KY	Irrigation System
5	Eagle Point	OR	Convert to Crypts
5	Eagle Point	OR	Develop Burials West Of Riley Road; Roads; Shelter
5	Eagle Point	OR	Remodel Admin; New Maint Bldg; Vehicle Wash Station; Fence
5	Eagle Point	OR	Repair/Replace Stone Retaining Walls
5	Ft Rosecrans	CA	Renovate Perimeter Wall and Fence
5	Golden Gate	CA	Renovate Rostrum and Road
5	Golden Gate	CA	Repair Road, Curb and Drainage/Replace Site Signage
5	Golden Gate	CA	Replace Perimeter Fence
5	Los Angeles	CA	Cloister Memorial Expansion
5	Los Angeles	CA	Renovate Admin Bldg
5	Los Angeles	CA	Replace Roads and Curbs
5	Los Angeles	CA	Replace Storage Bldg
5	NMCA	AZ	Improvements to Admin Building
5	NMCP	HI	Improvements to Maintenance Building, Emp Lounge
5	NMCP	HI	Road, Curb and Gutter, and Signage Replacement
5	Prescott	AZ	Improve Road; Const Entrance, Rostrum and Fence
5	Riverside	CA	Construct Public Information Center, Admin and Annexes Parking
5	Riverside	CA	Parking Lot Storm Drain
5	Riverside	CA	Remove Four Irrigation Ponds, Repair Gunite
5	Riverside	CA	Sidewalks, Slabs -Demo and Replace
5	San Francisco	CA	Site Improvements (Boundary Wall; Rostrum)
5	Sitka	AK	Construct Columbaria and Site Improvements
5	Tahoma	WA	Convert to Crypts
5	Willamette	OR	Install Crypts
5	Willamette	OR	Install Roads, Storage, Wash Rack, Irrigation Loop
5	Willamette	OR	Replace/ Renovate Maintenance Bldgs

**Table 7-6: NCA Portfolio Inventory of Current Projects**

Project Type	FY <sup>1</sup>	MSN	Location		Project Title - Brief Description	Total Estimated Cost (\$000)
Current projects that were partially activated in FY 2007:						
Major	2007	2	Pensacola	FL	Barrancas National Cemetery, Gravesite Expansion and Cemetery Improvements	\$11,929
Major	2007	2	Bushnell	FL	Florida National Cemetery, Gravesite Expansion and Cemetery Improvements	\$19,840
Major	2007	2	Lake Worth	FL	South Florida National Cemetery, Phase I Development	\$23,149
Current projects that were or will be activated in FY 2009 or later:						
Major	2009	5	Bakersfield	CA	Bakersfield-area, CA Development of New Cemetery	\$19,500
Major	2009	2	Birmingham	AL	Alabama National Cemetery, Development of New Cemetery	\$18,500
Major	2009	2	Columbia/ Greenville	SC	Ft Jackson, Development of New Cemetery	\$19,200
Major	2009	2	Jacksonville	FL	Jacksonville-area, FL Development of New Cemetery	\$22,400
Major	2009	2	Sarasota	FL	Sarasota National Cemetery, Development of New Cemetery	\$27,800
Major	2009	3	San Antonio	TX	Ft. Sam Houston National Cemetery Gravesite Expansion	\$29,400
Major	2010	3	Dallas	TX	Dallas/Ft Worth National Cemetery Gravesite Expansion	\$13,000
Major	2010	5	San Diego	CA	Ft Rosecrans National Cemetery Annex at Miramar	\$19,450
Major	2010	1	Southeastern	PA	Washington Crossing, Development of New Cemetery	\$29,600
Major	2011	4	Holly	MI	Great Lakes National Cemetery Gravesite Expansion	\$16,900
Major	2011	4	Leavenworth	KS	Leavenworth, Kansas, Facility Right Sizing and Gravesite Development	\$11,900
Major	2011	1	Calverton	NY	Calverton National Cemetery Gravesite Expansion	\$29,000
Major	2012	1	Bourne	MA	Massachusetts National Cemetery Phase 3 Gravesite Expansion	\$20,500
Major	2012	2	Bayamon	PR	Puerto Rico Gravesite Expansion	\$33,900
<b>Total Majors</b>						<b>\$365,968</b>

<sup>1</sup> Fiscal year the project was or will be partially/fully activated. NCA accepts completed sections for interment before completion of the project.



## NCA Leases

**Table 7-7: Existing/Ongoing Leases**

MSN	Location		Project Title - Brief Description	Estimated Annual Rental Cost (\$000)
2	Nashville	TN	Nashville Memorial Program Svc Processing Site	\$38
4	St. Louis	MO	NCA Training Center	\$166
4	Indianapolis	IN	NCA Human Resources Office	\$40

**Table 7-8: FY 2009 New Leases**

MSN	Location		Project Title - Brief Description	Estimated Annual Rental Cost (\$000)
CO	Quantico	VA	NCA Business Office	\$182

## American Recovery and Reinvestment Act of 2009

As part of the American Recovery and Reinvestment Act of 2009, Public Law 111-5, signed on February 17, 2009, NCA received \$50 million for monument and memorial repairs, including energy projects. NCA has planned over \$5.7 million in projects to conserve energy and water through the use of wind turbines and solar power. The funding includes over \$23.6 million for National Shrine projects to raise, realign, and clean headstones and markers and repair sunken graves at various locations across the country. The remaining funds will be used to repair historic monuments and memorials, repair roads, buildings, and other cemetery infrastructure, and purchase equipment for cemetery operations. A complete listing of ARRA projects, including NCA projects, is located in Appendix N.



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## *Chapter 7.8*

### *Staff Offices*

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#### **Departmental Administration**

VA staff offices enhance the overall governance and performance of the Department by applying sound business principles and improving the integration of financial and procurement oversight, and improving accountability of VA programs and major management functions to better serve our Nation's Veterans and their families.

The Department combined finance, acquisition, and capital asset functions throughout VA into regional business offices with much clearer delegations of authority and accountability. This level of oversight along with the establishment of performance metrics helps provide VA operations conformity in execution and enforce corporate discipline.

Staff offices are comprised of the Office of the Secretary, three General Operating Expense offices, and seven offices headed by an Assistant Secretary or the Inspector General, which provide Department-level policy, appropriation guidance and oversight. There are two Department-level regulatory, legal interpretive and appellate staff offices that include the following:

- The Board of Veterans' Appeals: this office conducts a VA-wide appellate program for Veterans not satisfied with the original decisions on their applications for benefits.
- The General Counsel: this office serves as the Department's legal advisor.

#### **Program Offices**

The following program offices are each led by an Assistant Secretary and provide Department-level administrative support to the mission, goals, and objectives of the Department of Veterans Affairs, the Executive Branch, Legislative Branch, and Judiciary Branch.

### **Office of Management**

The Office of Management is responsible for providing strategic and operational leadership for budget, financial management, acquisition and materiel management, and corporate management of capital assets. This office also promotes public confidence through stewardship and oversight of VA business activities ensuring their consistency with national policy, law, and regulation. The Assistant Secretary for Management also serves as the Department's Chief Financial Officer, Senior Procurement Executive, Senior Real Property Officer, and Senior Energy Official.

### **Office of Information and Technology**

Activities of the Office of Information and Technology include integrated business and information technology (IT) planning; security and contingency planning to protect information and privacy across VA systems and networks; reviews to evaluate the performance of IT programs; review and approval of IT acquisitions; facilitation of intra- and intergovernmental partnerships; educating and informing the Department of IT initiatives and legislation; and sharing lessons learned. The Assistant Secretary for Information and Technology also serves as the Department's Chief Information Officer.

### **Office of Congressional and Legislative Affairs**

The Office of Congressional and Legislative Affairs serves as the principal point of contact between the Department and Congress and is the oversight and coordinating body for the Department's Congressional and legislative relations. The office serves in an advisory capacity to the Secretary and Deputy Secretary as well as other VA managers concerning policies, programs, and legislative matters in which Congressional committees or individual members of Congress have expressed an interest.

### **Office of Public and Intergovernmental Affairs**

The Office of Public and Intergovernmental Affairs has two major offices, Public Affairs and Intergovernmental Affairs. The primary mission of Public Affairs is to provide information to the Nation's Veterans and their eligible dependents and survivors through news media concerning available Department benefits and programs. Intergovernmental Affairs interacts with Federal, state, and local government agencies and officials in developing and maintaining a positive and productive relationship.

### **Office of Policy and Planning**

The Office of Policy and Planning facilitates, coordinates and validates the Department's policy development and formulation processes; coordinates VA's strategic planning process and implementation of the Government Performance and Results Act requirements; supports the identification, development, analysis,

and review of issues affecting Veterans' programs; links and supplements the actuarial and quantitative analysis capabilities of VA in support of major policy inquiries; serves as VA's focal point for access to and availability of official data; coordinates the independent evaluation of VA program performance; and fosters quality management techniques and procedures throughout VA.

#### **Office of Human Resources and Administration**

The Office of Human Resources and Administration is responsible for formulating and executing Department-level policies and programs concerning human resources management, administrative functions, labor relations, equal employment opportunity, and security and law enforcement.

#### **Office of Operations, Security, and Preparedness**

The Office of Operations, Security, and Preparedness provides management of the Department of Veterans Affairs Security and Law Enforcement as well as Emergency Management programs. All of the policy and guidance for the VA security staff and for the VA's Continuity of Operations (COOP) programs are managed through this office.

The abbreviations listed below are used in the following tables that list high priority FY 2009 and FY 2010 minor construction projects and leases, and potential minors and leases for FY 2011 - 2014.

ADMIN = Office of Administration

FSC = Financial Services Center

HRA = Human Resources and Administration

OALC = Office of Acquisition, Logistics, and Construction

OGC = Office of the General Counsel

OIG = Office of the Inspector General

OI&T = Office of Information and Technology

ORM = Office Resolution Management

OSP = Office of Operations, Security, and Preparedness

## FY 2009 Staff Office Minor Construction Projects

**Table 8-1: FY 2009 Staff Office Minor Construction Projects**

Staff Office	Location		Project Title - Brief Description	Estimated Cost
OALC	Hines	IL	Replace/Upgrade Heating, Ventilation, and Air Conditioning (HVAC) Units (Phase 1)	1,000,000
OALC	Hines	IL	Replace/Upgrade Transformers (Phase 2)	2,000,000
OALC	Hines	IL	Building 37 Roof Replacement (Phase 4)	1,000,000
<b>OAL Subtotal</b>				<b>4,000,000</b>
FSC	Waco	TX	COOP Site	5,000
FSC	St. Paul	MN	Miscellaneous Leasehold Improvements	60,000
<b>FSC Subtotal</b>				<b>65,000</b>
OSP	Washington	DC	Site A Operations Center Renovation	855,000
OSP	Richmond	VA	Site C, Senior Management Office	3,800,000
<b>OSP Subtotal</b>				<b>4,655,000</b>
OI&T	Austin	TX	Austin Information Technology Center (AITC) 3999	135,000
OI&T	Austin	TX	AITC Improve Roofing Structure	250,000
OI&T	Austin	TX	AITC Computer Room HVAC (08 project carryover)	125,000
OI&T	Austin	TX	AITC Environmental Update Phase I (08 project)	250,000
OI&T	Austin	TX	AITC Computer Room HVAC	135,000
OI&T	Austin	TX	AITC Short Term Efficiency Mods (08 project)	60,000
OI&T	Austin	TX	AITC Doorway Mods	90,000
OI&T	Austin	TX	AITC IDF HVAC	180,000
OI&T	Austin	TX	AITC Long Term Efficiency Mods	250,000
OI&T	Austin	TX	AITC Personal Identification Verification II	15,000
<b>OI&amp;T Austin Subtotal</b>				<b>1,490,000</b>
OI&T	Hines	IL	HITC (Hines Information Technology Center) 3999	165,000
OI&T	Hines	IL	HITC ATS Replacement Project	125,000
OI&T	Hines	IL	HITC Replace Uninterruptible Power Supply (UPS)	2,400,000
OI&T	Hines	IL	HITC Smoking Shelter	15,000
OI&T	Hines	IL	HITC Evaluate Parking Lots	550,000
OI&T	Hines	IL	HITC CCTV Upgrade	10,000
OI&T	Hines	IL	HITC Computer Room Ramp/Door	28,000
OI&T	Hines	IL	HITC Exterior Brick Repair	100,000
OI&T	Hines	IL	HITC LAN/WAN CR Survey	130,000
OI&T	Hines	IL	HITC Lighting Replacement	70,000
OI&T	Hines	IL	HITC SID Control Partitions	135,000
OI&T	Hines	IL	Computer Room (B37) Upgrades AE Design	250,000
<b>OI&amp;T Hines Subtotal</b>				<b>3,978,000</b>
OI&T	Philadelphia	PA	PITC (Philadelphia Information Technology Center) 3999	17,000
OI&T	Philadelphia	PA	PITC Data Center Main Circuit Project Phase II	2,000,000
<b>OI&amp;T Philadelphia Subtotal</b>				<b>2,017,000</b>
OI&T	Falling Waters	WV	Equipment Floor Redesign	50,000
OI&T	Falling Waters	WV	Data Center Redesign for Data Disaster Recovery	50,000
OI&T	Falling Waters	WV	FPS Audit Finding Physical Security Enhancement	20,000
OI&T	Falling Waters	WV	UPS Backup for COOP	130,000

Staff Office	Location		Project Title - Brief Description	Estimated Cost
<b>OI&amp;T Falling Waters Subtotal</b>				<b>250,000</b>
OI&T	Washington	DC	VACO and Field 3999 (20 sites)	700,000
OI&T	Washington	DC	1800G-Street Computer Room Redesign	250,000
OI&T	Washington	DC	1800G-Street 4th Floor Redesign	100,000
OI&T	Washington	DC	VACO Campus Cable Contract	1,321,000
<b>OI&amp;T Washington Subtotal</b>				<b>2,371,000</b>
OI&T	Oakland	CA	Space Renovation	50,000
OI&T	Bay Pines	FL	Office Relocation Over TI Allowance (Phase I <10,000 rsf)	250,000
OI&T	Bay Pines	FL	Bay Pines Office Relocation Over TI Allowance	1,250,000
OI&T	Indianapolis	IN	Regional Data Processing Center Build Out (Indianapolis/North Carolina/Denver)	150,000
OI&T	Albany	NY	Albany- Security Center Test Lab/Office Build out	2,000,000
OI&T	Dallas	TX	R2 Space Renovations Phase II	50,000
OI&T	Salt Lake City	UT	Enhanced Use II Build Out Over TI Allowance	500,000
OI&T	Martinsburg	WV	UPS Backup for Risk Mgt and Incident Response Center	140,000
<b>OI&amp;T Various Subtotal</b>				<b>4,390,000</b>
<b>OI&amp;T Subtotal</b>				<b>23,216,000</b>
ORM	Miscellaneous		Miscellaneous	75,000
<b>ORM Subtotal</b>				<b>75,000</b>
ADMIN	Washington	DC	VACO Blanket Purchase Agreement	375,000
ADMIN			Miscellaneous (projects under \$100K to \$500K)	500,000
ADMIN			Transition Requirements	1,000,000
<b>Admin Subtotal</b>				<b>1,875,000</b>
OGC	Philadelphia	NY	Airphone Video Intercom System	7,770
OGC	Minneapolis	WV	Install Parking Lot Auto Arm; Change Door Locking Sys; A/C	19,000
OGC	Roanoke	MN	Renovation Office Space	18,000
OGC	Clarksburg	WV	Renovation Office Space	70,000
OGC			Miscellaneous Under \$100K	50,000
<b>OGC Subtotal</b>				<b>164,770</b>
OIG	Baltimore	MD	Off of Healthcare Inspections Baltimore GSA Build Out	90,000
OIG	Spokane	WA	Office of Investigations Spokane, WA GSA Build Out	150,000
OIG	Phoenix	AZ	Office of Investigations Phoenix Remodel	100,000
OIG	Washington	DC	TechWorld Forensics Laboratory	90,000
OIG	Washington	DC	TechWorld rm 1105 Remodel	25,000
OIG	Bay Pines	FL	OIG Bay Pines, FL - Electrical for Regional Office	10,000
OIG	Phoenix	AZ	Office of Investigations, Phoenix Electrical	132,000
OIG	Baltimore	MD	OIG Baltimore, MD New office - GSA Build Out	60,000
OIG	Washington	DC	TechWorld Rooms 1107 and 1109	164,000
<b>OIG Subtotal</b>				<b>821,000</b>
<b>Total</b>				<b>26,151,770</b>

## FY 2010 Potential Staff Office Minor Construction Projects

A Department-wide listing of potential minor construction projects can be found in appendix M.

**Table 8-2: FY 2010 Potential Staff Office Minor Construction Projects**

Staff Office	Location		Project Title - Brief Description	Estimated Cost
OALC	Hines	IL	Replace/Upgrade HVAC Units Ph 2	2,000,000
OALC	Hines	IL	Bldg 37 Tuck Pointing	750,000
OALC	Hines	IL	New Parking Lot (75-100 spaces)	500,000
OALC	Hines	IL	Site Drainage Redesign	200,000
OALC	Hines	IL	Replace Steam/Condensate Lines	1,000,000
OALC	Hines	IL	Remodel NCA Restrooms (9)	900,000
OALC	Hines	IL	Life Safety Upgrades (Firewalls & Etc.)	500,000
<b>OAL Subtotal</b>				<b>5,850,000</b>
OSP	Martinsburg	WV	Enlarge Theater and 405B/310 Parking Areas for Emergency Response Group	1,760,000
OSP	Little Rock	AR	Rehabilitation of LETC/SIC Training Facilities	2,800,000
OSP	Little Rock	AR	Rehabilitation of LETC/SIC Admin Building	3,400,000
<b>OSP Subtotal</b>				<b>7,960,000</b>
OI&T	Austin	TX	Austin Information Technology Center (AIRC) 3999	\$140,000
OI&T	Austin	TX	AIRC Computer Room Environmental Update Phase II.	\$250,000
OI&T	Austin	TX	AIRC Computer Room Heating, Ventilation, and Air Conditioning (HVAC) Replacement.	\$140,000
OI&T	Austin	TX	AIRC East Entrance Turnstiles.	\$290,000
OI&T	Austin	TX	AIRC Emergency Panels.	\$200,000
OI&T	Austin	TX	AIRC Loading Dock Hardening.	\$210,000
OI&T	Austin	TX	AIRC Perimeter & Gate 9 Design.	\$90,000
OI&T	Austin	TX	AIRC Perimeter Gates 11 & 12 Design.	\$120,000
OI&T	Austin	TX	AIRC Roof Access Mitigation.	\$260,000
OI&T	Austin	TX	AIRC Security Video Update.	\$120,000
<b>OI&amp;T Austin Subtotal</b>				<b>1,820,000</b>
OI&T	Hines	IL	Hines Information Technology Center (HITC) 3999	\$182,000
OI&T	Hines	IL	HITC Armed Security Shacks.	\$150,000
OI&T	Hines	IL	HITC Computer Room Carpet Replacement.	\$400,000
OI&T	Hines	IL	HITC Electrical Construction Phase 1.	\$750,000
OI&T	Hines	IL	HITC LAN/WAN CR Survey.	\$135,000
OI&T	Hines	IL	HITC Lighting Replacement Phase 1.	\$225,000
OI&T	Hines	IL	HITC Lighting and Ground Replacement Master Cert.	\$325,000
OI&T	Hines	IL	HITC Computer Room (B37) Upgrades Construction	2,000,000
OI&T	Hines	IL	HITC Field Office Space Enhancements Construction	2,000,000
OI&T	Hines	IL	HITC Misc 999	50,000
<b>OI&amp;T Hines Subtotal</b>				<b>6,217,000</b>
OI&T	Philadelphia	PA	Philadelphia Info Technology Center (PITC) 3999	\$25,000
OI&T	Philadelphia	PA	PITC Computer Room Air Conditioner Replacement.	\$350,000
OI&T	Philadelphia	PA	PITC Facility Repair.	\$55,000
OI&T	Philadelphia	PA	PITC Fence, Gate & Operators.	\$1,750,000
<b>OI&amp;T Philadelphia Subtotal</b>				<b>2,180,000</b>

Staff Office	Location		Project Title - Brief Description	Estimated Cost
OI&T	Washington	DC	VACO Cable Plant	1,800,000
OI&T	Washington	DC	OI&T MISC 999 for Approximately 15 Sites	300,000
			<b>OI&amp;T Washington Subtotal</b>	<b>2,100,000</b>
OI&T	Falling Waters	WV	Re-configure 882 T-Jackson Upon Transfer to CRRC	500,000
OI&T	Falling Waters	WV	Misc 999	50,000
OI&T	Martinsburg	WV	Resurface Parking Lot CRRC	400,000
OI&T	Martinsburg	WV	Security Upgrade CRRC	400,000
OI&T	Martinsburg	WV	Misc 999 CRRC	100,000
			<b>OI&amp;T West Virginia SUBTOTAL</b>	<b>1,450,000</b>
			<b>OI&amp;T Subtotal</b>	<b>\$13,767,000</b>
ORM	Hines	IL	Move ORM Employees to Safe and Secure Area. Guttled for Mold and Leak Damage	300,000
ORM	Miscellaneous			50,000
			<b>ORM Various Subtotal</b>	<b>350,000</b>
ADMIN	Washington	DC	VACO Miscellaneous Renovations	500,000
ADMIN	Washington	DC	VACO BPA's	350,000
			<b>ADMIN VACO Subtotal</b>	<b>850,000</b>
OGC	Houston	TX	Replace Glass Entry Door With Security Door	115,000
OGC	Winston-Salem	NC	Build New Office and Renovate Conference Room	8,000
OGC	Hines	IL	Construction Additional Office Space/File Storage rm. Install Video Conf	25,000
OGC	Phoenix	AZ	Replace Patio Doors to Increase Security	172,700
OGC	Misc			50,000
			<b>OGC Subtotal</b>	<b>370,700</b>
OIG	Hines	IL	Remodel Offices	175,000
OIG	Newark	NJ	Relocation of Office	150,000
OIG	New York	NY	Remodel Offices/Renovate	110,000
OIG	Misc Field Projects		Remodel Offices/Renovate	300,000
OIG	Misc TechWorld		Misc	100,000
			<b>OIG Subtotal</b>	<b>835,000</b>
			<b>Total</b>	<b>29,982,700</b>



## FY 2011-2014 Potential Staff Office Minor Construction Projects

A Department-wide listing of potential minor construction projects sorted by State can be found in appendix M.

**Table 8-3: FY 2011 - 2014 Potential Staff Office Minor Construction Projects**

Admin Office	Location		Project Title - Brief Description
OALC	Hines	IL	Equipment Storage Building
OALC	Hines	IL	Transition to T8 Energy Efficient Lighting
OALC	Hines	IL	Replace/Upgrade Heating, Ventilation, and Air Conditioning (HVAC) Units PH3
OALC	Hines	IL	Replace Warehouse Electrical Fixtures
OALC	Hines	IL	Upgrade Electrical Main & Sub-panels/Feeders
OALC	Hines	IL	Repl. Exterior Doors (incl. dock) & Windows
OALC	Hines	IL	Remodel 5 Restrooms (SDC/Warehouse)
OALC	Hines	IL	B - 37Architectural Renovation Ph 1
OALC	Hines	IL	Renovate/Upgrade Security Systems
OALC	Hines	IL	New Fire Alarm ADA Strobes & Horns
OALC	Hines	IL	B - 37Architectural Renovation Ph 2
OALC	Hines	IL	Replace 80% Branch Circuit Wiring & Conduit
OALC	Hines	IL	Replace Steam Unit Heaters & Various Pumps
OSP	TBD		Continuity Program Site G
OSP	Little Rock	AR	Tactical Firearms Training Facility
OI&T	Austin	TX	Misc. 999 Renovations
OI&T	Austin	TX	Upgrade Generator System
OI&T	Austin	TX	Upgrade Computer Room HVAC
OI&T	Austin	TX	Upgrade Main Entrance Security
OI&T	Austin	TX	Computer Room Environmental Update Phase 2/ Design-build
OI&T	Austin	TX	Energy Project
OI&T	Austin	TX	Fuel Tank Expansion
OI&T	Austin	TX	Replace Obsolete Emergency Panels and Transformers
OI&T	Austin	TX	Monitor Cooling Tower Blow-down
OI&T	Austin	TX	Remote Monitoring Of Computer Room Environmental Systems
OI&T	Austin	TX	Main Entrance Security Upgrade
OI&T	Austin	TX	East Entrance Improvements
OI&T	Austin	TX	Office Efficiency Modifications
OI&T	Austin	TX	Perimeter Security Upgrade
OI&T	Hines	IL	Misc. 999 Renovations
OI&T	Hines	IL	Electrical Construction Phase 1
OI&T	Hines	IL	Computer Room Floor Upgrade Phase 1
OI&T	Hines	IL	Lightning Protection & Grounding Replacement - Master Cert. Design/Build
OI&T	Hines	IL	Lighting Replacement Project - Phase 1
OI&T	Hines	IL	Electrical Closet upgrade
OI&T	Hines	IL	System Steam Efficiency Upgrades
OI&T	Hines	IL	1st floor Window Replacement
OI&T	Hines	IL	Reseal Expansion Joints and Rework Sills
OI&T	Hines	IL	Roof Replacement 18,000 sq ft
OI&T	Hines	IL	Replace Exit Lights With LED
OI&T	Hines	IL	Exhaust Fan Replacement
OI&T	Hines	IL	Repl. Facility Electrical Feeder & Add 3RD Feeder & Add ATS
OI&T	Hines	IL	Electrical Construction Phase 2
OI&T	Hines	IL	Computer Room Floor upgrade phase 2
OI&T	Hines	IL	Lighting Replacement Project - Phase 2

Admin Office	Location		Project Title - Brief Description
OI&T	Hines	IL	Resurface Facility Parking Lot
OI&T	Hines	IL	2nd floor Window Replacement
OI&T	Hines	IL	Lobby Upgrade and Maintenance
OI&T	Hines	IL	Fire Alarm -Replace FACP and ADA Compliance Strobes Throughout
OI&T	Hines	IL	Air Handling Equipment Replacement
OI&T	Hines	IL	Electrical Construction Phase 3
OI&T	Hines	IL	Computer Room Floor Upgrade Phase 3
OI&T	Hines	IL	Lighting Replacement Project - Phase 3 (final)
OI&T	Hines	IL	Mail Opening Room Design
OI&T	Hines	IL	Emergency Generator Update
OI&T	Hines	IL	Mechanical Construction Phase 1
OI&T	Hines	IL	Armed Security Shacks
OI&T	Hines	IL	Electrical Construction Phase 4
OI&T	Hines	IL	Computer Room Floor Upgrade Phase 4
OI&T	Hines	IL	Mail Opening Room Build
OI&T	Hines	IL	Warehouse Expansion 10,000 sq ft
OI&T	Hines	IL	Sprinkler System in Entire Building
OI&T	Philadelphia	PA	Misc. 999 Renovations
OI&T	Philadelphia	PA	PITC PIV II.
OI&T	Philadelphia	PA	Install Cable Tray System Below Data Center Raised Flooring
OI&T	Philadelphia	PA	Expanded Network Capability for DSL in ITC Learning Ctr and Bus Ctr
OI&T	Philadelphia	PA	Soundproofing Wall Between Assoc. Dir. Office and Conf Rm
OI&T	Philadelphia	PA	PITC Office Suite and Conference Room Cable Plant Update
OI&T	Philadelphia	PA	PHASE 1 - Repl(5) ITC Fl-Mounted & 20 Ton CRAC Units A/C
OI&T	Philadelphia	PA	Replace Data Center Metric Floor Tiles
OI&T	Philadelphia	PA	Facility Repair Construction/Design-Build
OI&T	Philadelphia	PA	PHASE 2 - Repl (5) ITC Data Center Fl-Mounted 20 Ton CRAC Units A/C
OI&T	Philadelphia	PA	Install K12-rated Perimeter Fencing, Operators and Gates.
OI&T	Philadelphia	PA	PHASE 3 - Repl (5) ITC Fl-Mounted 20 Ton CRAC Units A/C
OI&T	Philadelphia	PA	Anti-tailgating Devices for the Data Center Doors
OI&T	Philadelphia	PA	Install new ATS- Supt Additl Load on the Emerg Diesel Generators.
OI&T	Philadelphia	PA	PHASE 4 - Repl (5) ITC Fl-Mounted 20 Ton CRAC Units A/C
OI&T	Philadelphia	PA	Feasibility/Design study to replace the (2) ITC Data Center UPS Systems
OI&T	Falling Waters	WV	Electrical Construction Phase 1 - CRRC Generator Upgrade - Tier III
OI&T	Falling Waters	WV	Electrical Construction Phase 2 - CRRC Switch Gear Upgrade - Tier III
OI&T	Falling Waters	WV	CRRC Parking Lot Upgrade (70 spaces)
OI&T	Falling Waters	WV	CRRC HVAC Upgrade - Tier III
OI&T	Falling Waters	WV	Renovation
OI&T	Falling Waters	WV	CRRC Perimeter Sec Upgrade - K12 rated fencing, gate and bollards
HRA	Miscellaneous		Miscellaneous
OGC	Atlanta	GA	Reconfiguration of Library
OIG	Pittsburgh	PA	Office Relocation Build Out
OIG	Atlanta	GA	Office Renovation - Continuation From 2009
OIG	Wash. Field Office	DC	Renovation
OIG	Hines	IL	Renovation

Admin Office	Location		Project Title - Brief Description
OIG	Bedford	MA	Renovation
OIG	Dallas	TX	Office Relocation Build Out
OIG	LAACC	CA	Renovation
OIG	New York	NY	Renovation
OIG	Houston	TX	Renovation
OIG	Austin	TX	Renovation

## Staff Office Leases

**Table 8-4: FY 2009 and FY 2010 Staff Office Leases**

Fiscal Year	Admin Office	Location		Project Title - Brief Description	Estimated Annual Rental Cost (\$000)
2009	ADMIN	Washington	DC	New Lease - 131 M St., NE	\$1,700
2009	OI&T	Vancouver	WA	ITFO	\$175
2009	OI&T	Indianapolis	IN	Regional Data Processing Center (RDPC)	\$250
2009	OI&T	Raleigh-Durham	NC	RDPC	\$250
2009	OI&T	Albany	NY	Test Lab	\$60
2009	OI&T	Salt Lake City	UT	EUB Phase II	\$515
2009	OI&T	Philadelphia	PA	RDPC Region 4	\$250
2009	OI&T	Denver	CO	RDPC Phase II	\$250
2009	OI&T	Quantico	VA	NCA Reimbursement	\$50
2009	OI&T	Quantico	VA	Replacement Trailer	\$40
2009	OI&T	Austin	TX	AITC	\$575
2009	OI&T	Cleveland	OH	Brecksville Filed Bus Services	\$70
2009	OI&T	Raleigh-Durham	NC	ITFO	\$34
2009	OI&T	Washington	DC	1990 K St (FLITE)	\$253
				<b>Total</b>	<b>\$4,472</b>
2010	OIG	Seattle	WA	Obtain New Space - SE OIG Office	\$55
2010	OI&T	Bay Pines	FL	Phase I	\$125
				<b>Total</b>	<b>\$180</b>

**Table 8-5: FY 2011 - 2014 Potential Staff Office Leases**

Fiscal Year	Admin Office	Location		Project Title - Brief Description	Estimated Annual Rental Cost (\$000)
2011	OI&T	Bay Pines	FL	Phase II	\$500
				<b>Total</b>	<b>\$500</b>



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## *Chapter 7.9*

### *Conclusion*

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The 5-Year Capital Plan is a living document that is updated annually to reflect decisions relating to the acquisition of new assets or the retirement or reuse of existing assets. The 5-Year Capital Plan is a corporate level document describing the selection process for capital acquisitions and the subsequent decisions rendered. The plan addresses Congressional requirements such as authorization, notification, and legislative requirements. The plan explains how the capital asset investment process supports VA's central mission of meeting our veterans' health care, benefits, and burial needs into the 21<sup>st</sup> Century.

The 5-Year Capital Plan illustrates how the Department has made significant improvements in acquiring and managing its capital assets through the development of a VA-wide methodology for capital asset management. VA has more than 5,000 buildings and over 32,000 acres of land nationwide, in addition to vast holdings of equipment and other tangible assets. By developing a VA-wide methodology, VA has implemented a process to improve the acquisition and management of its assets, which improves VA's ability to provide quality service to veterans through efficient and cost-effective means.

VA utilizes a three-tiered approach to capital asset management: 1) Corporate Portfolio Management, where a global perspective highlights the strength and weaknesses of our assets; 2) Strategic Linkage, which correlates VA's goals to its investment requests; and 3) Life Cycle Management, which incorporates management techniques and performance measures to evaluate the quality of our assets. These techniques and performance measures allow VA to evaluate whether assets are meeting established goals, as well as assist in the development of new strategic goals.

In recent years, VA undertook a number of management initiatives to strengthen its management of capital assets. VA implemented a state-of-the-art Capital Asset Management System (CAMS), which is a relational database that collects information on existing and potential assets. CAMS monitors existing assets by their life cycle stage and portfolio type, which allows VA to monitor and analyze the performance and condition of VA assets. In addition, CAMS allows for the input of concept papers and business case applications for future asset funding requests.

VA utilizes a Facility Condition Assessment (FCA) to monitor the physical state of its existing infrastructure. VA rates building and site conditions through inspections and evaluations every three years. The ratings vary from “mint” condition to critical; requiring immediate attention. VA performs regular maintenance and upkeep on its assets and infrastructure through its recurring maintenance funds. These funds are used for service contracts and routine repairs of both facilities and land. Recurring maintenance does not alter, modify, or make improvements to existing infrastructure; but keeps assets performing in an operating state. Non-recurring maintenance (NRM) funds are VA’s major funding source to correct critical deficiencies identified via FCA. NRM involves the purchase and/or improvements of buildings, land, and other structures (including equipment), where additions, alterations, and modifications are made. NRM projects result in a change in space function and/or a renovation of existing infrastructure.

VA utilizes a real property management tool called Enhanced-Use Leasing (EU) to reduce its underutilized and/or unneeded assets. VA may lease land or buildings to the private sector for up to 75 years. The leased property may be developed for non-VA uses that are consistent with the mission of VA, or for VA use. In return for the leased property, VA obtains fair value in the form of revenue, facilities, space, services, or other considerations. The EU program provides cost-savings, private investment, long-term sources of revenue, plus jobs and tax revenues for local, state, and federal sectors.

As a result of the Energy Policy Act of 2005, VA identified its major energy challenges and developed an Energy Management Action Plan to address these challenges. VA developed new reporting measures and assessments of facility energy consumption. VA is addressing the energy-related components of Executive Order (EO) 13423-Strengthening Federal Environmental, Energy and Transportation Management, signed January 2007, in the framework of the Action Plan and a new Green Buildings Action Plan. VA integrated its energy management, environmental stewardship, transportation fleet management program, and policy initiatives in one office to better manage the related assets according to EO principles, requirements and related guidance. VA’s energy program will continue to expand in the future, as the Department strives to maximize the use of technologies such as renewable energy in the development of its capital projects. For example, approximately 40 percent of the \$1 billion provided to VA by American Recovery and Reinvestment Act (ARRA) for NRM will be used for energy related projects.

The President issued Executive Order 13327 in February of 2004 which created the Federal Real Property Council (FRCP). The FRCP’s charter is to develop guidance, establish asset management principles, collect information on federal assets, and develop performance measures for the federal government. VA

created internal work groups such as the Capital Asset Management System Business Group and the VHA Portfolio Group to meet FRCP requirements. As a result, VA has developed performance metrics established to meet both FRPC and VA reporting requirements. In addition, VA submits an Asset Management Plan providing a corporate level perspective on how VA manages its existing assets and funds, and prioritizes future assets, develops priority action items to improve operational management of assets, achieves portfolio goals (both long and short term), and addresses FRCP guiding principles.

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## *Chapter 7.10*

### *Appendices*

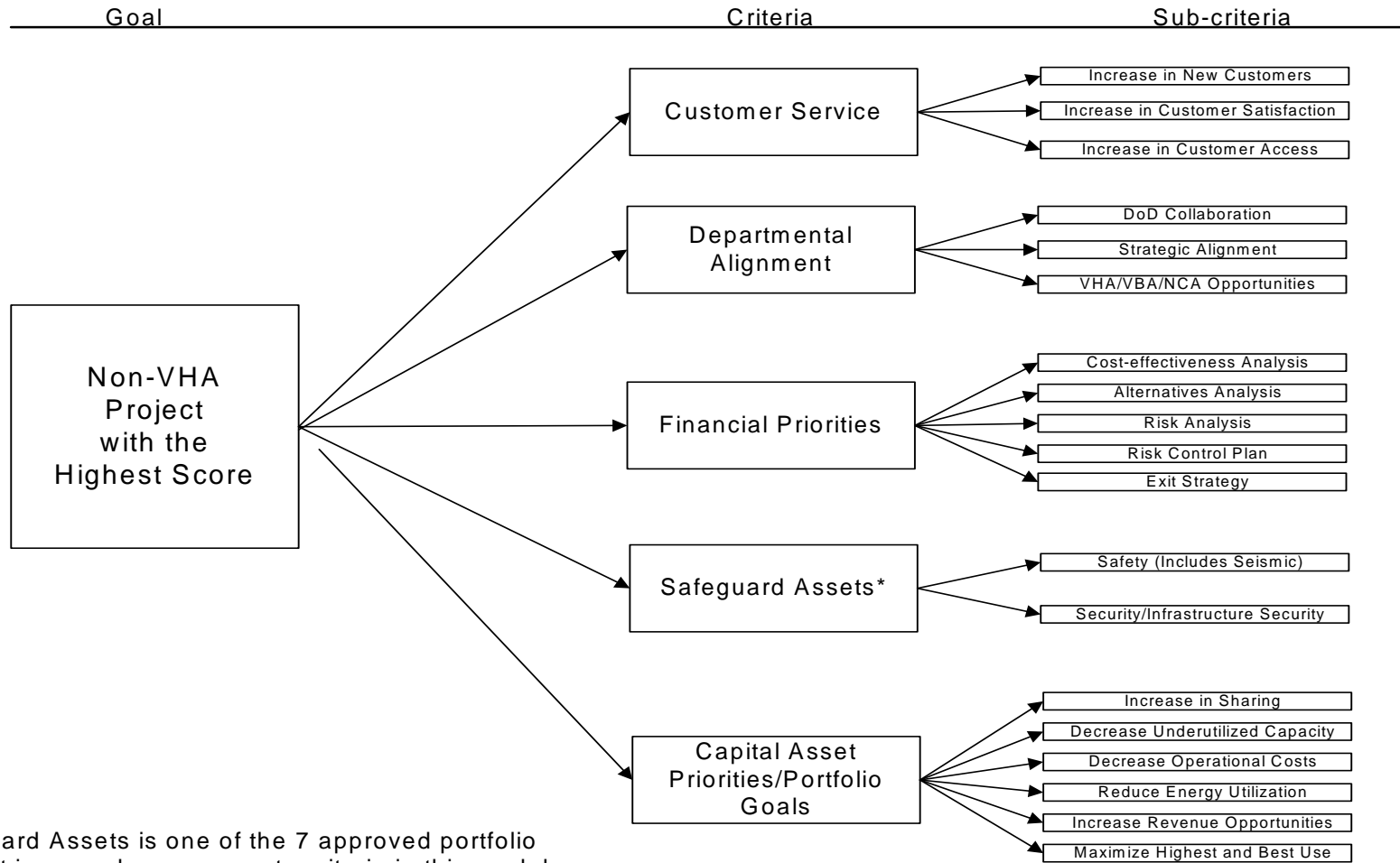
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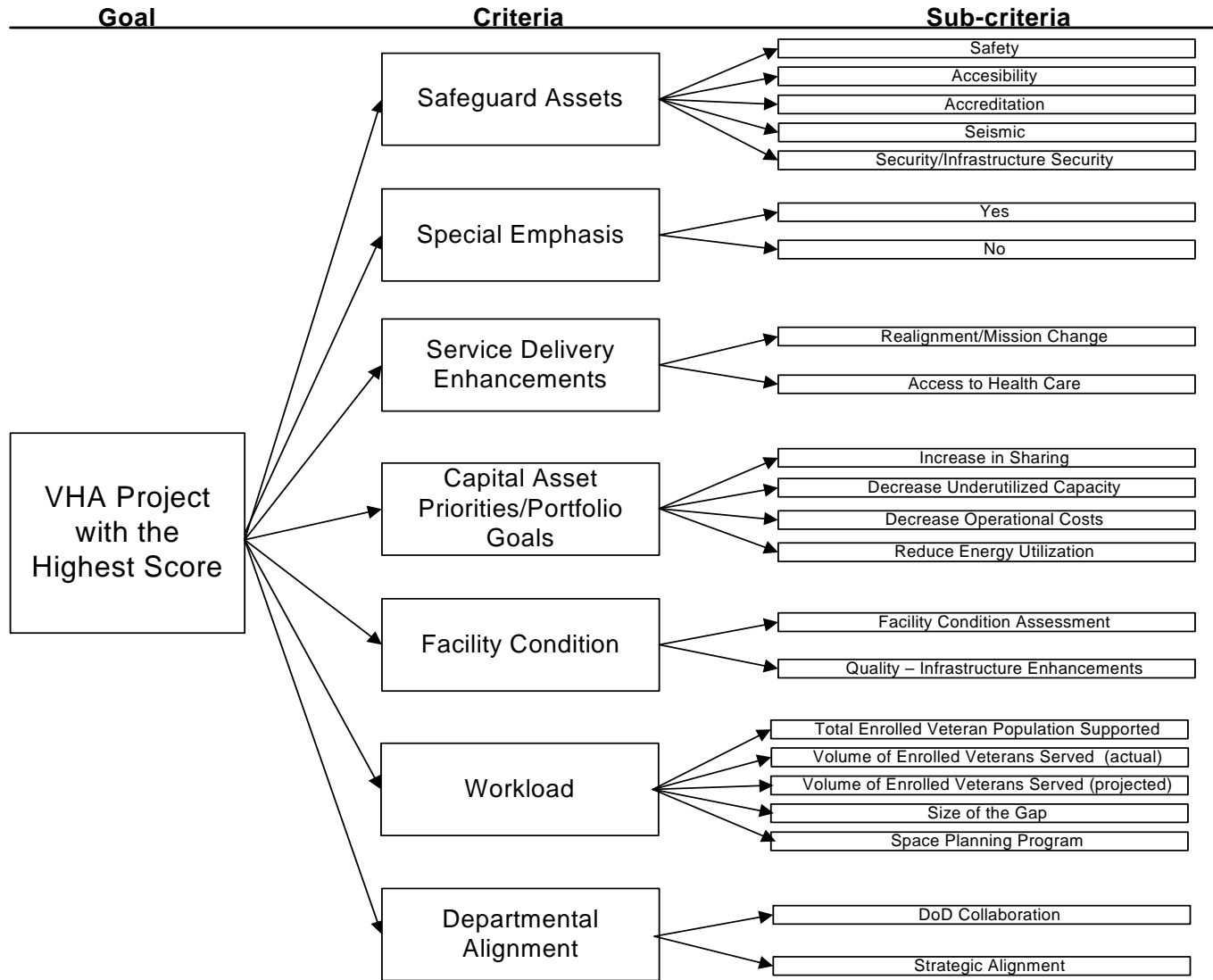
## Appendix A - Capital Investment Decision Models

### FY 2010 Non-VHA Capital Investment Decision Criteria - Acquisition Model

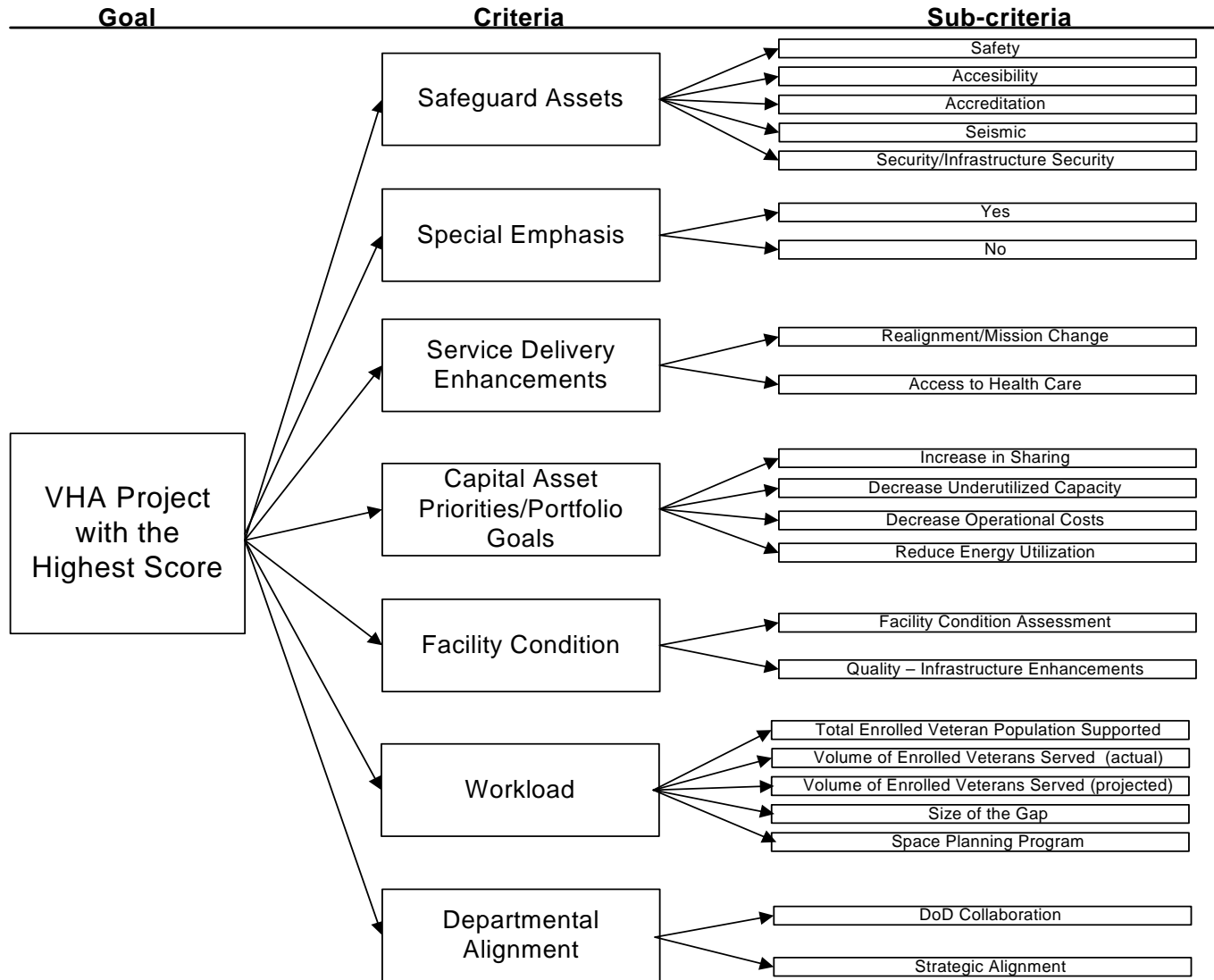


\* Safeguard Assets is one of the 7 approved portfolio goals but is scored as a separate criteria in this model.

## FY 2010 VHA Capital Investment Decision Criteria



### FY 2009 VHA Decision Criteria - Minor Projects Model



## Appendix B – Capital Decision Criteria

**Departmental Alignment:** This criterion is comprised of key areas identified for improvement across the government and Secretary’s goals for improved management and performance across the Department (e.g., DoD collaboration, strategic alignment and intra-agency projects).

**Capital Asset Priorities/Portfolio Goals:** This criterion addresses how the capital investment meets VA’s capital portfolio goals such as increasing intra- and interagency and community-based sharing, and decreasing underutilized assets and operating costs.

**Safeguard Assets:** This criterion addresses how well the capital investment results in a decrease in designated high-risk assets or increases the Department’s compliance with safety, security, accessibility, and/or accreditation laws and regulations including seismic, life safety, and homeland security projects.

**Facility Condition:** VA is committed to managing its buildings in order to minimize the effect of infrastructure deficiencies on delivering benefits to veterans. Facility condition assessments (FCA) evaluate the condition of VA buildings using scores A through F. This criterion assesses how much of the total project cost is dedicated to eradicating FCA scores of D and F.

**Special Emphasis:** This criterion gives preference to those capital investments that substantially support special emphasis programs and services including: spinal cord injury and disorders; blindness; traumatic brain injury; serious mental illness; prosthetics/amputation; and post-traumatic stress disorder.

**Service Delivery Enhancements:** This criterion addresses how the capital investment meets CARES market plan implementation. It focuses requirements on improving customer service, access to quality health care, and identifying opportunities for maximizing the volume of veterans served to effectively reduce gaps in projected workloads.

**Financial Priorities:** This criterion addresses the specific financial metrics, benefits and risks of the selected acquisition when compared to other explored alternatives (e.g., comparing the life cycle costs and net present value of leasing versus building).

**Customer Service:** This criterion addresses the extent to which VA is providing quality customer service, which can be measured by evaluating the following criteria: Increase in New or Existing Customers, Customer Satisfaction, and Customer Access.

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## Appendix C - Disposal Reports

### FY 2008 Disposal and EUL Report

Program	VISN	Building	Station Name	Disposal Modality	Disposal Complete Date
VHA	2	T28	Canandaigua, NY	Demolition	10/3/2007
VHA	4	33	Butler, PA	Demolition	12/31/2007
VHA	4	31	Butler, PA	Demolition	12/31/2007
VHA	4	30	Butler, PA	Demolition	12/31/2007
VHA	4	8	Clarksburg, WV	Transfer-Negotiated Sale	7/15/2008
VHA	6	4	Durham, NC	Demolition	3/1/2008
VHA	6	2	Durham, NC	Demolition	3/1/2008
VHA	6	29	Durham, NC	Demolition	3/1/2008
VHA	7	13	Columbia, SC	EU	11/19/2007
VHA	7	19	Columbia, SC	EU	11/19/2007
VHA	7	18	Columbia, SC	EU	11/19/2007
VHA	7	17	Columbia, SC	EU	11/19/2007
VHA	7	16	Columbia, SC	EU	11/19/2007
VHA	7	11	Columbia, SC	EU	11/19/2007
VHA	7	23	Columbia, SC	EU	11/19/2007
VHA	7	10	Columbia, SC	EU	11/19/2007
VHA	7	12	Columbia, SC	EU	11/19/2007
VHA	7	Land	Columbia, SC	EU	11/19/2007
VHA	8	71	Tampa, FL	Demolition	4/30/2008
VHA	8	76	Tampa, FL	Demolition	4/30/2008
VHA	8	74	Tampa, FL	Demolition	4/30/2008
VHA	8	73	Tampa, FL	Demolition	4/30/2008
VHA	8	70	Tampa, FL	Demolition	4/30/2008
VHA	8	75	Tampa, FL	Demolition	4/30/2008
VHA	8	72	Tampa, FL	Demolition	4/30/2008
VHA	11	16	Saginaw, MI	Demolition	3/30/2008
VHA	15	1	Leavenworth, KS	EU	9/2/2008
VHA	15	2	Leavenworth, KS	EU	9/2/2008
VHA	15	3	Leavenworth, KS	EU	9/2/2008
VHA	15	4	Leavenworth, KS	EU	9/2/2008
VHA	15	6	Leavenworth, KS	EU	9/2/2008
VHA	15	7	Leavenworth, KS	EU	9/2/2008
VHA	15	8	Leavenworth, KS	EU	9/2/2008
VHA	15	9	Leavenworth, KS	EU	9/2/2008
VHA	15	10	Leavenworth, KS	EU	9/2/2008
VHA	15	11	Leavenworth, KS	EU	9/2/2008
VHA	15	12	Leavenworth, KS	EU	9/2/2008

Program	VISN	Building	Station Name	Disposal Modality	Disposal Complete Date
VHA	15	13	Leavenworth, KS	EU	9/2/2008
VHA	15	14	Leavenworth, KS	EU	9/2/2008
VHA	15	18	Leavenworth, KS	EU	9/2/2008
VHA	15	19	Leavenworth, KS	EU	9/2/2008
VHA	15	29	Leavenworth, KS	EU	9/2/2008
VHA	15	34	Leavenworth, KS	EU	9/2/2008
VHA	15	43	Leavenworth, KS	EU	9/2/2008
VHA	15	44	Leavenworth, KS	EU	9/2/2008
VHA	15	47	Leavenworth, KS	EU	9/2/2008
VHA	15	48	Leavenworth, KS	EU	9/2/2008
VHA	15	51	Leavenworth, KS	EU	9/2/2008
VHA	15	49	Leavenworth, KS	EU	9/2/2008
VHA	15	56	Leavenworth, KS	EU	9/2/2008
VHA	15	57	Leavenworth, KS	EU	9/2/2008
VHA	15	61	Leavenworth, KS	EU	9/2/2008
VHA	15	64	Leavenworth, KS	EU	9/2/2008
VHA	15	68	Leavenworth, KS	EU	9/2/2008
VHA	15	76	Leavenworth, KS	EU	9/2/2008
VHA	15	100	Leavenworth, KS	EU	9/2/2008
VHA	15	114	Leavenworth, KS	EU	9/2/2008
VHA	15	115	Leavenworth, KS	EU	9/2/2008
VHA	15	116	Leavenworth, KS	EU	9/2/2008
VHA	15	119	Leavenworth, KS	EU	9/2/2008
VHA	15	120	Leavenworth, KS	EU	9/2/2008
VHA	15	144	Leavenworth, KS	EU	9/2/2008
VHA	15	152	Leavenworth, KS	EU	9/2/2008
VHA	16	214	Gulfport, MS	Demolition	8/1/2008
VHA	16	247	Gulfport, MS	Demolition	8/1/2008
VHA	16	60	Gulfport, MS	Demolition	7/1/2007
VHA	16	117	Gulfport, MS	Demolition	7/1/2007
VHA	16	45	Gulfport, MS	Demolition	7/1/2007
VHA	16	59	Gulfport, MS	Demolition	7/1/2007
VHA	16	33	Gulfport, MS	Demolition	7/1/2007
VHA	16	32	Gulfport, MS	Demolition	7/1/2007
VHA	16	245	Gulfport, MS	Demolition	8/1/2007
VHA	16	119	Gulfport, MS	Demolition	3/1/2007
VHA	16	6	Gulfport, MS	Demolition	3/1/2007
VHA	16	40	Gulfport, MS	Demolition	7/1/2008
VHA	16	50	Gulfport, MS	Demolition	8/1/2008
VHA	16	76	Gulfport, MS	Demolition	8/1/2008
VHA	16	61	Gulfport, MS	Demolition	7/1/2008
VHA	16	42	Gulfport, MS	Demolition	8/29/2008
VHA	16	58	Gulfport, MS	Demolition	8/29/2008

<b>Program</b>	<b>VISN</b>	<b>Building</b>	<b>Station Name</b>	<b>Disposal Modality</b>	<b>Disposal Complete Date</b>
VHA	16	113	Gulfport, MS	Demolition	8/29/2008
VHA	16	602	Gulfport, MS	Demolition	8/29/2008
VHA	17	CC	Gulfport, MS	Demolition	5/1/2008
VHA	17	7	Tempe, AZ	Demolition	10/15/2008
VHA	18	T1	Prescott, AZ	Demolition	9/17/2008
VHA	20	Land	Roseburg, OR	Reuse by Other VA Entities	7/23/2008
VHA	22	4	Sepulveda, CA	EU	10/21/2007
VHA	22	5	Sepulveda, CA	EU	10/21/2007
VHA	22	S-44	Loma Linda, CA	Demolition	3/21/2008



**Summary of Planned Disposals and Enhanced-Use Leases FY 2009 - FY 2013**

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
<b>FY 2009</b>						
2	Albany, NY	VISN Garage	11	1,080	-	Enhanced Use Lease
2	Albany, NY	Storage Shed	35	3,040	-	Enhanced Use Lease
2	Albany, NY	VISN MCCF Billing	6	2,759	-	Enhanced Use Lease
2	Albany, NY	VISN 2 Headquarters	7	5,675	-	Enhanced Use Lease
2	Canandaigua, NY	Quonset Hut - Storage	T29	2,240	-	Demolition
2	Canandaigua, NY	Vacant Day Treatment	14	22,545	-	Transfer - Enhanced Use Lease
2	Syracuse, NY	Offices	3	2,687	-	Demolition
2	Syracuse, NY	Research Office	T17	1,040	-	Demolition
4	Butler, PA	Tenant Space/ AMM	19	4,235	-	Demolition
4	Butler, PA	Chaplain Service	20	3,995	-	Demolition
4	Butler, PA	Voluntary Service	21	3,655	-	Demolition
4	Butler, PA	Audio, Recreation	22	6,784	-	Demolition
4	Butler, PA	Vacant Storage	32	6,968	-	Demolition
4	Pittsburgh, PA Aspinwall	Maintenance Shops	17	32,303	-	Demolition
4	Pittsburgh, PA Aspinwall	Recreation	7	18,307	-	Demolition
5	Perry Point, MD	Quarters	1069	2,984	-	Demolition
5	Perry Point, MD	Village Maintenance Shop	1080	2,984	-	Demolition
5	Perry Point, MD	Staff Housing	1093	3,641	-	Demolition
5	Perry Point, MD	Outlease Housing	1117	2,811	-	Demolition
5	Perry Point, MD	Staff Housing	1131	3,641	-	Demolition
5	Perry Point, MD	Staff Housing	1132	3,641	-	Demolition
5	Perry Point, MD	Staff Housing	1138	3,078	-	Demolition
5	Perry Point, MD	Staff Housing	1146	3,078	-	Demolition
5	Perry Point, MD	Staff Housing	1152	3,641	-	Demolition
5	Perry Point, MD	Staff Housing	1154	3,574	-	Demolition
5	Perry Point, MD	Staff Housing	1155	3,641	-	Demolition
5	Perry Point, MD	Staff Housing	1156	3,641	-	Demolition
5	Perry Point, MD	Staff Housing	1163	2,746	-	Demolition
5	Perry Point, MD	Staff Housing	1173	2,746	-	Demolition
6	Durham, NC	Storage	13	2,160	-	Demolition
6	Hampton, VA	Vacant Recreation/Storage	69	33,383	-	Transfer - State Home

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
6	Hampton, VA	Vacant Psychology	70	33,791	-	Transfer - State Home
6	Hampton, VA	Vacant Research	72	14,668	-	Transfer - State Home
7	CAVHCS, Tuskegee, AL	Vacant Space	19	21,282	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant Space	20	21,166	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant Space	21	1,625	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant (Cottage - Housekeeping Quarters)	22	1,733	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant (Cottage - Housekeeping Quarters)	23	1,625	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant (Housekeeping Quarters)	24	1,625	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant (Housekeeping Quarters)	25	1,625	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant (Housekeeping Quarters)	26	1,625	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant (Housekeeping Quarters)	27	1,625	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant (Housekeeping Quarters)	28	1,625	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant (Housekeeping Quarters)	29	2,770	-	Demolition
10	Cincinnati, OH	Research	5	6,917	-	Demolition
10	Cincinnati, OH Fort Thomas	Quarters	1	8,734	-	Transfer
10	Cincinnati, OH Fort Thomas	Garage	146	700	-	Transfer
10	Cincinnati, OH Fort Thomas	Garage	147	700	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	2	4,937	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	3	4,937	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	30	6,485	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	31	6,485	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	32	4,300	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	33	4,300	-	Transfer

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
10	Cincinnati, OH Fort Thomas	Quarters	34	4,300	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	35	4,300	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	4	4,937	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	5	4,937	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	6	5,058	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	7	5,055	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	8	4,937	-	Transfer
10	Cincinnati, OH Fort Thomas	Garage	86	800	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters	9	4,937	-	Transfer
10	Cincinnati, OH Fort Thomas	Quarters and Land	-	-	11.0	Transfer
10	Cleveland, OH Brecksville	MHC/Dom	2	116,645	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Chapel	20	6,330	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	RMEC	21	16,219	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Gymnasium/Pool	22	19,952	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Nutrition/Warehouse	23	67,310	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Canteen/Recreation/ Library	24	41,041	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	MHC/NHCU	3	48,150	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Homeless Domiciliary	4	47,845	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Boiler Plant	40	5,500	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Engineering Shops	44	7,031	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Engineering Offices	44B	511	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Garage/Shops	45	6,656	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Laundry	46	23,284	-	Enhanced Use Lease

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
10	Cleveland, OH Brecksville	Self Storage/Offices	47	915	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Gas Meter House	48	700	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Pump House	49	800	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Inpatient Psych/MHC	5	71,225	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Nursing Home Care	6	98,406	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Quarters	62	1,148	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Quarters	63	820	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Quarters	64	1,194	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Quarters	65	1,000	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Quarters	66	483	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Nursing Home Care	7	36,827	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Eng. Maintenance Shops	70	3,500	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Connecting Corridors	CC	23,432	-	Enhanced Use Lease
10	Cleveland, OH Brecksville	Admin/Clinical	1	-	101.1	Enhanced Use Lease
10	Dayton, OH	Miller Cottage (Vacant)	400	39,750	-	Enhanced Use Lease
10	Dayton, OH	Land	-	-	6	Enhanced Use Lease
11	Battle Creek, MI	Transitional Housing Complex	-	-	6	Transfer - EU Lease
12	Hines, IL	Vacant	51	58,000	-	Enhanced Use Lease
12	Milwaukee, WI	Vacant Ward Memorial Theater	41	21,986	-	Enhanced Use Lease
12	Milwaukee, WI	Excess Land	-	-	37.0	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	12	4,673	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	29	15,981	-	Enhanced Use Lease
12	N. Chicago, IL	Garage for A.D.'s Quarters	41	550	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	50	33,036	-	Enhanced Use Lease

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
12	N. Chicago, IL	Chicago Medical School	51	40,545	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	60	6,566	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	61	6,566	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	65	48,742	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	69	469	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	70	469	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	71	469	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	72	2,525	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	124	49,670	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	125	50,681	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	126	54,649	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	145	3,228	-	Enhanced Use Lease
12	N. Chicago, IL	Chicago Medical School	59	6,566	-	Reuse by Other VA Entities
12	Tomah, WA	Vacant Quarters	8	1,376	-	Demolition
15	St Louis, MO John Cochran	Yeatman Parcel	-	-	2	Enhanced Use Lease
16	Gulfport, MS	Admin, Clinic	1	30,633	-	Demolition (Hurricane Katrina)
16	Gulfport, MS	Kitchen, Dining Admin	2	46,170	-	Demolition (Hurricane Katrina)
16	Gulfport, MS	Laundry	244	41,560	-	Demolition (Hurricane Katrina)
16	Gulfport, MS	Psych. Ward	3	28,032	-	Demolition (Hurricane Katrina)
16	Gulfport, MS	Office (fiscal, MCCR, payroll, & accounting)	4	29,908	-	Demolition (Hurricane Katrina)
16	Gulfport, MS	Nursing Home Care	41	37,002	-	Demolition (Hurricane Katrina)

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
16	Gulfport, MS	Administration	5	14,108	-	Demolition (Hurricane Katrina)
16	Gulfport, MS	Psych. Ward	57	53,548	-	Demolition (Hurricane Katrina)
16	Gulfport, MS	Psych. Ward	62	35,844	-	Demolition (Hurricane Katrina)
16	Gulfport, MS	Chapel	63	8,845	-	Demolition (Hurricane Katrina)
16	Gulfport, MS	Admin Building	64	18,700	-	Demolition (Hurricane Katrina)
16	Houston, TX	12.36 acres -corner of Holcombe & Cambridge	-	-	12.4	Enhanced Use Lease
18	Prescott, AZ	Vacant	T1	1,968	-	Demolition
19	Sheridan, WY	FMS Storage/Safety Office	34	1,830	-	Demolition
19	Sheridan, WY	FMS/Storage	39	4,997	-	Demolition
20	White City, OR	B-217 RRTP	217	18,308	-	Deconstruction
21	Menlo Park, CA	Medical Research	205	78,000	-	Demolition
21	Menlo Park, CA	Haven / Research/Vacant	301	15,200	-	Demolition
21	Menlo Park, CA	Engineering	303	20,200	-	Demolition
21	Menlo Park, CA	Toilet	343	100	-	Demolition
22	Sepulveda, CA	Vacant	2	131,313	-	Demolition
22	Sepulveda, CA	Quarters Vacant	71	1,900	-	Demolition
22	Sepulveda, CA	Garage Vacant	72	315	-	Demolition
22	Sepulveda, CA	Quarters/Vacant	73	998	-	Demolition
22	Sepulveda, CA	Quarters/Vacant	74	1,758	-	Demolition
22	Sepulveda, CA	Vacated in 1999	75	2,403	-	Demolition
22	Sepulveda, CA	Vacated in 1999	76	380	-	Demolition
22	Sepulveda, CA	Quarters/Vacant	82	1,072	-	Demolition
22	Sepulveda, CA	Vacant Garage	83	342	-	Demolition
22	Sepulveda, CA	Quarters/Vacant	88	1,577	-	Demolition
22	Sepulveda, CA	Quarters/Vacant	91	2,758	-	Demolition
<b>FY 2010</b>						
1	Providence, RI	Garage	22	500	-	Demolition
2	Bath, NY	Barn	3	5,500	-	Deconstruction
2	Bath, NY	Lumber Shed	4	3,200	-	Demolition
2	Bath, NY	Garage	6	1,600	-	Mothballing

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
2	Canandaigua, NY	Halfway House (outleased)	18	7,190	-	Transfer - Enhanced Use Lease
2	Canandaigua, NY	Single Quarters	73	1,541	-	Transfer - Enhanced Use Lease
2	Canandaigua, NY	Personnel Garage	94	3,216	-	Transfer - Enhanced Use Lease
4	Butler, PA	Vacant Space	16	3,995	-	Demolition
4	Butler, PA	Locker Room	17	3,995	-	Demolition
4	Butler, PA	Outleased File Room	68	4,389	-	Demolition
4	Butler, PA	Outleased Daycare	69	4,389	-	Demolition
4	Pittsburgh, PA University Drive	Research	2	11,069	-	Demolition
4	Pittsburgh, PA University Drive	IRM Building	3	2,811	-	Demolition
4	Pittsburgh, PA University Drive	Quarters/Admin/Eng	4	6,305	-	Demolition
6	Asheville, NC	Building 9	9	42,619	-	Deconstruction
6	Hampton, VA	Vacant Linen Storage	13	13,599	-	Demolition
6	Hampton, VA	Vacant Grounds Shop	16	2,234	-	Demolition
6	Hampton, VA	Vacant Grounds & Transportation Shop	61	1,568	-	Demolition
6	Salem, NC	Engineering Storage	34	1,378	-	Deconstruction
6	Salem, NC	Engineering Storage	35	1,360	-	Deconstruction
6	Salem, NC	Engineering/Recreatio n Storage	46	1,184	-	Deconstruction
6	Salem, NC	Engineering Storage	72	1,344	-	Deconstruction
6	Salem, NC	Storage	116	228	-	Deconstruction
6	Salem, NC	Storage	117	2,426	-	Deconstruction
6	Salem, NC	Golf Clubhouse	133	171	-	Deconstruction
7	Augusta, GA Uptown	Vacant Quarters	29	5,948	-	Demolition
7	Augusta, GA Uptown	Vacant Quarters (Directors)	30	5,948	-	Demolition
7	Augusta, GA Uptown	Vacant Quarters (Directors)	31	3,675	-	Demolition
7	Augusta, GA Uptown	Vacant Quarters (Duplex)	32	5,948	-	Demolition
7	Augusta, GA Uptown	Vacant Quarters (Duplex)	33	5,948	-	Demolition
7	Augusta, GA Uptown	Vacant Garage	40	288	-	Demolition

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
7	Augusta, GA Uptown	Vacant Garage	65	840	-	Demolition
7	Augusta, GA Uptown	Vacant Garage	66	840	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant Space	10	12,819	-	Mothballing
7	CAVHCS, Tuskegee, AL	Vacant Space	7	4,702	-	Mothballing
7	CAVHCS, Tuskegee, AL	Vacant Space	8	4,702	-	Mothballing
7	CAVHCS, Tuskegee, AL	Vacant Space	9	12,819	-	Mothballing
10	Chillicothe, OH	Engineering Shop	42	800	-	Demolition
10	Chillicothe, OH	Outleased-residential care	5	16,780	-	Enhanced Use Lease (Land or Building)
10	Dayton, OH	AVHC	116	11,495	-	Reuse by Other VA Entities
10	Dayton, OH	11 Car Garage	209	2,225	-	Reuse by Other VA Entities
10	Dayton, OH	Duplex Residence	210	5,760	12	Reuse by Other VA Entities
10	Dayton, OH	Duplex Residence	211	5,760	-	Reuse by Other VA Entities
10	Dayton, OH	Duplex Residence	212	5,760	-	Reuse by Other VA Entities
10	Dayton, OH	Duplex Residence	213	5,760	-	Reuse by Other VA Entities
10	Dayton, OH	Duplex Residence	214	5,760	-	Reuse by Other VA Entities
10	Dayton, OH	Protestant Chapel	118	5,650	-	Sharing, Outlease, License, Permit, Easement, Donation
10	Dayton, OH	AVHC	120	16,800	-	Sharing, Outlease, License, Permit, Easement, Donation
11	Battle Creek, MI	Warehouse/VISN 11 Laundry	145	53,361	-	Enhanced Use Lease
11	Battle Creek, MI	Warehouse/VISN 11 Laundry	-	-	6.0	Enhanced Use Lease
11	Danville, IL	Vacant	12	41,370	-	Deconstruction
11	Danville, IL	Single Quarters	40	4,515	-	Deconstruction



VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
12	Milwaukee, WI	Vacant Chapel	12	24,526	-	Enhanced Use Lease
12	Tomah, WA	Chapel	425	7,132	-	Demolition
15	St Louis, MO Jefferson Barracks	Vacant/Quarters	27	3,441	-	Demolition
15	St Louis, MO Jefferson Barracks	Vacant/Quarters	28	3,559	-	Demolition
15	St Louis, MO Jefferson Barracks	Vacant/Quarters	29	3,441	-	Demolition
16	Houston, TX	Housekeeping Quarters	112	2,900	-	Enhanced Use Lease
16	Houston, TX	Housekeeping Quarters	113	2,900	-	Enhanced Use Lease
16	Houston, TX	Housekeeping Quarters	111	3,270	-	Enhanced Use Lease
16	New Orleans, LA	Admin/Bldg 2	2	17,628	-	Demolition
18	Big Spring, TX	Directors/HR	8	3,763	-	Demolition
19	Sheridan, WY	Vacant Shop/PM&RS	11	28,100	-	Deconstruction
19	Sheridan, WY	Quarters	13	19,832	-	Deconstruction
19	Sheridan, WY	Vacant Admin.	3	8,761	-	Demolition
19	Sheridan, WY	FMS/Paint shop	55	1,800	-	Demolition
19	Sheridan, WY	FMS Mtce. Office	83	210	-	Demolition
20	American Lake, WA	B-2 NHCU	2	70,000	-	Deconstruction
20	Boise, ID	Old Quarters B.4	4	1,298	-	Demolition
20	White City, OR	B-218 RRTP	218	18,883	-	Deconstruction
20	White City, OR	B-221 RRTP	221	18,883	-	Deconstruction
20	White City, OR	B-245 Quarters	245	24,784	-	Deconstruction
20	White City, OR	B-242 FMS	242	16,953	-	Deconstruction
20	White City, OR	B-243 FMS	243	16,953	-	Deconstruction
20	White City, OR	B-250 Quarters	250	22,188	-	Deconstruction
21	Menlo Park, CA	Outlease/Psychiatric	323	80,300	-	Demolition
21	Menlo Park, CA	Tenant/swing/proj	332	8,300	-	Demolition
21	Menlo Park, CA	Engineering Storage	8	1,300	-	Demolition
21	Menlo Park, CA	Outleased to Grounds Contractor	9	1,300	-	Demolition
21	Menlo Park, CA	Warehouse	T44	8,300	-	Demolition
21	Menlo Park, CA	Garage	T45	3,500	-	Demolition
21	Menlo Park, CA	Engineering Storage	T52	700	-	Demolition
22	Long Beach, CA	Clinical Bldg 3	3	1,754	-	Demolition
22	Long Beach, CA	Vacant Quarters	47	25,200	-	Demolition
22	Long Beach, CA	VA Police	53	2,269	-	Demolition
22	Sepulveda, CA	Research	60	4,995	-	Demolition

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
22	Sepulveda, CA	Storage	79	2,120	-	Demolition
23	Lincoln, NE	Main Hospital	1	74,990	-	Enhanced Use Lease
23	Lincoln, NE	Warehouse	12	17,053	-	Enhanced Use Lease
23	Lincoln, NE	Storage building	13	1,245	-	Enhanced Use Lease
23	Lincoln, NE	Water pump house	15	660	-	Enhanced Use Lease
23	Lincoln, NE	Storage shed	17	500	-	Enhanced Use Lease
23	Lincoln, NE	Storage building	18	1,900	-	Enhanced Use Lease
23	Lincoln, NE	5-car garage	19	1,000	-	Enhanced Use Lease
23	Lincoln, NE	Support	2	21,739	-	Enhanced Use Lease
23	Lincoln, NE	Engineering shops	24	12,632	-	Enhanced Use Lease
23	Lincoln, NE	Dietetics/Support	3	33,490	-	Enhanced Use Lease
23	Lincoln, NE	Storage building	34	1,900	-	Enhanced Use Lease
23	Lincoln, NE	Auditorium (office/mtg. space)	4	10,373	-	Enhanced Use Lease
23	Lincoln, NE	Learning Resources	40	6,328	-	Enhanced Use Lease
23	Lincoln, NE	A/C Chiller Building	42	2,904	-	Enhanced Use Lease
23	Lincoln, NE	Outpatient Clinic	45	29,381	-	Enhanced Use Lease
23	Lincoln, NE	Vacant Administrative	5	18,160	-	Enhanced Use Lease
23	Lincoln, NE	Quarters/Engineering	6	5,682	-	Enhanced Use Lease
23	Lincoln, NE	Quarters/CHEP	7	5,682	-	Enhanced Use Lease
23	Lincoln, NE	Vacant Quarters	8	3,480	-	Enhanced Use Lease
23	Lincoln, NE	Pump House	9	797	-	Enhanced Use Lease
23	Lincoln, NE	Land	-	-	60	Enhanced Use Lease

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
<b>FY 2011</b>						
1	Bedford, MA	Vacant Storage	54	5,880	-	Demolition
1	Bedford, MA	Quonset Hut Weld Shop	20T	1,500	-	Transfer - Enhanced Use Lease
1	VACHS, Newington, CT	Administration	45	16,499	-	Mothballing
2	Canandaigua, NY	Regulated Medical Waste Storage	135	282	-	Demolition
2	Canandaigua, NY	Garage/Storage	39	3,027	-	Transfer - Enhanced Use Lease
2	Canandaigua, NY	Gate House	40	308	-	Transfer - Enhanced Use Lease
2	Canandaigua, NY	Storage	70	300	-	Transfer - Enhanced Use Lease
2	Canandaigua, NY	Storage	76	4,350	-	Transfer - Enhanced Use Lease
2	Canandaigua, NY	Storage	77	3,151	-	Transfer - Enhanced Use Lease
3	Northport, NY	Vacant	1	25,098	-	Demolition
3	Northport, NY	Vacant	2	74,125	-	Demolition
3	Northport, NY	Vacant	23	6,932	-	Demolition
3	Northport, NY	Quarters (Housekeeping)	25	6,932	-	Demolition
3	Northport, NY	Quarters (Housekeeping)	26	6,932	-	Demolition
3	Northport, NY	Vacant	27	5,120	-	Demolition
4	Butler, PA	Vacant Storage	32	6,968	-	Demolition
4	Butler, PA	Bath House/Pool	76	2,016	-	Demolition
4	Butler, PA	Filter House	77	950	-	Demolition
4	Wilmington, DE	Energy Bank (OOS)	21	1,092	-	Deconstruction
5	Perry Point, MD	Staff Housing	1065	2,984	-	Demolition
5	Perry Point, MD	Staff Housing	1088	2,642	-	Demolition
5	Perry Point, MD	Staff Housing	1089	3,574	-	Demolition
5	Perry Point, MD	Staff Housing	1125	3,078	-	Demolition
5	Perry Point, MD	Staff Housing	1139	2,984	-	Demolition
5	Perry Point, MD	Staff Housing	1147	2,984	-	Demolition
5	Perry Point, MD	Staff Housing	1148	2,984	-	Demolition
5	Perry Point, MD	Staff Housing	1150	3,574	-	Demolition
5	Perry Point, MD	Quarters	1164	2,642	-	Demolition
5	Perry Point, MD	Staff Housing	1165	2,642	-	Demolition
5	Perry Point, MD	Quarters	1166	2,746	-	Demolition

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
5	Perry Point, MD	Staff Housing	1168	2,984	-	Demolition
5	Perry Point, MD	Quarters	1169	2,746	-	Demolition
5	Perry Point, MD	Quarters	1170	2,642	-	Demolition
5	Perry Point, MD	Outleased Housing	1172	2,746	-	Demolition
7	CAVHCS, Tuskegee, AL	Vacant Space	18	12,280	-	Mothballing
7	CAVHCS, Tuskegee, AL	Vacant	44	52,934	-	Mothballing
7	CAVHCS, Tuskegee, AL	Vacant	50	66,904	-	Mothballing
7	CAVHCS, Tuskegee, AL	Vacant	51	22,495	-	Mothballing
7	CAVHCS, Tuskegee, AL	Vacant Directors Quarters	63	4,183	-	Mothballing
7	CAVHCS, Tuskegee, AL	Vacant Space	69	64,533	-	Mothballing
19	Grand Junction, CO	Vacant Quarters	2	3,298	-	Demolition
19	Grand Junction, CO	Four Plex Quarters	3	7,276	-	Demolition
20	Seattle, WA	B-18 ADMN/GIMC	18	21,232	-	Demolition
20	Seattle, WA	Canteen Retail Store	20	5,198	-	Demolition
20	Seattle, WA	Canteen Bldg.	22	10,575	-	Demolition
20	Seattle, WA	Mental Health	24	26,459	-	Demolition
20	Walla Walla, WA	B7 Police	7	1,720	-	Deconstruction
20	Walla Walla, WA	B48 Quarters	48	3,700	-	Deconstruction
20	Walla Walla, WA	B49 Quarters	49	3,700	-	Deconstruction
20	Walla Walla, WA	B129 Generator	129	576	-	Demolition
20	White City, OR	B-245 Quarters	245	24,784	-	Deconstruction
21	Palo Alto, CA	Psychiatry	2	75,000	-	Demolition
21	Palo Alto, CA	Therapeutic Exercise Gymnasium	23	19,600	-	Demolition
22	Sepulveda, CA	Research	85	1,819	-	Demolition
23	Knoxville. TN	Admissions/ Outpatient/Admin	1	62,400	-	Enhanced Use Lease
23	Knoxville. TN	Quarters (Housekeeping)	10	3,348	-	Enhanced Use Lease
23	Knoxville. TN	Nursing Home Care	101	55,147	-	Enhanced Use Lease
23	Knoxville. TN	Nursing Home Care	102	55,061	-	Enhanced Use Lease
23	Knoxville. TN	Quarters (Housekeeping)	11	6,058	-	Enhanced Use Lease
23	Knoxville. TN	Quarters (Housekeeping)	12	4,660	-	Enhanced Use Lease
23	Knoxville. TN	Digester Building	122	1,294	-	Enhanced Use Lease

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
23	Knoxville. TN	Quarters (Housekeeping)	13	4,660	-	Enhanced Use Lease
23	Knoxville. TN	Golf House	135	1,462	-	Enhanced Use Lease
23	Knoxville. TN	Chapel	136	6,434	-	Enhanced Use Lease
23	Knoxville. TN	Connecting Corridors	14	26,000	-	Enhanced Use Lease
23	Knoxville. TN	Bowling Alley	161	5,119	-	Enhanced Use Lease
23	Knoxville. TN	Laundry	163	22,838	-	Enhanced Use Lease
23	Knoxville. TN	Aggregate Storage Building	171	800	-	Enhanced Use Lease
23	Knoxville. TN	Vocational Rehabilitation	2	15,867	-	Enhanced Use Lease
23	Knoxville. TN	Administration	27	28,894	-	Enhanced Use Lease
23	Knoxville. TN	Quarters (Housekeeping)	28	10,957	-	Enhanced Use Lease
23	Knoxville. TN	Vacant administration Bldg	3	16,155	-	Enhanced Use Lease
23	Knoxville. TN	Dietetics/Main Dining Room	4	37,418	-	Enhanced Use Lease
23	Knoxville. TN	Recreation Hall	5	31,585	-	Enhanced Use Lease
23	Knoxville. TN	Warehouse	6	4,981	-	Enhanced Use Lease
23	Knoxville. TN	Vacant Garage	62	720	-	Enhanced Use Lease
23	Knoxville. TN	Quarters (Housekeeping)	65	4,756	-	Enhanced Use Lease
23	Knoxville. TN	Engineering Maint. Shops/Fire Station	66	39,916	-	Enhanced Use Lease
23	Knoxville. TN	Inpatient rehab/NHCU	67	50,027	-	Enhanced Use Lease
23	Knoxville. TN	Canteen/Voluntary/M ental Health	68	48,086	-	Enhanced Use Lease
23	Knoxville. TN	A&MM Storage	7	10,446	-	Enhanced Use Lease
23	Knoxville. TN	MAS/Vacant patient building	74	43,872	-	Enhanced Use Lease
23	Knoxville. TN	Chiller Plant	75	4,476	-	Enhanced Use Lease
23	Knoxville. TN	Boiler Plant	77	7,076	-	Enhanced Use Lease
23	Knoxville. TN	MAS/Engineering Admin	8	6,370	-	Enhanced Use Lease

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
23	Knoxville, TN	MHC	81	43,835	-	Enhanced Use Lease
23	Knoxville, TN	MAS	82	43,837	-	Enhanced Use Lease
23	Knoxville, TN	Vacant Patient Building	85	43,834	-	Enhanced Use Lease
23	Knoxville, TN	Vacant Qtr Bldg	9	26,895	-	Enhanced Use Lease
23	Knoxville, TN	Greenhouse	99	2,850	-	Enhanced Use Lease
23	Lincoln, NE	Main Hospital	1	74,990	-	Enhanced Use Lease
23	Lincoln, NE	Warehouse	12	17,053	-	Enhanced Use Lease
23	Lincoln, NE	Storage Building	13	1,245	-	Enhanced Use Lease
23	Lincoln, NE	Water Pump House	15	660	-	Enhanced Use Lease
23	Lincoln, NE	Storage shed	17	500	-	Enhanced Use Lease
23	Lincoln, NE	Storage building	18	1,900	-	Enhanced Use Lease
23	Lincoln, NE	5 Car Garage	19	1,000	-	Enhanced Use Lease
23	Lincoln, NE	Support	2	21,739	-	Enhanced Use Lease
23	Lincoln, NE	Engineering Shop	24	12,632	-	Enhanced Use Lease
23	Lincoln, NE	Dietetics/Support	3	33,490	-	Enhanced Use Lease
23	Lincoln, NE	Storage Building	34	1,900	-	Enhanced Use Lease
23	Lincoln, NE	Electrical Vault Building	38	6,328	-	Enhanced Use Lease
23	Lincoln, NE	Auditorium (office/mtg. space)	4	10,373	-	Enhanced Use Lease
23	Lincoln, NE	Learning Resources	40	6,328	-	Enhanced Use Lease
23	Lincoln, NE	A/C Chiller building	42	2,904	-	Enhanced Use Lease
23	Lincoln, NE	Outpatient Clinic	45	29,381	-	Enhanced Use Lease
23	Lincoln, NE	Vacant Administrative	5	18,160	-	Enhanced Use Lease
23	Lincoln, NE	Quarters/Engineering	6	5,682	-	Enhanced Use Lease
23	Lincoln, NE	Quarters/CHEP	7	5,682	-	Enhanced Use Lease

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
23	Lincoln, NE	Vacant Quarters	8	3,480	-	Enhanced Use Lease
23	Lincoln, NE	Pump House	9	797	-	Enhanced Use Lease
23	Lincoln, NE	Site	-	-	60	Enhanced Use Lease
FY 2012						
1	Bedford, MA	Vacant Storage	41	3,276	-	Demolition
1	Bedford, MA	Vacant Storage	42	2,948	-	Demolition
2	Batavia, NY	Vacant Garage	19	1,028	-	Demolition
2	Batavia, NY	Vacant Quarters	7a	3,553	-	Demolition
2	Batavia, NY	Vacant Quarters	7b	3,553	-	Demolition
2	Batavia, NY	Vacant (Quarters)	8a	3,553	-	Demolition
2	Batavia, NY	Vacant (Quarters)	8b	3,553	-	Demolition
2	Bath, NY	Museum	42	2,400	-	Enhanced Use Lease
2	Bath, NY	Maintenance & Repair	15	4,800	-	Mothballing
2	Bath, NY	Carpenter Shop	16	5,030	-	Mothballing
2	Buffalo, NY	Engineering/Grounds Storage	4	1,104	-	Demolition
2	Canandaigua, NY	Recreation Storage	115	231	-	Demolition
2	Canandaigua, NY	Flammable Storage Building	131	246	-	Demolition
4	Butler, PA	Mental Hygiene Clinic	78	10,137	-	Demolition
4	Pittsburgh, PA Highland Drive	Chapel	10	5,691	-	Enhanced Use Lease
4	Pittsburgh, PA Highland Drive	Vacant Admin Offices - ORM	11	2,960	-	Enhanced Use Lease
4	Pittsburgh, PA Highland Drive	Security/Vacant	12A	4,490	-	Enhanced Use Lease
4	Pittsburgh, PA Highland Drive	Engineering	15	44,760	-	Enhanced Use Lease
4	Pittsburgh, PA Highland Drive	SAC/ Administration	4	124,430	-	Enhanced Use Lease
4	Pittsburgh, PA Highland Drive	Eng/EMS/Vacant	6	46,240	-	Enhanced Use Lease
4	Pittsburgh, PA Highland Drive	Dietetics	7	48,600	-	Enhanced Use Lease
4	Pittsburgh, PA Highland Drive	Recreation Hall	8	61,800	-	Enhanced Use Lease
4	Pittsburgh, PA Highland Drive	Gym	9	24,900	-	Enhanced Use Lease
7	Augusta, GA Uptown	Engineering Shops	14	6,985	-	Enhanced Use Lease

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
7	Augusta, GA Uptown	Administrative	18	28,530	-	Enhanced Use Lease
7	Augusta, GA Uptown	Administrative and Canteen	19	50,138	-	Enhanced Use Lease
7	Augusta, GA Uptown	Vacant Administrative	20	41,482	-	Enhanced Use Lease
7	Augusta, GA Uptown	Engineering Storage	7	13,288	-	Enhanced Use Lease
10	Chillicothe, OH	Vacant Offices	2	16,000	-	Demolition
10	Chillicothe, OH	Vacant Offices	6	16,000	-	Demolition
10	Chillicothe, OH	Vacant CU & Offices	10	6,750	-	Demolition
10	Chillicothe, OH	Vacant Offices	11	7,180	-	Demolition
10	Chillicothe, OH	Engineering Shop	42	800	-	Demolition
10	Chillicothe, OH	Water Treatment	256	4,413	-	Demolition
10	Dayton, OH	Resident Engineer	221	4,890	-	Mothballing
10	Dayton, OH	Liberty House Museum	225	6,960	-	Mothballing
10	Dayton, OH	11 Car Garage	209	2,225	-	Reuse by Other VA Entities
10	Dayton, OH	Duplex Residence	210	5,760	-	Reuse by Other VA Entities
10	Dayton, OH	Duplex Residence	211	5,760	-	Reuse by Other VA Entities
10	Dayton, OH	Duplex Residence	212	5,760	-	Reuse by Other VA Entities
10	Dayton, OH	Duplex Residence	213	5,760	-	Reuse by Other VA Entities
10	Dayton, OH	Duplex Residence	214	5,760	-	Reuse by Other VA Entities
10	Dayton, OH	11 Car Garage	-	-	12.0	Reuse by Other VA Entities
10	Dayton, OH	AVHC	116	11,495	-	Sharing, Outlease, License, Permit, Easement
10	Dayton, OH	Protestant Chapel	118	5,650	-	Sharing, Outlease, License, Permit, Easement
10	Dayton, OH	AVHC	120	16,800	-	Sharing, Outlease, License, Permit, Easement



VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
10	Dayton, OH	Eng. Storage	129	18,370	-	Sharing, Outlease, License, Permit, Easement
15	St Louis, MO Jefferson Barracks	Engineering Shops	17	387	-	Demolition
15	St Louis, MO Jefferson Barracks	Engineering Shops	5	10,704	-	Demolition
15	St Louis, MO Jefferson Barracks	Gymnasium/Pool	63	16,938	-	Demolition
15	St Louis, MO Jefferson Barracks	Vacant - Old Chapel	64	3,544	-	Demolition
15	St Louis, MO Jefferson Barracks	Engineering/EMS Shops	7	11,317	-	Demolition
15	St Louis, MO Jefferson Barracks	Warehouse	8	11,346	-	Demolition
20	Roseburg, OR	Mental Health B-17	17	8,850	-	Demolition
20	Roseburg, OR	Continued Txmt B-2	2	67,613	-	Mothballing
22	Sepulveda, CA	Incinerator (vacant)	43	555	-	Demolition
<b>FY 2013</b>						
1	Bedford, MA	Vacant Storage	40	4,232	-	Demolition
2	Canandaigua, NY	Boiler Plant Emergency Generator	13	1,282	-	Demolition
2	Canandaigua, NY	Oil House	75	224	-	Demolition
2	Canandaigua, NY	Single Quarters	20	4,784	-	Transfer - Enhanced Use Lease
4	Butler, PA	Outleased Quarters	11	6,728	-	Demolition
11	NIHCS, Marion, IL	Connecting Corridor	CC-2	7,492	-	Demolition
11	NIHCS, Marion, IL	Pump Hse. Well #2	100	100	-	Demolition
11	NIHCS, Marion, IL	Administration	2	19,744	-	Enhanced Use Lease
11	NIHCS, Marion, IL	Vacant (Ward Building)	1	20,287	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Ward Building)	3	20,550	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Ward Building)	4	20,572	-	Mothballing

VISN	Location	Description	Building/ Land	Total GSF	Acres	Disposal Modality
11	NIHCS, Marion, IL	Vacant (Ward Building)	7	24,116	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Ward Building)	10	26,452	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Ward Building)	11	26,124	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Nursing Ed. & Med. Library)	13	8,971	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Ward Building)	18	19,058	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Admin. Bldg., Credit Union)	19	17,580	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Administration Building)	20	18,010	-	Mothballing
11	NIHCS, Marion, IL	Vacant	21	27,660	-	Mothballing
11	NIHCS, Marion, IL	Vacant	22	27,660	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Ward Building)	24	17,380	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Ward Building)	25	32,892	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Supply Service Building)	42	5,025	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Admin. Offices/ Ed. Therapy)	60	18,126	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Greenhouse)	62	8,980	-	Mothballing
11	NIHCS, Marion, IL	Vacant Storage (Morgue)	121	500	-	Mothballing
11	NIHCS, Marion, IL	Vacant (Mess Hall & Kitchen)	122	37,135	-	Mothballing
11	NIHCS, Marion, IL	Vacant Trash Storage	140	60	-	Mothballing
11	NIHCS, Marion, IL	Connecting Corridor	CC-2	7,492	-	Mothballing
16	New Orleans, LA	Medical Center	1	834,512	-	Transfer
19	Denver, CO	Hospital	1	488,855	-	Demolition
22	Sepulveda, CA	Vacant Theater	21	20,000	-	Demolition

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## Appendix D - Awarded Enhanced-Use Lease Projects

	Location		Project Type	Lease Awarded
1	Washington	DC	Child Development Center	4/20/1993
2	Houston	TX	Collocation/Mixed use	8/23/1993
3	West Palm Beach	FL	Public Safety Center	11/14/1994
4	West Haven*	CT	Child Development Center	12/1/1994
5	Big Spring*	TX	Parking	3/8/1996
6	Indianapolis	IN	Consolidation	9/23/1996
7	Bay Pines*	FL	Child Development Center	5/22/1997
8	St. Cloud	MN	Golf Course	7/28/1997
9	Atlanta	GA	Regional Office (RO) Collocation	12/18/1997
10	Portland	OR	Single Room Occupancy (SRO)	7/14/1998
11	North Little Rock	AR	Golf Course	10/1/1998
12	Pershing Hall, Paris	FR	Hotel	10/16/1998
13	Mt. Home	TN	Medical School	12/17/1998
14	Sioux Falls	SD	Parking	4/1/1999
15	Danville	IL	Senior Housing	4/27/1999
16	Mt. Home	TN	Energy	12/2/1999
17	Indianapolis*	IN	Nursing Home	12/6/1999
18	Dallas	TX	Child Development Center	12/20/1999
19	Roseburg	OR	Single Room Occupancy (SRO)	8/1/2000
20	Salt Lake City	UT	Regional Office (RO) collocation	5/9/2001
21	Durham	NC	Mixed Use / Research	1/3/2002
22	North Chicago	IL	Medical School	4/10/2002
23	Chicago (Westside)	IL	Regional Office (RO) Collocation	4/22/2002
24	Chicago (Westside)	IL	Parking Structure	4/22/2002
25	North Chicago	IL	Energy Center Phase I	5/21/2002
26	Batavia*	NY	Single Room Occupancy (SRO)	5/24/2002
27	Chicago (Westside)	IL	Energy	8/12/2002
28	Tuscaloosa	AL	Hospice	9/19/2002
29	Barbers Point	HI	Single Room Occupancy (SRO)	3/17/2003
30	Milwaukee	WI	Regional Office (RO) Collocation	7/17/2003
31	Hines	IL	Single Room Occupancy (Building 14)	8/22/2003
32	Somerville	NJ	Mixed Use	9/5/2003
33	North Chicago	IL	Energy Center Phase II	10/29/2003
34	Mound City	IL	Interpretive/Visitor Center	11/6/2003
35	Butler	PA	Mental Health Facility	12/18/2003
36	Portland	OR	Crisis Triage Center	2/13/2004
37	Charleston/MUSC	SC	Affiliate Partnering	5/18/2004
38	Hines	IL	Single Room Occupancy SRO Phase II	7/30/2004
39	Minneapolis	MN	Credit Union	8/17/2004
40	Batavia	NY	Assisted Living	8/24/2004
41	Bedford	MA	Single Room Occupancy housing	9/10/2004
42	Dayton	OH	Child Care Development Center	12/30/2004
43	Dayton	OH	Housing Initiative	12/30/2004
44	Chicago (Lakeside)*	IL	Realignment	1/18/2005

	Location		Project Type	Lease Awarded
45	St. Cloud	MN	Homeless Housing	5/24/2005
46	Leavenworth	KS	Residential Health Care	8/5/2005
47	Minneapolis	MN	Single Room Occupancy (SRO)	9/1/2005
48	Salt Lake City II	UT	Mixed Use - Office/Retail/Restaurant	9/20/2006
49	Fort Howard	MD	Mixed Use - Senior Housing,/Clinic	9/28/2006
50	Butler	PA	Homeless Residential Program	4/17/2007
51	Dayton	OH	Homeless Housing	4/19/2007
52	Columbia	SC	Mixed Use/VARO/Realignment	11/19/2007
53	Sepulveda	CA	Supportive Homeless Housing (bldg #4)	12/21/2007
54	Sepulveda	CA	Supportive Homeless Housing (bldg #5)	12/21/2007
55	Dayton	OH	Transitional Housing Facility	11/05/2008
56	Batavia	NY	Transitional Housing	12/22/2008
57	Battle Creek	MI	Transitional Housing	12/22/2008
58	Chillicothe	OH	Mixed Use/Stadium	12/22/2008

\*Lease terminated or disposed

## Appendix E – Secretary’s Approved Priority Enhanced-Use Lease Projects

Project Site	Project Type	Project Description	Status
Albany, NY	Parking	Lease to not-for-profit corporation for construction and maintenance of a parking structure. VA will receive parking spaces for use by the VAMC on a no-cost basis.	Project Pending NOIE and Draft Lease being prepared
Albuquerque, NM	Assisted Living	Lease for assisted living for spinal cord injury patients; Affordable temporary lodging accommodations for out-of- town/state patients; Alzheimer's patients care center.	Environmental site problems identified-need resolution by the Department of the Air Force
Battle Creek, MI	Laundry	Lease to reduce laundry costs.	Project pending on on-going internal discussion with Developer.
Brevard, FL	Assisted Living	Lease of donated land to establish an assisted living housing complex.	Project pending HUD financing
Butler, PA	Hospital	Demolition of old hospital and support buildings. Construction of new hospital, cancer center, and medical office buildings.	VHA preparing revised concept paper
Canandaigua, NY	Mixed Use	In conjunction with the Secretary's CARES decision for the capital plan, the potential enhanced use lease project could include construction of a new single-floor 120-bed nursing home, a new 50-bed residential rehabilitation facility and a renovated outpatient building to meet the current and anticipated needs of Finger Lakes area veterans.	Project Pending RFP
Castle Point, NY	Mixed Use	In conjunction with the Secretary's CARES decision for the capital plan, the potential enhanced use lease project could include a continuing care retirement community with active senior living apartments, independent living, assisted living, Alzheimer's, skilled nursing units and residential housing.	Pending Concept Approval
Cleveland, OH	Domiciliary	Lease to provide funding for services of 120-bed domiciliary including space for VA program support and community organizations.	Developer finalizing financing
Dayton, OH	Senior Housing	About 55 beds of single occupancy low-income housing	Developer HUD financing

Project Site	Project Type	Project Description	Status
Hines, IL	School of Nursing and Research with Loyola	Create clinical teaching facility with Loyola School of Nursing and Research in existing Building 51	Development plan under discussion
Houston, TX	Clinical/ Ambulatory Space	Lease to develop clinical and ambulatory space to meet needs of Veterans	Developer conditionally selected
Lexington, KY	Mixed Use	Campus re-use opportunity	Pending concept paper
Lebanon, PA	Golf Course	Lease to township to reduce VA costs by providing golf therapy to patients.	On hold
Lincoln, NE	Outpatient Clinic	Outpatient clinic to meet all the existing and future workload projected for the Lincoln facility.	IDIQ SDVO real estate advisor selected; project pending highest and best use studies
Livermore, CA	Mixed Use	Campus re-use opportunity	Pending concept paper
Los Angeles, CA	VHA/VBA Collocation	VBA will exit leased space to collocate at VHA space to better provide one-stop services to veterans.	On hold
Marion, IL	Hotel	Lease to increase access to on site hotel for veterans and families.	Project pending project development
Marion, IN	Senior Housing	Lease to create low income housing for senior and veterans	Project pending Request for Proposal submissions
Memphis, TN	Parking	Lease to develop .69 acres of VA property for a shared parking garage facility	Project pending IDIQ selection
Milwaukee, WI	Mixed Use	Proposed EUL for assisted living, retail, and entertainment development.	Project pending Developer financing
Montrose, NY	Assisted Living	Lease to develop senior housing, assisted living and mixed use development to reduce maintenance and repair costs to VA	Project pending development selection
Murfreesboro, TN	Golf Course	Proposed partnership between the VAMC and the City of Murfreesboro to expand the golf course from 9 to 18 holes and provide other improvements. The VAMC currently leases the golf course and six (6) buildings to the City of Murfreesboro, and in return, the VAMC pays the City for fire suppression services. In this proposal, the VAMC would receive cost savings which would be applied toward the cost of fire suppression services.	On hold

<b>Project Site</b>	<b>Project Type</b>	<b>Project Description</b>	<b>Status</b>
Nashville, TN	Research	Lease to Vanderbilt University to provide research facilities to VA.	Vanderbilt University redefining proposal
Newington, CT	Assisted Living	Lease to develop assisted living facility.	VHA re-evaluating project
Northport, NY	Assisted Living	Lease to outlease 20.67 acres of underutilized land to develop an assisted living facility.	Project pending public hearing
Palo Alto, CA	Research	Lease to construct a 250,000 GSF research center. This center would bring world-class cutting edge translational research programs to Stanford University and VA.	VHA reviewing options
Perry Point, MD	Mixed Use	Working with the Secretary's CARES decision for the capital plan for renovation and new construction of services including nursing home care to remain on campus, study and implement thorough enhanced use leasing the market potential for the reuse for the remaining property including the waterfront areas.	Pending CARES master plan
Portland-Vancouver, OR	Transitional Housing	Lease to develop 25-40 units of "green" or Homeless Sustainable Transitional housing on 2.17 acres of vacant VA property located on the southeast corner of the Vancouver campus. This project will be intended for female occupants.	Project pending Direct Source Solicitation
Riverside, CA	Transitional Housing	Lease to construct at least 118 beds transitional housing for homeless Veterans.	Project pending Direct Source Solicitation
Sacramento, CA	Assisted Living	Lease to construct long term care facility with Veterans priority placement.	Developer assessing options
Saint Louis, MO	Parking	Public/private partnership to build nine-level parking deck. VA patients, visitors, employees get free parking for duration of lease.	Negotiation on going
San Francisco, CA	Research	Lease to Northern California Institute for Research and Education (NCIRE) to develop a new research facility on the VAMC campus.	On hold
Solano County, CA	Water Supply/Property Development	Lease of land for irrigation and development in exchange for future cemetery expansion.	On hold



Project Site	Project Type	Project Description	Status
St. Albans, NY	Mixed Use	In conjunction with the Secretary's CARES decision for the capital plan (BPO #4), the potential enhanced use lease project could include a continuing care retirement community with active senior living apartments, independent living, assisted living, Alzheimer's, skilled nursing units and hospice., small retail and restaurants may be added as mixed use support.	Project pending developer selection
Syracuse, NY	Research	Lease to the State University of New York's (SUNY) Upstate Medical University and College of Environmental Science and Forestry to develop a Biotechnology Research Center.	On hold
Walla Walla, WA	Mixed Use	To perform, in conjunction with the Secretary's CARES decision of July 7, 2006, a comprehensive reuse study to determine reuse potential in-line with VA's mission of the site and move forward with their implementation.	Project pending RFP
Washington, DC	Mixed Use	Lease of 5.63 acres of underutilized land that are currently underutilized, by developing primary care building, ambulatory, research, and parking to result in decreased operational and fee medical costs and increased access to scarce medical specialty services.	On hold
White City, OR	Community College	Lease to create a VA/Community college partnership providing training through tuition vouchers for veterans and VA staff.	On hold
National	Co-generation	Cost avoidance and added parking	
National	CMOPs	Potential for reducing cost for VA pharmaceuticals via consolidated financing structure	

## Appendix F - Mission Homeless and Site Review Initiative Enhanced-Use Lease Projects

Project Site	Project Type	Project Description	Status
Asheville, NC	Mission Homeless	The proposed EUL would outlease 4.42 acres of underutilized land and Building 9 at the Asheville VAMC for development of housing for homeless veterans.	On hold
Augusta, GA	Mission Homeless	The proposed EUL would outlease underutilized land and/or buildings, that Augusta VAMC no longer uses (Bldg 7, 13,000 SF on 7 acres of land and Bldg 36, 71,000 SF), to be reused for development of housing for homeless veterans.	Project pending Request for Proposal
Cheyenne, WY	Mission Homeless	The proposed EUL would outlease underutilized land and/or buildings, that Cheyenne VAMC no longer uses (3.66 acres of unimproved land), to be used for development of housing for homeless veterans.	Project pending Request for Proposal
Hines, IL	Mission Homeless	The proposed EUL would outlease underutilized land and buildings, that Hines VAMC no longer uses (5.2 acres of land), to be used for development of housing for homeless veterans.	Project pending Developer selection
Lyons, NJ	Mission Homeless	The proposed EUL would outlease underutilized land and buildings, that Lyons VAMC no longer uses (Bldg 55, 91,000 SF), to be reused for development of housing for homeless veterans.	Project pending Request for Proposal
Newington, CT	Mission Homeless	The proposed EUL would outlease underutilized land and buildings, that Newington VAMC no longer uses (10 acres of land; eight acres of vacant land and two acres with two buildings: Bldg 5 ( 27,769 SF) and Bldg 43 (3,872 SF), to be reused for development of housing for homeless veterans.	Project pending Request for Proposal
Togus, ME	Mission Homeless	The proposed EUL would outlease underutilized land and buildings, that Togus VAMC no longer uses (Bldg 36, 8,700 SF and Bldgs 17, 18 and 19 each of which is 2,900 SF), to be reused for development of housing for homeless veterans.	Project pending Request for Proposal
Tuskegee, AL	Mission Homeless	The proposed EUL would outlease Building 62 and adjacent acreage for recreational purposes.	Project pending Request for Proposal

Project Site	Project Type	Project Description	Status
Tuscaloosa, AL	Mission Homeless	The proposed EUL would outlease up to 7.0 acres of underutilized land at the Tuscaloosa VAMC and Building 33, to be reused for development of housing for homeless veterans	Project pending Request for Proposal
Alexandria, LA	Mission Homeless	Possible EUL to outlease 17 acres of underutilized land at the Alexandria VAMC to be reused for development of housing for homeless veterans.	Project pending public hearing
Bonham, TX	Mission Homeless	Possible EUL to outlease 5.0 acres of underutilized land at the Bonham VAMC; to be reused for development of housing for homeless veterans.	Project pending public hearing
Dallas/ Fort Worth, TX (NCA)	Mission Homeless	Possible EUL to outlease 3.4 acres of underutilized land at the Dallas NCA to be reused for development of housing for homeless veterans	Project pending public hearing
Kerrville, TX	Mission Homeless	Possible EUL to outlease 5.0 acres of underutilized land at the Kerrville VAMC; to be reused for development of housing for homeless veterans	Project pending public hearing
Roseburg, OR	Mission Homeless	Possible EUL to outlease 9.7 acres underutilized land at the Roseburg VAMC; to be reused for development of housing for homeless veterans	Project pending public hearing
Tomah, WI	Mission Homeless	Possible EUL would outlease 3.8 acres of underutilized land at the Tomah VAMC; to be reused for development of housing for homeless veterans	Project pending public hearing
Kansas City, KS	Mission Homeless	Possible EUL would outlease 4.5 acres of underutilized land at the Kansas City VAMC; to be reused for development of housing for homeless veterans	Project pending concept paper submission
Danville, IL	Mission Homeless	Possible EUL would outlease underutilized land at the Danville VAMC; to be reused for development of housing for homeless veterans	Project pending concept paper submission
Wichita, KS	Mission Homeless	Possible EUL would outlease 1.6 acres of underutilized land at the Wichita VAMC; to be reused for development of housing for homeless veterans	Project pending concept paper approval
VA Montana HCS (Fort Harrison), MT	Mission Homeless	Possible EUL would outlease underutilized land and buildings at the VA Montana HCS to be reused for development of housing for homeless veterans.	Project pending concept paper approval
Topeka, KS	Mission Homeless	Possible EUL would outlease 7.6 acres of underutilized land at the Topeka VAMC; to be reused for development of housing for homeless veterans	Project pending concept paper submission

<b>Project Site</b>	<b>Project Type</b>	<b>Project Description</b>	<b>Status</b>
Central Iowa-Des Moines, IA	Mission Homeless	Possible EUL would outlease 2.7 acres of underutilized land at the Des Moines VAMC; to be reused for development of housing for homeless veterans	Project pending concept paper submission
Martinsburg, WV	Mission Homeless	Possible EUL would outlease 6.2 acres of underutilized land at the Martinsburg VAMC; to be reused for development of housing for homeless veterans	Project pending concept paper submission
Chillicothe, OH	Mission Homeless	Possible EUL would outlease a building with associated land at the Chillicothe VAMC; to be reused for development of housing for homeless veterans	Project pending concept paper approval
Salem, MO	Mission Homeless	Possible EUL would outlease 27 acres of underutilized land at the Salem VAMC; to be reused for development of housing for homeless veterans	Project pending concept paper approval
Sheridan, WY	Mission Homeless	Possible EUL would outlease 1.2 acres of underutilized land at the Sheridan VAMC; to be reused for development of housing for homeless veterans	Project pending concept paper approval
Other possible projects	Mission Homeless	Amarillo, Batavia, Bath, Bay Pines, Black Hills, Butler, Coatesville, Dayton, Highland Drive (Pittsburg HCS), Iron Mountain, Lake City, Lebanon, Long Beach, Marion, Menlo Park (Palo Alto HCS), Prescott, Shreveport, Sepulveda, Temple (Central Texas), White River Junction.	Projects pending further review

## Appendix G - History of VHA Projects Update

Location		Project Description	Total Est. Cost	FY 04 Actual	FY 05 <sup>1</sup> Actual	FY 06 Actual	FY 07 Actual	FY 08 Actual	FY 09 Actual	FY 10 Request	Future	Status
American Lake	WA	Seismic Corrections Building 81	\$52,600	\$0	\$0	\$0	\$0	\$0	\$5,260	\$0	\$47,340	P
American Lake	WA	Seismic Corrections-NHCU & Dietetics	\$38,220	\$0	\$0	\$0	\$38,220	\$0	\$0	\$0	\$0	CO
Anchorage	AK	Outpt. Clinic/Regional Office	\$75,270	\$11,760	\$0	\$63,510	\$0	\$0	\$0	\$0	\$0	CO
Atlanta	GA	Modernize Patient Wards	\$24,534	\$0	\$20,534	\$0	\$0	\$0	\$4,000	\$0	\$0	CO
Bay Pines	FL	Inpatient/Outpatient Improvements	\$194,400	\$0	\$0	\$0	\$0	\$0	\$17,430	\$96,800	\$80,170	SD/ DD
Biloxi <sup>2</sup>	MS	Restoration of Hospital/Consolidation of Gulfport	\$310,000	\$0	\$0	\$310,000	\$0	\$0	\$0	\$0	\$0	CO
Brockton	MA	Long-Term Care Spinal Cord Injury (Design)	\$188,000	\$0	\$0	\$0	\$0	\$0	\$0	\$24,040	\$163,960	P
Bronx	NY	Spinal Cord Injury (SCI)	\$81,794	\$0	\$0	\$0	\$0	\$0	\$8,179	\$0	\$73,615	P
Canandaigua	NY	Construction and Renovation (Design)	\$370,100	\$0	\$0	\$0	\$0	\$0	\$0	\$36,580	\$333,520	P
Chicago	IL	Bed Tower (Modernize Inpatient Space)	\$98,500	\$98,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	PC
Cleveland	OH	Cleveland-Brecksville Cons. (Multiple Phases)	\$102,300	\$15,000	\$0	\$87,300	\$0	\$0	\$0	\$0	\$0	CO
Columbia	MO	Operating Suite Replacement	\$25,830	\$0	\$0	\$0	\$25,830	\$0	\$0	\$0	\$0	DD/ CD
Columbus	OH	Construction of Outpatient Clinic (New Outpatient Clinic)	\$94,800	\$94,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	PC
Dallas	TX	Clinical Expansion for Mental Health	\$156,400	\$0	\$0	\$0	\$0	\$0	\$15,640	\$0	\$140,760	P
Dallas	TX	Spinal Cord Injury (SCI)	\$89,000	\$0	\$0	\$0	\$0	\$0	\$8,900	\$0	\$80,100	P
Denver <sup>3</sup>	CO	New Medical Facility	\$800,000	\$30,000	\$0	\$25,000	\$52,000	\$61,300	\$20,000	\$119,000	\$492,700	SD/ DD
Des Moines <sup>4</sup>	IA	Extended Care Building	\$25,550	\$0	\$24,800	\$0	\$750	\$0	\$0	\$0	\$0	CO

Location		Project Description	Total Est. Cost	FY 04 Actual	FY 05 <sup>1</sup> Actual	FY 06 Actual	FY 07 Actual	FY 08 Actual	FY 09 Actual	FY 10 Request	Future	Status
Durham	NC	Renovate Patient Wards	\$9,100	\$9,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	CO
Fayetteville <sup>5</sup>	AR	Clinical Addition	\$93,000	\$0	\$0	\$5,800	\$0	\$87,200	\$0	\$0	\$0	CO
Gainesville <sup>5</sup>	FL	Correct Patient Privacy Deficiency	\$136,700	\$8,800	\$0	\$76,400	\$0	\$51,500	\$0	\$0	\$0	CO
Gulfport	MS	Environmental Cleanup	\$35,919	\$0	\$0	\$35,919	\$0	\$0	\$0	\$0	\$0	CO
Indianapolis	IN	7th & 8th Fl. Wards Modernization Addition	\$27,400	\$27,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	CO
Las Vegas	NV	New Medical Facility (Multiple Phases)	\$600,400	\$60,000	\$0	\$199,000	\$0	\$341,400	\$0	\$0	\$0	CO
Lee County <sup>6</sup>	FL	Outpatient Clinic	\$131,800	\$0	\$6,498	\$4,000	\$0	\$9,890	\$111,412	\$0	\$0	CD
Livermore	CA	Realignment and Closure (Design and Land Purchase)	\$354,300	\$0	\$0	\$0	\$0	\$0	\$0	\$55,430	\$298,870	P
Long Beach	CA	Seismic Corrections-Bldgs 7,126	\$117,845	\$10,300	\$0	\$0	\$97,545	\$0	\$10,000	\$0	\$0	CO
Long Beach	CA	Seismic Cor.-Mental Health and Community Living Center (Design)	\$258,400	\$0	\$0	\$0	\$0	\$0	\$0	\$24,200	\$234,200	P
Los Angeles	CA	Seismic Corrections-Bldgs. 500 & 501	\$7,936	\$0	\$7,936	\$0	\$0	\$0	\$0	\$0	\$0	CA
Los Angeles	CA	Seismic Correction of 11 Buildings	\$155,000	\$0	\$0	\$0	\$0	\$0	\$15,500	\$0	\$139,500	P
Louisville	KY	New Medical Facility	TBD	\$0	\$0	\$0	\$0	\$0	\$75,000	\$0	TBD	P
Menlo Park	CA	Seismic Correct-Geropsych Replace (Bldg. 324)	\$32,934	\$0	\$32,934	\$0	\$0	\$0	\$0	\$0	\$0	CO
Milwaukee	WI	Spinal Cord Injury Center	\$32,500	\$0	\$0	\$0	\$32,500	\$0	\$0	\$0	\$0	CO
Minneapolis	MN	Spinal Cord Injury/Disease Ctr	\$20,500	\$20,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	PC
New Orleans <sup>7</sup>	LA	New Medical Facility	\$925,000	\$0	\$0	\$625,000	\$0	\$0	\$0	\$0	\$300,000	SD/ DD
North Chicago	IL	Joint VA and Dept of Navy Medical Project	\$13,000	\$13,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	PC
Orlando <sup>5</sup>	FL	New Medical Facility	\$665,400	\$25,000	\$0	\$0	\$0	\$49,100	\$220,000	\$371,300	\$0	CD
Palo Alto	CA	Seismic Corrections Bldg. 2	\$54,000	\$34,000	\$0	\$0	\$0	\$20,000	\$0	\$0	\$0	CD

Location		Project Description	Total Est. Cost	FY 04 Actual	FY 05 <sup>1</sup> Actual	FY 06 Actual	FY 07 Actual	FY 08 Actual	FY 09 Actual	FY 10 Request	Future	Status
Palo Alto <sup>8</sup>	CA	Ambulatory Care/Polytrauma Rehab	\$450,300	\$0	\$0	\$0	\$0	\$164,877	\$0	\$0	\$285,423	SD/DD
Pensacola	FL	Joint VA and Department of Navy OPC	\$55,056	\$0	\$55,056	\$0	\$0	\$0	\$0	\$0	\$0	PC
Perry Point	MD	Replacement Community Living Center (Design)	\$90,100	\$0	\$0	\$0	\$0	\$0	\$0	\$9,000	\$81,100	P
Pittsburgh <sup>5</sup>	PA	Consolidation of Campuses (Multiple phases)	\$295,600	\$20,000	\$0	\$82,500	\$0	\$130,700	\$62,400	\$0	\$0	CO
San Antonio	TX	Ward Upgrades and Expansion	\$19,100	\$19,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	CO
San Antonio <sup>9</sup>	TX	Polytrauma Center	\$66,000	\$0	\$0	\$0	\$0	\$66,000	\$0	\$0	\$0	SD/DD
San Diego	CA	Seismic Corrections-Bldg. 1	\$47,874	\$0	\$47,874	\$0	\$0	\$0	\$0	\$0	\$0	PC
San Diego	CA	Spinal Cord Injury and Seismic Deficiency (Design)	\$183,400	\$0	\$0	\$0	\$0	\$0	\$0	\$18,340	\$165,060	P
San Francisco	CA	Seismic Corrections-Bldg. 203	\$41,168	\$0	\$41,168	\$0	\$0	\$0	\$0	\$0	\$0	CO
San Juan <sup>10</sup>	PR	Seismic Corrections-Bldg. 1	\$299,200	\$0	\$14,880	-\$4,000	\$0	\$59,000	\$64,400	\$42,000	\$122,920	CD
Seattle	WA	B101 Mental Health (Design)	\$178,700	\$0	\$0	\$0	\$0	\$0	\$17,870	\$0	\$160,830	P
Seattle	WA	Correct Seismic Deficiencies B100,NT, and NHCU	\$43,000	\$0	\$0	\$0	\$0	\$0	\$4,300	\$0	\$38,700	P
St. Louis	MO	Medical Facility Improvements & Cemetery Expansion	\$396,400	\$0	\$0	\$0	\$7,000	\$0	\$5,000	\$19,700	\$364,700	SD
St. Louis	MO	Replace Bed Tower & Clinic Expansion (Design)	\$433,400	\$0	\$0	\$0	\$0	\$0	\$0	\$43,340	\$390,060	P
Syracuse <sup>11</sup>	NY	Construct Addition for SCI Center	\$77,269	\$0	\$53,469	\$0	\$0	\$23,800	\$0	\$0	\$0	CO
Tampa <sup>12</sup>	FL	Spinal Cord Injury Expansion	\$11,407	\$0	\$7,043	\$4,364	\$0	\$0	\$0	\$0	\$0	PC
Tampa	FL	Upgrade Essential Electrical Dist. Systems	\$49,000	\$49,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	CO
Tampa <sup>8</sup>	FL	Polytrauma/Bed Tower	\$231,500	\$0	\$0	\$0	\$0	\$231,500	\$0	\$0	\$0	SD/DD
Temple <sup>13</sup>	TX	Information Technology Facility	\$10,552	\$0	\$55,552	\$0	\$0	-\$45,000	\$0	\$0	\$0	SD

Location		Project Description	Total Est. Cost	FY 04 Actual	FY 05 <sup>1</sup> Actual	FY 06 Actual	FY 07 Actual	FY 08 Actual	FY 09 Actual	FY 10 Request	Future	Status
Tucson <sup>14</sup>	AZ	Mental Health Clinic	\$13,300	\$12,100	\$0	\$1,200	\$0	\$0	\$0	\$0	\$0	PC
Walla Walla	WA	Multi-Specialty Care	\$71,400	\$0	\$0	\$0	\$0	\$0	\$71,400	\$0	\$0	SD/ DD
Total			\$9,462,158	\$558,360	\$367,744	\$1,515,993	\$253,845	\$1,251,267	\$736,691	\$859,730	\$3,993,528	

**Status Codes:**

CA - Canceled

CD - Construction Documents

CO - Construction

SD - Schematic Design

SD/DD - Schematics/Design Development

P - Planning

PC - Physically Complete

**Footnotes:**

<sup>1</sup>FY 2005 Actual amounts reflect the FY 2005 Recission.

<sup>2</sup> Biloxi, MS, received \$17.5 million in regular appropriations and another \$292.5 million in emergency supplemental appropriation from P.L. 109-148.

<sup>3</sup> Denver, CO, received \$25 million in a reprogramming action in FY 2006.

<sup>4</sup>Des Moines, IA, received a reprogramming of \$750K in FY 2007.

<sup>5</sup>Additional funding received in the FY 2008 Omnibus Appropriation.

<sup>6</sup>Lee County, FL, received \$4 million in a reprogramming action in FY 2006.

<sup>7</sup>New Orleans, LA, was funded through two emergency supplemental appropriations: \$75 million from P.L. 109-148 and another \$550 million from P.L. 109-234.

<sup>8</sup>Additional funding received in FY 2008 emergency supplemental from P.L. 110-252

<sup>9</sup>San Antonio, TX, Polytrauma Center received \$66 million in an FY 2008 reprogramming action. The project is required by P.L. 110-161.

<sup>10</sup>San Juan, PR, received \$4 million in a reprogramming to fund the FY 1999 Major Construction project, New Building.

<sup>11</sup>Syracuse, NY, FY 2008 total estimated cost \$77 million. A recission was not reflected in the Congressional Budget.

<sup>12</sup>Tampa, FL, SCI Expansion received \$4.36 million in reprogramming action in FY 2006.

<sup>13</sup>Temple, TX, received \$56 million FY 2005. A planning decision about the future of the Waco, TX, facility has diminished the need for major construction activities at Temple. A reprogramming of \$45 million was approved in FY 2008. The remaining \$10.55 million will be used to construct an IT Facility at Temple.

<sup>14</sup>Tucson, AZ, received \$1.2 million in a reprogramming action in FY 2006.



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The following provides descriptions of the projects listed in the preceding table.

<b>Project Location</b>	<b>American Lake, WA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections Building 81</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$5,260
<b>Total Acquisition Cost (\$000)</b>	\$52,600
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$5.26M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$52.6M. This project at the American Lake Division of VA Puget Sound Health Care System (VAPSHCS) is twofold. First, new construction of a 70,000 GSF modern outpatient medical facility will replace the existing main hospital built in a historical architectural set which is not conducive to modern health care delivery standards. Second, the VA will mothball the five floors of the original main sections of Bldg 81, which was built in 1947 leaving the more recently constructed “additions” operational.

This project specifically mitigates numerous seismic deficiencies and structural damage to the existing 93,747 GSF of a five story (with basement) concrete frame main hospital, Bldg 81, with unreinforced concrete masonry infill walls that was built in 1947. The current building poses a life-safety threat to patients and staff without extensive seismic retrofit.

<b>Project Location</b>	<b>American Lake, WA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections, NHCU &amp; Dietetics</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Received(\$000)</b>	\$38,220
<b>Total Acquisition Cost (\$000)</b>	\$38,220
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$38.22M in FY 2007 budget authority to complete construction. This project will construct a one story, 83-bed Nursing Home Care Unit (NHCU) with Alzheimer Ward, Dietetics and other associated support functions. The project is intended to improve patient and staff safety by correcting seismic, fire and life safety deficiencies. At the present time, the NHCU and its support functions are housed in buildings first constructed in 1923.

Building 2 contains the NHCU and Building 3 contains the Food Service kitchen that serves the nursing units. These buildings rank on the list of seismically extremely high risk buildings. If cook-chill proves to be a cost-effective approach, the new Dietetics space would be constructed to handle both,

American Lake and Seattle Campuses, as well as potentially serving Madigan Army Medical Center. The project would also remove an existing high risk (seismic) from the VA inventory.

<b>Project Location</b>	<b>Anchorage (Elmendorf AFB), AK</b>	
<b>Planned Project Name</b>	<b>Outpatient Clinic and Regional Office</b>	
<b>Fiscal Year</b>	FY 2004	FY 2006
<b>BA Received(\$000)</b>	\$11,760	\$63,510
<b>Total Acquisition Cost (\$000)</b>	\$75,270	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction	

This project received \$11.76M in FY 2004 for design and an additional \$63.51M in FY 2006 to complete construction. This project has a total estimated cost of approximately \$75.27M. This project is to construct a new Outpatient Clinic and Regional Office building adjacent to the Elmendorf Air Force Base Medical Center - a joint VA and Air Force facility. This new building will replace the current 82,000 gross square foot (gsf) leased facility for the Alaska VA Healthcare Clinic and Regional Office with a new building of approximately 169,000 gsf. The current lease expires in 2007. This project integrates several VA functions with existing Air Force functions located at the adjacent hospital, thus reducing the overall construction size from 184,000 gsf to approximately 169,000 gsf. The new facility will provide space in a building adjacent to the current Air Force/VA hospital for collocation of medical and benefits services presently housed in leased space.

<b>Project Location</b>	<b>Atlanta, GA</b>	
<b>Planned Project Name</b>	<b>Modernize Patient Wards</b>	
<b>Fiscal Year</b>	FY 2005	FY 2009
<b>BA Received(\$000)</b>	\$20,534	\$4,000
<b>Total Acquisition Cost (\$000)</b>	\$24,534	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction	

This project received \$20.534M in FY 2005 budget authority and an additional \$4M in FY 2009 budget authority, for a total estimated cost of approximately \$24.534M. This project directly supports the VISN 7 CARES marketing plan by renovating existing medical inpatient wards that are below community standards. Improvements include the renovation of approximately 40,000 gross square feet on 2 inpatient floors (7th and 8th) and 20,000 gross square feet on the 10th floor to meet American with Disabilities Act (ADA) accessibility requirements, meet women veterans' needs, correct patient privacy issues, and improve staff efficiencies with improved functional layout. Work will also address infrastructure improvements to utility systems by resolving outstanding

deficiencies. These deficiencies include HVAC, plumbing, electrical and fire and safety concerns on these inpatient floors. This project will also include the addition of two elevators in the main building. In addition, this project will also promote the One VA concept by improving access, through the construction of a connecting bridge, for veterans traveling between the VBA Regional Office Building and the VA Medical Center.

<b>Project Location</b>	<b>Bay Pines, FL</b>
<b>Planned Project Name</b>	<b>Inpatient/Outpatient Improvements</b>
<b>Fiscal Year</b>	FY 2009      FY 2010
<b>BA Requested (\$000)</b>	\$17,430      \$96,800
<b>Total Acquisition Cost (\$000)</b>	\$194,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

This project received \$17.43M in FY 2009 budget authority to begin design, and requires an additional \$96.8M in FY 2010 to continue the mental health addition, with a total estimated cost of approximately \$194.4M. This project will construct a multi-story addition to Bay Pines Main Hospital (Building 100), resolving both inpatient psychiatric deficiencies and space gaps in outpatient mental health. This project will construct an outpatient mental health center of excellence and inpatient psychiatric and geriatric psychiatric bed wards. After the existing psychiatric wards in Building 1 are relocated to the new addition, administrative functions currently located in Building 100 will be relocated to Building 1, creating room for an additional outpatient services on the ground level. This project also includes partial renovations to two medical/surgical wards in Building 100; partial renovation to floors two through five in the historic Building 1; and renovation to one wing of Building 102 (Domiciliary).

<b>Project Location</b>	<b>Biloxi, MS</b>
<b>Planned Project Name</b>	<b>Restoration of Hospital/Consolidation of Gulfport</b>
<b>Fiscal Year</b>	FY 2006
<b>BA Received(\$000)</b>	\$310,000
<b>Total Acquisition Cost (\$000)</b>	\$310,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$17.5M in FY 2006 budget authority and an additional \$292.5M in budget authority in Public Law 109-148 the FY 2006 Emergency Supplemental, to complete construction, with an estimated total estimated cost of approximately \$310M. This project will restore the hospital at Biloxi as a result of damage from Hurricane Katrina and consolidate and co-locate all clinical and administrative functions of a two-division medical center at the Biloxi VAMC campus. On May 7, 2004 the VA Secretary announced the Capital Asset and

Realignment to Enhance Services (CARES) plan, included in this plan is the closure of the VAGCVHCS Gulfport campus and the need to build a new Blind Rehabilitation Center on the VAGCVHCS Biloxi campus. This project supports these two major CARES initiatives. This consolidation aligns itself with congressional top priority for VA construction due to the closure of the Gulfport division (campus) and achieves the objectives of CARES to realign and decrease the amount of infrastructure maintained and operated by VA by 383,868 gross square feet at Gulfport

This project will construct a new Mental Health/Clinical Addition, a new nursing home care building, a new gymnasium, an administrative building, a new police and security building, storage and CWT buildings, and various renovations to existing patient care buildings in Biloxi. This project replaces the direct-care programs at Gulfport and consolidates all services at Biloxi. This project will also accelerate the consolidation and other repairs necessitated by the damage done by Hurricane Katrina.

<b>Project Location</b>	<b>Brockton, MA</b>
<b>Planned Project Name</b>	<b>Long-Term Care Spinal Cord Injury</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$24,040
<b>Total Acquisition Cost (\$000)</b>	\$188,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$24.04M in FY 2010 budget authority to begin design, with a total estimated cost of approximately \$188M. This project supports the construction of a new 104 bed Long Term Care Spinal Cord Injury unit and associated clinical and administrative support spaces. The new inpatient SCI unit will be located on a vacant parcel between buildings 7 and 8. Upon completion of the SCI Building, the existing 60 bed Long Term SCI facility, building 8, will be renovated to house mission growth for mental health services to mitigate the current mental health space deficiency.

<b>Project Location</b>	<b>Bronx, NY</b>
<b>Planned Project Name</b>	<b>Spinal Cord Injury</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$8,179
<b>Total Acquisition Cost (\$000)</b>	\$81,794
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$8.18M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$81.8M. This project will establish spinal cord injury/disease center for VISN 3. It will construct a two story structure plus

lower level in approximately 121,274 square feet, with 92 beds, outpatient clinic and administrative space. A connection to the main facility would be required and is planned to occur at each level of the new structure. The new SCI center will have a separate street level entrance and dedicated parking.

<b>Project Location</b>	<b>Canandaigua, NY</b>
<b>Planned Project Name</b>	<b>Construction and Renovation</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$36,580
<b>Total Acquisition Cost (\$000)</b>	\$370,100
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$36.58M in FY 2010 budget authority to begin design, with a total estimated cost of approximately \$370.1M. The project will demolish buildings to allow for the new construction of a new 120-bed community living center (CLC), which will include geropsychiatric services and hospice care. This project also constructs or renovates a new 50-bed domiciliary/residential rehabilitation facility. Finally, this project renovates Buildings 1, 2, 3, 4, and 9 for outpatient services, behavioral health services and logistic/administrative support departments. Outpatient functions will be housed in Buildings 1 and 2. Building 9 currently contains the domiciliary and will be renovated to provide behavioral health services and other administrative/logistical support functions.

<b>Project Location</b>	<b>Chicago, IL</b>
<b>Planned Project Name</b>	<b>Bed Tower (Modernize Inpatient Space)</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received(\$000)</b>	\$98,500
<b>Total Acquisition Cost (\$000)</b>	\$98,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Physically Complete

This project received \$98.5M in FY 2004 budget authority. This project will consolidate the two-inpatient sites of care, Lakeside, and West Side that are located in 50-year old facilities approximately five miles apart. Construction includes a new bed tower to house all inpatient beds and operating rooms, at the West Side Division. The building will be connected to Building 1, the existing hospital where ancillary support and diagnostic functions will remain. Building 1 renovations will provide consolidated inpatient support services. The VISN 12 CARES study for veterans health care needs for 2010 and beyond determined that two separate inpatient care units so close to one another represented unnecessary duplication of services and that significant operating inefficiencies could be eliminated and cost savings achieved by consolidating inpatient care at a single site. This project will reduce operating costs for services and supplies. In

In addition, there will be improved patient satisfaction by providing veteran patients with a level of care that meets or exceeds community standards and cannot be provided in two separate 50-year old facilities.

<b>Project Location</b>	<b>Cleveland, OH</b>	
<b>Planned Project Name</b>	<b>Cleveland-Brecksville Consolidation</b>	
<b>Fiscal Year</b>	FY 2004	FY 2006
<b>BA Received(\$000)</b>	\$15,000	\$87,300
<b>Total Acquisition Cost (\$000)</b>	\$102,300	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction	

This project received \$15M in FY 2004 budget authority for design and \$87.3M in FY 2006 budget authority to complete the project, for total estimated cost of \$102.3M. This project will consolidate and co-locate all clinical and administrative functions of a two division medical center at the Wade Park VAMC. This consolidation aligns itself as a top priority for construction due to the closure of the Brecksville VAMC and achieves the objective of CARES to realign and decrease the amount of infrastructure maintained and operated by VA by 931,454 gross square feet. This project will require new construction of 268,546 gross square feet at the Wade Park VAMC. The scope of this project includes additional chillers, emergency generators, and boilers as well as the associated incoming utility connection for the new space. Space efficiencies are gained in several ways for the aforementioned items that do not require the new construction of space: 1) there is existing space in the penthouse of the Wade Park VAMC that can accommodate the new chillers and (2) the current energy center is expandable by 1,800 square feet. This project requires the enhanced-use lease of 102 acres at the Brecksville VAMC in exchange for property adjacent to the Wade Park VAMC. Under the enhance-use lease agreement, the lessor will construct a 120-bed domiciliary, a 1,200 space parking garage, and administrative space adjacent to the Wade Park VAMC that will provide the additional infrastructure needed for the consolidation of the Brecksville VAMC at the Wade Park VAMC. The consolidation at the Wade Park Division of the Louis Stokes Cleveland VAMC will allow for the complete vacancy and closure of the Brecksville VAMC. The cost savings of this project are anticipated to exceed \$23 million annually and the quality of clinical care will be significantly enhanced to the more than 80,000 veterans that receive care at these medical centers annually. Additionally, there is the potential consolidation of VHA and VBA that will promote a One VA through efficient processing of VBA claims requiring medical support from VHA for the more than 500,000 veterans residing in Northern Ohio.

<b>Project Location</b>	<b>Columbia, MO</b>
<b>Planned Project Name</b>	<b>Operating Suite Replacement</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Received(\$000)</b>	\$25,830
<b>Total Acquisition Cost (\$000)</b>	\$25,830
<b>Asset Type</b>	Major Construction
<b>Status</b>	Design Development/Construction Documents

This project received \$25.83M in FY 2007 budget authority to complete construction. This project will construct 27,000 square feet for replacement of the Operating Room (OR) Suite and renovate 10,000 square feet of space for surgical support. The new space will consist of 2 general OR rooms, 3 Special OR rooms, clean and soiled work areas, equipment storage, clean supply storage, ambulatory surgery, and the necessary scrub areas. The renovated space for support functions will consist of the post anesthetic care unit (PACU), pre-op prep room, pre-op holding area, cystology area, and staff locker / restroom facilities. The project will correct infrastructure deficiencies with the electrical and HVAC systems identified in the Facility Condition Assessment. The project will correct all space deficiencies which are 50% below recommended criteria. Functional deficiencies will be corrected as well, allowing increased efficiencies with OR room turnaround and increased operator utilization. Gaps in the surgical clinic stops associated with the project are projected to be at 90% in FY 2012 and 65% in FY 2022. It is expected that turnaround time for the OR rooms can be reduced from the current duration of 45 minutes to 25 minutes through proper layout and storage areas. This will allow increased utilization of the OR rooms and a reduction in the projected gap. The current OR facilities are below community standards with a cramped, open PACU that does not provide adequate patient privacy; this project will correct that. The Columbia VA is cardiac referral center for VISN 15. As a highly affiliated teaching hospital, this project will provide state-of-the-art surgical facilities in lieu of the marginally acceptable facilities that currently exist.

<b>Project Location</b>	<b>Columbus, OH</b>
<b>Planned Project Name</b>	<b>Outpatient Clinic</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received(\$000)</b>	\$94,800
<b>Total Acquisition Cost (\$000)</b>	\$94,800
<b>Asset Type</b>	Major Construction
<b>Status</b>	Physically Complete

This project received \$94.8M in FY 2004 budget authority. This project will relocate and replace the existing 118,000 square feet Chalmers P. Wylie Outpatient Clinic to the Defense Supply Center, Columbus (DSCC). Agreement has been reached with DoD to locate the new facility on a 20-acre parcel of land on the west side of the



base. The project will require new construction of 295,000 square feet. The Columbus Outpatient relocated to its current location in 1995 as one of four mega-lease facilities in the VA system. The clinic was designed to support 135,000 annual visits, however greater than 208,000 visits were accomplished during FY 2003. The current size and configuration of the clinic is not sufficient to serve the growing patient demand for services and provides only limited specialty care services. The replacement facility will significantly reduce the need for veteran travel to other Network 10 VA's for ambulatory specialty and same-day surgical care, significantly improve continuity of care, increase parking from 470 to a projected 1,000 parking spaces and address 85% of the identified CARES Capacity Gaps for specialty, primary and ancillary care. Annual cost savings of 1.5 million would be realized in lease expenses for the existing clinic and off site clinical/administrative space. Access to inpatient care will be improved by establishing a contract with a local health care system. The design for the VA replacement clinic will include plans for possible future expansion to add inpatient beds if patient care demands support in future years. The primary impact of the project is establishment of new/expanded specialty care services currently unavailable in Central Ohio.

<b>Project Location</b>	<b>Dallas, TX</b>
<b>Planned Project Name</b>	<b>Clinical Expansion for Mental Health</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$15,640
<b>Total Acquisition Cost (\$000)</b>	\$156,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$15.64M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$156.4M. This project is an estimated 298,462 gross square feet of construction (271,434 GSF new and 27,028 GSF renovations). New construction is added to the main inpatient care structure, Building 2, to allow the expansion of mental health outpatient care and psychiatric inpatient services. Mental Health outpatient care, inpatient acute, SARRTP, PRRTTP and Domiciliary bed services are relocated and consolidated from several buildings across the campus an addition to Building 2. This project is replacing 131 substandard Mental Health/Domiciliary beds that are currently operating in Building 1, with 141 beds to be built in this project. The campus Energy Center (Building 70) will be enhanced and its capacity expanded to support the additional cooling and heating load of the clinical expansion. Structural tie-ins are constructed from the Mental Health addition to the parking garage and Building 72. A roadway access tunnel to Building 2 and 2J docks is constructed along with a covered entrance driveway to the Mental Health addition.

<b>Project Location</b>	<b>Dallas, TX</b>
<b>Planned Project Name</b>	<b>Spinal Cord Injury</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$8,900
<b>Total Acquisition Cost (\$000)</b>	\$89,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$8.9M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$89M. This project includes the construction of a 30 bed long term care spinal cord unit and associated clinical and administrative support spaces. The SCI unit represents approximately 64,000 gross square feet of new construction. The footprint and associated buffer space for this unit may force the relocation/demolition of the following physical structures: Building 44, Warehouse; Temporary Buildings: T-1A/AFGE; T-48/Voluntary Service; T-47/Fiscal; T-46/VA Police, and T51/Human Resource. The 30 bed long term care SCI facility will be operationally integrated with the existing 30 bed acute SCI center at the Dallas campus by way of a connecting corridor that is constructed by this project. Subsequently, additional modifications to the site are required and may be included in this project, such as: relocation of Recreation Service site functions (purchase of land required); construction of a new campus warehouse (50,000 gross square foot) at a new site adjacent to the laundry plant; renovation of an existing parking garage in the basement of Building 2 for administrative space; and construction of two parking garages to mitigate current parking shortages (purchase of land required).

<b>Project Location</b>	<b>Denver, CO</b>					
<b>Planned Project Name</b>	<b>New Medical Facility</b>					
<b>Fiscal Year</b>	FY 2004	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
<b>BA Requested (\$000)</b>	\$30,000	\$25,000	\$52,000	\$61,300	\$20,000	\$119,000
<b>Total Acquisition Cost (\$000)</b>	\$800,000					
<b>Asset Type</b>	Major Construction					
<b>Status</b>	Schematics/Design Development					

This project received \$30M in FY 2004 budget authority, \$25M in a reprogramming action in FY 2006, \$52M in FY 2007 budget authority for design, \$61.3M in budget authority in FY 2008, and requests an additional \$20M in FY 2009 budget authority to continue, with a total estimated cost of approximately \$800M. This phase of the project provides a parking facility for the new medical center. The project provides for a facility near the University of Colorado. The facility will accommodate the Eastern Colorado HCS tertiary, secondary and primary care functions and also presents the possibility of a joint VA/DoD presence. The project continues positive collaboration with the University of Colorado, Denver Health Sciences Center (UCDHSC) by relocating to this new site.

<b>Project Location</b>	<b>Des Moines, IA</b>
<b>Planned Project Name</b>	<b>Extended Care Building</b>
<b>Fiscal Year</b>	FY 2005      FY 2007
<b>BA Received(\$000)</b>	\$24,800      \$750
<b>Total Acquisition Cost (\$000)</b>	\$25,550
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$24.8M in FY 2005 budget authority and \$.75M in a reprogramming action in FY 2007, for a total estimated cost of approximately \$25.6M. This project will construct a new building of approximately 100,000 gross square feet for a 120-bed Nursing Home Care Unit (NHCU), 20-bed Rehabilitation Medicine Unit, 40-bed Domiciliary Unit, Administrative, Employee Education, Clinic and Support space at the Des Moines Division of the VA Central Iowa Health Care System. This proposal will result in the following outcomes at project completion: 1) Locate NHCU, Rehabilitation Medicine, Behavioral Disorders (SMI) and Acute Psychiatric Care Services adjacent to acute Med/Surg Beds to enhance care delivery to increasingly medically complex extended care and rehabilitation cases. 2) Enhance veteran and family access to services by establishing high demand beds in the area of highest veteran population density in the state. 3) Replace badly deteriorating and aging infrastructure at the Knoxville division of VA Central Iowa with state of the art facilities at the Des Moines campus. 4) Achieve significant operational cost reduction over the life of the project. 5) Enhance staff education and research. 6) Consolidate all inpatient bed care services and other support functions at one location; and 7) allow divestiture of approximately 350,000 gross square feet of outdated infrastructure at the Knoxville Division.

<b>Project Location</b>	<b>Durham, NC</b>
<b>Planned Project Name</b>	<b>Renovate Patient Wards</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$9,100
<b>Total Acquisition Cost (\$000)</b>	\$9,100
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$9.1M in FY 2004 budget authority. This project will renovate approximately 46,000 gsf of existing space on Ward 7A, Wing 7C, Ward 6A, Wing 6C, Ward 9A, Wing 9C, Ward 5B and Wing 5C. This project will renovate the last four of six outdated inpatient wards at the Durham VA Medical Center. Wards 7B and 6B are currently being designed for renovation via an approved FY 04 Minor Construction Project. Each Ward that is renovated will have 25 inpatient beds except for Ward 9A (Mental Health), which will have 30 beds. Included in the renovation will be the complete demolition of the interior walls, utilities, floor tile,

doors and frames, hardware, etc. and rework of the air conditioning system. The reconfiguration of each ward layout will correct serious patient privacy and space deficiencies that have existed for many years. This allows for greater visibility by the nursing staff, larger patient rooms, and private or semi-private restrooms. An adequate number of private bathrooms will be constructed to address the special needs of the female veteran. This project will modernize outdated 1950's wards to updated, state of the art patient wards. The project will address CARES model capacity gaps in Inpatient Medicine, Surgery, and Psychiatry.

<b>Project Location</b>	<b>Fayetteville, AR</b>	
<b>Planned Project Name</b>	<b>Clinical Addition</b>	
<b>Fiscal Year</b>	FY 2006	FY 2008
<b>BA Received (\$000)</b>	\$5,800	\$87,200
<b>Total Acquisition Cost (\$000)</b>	\$93,000	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction	

This project received \$5.8M in FY 2006 and \$87.2M in FY 2008 budget authority, with a total estimated cost of approximately \$93M. The project includes the construction of a clinical addition of approximately 160,000 square feet to correct the CARES specialty gap of 168%, the CARES ancillary gap of 112% and ensure veterans have access according to VA's mandate for access to specialty care of 60 minutes drive time for urban and 90 minutes drive time for rural areas. Annual cost savings would be realized in the reduction of lease expenses for current off-site space.

Based on the CARES space and functional survey, the total square feet at VAMC Fayetteville will accommodate approximately 25,600 unique veterans. The FY 2004 projected number of unique veterans was approximately 41,000. The current CARES space and functional survey based on FY 2003 uniques reflects a gross square feet space deficit of 218,163 square feet. The CARES total space deficit for specialty care and Ancillary care in 2022 is 179,729 square feet (37,018 sq ft ancillary and 142,711 sq ft specialty). At project completion, space will be available to meet the CARES projected growth needs through 2022.

The clinical addition will help address the needs of the growing veteran population and provide a full continuum of patient-centered one-stop quality health care for primary and specialty care with supporting ancillary services. The clinical addition will add space, which will allow the enhancement of services that support both inpatient and outpatient care. Specialty services will be added or enhanced. Examples of ancillary services to be included are pharmacy, physical therapy and improved access to laboratory services.

<b>Project Location</b>	<b>Gainesville, FL</b>		
<b>Planned Project Name</b>	<b>Correct Patient Privacy Deficiencies</b>		
<b>Fiscal Year</b>	FY 2004	FY 2006	FY 2008
<b>BA Received (\$000)</b>	\$8,800	\$76,400	\$51,500
<b>Total Acquisition Cost (\$000)</b>	\$136,700		
<b>Asset Type</b>	Major Construction		
<b>Status</b>	Construction		

This project received \$8.8M in FY 2004, \$76.4M in FY 2006, and \$51.5M in FY 2008 budget authority to complete construction, with a total estimated cost of approximately \$136.7M. The medical center, an acute care facility, was dedicated in 1967. The inpatient medical, surgical, and psychiatric wards are as originally constructed, consisting of mostly 5-bed rooms, with some 1, 2, and 3-bed rooms, and congregate baths. The inpatient wards are non-CARES functional score of 1.0, which indicates the inpatient wards no non-functional, with virtually no privacy standards being met. Accordingly, the inpatient wards are in non-compliance with the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191. Several alternatives were explored and considered as means to increase the functional score. It was determined that the most viable alternative is an approximately 242,000 gross square feet (gsf) addition to the medical center. The additional will consist of four floors, plus a basement level, with connection corridors to the existing medical center. The addition will house 228 inpatient beds consisting of 120 medical beds, 60 surgical beds, 58 psychiatric beds, support space, and Veterans Benefits Administration (VBA) collocation. This project includes renovation of space to expansion of specialty care clinics consisting of Cardiology, Dermatology, Nephrology/Dialysis, Hematology, Otolaryngology, Audiology, Ophthalmology, Urology, Orthopedics, and Vascular Surgery. Construction of the new bed row addition will free up the existing inpatient ward space to partially address the 144,504 dgsf specialty care space gap identified by CARES functional space survey data. Approximately 4,000 gsf of space is also being included in the new addition for collocation of VBA. The project will correct non-functional space, patient privacy deficiencies, handicap deficiencies, and code deficiencies that currently exist in the inpatient wards.

<b>Project Location</b>	<b>Indianapolis, IN</b>
<b>Planned Project Name</b>	<b>7th &amp; 8th Floor Ward Modernization Addition</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$27,400
<b>Total Acquisition Cost (\$000)</b>	\$27,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$27.4M in FY 2004 budget authority. This project will correct the multiple deficiencies that prevail on the inpatient wards/bedrooms, 23-hour observation unit, and the inpatient pharmacy. Improvements include the addition of approximately 80,000 gross square feet of space on the 7th and 8th floor of the A-wing of Building 1, along with ancillary utility support. The project replaces all medicine, surgery, and intermediate beds. It provides 52 private and 22 semi-private rooms, negative and positive isolation rooms with the appropriate anterooms, a new inpatient pharmacy, new medical education space and other support space. Within the room allotment, the project replaces 11 beds and allocates an additional 12 beds for 23-hour observation, expanding specialty outpatient capacity. The design will provide the capability for patients to be dialyzed within each patient room providing an opportunity to increase the outpatient dialysis treatment capacity within the existing unit through the elimination of the need for inpatient treatment space. Additional educational space will be added on each floor to support the teaching mission of this medical center. It will benefit medical residents, other trainees, and medical center staff by providing a place for learning, a forum for sharing information, and a location for digital capability for distance learning. These rooms will greatly improve the communication and treatment of the patients by providing space for didactic training and learning literally around the corner from the practical application of that training. Three vacated wards will be designed and backfilled through this project for outpatient primary care and specialty care space. Design of the backfill will occur during the construction of the vertical addition with backfill beginning upon activation of the new inpatient space. This will add 24,000 square feet of outpatient space, which was included as part of the VISN 11 CARES plan for the Indiana market.

<b>Project Location</b>	<b>Las Vegas, NV</b>		
<b>Planned Project Name</b>	<b>New Federal Medical Facility</b>		
<b>Fiscal Year</b>	FY 2004	FY 2006	FY 2008
<b>BA Received (\$000)</b>	\$60,000	\$199,000	\$341,400
<b>Total Acquisition Cost (\$000)</b>	\$600,400		
<b>Asset Type</b>	Major Construction		
<b>Status</b>	Construction		

This project received \$60M in FY 2004, \$199M in FY 2006, and \$341.4M in FY 2008 budget authority to complete construction, with a total estimated cost of approximately \$600.4M. This project will allow for construction of a comprehensive Medical Center Complex. The project would consist of up to 90 inpatient beds, a 120 bed Nursing Home Care Unit, Ambulatory Care Center, administrative and support functions and provide space for collocated Veterans Benefits Administration offices. The Medical Center Complex would provide a "One Stop Shopping" approach for the veteran whose health care needs cross the continuum of services including primary and specialty care, surgery, mental health, rehabilitation, geriatrics and extended care. The consolidation of clinical and administrative support will increase effectiveness, allow for the sharing of expertise and coordination across all levels of care, ensure patients are provided optimum care in the most appropriate setting. The proposed facility would be appropriately sized with approximately 838,000 square feet. The site for a new facility has been transferred to VA from the Bureau of Land Management, Department of the Interior.

In order to improve access, maximize flexibility and reduce cost, 50% of projected Primary Care and Mental Health workload has been removed from the space program and will be placed in multiple locations throughout the Las Vegas metropolitan area. This improves access to patients for Primary Care and allows for a scalable infrastructure to quickly adapt to anticipated changes in workload.

<b>Project Location</b>	<b>Lee County, FL</b>			
<b>Planned Project Name</b>	<b>Outpatient Clinic</b>			
<b>Fiscal Year</b>	FY 2005	FY 2006	FY 2008	FY 2009
<b>BA Received (\$000)</b>	\$6,498	\$4,000	\$9,890	\$111,412
<b>Total Acquisition Cost (\$000)</b>	\$131,800			
<b>Asset Type</b>	Major Construction			
<b>Status</b>	Construction Documents			

This project received \$6.498M in FY 2005 to acquire 30.53 acres, \$4M in a reprogramming action in FY 2006, \$9.89M in FY 2008 budget authority and \$111.412M in FY 2009 budget authority to design and subsequently construct a new 200,000 gsf building, with a total estimated cost of approximately \$131.8M. The new building will provide an Ambulatory Surgery/Outpatient Diagnostic

Support Center in the Gulf, South-Submarket of VISN 8 to meet the increased demand for diagnostic procedures, ambulatory surgery, and specialty care (including mental health services), all of which are gaps identified during the (CARES) study.

<b>Project Location</b>	<b>Livermore, CA</b>
<b>Planned Project Name</b>	<b>Realignment and Closure</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$55,430
<b>Total Acquisition Cost (\$000)</b>	\$354,300
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$55.43M in FY 2010 budget authority to begin design and acquire land, with a total estimated cost of approximately \$354.3M. This project includes the construction of a new East Bay Community Based Outpatient Clinic (CBOC), an Expanded Central Valley CBOC, a new 120-bed CLC and then a Specialty Procedure Center at the Palo Alto VAMC for the consolidation of specialized services. Subsequent to this construction, this project will support the redevelopment of the current 113-acre Livermore VAMC campus under VA's enhanced-use leasing (EUL) authority.

At the East Bay CBOC, VA will acquire a parcel of land in southern Alameda County and construct a CBOC. Landscape, parking and other exterior revisions associated with utility feeds, cabling and site work is included within the scope of this project.

At the Central Valley CBOC, VA will acquire a parcel of land in the Central Valley and construct a CBOC and a 120-bed community living center (CLC). Landscape, parking and other exterior revisions associated with utility feeds, cabling and site work is included within the scope of this project.

At the Palo Alto Procedure Center, VA will renovate the Palo Alto VAMC tertiary care campus to establish a specialty procedure center in an effort to consolidate minimally invasive procedures into a single state-of-the-art procedure center.



<b>Project Location</b>	<b>Long Beach, CA</b>		
<b>Planned Project Name</b>	<b>Seismic Corrections to Buildings 7 &amp; 126</b>		
<b>Fiscal Year</b>	FY 2004	FY 2007	FY 2009
<b>BA Received (\$000)</b>	\$10,300	\$97,545	\$10,000
<b>Total Acquisition Cost (\$000)</b>	\$117,845		
<b>Asset Type</b>	Major Construction		
<b>Status</b>	Construction		

This project received \$10.3M in FY 2004 budget authority for design, \$97.55M in FY 2007 budget authority and \$10M in FY 2009 budget authority to complete the project, with a total estimated cost of approximately \$117.9M. The VA Long Beach Healthcare System (VALBHS) is proposing a major construction project for the modernization, demolition and seismic upgrade of facilities. Increasing the efficiency of traffic flow and parking will be a high priority included in the site plan. A security plan will also be implemented during the design phase. This project includes the construction of a new and efficient space for those administrative and support services affected by the demolition of seismically deficient Buildings 2, 4, 8, 11 and T162. These buildings contain crucial core support functions: Bldg. 2- Ear, Nose & Throat (ENT), Audiology, Main Library, Chapel, Canteen/Cafeteria, Bldg. 4- Fiscal, Material Management, Equal Employment Opportunity (EEO) & Labor Relations, Human Resources and Credit Union, Bldg. 8- Education, Medical & Surgical Support Offices, Building 11- Employees Education Service (EES) and T162 - Employee Health, TRICARE & Indian Health Clinics and the Veterans Integrated Service Network (VISN 22) Director's and Support Offices. Building 7 will be seismically upgraded and modernized or demolished, rebuilt and expanded as new clinical space based on the consultants' findings. Building 7 was evaluated and deemed essential and placed on the VA national "Exceptionally High Risk" list as seismically deficient (VA Seismic Inventory, Phase 4, EHR Ranked List, October 2003 update). Buildings 2, 4, 8 and 11 are of the same 1943 vintage and design.

Specifically, this project will either renovate and seismically upgrade existing Building 7 (36,000 gsf) and add 24,000 gsf to Building 7 or demolish and rebuild to the size of 73,600 gsf of clinic space and will consolidate multiple specialty medical and surgical outpatient clinics and pharmacy to prepare for future outpatient demand as demonstrated in CARES. The project will demolish approximately 214,000 gsf of seismically deficient and deteriorated inefficient spaces of Buildings 2, 4, 8, 11 and T162 and consolidate services in a new administrative, research administration, and support services building (approx 137,000 gsf).

In conjunction, the project will construct a 54,000 gsf 24-bed Blind Rehabilitation Center (as demonstrated in the CARES model) to serve all of the Southwestern part of the United States blind veteran population. Comprehensive rehabilitation

services at VALBHS will be consolidated and placed physically adjacent to the SCI Building in order to improve efficiencies and increase productivity. All new construction shall be connected to Buildings 7 and 126OP, connected to the core patient tower building 126 and the new proposed Blind Rehabilitation Center.

<b>Project Location</b>	<b>Long Beach, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections - Mental Health and Community Living Center</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$24,200
<b>Total Acquisition Cost (\$000)</b>	\$258,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$24.2M in FY 2010 budget authority to begin design, with a total estimated cost of approximately \$258.4M. This project constructs a new mental health center, a community living center (CLC), and proposes to demolish two seismically deficient buildings on the VA Long Beach Healthcare System campus. The seismically deficient and replacement buildings are building 128, an existing 93,939 GSF mental health building that is being replaced with a new building for mental health services, and building 133, an existing 58,560 GSF nursing home that is being replaced with a new CLC. The new Consolidated Rehabilitation Center will create adjacency of rehabilitation services to our existing SCI building, main hospital building, and new CLC building. The new Consolidated Rehabilitation Center will yield new efficiencies in rehabilitation operations by uniting all rehabilitation-related functions, currently scattered throughout the VA Long Beach campus, into a single building. The Consolidated Rehabilitation Center will also consolidate staff and eliminate staffing deficiencies that occur during peak demand periods. The new buildings will be connected to each other, and to the remainder of existing VA Long Beach healthcare system (VALBHCS) buildings, through a new connecting corridor. Demolition will include asbestos and lead paint abatement.

<b>Project Location</b>	<b>Los Angeles, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections of 11 Buildings</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$15,500
<b>Total Acquisition Cost (\$000)</b>	\$155,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$15.5M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$155M. This project encompasses the required seismic retrofit of 11 buildings located on the campuses of the West Los

Angeles and Sepulveda Medical Centers. Based on the Degenkolb Seismic Safety Report updated 11/9/2005, these buildings are currently designated as "exceptionally high risk" and are at risk of substantial damage and/or possible collapse in the occurrence of a seismic event. The following buildings will be renovated within this project:

- B212 (69,400 gsf) Research/ Salvation Army Haven
- B257 (57,386 gsf) Mental Health Programs
- B114 (69,921 gsf) Research
- B115 (60,314 gsf) Research
- B205 (53,047 gsf) Mental Health Program
- B258 (64,715 gsf) Mental Health Clinics, Admin, Sharing Agr.
- B207 (47,015 gsf) Mental Health Program
- B208 (47,285 gsf) Mental Health Program
- B300 (68,824 gsf) VISN22 Nutrition and Food Center
- B206 (47,099 gsf) Multiple Mental and Social Programs
- B222 (23,226 gsf) Future IRM Consolidated Site

The buildings associated with this project encompass the relocation and consolidation of numerous departments and will involve extensive phasing and a multitude of space and functional changes for research and mental health programs within the 11 buildings.

<b>Project Location</b>	<b>Louisville, KY</b>
<b>Planned Project Name</b>	<b>New Medical Center</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$75,000
<b>Total Acquisition Cost (\$000)</b>	TBD
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$75M in FY 2009 budget authority to begin design. This project will acquire land and construct a new medical center. This will include a new inpatient tower downtown with 464,000 GSF, a garage and energy plant and a new Health Care Facility with 688,000 GSF and new garage, demolition and energy plant. It does not include renovations of the existing facility.

The primary objective of this project is the construction of a replacement Medical Center for the current Louisville VAMC. Objective includes the correction of current program space deficiencies. This is reflected in inappropriate patient flow, program deficiencies such as lack of patient privacy, inadequate ADA compliance, infection control issues caused from lack of space necessary to maintain proper separation of clean and dirty environments, and limited ceiling heights for overhead ducts and piping. The current facility does not have adequate space to meet current health care demand and projected workload for outpatient services.

<b>Project Location</b>	<b>Menlo Park, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections-Geropsychiatric Nursing Home Replacement (Bldg. 324)</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received (\$000)</b>	\$32,934
<b>Total Acquisition Cost (\$000)</b>	\$32,934
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$32.934M in FY 2005 budget authority. This capital investment project will construct a 120-bed geropsychiatric replacement facility of approximately 80,000 gsf at VA Palo Alto Health Care System's (VAPAHCS) Menlo Park Division (MPD). This project will replace an obsolete, functionally deficient and seismically unsafe psychiatric building, which currently operates as a 109-bed geropsychiatric inpatient facility (Building 324 - Exceptionally High Risk [EHR]). Completion of this project will eliminate a seismically deficient facility that fails to meet current Life/Safety, ADA/Uniform Federal Accessible Standards (UFAS). VAPAHCS' Menlo Park Division is VISN 21's primary referral center for extended care and psychiatric treatment while the Palo Alto Division is one of two regional referral sites for tertiary care and acute inpatient programs such as surgery, medicine and psychiatry.

<b>Project Location</b>	<b>Milwaukee, WI</b>
<b>Planned Project Name</b>	<b>Spinal Cord Injury (SCI) Center</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Received (\$000)</b>	\$32,500
<b>Total Acquisition Cost (\$000)</b>	\$32,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$32.5M in FY 2007 budget authority to complete construction. The Spinal Cord Injury Outpatient and Inpatient Center construction project will create a 63,100 gsf building to include 38 patient beds. The purpose of this project is to develop a new geographic base for the Spinal Cord Injury Center at the Milwaukee VA Medical Center. This is a part of the comprehensive Center of Excellence for the physically challenged. This project is designed to improve patient care, maximize patient services and quality of life (including accessibility, privacy, and independence). The project will aim to improve efficiency of hospital staff, particularly nurses and therapists, and to more efficiently utilize scarce resources. The project will also meet the demands for the SCI physical therapy, recreational therapy, GU clinic, kitchen and all administrative and support space in accordance with the VA criteria and will meet the requirements in the VA SCI Design Guide.

<b>Project Location</b>	<b>Minneapolis, MN</b>
<b>Planned Project Name</b>	<b>Spinal Cord Injury/Disease (SCI/D) Center</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$20,500
<b>Total Acquisition Cost (\$000)</b>	\$20,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Physically Complete

This project received \$20.5M FY 2004 budget authority. This project will establish a Spinal Cord Injury/Disease (SCI/D) Center for VISN 23. It will construct a two story structure (plus basement); a 30 inpatient bed unit with Outpatient Clinics and administrative space. A connection to the main facility would be required and is planned to occur at each level of the new structure; the new SCI/D Center will have a separate street level entrance and dedicated parking. Currently, outpatient SCI exams are done in the Physical Medicine and Rehabilitation (PM&R) Exam area 2.5 days per week. With the current shortage of PM&R space, and potential expansion of the pain clinic, there would be no space to backfill once the new SCI Center is built as the current outpatient space is already utilized by PM&R. A VISN 23 SCI Center is supported by the CARES planning model and the draft national CARES plan, as well as the VHA SCI Program Office.

<b>Project Location</b>	<b>New Orleans, LA</b>
<b>Planned Project Name</b>	<b>Construction, Renovation, or Replacement of Hospital</b>
<b>Fiscal Year</b>	FY 2006
<b>BA Received (\$000)</b>	\$625,000
<b>Total Acquisition Cost (\$000)</b>	\$925,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

This project received \$75M in FY 2006 budget authority in the FY 2006 Emergency Supplemental Appropriation, Public Law 109-148, and another \$550M in the FY 2006 Emergency Supplemental Appropriation, Public Law 109-234, with a total estimated cost of approximately \$925M. This project will evaluate the damage to the New Orleans VAMC and determine the most efficient and cost effective manner to provide health care services to veterans in the New Orleans Service area. This project may also include connecting a corridor to the LSU (Medical Center of Louisiana) medical facility. Functions may be shared in the LSU and VA facilities, as well as the connecting corridor, consistent with the New Orleans Collaborative Opportunities Study Group Report, dated June 12, 2006, cited in the authorization.

<b>Project Location</b>	<b>North Chicago, IL</b>
<b>Planned Project Name</b>	<b>Joint VA and Department of Navy Medical Project</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$13,000
<b>Total Acquisition Cost (\$000)</b>	\$13,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Physically Complete

This project received \$13M in FY 2004 budget authority. This project provides new surgical facilities, including operating rooms and support space, and upgraded Urgent Care/Emergency Services staffed by VA and utilized by both VA and DoD (Navy) beneficiaries. A new Operating Room Suite was constructed and the existing Post Anesthesia Recovery area was renovated. The VISN 12 CARES review encouraged increased collaboration between the North Chicago (NC) VAMC and Naval Hospital Great Lakes. The joint Surgery and Urgent/Emergency Care units address some of the existing unnecessary duplication of services (these Federal hospitals are less than a mile apart). Consolidating these services at a single site results in considerable savings (about \$3,600,000 a year, mostly due to the minimum staffing required at separate facilities).

This project reduces overall operating costs for VA and Navy by consolidating VA and DoD inpatient care. It utilizes vacant patient care space at the NCVAMC. Additionally, VA beneficiaries have increased access to surgical procedures closer to their homes and families.

<b>Project Location</b>	<b>Orlando, FL</b>			
<b>Planned Project Name</b>	<b>New Medical Facility</b>			
<b>Fiscal Year</b>	FY 2004	FY 2008	FY 2009	FY 2010
<b>BA Requested (\$000)</b>	\$25,000	\$49,100	\$220,000	\$371,300
<b>Total Acquisition Cost (\$000)</b>	\$665,400			
<b>Asset Type</b>	Major Construction			
<b>Status</b>	Construction Documents			

This project received \$25M in FY 2004 and \$49.1M in FY 2008, \$220M in FY 2009 budget authority, and requires an additional \$371.3M in FY 2010 budget authority to complete the project, with a total estimated cost of approximately \$665.4M. This project provides the land acquisition, construction of a new medical center consisting of a 134-bed hospital, a large medical clinic, 120-bed community living center (CLC), 60-bed domiciliary, and full support services, utilities and infrastructure on a new site.

<b>Project Location</b>	<b>Palo Alto, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections Building 2</b>
<b>Fiscal Year</b>	FY 2005      FY 2008
<b>BA Received (\$000)</b>	\$34,000      \$20,000
<b>Total Acquisition Cost (\$000)</b>	\$54,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction Documents

This project received \$34M in FY 2005, and an additional \$20M in FY 2008 budget authority to complete construction, with a total estimated cost of approximately \$54M. This project will replace an obsolete, functionally deficient and seismically unsafe acute psychiatric inpatient building by constructing an 80-bed, 78,000 GSF replacement facility at VA Palo Alto Health Care System's (VAPAHCS) Palo Alto Division (PAD). Upon completion of the 80-bed acute psychiatric inpatient replacement facility, Building 2 (77,100 GSF) will be decommissioned, razed and the parcel converted to patient parking. Landscaping and exterior revisions have been included within this project.

<b>Project Location</b>	<b>Palo Alto, CA</b>
<b>Planned Project Name</b>	<b>Ambulatory Care/Polytrauma Rehabilitation</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Received (\$000)</b>	\$164,877
<b>Total Acquisition Cost (\$000)</b>	\$450,300
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

This project received \$164.9M in FY 2008 budget authority from the FY 2008 emergency supplemental appropriation, Public Law 110-252, to begin design, with a total estimated cost of approximately \$450.3M. This project will construct Centers for Ambulatory Care and Polytrauma Rehabilitation at VA Palo Alto Health Care System's (VAPAHCS) Palo Alto Division. An Ambulatory Care Replacement Center will accommodate most of the ambulatory care clinics at the Palo Alto Division, many of which are currently located in former inpatient psychiatric buildings originally constructed in 1960. This proposal will consolidate approximately 240,000 ambulatory care encounters and translational research programs into state-of-the-art facilities. In addition to the Ambulatory Care Replacement Center, this project will construct a Polytrauma Rehabilitative Center. The new Polytrauma Rehabilitation Center will house both inpatient and outpatient treatment programs. Today, Palo Alto's existing Polytrauma Rehabilitation Center is located in former inpatient psychiatric buildings originally constructed in 1960. As one of VA's five Polytrauma Rehabilitation Centers, modern treatment facilities are required to treat patients diagnosed with complex multi-trauma injuries related to combat.

This proposal will replace six buildings [three buildings are classified as Exceptionally High Risk (EHR) and the remaining three are large, temporary clinical modular buildings]. The abatement and demolition include Buildings 4, 23, 54, and clinical Modular Buildings (MB2, MB3, and MB4). Collectively, razing these six buildings will eliminate nearly 300,000 GSF of structurally deficient Exceptionally High Risk (EHR) and potentially hazardous buildings from VA Palo Alto Health Care System.

In addition to new construction and demolition, this project includes asbestos abatement, hazardous material mitigation, site restoration and the construction of a parking structure. Landscape and other exterior revisions, associated with site work, utility feeds, cabling, impact moves and emergency generators are included within the scope of this project.

<b>Project Location</b>	<b>Pensacola, FL - Cory Naval Air Station,</b>
<b>Planned Project Name</b>	<b>Joint VA &amp; Department of Navy Outpatient Clinic</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received (\$000)</b>	\$55,056
<b>Total Acquisition Cost (\$000)</b>	\$55,056
<b>Asset Type</b>	Major Construction
<b>Status</b>	Physically Complete

This project received \$55.056M in FY 2005 budget authority. This submission is for the replacement of the existing leased outpatient clinics in Pensacola, Florida with a joint/shared VA/DoD (Navy) outpatient clinic. The new clinic will consist of approximately 200,000 gsf and will replace the existing VA outpatient clinic (lease expiring 2006) and the Navy Corry Station Branch Clinic. CARES future workload projections for this market indicates that workload will peak in FY 2008 and will continue to remain above FY 2001 levels through FY 2022. The projected outpatient primary care gap for 2022 is 77,386, the outpatient mental health gap is 27,343, the outpatient specialty care gap is 117,498, and the outpatient ancillary/diagnostic gap is 152,941. The services to be provided in the proposed VA/DoD joint clinic include: Primary Care, Mental Health, Women's Clinic, Audiology, Optometry, Dental, Pain Clinic, Cardiology and Urology. The ancillary services including Radiology (with MRI), Laboratory and Pharmacy will be provided jointly. At this time VA has sharing agreements with DoD (Navy Hospital) for inpatient services, emergency room services, orthopedics (including joint replacements), OB and ancillary services. VA is exploring additional sharing arrangements.



<b>Project Location</b>	<b>Perry Point, MD</b>
<b>Planned Project Name</b>	<b>Replacement Community Living Center</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$9,000
<b>Total Acquisition Cost (\$000)</b>	\$90,100
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$9M in FY 2010 budget authority with a total estimated cost of \$90.1M. This proposal is to construct a 155 bed community living center (CLC). The construction will include new parking space on grade as well as a connecting service tunnel for transporting meals and supplies to the building via electric tow tractors. In addition, it is proposed that the existing 1920's nursing home care unit be demolished.

<b>Project Location</b>	<b>Pittsburgh, PA</b>			
<b>Planned Project Name</b>	<b>Consolidation of Campuses</b>			
<b>Fiscal Year</b>	FY 2004	FY 2006	FY 2008	FY 2009
<b>BA Received (\$000)</b>	\$20,000	\$82,500	\$130,700	\$62,400
<b>Total Acquisition Cost (\$000)</b>	\$295,600			
<b>Asset Type</b>	Major Construction			
<b>Status</b>	Construction			

This project received \$20M in FY 2004, \$82.5M in FY 2006, \$130.7M in FY 2008, and \$62.4M in FY 2009 budget authority, with a total estimated cost of approximately \$295.6M. The purpose of this project is to consolidate a three division health care delivery system into two divisions, to accommodate the current and projected workload and to provide a state-of-the-art, improved care environment while reducing operating expenses, and enhancing services. Specifically, this proposal identifies closure and divestiture/enhanced use of the Highland Drive division, a fifty-year-old campus-style facility, composed of more than 20 buildings on 169 acres. Phase 1 included the design/build of the parking structure and design of all other VHA space. Phase 2 includes construction of all remaining VHA space.

Construction will take place at both the University Drive Division and the H.J. Heinz Division locations in order to relocate the current functions at Highland Drive Division. Construction at the University Drive Division will be approximately 218,000 square feet and a 1,500 car-parking garage. At the H.J. Heinz Division construction will consist of approximately 265,000 square feet.

<b>Project Location</b>	<b>San Antonio, TX</b>
<b>Planned Project Name</b>	<b>Ward Upgrades and Expansion</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$19,100
<b>Total Acquisition Cost (\$000)</b>	\$19,100
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$19.1M in FY 2004 budget authority. This project will construct 26,000 square feet of new space and provide necessary renovations of approximately 62,800 square feet at the Audie L. Murphy Veterans Memorial Hospital (San Antonio VAMC) to relocate 25 medical acute care beds from Kerrville VAMC and consolidate all acute care hospital beds at San Antonio. It will also increase the number of acute care medical and psychiatric detoxification beds at San Antonio VAMC by 10 beds to meet present and future inpatient gaps at the San Antonio VAMC. All nursing units will be renovated to meet current patient privacy standards and space requirements. Each bedroom will have a dedicated, handicapped accessible toilet/shower room instead of congregate bathrooms as currently exists.

<b>Project Location</b>	<b>San Antonio, TX</b>
<b>Planned Project Name</b>	<b>Polytrauma Center</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Received (\$000)</b>	\$66,000
<b>Total Acquisition Cost (\$000)</b>	\$66,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

This project received the total estimated cost of \$66M in a reprogramming action in FY 2008 to complete design and construction. This project will provide a new 84,000 NUSF state-of-the art Polytrauma Healthcare and Rehabilitation Center. It will consist of a polytrauma ward, transitional housing, Physical Medicine and Rehabilitation Service, Prosthetics Service, and polytrauma research and support programs. In addition the spaces vacated by programs moving to the new center will be renovated. Parking deficiencies will also be addressed.

<b>Project Location</b>	<b>San Diego, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections-Bldg. 1</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received (\$000)</b>	\$47,874
<b>Total Acquisition Cost (\$000)</b>	\$47,874
<b>Asset Type</b>	Major Construction
<b>Status</b>	Physically Complete

This project received \$47.874M in FY 2005 budget authority. This project will seismically strengthen the 854,900 sq-ft Medical Center (Building 1) with an integrated exterior stair and braced frame system. This system will create a structurally efficient seismic bracing solution with minimal disruption to the interior of the Building and its operations. In order to install the braced frames, portions of modular Building 23 and MRI Building 14 will need to be demolished and reconstructed including the two-stop elevator serving Building 14. This seismic upgrade will abate a significant risk to life safety and meet Department of Veterans Affairs Seismic Design Requirements (H-18-8), the California Code of Regulations, Title 24, Part 2 and California Senate Bill 1953 requirements. Asbestos abatement will be required for connections to the existing structure and abatement in the stair towers to be demolished. It is estimated \$4M in asbestos funds will be required in addition to the major construction cost.

<b>Project Location</b>	<b>San Diego, CA</b>
<b>Planned Project Name</b>	<b>Spinal Cord Injury and Seismic Deficiency</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$18,340
<b>Total Acquisition Cost (\$000)</b>	\$183,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$18.34M in FY 2010 budget authority to begin design, with a total estimated cost of approximately \$183.4M. The first phase of the project will involve construction of a Spinal Cord Injury (SCI) Unit, which will provide approximately 46 private inpatient rooms, an outpatient clinic, a genito-urinary (GU) clinic, and a therapy clinic. This project will also construct a new parking garage. This structure will be built on a current surface parking lot to mitigate the loss of parking from the new building's footprint. The existing SCI building, Building 11, will be structurally and non-structurally upgraded to meet the immediate occupancy performance objective of the American Society of Civil Engineers standard A.S.C.E. 31-03. After the seismic upgrade, the first floor will be renovated to provide a 50 bed community living center (CLC) and hospice unit. The basement space will remain as administrative space and functions will be relocated to the first floor during construction to allow for the completion of the seismic work.

<b>Project Location</b>	<b>San Francisco, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections Building 203</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received (\$000)</b>	\$41,168
<b>Total Acquisition Cost (\$000)</b>	\$41,168
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$41.168M in FY 2005 budget authority. This project will seismically retrofit Building 203, a five story, 335,000 gsf concrete structure housing all acute care beds at San Francisco VA Medical Center, to meet current VA standards for seismic safety. SFVAMC's Building 203 ranks high in the Nation in terms of the degree of seismic risk and need for retrofitting as evaluated by the consultant Degenkolb Engineers (March, 2003 Update). The project includes functional and technical improvements for patient privacy, disabled accessibility, building efficiency, and bringing the structure into compliance with current codes. These changes will meet additional goals of: providing appropriate patient privacy, increasing customer access through barrier-free facilities, an increased bed assignment flexibility, improving customer satisfaction, and improving staff satisfaction through an improved working environment. The primary goal of this project is to fulfill the VA's mandate to provide seismically safe buildings and ensure continued medical center operation after a major earthquake.

<b>Project Location</b>	<b>San Juan, PR</b>				
<b>Planned Project Name</b>	<b>Seismic Corrections-Bldg. 1</b>				
<b>Fiscal Year</b>	FY 2005	FY 2006	FY 2008	FY 2009	FY 2010
<b>BA Received (\$000)</b>	\$14,880	-\$4,000	\$59,000	\$64,400	\$42,000
<b>Total Acquisition Cost (\$000)</b>	\$299,200				
<b>Asset Type</b>	Major Construction				
<b>Status</b>	Construction Documents				

This project received \$14.88M in FY 2005, was reduced by \$4M in a reprogramming action in FY 2006, received \$59M in FY 2008, received \$64.4M in FY2009 budget authority to construct the administrative building, and is requesting an additional \$42M in FY 2010 budget authority, with a total estimated cost of approximately \$299.2M. This project will complete the seismic corrections in the main hospital building to comply with occupancy standards. Asbestos abatement and fire protection are integral parts of the scope of the project. The second phase (approx. 100,000 sf) will house administrative functions. New parking is also being considered in the project scope as an add alternate. As per most current VA Parking Analysis, the current parking deficit is 1,906 spaces; in 2010 the deficit will be 2,572 and in 2025 the deficit will be 1,054 spaces. The permanent loss to construction is about 200 parking spaces.

<b>Project Location</b>	<b>Seattle, WA</b>
<b>Planned Project Name</b>	<b>Mental Health Building 101</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$17,870
<b>Total Acquisition Cost (\$000)</b>	\$178,700
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$17.87M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$178.7M. This project is for the demolition of 63,464 GSF of existing space and the creation of 165,000 GSF of a new multi-story Mental Health Services and Research building at the Seattle Division of VA Puget Sound Health Care System (VAPSHCS). A separate 566 space parking deck will be constructed to bring the parking at the Seattle campus closer to the prescribed amounts.

This space designated for Mental Health will include clinical research and clinical care. It will house the Mental Illness Research, Education and Clinical Center (MIRECC), the Center for Excellence in Substance Abuse Treatment and Education (CESATE), the mental health components of the Hepatitis C Resource Center (Hep C RC), the clinical treatment programs of our existing outpatient mental health services including General Psychiatry, Chronic Mental Illness (CMI), Post Traumatic Stress Disorder (PTSD), Substance Abuse and Addictions Treatment, Day Treatment and Mental Health Intensive Case Management (MHICM). Additionally, Mental Health has developed a primary care clinic for their patients with medical comorbidities, which requires additional exam rooms.

The proposed new building will also incorporate space allocated to Clinical Research, Rehabilitation Research and Development (RR&D), Health Services Research and Development (HSR&D), and Biomedical Research. Because so much of the focus of the VAPSHCS Research program is dedicated to Mental Health disorders common in the VA such as PTSD, addictions, schizophrenia and mental incapacity of the aging veteran population such as Alzheimer's disease, the proposed new building will expand clinical, laboratory, health care utilization and outcomes research in mental health. Other major programs that would be housed in this area are: amputation and prosthetic limb development to support OIF/OEF; neurology, including Alzheimer's Disease; endocrinology and metabolism (diabetes and obesity); gastroenterology, (chronic diseases of the liver, bile ducts, and pancreas); cancer (colorectal, pulmonary, and prostate malignancies); and pulmonary disease. In addition, research related to special disabilities will also be accommodated in this new building and will include programs examining clinical, basic and translational aspects of spinal cord injury, PTSD, chronic mental illness and prosthetics, including amputation.

<b>Project Location</b>	<b>Seattle, WA</b>
<b>Planned Project Name</b>	<b>Correct Seismic Deficiencies Building 100, NT and NHCU</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$4,300
<b>Total Acquisition Cost (\$000)</b>	\$43,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project received \$4.3M in FY 2009 budget authority to begin design, with a total estimated cost of approximately \$43M. This project at the Seattle Division of VA Puget Sound Health Care System (VAPSHCS) is to replace all braced frame members in Building 100, Nursing Tower (NT) and Nursing Home Care Unit (NHCU), with buckling restrained braces. The Bldg 100 NT comprises 180,528 GSF and the NHCU 38,226 GSF of an eight story (with basement) steel bracing and moment frame main hospital that was built in 1985. The purpose of this seismic renovation project is to continue delivering world-class health care to veterans in a seismically safe environment of care.

<b>Project Location</b>	<b>St. Louis (JB), MO</b>		
<b>Planned Project Name</b>	<b>Medical Facility Improvements and Cemetery Expansion</b>		
<b>Fiscal Year</b>	FY 2007	FY 2009	FY 2010
<b>BA Requested (\$000)</b>	\$7,000	\$5,000	\$19,700
<b>Total Acquisition Cost (\$000)</b>	\$396,400		
<b>Asset Type</b>	Major Construction		
<b>Status</b>	Schematics		

This project received \$7M in FY 2007, \$5M in FY 2009, and is requesting an additional \$19.7M in FY 2010 budget authority, with a total estimated cost of approximately \$396.4M. This phase of the project will prepare approximately 10 acres of land for use by the National Cemetery Administration (NCA). The project will decrease the amount of infrastructure maintained and operated by the Veterans Health Administration (VHA) through demolition of sixteen underutilized buildings (279,900 GSF) adjacent to the cemetery. The demolition of these buildings will provide approximately 31 acres to NCA for expansion of the Jefferson Barracks National Cemetery (without this land, there will be an interruption of service delivery for St. Louis area veterans). The remaining phase(s) of the project will relocate all clinics from Building 1; a new tenants building (52,000GSF) for the relocation and consolidation of the VA Employee Education Service (EES) as well as a space for the National Cemetery Administration (NCA) National Training Center; replace the existing deteriorated, obsolete central boiler/chiller plant with energy efficient HVAC package systems for all remaining buildings on the JB Campus; and construct

four buildings (106,718 GSF) to relocate the patient aquatic and therapy facility, main chapel, engineering shops, and a consolidated warehouse.

<b>Project Location</b>	<b>St. Louis, MO</b>
<b>Planned Project Name</b>	<b>Replace Bed Tower &amp; Clinic Expansion</b>
<b>Fiscal Year</b>	FY 2010
<b>BA Requested (\$000)</b>	\$43,340
<b>Total Acquisition Cost (\$000)</b>	\$433,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Planning

This project is requesting \$43.34M in FY 2010 budget authority to begin design, with a total estimated cost of approximately \$433.4M. This project constructs new building space and renovates associated vacated existing space at the John Cochran (JC) Division, VAMC, St. Louis, MO for private in-patient bed wards, in-patient SCI beds, new ICU beds, inpatient mental health, a methadone clinic, expanded women's clinic, a new Emergent Response (ER) unit, replacement education and multi-media facilities, and consolidated medical research facilities. Necessary buildings will be demolished to provide usable ground on the north and west sides of the JC campus for new construction. This project will provide for improved patient care by replacing the deteriorated environment with new space and providing for patient privacy by having single occupant in-patient rooms with non-shared bathrooms. It will expand the SCI program to eliminate the need for transporting these critical patients back and forth between the two divisions of the St. Louis VAMC.

<b>Project Location</b>	<b>Syracuse, NY</b>	
<b>Planned Project Name</b>	<b>Spinal Cord Injury (SCI) Center</b>	
<b>Fiscal Year</b>	FY 2005	FY 2008
<b>BA Received (\$000)</b>	\$53,469	\$23,800
<b>Total Acquisition Cost (\$000)</b>	\$77,269	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction	

This project received \$53.469M in FY 2005 and \$23.8M in FY 2008 budget authority, with a total estimated cost of approximately \$77.269M. This project will provide space for a 30-bed Spinal Cord Injury program in the addition. There is no currently available space within the main hospital building to allow effective incorporation of SCI patients. This requires relocation of some existing functions out of the main hospital. The existing 6,000 SF former laundry structure will be demolished to accommodate a new 6 floor building addition of approximately 21,500 GSF per floor (Basement, Ground, 1, 2, 3, & 4th floor levels.) The addition will be configured to meet the needs of the functions displaced in the existing hospital building. The 4th floor of the existing building (36,000 SF) will be completely gutted and configured for inpatient and

outpatient SCI support functions. Approximately 10,000 SF of the new structure will also be dedicated to the SCI therapeutic pool and solarium. The existing parking structure will be expanded to mitigate the loss of parking associated with the projects.

<b>Project Location</b>	<b>Tampa, FL</b>	
<b>Planned Project Name</b>	<b>Spinal Cord Injury Center (SCI)</b>	
<b>Fiscal Year</b>	FY 2005	FY 2006
<b>BA Received (\$000)</b>	\$7,043	\$4,364
<b>Total Acquisition Cost (\$000)</b>	\$11,407	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Physically Complete	

This project received \$7.043M in FY 2005 budget authority and \$4.364M in a reprogramming action in FY 2006, for a total estimated cost of approximately \$11.407M. This project will provide for the construction of a 30-bed, approximately 17,100 gross square footage (gsf), Spinal Cord Injury Extended Care addition at the James A. Haley Veterans' Hospital. It is a CARES, VISN 8, Central Market, and special emphasis program gap Planning initiative. As background, Major Construction Project 673-087A, "Spinal Cord Injury Addition" was originally designed as a 100-bed project. A subsequent decision, however, reduced the project scope and deleted the originally planned 30 Extended Care Beds. The remaining 70 Acute Bed Spinal Cord Injury facility was activated in 2002. This project constructs those 30 Extended Care or LTC beds. SCI Long Term Care (LTC) patients have better outcomes under VA care, rather than in contract facilities. Few facilities will accept this category of patient as required staff ratios are high, yet reimbursement rates are barely above those for more typical patients.



<b>Project Location</b>	<b>Tampa, FL</b>
<b>Planned Project Name</b>	<b>Upgrade Essential Electrical Distribution Systems</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$49,000
<b>Total Acquisition Cost (\$000)</b>	\$49,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

This project received \$49M in FY 2004 budget authority. This project establishes and upgrades normal, emergency and standby electrical distribution systems at the James A. Haley Veterans' Hospital, Tampa, Florida. The main campus currently comprises approximately 1.3 million square feet of air-conditioned space. This project directly addresses CARES Facility Condition Assessment (FCA) cited deficiencies, which received grades of D and F. Each system component is addressed, including: sub-stations, risers, transformers, network protectors, automatic transfer switches, bus duct or cabling distribution, circuit protective devices, panel boards and circuit breakers. Since July 1995, Tampa has experienced three major electrical-related outages. Since February 2000, there have been ten (10) unplanned electrical outages or emergent electrical shutdowns. If it were not for the fact that our new Central Energy Plant was nearly ready to be placed on line, the February 2000 shutdown would have necessitated the evacuation of all inpatients. Semi-annual preventive maintenance infrared screening of electrical switchgear and bus duct system continues to reveal potential faults with alarming frequency. The final version of the James A. Haley Veterans' Hospital Facility Condition Assessment independently corroborates the findings of VA's own professional engineers and licensed electricians.

<b>Project Location</b>	<b>Tampa, FL</b>
<b>Planned Project Name</b>	<b>Polytrauma and Bed Tower</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Received (\$000)</b>	\$231,500
<b>Total Acquisition Cost (\$000)</b>	\$231,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Documents

This project received \$231.5M in FY 2008 budget authority in the FY 2008 emergency supplemental appropriation, Public Law 110-252. This project consists of three parts that will focus on service delivery enhancements and infrastructure upgrades while providing expanded space for special emphasis areas. Part 1 is the construction of a state-of-the-art polytrauma health care center. This will consist of one floor of polytrauma ward space, one floor of polytrauma and multi-purpose rehabilitation space and a mechanical penthouse for infrastructure support.

Part 2 is the complete renovation of ward, procedure and exam room space in the top four floors of the main hospital Building 1. This renovation will transform the existing four and two bed rooms of the existing space into single bed rooms. It will also provide an opportunity to remedy several infrastructure problems that could otherwise only be remedied by building a new hospital bed tower, including asbestos removal, fire sprinkling, indoor air quality upgrades, electrical upgrades, health care environment upgrades, physical security (hurricane and blast hardening) upgrades.

Part 3 of this project will construct a parking garage that will provide up to 1500 parking spaces for patients, family, visitors and staff. The most recent parking study produced by VACO estimates that there is a current deficit for parking of 1,053 spaces and a deficit of 2,333 spaces by the completion of this project.

<b>Project Location</b>	<b>Temple, TX</b>	
<b>Planned Project Name</b>	<b>Information Technology Facility</b>	
<b>Fiscal Year</b>	FY 2005	FY 2008
<b>BA Received (\$000)</b>	\$55,552	-\$45,000
<b>Total Acquisition Cost (\$000)</b>	\$10,552	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Schematics	

This project received \$55.552M in FY 2005 budget authority and was decreased by \$45M in a reprogramming action in FY 2008. A planning decision about the future of the Waco, TX facility diminished the need for major construction activities at Temple. The remaining \$10.55M will be used to construct an information technology facility at Temple.

<b>Project Location</b>	<b>Tucson, AZ</b>	
<b>Planned Project Name</b>	<b>Mental Health Clinic</b>	
<b>Fiscal Year</b>	FY 2004	FY 2006
<b>BA Received (\$000)</b>	\$12,100	\$1,200
<b>Total Acquisition Cost (\$000)</b>	\$13,300	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Physically Complete	

This project received \$12.1M in FY 2004 budget authority and \$1.2M in a reprogramming action in FY 2006, for a total estimated cost of approximately \$13.3M. This proposal will create approximately 42,485 gross square feet (gsf) of new construction for mental health programs to be located west of the current mental health inpatient building (Building 67) and will enhance an associated 8,983 gsf of renovated backfill space in Building 2, allowing for a six-bed expansion of inpatient mental health facility. Completion of this project will

provide appropriately sized and configured space for all outpatient mental health services that are presently scattered throughout the 116 acre campus in Buildings 2, 7, 66, and 67. This project will house the Mental Health Clinic, Drug and Alcohol Rehabilitation, Day Treatment, Vocational Rehabilitation, Seriously Chronically Mentally Ill (SMI), Post Traumatic Stress Disorder (PTSD), Family Mental Health, Biofeedback Therapy, Gero-psychiatry, Mood Disorder, Psychosis, Compensated Work Therapy (CWT), Outpatient Psychiatry Resident Program, Psychology Intern Program, Social Work Program, Women's Trauma, and the Homeless programs, as well as providing needed space for overall programmatic administrative areas for mental health. In addition, the new facility will create space to effectively continue VA-DoD sharing programs for both inpatient and outpatient mental health services. This project will add space for two additional mental health primary care teams and allow for an expansion of telepsychiatry program, as well as permit development of a telepsychiatry center of excellence, which will enhance delivery of mental health outpatient services to our Community Based Outpatient Clinics. The new building will be located on the main campus of the Southern Arizona VA Health Care System (SAVAHCS) in Tucson, AZ. Completion of this project will address existing service gap and presently forecasted CARES service gaps of 54% in FY 2012 and 23% in FY 2022. CARES analyses indicated space deficiencies for all years through 2022. Backfill of vacated Building 2 space will include enhancement and expansion of the existing mental health inpatient activities in the adjacent Building 67, including six additional beds, group rooms, and associated necessary programmatic spaces, as well as utilization of the remaining space for other CARES identified space deficient functions.

<b>Project Location</b>	<b>Walla Walla, WA</b>
<b>Planned Project Name</b>	<b>Multi-Specialty Care</b>
<b>Fiscal Year</b>	FY 2009
<b>BA Received (\$000)</b>	\$71,400
<b>Total Acquisition Cost (\$000)</b>	\$71,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

This project received \$71.4M in FY 2009 budget authority to complete design and construction. This project will:

- Construct a new Outpatient Clinic Building (66,000 GSF) to house primary, specialty, primary mental health care, ancillary services, and associated support and administrative functions.
- Renovate Building 86 (approx 47,303 BGSF, circa 1929) to accommodate other clinical, administrative, and support functions coming from outlying campus buildings. Building 86 system infrastructure is antiquated and energy inefficient.
- Upgrade antiquated utility distribution systems to include electrical,

- steam, water and sanitary.
- Upgrade site grading and landscaping.
  - Add approximately 175 parking spaces.
  - Demolish four buildings (quarters 48, 49, 7 and 8) located adjacent to building 86 and the new proposed OPC.

This project also allows the campus to realign to 24 acres on this 88 acre campus. Under this realignment, the remaining 64 acres will be offered for reuse through the Enhanced Use Lease process.

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## Appendix H - VHA Priority Summary

### FY 2010 VHA Major Construction Projects in Priority Order

VISN	Location		Project Title - Brief Description	Priority #
21	Livermore	CA	Realignment and Closure	1
2	Canandaigua	NY	New Construction and Renovation	2
22	San Diego	CA	Seismic Building 11	3
22	Long Beach	CA	Seismic Buildings 128 & 133	4
15	St. Louis (JC)	MO	Replacement Bed Tower/Clinical Expansion	5
1	Brockton	MA	Long Term Care Spinal Cord Injury	6
21	Alameda	CA	Outpatient Clinic	7
9	Lexington	KY	Leestown Realignment	8
5	Perry Point	MD	Replacement Nursing Home	9
10	Cleveland*	OH	Renovation at Wade Park	10
15	Columbia	SC	Specialty Care Renovation	11
21	Reno	NV	Seismic & Life Safety Building 1	12
22	Los Angeles	CA	Seismic Buildings 500/501	13
4	Lebanon	PA	Replacement Facility	14
20	Portland	OR	Seismic Buildings 100 & 101	15
23	Omaha	NE	HVAC and Clinical Deficiencies	16
15	Wichita	KS	Healthcare Transformation	17
21	Monterey	CA	VA/DoD Ambulatory Care	18
6	Salem	VA	Mental Health Bldg	19
12	Hines	IL	Acute Inpatient Care Center	20
22	Long Beach	CA	Seismic Corrections & Admin Consolidations	21
22	Los Angeles	CA	New Research Bldg	22
6	Hampton	VA	Outpatient Care Addition	23
44	Butler*	PA	Comprehensive Outpatient Clinic	24
3	Northport	NY	Mental Health	25
3	Castle Point	NY	Psychiatric & NHCU	26
5	Washington	DC	Outpatient Clinic Exp	27
6	Fayetteville	NC	Outpatient Addition	28
21	San Francisco	CA	Seismic Buildings 1, 6, 8, and 12	29
22	Loma Linda	CA	Clinical Building	30
4	Philadelphia	PA	Behavioral Health Bldg	31
15	Kansas City	MO	Ambulatory Care Addition	32
4	Coatesville	PA	Replacement Facility	33
1	Brockton	MA	Mental Health	34
2	Buffalo	NY	Clinical Addition	35
6	Asheville	NC	Seismic/Outpatient Expansion	36
8	Tampa	FL	Prim Care & Mental Health	37
8	Miami	FL	Clinical Add/Renovation	38
15	Columbia	MO	Ambulatory Care Add	39
19	Salt Lake City	UT	Patient Complex Expansion/Renovation	40
1	Providence	RI	Specialties Addition & Main Hospital Repair	41
6	Hampton	VA	Extended Care/Rehabilitation Care	42
22	San Diego	CA	Operating Room Renovation	43

VISN	Location		Project Title - Brief Description	Priority #
8	Bay Pines	FL	Hurricane & Homeland Security Deficiencies	44
17	Waco	TX	Support Services/ Education	45
17	Waco	TX	Consolidate Outpatient Services	46
18	Phoenix	AZ	Outpatient Renovation/Expansion	47
16	Jackson	MS	New Spinal Cord Injury	48
23	Fargo	ND	Specialty Care Clinic Addition	49
17	Waco	TX	Mental Health & Rehab Center	50
7	Atlanta	GA	Mental Health, Specialty Care & Parking	51
21	San Francisco	CA	Mental Health/Research Building	52
1	West Haven	CT	Clinical Ward Tower	53
1	Boston	MA	Clinical Addition at West Roxbury	54
7	Montgomery	AL	Ambulatory Care Addition	55
6	Salisbury	NC	Clinical Addition	56
18	Albuquerque	NM	Outpatient and Clinical Building	57
7	Charleston	SC	Hurricane Mitigation - Chiller Plant	58
17	Temple	TX	Clinical Replacement	59
22	Loma Linda	CA	Behavioral Medicine	60
6	Beckley	WV	Nursing Home Care Unit	61
17	Waco	TX	Enhance/Consolidate Long Term Care	62
18	Tucson	AZ	I CU, Specialty Care, Imaging & Diagnostic Building	63
21	San Francisco	CA	ADA and Parking	64
3	St. Albans	NY	New Facility	65
20	Seattle	WA	B RAC Land Purchase/Transfer	66

\*Project pulled from FY 2010 budget consideration due to alternative means of funding the project.

## FY 2009 VHA Major Construction Projects in Priority Order

VISN	Location		Project Title - Brief Description	Priority #
8	Bay Pines	FL	Inpatient/Outpatient Improvements	1
8	Tampa	FL	Polytrauma Expansion/Bed Tower	2
21	Palo Alto	CA	Centers for Ambulatory Care and Polytrauma Rehabilitation Center	3
20	Seattle	WA	Seismic NHCU Bldg 100	4
20	Seattle	WA	Mental Health Building 101 Seismic	5
17	Dallas	TX	Spinal Cord Injury Center	6
9	Louisville	KY	New Medical Facility	7
20	Roseburg <sup>1</sup>	OR	Mental Health Bldg 2 Seismic	8
22	Los Angeles	CA	Seismic Corrections of 13 Buildings	9
3	Bronx	NY	Spinal Cord Injury Center	10
4	Butler <sup>2</sup>	PA	Outpatient Clinic	11
20	American Lake	WA	Seismic Corrections Bldg 81	12
17	Dallas	TX	Clinical Expansion for Mental Health	13
20	Walla Walla	WA	Multi-specialty Clinic	14
21	San Francisco	CA	Seismic Corrections Buildings 1, 6, 8, and 12	15
15	Wichita	KS	Med/Surg Bed Modernization/ Ambulatory Expansion	16
6	Fayetteville	NC	Outpatient Addition	17
6	Salisbury	NC	Clinical Addition	18
15	Columbia	SC	Diagnostics and Specialty Care Clinics Renovation	19
7	Birmingham	AL	Huntsville Outpatient Clinic	20
5	Perry Point	MD	Nursing Home Care Unit	21
5	Washington	DC	Outpatient Clinic Expansion	22
22	Loma Linda	CA	Clinical Building	23
23	Omaha	NE	HVAC/Clinical Deficiencies	24
1	West Haven	CT	Clinical Ward Tower	25
2	St. Albans	NY	Redevelopment and Enhanced-Use	26
7	Montgomery	AL	Ambulatory Care Addition/Renovation	27
6	Asheville	NC	Outpatient Expansion	28
21	Alameda	CA	Northern Alameda County Outpatient Clinic	29
6	Beckley	WV	Nursing Home Care Unit	30

<sup>1</sup>VA determined the Roseberg, OR major construction project is no longer needed.

<sup>2</sup>The Butler, PA project will be accomplished using alternative procurement methodology.



## Appendix I - History of Non-VHA Projects Update

Project Description	Location		Total Est. Cost (\$000)	Prior Year FY 2001/02 (\$000) <sup>3</sup>	FY 2003 (\$000)	FY 2004 (\$000)	FY 2005 (\$000)	FY 2006 (\$000)	FY 2007 (\$000)	FY 2008 (\$000)	FY 2009 (\$000)	FY 2010 (\$000)	Future (\$000)	Estimated Completion Date <sup>1</sup>	Status
Abraham Lincoln NC Phase 2 Gravesite Expansion	Elwood	IL	\$39,300						\$1,000			\$38,300		2012	Design contract award 12/2008.
Bakersfield-area NC Phase 1 Development	Bakersfield	CA	\$19,500							\$19,500				2011	Phase 1A construction awarded 11/2009.
Barrancas NC Gravesite Expansion and Cemetery Improvements	Pensacola	FL	\$11,929			\$11,929								2009	Estimated completion 12/2009.
Alabama NC Phase 1 Development	Birmingham	AL	\$18,500							\$18,500				2011	Projected to open May 2009.
Calverton NC Gravesite Expansion	Calverton	NY	\$30,500			\$1,500					\$29,000			2011	Construction documents award planned for 2/2009.
Fort Jackson Phase 1 Development	Columbia	SC	\$19,200							\$19,200				2011	Cemetery opened 1/2009
Dallas/Fort Worth NC Gravesite Expansion	Dallas	TX	\$14,100					\$1,100	\$13,000					2009	Construction award 8/2008.
Florida NC Gravesite Expansion & Cemetery Improvements	Bushnell	FL	\$21,340			\$1,500	\$19,840							2010	Project completion estimated for 10/2009.
Fort Logan NC Gravesite Development	Denver	CO	\$16,100	\$16,100										2007	Project completed 9/2007.
Fort Rosecrans NC Annex at Miramar Phase 1 Development	San Diego	CA	\$20,442				\$992	\$19,450						2009	Construction document award planned for 3/2009.
Fort Sam Houston NC Gravesite Development	San Antonio	TX	\$30,538			\$1,138				\$29,400				2011	Construction document contract awarded 2007.
Fort Sill NC Phase 1 Development	Elgin	OK	\$12,000	\$12,000										2004	Project complete cemetery opened May 2004.
Fort Snelling NC Gravesite Expansion	Minneapolis	MN	\$24,654			\$24,654								2008	Project complete 12/2008.

Project Description	Location		Total Est. Cost (\$000)	Prior Year FY 2001/02 (\$000) <sup>3</sup>	FY 2003 (\$000)	FY 2004 (\$000)	FY 2005 (\$000)	FY 2006 (\$000)	FY 2007 (\$000)	FY 2008 (\$000)	FY 2009 (\$000)	FY 2010 (\$000)	Future (\$000)	Estimated Completion Date <sup>1</sup>	Status
Georgia NC Phase 1 Development	Canton	GA	\$31,200	\$31,200										2007	Cemetery opened 4/2006. Project complete.
Gerald B.H. Solomon Saratoga NC Gravesite Expansion	Schuylerville	NY	\$8,600					\$1,000	\$7,600					2009	Project complete.
Great Lakes NC Development Phase 1A	Holly	MI	\$8,649			\$8,649								2007	Cemetery opened October 2005
Great Lakes NC Development Phase 1B	Holly	MI	\$18,650					\$1,750	\$16,900					2009	Phase 1B construction award 9/2008.
Houston NC Phase 4 Gravesite Expansion	Houston	TX	\$35,000									\$35,000		2012	Design award planned for 3/2009.
Jacksonville NC Phase 1 Development	Jacksonville	FL	\$22,400							\$22,400				2011	Cemetery opened 1/2009.
New National Cemetery Land Acquisition <sup>2</sup>	Various		\$41,000					\$41,000						2006	Project complete. Land has been acquired.
Massachusetts NC Columbarium Expansion	Bourne	MA	\$9,200	\$9,200										2007	Project complete.
Massachusetts NC Phase 3 Gravesite Expansion	Bourne	MA	\$20,500								\$20,500			2011	Construction contract award 2009.
NCOTA Phase 1 Development	Bridgeville	PA	\$23,293	\$1,000	\$6,000	\$16,293								2008	Cemetery opened July 2005. Project complete.
Puerto Rico NC Gravesite Expansion	Bayamon	PR	\$33,900								\$33,900			2012	Construction documents awarded 12/2008.
Quantico NC Gravesite Expansion and Cemetery Improvements	Triangle	VA	\$1,300						\$1,300					2010	Project deferred based on current gravesite depletion.
Riverside NC Gravesite Expansion and Improvements	Riverside	CA	\$1,388					\$1,388						2012	Based on current gravesite depletion design contract award in 2010.

Project Description	Location		Total Est. Cost (\$000)	Prior Year FY 2001/02 (\$000) <sup>3</sup>	FY 2003 (\$000)	FY 2004 (\$000)	FY 2005 (\$000)	FY 2006 (\$000)	FY 2007 (\$000)	FY 2008 (\$000)	FY 2009 (\$000)	FY 2010 (\$000)	Future (\$000)	Estimated Completion Date <sup>1</sup>	Status
Rock Island NC Burial Area Expansion	Moline	IL	\$11,256			\$1,138	\$10,118							2008	Project completed 10/2008.
Sacramento Valley VA NC Phase 1 Development	Solano County	CA	\$29,617	\$6,500	\$1,689		\$21,428							2009	Cemetery opened October 2006.
San Joaquin Valley NC Gravesite Expansion and Improvements	Gustine	CA	\$22,794				\$794						\$22,000	na	Project deferred until 2015 based on available gravesites.
Sarasota NC Phase 1 Development	Sarasota	FL	\$27,800							\$27,800				2011	Cemetery opened 1/2009.
South Florida NC Phase 1 Development	Lake Worth	FL	\$40,649	\$17,500	\$23,149									2010	Completion projected for 10/2010.
Washington's Crossing NC Phase 1 Development	Philadelphia	PA	\$29,600							\$29,600				2011	Construction contract award planned for 4/2009.
Tahoma NC Columbarium Expansion	Kent	WA	\$6,900	\$6,900										2006	Project Complete.
Willamette NC Columbarium Expansion	Portland	OR	\$8,345	\$8,345										2008	Project Complete.
			<b>\$710,144</b>	<b>\$108,300</b>	<b>\$30,838</b>	<b>\$33,136</b>	<b>\$54,560</b>	<b>\$64,300</b>	<b>\$39,800</b>	<b>\$166,400</b>	<b>\$83,400</b>	<b>\$73,300</b>	<b>\$38,400</b>		

<sup>1</sup> Dates are dependent on when appropriations are provided.

<sup>2</sup> Land acquisition for the establishment of six new national cemeteries in the following locations: Bakersfield-area, California; Birmingham-area, Alabama; Columbia/Greenville-area, South Carolina; Jacksonville-area, Florida; Sarasota County-area, Florida; and Southeastern Pennsylvania

<sup>3</sup> The Prior Year column indicates the amount FY 2001 and FY 2002.

## Appendix J - FY 2010 - 2014 Potential Department-wide Major Construction Projects

(Sorted by State)

State	City	Project Title/Brief Description	Admin.
AL	Ft Mitchell	Ft Mitchell National Cemetery Gravesite Expansion	NCA
AR	Fayetteville	Construct Inpatient Bed tower	VHA
AZ	Mesa	Outpatient Clinic and VISN 18 Offices	VHA
AZ	Phoenix	Outpatient Expansion	VHA
AZ	Phoenix	National Memorial Cemetery of Arizona Gravesite Expansion	NCA
CA	Alameda	Alameda Point Outpatient Clinic	VHA
CA	Gustine	San Joaquin Valley National Cemetery Gravesite Expansion	NCA
CA	Long Beach	SCI Expansion/Parking Garage Construction	VHA
CA	Los Angeles	Mental Health Renovation	VHA
CA	Monterey	VA/DoD Ambulatory Care Center	VHA
CA	Palo Alto	Comprehensive Mental Health Replacement Center	VHA
CA	Palo Alto	Building 6 Seismic Correction	VHA
CA	Riverside	Riverside National Cemetery Gravesite Expansion	NCA
CA	San Diego	Research Building	VHA
CA	San Diego	OR Renovation 5th Floor	VHA
CA	San Francisco	New Mental Health/Research Building and Parking Garage	VHA
CA	San Francisco	Improve Campus Accessibility by Eliminating ADA and Parking Deficiencies	VHA
CA	San Francisco	Seismic Retrofit / Replace Buildings 1, 6, 8 & 12	VHA
CA	West Los Angeles	New Essential Care Tower / B500 Seismic Correction and Renovation	VHA
CA	West Los Angeles	New Research Building	VHA
CT	West Haven	Clinical Ward Tower	VHA
DC	Washington	Outpatient Clinic and Medical Center Expansion Project	VHA
FL	Bay Pines	Construct Polytrauma Support and Rehab Facility	VHA
FL	Gainesville	Surgery/SPD Expansion	VHA
FL	Gainesville	Community Living Center Addition, Proposed Research / Education	VHA
FL	Gainesville	New Radiation Therapy	VHA
FL	Miami	Parking Garage and Helipad	VHA
FL	Miami	Add 3 Floors to Research & Education Building 7	VHA
FL	Tampa	Primary Care and Mental Health Expansion	VHA
HI	Honolulu	National Memorial Cemetery of the Pacific	NCA
ID	Boise	Clinical Building	VHA

State	City	Project Title/Brief Description	Admin.
IL	Chicago	Consolidation of Radiology Dept. & Relocation of Loading Dock Facilities	VHA
IL	Hines	Renovate Bldg. 51 for Animal Research	VHA
IL	Hines	Acute Inpatient Care	VHA
IN	Ft. Wayne	Multispecialty Health Care Center	VHA
KY	Lexington	Realignment and Cooper Drive Decompression to Leestown Campus	VHA
LA	Shreveport	Shreveport Clinical Addition	VHA
MA	West Roxbury	Clinical Addition VA Boston Healthcare	VHA
MD	Baltimore	Consolidate Outpatient, Benefits & Research to Advance Services	VHA
MN	Minneapolis	Expand Polytrauma, Rehabilitation and Community Living Center	VHA
MO	Columbia	Nursing Ward Patient Privacy	VHA
MO	St. Louis	Jefferson Barracks National Cemetery Gravesite Expansion	NCA
NC	Asheville	Seismic Corrections/Outpatient Services Expansion	VHA
NC	Fayetteville	Outpatient Addition	VHA
NC	Salisbury	Major Clinical Addition	VHA
ND	Fargo	Special Care Addition	VHA
NE	Omaha	Construct Clinical Addition	VHA
NM	Albuquerque	Outpatient Surgery Center	VHA
NM	Albuquerque	Construct Research/Coop Pharmacy Building	VHA
NM	Albuquerque	Correct Seismic Deficiencies B-3,10,11,12,15	VHA
NV	Las Vegas	Mental Health Building	VHA
NV	Las Vegas	Clinical Addition	VHA
NV	Las Vegas	Administrative Building	VHA
NV	Las Vegas	Warehouse Building	VHA
NV	Reno	Building 1 Seismic & Life Safety Corrections	VHA
NY	Albany	Community Living Center and Parking Deck	VHA
NY	Bronx	Renovate Research Building	VHA
NY	Northport	Mental Health Recovery Center	VHA
NY	Northport	Research Center	VHA
OH	Dayton	Dayton National Cemetery Gravesite Expansion	NCA
OR	Portland	Correct Seismic B100 & B101	VHA
OR	White City	New Integrated Clinic	VHA
PA	Annville	Indiantown Gap National Cemetery Gravesite Expansion	NCA
PA	Castle Point	Psych and NHCU Integration	VHA
PA	Coatesville	Replacement Medical Center	VHA
PA	Philadelphia	Parking Garage	VHA
RI	Providence	Specialties Addition and Main Hospital Repairs	VHA
SC	Charleston	Employee and Veteran Patient Parking Garage	VHA
SD	Sioux Falls	Community living Center Cultural Transformation	VHA
TN	Nashville	Ambulatory Surgery and Outpatient Services Center	VHA

State	City	Project Title/Brief Description	Admin.
TX	Big Spring	Community Living Center	VHA
TX	Houston	Parking Structure	VHA
TX	Houston	Establish 120 beds Community Living and Hospice Center	VHA
TX	Temple	Clinical Replacement	VHA
TX	Tyler	Tyler Community Based Outpatient Clinic	VHA
VA	Hampton	Renovate/Expand SCI/D Unit	VHA
VA	Hampton	Ambulatory Care Addition	VHA
VA	Hampton	Community Living Center B146 Renovation/ Addition	VHA
VA	Salem	Mental Health Building	VHA
VA	Triangle	Quantico National Cemetery Gravesite Expansion	NCA
VT	Burlington	Satellite Comprehensive Ambulatory Care Center - Burlington	VHA
WA	Kent	Tahoma National Cemetery Gravesite Expansion	NCA
WA	Seattle	Purchase Ft Lawton Army Reserve Center	VHA
WA	Seattle	Specialty Care & Pharmacy Improvements	VHA
WA	Seattle	Inpatient Rehab/Polytrauma and Geriatrics Improvements	VHA
WA	Seattle	Expand Building 100 Floors 3 & 4 DNT (S)	VHA
WA	Seattle	Renovate BMTU/Respiratory/Cardiac Care (S)	VHA
WA	Seattle	Renovate Surgery/SICU (S)	VHA
WA	Seattle	Renovate Spinal Cord Injury (S)	VHA
WA	Seattle	Renovate SPD, Warehouse & Kitchen (S)	VHA
WA	Spokane	Clinical Addition	VHA
WI	Madison	Ambulatory Care Center	VHA
WI	Milwaukee	Operating Room Addition	VHA
WI	Milwaukee	Bed Tower	VHA
WI	Milwaukee	Relocate Nuclear Med. Basement	VHA
WS	Milwaukee	Parking Garage Construction	VHA
WV	Beckley	Nursing Home Care Unit	VHA
WV	Martinsburg	Outpatient Improvements	VHA

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**Appendix K - FY 2009 Prioritized VHA Minor Construction Projects  
(Sorted by VISN)**

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
100	1	West Haven	CT	ICU Step Down Expansion	6,889	CI
115	1	West Haven	CT	Surgical Specialty Clinics	5,069	U
11	1	Brockton	MA	SPD Addition	6,165	U
32	1	Northampton	MA	NHCU Bldg 1 East	5,861	CI
64	1	Boston	MA	Eye Clinic Renovation	4,762	CI
76	1	Jamaica Plains	MA	Cryogenics Bio-Repository Facility	2,627	OC
107	1	Newington	MA	Specialty Care Clinic Consolidation	5,969	U
120	1	Boston	MA	Specialty Clinic Renovation - Brockton	3,536	CI
163	1	Boston	MA	Replacement Research Buildings	6,821	CI
37	1	Togus	ME	Nursing Home Renovation	6,053	CI
47	1	Togus	ME	Add HVAC, B203 & B204	3,721	CI
67	1	Togus	ME	Convert NHCU Ward to Hospice	3,536	CI
35	1	Providence	RI	Mental Health Building	6,942	U
65	1	Providence	RI	Upgrade Electrical System	6,061	CI
74	1	Providence	RI	Specialty Clinics Addition	6,510	U
116	1	Providence	RI	Expand Pharmacy/Relocate Admin	6,798	OC
2	1	White River Junction	VT	Replacement NCPTSD	4,076	CI
6	1	White River Junction	VT	Psych & Polytrauma Rural Residential Rehab Care Center	7,869	U
59	1	White River Junction	VT	Imaging Center Replacement	6,908	CI
<b>Total</b>					<b>106,173</b>	
36	2	Buffalo	NY	Update/Consolidate Ambulatory Surgery Unit/ICU	3,873	CI
38	2	Syracuse	NY	Renovate Inpatient Mental Health Ward	3,634	CI
49	2	Buffalo	NY	Psychiatric Ward Safety Improv	4,772	CI
66	2	Albany	NY	Renovate/Expand Day Treatment Center	3,335	CI
68	2	Syracuse	NY	Expand Pharmacy for Current & Projected Workload	3,440	U
72	2	Albany	NY	Correct Physical Med & Rehab Svc Deficiencies	4,688	CI
121	2	Batavia	NY	Ward B Privacy Renovations	4,054	CI
<b>Total</b>					<b>27,796</b>	
24	3	New York	NY	Protect Facility Asset/Flood Prot.	4,150	U
43	3	Northport	NY	Renovate Dialysis to Meet Space Requirements	2,600	U
<b>Total</b>					<b>6,750</b>	



Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
97	4	Wilmington	DE	Emergency Room Addition	6,000	U
101	4	Wilmington	DE	Specialty Clinic Expansion for OIF/OEF	6,000	U
21	4	Erie	PA	Ambulatory Surgery Addition	7,370	U
33	4	Philadelphia	PA	Expand Parking Garage	9,945	CI
62	4	Pittsburg	PA	Modernization of ICU Beds	6,826	CI
89	4	Lebanon	PA	Clinical Improvements for Radiology	5,410	U
133	4	Lebanon	PA	Behavior Health Clinic Services	6,000	U
147	4	Altoona	PA	Move & Expand Rehab	2,999	CI
51	4	Clarksburg	WV	Modernization of Inpatient Wards	3,267	CI
139	4	Clarksburg	WV	Ambulatory Surgery Modernization	5,000	U
<b>Total</b>					<b>58,817</b>	
14	5	Washington	DC	OR/ED/Decon Expansion	9,855	CI
18	5	Washington	DC	4C Patient Ward Renovation/Expansion	9,688	CI
109	5	Washington	DC	Renovate SPD	4,987	CI
119	5	Washington	DC	Research Building Expansion	6,986	CI
148	5	Washington	DC	Install New Boiler Plant	6,995	CI
164	5	Washington	DC	Expansion of Existing Multi-Story Parking	4,635	CI
10	5	Baltimore	MD	Expand BRECC KT/PT/OT & Admin Support Space	7,318	U
40	5	Baltimore	MD	Perry Point - Demolish Village Houses	1,040	OC
70	5	Baltimore	MD	Perry Point - Renovate Bldg 360 for Warehouse	2,040	CI
79	5	Baltimore	MD	Robotics/Pat. Exercise & Employee Ed	1,650	CI
81	5	Baltimore	MD	Exp Mental Health & Managed Care Clinics	6,500	U
86	5	Perry Point	MD	Renovate Bldg, 24H for PRRPT	5,131	CI
3	5	Martinsburg	WV	Mental Health Clinic Renovation	6,933	CI
102	5	Martinsburg	WV	ER Safety Accessibility	2,760	CI
149	5	Martinsburg	WV	Renovate Outpatient Surgery	5,378	CI
<b>Total</b>					<b>81,896</b>	
52	6	Asheville	NC	Renovate Patient Ward 4W	3,390	CI
157	6	Fayetteville	NC	Outpatient Expansion	6,645	U
165	6	Durham	NC	Research Expansion, Phase 2	6,741	CI
166	6	Durham	NC	New Research Building	6,951	CI
167	6	Salisbury	NC	Mental Health Care Renovation, Bldg 4, Ph 1	9,540	CI
168	6	Salisbury	NC	Long Term Care Renovation, Bldg 42, Phase 1	9,670	CI
1	6	Salem	VA	B/8 Addition for Acute Mental Health	8,000	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
5	6	Hampton	VA	Expand/Renovate SCI	6,816	U
12	6	Richmond	VA	Polytrauma Neuroscience Center of Excellence	9,617	U
151	6	Salem	VA	Patient Dining Area ECRC	4,527	U
154	6	Beckley	WV	Patient Care Expansion	4,750	U
<b>Total</b>					<b>76,647</b>	
34	7	Tuscaloosa	AL	The Cottages, Phase 1	9,955	U
19	7	Dublin	GA	Nursing Home/Community Living Center	9,925	U
78	7	Augusta	GA	Patient Privacy Improvement Unit 6D	4,734	U
17	7	Charleston	SC	OP Mental Health Expansion Bldg	6,553	U
85	7	Charleston	SC	Patient Privacy 4BS	4,689	CI
152	7	Charleston	SC	Renovate Nursing Home for Hospice/Palliative Care	6,991	U
<b>Total</b>					<b>42,847</b>	
16	8	Tampa	FL	Renovate & Expand SPD	8,351	CI
112	8	West Palm Beach	FL	Ambulatory Procedure Center	3,147	U
113	8	Bay Pines	FL	Ambulatory Surgery Center	5,999	U
130	8	West Palm Beach	FL	Renovate Ward 8B for Specialty Care	3,575	U
132	8	Bay Pines	FL	Expand/Renovate B-101 NHCU	6,925	CI
140	8	Gainesville	FL	Construct Parking Garage	6,995	CI
169	8	Miami	FL	OR Phase 2	6,981	OC
170	8	Tampa	FL	Juliet Land Acquisition	3,650	U
<b>Total</b>					<b>45,623</b>	
42	9	Lexington	KY	Renovate 3rd Floor for Privacy, IC, Access	6,450	CI
87	9	Louisville	KY	Renovate SICU, 4 South	2,932	CI
92	9	Lexington	KY	Renovate ER, CDD	2,700	CI
41	9	Mountain Home	TN	Patient/Privacy Isolation, B-200	5,022	U
82	9	Huntington	TN	Patient Privacy Wards 4 & 5 South	2,440	CI
143	9	Mountain Home	TN	IRM Consolidation/Expansion B-77	1,795	U
162	9	Mountain Home	TN	Expand Outpatient Waiting	705	U
<b>Total</b>					<b>22,044</b>	
20	10	Cleveland	OH	Pharmacy Expansion (W)	6,400	CI
23	10	Cleveland	OH	Radiology Ph 2-PET/CT	6,555	CI
63	10	Cleveland	OH	Pathology & Lab Medicine Service Addition	6,110	U
84	10	Cincinnati	OH	Relocate NHCU	6,555	U
106	10	Dayton	OH	GI/Pharmacy/Prime Care Space	6,840	U
126	10	Columbus	OH	Access Improvements	5,700	U
134	10	Cincinnati	OH	Outpatient Surgical Center	6,500	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
171	10	Cleveland	OH	Research Renovation (W)	4,560	CI
172	10	Cleveland	OH	Learning Exchange Center (W)	2,500	U
<b>Total</b>					<b>51,720</b>	
155	11	Danville	IL	Renovate Wards	6,319	CI
158	11	Danville	IL	Construct ER Addition, Bldg 58	2,390	U
159	11	Danville	IL	Construct two Nursing Home Care Units	3,301	U
173	11	Marion	IL	Clinical Services Expansion	5,020	U
174	11	Northern Indiana	IN	Demolish Buildings 13, 122, 19-22	4,400	CI
90	11	Ann Arbor	MI	7th Floor Renovation for Mental Health	4,560	U
105	11	Detroit	MI	Renovate B3S for Eye Clinic	3,720	U
129	11	Battle Creek	MI	Renovate NHCU for Patient Privacy	6,629	CI
<b>Total</b>					<b>36,339</b>	
44	12	Hines	IL	Relocate 2 OR's, Support and SPD to 2nd, B200	6,809	U
69	12	North Chicago	IL	Modernize Nursing Home Care Unit, Phase 1-B134	6,800	CI
94	12	Hines	IL	Relocate Dental Clinics, B200	4,024	U
153	12	Chicago	IL	Expand Outpatient Specialty Clinic	5,380	U
156	12	Iron Mountain	MI	Expand Patient Care Areas	6,400	U
25	12	Madison	WI	Renovate 3rd Floor, NHCU	6,800	CI
27	12	Milwaukee	WI	SCI Connecting Corridor	4,553	U
46	12	Madison	WI	Renovate Surgical Suites, 7A & 8A	6,600	CI
114	12	Milwaukee	WI	NHCU Modifications 9A	4,306	U
125	12	Milwaukee	WI	Acute Care Ward 6C-5CN	6,716	U
<b>Total</b>					<b>58,388</b>	
91	15	Kansas City	KS	Renovate Inpatient Psychiatry	6,050	CI
96	15	Kansas City	KS	Renovate Inpatient Surgery	5,976	CI
150	15	Topeka	KS	Specialty Care Addition	4,500	U
161	15	Kansas City	KS	Purchase Radiation Therapy Facility	2,200	OC
13	15	St. Louis	MO	Mental Health Expansion, B-51	7,729	U
75	15	Columbia	MO	Relocate Imaging Suite	6,169	CI
117	15	St. Louis	MO	Expand Open Heart/Cardiology	3,668	CI
175	15	St. Louis	MO	Renovate Space for Spinal Cord Injury	6,350	CI
<b>Total</b>					<b>42,642</b>	
95	16	Little Rock	AR	Relocate PC to NLR Expand Specialty	4,362	U
127	16	Shreveport	LA	Outpatient Mental Health Improvements	5,777	U
111	16	Biloxi	MS	Surgery/ICU Renovation	6,989	CI
93	16	Houston	TX	Consolidate Diagnostic Services	5,800	U
<b>Total</b>					<b>22,928</b>	
54	17	Waco	TX	Mental Health Center of Excellence	9,800	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
55	17	Waco	TX	Blind Rehab Center	9,800	U
56	17	Waco	TX	Intermediate and long-term psych	9,800	CI
57	17	Waco	TX	Long term care and pool	9,800	U
58	17	Waco	TX	Infrastructure Improvements	9,800	CI
61	17	San Antonio	TX	Transitional Housing for Polytrauma Center	9,990	U
98	17	Temple	TX	Construct Cardiac Cath Lab	6,512	U
122	17	Dallas	TX	Relocate Specialty Care Clinics	6,970	CI
131	17	San Antonio	TX	Renovate Medical Bed Units 5A and 5B	6,000	CI
<b>Total</b>					<b>78,472</b>	
30	18	Tucson	AZ	Expand OR Suite	6,931	OC
45	18	Prescott	AZ	Realign Patient Services	6,683	CI
88	18	Phoenix	AZ	Special Care, Mental Health & MRI Exp	6,733	U
99	18	Phoenix	AZ	Research Space Expansion	8,628	CI
135	18	Phoenix	AZ	Safety & Security Enhancements	6,950	CI
29	18	Albuquerque	NM	Acute Geriatric Psychiatry Unit	3,534	CI
71	18	Albuquerque	NM	Expand GI Suite - Bldg 41	6,958	U
31	18	Big Spring	TX	Renov. 4th Floor for MH/SATP/Social Svcs	6,833	OC
103	18	Amarillo	TX	Construct Specialty Care Clinic	6,988	U
136	18	Big Spring	TX	Expand Special Care Clinics & Lab	6,447	U
<b>Total</b>					<b>66,685</b>	
50	19	Grand Junction	CO	Seismic Corrections	6,397	CI
22	19	Ft. Harrison	MT	New Mental Health Unit	9,945	U
60	19	Salt Lake City	UT	Expand Mental Health Beds	6,990	U
80	19	Salt Lake City	UT	Research Relocation	7,150	CI
<b>Total</b>					<b>30,482</b>	
146	20	Boise	ID	Medical Imaging Building	2,717	U
177	20	Boise	ID	Purchase Mountain Cove Facility	3,789	U
178	20	Boise	ID	Construct Research Education Building	3,877	U
8	20	White City	OR	Replace Dom Bed B221 (Seismic)	6,996	CI
128	20	Portland	OR	Renovate NSCU for Patient Privacy	1,539	CI
179	20	White City	OR	Replace Dom Bed B204	9,958	CI
9	20	American Lake	WA	Renovate B5 Blind Rehab (A)	3,194	CI
39	20	Seattle	WA	2 West Ward Renovation (S)	6,490	CI
73	20	American Lake	WA	Renovate B4 Domiciliary (A)	5,219	CI
77	20	Walla Walla	WA	Regional Residential Recovery Unit	6,752	U
104	20	Vancouver	WA	Expand Outpatient Specialty Care	5,800	U
108	20	Spokane	WA	Construct Outpatient MH Bldg.	6,935	U
123	20	Seattle	WA	Seismic B100, Energy Plant (S)	1,854	CI

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
160	20	Seattle	WA	New ER Building	9,649	U
176	20	American Lake	WA	Seismic Upgrades at Am Lake	9,013	CI
<b>Total</b>					<b>83,782</b>	
4	21	Palo Alto	CA	Construct Gero-Psych Unit	6,977	U
7	21	Palo Alto	CA	Polytrauma Rehabilitation Center	7,599	U
28	21	Fresno	CA	MH Outreach & Rehab Bldg	6,998	U
48	21	Sacramento	CA	Improve ER Access & Security	6,663	CI
124	21	Palo Alto	CA	Bldg 2 Seismic Correction - MH Center	6,998	CI
142	21	Sacramento	CA	New IP Psych Ward, SAC	6,900	U
181	21	San Francisco	CA	North Slope Seismic/Geologic Stabilization	9,720	CI
182	21	San Francisco	CA	Sausalito Annex - Research Center	6,989	CI
53	21	Honolulu	HI	Joint VA/DoD Amb Surgery/Procedure Center	6,950	CI
26	21	Reno	NV	Correct OP MH Deficiencies	6,900	CI
180	21	Manila	RP	Transfer of funds to VBA for Manila Embassy Pymt	1,599	U
<b>Total</b>					<b>74,293</b>	
15	22	Los Angeles	CA	B500 Medicine Beds, Phase 2	6,915	CI
83	22	San Diego	CA	Renovate Intermediate NHCU	6,186	U
110	22	Los Angeles	CA	Consolidate Outpatient Mental Health	6,933	U
118	22	Los Angeles	CA	B 500 Clinical Lab Renovation	6,666	CI
137	22	San Diego	CA	Clinical Lab Renovation	6,972	CI
144	22	Loma Linda	CA	Consolidate Speech Pathology & ENT	4,797	OC
183	22	Los Angeles	CA	Consolidate Research Phase 1	6,233	CI
<b>Total</b>					<b>44,702</b>	
184	23	Iowa City	IA	Construct 3rd Research Building	6,858	CI
138	23	Fargo	ND	Audiology-Eye-Ophthalmology	4,011	U
145	23	Fargo	ND	Replace Operating Rooms	6,976	CI
141	23	Hot Springs	SD	Renovate Dom for Patient Privacy	5,087	CI
<b>Total</b>					<b>22,932</b>	

<sup>1</sup>Federal Real Property Council Tier 1 Measures that the project addresses:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

**Appendix L - FY 2009 Prioritized VHA Minor Construction Projects  
(Sorted by State)**

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
34	7	Tuscaloosa	AL	The Cottages, Phase 1	9,955	U
95	16	Little Rock	AR	Relocate PC to NLR Expand Specialty	4,362	U
30	18	Tucson	AZ	Expand OR Suite	6,931	OC
45	18	Prescott	AZ	Realign Patient Services	6,683	CI
88	18	Phoenix	AZ	Special Care, Mental Health & MRI Expansion	6,733	U
99	18	Phoenix	AZ	Research Space Expansion	8,628	CI
135	18	Phoenix	AZ	Safety & Security Enhancements	6,950	CI
<b>Total</b>					<b>35,925</b>	
4	21	Palo Alto	CA	Construct Gero-Psych Unit	6,977	U
7	21	Palo Alto	CA	Polytrauma Rehabilitation Center	7,599	U
15	22	Los Angeles	CA	B500 Medicine Beds, Phase 2	6,915	CI
28	21	Fresno	CA	MH Outreach & Rehab Bldg	6,998	U
48	21	Sacramento	CA	Improve ER Access & Security	6,663	CI
83	22	San Diego	CA	Renovate Intermediate NHCU	6,186	U
110	22	Los Angeles	CA	Consolidate Outpatient Mental Health	6,933	U
118	22	Los Angeles	CA	B 500 Clinical Lab Renovation	6,666	CI
124	21	Palo Alto	CA	Bldg 2 Seismic Correction - MH Center	6,998	CI
137	22	San Diego	CA	Clinical Lab Renovation	6,972	CI
142	21	Sacramento	CA	New IP Psych Ward, SAC	6,900	U
144	22	Loma Linda	CA	Consolidate Speech Pathology & ENT	4,797	OC
181	21	San Francisco	CA	North Slope Seismic/Geologic Stabilization	9,720	CI
182	21	San Francisco	CA	Sausalito Annex - Research Center	6,989	CI
183	22	Los Angeles	CA	Consolidate Research Phase 1	6,233	CI
<b>Total</b>					<b>103,546</b>	
50	19	Grand Junction	CO	Seismic Corrections	6,397	CI
100	1	West Haven	CT	ICU Step Down Expansion	6,889	CI
115	1	West Haven	CT	Surgical Specialty Clinics	5,069	U
<b>Total</b>					<b>11,958</b>	
14	5	Washington	DC	OR/ED/Decon Expansion	9,855	CI
18	5	Washington	DC	4C Patient Ward Renovation/Expansion	9,688	CI
109	5	Washington	DC	Renovate SPD	4,987	CI

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
119	5	Washington	DC	Research Building Expansion	6,986	CI
148	5	Washington	DC	Install New Boiler Plant	6,995	CI
164	5	Washington	DC	Expansion of Existing Multi-Story Parking	4,635	CI
<b>Total</b>					<b>43,146</b>	
97	4	Wilmington	DE	Emergency Room Addition	6,000	U
101	4	Wilmington	DE	Specialty Clinic Expansion for OIF/OEF	6,000	U
<b>Total</b>					<b>12,000</b>	
16	8	Tampa	FL	Renovate & Expand SPD	8,351	CI
112	8	West Palm Beach	FL	Ambulatory Procedure Center	3,147	U
113	8	Bay Pines	FL	Ambulatory Surgery Center	5,999	U
130	8	West Palm Beach	FL	Renovate Ward 8B for Specialty Care	3,575	U
132	8	Bay Pines	FL	Expand/Renovate B-101 NHCU	6,925	CI
140	8	Gainesville	FL	Construct Parking Garage	6,995	CI
169	8	Miami	FL	OR Phase 2	6,981	OC
170	8	Tampa	FL	Juliet Land Acquisition	3,650	U
<b>Total</b>					<b>45,623</b>	
19	7	Dublin	GA	Nursing Home/Community Living Center	9,925	U
78	7	Augusta	GA	Patient Privacy Improvement Unit 6D	4,734	U
<b>Total</b>					<b>14,659</b>	
53	21	Honolulu	HI	Joint VA/DoD Amb Surgery/Procedure Ctr	6,950	CI
184	23	Iowa City	IA	Construct 3rd Research Building	6,858	CI
146	20	Boise	ID	Medical Imaging Building	2,717	U
177	20	Boise	ID	Purchase Mountain Cove Facility	3,789	U
178	20	Boise	ID	Construct Research Education Building	3,877	U
<b>Total</b>					<b>10,383</b>	
44	12	Hines	IL	Relocate 2 OR's, Support and SPD to 2nd, B200	6,809	U
69	12	North Chicago	IL	Modernize Nursing Home Care Unit, Phase 1-B134	6,800	CI
94	12	Hines	IL	Relocate Dental Clinics, B200	4,024	U
153	12	Chicago	IL	Expand Outpatient Specialty Clinic	5,380	U
155	11	Danville	IL	Renovate Wards	6,319	CI
158	11	Danville	IL	Construct ER Addition, Bldg 58	2,390	U
159	11	Danville	IL	Construct two Nursing Home Care Units	3,301	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
173	11	Marion	IL	Clinical Services Expansion	5,020	U
<b>Total</b>					<b>40,043</b>	
174	11	Northern Indiana	IN	Demolish Buildings 13, 122, 19-22	4,400	CI
91	15	Kansas City	KS	Renovate Inpatient Psychiatry	6,050	CI
96	15	Kansas City	KS	Renovate Inpatient Surgery	5,976	CI
150	15	Topeka	KS	Specialty Care Addition	4,500	U
161	15	Kansas City	KS	Purchase Radiation Therapy Facility	2,200	OC
<b>Total</b>					<b>18,726</b>	
42	9	Lexington	KY	Renovate 3rd Floor for Privacy, IC, Access	6,450	CI
87	9	Louisville	KY	Renovate SICU, 4 South	2,932	CI
92	9	Lexington	KY	Renovate ER, CDD	2,700	CI
<b>Total</b>					<b>12,082</b>	
127	16	Shreveport	LA	Outpatient Mental Health Improvements	5,777	U
11	1	Brockton	MA	SPD Addition	6,165	U
32	1	Northampton	MA	NHCU Bldg 1 East	5,861	CI
64	1	Boston	MA	Eye Clinic Renovation	4,762	CI
76	1	Jamaica Plains	MA	Cryogenics Bio-Repository Fac	2,627	OC
107	1	Newington	MA	Specialty Care Clinic Consolidation	5,969	U
120	1	Boston	MA	Specialty Clinic Renovation - Brockton	3,536	CI
163	1	Boston	MA	Replacement Research Buildings	6,821	CI
<b>Total</b>					<b>35,741</b>	
10	5	Baltimore	MD	Expand BRECC KT/PT/OT & Admin Support Space	7,318	U
40	5	Baltimore	MD	Perry Point - Demolish Village Houses	1,040	OC
70	5	Baltimore	MD	Perry Point - Renovate Bldg 360 for Warehouse	2,040	CI
79	5	Baltimore	MD	Robotics/Pat. Exercise & Employee Education	1,650	CI
81	5	Baltimore	MD	Expand Mental Health and Managed Care Clinics	6,500	U
86	5	Perry Point	MD	Renovate Bldg. 24H for PRRPT	5,131	CI
<b>Total</b>					<b>23,679</b>	
37	1	Togus	ME	Nursing Home Renovation	6,053	CI
47	1	Togus	ME	Add HVAC, B203 & B204	3,721	CI
67	1	Togus	ME	Convert NHCU Ward to Hospice	3,536	CI
<b>Total</b>					<b>13,310</b>	



Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
90	11	Ann Arbor	MI	7th Floor Renovation for Mental Health	4,560	U
105	11	Detroit	MI	Renovate B3S for Eye Clinic	3,720	U
129	11	Battle Creek	MI	Renovate NHCU for Patient Privacy	6,629	CI
156	12	Iron Mountain	MI	Expand Patient Care Areas	6,400	U
<b>Total</b>					<b>21,309</b>	
13	15	St. Louis	MO	Mental Health Expansion, B-51	7,729	U
75	15	Columbia	MO	Relocate Imaging Suite	6,169	CI
117	15	St. Louis	MO	Expand Open Heart/Cardiology	3,668	CI
175	15	St. Louis	MO	Renovate Space for Spinal Cord Injury	6,350	CI
<b>Total</b>					<b>23,916</b>	
111	16	Biloxi	MS	Surgery/ICU Renovation	6,989	CI
22	19	Ft. Harrison	MT	New Mental Health Unit	9,945	U
52	6	Asheville	NC	Renovate Patient Ward 4W	3,390	CI
157	6	Fayetteville	NC	Outpatient Expansion	6,645	U
165	6	Durham	NC	Research Expansion, Phase 2	6,741	CI
166	6	Durham	NC	New Research Building	6,951	CI
167	6	Salisbury	NC	Mental Health Care Reno, Bldg 4, Ph 1	9,540	CI
168	6	Salisbury	NC	Long Term Care Renovation, Bldg 42, Ph 1	9,670	CI
<b>Total</b>					<b>42,937</b>	
138	23	Fargo	ND	Audiology-Eye-Ophthalmology	4,011	U
145	23	Fargo	ND	Replace Operating Rooms	6,976	CI
<b>Total</b>					<b>10,987</b>	
29	18	Albuquerque	NM	Acute Geriatric Psychiatry Unit	3,534	CI
71	18	Albuquerque	NM	Expand GI Suite - Bldg 41	6,958	U
<b>Total</b>					<b>10,492</b>	
26	21	Reno	NV	Correct OP MH Deficiencies	6,900	CI
24	3	New York	NY	Protect Facility Asset/Flood Protection	4,150	U
36	2	Buffalo	NY	Update/Cons Amb Surgery Unit/ICU	3,873	CI
38	2	Syracuse	NY	Renovate Inpatient Mental Health Ward	3,634	CI
43	3	Northport	NY	Reno. Dialysis to Meet Space Req.s	2,600	U
49	2	Buffalo	NY	Psychiatric Ward Safety Improvements	4,772	CI

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
66	2	Albany	NY	Renovate/Expand Day Treatment Center	3,335	CI
68	2	Syracuse	NY	Expand Pharmacy	3,440	U
72	2	Albany	NY	Correct Phys Med & Rehab Svc Deficiencies	4,688	CI
121	2	Batavia	NY	Ward B Privacy Renovations	4,054	CI
<b>Total</b>					<b>34,546</b>	
20	10	Cleveland	OH	Pharmacy Expansion (W)	6,400	CI
23	10	Cleveland	OH	Radiology Ph 2-PET/CT	6,555	CI
63	10	Cleveland	OH	Pathology & Lab Medicine Service Add	6,110	U
84	10	Cincinnati	OH	Relocate NHCUC	6,555	U
106	10	Dayton	OH	GI/Pharmacy/Prime Care Space	6,840	U
126	10	Columbus	OH	Access Improvements	5,700	U
134	10	Cincinnati	OH	Outpatient Surgical Center	6,500	U
171	10	Cleveland	OH	Research Renovation (W)	4,560	CI
172	10	Cleveland	OH	Learning Exchange Center (W)	2,500	U
<b>Total</b>					<b>51,720</b>	
8	20	White City	OR	Replace Dom Bed B221 (Seismic)	6,996	CI
128	20	Portland	OR	Renovate NSCU for Patient Privacy	1,539	CI
179	20	White City	OR	Replace Dom Bed B204	9,958	CI
<b>Total</b>					<b>18,493</b>	
21	4	Erie	PA	Ambulatory Surgery Addition	7,370	U
33	4	Philadelphia	PA	Expand Parking Garage	9,945	CI
62	4	Pittsburg	PA	Modernization of ICU Beds	6,826	CI
89	4	Lebanon	PA	Clinical Improvements for Radiology	5,410	U
133	4	Lebanon	PA	Behavior Health Clinic Services	6,000	U
147	4	Altoona	PA	Move & Expand Rehab	2,999	CI
<b>Total</b>					<b>38,550</b>	
35	1	Providence	RI	Mental Health Building	6,942	U
65	1	Providence	RI	Upgrade Electrical System	6,061	CI
74	1	Providence	RI	Specialty Clinics Addition	6,510	U
116	1	Providence	RI	Expand Pharmacy/Relocate Admin	6,798	OC
<b>Total</b>					<b>26,311</b>	
180	21	Manila	RP	Transfer of funds to VBA for Manila Embassy Payment	1,599	U
17	7	Charleston	SC	OP Mental Health Expansion	6,553	U
85	7	Charleston	SC	Patient Privacy 4BS	4,689	CI
152	7	Charleston	SC	Renovate Nursing Home for Hospice/Palliative Care	6,991	U
<b>Total</b>					<b>18,233</b>	

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
141	23	Hot Springs	SD	Renovate Dom for Patient Privacy	5,087	CI
41	9	Mountain Home	TN	Patient/Privacy Isolation, B-200	5,022	U
82	9	Huntington	TN	Patient Privacy Wards 4 & 5 South	2,440	CI
143	9	Mountain Home	TN	IRM Consolidation/Expansion B-77	1,795	U
162	9	Mountain Home	TN	Expand Outpatient Waiting	705	U
<b>Total</b>					<b>9,962</b>	
31	18	Big Spring	TX	Renovate 4th Floor for MH/SATP/Social Services	6,833	OC
54	17	Waco	TX	Mental Health Center of Excellence	9,800	U
55	17	Waco	TX	Blind Rehab Center	9,800	U
56	17	Waco	TX	Intermediate & long-term psych	9,800	CI
57	17	Waco	TX	Long term care and pool	9,800	U
58	17	Waco	TX	Infrastructure Improvements	9,800	CI
61	17	San Antonio	TX	Transitional Housing for Polytrauma Ctr	9,990	U
93	16	Houston	TX	Consolidate Diagnostic Services	5,800	U
98	17	Temple	TX	Construct Cardiac Cath Lab	6,512	U
103	18	Amarillo	TX	Construct Specialty Care Clinic	6,988	U
122	17	Dallas	TX	Relocate Specialty Care Clinics	6,970	CI
131	17	San Antonio	TX	Renovate Medical Bed Units 5A and 5B	6,000	CI
136	18	Big Spring	TX	Exp Special Care Clinics & Lab	6,447	U
<b>Total</b>					<b>104,540</b>	
60	19	Salt Lake City	UT	Expand Mental Health Beds	6,990	U
80	19	Salt Lake City	UT	Research Relocation	7,150	CI
<b>Total</b>					<b>14,140</b>	
1	6	Salem	VA	B/8 Addition for Acute Mental Health	8,000	U
5	6	Hampton	VA	Expand/Renovate SCI	6,816	U
12	6	Richmond	VA	Polytrauma Neuroscience Ctr of Excellence	9,617	U
151	6	Salem	VA	Patient Dining Area ECRC	4,527	U
<b>Total</b>					<b>28,960</b>	
2	1	White River Junction	VT	Replacement NCPTSD	4,076	CI
6	1	White River Junction	VT	Psych & Polytrauma Rural Residential Rehab Care Center	7,869	U
59	1	White River Junction	VT	Imaging Center Replacement	6,908	CI
<b>Total</b>					<b>18,853</b>	

Priority #	VISN	Location		Project Title/Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures
9	20	American Lake	WA	Renovate B5 Blind Rehab (A)	3,194	CI
39	20	Seattle	WA	2 West Ward Renovation (S)	6,490	CI
73	20	American Lake	WA	Renovate B4 Domiciliary (A)	5,219	CI
77	20	Walla Walla	WA	Regional Residential Recovery Unit	6,752	U
104	20	Vancouver	WA	Expand Outpatient Specialty Care	5,800	U
108	20	Spokane	WA	Construct Outpatient MH Bldg.	6,935	U
123	20	Seattle	WA	Seismic B100, Energy Plant (S)	1,854	CI
160	20	Seattle	WA	New ER Building	9,649	U
176	20	American Lake	WA	Seismic Upgrades at Am Lake	9,013	CI
<b>Total</b>					<b>54,906</b>	
25	12	Madison	WI	Renovate 3rd Floor, NHCU	6,800	CI
27	12	Milwaukee	WI	SCI Connecting Corridor	4,553	U
46	12	Madison	WI	Renovate Surgical Suites, 7A & 8A	6,600	CI
114	12	Milwaukee	WI	NHCU Modifications 9A	4,306	U
125	12	Milwaukee	WI	Acute Care Ward 6C-5CN	6,716	U
<b>Total</b>					<b>28,975</b>	
3	5	Martinsburg	WV	Mental Health Clinic Renovation	6,933	CI
51	4	Clarksburg	WV	Modernization of Inpatient Wards	3,267	CI
102	5	Martinsburg	WV	ER Safety Accessibility	2,760	CI
139	4	Clarksburg	WV	Ambulatory Surgery Modernization	5,000	U
149	5	Martinsburg	WV	Renovate Outpatient Surgery	5,378	CI
154	6	Beckley	WV	Patient Care Expansion	4,750	U
<b>Total</b>					<b>28,088</b>	

<sup>1</sup>Federal Real Property Council Tier 1 Measures that the project addresses:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

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## Appendix M - FY 2010 - 2014 Potential Department-wide Minor Construction Projects

(Sorted by State)

State	City	Project Title - Brief Description	Admin.
AK	Sitka	Construct Columbaria And Site Improvements	NCA
AL	Birmingham	Add 3rd Floor, E Wing	VHA
AL	Birmingham	Research Addition	VHA
AL	Birmingham	Utility Plant	VHA
AL	Tuscaloosa	Crimson Cottages, Phase II	VHA
AR	Fayetteville	Remodel Former Army Reserve Center	VHA
AR	Fort Smith	Develop Gravesites And Cemetery Expansion	NCA
AR	Fort Smith	Replace Irrigation System	NCA
AR	Little Rock	Consolidate Admin Space	VHA
AR	Little Rock	Consolidate NLR Pt Care Services	VHA
AR	Little Rock	Correct Drainage and Erosion	NCA
AR	Little Rock	Diagnostic Annex B. 170	VHA
AR	Little Rock	Energy Conservation	VHA
AR	Little Rock	Expand SICU	VHA
AR	Little Rock	Expand Spec CI Space	VHA
AR	Little Rock	Rehabilitation of LETC/SIC admin building	OSP
AR	Little Rock	Rehabilitation of LETC/SIC training facilities	OSP
AR	Little Rock	Tactical Firearms Training Facility	OSP
AZ	NMCA	Improvements To Admin Building	NCA
AZ	Phoenix	Bldg 16 Addition	VHA
AZ	Phoenix	BRAC Fair Market Value Minor	VHA
AZ	Phoenix	BRAC Fair Market Value Minor	VHA
AZ	Phoenix	Eye Clinic/ Audiology New Space	VHA
AZ	Phoenix	Laundry Plant Relocation/Renovation	VHA
AZ	Phoenix	Parking Garage	VHA
AZ	Phoenix	Renovate / Expand Emergency Room	VHA
AZ	Phoenix	Replace patio doors to increase security	OGC
AZ	Prescott	ECRC Renovation	VHA
AZ	Prescott	Expand /Renovate Domiciliary	VHA
AZ	Prescott	Improve Road; Const Entrance, Rostrum And Fence	NCA
AZ	Prescott	OT/PT/KT Rehab Medical Building	VHA
AZ	Prescott	Renovate/Expand Emergency Department	VHA
AZ	Prescott	Seismic Corrections - Bldg 111 (Boiler Plant)	VHA
AZ	Prescott	Seismic Corrections - Bldg 14	VHA
AZ	Tucson	Additional Med/Surg Beds	VHA
AZ	Tucson	Clinical Support Building	VHA
AZ	Tucson	Expand Specialty Clinics	VHA
AZ	Tucson	Mental Health Expansion	VHA
AZ	Tucson	Radiation Oncology	VHA

State	City	Project Title - Brief Description	Admin.
AZ	Tucson	Renovate for Research	VHA
AZ	Tucson	Research Wet Labs Phase 2	VHA
AZ	Tucson	SPD Expansion and Dental Relocation	VHA
CA	Fairfield	Consolidate/Expand MH and Joint Use Neuro	VHA
CA	Fort Rosecrans	Renovate Perimeter Wall And Fence	NCA
CA	Fresno	Bldg. 24 Seismic Correction	VHA
CA	Fresno	Community Living Center Expansion, B 31	VHA
CA	Fresno	New Mental Health Day Treatment Center/PRRC and HCHV Program	VHA
CA	Fresno	New TBI/Polytrauma/SCI Treatment Center	VHA
CA	Fresno	Parking Structure	VHA
CA	Fresno	Research Expansion Bldg. 24	VHA
CA	Golden Gate	Renovate Rostrum And Road	NCA
CA	Golden Gate	Repair Road, Curb And Drainage/Replace Site Signage (Ph 1And2)	NCA
CA	Golden Gate	Replace Perimeter Fence	NCA
CA	LAACC	Renovation	OIG
CA	Loma Linda	Behavioral Health Building	VHA
CA	Loma Linda	Behavioral Health Building Phase 3	VHA
CA	Loma Linda	Construct Cancer Center	VHA
CA	Loma Linda	Expand Behavioral Health Building	VHA
CA	Loma Linda	Expand SPD and Warehouse	VHA
CA	Loma Linda	NHCU Cultural Transformation	VHA
CA	Loma Linda	Primary Care Clinic Building	VHA
CA	Loma Linda	Radiation Therapy Facility	VHA
CA	Loma Linda	Remodel 3SE - Inpatient Medicine	VHA
CA	Long Beach	Demo Building 11	VHA
CA	Long Beach	Install Co-gen	VHA
CA	Long Beach	Relocate and consolidate ENT, Audiology and Speech Pathology (B 2 to B126)	VHA
CA	Long Beach	Relocate and consolidate specialty clinics, Building 126OP (B7 to B126OP)	VHA
CA	Long Beach	Relocate Hemodialysis Clinic B126	VHA
CA	Long Beach	Relocate Sleep Lab	VHA
CA	Los Angeles	Cloister Memorial Expansion	NCA
CA	Los Angeles	Renovate Admin Bldg	NCA
CA	Los Angeles	Replace Roads And Curbs - North Section	NCA
CA	Los Angeles	Replace Storage Bldg	NCA
CA	Martinez	Consolidate Mental Health	VHA
CA	Martinez	Construct Parking Structure	VHA
CA	Martinez	Expand Ambulatory Surgery Unit	VHA
CA	Martinez	Expand CLC for Patient Privacy	VHA
CA	Martinez	Expand CLC for Patient Privacy	VHA
CA	Martinez	Expand CLC for Patient Privacy	VHA

State	City	Project Title - Brief Description	Admin.
CA	Martinez	Expand Physical Plant for Emergency	VHA
CA	Martinez	Seismic Corrections, Building 21	VHA
CA	McClellan	Expand Primary Care	VHA
CA	McClellan	Seismic Corrections, Building 98	VHA
CA	Menlo Park	Building 114 Central Plant Seismic Correction	VHA
CA	Menlo Park	Building 323 Seismic Correction	VHA
CA	Menlo Park	Building 331 NHCU Correction Patient Privacy Deficiencies A Wing	VHA
CA	Mountain View	Jones Hall Army Reserve Center BRAC Upgrades	VHA
CA	Palo Alto	Building 51 Musculo-Skeletal Seismic Correction	VHA
CA	Palo Alto	Defense and Veterans Brain Injury Center/ Clinical Studies Center	VHA
CA	Palo Alto	Genomic Medicine Research Center	VHA
CA	Palo Alto	National Center for HIV and HEP C Seismic Correction	VHA
CA	Palo Alto	Polytrauma Aquatic Therapy and Treatment Center	VHA
CA	Palo Alto	Polytrauma Patient Simulation and Training Center	VHA
CA	Palo Alto	SCI/D Renovation and Patient Privacy Correction A Wing	VHA
CA	Palo Alto	SCI/D Renovation and Patient Privacy Correction B Wing	VHA
CA	Palo Alto	SCI/D Renovation and Patient Privacy Correction C Wing	VHA
CA	Palo Alto	SCI/D Renovation and Patient Privacy Correction D Wing	VHA
CA	Palo Alto	SCI/D Renovation and Patient Privacy Correction E Wing	VHA
CA	Palo Alto	War Related Injury, Illness Study Center Seismic Correction	VHA
CA	Riverside	Construct Public Information Center, Admin And MHD Annexes Parking	NCA
CA	Riverside	Parking Lot Storm Drain	NCA
CA	Riverside	Remove 4 Irrigation Ponds, Repair Gunite	NCA
CA	Riverside	Sidewalks, Slabs -Demo And Replace	NCA
CA	Sacramento	Bridge from B 650 to B 700, 2nd and 3rd Fl	VHA
CA	Sacramento	Consolidate/Expand Surgical Specialties	VHA
CA	Sacramento	Construct Hoptel	VHA
CA	Sacramento	Construct Parking Structure	VHA
CA	Sacramento	Enhance Clinical Trials Facilities	VHA
CA	Sacramento	Expand Rehab for OEF/OIF	VHA
CA	Sacramento	Expand SPD Warehouse	VHA
CA	Sacramento	GI/Derm/Urology Specialty	VHA
CA	Sacramento	Inpatient Mental Health Expansion, Phase 2	VHA
CA	Sacramento	Marysville CBOC	VHA
CA	San Diego	Clinical Expansion Renovation	VHA
CA	San Diego	Expand and Renovate Research Lab 6E	VHA
CA	San Diego	Expand and Renovate Research Lab 6S	VHA
CA	San Diego	Inpatient Psychiatry Expansion/Renovation Phase I	VHA
CA	San Diego	Medical Wards Expansion and Patient Privacy	VHA
CA	San Diego	PACU Expansion Renovation	VHA
CA	San Diego	Parking Garage	VHA



State	City	Project Title - Brief Description	Admin.
CA	San Diego	Relocate SPD	VHA
CA	San Diego	Relocate Urology/Cysto	VHA
CA	San Diego	Surgical Ward Expansion and Patient Privacy	VHA
CA	San Francisco	Add 2d Floor Vivarium Expansion, Bldg 12	VHA
CA	San Francisco	Clinical Expansion for MH and Sleep Lab	VHA
CA	San Francisco	Emergency Preparedness/Response	VHA
CA	San Francisco	Emergency Sustainability	VHA
CA	San Francisco	Expand Canteen/ Auditorium	VHA
CA	San Francisco	Expand OR Suite	VHA
CA	San Francisco	Expand Polytrauma Support Team Rehab	VHA
CA	San Francisco	Expanded Locked Psych Inpatient Ward	VHA
CA	San Francisco	Library & Education Learning Center	VHA
CA	San Francisco	OIF/OEF Welcome Center	VHA
CA	San Francisco	Phase I North Slope Mitigation	VHA
CA	San Francisco	Phase II No. Slope Mitigation	VHA
CA	San Francisco	Phase II, Sausalito Expansion	VHA
CA	San Francisco	Seismic Bldg 11	VHA
CA	San Francisco	Seismic Bldg 18	VHA
CA	San Francisco	Seismic Bldg 25	VHA
CA	San Francisco	Seismic Bldg 3	VHA
CA	San Francisco	Site Improvements (Boundary Wall; Rostrum)	NCA
CA	San Francisco	Vivarium Replacement and Expansion	VHA
CA	Sunnyvale	Renovate Onizuka BRAC Realignment for Research	VHA
CA	West Los Angeles	Consolidate Research - Phase 2 WLA	VHA
CA	West Los Angeles	Consolidate Research First Module- Sepulveda	VHA
CA	West Los Angeles	Consolidate Research Phase 1 - WLA	VHA
CA	West Los Angeles	Consolidated Research Phase 3	VHA
CA	West Los Angeles	Demolish Various Buildings	VHA
CA	West Los Angeles	Demolish various buildings, Phase 1	VHA
CA	West Los Angeles	Demolish various buildings, Phase 2	VHA
CA	West Los Angeles	IRM Consolidation	VHA
CA	West Los Angeles	Medical Records Building	VHA
CA	West Los Angeles	Mental Health Inpatient Renovation	VHA

State	City	Project Title - Brief Description	Admin.
CA	West Los Angeles	Mental Health Rehabilitation	VHA
CA	West Los Angeles	New Administration Building	VHA
CA	West Los Angeles	New Employee Health Building	VHA
CA	West Los Angeles	New Engineering Shops Building	VHA
CA	West Los Angeles	New Nutrition and Food Preparation Building	VHA
CA	West Los Angeles	New Physical Rehab Building	VHA
CA	West Los Angeles	New Police Building	VHA
CA	West Los Angeles	New Polytrauma Rehab Center	VHA
CA	West Los Angeles	Outpatient Mental Health	VHA
CA	West Los Angeles	Pharmacy Expansion / Renovation	VHA
CA	West Los Angeles	Relocate Hemodialysis	VHA
CA	West Los Angeles	Renovate Medicine Wards Phase 3	VHA
CA	West Los Angeles	Renovate Surg. Phase 2	VHA
CO	Fort Logan	Improvements To Irrigation Ditch System	NCA
CO	Fort Logan and Fort Lyon	Water Rights And Delivery System	NCA
CT	Newington	Renovate Ancillary/Diagnostic	VHA
CT	Newington	Specialty Care Clinic Consolidation	VHA
CT	West Haven	Emergency Department Expansion	VHA
CT	West Haven	ICU Step-Down Expansion	VHA
CT	West Haven	In Patient Pharmacy Realignment	VHA
CT	West Haven	Inpatient Pharmacy Renovation	VHA
CT	West Haven	Lab Service Consolidations	VHA
CT	West Haven	Mental Health Access Expansion	VHA
CT	West Haven	Mental Health Renovations Phase 1	VHA
CT	West Haven	Out-Patient Surgical Center	VHA
CT	West Haven	Primary Care Renovations	VHA
CT	West Haven	Radiology Diagnostic Center	VHA
CT	West Haven	Renovate Dental/Eye Clinic/Recreational Therapy	VHA
CT	West Haven	Specialty Care Ph II	VHA
CT	West Haven	Surgical Specialty Clinics	VHA

State	City	Project Title - Brief Description	Admin.
DC	Wash. Field Office	Renovation	OIG
DC	Washington	4E Patient Ward Expansion	VHA
DC	Washington	Animal Facility Expansion	VHA
DC	Washington	CNRC Third Floor Expansion - K	VHA
DC	Washington	Mental Health Expansion- MHCM	VHA
DC	Washington	Mental Health Expansion- SARP/PHP	VHA
DC	Washington	OIF/OEF Welcome Center	VHA
DC	Washington	Patient/Visitor Parking Garage - Phase 1	VHA
DC	Washington	Patient/Visitor Parking Garage - Phase 2	VHA
DC	Washington	Patient/Visitor Parking Garage - Phase 3	VHA
DC	Washington	Primary Care Expansion - Phase 1	VHA
DC	Washington	Primary Care Expansion - Phase 2	VHA
DC	Washington	Relocate Chapel to CNRC North patio	VHA
DC	Washington	Relocate IRM and Data Center	VHA
DC	Washington	Relocate warehouse & renovate receiving area	VHA
DC	Washington	Research Clinic Expansion	VHA
DC	Washington	Roadway Reconfiguration	VHA
DC	Washington	VACO Cable Plant	OI&T
DC	Washington	West Pedestrian Plaza	VHA
DC	Washington	OI&T MISC 999 for approximately 15 sites	OI&T
DE	Wilmington	Renovate 2 East for Clinic Space	VHA
DE	Wilmington	Renovate 5 East for Dental	VHA
FL	Bay Pines	Construct Audiology/Dialysis Center	VHA
FL	Bay Pines	Construct Cancer Infusion Therapy Center	VHA
FL	Bay Pines	Construct Cardiac Rehab Center/Relocate Warehouse	VHA
FL	Bay Pines	Construct Heart Center	VHA
FL	Bay Pines	Construct Library/PERC/Education Classroom	VHA
FL	Bay Pines	Construct Parking Garage (500 cars)	VHA
FL	Bay Pines	Construct Primary Care Center	VHA
FL	Bay Pines	Construct Specialty Care Center	VHA
FL	Bay Pines	Construct Women's Center	VHA
FL	Bay Pines	Lee Co, Construct 23-Hr Post Op Surgical Unit	VHA
FL	Bay Pines	Renovate B101 Community Living Center	VHA
FL	Bay Pines	Renovate Community Living Center PH I (Eden Concept)	VHA
FL	Bay Pines	Renovate Med/Surg Ward	VHA
FL	Bay Pines	Renovate Research Building 23	VHA
FL	Bay Pines	Replace Laboratory	VHA
FL	Bay Pines	Research Center	VHA
FL	Bushnell	Construct Columbaria	NCA
FL	Bushnell	Expand Administration Bldg	NCA
FL	Bushnell	Install Horizontal Wells In Memorial Area	NCA
FL	Bushnell	Renovate/ Automate Irrigation System	NCA
FL	Bushnell	Restroom - Construct	NCA

State	City	Project Title - Brief Description	Admin.
FL	Bushnell	Resurface Roads, Phase I	NCA
FL	Gainesville	Construct Administrative Building	VHA
FL	Gainesville	Construct Facilities Support Building	VHA
FL	Gainesville	Construct/Expand Parking Spaces	VHA
FL	Lake City	Construct Additional Floor on Outpatient Clinic	VHA
FL	Lake City	Construct Supply Warehouse	VHA
FL	Miami	Additional Water Tank Reserves	VHA
FL	Miami	Renovate 12AB Patient Wards	VHA
FL	Miami	Renovate 2nd Floor Pharmacy	VHA
FL	Miami	Renovate CLC Patient Rooms - Phase 1	VHA
FL	Miami	Renovate Research Laboratories	VHA
FL	Orlando	Co-location with VHA	VBA
FL	Tampa	Outpatient Mental Health Expansion	VHA
FL	Tampa	Radiology Expansion	VHA
FL	West Palm Beach	Hospice Unit	VHA
FL	West Palm Beach	Mental Health Domiciliary	VHA
FL	West Palm Beach	Specialty Care Clinic	VHA
GA	Atlanta	Long Term Care Addition	VHA
GA	Atlanta	New Parking Structure	VHA
GA	Atlanta	Office renovation - continuation from 2009	OIG
GA	Atlanta	Reconfiguration of Library	OGC
GA	Augusta	Additional 9 beds for SICU, Bldg. 801	VHA
GA	Marietta	Maint Bldg - Renovate, New Restrooms Bldg And Soil Storage	NCA
GA	Marietta	Replace Roads And Storm Drainage	NCA
HI	Honolulu	Parking Garage Addition	VHA
HI	NMCP	Improvements To Maint Building, Employee Lounge	NCA
HI	NMCP	Road, Curb And Gutter, And Signage Replacement	NCA
IA	Des Moines	3B Expansion & Renovation	VHA
IA	Des Moines	ED Expansion & Renovation	VHA
IA	Des Moines	Imaging Expansion	VHA
IA	Des Moines	Surgery Building	VHA
IA	Iowa City	Construct 400 Car Parking Garage	VHA
IA	Iowa City	Relocate Surgical Operating Rooms	VHA
IA	Iowa City	Replace Admin Bldg 21	VHA
ID	Boise	Construct New Extended Care Unit	VHA
ID	Boise	Construct Parking Garage	VHA
ID	Boise	Free Standing Dental Clinic	VHA
ID	Boise	Renovate B.27 1st Floor	VHA
ID	Boise	Replace and Modernize Surgery/ICU	VHA
ID	Boise	Seismic Upgrade B.1, 23, 24, 43, 44, 50	VHA

State	City	Project Title - Brief Description	Admin.
IL	Abraham Lincoln	Install Irrigation System In Phase 1 Burial Areas	NCA
IL	Camp Butler	Irrigate Entire Cemetery	NCA
IL	Camp Butler	Replace Water Lines Used For Public Flower Placement And Turf	NCA
IL	Chicago	Expand & Remodel Existing Space for Material management Area	VHA
IL	Danville	Convert To Crypts	NCA
IL	Hines	1st floor window replacement	OI&T
IL	Hines	2nd floor window replacement	OI&T
IL	Hines	Air handling equipment replacement	OI&T
IL	Hines	Armed Security Shacks	OI&T
IL	Hines	B - 37Architectural Renovation Ph 1	OAL
IL	Hines	B - 37Architectural Renovation Ph 2	OAL
IL	Hines	Bldg 37 Tuck pointing	OAL
IL	Hines	Computer Room Floor upgrade phase 1	OI&T
IL	Hines	Computer Room Floor upgrade phase 2	OI&T
IL	Hines	Computer Room Floor upgrade phase 3	OI&T
IL	Hines	Computer Room Floor upgrade phase 4	OI&T
IL	Hines	Construction additional office space/file storage rm. Install Video Conference	OGC
IL	Hines	Electrical Closet upgrade	OI&T
IL	Hines	Electrical Construction Phase 1	OI&T
IL	Hines	Electrical Construction Phase 2	OI&T
IL	Hines	Electrical Construction Phase 3	OI&T
IL	Hines	Electrical Construction Phase 4	OI&T
IL	Hines	Emergency Generator Update	OI&T
IL	Hines	Equipment Storage Building	OAL
IL	Hines	Exhaust fan replacement	OI&T
IL	Hines	Fire alarm - replace FACP and ADA compliance strobes throughout	OI&T
IL	Hines	HITC 3999	OI&T
IL	Hines	HITC Armed Security Shacks.	OI&T
IL	Hines	HITC Computer Room Carpet Replacement.	OI&T
IL	Hines	HITC Electrical Construction Phase 1.	OI&T
IL	Hines	HITC Field Office Space Enhancements Construction	OI&T
IL	Hines	HITC LAN/WAN CR Survey.	OI&T
IL	Hines	HITC Lighting and Ground Replacement Master Cert.	OI&T
IL	Hines	HITC Lighting Replacement Phase 1.	OI&T
IL	Hines	HITC Misc 999	OI&T
IL	Hines	Life Safety Upgrades (Firewalls & Etc.)	OAL
IL	Hines	Lighting Replacement Project - Phase 1	OI&T
IL	Hines	Lighting Replacement Project - Phase 2	OI&T
IL	Hines	Lighting Replacement Project - Phase 3 (final)	OI&T

State	City	Project Title - Brief Description	Admin.
IL	Hines	Lightning Protection & Grounding Replacement - Master Cert. Design/ Build	OI&T
IL	Hines	Lobby upgrade and maintenance	OI&T
IL	Hines	Mail Opening room Build	OI&T
IL	Hines	Mail Opening Room Design	OI&T
IL	Hines	Mechanical Construction Phase 1	OI&T
IL	Hines	Misc. 999 Renovations	OI&T
IL	Hines	Move ORM employees to safe and secure area. Guttled for mold and leak damage	ORM
IL	Hines	New Fire Alarm ADA Strobes & Horns	OAL
IL	Hines	New Parking Lot (75-100 spaces)	OAL
IL	Hines	Remodel 5 Restrooms (SDC/Warehouse)	OAL
IL	Hines	Remodel NCA Restrooms (9)	OAL
IL	Hines	Remodel Offices	OIG
IL	Hines	Renovate/Upgrade Security Systems	OAL
IL	Hines	Renovation	OIG
IL	Hines	Repl. Exterior Doors (incl. dock) & Windows	OAL
IL	Hines	Repl. Facility Electrical Feeder & Add 3RD Feeder & Add ATS	OI&T
IL	Hines	Replace 80% Branch Circuit Wiring & Conduit	OAL
IL	Hines	Replace exit lights with LED	OI&T
IL	Hines	Replace Steam Unit Heaters & Various Pumps	OAL
IL	Hines	Replace Steam/Condensate Lines	OAL
IL	Hines	Replace Warehouse Electrical Fixtures	OAL
IL	Hines	Replace/Upgrade HVAC units Ph 2	OAL
IL	Hines	Replace/Upgrade HVAC Units PH3	OAL
IL	Hines	Reseal expansion joints and rework sills	OI&T
IL	Hines	Resurface Facility Parking Lot	OI&T
IL	Hines	Roof replacement 18,000 sq ft	OI&T
IL	Hines	Site Drainage Redesign	OAL
IL	Hines	Sprinkler system in entire building	OI&T
IL	Hines	System steam efficiency upgrades	OI&T
IL	Hines	Transition to T8 Energy Efficient Lighting	OAL
IL	Hines	Upgrade Electrical Main & Sub-panels/Feeders	OAL
IL	Hines	Warehouse expansion 10,000 sq ft	OI&T
IL	Hines	HITC Computer Room (B37) Upgrades Construction	OI&T
IL	Marion	Admin Building	VHA
IL	Marion	Inpatient Bed Building	VHA
IL	Marion	Mental Health Building for Expansion of Services	VHA
IL	Marion	Mental Health Building for expansion of services including PRCC program	VHA
IL	Marion	Relocate and Upgrade Medical Intensive Care Unit, Day Surgery, and Surgical and Medical Specialty Clinics	VHA
IL	Marion	Relocate and Upgrade Operating Room Suite	VHA

State	City	Project Title - Brief Description	Admin.
IL	Marion	Relocate remaining Medical Specialty Clinics near Day Surgery, MICU, and OR Suite	VHA
IL	North Chicago	Four Unit Community Living Center	VHA
IL	North Chicago	Modernize NHCU for Geri-Psych Phase I - B134	VHA
IL	Rock Island	Irrigate Older Portions Of Cemetery (44 Acres)	NCA
IN	Indianapolis	Clinical Tower	VHA
IN	Indianapolis	Clinical Tower Expansion	VHA
IN	Indianapolis	Construct Parking Garage	VHA
KS	Fort Scott	Renovate Maint Shop and Expand Parking/Storage Area	NCA
KS	Fort Scott	Renovate/ Repair Historic Admin Bldg (Lodge)	NCA
KS	Kansas City	Building Addition for MRI	VHA
KS	Kansas City	ER Expansion	VHA
KS	Kansas City	Main Entrance Accessibility	VHA
KS	Kansas City	New Restrooms & Elevator Bldg. 1	VHA
KS	Kansas City	SCI Entrance	VHA
KS	Kansas City	Seismic Protection	VHA
KS	Kansas City	Training Center	VHA
KS	Leavenworth	New Patient Access/Dock Area	VHA
KS	Leavenworth	NHCU Relocation	VHA
KS	Leavenworth	Primary Care/Pharmacy In-fill	VHA
KS	Leavenworth	Remodel And Expand Public Restroom And Public Information Center Area	NCA
KS	Leavenworth	Remodel Public Restroom and Public Information Center Area	NCA
KS	Leavenworth	Renovate/Repair Roadways	NCA
KS	Leavenworth	Road Repair And Expand Admin Parking	NCA
KS	Leavenworth	Surgery Relocation	VHA
KS	Leavenworth and Fort Leavenworth	Irrigation System, Entire Cemetery	NCA
KS	Topeka	Community Living Center	VHA
KS	Wichita	MRI Expansion	VHA
KY	Camp Nelson	Irrigation System, Entire Cemetery (30 Acres)	NCA
KY	Lebanon	Irrigate Entire Cemetery (15 Acres)	NCA
KY	Louisville	Construct Parking Garage	VHA
KY	Louisville	Construct Pharmacy & Lab Addition	VHA
KY	Louisville	Construct Radiology Addition	VHA
KY	Zachary Taylor	Irrigate Entire Cemetery (16 Acres)	NCA
LA	Baton Rouge	Repair Wall	NCA
LA	Port Hudson	Construct Columbaria	NCA
LA	Port Hudson	Construct Public Information Center	NCA
LA	Port Hudson	Install Crypts	NCA
LA	Port Hudson	Repair Cemetery Wall	NCA
LA	Shreveport	Hoptel Building	VHA

State	City	Project Title - Brief Description	Admin.
LA	Shreveport	Specialty Care Expansion, Bldg 5	VHA
MA	Bedford	Renovation	OIG
MA	Bedford	Expand Lab and Radiology	VHA
MA	Bedford	Renovate Bldg 5 for Specialty Care	VHA
MA	Bedford	Renovate Domiciliary	VHA
MA	Bedford	Renovate Pharmacy and Recreation Therapy	VHA
MA	Bedford	Renovation Outpatient Mental Health	VHA
MA	Boston	Animal Research Improvements, B1-A	VHA
MA	Boston	Cyclotron Site Prep	VHA
MA	Boston	Research Facility Renovation B1-A	VHA
MA	Boston	Support Service Modification (JP) Ph 2	VHA
MA	Bourne	Renovate Columbaria And Committal Shelters	NCA
MA	Bourne	Resurface Roads	NCA
MA	Brockton	Administration Renovation	VHA
MA	Brockton	Dental Renovation	VHA
MA	Brockton	Infrastructure Improvements, JP, PH 3	VHA
MA	Brockton	Primary Care Expansion	VHA
MA	Brockton	Replacement Research Facility B44, B46	VHA
MA	Brockton	Specialty Care Renovations BRK	VHA
MA	Northampton	Air Condition Buildings	VHA
MA	Northampton	Central Chiller Plant	VHA
MA	Northampton	Elevator, Building 4	VHA
MA	Northampton	Elevators Bldg 20	VHA
MA	Northampton	Elevators Building 11 & 25	VHA
MA	Northampton	Inpatient Psychiatry Renovation, Bldg. 4 Lower	VHA
MA	Northampton	NHCU Bldg 1 East	VHA
MA	Northampton	Nursing Home Renovation and Expansion	VHA
MA	Northampton	Rehab Medicine Renovation	VHA
MA	Northampton	Renovate Education Space	VHA
MA	Northampton	Renovate NHCU, Building 1	VHA
MA	Northampton	Renovate Recreation Therapy	VHA
MA	West Roxbury	Eye Clinic Renovation	VHA
MA	West Roxbury	Infrastructure Improvements (WR) PH 2	VHA
MA	West Roxbury	Medical Nursing Unit B1-4N	VHA
MA	West Roxbury	OR Expansion	VHA
MA	West Roxbury	Support Service Modification (WR) Ph 3	VHA
MA	West Roxbury	Surgical Nursing Unit, B1-3N	VHA
MA	Bourne	Replace/ Refurbish Irrigation System, Sections 1-9	NCA
MD	Baltimore	Construct Columbaria	NCA
MD	Baltimore	Expand Fort Meade CBOC	VHA
MD	Baltimore	Expand Mental Health & Managed Care (5A & 6A)	VHA
MD	Baltimore	Expand Surgical Care and Mental Health (5B & 6B)	VHA
MD	Baltimore	Managed Care/ED Improvements & Enrollment Center	VHA



State	City	Project Title - Brief Description	Admin.
MD	Perry Point	Renovate Basements 13H, 14H, 24H, & 25H	VHA
MD	Perry Point	Renovate Bldg 22H for SARRTP	VHA
MD	Perry Point	Renovate Bldg 25H for Education	VHA
MD	Perry Point	Renovate Bldg 80H for Outpatient Mental Health	VHA
MD	Perry Point	Renovate Horticultural Therapy & Conference Center	VHA
ME	Togus	Administration Renovation	VHA
ME	Togus	Consolidate MH Services	VHA
ME	Togus	Construct 25 Bed Sub Abuse CWT/TR	VHA
ME	Togus	Construct 30 Bed Dom	VHA
ME	Togus	Construct Lodger/Renovate Nursing Unit, B200-4S	VHA
ME	Togus	Construct Residential Rehab	VHA
ME	Togus	Convert NHCU Ward to Hospice, B207-3W	VHA
ME	Togus	Private Baths NH Phase 2	VHA
ME	Togus	Private Baths NH Phase I	VHA
ME	Togus	Private, Semi-private Baths, B200	VHA
ME	Togus	Private, Semi-private Baths, B200, Ph2 3N/3S	VHA
ME	Togus	Private, Semi-private Baths, B200, Phase 1	VHA
ME	Togus	Substance Abuse Residential Rehab	VHA
MI	Ann Arbor	East Parking Deck Expansion	VHA
MI	Fort Custer	Amphitheater Assembly Area	NCA
MI	Fort Custer	Install Crypts And Roadway	NCA
MN	St. Cloud	Expand & Reno Wards, Bldg. 49-1 & 49-2	VHA
MN	St. Cloud	Expand Community Living Centers	VHA
MN	St. Cloud	Expand Community Living Centers	VHA
MN	St. Cloud	Expand PC/SC; Reconfigure Support Space	VHA
MN	St. Cloud	Long Term / Intermediate Psych	VHA
MO	Columbia	Relocate ICU	VHA
MO	Columbia	Relocate SPD	VHA
MO	Jefferson Barracks	Asphalt Road And Cemetery Improvements	NCA
MO	Jefferson Barracks	Renovate And Expand Administration Building	NCA
MO	Springfield	Replace Waterlines And Irrigate Cemetery	NCA
MO	St. Louis	Records Management Center - NARA compliance	VBA
MO	St. Louis - JB	Mental Health Ward Expansion for Female Veterans, B-51	VHA
MO	St. Louis - JC	New Administration Building for IRM, Engineering, and other non-Direct Patient Care Administrative Functions, JC	VHA
MS	Biloxi	Add Floor to Parking Garage	VHA
MS	Biloxi	Construction 24/7 Security Operation Center	VHA
MS	Biloxi	Construction MRI /LA Bldg.	VHA
MS	Biloxi	Construction New Voc. Rehab Bldg.	VHA
MS	Biloxi	Construction PM&RS Facility	VHA
MS	Biloxi	Expand N&FS (Bldg 21)	VHA
MS	Biloxi	New Communications Center	VHA

State	City	Project Title - Brief Description	Admin.
MS	Biloxi	Reconstruct Existing Roads; Install Curbing	NCA
MS	Biloxi	Replace CBOC @ Panama City	VHA
MS	Biloxi	Resurface Roadways	NCA
MS	Corinth	Construct Admin/ Maintenance Bldg	NCA
MS	Jackson	Construct Ambulatory Care	VHA
MS	Jackson	Construct Medical Laboratories	VHA
MS	Jackson	Construct Outpatient/Inpatient Pharmacy Addition	VHA
MS	Jackson	Expand Linear Accelerator	VHA
MS	Natchez	Construct Paved Road	NCA
MS	Natchez	Drainage Correction (Sinkhole Problem)	NCA
MS	Natchez	Slope Stabilization	NCA
MT	Ft. Harrison	Correct Patient Privacy Deficiencies	VHA
NC	Asheville	Demolish/Replace Building 9	VHA
NC	Raleigh	Repair Cemetery Wall	NCA
NC	Salisbury	Construct Invasive Cardiology & Cardiac Cath Lab, Cardiac Rehab	VHA
NC	Salisbury	Convert To Crypts	NCA
NC	Salisbury	Expand Outpatient Medical Clinics and Emergency Dept	VHA
NC	Salisbury	Home & Community Care Patient/Staff Learning Center	VHA
NC	Salisbury	Orthopedic, Rehabilitation and Prosthetics Center	VHA
NC	Winston-Salem	Build new office and renovate conference room	OGC
ND	Fargo	Bldg 1 Additional Outpatient Treatment Space	VHA
ND	Fargo	TCU Expansion & Remodeling	VHA
NE	Fort McPherson	Gravesite Development Including Columbaria	NCA
NE	Omaha	OR to 2nd Floor of OPC (Ph I)	VHA
NE	Omaha	OR to 2nd Floor of OPC (Ph II)	VHA
NE	Omaha	OR to 2nd Floor of OPC (Ph III)	VHA
NE	Omaha	SPD to 4th Floor of OPC	VHA
NH	Manchester	Administration Renovation 1	VHA
NH	Manchester	Ancillary/Diagnostic Renovations	VHA
NH	Manchester	Mental Health Additions and Improvements	VHA
NH	Manchester	Renovate Pharmacy, Dental	VHA
NH	Manchester	Specialty Care Renovations	VHA
NJ	Cypress Hills	Irrigate Entire Site	NCA
NJ	Cypress Hills	Remove/Replace All Roads At Cypress Hills And Union Plot	NCA
NJ	Cypress Hills	Restore/Replace Wrought Iron Fence And Main Gates	NCA
NJ	Lyons	CLC Ward Renovation	VHA
NJ	Newark	Relocation of Office	OIG
NM	Albuquerque	Ambulatory Surgery Center	VHA
NM	Albuquerque	Clinical Space Expansion B-41	VHA
NM	Albuquerque	Expand SICU/PACU	VHA
NM	Albuquerque	Long-Term Care Expansion	VHA
NM	Albuquerque	Medical Specialty Clinic Expansion	VHA

State	City	Project Title - Brief Description	Admin.
NM	Albuquerque	Outpatient Mental Health Expansion	VHA
NM	Albuquerque	Renovation of Research Labs Buildings 10&11	VHA
NM	Albuquerque	Seismic Corrections, Bldg 1	VHA
NM	Albuquerque	Surgical Clinic Expansion	VHA
NM	Fort Bayard	Gravesite Development- Remove Subterranean Rock For Full Casket Burials	NCA
NM	Fort Bayard	New Admin/Maint Bldg, Maint., Shelter, Rostrum	NCA
NM	Fort Bayard	Pave Existing Gravel Roads and Enclose Drainage Channels	NCA
NM	Fort Bayard	Replace Shelter And Rostrum; Const New Admin/Maint Bldg; Convert Xeriscape	NCA
NM	Santa Fe	Gravesite Expansion	NCA
NM	Santa Fe	Renovate Admin/Maint Into Admin; Const/Expand Maint Facility	NCA
NV	Las Vegas	Realignment and modernization	VBA
NV	Reno	Building 1A Seismic Corrections	VHA
NV	Reno	Clinical Diagnostic Center	VHA
NV	Reno	Consolidate/Expand Outpatient Special Procedures & Recovery	VHA
NV	Reno	Construct New Research Building	VHA
NV	Reno	ICU Expansion & Correction of Deficiencies	VHA
NV	Reno	New Education Training & Conference Center	VHA
NV	Reno	Radiology Expansion	VHA
NV	Reno	Relocate Clinical Services From Building 1	VHA
NV	Reno	Seismic Replacement for Outpatient Services in Building 1	VHA
NV	Reno	Specialty Clinic Building	VHA
NV	Reno	Transitional Care Unit Safety & Cultural Improvements	VHA
NV	Reno	Upgrade/Integrate Canteen with Nutrition and Food Service	VHA
NY	Albany	Expand Delmar Transitional Residence	VHA
NY	Albany	Expand ED for Patient Privacy	VHA
NY	Albany	Main Entrance Addition	VHA
NY	Bath	Construct Columbaria	NCA
NY	Bath	Convert To Crypts	NCA
NY	Beverly	Repair/Replace Slate Roofs - Both Maintenance Garages	NCA
NY	Brooklyn	Data Center Expansion	VHA
NY	Buffalo	Construct Parking Ramp	VHA
NY	Calverton	Renovate And Expand Maint Bldg/3001 And Const Wash Bay	NCA
NY	Castle Point	Expand OPC H-3	VHA
NY	Castle Point	Expand OPC H-3	VHA
NY	Long Island	Correct Drainage - Resurface Employee/Visitor Lots	NCA
NY	Long Island	Provide Irrigation To 1/4 Site (91.2 A), Phase 1 of 4	NCA
NY	Long Island	Provide Irrigation To 1/4 Site (91.2 A), Phase 2 of 4	NCA
NY	Long Island	Provide Irrigation To 1/4 Site (91.2 A), Phase 3 of 4	NCA
NY	Long Island	Provide Irrigation To 1/4 Site (91.2 A), Phase 4 of 4	NCA

State	City	Project Title - Brief Description	Admin.
NY	Manhattan	Seismic Retrofit	VHA
NY	New York	Remodel Offices/Renovate	OIG
NY	New York	Renovation	OIG
NY	Northport	Community Living Center 3 Replacement	VHA
NY	Northport	Community Living Center 4 Replacement	VHA
NY	Northport	ICU Replacement	VHA
NY	Northport	OR Replacement	VHA
NY	Syracuse	Replace Building 2	VHA
NY	Woodlawn	Construct Columbaria	NCA
OH	Chillicothe	Clinical Addition to B30 Ph I	VHA
OH	Chillicothe	Clinical Addition to B30 Ph II	VHA
OH	Chillicothe	Clinical Addition to B31 Ph I	VHA
OH	Chillicothe	Clinical Addition to B31 Ph II	VHA
OH	Chillicothe	Renovate NHCU 211AB	VHA
OH	Chillicothe	Renovate NHCU 211CD	VHA
OH	Cincinnati	Parking Garage	VHA
OH	Cincinnati	Relocate NHCU PH II	VHA
OH	Cincinnati	Relocate NHCU PH III	VHA
OH	Cincinnati	Replace Animal Research Facility PH I	VHA
OH	Cincinnati	Replace Animal Research Facility PH II	VHA
OH	Cleveland	Outpatient Care Addition	VHA
OH	Cleveland	Realignment and modernization	VBA
OH	Cleveland	Surgery	VHA
OH	Dayton	Develop Five Acres, Install Crypts	NCA
OH	Dayton	Irrigate Entire Cemetery	NCA
OH	Rittman	Irrigation For Phase 1 Burial Areas	NCA
OK	Fort Gibson	Maint Bldg/ Equip Storage Improvements	NCA
OK	Fort Sill	Convert To Crypts	NCA
OK	Oklahoma City	1st & 2nd Floor Clinic Expansion	VHA
OK	Oklahoma City	Clinic Infill	VHA
OK	Oklahoma City	Mental Health Expansion	VHA
OK	Oklahoma City	Renovate 5 East for Inpatient Beds	VHA
OK	Oklahoma City	Renovate B, C, & D Mods	VHA
OK	Oklahoma City	SICU Expansion	VHA
OR	Eagle Point	Convert To Crypts	NCA
OR	Eagle Point	Develop Burials West Of Riley Road; Roads; Shelter	NCA
OR	Eagle Point	Remodel Admin; New Maint Bldg; Vehicle Wash Station; Fence	NCA
OR	Eagle Point	Repair/Replace Stone Retaining Walls	NCA
OR	Portland	New Emergency Dept. Build.	VHA
OR	Portland	Patient Parking Structure (P)	VHA
OR	Portland	Renovate Bldg 6 for Animal Research Facility (P)	VHA
OR	Roseburg	B2 Mental Health Seismic Replacement Ph 1	VHA

State	City	Project Title - Brief Description	Admin.
OR	Roseburg	B2 Mental Health Seismic Replacement Ph 2	VHA
OR	Roseburg	B2 Mental Health Seismic Replacement Ph 3	VHA
OR	Roseburg	B2 Mental Health Seismic Replacement Ph 4	VHA
OR	Roseburg	Bldg 2 Acute Psych Ward Replacement	VHA
OR	Roseburg	Construct Protected Care Unit	VHA
OR	Roseburg	Correct SPD/Surgical Deficiencies	VHA
OR	Roseburg	Seismic Upgrade Boiler Plant, Bldg 7	VHA
OR	White City	Expand Ambulatory Care Clinic	VHA
OR	White City	Expand Ambulatory Care Clinic- Phase 2	VHA
OR	White City	Rehabilitation Hospital, B211A (upper)	VHA
OR	White City	Replace Dom Bldg. 205	VHA
OR	White City	Replace Dom Bldg. 206	VHA
OR	White City	Replace Dom Bldg. 207	VHA
OR	White City	Replace Nutrition Food Service (Kitchen)	VHA
OR	Willamette	Install Crypts	NCA
OR	Willamette	Install Roads, Storage, Wash Rack, Irrigation Loop	NCA
OR	Willamette	Replace/ Renovate Maintenance Bldgs	NCA
PA	Altoona	Exp/Imp Long Term Care 5th Fl	VHA
PA	Altoona	Expand and Improve BH Clinic	VHA
PA	Altoona	Expand Radiology A	VHA
PA	Altoona	Expand Radiology B	VHA
PA	Altoona	Move/Exp Eye/Dig/Endo/Pulm/Resp	VHA
PA	Altoona	Move/Exp Rec/Audio/Speech Pathology	VHA
PA	Altoona	Move/Exp Specialty/Dermatology/Cardio	VHA
PA	Butler	Dementia Long Term Care Unit Replacement	VHA
PA	Butler	Domiciliary Extended-Stay Treatment Unit Replacement	VHA
PA	Butler	Replace Boiler/Chiller Plant and Equipment	VHA
PA	Coatesville	Renovate 1B Med Ward Bldg 1	VHA
PA	Erie	Expand Behavioral Health	VHA
PA	Indiantown Gap	Admin Bldg Roof Replacement	NCA
PA	Indiantown Gap	Construct Columbaria	NCA
PA	Indiantown Gap	Install Crypts	NCA
PA	Lebanon	Expand OR Services	VHA
PA	Philadelphia	2nd Floor AE Bldg	VHA
PA	Philadelphia	Anti-tailgating Devices for the Data Center Doors	OI&T
PA	Philadelphia	Computer/Tele Bldg.	VHA
PA	Philadelphia	Expand HAS Sub Basement	VHA
PA	Philadelphia	Expand Parking Garage Ph #2	VHA
PA	Philadelphia	Expanded Network Capability for DSL in ITC Learning Center and Bus Center	OI&T
PA	Philadelphia	Facility Repair Construction/Design-Build	OI&T

State	City	Project Title - Brief Description	Admin.
PA	Philadelphia	Feasibility/Design study to replace the (2) ITC Data Center UPS Systems	OI&T
PA	Philadelphia	Install Cable Tray System Below Data Center Raised Flooring	OI&T
PA	Philadelphia	Install K12-rated perimeter fencing, operators and gates.	OI&T
PA	Philadelphia	Install new ATS- Supt Additl Load on the Emerg Diesel Generators.	OI&T
PA	Philadelphia	Misc. 999 Renovations	OI&T
PA	Philadelphia	PHASE 1 - Repl(5) ITC FI-Mounted & 20 Ton CRAC Units A/C	OI&T
PA	Philadelphia	PHASE 2 - Repl (5) ITC Data Center FI-Mounted 20 Ton CRAC Units A/C	OI&T
PA	Philadelphia	PHASE 3 - Repl (5) ITC FI-Mounted 20 Ton CRAC Units A/C	OI&T
PA	Philadelphia	PHASE 4 - Repl (5) ITC FI-Mounted 20 Ton CRAC Units A/C	OI&T
PA	Philadelphia	PITC 3999	OI&T
PA	Philadelphia	PITC Computer Room Air Conditioner Replacement.	OI&T
PA	Philadelphia	PITC Facility Repair.	OI&T
PA	Philadelphia	PITC Fence, Gate & Operators.	OI&T
PA	Philadelphia	PITC Office Suite and Conference Room Cable Plant Update	OI&T
PA	Philadelphia	PITC PIV II.	OI&T
PA	Philadelphia	Renovate Entrance Bldg #1	VHA
PA	Philadelphia	Replace Data Center Metric Floor Tiles	OI&T
PA	Philadelphia	Soundproofing Wall Between Assoc. Dir. Office and Conf Rm	OI&T
PA	Pittsburgh	Consolidate Radiology & Nuclear Medicine	VHA
PA	Pittsburgh	New Elevators for Building 1 at UD	VHA
PA	Pittsburgh	O.R. Expansion	VHA
PA	Pittsburgh	Office relocation build out	OIG
PA	Pittsburgh	Research Building Addition	VHA
PA	Pittsburgh	Second Floor Infill for Clinics	VHA
PA	Pittsburgh	Upgrade SPD & Security at Loading Dock	VHA
PI	Manila	U.S. Embassy	VBA
PR	Bayamon	Renovate Committal Shelters (2)	NCA
PR	Bayamon	Renovate Flagpole/ Assembly Area	NCA
PR	Bayamon	Replace Chain Link Fence With Ornamental Fence	NCA
RI	Providence	Expand Diagnostic Imaging: MRI & PET CT	VHA
RI	Providence	Expand Emergency Room	VHA
RI	Providence	Expand Pharmacy/Relocate Admin	VHA
RI	Providence	Expand SPD	VHA
RI	Providence	Medicine Convert Space	VHA
RI	Providence	Mental Health Building	VHA
RI	Providence	Mental Health Outpatient Services: Phase I	VHA
RI	Providence	Mental Health Renovations	VHA

State	City	Project Title - Brief Description	Admin.
RI	Providence	New Elevator Tower	VHA
RI	Providence	Operating Room Replacement	VHA
RI	Providence	Pet CT Site Prep	VHA
RI	Providence	Physical Medicine & Rehabilitation Addition	VHA
RI	Providence	Rehab Medicine Addition	VHA
RI	Providence	Renovate Dental	VHA
RI	Providence	Renovate FIRM 6	VHA
RI	Providence	Replace Substandard Emergency Room	VHA
RI	Providence	Replace/Relocate Deficient ICU	VHA
RI	Providence	Specialty Clinics Addition	VHA
RI	Providence	Specialty Clinics Renovation: Wing 2A	VHA
RI	Providence	Specialty Clinics Renovation: Wing 5A	VHA
RI	Providence	Upgrade Electrical System	VHA
RP	Manila	Manila State Dept Funds CSCS Payment	VHA
RP	Manila	Manila State Dept Funds CSCS Payment	VHA
RP	Manila	Manila State Dept Funds CSCS Payment	VHA
RP	Manila	Manila State Dept Funds CSCS Payment	VHA
RP	Manila	Manila State Dept Funds CSCS Payment	VHA
SC	Charleston	Construct Imaging Center	VHA
SC	Charleston	New PTSD/Mental Health Research Addition	VHA
SC	Charleston	Patient Bridge to Medical Affiliate - MUSC	VHA
SC	Florence	Install Crypts	NCA
SD	Black Hills	Install Crypts	NCA
SD	Black Hills	Road Repair/ Renovation	NCA
TN	Chattanooga	Construct Columbaria	NCA
TN	Chattanooga	Convert To Crypts	NCA
TN	Chattanooga	Install Irrigation	NCA
TN	Knoxville	Demolish Maint Bldg And Construct Public Restrooms Bldg	NCA
TN	Memphis	Construct Columbaria	NCA
TN	Memphis	Demolish Lodge/Construct Restrooms And Committal Shelter	NCA
TN	Memphis	Landscape Improvements (Including Perimeter Buffer)	NCA
TN	Memphis	Repair/Replace Cemetery Roads And Curbs	NCA
TN	Memphis	Replace Drainage Ditch And Other Drainage Corrections	NCA
TN	Mountain Home	Admin/Maint Bldg - Construct	NCA
TN	Mountain Home	Expand Emergency Room	VHA
TN	Mountain Home	Expand Radiology	VHA
TN	Mountain Home	Expand Research B-5	VHA
TN	Nashville	Inpatient and Specialty Service Upgrade and Expansion	VHA
TN	Nashville	Parking Garage Expansion	VHA
TN	Nashville	Reconstruct Cemetery Wall	NCA

State	City	Project Title - Brief Description	Admin.
TN	Nashville	Repair Rostrum	NCA
TN	Nashville	Replace Irrigation And Hydrants	NCA
TN	Nashville	Research Upgrade	VHA
TX	Amarillo	Clinical Addition/Expansion	VHA
TX	Amarillo	Expand Emergency Department	VHA
TX	Amarillo	Expand Nursing Home	VHA
TX	Austin	AITC 3999	OI&T
TX	Austin	AITC Computer Room Environmental Update Phase II.	OI&T
TX	Austin	AITC Computer Room HVAC Replacement.	OI&T
TX	Austin	AITC East Entrance Turnstiles.	OI&T
TX	Austin	AITC Emergency Panels.	OI&T
TX	Austin	AITC Loading Dock Hardening.	OI&T
TX	Austin	AITC Perimeter & Gate 9 Design.	OI&T
TX	Austin	AITC Perimeter Gates 11 & 12 Design.	OI&T
TX	Austin	AITC Roof Access Mitigation.	OI&T
TX	Austin	AITC Security Video Update.	OI&T
TX	Austin	Alternate Energy Project	OI&T
TX	Austin	Computer Room Environmental Update Phase 2/ Design-build	OI&T
TX	Austin	East Entrance Improvements	OI&T
TX	Austin	Main Entrance Security Upgrade	OI&T
TX	Austin	Misc. 999 Renovations	OI&T
TX	Austin	Monitor Cooling Tower Blow-down	OI&T
TX	Austin	Perimeter Security Upgrade	OI&T
TX	Austin	Remote Monitoring Of Computer Room Environmental Systems	OI&T
TX	Austin	Renovation	OIG
TX	Austin	Replace Obsolete Emergency Panels and Transformers	OI&T
TX	Austin	Upgrade Computer Room HVAC	OI&T
TX	Austin	Upgrade Generator System	OI&T
TX	Austin	Upgrade Security Video	OI&T
TX	Austin	Upgrade UPS	OI&T
TX	Big Spring	Backup Generator & Maintenance Bldg.	VHA
TX	Big Spring	Construct Nursing Home Building	VHA
TX	Big Spring	Expand Bldg. 1 for Mental Health Clinic	VHA
TX	Big Spring	Expand/Renovate. for MRI/Imaging	VHA
TX	Big Spring	Expand/Renovate. for Pharmacy/Audiology	VHA
TX	Big Spring	Expand/Renovate. for Phys. Therapy/SPD	VHA
TX	Bonham	Ambulatory Care	VHA
TX	Dallas	ER Expansion	VHA
TX	Dallas	Land Purchases	VHA
TX	Dallas	Mental Health Upgrade Ph. 3	VHA
TX	Dallas	Office relocation build out	OIG
TX	Dallas	Patient Parking	VHA



State	City	Project Title - Brief Description	Admin.
TX	Dallas	Patient Parking	VHA
TX	Dallas	Research Addition and Renovation Ph. 1	VHA
TX	Dallas	Research Addition and Renovation Ph. 2	VHA
TX	Dallas	Research Addition and Renovation Ph. 3	VHA
TX	Dallas	Upgrade Mental Health Ph. 4	VHA
TX	Dallas	Upgrade Mental Health Ph. 5	VHA
TX	Dallas	Upgrade Mental Health Ph. 6	VHA
TX	Dallas-Ft Worth	Correct Deficient System Controller And Flow Control	NCA
TX	El Paso	Construct Administrative Space	VHA
TX	El Paso	Construct Day Treatment Center (DTC)	VHA
TX	El Paso	Construct/Expand Dental & Prosthetics	VHA
TX	El Paso	Construct/Expand Ophth/Opt, Pharmacy Waiting, Primary Care, & Podiatry	VHA
TX	El Paso	Construction/Expand C&P, Women's Clinic, Medical Specialties	VHA
TX	El Paso	Correct Seismic Deficiencies	VHA
TX	Fort Bliss	Convert To Crypts	NCA
TX	Fort Bliss	Convert To Crypts	NCA
TX	Fort Bliss	Install Crypts	NCA
TX	Fort Bliss	Renovate/Repair Roadways	NCA
TX	Houston	Clinical Research Expansion	VHA
TX	Houston	Community Living Palliative Center	VHA
TX	Houston	Physical Plant Emergency Power	VHA
TX	Houston	Renovate B-108 for Mental Health	VHA
TX	Houston	Renovation	OIG
TX	Houston	Replace Glass entry door with security door	OGC
TX	Houston	Specialty Clinic Expansion	VHA
TX	San Antonio	Accommodate remote research functions 4G	VHA
TX	San Antonio	Additional ECTC Bedrooms, 3rd floor	VHA
TX	San Antonio	Design and new 5G addition for clinical expansion	VHA
TX	San Antonio	Design of 4th floor of ECTC for GEL functions	VHA
TX	San Antonio	Expand Specialty Clinics Phase IV	VHA
TX	San Antonio	New Research wet Labs, 46	VHA
TX	San Antonio	Polytrauma Parking Garage	VHA
TX	Temple	Clinical Floor, 3rd	VHA
TX	Temple	Dom Recreation Addition	VHA
TX	Temple	On-Site Water Storage	VHA
TX	Temple	Perimeter fence & Site Access Control	VHA
TX	Temple	Radiation Therapy	VHA
TX	Temple	Relocate Dental & Clinical Support Floor.	VHA
TX	Temple	Surgery Suite Replacement	VHA
TX	Temple	Urgent Care Replacement	VHA
TX	Waco	Replacement Warehouse	VHA
UT	Salt Lake City	25 Bed PTSD Dom/clinic renovation.	VHA

State	City	Project Title - Brief Description	Admin.
UT	Salt Lake City	40 Bed Domiciliary	VHA
UT	Salt Lake City	Eye Clinic Expansion/Canteen	VHA
UT	Salt Lake City	Potable Water/Seismic Reinforcement.	VHA
UT	Salt Lake City	Urgent Care & Support Expansion	VHA
VA	Alexandria	Restore Historic Lodge	NCA
VA	Culpeper	Environmental Equipment Wash Station	NCA
VA	Culpeper	Wall Restoration	NCA
VA	Danville	Convert To Crypts	NCA
VA	Hampton	Clean And Tuck-Point Perimeter Walls (Hampton/Phoebus)	NCA
VA	Hampton	Renovate/Expand Surgical Suite	VHA
VA	Quantico	Construct Equipment Storage Bldg	NCA
VA	Quantico	In-Ground Irrigation	NCA
VA	Quantico	Replace Committal Shelters A And B	NCA
VA	Quantico	Service Road Replacement	NCA
VA	Salem	B/2A Addition for Geriatric Assessment	VHA
VA	Salem	B/2A Addition for Vascular Center	VHA
VT	White River Junction	Administrative Renovations	VHA
VT	White River Junction	Construct 15 Bed Substance Abuse Res Rehab	VHA
VT	White River Junction	Imaging Center Replacement	VHA
VT	White River Junction	Inpatient Ward Renovation	VHA
VT	White River Junction	National Center for Rural Health	VHA
VT	White River Junction	Pet Scan Site Prep	VHA
VT	White River Junction	Pet Scan Site Prep	VHA
VT	White River Junction	Replacement SPD	VHA
VT	White River Junction	Specialty Care Renovations	VHA
WA	American Lake	Correct Seismic & Functional Deficiencies B132 Canteen (A)	VHA
WA	American Lake	Correct Seismic & Functional Deficiencies Eng Shops (A)	VHA
WA	American Lake	Seismic Update & Renovate B7 Inpatient Mental Health (A)	VHA
WA	American Lake	Seismic Upgrade and Renovation of Building 3 (A)	VHA
WA	American Lake	Seismic Upgrades at American Lake Campus (A)	VHA
WA	American Lake	Seismic Upgrades, HVAC and Window Replacement B9 (A)	VHA
WA	Seattle	Expand Specialty Clinics at Seattle (S)	VHA
WA	Seattle	Replace Therapy Pool (S)	VHA
WA	Seattle	Research Addition B34 (S)	VHA
WA	Seattle	Seismically Upgrade Mech & Elec Equip (S)	VHA
WA	Spokane	Audiology Bldg	VHA

State	City	Project Title - Brief Description	Admin.
WA	Spokane	Bldg 8 Pt. Education Renovation	VHA
WA	Spokane	Construct Endoscopy/SPD	VHA
WA	Spokane	Polytrauma/Rehab Bldg	VHA
WA	Tahoma	Convert To Crypts	NCA
WA	Vancouver	Seismic Upgrade Boiler Plant & Ancillary Buildings (V)	VHA
WA	Walla Walla	Construct Specialty Clinic Care Facility	VHA
WA	Walla Walla	Renovate B-74, Outpatient Support	VHA
WI	Madison	Expand Research, 4C & Bldg. 12	VHA
WI	Madison	Relocate CCU	VHA
WI	Madison	Relocate SPD	VHA
WI	Milwaukee	Consolidate Kitchen Bldg. 111	VHA
WI	Milwaukee	Expand ER	VHA
WI	Milwaukee	HVAC Research Bldg. 70	VHA
WI	Milwaukee	Relocate Nuclear Medicine	VHA
WI	Milwaukee	Relocate VISN Laboratory	VHA
WI	Tomah	Construct Clinical Addition B-400	VHA
WI	Tomah	Construct Community Living Center	VHA
WI	Tomah	Renovate B-2 for MHR RTP beds	VHA
WI	Wood	Irrigate Entire Cemetery	NCA
WV	Beckley	Parking Building	VHA
WV	Beckley	Specialty/Ancillary Care Construction	VHA
WV	Clarksburg	Community Living Center Renovation	VHA
WV	Clarksburg	Expand Mental Health Access	VHA
WV	Clarksburg	Primary Care/Mental Health Integration	VHA
WV	Falling Waters	CRRC HVAC Upgrade - Tier III	OI&T
WV	Falling Waters	CRRC Parking Lot Upgrade (70 spaces)	OI&T
WV	Falling Waters	CRRC Perimeter Sec Upgrade - K12 rated fencing, gate and bollards	OI&T
WV	Falling Waters	Electrical Construction Phase 1 - CRRC Generator Upgrade - Tier III	OI&T
WV	Falling Waters	Electrical Construction Phase 2 - CRRC Switch Gear Upgrade - Tier III	OI&T
WV	Falling Waters	Misc 999	OI&T
WV	Falling Waters	Re-configure 882 T-Jackson upon transfer to CRRC	OI&T
WV	Falling Waters	Renovation	OI&T
WV	Grafton	Environmental Equipment Wash Station	NCA
WV	Grafton	Install Crypts	NCA
WV	Martinsburg	50-Bed Replacement Dementia Unit	VHA
WV	Martinsburg	Enlarge Theater and 405B/310 Parking areas for Emergency Response Group	OSP
WV	Martinsburg	Misc 999 CRRC	OI&T
WV	Martinsburg	Resurface Parking lot CRRC	OI&T
WV	Martinsburg	Security Upgrade CRRC	OI&T
WY	Sheridan	Mental Health RRTP	VHA

State	City	Project Title - Brief Description	Admin.
	Misc Field Projects	Remodel Offices/Renovate	OIG
	Misc TechWorld	Misc	OIG
	Miscellaneous	Miscellaneous	HRA
	TBD	Continuity Program Site G	OSP
	Various MSN 2	Repair Historic Walls, Misc Msn 2 Cemeteries	NCA
	Various MSN 2	Replace Cemetery Site Furnishings And Signage	NCA

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## Appendix N - FY 2009 American Recovery and Reinvestment Act (ARRA) Projects (Sorted by State)

The American Recovery and Reinvestment Act (ARRA) of 2009 was signed into law by President Obama on February 17, 2009. The ARRA provided \$1 billion for Veterans Health Administration's (VHA) NRM projects and Energy initiatives. The focus of these NRM projects is to correct, replace, upgrade and modernize existing infrastructure and utility systems for VA medical centers. Renewable energy and energy efficiency projects will encompass all stages of energy development from detailed feasibility studies through construction. The ARRA also provided \$150 million for Grants for State Extended Care where VA provides financial assistance to the States to construct or acquire nursing home, domiciliary and/or adult day health care facilities through grants for state extended care. The National Cemetery Administration (NCA) received \$50 million in funding for monument and memorial repairs and energy initiatives. The NCA projects will repair cemetery infrastructure, purchases equipment, repair monuments and memorials, and energy initiatives.

The table listed below provides a list of projects for the \$1.2 billion in funding for VHA, NCA, and the Grants for State Extended Care program.

Projects in gray incorporate energy efficiency and renewable energy

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Anchorage	AK	Renovate Warehouse Space to Meet VA Requirements	300,000
VHA NRM	Anchorage	AK	Renovate Space for Clinical Programs, Building 1	200,000
VHA NRM	Fort Richardson	AK	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
VHA NRM	Sitka	AK	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
NCA	Ft Richardson	AK	Slurry Seal Roads	10,000
			<b>Total - Alaska</b>	<b>610,000</b>
NCA	Mobile	AL	Paint Wall and Fences (Repair)	45,000
NCA	Mobile	AL	Maint Bldg - Paint	5,000
VHA NRM	Montgomery	AL	Renovate Inpatient Area to be Residential Environment	2,500,000
VHA NRM	Montgomery	AL	Renovate and Modernize the EKG Unit	220,000
VHA NRM	Montgomery	AL	Upgrade Sprinkler and Fire Alarm System	164,000
VHA NRM	Montgomery	AL	Modernize Nursing Home	1,500,000
VHA NRM	Montgomery	AL	Renovate Restrooms with water conservation measures	907,530
NCA	Ft Mitchell	AL	Mower	20,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Tuscaloosa	AL	Upgrade Cabling and Telephone Closets	4,500,000
VHA NRM	Birmingham	AL	Upgrade Research Labs 4 & 5 Floors	925,000
VHA NRM	Birmingham	AL	Renovate Critical Care Unit	700,000
VHA NRM	Tuscaloosa	AL	Modernize Halls and Floors	500,000
VHA NRM	Tuscaloosa	AL	Replace Windows	905,000
VHA NRM	Birmingham	AL	Replace Windows	1,385,919
VHA NRM	Tuscaloosa	AL	Replace Elevators	651,000
VHA NRM	Birmingham	AL	Renovate Surgical Intensive Care Unit	1,500,000
VHA NRM	Tuscaloosa	AL	Upgrade Quality Management and Pharmacy	872,041
			<b>Total - Alabama</b>	<b>17,300,490</b>
VHA NRM	North Little Rock	AR	Electrical Upgrade in Building 102 for facility Computer Center	750,000
VHA NRM	North Little Rock	AR	Replace Boiler Plant	3,200,000
VHA NRM	North Little Rock	AR	Renovate/Repair Elevators	4,000,000
VHA NRM	Little Rock	AR	Replace air Handling Equipment, Phase 2	4,000,000
NCA	Little Rock	AR	Admin and Maint Bldgs - Paint	10,000
NCA	Little Rock	AR	Minnesota Monument,1916	10,000
VHA NRM	Fayetteville	AR	Pave Gravel Parking Lot	98,000
VHA NRM	Fayetteville	AR	Construct Security Control Center	252,000
VHA NRM	Fayetteville	AR	Upgrade Lightning Protection Systems	190,000
VHA NRM	Fayetteville	AR	Repair/Replace Existing Columns in Building 1, 2, 3, and 4	390,000
VHA NRM	Fayetteville	AR	Upgrade Air Conditioning System in Building 2 for Dietetics	1,500,000
NCA	Fayetteville	AR	Bldgs - Paint	20,000
NCA	Fayetteville	AR	Reseal Roads	15,000
NCA	Fayetteville	AR	Riding Mower	25,000
NCA	Ft Smith	AR	Mower	1,300
NCA	Ft Smith	AR	Mower	1,300
			<b>Total - Arkansas</b>	<b>14,462,600</b>
VHA NRM	Prescott	AZ	Replace Elevator Controls, Phase 1	675,000
VHA NRM	Prescott	AZ	Upgrade/Repair Elevators in Building 14 & 107	720,000
VHA NRM	Prescott	AZ	Repair Foundation and Drainage System for Building	750,000
VHA NRM	Prescott	AZ	Upgrade/Replace Fire Alarm System	1,400,000
VHA NRM	Prescott	AZ	Repair/Replace Roofing Building 17	440,000
VHA NRM	Prescott	AZ	<sup>1/</sup> Implement Selected Conservation Measures	1,142,857
VHA NRM	Prescott	AZ	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	Prescott	AZ	Slurry Seal New Road at Columbarium	20,000
NCA	NMC of Arizona	AZ	Repair Columbaria Floors	165,000
NCA	NMC of Arizona	AZ	Street Sweeper	90,427
NCA	NMC of Arizona	AZ	Articulated Dumper	53,852

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
NCA	NMC of Arizona	AZ	Sand Rake	20,643
NCA	NMC of Arizona	AZ	Utility Vehicle (trade-in)	2,083
VHA NRM	Phoenix	AZ	Replace/Upgrade Patient Ward Windows and Doors in Building 1	600,000
VHA NRM	Phoenix	AZ	Replace Building 1 and 16 Drain, Sewer, and Water Lines, Phase 5	2,000,000
VHA NRM	Phoenix	AZ	Automatic Transfer Switch Replacement	1,600,000
VHA NRM	Phoenix	AZ	Renovate Supply, Processing and Distribution to provide for proper humidity control	750,000
VHA NRM	Phoenix	AZ	Renovate 6th Floor for Motivating Overweight Veterans Everywhere (MOVE) Program	600,000
VHA NRM	Phoenix	AZ	Bldg 1 & 16 Drain/Water Sewer	75,000
VHA NRM	Phoenix	AZ	Replace/Upgrade Electrical Distribution Equipment, Phase 4	275,000
VHA NRM	Phoenix	AZ	Provide Backup Power per Regulation, Phase 3	75,000
VHA NRM	Phoenix	AZ	Replace/Upgrade Electrical Distribution System, Phase 3	2,750,000
VHA NRM	Phoenix	AZ	Environment of Care Corrections	550,000
VHA NRM	Phoenix	AZ	<sup>1/</sup> Implement Selected Conservation Measures	1,142,857
Grants	Phoenix	AZ	Facility Renovation, Phase 1	364,000
VHA NRM	Tucson	AZ	Install Fire Sprinklers in Building 3	350,000
VHA NRM	Tucson	AZ	Renovate Restrooms for Patient Privacy in Building 60	750,000
VHA NRM	Tucson	AZ	Renovate Building 60 for Polytrauma Staff and Programs	350,000
VHA NRM	Tucson	AZ	<sup>1/</sup> Implement Selected Conservation Measures	1,142,857
Grants	Tucson	AZ	180-Bed NHC (New) & 35 Participant ADHC	18,671,000
			<b>Total - Arizona</b>	<b>37,535,576</b>
VHA NRM	Sacramento (Mather)	CA	<sup>1/</sup> Evaluate Feasibility of Direct Geothermal	342,857
VHA NRM	Sacramento (Mather)	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	Sacramento (McClellan)	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	Vallejo	CA	<sup>1/</sup> Evaluate Feasibility of Direct Geothermal	342,857
VHA NRM	Martinez (OPC)	CA	<sup>1/</sup> Evaluate Feasibility of Direct Geothermal	342,857
VHA NRM	Vallejo	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	Martinez	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000



<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	San Francisco	CA	Renovate Building 9 and 10 to correct Heating Deficiencies	400,000
VHA NRM	San Francisco	CA	Replace/Upgrade Building 8 Elevator	425,000
VHA NRM	San Francisco	CA	Campus Wide Elevator Study	225,000
VHA NRM	San Francisco	CA	Repair/Upgrade Water Tower Utility System	2,000,000
VHA NRM	San Francisco	CA	Review American Disability Act Compliance, and Pedestrian & Traffic Flow	365,000
NCA	San Francisco	CA	Pacific Coast GAR Monument, 1897	15,000
VHA NRM	Livermore	CA	Renovate for the Installation of New Patient Lift Equipment	479,000
VHA NRM	Livermore	CA	Renovate Building 26 Water Tank	650,099
VHA NRM	Livermore	CA	Repair Below Grade Storm Drainage	20,974
VHA NRM	Livermore	CA	Remediate Asbestos from Building Exterior Walls and Lead Paint from Bridge	250,099
VHA NRM	San Francisco	CA	Renovate for Pharmacy Relocation	2,000,000
VHA NRM	San Francisco	CA	Renovate for Parking Behind Building 11	300,000
VHA NRM	San Francisco	CA	Install Utilities Behind Building 11	425,000
VHA NRM	San Francisco	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	San Francisco	CA	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
VHA NRM	San Francisco	CA	<sup>1/</sup> Evaluate Feasibility of Direct Geothermal	342,857
VHA NRM	Dixon	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	Sacramento	CA	Electric Cart	9,145
NCA	Sacramento	CA	Electric Cart	9,145
VHA NRM	San Bruno	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	Golden Gate	CA	Install Spoils Bay Cover	18,000
NCA	Golden Gate	CA	Replace Damaged Floor Covering In Admin	6,000
NCA	Golden Gate	CA	Replace Doors	12,000
NCA	Golden Gate	CA	Slurry Seal Roads	50,000
NCA	Golden Gate	CA	Shredder	40,137
VHA NRM	Martinez	CA	Renovate/Update Fire Sprinkler and Life Safety Compliance, Building 29	200,000
VHA NRM	Palo Alto	CA	Renovate for Life Safety and Egress Compliance per Regulation	19,058
VHA NRM	Palo Alto	CA	Renovate for the Installation of New Patient Lift Equipment	508,000
VHA NRM	Menlo Park	CA	Repair/Upgrade Loop Road, Phase 1A	929,000
VHA NRM	Menlo Park	CA	Replace Air Handlers, Building 322	230,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Menlo Park	CA	Renovate for Auto Shop and Engineering Storage	150,000
VHA NRM	Menlo Park	CA	Replace Exhaust Units	2,000,099
VHA NRM	Menlo Park	CA	Loop Road - Design, Phase 3	335,975
VHA NRM	Palo Alto	CA	Demolition of Building 23	660,000
VHA NRM	Menlo Park	CA	Expand Storm Drains	1,200,000
VHA NRM	Palo Alto	CA	Replace Roof	131,084
VHA NRM	Menlo Park	CA	Renovate Interior Floor Covering for all buildings	485,520
VHA NRM	Palo Alto	CA	Renovation of Exterior Windows	4,728
VHA NRM	Menlo Park	CA	Loop Road, Phase 1B Construction Parking Lot	1,700,000
VHA NRM	Menlo Park	CA	Replace Exhaust Units, Building 324, Phase 2	1,000,099
VHA NRM	Menlo Park	CA	Loop Road, Phase 2 Road and Parking Construction	2,800,000
VHA NRM	Palo Alto	CA	Demolition of Building 23	350,099
VHA NRM	Palo Alto	CA	Renovate Clinic B Bathrooms for American Disability Act Compliance	250,000
VHA NRM	Palo Alto	CA	Renovate for 64-slice CT & Relocate Ultrasound	750,000
VHA NRM	Menlo Park	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	Seaside	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	San Joaquin Valley	CA	Rooftop solar photovoltaic power	1,448,000
NCA	San Joaquin Valley	CA	Utility Vehicle	16,237
NCA	San Joaquin Valley	CA	Utility Vehicle	16,237
VHA NRM	Fresno	CA	Remediate all known asbestos on station	2,200,000
VHA NRM	Fresno	CA	Replace Steam Boilers	1,570,000
VHA NRM	Fresno	CA	Replace Cooling Tower 1 & 2	1,600,000
VHA NRM	Fresno	CA	Replace Heating, Ventilation and Air Conditioning, Buildings 10, 11, 12, 13, 14	2,750,000
VHA NRM	Fresno	CA	Repairs/ Replace Sidewalks	1,100,000
VHA NRM	Fresno	CA	Repair/Upgrade Sidewalks and Parking	1,900,000
VHA NRM	Sepulveda	CA	Replace Heating, Ventilation and Air Conditioning System for Building B103, Animal Research	1,125,000
VHA NRM	Sepulveda	CA	Repair Roads and Parking, Phase 1	1,113,919
VHA NRM	Sepulveda	CA	Repair Irrigation System	881,000
VHA NRM	Sepulveda (ACC)	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	Sepulveda (Vet Center)	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	W. Los Angeles	CA	Renovate Operating Rooms, Building 500	1,553,500
VHA NRM	W. Los Angeles	CA	Replace Roofs Building 218 and Building 507	1,050,000
VHA NRM	W. Los Angeles	CA	Renovate Patient Bathrooms for Handicap Access	1,175,000
VHA NRM	W. Los Angeles	CA	Renovate Nuclear Medicine for USP-823 Compliance	693,200
VHA NRM	W. Los Angeles	CA	Renovate to provide adequate drainage at Loading Dock, Building 508	722,000
VHA NRM	W. Los Angeles	CA	Renovate Building 158, various systems	3,025,000
VHA NRM	W. Los Angeles	CA	Replace Nurse Call System, Building 500	1,100,000
VHA NRM	W. Los Angeles	CA	Retrofit Steam Piping, North Campus Phase 6	1,225,000
VHA NRM	W. Los Angeles	CA	Renovate Radiology/Nuclear Medicine, Building 500	1,035,390
VHA NRM	W. Los Angeles	CA	Retrofit Sewer System for Main Hospital Building, Phase 4	1,792,000
VHA NRM	W. Los Angeles	CA	Retrofit Sewer System for Main Hospital Building, Phase 5	1,792,000
VHA NRM	W. Los Angeles	CA	Replace Galvanized Piping in Building 212	1,493,100
VHA NRM	W. Los Angeles	CA	Renovate Restrooms and Correct Accessibility Deficiencies	1,230,000
VHA NRM	W. Los Angeles	CA	Retrofit Sewer System for Main Hospital, Phase 6	1,792,000
VHA NRM	Los Angeles	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	Los Angeles	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	Los Angeles	CA	Headstones/Markers and Gravesites	4,310,068
NCA	Los Angeles	CA	Utility Vehicle	18,900
NCA	Los Angeles	CA	National Home for Disabled Veteran Soldiers (NHDVS) Monument, ca. 1900	75,000
VHA NRM	Loma Linda	CA	Renovate Isolation Rooms	1,500,000
VHA NRM	Loma Linda	CA	Renovate Nursing Home Care Unit	600,000
VHA NRM	Loma Linda	CA	Renovate Laboratory	1,300,000
VHA NRM	Loma Linda	CA	Purchase Additional Emergency Generator to meet load requirements	5,000,000
VHA NRM	Riverside	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	Riverside	CA	Headstones/Markers and Gravesites	1,306,295
NCA	Riverside	CA	Slurry Seal Roads	200,000
NCA	Riverside	CA	Mower	83,271
NCA	Riverside	CA	Turf VAC/Sweeper	18,995

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
NCA	Riverside	CA	Hydraulic Excavator	155,666
VHA NRM	Long Beach	CA	Replace/Repair Main Sewer Line	2,000,000
VHA NRM	Long Beach	CA	Renovate Spinal Cord Injury Unit	500,000
VHA NRM	Long Beach	CA	Renovate Interior Finishes, Building 126	800,000
VHA NRM	Long Beach	CA	Site Install Emergency Management Generator	5,500,000
VHA NRM	Long Beach	CA	Renovate/Relocate Gait Lab	1,100,000
VHA NRM	Long Beach	CA	Replace Electrical Equipment in Building 126, Phase 2	2,200,000
VHA NRM	Long Beach	CA	Replace Sanitation Piping, Phase 2, Building 216	2,000,000
VHA NRM	Long Beach	CA	Repair/Replace Fire Pump System	165,000
VHA NRM	Long Beach	CA	Repair/Resurface Roads and Parking, Phase 1	3,000,000
VHA NRM	San Diego	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	Ft Rosecrans	CA	Headstones/Markers and Gravesites	2,000,000
NCA	Ft Rosecrans	CA	Compact Excavator	60,500
NCA	Ft Rosecrans	CA	Utility Vehicle	28,167
NCA	Ft Rosecrans	CA	Chipper	9,649
NCA	Ft Rosecrans	CA	USS Bennington Monument, 1907	250,000
VHA NRM	San Diego	CA	Upgrade Supply, Processing and Distribution Heating, Ventilation and Air Conditioning Systems	835,000
VHA NRM	San Diego	CA	Upgrade Heating, Ventilation and Air Conditioning for Operating Rooms	2,125,000
VHA NRM	San Diego	CA	Renovate Emergency Room	2,022,402
VHA NRM	San Diego	CA	Emergency Generator Switchboard	2,275,000
VHA NRM	San Diego	CA	Renovate/Expand Prosthetics	150,000
VHA NRM	San Diego	CA	Renovate administrative space for Social Work and OEF/OIF	2,150,000
VHA NRM	San Diego	CA	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
			<b>Total - California</b>	<b>102,122,185</b>
VHA NRM	Denver	CO	Repair/Upgrade Heating, Ventilation and Air Conditioning in Sub-Basement of Building 1	545,000
VHA NRM	Denver	CO	Repair/Replace Heating, Ventilation and Air Conditioning Components in Buildings 19 and 21	680,000
VHA NRM	Denver	CO	Replace Piping in Building 1	680,000
VHA NRM	Denver	CO	Replace/Upgrade Exterior Finishes and Windows	600,000
VHA NRM	Denver	CO	Improve Heating, Ventilation and Air Conditioning System for Energy Reduction	500,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Denver	CO	Replace/Upgrade Heating Piping in Building 1	1,300,000
VHA NRM	Denver	CO	Repair Steam System Building 1	350,000
NCA	Ft Logan	CO	Renovate lakeside erosion near Public Information Center	50,000
NCA	Ft Logan	CO	Utility Vehicle	26,500
NCA	Ft Logan	CO	Electric Cart	9,860
NCA	Ft Logan	CO	Lowering Device	4,000
NCA	Ft Logan	CO	Compact Excavator	65,000
NCA	Ft Logan	CO	Utility Vehicle	26,200
NCA	Ft Logan	CO	Landscape Rake	5,900
NCA	Ft Logan	CO	Dumper	34,000
VHA NRM	Grand Junction	CO	Replace Site Underground Electrical Feeds, Phase 2	675,000
VHA NRM	Grand Junction	CO	Replace Air Handling Unit	680,000
VHA NRM	Grand Junction	CO	Replace Air Handling Unit, Building 5	675,000
VHA NRM	Grand Junction	CO	Renovate for Employee Locker Rooms and Patient/Visitor Restrooms	675,000
VHA NRM	Grand Junction	CO	Install Solar Photovoltaic Array System, Phase 1	675,000
Grants	Walsenburg	CO	General Renovations	2,045,000
NCA	Ft Lyon	CO	Install equipment shelter	45,000
			<b>Total - Colorado</b>	<b>10,346,460</b>
VHA NRM	Newington	CT	Correct Life Safety Deficiencies	557,000
VHA NRM	Newington	CT	Repair and Replace Roofs, Phase 3	732,075
Grants	Rocky Hill	CT	Domiciliary Renovations - Buildings 2, 3 and 4	5,397,000
VHA NRM	West Haven	CT	Repair and Replace the Chilled Water Insulation	1,087,000
VHA NRM	West Haven	CT	Renovate for Construction of Semi-Private and Private Inpatient Units	7,743,000
			<b>Total - Connecticut</b>	<b>15,516,075</b>
VHA NRM	Washington	DC	Replace Chiller in Main Hospital	2,500,000
VHA NRM	Washington	DC	Renovate Pharmacy	3,000,000
VHA NRM	Washington	DC	Renovate Area for Installation of Cat Scanner	560,000
VHA NRM	Washington	DC	Renovate Radiology	3,250,000
VHA NRM	Washington	DC	Upgrade Dental Area	1,000,000
VHA NRM	Washington	DC	Renovate the Research Animal Facility	750,000
VHA NRM	Washington	DC	Replace the Sprinkler System	1,000,000
VHA NRM	Washington	DC	<sup>1/</sup> Implement Selected Conservation Measures	3,333,333
			<b>Total - District of Columbia</b>	<b>15,393,333</b>
VHA NRM	Wilmington	DE	Upgrade and Replace the Heating, Ventilation and Air Conditioning	2,200,000
VHA NRM	Wilmington	DE	Upgrade Secondary Electrical Distribution System	2,750,000
VHA NRM	Wilmington	DE	Replace Elevator	450,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Wilmington	DE	Upgrade and Replace Boiler Plant Equipment	466,440
VHA NRM	Wilmington	DE	Upgrade Heating, Ventilation and Air Conditioning System	2,200,000
			<b>Total - Delaware</b>	<b>8,066,440</b>
NCA	Barrancas	FL	Maint Bldg - Paint	5,000
NCA	Barrancas	FL	Mower	18,000
VHA NRM	Lake City	FL	Replace Air Handling Units	450,458
VHA NRM	Lake City	FL	Replace Chiller	550,000
VHA NRM	Lake City	FL	Replace Electrical Switches	500,000
VHA NRM	Lake City	FL	Repair and Upgrade Operating Room Heating, Ventilation and Air Conditioning	409,091
NCA	Florida	FL	Admin and Maint Bldgs - Paint	50,000
NCA	Florida	FL	Carillon - Paint	5,000
NCA	Florida	FL	Reseal Roads	50,000
NCA	Florida	FL	Mower	45,000
NCA	Florida	FL	Utility vehicle	30,000
NCA	Florida	FL	Backhoe	80,000
NCA	Florida	FL	Articulated Dumper	70,000
NCA	Florida	FL	Articulated Dumper	55,000
VHA NRM	Gainesville	FL	Relocate and Renovate for Vascular Lab	285,000
VHA NRM	Gainesville	FL	Construct an Intensive Care Step Down Unit	830,000
VHA NRM	Gainesville	FL	Upgrade Physical Security	450,000
VHA NRM	Gainesville	FL	Replace Finishes	400,000
VHA NRM	Gainesville	FL	Repair and Upgrade Electrical Distribution System	2,260,000
NCA	St. Augustine	FL	Maint Bldg and Wall - Paint	10,000
NCA	St. Augustine	FL	Dade's Pyramids(3), 1842	100,000
Grants	Daytona Beach	FL	General Renovation & Facility Upgrade	3,250,000
VHA NRM	Orlando	FL	Construct New Medical Gas Bldg	250,000
VHA NRM	Orlando	FL	Study for Electrical Distribution System	150,000
VHA NRM	Orlando	FL	Upgrade Heating, Ventilation and Air Conditioning Controls	350,000
VHA NRM	Orlando	FL	Replace Steam Pipes	700,000
VHA NRM	Orlando	FL	Upgrade Operating Room Heating, Ventilation and Air Conditioning	350,000
VHA NRM	Orlando	FL	Renovate and Upgrade Operating Room	500,000
VHA NRM	Orlando	FL	Repair Steam Traps	195,000
VHA NRM	Orlando	FL	Upgrade and Renovate Operating Room Finishes	605,000
VHA NRM	Orlando	FL	Renovate for Supply, Processing and Distribution Cart Lift	350,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Orlando	FL	Repair and Upgrade Fire Alarm System	625,000
VHA NRM	Orlando	FL	Upgrade and Replace Heating, Ventilation and Air Conditioning Controls	500,000
VHA NRM	Orlando	FL	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	Bay Pines	FL	Renovate Area for MRI Install	726,715
VHA NRM	Bay Pines	FL	Renovate Kitchen	1,477,357
VHA NRM	Bay Pines	FL	Replace and Upgrade Heating, Ventilation and Air Conditioning Systems	2,758,419
VHA NRM	Bay Pines	FL	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	Bay Pines	FL	Riding Mower	25,000
VHA NRM	Tampa	FL	Renovate Area for Electro Physiology Lab	1,000,000
VHA NRM	Tampa	FL	Renovate Area for Electro Physiology Lab Recovery	1,650,000
VHA NRM	Tampa	FL	Upgrade Windows for Hurricane Hardening	1,250,000
VHA NRM	Tampa	FL	Renovate Area for Install of Gamma Camera	750,000
VHA NRM	Tampa	FL	Replace Research Exhaust Fan	750,000
VHA NRM	Tampa	FL	Renovate and Modernize for American Disability Act Compliance	700,000
VHA NRM	Tampa	FL	Repair and Replace Steam Pipe System	250,000
VHA NRM	Tampa	FL	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	Orlando	FL	Upgrade Operating Room Heating, Ventilation and Air Conditioning	350,000
VHA NRM	Miami	FL	Repair Hallways for Life Safety	1,210,053
VHA NRM	Miami	FL	Upgrade and Repair Electrical Distribution System	330,674
VHA NRM	Miami	FL	Study Fire and Smoke Damper	300,244
VHA NRM	Miami	FL	Replace Chilled Water Valves	834,334
VHA NRM	Miami	FL	Upgrade Community Living Center Elevators	892,914
VHA NRM	Miami	FL	Upgrade Restrooms	4,214,923
VHA NRM	Miami	FL	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	W. Palm Beach	FL	Construct Cooling Tower Walls	267,777
VHA NRM	W. Palm Beach	FL	Install Hurricane Shutters	112,713
VHA NRM	W. Palm Beach	FL	Replace and Upgrade Fire Alarm System	3,479,189
VHA NRM	W. Palm Beach	FL	Modernize Patient Bathrooms	497,402
VHA NRM	W. Palm Beach	FL	Upgrade Electrical Distribution System	444,463
			<b>Total - Florida</b>	<b>38,789,726</b>

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Dublin	GA	Replace Sanitary Sewer Lines	579,480
VHA NRM	Dublin	GA	Replace and Upgrade Air Handling Equipment	745,310
VHA NRM	Dublin	GA	Renovate for Inpatient Ward	787,500
VHA NRM	Dublin	GA	Renovate for IT Space	643,750
VHA NRM	Dublin	GA	<sup>1/</sup> Implement Ground Source Heat Pumps	2,152,000
VHA NRM	Atlanta	GA	Modernize Community Living Center	2,631,463
VHA NRM	Atlanta	GA	Renovate Mental Health	490,000
VHA NRM	Atlanta	GA	Upgrade and Replace Plumbing Systems	2,000,000
VHA NRM	Atlanta	GA	Renovate Histology Lab	635,957
VHA NRM	Atlanta	GA	Upgrade and Expand Emergency Department	1,629,851
VHA NRM	Augusta	GA	Replace and Upgrade Heating, Ventilation and Air Conditioning System	498,550
NCA	Marietta	GA	Monumental Arch, c.1870	100,000
VHA NRM	Augusta	GA	Renovate Area for Position Electron Transformation/Cat Scanner	1,000,000
VHA NRM	Augusta	GA	Renovate and Modernize Inpatient Wards	1,400,000
Grants	Milledgeville	GA	Dietary Facility Renovation	715,000
			<b>Total - Georgia</b>	<b>16,008,861</b>
VHA NRM	Honolulu	HI	Repair/Clean Ductwork	275,000
VHA NRM	Honolulu	HI	Upgrade for Direct Digital Control for Heating, Ventilation and Air Conditioning on E-Wing	275,000
VHA NRM	Honolulu	HI	Replace Air Conditioning Condensing and Air Handling Roof Unit	250,000
VHA NRM	Honolulu	HI	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
NCA	NMC of the Pacific	HI	Slurry Seal Roads	80,000
NCA	NMC of the Pacific	HI	Compact Sweeper	103,774
NCA	NMC of the Pacific	HI	3-Way Dump Trailer	8,800
			<b>Total - Hawaii</b>	<b>1,042,574</b>
VHA NRM	Iowa City	IA	Energy Upgrades to Heating, Ventilation and Air Conditioning System, Building 40 & 41	660,000
VHA NRM	Iowa City	IA	Replace Roof for Building 7/Repair Roof Building 1	220,000
VHA NRM	Iowa City	IA	Update/Renovate Interior Finishes Building 1, Phase I	480,000
VHA NRM	Iowa City	IA	Renovate Inpatient Medical/Surgical Ward 7E	2,280,000
NCA	Keokuk	IA	Mower, Lawn, Riding, 60" Mulch Kit	12,381
NCA	Keokuk	IA	Vacuum, Leaf, Pull Behind, Trac Vac	3,500
VHA NRM	Des Moines	IA	Correct Electrical Deficiencies, Phase 5	1,020,000



Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Des Moines	IA	Renovate Basement of Building 3 for Heating, Ventilation and Air Conditioning	1,100,000
VHA NRM	Des Moines	IA	Renovate Cardiac Cath Special Procedure Patient Prep and Recovery Rooms	100,000
VHA NRM	Des Moines	IA	Relocate/Upgrade Air Intake for Primary Care	115,000
VHA NRM	Des Moines	IA	Renovate/Install Dental Suction System in Clinical Annex Building	115,000
VHA NRM	Des Moines	IA	Renovate Education Space in Building 3	280,000
VHA NRM	Des Moines	IA	Renovate for additional storage	280,000
VHA NRM	Des Moines	IA	Replace/Repair Steps for Building 3	300,000
VHA NRM	Des Moines	IA	Renovate/Repair Loading Dock	300,000
VHA NRM	Des Moines	IA	Renovation for the Installation of New Patient Lift Equipment	200,000
VHA NRM	Des Moines	IA	Joint Commission on Accreditation of Healthcare Organizations Pre-Survey Inspection	240,201
Grants	Marshalltown	IA	Dining & Activity Room Expansion	2,377,000
Grants	Marshalltown	IA	Renovate Medical Clinic Space	727,000
			<b>Total - Iowa</b>	<b>10,810,082</b>
VHA NRM	Boise	ID	Replace Underground Electrical System and Generators	1,820,000
VHA NRM	Boise	ID	Upgrade/Replace Electrical System and Emergency Generators	2,040,000
VHA NRM	Boise	ID	Replace Electrical Systems	1,090,000
VHA NRM	Boise	ID	Renovate 1st and 2nd Floors for Clinical Care, Building 110	800,000
VHA NRM	Boise	ID	1/ Evaluate Feasibility of Direct Geothermal	342,857
			<b>Total - Idaho</b>	<b>6,092,857</b>
NCA	Oak Woods	IL	Confederate Mound Monument, 1893	250,000
VHA NRM	Chicago (WS)	IL	Install American Disability Act Automatic Fixtures in Bathroom	350,000
VHA NRM	Hines	IL	Replace Electrical Distribution System	8,000,000
VHA NRM	Chicago (WS)	IL	Replace Ductwork	172,862
VHA NRM	Hines	IL	Replace Water Main Lines	1,550,000
VHA NRM	Chicago (WS)	IL	Design to Enclose Building	35,000
VHA NRM	Hines	IL	Upgrade and Repair Medical Gas System	8,000,000
VHA NRM	Chicago (WS)	IL	Install Ventilation in Dialysis	700,509
VHA NRM	Chicago (WS)	IL	Relocate Psychology Suite	150,000
VHA NRM	Chicago (WS)	IL	Repair Exterior Masonry	564,200
VHA NRM	Chicago (WS)	IL	Install New Electrical Cables	772,878
VHA NRM	Hines	IL	Replace Roof	1,220,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Hines	IL	Remodel Physical Rehab/Extended Care	6,000,000
VHA NRM	Chicago (WS)	IL	Replace Air Handling Units	251,300
VHA NRM	Hines	IL	Reconfigure Fire Dampers	400,000
VHA NRM	Hines	IL	Replace Boiler Plant Controls	85,000
VHA NRM	Hines	IL	Install Boiler Flue Gas Analyzers	110,000
VHA NRM	Hines	IL	Upgrade Tank Lining	60,000
VHA NRM	Hines	IL	Install Natural Gas Emergency Shutdown Valves	50,000
VHA NRM	Hines	IL	Replace Heating, Ventilation and Air Conditioning System	200,000
VHA NRM	Hines	IL	Upgrade and Repair Condensate Return Lines	125,000
VHA NRM	Hines	IL	Relocate Prosthetics, Neurology, and Rehab Clinic	4,000,000
VHA NRM	Chicago (WS)	IL	Renovate Area for Install of Gamma Camera	241,000
VHA NRM	North Chicago	IL	Replace Electrical Sub-Station	2,180,000
VHA NRM	North Chicago	IL	Upgrade Street Lights	1,200,000
VHA NRM	North Chicago	IL	Replace Windows	2,850,000
VHA NRM	North Chicago	IL	Repair and Replace Roads and Sidewalks	500,000
VHA NRM	North Chicago	IL	Repair Drainage System	1,500,000
VHA NRM	North Chicago	IL	Expand Phone Switch Room	50,000
VHA NRM	North Chicago	IL	Demolish Porch	95,000
VHA NRM	North Chicago	IL	Upgrade Site for American Disability Act Compliance	750,000
VHA NRM	North Chicago	IL	Renovate Education Spaces	120,000
VHA NRM	North Chicago	IL	Upgrade Electrical Distribution System	575,000
VHA NRM	North Chicago	IL	Abate Asbestos	750,000
VHA NRM	North Chicago	IL	Renovate and Modernize Showers	82,000
NCA	Abraham Lincoln	IL	Replace Asphalt Roadways	350,000
NCA	Abraham Lincoln	IL	Truck, Utility, 4 WD, Casket Carrier	39,000
NCA	Abraham Lincoln	IL	Harrow, Disc., Pull Behind, 3-Point Hitch	2,000
Grants	Manteno	IL	Construct Storage Building	1,610,000
Grants	Manteno	IL	Convert/Upgrade Resident Outdoor Activity Space & Staff Offices	2,320,000
Grants	LaSalle	IL	80-Bed NHC Addition	8,308,000
VHA NRM	Marion	IL	Water Tower Renovation - FCA Corrections	148,000
VHA NRM	Marion	IL	Mold Abatement & Water Intrusion Prevention - FCA Corrections	2,920,000
VHA NRM	Marion	IL	South Periphery Road Relocation	336,000
VHA NRM	Marion	IL	Chiller Plant Addition	980,000
VHA NRM	Marion	IL	Relocate Generator and Electrical	952,000
VHA NRM	Marion	IL	Repair and Recondition Building 15 Exterior	530,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Marion	IL	Renovate Halls and Replace Exit Doors in Building 43	500,000
NCA	Mound City	IL	Illinois State Soldiers & Sailors Monument, 1874	150,000
NCA	North Alton	IL	Confederate POW Dead Monument, 1910	250,000
VHA NRM	Danville	IL	Replace Central Boiler Plant	12,000,000
VHA NRM	Danville	IL	Replace Elevator Cabs & Controls	1,500,000
NCA	Danville	IL	Headstones/Markers and Gravesites	704,000
NCA	Danville	IL	Replace Chain Link Fence	75,000
NCA	Danville	IL	Loader, Utility, Compact, , Attach	37,000
NCA	Danville	IL	Soldiers (NHDVS) Monument, 1917	15,000
NCA	Rock Island	IL	Truck, Utility, 4 WD, with Lift Kit	43,000
NCA	Rock Island	IL	Truck, Utility, 4 WD, w/ Attach.	39,000
NCA	Rock Island	IL	Truck, Utility, 4 WD	28,000
Grants	Quincy	IL	Bus & Ambulance Garage	565,000
NCA	Camp Butler	IL	Headstones/Markers and Gravesites	431,935
NCA	Camp Butler	IL	Attachments, Dozer & Snow Blade & Bucket	9,690
NCA	Camp Butler	IL	Carriage, Casket, Stainless Steel	1,995
NCA	Camp Butler	IL	Street Sweeper	43,000
			<b>Total - Illinois</b>	<b>78,827,369</b>
Grants	Lafayette	IN	Facility Upgrade	869,000
NCA	Marion	IN	Headstones/Markers and Gravesites	124,000
NCA	Marion	IN	New Asphalt Road at Section 11/12	75,000
NCA	Marion	IN	Replace Gravel Road w/ Asphalt Paving at Section 2/4-3/6	65,000
NCA	Marion	IN	Vacuum, Leaf, Gas Powered, Pull Behind	30,875
NCA	Marion	IN	Truck, Utility	9,762
NCA	Marion	IN	Tiller, Pull Behind, 51", Med. Grade	2,300
NCA	Marion	IN	Scraper, Box, Pull Behind, 48"	490
NCA	Marion	IN	Mower, Lawn, Riding	17,091
NCA	Marion	IN	Screener, Dirt, Pull Behind, Gas Powered	22,919
NCA	Marion	IN	Trailer, Utility, 12,000 lb, 81-1/2" Wide, 2 Axles	4,000
NCA	Marion	IN	Soldiers (NHDVS) Monument, 1914	10,000
VHA NRM	Indianapolis	IN	Install New Chiller	2,100,000
VHA NRM	Indianapolis	IN	Upgrade Nurse Call System	1,870,000
VHA NRM	Indianapolis	IN	Resurface Parking Lots	896,000
NCA	New Albany	IN	Headstones/Markers and Gravesites	320,000
NCA	New Albany	IN	Generator, Electric, Portable, Gas Powered	1,000
NCA	New Albany	IN	Generator, Electric, Portable, Gas Powered	1,000
			<b>Total - Indiana</b>	<b>6,418,437</b>

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Leavenworth	KS	Building 21 Fire Safety Upgrades - FCA Correction	350,000
VHA NRM	Topeka	KS	Renovate Radiology Department - FCA Corrections	90,000
VHA NRM	Leavenworth	KS	Repair Concrete Sidewalks	100,000
VHA NRM	Topeka	KS	Replace Roof Eyebrows - FCA Corrections	750,000
VHA NRM	Topeka	KS	Tuck point and Repair Roof of Building 1	1,000,000
VHA NRM	Leavenworth	KS	Renovate Pharmacy to meet ventilation requirements	300,000
VHA NRM	Leavenworth	KS	Replace Windows in Buildings 88, 89, 90, and 91, Phase 1	1,000,000
NCA	Ft Leavenworth	KS	Paint maintenance shop exterior	8,000
NCA	Ft Leavenworth	KS	Resurface Roadways and replace curbing	200,000
NCA	Ft Leavenworth	KS	Lowering Device	4,000
NCA	Ft Scott	KS	Repair and resurface all roadways	250,000
NCA	Leavenworth	KS	Repair/replacement of stone lined drainage ditches	250,000
NCA	Leavenworth	KS	Paint Maintenance Shop exterior	15,000
NCA	Leavenworth	KS	Replace windows in Maintenance Bldg	12,000
NCA	Leavenworth	KS	Utility Vehicle	33,000
NCA	Leavenworth	KS	NHDVS Obelisk, 1919	35,000
NCA	Leavenworth	KS	NHDVS Chapel Fountain, ca.1900	15,000
VHA NRM	Wichita	KS	Correct Electrical Deficiencies	4,600,000
VHA NRM	Wichita	KS	Replace Roofs on Buildings 5-7, 10-13, 19	1,000,000
			<b>Total - Kansas</b>	<b>10,012,000</b>
NCA	Lebanon	KY	Roof Covered Material Bins	70,000
NCA	Lebanon	KY	Truck, Utility, 4WD, Diesel Engine	22,000
NCA	Lebanon	KY	Generator, Electric, Portable, Gas Powered	1,000
NCA	Lebanon	KY	Mower, Riding, Lawn, 60" Mulching Deck	11,000
VHA NRM	Louisville	KY	Replace Boilers	2,154,000
VHA NRM	Louisville	KY	Renovate Mental Health	1,938,000
VHA NRM	Louisville	KY	Replace Sewer Lines	250,000
VHA NRM	Louisville	KY	Repair and Replace Street Lighting	184,000
NCA	Zachary Taylor	KY	Truck, Utility, 4 WD, w/ Attach.	39,000
NCA	Zachary Taylor	KY	Zachary Taylor Monument (& secondary small obelisk & a memorial sundial), 1930s	50,000
VHA NRM	Ft. Thomas	KY	Renovate for Traumatic Brain Injury and Post-Traumatic Stress Disorder Program	1,591,000
VHA NRM	Lexington	KY	Upgrade and Replace Electrical Distribution System	1,910,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Lexington	KY	Construct Additional Parking	1,550,000
VHA NRM	Lexington	KY	Upgrade and Repair Electrical Distribution System	700,000
VHA NRM	Lexington	KY	Renovate Clinics	664,000
VHA NRM	Lexington	KY	Renovate Police Dispatch	500,000
NCA	Camp Nelson	KY	Headstones/Markers and Gravesites	591,540
NCA	Camp Nelson	KY	Emergency Generator for Admin Bldg	10,000
NCA	Camp Nelson	KY	Loader, Backhoe	82,000
NCA	Camp Nelson	KY	Auger, 12" & 18" Bits, Hydraulic, Attachment	5,500
NCA	Camp Nelson	KY	Truck, Utility, 4WD, Diesel Engine	22,000
NCA	Camp Nelson	KY	Roller, Lawn, Self Propelled, Vibrator Enhanced	35,000
NCA	Camp Nelson	KY	Mower, Riding, Lawn, 34" Cross Cut	4,127
NCA	Camp Nelson	KY	Bucket, Loader, Attachment	1,500
NCA	Camp Nelson	KY	Aerator, Core, Hydraulic, Pull Behind	1,100
NCA	Camp Nelson	KY	Generator, Electric, Portable, Gas Powered	1,000
			<b>Total - Kentucky</b>	<b>12,387,767</b>
VHA NRM	New Orleans	LA	Repair/Upgrade Energy Management System	750,000
VHA NRM	Shreveport	LA	Replace Kitchen Exhaust	500,000
VHA NRM	Shreveport	LA	Renovate/Upgrade Operating Room - FCA Corrections	5,200,000
VHA NRM	Shreveport	LA	Replace Fan Coils to meet Heating, Ventilation and Air Conditioning requirements	550,000
VHA NRM	Alexandria	LA	Renovate Kitchen and Lobby of Building 9 for Mental Health Program Offices	324,000
VHA NRM	Alexandria	LA	Recondition Boiler #1	246,000
VHA NRM	Alexandria	LA	Renovate/Upgrade Canteen Dining Area	300,000
VHA NRM	Alexandria	LA	Renovate Heating, Ventilation and Air Conditioning in Laboratory, Building 7	395,000
NCA	Alexandria	LA	Maint Bldg - Paint	4,000
NCA	Baton Rouge	LA	Massachusetts Monument, 1909	15,000
NCA	Port Hudson	LA	Articulated Dumper	55,000
			<b>Total - Louisiana</b>	<b>8,339,000</b>
VHA NRM	Northampton	MA	Upgrade Supply, Processing and Distribution Heating, Ventilation and Air Conditioning & Sterilizer	1,400,000
VHA NRM	Northampton	MA	Repair and Upgrade Fire Protection System	3,060,000
VHA NRM	Northampton	MA	Correct American Disability Act Building Access Deficiencies	500,000
VHA NRM	Leeds	MA	Correct American Disability Act Building Deficiencies	800,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Bedford	MA	Renovate Inpatient Psychiatric Wards	7,165,000
VHA NRM	Bedford	MA	Upgrade Heating, Ventilation and Air Conditioning, Animal Research Facility	765,000
VHA NRM	Bedford	MA	Replace and Upgrade Electrical Distribution System	4,033,000
VHA NRM	Bedford	MA	Renovate Nursing Home Care Unit into a Community Living Center	721,000
Grants	Chelsea	MA	Roof Replacement - Quigley Building	793,000
VHA NRM	Brockton	MA	Replace Fire Alarm System	3,525,000
VHA NRM	West Roxbury	MA	Upgrade Supply, Processing and Distribution Heating, Ventilation and Air Conditioning System	890,000
VHA NRM	West Roxbury	MA	Replace and Upgrade Air Handling Equipment, Phase 2	1,219,000
NCA	Massachusetts	MA	Wind turbine	1,610,000
NCA	Massachusetts	MA	Soil Screener	76,500
NCA	Massachusetts	MA	Dump Truck	87,522
NCA	Massachusetts	MA	Tractor w/front loader	35,780
			<b>Total - Massachusetts</b>	<b>26,680,802</b>
VHA NRM	Perry Point	MD	Upgrade and Replace Electrical Distribution System	1,870,000
VHA NRM	Perry Point	MD	Replace and Upgrade Heating, Ventilation and Air Conditioning	450,000
VHA NRM	Perry Point	MD	Upgrade the Patient Security System	3,750,000
VHA NRM	Perry Point	MD	Replace Roof	548,000
VHA NRM	Perry Point	MD	Replace Chilled Water Line	150,000
VHA NRM	Perry Point	MD	Replace Elevator and Shaft	50,000
VHA NRM	Perry Point	MD	Replace Windows	150,000
VHA NRM	Perry Point	MD	Replace Elevators	90,000
VHA NRM	Perry Point	MD	Upgrade Security for the Chemical Storage Area	25,000
VHA NRM	Perry Point	MD	Replace Dock Leveler Bldg 11W	20,000
VHA NRM	Perry Point	MD	Upgrade and Replace Fire & Safety Systems	475,000
VHA NRM	Perry Point	MD	Repair Roads and Sidewalks	1,375,000
VHA NRM	Perry Point	MD	Repair and Upgrade Heating, Ventilation and Air Conditioning Systems	1,540,000
VHA NRM	Perry Point	MD	Replace Exterior for Buildings 4H and 5H	1,000,000
VHA NRM	Perry Point	MD	Replace Exterior for Buildings 11H, 15H & 17H	1,909,000
VHA NRM	Perry Point	MD	<sup>1/</sup> Implement Selected Conservation Measures	3,333,333
NCA	Point Lookout	MD	Soldiers & Sailors Monument, 1911	250,000
VHA NRM	Baltimore	MD	Replace Steam Traps	200,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Baltimore	MD	Upgrade and Repair Electrical Distribution System	200,000
VHA NRM	Loch Raven	MD	Replace Fire Alarm System	300,000
VHA NRM	Baltimore	MD	Construct Entrance Vestibule Parking Garage P1	90,000
VHA NRM	Baltimore	MD	Install Security Door 6A Mental Health	40,000
VHA NRM	Baltimore	MD	Upgrade Acquisitions and Materials Management Service Heating, Ventilation and Air Conditioning Controls	250,000
VHA NRM	Loch Raven	MD	Study and Provide Recommendations for Loch Raven Drainage	100,000
VHA NRM	Loch Raven	MD	Replace Dock Leveler	20,000
VHA NRM	Loch Raven	MD	Construct a Low Vision Clinic	100,000
VHA NRM	Baltimore	MD	Renovate Canteen Food Court	525,000
VHA NRM	Loch Raven	MD	Relocate Campus Main Telephone Feed Bldg 4	50,000
VHA NRM	Baltimore	MD	Repair Roofs	450,000
VHA NRM	Baltimore	MD	Upgrade and Repair Electrical Distribution System	750,000
NCA	Baltimore	MD	Remove Stone Sidewalks - Repl w/ Stamped Concrete	70,000
NCA	Baltimore	MD	4x4 Stake Body truck w/ towing, plow & lift gate	47,635
NCA	Baltimore	MD	Tractor	20,350
NCA	Loudon Park	MD	Maryland Sons Monument, 1884	60,000
NCA	Loudon Park	MD	Unknown Dead Monument, 1895	50,000
NCA	Loudon Park	MD	GAR Monument, 1898	10,000
NCA	Loudon Park	MD	Maryland Naval Monument, 1896	10,000
			<b>Total - Maryland</b>	<b>20,328,318</b>
VHA NRM	Togus	ME	Construct Private Bathrooms and Showers for Inpatient Wards in Building 200	6,690,493
VHA NRM	Togus	ME	Repair and Upgrade Building 200 and Building 200E Façade	400,000
VHA NRM	Augusta	ME	<sup>1</sup> / <sub>2</sub> Construct a Renewably Fueled Cogeneration System	6,170,000
NCA	Togus	ME	Headstones/Markers and Gravesites	732,000
NCA	Togus	ME	Soldiers & Sailors Monument (1 of 2), 1889	60,000
NCA	Togus	ME	Soldiers & Sailors Monument (2 of 2), 1916	50,000
Grants	Caribou	ME	Multipurpose Room Addition	354,000
Grants	South Paris	ME	Replace Flooring	353,000
			<b>Total - Maine</b>	<b>14,809,493</b>
VHA NRM	Iron Mountain	MI	Upgrade Electrical Distribution & Generator	765,000
VHA NRM	Iron Mountain	MI	Replace Fire Pump	130,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Iron Mountain	MI	Replace Heating, Ventilation and Air Conditioning Telephone Room	532,000
VHA NRM	Iron Mountain	MI	Replace Kitchen Coolers/Freezers	50,000
VHA NRM	Iron Mountain	MI	Construct Additional Parking and Utilities	400,000
VHA NRM	Iron Mountain	MI	Repair Exterior Masonry	350,000
VHA NRM	Iron Mountain	MI	Repair Sidewalks	40,000
VHA NRM	Iron Mountain	MI	Renovate and Modernize Outpatient Lobby	40,000
VHA NRM	Iron Mountain	MI	Replace Chiller	350,000
Grants	Grand Rapids	MI	Code Fire Suppression, Nurse Call Replacement	704,000
VHA NRM	Saginaw	MI	Upgrade Primary Electrical Distribution System	1,950,000
VHA NRM	Saginaw	MI	Upgrade and Expand Electrical Closets	2,263,000
VHA NRM	Saginaw	MI	Replace Heating, Ventilation and Air Conditioning System	4,606,224
NCA	Ft Custer	MI	Truck, Pickup, 2 WD, Stake	49,944
NCA	Ft Custer	MI	Exchanger, Coolant, Recycle, Radiator Fluid	2,390
NCA	Ft Custer	MI	Box, Tool, Mechanic's Set	4,901
NCA	Ft Custer	MI	Vacuum, Leaf, Pull Behind	36,000
NCA	Ft Custer	MI	Trailer, Utility, Pull Behind, 8.5' X 24'	8,550
NCA	Ft Custer	MI	Saw, Table, Portable, Electric	550
VHA NRM	Battle Creek	MI	Replace Roads, Curbs, Gutter	1,124,000
NCA	Great Lakes	MI	Lowering Device, Vault, Hydraulic	12,369
NCA	Great Lakes	MI	Truck, Utility, 4 WD, Casket Carrier	39,000
NCA	Great Lakes	MI	Cultivator, Soil, Attachment	4,948
NCA	Great Lakes	MI	Breaker, Hydraulic, Attachment	5,762
NCA	Great Lakes	MI	Saw, Chain, Gas Powered, 20"	407
NCA	Great Lakes	MI	Saw, Pole, Pruning, 1 Each	520
VHA NRM	Detroit	MI	Renovate for Mental Health	4,950,000
VHA NRM	Ann Arbor	MI	Renovate Inpatient and Outpatient Pharmacy	2,500,000
VHA NRM	Ann Arbor	MI	Renovate and Modernize Urgent Care	2,500,000
VHA NRM	Ann Arbor	MI	Upgrade Emergency Room	1,500,000
			<b>Total - Michigan</b>	<b>24,919,565</b>
VHA NRM	Minneapolis	MN	Repair/Upgrade Mechanical Systems	100,000
VHA NRM	Minneapolis	MN	Eyewash Upgrade ph. II	500,000
VHA NRM	Minneapolis	MN	Install Carpet, Mental Health	225,000
VHA NRM	Minneapolis	MN	Pneumatic Tube Expansion	200,000
VHA NRM	Minneapolis	MN	Replace Automatic Transfer Switch - Medical Intensive Care Unit	35,000
VHA NRM	Minneapolis	MN	Renovate for the Installation of Operating Room Boom to support equipment	150,000
VHA NRM	Minneapolis	MN	Replace Chilled Water Valves Ph. 2	250,000



Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Minneapolis	MN	Replace/Repair Screens/Vents - Building 49 and 70	100,000
VHA NRM	Minneapolis	MN	Upgrade Waste Anesthesia Gas System	50,000
VHA NRM	Minneapolis	MN	Replace Condensate Return Piping, Ph. 1	250,000
VHA NRM	Minneapolis	MN	Replace Automatic Faucets	40,000
VHA NRM	Minneapolis	MN	Telephone Switch Room Upgrades	150,000
VHA NRM	Minneapolis	MN	Replace Carpet - General	425,000
VHA NRM	Minneapolis	MN	Parking Lot and Road Upgrade	1,100,000
VHA NRM	Minneapolis	MN	Install Security System for IT closets	250,000
VHA NRM	Minneapolis	MN	Construct Hospice Unit, Building 70	200,000
VHA NRM	Minneapolis	MN	Ward Renovation	200,000
VHA NRM	Minneapolis	MN	Life Safety Assessment	60,000
VHA NRM	Minneapolis	MN	Design Ramp Snow Melt System for Building 70 and Loading Dock	250,000
VHA NRM	Minneapolis	MN	Design Transfer Switch Replacement	120,000
VHA NRM	Minneapolis	MN	Replace Chiller #2 at Energy Center	1,200,000
VHA NRM	Minneapolis	MN	Renovate Building 70 for Patient Privacy	350,000
VHA NRM	Minneapolis	MN	Communication Closet A/C Upgrades	300,000
VHA NRM	Minneapolis	MN	Extended Care Center Renovation, Ph. 1	450,000
VHA NRM	Minneapolis	MN	Replace Heating, Ventilation and Air Conditioning Coils ph. I	300,000
VHA NRM	Minneapolis	MN	Elevator upgrades ph. II	1,700,000
VHA NRM	Minneapolis	MN	Replace Water Booster Pumps	250,000
VHA NRM	Minneapolis	MN	Renovate for Provider Consultation Area	220,000
NCA	Ft Snelling	MN	Replace Asphalt Paving at Various Areas	300,000
NCA	Ft Snelling	MN	Truck, Dump, 4 WD, Diesel Eng.	96,000
NCA	Ft Snelling	MN	Loader, Backhoe	82,000
NCA	Ft Snelling	MN	Sweeper, Street, Gas Powered	96,000
NCA	Ft Snelling	MN	Tractor, Utility, 4 WD	58,000
NCA	Ft Snelling	MN	Truck, Utility, 4 WD	30,000
NCA	Ft Snelling	MN	Truck, Utility, 4 WD	30,000
VHA NRM	St. Cloud	MN	Install Heating, Ventilation and Air Conditioning System in Basement Building 29	775,000
VHA NRM	St. Cloud	MN	Renovate for Rehab Services	750,000
VHA NRM	St. Cloud	MN	Replace Carpet in Domiciliary, Building 2	180,000
VHA NRM	St. Cloud	MN	Repair/Upgrade Roads throughout Campus, Phase 8	1,365,000
VHA NRM	St. Cloud	MN	Repair/Upgrade Nurse Call System in Building 48, 49, 50 and 51	650,000
VHA NRM	St. Cloud	MN	Install Metering for Electrical, Steam and Gas Lines	240,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	St. Cloud	MN	Upgrade/Renovate Supply, Processing and Distribution	1,300,000
VHA NRM	St. Cloud	MN	Upgrade Ground Source Heat Pumps	1,952,000
Grants	Fergus Falls	MN	Dementia - Special Care Unit - (24 Beds - New)	4,799,000
			<b>Total - Minnesota</b>	<b>22,128,000</b>
Grants	St. Louis	MO	Emergency Generator, Etc.	944,000
VHA NRM	St. Louis	MO	Correct Sprinkler Deficiencies	1,272,400
VHA NRM	St. Louis	MO	Emergency Power for Building 60 Main Kitchen	1,213,000
VHA NRM	St. Louis	MO	Correct Secondary Power Deficiencies, Phase II	1,723,000
VHA NRM	St. Louis	MO	Replace Public Address System, Building 1	1,820,000
VHA NRM	St. Louis	MO	Renovate Existing Clinics	4,070,000
NCA	Jefferson Barracks	MO	Replace Chapel Siding	150,000
NCA	Jefferson Barracks	MO	Enclosed Pole Barn w/concrete slab	75,000
NCA	Jefferson Barracks	MO	Replace Asphalt Roads Various Locations	1,000,000
NCA	Jefferson Barracks	MO	Sweeper, Street, Gas Powered, Broom Bear	126,109
NCA	Jefferson Barracks	MO	Tampers, 2 Cycle Engine	15,748
NCA	Jefferson Barracks	MO	Winch, Electric Power, 12 Volt	1,548
NCA	Jefferson Barracks	MO	Box, Tool, Mechanic's Set, Upper/Lower	996
NCA	Jefferson Barracks	MO	Truck, Pickup, 4 WD, W/Box Bed	81,000
NCA	Jefferson Barracks	MO	Screeners, Dirt, Pull Behind	89,000
NCA	Jefferson Barracks	MO	Tractor, Utility, 4 WD	26,000
NCA	Jefferson Barracks	MO	Truck, Utility, 4 WD	28,000
NCA	Jefferson Barracks	MO	Truck, Utility, 4 WD, Casket Carrier	39,000
NCA	Jefferson Barracks	MO	Truck, Utility, 4 WD, Casket Carrier	39,000
NCA	Jefferson Barracks	MO	35th Division Water Fountain Memorial,1952	10,000
NCA	Jefferson City	MO	39th MO Infantry Regiment Monument,1873	10,000
Grants	Warrensburg	MO	Emergency Generator, Etc.	372,000
VHA NRM	Kansas City	MO	Renovate Building 2 - FCA Corrections	2,000,000
VHA NRM	Kansas City	MO	Site prep for install of new Cook/Chill Equipment in Kitchen	580,000
VHA NRM	Kansas City	MO	Upgrade Emergency Power Building 1 - FCA Correction	3,900,000
VHA NRM	Kansas City	MO	Renovate Mental Health Building	900,000
Grants	Cameron	MO	Emergency Generator, Etc.	372,000
NCA	Springfield	MO	Replace Chain Link Fence	40,000
Grants	Mt. Vernon	MO	Emergency Generator, Etc.	372,000
Grants	St. James	MO	Emergency Generator, Etc.	372,000
Grants	Cape Girardeau	MO	Fire Lane, Hydrant and Lighting	708,000
VHA NRM	Columbia	MO	Elevator Replacement/Renovation	1,320,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Columbia	MO	Renovate Research	1,200,000
VHA NRM	Columbia	MO	Renovate and Relocate Specialty Care to 6th Floor	450,000
VHA NRM	Columbia	MO	Replace Exhaust Fans - FCA Corrections	1,650,000
VHA NRM	Columbia	MO	Renovate Pathology Labs	2,000,000
Grants	Mexico	MO	Emergency Generator, Etc.	372,000
			<b>Total - Missouri</b>	<b>29,341,801</b>
VHA NRM	Jackson	MS	Provide Back-Up Generator Capacity	4,700,000
VHA NRM	Jackson	MS	Replace Medical Center Windows - Phase 1	2,000,000
VHA NRM	Jackson	MS	Clean and Recoat portions of Existing Room on Building 1 & 7	300,000
NCA	Natchez	MS	Utility Vehicle	25,000
VHA NRM	Biloxi	MS	Replace Elevators in Building 2 & 19	1,300,000
VHA NRM	Biloxi	MS	Repair/Replace Elevators and Dumbwaiters in Building 1 & 3	2,200,000
VHA NRM	Biloxi	MS	Replace Building 5 Roof & Update Exterior finish	1,120,000
VHA NRM	Biloxi	MS	Renovate/Upgrade Building 17 Interior for American Disability Act accessibility	820,000
NCA	Biloxi	MS	Tamper	3,400
NCA	Biloxi	MS	Mini Truck	10,000
NCA	Biloxi	MS	National Cemetery Memorial, 1941	100,000
			<b>Total - Mississippi</b>	<b>12,578,400</b>
VHA NRM	Helena	MT	Repair Mechanical Deficiencies	650,000
VHA NRM	Helena	MT	Convert Building 154 to Low Pressure Steam	680,000
VHA NRM	Helena	MT	Repair/Replace Masonry in Stairwells - FCA Corrections	500,000
VHA NRM	Helena	MT	Remediate Lead Based Paint	700,000
VHA NRM	Helena	MT	Remediate Lead Based Paint	700,000
VHA NRM	Helena	MT	Implement Energy Conservation Measures per regulation	680,000
VHA NRM	Fort Harrison	MT	1/ Evaluate Feasibility of Direct Geothermal	342,857
			<b>Total - Montana</b>	<b>4,252,857</b>
NCA	New Bern	NC	Reseal Roads	5,000
NCA	New Bern	NC	Rhode Island Monument, 1909	30,000
NCA	New Bern	NC	Massachusetts Monument, 1908	30,000
NCA	Raleigh	NC	Maint Bldg - Paint	2,000
VHA NRM	Durham	NC	Replace Air Handling Units	3,700,000
VHA NRM	Durham	NC	Upgrade and Install New Electrical Distribution Systems	4,730,000
VHA NRM	Durham	NC	Renovate and Expand Physical Therapy and Occupational Therapy	800,000
VHA NRM	Durham	NC	Resurface Roads and Parking Lots	1,150,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Fayetteville	NC	Upgrade Women's Clinic	925,000
VHA NRM	Fayetteville	NC	Replace Elevators	600,000
VHA NRM	Fayetteville	NC	Upgrade Kitchen	700,000
VHA NRM	Fayetteville	NC	Upgrade Elevator	700,000
NCA	Wilmington	NC	Replace Fence	10,000
VHA NRM	Asheville	NC	Repair Dom Water System	878,000
VHA NRM	Asheville	NC	Repair and Replace Exterior	560,000
VHA NRM	Asheville	NC	Renovate for a Community Living Center	420,000
VHA NRM	Asheville	NC	Renovate Emergency Department, Phase I	910,000
VHA NRM	Asheville	NC	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
Grants	Pending - Western	NC	100-Bed NHC (New)	8,147,000
VHA NRM	Salisbury	NC	Upgrade Elevators	1,800,000
VHA NRM	Salisbury	NC	Upgrade and Replace Heating, Ventilation and Air Conditioning System	1,873,250
VHA NRM	Salisbury	NC	Replace Water Pipes	857,250
VHA NRM	Salisbury	NC	Modernize Patient Areas	1,210,500
NCA	Salisbury	NC	Reseal Roads	50,000
NCA	Salisbury	NC	Riding Mower	30,000
NCA	Salisbury	NC	Maine Monument, 1908	40,000
NCA	Salisbury	NC	Unknown Dead Monument, 1875	40,000
NCA	Salisbury	NC	Pennsylvania Monument, 1909	75,000
Grants	Pending - Eastern	NC	100-Bed NHC (New)	8,147,000
			<b>Total - North Carolina</b>	<b>38,470,000</b>
VHA NRM	Fargo	ND	Renovate Administrative Space for Clinical Ambulatory Care Exam Rooms and Support Space	1,901,855
VHA NRM	Fargo	ND	Replace/Upgrade Chiller Compressors	370,000
VHA NRM	Fargo	ND	Repair/Replace Sidewalk at Medical Center	260,000
VHA NRM	Fargo	ND	Renovate Inpatient Pharmacy	734,375
			<b>Total - North Dakota</b>	<b>3,266,230</b>
VHA NRM	Omaha	NE	Repair/Replace Roofs Buildings 12, 24 and 45	300,000
VHA NRM	Omaha	NE	Repair/Upgrade Main Fire Alarm Panel	500,000
VHA NRM	Omaha	NE	Repair/Update Condensate Pipes and Pumps	125,000
VHA NRM	Omaha	NE	Replace/Update Water Softeners for Boilers and Domestic Water Systems	150,000
VHA NRM	Omaha	NE	Remodel Operating Room/Post Anesthesia Care Unit	2,520,000
VHA NRM	Omaha	NE	Renovate Radiology for Position Electron Transformation (PET) CT Install	1,920,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Omaha	NE	Renovate for New Coolers and Freezers	225,000
VHA NRM	Omaha	NE	Repair/Replace Steam Condensate Lines, Tanks and Pumps	300,000
VHA NRM	Omaha	NE	Replace Air Handlers for Laboratory Space	500,000
VHA NRM	Omaha	NE	Replace Electrical Distribution System	750,000
VHA NRM	Omaha	NE	Replace/Upgrade Domestic Hot Water Heaters	210,000
NCA	Ft McPherson	NE	Headstones/Markers and Gravesites	687,112
NCA	Ft McPherson	NE	Concrete pad under fill pile	50,000
NCA	Ft McPherson	NE	Install new floral and activities signage	4,000
NCA	Ft McPherson	NE	Modify Public Information Center lighting	10,000
NCA	Ft McPherson	NE	Repair sidewalk at Committal Shelter	5,000
NCA	Ft McPherson	NE	Replace windows in Maintenance Building	20,000
NCA	Ft McPherson	NE	Challenger Lifts	2,600
NCA	Ft McPherson	NE	Utility Vehicle w/Casket Carrier	32,500
NCA	Ft McPherson	NE	Tire Changer	1,500
NCA	Ft McPherson	NE	Mower	22,600
			<b>Total - Nebraska</b>	<b>8,335,312</b>
VHA NRM	Manchester	NH	Correct Corrosion and Upgrade Water Tower	1,016,500
VHA NRM	Manchester	NH	Renovate for Mental Health and Primary Care	535,000
			<b>Total - New Hampshire</b>	<b>1,551,500</b>
VHA NRM	Cape May	NJ	1/ Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	Salem	NJ	1/ Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	Finn's Point	NJ	Union Monument, 1879	40,000
NCA	Finn's Point	NJ	Confederate POW Dead Monument, 1910	250,000
VHA NRM	Fort Dix	NJ	1/ Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	Beverly	NJ	1/ Evaluate Feasibility of a Solar Photovoltaic System	10,000
Grants	Paramus	NJ	Multipurpose Room Addition	1,415,000
Grants	Paramus	NJ	HVAC Replacement, Phase 2	475,000
VHA NRM	East Orange	NJ	Repave Parking Lots and Roads	2,500,000
VHA NRM	Lyons	NJ	Repair and Upgrade the Storm Water System	2,500,000
VHA NRM	East Orange	NJ	Install Access Security System	850,000
VHA NRM	East Orange	NJ	Renovate and Modernize the Inpatient Ward Halls and Floors	500,000
VHA NRM	East Orange	NJ	Upgrade Heating, Ventilation and Air Conditioning for Cardiac Cath Lab	275,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	East Orange	NJ	Upgrade Pharmacy to 797 Code Compliance	207,000
VHA NRM	East Orange	NJ	Renovate Nuclear Medicine for New Gama Cameras	715,000
VHA NRM	East Orange	NJ	Renovate the Ear, Nose and Throat Clinic	330,000
VHA NRM	East Orange	NJ	Renovate and Modernize Inpatient Wards	2,500,000
VHA NRM	East Orange	NJ	Upgrade Heating, Ventilation and Air Conditioning & Plumbing Systems	2,500,000
VHA NRM	Lyons	NJ	Repair Structural Deficiencies in Building	385,000
VHA NRM	Lyons	NJ	Upgrade Security Project	1,200,000
			<b>Total - New Jersey</b>	<b>16,682,000</b>
VHA NRM	Albuquerque	NM	Renovate Operating Room #2	500,000
VHA NRM	Albuquerque	NM	Pave Overflow Patient Parking Lot	325,000
VHA NRM	Albuquerque	NM	Replace Fuel Storage Tanks for Emergency Generators in Buildings 1, 3, and 10.	640,000
VHA NRM	Albuquerque	NM	Repair/Upgrade Steam and Condensate systems, Phase I	700,000
VHA NRM	Albuquerque	NM	Renovate 3rd Floor of Building 3 for Telehealth	400,000
VHA NRM	Albuquerque	NM	Renovate Operating Room and Supply, Processing and Distribution in Building 41	60,000
VHA NRM	Albuquerque	NM	Renovate Primary Care Area, Building 41	75,000
VHA NRM	Albuquerque	NM	Building 41, Handicap Accessible Parking	500,000
VHA NRM	Albuquerque	NM	Repair Chilled Water Loop Piping	75,000
VHA NRM	Albuquerque	NM	Correct Fire and Life Safety Deficiencies	60,000
VHA NRM	Albuquerque	NM	<sup>1/</sup> Implement Selected Conservation Measures	1,142,857
VHA NRM	Albuquerque	NM	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	Ft Bayard	NM	Top Dresser	9,539
NCA	Ft Bayard	NM	Tamper	3,200
NCA	Ft Bayard	NM	Lowering Device	4,000
NCA	Santa Fe	NM	Install mezzanine in Maintenance Bldg	15,000
NCA	Santa Fe	NM	Renovate spoils area (remove excess materials)	25,000
NCA	Santa Fe	NM	Repair cracking in columbaria structure	75,000
NCA	Santa Fe	NM	Resurface Roadways and replace curbing	350,000
NCA	Santa Fe	NM	Snow blower	3,500

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
NCA	Santa Fe	NM	Backhoe	58,355
NCA	Santa Fe	NM	Utility Vehicle	22,500
NCA	Santa Fe	NM	Aerator	22,300
			<b>Total - New Mexico</b>	<b>5,076,251</b>
VHA NRM	Reno	NV	Install Sprinklers, Building 1, Phase 3	350,000
VHA NRM	Reno	NV	Install Sprinklers, Building 1A	300,000
VHA NRM	Reno	NV	Install Sprinklers, Building 1, Phase 2	350,000
VHA NRM	Reno	NV	Upgrade Elevators in Building 1D and Dietetics	1,200,000
VHA NRM	Reno	NV	Renovate Community Living Center, Phase 2	650,000
VHA NRM	Reno	NV	Replace/Upgrade Air Handling Units Building 10	400,000
VHA NRM	Reno	NV	Replace/Upgrade Heating, Ventilation and Air Conditioning Control System, Building 12	400,000
VHA NRM	Reno	NV	Replace Heating, Ventilation and Air Conditioning Control System, Buildings 10 & 1D	400,000
VHA NRM	Reno	NV	Replace Sidewalks Facility Wide	110,000
VHA NRM	Reno	NV	Replace Flooring for Various Buildings	150,000
VHA NRM	Reno	NV	Renovate for Urgent Care Center and Police Service	975,000
VHA NRM	Reno	NV	Replace Sewer Line, Building 1	225,000
			<b>Total - Nevada</b>	<b>5,510,000</b>
NCA	Calverton	NY	Headstones/Markers and Gravesites	2,000,000
NCA	Calverton	NY	Rooftop solar photovoltaic power	582,000
NCA	Calverton	NY	Replace Facade on Admin and Committal Bldgs	211,500
NCA	Calverton	NY	Replace Admin Oil USD with Convault AST	40,920
NCA	Calverton	NY	Mini excavator & trailer	49,350
NCA	Calverton	NY	Two burners to thaw frozen ground	10,800
NCA	Calverton	NY	Two 4x4 dump trucks	79,600
NCA	Calverton	NY	Air compressor w/jackhammer	12,000
Grants	Stony Brook	NY	Emergency Generator and System Upgrade	470,000
VHA NRM	Northport	NY	Renovate and Relocate Warehouse	1,300,000
VHA NRM	Northport	NY	Renovate and Modernize Supply, Processing and Distribution	1,800,000
VHA NRM	Northport	NY	Renovate Research Wet Labs	865,000
VHA NRM	Northport	NY	Upgrade Research Dry Labs to current American Association for Accreditation of Laboratory Animal Care standards	865,000
VHA NRM	Northport	NY	Replace Windows	1,500,000
VHA NRM	Northport	NY	Install Sprinkler System	1,100,000
VHA NRM	Northport	NY	Renovate Research	500,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Northport	NY	Relocate Sleep Lab	550,000
VHA NRM	Northport	NY	Replace Outdoor Lighting Cables	500,000
VHA NRM	Northport	NY	Renovate Pathology and Lab	500,000
VHA NRM	Northport	NY	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
NCA	Long Island	NY	5 Utility Vehicles	80,000
NCA	Long Island	NY	Interment vehicle	22,726
VHA NRM	Bronx	NY	Renovate and Modernize for Geriatric Research, Education and Clinical Center (GRECC) and Geriatric Primary Care	740,000
VHA NRM	St Albans	NY	Replace Boiler Plant Roof	400,000
VHA NRM	St Albans	NY	Replace and Upgrade Heating, Ventilation and Air Conditioning Components and Controls	650,000
VHA NRM	St Albans	NY	Install New Medical Gas Systems	550,000
VHA NRM	St Albans	NY	Upgrade Light Fixtures to Energy Efficient Fixtures	600,000
VHA NRM	St Albans	NY	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
NCA	Cypress Hills	NY	Remove/Repl All Roads at Cypress Hills & Union Plot	85,800
NCA	Cypress Hills	NY	Remove/Repl All Roads at Cypress Hills & Union Plot	1,009,000
NCA	Cypress Hills	NY	Eagle Monument, 1934	10,000
NCA	Cypress Hills	NY	French Monument, ca. 1920	10,000
VHA NRM	Castle Point	NY	Repair and Upgrade Boilers	1,750,000
VHA NRM	Brooklyn	NY	Replace Light Fixtures and Upgrade Heating, Ventilation and Air Conditioning Components for Energy Efficiency	600,000
VHA NRM	Brooklyn	NY	Upgrade the Electrical Distribution System	600,000
VHA NRM	Brooklyn	NY	Upgrade Heating, Ventilation and Air Conditioning System	395,000
VHA NRM	Brooklyn	NY	Replace and Upgrade Main Water Line	400,000
VHA NRM	Brooklyn	NY	Upgrade Ventilation System in Building 1	350,000
VHA NRM	Brooklyn	NY	Replace Sprinkler System	155,000
VHA NRM	Brooklyn	NY	Renovate Radiology	657,000
VHA NRM	Brooklyn	NY	Repair and Replace Sidewalks, Parking Lots & Roads	495,000
VHA NRM	Brooklyn	NY	Repair Elevators	375,000
VHA NRM	Brooklyn	NY	Replace Roof on Building 91	350,000
VHA NRM	St Albans	NY	Upgrade the Heating, Ventilation and Air Conditioning System	395,000
VHA NRM	St Albans	NY	Upgrade Bathrooms	605,000
VHA NRM	Brooklyn	NY	Abate Asbestos	45,000



<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Brooklyn	NY	Replace and Upgrade Light Fixtures	445,000
VHA NRM	Brooklyn	NY	Renovate Supply, Processing and Distribution	7,125,000
VHA NRM	New York City	NY	Upgrade and Modernize GI Lab	3,575,000
VHA NRM	Northport	NY	Renovate and Upgrade Heating, Ventilation and Air Conditioning for Supply, Processing and Distribution and Pharmacy Storage	500,000
VHA NRM	New York City	NY	Replace Generators, Ph 2	4,755,383
VHA NRM	New York City	NY	Replace and Upgrade Heating, Ventilation and Air Conditioning Equipment	1,623,800
VHA NRM	New York City	NY	Repair Parking Lot and Sidewalks	850,000
VHA NRM	New York City	NY	<sup>1</sup> / <sub>2</sub> Evaluate Feasibility of a Wind Turbine	50,000
VHA NRM	Bronx	NY	Replace and Upgrade the Heating, Ventilation and Air Conditioning & Controls	1,168,000
VHA NRM	Brooklyn	NY	Replace and Upgrade the Dumbwaiter	475,000
VHA NRM	Bronx	NY	Upgrade Boiler Controls	224,000
VHA NRM	Bronx	NY	Upgrade Emergency Electrical, Ph 2	3,500,000
VHA NRM	Bronx	NY	Replace Mechanical Room Floor	627,000
VHA NRM	Montrose	NY	Renovate for Patient Dining Area	3,300,000
VHA NRM	Castle Point	NY	Repair Exterior of Building to Tuck-Point and Seal Masonry	1,900,000
VHA NRM	Montrose	NY	Replace Steam Lines, Phase 2	3,450,000
VHA NRM	Castle Point	NY	Renovate for a Modern Community Living Center	510,000
VHA NRM	Castle Point	NY	Replace Fan Coils, Phase 1	850,000
VHA NRM	Castle Point	NY	Replace Roofs on Buildings 8 & 9	1,000,000
VHA NRM	Castle Point	NY	Replace Water Main Lines	2,500,000
VHA NRM	Castle Point	NY	Replace Steam Traps	475,000
VHA NRM	Castle Point	NY	Install Wind Turbine	80,000
VHA NRM	Castle Point	NY	Install Utility Metering	340,000
VHA NRM	Castle Point	NY	Replace Medical Gas Systems in Patient Rooms	525,000
NCA	Saratoga	NY	Utility vehicle	25,700
NCA	Saratoga	NY	Mower	16,029
VHA NRM	Albany	NY	Abate Asbestos in Sub Basement, Phase 2	5,400,000
VHA NRM	Albany	NY	Renovate and Upgrade Dental Suite	3,700,000
VHA NRM	Albany	NY	Renovate and Expand Prosthetics	1,050,000
VHA NRM	Albany	NY	Replace Windows	1,000,000
VHA NRM	Albany	NY	Repair Warehouse Loading Docks	350,000
VHA NRM	Albany	NY	Renovate Post Anesthesia Care Unit	997,500
VHA NRM	Albany	NY	Remove Incinerator	900,000
VHA NRM	Albany	NY	Demolish Buildings 6, 7, 11 and 35	900,000

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VHA NRM	Albany	NY	<sup>1/</sup> Implement Selected Conservation Measures	2,400,000
VHA NRM	Rome	NY	Renovate and Modernize the Outpatient Clinic, Phase 2	250,000
VHA NRM	Rome	NY	Replace and Upgrade Air Handling Unit's	775,000
VHA NRM	Syracuse	NY	Renovate 8th Floor for Community Living Center, Phase 2	200,000
VHA NRM	Syracuse	NY	Replace Roofs	250,000
VHA NRM	Syracuse	NY	Provide Emergency Power to Bldg 16	100,000
VHA NRM	Syracuse	NY	Renovate for Cardiology Suite	335,000
VHA NRM	Syracuse	NY	Renovate Outpatient Exam Rooms	570,000
VHA NRM	Syracuse	NY	Upgrade Electrical Panel Boards	635,000
VHA NRM	Syracuse	NY	Upgrade the Electrical Distribution System by Adding a Power Monitoring System	190,000
VHA NRM	Syracuse	NY	Replace Existing Chillers	2,000,000
VHA NRM	Syracuse	NY	Upgrade Light Fixtures to Energy Efficient Fixtures	580,000
VHA NRM	Syracuse	NY	<sup>1/</sup> Implement Selected Conservation Measures	2,400,000
VHA NRM	Batavia	NY	Repair and Remove Boiler Plant Bunker	560,000
VHA NRM	Batavia	NY	Repair Stairs in front of Building 2	500,000
VHA NRM	Batavia	NY	Renovate Primary Care for Patient Privacy	150,000
VHA NRM	Batavia	NY	<sup>1/</sup> Implement Selected Conservation Measures	2,400,000
VHA NRM	Buffalo	NY	Construct Private Inpatient Wards	3,600,000
VHA NRM	Buffalo	NY	Repave Parking Lot for Patients	700,000
VHA NRM	Buffalo	NY	Expand Dialysis Clinic	750,000
VHA NRM	Buffalo	NY	Replace Domestic Water Booster Pumps	560,000
VHA NRM	Buffalo	NY	Repair Warehouse Roof	425,000
VHA NRM	Buffalo	NY	<sup>1/</sup> Implement Selected Conservation Measures	2,400,000
VHA NRM	Buffalo	NY	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
VHA NRM	Bath	NY	Replace Heating, Ventilation and Air Conditioning in Building 92	1,850,000
VHA NRM	Bath	NY	Replace Window Heating, Ventilation and Air Conditioning units with Central Air for Bldg 33	910,000
VHA NRM	Bath	NY	Replace Elevator in Bldg 33	350,000
VHA NRM	Canandaigua	NY	Design for a new Fire Alarm System	75,000
VHA NRM	Bath	NY	Replace and Upgrade the Electric Distribution System in Bldg 41	260,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Bath	NY	Replace and Upgrade Heating, Ventilation and Air Conditioning in Bldg 39	180,000
VHA NRM	Canandaigua	NY	Upgrade and Modernize Patient Corridors in Buildings 3 and 8	200,000
VHA NRM	Bath	NY	Replace and Upgrade the Electrical Distribution System	2,250,000
VHA NRM	Bath	NY	Renovate for Women's Health Center	250,000
VHA NRM	Canandaigua	NY	Replace and Upgrade the Panic Alarm System	450,000
VHA NRM	Bath	NY	Upgrade and Replace the Heating, Ventilation and Air Conditioning and Fire Suppression System	750,000
VHA NRM	Canandaigua	NY	Replace Sanitary Sewer, B-36 & B-12	250,000
VHA NRM	Bath	NY	Relocate the Hospice and Gero-Psychiatric Unit	750,000
VHA NRM	Bath	NY	Replace Main Drainage System for Bldg 76	1,770,000
VHA NRM	Canandaigua	NY	Upgrade and Repair Fuel Tanks	200,000
VHA NRM	Canandaigua	NY	<sup>1/</sup> Implement Selected Conservation Measures	2,400,000
VHA NRM	Bath	NY	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
NCA	Bath	NY	Mower	18,000
NCA	Bath	NY	Dump Truck	47,000
NCA	Woodlawn	NY	Utility Tractor	38,163
NCA	Woodlawn	NY	Snow blower attachment for Utility Tractor	3,700
			<b>Total - New York</b>	<b>114,384,971</b>
VHA NRM	Cincinnati	OH	Expand Cath Lab	2,200,000
VHA NRM	Cincinnati	OH	Upgrade and Repair Exterior Façade	1,100,000
VHA NRM	Cincinnati	OH	<sup>1/</sup> Implement Selected Conservation Measures	2,500,000
Grants	Georgetown	OH	Security Upgrades, Phase 1	330,000
Grants	Georgetown	OH	Security Upgrades, Phase 2	331,000
VHA NRM	Dayton	OH	Renovate Nursing Home Care Unit into a Community Living Center	2,750,000
VHA NRM	Dayton	OH	Renovate Domiciliary	1,100,000
VHA NRM	Dayton	OH	<sup>1/</sup> Implement Selected Conservation Measures	2,500,000
NCA	Dayton	OH	Lowering Device, Casket, Pull Behind	7,900
NCA	Dayton	OH	Tamper, Pneumatic, Portable, Gas Powered	3,640
NCA	Dayton	OH	Truck, Utility, 4 WD	36,788
NCA	Dayton	OH	National Soldiers (NHDVS) Monument, 1877	510,000
VHA NRM	Chillicothe	OH	Repair Steam Lines	2,500,000
VHA NRM	Chillicothe	OH	Replace Elevators	1,200,000

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VHA NRM	Chillicothe	OH	Renovate Physical Therapy	1,200,000
VHA NRM	Chillicothe	OH	Renovate Basement	680,000
VHA NRM	Chillicothe	OH	<sup>1/</sup> Implement Selected Conservation Measures	2,500,000
Grants	Sandusky	OH	Kitchen Upgrade - Secrest Hall	260,000
Grants	Sandusky	OH	Corridor Renovation	325,000
VHA NRM	Cleveland	OH	Renovate Surgery	8,500,000
VHA NRM	Cleveland	OH	Renovate Elevator Lobby and Main Lobby	4,913,331
VHA NRM	Cleveland	OH	Renovate Canteen and Education	3,500,000
VHA NRM	Cleveland	OH	<sup>1/</sup> Implement Selected Conservation Measures	2,500,000
NCA	Camp Chase	OH	Memorial Boulder & Arch, 1880 & 1902	25,000
NCA	Ohio Western Reserve	OH	Truck, Utility, 4 WD, Casket Carrier	39,000
NCA	Ohio Western Reserve	OH	Dump, Articulating, 4 WD	39,600
NCA	Ohio Western Reserve	OH	Truck, Utility, 4 WD, w/ Attach.	39,000
NCA	Ohio Western Reserve	OH	Broom, Angle, 84"	4,400
NCA	Ohio Western Reserve	OH	Aerator, Core, 6' Wide, Pull Behind, Heavy Duty	3,000
NCA	Ohio Western Reserve	OH	Truck, Utility, 4 WD	28,000
			<b>Total - Ohio</b>	<b>41,625,659</b>
VHA NRM	Muskogee	OK	Expand Parking Lot 12	550,000
VHA NRM	Muskogee	OK	Replace Generators 26 & 46	1,815,000
VHA NRM	Muskogee	OK	Expand Parking Lot 14	330,000
VHA NRM	Muskogee	OK	Repair/Resurface Roads and Parking	699,000
NCA	Ft Gibson	OK	Front entrance sign and planting bed	10,000
NCA	Ft Gibson	OK	Repair/Replace concrete sidewalk to flag pole	8,000
NCA	Ft Gibson	OK	Renovate existing flag pole and lighting	35,000
NCA	Ft Gibson	OK	Tamper	3,700
NCA	Ft Gibson	OK	Utility Loader	2,400
NCA	Ft Gibson	OK	Utility Loader	40,000
NCA	Ft Gibson	OK	Backhoe Loader	50,900
NCA	Ft Sill	OK	Repair defective gaskets in glazing at Public Information Center	4,000
NCA	Ft Sill	OK	Dumper	55,000
NCA	Ft Sill	OK	Compact Roller	4,950
VHA NRM	Oklahoma City	OK	Replace Morgue Heating, Ventilation and Air Conditioning	80,000
VHA NRM	Oklahoma City	OK	Renovate for Primary Care Clinics	530,000
VHA NRM	Oklahoma City	OK	Renovate for Medical Record Storage	264,000

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VHA NRM	Oklahoma City	OK	Renovate Police Training Room	276,000
VHA NRM	Oklahoma City	OK	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
			<b>Total - Oklahoma</b>	<b>4,767,950</b>
VHA NRM	Portland	OR	Install New Chiller for Ambulatory Surgery	100,000
VHA NRM	Portland	OR	Renovate Lab	465,000
VHA NRM	Portland	OR	Remodel Surgical Waiting Area	110,000
VHA NRM	Portland	OR	Remodel Patient Exam Rooms	290,000
VHA NRM	Portland	OR	Renovate for installation of New SPEC CT	100,000
VHA NRM	Portland	OR	Building 100 Expansion Survey for Clinical Care	25,000
VHA NRM	Portland	OR	Renovate Primary Care Space for Women's Clinic, Building 103	250,000
VHA NRM	Portland	OR	Upgrade/Repair Paging System, Phase 2	473,223
VHA NRM	Portland	OR	Upgrade Nitrogen Farm per Regulation	95,726
VHA NRM	Portland	OR	Repair Safety Deficiencies	100,000
VHA NRM	Portland	OR	Renovate for the installation of Hi-Tech/Hi-Cost Equipment	150,000
VHA NRM	Portland	OR	Construct Retaining Wall for Building 16 Parking Lot	225,000
VHA NRM	Portland	OR	Renovate Basement of Building 16 for additional Exit	225,000
VHA NRM	Portland	OR	Install Distributed Antenna, Building 100, Phase 1	287,889
VHA NRM	Portland	OR	Install New PIV Door Locking System per Regulation	300,000
VHA NRM	Portland	OR	Renovate Operating Room	580,000
VHA NRM	White City	OR	Repair/Resurface Main Roadways - FCA Correction	1,110,000
VHA NRM	White City	OR	Renovate Building 212	495,000
VHA NRM	White City	OR	Renovate Restrooms	225,000
NCA	Eagle Point	OR	Replace Windows In Committal Shelter	35,000
NCA	Eagle Point	OR	Slurry Seal Roads	30,000
NCA	Eagle Point	OR	Utility Vehicle	26,978
NCA	Eagle Point	OR	Utility Vehicle	26,978
NCA	Willamette	OR	Upgrade Admin Bldg Lighting	13,000
NCA	Willamette	OR	Install Electric Gate/Side Two	6,000
NCA	Willamette	OR	Install Maintenance Shop Oil and Grease Dispensers	27,000
NCA	Willamette	OR	Slurry Seal Roads, Ph I & II	150,000
NCA	Willamette	OR	Articulated Dumper	53,852
NCA	Willamette	OR	Fertilizer Spreader	6,834
NCA	Willamette	OR	Fertilizer Spreader	6,834

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
NCA	Willamette	OR	Diesel Utility Vehicle	15,680
NCA	Willamette	OR	Over seeder	8,437
VHA NRM	Roseburg	OR	Renovate/Relocate Alzheimer Unit, Building 81	265,000
VHA NRM	Roseburg	OR	Upgrade Medical Gas System, Phase 2	335,000
VHA NRM	Roseburg	OR	Repair/Upgrade Nurse Call System for Patient Safety	350,000
VHA NRM	Roseburg	OR	Repair/Replace Sewer and Storm Lines	370,000
VHA NRM	Roseburg	OR	Install Security Upgrades for Surgery	143,000
VHA NRM	Roseburg	OR	Install Elevator Handrail and Replace Roof, Building 1 Elevator Tower	55,500
			<b>Total - Oregon</b>	<b>7,531,931</b>
VHA NRM	Philadelphia	PA	Renovate Emergency Department	4,750,000
VHA NRM	Philadelphia	PA	Construct a New Computer Room	250,000
VHA NRM	Philadelphia	PA	Upgrade the Boiler Plant Controls	466,440
VHA NRM	Coatesville	PA	Renovate Pharmacy	1,700,000
VHA NRM	Philadelphia	PA	Upgrade Behavioral Health Clinic	1,150,000
VHA NRM	Coatesville	PA	Upgrade Boiler Plant Controls	410,000
VHA NRM	Coatesville	PA	Upgrade and Replace Electrical Distribution System	1,750,000
VHA NRM	Philadelphia	PA	Renovate and Modernize the Dental Lab	35,000
VHA NRM	Erie	PA	Correct Boiler Plant Deficiencies	466,440
VHA NRM	Butler	PA	Upgrade and Renovate the Electrical Distribution Panels	2,556,000
VHA NRM	Butler	PA	Replace Boilers	400,000
VHA NRM	Butler	PA	Improve Site Drainage	1,500,000
VHA NRM	Butler	PA	Replace and Upgrade Electrical Distribution System	2,500,000
VHA NRM	Butler	PA	Renovate Supply, Processing and Distribution for ETO Sterilizer Installation	126,000
VHA NRM	Butler	PA	Replace Windows	200,000
VHA NRM	Butler	PA	Assess the Water Tower Renovation Needs	50,000
VHA NRM	Butler	PA	Renovate for Diagnostics	4,300,000
VHA NRM	Pittsburgh	PA	Upgrade Emergency Power Distribution	6,901,950
VHA NRM	Pittsburgh	PA	Renovate Surgical Intensive Care Unit	2,400,000
VHA NRM	Pittsburgh	PA	Replace Main Plumbing System	2,200,000
Grants	Spring City	PA	112-Bed DOM Replacement + 8 Additional Beds	17,109,000
VHA NRM	Altoona	PA	Upgrade and Replace Electrical Distribution System	1,470,000
VHA NRM	Altoona	PA	Upgrade and Replace Security Systems	330,000
VHA NRM	Altoona	PA	Upgrade Heating, Ventilation and Air Conditioning Deficiencies	51,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Altoona	PA	Renovate and Modernize Outpatient Areas for American Disability Act Compliance	110,000
VHA NRM	Altoona	PA	Renovate Canteen	825,000
VHA NRM	Wilkes-Barre	PA	Renovate the Cath Lab	315,000
VHA NRM	Lebanon	PA	Construct New Consolidated Rehabilitation Services	4,100,000
VHA NRM	Lebanon	PA	Renovate Patient Check-in and Appointment Area	3,300,000
VHA NRM	Lebanon	PA	Install Chiller	250,000
VHA NRM	Lebanon	PA	Renovate Bathrooms for American Disability Act Compliance	1,570,000
NCA	Indiantown Gap	PA	Repair Admin HVAC System	60,720
NCA	Indiantown Gap	PA	Replace Glass Windows & Doors, B-1 (Admin Bldg)	80,000
NCA	Indiantown Gap	PA	Turf vac	16,490
NCA	Indiantown Gap	PA	Lawn Tractor	8,956
NCA	NC of the Alleghenies	PA	Utility Vehicle w/ casket carrier	40,896
NCA	NC of the Alleghenies	PA	Utility Loader w/ swivel auger power head and bit	19,274
NCA	Prospect Hill	PA	Soldiers Monument, 1874	100,000
			<b>Total - Pennsylvania</b>	<b>63,868,166</b>
VHA NRM	San Juan	PR	Renovate Outpatient Care	1,432,043
VHA NRM	San Juan	PR	Repair and Upgrade Electrical Substation	3,640,403
VHA NRM	San Juan	PR	Install New Emergency Generator	1,303,682
VHA NRM	San Juan	PR	Install Oxygen System	172,104
VHA NRM	San Juan	PR	Replace Cooling Towers	383,741
VHA NRM	San Juan	PR	Replace Community Living Center Elevators	390,390
VHA NRM	San Juan	PR	Study to Address Life Safety Issues on Main Water Distribution System	126,500
VHA NRM	San Juan	PR	Replace Sanitary System	419,812
VHA NRM	San Juan	PR	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
NCA	Puerto Rico	PR	Lowering device	2,700
NCA	Puerto Rico	PR	Utility Vehicle w/hydraulic lift	30,000
NCA	Puerto Rico	PR	Utility vehicle w/2 ft extension	15,000
NCA	Puerto Rico	PR	Rotary Brush for Tractor	6,550
NCA	Puerto Rico	PR	Street sweeper	88,000
NCA	Puerto Rico	PR	Articulated Dumper	55,000
			<b>Total - Puerto Rico</b>	<b>8,075,925</b>
VHA NRM	Providence	RI	Add Heating, Ventilation and Air Conditioning for Inpatient Wards	2,150,000
VHA NRM	Providence	RI	Repair and Upgrade Electrical Wiring, Phase 1	1,650,000
VHA NRM	Providence	RI	Repair and Replace the Exterior Façade	5,600,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Providence	RI	Convert High Pressure Steam Boilers to Low Pressure Steam Boilers, Phase 2	2,150,000
Grants	Bristol	RI	General Renovations	1,204,000
			<b>Total - Rhode Island</b>	<b>12,754,000</b>
VHA NRM	Charleston	SC	Renovate Specialty Clinic	2,037,047
VHA NRM	Columbia	SC	Renovate for Handicap Access	917,605
VHA NRM	Columbia	SC	Renovate for Primary Care	1,500,000
NCA	Beaufort	SC	Admin Bldg - Repair Electrical System	20,000
NCA	Beaufort	SC	Electric Maint Truck	7,500
NCA	Beaufort	SC	Turbine Blower	7,000
NCA	Beaufort	SC	Parts Cleaner	1,000
NCA	Beaufort	SC	Pressure Washer	1,000
NCA	Beaufort	SC	MIG Welder Kit	500
NCA	Beaufort	SC	Mower	15,000
NCA	Beaufort	SC	Casket Truck	1,500
NCA	Beaufort	SC	Union Dead Box Tomb, 1870	10,000
NCA	Florence	SC	Backhoe	70,000
NCA	Florence	SC	Articulated Dumper	55,000
NCA	Florence	SC	Street sweeper	28,000
NCA	Florence	SC	Mower	20,000
NCA	Florence	SC	Mower	20,000
			<b>Total - South Carolina</b>	<b>4,711,152</b>
VHA NRM	Sioux Falls	SD	Elevator Upgrade	1,200,000
VHA NRM	Sioux Falls	SD	Renovate Pharmacy Consultation Rooms	502,476
VHA NRM	Sioux Falls	SD	Renovate Dental Suites	326,181
VHA NRM	Sioux Falls	SD	Construct Lead Lined Wall	90,000
VHA NRM	Sioux Falls	SD	Tuck-Pointing Study	40,000
VHA NRM	Sioux Falls	SD	Renovate for Mental Health Space	110,000
VHA NRM	Sioux Falls	SD	Renovate/Upgrade Acute Patient Care Area	500,000
VHA NRM	Ft. Meade	SD	Renovate Quality Management Space in Building 148	275,000
VHA NRM	Ft. Meade	SD	Renovate/Upgrade Existing Police Office	225,000
VHA NRM	Ft. Meade	SD	Replace IRM A/C Systems	200,000
VHA NRM	Ft. Meade	SD	Upgrade Security Systems for Medical Center	460,000
VHA NRM	Ft. Meade	SD	Renovate Supply, Processing and Distribution	150,000
VHA NRM	Ft. Meade	SD	Replace Corridor Floor Tile	300,000
VHA NRM	Ft. Meade	SD	Renovate Nursing Home Care Unit	200,000
VHA NRM	Ft. Meade	SD	Repair Historic Buildings on Campus	200,000
VHA NRM	Ft. Meade	SD	Replace Hospital Windows	250,000
VHA NRM	Ft. Meade	SD	Heating, Ventilation and Air Conditioning Repairs Building 113 and 148	50,000



Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Ft. Meade	SD	Replace/Update Hospital Interior Finishes	50,000
VHA NRM	Ft. Meade	SD	Renovate Mental Health Outpatient Clinic, Phase 4	450,000
VHA NRM	Ht Springs	SD	Remodel Primary Care for Patient Privacy	665,000
VHA NRM	Ht Springs	SD	Replace Heating, Ventilation and Air Conditioning System Building 4	610,000
VHA NRM	Ht Springs	SD	Road Replacement, Phase 1	400,000
VHA NRM	Ht Springs	SD	Replace Boiler 2	100,000
VHA NRM	Ht Springs	SD	Replace Hospital Steam Lines and Regulators	40,000
VHA NRM	Ht Springs	SD	Repair/Upgrade Water Line for Quarters	110,000
NCA	Black Hills	SD	Provide protection for IT equipment in Admin basement	10,000
NCA	Black Hills	SD	Repair/Replace domestic water line	35,000
NCA	Black Hills	SD	Re-paint wood trim and surfaces on Admin and Maint Bldgs	5,000
NCA	Black Hills	SD	Establish Section P for in-ground cremain sites	15,000
NCA	Black Hills	SD	Replace irrigation control valve solenoids	5,000
NCA	Black Hills	SD	Road repair/ renovation	897,000
NCA	Black Hills	SD	Hydraulic Breaker	3,700
NCA	Black Hills	SD	4X4 Dump Truck	46,900
NCA	Black Hills	SD	Vehicle, Casket Carrier	28,500
NCA	Black Hills	SD	Mower	20,000
NCA	Black Hills	SD	Snow blower	3,900
NCA	Hot Springs	SD	Headstones/Markers and Gravesites	70,000
NCA	Hot Springs	SD	Replace old wire fence	15,000
NCA	Hot Springs	SD	Battle Mountain Sanitarium Monument, 1914	35,000
			<b>Total - South Dakota</b>	<b>8,693,657</b>
VHA NRM	TBD	TBD	1/ Construct a Solar Photovoltaic System at up to 8 Locations	1,486,000
VHA NRM	TBD	TBD	1/ Construct Wind Turbines for up to 6 Locations	6,000,000
VHA NRM	TBD	TBD	1/ Implement Direct Geothermal at up to 5 Sites	5,000,000
VHA NRM	TBD	TBD	1/ Install Advanced Meters to Meet Metering Mandates	97,000,000
VHA NRM	TBD	TBD	1/ Construct Renewably Fueled Cogeneration Systems at up to 9 Sites	31,236,000
NCA	NCA wide	TBD	Implement selected energy and water conservation measures	345,000
NCA	NCA wide	TBD	150 Facilities - Environmental management systems	1,500,000

Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
			<b>Total - To Be Determined</b>	<b>142,567,000</b>
VHA NRM	Mountain Home	TN	Renovate Administrative Space	1,021,000
VHA NRM	Mountain Home	TN	Construct New Electrical Distribution System	950,000
VHA NRM	Mountain Home	TN	Renovate Canteen	364,000
VHA NRM	Mountain Home	TN	Renovate Pharmacy	364,000
VHA NRM	Mountain Home	TN	Replace Nurses Stations	313,065
VHA NRM	Mountain Home	TN	Replace Switch Board	549,000
VHA NRM	Mountain Home	TN	Repair and Upgrade Site Lighting	160,000
VHA NRM	Mountain Home	TN	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
NCA	Mountain Home	TN	Admin & Maint Bldgs - Paint	10,000
NCA	Mountain Home	TN	Mower	30,000
NCA	Knoxville	TN	Union Soldiers Monument, 1906	250,000
NCA	Chattanooga	TN	Admin Bldg and Maint Bldg - Paint interior and exterior	20,000
NCA	Chattanooga	TN	Admin Bldg - Repair Bldg and Renovate Cabinets	15,000
NCA	Chattanooga	TN	Utility vehicle	25,000
NCA	Chattanooga	TN	Monumental Arch, c.1870	100,000
NCA	Chattanooga	TN	Andrew's Raiders Monument, 1890	10,000
VHA NRM	Nashville	TN	Renovate Research Lab	3,842,000
VHA NRM	Nashville	TN	Renovate Inpatient Ward	1,626,000
VHA NRM	Nashville	TN	Repair and Replace Exterior	1,000,000
NCA	Nashville	TN	Admin and Maint Bldgs - Paint	10,000
NCA	Nashville	TN	Monumental Arch, c.1870	250,000
NCA	Nashville	TN	Minnesota Monument, 1920	10,000
VHA NRM	Murfreesboro	TN	Upgrade Electrical Distribution System	3,560,000
VHA NRM	Murfreesboro	TN	Construct New Pharmacy Code Requirements	1,630,000
VHA NRM	Murfreesboro	TN	Modernize and Upgrade Outpatient Area	1,000,000
VHA NRM	Memphis	TN	Renovate for Cat Scanner and Ultrasound	969,973
VHA NRM	Memphis	TN	Repair and Upgrade Medical Gas System	668,000
VHA NRM	Memphis	TN	Construct Intensive Care Unit Family Waiting Rooms	280,000
VHA NRM	Memphis	TN	Replace Water Cooled Condensers	246,000
NCA	Memphis	TN	Admin and Maint Bldgs - Paint	10,000
NCA	Memphis	TN	Utility Vehicle	27,000
NCA	Memphis	TN	State of Illinois Memorial, 1928	40,000
NCA	Memphis	TN	Minnesota Monument, 1916	25,000
			<b>Total - Tennessee</b>	<b>19,425,038</b>
Grants	Tyler	TX	160-Bed NHC (New)	8,680,000
VHA NRM	Bonham	TX	Install New Heating, Ventilation and Air Conditioning System and Upgrade Electrical in Building 2	2,000,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Houston	TX	Repair/Replace Elevator Controls and Motor	850,000
VHA NRM	Houston	TX	Site Prep/Renovation for Supply, Processing and Distribution Equipment Replacement	500,000
VHA NRM	Houston	TX	Renovate Existing Parking Lot	1,600,000
VHA NRM	Houston	TX	Upgrade Heating, Ventilation and Air Conditioning Controls	3,250,000
VHA NRM	Amarillo	TX	Replace/Upgrade Fire Alarm Panels	560,000
VHA NRM	Amarillo	TX	4th Floor Heating, Ventilation and Air Conditioning Modifications	445,500
VHA NRM	Amarillo	TX	Repair/Upgrade Water and Fire Sprinkler System	360,000
VHA NRM	Amarillo	TX	Renovate Nursing Home Care Unit	675,000
VHA NRM	Amarillo	TX	Renovate Patient Rooms for Isolation Rooms	275,000
VHA NRM	Amarillo	TX	Renovate Nursing Home	900,000
VHA NRM	Amarillo	TX	Repair/Upgrade Flooring in Patient Care Areas of Building 1	64,000
VHA NRM	Amarillo	TX	Renovate Intensive Care Unit Storage and Patient/Family Waiting Area	55,000
VHA NRM	Amarillo	TX	Replace Plumbing in Intensive Care Unit	28,000
VHA NRM	Amarillo	TX	<sup>1/</sup> Implement Selected Conservation Measures	1,142,857
VHA NRM	Amarillo	TX	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	El Paso	TX	Repair/Replace Site Lighting and Ballasts - FCA Corrections	25,000
VHA NRM	El Paso	TX	<sup>1/</sup> Implement Selected Conservation Measures	1,142,857
NCA	Ft Bliss	TX	Reroof and Renovate Pump House	8,000
NCA	Ft Bliss	TX	Repair/Replace storm drainage throughout cemetery	250,000
NCA	Ft Bliss	TX	Update signage to reflect Xeriscape	5,000
NCA	Ft Bliss	TX	Replace existing fencing around storage area.	10,000
NCA	Ft Bliss	TX	Resurface Roadways and replace curbing	400,000
NCA	Ft Bliss	TX	Electric Cart	8,503
NCA	Ft Bliss	TX	Utility Vehicle	22,500
NCA	Ft Bliss	TX	Utility Vehicle	22,500
NCA	Ft Bliss	TX	Sand rake	17,800
VHA NRM	Waco	TX	Replace Heating, Ventilation and Air Conditioning, Phase 1	2,500,000
VHA NRM	Waco	TX	Relocate Canteen from Building 8 to Building 1	500,000
VHA NRM	Waco	TX	Repair/Upgrade Electrical Feeder	760,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Waco	TX	Renovate/Upgrade Existing Water Tower	745,081
VHA NRM	Waco	TX	Improve/Enhance Storm Water Drainage for Facility - FCA Correction	800,000
VHA NRM	Waco	TX	Repair/Replace Roads, Phase 2	900,000
VHA NRM	Waco	TX	Replace Windows in Building 1	747,000
VHA NRM	Waco	TX	Renovate Basement of Building 6 for Rehabilitation Service	1,000,000
NCA	Houston	TX	Headstones/Markers and Gravesites	3,183,980
NCA	Houston	TX	Remove, repair, and resurface Hemicycle assembly areas	100,000
NCA	Houston	TX	Repair & repaint 3 committal shelter metal roofs	15,000
NCA	Houston	TX	Road Maintenance	450,000
NCA	Houston	TX	Utility Cart	5,500
NCA	Houston	TX	Utility Cart	5,500
NCA	Houston	TX	Tractor	16,700
NCA	Houston	TX	Utility Cart	6,300
NCA	Houston	TX	Utility Cart	6,300
NCA	Houston	TX	Excavator	52,700
VHA NRM	Big Spring	TX	Asbestos Abatement	676,000
VHA NRM	Big Spring	TX	Renovate 2nd and 3rd Floors of Building 1 patient care areas	360,000
VHA NRM	Big Spring	TX	Renovate Main Entrance to include asbestos abatement	750,000
VHA NRM	Big Spring	TX	Repair/Upgrade Steam and Chiller Pipes	627,000
VHA NRM	Big Spring	TX	Ground Safety and Handicap Accessibility Improvements	436,000
VHA NRM	Big Spring	TX	Renovate Canteen in Building 1	540,000
VHA NRM	Big Spring	TX	Plumbing System Improvements, Building 1, Phase 3	750,000
VHA NRM	Big Spring	TX	Replace/Repair Air, Oxygen, and Vacuum System Piping	45,000
VHA NRM	Big Spring	TX	<sup>1/</sup> Implement Selected Conservation Measures	1,142,857
VHA NRM	Big Spring	TX	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
VHA NRM	San Antonio	TX	Renovate Operating Room #2	600,000
VHA NRM	San Antonio	TX	Renovate for New Outpatient Clinic	3,525,000
VHA NRM	Kerrville	TX	Upgrade/Repair Boiler Plant, Building 19	756,173
VHA NRM	Kerrville	TX	Replace/Upgrade Air Handler Units in various buildings throughout the campus	1,900,050
VHA NRM	Kerrville	TX	Replace/Upgrade Roofs on Buildings 11, 18, 46 & 47	1,184,000
NCA	Ft Sam Houston	TX	Headstones/Markers and Gravesites	4,916,846

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
NCA	Ft Sam Houston	TX	Repair/Recondition/Repaint casket biers at 5 committal shelters	8,000
NCA	Ft Sam Houston	TX	Resurface Roadways and replace curbing	650,000
NCA	Ft Sam Houston	TX	Utility Vehicle	29,000
NCA	Ft Sam Houston	TX	1 Ton Dump Truck	40,000
NCA	Ft Sam Houston	TX	1 Ton Truck	40,000
NCA	Ft Sam Houston	TX	2 Each Water Tank 300 Gallon	10,000
NCA	Ft Sam Houston	TX	Utility Vehicle	29,000
NCA	Ft Sam Houston	TX	Hoist Lift Frame	5,000
NCA	Ft Sam Houston	TX	Utility Vehicle w/Casket Carrier	32,500
NCA	Ft Sam Houston	TX	Sweeper	11,900
NCA	Kerrville	TX	Headstones/Markers and Gravesites	280,000
NCA	Kerrville	TX	Install irrigation system	50,000
NCA	Dallas	TX	Utility Vehicle w/Casket Carrier	29,900
NCA	Dallas	TX	Mower	29,900
NCA	Dallas	TX	Utility Vehicle	22,500
NCA	Dallas-Ft Worth	TX	Install additional irrigation at Section 27	5,000
NCA	Dallas-Ft Worth	TX	Establish Sections 16 thru 19 for in-ground cremain sites	25,000
NCA	San Antonio	TX	Headstones/Markers and Gravesites	350,000
NCA	San Antonio	TX	Renovate and expand existing irrigation system	150,000
VHA NRM	Dallas	TX	Replace Campus Fire Alarm System	3,753,000
VHA NRM	Dallas	TX	Building 2 Ward Renovation for Patient Privacy	2,200,000
Grants	Houston	TX	160-Bed NHC (New)	8,680,000
Grants	Pending	TX	160-Bed NHC (New)	8,680,000
Grants	Pending	TX	160-Bed NHC (New)	8,680,000
			<b>Total - Texas</b>	<b>86,836,204</b>
Grants	Ogden	UT	120-Bed NHC (New)	12,573,000
VHA NRM	Salt Lake City	UT	Replace/Repair of Primary Electrical Panel for Building 14	675,000
VHA NRM	Salt Lake City	UT	Replace Chilled Water Distribution Line, Phase 3	675,000
VHA NRM	Salt Lake City	UT	Expand Fiber and Networking Capability, Phase 1	750,000
VHA NRM	Salt Lake City	UT	Upgrade Electrical Distribution Substation	675,000
VHA NRM	Salt Lake City	UT	Repair/Upgrade Domestic Water Distribution, Phase 3	675,000
VHA NRM	Salt Lake City	UT	Johnson Control Upgrade/Replacement Phase 1 (energy)	675,000
VHA NRM	Salt Lake City	UT	<sup>1/</sup> Evaluate Feasibility of Direct Geothermal	342,857

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Salt Lake City	UT	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
VHA NRM	Salt Lake City	UT	<sup>1/</sup> Evaluate Feasibility of a Solar Photovoltaic System	10,000
Grants	Salt Lake City	UT	General Renovations	645,000
			<b>Total - Utah</b>	<b>17,745,857</b>
NCA	Quantico	VA	Headstones/Markers and Gravesites	898,091
NCA	Quantico	VA	Replace Gutters Committals A, B, C, Admin, & Public Restroom	24,362
NCA	Quantico	VA	Replace All Brick Paver Walkways w/Concrete	60,720
NCA	Quantico	VA	Street Sweeper	146,500
NCA	Quantico	VA	Turf vac with dethatching wheel	31,000
VHA NRM	Hampton	VA	Replace Nurse Call	715,950
VHA NRM	Hampton	VA	Upgrade Fire Alarm Various Buildings	1,118,500
VHA NRM	Hampton	VA	Replace/Upgrade Electrical Distribution Systems	6,216,000
VHA NRM	Richmond	VA	Upgrade and Replace Heating, Ventilation and Air Conditioning System	782,000
VHA NRM	Richmond	VA	Repair Exterior Facing with Caulk and Sealing	1,170,000
VHA NRM	Richmond	VA	Renovate Restrooms	650,000
NCA	Hampton	VA	Replace Maintenance Bldg Roofs (2)	84,000
NCA	Hampton	VA	Union Soldiers (NHDVS) Monument, 1868	250,000
VHA NRM	Salem	VA	Renovate for Environmental Compliance	679,600
VHA NRM	Salem	VA	Repair and Replace Elevators	1,567,720
VHA NRM	Salem	VA	Replace Steam Piping, Phase 2	723,243
VHA NRM	Salem	VA	Replace Fire Alarm System	1,257,000
VHA NRM	Salem	VA	Replace Light Fixtures	487,000
VHA NRM	Salem	VA	<sup>1/</sup> Evaluate Feasibility of a Wind Turbine	50,000
Grants	Roanoke	VA	General Renovations	372,000
NCA	Culpeper	VA	Pennsylvania Monument, 1909	40,000
NCA	Culpeper	VA	Restore Brick Walls	228,690
NCA	Culpeper	VA	Utility tractor	26,000
NCA	Culpeper	VA	Utility vehicle	17,000
NCA	Winchester	VA	Headstones/Markers and Gravesites	642,520
			<b>Total - Virginia</b>	<b>18,237,896</b>
VHA NRM	White River Junction	VT	Upgrade Elevators	1,500,000
VHA NRM	White River Junction	VT	Upgrade Heating, Ventilation and Air Conditioning in Building 1, Phase 1	1,741,125
VHA NRM	White River Junction	VT	<sup>1/</sup> Construct a Renewably Fueled Cogeneration System	5,644,000
			<b>Total - Vermont</b>	<b>8,885,125</b>

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Vancouver	WA	Install New Boilers	400,000
VHA NRM	Vancouver	WA	Repair/Install TV and Radio in Patient Rooms	225,000
VHA NRM	Spokane	WA	Replace/Upgrade Generators - FCA Correction	3,300,000
VHA NRM	Walla Walla	WA	Renovate Supply, Processing and Distribution in Building 68	885,000
VHA NRM	Spokane	WA	Replace/Upgrade Heating, Ventilation and Air Conditioning in Building 32	158,865
VHA NRM	Walla Walla	WA	Install Grease Trap for Canteen Kitchen, Building 75	212,000
VHA NRM	Walla Walla	WA	Replace Elevator, Repair Safety Deficiencies, Building 69 - FCA Corrections	485,103
VHA NRM	Walla Walla	WA	FCA - Replace Elevator B68	375,221
VHA NRM	Spokane	WA	Repair/Upgrade Electrical Distribution	75,000
VHA NRM	Walla Walla	WA	Replace Elevator, Building 80	363,017
VHA NRM	Spokane	WA	Repair/Replace Heating, Ventilation and Air Conditioning Systems in Building 3	75,000
VHA NRM	Walla Walla	WA	Correct Steam Distribution Systems - FCA Corrections	221,663
VHA NRM	Spokane	WA	Replace/Upgrade Existing High Voltage Substation	1,800,000
VHA NRM	Walla Walla	WA	Replace Boiler Deaerator Tank and Boiler Safety Devices	116,238
VHA NRM	Spokane	WA	FCA - Upgrade Canteen Dining	175,000
VHA NRM	Walla Walla	WA	Enhance Outpatient Security	145,776
VHA NRM	Walla Walla	WA	Facility Asbestos Survey to ensure Compliance	20,000
VHA NRM	Spokane	WA	Install new Heating, Ventilation and Air Conditioning System	660,000
VHA NRM	Spokane	WA	Community Living Center Renovation	26,000
VHA NRM	Walla Walla	WA	Conduct Facility Lead Paint Survey to ensure compliance	30,000
VHA NRM	Walla Walla	WA	Paint water tower - FCA Correction	300,000
VHA NRM	Seattle	WA	Replace Heating, Ventilation and Air Conditioning in Building 13	618,000
VHA NRM	Seattle	WA	Renovate/Expand Prosthetics Clinic, Building 100	327,000
VHA NRM	Seattle	WA	Renovate for installation of MRI Replacement	168,000
VHA NRM	Seattle	WA	Renovate for Pulmonary Outpatient Clinic	500,000
VHA NRM	Seattle	WA	Renovate Basement for Lab, to include Morgue and Hematology, Phase I - FCA Corrections	1,600,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Seattle	WA	Remodel Outpatient Pharmacy for Patient Privacy and Security	300,000
VHA NRM	Seattle	WA	Repair/Install Grease Traps for Dietetics Kitchen	100,000
VHA NRM	Seattle	WA	Renovate for Installation of Access Control System	299,000
VHA NRM	Seattle	WA	Upgrade Traffic Circle for Security Enhancements	495,000
VHA NRM	Seattle	WA	Repair/Upgrade Dumbwaiter for Supply, Processing and Distribution and Surgery	540,000
VHA NRM	Seattle	WA	Renovate Emergency Room	596,000
VHA NRM	Seattle	WA	Renovate existing Canteen for Chapel, Building 100	660,000
VHA NRM	Seattle	WA	Renovate Old Emergency Room for Musculo-Skeletal Specialty Care Clinic	2,000,000
VHA NRM	Seattle	WA	Relocate Canteen Food Service to Basement Bldg. 100	842,000
VHA NRM	Seattle	WA	Relocate Canteen Retail Store to Basement Building 100	426,000
VHA NRM	Seattle	WA	Renovate Existing Fiscal Space for Education Offices	681,000
NCA	Tahoma	WA	Road Repairs	30,000
NCA	Tahoma	WA	Street Sweeper/Vacuum	75,619
NCA	Tahoma	WA	Compact Dual Drum Roller	18,000
NCA	Tahoma	WA	Electric Cart	11,600
VHA NRM	American Lake	WA	Renovate Outpatient Pharmacy for Patient Privacy/Security	260,000
VHA NRM	American Lake	WA	Renovate/Expand Gold Clinic, Building 81	100,000
VHA NRM	American Lake	WA	Upgrade Security/Rekey Locks at American Lake	213,000
VHA NRM	American Lake	WA	Renovate for New Dispatch Room in Building 19	299,000
VHA NRM	American Lake	WA	Renovate Warehouse for Medical Records, Building 19	1,100,000
VHA NRM	American Lake	WA	Renovate Building 85 for Eye Clinic, Compensation and Pension Exam Program and Mental Health Research	760,000
			<b>Total - Washington</b>	<b>23,068,102</b>
Grants	Union Grove	WI	Upgrade Main Electrical Switchgear	263,000
Grants	Union Grove	WI	Aboveground Building Connectors	2,217,000
Grants	Union Grove	WI	24-Bed DOM Addition (New)	1,625,000
VHA NRM	Madison	WI	Renovate Research	2,750,000
VHA NRM	Madison	WI	Renovate and Modernize Flooring and Walls	475,000
VHA NRM	Madison	WI	Renovate Clinical Space	430,000
VHA NRM	Tomah	WI	Replace Medical Gas System	300,000



Funding Source	City/Cemetery	State	Project Title - Brief Description	ARRA Funding (\$)
VHA NRM	Tomah	WI	Construct Parking Lot & Pave Gravel Lots	550,000
VHA NRM	Tomah	WI	Renovate and Expand Rehabilitation Service	1,575,000
VHA NRM	Tomah	WI	Replace Windows	350,000
VHA NRM	Tomah	WI	Install Central Air Conditioning	225,000
VHA NRM	Tomah	WI	Renovate Urgent Care	1,575,000
VHA NRM	Tomah	WI	Replace Nurse Call System	350,000
VHA NRM	Tomah	WI	Upgrade Electrical Distribution System	250,000
VHA NRM	Tomah	WI	Upgrade Electrical Distribution System	275,000
VHA NRM	Tomah	WI	Renovate for Mental Health Clinics	300,000
VHA NRM	Milwaukee	WI	Replace and Upgrade Fire Alarm System	262,305
VHA NRM	Milwaukee	WI	Replace Fire Alarm System	389,681
VHA NRM	Milwaukee	WI	Replace Fire Alarm System	683,014
VHA NRM	Milwaukee	WI	Replace Fire Alarm System	1,516,013
VHA NRM	Milwaukee	WI	Replace Fire Alarm System	604,957
VHA NRM	Milwaukee	WI	Replace Roof	200,000
VHA NRM	Milwaukee	WI	Replace Roof	499,795
VHA NRM	Milwaukee	WI	Replace Operating Room Roofs	120,500
VHA NRM	Milwaukee	WI	Replace Heating, Ventilation and Air Conditioning Condenser	211,054
VHA NRM	Milwaukee	WI	Replace Roof	499,795
VHA NRM	Milwaukee	WI	Re-insulate Roof	111,060
VHA NRM	Milwaukee	WI	Repair and Upgrade Exterior Modification	25,000
VHA NRM	Milwaukee	WI	Install Smoke Barrier Walls	203,914
VHA NRM	Milwaukee	WI	Install Smoke Barrier Walls	152,936
NCA	Wood	WI	Replace Water System throughout Cemetery	250,000
NCA	Wood	WI	Replace Chain Link Fence	90,000
NCA	Wood	WI	Replace Asphalt Roads @ Sections A-C	220,000
NCA	Wood	WI	Loader, Backhoe, Compact	51,869
NCA	Wood	WI	Articulated Dumper, Turf Track	35,000
NCA	Wood	WI	Sprayer, Water, 200 Gallon, Skid Mount	2,250
NCA	Wood	WI	Bucket, Front, Loader, 68", Skid Steer	794
NCA	Wood	WI	Headstones/Markers and Gravesites	81,000
NCA	Wood	WI	Civil War Soldiers & Sailors Monument, 1903	250,000
Grants	King	WI	Replace Resident Wandering Monitoring System	386,000
Grants	King	WI	Ceiling Resident Lift System	1,892,000
Grants	King	WI	Remodel Laundry Facility	283,000
VHA NRM	Madison	WI	Renovate Clinical Space	3,040,000
			<b>Total - Wisconsin</b>	<b>25,571,937</b>
VHA NRM	Clarksburg	WV	Renovate Emergency Room Area	575,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Clarksburg	WV	Upgrade and Replace Boiler Plant Equipment	466,440
VHA NRM	Clarksburg	WV	Renovate Dental Lab	150,000
NCA	West Virginia	WV	Provide-Install Irrigation Booster Pump	20,460
NCA	West Virginia	WV	Repair Roadway	16,500
NCA	West Virginia	WV	4x4 dump truck w/snow plow	34,562
VHA NRM	Martinsburg	WV	Replace Heating, Ventilation and Air Conditioning in Building 501B	2,800,000
VHA NRM	Martinsburg	WV	Replace Main Transformer	750,000
VHA NRM	Martinsburg	WV	Replace Heating Plant Surge Tank	200,000
VHA NRM	Martinsburg	WV	Replace Patient Wandering System	300,000
VHA NRM	Martinsburg	WV	Replace Nurse Call/Code Blue System	750,000
VHA NRM	Martinsburg	WV	Relocate the Mailroom to Mitigate Security Vulnerability	475,000
VHA NRM	Martinsburg	WV	Upgrade Environmental Monitoring	2,500,000
VHA NRM	Martinsburg	WV	<sup>1/</sup> Implement Selected Conservation Measures	3,333,333
VHA NRM	Beckley	WV	Replace Steam and Plumbing Line	980,000
VHA NRM	Beckley	WV	Modernize Patient Areas	665,000
VHA NRM	Huntington	WV	Replace Air Handling Units	4,000,000
VHA NRM	Huntington	WV	Replace Steam Distribution System	1,340,000
VHA NRM	Huntington	WV	Renovate Prosthetics & Rehab Medicine	400,000
VHA NRM	Huntington	WV	Renovate and Modernize Inpatient Ward Finishes	250,000
VHA NRM	Huntington	WV	Upgrade Outpatient Waiting	250,000
			<b>Total - West Virginia</b>	<b>20,256,295</b>
VHA NRM	Cheyenne	WY	Renovate Surgery to include two additional Operating Rooms	900,000
VHA NRM	Sheridan	WY	Replace Secondary Electrical Distribution, Phase 1	500,000
VHA NRM	Cheyenne	WY	Replace Heating, Ventilation and Air Conditioning Controls, Phase 2	680,000
VHA NRM	Sheridan	WY	Replace Water Tower Interior Coating	300,000
VHA NRM	Cheyenne	WY	Repair/Upgrade interior finishes, Phase 3	680,000
VHA NRM	Sheridan	WY	Repair/Replace Sanitary Sewer System	500,000
VHA NRM	Cheyenne	WY	Repair/Replace Roads, Sidewalks, and Parking Lots, Phase 2	680,000
VHA NRM	Cheyenne	WY	Repair/Upgrade Exterior Finishes	680,000
VHA NRM	Sheridan	WY	Expand Parking Lots to meet patient and visitor demand	750,000
VHA NRM	Cheyenne	WY	Repair/Upgrade Heating, Ventilation and Air Conditioning	680,000
VHA NRM	Cheyenne	WY	Expand Emergency Power	680,000
VHA NRM	Cheyenne	WY	Install Renewable Energy Systems, Phase 2	680,000

<b>Funding Source</b>	<b>City/Cemetery</b>	<b>State</b>	<b>Project Title - Brief Description</b>	<b>ARRA Funding (\$)</b>
VHA NRM	Sheridan	WY	Energy Reduction Project Phase 1	680,000
VHA NRM	Cheyenne	WY	Repair/Upgrade Interior Finishes, Phase 2	500,000
			<b>Total - Wyoming</b>	<b>8,890,000</b>
			<b><sup>2/</sup>Cumulative Total</b>	<b>1,281,909,227</b>

<sup>1/</sup> Projects are provided for with VISN wide contracts.

<sup>2/</sup> (VHA) The total funding for projects included in these plans is slightly more than the ARRA funds provided in order to account for the potential slippage of projects due to unforeseen technical issues; (NCA) The following NCA activities are included under the general heading of "Monument and Memorial Repairs and Energy Projects": (1) national shrine projects to raise, realign, and clean headstones/markers and repair sunken graves at various locations across the country; (2) repairs to historic monuments and memorials at national cemeteries; (3) projects for repairing roads, buildings, and other cemetery infrastructure at locations nationwide; (4) equipment purchases for cemetery operations; and (5) projects that conserve energy and water through the use of wind turbines, solar power, and other measures.; (Grants) Grant costs exceed ARRA funding because they are estimates and may be adjusted based upon actual costs as projects are completed.