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Construction Activities

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Construction Summary of 2009 Request

A total of $1,028,000 is requested for 2009 for all construction programs. New budget authority of $581,582,000 is requested for the 2009 Construction, Major Projects appropriation; $329,418,000 for Construction, Minor Projects appropriation; $85,000,000 for the Grants for the Construction of State Extended Care Facilities; and $32,000,000 for Grants for the Construction of State Veterans Cemeteries. $5,000,000 is expected to be received from the sale or reuse of VA assets for a total budgetary resource level of $1,033,000.

Construction Summary of 2009 Request
(dollars in thousands)

	Construction Major	Construction Minor	Other Request	Summary Request
Veterans Health Administration	$471,582	$273,418	$0	$745,000
National Cemetery Administration	$105,000	$25,000	$0	$130,000
Veterans Benefits Administration	$0	$13,000	$0	$13,000
General Administration - Staff Offices	$5,000	$18,000	$0	$23,000
Subtotal	$581,582	$329,418	$0	$911,000
Grants for State Extended Care Facilities			$85,000	$85,000
Grants for State Veterans Cemeteries			$32,000	$32,000
Total Construction, New Budget Authority				$1,028,000

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Construction – Major Projects

Budget Request.....$ 581,582,000

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, [$1,069,100,000] $581,582,000 to remain available until expended, of which [$2,000,000] $10,000,000 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] reviewed by the Congress in the budgetary process: *Provided further,* That funds provided in this appropriation for fiscal year [2008]2009, for each approved project shall be obligated: (1) by the awarding of a construction documents contract by September 30, [2008]2009; and (2) by the awarding of a construction contract by September 30, [2009]2010: *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 none of the funds appropriated in this or any other Act may be used to reduce the mission, services, or infrastructure, including land, of the 18 facilities on the

Capital Asset Realignment for Enhanced Services (CARES) list requiring further study, as specified by the Secretary of Veterans Affairs, without prior approval of the Committees on Appropriations of both Houses of Congress.]

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 $581,582,000 is requested for the 2009 Construction, Major, appropriation. The major construction request is for eight medical facility projects: Denver, CO; Orlando, FL; San Juan, PR; Lee County, FL; St. Louis, MO; Bay Pines, FL; Tampa, FL; and Palo Alto, CA. The construction request also fully funds the 2009 resources required to support the gravesite expansion at three National Cemeteries (Puerto Rico; Massachusetts; and Calverton, NY). Additionally funds are provided to remove hazardous waste and asbestos from Department-owned buildings, improve facility security, improve sustainability and energy, 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.

Capital Asset Realignment for Enhanced Services (CARES) is a comprehensive, system-wide approach to, and ongoing process for, identifying the demand for VA care and projecting into the future the appropriate function, size and location for VA facilities. The initial CARES process was the most comprehensive assessment of VA capital infrastructure and the demands for VA health care ever achieved. After development of sophisticated actuarial models to forecast demand for veterans' health care, calculation of the current capacity and identification of current and future gaps in infrastructure capacity were made. In a May 2004 CARES Decision document, the Secretary laid out a blueprint for VA's future to effectively guide the Department forward.

The goal of CARES 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. CARES is an ongoing strategic assessment that allows VA to develop a national plan for directing resources where they are most needed preserving VA's missions and special services, while continuing to provide high quality care to veterans. The identified CARES initiatives and plans are validated and reassessed continually to ensure they reflect current VA policies and priorities and the most current enrollment and demand forecasts.

Construction projects to develop additional gravesites at national cemeteries, acquire land, and make infrastructure improvements 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. The second measure is the percent of respondents who rate the quality of service provided by the national cemeteries as excellent.

Construction 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 currently are served by a national cemetery within a reasonable distance of their residence. Construction of committal shelters, public restrooms, and public information centers improves service to veterans and their families.

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. 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.

Major Construction Budgetary Highlights

Major Appropriation Highlights - Summary					
		2008			
	2007 Actual	Budget Estimate	Current Estimate[1]	2009 Request	Increase (+) Decrease (-)
Appropriation (P.L.110-5 & P.L. 110-161)	$399,000	$727,400	$1,069,100	$581,582	($487,518)
Reprogramming From Prior Year [2]	$0	$45,000	$45,000	$0	($45,000)
Budget Authority	$399,000	$727,400	$1,069,100	$581,582	($487,518)
Sale of VA Assets	$0	$10,000	$0	$5,000	$5,000
Emergency Funds rescinded from Medical Services	$0	$0	$66,000	$0	($66,000)
Total Budget Resources	$399,000	$737,400	$1,135,100	$586,582	($548,518)
Un-obligated Balance brought Forward	$2,164,933	$1,831,137	$2,095,706	$2,006,768	($88,938)
Un-obligated Balance end of year	$2,095,706	$1,045,869	$2,006,768	$1,321,835	($684,933)
Obligations	$468,227	$1,522,668	$1,224,038	$1,271,515	$47,477
Outlays	$437,136	$741,030	$750,405	$742,682	($7,723)

1The current estimate reflects funding levels through FY 08. The $66 million included in the FY 08 current estimate will be used for the major project at San Antonio, TX. The prospectus for this project is included in Chapter 6 of this volume.

2 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 Temple, TX - MRI and Supporting Facility project and other major construction needs.

Major Appropriation Highlights by Administration			2008		
	2007 Actual	Budget Estimate	Current Estimate1	2009 Request	Increase (+) Decrease (-)
Veterans Health Administration (VHA)					
Appropriation (P.L.110-5 & P.L. 110-161)	$307,350	$560,000	$901,700	$471,582	($430,118)
Reprogramming From Prior Year2	$0	$45,000	$45,000	$0	($45,000)
New Budget Authority	$307,350	$560,000	$901,700	$471,582	($430,118)
Sale of VA Assets	$0	$10,000	$0	$5,000	$5,000
Emergency Funds rescinded from Medical Services	$0	$0	$66,000	$0	($66,000)
Budgetary Resources	$307,350	$570,000	$967,700	$476,582	($491,118)
Un-obligated Balance brought Forward	$1,955,308	$1,690,537	$1,888,967	$1,770,026	($118,941)
Un-obligated Balance end of year	$1,888,967	$923,914	$1,770,026	$1,125,078	($644,948)
Obligations	$373,691	$1,326,623	$1,020,641	$1,116,530	$95,889
Outlays	$356,149	$680,446	$689,103	$662,617	($26,486)
National Cemetery Administration (NCA)					
Appropriation (P.L.110-5 & P.L. 110-161)	$53,400	$167,400	$167,400	$105,000	($62,400)
Budgetary Resources	$53,400	$167,400	$167,400	$105,000	($62,400)
Un-obligated Balance brought Forward	$202,181	$103,546	$166,944	$161,277	($5,667)
Un-obligated Balance end of year	$166,944	$103,546	$161,277	$115,977	($45,300)
Obligations	$88,637	$167,400	$173,067	$150,300	($22,767)
Outlays	$76,189	$54,303	$54,303	$69,067	$14,764
General Administration - Staff Offices					
Appropriation (P.L.110-5 & P.L. 110-161)	$38,250	$0	$0	$5,000	$5,000
Budgetary Resources	$38,250	$0	$0	$5,000	$5,000
Un-obligated Balance brought Forward	$3,817	$33,645	$35,669	$5,339	($30,330)
Un-obligated Balance end of year	$35,669	$5,000	$5,339	$5,654	$315
Obligations	$6,398	$28,645	$30,330	$4,685	($25,645)
Outlays	$4,880	$6,189	$6,907	$10,975	$4,068

1The current estimate reflects funding levels through FY 08.

2 Reprogramming – This line is provided for information purposes only and is a non-add.

Summary of Budget Request
(dollars in thousands)

A construction appropriation of $581,582,000 is requested for Construction, Major projects in 2009 to be financed with new budget authority. An additional $5 million is expected to be received from asset sales or reuse. A summary of the program funding level by activity follows:

	2009 Request
Veterans Health Administration	$476,582
National Cemetery Administration	$105,000
General Administration - Staff Offices	$5,000
Total, Construction Major Program	**$586,582**

Changes from Original 2008 Budget Estimates (dollars in thousands)			
	Budget Estimate	Current Estimate	Increase (+) / Decrease (-)
Appropriation (P.L.110-5 & P.L. 110-161)	$727,400	$1,069,100	$341,700
Reprogramming From Prior Year[1]	$45,000	$45,000	$0
New Budget Authority	$727,400	$1,069,100	$341,700
Sale of Assets	$10,000	$0	($10,000)
Emergency Funds rescinded from Medical Services	$0	$66,000	$66,000
Budget Resources	$727,400	$1,135,100	$407,700
Un-obligated Balance brought Forward	$1,831,137	$2,095,706	$264,569
Un-obligated Balance end of year	$1,045,869	$2,006,768	$960,899
Obligations	$1,522,668	$1,224,038	($298,630)

1 Reprogramming – This line is provided for information purposes only, and is a non-add.

Public Law 110-161, the FY 2008 Military Construction and Veterans Affairs and Related Agencies Appropriation Act provided $341,700,000 above the 2008 major construction request. These funds are in excess of the President's request and will be used for the following previously funded CARES projects, and the advance planning fund line item ($ in 000's):

List of 2008 Additional Projects and Line items

Location	Description	Amount
Pittsburgh, PA	Consolidation of Campuses	$90,700
Orlando, FL	New Medical Center Facility	$14,100
Palo Alto, CA	Seismic Corrections Bldg. 2	$20,000
Gainesville, FL	Correct Patient Privacy Deficiencies	$51,500
San Juan, PR	Seismic Corrections - Bldg. 1	$59,000
Fayetteville, AR	Clinical Addition	$87,200
Other[1]		$19,200
Total		$341,700

1/ Includes $9.2M for advance planning and an additional $10M adjustment over the FY 2008 request.

Construction Cost Escalation

The construction economy in recent years has experienced rampant construction cost escalation in all market sectors nationwide. There have been significant increases in the cost of labor and building materials; this situation has been exacerbated by the rising costs of petroleum for both fuel and building products as well as the hurricanes of 2004 and 2005. This situation is not unique to VA or even healthcare in particular. The Producer Price Index (PPI), published by Bureau of Labor & Statistics, has increased by 27% from December 2003 through August 2007. Commercially published, historic construction cost indexes indicate a range of approximately 23% to 37% increase for January 2003 through July 2007. The robust economy has generated an unusually high volume of work in the commercial sector resulting in non-competitive markets throughout the country.

While VA can have little impact on market forces that push construction costs higher, we can do a better job of anticipating market pricing at the time VA projects will go to bid. In that regard, VA now conducts detailed market assessments periodically in those cities where we expect to be bidding major construction projects. The information collected in these studies enables more accurate costs to be included in the budget estimates. VA is also revising the planning process in order to have earlier definition of project scope and earlier design completion before committing to a budget estimate. This will lead to more accurate project cost estimates with this improved planning process in place.

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Detail of Request
(dollars in thousands)

A construction appropriation of $581,582,000 is requested for Construction Major Projects, in 2009 to be financed with new budget authority. A summary of the major construction program by activity follows:

Major Construction Detail of Request				
Location	**Description**	**Total Estimated Cost**	**Funding Through 2008 1/**	**2009 Request**
Veterans Health Administration (VHA)				
Denver, CO	New Medical Facility	769,200	168,300	20,000
Orlando, FL	New Medical Facility	656,800	74,100	120,000
San Juan, PR	Seismic Corrections Bldg 1	225,900	69,880	64,400
Lee County, FL	Outpatient Clinic	131,800	20,388	111,412
St. Louis (JB), MO	Medical Facility Improvements and Cemetery Expansion	134,500	7,000	5,000
Bay Pines, FL	Inpatient/Outpatient Improvements	174,300	0	17,430
Tampa, FL	Polytrauma Expansion and Bed Tower Upgrades	223,800	0	21,120
Palo Alto, CA	Centers for Ambulatory Care and Polytrauma Rehab. Center	450,300	0	38,290
Advance Planning Fund	Various Stations	40,000		40,000
Asbestos and Other Airborne Contaminates	Various Stations	3,000		3,000
BRAC Land Acquisition	Various Stations	5,000		5,000
Claims Analyses	Various Stations	2,000		2,000
Facility Security Projects	Various Stations	11,930		11,930
Hazardous Waste Abatement	Various Stations	2,000		2,000
Judgment Fund	Various Stations	10,000		10,000
Sustainability and Energy	Various Stations	5,000		5,000
Sale of VA Assets		-5,000		-5,000
Total VHA		**2,840,530**	**339,668**	**471,582**
National Cemetery Administration (NCA)				
Puerto Rico National Cemetery	Gravesite Expansion & Cemetery Improvements	33,900	0	33,900
Massachusetts National Cemetery	Gravesite Expansion & Cemetery Improvements	20,500	0	20,500
Calverton National Cemetery	Gravesite Expansion & Cemetery Improvements	30,500	1,500	29,000
Advance Planning Fund	Various Stations	6,000		6,000
NCA Land Acquisition Fund	Various Stations	5,000		5,000
Sustainability and Energy	Various Stations	10,600		10,600
Total NCA		**106,500**	**1,500**	**105,000**
General Administration - Staff Offices				
Department APF for Major		5,000		5,000
Major Construction		**2,952,030**	**341,168**	**581,582**

1 The total available amount includes FY 08.

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Major Project Prospectuses Index

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Bay Pines, FL	Inpatient/Outpatient Improvements	2-37
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National Cemetery Administration (NCA)		
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Massachusetts National Cemetery	Gravesite Expansion & Cemetery Improvements	2-65
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BRAC Land Acquisition	Various Stations	2-81
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Facility Security Projects	Various Stations	2-85
Hazardous Waste	Various Stations	2-87
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Denver, Colorado
Replacement Medical Center, Phase 3 - Construction

Proposal is to replace the existing medical center with a new center near the new University Hospital complex in Aurora, Colorado at the previous Fitzsimmons Army Medical Center site. Funding requested in FY 2009 will construct a parking garage to support the new medical center.

I. Budget Authority

Total Estimated Cost*	Available Through 2008	2009 Request	Future Request
$769,200,000	$168,300,000	$20,000,000	$580,900,000

*Total estimated cost may be revised based on completed design.

II. Priority Score: FY04 – 0.342

III. Description of Project

The next phase of the project provides a parking facility for the new medical center. Upon completion of the construction of the new medical facility, the facility will accommodate the Eastern Colorado Health Care System's tertiary, secondary and primary care functions as well as a possible joint VA/DoD collaboration. The project continues the positive collaboration with the University of Colorado, Denver Health Sciences Center (UCDHSC) by relocating to this new site.

IV. Priorities/Deficiencies Addressed

The project addresses multiple problems: 1) Aging facility—the Denver medical center is over 50-years old it is inefficient, cannot physically expand, and will not support the capacity or quality of veteran care needed for state-of-the-art treatment; and 2) Eliminates strained affiliation with the UCDHSC education system due to separation by distance since their recent relocation to the site of the former Fitzsimons Army Medical Center. 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

The project supports four of VA's goals:

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. Additional services will be provided, directly impacting care delivery; e.g. a 30 bed spinal cord injury unit. Care will be provided in a medical care complex with the fullest compliment 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.

Honor and Memorialize: Veterans are honored and served by receiving quality health care in facilities second to none. Instead of a fifty plus year old building with inadequate space and failing infrastructure, veterans are served in a complex of the best 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 conjunction 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

Four alternatives were considered: status quo, renovation, new construction and contract out. New construction is being proposed as the alternative of choice.

Alternative 1 - Status Quo: Status quo maintains the current services in the existing building. However, this alternative prolongs the problem of inadequate space in an aging facility, that is separated from University for the veterans serviced by this area.

Alternative 2 - Renovation: This alternative renovates the existing infrastructure through numerous Minor and NRM projects. However, this creates higher costs, more disruption, and creates difficulty in phasing.

Alternative 3 - New Construction: This alternative constructs a new medical center. This is the ideal option as it creates sufficient space to meet increased demand, as well as co-locates the medical center with the medical affiliate.

Alternative 4 - Contract out (contracting out all veteran services on a fee basis arrangement): This alternative contracts care to the community. The result, however, is higher operational costs, intangible contract issues, and the inability of the community to support the VA's need

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*

	2005	2015	2025	Change 2005-2025
Veteran Population	404,301	348,421	297,959	-26%
Enrollees	94,159	105,306	98,556	5%

*Data is from the Eastern Rockies Market

IX. Workload*

Workload	Current (2005)	Projected (2025)	Change 2005-2025
Authorized hospital beds	156	150	-4%
Ambulatory Stops	447,354	707,110	58%
Mental health stops	16,633	18,932	14%

*Data reflects the Denver and Aurora market

X. Schedule

Complete design development	September 2008
Complete contract documents	April 2009
Award construction contract (Site Devel & Utility Plant)	December 2008
Complete construction	June 2013

XI. Project Cost Summary

New construction (1,418,833 gross square feet)	$418,068,000
Alterations (100,000 gross square feet)	$9,237,000
Subtotal	**$427,305,000**
Land acquisition	$55,000,000
Pre-design development allowance	$16,813,000
Total other costs, utilities, etc.	$133,156,000
Subtotal estimated base construction costs	**$632,274,000**
Construction contingencies	$29,120,000
Technical services	$60,638,000
Utility Agreements	$2,500,000
Subtotal estimated base cost	**$724,532,000**
Inflation allowance/locality adjustment	$44,668,000
Total estimated project cost	**$769,200,000**

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

XII. Operating Costs

	Project Costs	Present Facility Operating Costs
Non-recurring costs		
Equipment costs	$89,000,000	$4,000,000
One time non-recurring cost	$52,455,000	$0
Total non-recurring	$141,455,000	$4,000,000
Recurring costs		
Personal services	(FTE: 1580) $127,257,000	(FTE: 1580) $127,257,000
Other recurring	$121,179,000	$128,444,000
Total recurring	$248,436,000	$255,701,000
Total Operating Cost	**$389,891,000**	**$259,701,000**

Orlando, Florida
New Medical Facility, Phase 3 - Construction

Proposal is to construct a new Medical Center in Orlando, Florida, to resolve the CARES Acute Care Planning Initiative Gap in VISN 08 Central Market. Funding requested in FY 2009 will construct a 120 bed nursing home and 60 bed domiciliary.

I. Budget Authority

Total Estimated Cost*	Available Through 2008	2009 Request	Future Request
$656,800,000	$74,100,000	$120,000,000	$462,700,000

*Estimated total cost may be revised based on completed design.

II. Priority Score: FY 04 – 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 nursing home, 60 bed domiciliary, and full support services, utilities, infrastructure on a new site. The new facility resolves the CARES VISN 8 central market acute care planning initiative (PI) gap by increasing access from 45.2% to 79.6%.

IV. Priorities/Deficiencies Addressed

This project fully resolves the CARES acute care PI gap in VISN 8 East Central Sub-Market (which rises from 45.2% to 79.6%), and also resolves CARES PI workload gaps. Outpatient stops in 2003 equaled 387,215. CARES projects these will 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 at Orlando allows for appropriate inpatient workload allocation between the West and East Central Markets. In the CARES IBM model the inpatient space at Tampa that becomes available with transfer of inpatient beds to Orlando marginally reduces the 500,000 square foot negative space gap driven by workload growth in outpatient categories.

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

This project supports four goals:

One VA: This proposal supports the Department's Strategic Goal of "One VA" world-class service to Veterans and their families that result in the effective management of patient care, people, communications and technology.

Public Health & Socioeconomic Well-Being: This project will improve the socio-economic well being for East Central Florida veterans through the provision of government provided 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 CARES Acute Care Planning Initiative (PI) Gap in the V8 East Central Market. Currently, only 45.2% of veterans residing in the area fall within VA guidelines. This project meets the goal by achieving a 79.6% access goal.

Honor and Memorialize: This project will reduces 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

Five alternatives were considered: status quo, construct hospital on Greenfield site, construct hospital at existing site, split site, and contract out. The alternative to construct hospital on Greenfield site has been proposed as the alternative of choice.

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 - Construct Hospital on Greenfield Site: 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 - Construct Hospital at Existing Site (Raymond Street): This option is impractical due to lack of construction space at the existing site.

Alternative 4 - Split Site (portion remaining at existing and portion to Greenfield site): This option creates multiple functional and operational problems by the separation of services.

Alternative 5 - Contract Out: This option displaces direct patient care of our veterans to outside entities beyond the control of VA physicians, nurses, and support services personnel. This option is considered the most expensive, the least effective in terms of management control and the most disruptive to continuity of patient care.

VII. Affiliation/Sharing Agreements

Department of Defense (DOD), primarily Patrick AFB, benefits through expansion of the "4th Mission" capability for DOD back-up. 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: 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*

	2005	2015	2025	Change 2005-2025
Veteran Population	308,254	267,810	235,166	-24%
Enrollees	101,529	102,239	91,305	-10%

*Data from Florida Central Market

IX. Workload*

Workload	Current (2005)	Projected (2025)	Change 2005-2025
Authorized hospital beds	94	88	-6%
Ambulatory Stops	326,584	569,488	74%
Mental health stops	30,734	53,594	74%

*Data reflects the Florida Central Market

X. Schedule

Complete design development	September 2008
Award land purchase	April 2008
Complete contract documents	January 2010
Award construction contract (Site Preparation)	January 2009
Complete construction	June 2012

XI. Project Cost Summary

New construction (1,158,298 gross square feet)	$265,278,000
Subtotal	**$265,278,000**
Land acquisition	$30,000,000
Pre-design development allowance	$42,557,000
Total Other costs (Utilities, Cabling, Hurricane provisions)	$160,268,000
Subtotal estimated base construction costs	**$498,103,000**
Construction contingencies	$23,404,000
Technical services	$49,152,000
Utility Agreements	$5,000,000
Impact costs	$0
Construction management costs	$15,097,000
Subtotal estimated base cost	**$590,756,000**
Inflation allowance/locality adjustment	$65,621,000
Total estimated project cost*	**$656,377,000**

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

XII. Operating Costs

	Project Costs	Present Facility Operating Costs
Non-recurring costs		
Equipment costs	$54,000,000	$0
One time non-recurring cost	$22,840,000	$0
Total non-recurring	$76,840,000	$0
Recurring costs		
Personal services	(FTE: 1,906) $148,514,000	(FTE: 777) $54,529,000
Other recurring	$45,763,000	$83,501,000
Total recurring	$194,277,000	$138,030,000
Total Operating Cost	**$271,117,000**	**$138,030,000**

San Juan, Puerto Rico
Seismic Corrections Building 1, Phase 2 – 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. Funding requested in FY 2009 will construct a clinical addition on top of the existing outpatient clinic.

I. Budget Authority

Total Estimated Cost	Available Through 2008	2009 Request	Future Request
$225,900,000	$69,880,000	$64,400,000	$91,620,000

II. Priority Score: FY 05 – 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 100,000 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. New parking is also being considered in the project scope as an add-alternate.

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.

V. Strategic Goals and Objectives

This project supports the Department's Strategic Goals and Objectives by providing the VAMC with compliance in the important area of seismic/life safety codes and by ensuring the operation of the medical center after a seismic event (i.e., immediate occupancy). The project will also abate asbestos throughout the main building to avoid exposure and contamination in the event of a major earthquake.

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 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 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

Four alternatives were considered: status quo; full seismic corrections with new construction; renovation with partial seismic corrections; and contract out services. The alternative of full seismic corrections with new construction is being proposed as the alternative of choice.

Alternative 1 - Status Quo: This is not a feasible alternative as it does not correct the identified seismic deficiencies, which will leave the facility with enormous safety, as well as financial, risks in the event of a catastrophic earthquake.

Alternative 2 - Full Seismic Corrections with new construction: This option ensures that the VAMC will meet the VA seismic standard for all functions (clinical and administrative).

Alternative 3 - Renovation with Partial Seismic Correction: This alternative is not viable because it fails to provide full seismic compliance per VA standards.

Alternative 4 - Contract out (contracting out all veteran services on fee basis arrangement): This proposal has the most unfavorable life cycle costs. The healthcare community in Puerto Rico does not have safe infrastructure capacity to provide care for the existing veteran workload.

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. Around 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*

	2005	2015	2025	Change 2005-2025
Veteran Population	133,066	100,289	75,539	-43%
Enrollees	79,878	60,751	45,493	-43%

*The veteran population numbers in the above table have been adjusted to include the veterans residing in the US Virgin Islands.

IX. Workload*

Workload	Current (2005)	Projected (2025)	Change 2005-2025
Authorized hospital beds	480	258	-46%
Outpatient visits	503,760	242,039	-52%
Enrollees	79,878	45,493	-43%
Primary care stops	238,249	142,346	-40%
Specialty care stops	519,002	517,368	0%
Mental health stops	58,510	50,064	-14%
Diagnostic/ancillary	288,293	280,623	-3%

*The data has been adjusted to include the veterans residing in the US Virgin Islands.

X. Schedule

Complete design development	March 2008
Complete contract documents	June 2008
Award construction contract	March 2009
Complete construction	March 2014

XI. Project Cost Summary

New construction (220,000 gross square feet)	$64,710,000
Renovation (242,000 gross square feet)	$53,827,000
Subtotal	**$118,537,000**
Pre-design development allowance	$15,130,000
Utilities	$32,755,000
Subtotal estimated base construction costs	**$166,422,000**
Construction contengencies	$9,808,000
Technical services	$17,623,000
Impact costs	$2,662,000
Construction management costs	$4,262,000
Subtotal estimated base cost	**$200,777,000**
Inflation allowance/locality adjustment	$25,123,000
Total estimated project cost	**$225,900,000**

XII. Operating Costs

	Project Costs	Present Facility Operating Costs
Non-recurring costs		
Equipment costs	$24,000,000	n/a
One time non-recurring cost	$6,000,000	n/a
Total non-recurring	$30,000,000	n/a
Recurring costs		
Personal services	(FTE: 2,951) $266,573,000	(FTE: 2,951) $233,836,000
Other recurring	$158,342,000	$138,897,000
Total recurring	$424,915,000	$372,733,000
Total Operating Cost	**$454,915,000**	**$372,733,000**

Lee County, Florida
Outpatient Clinic, Phase 3 - Construction

Proposal is to construct a new building for an Ambulatory Surgery/Outpatient Diagnostic Support Center. Funding requested in FY 2009 will construct the Ambulatory Surgery/Outpatient Diagnostic Support Center.

I. Budget Authority

Total Estimated Cost	Available Through 2008	2009 Request	Future Request
$131,800,000	$20,388,000	$111,412,000	$0

II. Priority Score: FY 05 – 0.243

III. Description of Project

This project comprises three phases – land acquisition, design and construction. Phase 1, land acquisition was completed in September, 2006, with the purchase of 30.53 acres in Lee County, FL (Gulf, South-Submarket of VISN 08). Phase 2, design of the new 200,000 square feet VA-owned clinic is currently in progress. The Phase 3 request is $111.4M, this will construct the Ambulatory Surgery/Outpatient Diagnostic Support Center to meet the increased demand for diagnostic procedures, ambulatory surgery, and specialty care (including mental health services); all of which are Planning Initiative (PI) gaps identified during the Capital Asset Realignment for Enhanced Services (CARES) study.

IV. Priorities/Deficiencies Addressed

This phase will construct infrastructure to ameliorate the identified CARES gaps through the provision of appropriate space for modern surgical operatories, ambulatory and advanced specialty care suites, and mental health units targeting Serious Mental Illness and PTSD. The current shortage, or non-availability, of this wide array of in-depth services requires a significant number of veterans to make a 200-300 mile round trip to receive needed specialty healthcare at the Bay Pines or Tampa VAMC locations. Recent advancements in Indoor Air Quality, Homeland Security, and Hurricane Hardening specifications and materials will be an integral part of this design.

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

This project supports four VA goals:

Quality of Life: The veteran's life will be a pervasive element in this state-of-the-art ambulatory surgical facility. The interventions provided by the new facility will increase the capability of veterans with disabilities and improve the quality of life for all area veterans.

Honor and Memorialize: This goal is addressed through providing the top level of care and maximizing the independent functioning of veterans in the least restrictive setting.

Public Health & Socioeconomic Well-being: This goal is achieved through improving the patient satisfaction by providing care in a state-of-the-art facility and by providing care in a safe environment for its students, residents and fellows.

One VA: The sharing of space with VBA will enable the patients to more conveniently access services at a single location.

VI. Alternatives Considered

Five alternatives were considered: Status Quo, New Construction, Lease, Renovation, and Contract Out. The alternative for New Construction is the recommended alternative.

Alternative 1- Status Quo: This alternative is infeasible. It fails to meet patient care needs in the Lee County area, per CARES criteria, VA Standards of Care, or community standards of patient care. Patients currently travel as much as 300 miles roundtrip for a majority of their specialty care, ancillary/diagnostic testing, and ambulatory surgery procedures; or are fee-based to local medical providers, which is increasingly cost-prohibitive. Based on current conditions in the leased Fort Myers Clinic, it is not possible to meet all the needs of our patients due to lack of available and adequate space for exam rooms, mental health functions, ambulatory surgery rooms, and advanced diagnostic treatment suites (MRI, CT, Nuclear Medicine, etc).

Alternative 2 - New Construction: This option is the most cost effective with the greatest positive Net Present Value. It corrects existing Surgical Procedure Room deficiencies, maintains access to care, reduces the projected workload gaps, and reduces patient travel time in a modern clinical care setting designed in

accordance with current healthcare design criteria.

Alternative 3 - Lease: This option is not cost effective. The cost analysis demonstrates this option results in higher cost to accomplish the same amount of workload as the preferred alternative.

Alternative 4 - Renovation: No additional space is available at the current leased site to allow expansion or permit extensive renovation.

Alternative 5 - Contract Out: (contracting services through fee basis) – This option fragments the continuum of care for veterans, compromises VA's ability to control the quality of care and results in increased reliance on recurring operating funds.

VII. Affiliation/Sharing Agreements

The Fort Myers Clinic is a component of the Bay Pines VA Healthcare System with over 40 academic and research affiliates and medical residency programs with five regional hospitals.

VIII. Demographic Data*

	2005	2015	2025	Change 2005-2025
Veteran Population	156,626	134,473	113,492	-28%
Enrollees	42,574	46,056	40,864	-4%

*Data from Gulf South Submarket

IX. Workload

Workload	Current (2005)	Projected (2025)	Change 2002-2025
Authorized Hospital Beds	n/a	n/a	n/a
Ambulatory Stops	139,345	194,568	40%
Mental Health stops	10,476	28,149	169%

X. Schedule

Complete design development	September 2009
Complete construction documents	February 2009
Award construction contract	June 2009
Complete construction	June 2011

XI. Project Cost Summary

New construction (200,000 gross square feet)	$61,353,000
Subtotal	**$61,353,000**
Land acquisition	$10,000,000
Pre-design development allowance	$8,575,000
Total Other Costs, Utilities, etc.	$24,406,000
Subtotal estimated base construction costs	**$104,334,000**
Construction contingencies	$4,717,000
Technical services	$9,905,000
Impact costs	$0
Construction management costs	$2,943,000
Subtotal estimated base cost	**$121,899,000**
Inflation allowance/locality adjustment	$9,901,000
Total estimated project cost	**$131,800,000**

XII. Operating Costs

	Project Costs	Present Facility Operating Costs
Non-recurring costs		
Equipment costs	$8,147,000	$0
One time non-recurring cost	$3,500,000	$0
Total non-recurring	$11,647,000	$0
Recurring costs		
Personal Services	(FTE: 166) $12,870,000	(FTE: 195) $15,002,400
Other recurring	$6,973,300	$5,165,000
Total recurring	$19,843,300	$20,167,400
Total Operating Cost	**$31,490,300**	**$20,167,400**

St. Louis, Missouri
Medical Center Improvements/Cemetery Expansion,
Phase 2 – Demolition and 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 2009 will prepare approximately 10 acres of land for use by NCA.

I. Budget Authority

Total Estimated Cost*	Available Through 2007	2009 Request	Future Request
$134,500,000	$7,000,000	$5,000,000	$122,500,000

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

II. Priority Score: FY 07 – 0.177

III. Description of Project

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 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 (JB) 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; construct a new tenants building (52,000 GSF) 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.

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

This project supports four VA goals:

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+ 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. Improved treatment for patients receiving medical services due to physical plant upgrades.

VI. Alternatives Considered

Three alternatives were considered: status quo; rightsizing by demolishing underutilized buildings, renovating a building for consolidation, and

constructing new buildings; maintaining the building with significant infrastructure repairs. The alternative of rightsizing by demolishing underutilized buildings, renovating a building for consolidation, and constructing new buildings have been proposed as the alternative of choice.

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, closure to new burials in the JB National Cemetery due to lack of available ground.

Alternative 2 – Combination of construction: 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 for the following reasons:

- It will eliminate underutilized space by demolishing sixteen buildings and constructing new buildings for relocation of VAMC clinics;
- 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 – Renovate existing space: 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

	2005	2015	2025	Change 2005-2025
Veteran Population	447,242	354,102	284,281	-36%
Enrollees	139,683	133,538	116,899	-17%

IX. Workload (Medical)

Workload	Current (2005)	Projected (2025)	Change 2005-2025
Authorized hospital beds	182	202	11%
Outpatient visits	16,539	23,734	44%
Enrollees	139,683	116,899	-16%
Primary care stops	22,952	32,085	40%
Speciatly care stops	16,847	24,877	48%
Mental health stops	45,115	57,251	27%
Diagnostic/ancillary	0	0	0%

IX. Workload (Burial)

	2006	**2011**	**2016**	**% Change 2011-2016**
Annual Interments	4,478	4,387	4,067	-7.3
Cumulative Gravesites	129,122	142,780	155,484	8.9
Estimated Veterans Deaths	7,000	6,747	6,205	-8.0

X. Schedule

Complete design development	October 2009
Complete contract documents	June 2009
Award construction contract (This phase)	August 2009
Complete construction	September 2012

XI. Project Cost Summary

Demolition (279,900 gross square feet)	2,069,000
New construction (208,718 gross square feet)	18,044,000
Cemetery (31 Acres) @$498,484 ac	12,447,000
Alterations	27,998,000
Subtotal	**60,558,000**
Land acquisition	0
Pre-design development allowance	9,533,000
Utilities	34,768,000
Subtotal estimated base construction costs	**104,859,000**
Construction contingencies	6,016,000
Technical services	11,591,000
Impact costs	0
Construction management costs	3,234,000
Subtotal estimated base cost	**125,700,000**
Inflation allowance/locality adjustment	8,800,000
Total estimated project cost*	**134,500,000**

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

XII. Operating Costs (Medical)

	Project Costs	Present Facility Operating Costs
Non-recurring costs		
Equipment costs	$75,000	N/A
One time non-recurring cost	$4,500,000	N/A
Total non-recurring	$4,575,000	N/A
Recurring costs		
Personal services	(FTE: 51.1) $3,172,400	(FTE: 51.1) $3,018,300
Other recurring	$1,109,300	$723,200
Total recurring	$4,281,700	$3,741,500
Total Operating Cost	**$8,856,700**	**$3,741,500**

XII. Operating Costs (Burial)

	Project Activation Costs		Present Facility Operating Costs	
Non-recurring costs				
Equipment costs		$0		NA
One time non-recurring cost 1/		$3,600,000		NA
Total non-recurring		$3,600,000		NA
Recurring costs				
Personal services	(FTE: 0)	$0	(FTE: 46)	$3,000,000
Other recurring		$100,000		$2,200,000
Total recurring		$100,000		$2,200,000
Total Operating Cost		**$3,700,000**		**$5,200,000**

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

Bay Pines, Florida
Inpatient and Outpatient Improvements, Phase 1 - Design

Proposal is to construct an addition to the main hospital building, Building 100, at the Bay Pines VAMC, Florida, for a consolidated seriously mentally-ill and PTSD center of excellence as well as to renovate sections of Buildings 1, 100, and 102. This project will resolve projected workload gaps in inpatient and outpatient mental health services in the VISN 08 Gulf Market.

I. Budget Authority

Total Estimated Cost*	Available Through 2008	2009 Request	Future Request
$174,300,000	$0	$17,430,000	$156,870,000

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

II. Priority Score: FY 09 – 0.662

III. Description of Project

This project will construct a multi-story addition to Bay Pines Main Hospital (Building 100), resolving both inpatient psychiatric deficiencies and CARES supported, workload-driven space gaps in outpatient mental health. This project will construct an outpatient mental health center of excellence and four 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 on the first floor of Building 100 will be relocated to Building 1, creating room for an additional specialty care clinic space. 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 also be addressed by constructing 100,000 DGSF for Primary Care, Specialty Care, Outpatient Mental Health, Ancillary and Diagnostic areas, and Inpatient Mental Health. Finally, it creates efficiency for both patients and staff by collocating the inpatient and outpatient mental health services.

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

This project supports two goals:

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 to Construction Considered

Four alternatives were considered: (1) Status Quo, (2) Construct Hospital Addition and Renovate, (3) Contract Out, and (4) Leasing. The option to Construct and Renovate is the proposed alternative of choice.

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 - Construct Hospital Addition and Renovate: 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 compliance and handicap accessibility.

Alternative 3 - Contract Out current and future workload: 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 fractionates care, presenting additional challenges in managing high quality patient care and performance indices across multiple sites of care.

VII. Affiliations/Sharing Agreements

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

	2005	2015	2025	Change 2005-2025
Veteran Population	355,195	295,874	242,983	-32%
Enrollees	111,404	112,144	97,354	-13%

IX. Workload

Workload	Current (2005)	Projected (2025)	Change 2005-2025
Inpt: Psychiatry	20	15	-25%
Inpt: Substance Abuse	9	5	-44%
MH Inpatient: Other	22	78	255%
Grand Total Psych Beds	51	98	92%
Mental Health Outpt Stops	96,916	125,548	30%

X. Schedule

Complete design development	May 2009
Complete contract documents	July 2011
Award construction contract	January 2011
Complete construction	December 2014

XI. Project Cost Summary

New construction (135,000 gross square feet)	$41,406,000
Alterations (189,000 gross square feet)	$40,063,000
Subtotal	**$81,469,000**
Pre-design development allowance	$11,138,000
Total Other Costs, Utilities, etc.	$29,913,000
Subtotal estimated base construction costs	**$122,520,000**
Construction contingencies	$7,234,000
Technical services	$12,976,000
Impact costs	$2,000,000
Construction management costs	$4,144,000
Subtotal estimated base cost	**$148,874,000**
Inflation allowance/locality adjustment	$25,426,000
Total estimated project cost*	**$174,300,000**

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

XII. Operating Costs

	Project Costs	Present Facility Operating Costs
Non-recurring costs		
Equipment costs	$2,535,000	N/A
One time non-recurring cost	$3,500,000	N/A
Total non-recurring	$6,035,000	N/A
Recurring costs		
Personal Services	(FTE: 95) $9,880,000	(FTE: 2,615) $200,872,288
Other recurring	$7,430,000	$182,920,580
Total Recurring	$17,310,000	$383,792,868
Total Operating Cost	**$23,345,000**	**$383,792,868**

Tampa, Florida
Polytrauma Addition and CARES Approved Bed Tower Upgrades
Phase 1 - Design

Proposal is to expand Polytrauma (PM&R inpatient and outpatient) capabilities to meet the growing needs of current and future rehabilitation patients and upgrades Inpatient Service Delivery and Infrastructure by renovating all inpatient (MSN) beds to current one bed room standard.

I. Budget Authority

Total Estimated Cost*	Available Through 2008	2009 Request	Future Request
$223,800,000	0	$21,120,000	$202,680,000

*Estimated total cost may be revised upon completion of design.

II. Priority Score: FY 09 – 0.610

III. Description of Project

This project is part of the James A. Haley VAMC's Strategic Plan to acquire the necessary new space and bring existing space into compliance with current facility codes, standards of care practices, and to provide the care required to meet the current and future strategic goals of the Department of Veterans Affairs for veterans and active duty soldiers returning from theaters of operation that require the kind of specialized care the Department of Veterans Affairs is uniquely qualified to provide. The project consists of three parts that will focus on service delivery enhancements and infrastructure upgrades while providing expanded space for special emphasis areas.

Part one is the construction of a state-of-the-art Polytrauma Healthcare Center. This center 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 two is the complete renovation of ward, procedure and exam room space in the top four (4) 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. These would include asbestos removal, sprinkler protection, indoor air quality upgrades, electrical upgrades, healthcare environment upgrades, and physical security (hurricane and blast hardening) upgrades.

Part three 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.

The relocation of the existing Polytrauma and Rehabilitation Activities to the new space will enable other space deficient activities (outpatient specialty care, radiology, etc.) to gain desperately needed space in close proximity to their current location. This space will initially be used to temporarily house the dislocated services from the initial portions of part two. Once part two is complete, these areas will be reassigned to departments in need of space based on the priority of need within the facility, at the time of part two completion. This will enhance the hospitals ability to achieve the objectives of its strategic plan in support of the Department of Veterans Affairs Strategic Goals.

IV.Priorities/DeficienciesAddressed

Even though Tampa has been nominated for the Olin E. Teague Award, designated as one of four (4) Polytrauma centers in the Department of Veterans Affairs, and has been exceedingly successful in its treatment of Polytrauma cases, it has continued to be cited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for severely limited space in its Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) and brain injury programs. This severely limited space results in restricted accessibility for yesterday's, today's, and tomorrow's veterans and active duty wounded to services provided by James A Haley VAMC in cooperation with the Department of Defense.

The current configuration of space reduces the effective beds of the unit due to the preponderance of multi-bed rooms. For a significant portion of the case load, it is impractical and not in compliance with current VACO design guides and JCAHO, AIA, HIPAA and infection control guidelines to treat these cases in a multi-bed setting. This effectively reduces the stated capacity of the current space. Current utilization figures have the ward operating at 75% capacity. Given the reduced number of effective beds, the 75% capacity is extremely high based on occupancy rates of similar service delivery units.

The current ward has significant inadequacies that make it extremely difficult to treat the current case load and will be insurmountable when confronted with the projected increase in case load. The changing nature of the current wars and the understanding of how blast injuries manifest in patients will make this treatment capability invaluable.

The veterans currently enrolled that will be served by this facility include all veterans from VISN 7, 8, 9, 16, and 17. The current enrollment for these areas is 993,158. As one of four centers the enrollees to be served could be as high as 1.25 million veterans.

Current Polytrauma (Part 1) and Medicine/Surgery (Part 2) ward inadequacies include: 2-Bed and 4-Bed Rooms - The current 2- Bed and 4-Bed rooms give each patient 98 NSF. This is not enough to give the patient access to both sides of the bed which is necessary for effective treatment. It also limits the nurses' ability to help patients from both sides of the bed. 2- Bed and 4-Bed rooms are not navigable with the wheelchairs and walkers necessary for each patient. This is especially evident when one or more patients are trying to move about the room simultaneously.

Nurses Stations - The nurse station areas are inaccessible to wheelchairs and are not ADA compliant for staff members that require these accommodations. The space is not adequate to handle the workload.

Medication Rooms - The increase in equipment necessary to provide modern care made it very difficult to store equipment in areas not in conflict with access to med rooms and the size is inadequate for effective distribution of medications by more than one staff member at a time. This significantly reduces staff productivity.

Bathrooms - Current bathrooms are not ADA compliant and are not adequate to provide proper training to patients for self sufficiency. Wheelchairs do not fit into the stalls. There are only 2 shower stalls to be used by 18 patients and they are not adequately sized to facilitate therapy and training of the patients in daily living activities. Finally, numerous Facility Condition Assessment (FCA) deficiencies will be addressed. Each of these areas is currently rated D or F for a significant portion of the facility systems.

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
This project supports four VA goals:

One VA: World-class service to Veterans and their families will result from the effective management of patient care, people, communications and technology. This directly supports the VA enabling goal toward the recruitment and retention of a competent, committed and diverse workforce. The current national shortage of professional registered nurses is an area that can be addressed through initiatives such as the proposed project. Working in a technologically advanced, aesthetically pleasing area will augment the James A. Haley Veterans' Hospital status as a Magnet Award winner and contribute to attracting the best and the brightest nursing professionals to our facility. The proposed project also promotes high quality, reliable, accessible, timely and efficient healthcare that maximizes the health and functional status for all enrolled Veterans. This proposal will help meet the objective of providing coordinated, comprehensive and integrated care to promote health and improve patient function. It optimizes the use of healthcare information and technology to the Veterans' benefit through the deployment of the most technologically advanced communication and record keeping systems. The project will also continuously improve the quality and safety of healthcare for Veterans by reducing or eliminating potential pitfalls in the antiquated, existing inpatient settings. The project also provides opportunities to meet a Veterans Health Administration objective of improved patient satisfaction. More importantly, the project creates a healthcare environment characterized by patient centered services.

Public Health & Socioeconomic Well-Being: The planned infrastructure upgrades in the project will improve the survivability of the facility under hurricane conditions. This facility is designated in the Hillsborough County Emergency Management Plan as a disaster recovery health facility. The benefits to the community during times of emergency are difficult to value. The continuous operation of this facility during times of emergency will support the public health and socioeconomic well-being of the surrounding community.

Honor and Memorialize: Veterans deserve care delivered in a current and up to date facility. This objective will be supported by providing appropriate infrastructure to meet their needs as required by Title 38, U.S.C.

Quality of Life: The objective of this Polytrauma Center is to return veterans and injured active duty personnel to the highest level of self sufficiency possible. The Pain Management Team has provided a nationally recognized Program of

Excellence for its inpatients since 1988 and was awarded the Olin Teague award in 2004 for the care provided for those wounded in service. This program at the Tampa VAMC continues to expand. In the last year the pain team had 3,528 consults for treatment. The majority of these patients are service connected for their pain management problems. The Tampa programs focus on improving quality of life, and improved independence in the patient's own management of their chronic pain. In addition the team provides care for the Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans with pain to assist with integration back to civilian life. The pain team continues to improve its care by providing programs which integrate psychology, physical therapy, occupational therapy, rehabilitation medicine, neurology and anesthesia in a seamless program to maximize the benefit for the patients. As a complement to the clinical programs, the addition of a parking structure and greater focus on single bed rooms will improve access to healthcare, improve patient satisfaction, and provide for more efficient use of available space. Achieving this goal will maximize the quality of life of all patients. With this said, it should be noted that Tampa recognizes the impact that this construction will have on an already deficient parking supply: therefore, Tampa has performed appropriate up-front planning to ensure that the parking garage is built at the beginning of the project.

VI. Alternatives Considered

Five alternatives were considered: status quo, renovations and new construction, all new construction, lease and contract out.

Alternative 1 - Status Quo: This option would be to continue operations as currently configured. This is a non-viable option because the bed space and treatment areas are not in compliance with current VA Standards, Directives, and Safety Policies. Examples of the inadequacies of the current configuration are as follows:

The current 2- Bed and 4-Bed rooms give each patient 98 NSF. This space is not enough to give the patient or caregiver access to both sides of the bed which is necessary for effective treatment. The room configuration is not navigable with the wheelchairs and walkers necessary for each patient. This is especially evident when one or more patients are trying to move about the room simultaneously. In addition, the existing bathrooms are not ADA compliant and are not adequate to provide proper training to patients for self sufficiency. Wheelchairs do not fit into the stalls. There are only 2 shower stalls to be used by 18 patients and they are not adequately sized to facilitate therapy and training of the patients in daily living activities. There are currently no exam rooms in the ward area and the day rooms are inadequate for the existing patient census. All of these issues combine

to create a poor environment for therapeutic living, especially considering the typical length of time a Polytrauma patient and family live on this unit. Lastly, we cannot forget that these patients are presented with the same, if not greater, potential for acute illness. In the current space, there are no isolation rooms in the ward area. This absence of this type of space requires patients with isolation issues to be cared for in acute settings rather the Polytrauma unit, where the staff is not aware of their unique Polytrauma related treatment plan.

In addition to limitations with regard to therapeutic environment for patients, the staff spaces are not sufficient for current treatment expectations. Specifically, the nurse station areas are inaccessible to wheelchairs and are not ADA compliant for staff members that require these accommodations. The space is not adequate to handle the workload demands that this Polytrauma program experiences. The medication, supply, and equipment rooms are also a vulnerability. The increase in equipment necessary to provide modern care makes it very difficult to store equipment in areas not in conflict with access to medication rooms and the size is inadequate for effective distribution of medications by more than one staff member at a time. This significantly reduces staff productivity.

From an Environment of Care/Safety perspective, there are several existing FCA deficiencies that would be remedied during the project. They include asbestos removal, fire sprinkler installation, chilled water distribution, windows, electrical/telecom closets, ventilation, Interior Finishes and plumbing supply and return.

Alternative 2 - Renovation and New Construction: Part 1 is the construction of a 97,193 DGSF (56 Beds) space for state-of-the-art Polytrauma Healthcare Center. This will consist of one floor of Polytrauma ward space, one floor of Polytrauma and multi-purpose rehab space and a mechanical penthouse for infrastructure support. This space will be located above the existing Spinal Cord Injury Unit, which has a "core" area designed to support this number and type of floors. This option also includes additional parking for patients, families, and staff. Part 2 is the renovation of 104,816 DGSF (116 Beds) of ward, procedure and exam room space on top four (4) floors of the Main Hospital Building (Bldg). 1). This complete renovation will transform the existing four and two bed rooms of the existing space into single bed rooms as required by American Institute of Architects AIA guidelines and will comply with current VA, JCAHO, HIPAA, and infection control guidelines for in-patient rooms and areas. It will also provide an opportunity to remedy several Facility Condition Assessment items with D or F ratings that could otherwise only be remedied by building a new hospital bed tower. These remedies would include; asbestos removal, fire

sprinkling, electrical/telecom closets, indoor air quality upgrades, healthcare environment upgrades, physical security (hurricane and blast hardening) upgrades. Part 3 is the construction of a parking facility with up to 1,500 spaces for patients, family and visitors.

Alternative 3 - All New Construction: The only difference between this and option 1 is that the Bed Tower would be new construction also. If a new bed tower was built the existing tower could be used to provide DGSF to the many other departments that are short space at James A. Haley VAMC.

Alternative 4 - Lease: This option would be similar to option 1 except that the space required would be leased in new construction on a different site in the general area of the current hospital. If a new bed tower was built the existing tower could be used to provide DGSF to the many other departments that are short space at James A. Haley VAMC.

Alternative 5 - Contract Out: This option was not considered viable because Polytrauma and Traumatic Brain Injury patients require specialized skills and facilities that have been developed over the years in the VA Healthcare System. There is no other private hospital setting that has the expertise required to treat these patients.

VII. Affiliation/Sharing Agreements

As one of the four Polytrauma Centers, it is anticipated that this project will enhance the current DoD affiliations and academic affiliations as it is now Tampa is responsible for 25% of the Polytrauma case load for veterans and active duty injured that are stable enough to be transferred for further care.

VIII. Demographic Data

	2005	2015	2025	Change 2005-2025
Veteran Population	445,394	383,956	334,027	-25%
Enrollees	153,278	153,778	137,215	-10%

IX. Workload

Workload	Current (2005)	Projected (2025)	Change 2005-2025
Authorized hospital beds	279	167	-40%
Outpatient visits	224,338	351,840	57%
Enrollees	153,278	137,215	-10%
Primary care stops	177,491	186,317	5%
Speciatly care stops	70,015	118,119	69%
Mental health stops	45,306	70,904	57%
Diagnostic/ancillary	308,626	395,866	28%

X. Schedule

Complete design development	April 2009
Complete contract documents	August 2009
Award construction contract	March 2010
Complete construction	March 2015

XI. Project Cost Summary

New construction (115,962 gross square feet) plus garage	$66,185,000
Alterations (195,450 gross square feet)	$41,264,000
Subtotal	**$107,449,000**
Pre-design development allowance	$14,370,000
Total other costs, utilities, etc.	$36,262,000
Subtotal estimated base construction costs	**$158,081,000**
Construction contengencies	$9,044,000
Technical services	$16,713,000
Impact costs	$4,549,000
Construction management costs	$5,282,000
Subtotal estimated base cost	**$193,669,000**
Inflation allowance/locality adjustment	$30,131,000
Total estimated project cost*	**$223,800,000** *

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

XII. Operating Costs

Non-recurring costs	Project Costs	Current Facility Operating Costs
Equipment costs	$8,750,000	N/A
One time non-recurring cost	$1,750,000	N/A
Total non-recurring	$10,500,000	N/A
Recurring costs		
Personal services (FTE: 84.3)	$6,951,000	N/A
Other recurring	$750,000	N/A
Total recurring	$7,701,000	N/A
Total Operating Cost	**$18,201,000**	**$141,931,809**

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Palo Alto, California
Centers for Ambulatory Care and Polytrauma Rehabilitation, Phase 1 - Design

Proposal is to construct an Ambulatory Care Replacement Center, a Polytrauma Rehabilitation Center and a parking garage at VA Palo Alto Health Care System's Palo Alto Division.

I. Budget Authority

Total Estimated Cost*	Available Through 2008	2009 Request	Future Request
$450,300,000	$0	$38,290,000	$412,010,000

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

II. Priority Score: FY 09 – 0.551

III. Description of Project

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.

IV. Priorities/Deficiencies Addressed

The project has three critical objectives: 1) Mitigate potentially catastrophic seismic deficiencies; 2) Accommodate Livermore Division's highly specialized ambulatory care programs at the tertiary care center in Palo Alto; and 3) Construct Polytrauma Rehabilitation facilities for which to treat complex multi-trauma injuries related to combat.

Palo Alto, including the larger San Francisco Bay Area, is located in a seismically active region. Recent studies by the United States Geological Survey (USGS) indicate there is a 62 percent likelihood of a Moment magnitude 6.7 or higher earthquake occurring in the Bay Area in the next 30 years. Palo Alto is located in the highest seismic zone in the United States with a seismicity score of 35.0. This region is likely to experience a catastrophic seismic event in the near future. Based on the USGS forecasts, ensuring patient and staff safety remains VISN 21's highest priority in terms of prioritizing and ranking construction projects.

This major construction proposal will replace three (3) obsolete, functionally deficient, and seismically unsafe Exceptionally High Risk (EHR) buildings, all of which have been identified as structurally deficient and in risk of catastrophic failure from a significant seismic event (Building 4 – EHR #4; Building 54 – EHR #48; -MB4 - EHR #49). Today, these three buildings are listed at the top of the Department of Veterans Affairs' EHR list and account for approximately 300,000 GSF of structurally deficient buildings. Seismic studies have shown that these buildings do not have sufficient shear strength to prevent a brittle shear failure. The largest building, Building 4, a 96,000 GSF three (3) story building, is ranked #4 on VA's EHR list and has a deficiency classification of Category Rank of 1: "Building in danger of collapsing."

VAPAHCS' Palo Alto Division is one of four (4) Polytrauma Rehabilitation Centers within the Department of Veterans Affairs. The proposed Center for Polytrauma Rehabilitation will accommodate inpatient and outpatient treatment and rehabilitation programs to effectively treat patients diagnosed with complex multi-trauma injuries related to combat. Adjacent to the Polytrauma Rehabilitation Center, the proposed Ambulatory Care Replacement Center will house all the clinical and therapeutic functions necessary to support the Polytrauma Rehabilitation Center's outpatient programs.

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

This project addresses four VA goals:

Quality of Life: To accomplish this objective, VAPAHCS will eliminate three seismically deficient buildings identified by VA structural consultants as Exceptionally High Risk (Buildings 4, 54 and MB4). By replacing these buildings with state-of-the-art Centers for Ambulatory Care and Polytrauma Rehabilitation, VAPAHCS would maximize the quality and safety of health care provided to veterans.

Honor and Memorialize: By mitigating Building 4's structural and Life/Safety deficiencies and enabling the highest caliber of service to be executed within state-of-the-art and seismically safe facilities, VAPAHCS will continue to provide high quality, reliable, accessible, timely and efficient health care for veterans in a manner that honors the legacy and individual needs of each veteran. Consolidating ambulatory care services will improve patient access and increase patient satisfaction.

Public Health & Socioeconomic Well-Being: Through the funding of this initiative, VAPAHCS will create modern and accessible treatment facilities 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 workforce, one of which is committed to treating veterans. In addition, VAPAHCS will continue to make a concerted effort to design, develop and maintain state-of-the-art patient care and clinical research facilities. This initiative will allow VAPAHCS to continue in its efforts to replace antiquated infrastructure with facilities conducive to advancing the delivery of patient care, research and educational activities.

One VA: The synergies created by closely aligning the physical space of Ambulatory Care, Rehabilitative, and Research services will allow VAPAHCS to realize a number of operational efficiencies. Examples of these efficiencies include eliminating duplicated facility and utility expenses, aligning staff and program operations to increase efficiency of work flow processes, and increasing accessibility to multiple services for patients. This project will also allow

VAPAHCS to create a modern, patient-learning environment, ideal for educating future health care professionals. The learning and research environment created through this proposal will help attract and maintain a highly skilled multi-disciplinary workforce and partnerships with VAPAHCS academic affiliates.

VI. Alternatives to Construction Considered

Five alternatives were considered: status quo, new construction, renovation, commercial lease and contract out. The alternative of new construction was identified as the preferred option.

Alternative 1 - Status Quo: The Status Quo alternative is inconsistent with the Secretary's CARES Decision Document to realign Livermore Division [Realignment] and ensure patient and staff safety [Seismic Correction].

Alternative 2 - New Construction: The preferred alternative will construct a 300,000 GSF Ambulatory Care Replacement Center and a 79,100 GSF Polytrauma Rehabilitation Center. The project has three objectives: 1) Mitigate potentially catastrophic seismic deficiencies; 2) Accommodate Livermore Division's highly specialized ambulatory care programs at the tertiary care center in Palo Alto; and 3) Construct Polytrauma Rehabilitation facilities for which to treat complex multi-trauma injuries related to combat. The Centers for Ambulatory Care and Polytrauma Rehabilitation proposal will replace six (6) buildings [three (3) Exceptionally High Risk (EHR) buildings on the Palo Alto Division in addition to three (3) large temporary clinical modular buildings.]

Alternative 3 - Renovation: This alternative would renovate and seismically retrofit Building 4 for wet and dry lab research and construct a new 280,000 GSF Ambulatory Care Center in Palo Alto. This alternative would mitigate nearly 100,000 GSF of serious structural deficiencies; however, nearly 200,000 GSF of temporary clinical modular buildings and Butler style structures would need to be replaced through this project because these temporary buildings have surpassed their 15 year life expectancy.

Alternative 4 - Commercial Lease: This alternative would lease a 379,100 GSF medical office/research building in the City of Palo Alto utilizing a full service contract for 30 years. Leasing was determined to be more costly and does not comply with the Secretary's CARES Decision approving the collocation of specialized clinical services at the Palo Alto tertiary care center.

Alternative 5 - Contract out: This alternative would contract out ambulatory care services and would lease 280,000 GSF of wet lab space. This alternative would not comply with the Secretary's CARES Decision Document to relocate

ambulatory care services from Livermore Division to the tertiary care center in Palo Alto and would greatly impede continuity and continuum of patient care by having these services located off-site. This option would also displace all outpatient Polytrauma (PM&R) rehabilitation, leaving Palo Alto Division's inpatient Polytrauma Center without any therapeutic rehabilitation. Furthermore, over 100,000 GSF of basic science, translational research, and animal vivarium would be displaced under this alternative. In summary, this alternative would adversely impact the delivery and continuity of patient care.

VII. Affiliations/Sharing Agreements

VAPAHCS manages one of the largest Graduate Medical Education (GME) programs within the Department of Veterans Affairs. In FY06, GME training was provided to some 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 and Polytrauma 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 3rd 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*

	2005	2015	2025	Change 2005-2025
Veteran Population	267,605	206,662	161,546	-40%
Enrollees	69,837	61,926	51,901	-26%

*Data is from the South Coast Market

IX. Workload

Workload	Current (2005)	Projected (2025)	Change 2005-2025
Authorized Hospital Beds	897	871	-3%
Enrollees	69,837	51,901	-26%
Primary care stops	136,660	153,034	12%
Specialty care stops	160,023	216,718	35%
Mental health stops	100,330	108,151	8%
Diagnostic / ancillary	2,091,334	3,228,976	54%

IX. Schedule

Complete design development	November 2009
Complete construction documents	August 2010
Award construction contract	April 2011
Complete construction	February 2015

X. Project Cost Summary

Demolition (300,000 gross square feet)	$1,996,000
New Construction (379,100 gross square feet)	$179,483,000
Subtotal	**$181,479,000**
Pre-design development allowance	$28,777,000
Total Other Costs, Utilities, etc.	$106,294,000
Subtotal estimated base construction costs	**$316,550,000**
Construction contingencies	$15,828,000
Technical services	$33,238,000
Impact costs	$10,000,000
Construction management costs	$10,692,000
Subtotal estimated base cost	**$386,308,000**
Inflation allowance / locality adjustment	$63,992,000
Total estimated project cost*	**$450,300,000**

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

XI. Operating Costs

	Project Costs	Present Facility Operating Costs
Non-recurring costs		
Equipment costs	$15,000,000	$N/A
One time non-recurring cost	$30,000,000	$N/A
Total non-recurring	$45,000,000	
Recurring costs		
Personnel services	(FTE: 378.5) $45,840,016	(FTE:419.5) $49,425,225
Other recurring	$25,419,004	$28,172,450
Total recurring	$71,259,020	$77,597,675
Total Operating Cost	**$116,259,020**	**$77,597,675**

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Puerto Rico National Cemetery
San Juan, Puerto Rico
Gravesite Expansion and Cemetery Improvements

Proposal is to construct an expansion of, and improvements to, the VA National Cemetery.

I. Budget Authority

Total Estimated Cost[1/]	Available Through 2008	2009 Request	Future Request
$38,700,000	…	$33,900,000	…

1/ Non-construction costs of $4,800,000 for crypts are included in the Compensation and Pensions Appropriation.

II. Priority Score: 0.703

III. Description of Project

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.

IV. Priorities/Deficiencies Addressed

Without this investment, the Puerto Rico National Cemetery will deplete its inventory of available gravesites and the cemetery will close to first interments in 2012. Expansion of the Puerto Rico National Cemetery will provide for continued access to a burial option in a national cemetery for over 120,000 veterans who reside in the San Juan metropolitan area. In 2006, the Puerto Rico National Cemetery was ranked the 22nd busiest cemetery based on interment workload. Puerto Rico National Cemetery

conducted almost 1,500 interments in 2006, and over 44,000 interments since opening in 1949. 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.

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

Goal 3: 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.

Puerto Rico National Cemetery serves over 120,000 veterans who live within 75 miles of the cemetery. 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 their deaths. Gravesites for casketed interments are expected to be depleted by 2012, closing the cemetery to first interments. This project will provide for an additional 11,250 gravesites, helping to 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.

Goal 4: 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 2006 Survey of Satisfaction with National Cemeteries, the appearance of Puerto Rico National Cemetery was rated as excellent by 96 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

Four alternatives were considered: a major construction project, several minor projects to accomplish the same goals, a state veterans cemetery funded through the VA State Cemetery Grants program, and a no-action option.

Alternative 1 - Status Quo: No action, will result in the national cemetery depleting its available full casket gravesites by 2012. This alternative would close the cemetery to first interments, resulting in the loss of a full-casket burial option for over 120,000 area veterans.

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 be accomplished only at the expense of other minor construction needs throughout NCA. It 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 VA funded state veterans cemetery to serve the veteran population in the San Juan metropolitan and surrounding area would provide the same services available at a national cemetery. A new state veterans cemetery in San Juan metropolitan area would duplicate infrastructure already in place at Puerto Rico National Cemetery and would permit the closure of a national cemetery which area veterans have relied upon since 1949. 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 Puerto Rico 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.

While the Commonwealth of Puerto Rico has expressed interest in establishing a state veterans cemetery in the western part of the Commonwealth, progress has been slow and has not proceeded past the pre-application phase. The proposed project is intended to serve only a small number of veterans who live at a considerable distance from Puerto Rico National Cemetery.

VII. Affiliation/Sharing Agreements

Not Applicable

VIII. Demographic data

Data relevant to the Puerto Rico National Cemetery and its service area

	2006	2011	2016	Change 2011-2016
Annual Interments	1,474	1,544	891	-42%
Cumulative Gravesites	37,186	42,280	45,385	7%
Estimated Veterans Deaths	3,944	3,858	3,537	-8%

IX. Workload

Not Applicable

X. Schedule

Complete design development	September 2008
Complete contract documents	February 2009
Award construction contract	August 2009
Complete construction	February 2012

XI. Project Cost Summary

New Construction - Public Restroom Facility	$300,000
Site Work, Clearing, Improvements, and Grubbing	$4,507,540
Repair and Renovate Facilities	$6,150,000
Fast Track	$5,000,000
Columbarium Niches, Lawn Crypts – Install	$6,000,000
Pre-Design Development Allowance	$2,195,754
Subtotal estimated base construction costs	**$24,153,294**
Technical Services (CD)	$1,449,197
LEEDS Improvements to Buildings	$1,207,665
Market Condition Allowance	$1,569,964
Construction Contingency	$1,811,497
Construction Management Firm Costs	$1,207,665
Ingress, Egress, Utility, Environmental Compliance	$300,000
Subtotal estimated base costs	**$31,699,282**
Escalation at 2.5% Per Year (Estimate FY 2009 Construction)	$1,901,957
Locality Adjustment	$298,761
Total estimated project cost	**$33,900,000**

XII. Operating Costs

	Project Activation Costs		Present Facility Operating Costs	
Non-recurring costs				
Equipment costs		$0		NA
One time non-recurring cost 1/		$4,800,000		NA
Total non-recurring		$4,800,000		NA
Recurring costs				
Personal services	(FTE: 0)	$0	(FTE: 27)	$1,150,000
Other recurring		$84,000		$579,000
Total recurring		$84,000		$1,729,000
Total Operating Cost		**$4,884,000**		**$1,729,000**

1/ Non-construction costs of $4,800,000 for crypts funded by the Compensation and Pensions Appropriation.

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Massachusetts National Cemetery
Cape Cod, Massachusetts
Gravesite Expansion and Cemetery Improvements, Phase 3

Proposal is to construct an expansion of, and improvements to, the VA National Cemetery.

I. Budget Authority

Total Estimated Cost[1/]	Available Through 2008	2009 Request	Future Request
$24,063,000	...	$20,500,000	…

1/ Non-construction costs of $3,563,000 for crypts are included in the Compensation and Pensions Appropriation.

II. Priority Score: 0.647

III. Description of Project

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.

IV. Priorities/Deficiencies Addressed

Without this investment, the Massachusetts National Cemetery will deplete its inventory of available gravesites and the cemetery will close to first interments in 2012. Expansion will provide for continued access to a burial option in a national cemetery for over 400,000 veterans who reside in southeastern Massachusetts. In 2006, the Massachusetts National Cemetery was the 15th busiest cemetery based on

interment workload. Massachusetts National Cemetery conducted over 2,300 interments in 2006 and over 43,000 interments since opening in 1980. 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. 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

Goal 3: 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.

Massachusetts National Cemetery serves over 400,000 veterans who live within 75 miles of the cemetery. 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 their deaths. Gravesites for casketed interments are expected to be depleted by 2012, closing the cemetery to first interments. This project will provide for an additional 13,300 gravesites helping to 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.

Goal 4: 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 2006 Survey of Satisfaction with National Cemeteries, the appearance of Massachusetts 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

Four alternatives were considered: a major construction project, several minor projects to accomplish the same goals, a state veterans cemetery funded through the VA State Cemetery Grants program, and a no-action option.

Alternative 1 - Status Quo: No action, will result in the national cemetery depleting its available full casket gravesites by 2012. This alternative would close the cemetery to first interments resulting in the loss of a full-casket burial option for over 400,000 area veterans.

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 be accomplished only at the expense of other minor construction needs throughout NCA. It 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 southeastern Massachusetts area would duplicate infrastructure already in place at Massachusetts National Cemetery and would permit the closure of a national cemetery which area veterans have relied upon since 1980. 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 Massachusetts 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 Commonwealth of Massachusetts is unlikely to exercise this option. In 1976, the Commonwealth acquired and donated to NCA the 749 acres used to establish the Massachusetts National Cemetery and of those 749 acres, 524 remain undeveloped. Currently the Commonwealth has no active pre-applications with the VA State Cemetery Grants program to establish any additional veterans cemeteries above the two which are currently operational. Of these two state veterans cemeteries, Winchendon State Veterans Cemetery is the closest to

Massachusetts National Cemetery and is located approximately 120 miles to the northwest, well beyond the NCA established 75-mile service area.

VII. Affiliation/Sharing Agreements

Not Applicable

VIII. Demographic data

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

	2006	2011	2016	Change 2011-2016
Annual Interments	2,319	2,262	1,987	-12%
Cumulative Gravesites	35,633	43,692	50,831	16%
Estimated Veterans Deaths	15,116	13,820	12,009	-13%

IX. Workload

Not Applicable

X. Schedule

Complete design development	September 2008
Complete contract documents	March 2009
Award construction contract	August 2009
Complete construction	October 2011

XI. Project Cost Summary

New Construction – Administration and Maintenance Buildings	$2,725,800
Site Work, Clearing, Improvements, and Grubbing	$4,274,009
Repair and Renovate Facilities	$269,500
Columbarium Niches, Lawn Crypts – Install	$5,657,500
Pre-Design Development Allowance	$1,292,681
Subtotal estimated base construction costs	**$14,219,490**
Technical Services (CD)	$853,169
LEEDS Improvements to Buildings	$1,137,559
Market Condition Allowance	$924,267
Construction Contingency	$1,066,462
Construction Management Firm Costs	$710,974
Ingress, Egress, Utility, Environmental Compliance	$400,000
Subtotal estimated base costs	**$19,311,921**
Escalation at 2.5% Per Year (Estimate FY 2009 Construction)	$965,596
Locality Adjustment	$222,483
Total estimated project cost	**$20,500,000**

XII. Operating Costs

	Project Activation Costs		Present Facility Operating Costs	
Non-recurring costs				
Equipment costs		$0		NA
One time non-recurring cost 1/		$3,563,000		NA
Total non-recurring		$3,563,000		NA
Recurring costs				
Personal services	(FTE: 0)	0	(FTE: 29)	$1,527,000
Other recurring		$442,000		$262,000
Total recurring		$442,000		$1,789,000
Total Operating Cost		**$4,005,000**		**$1,789,000**

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

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Calverton National Cemetery
Suffolk County (Long Island), N.Y.
Gravesite Expansion & Cemetery Improvements

Proposal is to construct an expansion of, and improvements to, the VA National Cemetery.

I. Budget Authority

Total Estimated Cost[1/]	Available Through 2008	2009 Request	Future Request
$43,325,000	$1,500,000	$29,000,000	…

1/ Non-construction costs of $12,825,000 for crypts are included in the Compensation and Pensions Appropriation.

II. Priority Score: 0.599

III. Description of Project

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.

IV. Priorities/Deficiencies Addressed

Without this investment, Calverton National Cemetery will deplete its inventory of available gravesites for casketed remains and the cemetery will close to first interments of casketed remains in 2012. Expansion of the Calverton National Cemetery will provide for continued access to a burial option in a national cemetery for over 800,000 veterans who reside in the New York City metropolitan area. In

2006, the Calverton National Cemetery was ranked the third busiest cemetery based on interment workload. Calverton National Cemetery conducted over 6,800 interments in 2006 and over 194,000 interments since opening in 1978. 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.

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

Goal 3: 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.

Calverton National Cemetery serves over 800,000 veterans who live within 75 miles of the cemetery. 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 their deaths. Gravesites for casketed interments are expected to be depleted by 2012, closing the cemetery to first interments. This project will provide for an additional 36,500 gravesites, helping to 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.

Goal 4: 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 2006 Survey of Satisfaction with National Cemeteries, the appearance of Calverton National Cemetery was rated as excellent by 99 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

Four alternatives were considered: a major construction project, several minor projects to accomplish the same goals, a state veterans cemetery funded through the VA State Cemetery Grants program, and a no-action option.

Alternative 1 - Status Quo: No action, will result in the national cemetery depleting its available full casket gravesites by 2012. This alternative would close the cemetery to first interments of casketed remains, resulting in the loss of a full-casket burial option for over 800,000 area veterans.

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 be accomplished only at the expense of other minor construction needs throughout NCA. It 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 he same services available at a national cemetery. A new state veterans cemetery in the New York City metropolitan area is not a viable option since the State of New York, by legislation, is prohibited from funding cemetery operations, making the state ineligible to receive state grants to construct a veterans cemetery. The State Cemetery Grants Program is not authorized to award grants to agencies other than states and Native American tribes. There are currently no state veterans cemeteries in the State of New York and there is no indication that the State is considering constructing a state veterans cemetery independent of the State Grants Program.

VII. Affiliation/Sharing Agreements

Not Applicable

VIII. Demographic data

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

	2006	2011	2016	Change 2011-2016
Annual Interments	6,803	5,947	5,069	-15%
Cumulative Gravesites	169,849	193,016	212,789	10%
Estimated Veterans Deaths	168,228	156,389	138,318	-12%

IX. Workload

Not Applicable

X. Schedule

Complete design development	February 2005
Complete contract documents	December 2005
Award construction contract	May 2009
Complete construction	May 2011

XI. Project Cost Summary

Site Work, Clearing, Improvements, and Grubbing	$9,077,545
Repair, Renovate, and Expand Facilities	$1,635,000
Columbarium Niches, Lawn Crypts – Grading and Install	$8,550,000
Pre-Design Development Allowance	$1,926,255
Subtotal estimated base construction costs	**$21,188,800**
Technical Services (CD) - (FY 2004 Funding)	$1,500,000
LEEDS Improvements to Buildings	$1,695,104
Market Condition Allowance	$1,377,272
Construction Contingency	$1,589,160
Construction Management Firm Costs	$1,059,440
Ingress, Egress, Utility, Environmental Compliance	$500,000
Subtotal estimated base costs	**$28,909,776**
Escalation at 2.5% Per Year (Estimate FY 2009 Construction)	$1,445,488
Locality Adjustment	$144,736
Total estimated project cost	**$30,500,000**

XII. Operating Costs

	Project Activation Costs		Present Facility Operating Costs	
Non-recurring costs				
Equipment costs		$0		NA
One time non-recurring cost 1/		$12,825,000		NA
Total non-recurring		$12,825,000		NA
Recurring costs				
Personal services	(FTE: 0)	$0	(FTE: 99)	$6,737,000
Other recurring		$906,000		$555,000
Total recurring		$906,000		$7,292,000
Total Operating Cost		**$13,731,000**		**$7,292,000**

1/ Non-construction costs of $12,825,000 for crypts funded by the Compensation and Pensions Appropriation.

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Construction, Major
Advance Planning Fund

I. Budget Authority

2009 Request Veterans Health Administration ($000)… ……...….	$40,000
2009 Request National Cemetery Administration ($000) ……	$6,000
2009 Request General Administration (Staff Offices) ($000)……	$5,000

II. Description of Program

This request includes $51,000,000 in Advance Planning Funds (APF) for support of the Veterans Health Administration (VHA), National Cemetery Administration (NCA), and 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 whether referring to VHA or NCA.

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, historic preservation plans, 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 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 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 a contract to be entered into. This line item provides funding through the schematic and design development phases and equates to approximately 35% of total design.

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

IV. Funding History

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Veterans Health Administration	$39,225	$40,285	$49,485	$40,000	($9,485)
National Cemetery Administration	$13,600	$1,000	$1,000	$6,000	$5,000
General Administration (Staff Office)	$3,250	$0	$0	$5,000	$5,000
Total	$56,075	$41,285	$50,485	$51,000	$515

Construction, Major
Asbestos and Other Airborne Contaminates

I. Budget Authority

2009 Request ($000)……	$3,000

II. Description of Program

The Environmental Protection Agency Regulation 40 CFR, Part 61, is intended to protect the environment from asbestos emissions and OSHA Regulation 29 CFR, Part 1910, is intended to protect people in the workplace. These regulations allow for several possible means of controlling airborne contamination, including removal and containment. 40 CFR, Part 61, Subparts A & B, and 29 CFR, Part 1910, prescribe measures to be taken to reduce health hazards caused by breathing airborne contaminates (i.e., asbestos fibers, lead paint particles, etc.). The hazards must be addressed when buildings are remodeled or demolished, and when airborne concentrations exceed defined levels.

III. Background/Justification

Asbestos has been identified in Department of Veterans Affairs buildings, and a study was undertaken to determine the extent and intensity of the hazard these materials present. A substantial amount of removal work is required to meet current code requirements. Disturbance of this asbestos during renovation will require costly precautions to avoid hazards. When asbestos health hazards at Department of Veterans Affairs facilities have been identified and evaluated in association with a construction project, they will be abated in the most cost-effective manner.

IV. Funding History

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Asbestos	$5,000	$3,000	$3,000	$3,000	$0

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Construction, Major
BRAC Land Acquisition

I. Budget Authority

2009 Request ($000)……$5,000

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
BRAC Land Acquisition	$0	$5,000	$5,000	$5,000	$0

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 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.

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 nine currently approved by DoD. Acquiring these DoD surplus lands and buildings facilitate VA's ability to continue to provide world-class healthcare services.

IV. Funding History

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
BRAC Land Acquisition	$0	$5,000	$5,000	$5,000	$0

Construction, Major
Claims Analyses

I. Budget Authority

2009 Request ($000)……	$2,000

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Claims Analyses	$2,000	$2,000	$2,000	$2,000	$0

II. Description of Program

This program provides a source of funds for contracting the services of an independent claims analyst. These services are necessary to provide: 1) an independent analysis of VA's potential liability on claims made on specific construction projects; 2) documentation and analysis to assist VA's legal counsel in developing its case; and 3) expert witness services in defense of VA.

III. Background/Justification

VA has been subject to litigation due to contractor claims on construction projects. The growing complexity and litigious nature of the Construction industry has led to an increase in the number of claims filed against VA. Contractors often utilize a team of experienced lawyers and engineers dedicated to the task of preparing and litigating claims on a specific project. The Government can no longer adequately defend itself in large claims relying solely on the expertise of VA and Justice Department personnel (project managers, resident engineer and general counsel). Utilizing a line item in support of this program is consistent with the method of funding for other Construction-related costs such as asbestos abatement and hazardous removal and cleanup. It is in keeping with generally accepted accounting principles in that totaling the various phases of that project could capture all costs relating to a particular project.

IV. Funding History

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Claims Analyses	$2,000	$2,000	$2,000	$2,000	$0

Construction, Major
Facility Security Projects

I. Budget Authority

2009 Request ($000)……	$11,930

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

		2008			
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Facility Security Fund	$4,000	$21,325	$21,325	$11,930	($9,395)

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Construction, Major
Hazardous Waste Abatement

I. Budget Authority

2009 Request ($000)……$2,000

	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Hazardous Waste Abatement	$2,000	$2,000	$2,000	$2,000	$0

II. Description of Program

This program provides funds for the clean up of hazardous substances, pollutants, and contaminants (other than asbestos, which is funded from a separate line item) for which VA has been identified as a Potentially Responsible Party (PRP) pursuant to the Comprehensive Environment Response, Compensation and Liability Act of 1980 (CERCLA), or a comparable State statute; and those situations where VA has itself identified an urgent need for the clean up of such substances for which it is responsible, even without being identified as a PRP. This program will not be used to fund non-urgent hazardous substance abatement activities that are routinely funded as a construction project or part of a project. However, this fund may be used for clean up of such substances where an unanticipated urgent condition involving such substances occurs or is discovered after commencement of actual construction work on the project.

III. Background/Justification

CERCLA, as amended by the Superfund Amendments and Reauthorization Act of 1986, makes all parties who have generated hazardous substances (including pollutants and contaminants), transported such substances, or are the owners or operators of the disposal site for such substances liable for the clean up costs if such substances are released or are about to be released into the environment. Such parties are identified as potentially responsible parties and are jointly and severally liable for the costs associated with clean up of such release sites. In a situation where joint and severable liability applies, if some PRP's become bankrupt or are otherwise exempted from liability, the remaining PRP's become liable for the full cost of clean up, regardless of the amount of substance contributed. VA, as a generator of hazardous substances, pollutants, and contaminants is subject to the assessment of clean up costs if there is a release or threatened release of such substances into the environment and VA is identified

as a PRP. Such clean up costs may include, but are not limited to: 1) studies; 2) pre-and post-testing and monitoring; 3) cost of consultants, environmental specialists and certified industrial hygienists; and 4) the cost of removal and/or remediation.

IV. Funding History

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Hazardous Waste Abatement	$2,000	$2,000	$2,000	$2,000	$0

Construction, Major
Judgment Fund

I. Budget Authority

2009 Request ($000)……	$10,000

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Judgment Fund	$2,000	$30,000	$30,000	$10,000	($20,000)

	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Judgment Fund	$2,000	$30,000	$30,000	$10,000	($20,000)

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.

IV. Funding History

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Judgment Fund	$2,000	$30,000	$30,000	$10,000	($20,000)

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Construction, Major
NCA Land Acquisition Fund

I. Budget Authority

2009 Request ($000)……	$5,000

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
National Cemetery Administration	$0	$0	$0	$5,000	$5,000

II. Description of Program

This request provides funding for the establishment of a new land acquisition fund for the National Cemetery Administration.

III. Background/Justification

The FY 2009 budget request includes $5 million for a new land acquisition line item in the Major Construction account. This line item will provide 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 strategic target of serving 90% of veterans with a burial option within 75 miles of their homes.

Land to be purchased from the Land Acquisition Line Item must be (1) contiguous to an existing National Cemetery, (2) within an existing 75-mile service area or (3) in a location that will serve the same veteran population center. The land must be suitable for burials.

NCA will evaluate and prioritize decisions regarding land purchases based on the following factors. 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
- 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

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
National Cemetery Administration	$0	$0	$0	$5,000	$5,000

Construction, Major
Sustainability and Energy

I. Budget Authority

2009 Request Veterans Health Administration ($000)… ……...…	$5,000
2009 Request National Cemetery Administration ($000) …….	$10,600

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Veterans Health Administration	$0	$0	$0	$5,000	$5,000
National Cemetery Administration	$0	$0	$0	$10,600	$10,600
Total	$0	$0	$0	$15,600	$15,600

II. Description of Program

This fund will be used to assist the Department in complying with the energy efficiency and sustainability (green) building requirements of Executive Order 13423—Strengthening Federal Environmental, Energy, and Transportation Management.

III. Background/Justification

These funds are requested to implement the statuary requirements of: The Energy Policy Act of 2005 and subsequent DOE Interim Final Rule; Executive Order 13423--Strengthening Federal Environmental, Energy, and Transportation Management; and the Federal Leadership in High Performance and Sustainable Building Memorandum of Understanding. These Legislative and Executive mandates require more stringent sustainable design practices, Agency wide building energy conservation goals, and renewal energy requirements for new and renovated facilities. This supplementary funding will address a portion of these requirements for on-going major construction projects funded prior to the FY2009 VA Budget Request and provide funds for supporting tasks such as technical studies, VA field and VACO training, and the benchmarking of VA's sustainability programs across the Department. The outcome will provide long term cost savings, improve the infrastructure environment of VA facilities, and serve as a model sustainable program for both public and private sector heath care and other facilities.

Specifically, the EO mandates that new federal facility construction be designed to be 30% more energy efficient than current standards, if cost effective. The EO also incorporates by reference the Guiding Principles for Federal Leadership in High Performance and Sustainable Buildings, and directs that by 2015, 15% of each agency's existing facility inventory reflects incorporation of these principles.

IV. Funding History

	2008				
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Veterans Health Administration	$0	$0	$0	$5,000	$5,000
National Cemetery Administration	$0	$0	$0	$10,600	$10,600
Total	$0	$0	$0	$15,600	$15,600

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CONSTRUCTION, MAJOR PROJECTS

LOCATION	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
GENERAL PROJECTS				
LYONS, NJ	180 BED PSYCH BLDG.	37,597,546	37,597,546	0
MIAMI, FL	UTILITY PLANT & ELECTRICAL DISTRIBUTION	29,500,000	25,996,679	3,503,321
MOUNTAIN HOME, TN	RELOC MED SCHOOL FUNCT/RENOV B2,3,5	47,650,448	46,601,879	1,048,569
NORTH CHICAGO, IL	SURGICAL SUITE/EMERGENCY VA/DOD SHARIN(	13,000,067	11,278,303	1,721,764
SUBTOTAL		127,748,060	121,474,407	6,273,654
ASBESTOS ABATEMENT				
ASHEVILLE, NC	AMBULATORY CARE ADDITION	236,387	236,387	0
BOSTON, MA	AMBULATORY CARE ADDITION (PH 2)	144,630	144,630	0
CHICAGO (WS), IL	MODERNIZE INPATIENT SPACE	301,000	273,163	27,837
CLEVELAND (WADE PARK), OH	AMBULATORY CARE ADDITION/RENOVATE	80,239	80,239	0
COLUMBIA, MO	OPERATING SUITE REPLACEMENT	25,000	0	25,000
DETROIT, MI	REPLACEMENT/MODERNIZATION	437,711	437,711	0
DURHAM, NC	RENOVATE PATIENT WARDS	578,611	404,350	174,261
EAST ORANGE/LYONS, NJ	AMBULATORY CARE ADDITION	253,016	253,016	0
HAMPTON, VA	AMBULATORY CARE ADDITION	220,597	220,597	0
HINES, IL	BLIND/SPINAL CORD INJURY REHAB CENTER	157,000	157,000	0
HONOLULU, HI	AMBULATORY CARE/REMODEL E WING	356,511	356,511	0
INDIANAPOLIS (TSD), IN	7TH & 8TH FL WARD MODERNIZATION ADD	14,650	14,650	0
LEAVENWORTH, KS	AMBULATORY CARE ADDITION	604,128	604,128	0
LOS ANGELES, CA	SEISMIC CORRECTIONS, BLDG. 500/501	75,000	9,500	65,500
LYONS, NJ	180 BED PSYCH BLDG. (PH I)	495,758	495,758	0
MARTINEZ, CA	DEMOLITION MAIN BUILDING	2,552,989	2,552,989	0
MEMPHIS, TN	SEISMIC CORRECTIONS	716,750	714,863	1,887
MIAMI, FL	UTILITY PLANT & ELECTRICAL DISTRIBUTION	102,000	80,000	22,000
MOUNTAIN HOME, TN	BED TOWERS AND RENOVATION	441,807	441,807	0
MOUNTAIN HOME, TN	RELOC MED SCHOOL FUNCT/RENOV B2,3,5	482,191	482,191	0
N. CAL. HEALTH CARE SYS., CA	OUTPATIENT CLINICS/NEW BED TOWER	10,930,405	10,047,831	882,573
NEWINGTON, CT	MEDICAL CENTER MODERNIZATION	651,968	651,968	0
PALO ALTO (MPD), CA	SEISMIC CORRECTIONS - (BLDG. 324)	31,500	21,500	10,000
PALO ALTO (PAD), CA	REP. CLIN/BED TOWER FOR SEISMIC CORR.	1,664,558	1,664,558	0
PALO ALTO (PAD), CA	SEISMIC CORRECTIONS, BLDG. 2	75,000	29,096	45,904
PHOENIX, AZ	AMBULATORY CARE ADDITION	722,780	722,780	0
PITTSBURGH (UD), PA	MEDICAL CENTER CONSOLIDATION	1,146,758	1,010,036	136,722
SAN ANTONIO, TX	WARD UPGRADES AND EXPANSION	70,970	0	70,970
SAN DIEGO, CA	SEISMIC CORRECTIONS - BLDG. 1	12,259,100	12,068,865	190,235
SAN FRANCISCO, CA	SEISMIC CORRECTIONS, BLDG. 203	2,455,300	2,248,484	206,816
SAN JUAN, PR	AMBULATORY CARE ADDITION PHASE-2	309,909	309,909	0
SAN JUAN, PR	SEISMIC CORRECTIONS	11,948,285	10,612,691	1,335,594
SEPULVEDA, CA	SEISMIC CORRECT/CLINICAL SERVICES	4,206,784	4,206,784	0
TAMPA, FL	UPGRADE ESSENTIAL ELECTRICAL DIST. SYS.	3,677,708	2,414,415	1,263,293
TEMPLE/WACO, TX	RENOVATE BLDG 94 WACO/RESEARCH TEMPLE	139,610	139,610	0
TUCSON, AZ	AMBULATORY CARE ADDITION/RENOVATION	60,000	60,000	0
WEST HAVEN, CT	AMBULATORY CARE ADDITION	1,404,599	1,404,599	0
	UNDISTRIBUTED ASBESTOS	34,224,047	0	34,224,047
SUBTOTAL		94,255,254	55,572,614	38,682,640

FY 2009 CONGRESSIONAL BUDGET

CONSTRUCTION, MAJOR PROJECTS

LOCATION	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
CARES				
AMERICAN LAKE, WA	SEISMIC CORRECTIONS-NHCU & DIETETICS	38,220,000	1,601,926	36,618,074
ANCHORAGE, AK	OUTPATIENT CLINIC	75,270,000	69,124,824	6,145,176
ATLANTA, GA	MODERNIZE PATIENT WARDS	20,534,000	931,602	19,602,398
CHICAGO (WS), IL	MODERNIZE INPATIENT SPACE	98,500,000	92,358,899	6,141,101
CLEVELAND (WADE PARK), OH	BRECKSVILLE CONSOLIDATION	102,300,000	95,516,148	6,783,852
COLUMBIA, MO	OPERATING SUITE REPLACEMENT	25,830,000	0	25,830,000
COLUMBUS OPC, OH	OUTPATIENT CLINIC	94,800,000	91,018,309	3,781,691
DENVER, CO	REPLACEMENT MEDICAL CENTER FACILITY	107,000,000	11,114,885	95,885,116
DES MOINES, IA	EXTENDED CARE BUILDING	25,550,000	24,184,186	1,368,814
DURHAM, NC	RENOVATE PATIENT WARDS	9,100,000	8,447,744	652,256
FAYETTEVILLE, AR	CLINICAL ADDITION	5,800,000	0	5,800,000
GAINESVILLE, FL	CORRECT PATIENT PRIVACY DEFICIENCIES	85,200,000	3,052,023	82,147,977
HINES, IL	BLIND/SPINAL CORD INJURY REHAB CENTER	30,441,635	28,881,545	1,560,090
INDIANAPOLIS (TSD), IN	7TH & 8TH FL WARD MODERNIZATION ADD	27,399,982	22,067,309	5,332,673
LAS VEGAS, NV	NEW MEDICAL FACILITY/LAND PURCHASE	259,000,000	111,425,406	147,574,594
LEE COUNTY, FL	OUTPATIENT CLINIC - LAND PURCHASE	10,498,000	9,942,454	555,546
LONG BEACH, CA	SEISMIC CORRECTIONS/CLINICAL,B-7 & 126	107,845,000	3,758,556	104,094,438
LOS ANGELES, CA	SEISMIC CORRECTIONS, BLDG. 500/501	7,936,000	3,133,830	4,802,170
MEMPHIS, TN	SEISMIC CORRECTIONS	19,296,500	19,296,500	0
MILWAUKEE, WI	SPINAL CORD INJURY CENTER	32,500,000	0	32,500,000
MINNEAPOLIS, MN	SCI & SCD CENTER	20,500,000	19,817,549	682,452
N. CAL. HEALTH CARE SYS., CA	OUTPATIENT CLINICS/NEW BED TOWER	9,689,029	9,689,029	0
ORLANDO, FL	NEW MEDICAL FACILITY	25,000,000	0	25,000,000
PALO ALTO(MPD), CA	SEISMIC CORRECTIONS - (BLDG. 324)	32,934,000	31,653,845	1,280,155
PALO ALTO(PAD), CA	SEISMIC CORRECTIONS, BLDG. 2	34,000,000	2,258,680	31,741,320
PENSACOLA, FL	JOINT VA AND DEPART OF NAVY OPC PENSACOL	55,056,000	52,928,323	2,127,677
PITTSBURGH(UD), PA	MEDICAL CENTER CONSOLIDATION	103,580,005	101,681,849	1,898,156
SAN ANTONIO, TX	WARD UPGRADES AND EXPANSION	19,100,000	14,707,701	4,392,299
SAN DIEGO, CA	SEISMIC CORRECTIONS - BLDG. 1	47,874,000	47,235,225	638,775
SAN FRANCISCO, CA	SEISMIC CORRECTIONS, BLDG. 203	41,168,000	36,142,418	5,025,583
SAN JUAN, PR	SEISMIC CORRECTIONS BLDG. 1	10,880,000	0	10,880,000
ST. LOUIS, MO	MED FACILITY IMPROV & CEM EXPANSION	7,000,000	16,549	6,983,451
SYRACUSE, NY	ADDITION FOR SCI CENTER	53,469,000	2,143,286	51,327,714
TAMPA, FL	UPGRADE ESSENTIAL ELECTRICAL DIST. SYS.	49,000,000	39,491,947	9,508,053
TAMPA, FL	SCI EXPANSION	11,407,625	10,657,034	750,591
TEMPLE, TX	BLIND REHAB & PSYCHIATRIC BEDS	55,552,000	0	55,552,000
TUCSON, AZ	MENTAL HEALTH CLINIC	13,300,000	12,805,262	494,738
	UNDISTRIBUTED CARES	25,672	0	25,673
SUBTOTAL		1,772,556,448	977,084,842	795,484,601

FY 2009 CONGRESSIONAL BUDGET

CONSTRUCTION, MAJOR PROJECTS

LOCATION	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
CLAIMS ANALYST				
ASHEVILLE, NC	AMBULATORY CARE ADDITION	395,000	355,480	39,520
CHICAGO(WS), IL	MODERNIZE INPATIENT SPACE	81,000	0	81,000
DETROIT, MI	REPLACEMENT/MODERNIZATION	1,764,726	1,676,529	88,196
EAST ORANGE/LYONS, NJ	AMBULATORY CARE ADDITION	250,000	84,030	165,970
MEMPHIS, TN	SEISMIC CORRECTIONS	74,345	74,345	0
MOUNTAIN HOME, TN	RELOC MED SCHOOL FUNCT/RENOV B2,3,5	351,714	351,714	0
PALO ALTO(PAD), CA	REP. CLIN/BED TOWER FOR SEISMIC CORR.	305,821	280,676	25,145
PHOENIX, AZ	AMBULATORY CARE ADDITION	95,000	95,000	0
SAN JUAN, PR	AMBULATORY CARE ADDITION PHASE-2	121,568	121,568	0
SAN JUAN, PR	SEISMIC CORRECTIONS	17,337	17,337	0
VA CENTRAL OFFICE	ANALYZE CONSTRUCTION CLAIMS	15,000	15,000	0
VA CENTRAL OFFICE	CLAIMS CONSULTANT CONTRACTS	5,000	5,000	0
VA CENTRAL OFFICE	CLAIMS CONSULTANT CONTRACTS	5,000	5,000	0
VA CENTRAL OFFICE	CLAIMS CONSULTANT CONTRACTS	5,000	5,000	0
WEST HAVEN, CT	AMBULATORY CARE ADDITION	533,546	511,256	22,290
	UNDISTRIBUTED CLAIMS ANALYST	6,130,611	0	6,130,611
SUBTOTAL		10,150,668	3,597,935	6,552,733
CLINICAL IMPROVEMENTS				
KANSAS CITY, MO	SURGICAL SUITE	12,685,929	12,594,059	91,870
SUBTOTAL		12,685,929	12,594,059	91,870
PATIENT ENVIRONMENT				
BALTIMORE - PERRY PT. DIV, M	80 BED PSYCHIATRIC BUILDING	15,100,000	15,014,700	85,300
LEBANON, PA	RENOVATE PATIENT CARE UNITS - BLDG. 2	500,000	420,576	79,424
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	25,071,208	41,777
SUBTOTAL		54,712,985	54,355,929	357,056

FY 2009 CONGRESSIONAL BUDGET

CONSTRUCTION, MAJOR PROJECTS

LOCATION	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
HAZARDOUS ABATEMENT				
ALBANY NATL. CEMETERY, NY	PHASE I DEVELOPMENT (SARATOGA)	180,018	180,018	0
BOSTON, MA	AMBULATORY CARE ADDITION	3,522,669	3,522,669	0
CHICAGO(WS), IL	MODERNIZE INPATIENT SPACE	1,355,624	1,151,202	204,422
COLUMBIA, MO	OPERATING SUITE REPLACEMENT	25,000	0	25,000
GLENDALE NAT CEM	EXCAVATE & DISPOSAL OF SOIL	17,275	17,275	0
HINES, IL	BLIND/SPINAL CORD INJURY REHAB CENTER	8,000	8,000	0
LEAVENWORTH, KS	AMBULATORY CARE ADDITION	41,614	41,614	0
MEMPHIS, TN	SEISMIC CORRECTIONS	333,678	323,278	10,400
MIAMI, FL	UTILITY PLANT & ELECTRICAL DISTRIBUTION	100,000	100,000	0
MOUNTAIN HOME, TN	RELOC MED SCHOOL FUNCT/RENOV B2,3,5	54,000	54,000	0
N. CAL. HEALTH CARE SYS., CA	OUTPATIENT CLINICS/NEW BED TOWER	798,464	736,464	62,000
PALO ALTO(MPD), CA	SEISMIC CORRECTIONS - (BLDG. 324)	31,500	21,500	10,000
PALO ALTO(PAD), CA	REP. CLIN/BED TOWER FOR SEISMIC CORR.	135,785	135,785	0
PALO ALTO(PAD), CA	SEISMIC CORRECTIONS, BLDG. 2	50,000	11,284	38,716
PITTSBURGH(UD), PA	MEDICAL CENTER CONSOLIDATION	50,000	0	50,000
SAN FRANCISCO, CA	SEISMIC CORRECTIONS, BLDG. 203	210,600	146,000	64,600
SAN JUAN, PR	SEISMIC CORRECTIONS	11,103	11,103	0
SEPULVEDA, CA	SEISMIC CORRECT/CLINICAL SERVICES	382,701	382,701	0
	UNDISTRIBUTED HAZARDOUS WASTE	7,332,173	0	7,332,173
SUBTOTAL		14,640,203	6,842,892	7,797,311
OUTPATIENT IMPROVEMENTS				
ASHEVILLE, NC	AMBULATORY CARE ADDITION	27,227,135	27,227,135	0
BOSTON, MA	AMBULATORY CARE ADDITION (PH 2)	27,853,059	27,800,436	52,623
CLEVELAND(WADE PARK), OH	AMBULATORY CARE ADDITION/RENOVATE	27,684,593	27,331,970	352,622
EAST ORANGE/LYONS, NJ	AMBULATORY CARE ADDITION	21,100,000	19,848,056	1,251,944
HAMPTON, VA	AMBULATORY CARE ADDITION	29,032,765	29,032,765	0
HONOLULU, HI	AMBULATORY CARE/REMODEL E WING	38,939,749	38,938,899	850
LEAVENWORTH, KS	AMBULATORY CARE ADDITION	7,309,535	7,305,974	3,561
N. CAL. HEALTH CARE SYS., CA	OUTPATIENT CLINICS/NEW BED TOWER	67,110,093	66,616,883	493,210
PHOENIX, AZ	AMBULATORY CARE ADDITION	40,808,414	37,686,856	3,121,558
SAN JUAN, PR	AMBULATORY CARE ADDITION PHASE-2	31,172,306	31,172,306	0
TAMPA (BREVARD COUNTY), F	OUTPATIENT CLINIC	25,000,000	20,270,489	4,729,511
TUCSON, AZ	AMBULATORY CARE ADDITION/RENOVATION	25,200,000	24,918,816	281,184
WEST HAVEN, CT	AMBULATORY CARE ADDITION	48,218,519	48,218,519	0
	UNDISTRIBUTED OUTPATIENT IMPROVEMENTS	124,246		124,247
SUBTOTAL		416,780,413	406,369,104	10,411,311
EMERGENCY RESPONSE				
VA CENTRAL OFFICE		1,985,000	646,772	1,338,228
SUBTOTAL		1,985,000	646,772	1,338,228

FY 2009 CONGRESSIONAL BUDGET

CONSTRUCTION, MAJOR PROJECTS

LOCATION	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
FACILITY SECURITY STUDIES				
ANCHORAGE, AK	OUTPATIENT CLINIC	2,000,000	970,000	1,030,000
CLEVELAND(WADE PARK), OH	BRECKSVILLE CONSOLIDATION	2,300,000	1,840,000	460,000
LAS VEGAS, NV	NEW MEDICAL FACILITY	2,100,000	1,270,000	830,000
PITTSBURGH(UD), PA	MEDICAL CENTER CONSOLIDATION	3,900,000	922,328	2,977,672
VA CENTRAL OFFICE, DC	VACO STANDARDS - VHA	900,000	710,188	189,812
	UNDISTRIBUTED PHYSICAL SECURITY	7,800,000	0	7,800,000
SUBTOTAL		19,000,000	5,712,516	13,287,484
HURRICANE SUPPLEMENTAL				
BILOXI, MS	RESTORATION OF HOSPITAL/CONSOLIDATION	310,000,000	2,088,366	307,911,634
GULFPORT, MS	ENVIRONMENTAL CLEANUP	35,919,000	6,327,551	29,591,449
NEW ORLEANS, LA	RESTORATION/REPLACEMENT MEDICAL FACILIT	625,000,000	1,062,066	623,937,934
SUBTOTAL		970,919,000	9,477,983	961,441,017
REPLACEMENT & MODERNIZATION				
MEMPHIS, TN	SEISMIC CORRECTIONS	88,374,152	87,070,982	1,303,170
MOUNTAIN HOME, TN	BED TOWERS AND RENOVATION	61,987,472	61,987,327	145
NEWINGTON, CT	MEDICAL CENTER MODERNIZATION	49,788,930	49,787,372	1,559
PALO ALTO(PAD), CA	REP. CLIN/BED TOWER FOR SEISMIC CORR.	164,955,169	164,918,985	36,183
SUBTOTAL		365,105,723	363,764,666	1,341,058
NURSING HOME CARE				
BONHAM, TX	120 BED NURSING HOME CARE UNIT	10,153,190	10,046,520	106,670
PRESCOTT, AZ	60 BED NURSING HOME CARE CENTER	7,875,003	7,865,345	9,658
SUBTOTAL		18,028,193	17,911,865	116,328
JUDGMENT FUND				
	UNDISTRIBUTED JUDGEMENT FUND	84,161	0	84,161
SUBTOTAL		84,161	0	84,161
SEISMIC IMPROVEMENTS				
SAN JUAN, PR	SEISMIC CORRECTIONS	89,473,968	88,227,936	1,246,032
SEPULVEDA, CA	SEISMIC CORRECT/CLINICAL SERVICES	91,468,544	91,464,344	4,200
SUBTOTAL		180,942,512	179,692,280	1,250,232

FY 2009 CONGRESSIONAL BUDGET				
CONSTRUCTION, MAJOR PROJECTS				
			TOTAL	TOTAL
LOCATION	DESCRIPTION	AVAILABLE	OBLIGATIONS	UNOBLIGATED
WORKING RESERVE - VHA				
	UNDISTRIBUTED WORKING RESERVE	3,825,801	0	3,825,801
SUBTOTAL		3,825,801	0	3,825,801
APF/PROJECT REALIGNMENT				
	ADVANCE PLANNING MEDICAL	278,066,482	816,884	1,821,504
	PROJECT REALIGNMENT CARES	123,089,488	28,066,039	6,667,851
	UNDISTRIBUTED APF CARES	32,087,337	0	32,087,337
SUBTOTAL		433,243,307	28,882,923	40,576,692
TOTAL VHA		4,496,663,658	2,243,980,786	1,888,912,177

FY 2009 CONGRESSIONAL BUDGET

CONSTRUCTION, MAJOR PROJECTS

LOCATION	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
NATIONAL CEMETERIES				
ABRAHAM LINCOLN NC, IL	COLUMBARIUM DEVELOPMENT	19,840,739	19,840,739	0
BAKERSFIELD-AREA, CA	PHASE 1 DEVELOPMENT/LAND ACQUISITION	500,000	0	500,000
BARRANCAS NC, FL	GRAVESITE DEVELOPMENT	11,882,307	8,645,974	3,236,333
BIRMINGHAM-AREA, AL	NEW NATIONAL CEMETERY	8,065,000	8,056,674	8,326
CALVERTON NC, NY	EA FOR NEW NATIONAL CEMETERY	6,287,505	6,287,505	0
CALVERTON NC, NY	GRAVESITE EXPANSION AND COLUMBARIUM	600,000	353,004	246,996
COLUMBIA-AREA, SC	PHASE 1 DEVELOPMENT/LAND ACQ	1,800,000	243,859	1,556,141
DALLAS/FORT WORTH NC, TX	NEW CEMETERY DEVELOPMENT	20,634,805	20,634,805	0
DALLAS/FORT WORTH NC, TX	PHASE II GRAVESITE EXPANSION	11,900,000	0	11,900,000
DALLAS/FT. WORTH NC, TX	PHASE II GRAVESITE EXPANSION	1,100,000	1,015,751	84,249
FLORIDA NC, FL	COLUMBARIUM - DEVELOPMENT	6,001,736	6,001,736	0
FLORIDA NC, FL	GRAVESITE EXPANSION	19,840,000	16,955,601	2,884,399
FT. LOGAN NC, CO	GRAVESITE DEVELOPMENT/SITE IMPROVEMENTS	16,100,000	16,008,944	91,056
FT. SAM HOUSTON NC, TX	BURIAL AREA EXPANSION	2,000,000	1,352,000	648,000
FT. SAM HOUSTON NC, TX	COLUMBARIUM AND CEMETERY IMPROVEMENTS	9,276,646	9,276,646	0
FT. SILL NC, OK	NEW NATIONAL CEMETERY PH 1 DEVELOPMENT	12,000,000	10,123,418	1,876,582
FT. SNELLING NC, MN	GRAVESITE DEVELOPMENT	24,654,000	19,387,539	5,266,461
FT. ROSECRANS NC, CA	GRAVESITE DEVELOPMENT	6,000,000	5,995,605	4,395
FT. ROSECRANS NC, CA	GRAVESITE DEVELOPMENT	19,450,000	0	19,450,000
G.B.H. SOLOMON-SARATOGA N	ESTABLISH NATIONAL CEM	14,024,261	13,986,511	37,750
G.B.H. SOLOMON-SARATOGA N	PHASE 11 GRAVESITE DEVELOPMENT/ CEM EXPA	7,255,000	4,595,836	2,659,164
G.B.H. SOLOMON-SARATOGA N	PHASE 11 GRAVESITE DEVELOPMENT/ CEM EXPA	345,000	339,321	5,679
GEORGIA NC, GA	GRAVESITE DEVELOPMENT	28,200,000	27,877,486	322,514
GREAT LAKES NC, MI	NEW NATIONAL CEMETERY - PHASE I	14,498,795	14,394,305	104,490
GREAT LAKES NC, MI	LAND ACQUISITION FOR NEW NATL CEMETERY	6,226,035	6,226,035	0
GREAT LAKES NC, MI	PHASE 1B DEVELOPMENT	16,900,000	0	16,900,000
GREAT LAKES NC, MI	NEW NATIONAL CEMETERY - PHASE I	507,270	507,270	0
JACKSONVILLE-AREA, FL	NEW NATIONAL CEMETERY - LAND ACQUISITION	7,000,000	0	7,000,000
JEFFERSON BRKS NC, MO	GRAVESITE DEVELOPMENT	7,390,211	7,238,299	151,912
LEAVENWORTH NC, KS	GRAVESITE DEVELOPMENT	11,900,000	336,946	11,563,054
MASSACHUSETTS NC, MA	COLUMBARIUM EXPANSION & CEM IMPROV.	9,200,000	8,074,493	1,125,507
NCOTA, PA	NEW NATIONAL CEMETERY	16,293,400	16,122,663	170,737
NCOTA, PA	NEW NATIONAL CEMETERY - LAND ACQUISITION	4,075,837	4,075,837	0
OHIO WESTERN NC, OH	GRAVESITE EXPANSION	14,600,000	14,535,925	64,075
ROCK ISLAND NC, IL	BURIAL AREA EXPANSION	10,146,671	9,629,077	517,594
SACRAMENTO VALLEY VA NC,	NEW NATIONAL CEMETERY	21,427,000	3,548,733	17,878,267
SACRAMENTO VALLEY VA NC,	NEW CEMETERY/LAND ACQUISITION	6,004,643	6,004,643	0
SARASOTA-AREA, FL	PHASE 1 DEVELOPMENT/LAND ACQ	14,135,000	14,025,502	109,498
SE PENNSYLVANIA-AREA	NEW NATIONAL CEMETERY - LAND ACQUISITION	9,000,000	13,586	8,986,414
SOUTH FLORIDA VA NC, FL	GRAVESITE DEVELOPMENT (PHASE 1)	25,148,550	13,803,895	11,344,655
SOUTH FLORIDA VA NC, FL	LAND PURCHASE	11,430,983	11,430,983	0
TAHOMA NC, WA	COLUMBARIUM EXPANSION & CEM IMPROV.	6,900,000	5,409,117	1,490,883
WILLAMETTE NC, OR	MIRAMAR ANNEX, EIS FOR NEW CEMETERY	10,094,590	10,094,590	0

FY 2009 CONGRESSIONAL BUDGET

CONSTRUCTION, MAJOR PROJECTS

LOCATION	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
NATIONAL CEMETERIES (Cont.)				
WILLAMETTE NC, OR	GRAVESITE EXPANSION	8,705,400	8,288,982	416,418
	UNDISTRIBUTED ON CEMETERY APF	1,423,338		1,423,338
	APF ON CEMETERY PROJECTS	49,055,764	41,990,636	7,065,128
	UNDISTRIBUTED ON CEMETERY	524,182		524,182
	UNDISTRIBUTED ON CEMETERY DESIGN FUNDS	22,669,939		22,669,939
	DESIGN FUNDS ON PROJECTS	5,976,157	5,942,394	33,763
	CEMETERY WORKING RESERVE	6,625,760		6,625,760
TOTAL CEMETERY		565,616,523	398,672,864	166,943,660
VETERANS BENEFITS				
	UNDISTRIBUTED DESIGN FUNDS - VBA	2,367,084		2,367,084
	UNDISTRIBUTED APF - VBA	1,114,497		1,114,497
	VBA WORKING RESERVE	643,955		643,955
TOTAL VETERANS BENEFITS		4,125,536		4,125,536
ASSET MANAGEMENT/STAFF OFFICES				
VARIOUS STATIONS	APF ASSET MANAGEMENT	22,795,804	21,859,396	947,729
VARIOUS STATIONS	UNDISTRIBUTED ASSET MANAGEMENT	1,017,900	0	1,017,900
MARTINSBURG, WV	CAPITAL REGION DATA CENTER	33,700,000	0	33,700,000
VA CENTRAL OFFICE, DC	NIBS IDQAE CONTRACT	1,987,000	1,973,183	13,817
TOTAL STAFF OFFICES		59,500,704	23,832,578	35,679,446
GRAND TOTAL		5,125,906,421	2,666,486,228	2,095,660,819

FY 2009 CONGRESSIONAL BUDGET		
CONSTRUCTION, MAJOR PROJECTS		
		FY 2008
LOCATION	DESCRIPTION	APPROPRIATION
FY 2008 MAJOR APPROPRIATION		
DENVER, CO	REPLACEMENT MEDICAL CENTER FACILITY	61,300,000
FAYETTEVILLE, AR	CLINICAL ADDITION	87,200,000
GAINESVILLE, FL	CORRECT PATIENT PRIVACY DEFICIENCIES	51,500,000
LAS VEGAS, NV	NEW MEDICAL FACILITY/LAND PURCHASE	341,400,000
LEE COUNTY, FL	OUTPATIENT CLINIC - LAND PURCHASE	9,890,000
ORLANDO, FL	NEW MEDICAL FACILITY	49,100,000
PALO ALTO, CA	SEISMIC CORRECTIONS BLDG. 2	20,000,000
PITTSBURGH(UD), PA	MEDICAL CENTER CONSOLIDATION	130,700,000
SAN ANTONIO, TX	POLYTRAUMA CENTER	66,000,000
SAN JUAN, PR	SEISMIC CORRECTIONS BLDG. 1	59,000,000
SYRACUSE, NY	ADDITION FOR SCI CENTER	23,800,000
VARIOUS LOCATIONS	ADVANCED PLANNING FUND	49,485,000
VARIOUS LOCATIONS	ASBESTOS AND OTHER AIRBORNE CONTAMINATES	3,000,000
VARIOUS LOCATIONS	BRAC LAND ACQUISITION	5,000,000
VARIOUS LOCATIONS	CLAIMS ANALYSES	2,000,000
VARIOUS LOCATIONS	FACILITY SECURITY PROJECTS	21,325,000
VARIOUS LOCATIONS	HAZARDOUS WASTE ABATEMENT	2,000,000
VARIOUS LOCATIONS	JUDGMENT FUND	30,000,000
REPROGRAMMING FROM PRIOR YEAR FUNDS		-45,000,000
SUBTOTAL VHA		967,700,000
COLUMBIA/GREENVILLE-AREA NATIONAL CEMETERY	PHASE 1 DEVELOPMENT	19,200,000
SARASOTA-AREA NATIONAL CEMETERY	PHASE 1 DEVELOPMENT	27,800,000
JACKSONVILLE-AREA NATIONAL CEMETERY	PHASE 1 DEVELOPMENT	22,400,000
SOUTHEASTERN, PA NATIONAL CEMETERY	PHASE 1 DEVELOPMENT	29,600,000
BIRMINGHAM-AREA NATIONAL CEMETERY	PHASE 1 DEVELOPMENT	18,500,000
BAKERSFIELD-AREA NATIONAL CEMETERY	PHASE 1 DEVELOPMENT	19,500,000
FT. SAM HOUSTON NATIONAL CEMETERY	GRAVESITES DEVELOPMENT	29,400,000
ADVANCE PLANNING FUND	VARIOUS STATIONS	1,000,000
SUBTOTAL CEMETERY		167,400,000
GRAND TOTAL FY 2008 MAJOR CONSTRUCTION		1,135,100,000

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Construction – Minor Projects

Budget Request.....$329,418,000

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, [$630,535,000] $329,418,000 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.

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

Minor Appropriation Highlights					
		2008			
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) / Decrease (-)
Appropriation (P.L.110-5 & P.L. 110-161)	$198,937	$233,396	$630,535	$329,418	($301,117)
Emergency Supplemental (P.L.110-28) [1]	$340,485	$0	$0	$0	$0
Rescission (P.L. 110-28)	($14,485)	$0	$0	$0	$0
Budget Authority	$524,937	$233,396	$630,535	$329,418	($301,117)
Un-obligated Balance brought Forward	$107,314	$116,312	$406,973	$339,280	($67,693)
Un-obligated Balance end of year	$406,973	$116,312	$339,280	$280,933	($58,347)
Obligations	$225,278	$233,396	$698,228	$387,765	($310,463)
Outlays	$267,315	$198,282	$456,164	$516,733	$60,569

[1] Includes $14,484,785, hurricane supplemental funds which were rescinded for FY 06 and provided in FY 07 per P.L. 110-28 Title II, Chapter 9.

The current estimate reflects P.L. 110-.161

Summary of Budget Request
(dollars in thousands)

A construction program of $329,418,000 is requested for Construction, Minor projects, in 2009 to be financed with new budget authority. A summary of the program funding level by activity follows:

	2009 Request ($000)
Veterans Health Administration	$273,418
National Cemetery Administration	$25,000
Veterans Benefits Administration	$13,000
General Administration - Staff Offices	$18,000
Total, Construction Minor Program	**$329,418**

Minor Appropriation Highlights by Administration			2008		
	2007 Actual	Budget Estimate	Current Estimate	2009 Request	Increase (+) Decrease (-)
Veterans Health Administration (VHA)					
Appropriation (P.L.110-5 & P.L. 110-161)	$150,000	$180,000	$508,539	$273,418	($235,121)
Emergency Supplemental (P.L.110-28)	$340,485	$0	$0	$0	$0
Rescission (P.L. 110-28)	($14,485)	$0	$0	$0	$0
Budget Authority	$476,000	$180,000	$508,539	$273,418	($235,121)
Un-obligated Balance brought Forward	$86,363	$92,563	$384,240	$292,779	($91,461)
Un-obligated Balance end of year	$384,240	$92,563	$292,779	$266,197	($26,582)
Obligations	$178,123	$180,000	$600,000	$300,000	($300,000)
Outlays	$212,705	$150,421	$395,438	$430,714	$35,276
National Cemetery Administration (NCA)					
Appropriation (P.L.110-5 & P.L. 110-161)	$25,000	$24,400	$75,000	$25,000	($50,000)
Offsetting collections non-federal sources	$0	$0	$0	$0	$0
Budget Authority	$25,000	$24,400	$75,000	$25,000	($50,000)
Un-obligated Balance brought Forward	$11,333	$11,333	$7,527	$29,527	$22,000
Un-obligated Balance end of year	$7,527	$11,333	$29,527	$7,527	($22,000)
Obligations	$28,806	$24,400	$53,000	$47,000	($6,000)
Outlays	$25,943	$24,375	$33,519	$49,688	$16,169
Veterans Benefits Administration (VBA)					
Appropriation (P.L.110-5 & P.L. 110-161)	$14,000	$13,000	$31,000	$13,000	($18,000)
Offsetting collections non-federal sources	$0	$0	$0	$0	$0
Budget Authority	$14,000	$13,000	$31,000	$13,000	($18,000)
Un-obligated Balance brought Forward	$7,375	$11,374	$10,925	$12,925	$2,000
Un-obligated Balance end of year	$10,925	$11,374	$12,925	$5,925	($7,000)
Obligations	$10,450	$13,000	$29,000	$20,000	($9,000)
Outlays	$22,317	$14,756	$18,009	$22,466	$4,457
General Administration - Staff Offices					
Appropriation (P.L.110-5 & P.L. 110-161)	$9,937	$15,996	$15,996	$18,000	$2,004
Offsetting collections non-federal sources	$0	$0	$0	$0	$0
Budget Authority	$9,937	$15,996	$15,996	$18,000	$2,004
Un-obligated Balance brought Forward	$2,243	$1,042	$4,281	$4,049	($232)
Un-obligated Balance end of year	$4,281	$1,042	$4,049	$1,284	($2,765)
Obligations	$7,899	$15,996	$16,228	$20,765	$4,537
Outlays	$6,350	$8,730	$9,198	$13,865	$4,667

Changes from Original 2008 Budget Estimates (dollars in thousands)			
	2008		
	Budget Estimate	Current Estimate	Increase (+) Decrease (-)
Appropriation (P.L.110-5; P.L. 110-28,P.L 110-161)	$233,396	$630,535	$397,139
Budget Authority	$233,396	$630,535	$397,139
Un-obligated Balance brought Forward	$116,312	$406,973	$290,661
Un-obligated Balance end of year	$116,312	$339,280	$222,968
Obligations	$233,396	$698,228	$464,832
Outlays	$198,282	$456,164	$257,882

Additional funds over the President's FY 2008 request will be used to fund additional CARES and National Cemetery Administration 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

2009 Request ($000)……..$273,418

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 actions critical to CARES implementation. VHA's 2009 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

2009 Request ($000)…….…….	$25,000

II. Description/Justification of Program

NCA's 2009 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 125 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

2009 Request ($000)……...…..……..$13,000

II. Description/Justification of Program

VBA's minor construction request in 2009 includes an ongoing national need for relocations, realignments, tenant improvements, repair and alteration projects totaling $13.3 million. Additionally, $2.7 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. [1] 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.

1 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

2009 Request ($000)……..……..	$18,000

II. Description/Justification of Program

This program supports necessary additions, modifications and repairs to existing 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 2009 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 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

Program Description

The grant program assists States to acquire or construct 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. 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 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. Public Law 98-528 amended section 8132 to allow States to purchase facilities to be used as State nursing homes and domiciliary. Public Law 99-576 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. 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 1st. 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. 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. 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. Public Law 106-117, Veteran's Millennium Health Care and Benefits Act of 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 29th list.

Appropriation Highlights
(Dollars in Thousands)

Description	2007 Actual	2008 Budget Estimate	2008 Current Estimate	2009 Estimate	Increase/ Decrease
Budget Authority.....	$85,000	$85,000	$165,000	$85,000	($80,000)
Obligations.....	$73,515	$85,000	$174,588	$86,650	($87,938)
Unobligated Balance (SOY).....	$203	$1,500	$11,688	$2,100	($9,588)
Unobligated Balance (EOY).....	$11,688	$1,500	$2,100	$450	($1,650)
Outlays.....	$108,793	$86,214	$95,384	$96,769	$1,385

VA is requesting $85 million in 2009 funding. The 2009 budget ensures life-safety projects are not compromised. Effective April 11, 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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Grants for Construction of State Veterans Cemeteries

Appropriation Language

For grants to aid States in establishing, expanding, or improving State veterans cemeteries as authorized by section 2408 of title 38, United States Code, [$39,500,000] $32,000,000, to remain available until expended.

Appropriation Highlights
(dollars in thousands)

	2007 Actual	2008 Budget Estimate	2008 Current Estimate 1/	2009 Estimate	Increase(+) Decrease(-)
Obligations……..	$45,888	$32,000	$39,838	$32,000	-$7,838
Unobligated balances:					
Start of year (-)…….	-14,226	$0	-338	0	338
End of year……...	338	$0	0	0	0
Budget authority (appropriation)……	**$32,000**	**$32,000**	**$39,500**	**$32,000**	**-$7,500**

Program Description

Grants are provided to states for the establishment, expansion, improvement or operation of state veteran 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 2007, 23,269 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 $32,000,000 to fund grants for state veterans cemeteries in 2009. 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 2008 and 2013. These new state cemeteries, along with the six new national cemeteries for which construction funds are requested in the Major Construction appropriation, should allow NCA to achieve its strategic target by 2013.

Total Obligations by State From program inception in 1980 through 2007 (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	12,749
Kentucky	21,537
Louisiana	5,621
Maine	8,641
Maryland	10,608
Massachusetts	19,020
Minnesota	3,894
Missouri	16,536
Montana	5,959
Nevada	14,249
New Hampshire	4,327
New Jersey	20,066
North Carolina	2,402
North Dakota	3,111
Pennsylvania	23
Rhode Island	8,880
Saipan, CNMI	1,667
South Carolina	5,184
Tennessee	3,905
Texas	24,857
Utah	868
Vermont	852
Virginia	8,048
Wisconsin	9,360
Wyoming	1,781
Total	**$308,482**

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VA Lease Notifications, Major Medical Facility Project & Lease Authorizations

Introductory Statement

The Department of Veterans Affairs requests an authorization of $1,871,900,000 for major medical facility construction projects and $60,114,000 for major medical facility leases in 2009.

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 $600,000. Projects and leases for which authorization is being requested in 2009 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 $600,000 threshold. The prospectuses for the major medical construction projects are reflected on pages 6-5 through 6-21. The prospectuses for projects requesting 2009 funds that also require additional authorization are found in Chapter 2 of this submission. This includes the projects at Denver, CO; San Juan, PR; and Lee County, FL. The prospectuses for the VA direct leases that exceed $600,000 are reflected beginning on page 6-23.

Public Law 110-161, Title II section 211, requires that the Secretary submit a written report 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 $300,000.

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 110-161.

There are six new notification leases over $300,000 for FY 2009. If any additional leases are identified, notification will be made in accordance with the law.

2009 Lease Notifications over $300,000

FY 2009 Major Leases Requiring Notification							
Year	**VISN/AREA**	**Location**		**Project Title - Brief Description**	**Type**	**Est. Cost ($000)**	**Estimated Annual Rental Cost ($000)**
2009	1	Bangor	ME	Outpatient Clinic	New	$2,118	$511
2009	10	Middletown	OH	Community Based Outpatient Clinic	New	$1,072	$300
2009	Eastern	Newark	NJ	GSA Lease (VBA)	New	$6,356	$1,956
2009	Central	San Antonio	TX	GSA Lease (VBA)	New	$1,962	$392
2009	Central	Lincoln	NE	GSA Lease (VBA)	New	$6,357	$1,093
2009	Central	Houston	TX	GSA Lease (VBA)	New	$1,678	$448

The Status Report for Authorized Major Medical Facility Projects and Leases (pages 6-67 through 6-71) 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).

2009 Major Medical Facility Project and Lease Authorization

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 $600,000 (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 six major medical facility construction projects and twelve major medical facility lease for which the Department is requesting authorization.

AUTHORIZATION REQUEST				
	Location		Project Description	Authorization Request ($000)
FY 2009 Major Construction Projects				
1	Denver	CO	New Medical Center Facility	$769,200
2	Lee County	FL	Outpatient Clinic	$131,800
3	New Orleans	LA	Restoration/Replacement of Medical Center Facility	$625,000
4	Palo Alto	CA	Seismic Corrections, Building 2	$54,000
5	San Antonio	TX	Polytrauma and Renovation	$66,000
6	San Juan	PR	Seismic Corrections Bldg 1	$225,900
			Total	**$1,871,900**
FY 2009 Leases [1/]				
1	Brandon	FL	Outpatient Clinic	$4,326
2	Colorado Springs	CO	Community Based Outpatient Clinic	$3,995
3	Eugene	OR	Outpatient Clinic	$5,826
4	Green Bay	WI	Expansion Outpatient Clinic	$5,891
5	Greenville	SC	Outpatient Clinic	$3,731
6	Mansfield	OH	Community Based Outpatient Clinic	$2,212
7	Mayaguez	PR	Satellite Outpatient Clinic	$6,276
8	Mesa	AZ	Southeast Phoenix Community Based Outpatient Clinic	$5,106
9	Palo Alto	CA	Research Space - Interim	$8,636
10	Savannah	GA	Expansion Community Based Outpatient Clinic	$3,168
11	Sun City	AZ	Northwest Phoenix Community Based Outpatient Clinic	$2,295
12	Tampa	FL	Primary Care Annex	$8,652
[1/] Cost includes the lump sum payment for the lessor to convert the existing space for medical use plus the unserviced annual rent.				
			Total	**$60,114**
			Total Construction Projects	**$1,871,900**
			Total Leases	**$60,114**

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. [1]

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

Location	Title
Bay Pines, FL	Inpatient/Outpatient Improvements
Palo Alto, CA	Centers for Ambulatory Care and Polytrauma Rehabilitation Center
San Antonio, TX	Polytrauma and Renovation
Tampa, FL	Polytrauma Expansion and Bed Tower Upgrades

1 Projects that receive authorization are not subject to this requirement.

New Orleans, Louisiana
Restoration/Replacement of Medical Center Facility,
Phase 1 – Design and Construction

Proposal is to replace the existing medical center in New Orleans that sustained catastrophic damage from Hurricane Katrina.

I. Budget Authority

Total Estimated Cost	Available Through 2008	2009 Auth. Request	Future Request
$625,000,000	$625,000,000	$625,000,000	$0

II. Priority Score: N/A

III. Description of Project

This project constructs a tertiary care medical complex to reestablish all services provided to veterans in Southeast Louisiana at the New Orleans Medical Center that existed prior to Hurricane Katrina. The complex will include 200 inpatient beds with 60 nursing home care beds. This project may also include connecting a corridor connected to the LSU (Medical Center of Louisiana) medical facility. Functions may be shared in the LSU and VA facilities and may include infrastructure that would allow for sharing of functions. It will also provide an outpatient center, including primary, mental health, and specialty care; surgical capabilities; expanded treatment, diagnostic, and ancillary services; research facilities; and parking. The project will comply will all new standards for hurricane hardening and federal security requirements. This project also provides for land acquisition, if necessary.

IV. Priorities/Deficiencies Addressed

After Hurricane Katrina, the VA Medical Center, New Orleans, was closed due to extensive damage. Since that time, community based outpatient clinics that were identified in the CARES process have been established at three different locations. From the standpoint of outpatient medical care, the above actions will accommodate the anticipated patient workload in the near term. However, inpatient care will not be available in the immediate vicinity of New Orleans until VA's Medical Center is re-established. *This is the principal issue regarding full VA recovery in the New Orleans area*. This medical center has a critically important role in caring for patients throughout Southern Louisiana, Eastern Texas and Western Mississippi. Over 39,000 unique patients were treated in FY 2005. Pre-hurricane statistics included staffing of over 1,700 employees and 600+ volunteers, with an annual operating budget in excess of $130 Million.

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

The project supports four of VA's goals:

Quality of Life: This project restores the Southeast Louisiana Health Care System (SLVCHS), formerly known as the New Orleans VAMC, with the capability to serve veterans to the greatest extent possible and improve the quality of their lives. Prior to Hurricane Katrina, SLVCHS was a highly affiliated, tertiary care facility that provided a full spectrum of inpatient and outpatient services to disabled veterans. In addition to providing these services to disabled veterans in southeast Louisiana, the facility served as a referral center for other VISN 16 facilities providing multiple specialties including cardiac surgery, neurosurgery, and orthopedic surgery. After the catastrophic event of Hurricane Katrina caused the facility to close, the services that the SLVHCS are able to provide these same veterans have greatly reduced. Inpatient medical, surgical and psychiatric services are non-existent. Veterans often have to travel to other cities and in some instances other states to receive some of the care that they previously received in New Orleans.

Ensure Smooth Transition: This project supports the smooth transition for veterans from active military service to civilian life. VISN 16 represents the largest number of soldiers deployed for Operation Enduring Freedom/Operation Iraqi Freedom with approximately 9.5% of the total soldiers deployed in the country. Approximately 12% of the returnees in our VISN are from combat units from Southeast Louisiana. The SLVHCS was recently approved a Returning Veterans Outreach Coordinator that has been working with returnees to transition them to civilian life. However, to fully serve these veterans, a return to services previously provided is critical. This project will not only provide for those veterans in southeast Louisiana, but also for those in VISN 16 as the SLVHCS reestablishes itself as a referral center.

Honor and Serve Veterans: The reestablishment of services in a new, state-of-the-art facility to care for their medical and mental health needs is the ultimate way to honor and serve veterans who have endured through war, military service, and personal tragedy through Hurricanes Katrina and Rita.

Public Health and Socioeconomic Well-being: The City of New Orleans suffered the loss of multiple hospitals after Hurricane Katrina. This significantly reduced availability of medical and mental health services and the number of inpatient medical/surgical beds. Psychiatric beds in New Orleans are non-existent. This together with the stress of rebuilding homes, lives, and communities has created a serious health care crisis.

The construction of a new VA medical center will not only alleviate the health care situation but also contribute to the economic recovery of the city by reestablishing the more than 700 positions lost after the closure of the facility due to the storm.

VI. Alternatives to Construction Considered

Four alternatives were considered: The alternative for construction of a new medical center as a "shared" facility is being proposed as the alternative of choice.

Alternative 1 – Status Quo: This is not a viable option, as the current medical center has significant mold and infection control issues that would be too costly to remedy for re-establishing as a healthcare setting.

Alternative 2 – Construction: Construction of a New Medical Center as a "Shared" Facility – Same General Area is the preferred option. Under this alternative VA would build a new structure in the downtown area close to its partners, Louisiana State University (LSU) and Tulane Medical School. The State of Louisiana's safety-net health care system, Medical Center of Louisiana, is managed by LSU Health Services Division. The system in New Orleans includes Charity Hospital and University Hospital. The proposed concept is a hurricane hardened; single campus/shared support services model to be located at a new site and would include replacing Charity Hospital. This concept will enable VA to replace an aging, outdated 1950s facility with a state of the art medical center to provide quality health care for veterans.

The single campus would include separate, autonomous bed towers and outpatient clinical space for VA and the Medical Center of Louisiana. All critical electrical, mechanical, and sensitive systems will be located in the upper floors to reduce the risk of flooding damage. Common areas would provide space for shared non-clinical support services to be determined.

The facility would be smaller than the existing hospital (approximately 200 beds, about 60 of which would be for nursing home care). It would include sufficient parking spaces to meet the projected 2025 CARES program requirement.

Alternative 3 – Renovation: In this alternative VA would re-establish the existing Medical Center by restoring it to a condition similar to that before the hurricanes. Steps would also be taken to better protect the facility from severe flooding. For example, all critical and sensitive equipment would be moved to higher floors and lower floors would be used for less critical activity (parking, non critical storage, etc.). All damage to equipment and interior finishes from the effects of very high humidity over a long period of time (mold, etc.) would be repaired to the extent possible.

Alternative 4 – Construction of a New Stand-Alone Medical Center: Under this alternative, VA would build a new complex in a location outside the flood plain. This VA Medical Center would provide all necessary services and would be a stand alone facility with no adjacent "partners". However, affiliation would be established with other medical centers in the region to the extent possible.

VII. Affiliations/Sharing Agreements

Pre-Katrina, the medical center had active medical affiliations with Louisiana State Health Sciences Center and Tulane University Health Sciences Center. In FY 05, 124 resident positions were allocated to the medical center. In total, over 500 University residents, interns, and other allied health students were trained at the medical center. There were also nursing and Department of Defense (DoD) affiliations with: Charity/Delgado, Dillard, Our Lady of Holy Cross College, LSUHSC, Loyola, University of South Alabama, University of Phoenix, University of Mobile, University of Louisiana at Lafayette, University of Southern Mississippi, Mississippi University for Women, the 926th Air Force, the 1010th Navy, Naval Ambulatory Care Center, and the 4010th US Army Reserve Hospital.

The medical center also had affiliations for physical therapy with Bishop State Community College, and Elon College; for pharmacy with Xavier University in New Orleans and University of Louisiana at Monroe; for psychology with SUNY at Stony Brook, SUNY at Buffalo, Emory University, Texas Tech University, and University of Georgia; for social work with Florida State University, LSU at Baton Rouge, and Southern University of New Orleans.

VIII. Demographic Data:

	2005	2015	2025	Change (2005-2025)
Veteran Population*	144,768	160,909	141,004	-3%
Enrollees	55,455	61,324	56,042	1%

*Central Southern Market

IX. Workload

	Current (2005)	Projected (2025)	Change (2005-2025)
Authorized hospital beds	234	200*	-15%
Ambulatory stops	330,533	566,163	71%
Mental Health stops	88,711	141,563	60%

*Includes 60 NHC beds

X. Schedule

Complete design development	March 2009
Complete construction documents	September 2009
Award construction contract (Site Preparation)	September 2009
Complete construction	November 2012

XI. Project Cost Summary

New Construction (775,000 gross square feet @ $231.70/sf)	$179,568,000
Renovation (0 gross square feet)	$0
Subtotal	**$179,568,000**
Pre-design development allowance	$43,527,000
Total other costs, Utilities, etc.	$237,856,000
Physical Security	$17,839,000
Total estimated base construction cost	**$299,222,000**
Construction contingencies	$23,940,000
Technical services	$50,274,000
Impact costs	$0
Construction management firm costs	$14,180,000
Total estimated base cost	**$567,184,000**
Inflation allowance to construction award	$57,816,000
Total estimated project cost	**$625,000,000**

XII. Operating Costs

	Project Costs	Present Facility Operating Costs
Non-recurring costs		
Equipment Costs	$92,000,000	$0
One time non-recurring cost	$53,000,000	$0
Total non-recurring	$145,000,000	$0
Recurring costs		
Personal services	(FTE: 1700) $158,500,000	$77,000,000
Other recurring	$110,200,000	$112,000,000
Total Recurring Cost	$268,700,000	$189,000,000
Total Operating Cost	**$413,700,000**	**$189,000,000**

Palo Alto, California
Building 2 Seismic Correction, 80-Bed Acute Psychiatric Replacement Facility, Phase 3 - Construction

Proposal is to construct an 80-bed acute psychiatric inpatient facility to replace seismically deficient Building 2 at VA Palo Alto Health Care System's Palo Alto Division.

I. Budget Authority

Total Estimated Cost	Available Through 2008	2009 Auth. Request	Future Request
$54,000,000	$54,000,000	$54,000,000	$0

II. Priority Score: FY05 - .457

III. Description of Project

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 the scope of this project.

IV. Priorities/Deficiencies Addressed

Palo Alto, including the larger San Francisco Bay Area, is located in a seismically active region. Recent studies by the United States Geological Survey (USGS) indicate there is a 62 percent likelihood of a Moment magnitude 6.7 or higher earthquake occurring in the Bay Area in the next 30 years. Palo Alto is located in the highest seismic zone in the United States with a seismicity score of 35.0. This region is likely to experience a catastrophic seismic event in the near future. Based on these USGS forecasts, ensuring patient and staff safety remains VISN 21's highest priority in terms of prioritizing and ranking construction projects.

VA's 2007 Degenkolb seismic study identified VAPAHCS' Building 2 as the 3rd most seismically deficient out of 5,848 buildings. This seismic study classifies Building 2 as, "Deficiency Category Rank: 1 – building in danger of collapsing." Replacing Building 2 with a smaller, more efficient, state-of-the-art 80-bed acute psychiatric inpatient treatment facility will provide a safe and modern environment for which to treat veterans who are seriously and chronically mentally ill.

Public Law 104-262, the Veterans Health Care Eligibility Act of 1997, mandates that VHA ensure capacity for veterans who suffer from chronic disabling mental illnesses. Virtually all of the mental disorders exhibited by Building 2 patients are chronic. Axis 1 and Axis 2 diagnoses characterized the vast majority of these veterans. They suffer from mental illnesses such as chronic schizophrenia, bi-polar disease, dementia and other psychoses.

Given the lack of acute psychiatric inpatient facilities in the local community, maintaining adequate capacity to treat veterans who are seriously and chronically mentally ill, remains a top priority. Eliminating a structurally unsafe and potentially hazardous building from VHA's inventory will ensure accessible, timely and efficient health care delivery for veterans requiring specialized mental health treatment and rehabilitation.

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

This project addresses three VA goals:

Quality of Life: To accomplish this objective, VAPAHCS will construct an 80-bed acute psychiatric inpatient replacement facility to eliminate seismically and functionally deficient Building 2. By replacing Building 2, VAPAHCS would maximize the quality and safety of health care provided to veterans.

Honor and Memorialize: By mitigating Building 2's structural and Life/Safety deficiencies and enabling the highest caliber of service to be executed within state-of-the-art and seismically safe facilities, VAPAHCS will continue to provide high quality, reliable, accessible, timely and efficient health care for veterans in a manner that honors the legacy and individual needs of each veteran.

Public Health & Socioeconomic Well-Being: Through the funding of this initiative, VAPAHCS will create modern and accessible acute psychiatric inpatient facility that will 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 workforce, one of which is committed to treating veterans.

VI. Alternatives to Construction Considered

Five alternatives were considered: status quo, new construction, renovation, commercial lease and contract out. The alternative of new construction was identified as the preferred option.

Alternative 1 - Status Quo: Based on Building 2's extensive seismic/structural deficiencies (EHR #3) VA's seismic study classified Building 2 as: "Deficiency Category Rank: 1 – building in danger of collapsing," Therefore, status quo is not a viable option.

Alternative 2 - New Construction: This option recommends constructing an 80-bed acute-psychiatric inpatient replacement facility at VAPAHCS' Palo Alto Division. This alternative will allow VAPAHCS to consolidate four acute psychiatric units, currently located within three (3) separate buildings on two (2) different divisions into a single treatment facility.

Alternative 3 - Renovation: While this option proposes to structurally retrofit Building 2, it will not specifically address existing environment of care deficiencies. This alternative does not directly address life/safety, ADA, and design deficiencies and will not enhance the delivery of care for veterans who suffer from serious or chronic mental illnesses. Furthermore, VAPAHCS will have difficulty relocating Building 2's acute psychiatric inpatient programs to other facilities during seismic retrofit.

Alternative 4 - Commercial Lease: Leasing an offsite facility for acute psychiatric inpatient programs, away from the Palo Alto Division, is not preferred based on the level of patient acuity, complexity, and morbidity.

Alternative 5 - Contract out: This option will contract out ~37,000 acute psychiatric BDOC to facilities in the local community. This option is not a viable alternative because Public Law 104-262: Veterans Healthcare Eligibility Reform Act, mandates that the VA maintain capacity for veterans who are seriously and chronically mentally ill.

VII. Affiliations/Sharing Agreements

VAPAHCS manages one of the largest Graduate Medical Education (GME) programs within the Department of Veterans Affairs. In FY06, GME training was provided to some 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. Replacing seismically deficient buildings on the Palo Alto Division will help facilitate the recruitment and retention of a highly skilled, multidisciplinary workforce.

VIII. Demographic Data*

	2005	2015	2025	Change 2005-2025
Veteran Population	267,605	206,662	161,546	-40%
Enrollees	69,837	61,926	51,901	-26%

*Data is from the South Coast Market

IX. Workload

Workload	Current (2005)	Projected (2025)	Change 2005-2025
Authorized Hospital Beds	897	871	-3%
Enrollees	69,837	51,901	-26%
Primary care stops	136,660	153,034	12%
Specialty care stops	160,023	216,718	35%
Mental health stops	100,330	108,151	8%
Diagnostic / ancillary	2,091,334	3,228,976	54%

X. Schedule

Complete design development	September 2007
Complete construction documents	July 2008
Award construction contract	December 2008
Complete construction	September 2010

XI. Project Cost Summary

Demolition (77,100 gross square feet)	$938,000
New Construction (78,000 gross square feet)	$29,943,327
Renovation	$1,680,000
Subtotal	**$32,561,327**
Pre-design development allowance	$0
Total Other Costs, Utilities, Site work, Market Conditions	$10,586,000
Subtotal estimated base construction costs	**$10,586,000**
Construction contingencies	$2,239,000
Technical services	$1,500,000
Impact costs/Site Improvement	$3,344,673
Construction management costs	$1,343,000
Subtotal estimated base cost	**$8,426,673**
Inflation allowance / locality adjustment	$2,426,000
Total estimated project cost	**$54,000,000**

XII. Operating Costs

	Project Costs	Present Facility Operating Costs
Non-recurring costs		
Equipment costs	$2,200,000	$N/A
One time non-recurring cost	$3,200,000	$N/A
Total non-recurring	$5,400,000	
Recurring costs		
Personnel services	(FTE: 192) $21,058,944	(FTE: 220) $24,130,040
Other recurring	$5,519,270	$6,344,506
Total recurring	$26,578,214	$30,474,546
Total Operating Cost	**$29,178,214**	**$30,474,546**

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San Antonio, Texas
Polytrauma Center and Renovation

Proposal will establish the fifth Level 1 Polytrauma Center and will renovate supporting space.

I. Budget Authority

Total Estimated Cost	Available Through 2008 1/	2009 Auth. Request	Future Request
$66,000,000	$66,000,000	$66,000,000	$0

1/ Funds provided in Public Law 110-161, Title II, Section 230.

II. Priority Score: N/A

III. Description of Project

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.

IV. Priorities/Deficiencies Addressed

The San Antonio VA Medical Center has been identified to house VA's fifth Polytrauma Center; however, a severe space shortage exists at the San Antonio VAMC. This project will satisfy the need to build additional space for the new Polytrauma center and consolidate all of the Physical Medicine and Rehabilitation Service space in a new building. There are no patient wards or other space within the main hospital that could be renovated to serve this purpose. The next most severe space shortage exists for medical and surgical subspecialty clinics. A shortage of over 18,000 DGSF currently exists and will increase to more than 30,000 by 2015 based on the latest CARES utilization projections. This project will allow the needed expansion of this specialty care space in the best location for patient access and convenience: the first floor near the main entrances. Limited space results in restricted accessibility for yesterdays, today's, and tomorrows combat veterans and active duty wounded to services provided by Audie L. Murphy VAMC in cooperation with the two major Department of Defense medical facilities nearby: Brooke Army Medical Center and Wilford Hall Air Force Medical Center.

There are currently no ward facilities that could be used for the polytrauma inpatient unit. There is currently grossly inadequate space for all rehabilitation

and prosthetic functions for the existing patients that would only be compounded by the addition of the polytrauma center. The current deficiency for Physical Medicine and Rehabilitation treatment space is 8,710 DGSF based on the latest space driver of the Capital Asset Inventory (CAI). The new addition will provide adequate space for rehabilitation and prosthetics functions based on the CAI. The vacated space in the main hospital will, in turn, provide adequate space for the medical and surgical subspecialties based upon CARES projections and the latest CAI. The veterans that will be served by the new polytrauma center include all veterans from VISN 16, 17 and 18. The current enrollment for these areas is over 800,000 and could be as high as 1,000,000 veterans by the year 2015. This lease 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

This project addresses four VA goals:

Quality of Life: The proposed project promotes high quality, reliable, accessible, timely and efficient healthcare that maximizes the health and functional status for all enrolled veterans needing rehabilitation and for all levels of a veteran impacted in a Polytrauma status. Working in a technologically advanced, aesthetically pleasing area will augment the San Antonio VAMC's status as a Magnet Award winner to attract the best and the brightest professionals to our facility.

Honor and Memorialize: By mitigating Building 4's structural and Life/Safety deficiencies and enabling the highest caliber of service to be executed within state-of-the-art and seismically safe facilities, VAPAHCS will continue to provide high quality, reliable, accessible, timely and efficient health care for veterans in a manner that honors the legacy and individual needs of each veteran. Consolidating ambulatory care services will improve patient access and increase patient satisfaction.

Public Health & Socioeconomic Well-Being: The consolidation of these functions with this project will help meet the objective of providing coordinated, comprehensive and integrated care to promote health and improve patient function. It optimizes the use of healthcare information and technology to the veterans' benefit through the deployment of the most technologically advanced communication and record keeping systems. The project will also continuously improve the quality and safety of healthcare for Veterans by reducing or

eliminating potential pitfalls in the antiquated, existing rehabilitation and prosthetics facilities. The projects focus is to provide state-of-art rehabilitation services with the advanced equipment and facilities for a wellness center.

One VA: This proposal supports the Department's Strategic Goal of one VA world-class service to Veterans and their families that result in the effective management of patient care, people, communications and technology by consolidating all the Polytrauma functions including Rehabilitation into one building.

VI. Alternatives to Construction Considered

Four alternatives were considered: status quo, new construction, lease, and contract out. The alternative to renovate is being proposed as the alternative of choice.

Alternative 1 - Status Quo: The current medical center does not have adequate space to care for the new polytrauma patients; therefore, this alternative is non-viable.

Alternative 2 - New Construction: The preferred alternative will construct a new Polytrauma Rehabilitation Center. This option is the best-valued option for the San Antonio VA considering the shortage of space and contracting costs.

Alternative 3 - Lease: Leasing was determined to be more costly; therefore, this option was not considered viable.

Alternative 4 - Contract out: Currently, the type of healthcare needed to care for polytrauma patients does not exist in the community; therefore, this option is not considered viable.

VII. Affiliations/Sharing Agreements

The South Texas Veterans Healthcare System has a strong and active affiliation with the University of Texas Health Science Center at San Antonio for many medical and health-related disciplines. This academic institution has a well developed program and practice in traumatic brain injury, physical medicine/rehabilitation and psycho-social treatment.

VIII. Demographic Data

	2005	2015	2025	Change 2005-2025
Veteran Population	233,618	203,206	176,797	-24%
Enrollees	76,118	82,860	78,358	3%

IX. Workload

Workload	Current (2005)	Projected (2025)	Change 2005-2025
Authorized Hospital Beds	267	289	8%
Enrollees	76,118	78,358	3%
Primary care stops	285,850	283,609	-1%
Specialty care stops	191,350	359,714	88%
Mental health stops	76,181	131,046	72%
Diagnostic / ancillary	2,091,334	3,228,976	54%

X. Schedule

Complete design development	November 2008
Complete construction documents	April 2009
Award construction contract	June 2009
Complete construction	December 2010

XI. Project Cost Summary

New Construction (84,000 gross square feet)	$25,129,000
Alterations (33,000 gross square feet)	$8,227,000
Subtotal	**$33,356,000**
Pre-design development allowance	$4,574,000
Total Other Costs, Utilities, etc.	$12,382,000
Subtotal estimated base construction costs	**$16,956,000**
Construction contingencies	$2,743,000
Technical services	$5,306,000
Impact costs	$660,000
Construction management costs	$1,577,000
Subtotal estimated base cost	**$60,598,000**
Inflation allowance / locality adjustment	$5,402,000
Total estimated project cost	**$66,000,000**

XII. Operating Costs

	Project Costs	Present Facility Operating Costs
Non-recurring costs		
Equipment costs	$15,500,000	N/A
One time non-recurring cost	$6,700,000	N/A
Total non-recurring	$22,200,000	
Recurring costs		
Personnel services	(FTE:125) $9,290,315	(FTE: 3,125) $239,000,000
Other recurring	$266,114	$218,000,000
Total recurring	$9,556,249	$457,000,000
Total Operating Cost	**$31,756,429**	**$457,000,000**

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

2/ 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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Brandon, Florida
James A. Haley VA Medical Center
Outpatient Clinic Lease

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2030	$4,326,000	$4,326,000	$1,576,000

II. Description of Lease

This proposal would establish a 50,000 net usable square foot multi-specialty clinic in the Southeastern Hillsborough County city of Brandon, impacting 10,425 unique veterans. Hillsborough County has experienced double digit population growth since 2000 with the bulk of the growth in Eastern Hillsborough County. Because of rapidly expanding population growth, lack of public transportation, and inadequate highway infrastructure, the Brandon clinic would significantly improve the access parameters for the veterans in Southeastern Hillsborough County.

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 parent campus has a well documented space shortage approaching one million net square feet. In addition, there is a parking deficiency of approximately 1,000 spaces that is expected to grow to a 2,300 space deficiency by 2013.

In an effort to mitigate these problems, Tampa has undertaken numerous strategies including absorbing and converting most of the common areas for clinical purposes. Once the common space was converted, Tampa moved many administrative and clinical functions out of the main hospital building and off-site. Additional access gaps are addressed through the fee basis program.

This lease 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.

IV. Alternatives to Lease Considered

Four alternatives were considered: Status Quo; Lease; Construction; and Contract Out Services. The lease option is being proposed as the alternative of choice.

Alternative 1 - Status Quo: This is not a feasible alternative as it does not correct the identified space deficiencies.

Alternative 2 – Lease: This option is the most cost-effective solution. Establishing an outpatient presence in Southeastern Hillsborough County is the alternative of choice. The identified space could be built or modified without disruption of current outpatient services.

Alternative 3 - Construction: Although viable, this is not a practical alternative due to the time and cost associated with the major construction process. The needs are immediate.

Alternative 4 - Contracting out services: This is not a viable solution due to the excessive and prohibitive cost of contracting primary care, mental health, specialty care and ancillary, diagnostic services in the Southeastern Hillsborough County area.

V. Demographic Data

	2005	2015	2025	Change 2005 - 2025
Veteran Population	445,394	383,956	334,027	-25%
Enrollment	153,278	153,778	137,215	-10%
Clinic Stops	292,812	319,826	375,340	28%

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

X. Project Cost Summary

Estimated annual cost	$1,576,000
Proposed rental rate[1]	$31.52/sf
Proposed leasing authority	20 years
Usable square feet to be leased	50,000 sf
Parking spaces to be leased	400
Special purpose related improvements[2]	$2,750,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation. [2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

Colorado Springs, Colorado
Eastern Colorado Health Care System
Community Based Outpatient Clinic

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2030	$3,995,000	$3,995,000	$1,410,000

II. Description of Lease

The existing Colorado Springs Community Based Outpatient Clinic lease expires on August 31, 2010. This project will relocate and expand the current clinic into approximately 47,000 net usable square feet of outpatient clinic space. The Eastern Rockies Market of which Colorado Springs is a part is identified as a significant healthcare accessibility gap recognized through the CARES process. This project will allow VA to continue to provide timely access to state-of-the-art primary care clinics, specialty care clinics, mental health and ancillary diagnostic services in a properly sized clinic 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, and authority to extend the present lease, as necessary, prior to the completion of the proposed lease.

III. Priorities/Deficiencies Addressed

This lease is designed to address access and capacity for Primary Care, Mental Health, Specialty Care and Ancillary and Diagnostic Services. Within the Eastern Rockies Market, the Colorado Springs Community Based Outpatient Clinic draws the majority of its workload from veterans who reside in Douglas, Elbert, El Paso, Fremont, Park and Teller Counties. The projected veteran population for these counties is expected to decrease by 10% from 103, 836 in FY 2005 to 93,749 in 2013 and by 12% to the year 2023 (82,748). In FY 2005, there were 23,919 veterans enrolled from these counties. Enrollment in the year 2013 is projected to increase to a level of 27,054 and then decrease to 25,690 enrollees by the year 2023. The market share is projected to increase from its current level of 23% to 31% by the year 2023.

Based on recent projections for the Colorado Springs Community
Based Outpatient Clinic, Primary and Urgent Care workload is projected to increase from 20,661 clinic stops in FY05 to 32,800 clinic stops in 2013 (59% increase) and to 38,730 clinic stops in 2023 (18% increase). Mental health workload is projected to increase from 11,600 clinic stops in FY05 to 18,761 clinic stops in 2013 (61% increase) and to 20,826 clinic stops in 2023 (11% increase). All

Ambulatory Care workload is expected to increase from 44,258 clinic stops in FY 2005 to 79,163 clinic stops in 2013 (80% increase) and to 88,696 clinic stops in 2023 (12% increase from FY05).

The Colorado Springs Community Based Outpatient Clinic provides a necessary and cost-effective service in assisting veterans to maintain and improve their quality of life in the community. Much of the effectiveness of the CBOC is due to its location central to the community. But, demand for services is increasing at a very fast pace, particularly in the next 5-7 years as noted above (Primary/Urgent Care up 59%; Mental Health up 61%; All Ambulatory Care up 80%). Additional space is needed in the near term to meet demand.

This lease 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.

IV. Alternatives to Lease Considered

Four alternatives were evaluated – Status Quo, Lease, Buy, and Construct.

Alternative 1 – Status Quo: Maintaining status quo is not a viable option as it does not provide the necessary resources to meet the workload demands.

Alternative 2 – Lease: The Lease alternative 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, is at significant distance from other VA owned facilities and is in a growing community with a large veteran population.

Alternative 3 – Buying a Building: Buying a building to provide VA services burdens VA with additional owned infrastructure and little flexibility. It is also based on the premise that a suitable building would be available and that VA has the funds to buy one. Neither appears to be the case.

Alternative 4 – Construction: The construction alternative also burdens VA with additional owned infrastructure which would eventually need expansion and then become unsuitable to the need. The flexibility to change location in a timely manner would be impaired.

By maintaining the lease option, VHA will be able to continue to manage its physical assets more efficiently allowing change in space needs to be accommodated timely.

V. Demographic Data

	2005	2015	2025	Change 2005 - 2025
Veteran Population*	103,836	93,749	82,748	-20%
Enrollment*	23,919	27,054	25,690	7%
Clinic Stops	44,258	79,163	88,696	100%

*Data for Douglas, El Paso, Elbert, Fremont, Park and Teller counties from which the Colorado Springs CBOC draws its workload

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

VII. Project Cost Summary

Estimated annual cost	$1,410,000
Proposed rental rate[1]	$30/sf
Proposed leasing authority	20 years
Usable square feet to be leased	47,000 sf
Parking spaces to be leased	188
Special purpose related improvements[2]	$2,585,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.
[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

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Eugene, Oregon
VA Roseburg Health Care System
Community Based Outpatient Clinic Lease

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2027	$5,826,000	$5,826,000	$2,196,000

II. Description of Lease

The existing Eugene Community Based Outpatient Clinic lease expires in 2012. This lease will relocate and expand the current clinic into approximately 66,000 net usable square feet of outpatient clinic space. This project will allow VA to continue to provide timely access to state-of-the-art primary care clinics, specialty care clinics, mental health and ancillary diagnostic services in a properly sized clinic to meet increased workload.

The new leased clinic will accommodate the following: 1) an increase in outpatient workload of 55%, which is projected for FY 2025 for services currently being provided at the existing Eugene CBOC; 2) the projected workload from the Millennium Bill, and; 3) the projected workload in Sector 20-B-2-c (Benton, Clatsop, Columbia, Lincoln, Linn, Polk, Tillamook and Yamhill Counties) that travels to Roseburg (60 miles south) that could go to the new Eugene Clinic Lease if services were provided. When accounting for all three (3) points above, there will be a total gap increase of 93,771 additional stops between 2006 and 2025 (i.e., 46,422 stops in 2006 and 140,193 stops planned in 2025)., which equates to a 202% increase in workload at the proposed Eugene Lease Clinic.

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

III. Priorities/Deficiencies Addressed

Roseburg VA Healthcare System (VARHS) is currently leasing a 16,200 SF building in Eugene, Oregon that provides outpatient services to the South Cascade CARES market. This lease is to expire 2012. Services include primary care, mental health, and ancillary services. The current clinic lacks the sufficient space to provide adequate exam rooms per provider. Per the Institute for Healthcare Improvement (IHI), 2-3 exam rooms per provider are required to optimize efficiencies. The current clinic also lacks the sufficient space to provide adequate individual and group therapy rooms to accommodate anticipated veteran growth in these specialty mental health programs. Presently there is

inadequate parking and safety issues are present. With the projected increased workload in specialty and primary care, the current parking and space issues will be exacerbated. The present environment affords no options to accommodate these future needs. The existing leased property is "land-locked" with no available property to expand. An additional separate 6,506 SF building, the Community Reintegration Service Center (CRSC), is also being leased to provide space for the homeless, substance abuse and vocational rehabilitation programs

This new leased building would benefit the veteran population in many ways:

- collocating all CARES categories, such as primary care, mental health and specialty care in one central building,
- collocating the Vet Center, VBA (Veteran Benefit Administration), and Lane County Veterans Service Center in the new clinic, which would provide patient convenience and continuum of care,
- adding clinical exam rooms to reduce waiting times and help with the increase in patient workload,
- adding space for both individual and group therapy visits will allow for significant expansion of mental health programs, including but not limited to: Mental Health Intensive Case Management; Military Sexual Trauma counseling services; addiction treatment services; Recovery Implementation programs; and improved integration of primary care and mental health services,
- providing adequate parking,
- avoiding multiple lease payments, including multiple stand-alone building service contracts for alarms, janitorial and security services, and
- reducing contract administration overhead costs for existing multiple buildings and service contracts.

This proposed project will support CARES workload-driven space gaps in Outpatient Mental Health, Primary Care and Specialty Care areas. It will ameliorate the Health Information Portability and Accountability Act (HIPAA) and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). It is listed on the VISN 20 Capital Asset Plan and Strategic Plan for FY 2009.

This lease 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.

IV. Alternatives to Lease Considered

Status Quo, Lease, Build, and Contract were evaluated.

Alternative 1 – Status Quo: This option does not provide the adequate space to effectively and efficiently care for veterans.

Alternative 2 – Leasing an Outpatient Clinic: The Lease alternative 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, is at significant distance from other VA owned facilities and is in a growing community with a large veteran population.

Alternative 3 – Construction of an Outpatient Clinic: The "Build" alternative would require purchasing land and would increase the facilities capital asset holdings and recurring maintenance demands. Flexibility to expand/contract services and/or change location depending on workload demand would be difficult.

Alternative 4 – Contracting Care: This option is not cost effective based on economic analysis of costs of community care for our veterans. By maintaining the lease option, VHA will be able to continue to manage its physical assets more efficiently, allowing change in space needs to be accommodated in a timely manner.

V. Demographic Data*

	2005	2015	2025	Change 2005 - 2025
Veteran Population	400,729	342,434	290,286	-27.56%
Enrollment	115,404	124,626	115,178	-0.2%
Clinic Stops	46,422	127,446	140,193	202%

*Data for Eugene market

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

VII. Project Cost Summary

Estimated annual cost	$2,196,000
Proposed rental rate[1]	$33.27/sf
Proposed leasing authority	20 years
Usable square feet to be leased	66,000 sf
Parking spaces to be leased	175
Special purpose related improvements[2]	$3,630,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.

[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

Green Bay, Wisconsin
Milwaukee VA Medical Center
Expansion Outpatient Clinic Lease

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2030	$5,891,000	$5,891,000	$2,008,000

II. Description of Lease

This lease will provide construct an Ambulatory Surgery/Outpatient Diagnostic Center and Community Based Outpatient Clinic (CBOC) for the North and Central submarket of VISN 12. This new building will replace the current 12,000 square foot leased facility for the Green Bay Community Based Outpatient Clinic for a new 70,600 net usable square foot, leased building. The current clinic has reached its physical capacity for the current service provided for the veterans in this catchment area. Milwaukee VA Medical Center is proposing to increase the primary care capacity to obtain a larger market penetration. Green Bay CBOC is currently seeing 2,515 patients and is proposing a primary care capacity of 15,000 unique patients. This expansion is needed to meet the needs of the more than 1,500 patients currently on temporary fee authorization, to provide closer access for nearly 4,000 patients from this catchment currently being seen at the Appleton and Cleveland CBOC, and to increase market penetration in this area. Additional space is necessary to support the ancillary services needed to serve these patients which include laboratory, radiology, physical therapy, pharmacy, mental health, dietetics, social work and home based primary care. In collaboration with the Iron Mountain VAMC, Milwaukee accessed the need to incorporate specialty care and ambulatory surgery services for the proposed clinic. This will improve access and convenience for veterans needing these services that are receiving care at these CBOCs and the Iron Mountain VAMC.

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

III. Priorities/Deficiencies Addressed

The demand for primary, mental health, specialty care, diagnostic procedures, ambulatory surgery continues to grow in catchment served by the current Green Bay CBOC. The existing Green Bay CBOC was proposed to support two primary care teams (~2400 unique veterans) with a projection to add on additional team. The demand for care has exceeded the projections and more than 4,000 veterans from this catchment area are seen in other CBOCs. In addition, more than 1,500 veterans have been issued Temporary Fee Authorization provide access to care. The Integrated

Collaborative Care Model has provided increase staff to meet the mental health needs of the current veterans seen thus attributing to the facility space constraints. Patients from this catchment area as well as the Iron Mountain VAMC must travel more than 4 hours to the Milwaukee VAMC for specialty care and ambulatory surgical procedures. Providing access to specialty care and procedures will improve patient satisfaction.

This lease 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.

IV. Alternatives to Lease Considered

Four alternatives were considered: Lease a newly constructed facility, lease an existing building and remodel, and out.

Alternative 1 - Status Quo: This alternative does not meet the patient care needs as space constraint will continue as demand for access increases. Some patients now travel more than 4 hours for a majority of their specialty care and diagnostic procedure needs. The current clinic capacity accommodates only 4,500 unique patients for primary and mental health care only. In addition, Fee Authorization continues to increase to meet access need for patients seeking care. Based on this analysis, this is not a feasible alternative.

Alternative 2 – Lease a Newly Constructed Facility (Preferred Alternative): This option is the most cost-effective. The leased facility can be built to compliance to current healthcare standards. The leasing of a newly constructed building will meet the medical gas, electrical, security, safety and access requirements will be achieved more cost effectively than retrofitting an existing building. This is the preferred alternative.

Alternative 3 – Lease an Existing Building and Renovate the Space: Leasing an existing building to accommodate the required space for identified needs would require additional construction funds over and above the leasing costs. Therefore, this option is less viable than the preferred option.

Alternative 4 – Contract Services: Buying healthcare in the private sector is not a viable alternative due to community costs for care. Therefore, this option was not considered viable either.

V. Demographic Data*

	2005	2015	2025	Change 2005 - 2025
Veteran Population	51,356	44,943	35,960	-30%
Enrollment	17,704	17,388	14,792	-16%
Clinic Stops	20,596	139,104	118,336	475%

*Data for Brown, Door, Kewaunee, Oconto, Outagamie, Shawano, Marinette Counties in Wisconsin and Menominee County, Michigan

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

VII. Project Cost Summary

Estimated annual cost	$2,008,000
Proposed rental rate[1]	$28.44/sf
Proposed leasing authority	20 years
Usable square feet to be leased	70,600 sf
Parking spaces to be leased	105
Special purpose related improvements[2]	$3,883,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.
[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

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Greenville, South Carolina
WJB Dorn VA Medical Center
Outpatient Clinic Lease

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2032	$3,731,000	$3,731,000	$1,206,000

II. Description of Lease

This lease will relocate and expand the current clinic to approximately 45,900 net usable square feet of new outpatient clinic space due to expiration of the current lease. This project is designed to address access and capacity for Primary Care, Mental Health, Specialty Care and Ancillary and Diagnostic Services in the upstate region of the South Carolina Market. This clinic serves veterans from the counties of Anderson, Cherokee, Chester, Greenville, Laurens, McCormick, Oconee, Pickens, Saluda, Spartanburg and Union. The new lease for GOPC was identified in the VISN 7 CARES Market Plan to address increasing demand for Primary Care, Mental Health, Specialty Care and Ancillary and Diagnostic services in the upstate, and will allow VA to continue to provide state of the art services and meet increasing workload.

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 Greenville Outpatient Clinic Lease expires in FY 2012. This project will lease approximately 62,000 SF of new space, and is designed to allow WJB Dorn VAMC to continue providing timely quality outpatient care in the South Carolina up-state.

The new GOPC, with Primary Care and expanded mental health, specialty care and ancillary and diagnostic services, will improve the safety and quality of care provided in the clinic through expansion of clinic space to allow for enhanced care and by improving parking for patients and staff. Expanded space, staffing and services will improve access to care, clinical wait times and patient satisfaction. The new and improved clinic will positively contribute to the Public Health and Socioeconomic well being of the rapidly growing upstate area of South Carolina. These expanded health care services for veterans and potentially DOD/Tricare patients will help maximize the physical, mental and social functioning of disabled veterans by improved assessment and coordination of

their care. The expanded clinic will help provide for a smooth transition for veterans from active military duty to veteran status by providing a convenient, high quality, and cost effective health care system. The new clinic will allow increased opportunities for workforce planning, teaching and education which are not achievable in the limited space of the existing clinic. The new clinic will also provide increased opportunities for medical research, which will benefit veterans and the nation as a whole.

This lease 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.

IV. Alternatives to Lease Considered

Four alternatives were analyzed to determine the most cost effective initiative to serve the veterans.

Alternative 1 – Status Quo: This alternative is untenable, as the current lease terminates in 2012, with no options remaining. The building has been occupied for 20 years. In accordance with VA guidelines, it is cost prohibitive to renovate to standards at this point, as well as unfeasible to attempt major renovation of an occupied space.

Alternative 2 – Replacement Lease (Preferred alternative): This alternative is considered the most viable. It provides for closure of projected gaps in service and space and addresses existing facility condition deficiencies. This alternative results in optimal location of related services and improved space and operational efficiencies, at less cost and risk than other available alternatives.

Alternative 3 – Construct New Clinic: This option would provide for closure of projected gaps in service and space, however, this alternate is more costly than the preferred alternative, and would take longer to accomplish. New construction does not support the CARES initiative to reduce the amount of land and infrastructure owned and operated by the VA.

Alternative 4 – Contract out services: This option would also provide for closure of projected gaps in services and space, but this alternative would also result in significantly higher long term cost than Alternative 2, the preferred option. Continuity of care and a seamless transition would be negatively impacted by this alternative. Monitoring for quality and access with contracted services would be difficult and cumbersome for the administrative staff at WJB Dorn VAMC.

V. Demographic Data

The latest workload data projected the following growth for the Midlands and the Upstate of South Carolina (based on the baseline year of 2005):

	2005	2015	2025	Change 2005 - 2025
Veteran Population	432,368	393,203	347,825	-20%
Enrollment	135,709	148,611	139,132	3%
Clinic Stops	620,113	771,180	837,305	35%

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

VII. Project Cost Summary

Estimated annual cost	$1,206,000
Proposed rental rate[1]	$26.28/sf
Proposed leasing authority	20 years
Usable square feet to be leased	45,900 sf
Parking spaces to be leased	225
Special purpose related improvements[2]	$2,525,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.

[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

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Mansfield, Ohio
Louis Stokes Cleveland VA Medical Center
Community Based Outpatient Clinic Lease

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2030	$2,212,000	$2,212,000	$700,000

II. Description of Lease

This lease will construct a new Mansfield Community Based Outpatient Clinic (CBOC) to augment existing services provided and to add new services to the more than 5,800 unique veterans served. The current Mansfield CBOC consists of 7,436 square feet of primary care space and 3,518 square feet of mental health space. The Primary Care Clinic and the Mental Health Clinic are physically separated by local businesses and organizations which are not complimentary to health care.

The new clinic will be approximately 27,500 net usable square feet, correcting the physical separation constraints of the current CBOC. The Mansfield CBOC is currently a leased facility operated by the Cleveland VAMC and will continue to be leased and operated in the same fashion. The Mansfield CBOC will provide the following new services upon completion of this project: physical therapy, SCI services for Home Based Primary Care, a stand alone pharmacy and an optical shop. Additionally, it will enhance Podiatry and Optometry, Mental Health, Mental Health Intensive Case Management, Phlebotomy, Primary Care, Teleradiology and Digital Radiology, Home Based Primary Care, Telemedicine and Health Buddies, and Telephone Triage.

The new Mansfield CBOC will positively impact quality, access, cost, value and provide a number of benefits to the veterans in and surrounding Mansfield, Ohio. The new CBOC will also serve as the hub of the central Ohio ancillary CBOCs.

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

III. Priorities/Deficiencies Addressed

The first problem being solved is expanding an undersized Mansfield CBOC to better meet the needs of the approximately 5,800 unique veterans who utilize the clinic. The Mansfield CBOC needs the additional space to deliver the highest

quality of care to the veterans. The additional space at the Mansfield CBOC will provide the following new services: physical therapy, SCI services for Home Based Primary Care, a stand alone pharmacy and an optical shop. Additionally, it will enhance Podiatry and Optometry, Mental Health, Mental Health Intensive Case Management, Phlebotomy, Primary Care capacity, Teleradiology and Digital Radiology, Home Based Primary Care, Telemedicine and Health Buddies, and Telephone Triage.

This lease will solve the safety and security concerns associated with having physical separations between the primary care and mental health clinics. The physical separations are local businesses and organizations which are not complimentary to healthcare and do create an additional risk to the veterans.

The Mansfield CBOC is second furthest clinic from Wade Park and Brecksville. By adding the additional services and expanding the current services, this will prevent the transportation of the veterans to Wade Park and Brecksville.
This lease 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.

IV. Alternatives to Lease Considered

A prudent review of four (4) alternatives was completed to ensure that the needs of the veterans were met and that taxpayers and government officials could be assured that the appropriations for this project are the best use of public funds. The four (4) alternatives reviewed were: 1) Status Quo 2) Lease New Community Based Outpatient Clinic in Mansfield, Ohio (Preferred Alternative) 3) New Construction of Community Based Outpatient Clinic in Mansfield, Ohio 4) Contract Out.

Alternative 1 - Status Quo: Expanding services currently provided at the Mansfield CBOC is essential to meeting the access guidelines for veterans of Northeast Ohio. The current Mansfield CBOC is comprised of four sites of care in three separate buildings, causing much inefficiency. The Mansfield CBOC has far outgrown the four facilities capacity and it is necessary to expand to accommodate the increased demand currently experienced. Additional space is needed to improve patient capacity, patient flow, increase exam rooms, increase patient waiting room space, expand services in Lab, Radiology, Pharmacy, Podiatry, Optometry, Mental Health, Mental Health Intensive Case Management, Home Based Primary Care, and Primary Care. Without the much needed space,

the Mansfield CBOC will not be able to close the performance workload gaps and continue to meet both quality of care measures and patient satisfaction.

Alternative 2 - Lease New CBOC in Mansfield, Ohio (Preferred Alternative): This option is the preferred option for the Louis Stokes Cleveland VA Medical Center. This option yields the least negative NPV (-$12.7 Million) of all viable alternatives. As compared to the new construction option, the VA will not incur the upfront capital expense, the recurring maintenance cost, the operational expenses associated with EMS and Engineering Service (thus cost avoiding approximately $266K per annum). This will provide the necessary space to meet the current demands at the Mansfield CBOC. It will also provide the necessary safety and security components of a consolidated CBOC as opposed to four separate sites. The preferred alternative will also greatly improve both employee and patient satisfaction with a new state-of-the-art CBOC with expanded and new services and allow Mansfield to continuously improve in quality of care measures and continuous readiness for accreditation. This alternative will reduce or eliminate the following gaps: Cardiology gap by 824 stops, Eye Clinic gap by 587 stops, Mental Health by 406 stops, Substance Abuse Clinic by 1,081 stops, and Surgical Specialties by 195 stops.

Alternative 3 - New Construction of a CBOC in Mansfield, Ohio: This alternative is feasible, but is not the preferred option. This alternative will produce many of the same benefits as leasing a new CBOC in Mansfield, Ohio but does have a few drawbacks. New construction does not support the CARES initiative to reduce the amount of land and infrastructure owned and operated by VA. The alternative has a NPV of ($-13.5 Million), which is slightly higher than the NPV for leasing a new CBOC. This alternative would require an initial outlay of $7.1 Million in AE Design and Construction costs. Additionally, this alternative would require NRM or Minor construction dollars in the future to maintain the facility and infrastructure.

Alternative 4 - Contract for Services: The alternative to contract for services was considered and is not deemed feasible. There is a significant increase in cost to contract for the workload currently performed at the Mansfield Community Based Outpatient Clinic. The NPV for this alternative is (-$146 Million). Continuity of care and seamless transition would be negatively impacted by this alternative as well as not being able to meet both patient satisfaction and quality of care measures.

V. Demographic Data*

	2005	2015	2025	Change 2005 - 2025
Veteran Population	34,988	29,171	24,197	-30.84%
Enrollment	10,826	10,912	9,608	-11.25%
Clinic Stops	36,253	37,745	36,463	0.58%

*Data for Ashland, Knox, Morrow, Richland, and Wayne Counties in Ohio

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

VII. Project Cost Summary

Estimated annual cost	$700,000
Proposed rental rate[1]	$25.45/sf
Proposed leasing authority	20 years
Usable square feet to be leased	27,500 sf
Parking spaces to be leased	250
Special purpose related improvements[2]	$1,512,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.

[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

Mayaguez, Puerto Rico
VA Caribbean Healthcare System
Satellite Outpatient Clinic Lease

I. Budget Authority

Lease Through	2009 Request	FY 2009 Auth. Request	Unserviced Annual Rent
2031	$6,276,000	$6,276,000	2,421,000

II. Description of Lease

This lease will replace the current lease for the Mayaguez Satellite OPC due to infrastructure deficiencies that are costly to repair. The repairs are extensive and expensive ($3.5 million), requiring that portions of the clinic be vacated, thus negatively impacting patient care as services would have to be contracted out during the repairs.

Under a new lease contract, the Mayaguez OPC would continue to provide the same services, Primary Care and Specialty Care, to its veteran service area and the square footage would be approximately 70,100 net usable square feet.

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

III. Priorities/Deficiencies Addressed

The VA has had presence in the western area of Puerto Rico since July 1976 via a satellite outpatient clinic that has provided outpatient primary care and specialty care. The current lease, housing 54,090 net usable square feet, was executed on September 1, 1996, and will expire on August 31, 2011. While the clinic was built using VA specifications, significant deficiencies exist, as confirmed and documented by the URS/Grainer firm in a report dated 1999:

- Mildew and fungus growth
- Air conditioning system (HVAC) does not meet the VA dehumidifying standard.
- HVAC is not capable of maintaining the temperature and relative humidity conditions appropriate for a VA clinic.
- Lack of a vapor barrier on the concrete foundation
- Uneven floors where moisture is detected

This lease 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.

IV. Alternatives to Lease Considered

Four alternatives were considered: Status Quo; Replacement Lease; VA Major Construction; and Contract-Out Services. The alternative of a replacement lease is being proposed as the alternative of choice.

Alternative 1 - Status Quo: This is not a feasible alternative as it does not correct the identified infrastructure deficiencies.

Alternative 2 - Replacement Lease: This option is the most cost-effective solution. A new lease would include a state of the art HVAC system and new technology and materials to avoid mold development. The new facility could be built or modified without disruption of medical services. This is the alternative of choice.

Alternative 3 - VA Major Construction: Although viable, this is not a practical alternative due to the length of time the process would take.

Alternative 4 – Contract-out: Contracting out all veteran services on a fee basis arrangement is not a viable solution due to the excessive and prohibitive cost of contracting primary care, mental health, specialty care and ancillary, diagnostic services.

V. Demographic Data*

	2005	2015	2025	Change 2005 - 2025
Veteran Population	17,101	13,176	9,912	-42.04%
Enrollment	13,866	10,546	9,058	-34.67%
Clinic Stops	107,388	100,449	87,284	-18.72%

*Data for relative proportions of workload between the outpatient clinic and Puerto Rico

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

VII. Project Cost Summary

Estimated annual cost	$2,421,000
Proposed rental rate[1]	$34.53/sf
Proposed leasing authority	20 years
Usable square feet to be leased	70,100 sf
Parking spaces to be leased	290
Special purpose related improvements[2]	$3,885,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.

[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

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Mesa, Arizona
Carl T. Hayden Veterans Affairs Medical Center
Community Based Outpatient Clinic Lease

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2029	$5,106,000	$5,106,000	$1,806,000

II. Description of Lease

The existing Southeast Mesa, Arizona, Southeast CBOC lease expires on Dec 30, 2011. This lease will relocate and expand the current 42,500 square feet clinic into approximately 60,000 net usable square feet of outpatient clinic space. The Arizona Market, which includes the Southeast Clinic, is identified as a significant healthcare accessibility gap recognized by the Milliman report and CARES data. This lease will allow VA to continue to provide timely access to state-of-the-art primary care clinics, specialty care clinics, mental health and ancillary diagnostic services in a properly sized clinic to meet increased workload. Radiology and dental care will be introduced as a new service offered after relocation into the larger space.

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

III. Priorities/Deficiencies Addressed

This lease is designed to address access and capacity for Primary Care, Mental Health, Specialty Care and Ancillary and Dental Services. The priorities and deficiencies addressed in this project include:

- Maintain/Improve cost effective access for this targeted population within their community.
- Address growth needs documented by CARES i.e., clinic stop increase from 23,675 to 34,232 for the years 2005 – 2023, a 45% increase.
- Provide increased service by introducing radiology capabilities
- Provide increased services by introducing dental care
- Reduce fee basis dental cost
- Provide increased Mental Health services access
- Provide for additional space and staff to meet the growing needs.
- Introduce retinal screening with camera benefiting and focusing on diabetic needs
- Provide for women's care

- Increase our presence in the surrounding community which lessens the impact on returning current patients to the main hospital campus.

This lease 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.

IV. Alternatives to Lease Considered

Three alternatives were considered – Status Quo, Leasing Space (Preferred Alternative), and Contracting Care.

Alternative 1 – Status Quo: The Southeast, Mesa CBOC is significantly deficient in space to accommodate the primary and specialty care needs of its veteran patients. Even with the additional space created at the VAMC by the Ambulatory Care Addition in 1998, the facility is still almost 50% below VA Space Criteria guidelines. An extensive review of the medical center's space and functions performed by CARES consultants (11/06) shows that the facility should be operating with 1,034,680 gross square feet of space (gsf), whereas the existing facility only consists of 673,651 gsf, a shortage of more than 361,000 gsf. The CARES Planning Initiatives require the facility to address a demand gap of approximately 81,000 Outpatient Specialty Care stops, 70,000 Outpatient Primary Care stops, and 46,000 Outpatient Mental Health stops. Phoenix VAMC continues to offer outstanding specialty care in our CBOCs. The Southeast CBOC must be preserved to continue care to the veterans in southeast Phoenix.

Alternative 2 – Lease Space for a larger CBOC (Preferred Alternative): This approach requires the establishment of a new urban CBOC located in the same geographical location as the current CBOC. The purpose of the relocation of the current Southeast CBOC is to improve access to care, provide additional mental health programs, specialty care and dental care, and address future growth needs for approximately 10,002 veteran patients residing in Southeas Phoenix Metropolitan area. This approach will allow for access to care in a space more central to the increasing veteran population in this area of the county. The proposed CBOC will enable access to care for the veterans in this catchment area. The proposed boundary delineations are in the general vicinity of the current clinic and in the same Congressional District. The cost of contracting primary care services currently equates to $183 per vist per patient at the Southeast CBOC. This compares to a cost of $360 per visit per patient cost contracted cost. It is clearly more cost effective to provide this clinical care by a VA-staffed clinic in

leased space. The relocation is paramount to meet the needs of the growing patient population.

Alternative 3 - Construction: Although a viable option , this is not a practical alternative as the needs for this lease expansion are immediate.

Alternative 4 - Contract CBOC Services: This approach would entail contracting outpatient care to 6,176 current veteran patients and our increasing veteran population in Northwest Phoenix under a competively based contract. Based on existing contracted CBOC's , it is predicted that per patient costs for contracted services in the Northwest area are estimated at $600-$700 per patient, per visit with continued increases estimated at 5% per year. This cost per patient is more then double the cost of $183 per patient for the current VA-staffed CBOC. Subsequently, the contract method for CBOC services is not preferred.

V. Demographic Data*

	2005	2015	2025	Change 2005 - 2025
Veteran Population*	553,003	511,569	505,284	-8.63%
Enrollment*	75,882	83,124	77,028	1.51%
Clinic Stops	23,675	31,496	77,028	225.36%

*Data for Maricopa County

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

VII. Project Cost Summary

Estimated annual cost	$1,806,000
Proposed rental rate[1]	$30.10/sf
Proposed leasing authority	20 years
Usable square feet to be leased	60,000 sf
Parking spaces to be leased	250
Special purpose related improvements[2]	$3,300,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.

[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

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Palo Alto, California
Palo Alto VA Medical Center
Lease for Displaced VA Wet and Dry Bench Research Laboratories

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2030	$8,636,000	$8,636,000	$3,136,000

II. Description of Lease

This project will lease up to 100,000 net usable square feet of wet and dry bench research laboratory facilities in the SF Bay area to house approximately 300 VA funded researchers and other miscellaneous programs displaced due to major and minor construction projects. In addition, offsite warehouse facilities related to major and minor construction staging and activation requirements is also included within the scope of the lease. VA anticipates relocating program staff into new VA research facilities in Palo Alto and BRAC facilities acquired from the Department of Defense, which will allow this lease to be terminated. Through the domino moves, this project will vacate approximately 150,000 GSF of seismically deficient, Exceptionally High Risk (EHR) buildings until replacement facilities can be completed by 2015.

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

VA has approved major and minor construction projects to replace a number of seismically deficient buildings on the Palo Alto and Menlo Park Divisions with modern, state-of-the-art research and treatment facilities. Funding has been identified in the major construction project for impact costs related to program displacement through the duration of major construction. Due to the facility and property constraints in Palo Alto and Menlo Park, seismically deficient buildings have to be razed in advance of infrastructure replacement, which requires the relocation of associated staff to off-site locations during construction.

Palo Alto, including the larger San Francisco Bay Area, is located in a seismically active region. Recent studies by the United States Geological Survey (USGS) indicate there is a 62 percent likelihood of a Moment magnitude 6.7 or higher earthquake occurring in the Bay Area in the next 30 years. Palo Alto is located in the highest seismic zone in the United States with a seismicity score of 35.0. This region is likely to experience a catastrophic seismic event in the near future.

Based on the USGS forecasts, ensuring patient and staff safety remains VISN 21's highest priority in terms of prioritizing and ranking construction projects.

This major lease will relocate research staff out of obsolete, functionally deficient, and seismically unsafe Exceptionally High Risk (EHR) buildings, all of which have been identified as structurally deficient and in risk of catastrophic failure from a significant seismic event (Building 4 – EHR #4; Building 205 EHR #36). Today, these three buildings are listed at the top of the Department of Veterans Affairs' EHR list and account for approximately 150,000 GSF of structurally deficient buildings. Seismic studies have shown that these buildings do not have sufficient shear strength to prevent a brittle shear failure. The largest building, Building 4, a 72,000 GSF three (3) story building, is ranked #4 on VA's EHR list and has a deficiency classification of: Category Rank of 1: "Building in danger of collapsing."

Today, over 200 researchers from VAPAHCS' Menlo Park Division are located in seismically deficient facilities (Buildings 205 and 301), which were constructed in 1929. This initiative will relocate staff out of these deficient buildings and programs will transfer to seismically safe and modern research facilities. This initiative is consistent with VAPAHCS' Strategic and Facility Master Plans.

This lease 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.

IV. Alternatives to Lease Considered

The following alternatives were considered: Status Quo, Leasing, New Construction, Renovation, and Contract Out. The alternative of dry and wet bench laboratory research lease was identified as the preferred option.

Alternative 1 - Status Quo: The Status Quo alternative would continue to operate seismically unsafe buildings and the campus in Palo Alto would not be able to accommodate the construction of new ambulatory care and polytrauma inpatient replacement facilities.

Alternative 2 – Leasing Dry and Wet Laboratory Research: This alternative would lease a 100,000 GSF medical office/research building in the San Francisco South Bay Region utilizing a full service contract for 5 years, with an additional 5 one year renewal options. Leasing was determined to be the most advantageous of the options and complies with the February 2004 CARES decision by allowing

VAPAHCS to correct documented seismic and life/safety deficiencies as soon as possible.

Alternative 3 - New Construction: Although a viable option, this is not a practical option as the needs for this lease are immediate.

Alternative 4 – Renovation: This alternative would renovate and seismically retrofit Building 4 for wet and dry lab research. This alternative would mitigate nearly 100,000 GSF of serious structural deficiencies; however, VA has approved a FY09 major construction project for Palo Alto to construct the Centers for Ambulatory Care and Polytrauma Rehabilitation. In order to construct these new facilities, existing seismically deficient buildings, including Building 4, must be razed in advance to make way for these construction projects.

Alternative 5 - Contract out: Contracting research to the community or to affiliates prevents VA Researchers from receiving grants. Therefore, this is not a viable alternative. It is essential that these research programs remain a part of the VA Palo Alto Health Care System. Over 100,000 GSF of basic science, translational research programs will be displaced unless off site research facilities are established on an interim basis.

V. Demographic Data:

VAPAHCS is located in VISN 21's South Coast CARES market. VAPAHCS provides primary, secondary and tertiary care within a large geographical region encompassing a 10 county, 13,500 square mile catchment area. Today, nearly 300,000 veterans reside within VAPAHCS' primary service area (PSA). In particular, the City of San Jose is located in VAPAHCS' catchment area. The City of San Jose recently became the 10th largest city in the United States and Santa Clara County is home to more than 100,000 veterans.

	2005	2015	2025	Change 2005 - 2025
Veteran Population*	267,605	206,662	161,546	-39.63%
Enrollment	69,837	61,926	51,901	-25.68%

*Data for South Coast Market

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

VII. Project Cost Summary

Estimated annual cost	$3,136,000
Proposed rental rate[1]	$31.36/sf
Proposed leasing authority	20 years
Usable square feet to be leased	100,000 sf
Parking spaces to be leased	105
Special purpose related improvements[2]	$5,500,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.

[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

Savannah, Georgia
Ralph H. Johnson VA Medical Center
Expansion Community Based Outpatient Clinic Lease

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2031	$3,168,000	$3,168,000	$1,029,000

II. Description of Lease

The Savannah, Georgia CBOC is a long established facility serving southeastern Georgia and the southern tip of South Carolina. This lease will maintain the clinic presence in the Savannah area while increasing the net usable space from 34,760 square feet to 38,900 square feet. It is supported by its parent facility, the Ralph H. Johnson VAMC in Charleston, SC, which is 110 miles away. It provides ready access to primary care, mental health services, specialty care, diagnostic services, and home-based health care for area veterans and the Fort Stewart and Hunter Army Airfield communities.

The CARES process identified a continuing need to keep and expand the Savannah CBOC to effectively manage increasing demand for outpatient care.

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

III. Priorities/Deficiencies Addressed

This lease provides Primary Care, Mental Health Services, Specialty Care, limited sub-specialty care, Diagnostic services, and Home Based Primary Care to veterans in Southeastern Georgia, in and around Savannah, Georgia, as well as the southern tip of South Carolina. This includes half of Beaufort County and half of Jasper County in South Carolina and the counties of Effingham, Bryan, Liberty, McIntosh, Long, and Chatham in Georgia.

The Savannah Community Based Outpatient Clinic provides a necessary and cost-effective service in assisting veterans to maintain and improve their quality of life in the community. Much of the effectiveness of the CBOC is due to its location in a major population center that is somewhat separated from neighboring population centers and its wide-ranging, attractive and flexible services that are offered to its members in a user-friendly manner. Demand for services is increasing at present and is expected to continue to do so in the future as shown above. Additional space is needed in the near term to meet demand.

The Planning Initiatives addressed include continuing to provide ready access to basic care and closing the gap on demand for the services provided. Without this facility returning veterans will have to travel over a hundred miles to Charleston for services. The Charleston Facility does not have the capacity to readily absorb the increased demand for Mental Health services for OIF and OEF Veterans should the Savannah facility close. This lease is basic to the VA Strategic Goals of Improving Veterans Quality of Life; Ensuring a Smooth Transition from the Military; Honoring, Serving, and Memorializing Veterans; and the Public Health and Socioeconomic Well-Being of Veterans. These services are targeted to the members of the Fort Stewart and Hunter Army Airfield communities.

This lease 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.

IV. Alternatives to Lease Considered

Lease, Status Quo, New Construction, and Contract for Services were the alternatives considered. Lease was the preferred alternative.

Alternative 1 – Status Quo: Status Quo equates to letting the current lease expire and moving work load to other facilities. The parent facility and other nearby clinics are already fully utilized, with limited capability to expand and limited parking. The distance between Savannah and the parent facility is about 110 miles. Transferring workload would reduce access for veterans at both the Savannah CBOC and the gaining facility, as well as increase travel times for the Savannah patient population. This option degrades service, reduces access, and is considered not viable.

Alternative 2 - Lease Outpatient Clinic (Preferred alternative): Leasing was selected as the preferred option because:

- it best met the broadest range of criteria including limited up-front capital investment,
- it is at significant distance from other VA owned facilities,
- it is in a growing community with a large veteran population,
- it supports the CARES initiative to reduce land and infrastructure,
- it allows increased flexibility in future years to address changing demographics,
- it maintains continuity of care, and it maintains/increases access to core veteran populations with minimal travel times.

Alternative 3 – Constructing an Outpatient Clinic: The "Build" alternative burdens VA with additional owned infrastructure and is not consistent with the CARES initiative to reduce the land and infrastructure owned and operated by the VA. This option would require an initial outlay of $12 million in design, construction, and land acquisition and incur increased maintenance and renovation costs. It also limits flexibility to adjust in future years to changing demographics.

Alternative 4 – Contracting for Services: Contracting for Services is a viable option, but it is not considered the best valued. Contracting for Services would negatively impact the current continuity of clinical care; displace the existing staff of over 52 employees (which continues to expand); and there would also be local stakeholder opposition. In addition, VAMC Charleston, inclusive of other VISN 7 facilities, strongly prefers VA-staffed CBOC's vs. Contract. Savannah also provides clinical support to nearby Ft. Stewart/Hunter Army Airfield. This relationship, as well as any future VA/DoD sharing collaboration, would be negatively affected.

V. Demographic Data

	2005	2015	2025	Change 2005 – 2025
Veteran Population	56,250	47,940	43,057	-23%
Enrollment	135,709	148,611	139,132	3%
Clinic Stops	30,342	56,231	62,869	107%

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

VII. Project Cost Summary

Estimated annual cost	$1,029,000
Proposed rental rate[1]	$26.24/sf
Proposed leasing authority	20 years
Usable square feet to be leased	38,900 sf
Parking spaces to be leased	250
Special purpose related improvements[2]	$2,139,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.

[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

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Sun City, Arizona
Carl T. Hayden Veterans Affairs Medical Center
Community Based Outpatient Clinic Lease

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2030	$2,295,000	$2,295,000	$920,000

II. Description of Lease

The existing Sun City, Arizona Northwest Extension Clinic (CBOC) lease expires on April 30, 2009. This project will relocate and expand the current 8,916 sq ft clinic into approximately 25,000 net usable square feet of outpatient clinic space. This project will allow the VA to continue to provide timely access to state-of-the-art primary care clinics, specialty care clinics, mental health and ancillary diagnostic services in a properly sized clinic to meet increased workload. Dental care will be introduced as a new service offered after relocation into the larger space.

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

III Priorities/Deficiencies Addressed

This lease is designed to address access and capacity for Primary Care, Mental Health, Specialty Care and Ancillary and Dental Services. The priorities and deficiencies addressed in this project include:

- Maintain access for this targeted geriatric population within their community.
- Provide increased Mental Health services access
- Reduce fee basis dental cost and provide enhanced access for our veterans.
- Provide for additional space and staff to meet the growing needs.
- Increase our presence in the surrounding community which lessens the impact on returning current patients to the main hospital campus.
- Introduce retinal screening with camera focusing on diabetic needs
- Address growth needs documented by CARES i.e., clinic stops increase from 14,016 to 20,903 for the years 2005 – 2023, a 49% increase.
- Provide access to care for OEF/OIF veterans closer to where they live (in growing communities in the NW section of the county)

This lease 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.

IV. Alternatives to Lease Considered

Four alternatives were considered – Status Quo, Leasing Space (Preferred Alternative), New Construction and Contracting Care.

Alternative 1 – Status Quo: This approach would maintain the current CBOC. This clinic was first opened in 1994. The Phoenix VAMC workload has increased on the average of 3% per year since then and the current CBOC is significantly deficient in space to accommodate the primary and specialty care needs of veteran patients. The Phoenix VAMC itself suffers from a severe space deficiency. Even with the additional space created at the VAMC by the Ambulatory Care Addition in 1998, the facility is still almost 50% below VA Space Criteria guidelines. An extensive review of the medical center's space and functions performed by CARES consultants (11/06) shows that the facility should be operating with 1,034,680 gross square feet of space (gsf), whereas the existing facility only consists of 673,651 gsf, a shortage of more than 361,000 gsf. The CARES Planning Initiatives require the facility to address a demand gap of approximately 81,000 Outpatient Specialty Care stops, 70,000 Outpatient Primary Care stops, and 46,000 Outpatient Mental Health stops.

Alternative 2 – Lease Space for a larger CBOC (Preferred Alternative): This approach requires the establishment of a new urban CBOC located in the same geographical location as the current CBOC. The purpose of the relocation of the current Northwest CBOC is to improve access to care, provide additional mental health programs, specialty care and dental care, and address future growth needs for approximately 7,000 veteran patients residing in Northwest Phoenix Metropolitan area. This approach will allow for a continuation of care in a space nearby the current CBOC, with minimum interuption of services or inconvienience for the patients. Maintaining the clinic in Sun City, Arizona, will continue to provide access to care for the veterans in this catchment area. The proposed boundary delineations are in the vicintity of the current clinic and in the same Congressional District. The cost of contracting primary care services currently equates to $183 per vist per patient at the Northwest CBOC. This compares to a cost of $360 per visit per patient cost contracted cost. It is clearly more cost effective to provide this clinical care by a VA-staffed clinic in leased space. The relocation is paramount to meet the needs of the growing patient population.

Alternative 3 - Construction: Although a viable option , this is not a practical alternative as the needs for this lease and expansion are immediate.

Alternative 4 - Contract CBOC Services: This approach would entail contracting outpatient care to 6,176 current veteran patients and our increasing veteran population in Northwest Phoenix under a competively based contract. Based on existing contracted CBOC's , it is predicted that per patient costs for contracted services in the Northwest area are estimated at $600-$700 per patient, per visit with continued increases estimated at 5% per year. This cost per patient is more then double the cost of $183 per patient for the current VA-staffed CBOC. Subsequently, the contract method for CBOC services is not preferred.

V. Demographic Data*

	2005	2015	2025	Change 2005 - 2025
Veteran Population*	553,003	511,569	505,284	-8.63%
Enrollment*	75,882	83,124	77,028	1.51%
Clinic Stops	14,016	19,019	20,903	49.14%

*Data for Maricopa County

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

VII. Project Cost Summary

Estimated annual cost	$920,000
Proposed rental rate[1]	$36.79/sf
Proposed leasing authority	20 years
Usable square feet to be leased	25,000 sf
Parking spaces to be leased	120
Special purpose related improvements[2]	$1,375,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.
[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

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Tampa, Florida
James A. Haley VA Medical Center
Primary Care Annex Lease

I. Budget Authority

Lease Through	2009 Request	2009 Auth. Request	Unserviced Annual Rent
2030	$8,652,000	$8,652,000	$3,152,000

II. Description of Lease

The proposed lease will move all Primary Care Services to a 100,000 net usable square foot off-site location within close proximity of the parent campus. This relocation will have the primary benefit of decompressing the parent facility so that Specialty Clinics can be expanded. The secondary benefit will be the right-sizing of primary care.

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 priorities that will be addressed by this project are Wait Times – Clinic, for new patients, Provider - Wait Times, and Patient Satisfaction. The parent campus has a well documented space shortage approaching one million net square feet as identified in the Capital Asset Inventory. The relocation of the primary care activity will allow for the expansion of both primary and specialty care, thereby providing an opportunity to significantly increase the performance of the facility in the identified priority areas by improving efficiency, timeliness, and access to care for veterans in West Central Florida. A tertiary benefit of the relocation will be the significant reduction in the daily traffic coming to the parent facility which will decrease the demand for an ever shrinking parking capacity on campus in the near term. There is a parking deficiency of approximately 1,000 spaces that is expected to grow to a 2,300 space deficiency by 2013. In an effort to mitigate these problems, Tampa has undertaken numerous strategies including absorbing and converting most of the common areas for clinical purposes. Once the common space was converted, Tampa moved many administrative and clinical functions out of the main hospital building and off-site. Additional access gaps are addressed through the fee basis program.

This lease 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.

IV. Alternatives to Lease Considered

Four alternatives were considered: Status Quo; Lease; Construction; and Contract Out Services. The lease alternative is being proposed as the alternative of choice.

Alternative 1 - Status Quo: This is not a feasible alternative as it does not correct the identified space deficiencies.

Alternative 2 - Lease: This option is the most cost-effective solution. Re-locating primary care to an off-site location is the alternative of choice. The identified space could be built or modified without disruption of current outpatient services.

Alternative 3 - Construction: Although viable, this is not a practical alternative due to the time and cost associated with the major construction process.

Alternative 4 - Contracting out: This is not a viable solution due to the excessive and prohibitive cost of contracting primary care, mental health, specialty care and ancillary, diagnostic services.

V. Demographic Data

	2005	2015	2025
Veteran Population	445,394	383,956	334,027
Enrollment	153,278	153,778	137,215
Clinic Stops	292,812	319,826	375,340

VI. Schedule

Award Lease	September 2009
Space Delivery/Occupancy	June 2011

X. Project Cost Summary

Estimated annual cost	$3,152,000
Proposed rental rate[1]	$31.52/sf
Proposed leasing authority	20 years
Usable square feet to be leased	100,000 sf
Parking spaces to be leased	500
Special purpose related improvements[2]	$5,500,000

[1]This estimate is for 2008 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation.

[2]Lump sum payment to Lessor to upgrade space for special administrative or medical use; not included in rent

Status Report for Authorized Major Medical Facility Projects
(dollars in thousands; as of 12/31/07)

Status Codes:

CD – Construction Documents **P - Planning**
CO - Construction **PC – Physically Complete**
NA - No Appropriation Available **S/DD – Schematics/Design Development**

Location	Description	Authorization ($000)	Approp. Available	FY(s) Authorized	Status
American Lake, WA	Seismic Corrections - NHCU & Dietetics	38,220	38,220	2007	CD
Anchorage, AK	Outpatient Clinic and Regional Office	75,270	75,270	2004/2007**	CO
Atlanta, GA	Modernize Patient Wards	20,534	20,534	2005/2008	CD
Biloxi, MS	Restoration of Hospital/Consolidation of Gulfport	310,000	310,000	2006	S/DD
Charleston, SC	Replace R. Johnson VAMC with Joint use	36,800	0	2007	NA
Chicago, IL (WS)	Modernize Inpatient Space	98,500	98,500	2004/2007**	CO
Cleveland, OH	Cleveland-Brecksville Consolidation	102,300	102,300	2004/2007**	CO
Columbia, MO	Operating Room Suite Replacement	25,830	25,830	2007	CD
Columbus, OH	Construction of Outpatient Clinic	94,800	94,800	2004/2007**	CO
Denver, CO *	New Medical Center Facility	98,000	168,300	2006	Land Acq
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**	S/DD
Gainesville, FL	Correct Patient Privacy Deficiencies	85,200	136,700	2004/2007**	CD
Indianapolis, IN	7th and 8th Fl. Wards Modernization Addition	27,400	27,400	2004/2007**	CO
Las Vegas, NV	New Medical Center Facility	406,000	600,400	2004/2007**	CO
Lee County, FL *	Outpatient Clinic	65,100	20,388	2004/2007**	S/DD
Long Beach, CA	Seismic Corrections - Bldgs. 7 &126	107,845	107,845	2004/2007**	CD
Los Angeles, CA	Seismic Corrections Bldgs. 500 & 501	79,900	7,936	2005/2007**	P

Location	Description	Authorization ($000)	Approp. Available	FY(s) Authorized	Status
Memphis, TN	Modernization/Seismic	107,600	107,600	2004	PC
Menlo Park, CA	Seismic Correct - Geopsych NH Replacement B334	33,200	32,934	2005/2002	CO
Miami, FL	Utility Plant/Elect Dist	28,300	28,000	2002	CO
Milwaukee, WI	Spinal Cord Injury (SCI) Center	32,500	32,500	2007	S/DD
Minneapolis, MN	SCI Center	20,500	20,500	2004	CO
N. Calif. Healthcare System	Seismic Corrections/ OP Facility	80,000	70,800	1998	PC
New Orleans, LA *	Restoration/Replacement of Medical Center	300,000	625,000	2007	S/DD
Orlando, FL	New Med Facility, Design & Land Purchase	377,700	74,100	2004/2007**	S/DD
Palo Alto, CA *	Seismic Corrections - Bldg. 2	0	54,000	2004***	CD
Pensacola, FL	Joint VA and Dept of Navy Medical Project	55,500	55,056	2005	CO
Pittsburgh, PA	Consolidation of Campuses	189,205	233,200	2004/2007**	CO
San Antonio, TX	Ward Upgrades and Expansion	19,100	19,100	2004/2007**	CO
San Antonio, TX *	Polytrauma Center	0	66,000		P
San Diego, CA	Seismic Corrections - Bldg. 1	48,260	47,874	2005	CO
San Francisco, CA	Seismic Corrections - Bldg. 203	41,500	41,168	2005	CO
San Juan, PR	Seismic Corrections	89,000	69,880	1999	S/DD
San Juan, PR *	Seismic Corrections - Bldg. 1	0	225,900	2005***	S/DD
St. Louis (JB), MO	Medical Facility Improvements and Cemetery Expansion	69,053	7,000	2007	P
Syracuse, NY	Spinal Cord Injury (SCI) Center	77,700	77,269	2007	CD
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**	CO

Location	Description	Authorization ($000)	Approp. Available	FY(s) Authorized	Status
Temple, TX	Blind Rehab and Psychiatric Beds (MRI and Supporting Facility)	56,000	10,552	2005/2007**	P
Tucson, AZ	Mental Health Clinic	12,100	13,300	2004	CO

* Project is included in the FY 09 Authorization Request.
** Authorization extended under P.L. 109-461
*** Authorization expired, awaiting new authorization

The FY 98 project was authorized in P.L. 105-114. The FY 99 projects were authorized in P.L. 105-368. FY 02 Projects were authorized in P.L. 107-135. FY 04 and 05 were projects were authorized under P.L. 108-170, which expired September 30, 2006. Projects that did not have construction awards prior to the expiration date must be reauthorized. Atlanta, GA was authorized in P.L. 110-168.

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Status Report for Authorized Major Medical Leases (as of 12/31/07)

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	OH
Boston, MA	Satellite Outpatient Clinic	2,879	35,000	2004	CA
Charlotte, NC	Satellite Outpatient Clinic	2,626	51,932	2004	LA
Corpus Christi, TX	Outpatient Clinic	3,900	60,000	2005	OH
Crown Point, IN	Outpatient Clinic	2,600	40,000	2005	AP
Evansville, IN	Satellite Outpatient Clinic	5,032	126,600	2006	AP
Fort Worth, TX	Outpatient Clinic	11,118	161,119	2005	AP
Grand Rapids, MI	Satellite Outpatient Clinic	4,408	65,800	2007	AP
Greenville, NC	Outpatient Clinic	4,096	64,000	2005	OH
Harlingen, TX	Outpatient Clinic	1,966	30,000	2005	LA
Harlingen, TX	Outpatient Clinic	12,000	100,000	2008	AP
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
Lowell, MA	Satellite Outpatient Clinic	2,520	35,000	2007	CA
Norfolk, VA	Outpatient Clinic	3,500	50,000	2005	OH
Oakland, CA	Outpatient Clinic	4,380	60,000	2005	AP
Parma, OH	Satellite Outpatient Clinic	5,032	74,000	2007	AP
Plano, TX	Outpatient Clinic	9,252	34,075	2005	CA
San Diego, CA	Outpatient Clinic (North Co.)	7,781	65,465	2005	AP
San Diego, CA	Outpatient Clinic (South Co.)	2,625	35,000	2005	OH
Santa Maria, (Santa Barbara), CA	Outpatient Clinic	3,611	30,780	1984	C
Summerfield, FL	Outpatient Clinic	5,828	74,715	2005	LA
Sunrise (Oakland Park), FL	Satellite Outpatient Clinic	4,100	65,180	1999	LA
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

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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 53 leases (Table 1) and is actively engaged in developing approximately 40 projects (Table 2).

Table 1: Lease Awards

	Project Site	Project Type	Lease Awarded
1	Washington, DC	Child Development Center	4/20/93
2	Houston, TX	Collocation	8/23/93
3	West Palm Beach, FL	Public Safety Center	11/14/94
4	West Haven, CT*	Child Development Center	12/1/94
5	Big Spring, TX	Parking	3/8/96
6	Indianapolis, IN	Consolidation	9/23/96
7	Bay Pines, FL*	Child Development Center	5/22/97
8	St. Cloud, MN	Golf Course	7/28/97
9	Atlanta, GA	RO collocation	12/18/97
10	Portland, OR	Single Room Occupancy	7/14/98
11	North Little Rock, AR	Golf Course	10/1/98
12	Mt. Home, TN	Medical School	12/17/98
13	Sioux Falls, SD	Parking	4/1/99
14	Danville, IL	Senior Housing	4/27/99
15	Mt. Home, TN	Energy	12/2/99
16	Indianapolis, IL*	Nursing Home	12/6/99
17	Dallas, TX	Child Care Development Center	12/20/99
18	Roseburg, OR	Single Room Occupancy	8/1/00
19	Salt Lake City, UT	Regional Office collocation	5/9/01
20	Durham, NC	Mixed Use / Research	1/3/02
21	North Chicago, IL	Chicago Medical School	4/10/02
22	Chicago (Westside), IL	Parking	4/22/02
23	Chicago (Westside), IL	Regional Office Collocation	4/22/02
24	North Chicago, IL	Energy Center	5/21/02

	Project Site	Project Type	Lease Awarded
25	Batavia, NY*	Single Room Occupancy	5/24/02
26	Chicago (Westside), IL	Energy	8/12/02
27	Tuscaloosa, AL	Hospice	9/19/02
28	Barbers Point, HI	Single Room Occupancy	3/17/03
29	Milwaukee, IL	Regional Office	7/17/03
30	Hines, IL	Building 14 - Single Room Occupancy	8/22/03
31	Somerville, NJ	Mixed Use	9/5/03
32	North Chicago, IL	Energy – Phase II	10/27/03
33	Mound City, IL	Visitor Center	11/6/03
34	Butler, PA	Mental Health Facility	12/18/03
35	Portland, OR	Crisis Triage Center	2/13/04
36	Charleston/MUSC, SC	Affiliate Partnering	5/18/04
37	Hines, IL	Building 53 – Assisted Living	7/30/04
38	Minneapolis, MN	Credit Union	8/17/04
39	Batavia, NY	Assisted Living	8/24/04
40	Bedford, MA	Single Room Occupancy	9/10/04
41	Dayton, OH	Child Care Development Center	12/30/04
42	Dayton, OH	Housing Initiative	12/30/04
43	Chicago (Lakeside), IL	Realignment	1/18/05
44	St. Cloud, MN	Homeless Housing	5/24/05
45	Leavenworth, KS	Residential Health Care	8/5/05
46	Minneapolis, MN	Single Room Occupancy	9/1/05
47	Salt Lake City II, UT	Mixed Use	9/20/06
48	Ft. Howard, MD	Mixed Use	9/28/06
49	Butler, PA	Homeless Residential Program	4/17/07
50	Dayton, OH	Homeless Housing	4/19/07
51	Columbia, SC	Mixed Use/VARO/Realignment	10/19/07
52	Sepulveda, CA	Supportive Homeless Housing (bldg #4)	12/21/07
53	Sepulveda, CA	Supportive Homeless Housing (bldg #5)	12/21/07

***Terminated Projects**

Table 2: Departmental Enhanced-Use Lease Priorities

	Project Site	Project Type
1.	Albany, NY	Parking
2.	Albuquerque, NM	Assisted Living
3.	Batavia, NY	Transitional Housing
4.	Battle Creek,, MI	Transitional Housing
5.	Battle Creek, MI	Laundry
6.	Brevard, FL	Assisted Living
7.	Butler, PA	Hospital
8.	Canandaigua, NY	Mixed Use
9.	Castle Point, NY	Mixed Use
10.	Chillicothe, OH	Mixed Use
11.	Cleveland, OH	Domiciliary
12.	Dayton, OH	Senior Housing
13.	Dayton, OH	Homeless Housing
14.	Hines, IL	Building 51 – Assisted Living
15.	Houston, TX	Clinical/Ambulatory Space
16.	Lebanon, PA	Golf Course
17.	Lincoln, NE	Outpatient Clinic
18.	Los Angeles, CA	Regional Office Collocation
19.	Marion, IL	Hotel
20.	Marion, IN	Senior Housing
21.	Memphis, TN	Parking
22.	Milwaukee, IL	Mixed Use
23.	Montrose, NY	Assisted Living
24.	Murfreesboro, TN	Golf Course
25.	Nashville, TN	Research
26.	Newington, CT	Assisted Living
27.	Palo Alto, CA	Research
28.	Perry Point, MD	Mixed Use
29.	Portland-Vancouver, OR	Transitional Housing
30.	Phoenix, AZ	Child Care Development Center
31.	Riverside, CA	Transitional Housing
32.	Sacramento, CA	Assisted Living
33.	St. Louis, MO	Parking
34.	San Francisco, CA	Research
35.	Solono County, CA	Water Supply & Property Development
36.	St. Albans	Mixed Use
37.	Syracuse, NY	Research
38.	Walla Walla, WA	Mixed Use
39.	Washington, DC	Washington Hospital Center
40.	White City, OR	Community College

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U.S. Department of Veterans Affairs
5-Year Capital Plan FY 2008 - 2013

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Legislative and Executive Requirements

This 5-Year Capital 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.

- Executive Order 13327, Federal Real Property Asset Management, dated February 4, 2004.

- Public Law 108-422 and accompanying report language – The Department is to provide a long-term and short disposal plan to the Congress.

The plan includes information regarding other congressional requirements:

- Administrative Provision, section 211 of Public Law 110-114 addresses lease notifications over $300,000.

- Section 8104 of title, United States Code, addresses authorization requests for major medical facility projects, major construction and lease projects.

- Section 8104 of title 38, United States Code, addresses notification of intent to obligate in excess of $500,000 for advance planning funds for Capital Asset Realignment for Enhanced Services (CARES) projects. (Projects previously authorized are exempt from this requirement.)

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Executive Summary

Introduction

VA is a Cabinet-level department whose primary mission is to serve America's veterans and their families; ensuring that they receive medical care, benefits, social support, and lasting memorials. The 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.

The Department's updated 5-year capital plan is the culmination of VA's comprehensive capital investment process. It reflects the difficult trade-offs between funding the operational expenses for existing assets, and the acquisition of new assets by the most cost-effective and beneficial means. With more than 5,000 buildings and approximately 33,000 acres of land nation-wide, 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 goals of the Department, as well as the President's Management Agenda (PMA).

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, and holds these projects to pre-established goals. VA makes sound business decisions through the use of asset management tools such as the capital investment decision models and methodology, enhanced-use leasing authority, and the Capital Asset Management System (CAMS). 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. Capital investment proposals that exceed established cost thresholds, represent high risk, or are mission-critical, are reviewed by executive review boards (VA Capital Investment Panel (VACIP), Enterprise Information Board (EIB), and Strategic Management Council (SMC)) and submitted to OMB each year for approval, in the form of a business case application that meets OMB Exhibit 300 requirements. The plan contains brief descriptions and justifications of capital investment projects included in the budget, and explains how each investment assists VA in achieving its central mission—to meet veterans' health care, benefits, and burial needs.

VA reports on Real Property data once assets are in the execution phase. 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.

Background

VA utilizes a multi-attribute decision hierarchy methodology to impose a disciplined approach to the decision-making and prioritization process for major capital asset investments. VA used two distinct decision models during the FY 2009 capital investment planning cycle. One was for VHA Capital Asset Realignment for Enhanced Services (CARES) projects and the other for non-CARES (VBA, NCA, and staff office) projects.

CARES is the most comprehensive analysis of VA's health care infrastructure ever 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 outlines the implementation of CARES and identifies priority projects that will improve the environment of care at VA medical facilities. As a result of CARES, VA is able to allocate operational resources from vacant and underused buildings into other health care assets. A separate CARES model is employed to allow VHA projects to be evaluated on criteria with greater health care specificity. The CARES capital investment decision process resulted in the identification of the highest priority CARES projects, which were subsequently approved by the Secretary. The FY 2008 – 2013 decisions are provided in Chapter 4 (VHA).

The non-CARES capital investment decision process resulted in the identification of the highest priority projects that were reviewed by the VA Senior Management Council (SMC) and approved by the Secretary and are included in Chapters 6, 7, and 8.

Organization Structure

Internal experiences, external bodies such as 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 (CFM) 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 focal points of contact to work with OAEM.

FY 2008 Capital Holdings at Start of Year

VA has a vast holding of diverse capital assets consisting of Government (VA) 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 being adjusted in response to the CARES decision by the Secretary. The following table summarizes VA's recent capital holdings.

Table 1: VA Capital Asset Inventory

VA Capital Asset Management System	VA Capital Asset Inventory - Data As Of: 12/10/2007										
	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
VHA	4,894	1,531	142,035,581	7,275,484	15,708	956	7,608,797	39	319	184	313
VBA	7	0	605,018	0	0	173	3,742,084	0	0	0	0
NCA	334	112	965,839	0	16,770	4	8,715	1	4	0	0
SO	7	1	1,592,008	0	165	37	1,771,994	2	3	0	0
VA TOTALS	5,242	1,644	145,198,446	7,275,484	32,643	1,170	13,131,590	42	326	184	313

* Includes only Awarded EU Agreements
** Includes Outleases, Permits, Licenses, Intra-Agency, and Inter-Agency Agreements

Department of Veterans Affairs Office of Asset Enterprise Management

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.

VA Capital Budget Request

VA's capital budget is composed of investments in a number of asset categories across several organizations within VA. Following is a chart depicting the breakdown by asset category. The FY 2009 VA budget includes a capital budget of $3.573 billion.

Figure 1: FY 2009 VA Capital Budget Request

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 CARES 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 2009 budget request. The first seven projects listed are partially funded projects from previous years. The following 30 projects are the newly scored projects submitted in the FY 2009 planning cycle, with the top three requesting design funding in FY 2009.

In the FY 2009 Capital Projects column five of the seven partially funded projects from previous years are chosen for the budget request. The funding requests for Pittsburgh, PA and Los Angeles, CA are deferred due to pending decisions about those sites.

Table 2: Development of FY 2009 Capital Projects

Project Location	Priority #	Total Estimated Cost ($000)	Funding To Date ($000)	FY 2009 Capital Projects ($000)
Partially Funded Projects from Prior Years				
Pittsburgh PA	FY04-03	291,500	233,300	0
Denver CO	FY04-10	769,200	188,300	20,000
Orlando FL	FY04-12	646,200	74,100	120,000
San Juan PR	FY05-20	225,900	69,880	64,400
Los Angeles CA	FY05-25	189,000	7,936	0
Lee County FL	FY05-26	131,800	20,388	111,412
St Louis MO	FY07-07	134,500	7,000	5,000
FY 2009 Scored Projects				
Bay Pines, FL	1	174,300	0	17,430
Tampa, FL	2	223,800	0	21,120
Palo Alto, CA	3	450,300	0	38,290
Seattle, WA	4	43,000	0	0
Seattle, WA (second project)	5	178,700	0	0
Dallas, TX	6	89,000	0	0
Louisville, KY	7	767,400	0	0
Roseburg, OR	8	72,300	0	0
Los Angeles, CA	9	155,000	0	0
Bronx, NY	10	81,794	0	0
Butler, PA	11	44,200	0	0
American Lake, WA	12	52,600	0	0
Dallas, TX (second project)	13	156,400	0	0
Walla Walla, WA	14	94,644	0	0
San Francisco, CA	15	128,311	0	0
Wichita, KS	16	74,500	0	0
Fayetteville, NC	17	45,000	0	0
Salisbury, NC	18	75,878	0	0
Columbia, SC	19	52,000	0	0
Birmingham, AL	20	32,300	0	0
Perry Point, MD	21	51,000	0	0
Washington DC	22	171,794	0	0
Loma Linda, CA	23	130,000	0	0
Omaha, NE	24	156,335	0	0
West Haven, CT	25	115,803	0	0
St. Albans, NY	26	354,000	0	0
Montgomery, AL	27	43,780	0	0
Asheville, NC	28	36,365	0	0
Alameda, CA	29	56,000	0	0
Beckley, WV	30	29,406	0	0
Total VHA Major Construction - Capital Projects				**$397,652**

Construction Cost Escalation

The construction economy in recent years has experienced rampant construction cost escalation in all market sectors nationwide. There have been significant increases in the cost of labor and building materials. These conditions have been exacerbated by the rising cost of petroleum for both fuel and building products as well as the hurricanes of 2004 and 2005. The rise in construction costs is not unique to VA or even health care in particular. The Producer Price Index (PPI), published by Bureau of Labor & Statistics, has increased by 27% from December 2003 through August 2007. Commercially published, historic construction cost indexes indicate a range of approximately 23% to 37% increase for January 2003 through July 2007. The robust economy has generated an unusually high volume of work in the commercial sector resulting in non-competitive markets throughout the country.

While VA can have little impact on market forces that push construction costs higher, we can do a better job of anticipating market pricing at the time VA projects will go to bid. In that regard, VA now conducts detailed market assessments periodically in those cities where we expect to be bidding major construction projects. The information collected in these studies enables more accurate costs to be included in the budget estimates. VA is also revising the planning process in order to have earlier definition of project scope and early design completed before committing to a budget estimate. This estimate will be more accurate with this improved planning process in place.

Collaboration with the Department of Defense

Section 583 of Public Law 108-136 established the Departments of Defense (DoD) and Veterans Affairs, Joint Executive Council (JEC). The JEC recommends to the Secretaries of the Departments a strategic direction for joint coordination and sharing of resources and reports annually on progress made in implementing increased coordination. The VA/DoD Construction Planning Committee (CPC), is a committee established under the JEC for the purpose of providing 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 CPC identified opportunities and challenges to capital collaborations for FY 2009 through 2013 and is working to establish overarching funding principles applicable to joint collaborations. The CPC plays an integral role in assessing DoD's excess real property identified through the Base Realignment and Closure (BRAC) program in meeting VA requirements. The CPC also serves as the clearinghouse for review of construction, leasing, and real property dispositions proposed by any element of the VA/DoD JEC structure.

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Chapter 1
VA's Capital Asset Management Program

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 President's Management Agenda.

Today, the capital asset program has matured, incorporating a philosophy of portfolio management along with powerful management tools to more effectively execute the Department's mission. VA continues to make enhancements to its capital asset management processes and methodologies to meet the needs of veterans. As part of this process, VA published its first Asset Management Plan (AMP) in 2005. The AMP describes the VA's capital asset management philosophy and serves as the blueprint for effectively managing assets to provide a safe and appropriate environment for the delivery of cost-effective benefits to veterans.

Governance

The Strategic Management Council (SMC) is the governing body within VA responsible for overseeing effective and efficient capital asset management. The SMC 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 below provides the capital investment thresholds by asset category that requires SMC review.

Table 1-1: Thresholds for Capital Investments Requiring SMC Approval

Total Acquisition Costs				
Categories	**VHA**	**VBA[3]**	**NCA**	**Staff Offices**
Infrastructure Proposals[1]	$10M	$10M	$10M	$2M
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
Information Technology: Total Acquisition Costs or Life-Cycle Costs	$10M or $30M	$2M or $6M	$1M or $3M	$1M or $3M
Leases/GSA Space Assignments	$600,000	$600,000	$600,000	$600,000
Energy Savings Performance Contracts[2]	$7M/Facility or $10M/Multiple Facilities	$7M/Facility or $10M/Multiple Facilities	$7M/Facility or $10M/Multiple Facilities	$7M/Facility or $10M/Multiple Facilities
Thresholds for Capital Investments Requiring Submission for Information Purposes Only				
Total Acquisition Costs				
Categories	**VHA**	**VBA[3]**	**NCA**	**Staff Offices**
Enhanced-Use Leases[4]	$7M	$7M	$7M	$7M
Enhanced Sharing Agreements[5]	$7M	N/A	N/A	N/A

[1]Threshold includes the Construction and Medical CARE (NRM) appropriations.
[2]Multiple facilities means more than two facilities, with not one of the involved facilities value in the task order exceeding $7.0M.
[3]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.
[4]Total value of proposal exceeds $7.0M in NPV over the term of the proposal (both VA and developers).
[5]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 chaired by the Deputy Secretary. 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 CARES decision model and all projects from VBA, NCA and staff offices are evaluated using the non-CARES decision model. Both decision models are illustrated in appendix D.

Monthly Performance Reviews

The Deputy Secretary of the 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. 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, and Grants for State Extended Care. In addition, information is provided on capital assets that are operational. Performance management of operational capital assets is explained further in this chapter.

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:

1. VA Goal: Decrease Energy Utilization

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.

2. VA Goal: Increase Intra/Interagency and Community-Based Sharing

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.

3. VA Goal: Increase Revenue Opportunities

Enhanced-use leasing authority provides VA with increased revenues that can then be reinvested to meet other VA service delivery needs.

4. VA Goal: Safeguard Assets

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.

5. VA Goal: Maximize Highest and Best Use

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 General 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 Performance Measures Committee, FRPC Inventory and Systems Committee and the Federal Asset Sales Committee. Membership includes federal agencies and the Office of Management and Budget.

Some internal workgroups include the Capital Asset Management System Business Group and the VHA Portfolio Workgroup. Membership includes VA administrations and staff offices; and 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 Management Performance Review Board, chaired by the Deputy Secretary, where results are presented on a 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, which are identified in appendix A. Where there was overlap, VA goals were modified accordingly. VA has four real property metric goals and they are discussed below.

1. VA Goal/FRPC Metric: Decrease Underutilized Capacity/Percent of Space Utilization as compared to overall space (owned and direct-leased)

Decreasing unused and underutilized space is one key factor leading the President's decision to implement the Federal Real Property Asset Management Initiative. This goal is consistent with the FRPC facility utilization index: Percent of Space Utilization as Compared to Overall Space (owned and direct-leased).

2. VA Goal/FRPC Metric: Decrease Operational Costs/Ratio of Operating Costs per Gross Square Foot (GSF)

This goal is consistent with the Tier 1 Annual Operating Costs measure (Ratio of Operating Costs per Gross Square Foot (GSF)). VA's Captial 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. However, these costs are not captured at the constructed-asset level as planned by the FRPC. OMB approved a methodology for providing annual operating costs using an allocation model.

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.

3. VA FRPC Tier 1 Measure: Percent Condition Index (owned buildings)

VA performed condition assessments of all its medical facilities as part of the CARES study. 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.

4. VA FRPC Tier 1 Measure: Ratio of Non-Mission Dependent Assets to Total Assets

Using the OMB approved methodology, VA determines whether each asset (owned and direct leased buildings, structures, and land parcel) as 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% utilized are designated as mission critical. Assets that are 50-70% 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 found in the President's Management Agenda (PMA) are tracked quarterly via scorecards by OMB. The scorecard reflects an improvement 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. VA is one of the leaders in real property management as reflected in its "Green" status for real property management.

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. The system provides views that compare from one year to the next. 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.

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. OMB approved the Department's Asset Management Plan in 2005. 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

VA Methodology to Capital Asset Management

VA is committed to a comprehensive, layered corporate-level approach to capital asset management. With 5,242 buildings and 32,643 acres of land nation-wide, 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.

- The first level is 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.

- The second level is Strategic Linkage; matching Department goals to investments.

- The third level is the Life Cycle 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. Each significant capital investment is tracked through its life cycle from formulation to execution, steady-state, and disposal. Capital investments are also monitored and enhanced with a set of management tools.

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 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. It also allows VA to convert underutilized property into an asset that generates revenue, achieves consolidation, or reduces costs.

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. 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.

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 classes include:

1. **Buildings and Land**

    - Building systems, additions, new construction, renovation, parking garages, and acquisitions and disposal of properties. This also includes site acquisitions.

2. **Equipment**

    - 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.

    - Non-Medical Equipment: Non-recurring equipment items that are used by non-medical administrations or offices.

3. **Leases/General Services Administration (GSA) Space Assignments**

    - 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.

    - GSA Space Assignment: Leased space acquired from GSA.

4. **Agreements**

    - 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.

    - 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.

- 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.

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 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.

VA's strategic and enabling goals guide our asset management goals. VA's goals are listed below:

Strategic Goal 1 - Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.

Strategic Goal 2 - Ensure a smooth transition for veterans from active military service to civilian life.

Strategic Goal 3 - Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.

Strategic Goal 4 - Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.

Enabling Goal - 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.

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, which are explained below.

Formulation Stage

- Functional Development: The functional development phase is at the operational level and may occur either at the 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, and NCA). 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-CARES 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. CARES proposals are reviewed by a VHA workgroup.

- 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 across asset types. CARES projects are ranked based on six 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); and financial priorities. Non-CARES 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-CARES 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. Performance indicators have been or will be developed and tracked for each type of asset.

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. 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 finds 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, wells, etc.

On May 24, 2007 the House and Senate voted to pass the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007. These resources targeted the improvement of health care for returning soldiers and veterans, assistance in the ongoing recovery efforts related to Hurricane Katrina, filling major gaps in homeland security, and providing emergency drought relief for farmers. As part of this law, VA received $595 million in Medical Facilities appropriations, of which $550 million were to address critical projects as identified by VA's Facility Condition Assessment, and $45 million were for upgrading VA's Polytrauma Networks. NRM projects are the means of executing these dollars provided.

In FY 2008, VA requested and received $573 million in funds for NRM projects (Medical Facilities account), of which $325 million must be allocated in a manner outside of VERA. VERA is the Veterans Equitable Resource Allocation methodology used to determine funding levels for VHA networks across the country.

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 using desk-top 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 law provides VA with a much needed incentive by making it economically attractive to pursue disposal activities.

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 legislation also provides authority for $10 million to capitalize the expenditure costs associated with the disposal of property such as demolition, environmental clean-up, and repair. The authority requires VA to meet all McKinney-Vento Act requirements. 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 collects this disposal information from across the capital portfolio.

VA developed a 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 disposal modalities 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. The 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 business model. VA has developed guidance and protocol for implementing an exit strategy that:

1. Achieves the fullest possible use of the buildings and land without degradation, or undesirable and unintended consequences;
2. Preserves historic, cultural, and natural aspects of our national heritage;
3. Achieves a balance between the use and development of scarce resources; and
4. Enhances the quality of renewable resources while working toward the maximum attainable recycling of nonrenewable resources.

Capital investment business cases 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.

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Chapter 2
Investment Selection, Management Initiatives, Disposals & Results

Capital Investment Selection

The CARES capital investment decision process resulted in the identification of the highest priority CARES 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). The decision-making models for CARES and non-CARES projects are in appendix D. The following table identifies projects that were approved by the Secretary and for which funds were approved by Congress in FY 2008. The second table includes the projects for which VA is requesting funding from Congress in FY 2009. The FY 2008 projects were included in last year's 5-Year Capital Plan. See appendix H for a history of CARES project's funding FY 2004 - 2009.

Table 2-1: Summary of FY 2008 CARES Capital Projects

FY	VISN	Location		Project Title – Brief Description	Priority #	Current Estimate ($000)
2008	21	Palo Alto	CA	Seismic Corrections Building 2	FY04 - 1	$20,000
2008	4	Pittsburgh	PA	Consolidation of Campuses	FY04 - 3	$130,700
2008	8	Gainesville	FL	Correct Patient Privacy	FY04-7	$51,500
2008	19	Denver	CO	New Medical Center Facility	FY04 – 10	$61,300
2008	8	Orlando	FL	New Medical Center Facility, Land Acquisition	FY04 – 12	$49,100
2008	22	Las Vegas	NV	New Medical Center Facility	FY05 – 6	$341,400
2008	8	San Juan	PR	Seismic Corrections, Bldg 1	FY05-20	$59,000
2008	3	Syracuse	NY	Spinal Cord Injury Center Addition	FY05 – 21	$23,800
2008	8	Lee County	FL	Outpatient Clinic	FY05 – 26	$9,890
2008	16	Fayetteville	AR	Clinical Addition	FY06-5	$87,200
2008	17	San Antonio	TX	Polytrauma Center	N/A[1]	$66,000
		Various		Line Items		$112,810
				Total 2008 Budgetary Resources		**$1,012,700**
				Reprogramming		-45,000
				Total 2008 Construction Program		**$967,700**

[1]Project is funded per Public Law 110-161, section 230.

Table 2-2: Summary of 2009 CARES Capital Projects

FY	VISN	Location		Project Title – Brief Description	Priority #	Current Estimate ($000)
2009	19	Denver	CO	New Medical Center Facility	FY04 – 10	$20,000
2009	8	Orlando	FL	New Medical Center Facility	FY04 – 12	$120,000
2009	8	San Juan	PR	Seismic Corrections Building 1	FY04 – 20	$64,400
2009	8	Lee County	FL	Outpatient Clinic	FY05 – 26	$111,412
2009	15	St. Louis	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	8	Tampa	FL	Polytrauma Exp. and Bed Tower Upgrades	FY09 - 2	$21,120
2009	21	Palo Alto	CA	Centers for Ambulatory Care and Polytrauma Rehabilitation Center	FY09 - 3	$38,290
		Various		Line Items		$78,930
				Total 2009 Construction Program[1]		**$476,582**

[1]Includes $5M from estimated asset sales.

The non-CARES capital investment decision process resulted in the identification of the following highest priority non-CARES 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 2008. The second table includes the projects for which VA is requesting funding from Congress in FY 2009. The FY 2008 projects were included in last year's 5-Year Capital Plan. See appendix I for a history of non-CARES project's funding FY 2004 - 2009.

Table 2-3: Summary of FY 2008 Non-CARES Capital Projects

FY	MSN	Location		Project Title – Brief Description	Priority #	Current Estimate ($000)
2008	2	Columbia	SC	Columbia/Greenville, SC Area National Cemetery- Phase 1 Development	1	$19,200
2008	2	Sarasota County	FL	Sarasota, FL Area National Cemetery - Phase 1 Development	2	$27,800
2008	2	Jacksonville	FL	Jacksonville, FL Area National Cemetery - Phase 1 Development	3	$22,400
2008	1	Southeastern Pennsylvania	PA	Southeastern Pennsylvania National Cemetery - Phase 1 Development	4	$29,600
2008	2	Birmingham	AL	Birmingham, AL Area National Cemetery - Phase 1 Development	5	$18,500
2008	3	San Antonio	TX	Fort Sam Houston National Cemetery, TX - Gravesite Development	6	$29,400
2008	5	Bakersfield	CA	Bakersfield, CA Area National Cemetery- Phase 1 Development	7	$19,500
		Various		Line Items		$1,000
				Total FY 2008		$167,400

Table 2-4: Summary of FY 2009 Non-CARES 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
				Total FY 2009		**$105,000**

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 2008, 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

In September 2004, VA completed implementation of a state-of-the-art capital asset management system (CAMS). The CAMS has the Inter-Portfolio capability to view assets by their life cycle stage and across different asset type portfolios. Data is captured at the individual site level and structured in a relational database so that a full range of views, such as alpha and numeric sorts and roll-ups are possible.

One of the more successful features of CAMS is its ability to use existing source systems data. Local data managers can continue to use already familiar systems, and CAMS performs regular electronic extracts of that data for analysis and reporting purposes. VA's Office of Asset Enterprise Management (OAEM) has worked in close collaboration with other VA offices to ensure the validity and integrity of the data sources that feed into CAMS. OAEM issues periodic data calls supported by Q&A teleconferences and written guidance posted to the OAEM web site. CAMS extracts the following key capital asset-related data from several Departmental and VA Administration data sources:

- General – Inventory
- Condition
- Financial Data
- Workload (projections, planned, actuals)
- Utilization
- Energy Usage

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 to create 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 it:

- 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

The CAMS initiative supports the President's Management Agenda (PMA) and 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. The system was updated to collect and electronically report the 24 FRPC inventory data elements at the constructed asset level. The four FRPC Tier 1 performance metrics were also added to CAMS to monitor and manage VA assets.

VA's capital portfolio goals are closely tied 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. In FY 2005, VA implemented the Federal Real Property Council (FRPC) Tier 1 goals and aligned VA and FRPC goals. In FY 2006, VA incorporated the additional disposal data elements required for FRPC reporting; implemented environmental and life safety performance measures to show compliance of VA buildings; and integrated energy reporting with real property management. Disposal reports, including actual and planned assets for disposal, were generated from CAMS this year. Lastly, in FY 2006, Energy Star (an Environmental Protection Agency (EPA) program) quarterly reporting was automated, along with Annual Energy Performance reports. This improved integration promotes consistent data and complete picture of real property performance.

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.

Electronic reporting is also feasible and has been demonstrated. VA submitted an XML file to the General Services Administration (GSA) in FY 2005, FY 2006, reporting FRPC requirements. In FYs 2006 and 2007, VA 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, achieving a "Green" status for real property initiatives in the third quarter of FY 2006. Only two other agencies had received this real property status. 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 2007, CAMS enhancement efforts included data store/data warehousing and business intelligence capabilities. Quarterly CAMS training was conducted for filed personnel. Disposal efforts continued, achieving significant reductions in underutilized and vacant space. VA's Federal Asset Sales strategy was implemented and reported quarterly.

Future Plans

- Align capital investments to Tier 1 measures
- Expand facility and asset benchmarking to ensure lease costs align with market rates.
- Issue VA Physical Security Standards to include a Physical Security Design Manual addressing new and existing, mission-critical and life safety protected VA facilities
- Implement a VA process and strategy for Department review of progress in addressing physical security vulnerabilities in facilities that have had a physical security assessment completed

Enhanced-Use Leasing Program

VA utilizes a unique capital asset management tool called enhanced-use (EU) leasing. The results 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. EU leasing supports the President's Management Agenda by improving VA financial performance and demonstrating budget/performance integration.

Under the enhanced-use leasing authority, 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 the Department. The leased property may be developed for non-VA and/or VA uses, and in return for the lease, the Department obtains fair value in the form of revenue, facilities, space, services, or other considerations. VA continuously explores ways of expanding the use of this integral capital asset management tool and streamlining the process. For example, in response to a recommendation by the CARES Commission, VA developed a plan to re-delegate the authority to execute smaller and less complex enhanced-use leases to the regional capital asset managers. A national contracting mechanism was put in place to provide these asset managers with the tools (e.g., financial, real estate advisement, market analysis, legal support, etc.) they need to successfully implement these leases. In order to streamline the EUL process, a Concept Paper Review Committee (CPRC) was formed to recognize differing requirements within the Department and assure prioritization of

limited resources available for the development to execution of EU projects. The CPRC will review and recommend concept papers to the Assistant Secretary for Management for final approval. Other process improvements included the implementation of standardized concept plans and templates for common milestones such as public hearings and notices to Congress and the public. VA is currently performing additional studies at sites where health care delivery options have been realigned through the CARES process. These studies are evaluating outstanding health care issues, developing capital plans, and determining the highest and best use for the unneeded VA property. VA will utilize its enhanced-use lease authority to maximize the value of unneeded real property.

Authority

The Department of Veterans Affairs uses a unique capital asset management tool called enhanced-use (EU) leasing. The authority to use this mechanism was originally enacted in 1991, under section 8161 of title 38, United States Code. Renewed in 2001, VA has authority to continue using this process until 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 EU leasing authority from an array of restrictive federal statutes to help provide flexibility in its application, VA must 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

The initial results of this program include significant cost savings. VA's EU leasing program is unlike those of traditional government, which offers 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 government property managers to be creative and aggressively pursue opportunities to partner with both private and non-profit entities.

The success of the EU lease program depends on sound development of economics. The program works best when government requirements are defined in business terms. This allows the private and non-profit sector to construct and operate in its customary manner. VA then benefits from the efficiencies of organizations and delivery processes that reflect best practices. VA continually improves its process to deliver the highest and best use for its assets over time.

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.

Project Types

VA has completed a variety of projects since the enactment of the 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.

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

Columbia, SC-Mixed Use/VARO/Realignment

On November 19, 2007, VA signed an enhance-use lease with Keenan Development Associates of South Carolina to finance, design, and develop on approximately 25 acres of VA land, a new three story 100,000 square foot office building for future tenants, a new research and clinical investigation facilities for the University of South Carolina School of Medicine (including renovation of Bldg. 10) and a new City of Columbia police/fire facility to serve the surrounding community.

This lease will result in VA receiving ground rent or an option for 10,000 square feet of new clinical/administrative space, participation in profits, proceeds from capital events (assignments, refinancing), hazardous materials abatement and removal of existing buildings at no cost to VA. The total rent and in-kind consideration is valued at $5,500,000, which exceeds appraised value of $2,300,000.

Dayton, OH – Homeless Housing

On April 19, 2007, VA executed an enhanced-use lease with Ohio Avenue Commons, LLC to finance, design, and develop a parcel consisting of Building No. 402 and its underlying land, located on approximately 0.6 acres of the VAMC. Building No. 402 would be rehabilitated into 27 transitional housing units for homeless veterans. This building is one of 15 empty buildings at the Dayton VAMC.

This lease results in onsite supportive services to eligible homeless veterans including case management, substance abuse recovery support, and referrals to education, training, and employment programs. VA will also receive annual rent in the amount of $5,000. This project will save VA an estimated $3,820,000 in capital improvement, as well as a cost avoidance of approximately $46,000 per year in operation and maintenance costs while providing housing and services for homeless veterans.

Current Enhanced-Use Leasing Projects

Secretary's Approved Priority List

The following is a listing of the enhanced-use lease projects that have been identified as Departmental priorities by the Secretary. 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. All of the projects listed here will require notification to Congressional oversight committees prior to entering into an enhanced-use lease.

Table 2-5: 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.	Environmental site assessment underway. Development plan receipt pending
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
Batavia, NY	Transitional Housing	Lease to develop a new transitional housing/community residential services program combined with substance abuse/mental health supportive services to serve the homeless veteran population in the Buffalo/Batavia region of Western New York. The proposed 18-bed unit would utilize Ward A, an 8,803 square foot vacant ward of Building 1 at Batavia VAMC.	Development plan received. Lease negotiation underway
Battle Creek, MI	Homeless Veteran Housing	Lease to create 76 unit long-term transitional housing complex for homeless veterans	Concept paper approval pending
Battle Creek, MI	Laundry	Lease to reduce laundry costs.	Developer holding internal discussion on how to proceed
Brevard, FL	Assisted Living	Lease of donated land to establish an assisted living housing complex.	Developer exploring new financing possibility
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.	Pending CARES master plan

Project Site	Project Type	Project Description	Status
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 CARES master plan
Chillicothe, OH	Mixed Use	Multipurpose community facility	Negotiation on going
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	Development plan received. Lease negotiation on going
Dayton, OH	Homeless Residential	Women's housing for substance abuse and mental health patients	Lease negotiation on going
Hines, IL	Assisted Living #51	Create assisted living facility in existing building with non-profit partner.	Concept paper approval pending
Houston, TX	Clinical/Ambu-latory Space	Lease to develop clinical and ambulatory space to meet needs of veterans	Developer has pulled out. Reviewing options.
Lebanon, PA	Golf Course	Lease to township to reduce VA costs by providing golf therapy to patients.	Reviewing options to proceed
Lincoln, NE	Outpatient Clinic	Outpatient clinic	Procurement on going for IDIQ SDVO real estate advisor
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.	Concept paper approval pending
Marion, IN	Senior Housing	Low income housing for senior and veterans	Concept paper approval pending
Memphis, TN	Parking	Lease to develop .69 acres of VA property for a shared parking garage facility	VHA preparing concept paper
Milwaukee, WI	Mixed Use	Proposed EUL for assisted living, retail, and entertainment development.	On hold.
Montrose, NY	Assisted Living	Reduce maintenance and repair costs to VA while providing funding for community-based clinics and senior and assisted living housing.	Pending CARES master plan

Project Site	Project Type	Project Description	Status
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.	Development plan, being prepared
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
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	Mixed Use	EUL 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 women occupants. VA already has one successful transitional housing building though an EUL with Clark County.	VHA preparing concept paper
Phoenix, AZ	Child Care Development Center	Exit high cost leases to obtain on-site offices and child care complex for VAMC employees.	Evaluating options
Riverside, CA	Transitional Housing	Provide at least 118 beds transitional housing for homeless veterans.	Concept paper in concurrence process
Sacramento, CA	Assisted Living	Lease to provide assisted living facility.	Developer assessing options
Saint Louis, IL	Parking	Public/private partnership to build nine-level parking deck. VA patients, visitors, employees get free parking for duration of lease.	Negotiation on going

Project Site	Project Type	Project Description	Status
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
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.	Development proposal due 3/17/08
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.	EUL feasibility study on going
Washington, DC	Washington Hospital Center	EUL to use 5.63 acres of 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 . It will enable the DC VAMC to obtain access to required energy (steam) from Washington Hospital Center (WHC) in exchange for the use of the land. The WHC is the current supplier of steam to DC VAMC	Concept paper in concurrence process
White City, OR	Community College	VA/Community college partnership providing training through tuition vouchers for veterans and VA staff.	EUL feasibility study on going

Awarded Enhanced-Use Leases

The following is a list of enhanced-use lease projects that have been awarded since the inception of the program.

Table 2-6: Awarded Enhanced-Use Lease Projects

	Location		Project Type	Lease Awarded
1	Washington	DC	Child Development Center	4/20/1993
2	Houston	TX	Collocation	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	Mt. Home	TN	Medical School	12/17/1998
13	Sioux Falls	SD	Parking	4/1/1999
14	Danville	IL	Senior Housing	4/27/1999
15	Mt. Home	TN	Energy	12/2/1999
16	Indianapolis*	IN	Nursing Home	12/6/1999
17	Dallas	TX	Child Development Center	12/20/1999
18	Roseburg	OR	Single Room Occupancy (SRO)	8/1/2000
19	Salt Lake City	UT	Regional Office (RO) collocation	5/9/2001
20	Durham	NC	Mixed Use / Research	1/3/2002
21	North Chicago	IL	Medical School	4/10/2002
22	Chicago (Westside)	IL	Regional Office (RO) Collocation	4/22/2002
23	Chicago (Westside)	IL	Parking Structure	4/22/2002
24	North Chicago	IL	Energy Center Phase I	5/21/2002
25	Batavia*	NY	Single Room Occupancy (SRO)	5/24/2002
26	Chicago (Westside)	IL	Energy	8/12/2002
27	Tuscaloosa	AL	Hospice	9/19/2002
28	Barbers Point	HI	Single Room Occupancy (SRO)	3/17/2003
29	Milwaukee	WI	Regional Office (RO) Collocation	7/17/2003
30	Hines	IL	Single Room Occupancy (Building 14)	8/22/2003
31	Somerville	NJ	Mixed Use	9/5/2003
32	North Chicago	IL	Energy Center Phase II	10/29/2003
33	Mound City	IL	Interpretive/Visitor Center	11/6/2003
34	Butler	PA	Mental Health Facility	12/18/2003
35	Portland	OR	Crisis Triage Center	2/13/2004
36	Charleston/MUSC	SC	Affiliate Partnering	5/18/2004
37	Hines	IL	Single Room Occupancy SRO Phase II	7/30/2004
38	Minneapolis	MN	Credit Union	8/17/2004
39	Batavia	NY	Assisted Living	8/24/2004

	Location		Project Type	Lease Awarded
40	Bedford	MA	Single Room Occupancy housing	9/10/2004
41	Dayton	OH	Child Care Development Center	12/30/04
42	Dayton	OH	Housing Initiative	12/30/2004
43	Chicago (Lakeside)	IL	Realignment	1/18/2005
44	St. Cloud	MN	Homeless Housing	5/24/2005
45	Leavenworth	KS	Residential Health Care	8/5/2005
46	Minneapolis	MN	Single Room Occupancy (SRO)	9/1/2005
47	Salt Lake City II	UT	Mixed Use – Office/Retail/Restaurant	9/20/2006
48	Fort Howard	MD	Mixed Use – Senior Housing,/Clinic	9/28/2006
49	Butler	PA	Homeless Residential Program	4/17/2007
50	Dayton	OH	Homeless Housing	4/19/2007
51	Columbia	SC	Mixed Use/VARO/Realignment	10/19/2007
52	Sepulveda	CA	Supportive Homeless Housing (bldg #4)	12/21/2007
53	Sepulveda	CA	Supportive Homeless Housing (bldg #5)	12/21/2007

*Lease terminated

Energy, Environment and Transportation (EE&T) Management

Background

In January 2007, the President signed Executive Order (EO) 13423 - Strengthening Federal Environmental, Energy and Transportation Management, which raised the bar on the energy requirements contained in 2005's Energy Policy Act and addressed environmental and fleet management improvements as well in an integrated approach. In order to better address the new requirements contained in EO 13423, 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.

EE&T Programs and Program Management

The Office of Asset Enterprise Management (OAEM) continues as the lead office in all VA Department-level energy initiatives, and in June 2007 became the lead office for environmental and transportation management initiatives as well. OAEM is participating in inter-agency workgroups and related sub-group meetings in all three 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; and others. OAEM is updating existing energy, environment and fleet management programs, policies, directives, and handbooks to reflect the myriad new mandates put in place in these areas since 2005 and lessons learned from implementing existing programs.

Energy - In response to the Energy Policy Act of 2005 (EPAct 2005), VA had established a Department-wide Energy Management Task Force to address new requirements and to accelerate the adoption of energy efficiency practices and prudent energy investments throughout VA. The Task Force authored an Energy Management Action Plan that currently serves as VA's blueprint for addressing federal energy mandates and internal goals. Accomplishment of activities is facilitated with services provided by VA's National Energy Business Center (NEBC), dedicated to serving all of VA's energy contracting needs, including contracting for energy assessments, energy savings agreements, renewable energy and other pilot projects, and technical assistance. With the Department-wide Energy Management Program, Task Force, Action Plan and central contracting office in place, VA is better positioned than ever before to meet its energy challenges successfully.

Transportation - VA is pursuing a similar approach for its transportation management program effort. VA chartered a Fleet Management Task Force in 2007, drafted an Action Plan, and expects to improve its performance in this area in the future as the plan is refined, finalized and implemented.

Environmental - In the environmental management area, VA is working to consolidate and better coordinate environmental initiatives via an existing Environmental Council, and addressing targeted areas through specialized working groups.

Data and Reporting

Energy - In FY 2007, VA again added new energy reporting categories to CAMS to fulfill new annual reporting requirements. The expanded energy data was included in FY 2007 reporting to DOE. In FY 2006, VA began an automated benchmarking process in partnership with the Energy Star program. Using online tools and computer programming, VA in FY 2007 continued quarterly energy benchmarking of all its hospitals via this process.

Environment - Data on VA's environmental management systems is entered into and scored via the inter-agency database located on the FedCenter website. VA collects data for the annual Resource Conservation Recovery Act (RCRA) reporting effort via an in-house automated survey tool. As RCRA reporting requirements change, VA changes the survey tool to reflect what is needed.

Transportation - Like environment, VA enters key transportation fleet data into an inter-agency database -- the FAST database that all agencies use -- and is able to "see" and report on the data using FAST analytical tools. In addition, VA has created an internal database, CARS, to track key information about VA fleet vehicles around the country.

Budget

VA's 2008 budget includes $27 million in Medical Care to improve the Department's ability to better manage its assets, primarily to improve energy efficiency but also to begin to improve transportation fleet performance. Improvements will be accomplished by making prudent investments in infrastructure, employing best practices in facility and fleet operations and maintenance, implementing renewable energy and alternative fuel initiatives, and improving data collection and analysis.

Highlights

Energy - VA continues to conduct facility energy assessments on a regional basis, and is pursuing implementation of energy and water conservation measures (ECMs) identified during the assessments. Under a pilot program, VA is installing solar energy systems at two facilities, and intends to install wind and geothermal systems at pilot sites as well. To meet utility metering objectives, VA is commencing a metering pilot at several locations, per its plan filed with DoE, integrated with bill auditing and commodity data analysis services.

Environment - VA has been proactive in environmental management, having created initiatives for sustainable buildings and electronics stewardship prior to requirements/guidance being issued from the Office of Management and Budget (OMB), the Office of the Federal Environmental Executive (OFEE), and the Environmental Protection Agency (EPA). VA is updating both initiatives to incorporate all required elements and templates, meanwhile meeting milestones for activities such as incorporating electronics stewardship principles into contracts. With a fresh Sustainable Design and Energy Reduction Design Guide available on its website to guide all new construction and renovation project design and construction, VA is now looking at possibilities for achieving sustainability in selected existing buildings with a pilot program. Finally, VA is creating its first-ever chemicals management plan.

Transportation - With over 300 fleet coordinators nationally, two of VA's key challenges and areas of focus are communicating requirements and improving data collection. VA is working to ensure appropriate training of all relevant staff, maximize use of its internal database, and improve data quality and comprehensiveness in the interagency database. With record numbers of alternate fuel vehicles in its fleet, VA is incorporating an alternative fueling plan into its overall fleet management action plan as it completes and begins to implement the action plan.

Future Plans

FY 2008:

- Continue identification and implementation of on-site renewable energy projects
- Implement and evaluate pilot metering project
- Develop schedule for implementing metering at VA facilities nationwide
- Continue region-wide energy assessments
- Invest in energy and water efficiency improvements
- Complete fleet management action plan and begin implementation
- Begin review and updating of energy, environment and transportation management policies, directives, handbooks and other guidance documents

FY 2009:

- Continue identification and implementation of on-site renewable energy projects
- Begin implement metering at VA facilities nationwide as scheduled
- Continue region-wide 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.

Federal Asset Sales Initiative

Background

Each year, the federal government sells personal and real property assets to the public, valued at billions of dollars. Previously, individual federal agencies used a variety of methods to sell these assets and provided related-asset sale information. For obvious reasons, this decentralized method was inefficient. An initiative, FAS, was added to the President's Management Agenda (PMA) to address this problem and OMB and GSA subsequently moved forward as the sponsor and project lead.

FAS-Personal Property (FAS-PP) sales solution defined their goals, including but not limited to recommending an overall sales solution with pros and cons for an online tool. OMB selected four FAS-PP Sales Centers (SC): GSA Auctions, US Department of Agriculture, US Marshals Service and the US Department of Treasury. Each SC provides data to the FirstGov.gov portal as the single point of customer entry for interested buyers. As noted previously, similar efforts have been underway on the real property side. December 2008 will be the third year federal agencies will have provided key inventory and performance data on real property assets to GSA/OMB as part of the FAS initiative.

In FY 2005, there was increased focus on disposal of assets, identifying the method and value of each asset and reporting that data as part of the inventory. Actual and planned disposals are identified in detail below. The FAS initiative intends to identify a centralized sales and reporting environment for federal real property and personal property assets. VA is among the few federal agencies with the authority to sell its real property assets independent of the General Services Administration (GSA). VA also reports asset disposals – including sales – in the annual Federal Real Property Council (FRPC) reporting requirements.

Current VA Environment/Process

Personal Property - VA has already migrated to GSA (a designated FAS Sales Center) to sell VA surplus personal property**. GSA is the sales agent for VA personal property and has responsibility for reporting.**

Real Property - Loan Guaranty (Residential) – VA does not market properties directly through GSA and cannot do so due to contract restrictions with their loan servicing company. **VA is the sales agent for residential real property. VA listings are linked to the FAS website. Quarterly residential sales are now provided to GSA in response to FAS requirements.**

Buildings and Land/Facility Infrastructure – On March 22, 2006, VA Directive and Handbook 7633 was issued identifying the options for managing underutilized real property in VA's capital asset portfolio. Directive and Handbook 7633 includes a specific listing of the VA recognized options for reducing the underutilized capacity of VA real property. These options include Enhanced-Use Lease authority, Transfer authority, GSA disposal, Like-kind Exchange of Property, Mothballing, Deconstruction and Demolition. All VA facility disposals are reported to the FRPC/GSA annually**.**

In FY 2007, VA completed all planned milestones and implemented Federal Asset Sales quarterly reporting. So far, this has been limited to residential sales. VA's FRPC reporting was expanded to include required FY 2007 elements, including lease maintenance and lease authority indicators and disposition net proceeds and disposition recipient. Both reporting efforts were completed as planned and scheduled.

Future Plans

FY 2008 and FY 2009:

- Continue FRPC, FAS and Energy reporting as noted above.

Disposal Stage

The final stage of an asset's life cycle is disposal. 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). Enhanced use leases (EUL) transfer financial and legal responsibility for land and improvements to non-VA parties, thereby relieving VA from the responsibility of supporting and managing these properties. In many cases, these leases provide services to support veterans programs, such as homeless and transitional housing.

The following tables summarize actual disposals and EULs for FY 2005, FY 2006 and FY 2007, and planned disposals and EULs for FY 2008 and FY 2009.

Table 2-7: FY 2005, FY 2006, & FY 2007 Disposal and EUL Report

Program	VISN	Building	Station Name	Disposal Modality	Disposal Complete Date
FY 2005					
NCA	1	3010	Calverton, NY	Demolition	06/27/2005
NCA	1	1101	Long Island, NY	Demolition	06/27/2005
NCA	1	3301	Loudon Park, MD	Demolition	06/27/2005
NCA	1	3001	Loudon Park, MD	Demolition	06/27/2005
NCA	1	3301	City Point, VA	Demolition	06/27/2005
NCA	1	3001	Alexandria, VA	Demolition	06/27/2005
NCA	1	3011	Calverton, NY	Demolition	06/27/2005
NCA	1	3W01	Long Island, NY	Demolition	06/27/2005
NCA	1	HA-4	Ft. Harrison, VA	Demolition	06/27/2005
NCA	1	HA-6	Ft. Harrison, VA	Demolition	06/27/2005
VHA	1	13	VACHS, West Haven	Demolition	06/01/2005
VHA	1	TR1	White River Junction	Demolition	12/01/2004
VHA	1	20T	White River Junction	Demolition	12/01/2004
VHA	1	T29	White River Junction	Demolition	12/01/2004
VHA	1	10	White River Junction	Demolition	12/01/2004
VHA	1	T44	White River Junction	Demolition	12/01/2004
VHA	5	10H	Perry Point	Demolition	12/06/2004
VHA	8	T46	Tampa	Demolition	06/01/2005
VHA	8	T45	Tampa	Demolition	06/01/2005
VHA	8	29	Tampa	Demolition	06/01/2005
VHA	8	T38	Tampa	Demolition	06/01/2005

Program	VISN	Building	Station Name	Disposal Modality	Disposal Complete Date
VHA	8	T48	Tampa	Demolition	06/01/2005
VHA	8	T47	Tampa	Demolition	06/01/2005
VHA	8	T44	Tampa	Demolition	06/01/2005
VHA	9	Land	Murfreesboro (10 acres)	Transfer - State Home	09/27/2005
VHA	9	T2	Louisville	GSA Disposal	11/20/2004
VHA	12	158	Hines	Outlease	07/01/2005
VHA	15	24	Kansas City	Demolition	09/15/2005
VHA	15	T115	Marion, IL	GSA Disposal	08/26/2005
VHA	15	T112	Marion, IL	GSA Disposal	08/26/2005
VHA	16	T2	Jackson	Demolition	03/01/2005
VHA	17	1	Temple	Demolition	10/01/2004
VHA	17	22	Temple	Demolition	10/01/2004
VHA	17	18	Temple	Demolition	10/01/2004
VHA	17	17	Temple	Demolition	10/01/2004
VHA	20	T2267	Vancouver	Demolition	02/28/2005
VHA	20	T2291	Vancouver	Demolition	01/05/2005
VHA	20	T2290	Vancouver	Demolition	01/05/2005
VHA	21	T2	Fresno	Demolition	09/05/2005
VHA	21	T1	Fresno	Demolition	08/10/2005
VHA	21	C	Reno	Donated	07/15/2005
FY 2006					
VHA	1	TR4	Providence	Demolition	05/30/2006
VHA	4	11	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	20	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	8	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	15	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	16	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	23	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	13	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	10	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	21	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	5	T37	Fort Howard CBOC	EU	09/29/2006
VHA	5	ROT	Fort Howard CBOC	EU	09/29/2006
VHA	5	8	Fort Howard CBOC	EU	09/29/2006
VHA	5	37	Fort Howard CBOC	EU	09/29/2006
VHA	5	61	Fort Howard CBOC	EU	09/29/2006
VHA	5	T239	Fort Howard CBOC	EU	09/29/2006
VHA	5	T240	Fort Howard CBOC	EU	09/29/2006
VHA	5	63	Fort Howard CBOC	EU	09/29/2006

Program	VISN	Building	Station Name	Disposal Modality	Disposal Complete Date
VHA	5	51	Fort Howard CBOC	EU	09/29/2006
VHA	5	57A	Fort Howard CBOC	EU	09/29/2006
VHA	5	57B	Fort Howard CBOC	EU	09/29/2006
VHA	5	59	Fort Howard CBOC	EU	09/29/2006
VHA	5	3	Fort Howard CBOC	EU	09/29/2006
VHA	5	9	Fort Howard CBOC	EU	09/29/2006
VHA	5	6	Fort Howard CBOC	EU	09/29/2006
VHA	5	14	Fort Howard CBOC	EU	09/29/2006
VHA	5	12	Fort Howard CBOC	EU	09/29/2006
VHA	5	11	Fort Howard CBOC	EU	09/29/2006
VHA	5	10	Fort Howard CBOC	EU	09/29/2006
VHA	5	13	Fort Howard CBOC	EU	09/29/2006
VHA	5	5	Fort Howard CBOC	EU	09/29/2006
VHA	5	T248	Fort Howard CBOC	EU	09/29/2006
VHA	5	T63	Fort Howard CBOC	EU	09/29/2006
VHA	5	T237	Fort Howard CBOC	EU	09/29/2006
VHA	5	T246	Fort Howard CBOC	EU	09/29/2006
VHA	5	70	Fort Howard CBOC	EU	09/29/2006
VHA	5	156	Fort Howard CBOC	EU	09/29/2006
VHA	5	16	Fort Howard CBOC	EU	09/29/2006
VHA	5	44	Fort Howard CBOC	EU	09/29/2006
VHA	5	43	Fort Howard CBOC	EU	09/29/2006
VHA	5	228	Fort Howard CBOC	EU	09/29/2006
VHA	5	T247	Fort Howard CBOC	EU	09/29/2006
VHA	5	T244	Fort Howard CBOC	EU	09/29/2006
VHA	5	T241	Fort Howard CBOC	EU	09/29/2006
VHA	5	230	Fort Howard CBOC	EU	09/29/2006
VHA	5	226	Fort Howard CBOC	EU	09/29/2006
VHA	5	225A	Fort Howard CBOC	EU	09/29/2006
VHA	5	239	Fort Howard CBOC	EU	09/29/2006
VHA	5	237	Fort Howard CBOC	EU	09/29/2006
VHA	5	68	Fort Howard CBOC	EU	09/29/2006
VHA	5	15	Fort Howard CBOC	EU	09/29/2006
VHA	5	174	Fort Howard CBOC	EU	09/29/2006
VHA	5	64	Fort Howard CBOC	EU	09/29/2006
VHA	5	225	Fort Howard CBOC	EU	09/29/2006
VHA	5	T245	Fort Howard CBOC	EU	09/29/2006
VHA	7	133	Tuscaloosa	Demolition	10/18/2005
VHA	10	8	Chillicothe	EU	05/01/2006
VHA	10	TE	Cincinnati	Demolition	01/01/2006

Program	VISN	Building	Station Name	Disposal Modality	Disposal Complete Date
VHA	11	28	Saginaw	Demolition	08/05/2006
VHA	11	27	Saginaw	Demolition	08/05/2006
VHA	12	7	Chicago, Jesse Brown	Demolition	12/31/2005
VHA	12	1	Chicago, Lakeside	Sale	10/01/2005
VHA	12	1A	Chicago, Lakeside	Sale	10/01/2005
VHA	12	7	Chicago, Lakeside	Sale	10/01/2005
VHA	12	9	Chicago, Lakeside	Sale	10/01/2005
VHA	15	T114	Marion, IL	GSA Disposal	05/20/2006
VHA	15	T113	Marion, IL	GSA Disposal	05/20/2006
VHA	19	11A	Salt Lake City	EU	09/22/2006
VHA	19	22	Salt Lake City	EU	09/22/2006
VHA	19	11	Salt Lake City	EU	09/22/2006
VHA	19	10	Salt Lake City	EU	09/22/2006
VHA	19	15	Salt Lake City	EU	09/22/2006
VHA	19	12	Salt Lake City	EU	09/22/2006
VHA	20	215	White City	Demolition	09/12/2006
VHA	20	216	White City	Demolition	09/27/2006
VHA	20	T2239	Vancouver	Demolition	01/15/2006
VHA	21	UST1	Fresno	Demolition	01/11/2006
FY 2007					
VHA	1	TR6	Providence	Demolition	10/1/06
VHA	4	B29	Pittsburgh, Aspinwall	Demolition	10/1/06
VHA	4	B28	Pittsburgh, Aspinwall	Demolition	10/1/06
VHA	4	36	Butler	Demolition	4/30/07
VHA	4	43	Butler	Demolition	4/30/07
VHA	6	13	Beckley	Demolition	5/20/07
VHA	8	St1	San Juan	Demolition	2/20/07
VHA	10	402	Dayton	EU	4/19/07
VHA	12	38	Milwaukee	Demolition	11/30/06
VHA	12	47	Milwaukee	Demolition	11/30/06
VHA	12	84B	Milwaukee	Demolition	11/30/06
VHA	12	215	Hines	Transfer to VBA	3/19/07
VHA	15	T111	Marion, IL	Transfer to GSA	11/6/06
VHA	16	T49	Biloxi	Demolition	3/16/07
VHA	16	T48	Biloxi	Demolition	3/16/07
VHA	17	7	Temple	Demolition	10/15/06
VHA	18	T34	Amarillo	Demolition	4/5/07
VHA	18	52	Tucson	Demolition	4/6/07
VHA	20	T-3	Roseburg	Demolition	12/15/06
VHA	20	T-12	Roseburg	Demolition	12/15/06

Program	VISN	Building	Station Name	Disposal Modality	Disposal Complete Date
VHA	20	T2115	Vancouver	Demolition	2/28/07
VHA	20	T2113	Vancouver	Demolition	2/28/07
VHA	20	T2107	Vancouver	Demolition	2/28/07
VHA	20	T2131	Vancouver	Demolition	4/30/07
VHA	20	T2116	Vancouver	Demolition	4/30/07
VHA	20	T2114	Vancouver	Demolition	4/30/07
VHA	20	T2279	Vancouver	Demolition	5/1/07
VHA	20	T2241	Vancouver	Demolition	5/15/07
VHA	20	T2265	Vancouver	Demolition	5/15/07
VHA	20	T2288	Vancouver	Demolition	5/15/07
VHA	20	T2125	Vancouver	Demolition	6/1/07
VHA	20	T2126	Vancouver	Demolition	6/1/07
VHA	20	T2289	Vancouver	Demolition	6/1/07
VHA	20	T2243	Vancouver	Demolition	6/1/07
VHA	20	T2286	Vancouver	Demolition	6/1/07
VHA	20	T2287	Vancouver	Demolition	6/1/07
VHA	20	COR	Vancouver	Demolition	6/1/07
VHA	20	T2127	Vancouver	Demolition	6/1/07
VHA	20	T2263	Vancouver	Demolition	6/1/07
VHA	21	AB3	NCHCS, Martinez	Demolition	3/15/07
VHA	21	H	Reno	Demolition	4/13/07
VHA	22	Land	West Los Angeles	Transfer to State Home	12/6/06
VHA	22	267	West Los Angeles	Demolition	8/30/07
VHA	22	265	West Los Angeles	Demolition	8/30/07
VHA	22	266	West Los Angeles	Demolition	8/30/07
VHA	23	8	Des Moines	Demolition	8/1/07
VHA	23	16	Des Moines	Demolition	8/1/07
VHA	23	7	Des Moines	Demolition	8/1/07

Table 2-8: Summary of FY 2008 Planned Disposals and EULs

VISN	Location	Building	Total GSF	Description	Disposal Modality
2	Batavia	3	17,520	Vacant	Enhanced Use Lease (Land or Building)
2	Albany	11	1,080	VISN Garage	Enhanced Use Lease (Land or Building)
2	Albany	35	3,040	Storage Shed	Enhanced Use Lease (Land or Building)
4	Butler	30	1,518	Vacant Quarters	Demolition
4	Butler	31	1,204	Vacant Dom Storage	Demolition

VISN	Location	Building	Total GSF	Description	Disposal Modality
4	Butler	32	6,968	Vacant Storage	Demolition
4	Butler	33	4,904	Vacant Quarters	Demolition
4	Pittsburgh, Aspinwall	7	18,307	Recreation	Demolition
4	Pittsburgh, Aspinwall	17	32,303	Maintenance Shops	Demolition
6	Hampton	72	14,668	Vacant Research	Transfer - State Home
6	Hampton	69	33,383	Vacant Recreation / Storage	Transfer - State Home
10	Chillicothe	42	800	Engineering Shop	Demolition
10	Cincinnati, Fort Thomas			Quarters and Land	Transfer
10	Cincinnati, Fort Thomas	1	8,734	Quarters	Transfer
10	Cincinnati, Fort Thomas	2	4,937	Quarters	Transfer
10	Cincinnati, Fort Thomas	3	4,937	Quarters	Transfer
10	Cincinnati, Fort Thomas	4	4,937	Quarters	Transfer
10	Cincinnati, Fort Thomas	5	4,937	Quarters	Transfer
10	Cincinnati, Fort Thomas	6	5,058	Quarters	Transfer
10	Cincinnati, Fort Thomas	7	5,055	Quarters	Transfer
10	Cincinnati, Fort Thomas	8	4,937	Quarters	Transfer
10	Cincinnati, Fort Thomas	9	4,937	Quarters	Transfer
10	Cincinnati, Fort Thomas	30	6,485	Quarters	Transfer
10	Cincinnati, Fort Thomas	31	6,485	Quarters	Transfer
10	Cincinnati, Fort Thomas	32	4,300	Quarters	Transfer
10	Cincinnati, Fort Thomas	33	4,300	Quarters	Transfer
10	Cincinnati, Fort Thomas	34	4,300	Quarters	Transfer
10	Cincinnati, Fort Thomas	35	4,300	Quarters	Transfer
10	Cincinnati, Fort Thomas	86	800	Garage	Transfer
10	Cincinnati, Fort Thomas	146	700	Garage	Transfer

VISN	Location	Building	Total GSF	Description	Disposal Modality
10	Cincinnati, Fort Thomas	147	700	Garage	Transfer
10	Dayton	209	2,225	11 Car Garage	Reuse by Other VA Entities
10	Dayton	210	5,760	Duplex Residence	Reuse by Other VA Entities
10	Dayton	211	5,760	Duplex Residence	Reuse by Other VA Entities
10	Dayton	212	5,760	Duplex Residence	Reuse by Other VA Entities
10	Dayton	213	5,760	Duplex Residence	Reuse by Other VA Entities
10	Dayton	214	5,760	Duplex Residence	Reuse by Other VA Entities
10	Dayton		6 acres	Land	Enhanced Use Lease (Land)
10	Dayton	120	16,800	AVHC	Sharing, Outlease, License, Permit, Easement
10	Dayton	118	5,650	Protestant Chapel	Sharing, Outlease, License, Permit, Easement
10	Dayton	116	11,495	AVHC	Being Deleted by Station
12	North Chicago	12	4,673	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	29	15,981	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	41	550	Garage for A.D.'s Quarters	Enhanced Use Lease (Land or Building)
12	North Chicago	50	33,036	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	51	40,545	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	59	6,566	Chicago Medical School	Reuse by Other VA Entities
12	North Chicago	60	6,566	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	61	6,566	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	65	48,742	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	69	469	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	70	469	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	71	469	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	124	49,670	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	125	50,681	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North Chicago	126	54,649	Chicago Medical School	Enhanced Use Lease (Land or Building)
12	North	72	2,525	Chicago Medical	Enhanced Use Lease (Land or

VISN	Location	Building	Total GSF	Description	Disposal Modality
	Chicago			School	Building)
12	North Chicago	145	3,228	Chicago Medical School	Enhanced Use Lease (Land or Building)
18	Prescott	T1	1,968	Vacant	Demolition
20	Roseburg			15 acres	Reuse by Other VA Entities
20	White City		18,308	B-217 RRTP	Deconstruction

Table 2-9: Summary of FY 2009 Planned Disposals and EULs

VISN	Location	Building	Total GSF	Description	Disposal Modality
11	NIHCS, Marion		136,000	10 Buildings	Mothballing
11	NIHCS, Marion	13	8,971	VACANT (Nursing Ed. & Med. Library)	Mothballing
11	NIHCS, Marion	19	17,580	VACANT (Admin. Bldg., Credit Union)	Mothballing
11	NIHCS, Marion	20	18,010	VACANT (Administration Building)	Mothballing
11	NIHCS, Marion	21	27,660	VACANT	Mothballing
11	NIHCS, Marion	22	27,660	VACANT	Mothballing
11	NIHCS, Marion	62	8,980	VACANT (Greenhouse)	Mothballing
11	NIHCS, Marion	121	500	Vacant Storage (Morgue)	Mothballing
11	NIHCS, Marion	122	37,135	Vacant (Mess Hall & Kitchen)	Mothballing
11	NIHCS, Marion	135	567	Material Storage	Mothballing
11	NIHCS, Marion	140	60	Vacant Trash Storage	Mothballing
12	Hines	51	58,000	Vacant	Enhanced Use Lease (Land or Building)
12	Tomah	25	7,171	Recycling & AFGE	Enhanced Use Lease (Land or Building)
2	Canandaigua	13	1,282	Boiler Plant Emergency Generator	Demolition
2	Canandaigua	39	3,027	Garage/Storage	Mothballing
2	Bath	4	3,200	Lumber Shed	Demolition
2	Bath	3	5,500	Barn	Deconstruction
2	Syracuse	3	2,687	Offices	Demolition
20	American Lake		70,000	B-2 NHCU	Deconstruction
20	White City		18,883	B-218 RRTP	Deconstruction
20	White City		16,953	B-242 FMS	Deconstruction
20	White City		16,953	B-243 FMS	Deconstruction
20	White City		24,784	B-245 Quarters	Deconstruction

VISN	Location	Building	Total GSF	Description	Disposal Modality
20	White City		22,188	B-250 Quarters	Deconstruction
21	Menlo Park	205	78,000	Medical Research	Demolition
21	Menlo Park	303	20,200	Engineering	Demolition
21	Menlo Park	301	15,200	Haven / Research/Vacant	Demolition
22	Sepulveda	43	555	Incinerator (vacant)	Demolition
22	Sepulveda	85	1,819	Research	Demolition
23	Lincoln			Entire site	Enhanced Use Lease (Land or Building)
7	Columbia, SC	10	22,620	Administration (Vacant)	Enhanced Use Lease (Land or Building)
7	Columbia, SC	11	4,131	Quarters (Managers)	Enhanced Use Lease (Land or Building)
7	Columbia, SC	12	4,644	Quarters (Duplex)	Enhanced Use Lease (Land or Building)
7	Columbia, SC	13	7,417	Quarters (Duplex)	Enhanced Use Lease (Land or Building)
7	CAVHCS, Tuskegee	21	1,625	Vacant Space	Demolition
7	CAVHCS, Tuskegee	22	1,733	Vacant (Cottage - Housekeeping Quarters)	Demolition
7	CAVHCS, Tuskegee	23	1,625	Vacant (Cottage - Housekeeping Quarters)	Demolition
7	CAVHCS, Tuskegee	24	1,625	Vacant (Housekeeping Quarters)	Demolition
7	CAVHCS, Tuskegee	25	1,625	Vacant (Housekeeping Quarters)	Demolition
7	CAVHCS, Tuskegee	26	1,625	Vacant (Housekeeping Quarters)	Demolition
7	CAVHCS, Tuskegee	27	1,625	Vacant (Housekeeping Quarters)	Demolition
7	CAVHCS, Tuskegee	28	1,625	Vacant (Housekeeping Quarters)	Demolition
7	CAVHCS, Tuskegee	29	2,770	Vacant (Housekeeping Quarters)	Demolition
7	CAVHCS, Tuskegee	19	21,282	Vacant Space	Demolition
7	CAVHCS, Tuskegee	20	21,166	Vacant Space	Demolition

Real Property Performance Results

As noted in Chapter 1, 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 2-10: Real Property Performance Results

	Results				Targets		
Measure	**2004**	**2005**	**2006**	**2007**	**2008 (Final)**	**2009 (Initial)**	**Strategic Target**
Percent of space utilization as compared to overall space (owned and direct-leased)	80% Baseline	98%	104%	112%	95%	**95%**	95%
Percent Condition Index (owned buildings)	N/A	82% Baseline	79%	74%	85%	**85%**	87%
Ratio of non-mission dependent assets to total assets	N/A	22% Baseline	15%	12%	13%	**12%**	10%
Ratio of operating costs per gross square foot (GSF)	$4.52	$4.85	$5.59	$5.80	$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%	6%	9%	**12%**	30%

Utilization

VA's FY 2004 baseline performance is 80%; FY 2007 performance was 112%, exceeding the target of 95% by 2010. VA improved its utilization of space through the following asset management initiatives:

- VA out-leased 4.9 million square feet in 2007
- VA reduced vacant space by 4.4% or 338,082 SF between 2006 and 2007
- Since 2004, VA has reduced vacant space by 16% or 1,371,238 SF.

In FY 2007, VA reduced over 4 million square feet of underutilized assets through disposals, functional consolidations, and improved planning. Overall, VA's space requirements exceed the space currently available. 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%; FY 2007 performance was 74%, with a target of 87% by 2010. Condition Upgrades are pursued through projects/investments as follows:

- Major (FY 2007 $307M CARES)
- Minor (FY 2007 $150M CARES + $326M CARES supplemental)
- Non-recurring Maintenance (FY 2007 $514M + $550M FCA supplemental + $45M polytrauma supplemental)

Mission Dependency

VA's FY 2005 baseline performance is 22%; FY 2007 performance was 12%, on track with the target of 10% by 2010. Changes resulting in a decrease in non-mission dependent assets are:

- In FY 2007, VA disposed of a total of 48 buildings and land (390,023 GSF):
  - 44 via demolition (216,952 GSF)
  - 3 via transfer (145,920 GSF and 13.4 acres)
  - 1 via enhanced use lease (27,151 GSF)
- In FY 2006, VA disposed of 6 buildings (658,182 GSF) via sales, 19 buildings (124,946 GSF) via demolition and 52 buildings (400,609 GSF) via EUL
- VA completed 12 disposals in FY 2004 and 29 disposals in FY 2005

Operating Cost

VA's FY 2004 baseline performance is $4.52 per GSF. For FY 2007, VA's operating cost per GSF was $5.80. The 2010 target is $4.52.

- In annual recurring revenue, VA generated:
  - $1.1M FY 2007;
  - $1.2M in FY 2006; and
  - over $900,000 in FY 2005.
- VA generated additional one-time payments of:
  - $20,000 in FY 2007;
  - $22.5M in FY 2006; and
  - $28M in FY 2005.

Facility Condition Assessment

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 HQ) 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) program is the infrastructure repair program. It is the most active in funding VA's FCA documented severe deficiencies (D's or F's). In FY 2007 Congress awarded VA a $550 million dollar emergency supplemental to fund its most critical FCA rated NRM projects. VA's Minor Construction program received an emergency supplemental of $326 million in FY 2007. About 30% of all Minor Construction dollars obligated annually correct important documented FCA deficiencies, even though that is not the primary intent of the program. VA's Major Construction program also corrects a significant amount of FCA-documented critical needs annually.

In summary, 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. In FY 2007 this backlog was documented at over $5 billion dollars.

The figure below illustrates the progress VA has made in funding a significant number of identified high priority deficiencies (Ds and Fs). These deficiencies have been funded and corrections are underway. VA will continue to use all capital resources, where appropriate, to address the most critical deficiencies.

Figure 2-1: Facility Condition Assessment (FCA) for FY 2007

Chapter 3
Collaboration with the Department of Defense

Introduction

There have been many efforts by Congress and the Executive Branch to target increasing cooperation and sharing between VA and the Department of Defense (DoD) in order to improve the efficiency, quality access, and cost-effectiveness of health care delivery for beneficiaries.

The President established a task force to identify the forces that present challenges to cooperation. The President's Task Force to Improve Health Care for Our Nation's Veterans was established by Executive Order 13214 on May 28, 2001. To formalize this goal and institutionalize collaboration between Departments, the President made "Coordination of Veterans Affairs and Defense Programs and Systems" one of the 15 management initiatives in the President's Management Agenda. The Task Force was charged with identifying opportunities for improved coordination between the two departments as well as barriers and challenges that impede VA/DoD coordination. The Task Force completed its work and submitted the final report to the President in May 2003. In pursuit of the President's Management Agenda 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 CPC was established to provide 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 comprehensive knowledge of relevant policy issues within their respective agencies with regard to capital asset planning, investment, and management.

The CPC identified opportunities and challenges to capital collaborations for FY 2009 through 2013 and is working to establish overarching funding principles applicable to joint collaborations. The CPC assesses DoD's excess real property identified through

the Base Realignment and Closure (BRAC) program in meeting VA requirements. The CPC also serves as the clearinghouse for review of construction, leasing, and real property dispositions proposed by any element of the VA/DoD JEC structure.

VA/DoD Joint Strategic Plan

The VA/DoD Joint Strategic Plan targets the improvement of management operational efficiency through performance goals related to capital assets, procurement, logistics, financial transactions, and human resources. These performance goals address the CPC's need to identify collaborative construction initiatives and pilot a core group on three sites identified through the CARES and BRAC processes. This core group will facilitate the successful formulation of three major initiatives.

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 striving for an organizationally integrated facility. VA and DoD hope to build on these successes for future projects.

The Major Construction projects below involve 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 all DoD facilities on the Gulf Coast including Keesler, Pensacola, Tyndall, and Eglin.

- Las Vegas, NV – With a total estimated cost of $600,400,000 this project will be comprised of the following elements:
  - 90 inpatient beds
  - 120 Bed Nursing Home Care Unit
  - Ambulatory care center
  - Administrative and support functions
  - Veterans Benefits Administrative offices

In addition, VA and DoD are continuing to work on previously funded major construction projects at Pensacola, FL; 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.

The damages inflicted by hurricanes Katrina and Rita have impacted the proposed scope of collaborations and the departments are working together to take corrective action and make prudent use of scarce resources.

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 the national criteria elements used to evaluate and score CBOCs. In FY 2006 VA identified the following CBOC collaborative opportunities:

- The CBOCs identified below are within the CARES framework:
    1. Charleston Naval Hospital, SC (Goose Creek)
    2. NE Bexar, (San Antonio) TX, with USAF
    3. Fort Buchanan, PR (Potential land use)
    4. Fort Meade, MD
    5. South Prince Georges County/Andrews AFB, MD

Minor Construction Program

VA/DoD collaboration is also an element of each Minor Construction project. Each application is required to provide an assessment of potential DoD collaborative opportunities. It must answer whether DoD was contacted, and if so, to provide primary source documentation to support their answer. DoD collaboration is one of the national criteria elements used to evaluate, score, and rank Minor Construction projects.

In FY 2007 VA 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

Two previously funded Minor Construction projects, the Goose Creek CBOC and the Eglin CBOC, will be activated in 2008. The South Prince Georges County/Andrews AFB CBOC is currently in the activation stage. There are also plans for a joint outpatient clinic located at the Lyster Army Health Clinic in Fort Rucker, AL. This joint outpatient clinic is scheduled to open in spring 2008.

The Joint Market Opportunities (JMO) Work Group

This group was tasked by the JEC 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.

North Chicago 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.

Summary for VA/DoD Collaboration

VA and DoD will also look to further refine inter-Departmental funding principles and standardize responsibilities (capital and operations) between VA and DoD. The two Departments will increase collaborative capital initiatives by coordinating needs and requirements identified through VA's CARES program and DoD's BRAC program. This goal presents a unique opportunity for both departments to achieve significant benefits and savings by forming a more consistent, flexible and meaningful partnership to serve the men and women serving our country — past, present, and future.

Chapter 4
Veterans Health Administration

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 outlines CARES implementation and 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 Veteran's Health Administration's goals as described below.

Scoring and Prioritizing VHA Projects

The FY 2009 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 2009 funding request. All projects supported the results of the CARES decision and the continued strategic footprint it provides. During this process, over 50 concept papers and business case applications were evaluated based on criteria approved by the Secretary.

The projects not selected for FY 2008 funding were reviewed by the Department for FY 2009 consideration. The current FY 2008 list of projects includes those previously selected, high-priority projects that are split funded (phased), along with other highly scored projects.

Section 8104 of title 38 states that the Secretary may not obligate funds in excess of $500,000 from the Advance Planning Fund (APF) toward design development of a major medical facility project if the Congress has not authorized the project, until notification to Congress is provided and 30 days has passed. If a project is authorized no notification is required. The Department is in full compliance with this requirement.

Provided on the following pages is the summary and detailed project information of VA's major capital investment priorities for FY 2008 and FY 2009. In accordance with section 8107 of title 38, the list of the top-twenty major medical facility projects considered for FY 2009 is also included (page 7-116).

CARES Business Plan Studies

The CARES process analyzed all VA medical centers in culminating a final CARES decision. However, 19 sites were too complex for the initial analysis; therefore, a second phase was conducted to determine suitability for future health care and re-use activities. These studies included evaluating outstanding health care issues to recommend health care delivery options, developing capital plans, as well as determining the highest and best use for the unneeded VA property. Completion of the detailed analyses (Stage 2) concluded in Fall 2007 with the exception of one study, the Boston Health Care System.

Firms were awarded the contract to assist the Secretary in reaching final health care decisions and re-use options. CARES planning data have been updated with FY 2005 actual utilization and refinement in planning assumptions for categories of care, including long-term and mental health care. This improved data was utilized in the validation of construction plans and the annual strategic planning process.

The results from the second study were as follows:

- Medical Centers needing capital construction investments to carry out decision: Canandaigua, Castle Point, Lexington, Louisville, Livermore, Montgomery, Perry Point, St. Albans, Waco, Walla Walla, West Los Angeles, and White City VA Medical Centers (VAMCs).

- Medical Centers maintaining status quo with continued sustainment and improvements to capital assets:
  Big Spring, New York Harbor Health Care System, Montrose, Muskogee, and Poplar Bluff

- The Gulfport VAMC study was removed due to damage from Hurricane Katrina

The current study information is available on the internet at www.va.gov/CARES.

FY 2008 and 2009 VHA Major Construction Summary Project Information

The tables below present the capital requirements needed to implement the strategic objectives for FY 2008 through 2009. The projects were identified through the strategic planning process in order to meet the challenges of the provision of veterans' health care in the 21st century. All projects are subject to re-evaluation, prior to release of the budget submission and 5-year capital plan.

Table 4-1: Summary of FY 2008 VHA Major Construction Capital Projects

FY	VISN	Location		Project Title – Brief Description	Priority #	Current Estimate ($000)
2008	21	Palo Alto	CA	Building 2 Seismic Corrections, Acute Psych Replacement	FY 04 - 1	$20,000
2008	4	Pittsburgh	PA	Consolidation of Campuses	FY04 - 3	$130,700
2008	8	Gainesville	FL	Correct Patient Privacy	FY04-7	$51,500
2008	19	Denver	CO	New Medical Center Facility	FY04 – 10	$61,300
2008	8	Orlando	FL	New Medical Center Facility, Land Acquisition	FY04 – 12	$49,100
2008	22	Las Vegas	NV	New Medical Center Facility	FY05 – 6	$341,400
2008	8	San Juan	PR	Seismic Corrections, Bldg 1	FY05-20	$59,000
2008	3	Syracuse	NY	Spinal Cord Injury Center Addition	FY05 – 21	$23,800
2008	8	Lee County	FL	Outpatient Clinic	FY05 – 26	$9,890
2008	16	Fayetteville	AR	Clinical Addition	FY06-5	$87,200
2008	17	San Antonio	TX	Polytrauma Center	N/A[1]	$66,000
		Various		Line Items		$112,810
				Total 2008 Budgetary Resources		**$1,012,700**
				Reprogramming		-45,000
				Total 2008 Construction Program		**$967,700**

[1]Project is funded per Public Law 110-161, section 230.

Table 4-2: Summary of FY 2009 VHA Major Construction Capital Projects

FY	VISN	Location		Project Title – Brief Description	Priority #	Budget Request ($000)
2009	19	Denver	CO	New Medical Center Facility	FY04 – 10	$20,000
2009	8	Orlando	FL	New Medical Center Facility	FY04 – 12	$120,000
2009	8	San Juan	PR	Seismic Corrections Building 1	FY04 – 20	$64,400
2009	8	Lee County	FL	Outpatient Clinic	FY05 – 26	$111,412
2009	15	St. Louis	MO	Medical Facility Improvement and Cemetery Expansion	FY 07 - 7	$5,000
2009	8	Bay Pines	FL	Inpatient/Outpatient Improvements	FY09 - 1	$17,430
2009	8	Tampa	FL	Polytrauma Expansion and Bed Tower Upgrades	FY09 - 2	$21,120
2009	21	Palo Alto	CA	Centers for Ambulatory Care and Polytrauma Rehabilitation Center	FY09 - 3	$38,290
		Various		Line Items[1]		$73,930
				Total 2009 Construction Program		**$471,582**

[1]Includes $5M from estimated asset sales.

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

As required by section 8104(f), of title 38, 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. Projects that have received authorization are not subject to this requirement.

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

Table 4-3: Notification of Intent to Obligate Advance Planning Funds

Location	Title
Bay Pines, FL	Inpatient/Outpatient Improvements
Palo Alto, CA	Centers for Ambulatory Care and Polytrauma Rehabilitation Center
San Antonio, TX	Polytrauma and Renovation
Tampa, FL	Polytrauma Expansion and Bed Tower Upgrades

FY 2008 and 2009 VHA Detailed Major Construction Project Information

VA, as well as other federal, state and local public agencies, has experienced significant increases in construction costs over the last three years. Our FY 2009 budget reflects the most updated costs for major initiatives within our capital program. Significant economic activity, both internationally and domestically, has and will continue to contribute to the increased costs of construction. Fueled by an ever increasing demand for contractors, labor, and building materials, construction pricing both in the United States and throughout the world is escalating. This surge is exacerbated by the impact of higher petroleum prices on both petroleum based building products and fuel and by the impact of Katrina and the previous hurricanes of the fall of 2004. VA is taking all possible steps to ensure that major capital initiatives are estimated as accurately as possible and continue to address veterans' facilities needs.

FY 2008 Projects

Project Location	Palo Alto, CA
Planned Project Name	Building 2 Seismic Corrections, Acute Psych Replacement Building
Fiscal Year	FY 2008
BA Received ($000)	$20,000
Total Acquisition Cost ($000)	$54,000
Asset Type	Major Construction
Status	Construction Documents

Project Description
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 the scope of this project.

Project Location	Pittsburgh, PA
Planned Project Name	Consolidation of Campuses
Fiscal Year	FY 2008
BA Received ($000)	$130,700
Total Acquisition Cost ($000)	$295,600
Asset Type	Major Construction
Status	Construction

Project Description
This project received $20M in FY 2004, $82.5M in FY 2006, and $130.7M in FY 2008 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.

Project Location	**Gainesville, FL**
Planned Project Name	**Correct Patient Privacy Deficiencies**
Fiscal Year	FY 2008
BA Received ($000)	$51,500
Total Acquisition Cost ($000)	$136,700
Asset Type	Major Construction
Status	Construction Documents

Project Description

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 addition 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 for expansion of specialty care. Construction of the new bed rower addition will free up the existing inpatient ward space to partially address the 144,504 departmental gross square feet (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.

Project Location	Denver, CO
Planned Project Name	New Medical Center Facility
Fiscal Year	FY 2008
BA Received ($000)	$61,300
Total Acquisition Cost ($000)	$769,200
Asset Type	Major Construction
Status	Land Acquisition

Project Description

This project received $30M in FY 2004 budget authority, $25M in a reprogramming action in FY 2006, $52M in FY 2007 budget authority and $61.3M in FY 2008 budget authority, with a total acquisition cost of approximately $769.2M. The project provides approximately 1,400,000 square feet for a facility near the University of Colorado Fitzsimons campus. 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 by relocating to this new site.

Project Location	Orlando, FL
Planned Project Name	New Medical Center Facility
Fiscal Year	FY 2008
BA Received ($000)	$49,100
Total Acquisition Cost ($000)	$656,800
Asset Type	Major Construction
Status	Schematics/Design Development

Project Description

This project received $25M in FY 2004 and $49.1M in FY 2008 budget authority to purchase land and to build an energy plant with a total estimated cost of approximately $656.8M. This project provides the land acquisition and energy plant for construction of a new medical center consisting of a 134-bed hospital, a large medical clinic, 120-bed nursing home, 60-bed domiciliary, and full support services on a new site.

Project Location	Las Vegas, NV
Planned Project Name	New Medical Center Facility
Fiscal Year	FY 2008
BA Received ($000)	$341,400
Total Acquisition Cost ($000)	$600,400
Asset Type	Major Construction
Status	Construction

Project Description

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 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, Dept. of the Interior.

Project Location	San Juan, PR
Planned Project Name	Seismic Corrections Building 1
Fiscal Year	FY 2008
BA Received ($000)	$59,000
Total Acquisition Cost ($000)	$225,900
Asset Type	Major Construction
Status	Schematics/Design Development

Project Description

The project received $14.88M in FY 2005 was reduced by $4M in a reprogramming action in FY 2006 and received an additional $59M in FY 2008 in budget authority to construct the administrative building, with a total estimated cost of approximately $225.9M. 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. This first phase of approximately 100,000 square feet of new construction will house administrative functions to meet VA immediate occupancy standards. 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.

Project Location	Syracuse, NY
Planned Project Name	Spinal Cord Injury (SCI) Center
Fiscal Year	FY 2008
BA Received($000)	$23,800
Total Acquisition Cost ($000)	$77,269
Asset Type	Major Construction
Status	Construction Documents

Project Description

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.

Project Location	Lee County, FL
Planned Project Name	Outpatient Clinic
Fiscal Year	FY 2008
BA Received ($000)	$9,890
Total Acquisition Cost ($000)	$131,800
Asset Type	Major Construction
Status	Schematics/Design Development

Project Description

This project received $6.498M in FY 2005 budget authority, $4M in a reprogramming action in FY 2006, and $9.89M in FY 2008 budget authority to begin design for 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.

Project Location	Fayetteville, AR
Planned Project Name	Clinical Addition
Fiscal Year	FY 2008
BA Received ($000)	$87,200
Total Acquisition Cost ($000)	$93,000
Asset Type	Major Construction
Status	Schematics/Design Development

Project Description

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 unique veterans 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.

Project Location	San Antonio, TX
Planned Project Name	Polytrauma Center and Renovation
Fiscal Year	FY 2008
BA Received ($000)	$66,000
Total Acquisition Cost ($000)	$66,000
Asset Type	Major Construction
Status	Planning

Project Description
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.

FY 2009 Projects

Project Location	Denver, CO
Planned Project Name	Replacement Medical Center Hospital
Fiscal Year	FY 2009
BA Requested ($000)	$20,000
Total Acquisition Cost ($000)	$769,200
Asset Type	Major Construction
Status	Land Acquisition

Project Description
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, and requires an additional $20M in FY 2009 budget authority to continue, with a total acquisition cost of approximately $769.2M. This phase of the project provides a parking facility for the new medical center. The project provides approximately 1,400,000 square feet for a facility near the University of Colorado. The facility will accommodate the Eastern Colorado HCS tertiary, secondary and primary care functions as well as a possible joint VA/DoD collaboration. The project continues positive collaboration with the University of Colorado, Denver Health Sciences Center (UCDHSC) by relocating to this new site.

Project Location	Orlando, FL
Planned Project Name	New Medical Center
Fiscal Year	FY 2009
BA Requested ($000)	$120,000
Total Acquisition Cost ($000)	$656,800
Asset Type	Major Construction
Status	Schematics/Design Development

Project Description
This project received $25M in FY 2004 and $49.1M in FY 2008 and requires an additional $120M in FY 2009 budget authority to purchase land, build the energy plant and to begin construction of the new facility, with a total estimated cost of approximately $656.8M. This project provides the land acquisition, construction of the energy plant and construction of a new medical center consisting of a 134-bed hospital, a large medical clinic, 120-bed nursing home, 60-bed domiciliary, and full support services on a new site.

Project Location	San Juan, PR
Planned Project Name	Seismic Corrections Building 1
Fiscal Year	FY 2009
BA Requested ($000)	$64,400
Total Acquisition Cost ($000)	$225,900
Asset Type	Major Construction
Status	Schematics/Design Development

Project Description
The project received $14.88M in FY 2005, was reduced by $4M in a reprogramming action in FY 2006, received $59M in FY 2008 and requires an additional $64.4M in FY 2009 budget authority to construct the administrative building, with a total estimated cost of approximately $225.9M. 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. This second phase of approximately 100,000 square feet of new construction will house administrative functions to meet VA immediate occupancy standards. 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.

Project Location	Lee County, FL
Planned Project Name	Fort Myer OPC Expansion
Fiscal Year	FY 2009
BA Requested ($000)	$111,412
Total Acquisition Cost ($000)	$131,800
Asset Type	Major Construction
Status	Schematics/Design Development

Project Description
This project received $6.498M in FY 2005 to acquire 30.53 acres, $4M in a reprogramming action in FY 2006, and $9.89M in FY 2008 budget authority and requires an additional $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 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.

Project Location	St. Louis (JB), MO
Planned Project Name	Medical Center Improvements and Cemetery Expansion
Fiscal Year	FY 2009
BA Requested ($000)	$5,000
Total Acquisition Cost ($000)	$134,500
Asset Type	Major Construction
Status	Planning

Project Description
This project received $7M in FY 2007 and requires an additional $5M in FY 2009 budget authority for demolition of existing structures, with a total project cost of approximately $134.5M. 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.

Project Location	**Bay Pines, FL**
Planned Project Name	**Inpatient/Outpatient Improvements**
Fiscal Year	FY 2009
BA Requested ($000)	$17,430
Total Acquisition Cost ($000)	$174,300
Asset Type	Major Construction
Status	Planning

Project Description

This project requires $17.43M in FY 2009 budget authority to begin design, with a total estimated cost of approximately $174.3M. This project will construct a multi-story addition to Bay Pines Main Hospital (Building 100), resolving both inpatient psychiatric deficiencies and CARES supported, workload-driven space gaps in outpatient mental health. This project will construct an outpatient mental health center of excellence and four 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 on the first floor of Building 100 will be relocated to Building 1, creating room for an additional specialty care clinic space. 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).

Project Location	Tampa, FL
Planned Project Name	Polytrauma Addition and Bed Tower Upgrades
Fiscal Year	FY 2009
BA Requested ($000)	$21,120
Total Acquisition Cost ($000)	$223,800
Asset Type	Major Construction
Status	Planning

Project Description

This project requires $21.12M in FY 2009 budget authority to begin design, with a total estimated cost of approximately $223.8M. 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.

Project Location	Palo Alto, CA
Planned Project Name	Centers for Ambulatory Care and Polytrauma Rehabilitation Center
Fiscal Year	FY 2009
BA Requested ($000)	$38,290
Total Acquisition Cost ($000)	$450,300
Asset Type	Major Construction
Status	Planning

Project Description

This project requires $38.29M in FY 2009 budget authority 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.

FY 2010 – 2013 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.

Table 4-4: FY 2010 – 2013 Potential VHA Major Construction Projects

VISN	Location		Project Title – Brief Description
1	Bedford	MA	Place Holder for CARES Reuse Study Results
1	Boston	MA	Place Holder for CARES Reuse Study Results
1	Brockton	MA	Mental Health Consolidation, CARES Realignment
1	Brockton	MA	Spinal Cord Injury New Construction
1	Providence	RI	Specialty Clinics & Ancillary Services Addition
1	Providence	RI	Renovate HVAC System
1	Togus	ME	Specialty Care Addition
1	West Haven	CT	Clinical Ward Tower
1	Boston	MA	Clinical Addition at West Roxbury
2	Buffalo	NY	Clinical Addition and Remodel Wards for Patient Privacy
2	Canandaigua	NY	Replacement Facility
3	Bronx	NY	Renovate Research Building
3	Bronx	NY	New SCI Building
3	East Orange	NJ	New Clinical Addition
3	East Orange	NJ	New VBA Building
3	Castle Point	NY	Psych and NHCU Integration
3	Montrose	NY	New Outpatient Building
3	New York	NY	Expand Primary Care
3	Northport	NY	Renovate Residential / Outpatient Care
3	Northport	NY	Mental Health and Research Tower
3	Northport	NY	Construct Nursing Home
3	St. Albans	NY	New Replacement Nursing Home
3	St. Albans	NY	New Primary / Specialty Care Facility
4	Butler	PA	Comprehensive Outpatient Care Clinic
4	Coatesville	PA	Replacement Hospital
4	Lebanon	PA	Behavioral Health Center of Excellence
4	Lebanon	PA	Patient Rehab
4	Lebanon	PA	Replacement Hospital
4	Philadelphia	PA	Behavioral Health Research Building
5	Martinsburg	WV	Outpatient Improvements
5	Perry Point	MD	Replace 155-Bed NHCU
5	Washington	DC	Outpatient Clinical Addition
6	Asheville	NC	Outpatient Services Expansion
6	Beckley	WV	Beckley NHCU

VISN	Location		Project Title – Brief Description
6	Durham	NC	Outpatient Addition
6	Fayetteville	NC	Outpatient Addition
6	Hampton	VA	Ambulatory Care Addition Phase II
6	Hampton	VA	Renovate ECRC
6	Hampton	VA	Renovate SCI/D Unit
6	Salem	VA	Renovate Building 8 for Mental Health
6	Salisbury	NC	Addition for Specialty, Ancillary and Diagnostics Services
6	Richmond	VA	Outpatient Addition
7	Atlanta	GA	Clinical Addition for Specialty and Ancillary Care
7	Bessemer	AL	Bessemer OPC
7	Birmingham	AL	Outpatient Building
7	Birmingham	AL	Parking Deck
7	Birmingham	AL	Bed Tower Improvements
7	Charleston	SC	Employee Parking Deck
7	Charleston	SC	Hurricane Mitigation – Chiller Plant
7	Columbia	SC	Construction of Diagnostic, Ancillary & Specialty Care
7	Huntsville	AL	Huntsville OPC
7	Montgomery	AL	Ambulatory Care Addition
8	Bay Pines	FL	Resolve CARES FCA Deficiencies
8	Bay Pines	FL	Resolve Hurricane and Homeland Security Deficiencies
8	Bay Pines	FL	Construct Outpatient One-Day Surgery Center
8	Miami	FL	Clinical Addition
8	Miami	FL	Add 3 Floors to Research Building 7
8	Miami	FL	Relocate Telephone Distribution System
8	Miami	FL	Construct Modular Building for Research
8	Tampa	FL	Tampa Correct CARES FCA, S&FS Identified Deficiencies
8	Tampa	FL	Primary Care & Mental Health Expansion
9	Louisville	KY	New Medical Center Facility
9	Louisville	KY	Patient Care Addition
9	Lexington	KY	Realignment – Leestown Campus
10	Cleveland	OH	Establish National Computer Center
10	Cleveland	OH	Renovation of Wade Park
10	Columbus	OH	Inpatient Bed Addition
11	Battle Creek	MI	Consolidate Inpatient & Outpatient Mental Health
11	Danville	IL	Construct 120 Bed NHCU
12	Hines	IL	Acute Inpatient Bed Tower
15	Columbia	MO	Expand Ambulatory Care Addition
15	Columbia	MO	Nursing Unit Patient Privacy
15	Kansas City	MO	Ambulatory Care Addition
15	Marion	IL	Inpatient and Outpatient Clinical Addition
15	Poplar Buff	MO	New HVAC System
15	St. Louis	MO	Replacement Bed Tower, JC
15	Wichita	KS	Medicine/Surgical Bed Modernization $ Ambulatory Care Expansion
15	Wichita	KS	Clinical/Ancillary Addition

VISN	Location		Project Title – Brief Description
15	Wichita	KS	Integrated Healthcare Transformation
16	Houston	TX	New Clinical & Research Addition
16	Jackson	MS	New SCI/D Center
16	Muskogee	OK	New Parking Structure
16	Shreveport	LA	New Clinical Addition
17	Collin County	TX	Plano TX TriCounty CBOC
17	Dallas	TX	Long Term SCI Unit
17	Dallas	TX	Clinical Expansion
17	San Antonio	TX	Expand Nursing Home
17	Temple	TX	Clinical Replacement
17	Waco	TX	Outpatient Clinic Consolidation
17	Waco	TX	Support Services and Education
17	Waco	TX	Enhance and Consolidate Long Term Care
17	Waco	TX	Expand & Enhance Mental Health
18	Albuquerque	NM	Construct Outpatient and Clinical Building
18	Albuquerque	NM	Construct Mental Health Building
18	Albuquerque	NM	Correct Seismic Deficiencies Buildings 1, 3, 10, 11
18	Phoenix	AZ	Critical Inpatient / Outpatient Renovations and Expansions
18	Prescott	AZ	Correct Seismic Deficiencies Building 107
18	Tucson	AZ	Specialty Care, Imaging and Diagnostic Outpatient Bldg
19	Fort Harrison	MT	Seismic Corrections B-154
19	Salt Lake City	UT	Renovate and Expand Patient Complex
20	American Lake	WA	Correct Seismic Deficiencies Building 81
20	Fort Lawton	WA	Purchase Ft. Lawton Army Reserve Center
20	Portland	OR	Correct Seismic Deficiencies Bldg 100 and 101
20	Roseburg	OR	Build Government Owned Eugene Clinic
20	Roseburg	OR	B2 Seismic Upgrade
20	Roseburg	OR	B1 Seismic Upgrade
20	Seattle	WA	Correct Seismic Deficiencies B100 Nursing Tower
20	Seattle	WA	B101 Mental Health Building
20	Seattle	WA	B100 Floors 3 & 4
20	Seattle	WA	BRAC FLAR Purchase/Transfer
20	Walla Walla	WA	Renovate Building 74 for Specialty & Ancillary Services
20	Walla Walla	WA	Campus Realignment – New Multi-Specialty OPC
21	Alameda	CA	Northern Alameda County OPC
21	Central Valley	CA	Central Valley OPC & NHCU
21	East Bay	CA	East Bay OPC
21	Fresno	CA	Outpatient Clinic Addition
21	Livermore	CA	Realignment and Closure
21	Menlo Park	CA	Mental Health Center, Bldg 321 Modular Replacement
21	Monterey	CA	VA / DoD Ambulatory Care Center
21	Palo Alto	CA	Ambulatory Care & Research Replacement Center
21	Palo Alto	CA	SCI and Bldg 6 Seismic Correction and Admin Replacement
21	Reno	NV	Building 1 Seismic and Life Safety Corrections

VISN	Location		Project Title – Brief Description
21	San Francisco	CA	Seismic Retrofit/Replacement Buildings 1, 6, 8, 12
21	San Francisco	CA	Improve Campus Accessibility
21	San Francisco	CA	Construct New Research Building and Parking Garage
21	San Francisco	CA	Construct New Mental Health Clinical Research Bldg
22	Loma Linda	CA	Outpatient Clinical Building
22	Loma Linda	CA	Construct Behavioral Medicine Center
22	Long Beach	CA	Seismic Upgrade Bldgs 128 & 133
22	Long Beach	CA	Seismic Demo Bldg 2 / Construct Consolidate Clinic and Admin Bldgs
22	Long Beach	CA	Research Addition
22	San Diego	CA	Research Building and Parking Garage
22	San Diego	CA	OR Renovation
22	San Diego	CA	SCI Seismic Deficiencies
22	West LA	CA	Seismic Corrections Bldg 500/501
22	West LA	CA	Seismic Correction (13 Buildings)
22	West LA	CA	B-500 Non-Structural Seismic Corrections and Clinical Services Addition / Consolidation
22	West LA	CA	Replace Sewer System Bldg 500
22	West LA	CA	Construct / Consolidate Research
23	Fargo	ND	Specialty Care Addition
23	Iowa City	IA	Specialty Care Addition and Parking Structure
23	Omaha	NE	Correct HVAC System and Clinical Space Deficiencies

FY 2008 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 Policy 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 with a minor improvement component of greater than $500,000 and a total cost of up to $10 million beginning in FY 2007. Minor improvement is defined as space changes to Space Driver space categories and construction of new space.

This program received $509 million in FY 2008 from VA's appropriation to enhance the quality of care provided to veterans. In addition to the appropriation, approximately $40 million is available from projects that are carried over from FY 2007, and approximately $267 million is available from remaining 2007 supplemental funds. 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 based on the CARES National Plan. 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 2008 minor construction projects listed below were reviewed, evaluated, scored and ranked by a Department-wide, multi-disciplinary group using the CARES decision criteria as required by Congressional language. The project listed fully support the implementation of CARES recommendations, which is critical to demonstrate accountability to our stakeholders and Congress.

Table 4-5: FY 2008 Prioritized VHA Minor Construction Projects

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
1	6	Richmond	VA	Polytrauma Transitional Rehab Center	6,787	U
2	21	Palo Alto	CA	Poly-Trauma OP & Brain Injury	6,976	U
3	21	Sacramento	CA	TBI IP & OP Rehab Center, MTZ	6,600	U
4	21	Palo Alto	CA	Construct Gero-Psych Unit	6,977	U
5	5	Washington	DC	Washington DC Dom Project	6,500	U
6	20	White City	OR	Replace Dom Bed B221	6,996	CI
7	20	American Lake	WA	Renovate B5 Blind Rehab (A)	3,194	CI
8	10	Cleveland	OH	Outpatient Care Add, Ph 2	6,700	U
9	21	San Francisco	CA	Seismic demo to Bldg 9, 10, 11 & 13	6,965	CI
10	22	Los Angeles	CA	B500 Medicine Beds, Phase 2	6,915	CI
11	10	Cleveland	OH	Pharmacy Expansion (W)	6,400	CI
12	10	Cleveland	OH	Radiology Ph 2-PET/CT	6,555	CI
13	3	New York	NY	Protect Facility Asset/Flood Protection	4,150	U
14	12	Madison	WI	Renovate 3rd Floor, NHCU	6,800	CI
15	21	Reno	NV	Correct OP MH Deficiencies	6,900	CI
16	21	Fresno	CA	MH Outreach & Rehab Bldg	6,997	U
17	18	Albuquerque	NM	Acute Geriatric Psychiatry Unit	3,534	CI
18	18	Tucson	AZ	Expand OR Suite	6,931	CI
19	10	Cleveland	OH	Lab and Warehouse Add, Ph 2	6,940	CI
20	19	Grand Junction	CO	Correct Deficiencies in SPD/ICU	6,620	CI
21	18	Big Spring	TX	Domiciliary	6,318	U
22	21	San Francisco	CA	Seismic; Replace Bldg 5/Retrofit Bldg 7	6,996	CI
23	21	Palo Alto	CA	SF Bay Consolidated A&MMS	6,950	CI
24	19	Grand Junction	CO	Correct Deficiencies in Surgery/PACU	6,891	CI
25	4	Pittsburg	PA	Modernization of ICU Beds	6,827	CI
26	6	Hampton	VA	Demolition of Buildings	2,459	CI

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
27	2	Buffalo	NY	Update/Consolidate Ambulatory Surgery Unit/ICU	3,872	CI
28	9	Memphis	TN	VMU & Research Lab Upgrade	6,586	CI
29	2	Syracuse	NY	Renovate Inpatient Mental Health Ward	3,633	CI
30	9	Huntington	WV	Renovate B5 for MH	5,472	CI
31	1	Providence	RI	Operating Room Replacement	6,912	CI
32	20	Seattle	WA	2 West Ward Renovation (S)	6,490	CI
33	17	San Antonio	TX	New SICU Suite	5,975	U
34	10	Cleveland	OH	Parking Garage Expansion	3,275	CI
35	12	Chicago	IL	Modernize Dental Treatment	4,339	U
36	21	Menlo Park	CA	Teleradiology	3,979	U
37	9	Mountain Home	TN	Patient/Privacy Isolation, B-200	5,021	U
38	21	Sacramento	CA	Seismic Upgrade, Dental at McClellan	2,275	CI
39	23	Des Moines	IA	CARES Consolidation, Dental	3,481	U
40	9	Lexington	KY	Renovate 3rd Floor for Privacy, IC, Access	6,450	CI
41	19	Sheridan	WY	Medical Ward Environmental Correction	5,614	CI
42	3	Northport	NY	Renovate Dialysis to Meet Space Requirements	2,600	U
43	2	Buffalo	NY	Ward 5C Privacy Renovation	4,088	CI
44	18	Prescott	AZ	Realign Patient Services	6,683	CI
45	12	Hines	IL	Relocate 2 OR's, Support and SPD to 2nd, B200	6,809	U
46	10	Cleveland	OH	Renovate Radiology, Ph 1	6,555	CI
47	12	Madison	WI	Renovate Surgical Suites, 7A & 8A	6,600	CI
48	11	Indianapolis	IN	Renovate and Relocate Inpatient Psych	3,920	CI
49	7	Columbia	SC	Renovate NHCU, Ph 2	6,903	CI
50	19	Grand Junction	CO	Seismic Corrections	6,396	CI
51	4	Clarksburg	WV	Modernization of Inpatient Wards	3,257	CI
52	6	Asheville	NC	Renovate Patient Ward 4W	3,390	CI
53	1	White River Junction	VT	Imaging Center Replacement	6,908	CI
54	19	Cheyenne	WY	Expand Ambulatory Care & Pharmacy	6,620	CI
55	15	Kansas City	MO	Renovate 7E for Dialysis	3,388	CI
56	1	Boston	MA	Eye Clinic Renovation	4,762	CI
57	2	Albany	NY	Renovate/Expand Day Treatment Center	3,335	U
58	8	Miami	FL	OR Phase 2	6,982	U
59	4	Butler	PA	Nursing Home Care Unit Replacement	7,000	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
60	2	Buffalo	NY	Ward 9B Privacy Renovation	3,452	CI
61	5	Baltimore	MD	Perry Point - Renovate Bldg 360 for Warehouse	2,040	CI
62	18	Albuquerque	NM	Expand GI Suite - Bldg 41	6,958	U
63	8	Miami	FL	Renovate ER/Consolidate MH	5,047	CI
64	2	Albany	NY	Correct Dental Clinic Def	2,344	CI
65	21	Honolulu	HI	Joint VA/DoD Ambulatory Surgery/Procedure Center	6,950	CI
66	23	St. Cloud	MN	Expand Specialty Care, B1	5,133	U
67	18	Amarillo	TX	Mental Health/Spec Care	6,988	U
68	1	Togus	ME	Consolidate MH Services	6,036	U
69	4	Erie	PA	Expand Specialty Clinics	3,489	U
70	7	Tuscaloosa	AL	SCI/TBI/NHCU Improvements	6,456	U
71	6	Salisbury	NC	Construct Tower, Ph 2	4,269	CI
72	10	Chillicothe	OH	Nursing Home & Rehab Medicine B210	9,608	U
73	16	Fayetteville	AR	Renovate Former Army Reserve Center	6,650	U
74	23	Iowa City	IA	Const 3rd Research Building	5,858	CI
75	15	Columbia	MO	Relocate Imaging Suite	6,169	CI
76	7	Columbia	SC	Relocate ICU to 4E	6,528	CI
77	23	Minneapolis	MN	Consolidate MRI Services	3,500	U
78	20	Walla Walla	WA	Regional Residential Recovery Unit	6,752	CI
79	6	Salisbury	NC	Consolidate Surgery B2-4	4,790	CI
80	7	Birmingham	AL	Increase Medicine Beds	6,953	U
81	17	San Antonio	TX	Transitional Housing for New Polytrauma Center	9,990	U
82	8	Orlando	FL	Brevard OPC Clinical Addition	6,975	CI
83	9	Huntington	WV	Patient Privacy Wards 4 & 5 South	2,440	CI
84	10	Cincinnati	OH	Relocate NHCU	6,555	U
85	22	Los Angeles	CA	Consolidate Research Phase 1	6,233	CI
86	7	Charleston	SC	Patient Privacy 4BS	4,689	CI
87	17	Waco	TX	Mental Health Center of Excellence	9,800	CI
88	17	Waco	TX	Blind Rehab Center	9,800	CI
89	17	Waco	TX	Intermediate and long-term psych	9,800	CI
90	17	Waco	TX	Long term care and pool	9,800	CI
91	17	Waco	TX	Infrastructure Improvements	9,800	CI
92	10	Cincinnati	OH	Imaging Center Addition	6,210	U
93	9	Louisville	KY	Renovate SICU, 4 South	2,932	CI
94	18	Phoenix	AZ	Special Care, Mental Health & MRI Expansion	6,733	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
95	12	Tomah	WI	Renovate 2nd Floor B-408 for 26 Psych Beds	4,425	CI
96	11	Ann Arbor	MI	7th Floor Renovation for Mental Health	4,560	U
97	9	Lexington	KY	Renovate ER, CDD	2,700	CI
98	16	Houston	TX	Consolidate Diagnostic Services	5,800	U
99	10	Cleveland	OH	Research Renovation (W)	4,560	CI
100	15	Leavenworth	KS	ICU Renovation	3,200	U
101	20	Spokane	WA	New Spec Care & Pharmacy	5,600	U
102	12	Hines	IL	Relocate Dental Clinics, B200	4,024	U
103	16	Little Rock	AR	Relocate PC to NLR Expand Specialty	4,362	U
104	8	Gainesville	FL	Upgrade Electrical Distribution System	6,985	CI
105	3	East Orange	NY	SPD/Renovation & Space Upgrade	4,900	CI
106	16	Little Rock	AR	Increase Psychiatry Capacity	3,814	U
107	20	White City	OR	Replace Dom Bldg 218	6,348	U
108	15	Kansas City	MO	Renovate Inpatient Surgery	5,976	CI
109	23	Des Moines	IA	CARES Consolidation, Kitchen/VCS	4,000	CI
110	1	Boston	MA	Replacement Research Buildings	6,821	CI
111	17	Dallas	TX	Relocate Mental Health Nursing Unit	6,984	CI
112	1	West Haven	CT	ICU Step Down Expansion	6,689	CI
113	5	Martinsburg	WV	ER Safety Accessibility	2,760	U
114	8	West Palm Beach	FL	Comprehensive Cancer Center	6,893	U
115	20	Vancouver	WA	Expand Outpatient Specialty Care	5,800	U
116	10	Dayton	OH	GI/Pharmacy/Prime Care Space	6,840	U
117	11	Detroit	MI	Renovate B3S for Eye Clinic	3,120	U
118	19	Salt Lake City	UT	Renovate Research Labs	5,605	CI
119	17	San Antonio	TX	Accommodate Research II	5,206	CI
120	4	Wilmington	DE	Expand and Consolidate Spec Proc	5,404	U
121	6	Durham	NC	Parking Garage	6,900	CI
122	16	Little Rock	AR	Expand Critical Care Bed Capacity	4,868	U
123	19	Salt Lake City	UT	Expand Outpatient Mental Health	6,990	CI
124	5	Washington	DC	Renovate SPD	4,987	CI
125	8	Bay Pines	FL	Construct Radiation Therapy Unit	3,786	U
126	18	Tucson	AZ	Special Procedure Unit and ED/Urgent Care	9,780	U
127	23	Minneapolis	MN	Upgrade Hem/Oncology	1,983	U
128	8	Bay Pines	FL	Ambulatory Surgery Center	5,999	U
129	4	Pittsburg	PA	Renovate Ground North-Research	4,486	CI
130	8	Bay Pines	FL	Eye Treatment Center	4,801	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
131	18	Tucson	AZ	Clinical Lab Expansion	5,830	CI
132	17	San Antonio	TX	Renovate Medical Bed Units 4A and 4B	6,000	CI
133	1	Providence	RI	Expand Pharmacy/Relocate Admin	6,798	CI
134	17	San Antonio	TX	Specialty Care Expansion III	6,173	CI
135	15	St. Louis - JC	MO	Expand Open Heart/Cardiology	3,668	CI
136	22	Los Angeles	CA	B 500 Clinical Lab Renovation	6,666	CI
137	5	Baltimore	MD	Renovate Bldg 19H	6,066	CI
138	23	St. Cloud	MN	Expand Primary Care, B1	5,150	U
139	16	Shreveport	LA	Outpatient Mental Health Improvements	5,777	U
140	21	Fresno	CA	Remodel Emergency Room	4,401	CI
141	5	Washington	DC	Four Story Modular Building	6,900	U
142	8	West Palm Beach	FL	Renovate Ward 8B for Specialty Care	3,575	U
143	5	Loch Raven	MD	Research Building at Loch Raven	5,712	CI
144	7	Birmingham	AL	Mental Health Improvements	6,157	CI
145	15	St. Louis	MO	Remodel Clinics (JC)	2,937	U
146	4	Philadelphia	PA	Renovate Specialty Clinics	6,800	CI
147	6	Durham	NC	Clinic Expansion	6,230	U
148	11	Marion	IN	Clinical Services Expansion	5,020	CI
149	16	Fayetteville	AR	Expand Psych/MH	4,830	U
150	21	Reno	NV	Rel/Exp Primary Care & MH	3,000	CI
151	23	Sioux Falls	SD	Construct Surgical Suite	6,200	U
152	16	Shreveport	LA	Expand Eye Clinic & Specialty Care	4,610	U
153	7	Atlanta	GA	Expand Large Parking Deck	6,741	CI
154	5	Washington	DC	Install New Elevator & Replace Freight Elevator	2,109	CI
155	15	Marion	IL	Marion Behavioral Health Bldg	6,550	U
156	1	Northampton	MA	Renovate NHCU, Bldg 1	6,041	CI
157	8	Gainesville	FL	Construct Parking Garage	6,995	CI
158	21	Palo Alto	CA	Seismic Corrections, Bldg 51	6,918	CI
159	9	Memphis	TN	Outpatient Mental Health	5,442	U
160	20	Vancouver	WA	Seismic Upgrade, Bldg 11	5,537	CI
161	22	Loma Linda	CA	Renovate for Primary/Spec Care	3,487	U
162	22	Loma Linda	CA	Remodel 4SW	3,817	CI
163	19	Salt Lake City	UT	Remodel Surgical Suites	6,032	CI
164	12	Milwaukee	WI	Renovate OR-PACU	5,652	CI
165	11	Danville	IL	Renovate Wards	6,318	CI
166	20	Seattle	WA	New ER Bldg	6,710	U
167	19	Fort Harrison	MT	Expand Ancillary/Diagnostic Care	4,751	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
168	16	Jackson	MS	Renovate 3K for Mental Health	4,092	U
169	1	Providence	RI	MRI Installation	2,115	CI
170	1	Togus	ME	Convert NHCU Ward to Hospice	3,535	CI
171	10	Chillicothe	OH	Nursing Home Care Unit 210D	6,081	U
172	21	San Francisco	CA	Sausalito Annex - Research Center	6,989	CI
173	21	Manila		Transfer of funds to VBA for Manila Embassy Payment	1,221	CI
174	20	Boise	ID	Transfer of funds to VBA for Joint Research Building	1,652	CI

[1]Federal Real Property Council Tier 1 measures that the project addresses:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

Table 4-6: FY 2009 – 2013 Potential VHA Minor Construction Projects

VISN	Location	Project Title - Brief Description
		2009
1	Togus, ME	Add HVAC, B203 & B204
1	Providence, RI	Expand Emergency Room
1	Providence, RI	Mental Health Building
1	Northampton, MA	NHCU Bldg 1 East
1	Togus, ME	Nursing Home Renovation
1	Newington, CT	Specialty Care Clinic Consolidation
1	Boston, MA	Specialty Clinic Renovation BRK
1	Providence, RI	Specialty Clinics Addition
1	West Haven, CT	Surgical Specialty Clinics
1	Providence, RI	Upgrade Electrical System
2	Buffalo, NY	Construct Parking Ramp
2	Albany, NY	Correct Physical Med & Rehab Svc Deficiencies
2	Buffalo, NY	Psychiatric Ward Safety Improvements
2	Buffalo, NY	Renovate Cath Lab
2	Batavia, NY	Ward B Privacy Renovations
3	Brooklyn, NY	Electrical Safety Service Upgrade
3	New York , NY	Emergency Generators
3	New York , NY	Emergency Power- HVAC Systems
3	New York , NY	Renovate Research Area
3	Brooklyn, NY	SPD / Central Sterile Supply Upgrade

VISN	Location	Project Title - Brief Description
3	New York , NY	Upgrade GI
4	Clarksburg, WV	Ambulatory Surgery Modernization
4	Lebanon, PA	Behavior Health Clinic Services
4	Wilmington, DE	Emergency Room Addition
4	Altoona, PA	Move & Expand Rehab
4	Wilmington, DE	Specialty Clinic Expansion for OIF/OEF
5	Baltimore, MD	Expand Mental Health and Managed Care Clinics
5	Washington, DC	Install New Boiler Plant
5	Martinsburg, WV	Mental Health Clinic Relocation
5	Baltimore, MD	Perry Point - Demolish Village Houses
5	Perry Point, MD	Renovate Bldg. 24H for PRRPT
5	Martinsburg, WV	Renovate Outpatient Surgery
5	Washington, DC	Research Bldg Expansion
5	Baltimore, MD	Robotics and Exercise Space
6	Beckley, WV	Clinical Expansion
6	Durham, NC	Clinical Expansion D-wing
6	Salisbury, NC	Education and Learning Center
6	Salisbury, NC	Expand Emergency Department
6	Salisbury, NC	Expand Lab & Pathology
6	Hampton, VA	Expand/Renovate SCI
6	Fayetteville, NC	Outpatient Expansion
6	Beckley, WV	Patient Care Expansion
6	Salisbury, NC	Rehab and Prosthetics Center
6	Salem , VA	Renovate PTSD/Acute Mental Health
6	Durham, NC	Research Expansion Phase 2
7	Birmingham, AL	Mental Health Improvements
7	Augusta, GA	Patient Privacy Improvement Unit 6D
7	Charleston, SC	Renovate Nursing Home for Hospice/Palliative Care
8	West Palm Beach, FL	Ambulatory Procedure Center
8	Gainesville, FL	Expand ICU
8	Bay Pines, FL	Expand/Renovate B-101 NHCU
9	Lexington, KY	Construct New Floor for Research, CDD
9	Mountain Home, TN	Expand Outpatient Waiting
9	Mountain Home, TN	IRM Consolidation/Expansion B-77
9	Memphis, TN	Linear Accelerator Installation
9	Memphis, TN	MRI Installation
9	Memphis, TN	PET/CT Installation
9	Nashville, TN	Research Upgrade
10	Columbus, OH	Access Improvements
10	Cincinnati. OH	Outpatient Surgical Center
10	Cleveland, OH	Pathology & Laboratory Medicine Service Addition
10	Dayton, OH	Renovate Building 305
10	Dayton, OH	Renovate Building 330, 5th Floor
10	Dayton, OH	Renovate Building 409
10	Dayton, OH	Renovate Building 410

VISN	Location	Project Title - Brief Description
10	Cincinnati, OH	Replace Animal Research Facility (ARF) Phase I
11	Danville, IL	Construct ER Addition, Bldg 58
11	Danville, IL	Construct two Nursing Home Care Units
11	Northern Indiana, IN	Demolish Buildings 13, 122, 19-22
11	Battle Creek, MI	Renovate NHCU for Patient Privacy
12	Milwaukee, WI	Acute Care Ward 6C-5CN
12	Chicago, IL	Expand Outpatient Specialty Clinic
12	Iron Mountain, MI	Expand Patient Care Areas
12	North Chicago, IL	Modernize Nursing Home Care Unit, Phase 1-B134
12	Madison, WI	Renovate Research, 4C & Bldg. 12
12	Milwaukee, WI	SCI Connecting Corridor
12	Hines, IL	Standby Elect. Power for Animal Research, B1
15	Kansas City, MO	Purchase Radiation Therapy Facility
15	Topeka, KS	Specialty Care Addition
16	Oklahoma City, OK	1st & 2nd Floor Clinic Expansion
16	Muskogee, OK	Convert 3rd Floor Atrium to Offices
16	Alexandria, LA	Expand Bldg. 9 for Mental Health
16	Little Rock, AR	Expand Critical Care Bed Capacity
16	Little Rock, AR	Expand Outpatient Capacity
16	Fayetteville, AR	Expand Psychiatry/Mental Health
16	Shreveport, LA	Hoptel Building
16	Oklahoma City, OK	Linear Accelerator
16	Oklahoma City, OK	Relocation of SICU to Step Down Unit Addition
16	Oklahoma City, OK	Renovate 5 North for Inpatient Beds
16	Oklahoma City, OK	Renovate Ancillary
16	Fayetteville, AR	Renovate Existing Psychiatry 5,206
16	Muskogee, OK	Site Prep for MRI
16	Biloxi, MS	Surgery/ICU Renovation
17	Temple, TX	Construct Cardiac Cath Lab
17	Dallas, TX	Relocate Specialty Care Clinics
17	San Antonio, TX	Renovate Medical Bed Units 5A and 5B
18	Prescott, AZ	Clinical Addition & Expansion
18	Amarillo, TX	Construct New Emergency Department
18	Amarillo, TX	Construct Specialty Care Clinic
18	Phoenix, AZ	Emergency Back-up Power for HVAC
18	Amarillo, TX	Expand Emergency Department
18	Big Spring, TX	Expand Special Care Clinics & Lab
18	Big Spring, TX	Expand Specialty Care & Laboratory
18	Phoenix, AZ	Mental Health Clinical Center
18	Tucson, AZ	Radiation Oncology
18	Big Spring, TX	Renovate 4th Floor for MH/SATP/Social Svcs
18	El Paso OPC, YX	Renovate for Specialty Care
18	Albuquerque, NM	Renovation of Research Labs B-11
18	Phoenix, AZ	Safety and Security Enhancements
19	Sheridan, WY	Bldg 3 renovation

VISN	Location	Project Title - Brief Description
19	Sheridan, WY	Chilled Water Loop Installation
19	Black Hills, MT	Correct Seismic Deficiencies Quarters
19	Sheridan, MT	Expand Ancillary/Diagnostic Care Lab A/E
19	Salt Lake City, UT	Expand Mental Health Beds
19	Salt Lake City, UT	Remodel Surgical Suites
19	Salt Lake City, UT	Renovate Research Labs B.02
19	Sheridan, WY	Steam Heating system upgrade (interior)
20	Seattle, WA	Building & Site Prep for Additional MRI (S)
20	Roseburg, OR	Construct for Protective Care Unit Relocation
20	Spokane, WA	Construct Outpatient MH Bldg.
20	Walla Walla, WA	Construct Specialty Care Building
20	White City, OR	Expand Ambulatory Care Clinic
20	Boise, ID	Medical Imaging Building
20	American Lake, WA	Renovate B4 Domiciliary (A)
20	American Lake, WA	Renovate B4 Domiciliary (A)
20	American Lake, WA	Renovate B7 Inpatient Mental Health
20	Portland, OR	Renovate NSCU for Patient Privacy
20	Portland, OR	Renovate Wards to Eliminate 4 Bed Rooms
20	Seattle, WA	Seismic B100, Energy Plant (S)
21	Palo Alto, CA	Bldg 2 Seismic Correction - MH Center
21	Palo Alto, CA	Building 2 C Wing Demolition/Construct MH Clinic
21	San Francisco, CA	Emergency Preparedness & Access
21	Palo Alto, CA	Genomic Clinical Research Center
21	Sacramento, CA	Improve ER Access & Security
21	Sacramento, CA	New IP Psych Ward, SAC
21	Reno, NV	Specialty Clinic Building
22	San Diego, CA	Clinical Lab Renovation
22	Loma Linda, CA	Consolidate Speech Pathology & ENT
22	San Diego, CA	Expand Research Labs
23	Fargo, ND	Audiology-Eye-Opthamology
23	Omaha, NE	Fourth Floor Research Addition
23	Hot Springs, SD	Renovate Dom for Patient Privacy
23	Fargo, ND	Replace Operating Rooms
23	Omaha, NE	SPD to 3rd Floor OPC Building
23	Omaha, NE	Surgery (O.R.s) to 2nd Floor OPC
2010		
1	Boston, MA	Administration Renovation
1	Togus, ME	Administration Renovation
1	White River Junction, VT	Administrative Renovations
1	Manchester, NH	Ancillary/Diagnostic Renovations
1	Northampton, MA	Central Chiller Plant
1	Togus, ME	Construct 25 Bed Sub Abuse CWT/TR
1	Northampton, MA	Elevators Building 11 & 25
1	Providence, RI	Expand SPD
1	West Roxbury, MA	Infrastructure Improvements (WR) PH 2

VISN	Location	Project Title - Brief Description
1	Boston, MA	Infrastructure Improvements, JP, PH 3
1	White River Junction, VT	Inpatient Ward Renovation
1	Providence, RI	Mental Health Outpatient Services: Phase I
1	Providence, RI	Mental Health Renovations
1	West Haven, CT	Mental Health Renovations Phase 1
1	Providence, RI	Pet CT Site Prep
1	White River Junction, VT	Pet Scan Site Prep
1	Togus, ME	Private Baths NH Phase I
1	Togus, ME	Private, Semi-private Baths, B200, Ph2 3N/3S
1	Togus, ME	Private, Semi-private Baths, B200, Phase 2
1	Northampton, MA	Rehab Medicine Renovation
1	Bedford, MA	Renovate Bldg 17, 18, 70
1	Providence, RI	Renovate Dental
1	Newington, CT	Renovate Dental/Eye Clinic/Rec Ther
1	Bedford, MA	Renovate Domiciliary
1	Northampton, MA	Renovate Education Space
1	Northampton, MA	Renovate Recreation Therapy
1	Bedford, MA	Renovation Outpatient Mental Health
1	Brockton, MA	Replacement Research Facility B44, B46
1	White River Junction, VT	Research Renovations
1	West Haven, CT	Specialty Care Ph II
1	White River Junction, VT	Specialty Care Renovations
1	Providence, RI	Specialty Clinics Renovation: Wing 5A
1	Togus, ME	Substance Abuse Residential Rehab
1	West Roxbury, MA	Support Service Modification (WR) Ph 3
1	West Roxbury, MA	Surgical Nursing Unit, B1-3N
2	Syracuse, NY	Construct SPD - Design
2	Syracuse, NY	NHCU @ Rome (2nd Floor)
2	Albany, NY	Relocate Med Rec and Consolidate Clinics on First Floor
2	Syracuse, NY	Renovate 7th floor - Construction
2	Syracuse, NY	Renovate for Pharmacy - Construction
2	Syracuse, NY	Renovate Nursing Home
2	Albany, NY	Renovate Primary Care on 4C and 8C
2	Buffalo, NY	Renovate Ward 9A
2	Batavia, NY	Renovate Ward B
3	Castle Point, NY	Expand OPC H-3
3	New York , NY	Renovate Medicine Wards
4	Lebanon, PA	Clinical Improvements for Lab and Morgue
4	Wilkes-Barre, PA	Construct Catheterization Lab
4	Altoona, PA	Expand and Improve BH Clinic
4	Altoona, PA	Move/Exp Recreation
4	Pittsburgh, PA	Radiology/Nuclear Renovation
4	Philadelphia, PA	Renovate 1st Floor Research
4	Coatesville, PA	Renovate Building #3 In/Out Patient Pharmacy
4	Philadelphia, PA	Upgrade Emergency Department

VISN	Location	Project Title - Brief Description
5	Baltimore, MD	Admin Support Building Lock Raven
5	Baltimore, MD	Managed Care Improvements 1C&1D
5	Baltimore, MD	Purchase 20,000 gsf Support Bldg
5	Perry Point, MD	Renovate Bldg 22H SATP
5	Washington, DC	Renovate Pathology Lab
6	Salisbury, NC	Expand B7 for Rehab Medicine
6	Hampton, VA	Renovate ECRC
6	Asheville, NC	Renovate Ward 5-East
6	Richmond, VA	SCI Addition
6	Salem, VA	Specialty Care Renovation
6	Beckley, WV	Specialty/Ancillary Care Construction
7	Columbia, SC	Construct Imaging Center
7	Charleston, SC	Expand Ambulatory/Specialty Services - 3-B North
7	Dublin, GA	Nursing Home Consolidation
7	Augusta, GA	Patient Privacy Ph2 Unit 6C, B801
7	Columbia, SC	Renovate Bldg 22
7	Charleston, SC	Renovate Radiology include add CT and realign areas
7	Charleston, SC	Research Expansion Building, Phase I
7	Birmingham, AL	Utility Plant
7	Tuskegee, AL	Vacant Bldgs. 19,20, & Quarters (21-29) Disposal
8	Lake City, FL	Construct Add'n Floor on Outpatient Clinic
8	Bay Pines, FL	Correct IAQ & HIPAA Issues B100, PH2
8	Gainesville, FL	Expand CTSICU
8	Gainesville, FL	Expand MICU
8	Miami, FL	Renovate 4AB - Psychiatric Wards
8	Miami, FL	Renovate Dental Clinic
8	Bay Pines, FL	Renovate NHCU Phase I
8	Bay Pines, FL	Renovate NHCU Phase II
8	Bay Pines, FL	Renovate Research Building 23
8	Gainesville, FL	Research Addition
8	San Juan, PR	South Bed Tower Connections
9	Louisville, KY	Consolidate Laboratory Operations
9	Nashville, TN	Inpatient and Specialty Services Upgrade and Expansion
9	Huntington, WV	Inpatient Privacy Ren Ph 2
9	Memphis, TN	OR and Recovery
9	Lexington, KY	Relocate Endoscopy, Upgrade OP Surg, CDD
9	Louisville, KY	Renovate 8B for Research
10	Cleveland, OH	Expand Outpatient Pharmacy
10	Cincinnati, OH	Hemodialysis and Dental Care Improvements
10	Dayton, OH	Oncology Clinic/Prosthetics Expansion
10	Cincinnati, OH	Relocate Nursing Home from Ft. Thomas
10	Cincinnati, OH	Replace Animal Research Facility(ARF) Phase 2
11	Ann Arbor, MI	Construct Mental Health to 8th Floor
11	Ann Arbor, MI	Design 6E, 6W Renovation
11	Indianapolis, IN	Expand Nuclear Medicine and Clinical space

VISN	Location	Project Title - Brief Description
11	Detroit, MI	Renovate B3N for Diabetes Clinic
11	Danville, IL	Renovate for Specialty Care
11	Saginaw, MI	Renovate Laboratory, Bldg. 1
11	Danville, IL	Replace Primary Electrical Dist. Equip.
12	Hines, IL	Establish Seamless Transition Clinics, B228
12	Milwaukee, WI	HVAC Research Bldg. 70
12	Hines, IL	Modernize PM&R, B200
12	Hines, IL	Relocate Nuc Med & Other Patient Care, B200
12	Milwaukee, WI	Relocate Pharmacy Bldg. 111 Basement
12	Tomah, WI	Renovate 2nd Floor B-406 for NHCU
12	Madison, WI	Renovate Food Production
15	Kansas City, MO	MRI Addition
15	Leavenworth, KS	New Patient Access/Dock Area
15	Columbia, MO	Patient Privacy 4th Floor
15	Columbia, MO	Relocate ICU
15	St. Louis – JC, MO	Relocate Mental Health Recovery Center, JC
16	Fayetteville, AR	Air Condition Kitchen
16	Oklahoma City, OK	Clinic Infill
16	Biloxi, MS	Expand Building 3 for Cancer Center
16	Jackson, MS	Expand Linear Accelerator
16	Oklahoma City, OK	Expand Surgery
16	Fayetteville, AR	MRI Addition - 2nd Phase * - Expand Specialty Care and Laboratory space.
16	Jackson, MS	Provide 3rd Floor Bldg. 7 for Med/Surg & NHCU Beds
16	Houston, TX	Renovate 6D
16	Alexandria, LA	Renovate Bldg. 6 for Clinical Support
17	San Antonio, TX	Accommodate Remote Functions
17	San Antonio, TX	Additional ECTC Bedrooms
17	Dallas, TX	ER Expansion
17	San Antonio, TX	New Research Wet Labs
17	Dallas, TX	Patient Privacy Phase #9
17	Dallas, TX	SCI Research Renovation
17	Dallas, TX	Upgrade Mental Health Ph. 3
17	Temple, TX	Urgent Care Replacement
18	Tucson, AZ	Additional Med/Surg Beds
18	Prescott, AZ	Clinic Space for Mental Health
18	Tucson, AZ	Expand Specialty Clinics
18	Albuquerque, NM	Expand Surgery/PACU/SICU B-41
18	Big Spring, TX	Renovate Ancillary, Diagnostics Services
18	Albuquerque, NM	Renovate for Mental Health B-1
18	Phoenix, AZ	Renovate Mental Health Floor Phase I
18	Big Spring, TX	Renovate SPD
18	Phoenix, AZ	Research Space Renovation
18	Tucson, AZ	Research Wet Labs Phase 2
19	Sheridan, WY	Bldg 8 renovation

VISN	Location	Project Title - Brief Description
19	Sheridan, WY	Bldg 86 SNU renovation
19	Grand Junction, CO	Correct Administrative Space Deficiencies
19	Grand Junction, CO	Correct High/Low Pressure Steam/Energy Deficiencies
19	Salt Lake City, UT	Expand Imaging (MRI/PET)
19	Salt Lake City, UT	Expand Mental Health Inpatient Beds B.03
19	Cheyenne, WY	Geropsychiatric Unit
19	Salt Lake City, UT	Relocate Neurovirology Research B.02
19	Salt Lake City, UT	Relocate Respiratory/Pulmonary Care
19	Salt Lake City, UT	Specialty Care Clinics B.14
19	Sheridan, WY	Switchgear replacement and underground electrical main feed replacement
20	Spokane, WA	Build 2nd Story Extension (amb med,lab, radiology)
20	Roseburg, OR	Construct Protected Care Unit
20	American Lake, WA	Correct Accessibility Deficiencies
20	Seattle, WA	Correct Seismic & Func Deficiencies Lodging B7
20	American Lake, WA	Expand and Resurface Parking Areas
20	Boise, ID	Free Standing Dental Clinic
20	Seattle, WA	Parking Deck
20	Portland, OR	Renov Bldg 104 for Spec Care
20	Vancouver, OR	Renov Bldg 11 (D-7) CARS for Outpt Functions
20	Portland, OR	Renov Bldg 6 for Animal Research Facility
20	American Lake, WA	Renovate B7 Inpatient Mental Health (A)
20	Seattle, WA	Renovate Ft Lawton Army Reserve Center
20	White City, OR	Replace Dom Bldg. 204
20	Vancouver, OR	Seismic Upgrade Boiler Plant & Ancillary Bldgs (V)
20	Seattle, WA	Seismically Upgrade Mech & Elec Equip
20	Seattle, WA	Ward Renovation Phase II
21	Palo Alto, CA	Abate and Demo A&B Wings Bldg 2 and Site Restoration
21	Sacramento, CA	Ancillary Expansion & Seismic Upgrade (B-728)
21	San Francisco, CA	Renovate for Pharm, Med/MH, Gero-psych, PICU, HVAC
21	San Francisco, CA	Bldg 203: Renovate for Specialty Clinic Expansion
21	Sacramento, CA	Consolidate Outpt MH Services
21	Reno, NV	Consol/Exp Outpatient Special Procedures & Recovery
21	Sacramento, CA	Enhance Clinical Trials Facilities
21	Reno, NV	Life Safety Infrastructure Corrections Bldg 1
21	Fresno, CA	Mental Health/Primary Care Expansion
21	Palo Alto, CA	MIRECC Renovation
21	Honolulu, HI	Parking Garage Addition
21	Palo Alto, CA	PRRTP and Resid Care for Brain Injury Resid Unit Mandate
21	Fresno, CA	Remodel Specialty Clinics
21	San Francisco, CA	Renovate Research Bio/Wet Labs - Bldg 2
21	San Francisco, CA	Replace Temporary Research B-16 Annex
21	Reno, NV	Seismic Corrections Bldg 1A
21	San Francisco, CA	Seismic: Replace Bldg 3 / Retrofit Bldg 18
21	Palo Alto, CA	Specialty Procedure Center Livermore Realignment

VISN	Location	Project Title - Brief Description
21	Reno, NV	Susanville CBOC/Collaboration
21	Palo Alto, CA	Translational Research Replacement Center
22	West Los Angeles, CA	B209 Research Renovation
22	West Los Angeles, CA	Consolidate Research Phase 2
22	West Los Angeles, CA	Demo Various Buildings
22	West Los Angeles, CA	IRM Consolidation
22	West Los Angeles, CA	Relocate Hemodialysis
22	Long Beach, CA	Relocate Hemodialysis Clinic
22	San Diego, CA	Relocate Surgical Wards
22	Loma Linda, CA	Remodel / Consolidate ICUs
23	St. Cloud, MN	Exp. Spec. Care, Reconfigure Support Space
23	St. Cloud, MN	Expand Acute Psych Beds
23	Des Moines, IA	Med/Surg Bed Enhancement
23	Omaha, NE	Specialty Care and Surgery Renovation
23	Knoxville, IA	OP Renovation Bldg 1
23	Iowa City, IA	Relocate Surgical Operating Rooms
23	Fargo, ND	Remodel TCU for Cultural Transformation
23	Hot Springs, SD	Renovate Dom Bldg 3
23	Hot Springs, SD	Renovate Dom Bldg 5
23	Hot Springs, SD	Renovate Dom Bldg 7
23	Minneapolis, MN	Renovate GI Clinic
23	Fargo, ND	TCU Expansion for Private Rooms
2011		
1	Manchester, NH	Administration Renovation Phase 1
1	Northampton, MA	Air Condition Buildings
1	Boston, MA	Animal Research Improvements, B1-A
1	Boston, MA	Cyclotron Site Prep
1	Brockton, MA	Dental Renovation
1	Northampton, MA	Elevators Bldg 20
1	Providence, RI	Expand Diagnostic Imaging: MRI & PET CT
1	West Haven, CT	Inpatient Pharmacy Renovation
1	West Roxbury, MA	Medical Nursing Unit B1-4N
1	Providence, RI	Physical Medicine & Rehabilitation Addition
1	Brockton, MA	Primary Care Expansion
1	West Haven, CT	Primary Care Renovations
1	Togus, ME	Private Baths NH Phase 2
1	Newington, CT	Renovate Ancillary/Diagnostic
1	Bedford, MA	Renovate Bldg 1
1	Bedford, MA	Renovate Bldg 5 for Specialty Care
1	Bedford, MA	Renovate Bldg 9
1	Bedford, MA	Renovate Pharmacy and Recreation Therapy
1	Manchester, NH	Renovate Pharmacy, Dental
1	Providence, RI	Specialty Clinics Renovation: Wing 2A
2	Syracuse, NY	Expand Valor Inn
2	Albany, NY	Relocate Nuclear Medicine to 2B and Laboratory to 3rd Floor

VISN	Location	Project Title - Brief Description
2	Syracuse, NY	Renovate Lab
2	Albany, NY	Renovate Post Anesthesia Care Unit
2	Bath, NY	Renovate Ward 3B, B-76
2	Batavia, NY	Renovate Ward C
2	Syracuse, NY	Renovate, expand SPD - Construction
3	Montrose, NY	Consolidate Outpatient Building
3	Brooklyn, NY	MRI
3	New York, NY	Renovate Psych Wards
3	Brooklyn, NY	Research Areas/systems upgrades
4	Philadelphia, PA	Back Up Electrical Power
4	Altoona, PA	Exp/Imp Long Term Care 5th Fl
4	Altoona, PA	Exp/Imp Long Term Care 6th Fl
4	Wilmington, DE	Renovate 5 East for Dental
4	Erie, PA	Renovate 7th Floor
4	Pittsburgh, PA	Renovate B6
4	Philadelphia, PA	Renovate BMST Research
4	Lebanon, PA	Renovate for Rehab Services
4	Pittsburgh, PA	Renovate for Specialty Clinics
5	Martinsburg, WV	Relocate Patient Services Center
5	Perry Point, MD	Renovate Bldg 80, Outpatient MH
5	Washington, DC	Renovate MICU on 4B
6	Salem, VA	Geriatric Assessment
6	Hampton, VA	Renovate OR
6	Asheville, NC	Renovate Ward 4-East
6	Salisbury, NC	Site Prep for Linear Accelerator
7	Augusta, GA	9 Bed SCI Addition
7	Birmingham, AL	Add 3rd Floor, E-Wing
7	Montgomery, AL	Consol Clinic Sup Services and Expand Primary Care Clinics
7	Columbia, SC	Construct PET/CT building
7	Charleston, SC	Expand Radiology for additional MRI
7	Dublin, GA	IP Mental Health (Gero-Psych)
7	Tuskegee, AL	Vacant Bldgs.1,7,8,9,&10 Disposal
8	Lake City, FL	Construct Supply Warehouse
8	Bay Pines, FL	Correct CARES FCA Electrical Def. Phase I
8	Bay Pines, FL	Correct Life Safety Phase II
8	Gainesville, FL	Expand Dialysis Unit
8	Miami, FL	Renovate 5AB - Mental Health Wards
8	Miami, FL	Renovate 9AB - Nursing Patient Wards
8	Gainesville, FL	Renovate Psychiatric Ward 2A
9	Memphis, TN	Backfill Seismic 4th Floor
9	Louisville, KY	Construct Parking Garage
9	Louisville, KY	Construct Radiology Addition
9	Nashville, TN	Outpatient and Specialty Services Improvements
9	Lexington, KY	Relocate PM&RS Clinic, CDD
9	Lexington, KY	Relocate Specialty OP Functions, CDD

VISN	Location	Project Title - Brief Description
9	Louisville, KY	Renovate 9th Floor Research Labs
9	Huntington, WV	Renovate B-1W Ground and 1st Floor
10	Dayton, OH	Building 409 Renovation
10	Cleveland, OH	Expand Radiology Phase 3
10	Cincinnati, OH	Mental Health Imp. (Bldg 3 & 8 Domino Moves)
11	Ann Arbor, MI	6E, 6W Renovation
11	Indianapolis, IN	Clinic expansion - 3rd and 4th floor - E-Wing
11	Ann Arbor, MI	Design East Parking deck Expansion
12	Hines, IL	Demolition of Bldgs. 12 & 13
12	Milwaukee, WI	NHCU Modifications 9A
12	Milwaukee, WI	Primary/ Specialty Clinics Bldg. 111
12	Hines, IL	Relocate Microbiology, B200
12	Hines, IL	Relocate Prosthetics to Basement, B200
12	Hines, IL	Relocate Resp. Care/sleep lab, B-200
12	Hines, IL	Relocate Surg. Outpt. & Admin to 8th floor, B200
15	Columbia, MO	Patient Privacy 3 East
15	Leavenworth, KS	Primary Care/Pharmacy Infill
15	Kansas City, MO	Renov Inpat Medicine
15	St. Louis – JB, MO	Renovate/Expand Clinics, JB
15	Kansas City, MO	Seismic Protection
16	Little Rock, AR	Consolidate NLR Pt Care Services
16	Alexandria, LA	Construct Education Facility
16	Little Rock, AR	Energy Conservation
16	Little Rock, AR	Exp Spec Cl Space
16	Fayetteville, AR	Expand Intensive Care
16	Fayetteville, AR	Expand Step Down Beds
16	Biloxi, MS	Remodel/Expand Patient Dining
16	Biloxi, MS	Renovate 5th Floor (NOVA)
16	Oklahoma City, OK	Renovate B, C, & D Mods
16	Fayetteville, AR	Renovate Existing Medicine
16	Fayetteville, AR	Renovate Existing Surgery
16	Jackson, MS	Renovate MICU/CCU
16	Houston, TX	Upgrade Emergency Power to Bldg 100
17	San Antonio, TX	5G Addition for Clinical Expansion
17	Temple, TX	Cardiovascular Research Ph 2
17	Temple, TX	Relocate Dental
17	San Antonio, TX	Renovation of Existing Specialty Clinics
17	San Antonio, TX	Renovation of Fourth Floor of ECTC for GEC Functions
17	Dallas, TX	Research Addition and Renovation Ph. 2
17	Dallas, TX	TCU Renovation
17	Dallas, TX	Triage and Evaluation Clinic
17	Dallas, TX	Upgrade Mental Health Ph. 4
18	El Paso, TX	Administrative Space
18	Phoenix, AZ	BRAC Fair Market Value Minor
18	Albuquerque, NM	Clinical Space Enhancements B-41

VISN	Location	Project Title - Brief Description
18	Tucson, AZ	Clinical Support Building
18	Tucson, AZ	Expand Outpatient Mental Health
18	Albuquerque, NM	ICU Consolidation B-41
18	Prescott, AZ	OT/PT/KT Rehab Medical Building
18	Big Spring, TX	Renovate Dental/Physical Therapy/SPC
18	Tucson, AZ	Renovate for Research
18	Phoenix, AZ	Renovate Mental Health Floor Phase II
18	Phoenix, AZ	Renovate NHCU Floor Phase I
19	Sheridan, WY	71N 3rd floor renovation
19	Sheridan, WY	Bldg 6 renovation
19	Grand Junction, CO	Correct Pharm Cache and Warehouse/Eng Space Def
19	Salt Lake City, UT	Expand SPD B.14
19	Salt Lake City, UT	Inpatient Substance Abuse & Day Hospital B.03
19	Salt Lake City, UT	Kitchen Renovation (Cook/Chill) B.05
19	Sheridan, WY	Road and parking improvements
20	Roseburg, OR	Construct MRI Space
20	Boise, ID	Construct Parking Garage
20	American Lake, WA	Correct Seismic & Functional Deficiencies B132 Canteen
20	Seattle, WA	Infill TCU Courtyard
20	Portland, OR	Remodel Surgery for Vascular
20	Seattle, WA	Renov West Clinic for Specialty Clinics
20	Seattle, WA	Renovate OutPt Pharmacy
20	Seattle, WA	Ward Renovation Phase III
21	Palo Alto, CA	Add Polytrauma Clinical and Rehabilitation Component
21	Menlo Park, CA	Bldg 114 Seismic Correction - Repl w Co-gen Energy Plant
21	Sacramento, CA	Expand Specialty Care, SVAMC
21	San Francisco, CA	Mental Health Functional & Technical Upgrades (Bldg 8)
21	Fresno, CA	Parking Structure
21	Reno, NV	Relocate Clinical Services from Bldg 1
21	Sacramento, CA	Renovate Clinical/Admin Support, 3rd Floor
21	San Francisco, CA	Renovate Research Bio/Wet Labs - Bldg 6
21	Reno, NV	Seismic Replacement for Outpatient Services in Bldg 1
21	San Francisco, CA	Seismic Retrofit High Risk Bldgs - Various
21	Reno, NV	Upgrade/Integrate Canteen with Nutrition and Food Service
21	Palo Alto, CA	Wet and Dry Lab Expansion
22	West Los Angeles, CA	Consolidate Research First Module- Sepulveda
22	Long Beach, CA	Demo Building 11
22	West Los Angeles, CA	Outpatient Mental Health
22	Long Beach, CA	Relocate Sleep Lab
22	Loma Linda, CA	Remodel 1SW - NHCU
22	Loma Linda, CA	Remodel 4NW - Telemetry Unit
22	West Los Angeles, CA	Renov Primary/Sub-Specialty Care
22	West Los Angeles, CA	Renovate Intermediate Ward (GEM)
22	San Diego, CA	Renovate Medical Wards
22	West Los Angeles, CA	Renovate Surg. Phase 1

VISN	Location	Project Title - Brief Description
23	Fargo, ND	Lab Improvements
23	Des Moines, IA	Main Patient Entrance for Accessibility
23	Fargo, ND	Mental Health Initiatives
23	Des Moines, IA	OP Surgery/OR Modernization
23	St. Cloud, MN	Renov Wards B49 ph 2
23	Hot Springs, SD	Renovate Dom Bldg 8
23	Minneapolis, MN	Renovate ER/Urgent Care
23	St. Cloud, MN	Renovate Wards Bldg 49-1/Elev
2012		
1	Manchester, NH	Administration Renovation Phase 2
1	Togus, ME	Construct 30 Bed Dom
1	West Roxbury, MA	EP Lab Site Prep
1	Providence, RI	Expand Eye Clinic
1	West Roxbury, MA	Infrastructure Improvements (WR) PH 3
1	West Haven, CT	Lab Service and Support Area Renovations
1	Providence, RI	Mental Health Outpatient Services: Phase II
1	Brockton, MA	Mental Health Renovations
1	West Haven, CT	Mental Health Renovations Phase 2
1	Brockton, MA	New Nitrogen/Cryogenics Facility, B25
1	Bedford, MA	Renovate Bldg 80,81,82
1	West Haven, CT	Renovate Primary Care
1	Bedford, MA	Renovate Research Space
1	Togus, ME	Upgrade HVAC, B209/210
2	Albany, NY	Construct NHCU Facility
2	Syracuse, NY	Expand Valor Inn - Construction
2	Syracuse, NY	Replace Building #2
3	Brooklyn, NY	Audiology / Speech Pathology Renov.
3	Montrose, NY	Raze Buildings 8,9,10,11
4	Erie, PA	Cultural transition
4	Altoona, PA	Expand Eye/Card/Pul/Resp/Spec
4	Philadelphia, PA	Expand NHCU
4	Altoona, PA	Move & Expand Specialty
4	Pittsburgh, PA	NHCU Environmental Improvements
4	Coatesville, PA	Renovate 1B Med Ward Bldg.#1
4	Wilmington, DE	Renovate 2 East for Clinic Space
4	Pittsburgh, PA	Renovate 2nd Fl
4	Philadelphia, PA	Renovate 5th Floor Research
4	Lebanon, PA	Safety and Security Upgrades
5	Perry Point, MD	RENOVATE 25H FOR EDUCATION
5	Martinsburg, WV	Renovate Inpatient Units, 5A & 5C
6	Salisbury, NC	Renovate Building 6 for Patient Activities
6	Asheville, NC	Renovate Wards 3-East/West – Backfill
6	Salem, VA	Vascular Center
7	Birmingham, AL	Admin Building
7	Charleston, SC	Patient Parking Deck - New Expansion

VISN	Location	Project Title - Brief Description
7	Columbia, SC	Renovate 3rd floor Bldg 100 for Specialty Care
7	Charleston, SC	Renovate Lab Area - 2B
7	Charleston, SC	Renovate Radiology (New CAT SCAN and MRI)
7	Charleston, SC	Research Expansion Building, Phase II
7	Augusta, GA	Unit 3C & 3D Renovation, B801
8	Gainesville, FL	Install Sprinkler B1 and E-Wing PH 2
8	Miami, FL	Relocate Chemotherapy Center
8	Gainesville, FL	Renovate B-1 Phase 1
8	Miami, FL	Renovate NHCU - PH II
9	Louisville, KY	Consolidate Kitchens
9	Louisville, KY	Renovate B-12 Research
9	Huntington, WV	Renovate B-1W 2nd and 3rd Floor
9	Lexington, KY	Upgrade CCU, CDD
10	Dayton, OH	Building 143 Renovation
10	Cincinnati, OH	SPD Relocation and Improvements
11	Ann Arbor, MI	East Parking Deck Expansion
12	Milwaukee, WI	Acute Care Modification 5CN-6C
12	Milwaukee, WI	Renovate 3A MH Outpatient
15	Columbia, MO	Patient Privacy 6th Floor
15	St. Louis – JB, MO	Remodel Long Term Care, B53, JB
16	Fayetteville, AR	Construct Additional Warehouse
16	Biloxi, MS	Construct Elevated Water Storage Tank
16	Jackson, MS	Construct Parking Garage West Side
16	Biloxi, MS	Parking Garage (Phase I)
16	Oklahoma City, OK	Renovate 5 East for Inpatient Beds
16	Fayetteville, AR	Ren Bldg 1 Space (vacated by completion of Clinical Addition)
17	Dallas, TX	Patient Privacy Phase #10
17	San Antonio, TX	Renovate of Mental Health Inpatient Unit
17	Dallas, TX	Research Addition and Renovation Ph. 3
17	Bonham, TX	Upgrade Ambulatory Care Ph. I
17	Dallas, TX	Upgrade Mental Health Ph. #5
18	Prescott, AZ	Expand Domiciliary
18	Phoenix, AZ	Renovate / Expand Emergency Room
18	Albuquerque, NM	Renovate Existing Surgical Suite B-41
18	Phoenix, AZ	Renovate NHCU Floor Phase II
18	Big Spring, TX	Renovate/Expand Primary Care/Pharmacy
19	Grand Junction, CO	Correct and Replace Underground Electrical Feeds
19	Salt Lake City, UT	Expand Lab Service B.14
19	Salt Lake City, UT	Potable Water/Seismic Reinforcement
19	Sheridan, WY	Rehabilitate and Renovate Building 13
19	Sheridan, WY	Tramway and Hallway renovation
20	Seattle, WA	Correct Accessibility Deficiencies
20	Portland, OR	Patient Parking Structure (P)
20	Boise, ID	Remodel Rehab. Medicine
20	Seattle, WA	Renov East Clinic for Specialty Clinics

VISN	Location	Project Title - Brief Description
20	Boise, ID	Renovate B.27 1st Floor
20	Walla Walla, WA	Renovate B-74, Outpatient Support
20	Seattle, WA	Renovate Dietetics Kitchen
20	White City, OR	Replace Dom Bldg. 206
20	American Lake, WA	Seismic Upgrades, HVAC and Window Replacement B8
20	American Lake, WA	Seismic Upgrades, HVAC and Window Replacement B9
20	Boise, ID	Seismic Upgrade B.1, 23, 24, 43, 44, 50
20	Seattle, WA	Ward Renovation Phase IV
21	San Francisco, CA	Bldg 1 & 200: Functional & Technical Upgrade (Radiology)
21	Fresno, CA	Bldg 24 Seismic Corrections/Research Expansion
21	Sacramento, CA	Consolidate Home Based Care
21	Sacramento, CA	Expand Patient Parking, SVAMC
21	Sacramento, CA	Marysville CBOC Partnership
21	Reno, NV	New Education Training & Conference Center
21	Palo Alto, CA	New War Related Injury and Illness Study Center and Defense and Veterans Brain Injury Rehabilitation Center (DVBIC)
21	Palo Alto, CA	Renovate Onizuka BRAC Realignment for Research
21	Palo Alto, CA	Replace 43-bed Modular Hometel
21	San Francisco, CA	Research Expansion
21	Honolulu, HI	VA/DoD Joint Research Center
22	Long Beach, CA	Install Co-gen
22	West Los Angeles, CA	Mental Health Inpatient Renovation
22	West Los Angeles, CA	Pharmacy Expansion / Renovation
22	Long Beach, CA	Relocate and consol ENT, Audiology and Speech Pathology
22	San Diego, CA	Relocate SPD
22	Loma Linda, CA	Remodel 3SE - Inpatient Medicine
22	San Diego, CA	Renovate 6th Floor for Admin Office
22	West Los Angeles, CA	Renovate Medicine Wards Phase 3
23	Fargo, ND	Pulmonary - Cardiology Remodel
23	St. Cloud, MN	Ren Extended Care beds B50, 1
23	St. Cloud, MN	Renov Wards, B 50-2
23	Fargo, ND	Renovate Second Floor - Bldg 9
2013		
1	West Haven, CT	Blind Rehab Renovations
1	Newington, CT	Expand Primary Care
1	West Haven, CT	Intermediate, Nursing Home Renovation
1	Boston, MA	Pet CT Scan Site Prep
1	Boston, MA	Research Facility Renovation B1-A
1	Togus, ME	Upgrade HVAC, B203/204
3	Brooklyn, NY	Radiology & Clinical labs upgrade
4	Philadelphia, PA	Add Floor A/E Bldg.
4	Philadelphia, PA	Addtil Elevator and Stairway Research
4	Lebanon, PA	Ambulatory Surgery Improvements
4	Altoona, PA	Expand Radiology
4	Pittsburgh, PA	Renovate 11th Fl

VISN	Location	Project Title - Brief Description
5	Baltimore, MD	Primary Care Expansion 5A & 6A
5	Martinsburg, WV	Renovate Dom Unit, 3B
5	Martinsburg, WV	Renovate Inpatient Units, 4A & 4C
5	Martinsburg, WV	Renovate Mental Health Clinics
5	Martinsburg, WV	Renovate Specialty Clinics
7	Augusta, GA	Building Demolition
7	Montgomery, AL	Expand B-1, 2nd Floor for Respiratory & Specialty Care
7	Augusta, GA	Patient Privacy Ph3 Unit 6A, B801
7	Tuskegee, AL	Vacant Bldgs. 18, 44, 50,51,63 & 69 Disposal
9	Louisville, KY	Pharmacy & Lab Addition
9	Louisville, KY	Specialty Clinics Addition
10	Dayton, OH	Central A/C 410
12	Milwaukee, WI	Renovate Clinics 4A
12	Milwaukee, WI	Renovate Clinics 7A
15	St. Louis – JB, MO	Remodel Inpatient MH, B-51, JB
15	Leavenworth, KS	Surgery Relocation
16	Little Rock, AR	Consolidate Admin Spaces
16	Jackson, MS	Construct Clinic/Education on Top of Parking Deck
16	Biloxi, MS	Construct Specialty Care Clinic
16	Little Rock, AR	Diagnostic Annex B.170
16	Fayetteville, AR	Expand Administrative Support Space
16	Biloxi, MS	New Physical Therapy Addition (PM&RS)
16	Little Rock, AR	PET/CT Site Prep
16	Jackson, MS	Renovate Medical Laboratories Upgrading Elec./HVAC
17	Temple, TX	Convert NUs to Support Services
17	Temple, TX	Domiciliary Clinical Expansion
17	Dallas, TX	Patient Privacy Ph. #11
17	Temple, TX	Radiation Therapy
17	Bonham, TX	Upgrade Ambulatory Care Ph. 2
17	Dallas, TX	Upgrade Mental Health Ph.#6
17	Dallas, TX	Water Treatment Center & Deep Well
18	Prescott, AZ	NHCU Remodel
18	Phoenix, AZ	OR Suite Update
18	Phoenix, AZ	Renovate Inpatient Floor
18	Big Spring, TX	Renovate Mental Health Clinic
19	Grand Junction, CO	Correct and Upgrade Energy Mgmt Control System Def
19	Sheridan, WY	Expand Ambulatory Care
19	Sheridan, WY	Security upgrade Keyless Entry/Closed Circuit Camera system
20	Seattle, WA	Ambulatory Surgery Center (S)
20	American Lake, WA	Correct Seismic & Functional Deficiencies B16 & B17
20	American Lake, WA	Correct Seismic & Functional Deficiencies Eng Shops
20	Portland, OR	Renovate Wards to Eliminate 4 Bed Rooms
20	Vancouver, OR	Renovate NHCU for Patient Privacy (V)
20	White City, OR	Replace Dom Bldg. 207
20	Roseburg, OR	Seismic Upgrade Boiler Plant, Bldg 7

VISN	Location	Project Title - Brief Description
20	Seattle, WA	Ward Renovation Phase V
21	San Francisco, CA	Animal Research Expansion
21	Reno, NV	Construct New Research Bldg
21	Martinez, CA	Correct Patient Privacy Deficiencies, CREC
21	Monterey, CA	Expand Monterey CBOC
21	Martinez, CA	Expand Neurocognitive Research
21	Palo Alto, CA	Expand Wet and Dry Lab Capacity
21	Sacramento, CA	Extended Care Facility
21	San Francisco, CA	Long Term Care Expansion
21	Palo Alto, CA	Polytrauma Prosth Lab, Therapy and Pat Simul Center
21	Menlo Park, CA	PRRTP at Menlo Park Division
21	Palo Alto, CA	Renovate Mountain View BRAC Acquisition for Admin
22	West Los Angeles, CA	Demolish Research Buildings
22	West Los Angeles, CA	Renovate Surgery Phase 2
23	Fargo, ND	Modernize B-Wing Basement - Bldg 9
23	Fargo, ND	Remodel Third Floor - Bdlg 1
23	St. Cloud, MN	Renovate Wards, 51-1

VHA Medical Facility Leases (Authorization and Notification Requirements)

In the FY 2009 President's Budget, the Department requests authorization for the medical facility leases below. This requires congressional authorization per section 8104 (a) (2) of title 38. For FY 2009, there are two leases requiring Congressional notification.

Table 4-7: Request for Congressional Authorization

Year	VISN	Location		Project Title - Brief Description	Type	Estimated. Cost ($000)[1]	Estimated Annual Rental Cost ($000)
2009	12	Brandon	FL	Outpatient Clinic	New	$4,326	$1,576
2009	19	Colorado Springs	CO	Community Based Outpatient Clinic	New	$3,995	$1,410
2009	20	Eugene	OR	Outpatient Clinic	New	$5,826	$2,196
2009	12	Green Bay	WI	Expansion Outpatient Clinic	New	$5,891	$2,008
2009	7	Greenville	SC	Outpatient Clinic	New	$3,731	$1,206
2009	10	Mansfield	OH	Community Based Outpatient Clinic	New	$2,212	$700
2009	8	Mayagüez	PR	Satellite Outpatient Clinic	New	$6,276	$2,421
2009	18	Mesa	AZ	Southeast Phoenix CBOC	New	$5,106	$1,806
2009	21	Palo Alto	CA	Research Space – Interim	New	$8,636	$3,136
2009	7	Savannah	GA	Expansion CBOC	New	$3,168	$1,029
2009	18	Sun City	AZ	Northwest Phoenix CBOC	New	$2,295	$920
2009	8	Tampa	FL	Primary Care Annex	New	$8,652	$3,152

[1]Cost includes the lump sum payment for the lessor to convert the space for medical use plus the unserviced annual rent.

Table 4-8: Congressional Notification for Leases

FY 2009 Major Leases Requiring Notification							
Year	VISN	Location		Project Title - Brief Description	Type	Estimatd Cost ($000)	Estimated Annual Rental Cost ($000)
2009	1	Bangor	ME	Outpatient Clinic	New	$2,118	$511
2009	10	Middletown	OH	Community Based Outpatient Clinic	New	$1,072	$300

Table 4-9: VHA Portfolio Inventory of Current Projects
(Funded but not activated or in use)

Project Type	FY[1]	VISN	Location	Project Title – Brief Description	Total Estimated Cost ($000)
Major	TBD	20	American Lake, WA	Seismic Corrections – NHCU & Dietetics	$38,220
Major	2008	20	Anchorage, AK	Outpatient Clinic and Regional Office	$75,270
Major	2010	7	Atlanta, GA	Modernize Patient Wards	$20,534
Major	TBD	16	Biloxi, MS	Restoration Hospital/Consolidation Gulfport	$310,000
Major	TBD	12	Chicago, IL (WS)	Bed Tower Modernize Inpatient	$98,500
Major	2010	10	Cleveland, OH	Cleveland-Brecksville Consolidation	$102,300
Major	TBD	15	Columbia, MO	Operating Suite Replacement	$25,830
Major	2008	10	Columbus, OH	Outpatient Clinic	$94,800
Major	TBD	19	Denver, CO	New Medical Center Facility	$769,200
Major	2008	23	Des Moines, IA	Extended Care Building	$25,550
Major	2009	6	Durham, NC	Renovate Patient Wards	$9,100
Major	TBD	16	Fayetteville, AR	Clinical Addition	$93,000
Major	2010	8	Gainesville, FL	Correct Patient Privacy Deficiency	$136,700
Major	TBD	16	Gulfport, MS	Environment Cleanup	$35,919
Major	2009	11	Indianapolis, IN	7th & 8th Floor Wards Modernization Addition	$27,400
Major	2011	22	Las Vegas, NV	New Medical Center Facility	$600,400
Major	TBD	8	Lee County, FL	Outpatient Clinic	$131,800
Major	TBD	22	Long Beach, CA	Seismic Corrections-Bldgs. 7 & 126	$107,845
Major	TBD	22	Los Angeles, CA	Seismic Corrections-Buildings 500 & 501	$189,000
Major	2009	21	Menlo Park , CA	Seismic Corrections-Geropsych Replacement Bldg 324	$32,934
Major	2007	8	Miami, FL	Utility Plant	$24,420
Major	TBD	12	Milwaukee, WI	Spinal Cord Injury Center	$32,500
Major	2009	23	Minneapolis, MN	SCI & SCD Center	$20,500
Major	TBD	16	New Orleans, LA	Restoration/Replacement of Medical Center	$625,000
Major	TBD	8	Orlando, FL	New Medical Center Facility	$646,200
Major	2008	21	Palo Alto, CA	Seismic Corrections, Bldg. 2	$54,000
Major	2008	16	Pensacola, FL	Pensacola Outpatient Clinic	$55,056

Project Type	FY[1]	VISN	Location	Project Title – Brief Description	Total Estimated Cost ($000)
Major	2010	4	Pittsburgh, PA	Consolidation of Campuses	$291,500
Major	TBD	17	San Antonio, TX	Polytrauma Center	$66,000
Major	2008	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	TBD	8	San Juan, PR	Seismic Corrections-Building 1	$225,900
Major	TBD	15	St. Louis, MO (JB)	Medical Facility Improvements and Cemetery Expansion	$134,500
Major	2010	3	Syracuse, NY	Spinal Cord Injury Center	$77,269
Major	2008	8	Tampa, FL	Spinal Cord Injury Center	$11,407
Major	2010	8	Tampa, FL	Upgrade Essential Electrical Dist. Systems	$49,000
Major	TBD	17	Temple, TX	MRI and Supporting Facility	$10,552
Major	2008	18	Tucson, AZ	Mental Health Clinic	$13,300
Lease	2011	17	Austin, TX	Satellite Outpatient Clinic	$7,443
Lease	TBD	5	Baltimore, MD	Outpatient Clinic	$9,851
Lease	2008	6	Charlotte, NC	Satellite Outpatient Clinic	$2,626
Lease	TBD	17	Corpus Christi, TX	Outpatient Clinic	$3,900
Lease	2009	12	Crown Point, IN	Outpatient Clinic	$2,600
Lease	TBD	17	Dallas, TX	Smith County/Tyler OPC	$4,293
Lease	2009	11	Evansville, IN	Satellite Outpatient Clinic	$5,032
Lease	2009	17	Fort Worth, TX	Tarrant County OPC (Ft. Worth CBOC #2)	$11,118
Lease	2010	11	Grand Rapids, MI	Satellite Outpatient Clinic	$4,408
Lease	TBD	6	Greenville, NC	Outpatient Clinic	$4,096
Lease	2008	17	Harlingen, TX	Outpatient Clinic – (Harlingen CBOC)	$1,966
Lease	2011	17	Harlingen, TX	Satellite Outpatient Clinic	$12,000
Lease	2010	8	Jacksonville, FL	Satellite Outpatient Clinic	$3,095
Lease	2008	9	Knoxville, TN	Outpatient Clinic	$2,600
Lease	2010	22	Las Vegas, NV	Satellite Outpatient Clinic	$8,518
Lease	TBD	6	Norfolk, VA	Outpatient Clinic	$3,500
Lease	TBD	21	Oakland, CA	Outpatient Clinic	$4,380
Lease	2009	10	Parma, OH	Satellite Outpatient Clinic	$5,032
Lease	TBD	22	San Diego, CA	South County Outpatient Clinic	$2,625
Lease	2009	22	San Diego, CA	North County Outpatient Clinic	$3,203
Lease	2009	8	Summerfield, FL	Marion County Outpatient Clinic	$3,609
Lease	2009	11	Toledo, OH	Outpatient Clinic – (CBOC)	$4,140
Lease	TBD	17	Tyler, TX	Satellite Outpatient Clinic	$5,093
Lease	2009	6	Wilmington, NC	Outpatient Clinic	$4,102

[1]Fiscal year project was or will be activated

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 CARES 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 provides the listing of projects used to develop the FY 2009 budget request. The first seven projects listed are partially funded projects from previous years. The following 30 projects are the newly scored projects submitted in the FY 2009 planning cycle, with the top three requesting design funding in FY 2009.

In the FY 2009 Capital Projects column five of the seven partially funded projects from previous years are chosen for the budget request. The funding requests for Pittsburgh, PA and Los Angeles, CA are deferred due to pending decisions about those sites.

Table 4-10: Development of the FY 2009 Capital Projects

Project Location and Title	Priority #	Total Estimated Cost ($000)	Funding to Date ($000)	FY 2009 Capital Projects ($000)
Partially Funded Projects from Prior Years				
Pittsburgh PA	FY04-03	291,500	233,300	0
Denver CO	FY04-10	769,200	188,300	20,000
Orlando FL	FY04-12	646,200	74,100	120,000
San Juan PR	FY05-20	225,900	69,880	64,400
Los Angeles CA	FY05-25	189,000	7,936	0
Lee County FL	FY05-26	131,800	20,388	111,412
St Louis MO	FY07-07	134,500	7,000	5,000
FY 2009 Scored Projects				
Bay Pines, FL	1	174,300	0	17,430
Tampa, FL	2	223,800	0	21,120
Palo Alto, CA	3	450,300	0	38,290
Seattle, WA	4	43,000	0	0
Seattle, WA (second project)	5	178,700	0	0
Dallas, TX	6	89,000	0	0
Louisville, KY	7	767,400	0	0
Roseburg, OR	8	72,300	0	0
Los Angeles, CA	9	155,000	0	0
Bronx, NY	10	81,794	0	0
Butler, PA	11	44,200	0	0
American Lake, WA	12	52,600	0	0
Dallas, TX (second project)	13	156,400	0	0
Walla Walla, WA	14	94,644	0	0
San Francisco, CA	15	128,311	0	0
Wichita, KS	16	74,500	0	0
Fayetteville, NC	17	45,000	0	0
Salisbury, NC	18	75,878	0	0
Columbia, SC	19	52,000	0	0
Birmingham, AL	20	32,300	0	0
Perry Point, MD	21	51,000	0	0
Washington DC	22	171,794	0	0
Loma Linda, CA	23	130,000	0	0
Omaha, NE	24	156,335	0	0
West Haven, CT	25	115,803	0	0
St. Albans, NY	26	354,000	0	0
Montgomery, AL	27	43,780	0	0
Asheville, NC	28	36,365	0	0
Alameda, CA	29	56,000	0	0
Beckley, WV	30	29,406	0	0
Total VHA Major Construction - Capital Projects				**$397,652**

FY 2009 Top-Twenty Major Medical Facility Projects

In accordance with section 8107 title 38, below are the top-twenty medical facility projects that were considered for the FY 2009 budget. These projects were selected based on the CARES capital criteria.

Table 4-11: FY 2009 Top-Twenty Major Medical Facility Projects

#	VISN	Location		Project Title – Brief Description	Priority Score	Estimated Cost ($000)	Annual Cost ($000)	Category
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.								
1	4	Pittsburgh	PA	Consolidation of Campuses	.4532	$295,600	$5,800	General
2	19	Denver	CO	Replacement Medical Center Facility	.3424	$769,200	$248,400	General
3	8	Orlando	FL	New Medical Center Facility	.3314	$656,500	$194,300	General
4	8	San Juan	PR	Seismic Corrections-Bldg 1	.2888	$225,900	$424,900	Seismic
5	8	Lee County	FL	Outpatient Clinic	.2429	$131,800	$31,500	General
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.								
6	15	St. Louis	MO	Medical Center Improvements/Cemetery Expansion	.1768	$134,500	$4,400	General
The projects listed below are additional projects considered for the FY 2009 planning cycle. The priority scores are from the FY 2009 project scoring session.								
7	8	Bay Pines	FL	Inpatient/Outpatient Improvements	.6620	$174,300	$17,300	General
8	8	Tampa	FL	Polytrauma Expansion/Bed Tower	.6095	$223,800	$7,700	General
9	21	Palo Alto	CA	Ambulatory Care Seismic	.5508	$450,300	$71,300	Seismic
10	20	Seattle	WA	Seismic NHCU Bldg 100	.5477	$37,900	TBD	Seismic
11	20	Seattle	WA	Mental Health Service Bldg 101	.5142	$178,700	TBD	General
12	17	Dallas	TX	Spinal Cord Injury Center	.5032	$57,400	TBD	General
13	9	Louisville	KY	New Medical Facility – Land	.4825	$532,100	TBD	General
14	20	Roseburg	OR	Mental Health Bldg 2 Seismic	.4665	$72,300	TBD	Seismic
15	22	Los Angeles	CA	Seismic Corrections of 13 Buildings	.4602	$155,000	TBD	Seismic
16	3	Bronx	NY	Spinal Cord Injury	.4576	$81,794	TBD	General
17	4	Butler	PA	Outpatient Clinic	.4429	$44,200	TBD	General
18	20	American Lake	WA	Seismic Corrections Bldg 81	.4373	$49,200	TBD	Seismic
19	17	Dallas	TX	Clinical Expansion for Mental Health	.4346	$156,400	TBD	General
20	20	Walla Walla	WA	Multi-Specialty Clinic	.4272	$94,644	TBD	General

Table 4-12: Seismic/Safety Projects in Priority Order

Location		Project Title – Brief Description	Priority Score
Palo Alto	CA	Ambulatory Care Seismic	.5508
Seattle	WA	Seismic NHCU Bldg 100	.5477
Roseburg	OR	Mental Health Bldg 2 Seismic	.4665
Los Angeles	CA	Seismic Corrections of 13 Buildings	.4602
American Lake	WA	Seismic Corrections Bldg 81	.4373
San Juan	PR	Seismic Corrections of Bldg 1	.2888

Table 4-13: General Category Projects in Priority Order

Location		Project Title – Brief Description	Priority Score
Bay Pines	FL	Inpatient/Outpatient Improvements	.6620
Tampa	FL	Polytrauma Expansion/Bed Tower	.6095
Seattle	WA	Mental Health Service Bldg 101	.5142
Dallas	TX	Spinal Cord Injury Center	.5032
Louisville	KY	New Medical Facility – Land	.4825
Bronx	NY	Spinal Cord Injury	.4576
Butler	PA	Outpatient Clinic	.4429
Pittsburgh	PA	Consolidation of Campuses	.4532
Dallas	TX	Clinical Expansion for Mental Health	.4346
Walla Walla	WA	Multi-Specialty Clinic	.4272
Denver	CO	Replacement Medical Center Facility	.3424
Orlando	FL	New Medical Center Facility	.3314
Lee County	FL	Outpatient Clinic	.2429
St. Louis	MO	Medical Center Improvements/Cemetery Expansion	.1768

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Chapter 5
Veterans Benefits Administration

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 which 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 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 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 to using an automated tracking system. Currently, information 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 2008 and 2009 VBA Summary Project Information

Table 5-1: FY 2008 and 2009 VBA Summary Project Information

FY	Area	Location		Project Title – Brief Description	Priority #	Budget Request ($000)
2008	All	Nationwide		Supplemental Hiring Initiative-New Leases	1	$4,650
2008	Central	New Orleans	LA	New lease	2	$1,400
2008	Southern	Columbia	SC	New lease	3	$1,600
2009	Eastern	Newark	NJ	New lease	4	$1,956
2009	Central	San Antonio	TX	New lease	5	$392
2009	Central	Lincoln	NE	New lease	6	$1,093
2009	Central	Houston	TX	New lease	7	$448
					Total	**$11,539**

FY 2008 and 2009 VBA Detailed Major Leases Project Information

FY 2008 Projects

Project Locations	**Salt Lake City, UT; San Diego, CA; Milwaukee, WI; St. Paul, MN; Auburn, WA; Winston-Salem, NC**
Planned Project Name	**Supplemental Hiring Initiative**
Fiscal Year	2008
BA Received ($000)	$4,650 rent
Total Acquisition Cost ($000)	$39,900 ($16,650 -Tenant Improvements & $23,250-Activation Costs)
Asset Type	Lease

Project Description

The Veterans Benefits Administration (VBA) has been given the authority to hire 3,100 Full-Time Employees (FTE) by the end of FY 2008 to address the claims inventory, improve claims processing timeliness and customer service to veterans. VBA has also specifically instituted priority processing of Global War on Terrorism (GWOT) claims due to significant numbers of returning GWOT 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.

As of October 2007, VBA offices have been given the authority to hire 1,558 FTE and authorization for another 1,542 FTE will be given during the remainder of FY 2008.

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 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)
Salt Lake City	UT	56,000	$1,700
San Diego	CA	25,000	$1,100
Auburn	WA	36,000	$550
St. Paul	MN	18,000	$450
Milwaukee	WI	18,000	$450
Winston-Salem	NC	13,500	$400

The project fulfills the following goals: strategic management of human capital, increased productivity, and ability to recruit and retain qualified staff.

Project Location	**New Orleans, LA**
Planned Project Name	**VARO New Orleans New GSA Lease**
Fiscal Year	2008
BA Received ($000)	$1,400
Total Acquisition Cost ($000)	$800 (Tenant Improvements)
Asset Type	GSA Lease

Project Description

The VARO New Orleans new GSA lease requires $1,400,000 in FY 2008 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 $800,000 will be paid with FY 2008 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.

Project Location	Columbia, SC
Planned Project Name	VARO Columbia New VA Lease
Fiscal Year	2008
BA Received ($000)	$1,600
Total Acquisition Cost ($000)	TI $1,500, Activation $3,313, IT $1,315 TOTAL: $6,128
Asset Type	VA Lease

Project Description
The VARO Columbia new VA Lease requires $1.6 M in FY 2008 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 FY 2008 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 2009 Projects

Project Location	Newark, NJ
Planned Project Name	VARO Newark New GSA Lease
Fiscal Year	2009
BA Requested ($000)	$1,956
Total Acquisition Cost ($000)	$6,356
Asset Type	GSA Lease

Project Description
The VARO Newark GSA Lease requires $1,956,000 in FY 2009 budget authority to acquire a new GSA lease of 44,000 rentable square feet of space for the continuing requirements of the VARO. VA plans for a 15-year lease, with a 5-year option. All tenant improvements will be paid with FY 2009 minor construction funds. Total build out and activation costs are estimated at $6,356,000. 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 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.

Project Location	San Antonio, TX
Planned Project Name	New Lease
Fiscal Year	2009
BA Requested ($000)	$392
Total Acquisition Cost ($000)	$1,962
Asset Type	GSA Lease

Project Description
The VBA outbased office is located in a VA Direct Lease at the North Federal Frank Tejeda Clinic. The VBA occupies approximately 15,680 square feet. The goal is relocate the VBA due to the expanding requirements of the VHA. VA plans for a 15-year lease, with a 5-year option. All tenant improvements will be paid with FY 2009 minor construction funds. Total build out and activation costs are estimated at $1,962,000. The project fulfills the following goals: strategic management of human capital – employee satisfaction, increased productivity, and ability to recruit and retain qualified staff. The funding profile is based on a 15-year lease term. The new GSA lease requires $392,000 in FY 2009 budget authority for lease costs.

Project Location	Lincoln, NE
Planned Project Name	New Lease
Fiscal Year	2009
BA Requested ($000)	$1,093
Total Acquisition Cost ($000)	$6,357
Asset Type	GSA Lease

Project Description
The Lincoln VARO is located in a GSA leased building at 5631 South 48th Street, Lincoln, NE. The VBA occupies approximately 56,000 usable sq ft. The building is not conducive for current business processes. The goal of a new GSA lease is to provide the Lincoln VARO with a more efficient and functional interior design that will enable the facility to provide optimal customer service through improved business processes and environmental efficiency. All tenant improvements, estimated at $6,357,000, will be paid with FY 2009 minor construction funds. The VARO Lincoln's new GSA lease requires $1,093,900 in FY 2009 budget authority for lease costs.

Project Location	Houston, TX
Planned Project Name	Files Storage Facility
Fiscal Year	2009
BA Requested ($000)	$448
Total Acquisition Cost ($000)	$1,678
Asset Type	GSA Lease

Project Description
The Houston Records Storage Facility is located in a VA Direct Leased building at 10001 Fannin, Houston, TX. The VBA occupies approximately 27,318 Square feet. The building lease expires on August 31, 2008. This lease will have to be converted into a GSA lease according to the new leasing regulations. All tenant improvement will be paid with FY2009 minor construction funds. Total build out and activation costs are estimated at $1,678,000. The project fulfills the following goals: strategic management of human capital – employee satisfaction, increased productivity, and ability to recruit and retain qualified staff. The funding profile is based on a 15-year lease term. The new GSA lease requires $448,000 in FY 2009 budget authority for lease costs.

FY 2008 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 5-2: FY 2008 Prioritized VBA Minor Construction Projects

Area	Location		Project Title – Brief Description	Priority #	Total Estimated Cost ($000)	FRPC Tier 1 Measures[1]
All	Nationwide		Supplemental Hiring Initiative	1	$12,000	MD
Central	New Orleans	LA	Tenant improvements	2	$800	MD, U
Western	Boise	ID	New VARO	3	$7,358	MD, U
Western	Manila	PI	State Department - CSCC	4	$2,409	MD, U
All	VA owned		Facility Condition Assessment Recommendations	5	$5,435	MD, U, OC
Eastern	New York	NY	VARO realignment	6	$2,024	MD, U
VBA-Wide	All Station		Projects Under $100K	N/A	$1,354	MD, U, OC
				Total	**$31,380**	

[1]Federal Real Property Council Tier 1 Measure the project addresses
FRPC Key:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

FY 2009 – 2013 Potential VBA Minor Construction Projects

Potential minor construction projects for FY 2009 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.

Table 5-3: FY 2009 – 2013 Potential VBA Minor Construction Projects

Area	Location		Project Title – Brief Description
Eastern	Cleveland	OH	Realignment and modernization
Eastern	Indianapolis	IN	Realignment and modernization
Eastern	Providence	RI	Relocation
Southern	Orlando	FL	VAO relocation with VHA
Central	St. Louis	MO	Records Management Center - NARA compliance
Western	Las Vegas	NV	Realignment and modernization
Western	Manila	PI	U.S. Embassy
Western	Albuquerque	NM	Realignment and modernization

Table 5-4: FY 2008 – 2013 VBA Minor Construction Funding Obligations

[Department of State requires VBA to contribute to their Capital Security Cost Sharing (CSCS) Program]

Year	Area	Location		Project Title – Brief Description	Estimated Cost ($000)
2008	Western	Manila	PI	U.S. Embassy (State Department CSCC)	$2,409
2009	Western	Manila	PI	U.S. Embassy (State Department CSCC)	$2,786
2010	Western	Manila	PI	U.S. Embassy (State Department CSCC)	$2,786
				Total	**$7,981**

Table 5-5: VBA Portfolio Inventory of Current Projects

(Funded but not activated or in use)

Project Type	FY[1]	Area	Location		Project Title – Brief Description	Total Estimated Cost ($000)
Minor	2008	Central	New Orleans	LA	Relocation	$800
Minor	2008	Western	Boise	ID	New VARO	$7,358
Minor	2010	Western	Manila	PI	U.S. Embassy	$2,786
					Subtotal Minor Construction:	**$10,944**
Lease	2008	Western	Salt Lake City	UT	New GSA Lease, 56,000 rentable sf	$1,700
Lease	2008	Western	San Diego	CA	New GSA Lease, 25,000 rentable sf	$1,100
Lease	2008	Western	Auburn	WA	New Lease, 36,000 rentable sf	$550
Lease	2008	Central	St. Paul	MN	New GSA Lease, 18,000 rentable sf	$450
Lease	2008	Central	Milwaukee	WI	New GSA Lease, 18,000 rentable sf	$450
Lease	2008	Southern	Winston-Salem	NC	New GSA Lease, 13,500 rentable sf	$400
					Subtotal Leases:	**$ 4,650**
					Total:	**$15,594**

[1] Fiscal year project was or will be activated.

Table 5-6: Congressional Notification for Leases

FY 2009 Major Leases Requiring Notification							
Year	VISN/AREA	Location		Project Title - Brief Description	Type	Est. Cost ($000)	Estimated Annual Rental Cost ($000)
2008	Central	Milwaukee	WI	GSA Lease (VBA)	New	$2,250	$450
2008	Central	St. Paul	MN	GSA Lease (VBA)	New	$2,250	$450
2008	Southern	Winston-Salem	NC	GSA Lease (VBA)	New	$1,750	$400
2008	Western	Auburn	WA	GSA Lease (VBA)	New	$4,150	$550
2008	Western	Salt Lake City	UT	GSA Lease (VBA)	New	$7,300	$1,700
2008	Western	San Diego	CA	GSA Lease (VBA)	New	$4,200	$1,700
2009	Central	Houston	TX	GSA Lease (VBA)	New	$1,678	$448
2009	Central	Lincoln	NE	GSA Lease (VBA)	New	$6,357	$1,093
2009	Central	San Antonio	TX	GSA Lease (VBA)	New	$1,962	$392
2009	Eastern	Newark	NJ	GSA Lease (VBA)	New	$6,356	$1,956

Chapter 6
National Cemetery Administration

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 686,000 in 2007, and with the opening of new national cemeteries, annual interments will increase from 100,000 in 2007 to an estimated peak of 111,000 in 2009 and then begin to decline gradually. Interments in 2013 are expected to be about 109,000, a 9 percent increase from 2007. The total number of graves maintained is also expected to increase during the planning time frame from 2.8 million in 2007 to over 3.3 million in 2013.

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 2008 and 2009 NCA Major Construction Summary Project Information

Table 6-1: FY 2008 NCA Major Construction Summary

FY	MSN	Location		Project Title – Brief Description	Priority #	Current Estimate ($000)
2008	2	Columbia	SC	Columbia/Greenville, SC Area - Phase 1 Development	1	$19,200
2008	2	Sarasota County	FL	Sarasota, FL Area - Phase 1 Development	2	$27,800
2008	2	Jacksonville	FL	Jacksonville, FL Area - Phase 1 Development	3	$22,400
2008	1	Southeastern Pennsylvania	PA	Southeastern Pennsylvania - Phase 1 Development	4	$29,600
2008	2	Birmingham	AL	Birmingham, AL Area - Phase 1 Development	5	$18,500
2008	3	San Antonio	TX	Fort Sam Houston, TX - Gravesite Development	6	$29,400
2008	5	Bakersfield	CA	Bakersfield, CA Area - Phase 1 Development	7	$19,500
		Various		Line Items		$1,000
				Total FY 2008		**$167,400**

Table 6-2: FY 2009 NCA Major Construction Summary

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
				Total FY 2009		**$105,000**

FY 2008 and 2009 NCA Detailed Major Construction Project Information

FY 2008

Project Location	Bakersfield-area, CA
Planned Project Name	Development of New Cemetery
Fiscal Year	FY 2008
BA Received ($000)	$19,500
Total Acquisition Cost ($000)	$19,500
Asset Type	Major Construction
Status	Design contract award in 2007

Project Description
This project provides for the establishment and development of a new national cemetery in the Bakersfield, California-area as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project received $19.5M in FY 2008 budget authority, with additional non-construction cost of $1.68M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 4,800 gravesites for casketed interments, 3,500 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 50 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, two committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 181,000 veterans in the Bakersfield-area. Development of gravesites and columbaria will ensure that the Bakersfield-area National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.

Project Location	**Birmingham-area, AL**
Planned Project Name	**Development of New Cemetery**
Fiscal Year	FY 2008
BA Received ($000)	$18,500
Total Acquisition Cost ($000)	$18,500
Asset Type	Major Construction
Status	Design contract award in 2007

Project Description

This project provides for the establishment and development of a new national cemetery in the Birmingham, Alabama-area as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project received $18.5M in FY 2008 budget authority, with additional non-construction cost of $1.95M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 6,000 gravesites for casketed interments, 3,100 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 50 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, two committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 212,000 veterans in the Birmingham-area. Development of gravesites and columbaria will ensure that the Birmingham-area National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.

Project Location	**Columbia/Greenville-area, SC**
Planned Project Name	**Development of New Cemetery**
Fiscal Year	FY 2008
BA Received ($000)	$19,200
Total Acquisition Cost ($000)	$19,200
Asset Type	Major Construction
Status	Design contract award in 2007

Project Description

This project provides for the establishment and development of a new national cemetery in the Columbia/Greenville, South Carolina-area as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project received $19.2M in FY 2008 budget authority, with additional non-construction cost of $1.64M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 5,000 gravesites for casketed interments, 2,450 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 50 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, two committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 170,000 veterans in the Columbia/Greenville-area. Development of gravesites and columbaria will ensure that the Columbia/Greenville-area National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.

Project Location	**Jacksonville-area, FL**
Planned Project Name	**Development of New Cemetery**
Fiscal Year	FY 2008
BA Received ($000)	$22,400
Total Acquisition Cost ($000)	$22,400
Asset Type	Major Construction
Status	Design contract award in 2007

Project Description

This project provides for the establishment and development of a new national cemetery in the Jacksonville, Florida-area as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project received $22.4M in FY 2008 budget authority, with additional non-construction cost of $2.535M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 7,500 gravesites for casketed interments, 5,000 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 50 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, two committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 189,000 veterans in the Jacksonville-area. Development of gravesites and columbaria will ensure that the Jacksonville-area National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.

Project Location	Southeastern Pennsylvania
Planned Project Name	Development of New Cemetery
Fiscal Year	FY 2008
BA Received ($000)	$29,600
Total Acquisition Cost ($000)	$29,600
Asset Type	Major Construction
Status	Design contract award in 2007

Project Description

This project provides for the establishment and development of a new national cemetery in Southeastern Pennsylvania as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project received $29.6M in FY 2008 budget authority, with additional non-construction cost of $5.265M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 15,500 gravesites for casketed interments, 10,300 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 60 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, three committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 170,000 veterans in Southeastern Pennsylvania. Development of gravesites and columbaria will ensure that the Southeastern Pennsylvania National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.

Project Location	**Sarasota-area, FL**
Planned Project Name	**Development of New Cemetery**
Fiscal Year	FY 2008
BA Received ($000)	$27,800
Total Acquisition Cost ($000)	$27,800
Asset Type	Major Construction
Status	Design contract award in 2009

Project Description

This project provides for the establishment and development of a new national cemetery in the Sarasota County, Florida-area as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project received $27.8M in FY 2008 budget authority, with additional non-construction cost of $5.928M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 18,200 gravesites for casketed interments, 7,500 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 60 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, two committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 398,000 veterans in the Sarasota County-area. Development of gravesites and columbaria will ensure that the Sarasota County-area National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.

Project Location	**Ft. Sam Houston, TX**
Planned Project Name	**Gravesite Expansion**
Fiscal Year	FY 2008
BA Received ($000)	$29,400
Total Acquisition Cost ($000)	$30,538
Asset Type	Major Construction
Status	Construction document contract awarded 2007

Project Description

This project will provide for the gravesite expansion on 40 acres of the newly acquired 170 acres at the Fort Sam Houston National Cemetery serving the veteran population in southwestern Texas. This project received $29.4M in FY 2008 budget authority, with additional non-construction cost of $6.72M for crypts provided in the Compensation and Pension Appropriation. The expansion will include approximately 19,000 full casket gravesites including 16,000 pre-placed lawn crypts and approximately 4,500 cremains sites, including a columbaria and in-ground sites sufficient to support a 10-year projection of burial needs. Also included in this project will be infrastructure repairs and upgrades to the existing Fort Sam Houston National Cemetery as identified in the Study on Improvements to Veterans Cemeteries. The project will also provide for access roads, new administration building, renovation of old administration building for public restrooms with an electronic gravesite locator, renovation of the maintenance facility, new public assembly area, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping including repairs to existing walls/ fencing and main gate structure, repairs/ improvements to pavements, replacement of informational signage, directories, and section markers, irrigation system in new expansion area, replacement/ relocation of irrigation heads in the existing cemetery, utility distribution system, equipment storage building and wash rack, and environmental compliance and mitigation.

Fort Sam Houston National Cemetery is ranked as NCA's sixth busiest cemetery. NCA's primary strategic goal is to ensure the burial needs of veterans and eligible family members are met. Fort Sam Houston National Cemetery provides service to the approximately 273,000 veterans in the San Antonio area. Gravesites are expected to be depleted by 2009, closing the cemetery to first interments. The project will provide an additional 10 years of burial options. Infrastructure improvements such as the new administration building and renovation of the old administration building will help improve the quality of service. Drainage, fencing, irrigation and landscaping will help improve the appearance of the cemetery.

FY 2009

Project Location	**Calverton, NY**
Planned Project Name	**Calverton National Cemetery Gravesite Expansion and Cemetery Improvements**
Fiscal Year	FY 2009
BA Requested ($000)	$29,000
Total Acquisition Cost ($000)	$30,500
Asset Type	Major Construction
Status	Construction contract award in 2009.

Project Description

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.

Project Location	**Bourne, MA**
Planned Project Name	**Massachusetts National Cemetery Phase 3 Gravesite Expansion and Cemetery Improvements**
Fiscal Year	FY 2009
BA Requested ($000)	$20,500
Total Acquisition Cost ($000)	$20,500
Asset Type	Major Construction
Status	Design development award in 2009

Project Description

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.

Project Location	**Bayamon, PR**
Planned Project Name	**Puerto Rico National Cemetery Gravesite Expansion and Cemetery Improvements**
Fiscal Year	FY 2009
BA Requested ($000)	$33,900
Total Acquisition Cost ($000)	$33,900
Asset Type	Major Construction
Status	Design development award in 2009

Project Description

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.

Table 6-3: FY 2010 – 2013 Potential NCA Major Construction Projects

MSN	Location		Project Title – Brief Description
1	Annville	PA	Indiantown Gap National Cemetery Gravesite Expansion
1	Triangle	VA	Quantico National Cemetery Gravesite Expansion
2	Fort Mitchell	AL	Fort Mitchell National Cemetery Gravesite Expansion
3	Houston	TX	Houston National Cemetery Gravesite Expansion
4	Dayton	OH	Dayton National Cemetery Gravesite Expansion
4	Elwood	IL	Abraham Lincoln 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	Riverside	CA	Riverside National Cemetery Gravesite Expansion

Gravesite Expansion - Cemeteries are projected to deplete available gravesites between FY 2013 - 2018. 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 2008 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 in general, those projects which require immediate action to prevent further deterioration to cemetery assets, are put higher in the queue for repair, renovation, or rehabilitation.

Table 6-4: FY 2008 Prioritized NCA Minor Construction Projects

MSN	Location		Project Title - Brief Description	Priority #	Total Estimated Cost ($M)
4	Abraham Lincoln	IL	Install 6,000 Preplaced Crypts	1	2.60
3	Dallas/Fort Worth	TX	Install 4,000 Preplaced Crypts	2	1.50
5	Fort Rosecrans	CA	Install 4,000 Columbarium Niches	3	2.78
1	Calverton	NY	Install 5,000 Preplaced Crypts	4	3.40
3	Fort Logan	CO	Phase 1 Columbarium	5	4.43
3	Black Hills	SD	Construct 2,000 Columbarium Niches	6	0.96
2	Biloxi	MS	Construct 1,700 Columbarium Niches	7	0.97
3	Fort Gibson	OK	Construct 2,000 Columbarium Niches; 1,000 In-ground cremains	8	0.93
5	Roseburg	OR	Construct 1,000 Columbarium Niches	9	0.64
4	Mound City	IL	Develop 3 Acres with Preplaced Crypts	10	2.05
3	Fort Gibson	OK	Install 3,000 Preplaced Crypts; 1,000 Traditional Full Casket	11	3.92
3	Houston	TX	Construct 3,000 Columbarium Niches	12	3.30
4	Ohio Western Reserve	OH	Install 9,000 Preplaced Crypts	13	4.00
2	Puerto Rico		Gravesite Expansion and Install Crypts	14	3.30
3	Fort Bliss	TX	Construct 1,500 Columbarium Niches	15	1.04
5	NMCP	HI	Construct 3,385 Columbarium Niches - Phase III	16	4.20
4	Abraham Lincoln	IL	Construct 3,500 Columbarium Niches	17	2.45
4	Ohio Western Reserve	OH	Construct 6,000 Columbarium Niches	18	4.20
5	NMCA	AZ	Install 8,100 Preplaced Crypts	19	2.83
1	Indiantown Gap	PA	Construct 3,000 Columbarium Niches	20	1.91
2	Fort Smith	AR	Site Expansion and 2,200 Preplaced Crypts	21	5.00
3	Houston	TX	Install 6,000 Preplaced Crypts	22	5.88
5	Fort Rosecrans	CA	Renovate Employee Restrooms, Employee Lounge	23	0.72
2	Biloxi	MS	Replace Administration Building	24	1.16
3	Fort Gibson	OK	New Maint. Building and Storage Bldg	25	0.86
4	Jefferson City	MO	Renovate Maint Bldg & Public Restrooms	26	0.20
1	Long Island	NY	Replace Roofs Admin Complex, Public RR Renov.	27	0.40
1	West Virginia		Erosion Control Enhancement	28	0.40
5	Roseburg	OR	Site Improv (New Maint/Restrm, Fence, Irrig)	29	0.68
4	Alton	IL	Renovate Entrance Structure	30	0.43
1	Beverly	NJ	Lodge Renovation	31	0.53

MSN	Location		Project Title - Brief Description	Priority #	Total Estimated Cost ($M)
2	Various, MSN 2		Repair Cemeteries Historic Perimeter Walls	32	3.90
1	Cypress Hills Soldier Lot	NY	Drainage Correction at Union Site	33	0.18
1	Bath	NY	Construct Storage Bldg and Yard	34	0.32
3	Fort Logan/ Fort Lyon	CO	Water Rights and Water Delivery System	35	4.40
4	Zachary Taylor	KY	Total Reconstruction/Cemetery Storm Sewer Sys	36	0.44
1	Calverton	NY	Replace Pump Stations	37	1.86
5	San Francisco	CA	Road, Curb & Storm Drainage Repairs	38	0.91
4	Camp Nelson	KY	Enlarge Front Entrance & Road Into Cemetery	39	0.60
3	Fort Bayard	NM	New Maint Bldg, Committal Shelter, Rostrum	40	1.80
1	Quantico	VA	In-Ground Irrigation	41	1.63
4	Keokuk	IA	Roads/Mat Bins/Fence/Water Stations	42	1.25
4	Dayton	OH	Materials Bins, Storage/Yard, Washbay Bldg	43	0.70
4	Quincy	IL	Construct Main Entrance Road, Rip Rap Channel	44	0.25
2	Bay Pines	FL	Alternative Water Source	45	2.00
4	Marion	IN	Equip Bldg, Washbay, Slate Roof, Tuck Point, Roads, Front Entr Impr	46	2.20
				Total	**$90.08**

NCA Non-Recurring Maintenance

NCA is currently developing a non-recurring maintenance (NRM) plan for 2009. This plan initially has budgeted $2 million for NRM projects. The criteria are currently being developed for 2009.

Table 6-5: FY 2009 – 2013 Potential NCA Minor Construction Projects

MSN	Location		Project Title -- Brief Description
1	Baltimore	MD	Remove Stone Sidewalks - Repair w/Stamped Concrete
1	Baltimore	MD	Environmental Equipment Wash Station
1	Baltimore	MD	Construct 3,000-Niche Columbaria
1	Bath	NY	1,500 Pre-Placed Crypts
1	Bath	NY	Resurface Roads - Entire Site - 1.3 miles
1	Bath	NY	Expand Administration Area (400 sf)
1	Bath	NY	Construct Small Public Information Center w/Restroom

MSN	Location		Project Title -- Brief Description
1	Bath	NY	Expand Maintenance Garage
1	Bath	NY	Environmental Equipment Wash Station
1	Beverly	NJ	Lodge Renovation
1	Beverly	NJ	Environmental Equipment Wash Station
1	Beverly	NJ	Repair/Replace Slate Roofs - Both Maintenance Garages
1	Calverton	NY	Environmental Equipment Wash Station
1	Calverton	NY	Renovate & Expand Maintenance Building/3001 & Construct Washbay
1	Calverton	NY	Replace Façade on Administration and Committal Buildings
1	City Point	VA	Restore Entrance and Perimeter Wall
1	Culpeper	VA	Wall Restoration [Historical]
1	Culpeper	VA	Environmental Equipment Wash Station
1	Culpeper	VA	Remove 495' Stone Wall - Replace w/Alum WI Fence
1	Cypress Hills	NY	Drainage Correction at Union Site
1	Cypress Hills	NY	Restore/Replace WI Fence & Main Gates [Historical]
1	Cypress Hills	NY	Remove/Replace All Roads at Cypress Hills & Union Plot
1	Cypress Hills	NY	Irrigate Entire 15.4 Acre Site
1	Hampton	VA	Replace Maintenance Building Roofs (2)
1	Hampton	VA	Install French Drain System (Hampton/Phoebus)
1	Hampton	VA	Remove/Replace Roofs on 2 Maintenance Buildings
1	Hampton	VA	Clean & Tuck-Pt Perimeter Walls (Hampton/Phoebus)
1	Indiantown Gap	PA	Install 3,000-Niches
1	Indiantown Gap	PA	Replace Glass Windows & Doors, B-1 (Admin Bldg)
1	Indiantown Gap	PA	Recoat Roof, Re-caulk Exterior Wall Panels Service Building
1	Indiantown Gap	PA	Install 7,000 Pre-Placed Crypts
1	Indiantown Gap	PA	Administration Building Roof Replacement
1	Indiantown Gap	PA	Environmental Equipment Wash Station
1	Indiantown Gap	PA	Recoat Roof, Re-caulk Exterior Wall Panels Administration Building
1	Indiantown Gap	PA	Convert Administration Entry to Wheelchair Accessible
1	Indiantown Gap	PA	Stone Work on West Side of Administration Building
1	Indiantown Gap	PA	Install Sidewalk in Burial Section 12-C & 12-D
1	Long Island	NY	Provide Irrigation to 1/4 site (91.2 A), Phase 1 of 4
1	Long Island	NY	Provide irrigation to 1/4 site (91.2 A), Phase 2 of 4
1	Long Island	NY	Provide irrigation to 1/4 site (91.2 A), Phase 3 of 4
1	Long Island	NY	Provide irrigation to 1/4 site (91.2 A), Phase 4 of 4
1	Long Island	NY	Environmental Equipment Wash Station
1	Long Island	NY	Correct Drainage- Resurface Employee/Visitor Lots
1	Massachusetts	MA	Renovate Columbaria & Committal Shelters

MSN	Location		Project Title -- Brief Description
1	Massachusetts	MA	Replace/Refurbish Irrigation System, Sections 1-9
1	Massachusetts	MA	Environmental Equipment Wash Station
1	Philadelphia	PA	Repairs to Wall, Rostrum, Wrought Iron Fence
1	Quantico	VA	Service Road Replacement
1	Quantico	VA	Environmental Equipment Wash Station
1	Quantico	VA	Burial Expansion and Operations Modifications
1	Quantico	VA	Replace Roads from Rear Entrance Through Section 25
1	Richmond Complex	VA	Replace Main Flagpole at 6 Cemeteries
1	West Virginia	WV	Erosion Control Enhancement
1	West Virginia	WV	Install 2,000 Pre-Placed Crypts
1	West Virginia	WV	Construct Storage Pole Barn
1	West Virginia	WV	Environmental Equipment Wash Station
1	West Virginia	WV	Install Additional Hose Bibs - New Burial Sections
1	West Virginia	WV	Remove Deteriorate Flagstone, Replace w/Concrete-Committal Shelter
1	Woodlawn	NY	Construct 2,500-Niche Columbaria
1	Woodlawn	NY	Construct Storage Barn
1	Woodlawn	NY	Environmental Equipment Wash Station
2	Alexandria	LA	Replace Water Lines
2	Alexandria	LA	Reconstruct Wall Foundation
2	Barrancas	FL	Landscape Improvements
2	Barrancas	FL	Renovate Service Building
2	Barrancas	FL	Replace Wrought Iron Fence
2	Barrancas	FL	Roads - Resurface and Replace
2	Barrancas	FL	Repair Cemetery Wall
2	Baton Rouge	LA	Replace Trees
2	Baton Rouge	LA	Replace Road
2	Baton Rouge	LA	Flagpole - Replace
2	Baton Rouge	LA	Repair Wall
2	Bay Pines	FL	Renovate Monument & Replace Sidewalks
2	Bay Pines	FL	Improve Entry & General Site
2	Bay Pines	FL	Construct Administration & Maintenance Building
2	Bay Pines	FL	Replace Irrigation System - Old Section of Cemetery
2	Bay Pines	FL	Renovate Irrigation
2	Beaufort	SC	Landscape Improvements
2	Beaufort	SC	Reconstruct Cemetery Wall
2	Beaufort	SC	Install Additional Irrigation
2	Biloxi	MS	Construct 1,700-Niche Columbaria
2	Biloxi	MS	Resurface Roadways
2	Biloxi	MS	Reconstruct Existing Roads; Install Curbing

MSN	Location		Project Title -- Brief Description
2	Biloxi	MS	Construct New Road w/ Cul-de-sac
2	Chattanooga	TN	Renovate/Replace Administration Building HVAC
2	Chattanooga	TN	Construct Covered Soil Storage
2	Chattanooga	TN	Replace Fences
2	Chattanooga	TN	Replace Water Lines & Spigots
2	Chattanooga	TN	Replace Roads
2	Chattanooga	TN	Replace Chain link Fencing
2	Chattanooga	TN	Install Signage System
2	Chattanooga	TN	Install Irrigation
2	Chattanooga	TN	Landscape Improvements
2	Chattanooga	TN	Replace Flagpole
2	Chattanooga	TN	Construct 1,000-Niche Columbaria
2	Chattanooga	TN	Install 5,300 Pre-Placed Crypts
2	Corinth	MS	Replace Irrigation System
2	Corinth	MS	Construct Committal Shelter
2	Corinth	MS	Demolish Lodge
2	Corinth	MS	Demolish Maintenance Building
2	Corinth	MS	Landscape Improvements
2	Corinth	MS	Install Fencing for Maintenance Yard
2	Corinth	MS	Replace Flagpole
2	Corinth	MS	Cemetery - Replace Sidewalk
2	Corinth	MS	Replace Drainage Ditch/Covers/Inlets
2	Corinth	MS	Repair Roadways
2	Corinth	MS	Construct Administration/Maintenance Building
2	Danville	VA	Overall Landscape
2	Danville	VA	Replace Road
2	Fayetteville	AR	Expand Burial Area
2	Fayetteville	AR	Install Drainage System
2	Fayetteville	AR	Landscape Improvements
2	Fayetteville	AR	Replace Flagpole
2	Florence	SC	Landscape Improvements
2	Florence	SC	Renovate Irrigation
2	Florence	SC	Install 4,100 Pre-Placed Crypts
2	Florida	FL	Replace site furnishings
2	Florida	FL	Screen Maintenance Compound
2	Florida	FL	Construct - Restroom
2	Florida	FL	Expand Administration Building
2	Florida	FL	Replace Doors, Committal Shelter
2	Florida	FL	Renovate/Automate Irrigation System
2	Florida	FL	Improve Irrigation System/Pesticide Storage Building & Mix Pad

MSN	Location		Project Title -- Brief Description
2	Florida	FL	Pump House - Add Additional Pump
2	Florida	FL	Install Horizontal Wells in Memorial Area
2	Florida	FL	Replace Ornamental Fence at Entrance
2	Florida	FL	Maintenance Yard - Resurface
2	Florida	FL	Construct Holding Building
2	Florida	FL	Replace Administration Building Roof
2	Florida	FL	Install Video Surveillance System
2	Florida	FL	Construct 10,000-Niche Columbaria
2	Florida	FL	Resurface Roads, Phase I
2	Fort Mitchell	AL	Establish & Irrigate Turf
2	Fort Mitchell	AL	Renovate & Replace Site Furnishings
2	Fort Smith	AR	Site expansion & 2,200 Pre-Placed Crypts
2	Fort Smith	AR	Landscape Improvements/Irrigation Renovation
2	Fort Smith	AR	Gravesite Expansion onto 9.4 Acres of Donated Land
2	Fort Smith	AR	Develop Gravesites & Cemetery Expansion
2	Fort Smith	AR	Expand Break Room and Construct Wash Rack
2	Fort Smith	AR	Replace Irrigation System
2	Fort Smith	AR	Roads - Resurface and Replace
2	Fort Smith	AR	Replace Flagpole and Lights
2	Knoxville	TN	Enhance Visual Separation
2	Knoxville	TN	Improve Landscape
2	Knoxville	TN	Demo Maintenance Building & Construct Public Restroom Building
2	Knoxville	TN	Reconstruct Cemetery Wall
2	Little Rock	AR	Landscape Improvements
2	Little Rock	AR	Renovate Maintenance Building
2	Little Rock	AR	Correct Drainage & Erosion
2	Little Rock	AR	Replace Curbs
2	Little Rock	AR	Correct Drainage & Erosion
2	Marietta	GA	Lodge - Remove Asbestos
2	Marietta	GA	Replace Trees
2	Marietta	GA	Maintenance Building - Renovate, New Restroom Building & Soil Storage
2	Marietta	GA	Replace Roads & Storm Drainage
2	Marietta	GA	Replace Flagpole & Lights
2	Marietta	GA	Demolish Lodge/Construct Restrooms& Committal Shelter
2	Memphis	TN	Renovate Administration Building/Roof & Study Settlement Problem
2	Memphis	TN	Re-roof Maintenance Building
2	Memphis	TN	Renovate Monument (Illinois)
2	Memphis	TN	Replace Drainage Ditch and other drainage corrections

MSN	Location		Project Title -- Brief Description
2	Memphis	TN	Landscape Improvements (including perimeter buffer)
2	Memphis	TN	Replace Privacy Fencing
2	Memphis	TN	Repair/Replace Cemetery Roads & Curbs
2	Memphis	TN	Construct Storage Building & Yard
2	Memphis	TN	Construct Columbaria
2	Mobile	AL	Replace Roads
2	Mobile	AL	Demolish Maintenance Building & Rostrum
2	Mobile	AL	Replace Drainage Ditch
2	Mountain Home	TN	Administration/Maintenance Building - Construct
2	Nashville	TN	Improve Landscape
2	Nashville	TN	Lodge - Demolish
2	Nashville	TN	Repair Rostrum
2	Nashville	TN	Maintenance Building, Replace Roof
2	Nashville	TN	Replace Roof & Gutters, Administration Building
2	Nashville	TN	Administration Building - Renovate Restroom
2	Nashville	TN	Reconstruct Cemetery Wall
2	Nashville	TN	Replace Irrigation & Hydrants
2	Nashville	TN	Renovate Monuments
2	Nashville	TN	Entrance - Renovate
2	Natchez	MS	Slope Stabilization
2	Natchez	MS	Replace Site Furnishings & Section Markers
2	Natchez	MS	Construct Paved Road
2	Natchez	MS	Replace Water Lines
2	Natchez	MS	Replace Drainage Ditch
2	Natchez	MS	Maintain Historic Perimeter Wall
2	Natchez	MS	Install Irrigation
2	Natchez	MS	Construct Paved Road
2	Natchez	MS	Landscape Improvements
2	New Bern	NC	Replace Windows in Lodge
2	New Bern	NC	Roads - Resurface
2	New Bern	NC	Improve Site Furnishings
2	New Bern	NC	Enhance Overall Landscape
2	Port Hudson	LA	Install 4,500 Pre-Placed Crypts
2	Port Hudson	LA	Plant New Trees
2	Port Hudson	LA	Repair Cemetery Wall
2	Port Hudson	LA	Construct Public Information Center w/Restrooms
2	Port Hudson	LA	Maintenance Building Expansion
2	Port Hudson	LA	Construct 1,000-Niche Columbaria
2	Port Hudson	LA	Re-construct entrance road to accommodate 10 parked vehicles
2	Port Hudson	LA	Replace Flagpole

MSN	Location		Project Title -- Brief Description
2	Puerto Rico	PR	Renovate Public Restrooms
2	Puerto Rico	PR	Renovate Restrooms in Administration Building
2	Puerto Rico	PR	Renovate Flagpole/Assembly Area
2	Puerto Rico	PR	Renovate Main Entrance Area
2	Puerto Rico	PR	Install Carillon
2	Puerto Rico	PR	Renovate Flagpole/Assembly Area
2	Puerto Rico	PR	Replace Chain Link Fence With Ornamental Fence
2	Puerto Rico	PR	Renovate Committal Shelters (2)
2	Raleigh	NC	Enhance Landscape
2	Raleigh	NC	Replace Site Furnishings
2	Raleigh	NC	Roads - Replace Curbing
2	Raleigh	NC	Reconstruct Cemetery Wall
2	Raleigh	NC	Demolish Lodge
2	Raleigh	NC	Construct Committal Shelter
2	Saint Augustine	FL	Replace Flagpole
2	Saint Augustine	FL	Replace Road and Walks
2	Saint Augustine	FL	Cemetery - Replace Fence
2	Salisbury	NC	Improve Pedestrian Circulation
2	Salisbury	NC	Lodge, Replace Roof
2	Salisbury	NC	Resurface Roads
2	Salisbury	NC	Correct Drainage
2	Salisbury	NC	Enhance Landscape for Original Phases
2	Wilmington	NC	Replace Site Furnishings
2	Wilmington	NC	Maintenance Building/Restrooms - Demolish
2	Wilmington	NC	Lodge, Replace Roof
2	Wilmington	NC	Demolish Lodge
2	Various MSN 2		Repair Historic Walls, Miscellaneous MSN 2 Cemeteries
2	Various MSN 2		Replace Cemetery Site Furnishings & Signage
3	Black Hills	SD	Construct 2,000-Niche Columbaria
3	Black Hills	SD	Install 4,000 Pre-Placed Crypts
3	Black Hills	SD	Gravesite Expansion & Roads (inc Crypts & Columbaria)
3	Black Hills	SD	Gravesite Development & Roads (inc Crypts & Columbaria)
3	Black Hills	SD	New Equipment & Materials Storage Building
3	Black Hills	SD	Road Repair/Renovation
3	Dayton	OH	Develop 5 Acres, Install 4,163 Pre-Placed Crypts
3	Fort Bayard	NM	New Administration/Maintenance Building, Maintenance, Shelter, Rostrum
3	Fort Bayard	NM	Replace Shelter & Rostrum; Construct New Administration/Maintenance Building; Convert Xeriscape
3	Fort Bliss	TX	Construct 1,500-Niche Columbaria

MSN	Location		Project Title -- Brief Description
3	Fort Bliss	TX	Convert Full Casketed to 5,000 Pre-Placed Crypts
3	Fort Bliss	TX	Install 5,000 Pre-Placed Crypts
3	Fort Gibson	OK	Maintenance Building/Equipment Storage Improvements
3	Fort Gibson	OK	Construct 1,000 in-ground & 2,000-Niches
3	Fort Gibson	OK	Gravesite Expansion & Maintenance Building
3	Fort Gibson	OK	New Maintenance Building & Storage Building
3	Fort Logan	CO	Phase 1 Columbarium
3	Fort Logan	CO	Improvements to Irrigation Ditch System
3	Fort Logan and Fort Lyon	CO	Water Rights & Delivery System
3	Fort Scott	KS	Install Irrigation System in 10 Acre Expansion
3	Houston	TX	Gravesite Development & Administration/Maintenance
3	Houston	TX	Road Maintenance
3	Leavenworth	KS	Road Repair & Administration Parking Expansion
3	Leavenworth	KS	Remodel Public Restroom & Public Information Center
3	Leavenworth and Fort Leavenworth	KS	Irrigation System, Entire Cemetery
3	Santa Fe	NM	Renovate Administration/Maintenance into Admin; Construct New Maintenance Facility
4	Abraham Lincoln	IL	Install 6,000 Crypts in Sections 5/6
4	Abraham Lincoln	IL	Extend Road Exit From Interment Storage Building
4	Abraham Lincoln	IL	Install Irrigation System in Phase 1 Burial Areas
4	Alton	MO	Renovate Entrance
4	Biloxi	MS	Plant Vegetative Screen along Property Line/Keesler AFB
4	Camp Butler	IL	Replace Water lines used for public flower placement & turf
4	Camp Butler	IL	Install Fiber Optic Link
4	Camp Butler	IL	Irrigate entire cemetery (53 acres)
4	Camp Nelson	KY	Renovate Entrance (Enlarge for traffic safety)
4	Camp Nelson	KY	Irrigation System, entire cemetery (30 acres)
4	Camp Nelson	KY	Construct Equipment Storage Building & Material Storage Bins
4	Danville	IL	Construct Administration Building Addition
4	Danville	IL	Asphalt Road for Access to Burial Sections 18-20
4	Danville	IL	Construct Material Storage Shelter
4	Danville	IL	Gravesite Development & Site Improvements
4	Danville	IL	Surface Drainage at Section 23
4	Dayton	OH	Construct Storage & Wash Bay Building
4	Dayton	OH	Construct (2nd) New Committal Shelter
4	Dayton	OH	Renovate Historic Guard Building
4	Dayton	OH	Irrigate entire cemetery (100 acres)

MSN	Location		Project Title -- Brief Description
4	Fort Custer	MI	Committal Shelter, Roads & Entrance
4	Fort Custer	MI	Renovate Honor Guard Building
4	Fort Custer	MI	Enclose Equipment Storage Canopy w/ Metal Walls & Door
4	Fort Custer	MI	Equipment Storage Building
4	Fort Custer	MI	New Well, Pump house & Irrigation
4	Fort Custer	MI	Amphitheater Assembly Area
4	Fort Custer	MI	Memorial Path Overlook Stonewall Enhancement
4	Jefferson Barracks	MO	Administration Building - Replace Ceiling
4	Jefferson Barracks	MO	Renovate Old Maintenance Building/Honor Guard Area
4	Jefferson Barracks	MO	Asphalt Road Repair/Sealing
4	Jefferson Barracks	MO	Burial Expansion onto VAMC Property
4	Johnson's Island	OH	Shore Stabilization
4	Keokuk	IA	Roads/Material Bins/Fence/Water Stations
4	Keokuk	IA	Irrigate Entire Cemetery (13 acres)
4	Keokuk	IA	Road Repairs
4	Lebanon	KY	Irrigate Entire Cemetery (15 acres)
4	Marion	IN	Equip bldg, wash bay, slate roof, tuck point, roads, front entrance improvements
4	Mill Springs	KY	Irrigate Entire Cemetery (6.3 acres)
4	Mound City	IL	Irrigate Entire Cemetery (10 acres)
4	New Albany	IN	Replace Concrete Pavement (curbs & roads)
4	Ohio Western Reserve	OH	Install 9,000 Pre-Placed Crypts
4	Ohio Western Reserve	OH	Irrigation for Phase 1 Burial Areas
4	Quincy	IL	Construct Main Entrance/ Riprap channel
4	Rock Island	IL	Irrigate Older Portions of Cemetery (44 acres)
4	Springfield	MO	Replace Waterlines & Irrigate Cemetery
4	Wood	WI	Irrigate Entire Cemetery (50 acres)
4	Wood	WI	Enhance 4 Entrances To Identify Cemetery
4	Wood	WI	Replace Committal Shelter
4	Zachary Taylor	KY	Total Reconstruction/Cemetery Storm Sewer System
4	Zachary Taylor	KY	Irrigate entire cemetery (16 acres)
5	Eagle Point	OR	Remodel Administration; New Maintenance Facility; Vehicle Wash Station; Fence
5	Eagle Point	OR	Develop Burials west of Riley Road; Roads; Shelter
5	Eagle Point	OR	Columbaria/Pre-Placed Crypts
5	Eagle Point	OR	Repair/Replace Stone Retaining Walls
5	Fort Richardson	AK	Pole Barn & Connex Box Storage
5	Fort Richardson	AK	Demo, Remove & Replace Storage Shed

MSN	Location		Project Title -- Brief Description
5	Fort Richardson	AK	Augment & Renovate Buildings
5	Fort Richardson	AK	Pave (Asphalt) Roadway Surface
5	Fort Rosecrans	CA	Replace Irrigation System
5	Fort Rosecrans	CA	Replace Restroom & Install Equipment Wash Station, Lower Yard
5	Fort Rosecrans	CA	City Waterline Connection
5	Fort Rosecrans	CA	Environmental Equipment Wash Station
5	Fort Rosecrans	CA	Convert Administration into Public Information Center
5	Golden Gate	CA	Renovate Rostrum
5	Golden Gate	CA	Repair Road, Curb & Storm Drainage/ Replace Site Signage
5	Golden Gate	CA	Replace Perimeter Fence
5	Golden Gate	CA	Automatic Gate System
5	Los Angeles	CA	Cloister Memorial Wall Expansion
5	Los Angeles	CA	Renovate Administration Building
5	Los Angeles	CA	Replace Pergola
5	Los Angeles	CA	Replace Roads & Curbs - South Section
5	Los Angeles	CA	Replace Roads & Curbs - North Section
5	Los Angeles	CA	Replace Storage Building
5	Los Angeles	CA	Construct 9,000-Niche Columbaria
5	NMCP	HI	Replace Administration Building
5	NMCP	HI	Improvements to Mechanical Shop & Maintenance, Employee Lounge
5	NMCP	HI	Reinforce Water Tank Retaining Wall
5	NMCP	HI	Construct New Committal Shelter
5	NMCP	HI	Road, Curb & Gutter, and Signage Replacement
5	NMCA	AZ	Improvements to Administration Building
5	NMCA	AZ	Install 8,100 Pre-Placed Crypts, Section 55, 56 & 57
5	NMCA	AZ	Land Acquisition
5	Prescott	AZ	Improve Road; Construct Entrance, Rostrum & Fence
5	Riverside	CA	Sidewalks, Slabs -Demo & Replace
5	Riverside	CA	Install Marker Yard Cover
5	Riverside	CA	Install Committal Shelter Drive
5	Riverside	CA	Parking Lot Storm Drain
5	Riverside	CA	Construct Public Information Center, Admin & MHD Annexes Parking
5	Riverside	CA	Remove 4 Irrigation Ponds, Repair Gunite
5	Roseburg	OR	Construct 1,000-Niche Columbaria
5	Roseburg	OR	Site Improvements (Irrigation, Restroom Maintenance, Fence, Lights, Wash Station)
5	Roseburg	OR	Construct 3,000-Niche Columbaria & Site Improvements

MSN	Location		Project Title -- Brief Description
5	Roseburg	OR	Replace Caretaker's Building
5	San Francisco	CA	Road, Curb & Storm Drainage Repairs
5	San Francisco	CA	Environmental Equipment Wash Station
5	San Francisco	CA	Site Improvements (Renovate Boundary Wall; Install Rostrum Slab)
5	San Joaquin Valley	CA	Install Photovoltaic Panels (Energy)
5	San Joaquin Valley	CA	Various Infrastructure Improvements
5	San Joaquin Valley	CA	Renovate Turf
5	San Joaquin Valley	CA	Improve Parking at Shelters A & B
5	Sitka	AK	200-Niche Columbarium & Site Improvements (Walkway w/Handicap Access, Drainage)
5	Willamette	OR	Install 5,760 Pre-Placed Crypts
5	Willamette	OR	Install Roads, Storage Areas/Sheds, Wash Rack
5	Willamette	OR	Replace/Renovate Maintenance Buildings

Table 6-6: NCA Portfolio Inventory of Current Projects
(Funded but not activated or in use)

Project Type	FY[1]	MSN	Location		Project Title – Brief Description	Total Estimated Cost ($000)
Major	2007	1	Bourne	MA	Massachusetts National Cemetery, Columbaria Expansion and Cemetery Improvements	$9,200
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	$21,340
Major	2007	2	Lake Worth	FL	South Florida-area National Cemetery, Phase I Development	$40,649
Major	2007	3	Denver	CO	Fort Logan National Cemetery, Gravesite Development	$16,100
Major	2007	4	Minneapolis	MN	Fort Snelling National Cemetery, Gravesite Expansion and Cemetery Improvements	$24,654
Major	2008	4	Moline	IL	Rock Island National Cemetery, Gravesite Expansion and Cemetery Improvements	$11,256
Major	2008	5	Portland	WA	Willamette National Cemetery, Columbarium and Cemetery Improvements	$8,345
Major	2008	5	Bakersfield	CA	Bakersfield-area, CA Development of New Cemetery	$19,500
Major	2008	2	Birmingham	AL	Birmingham-area, AL Development of New Cemetery	$18,500
Major	2008	2	Columbia/ Greenville	SC	Columbia/Greenville-area, SC Development of New Cemetery	$19,200
Major	2008	2	Jacksonville	FL	Jacksonville-area, FL Development of New Cemetery	$22,400
Major	2008	1	Southeastern	PA	Southeastern Pennsylvania Development of New Cemetery	$29,600
Major	2008	2	Sarasota	FL	Sarasota-area, FL Development of New Cemetery	$27,800
Major	2008	3	Ft. Sam Houston	TX	Ft. Sam Houston National Cemetery Gravesite Expansion	$30,538
Major	2009	1	Schuylerville	NY	Gerald B.H. Solomon-Saratoga National Cemetery Gravesite Expansion	$8,600
Major	2009	3	Dallas	TX	Dallas/Fort Worth National Cemetery Gravesite Expansion	$14,100
Major	2010	4	Holly	MI	Great Lakes National Cemetery Gravesite Expansion, Phase IB	$18,650
Major	2010	4	Leavenworth	KS	Leavenworth, Kansas, Facility Right Sizing and Gravesite Development	$11,900
Major	2010	5	San Diego	CA	Fort Rosecrans National Cemetery Annex at Miramar	$20,442
					Total Majors	**$384,703**

[1] Fiscal year project was or will be activated.

FY 2008 and 2009 NCA Leases

Table 6-7: FY 2008 and 2009 NCA Leases

FY	MSN	Location		Project Title – Brief Description	Estimated Annual Rental Cost ($000)
2008	2	Nashville	TN	Nashville Memorial Program Service Processing Site	$38
2008	---	Quantico	VA	NCA Business Office	$265
2008	4	St. Louis	MO	NCA Training Center	$125
2008	4	Indianapolis	IN	NCA HR Office	$40
2009	2	Nashville	TN	Nashville Memorial Program Service Processing Site	$39
2009	---	Quantico	VA	NCA Business Office	$265
2009	4	St. Louis	MO	NCA Training Center	$125
2009	4	Indianapolis	IN	NCA HR Office	$40

Table 6-8: FY 2010 – 2013 NCA Potential Leases

MSN	Location		Project Title – Brief Description	Estimated Annual Rental Cost ($000)
2	Nashville	TN	Nashville Memorial Program Service Processing Site	$38
---	Quantico	VA	NCA Business Office	$265
4	St. Louis	MO	NCA Training Center	$125
4	Indianapolis	IN	NCA HR Office	$40

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Chapter 7
Staff Offices

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 table which list, high priority FY 2006 and FY 2007 minor construction projects (less than $7M) and leases and potential minors and leases for FY 2008 – 2011.

OAL = Office of Acquisition and Logistics (formerly Office of Acquisition and Materiel Management (OAMM)
AAC = Austin Automation Center
OI&T = Office of Information and Technology
OGC = Office of the General Counsel
OIG = Office of the Inspector General
OP&P = Office of Policy and Planning
ADMIN = Office of Administration
ORM = Office Resolution Management
OSP = Office of Operations, Security, and Preparedness
DMC = Debt Management Center

FY 2008 Staff Office Major Construction Project

Project Location	**Martinsburg, WV**
Planned Project Name	**Capital Region Data Center**
Fiscal Year	FY 2007
BA Requested	$35,000
Total Acquisition Cost ($000)	$35,000
Asset Type	Major Construction

Project Description:
This program will construct a new VA facility that will contain approximately 53,500 square feet consisting of a 24,000 square foot raised floor computer facility, 21,000 square feet office space for Information Technology contract and VA support staff and 8,500 square feet of office and operational support space for the Office of Emergency Management Combined Continuity of Operations (COOP). The project will consolidate existing data center/computer room and support assets at 12 facilities located in Silver Spring, MD; Washington DC; Kearneysville, WV; and the VAMC Martinsburg, WV into a single state-of-the-art facility, providing world-class support services for Enterprise level applications.

The Capital Region Data Center (CRDC) will mitigate existing material weaknesses cited in OIG report 04-00772-122 dated March 31, 2005 and fulfill congressional legislative requirements for consolidation of critical applications by providing business continuity and continuity of operations as a result of relocating data center/computer room infrastructure and assets more than 65 miles from Washington, DC.

This facility will meet physical, environmental and information security guidelines set forth by the Department of Homeland Security (DHS), National Institute of Building Sciences (NIBS) and requisite VA policies and procedures. Establishing a CRDC will provide for the centralized management and integration of Enterprise level applications in accordance with existing Enterprise Architecture (EA) and VA guidelines.

FY 2008 Staff Office Minor Construction Projects

Table 7-1 FY 2008 Staff Offices Minor Construction Projects

Staff Office	Location		Project Title – Brief Description	Estimated Cost
OAL	Hines	IL	B-37 Roof Replacement – Phase 3	3,000,000
OAL	Hines	IL	Resurface Parking/Roadways Phase 2	1,500,000
OAL	Hines	IL	Replace/Upgrade Transformers – Phase 1	1,000,000
			OAL Subtotal	**5,500,000**
DMC	St. Paul	MN	Miscellaneous Leasehold Improvements	60,000
			DMC Subtotal	**60,000**
OSP	N. Little Rock	AR	Site A Operations Center Renovation	95,000
OSP	N. Little Rock	AR	Law Enforcement Training Center	3,000,000
OSP	N. Little Rock	AR	Site C, Trailer Support Area	300,000
OSP	N. Little Rock	AR	Site C, Senior Management Office	425,000
			OSP Subtotal	**3,820,000**
AAC	Austin	TX	Misc. 999 Renovations	125,000
AAC	Austin	TX	ACU Replacement Prep/Design-Build	125,000
AAC	Austin	TX	3rd Fl Operational Efficiency Mods/ Design Build	40,000
AAC	Austin	TX	Computer Room Environmental Update Phase 1 Design/Build	250,000
AAC	Austin	TX	NIBS Audit Finding for Loading Dock Hardening/Construction	195,000
AAC	Austin	TX	Building Safety Upgrades for East Entrance & Optical Turnstiles/Const	290,000
AAC	Austin	TX	NIBS Audit Finding for Perimeter Gates 11 & 12 Security Upgrade/Design	120,000
AAC	Austin	TX	NIBS Audit Finding for Roof Access Mitigation/Construction	240,000
			AAC Subtotal	**1,385,000**
OI&T	Hines	IL	Loading Dock Emergency Safety Improvements	45,000
OI&T	Hines	IL	Miscellaneous 999 Renovations	105,000
OI&T	Hines	IL	Computer Room Electrical Service Modifications/Design-Build	250,000
OI&T	Hines	IL	UPS Distribution Buss Expansion	22,000
OI&T	Hines	IL	Physical Sec. Improv to Hospitals Kansas Prk Lot/Design Build	100,000
OI&T	Hines Data Center	IL	Lighting Replacement Project/Design	70,000
OI&T	Hines Data Center	IL	Front Lobby Renovation	120,000
OI&T	Hines Data Center	IL	SID Control Office Modifications	135,000
OI&T	Hines Data	IL	LAN/WAN Computer Room Site Survey for Reg VBA	125,000

Staff Office	Location		Project Title – Brief Description	Estimated Cost
	Center		Office	
			OI &T Hines Subtotal	**972,000**
OI&T	Philadelphia	PA	Miscellaneous 999 Renovations	55,000
OI&T	Philadelphia	PA	Replace Diesel Fuel Tank/Design Build	120,000
OI&T	Philadelphia	PA	Upgrade Sonet Ring WAN Cable Plant/Design Build	60,000
OI&T	Philadelphia	PA	Facility Repair Construction Design Build	70,000
			OI&T Philadelphia Subtotal	**305,000**
OI&T	Falling Waters	WV	Data Center Power/UPS Upgrade	350,616
OI&T	Washington	DC	VACO Cable Plant (moved from OSF)	1,200,000
OI&T	Quantico	VA	IT Building Renovation	500,000
			OI&T Subtotal	**2,050,616**
OSP	Miscellaneous		Miscellaneous	75,000
			OSP Subtotal	**75,000**
ADMIN	Washington	DC	VACO BPA's	345,000
ADMIN	Washington	DC	VACO Misc. Renovations	400,000
ADMIN	Washington	DC	1800 G. St. Computer Room redesign	250,000
ADMIN	Washington	DC	1800 G. St. 4th Floor Redesign	100,000
ADMIN	Washington	DC	810 Vermont B. Level Redesign	10,000
ADMIN	Falling Waters	WV	New Training Room	100,000
			ADMIN Subtotal	**1,205,000**
OGC	Houston	TX	Miscellaneous	6,000
OGC	Houston	TX	Miscellaneous	34,000
OGC	Houston	TX	Miscellaneous	10,000
			GC Subtotal	**50,000**
OIG	Washington	DC	TechWorld Forensics Lab	145,000
OIG	Los Vegas	CA	Field Office	175,000
OIG	Northern	VA	OIG Expansion Office	250,000
OIG	Miscellaneous		Misc Field Office Projects	200,000
OIG	Miscellaneous		Misc. TechWorld	35,000
			OIG Subtotal	**805,000**
			Total	**16,227,616**

FY 2009 Potential Staff Office Minor Construction Projects

Table 7-2 FY 2009 Potential Staff Office Minor Construction Projects

Staff Office	Location		Project Title – Brief Description	Estimated Cost
OAL	Hines	IL	New Parking Lot (50 spaces)	1,000,000
OAL	Hines	IL	Upgrade Steam/condensate lines	1,000,000
OAL	Hines	IL	Replace/ Upgrade HVAC units (Phase 2)	2,000,000
OAL	Hines	IL	Replace/Upgrade Transformers (Phase 2)	2,000,000
OAL	Hines	IL	Building 37 Roof Replacement (Phase 4)	1,000,000
			OAL Subtotal	**7,000,000**
DMC	St. Paul	MN	Miscellaneous Leasehold Improvements	10,000
			DMC Subtotal	**10,000**
SIC	North Little Rock	AR	Law Enforcement Training Center Dormitory Bldg Extension	3,000,000
			SIC Subtotal	**3,000,000**
AAC	Austin	TX	Misc. 999 Renovations	135,000
AAC	Austin	TX	ACU Replacement Prep/Design-Build	135,000
AAC	Austin	TX	1st Floor Operational Efficiency Modifications/Design-Build	60,000
AAC	Austin	TX	UPS and Generator #4/ Design	100,000
AAC	Austin	TX	NIBS Audit Finding for Perimeter Gates 11 & 12 Phase 1 Security Upgrades/Constr.	1,200,000
			AAC Subtotal	**1,630,000**
OI&T	Hines	IL	Miscellaneous 999 Renovations	165,000
OI&T	Hines	IL	Replace UPS System/Design-Build	1,900,000
OI&T	Hines	IL	Build Access Road Modifications/Design-Build	300,000
OI&T	Hines	IL	Lighting Replacement Project Phase 1/ Construction	225,000
OI&T	Hines	IL	LAN/WAN/Computer Room Site Surveys for VBA RO	130,000
			OI&T Hines Subtotal	**2,720,000**
OI&T	Philadelphia	PA	Misc. 999 Renovations	22,000
OI&T	Philadelphia	PA	Facility Repair Construction/Design-Build	75,000
			OI&T Philadelphia Subtotal	**97,000**
OSP	Martinsburg	WV	Miscellaneous (mobile unit hook-ups and work space)	380,000
			OSP Subtotal	**380,000**
ORM	Miscellaneous		Miscellaneous	60,000
			ORM Subtotal	**60,000**
ADMIN	Washington	DC	VACO BPA's	375,000
ADMIN	Washington	DC	Lafayette Build Out	4,000,000
			Misc. (projects under $100K to $500K)	500,000
			ADMIN Subtotal	**4,875,000**
OGC	Buffalo	NY	Air Condition Upstairs area	5,000
OGC	Clarksburg	WV	Reconstruction of Office Space	70,000
OGC	Minneapolis	MN	Install Parking Lot Auto Arm; Change Door Lock system; A/C	19,000

Staff Office	Location		Project Title – Brief Description	Estimated Cost
OGC	Roanoke	VA	Renovation	18,000
OGC	Los Angeles	CA	Renovation of two restrooms	10,000
OGC	Miscellaneous			50,000
			OGC Subtotal	**172,000**
OIG	Washington	DC	Climate controls Field Svc Rm	200,000
OIG	Washington	DC	Security upgrades Field Office	171,000
OIG	Atlanta	GA	Renovations Atlanta Reg Of	150,000
OIG	Newark	NJ	Renovations Newark Of	100,000
OIG	Houston	TX	Renovations Houston Of	100,000
OIG	Miscellaneous		TechWorld and Field Mis Projects	100,000
			OIG Subtotal	**821,000**
			Totoal	**20,765,000**

FY 2010-2013 Potential Staff Office Minor Construction Projects

Table 7-3 FY 2010 – 2013 Potential Staff Office Minor Construction Projects

Admin Office	Location		Project Title – Brief Description
OAL	Hines	IL	Replace/Upgrade HVAC units PH2 & 3
OAL	Hines	IL	Building 37 Tuck pointing
OAL	Hines	IL	Equipment Storage Building
OAL	Hines	IL	Upgrade U/G Sewer & Storm drainage
OAL	Hines	IL	Replace Warehouse Electrical Fixtures
OAL	Hines	IL	Upgrade Electrical main & sub panels / Feeders
OAL	Hines	IL	Repl. Exterior doors (incl. dock) & Windows
OAL	Hines	IL	Remodel 5 Restrooms (SDC/Warehouse)
OAL	Hines	IL	B - 37 Architectural Renovation Ph 1 & 2
OAL	Hines	IL	Renovate / Upgrade Security systems
AAC	Austin	TX	Misc. 999 Renovations
AAC	Austin	TX	Computer Room Environmental Update Phase 2/ Design-build
AAC	Austin	TX	NIBS Audit Finding for Perimeter Gates 11 & 12 Ph 2 Security Upgrades/Construction
AAC	Austin	TX	NIBS Audit Finding for Perimeter Gate 9 & Alley Exit Security Upgrades/Design (2 Phases)
AAC	Austin	TX	NIBS Audit Finding for Perimeter Gate 9 & Alley Exit Security Upgrades Phase 2/Construction
AAC	Austin	TX	NIBS Audit Finding for Perimeter Direct Impact Points/Design
AAC	Austin	TX	NIBS Audit Finding for Perimeter Direct Impact Points/Constr.
OI&T	Hines	IL	Misc. 999 Renovations
OI&T	Hines	IL	Armed Security Shacks
OI&T	Hines	IL	Electrical Const Ph1 - Related to 08 computer Rm Power, Switchgear, Dist & Mech support System

Admin Office	Location		Project Title – Brief Description
OI&T	Hines	IL	Electrical Const Ph2 - Related to 08 computer Rm Power, Switchgear, Dist & Mech support System
OI&T	Hines	IL	Electrical Const Ph3 - Related to 08 computer Rm Power, Switchgear, Dist & Mech support System
OI&T	Hines	IL	Lighting Replacement Project Ph2
OI&T	Hines	IL	Lighting Replacement Project Ph3
OI&T	Hines	IL	Mail Opening Room Design
OI&T	Hines	IL	Mail Opening Room Design
OI&T	Hines	IL	Mechanical Const Ph1 - Related to 08 Computer Rm power, switchgear, dist & mechanical support & design
OI&T	Hines	IL	Replace Facility Electrical Feeders & Add 3rd Feeder & Add ATS
OI&T	Hines	IL	Resurface Facility Parking Lot
OI&T	Philadelphia	PA	Misc. 999 Renovations
OI&T	Philadelphia	PA	Replace Comp Rm Air-Conditioning System
OI&T	Philadelphia	PA	Replace PDU's
OI&T	Philadelphia	PA	De-install fencing, automatic gates and operators, and provide/install K12- fencing, operators and gates.
OI&T	Philadelphia	PA	Design/Feasibility study to replace 2 ITC Data Cntr UPS Systems
OI&T	Philadelphia	PA	Replace 480 Valve Regulated Lead Acid Batteries used on the ITC Data Center UPS System A Unit.
OI&T	Philadelphia	PA	Replace 480 Valve Regulated Lead Acid Batteries used on the ITC Data Center UPS System B Unit.
ADMIN	Miscellaneous		Miscellaneous
OGC	Atlanta	GA	Reconfiguration of Library
OIG	Cleveland	OH	Renovations
OIG	New York	NY	Renovations
OIG	Bedford	MA	Renovations
OIG	Hines	IL	Renovations
OIG	Columbia	SC	Renovations
OIG	Pittsburg	PA	Renovations
OIG	Houston	TX	Renovations
OIG	Dallas	TX	Renovations
OIG	Los Angeles	CA	Renovations
AAC	Austin	TX	Replace Power Distribution Units; Design-Build
AAC	Austin	TX	Replace Computer Room Air Units; Design-Build
AAC	Austin	TX	Perimeter Gates 11 & 12 Parking Lot Mods; Construction; Phase 1 (NIBS audit finding)
AAC	Austin	TX	Perimeter Gates 11 & 12 Parking Lot Mods; Construction; Phase 2 (NIBS audit finding)
AAC	Austin	TX	Perimeter Gates 9 & West Alley Exit; Construction; Phase 2 (NIBS audit finding)
OI&T	Hines	IL	Upgrade Data center
OI&T	Martinsburg	WV	Cyber Security-COOP
OI&T	Martinsburg	WV	Expand MAN

Admin Office	Location		Project Title – Brief Description
OI&T	Martinsburg	WV	Construct Computer Facility
OI&T	Philadelphia	PA	Upgrade Data Center
OI&T	Southeast		Construct Computer Facility
OI&T	Salt Lake City	UT	Construct Computer Facility
ADMIN	VACO	DC	Electrical, Painting BPA's
OAL	Hines(SDC)	IL	Roof Replacements – phase 4
OAL	Hines(SDC)	IL	Transformer
OAL	Hines(SDC)	IL	Replace Transformer
OAL	Hines(SDC)	IL	Upgrade Life Safety / Security
OIG	Washington	DC	Tech World or New Space
OIG	Los Angeles	CA	Office Space
OIG	Seattle	WA	Office Space
GC	Field Offices		Miscellaneous Projects
ORM	Hines	IL	Renovate Offices

Staff Office Leases

Table 7-4 FY 2008 and 2009 Staff Office Leases

Fiscal Year	Admin Office	Location		Project Title – Brief Description	Estimated Annual Rental Cost ($000)
2008	OI&T	Vancouver		Field Business Operations	150
2008	OI&T	Indianapolis	IN	Regional Data Processing Center	200
2008	OI&T	Raleigh-Durham	NC	Regional Data Processing Center	200
2008	OI&T	Albany	NY	Engineering Security Testing Center	315
2008	OI&T	Washington	DC	Warehouse for all VACO Campuses	150
2008	OI&T	Birmingham	AL	Additional Space for ITCLO	67
				Total	**1,082**

Table 7-5 FY 2010 – 2013 Potential Staff Office Leases

Fiscal Year	Admin Office	Location		Project Title – Brief Description	Estimated Annual Rental Cost ($000)
2010	OIG	Seattle	WA	Obtain New Space – SE OIG Office	$55
				Total	**$55**

Chapter 8
Conclusion

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.

The 5-Year Capital Plan serves as the blueprint for the implementation of CARES and Non-CARES projects. CARES is an extensive evaluation of the demand for health care at VA facilities. CARES incorporated actuary models to forecast demand for veteran's health care against the gaps in existing infrastructure to meet projected demand as a basis to recommend how to transform VA to meet the future health care needs of veterans. CARES projects will improve the overall quality and environment of care in VA facilities by allocating resources to approved facilities to meet both current and projected demand for health care services. Non-CARES projects are projects not related to the delivery of health care services.

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 5,242 buildings and 32,643 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.

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.

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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Appendix A – Glossary of Terms

Alternatives – Viable options to achieve the same programmatic goals wherever practical and more cost beneficial, including new program design or operational improvements through cross-cutting initiatives or cross-servicing prior to selecting an alternative.

Analytic Hierarchy Process (AHP) – A multi-attribute decision technique that is well established in operations research literature. AHP uses a hierarchical model comprised of a goal, criteria, sub-criteria, and alternative outcomes or conditions for each problem or decision. It is a general method for structuring intricate or ill-defined problems and is built around the three principles of constructing hierarchies; establishing priorities; and logical consistency.

CARES - Capital Asset Realignment for Enhanced Services – The CARES process integrates health care planning and capital asset realignment planning to maximize efficiency, better distribute resources and provide the best quality health care services to veterans. This analysis begins with a network level, system wide determination of the appropriate markets for planning. CARES projects are those capital investments directly related to CARES implementation that must be approved by the Secretary including major, minor and non-recurring maintenance projects.

Cost-Benefit Analysis – A systematic quantitative method of assessing the desirability of government projects or policies when it is important to take a long view of future effects and a broad view of possible side-effects. (OMB Circular A-94)

Disposal Plan – Issues to be addressed at the end of an asset's life cycle including the removal of the asset from service, planning for the transition to a replacement if required, and final removal of the asset from the agency's property inventory in a timely cost-effective manner. Disposal of complex assets or systems may involve a multi-year process requiring significant effort and funding.

Economic Life – The time span over which the firm expects to receive the benefits of an asset.

Energy Savings Performance Contracts (ESPC) – A vehicle for implementing energy and water efficiency projects that allows federal agencies to contract with energy services companies (ESCOs) to implement the projects using ESCO sources of capital and financing. ESCOs guarantee a certain level of dollar savings will be generated from the efficiency improvements. Agencies pay ESCOs the amortized capital costs over a period of years not to exceed 25, on a monthly basis, out of the savings generated, with savings not to exceed costs in any contract year.

Enhanced-Use Leasing – Leasing out underutilized VA property on a long-term basis to non-VA users for uses compatible with VA programs. The Department can obtain facilities, services, and/or money for VA requirements that would otherwise be unavailable or unaffordable.

Federal Real Property Council (FRPC) – The FRPC was established by the Executive Order 13327: Federal Real Property Asset Management. The FRPC develops guidance for and facilitates the implementation of agency asset management plans, establishes appropriate performance measures, and collects specific real property inventory data elements.

Information Technology – Any equipment or interconnected system or subsystems of equipment that are used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information by the executive agency.

Infrastructure Projects – Building systems, additions, new construction, renovation, parking garages, acquisitions and disposal of properties.

Life Cycle Cost – The overall estimated cost for a particular program alternative over the time period corresponding to the life of the program, including direct and indirect initial costs plus any periodic or continuing costs of operation and maintenance. (OMB Circular A-94)

Maintenance and Repair Costs – The total of labor, material, and other related costs incurred in conducting corrective and preventative maintenance and repair on a building, or on its systems and components, or both.

Net Present Value – The difference between the discounted present value of benefits and the discounted present value of costs. (OMB Circular A-94).

Non-CARES – Capital investments, and information technology projects that are not approved through the CARES process.

Operating Cost – The expenses incurred during the normal operation of a building or a building system, IT systems or component, including labor, materials, utilities, and other related costs.

Output – Information, product or procedure that is received, analyzed, and improved upon before submission or completion.

Panel – Refers to the Veterans Affairs Capital Investment Panel (VACIP).

Performance Goals – Descriptions of the milestones for each strategic goal in the strategic plan year. Performance goals also appear in the annual performance plan for the specific year covered by the performance plan as defined levels (targets) that are quantifiable and measurable.

Performance Measures/Standards – An indicator having a numerical target level or other measurable value, this facilitates the future assessment of efficiency, effectiveness, and results. Quantitative outputs/outcomes/results, e.g. timeliness, error and defect rates, complaints, customer satisfaction levels and responsiveness rates (cost per unit of result, service, or output), and receipt, collection and credit obligation rates.

Projected Workload – The estimated future workload that establishes an approved forecast target, which the proposal will satisfy, as the unmet need.

Renovation – The modification of an existing building or facility to include new functions and systems, or accommodate the growth of existing programs and components improving functional adjacencies and technical requirements.

Return on Investment (ROI) – is the percentage return that is received from each dollar invested. A positive ROI indicates that present value savings are greater than present value costs, whereas a negative ROI indicates that present value costs exceed present value savings.

Strategic Management Council (SMC) – The SMC identifies and manages strategic and operational issues and provides a unified approach to problem solving. The SMC, chaired by the Deputy Secretary, makes recommendations for actions and decisions to the VA Executive Board, which is chaired by the Secretary.

Tier 1 Performance Measures – The FRPC established the following Tier 1 performance measures: Facility Utilization Index, Facility Condition Index, Annual Facility Operating Costs, and Mission Dependency

VA Executive Board (VAEB) – The VAEB is chaired by the Secretary and provides him with a forum discussion with his most senior leadership before he makes ultimate decisions for the Department.

Workload – Expected amount of work to be performed in a set amount of time (e.g., number of exams, studies, or users and will be determined by category of investment).

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Appendix B – Capital Decision Criteria

Departmental Alignment
This criterion is comprised of priorities from the President's Management Agenda and Secretary's goals for improved management and performance across the Department (e.g., DoD collaboration, strategic alignment and intra-agency projects).

Service Delivery Enhancements (for CARES/VHA projects only)
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).

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 while enhancing revenue opportunities.

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.

Customer Service (for non-CARES/non-VHA projects only)
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.

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.

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Appendix C – References

VA Web Sites

- VA Capital Investment Process http://vaww.va.gov/oaem or www.va.gov/oaem

- VA Facilites Management http://vaww.va.gov/facmgt or http://www.va.gov/facmgt/

Department-Wide Documents

- VA Capital Investment Methodology Guide http://vaww.va.gov/oaem or call Office of Asset Enterprise Management at (202) 461-6615.

- Department of Veterans Affairs Strategic Plan FY 2006-2011 http://www1.va.gov/op3/

- Department Annual Performance and Accountability Report – FY 2007 http://www.va.gov/budget/Report/default.htm

- Department of Veterans Affairs FY 2005 Asset Management Plan http://vaww.va.gov/oaem/PLANS/FINALAMPsigned.pdf

VHA

- VISN Network Plans, Office of Policy, Planning and Performance (105) http://vaww.va.gov/vhaopp/strathom.htm

OMB Documents

- OMB Circular A-11, Preparation, Submission and Execution of the Budget (7/02/2007) http://www.whitehouse.gov/omb/circulars/a11/current_year/a11_toc.html

- OMB Capital Programming Guide, Supplement to Part 7 of OMB Circular A-11 http://www.whitehouse.gov/omb/circulars/a11/current_year/part7.pdf

- OMB Circular A-76, Performance of Commercial Activities (5/29/2003) http://www.whitehouse.gov/omb/circulars/a076/a76_incl_tech_correction.html

- OMB Memo M-06-08, 2006 Inventories of Commercial and Inherently Governmental Activities (5/3/2007) http://www.whitehouse.gov/omb/memoranda/fy2007/m07-14.pdf

- OMB Circular A-94, Guidelines and Discount Rates for Benefits-Cost Analysis of Federal Programs (10/29/1992) http://www.whitehouse.gov/omb/circulars/a094/a094.html

Other Federal Documents

- President's Management Agenda – http://www.whitehouse.gov/omb/budintegration/pma_index.htm

Appendix D – Capital Investment Decision Models

FY 2009 Non-CARES 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 2009 CARES Capital Investment Decision Criteria – Acquisition Model

FY 2008 VHA Decision Criteria – Minor Projects Model

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Appendix E – FY 2008 Prioritized VHA Minor Construction Projects (Sorted by VISN)

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
56	1	Boston	MA	Eye Clinic Renovation	4,762	CI
110	1	Boston	MA	Replacement Research Buildings	6,821	CI
156	1	Northampton	MA	Renovate NHCU, Bldg 1	6,041	CI
31	1	Providence	RI	Operating Room Replacement	6,912	CI
133	1	Providence	RI	Expand Pharmacy/Relocate Admin	6,798	CI
169	1	Providence	RI	MRI Installation	2,115	CI
68	1	Togus	ME	Consolidate MH Services	6,036	U
170	1	Togus	ME	Convert NHCU Ward to Hospice	3,535	CI
112	1	West Haven	CT	ICU Step Down Expansion	6,689	CI
53	1	White River Junction	VT	Imaging Center Replacement	6,908	CI
				Total VISN 1	**56,617**	
57	2	Albany	NY	Renovate/Expand Day Treatment Center	3,335	U
64	2	Albany	NY	Correct Dental Clinic Def	2,344	CI
27	2	Buffalo	NY	Update/Consolidate Ambulatory Surgery Unit/ICU	3,872	CI
43	2	Buffalo	NY	Ward 5C Privacy Renovation	4,088	CI
60	2	Buffalo	NY	Ward 9B Privacy Renovation	3,452	CI
29	2	Syracuse	NY	Renovate Inpatient Mental Health Ward	3,633	CI
				Total VISN 2	**20,724**	
105	3	East Orange	NY	SPD/Renovation & Space Upgrade	4,900	CI
13	3	New York	NY	Protect Facility Asset/Flood Protection	4,150	U
42	3	Northport	NY	Renovate Dialysis to Meet Space Reqs	2,600	U
				Total VISN 3	**11,650**	
59	4	Butler	PA	Nursing Home Care Unit Replacement	7,000	U
51	4	Clarksburg	WV	Modernization of Inpatient Wards	3,257	CI
69	4	Erie	PA	Expand Specialty Clinics	3,489	U
146	4	Philadelphia	PA	Renovate Specialty Clinics	6,800	CI
25	4	Pittsburg	PA	Modernization of ICU Beds	6,827	CI
129	4	Pittsburg	PA	Renovate Ground North-Research	4,486	CI
120	4	Wilmington	DE	Expand and Consolidate Spec Proc	5,404	U
				Total VISN 4	**37,263**	
61	5	Baltimore	MD	Perry Point - Renovate Bldg 360 for Warehouse	2,040	CI
137	5	Baltimore	MD	Renovate Bldg 19H	6,066	CI

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
143	5	Loch Raven	MD	Research Building at Loch Raven	5,712	CI
113	5	Martinsburg	WV	ER Safety Accessibility	2,760	U
5	5	Washington	DC	Washington DC Dom Project	6,500	U
124	5	Washington	DC	Renovate SPD	4,987	CI
141	5	Washington	DC	Four Story Modular Building	6,900	U
154	5	Washington	DC	Install New Elevator & Replace Freight Elevator	2,109	CI
				Total VISN 5	**37,074**	
52	6	Asheville	NC	Renovate Patient Ward 4W	3,390	CI
121	6	Durham	NC	Parking Garage	6,900	CI
147	6	Durham	NC	Clinic Expansion	6,230	U
26	6	Hampton	VA	Demolition of Buildings	2,459	CI
1	6	Richmond	VA	Polytrauma Transitional Rehab Center	6,787	U
71	6	Salisbury	NC	Construct Tower, Ph 2	4,269	CI
79	6	Salisbury	NC	Consolidate Surgery B2-4	4,790	CI
				Total VISN 6	**34,825**	
153	7	Atlanta	GA	Expand Large Parking Deck	6,741	CI
80	7	Birmingham	AL	Increase Medicine Beds	6,953	U
144	7	Birmingham	AL	Mental Health Improvements	6,157	CI
86	7	Charleston	SC	Patient Privacy 4BS	4,689	CI
49	7	Columbia	SC	Renovate NHCU, Ph 2	6,903	CI
76	7	Columbia	SC	Relocate ICU to 4E	6,528	CI
70	7	Tuscaloosa	AL	SCI/TBI/NHCU Improvements	6,456	U
				Total VISN 7	**44,427**	
125	8	Bay Pines	FL	Construct Radiation Therapy Unit	3,786	U
128	8	Bay Pines	FL	Ambulatory Surgery Center	5,999	U
130	8	Bay Pines	FL	Eye Treatment Center	4,801	U
104	8	Gainesville	FL	Upgrade Electrical Distribution System	6,985	CI
157	8	Gainesville	FL	Construct Parking Garage	6,995	CI
58	8	Miami	FL	OR Phase 2	6,982	U
63	8	Miami	FL	Renovate ER/Consolidate MH	5,047	CI
82	8	Orlando	FL	Brevard OPC Clinical Addition	6,975	CI
114	8	West Palm Beach	FL	Comprehensive Cancer Center	6,893	U
142	8	West Palm Beach	FL	Renovate Ward 8B for Specialty Care	3,575	U
				Total VISN 8	**58,038**	
30	9	Huntington	WV	Renovate B5 for MH	5,472	CI
83	9	Huntington	WV	Patient Privacy Wards 4 & 5 South	2,440	CI

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
40	9	Lexington	KY	Renovate 3rd Floor for Privacy, IC, Access	6,450	CI
97	9	Lexington	KY	Renovate ER, CDD	2,700	CI
93	9	Louisville	KY	Renovate SICU, 4 South	2,932	CI
28	9	Memphis	TN	VMU & Research Lab Upgrade	6,586	CI
159	9	Memphis	TN	Outpatient Mental Health	5,442	U
37	9	Mountain Home	TN	Patient/Privacy Isolation, B-200	5,021	U
				Total VISN 9	**37,043**	
72	10	Chillicothe	OH	Nursing Home & Rehab Medicine B210	9,608	U
171	10	Chillicothe	OH	Nursing Home Care Unit 210D	6,081	U
84	10	Cincinnati	OH	Relocate NHCU	6,555	U
92	10	Cincinnati	OH	Imaging Center Addition	6,210	U
8	10	Cleveland	OH	Outpatient Care Add, Ph 2	6,700	U
11	10	Cleveland	OH	Pharmacy Expansion (W)	6,400	CI
12	10	Cleveland	OH	Radiology Ph 2-PET/CT	6,555	CI
19	10	Cleveland	OH	Lab and Warehouse Add, Ph 2	6,940	CI
34	10	Cleveland	OH	Parking Garage Expansion	3,275	CI
46	10	Cleveland	OH	Renovate Radiology, Ph 1	6,555	CI
99	10	Cleveland	OH	Research Renovation (W)	4,560	CI
116	10	Dayton	OH	GI/Pharmacy/Prime Care Space	6,840	U
				Total VISN 10	**76,279**	
96	11	Ann Arbor	MI	7th Floor Renovation for Mental Health	4,560	U
165	11	Danville	IL	Renovate Wards	6,318	CI
117	11	Detroit	MI	Renovate B3S for Eye Clinic	3,120	U
48	11	Indianapolis	IN	Renovate and Relocate Inpatient Psych	3,920	CI
148	11	Marion	IN	Clinical Services Expansion	5,020	CI
				Total VISN 11	**22,938**	
35	12	Chicago	IL	Modernize Dental Treatment	4,339	U
45	12	Hines	IL	Relocate 2 OR's, Support and SPD to 2nd, B200	6,809	U
102	12	Hines	IL	Relocate Dental Clinics, B200	4,024	U
14	12	Madison	WI	Renovate 3rd Floor, NHCU	6,800	CI
47	12	Madison	WI	Renovate Surgical Suites, 7A & 8A	6,600	CI
164	12	Milwaukee	WI	Renovate OR-PACU	5,652	CI
95	12	Tomah	WI	Renovate 2nd Floor B-408 for 26 Psych Beds	4,425	CI
				Total VISN 12	**38,649**	
75	15	Columbia	MO	Relocate Imaging Suite	6,169	CI
55	15	Kansas City	MO	Renovate 7E for Dialysis	3,388	CI

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
108	15	Kansas City	MO	Renovate Inpatient Surgery	5,976	CI
100	15	Leavenworth	KS	ICU Renovation	3,200	U
155	15	Marion	IL	Marion Behavioral Health Bldg	6,550	U
145	15	St. Louis	MO	Remodel Clinics (JC)	2,937	U
135	15	St. Louis - JC	MO	Expand Open Heart/Cardiology	3,668	CI
				Total VISN 15	**31,888**	
73	16	Fayetteville	AR	Renovate Former Army Reserve Center	6,650	U
149	16	Fayetteville	AR	Expand Psych/MH	4,830	U
98	16	Houston	TX	Consolidate Diagnostic Services	5,800	U
168	16	Jackson	MS	Renovate 3K for Mental Health	4,092	U
103	16	Little Rock	AR	Relocate PC to NLR Expand Specialty	4,362	U
106	16	Little Rock	AR	Increase Psychiatry Capacity	3,814	U
122	16	Little Rock	AR	Expand Critical Care Bed Capacity	4,868	U
139	16	Shreveport	LA	Outpatient Mental Health Improvements	5,777	U
152	16	Shreveport	LA	Expand Eye Clinic & Specialty Care	4,610	U
				Total VISN 16	**44,803**	
111	17	Dallas	TX	Relocate Mental Health Nursing Unit	6,984	CI
33	17	San Antonio	TX	New SICU Suite	5,975	U
81	17	San Antonio	TX	Transitional Housing for New Polytrauma Center	9,990	U
119	17	San Antonio	TX	Accommodate Research II	5,206	CI
132	17	San Antonio	TX	Renovate Medical Bed Units 4A and 4B	6,000	CI
134	17	San Antonio	TX	Specialty Care Expansion III	6,173	CI
87	17	Waco	TX	Mental Health Center of Excellence	9,800	CI
88	17	Waco	TX	Blind Rehab Center	9,800	CI
89	17	Waco	TX	Intermediate and long-term psych	9,800	CI
90	17	Waco	TX	Long term care and pool	9,800	CI
91	17	Waco	TX	Infrastructure Improvements	9,800	CI
				Total VISN 17	**89,328**	
17	18	Albuquerque	NM	Acute Geriatric Psychiatry Unit	3,534	CI
62	18	Albuquerque	NM	Expand GI Suite - Bldg 41	6,958	U
67	18	Amarillo	TX	Mental Health/Spec Care	6,988	U
21	18	Big Spring	TX	Domiciliary	6,318	U
94	18	Phoenix	AZ	Special Care, Mental Health & MRI Expansion	6,733	U
44	18	Prescott	AZ	Realign Patient Services	6,683	CI
18	18	Tucson	AZ	Expand OR Suite	6,931	CI
126	18	Tucson	AZ	Special Procedure Unit and ED/Urgent Care	9,780	U

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
131	18	Tucson	AZ	Clinical Lab Expansion	5,830	CI
				Total VISN 18	**59,755**	
54	19	Cheyenne	WY	Expand Ambulatory Care & Pharmacy	6,620	CI
167	19	Fort Harrison	MT	Expand Ancillary/Diagnostic Care	4,751	U
20	19	Grand Junction	CO	Correct Deficiencies in SPD/ICU	6,620	CI
24	19	Grand Junction	CO	Correct Deficiencies in Surgery/PACU	6,891	CI
50	19	Grand Junction	CO	Seismic Corrections	6,396	CI
118	19	Salt Lake City	UT	Renovate Research Labs	5,605	CI
123	19	Salt Lake City	UT	Expand Outpatient Mental Health	6,990	CI
163	19	Salt Lake City	UT	Remodel Surgical Suites	6,032	CI
41	19	Sheridan	WY	Medical Ward Environmental Correction	5,614	CI
				Total VISN 19	**55,519**	
7	20	American Lake	WA	Renovate B5 Blind Rehab (A)	3,194	CI
174	20	Boise	ID	Transfer of funds to VBA for Joint Research Building	1,652	CI
32	20	Seattle	WA	2 West Ward Renovation (S)	6,490	CI
166	20	Seattle	WA	New ER Bldg	6,710	U
101	20	Spokane	WA	New Spec Care & Pharmacy	5,600	U
115	20	Vancouver	WA	Expand Outpatient Specialty Care	5,800	U
160	20	Vancouver	WA	Seismic Upgrade, Bldg 11	5,537	CI
78	20	Walla Walla	WA	Regional Residential Recovery Unit	6,752	CI
6	20	White City	OR	Replace Dom Bed B221	6,996	CI
107	20	White City	OR	Replace Dom Bldg 218	6,348	U
				Total VISN 20	**55,079**	
16	21	Fresno	CA	MH Outreach & Rehab Bldg	6,997	U
140	21	Fresno	CA	Remodel Emergency Room	4,401	CI
65	21	Honolulu	HI	Joint VA/DoD Ambulatory Surgery/Procedure Center	6,950	CI
173	21	Manila		Transfer of funds to VBA for Manila Embassy Payment	1,221	CI
36	21	Menlo Park	CA	Teleradiology	3,979	U
2	21	Palo Alto	CA	Poly-Trauma OP & Brain Injury	6,976	U
4	21	Palo Alto	CA	Construct Gero-Psych Unit	6,977	U
23	21	Palo Alto	CA	SF Bay Consolidated A&MMS	6,950	CI
158	21	Palo Alto	CA	Seismic Corrections, Bldg 51	6,918	CI
15	21	Reno	NV	Correct OP MH Deficiencies	6,900	CI
150	21	Reno	NV	Rel/Exp Primary Care & MH	3,000	CI
3	21	Sacramento	CA	TBI IP & OP Rehab Center, MTZ	6,600	U
38	21	Sacramento	CA	Seismic Upgrade, Dental at McClellan	2,275	CI

Priority #	VISN	Location		Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
9	21	San Francisco	CA	Seismic demo to Bldg 9, 10, 11 & 13	6,965	CI
22	21	San Francisco	CA	Seismic; Replace Bldg 5/Retrofit Bldg 7	6,996	CI
172	21	San Francisco	CA	Sausalito Annex - Research Center	6,989	CI
				Total VISN 21	**91,094**	
161	22	Loma Linda	CA	Renovate for Primary/Spec Care	3,487	U
162	22	Loma Linda	CA	Remodel 4SW	3,817	CI
10	22	Los Angeles	CA	B500 Medicine Beds, Phase 2	6,915	CI
85	22	Los Angeles	CA	Consolidate Research Phase 1	6,233	CI
136	22	Los Angeles	CA	B 500 Clinical Lab Renovation	6,666	CI
				Total VISN 22	**27,118**	
39	23	Des Moines	IA	CARES Consolidation, Dental	3,481	U
109	23	Des Moines	IA	CARES Consolidation, Kitchen/VCS	4,000	CI
74	23	Iowa City	IA	Const 3rd Research Building	5,858	CI
77	23	Minneapolis	MN	Consolidate MRI Services	3,500	U
127	23	Minneapolis	MN	Upgrade Hem/Oncology	1,983	U
151	23	Sioux Falls	SD	Construct Surgical Suite	6,200	U
66	23	St. Cloud	MN	Expand Specialty Care, B1	5,133	U
138	23	St. Cloud	MN	Expand Primary Care, B1	5,150	U
				Total VISN 23	**35,305**	

[1]Federal Real Property Council Tier 1 Measures that the project addresses:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

Appendix F – FY 2008 Prioritized VHA Minor Construction Projects (Sorted by State)

Priority #	VISN	Location	ST	Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
173	21	Manila		Transfer of funds to VBA for Manila Embassy Payment	1,221	CI
80	7	Birmingham	AL	Increase Medicine Beds	6,953	U
144	7	Birmingham	AL	Mental Health Improvements	6,157	CI
70	7	Tuscaloosa	AL	SCI/TBI/NHCU Improvements	6,456	U
				Total	**19,566**	
73	16	Fayetteville	AR	Renovate Former Army Reserve Center	6,650	U
149	16	Fayetteville	AR	Expand Psych/MH	4,830	U
103	16	Little Rock	AR	Relocate PC to NLR Expand Specialty	4,362	U
106	16	Little Rock	AR	Increase Psychiatry Capacity	3,814	U
122	16	Little Rock	AR	Expand Critical Care Bed Capacity	4,868	U
				Total	**24,524**	
94	18	Phoenix	AZ	Special Care, Mental Health & MRI Exp	6,733	U
44	18	Prescott	AZ	Realign Patient Services	6,683	CI
18	18	Tucson	AZ	Expand OR Suite	6,931	CI
126	18	Tucson	AZ	Special Proc Unit and ED/Urgent Care	9,780	U
131	18	Tucson	AZ	Clinical Lab Expansion	5,830	CI
				Total	**35,957**	
16	21	Fresno	CA	MH Outreach & Rehab Bldg	6,997	U
140	21	Fresno	CA	Remodel Emergency Room	4,401	CI
161	22	Loma Linda	CA	Renovate for Primary/Spec Care	3,487	U
162	22	Loma Linda	CA	Remodel 4SW	3,817	CI
10	22	Los Angeles	CA	B500 Medicine Beds, Phase 2	6,915	CI
85	22	Los Angeles	CA	Consolidate Research Phase 1	6,233	CI
136	22	Los Angeles	CA	B 500 Clinical Lab Renovation	6,666	CI
36	21	Menlo Park	CA	Teleradiology	3,979	U
2	21	Palo Alto	CA	Poly-Trauma OP & Brain Injury	6,976	U
4	21	Palo Alto	CA	Construct Gero-Psych Unit	6,977	U
23	21	Palo Alto	CA	SF Bay Consolidated A&MMS	6,950	CI
158	21	Palo Alto	CA	Seismic Corrections, Bldg 51	6,918	CI
3	21	Sacramento	CA	TBI IP & OP Rehab Center, MTZ	6,600	U
38	21	Sacramento	CA	Seismic Upgrade, Dental at McClellan	2,275	CI
9	21	San Francisco	CA	Seismic demo to Bldg 9, 10, 11 & 13	6,965	CI
22	21	San Francisco	CA	Seismic; Replace Bldg 5/Retrofit Bldg 7	6,996	CI

Priority #	VISN	Location	ST	Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
172	21	San Francisco	CA	Sausalito Annex - Research Center	6,989	CI
				Total	**100,141**	
20	19	Grand Junction	CO	Correct Deficiencies in SPD/ICU	6,620	CI
24	19	Grand Junction	CO	Correct Deficiencies in Surgery/PACU	6,891	CI
50	19	Grand Junction	CO	Seismic Corrections	6,396	CI
				Total	**19,907**	
112	1	West Haven	CT	ICU Step Down Expansion	6,689	CI
5	5	Washington	DC	Washington DC Dom Project	6,500	U
124	5	Washington	DC	Renovate SPD	4,987	CI
141	5	Washington	DC	Four Story Modular Building	6,900	U
154	5	Washington	DC	Install New Elevator & Replace Freight Elevator	2,109	CI
				Total	**20,496**	
120	4	Wilmington	DE	Expand and Consolidate Spec Proc	5,404	U
125	8	Bay Pines	FL	Construct Radiation Therapy Unit	3,786	U
128	8	Bay Pines	FL	Ambulatory Surgery Center	5,999	U
130	8	Bay Pines	FL	Eye Treatment Center	4,801	U
104	8	Gainesville	FL	Upgrade Electrical Distribution System	6,985	CI
157	8	Gainesville	FL	Construct Parking Garage	6,995	CI
58	8	Miami	FL	OR Phase 2	6,982	U
63	8	Miami	FL	Renovate ER/Consolidate MH	5,047	CI
82	8	Orlando	FL	Brevard OPC Clinical Addition	6,975	CI
114	8	West Palm Beach	FL	Comprehensive Cancer Center	6,893	U
142	8	West Palm Beach	FL	Renovate Ward 8B for Specialty Care	3,575	U
				Total	**58,038**	
153	7	Atlanta	GA	Expand Large Parking Deck	6,741	CI
65	21	Honolulu	HI	Joint VA/DoD Ambulatory Surgery/Procedure Center	6,950	CI
39	23	Des Moines	IA	CARES Consolidation, Dental	3,481	U
109	23	Des Moines	IA	CARES Consolidation, Kitchen/VCS	4,000	CI
74	23	Iowa City	IA	Const 3rd Research Building	5,858	CI
				Total	**13,339**	

Priority #	VISN	Location	ST	Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
174	20	Boise	ID	Transfer of funds to VBA for Joint Research Building	1,652	CI
35	12	Chicago	IL	Modernize Dental Treatment	4,339	U
165	11	Danville	IL	Renovate Wards	6,318	CI
45	12	Hines	IL	Relocate 2 OR's, Support and SPD to 2nd, B200	6,809	U
102	12	Hines	IL	Relocate Dental Clinics, B200	4,024	U
155	15	Marion	IL	Marion Behavioral Health Bldg	6,550	U
				Total	**28,040**	
48	11	Indianapolis	IN	Renovate and Relocate Inpatient Psych	3,920	CI
148	11	Marion	IN	Clinical Services Expansion	5,020	CI
				Total	**8,940**	
100	15	Leavenworth	KS	ICU Renovation	3,200	U
40	9	Lexington	KY	Renovate 3rd Floor for Privacy, IC, Access	6,450	CI
97	9	Lexington	KY	Renovate ER, CDD	2,700	CI
93	9	Louisville	KY	Renovate SICU, 4 South	2,932	CI
				Total	**12,082**	
139	16	Shreveport	LA	Outpatient Mental Health Improvements	5,777	U
152	16	Shreveport	LA	Expand Eye Clinic & Specialty Care	4,610	U
				Total	**10,387**	
56	1	Boston	MA	Eye Clinic Renovation	4,762	CI
110	1	Boston	MA	Replacement Research Buildings	6,821	CI
156	1	Northampton	MA	Renovate NHCU, Bldg 1	6,041	CI
				Total	**17,624**	
61	5	Baltimore	MD	Perry Point - Renovate Bldg 360 for Warehouse	2,040	CI
137	5	Baltimore	MD	Renovate Bldg 19H	6,066	CI
143	5	Loch Raven	MD	Research Building at Loch Raven	5,712	CI
				Total	**13,818**	
68	1	Togus	ME	Consolidate MH Services	6,036	U
170	1	Togus	ME	Convert NHCU Ward to Hospice	3,535	CI
				Total	**9,571**	
96	11	Ann Arbor	MI	7th Floor Renovation for Mental Health	4,560	U
117	11	Detroit	MI	Renovate B3S for Eye Clinic	3,120	U
				Total	**7,680**	
77	23	Minneapolis	MN	Consolidate MRI Services	3,500	U

Priority #	VISN	Location	ST	Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
127	23	Minneapolis	MN	Upgrade Hem/Oncology	1,983	U
66	23	St. Cloud	MN	Expand Specialty Care, B1	5,133	U
138	23	St. Cloud	MN	Expand Primary Care, B1	5,150	U
				Total	**15,766**	
75	15	Columbia	MO	Relocate Imaging Suite	6,169	CI
55	15	Kansas City	MO	Renovate 7E for Dialysis	3,388	CI
108	15	Kansas City	MO	Renovate Inpatient Surgery	5,976	CI
145	15	St. Louis	MO	Remodel Clinics (JC)	2,937	U
135	15	St. Louis - JC	MO	Expand Open Heart/Cardiology	3,668	CI
				Total	**22,138**	
168	16	Jackson	MS	Renovate 3K for Mental Health	4,092	U
167	19	Fort Harrison	MT	Expand Ancillary/Diagnostic Care	4,751	U
52	6	Asheville	NC	Renovate Patient Ward 4W	3,390	CI
121	6	Durham	NC	Parking Garage	6,900	CI
147	6	Durham	NC	Clinic Expansion	6,230	U
71	6	Salisbury	NC	Construct Tower, Ph 2	4,269	CI
79	6	Salisbury	NC	Consolidate Surgery B2-4	4,790	CI
				Total	**25,579**	
17	18	Albuquerque	NM	Acute Geriatric Psychiatry Unit	3,534	CI
62	18	Albuquerque	NM	Expand GI Suite - Bldg 41	6,958	U
				Total	**10,492**	
15	21	Reno	NV	Correct OP MH Deficiencies	6,900	CI
150	21	Reno	NV	Rel/Exp Primary Care & MH	3,000	CI
				Total	**9,900**	
57	2	Albany	NY	Renovate/Expand Day Treatment Center	3,335	U
64	2	Albany	NY	Correct Dental Clinic Def	2,344	CI
27	2	Buffalo	NY	Update/Consolidate Ambulatory Surgery Unit/ICU	3,872	CI
43	2	Buffalo	NY	Ward 5C Privacy Renovation	4,088	CI
60	2	Buffalo	NY	Ward 9B Privacy Renovation	3,452	CI
105	3	East Orange	NY	SPD/Renovation & Space Upgrade	4,900	CI
13	3	New York	NY	Protect Facility Asset/Flood Protection	4,150	U
42	3	Northport	NY	Renovate Dialysis to Meet Space Reqs	2,600	U
29	2	Syracuse	NY	Renovate Inpatient Mental Health Ward	3,633	CI
				Total	**32,374**	
72	10	Chillicothe	OH	Nursing Home & Rehab Medicine B210	9,608	U
171	10	Chillicothe	OH	Nursing Home Care Unit 210D	6,081	U

Priority #	VISN	Location	ST	Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
84	10	Cincinnati	OH	Relocate NHCU	6,555	U
92	10	Cincinnati	OH	Imaging Center Addition	6,210	U
8	10	Cleveland	OH	Outpatient Care Add, Ph 2	6,700	U
11	10	Cleveland	OH	Pharmacy Expansion (W)	6,400	CI
12	10	Cleveland	OH	Radiology Ph 2-PET/CT	6,555	CI
19	10	Cleveland	OH	Lab and Warehouse Add, Ph 2	6,940	CI
34	10	Cleveland	OH	Parking Garage Expansion	3,275	CI
46	10	Cleveland	OH	Renovate Radiology, Ph 1	6,555	CI
99	10	Cleveland	OH	Research Renovation (W)	4,560	CI
116	10	Dayton	OH	GI/Pharmacy/Prime Care Space	6,840	U
				Total	**76,279**	
6	20	White City	OR	Replace Dom Bed B221	6,996	CI
107	20	White City	OR	Replace Dom Bldg 218	6,348	U
				Total	**13,344**	
59	4	Butler	PA	Nursing Home Care Unit Replacement	7,000	U
69	4	Erie	PA	Expand Specialty Clinics	3,489	U
146	4	Philadelphia	PA	Renovate Specialty Clinics	6,800	CI
25	4	Pittsburg	PA	Modernization of ICU Beds	6,827	CI
129	4	Pittsburg	PA	Renovate Ground North-Research	4,486	CI
				Total	**28,602**	
31	1	Providence	RI	Operating Room Replacement	6,912	CI
133	1	Providence	RI	Expand Pharmacy/Relocate Admin	6,798	CI
169	1	Providence	RI	MRI Installation	2,115	CI
				Total	**15,825**	
86	7	Charleston	SC	Patient Privacy 4BS	4,689	CI
49	7	Columbia	SC	Renovate NHCU, Ph 2	6,903	CI
76	7	Columbia	SC	Relocate ICU to 4E	6,528	CI
				Total	**18,120**	
151	23	Sioux Falls	SD	Construct Surgical Suite	6,200	U
28	9	Memphis	TN	VMU & Research Lab Upgrade	6,586	CI
159	9	Memphis	TN	Outpatient Mental Health	5,442	U
37	9	Mountain Home	TN	Patient/Privacy Isolation, B-200	5,021	U
				Total	**17,049**	
67	18	Amarillo	TX	Mental Health/Spec Care	6,988	U
21	18	Big Spring	TX	Domiciliary	6,318	U
111	17	Dallas	TX	Relocate Mental Health Nursing Unit	6,984	CI
98	16	Houston	TX	Consolidate Diagnostic Services	5,800	U
33	17	San Antonio	TX	New SICU Suite	5,975	U

Priority #	VISN	Location	ST	Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
81	17	San Antonio	TX	Transitional Housing for New Polytrauma Center	9,990	U
119	17	San Antonio	TX	Accommodate Research II	5,206	CI
132	17	San Antonio	TX	Renovate Medical Bed Units 4A and 4B	6,000	CI
134	17	San Antonio	TX	Specialty Care Expansion III	6,173	CI
87	17	Waco	TX	Mental Health Center of Excellence	9,800	CI
88	17	Waco	TX	Blind Rehab Center	9,800	CI
89	17	Waco	TX	Intermediate and long-term psych	9,800	CI
90	17	Waco	TX	Long term care and pool	9,800	CI
91	17	Waco	TX	Infrastructure Improvements	9,800	CI
				Total	**108,434**	
118	19	Salt Lake City	UT	Renovate Research Labs	5,605	CI
123	19	Salt Lake City	UT	Expand Outpatient Mental Health	6,990	CI
163	19	Salt Lake City	UT	Remodel Surgical Suites	6,032	CI
				Total	**18,627**	
26	6	Hampton	VA	Demolition of Buildings	2,459	CI
1	6	Richmond	VA	Polytrauma Transitional Rehab Center	6,787	U
				Total	**9,246**	
53	1	White River Junction	VT	Imaging Center Replacement	6,908	CI
7	20	American Lake	WA	Renovate B5 Blind Rehab (A)	3,194	CI
32	20	Seattle	WA	2 West Ward Renovation (S)	6,490	CI
166	20	Seattle	WA	New ER Bldg	6,710	U
101	20	Spokane	WA	New Spec Care & Pharmacy	5,600	U
115	20	Vancouver	WA	Expand Outpatient Specialty Care	5,800	U
160	20	Vancouver	WA	Seismic Upgrade, Bldg 11	5,537	CI
78	20	Walla Walla	WA	Regional Residential Recovery Unit	6,752	CI
				Total	**40,083**	
14	12	Madison	WI	Renovate 3rd Floor, NHCU	6,800	CI
47	12	Madison	WI	Renovate Surgical Suites, 7A & 8A	6,600	CI
164	12	Milwaukee	WI	Renovate OR-PACU	5,652	CI
95	12	Tomah	WI	Renovate 2nd Floor B-408 for 26 Psych Beds	4,425	CI
				Total	**23,477**	
51	4	Clarksburg	WV	Modernization of Inpatient Wards	3,257	CI
30	9	Huntington	WV	Renovate B5 for MH	5,472	CI
83	9	Huntington	WV	Patient Privacy Wards 4 & 5 South	2,440	CI
113	5	Martinsburg	WV	ER Safety Accessibility	2,760	U
				Total	13,929	

Priority #	VISN	Location	ST	Project Title/Brief Description	Total Estimate Cost ($000)	FRPC Tier 1 Measures[1]
54	19	Cheyenne	WY	Expand Ambulatory Care & Pharmacy	6,620	CI
41	19	Sheridan	WY	Medical Ward Environmental Correction	5,614	CI
				Total	**12,234**	

[1]Federal Real Property Council Tier 1 Measures that the project addresses:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

Appendix G – CARES Priority Summary

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	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	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

FY 2008 VHA Major Construction Projects in Priority Order

VISN	Location		Project Title – Brief Description	Priority #
8	Tampa	FL	Polytrauma Expansion/Bed Tower	1
20	Seattle	WA	Seismic NHCU Bldg 100	2
8	Bay Pines	FL	Inpatient/Outpatient Improvements	3
9	Louisville	KY	New Medical Facility – Land	4
21	Palo Alto	CA	Ambulatory Care Seismic	5
20	American Lake	WA	Seismic Corrections Bldg 81	6
20	Roseburg	OR	Mental Health Bldg 2 Seismic	7
17	Dallas	TX	Spinal Cord Injury Center	8
3	Bronx	NY	Spinal Cord Injury Center	9
21	San Francisco	CA	Seismic Corrections Buildings 1, 6, 8, and 12	10
22	Los Angeles	CA	Seismic Corrections of 13 Buildings	11
4	Butler	PA	Outpatient Clinic	12
20	Seattle	WA	Mental Health Building 101 Seismic	13
21	Palo Alto	CA	East Bay Outpatient Clinic	14
5	Washington	DC	Outpatient Expansion	15
6	Salisbury	NC	Clinical Addition	16
22	Loma Linda	CA	Outpatient Building	17
15	Wichita	KS	Med/Surg Bed Modernization/Ambulatory Expansion	18
6	Fayetteville	NC	Outpatient Addition	19
15	Columbia	SC	Diagnostics and Specialty Care Clinics Renovation	20
17	Dallas	TX	Clinical Expansion	21
7	Birmingham	AL	Huntsville Outpatient Clinic	22
21	Alameda	CA	Northern Alameda County Outpatient Clinic	23
5	Perry Point	MD	Nursing Home Care Unit	24
1	West Haven	CT	Clinical Ward Tower	25
23	Omaha	NE	HVAC/Clinical Deficiencies	26
6	Asheville	NC	Outpatient Expansion	27

Appendix H – History of CARES Projects Update

Location		Project Description	Total Est. Cost	FY 2004 Actual	FY 2005[1] Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Request	Future	Status
American Lake	WA	Seismic Corrections-NHCU & Dietetics	$38,220	$0	$0	$0	$38,220	$0	$0	$0	CD
Anchorage	AK	Outpatient Clinic/Regional Office	$75,270	$11,760	$0	$63,510	$0	$0	$0	$0	CO
Atlanta	GA	Modernize Patient Wards	$20,534	$0	$20,534	$0	$0	$0	$0	$0	CD
Bay Pines	FL	Inpatient/Outpatient Improvements	$174,300	$0	$0	$0	$0	$0	$17,430	$156,870	P
Biloxi[2]	MS	Restoration of Hospital/Consolidation of Gulfport	$310,000	$0	$0	$310,000	$0	$0	$0	$0	S/DD
Chicago	IL	Bed Tower (Modernize Inpatient Space)	$98,500	$98,500	$0	$0	$0	$0	$0	$0	CO
Cleveland	OH	Cleveland-Brecksville Construction	$102,300	$15,000	$0	$87,300	$0	$0	$0	$0	CO
Columbia	MO	Operating Suite Replacement	$25,830	$0	$0	$0	$25,830	$0	$0	$0	CD
Columbus	OH	Construction of New Outpatient Clinic	$94,800	$94,800	$0	$0	$0	$0	$0	$0	CO
Denver[3]	CO	New Medical Center Facility	$769,200	$30,000	$0	$25,000	$52,000	$61,300	$20,000	$580,900	Land Acq.
Des Moines[4]	IA	Extended Care Building	$25,550	$0	$24,800	$0	$750	$0	$0	$0	CO
Durham	NC	Renovate Patient Wards	$9,100	$9,100	$0	$0	$0	$0	$0	$0	CO
Fayetteville [5]	AR	Clinical Addition	$93,000	$0	$0	$5,800	$0	$87,200	$0	$0	S/DD
Gainesville [5]	FL	Correct Patient Privacy Deficiencies	$136,700	$8,800	$0	$76,400	$0	$51,500	$0	$0	CD
Gulfport	MS	Environmental Cleanup	$35,919	$0	$0	$35,919	$0	$0	$0	$0	CO
Indianapolis	IN	7th & 8th Fl. Wards Modernization Addition	$27,400	$27,400	$0	$0	$0	$0	$0	$0	CO
Las Vegas	NV	New Medical Center Facility	$600,400	$60,000	$0	$199,000	$0	$341,400	$0	$0	CO
Lee County[6]	FL	Outpatient Clinic	$131,800	$0	$6,498	$4,000	$0	$9,890	$111,412	$0	S/DD
Long Beach	CA	Seismic Corrections-Buildings 7 & 126	$107,845	$10,300	$0	$0	$97,545	$0	$0	$0	CD
Los Angeles	CA	Seismic Corrections-Buildings 500 & 501	$189,000	$0	$7,936	$0	$0	$0	$0	$181,064	P
Menlo Park	CA	Seismic Correct-Geropsych Replace (Building 324)	$32,934	$0	$32,934	$0	$0	$0	$0	$0	CO
Milwaukee	WI	Spinal Cord Injury (SCI) Center	$32,500	$0	$0	$0	$32,500	$0	$0	$0	S/DD

Location		Project Description	Total Est. Cost	FY 2004 Actual	FY 2005[1] Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Request	Future	Status
Minneapolis	MN	SCI & SCD Center	$20,500	$20,500	$0	$0	$0	$0	$0	$0	CO
New Orleans[7]	LA	Restoration/ Replacement of Medical Center	$625,000	$0	$0	$625,000	$0	$0	$0	$0	Land Acq.
North Chicago	IL	Joint VA and Dept of Navy Medical Project	$13,000	$13,000	$0	$0	$0	$0	$0	$0	PC
Orlando [5]	FL	New Med Facility, Design & Land Purchase	$656,800	$25,000	$0	$0	$0	$49,100	$120,000	$462,700	S/DD
Palo Alto	CA	Ambulatory Care/Polytrauma Rehab	$450,300	$0	$0	$0	$0	$0	$38,290	$412,010	P
Palo Alto	CA	Seismic Corrections Bldg. 2	$54,000	$34,000	$0	$0	$0	$20,000	$0	$0	CD
Pensacola	FL	Joint VA and Department of Navy OPC	$55,056	$0	$55,056	$0	$0	$0	$0	$0	CO
Pittsburgh[5]	PA	Consolidation of Campuses	$295,600	$20,000	$0	$82,500	$0	$130,700	$0	$62,400	CO
San Antonio	TX	Ward Upgrades and Expansion	$19,100	$19,100	$0	$0	$0	$0	$0	$0	CO
San Antonio[8]	TX	Polytrauma Center	$66,000	$0	$0	$0	$0	$66,000	$0	$0	P
San Diego	CA	Seismic Corrections-Bldg. 1	$47,874	$0	$47,874	$0	$0	$0	$0	$0	CO
San Francisco	CA	Seismic Corrections-Bldg. 203	$41,168	$0	$41,168	$0	$0	$0	$0	$0	CO
San Juan[5,9]	PR	Seismic Corrections-Bldg. 1	$225,900	$0	$14,880	-$4,000	$0	$59,000	$64,400	$91,620	S/DD
St. Louis	MO	Med Facility Improvements & Cemetery Expansion	$134,500	$0	$0	$0	$7,000	$0	$5,000	$122,500	P
Syracuse	NY	Spinal Cord Injury (SCI) Center	$77,269	$0	$53,469	$0	$0	$23,800	$0	$0	CD
Tampa	FL	Polytrauma/Bed Tower	$223,800	$0	$0	$0	$0	$0	$21,120	$202,680	P
Tampa[10]	FL	SCI Expansion	$11,407	$0	$7,043	$4,364	$0	$0	$0	$0	CO
Tampa	FL	Upgrade Essential Electrical Dist. Systems	$49,000	$49,000	$0	$0	$0	$0	$0	$0	CO
Temple[11]	TX	MRI & Supporting Facility	$10,552	$0	$55,552	$0	$0	-$45,000	$0	$0	P
Tucson[12]	AZ	Mental Health Clinic	$13,300	$12,100	$0	$1,200	$0	$0	$0	$0	CO
		Total	**$6,221,228**	**$558,360**	**$367,744**	**$1,515,993**	**$253,845**	**$854,890**	**$397,652**	**$2,272,744**	

Status Codes:
CD - Construction Documents
CO – Construction
S/DD - Schematics/Design Development
P – Planning
PC - Physically Complete

Footnotes:
[1]FY 2005 Actual amounts reflect the FY 2005 Recission
[2]Biloxi, MS received $17.5 million in regular appropriations and another $292.5 million in emergency supplemental appropriation from P.L. 109-148.
[3]Denver, CO received $25 million in a reprogramming action in FY 2006.
[4]Des Moines, IA received $750 thousand in a reprogramming action in FY 2007.
[5]Additional funding provided in the FY 2008 Conference Report P.L. 110-161.
[6]Lee County, FL received $4 million in a reprogramming action in FY 2006.
[7]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.
[8]San Antonio, TX, received $66 million in a reprogramming action in FY 2008 to build a new Polytrauma Center as required by PL 110-161.
[9]San Juan, PR $4 million was reprogrammed from this project to fund the FY 1999 Major Construction project, New Building.
[10]Tampa, FL received $4,364 million in reprogramming action in FY 2006.
[11]Temple, TX received $55.552 million appropriated in FY 2005. A recent CARES decision about the future of the Waco, TX facility has diminished the need for major construction activities at Temple. A reprogramming of $45 million is requested. The remaining $10.552 million will be used to construct an MRI and support facilities at Temple.
[12]Tucson, AZ received $1.2 million in a reprogramming action in FY 2006.

The following provides descriptions of the projects listed in the preceding table.

Project Location	**American Lake, WA**
Planned Project Name	**Seismic Correction, Nursing Home, Dietetics**
Fiscal Year	FY 2007
BA Received($000)	$38,220
Total Acquisition Cost ($000)	$38,220
Asset Type	Major Construction
Status	Construction Documents

Project Description
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.

Project Location	**Anchorage (Elmendorf AFB), AK**	
Planned Project Name	**Outpatient Clinic and Regional Office**	
Fiscal Year	FY 2004	FY 2006
BA Received($000)	$11,760	$63,510
Total Acquisition Cost ($000)	$75,270	
Asset Type	Major Construction	
Status	Construction	

Project Description
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 acquisition 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.

Project Location	**Atlanta, GA**
Planned Project Name	**Modernize Patient Wards**
Fiscal Year	FY 2005
BA Received($000)	$20,534
Total Acquisition Cost ($000)	$20,534
Asset Type	Major Construction
Status	Construction Documents

Project Description

This project received $20.534M in FY 2005 budget authority. 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.

Project Location	Bay Pines, FL
Planned Project Name	Inpatient/Outpatient Improvements
Fiscal Year	FY 2009
BA Requested ($000)	$17,430
Total Acquisition Cost ($000)	$174,300
Asset Type	Major Construction
Status	Planning

Project Description
This project requires $17.43M in FY 2009 budget authority to begin design, with a total estimated cost of approximately $174.3M. This project will construct a multi-story addition to Bay Pines Main Hospital (Building 100), resolving both inpatient psychiatric deficiencies and CARES supported, workload-driven space gaps in outpatient mental health. This project will construct an outpatient mental health center of excellence and four 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 on the first floor of Building 100 will be relocated to Building 1, creating room for an additional specialty care clinic space. 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).

Project Location	Biloxi, MS
Planned Project Name	Restoration of Hospital/Consolidation of Gulfport
Fiscal Year	FY 2006
BA Received($000)	$310,000
Total Acquisition Cost ($000)	$310,000
Asset Type	Major Construction
Status	Schematics/Design Development

Project Description
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 acquisition 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.

Project Location	**Chicago, IL**
Planned Project Name	**Bed Tower**
Fiscal Year	FY 2004
BA Received($000)	$98,500
Total Acquisition Cost ($000)	$98,500
Asset Type	Major Construction
Status	Construction

Project Description

This project received $98.5M 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 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.

Project Location	Cleveland, OH
Planned Project Name	Cleveland-Brecksville Consolidation
Fiscal Year	FY 2004 FY 2006
BA Received($000)	$15,000 $87,300
Total Acquisition Cost ($000)	$102,300
Asset Type	Major Construction
Status	Construction

Project Description

This project received $15M in FY 2004 budget authority for design and $87.3M in FY 2006 budget authority to complete the project, for an estimated total acquisition 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.

Project Location	Columbia, MO
Planned Project Name	Operating Room Suite Replacement
Fiscal Year	FY 2007
BA Received($000)	$25,830
Total Acquisition Cost ($000)	$25,830
Asset Type	Major Construction
Status	Construction Documents

Project Description

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.

Project Location	Columbus, OH
Planned Project Name	Outpatient Clinic
Fiscal Year	FY 2004
BA Received($000)	$94,800
Total Acquisition Cost ($000)	$94,800
Asset Type	Major Construction
Status	Construction

Project Description

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.

Project Location	Denver, CO
Planned Project Name	New Medical Center Facility
Fiscal Year	FY 2004 FY 2006 FY 2007 FY 2008 FY 2009
BA Requested ($000)	$30,000 $25,000 $52,000 $61,300 $20,000
Total Acquisition Cost ($000)	$769,200
Asset Type	Major Construction
Status	Land Acquisition

Project Description

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 requires an additional $20M in FY 2009 budget authority to continue, with a total acquisition cost of approximately $769.2M. This phase of the project provides a parking facility for the new medical center. The project provides approximately 1,400,000 square feet 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.

Project Location	Des Moines, IA
Planned Project Name	Extended Care Building
Fiscal Year	FY 2005 FY 2007
BA Received($000)	$24,800 $750
Total Acquisition Cost ($000)	$25,550
Asset Type	Major Construction
Status	Construction

Project Description

This project received $24.8M in FY 2005 budget authority and $.75M in a reprogramming action in FY 2007. 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.

Project Location	**Durham, NC**
Planned Project Name	**Renovate Patient Wards**
Fiscal Year	FY 2004
BA Received ($000)	$9,100
Total Acquisition Cost ($000)	$9,100
Asset Type	Major Construction
Status	Construction

Project Description

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.

Project Location	Fayetteville, AR	
Planned Project Name	Clinical Addition, Phase 1 Design	
Fiscal Year	FY 2006	FY 2008
BA Received ($000)	$5,800	$87,200
Total Acquisition Cost ($000)	$93,000	
Asset Type	Major Construction	
Status	Schematics/Design Development	

Project Description

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.

Project Location	Gainesville, FL		
Planned Project Name	Correct Patient Privacy Deficiencies		
Fiscal Year	FY 2004	FY 2006	FY 2008
BA Received ($000)	$8,800	$76,400	$51,500
Total Acquisition Cost ($000)	$136,700		
Asset Type	Major Construction		
Status	Construction Documents		

Project Description

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 (HIPPA), 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 rower addition will free up the existing inpatient ward space to partially address toe 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.

Project Location	Indianapolis, IN
Planned Project Name	7th & 8th Floor Ward Modernization Addition
Fiscal Year	FY 2004
BA Received ($000)	$27,400
Total Acquisition Cost ($000)	$27,400
Asset Type	Major Construction
Status	Construction

Project Description

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.

Project Location	Las Vegas, NV		
Planned Project Name	New Medical Center Facility		
Fiscal Year	FY 2004	FY 2006	FY 2008
BA Received ($000)	$60,000	$199,000	$341,400
Total Acquisition Cost ($000)	$600,400		
Asset Type	Major Construction		
Status	Construction		

Project Description

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.

Project Location	Lee County, FL			
Planned Project Name	Outpatient Clinic			
Fiscal Year	FY 2005	FY 2006	FY 2008	FY 2009
BA Requested ($000)	$6,498	$4,000	$9,890	$111,412
Total Acquisition Cost ($000)	$131,800			
Asset Type	Major Construction			
Status	Schematics/Design Development			

Project Description
This project received $6.498M in FY 2005 to acquire 30.53 acres, $4M in a reprogramming action in FY 2006, and $9.89M in FY 2008 budget authority and requires an additional $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.

Project Location	Long Beach, CA	
Planned Project Name	Seismic Corrections to Buildings 7 & 126	
Fiscal Year	FY 2004	FY 2007
BA Requested ($000)	$10,300	$97,545
Total Acquisition Cost ($000)	$107,845	
Asset Type	Major Construction	
Status	Construction Documents	

Project Description
This project received $10.3M in FY 2004 budget authority for design and requires $97.55M in FY 2007 budget authority to complete the project, with a total acquisition cost of approximately $107.9M. 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.

Project Location	Los Angeles, CA
Planned Project Name	Seismic Corrections Buildings 500 & 501
Fiscal Year	FY 2005
BA Received ($000)	$7,936
Total Acquisition Cost ($000)	$189,000
Asset Type	Major Construction
Status	Planning

Project Description
This project received $7.936M in FY 2005 budget authority to complete phase 1 design, with a total estimated acquisition cost of approximately $189M. This project will perform non-structural seismic retrofit for Building 500, a six-story, steel braced frame building of approximately 937,000 square feet located on the main VA campus in West Los Angeles, California. The building serves as the main hospital on the campus. The Building 501 non-structural portion will address non-compliance of pipe and equipment seismic bracing and anchoring. At this time, the project is being re-scoped based upon the recommendations contained in the recently announced CARES decision at West Los Angeles. A revised project will be submitted for potential inclusion in the FY 2010 budget process.

Project Location	Menlo Park, CA
Planned Project Name	Seismic Corrections-Geropsychiatric Nursing Home Replacement (Bldg. 324)
Fiscal Year	FY 2005
BA Received ($000)	$32,934
Total Acquisition Cost ($000)	$32,934
Asset Type	Major Construction
Status	Construction

Project Description
This project received $32.934M in FY 2005 budget authority. This capital investment project will construct a 120-bed gero-psychiatric 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 gero-psychiatric 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.

Project Location	**Milwaukee, WI**
Planned Project Name	**Spinal Cord Injury (SCI) Center**
Fiscal Year	FY 2007
BA Received ($000)	$32,500
Total Acquisition Cost ($000)	$32,500
Asset Type	Major Construction
Status	Schematics/Design Development

Project Description
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.

Project Location	**Minneapolis, MN**
Planned Project Name	**SCI and SCD Center**
Fiscal Year	FY 2004
BA Received ($000)	$20,500
Total Acquisition Cost ($000)	$20,500
Asset Type	Major Construction
Status	Construction

Project Description
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.

Project Location	**New Orleans, LA**
Planned Project Name	**Restoration/Replacement of Medical Center Facility**
Fiscal Year	FY 2006
BA Received ($000)	$625,000
Total Acquisition Cost ($000)	$625,000
Asset Type	Major Construction
Status	Land Acquisition

Project Description

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, for a total acquisition cost of approximately $625M. 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.

Project Location	North Chicago, IL
Planned Project Name	Joint VA and Department of Navy Medical Project
Fiscal Year	FY 2004
BA Received ($000)	$13,000
Total Acquisition Cost ($000)	$13,000
Asset Type	Major Construction
Status	Physically Complete

Project Description (Completed)

This project received $13M 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 be 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.

Project Location	Orlando, FL		
Planned Project Name	New Medical Center Facility		
Fiscal Year	FY 2004	FY 2008	FY 2009
BA Requested ($000)	$25,000	$49,100	$120,000
Total Acquisition Cost ($000)	$656,800		
Asset Type	Major Construction		
Status	Schematics/Design Development		

Project Description
This project received $25M in FY 2004 and $49.1M in FY 2008 and requires an additional $120M in FY 2009 budget authority to purchase land, build the energy plant and to begin construction of the new facility, with a total estimated cost of approximately $656.8M. This project provides the land acquisition, construction of the energy plant and construction of a new medical center consisting of a 134-bed hospital, a large medical clinic, 120-bed nursing home, 60-bed domiciliary, and full support services on a new site.

Project Location	Palo Alto, CA	
Planned Project Name	Building 2 Seismic Corrections, Acute Pscyh Replacement Building	
Fiscal Year	FY 2005	FY 2008
BA Received ($000)	$34,000	$20,000
Total Acquisition Cost ($000)	$54,000	
Asset Type	Major Construction	
Status	Construction Documents	

Project Description
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 the scope of this project.

Project Location	Palo Alto, CA
Planned Project Name	Centers for Ambulatory Care and Polytrauma Rehabilitation Center
Fiscal Year	FY 2009
BA Requested ($000)	$38,290
Total Acquisition Cost ($000)	$450,300
Asset Type	Major Construction
Status	Planning

Project Description

This project requires $38.29M in FY 2009 budget authority 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.

Project Location	Pensacola, FL – Cory Naval Air Station,
Planned Project Name	Joint VA & Department of Navy Outpatient Clinic
Fiscal Year	FY 2005
BA Received ($000)	$55,056
Total Acquisition Cost ($000)	$55,056
Asset Type	Major Construction
Status	Construction

Project Description

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.

Project Location	Pittsburgh, PA		
Planned Project Name	Consolidation of Campuses		
Fiscal Year	FY 2004	FY 2006	FY 2008
BA Received ($000)	$20,000	$82,500	$130,700
Total Acquisition Cost ($000)	$295,600		
Asset Type	Major Construction		
Status	Construction		

Project Description

This project received $20M in FY 2004, $82.5M in FY 2006, and $130.7M in FY 2008 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.

Project Location	**San Antonio, TX**
Planned Project Name	**Ward Upgrades and Expansion**
Fiscal Year	FY 2004
BA Received ($000)	$19,100
Total Acquisition Cost ($000)	$19,100
Asset Type	Major Construction
Status	Construction

Project Description

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.

Project Location	San Antonio, TX
Planned Project Name	**Polytrauma Center and Renovation**
Fiscal Year	FY 2008
BA Received ($000)	$66,000
Total Acquisition Cost ($000)	$66,000
Asset Type	Major Construction
Status	Planning

Project Description
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.

Project Location	San Diego, CA
Planned Project Name	**Seismic Corrections-Bldg. 1**
Fiscal Year	FY 2005
BA Received ($000)	$47,874
Total Acquisition Cost ($000)	$47,874
Asset Type	Major Construction
Status	Construction

Project Description
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.

Project Location	San Francisco, CA
Planned Project Name	Seismic Corrections Building 203
Fiscal Year	FY 2005
BA Received ($000)	$41,168
Total Acquisition Cost ($000)	$41,168
Asset Type	Major Construction
Status	Construction

Project Description

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.

Project Location	San Juan, PR			
Planned Project Name	Seismic Corrections-Bldg. 1, Phase 1 Design			
Fiscal Year	FY 2005	FY 2006	FY 2008	FY 2009
BA Requested ($000)	$14,880	-$4,000	$59,000	$64,400
Total Acquisition Cost ($000)	$225,900			
Asset Type	Major Construction			
Status	Schematics/Design Development			

Project Description

This project received $14.88M in FY 2005, was reduced by $4M in a reprogramming action in FY 2006, received $59M in FY 2008 and requires an additional $64.4M in FY2009 budget authority to construct the administrative building, with a total estimated cost of approximately $225.9M. 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.

This second phase of approximately 100,000 square feet of new construction will house administrative functions to meet VA immediate occupancy standards. 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.

Project Location	**St. Louis (JB), MO**
Planned Project Name	**Medical Center Improvements and Cemetery Expansion**
Fiscal Year	FY 2007 FY 2009
BA Requested ($000)	$7,000 $5,000
Total Acquisition Cost ($000)	$134,500
Asset Type	Major Construction
Status	Planning

Project Description

This project received $7M in FY 2007 and requires an additional $5M in FY 2009 budget authority for demolition of existing structures, with a total project cost of approximately $134.5M. 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.

Project Location	Syracuse, NY
Planned Project Name	Spinal Cord Injury (SCI) Center
Fiscal Year	FY 2005 FY 2008
BA Requested ($000)	$53,469 $23,800
Total Acquisition Cost ($000)	$77,269
Asset Type	Major Construction
Status	Construction Documents

Project Description

This project received $53.469M in FY 2005 and $23.8M in FY 2008 budget authority to continue, 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.

Project Location	Tampa, FL
Planned Project Name	Polytrauma Addition and Bed Tower Upgrades
Fiscal Year	FY 2009
BA Requested ($000)	$21,120
Total Acquisition Cost ($000)	$223,800
Asset Type	Major Construction
Status	Planning

Project Description

This project requires $21.12M in FY 2009 budget authority to begin design, with a total estimated cost of approximately $223.8M. 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.

Project Location	**Tampa, FL**	
Planned Project Name	**Spinal Cord Injury Center (SCI)**	
Fiscal Year	FY 2005	FY 2006
BA Received ($000)	$7,043	$4,364
Total Acquisition Cost ($000)	$11,407	
Asset Type	Major Construction	
Status	Construction	

Project Description

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.

Project Location	**Tampa, FL**
Planned Project Name	**Upgrade Essential Electrical Distribution Systems**
Fiscal Year	FY 2004
BA Received ($000)	$49,000
Total Acquisition Cost ($000)	$49,000
Asset Type	Major Construction
Status	Construction

Project Description

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.

Project Location	Temple, TX
Planned Project Name	MRI and Supporting Facility
Fiscal Year	FY 2005 FY 2008
BA Received ($000)	$55,552 -$45,000
Total Acquisition Cost ($000)	$10,552
Asset Type	Major Construction
Status	Planning

Project Description
This project received $55.552M in FY 2005 budget authority and was decreased by $45M in a reprogramming action in FY 2008. A recent CARES decision about the future of the Waco, TX facility has diminished the need for major construction activities at Temple. The remaining $10.552M will be used to construct an MRI and support facilities at Temple.

Project Location	Tucson, AZ
Planned Project Name	Mental Health Clinic
Fiscal Year	FY 2004 FY 2006
BA Received ($000)	$12,100 $1,200
Total Acquisition Cost ($000)	$13,300
Asset Type	Major Construction
Status	Construction

Project Description
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 (Bldg 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.

Appendix I – History of Non-CARES Projects Update

Project Description	Location		Total Est. Cost ($000)	FY 2001 ($000)	FY 2002 ($000)	FY 2003 ($000)	FY 2004 ($000)	FY 2005 ($000)	FY 2006 ($000)	FY 2007 ($000)	FY 2008 ($000)	FY 2009 ($000)	Future ($000)	Estimated Completion Date [1]	Status
Abraham Lincoln NC Phase 2 Gravesite Expansion	Elwood	IL	$16,000							$1,000			$15,000	2010	Design contract award 2007.
Bakersfield-area NC Phase 1 Development	Bakersfield	CA	$19,500								$19,500			2011	Design contract award 2007.
Barrancas NC Gravesite Expansion and Cemetery Improvements	Pensacola	FL	$11,929				$11,929							2008	Design build construction contract award 2006.
Birmingham-area NC Phase 1 Development	Birmingham	AL	$18,500								$18,500			2011	Design contract award 2007.
Calverton NC Gravesite Expansion	Calverton	NY	$30,500				$1,500					$29,000		2011	Construction contract award 2009.
Columbia/ Greenville-area Phase 1 Development	Columbia	SC	$19,200								$19,200			2011	Design contract award 2007.
Dallas/Fort Worth NC Gravesite Expansion	Dallas	TX	$14,100						$1,100	$13,000				2009	Construction document contract award 2007.
Florida NC Gravesite Expansion & Cemetery Improvements	Bushnell	FL	$21,340				$1,500	$19,840						2010	Construction contract awarded 2006.
Fort Logan NC Gravesite Development	Denver	CO	$16,100	$16,100										2007	Completed September 30, 2007.
Fort Rosecrans NC Annex at Miramar Phase 1 Development	San Diego	CA	$20,442					$992	$19,450					2009	Master plan award pending receipt of Navy EIS.
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									$1,400	2004	Project complete cemetery opened May 2004.

Project Description	Location		Total Est. Cost ($000)	FY 2001 ($000)	FY 2002 ($000)	FY 2003 ($000)	FY 2004 ($000)	FY 2005 ($000)	FY 2006 ($000)	FY 2007 ($000)	FY 2008 ($000)	FY 2009 ($000)	Future ($000)	Estimated Completion Date [1]	Status
Fort Snelling NC Gravesite Expansion	Minneapolis	MN	$24,654				$24,654							2008	Construction contract award 2007.
Georgia NC Phase 1 Development	Canton	GA	$31,200	$3,000	$28,200									2007	Cemetery opened April 2006. Projected complete of Phase 1B December 2007.
Gerald B.H. Solomon Saratoga NC Gravesite Expansion	Schuylerville	NY	$8,600						$1,000	$7,600				2009	Construction contract award 2007.
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	Construction document contract award.
Jacksonville-area NC Phase 1 Development	Jacksonville	FL	$22,400								$22,400			2011	Design contract award 2007.
New National Cemetery Land Acquisition [2]	Various		$41,000						$41,000					2006	Environmental assessments underway for selected sites. Completion 2007.
Massachusetts NC Columbarium Expansion	Bourne	MA	$9,200		$9,200									2007	Construction contract awarded 9/2006.
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. Projected completion of phase 1B July 2008.
Puerto Rico NC Gravesite Expansion	Bayamon	PR	$33,900									$33,900		2012	Construction contract award 2009.
Quantico NC Gravesite Expansion and Cemetery Improvements	Triangle	VA	$1,300							$1,300				2010	Project deferred based on current gravesite depletion.

Project Description	Location		Total Est. Cost ($000)	FY 2001 ($000)	FY 2002 ($000)	FY 2003 ($000)	FY 2004 ($000)	FY 2005 ($000)	FY 2006 ($000)	FY 2007 ($000)	FY 2008 ($000)	FY 2009 ($000)	Future ($000)	Estimated Completion Date [1]	Status
Riverside NC Gravesite Expansion and Improvements	Riverside	CA	$1,388					$1,388						2012	Based on current gravesite depletion design contract award in 2009.
Rock Island NC Burial Area Expansion	Moline	IL	$11,256				$1,138	$10,118						2010	Construction contract award 2007.
Sacramento Valley VA NC Phase 1 Development	Solano County	CA	$29,617	$500	$6,000	$1,689		$21,428						2009	Cemetery opened October 2006. Phase 1B construction contract award
San Joaquin Valley NC Gravesite Expansion and Improvements	Gustine	CA	$22,794					$794					$22,000	2011	Design document award in 2007.
Sarasota-area NC Phase 1 Development	Sarasota	FL	$27,800								$27,800			2011	Design contract award in 2009.
South Florida NC Phase 1 Development	Lake Worth	FL	$40,649	$15,500	$2,000	$23,149								2009	Phase 1 projected to open April 2007.
Southeastern PA NC Phase 1 Development	Philadelphia	PA	$29,600								$29,600			2011	Design contract award 2007.
Tahoma NC Columbarium Expansion	Kent	WA	$6,900		$6,900									2006	Project Complete
Willamette NC Columbarium Expansion	Portland	OR	$8,345		$8,345									2008	Anticipated completion Feb 2008
			$651,844	**$48,100**	**$36,200**	**$30,838**	**$33,136**	**$54,560**	**$64,300**	**$39,800**	**$166,400**	**$83,400**	**$38,400**		

[1] Dates are dependent on when appropriations are provided.

[2] 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

Appendix J – FY 2009 – 2013 Potential Department-wide Major Construction Projects

(Sorted by State)

State	City	Project Title – Brief Description	Admin.
AL	Bessemer	Bessemer OPC	VHA
AL	Birmingham	Outpatient Building	VHA
AL	Birmingham	Parking Deck	VHA
AL	Birmingham	Bed Tower Improvements	VHA
AL	Fort Mitchell	Fort Mitchell National Cemetery Gravesite Expansion	NCA
AL	Huntsville	Huntsville OPC	VHA
AL	Montgomery	Ambulatory Care Addition	VHA
AZ	Phoenix	Critical Inpatient/Outpatient Renovations and Expansions	VHA
AZ	Phoenix	National Memorial Cemetery of Arizona Gravesite Expansion	NCA
AZ	Prescott	Correct Seismic Deficiencies Building 107	VHA
AZ	Tucson	Specialty Care, Imaging and Diagnostic Outpatient Bldg	VHA
CA	Alameda	Northern Alameda County OPC	VHA
CA	Central Valley	Central Valley OPC & NHCU	VHA
CA	East Bay	East Bay OPC	VHA
CA	Fresno	Outpatient Clinic Addition	VHA
CA	Livermore	Realignment and Closure	VHA
CA	Loma Linda	Outpatient Clinical Building	VHA
CA	Loma Linda	Construct Behavioral Medicine Center	VHA
CA	Long Beach	Seismic Upgrade Bldgs 128 & 133	VHA
CA	Long Beach	Seismic Demo Bldg 2/Construct Consolidate Clinic and Admin Bldgs	VHA
CA	Long Beach	Research Addition	VHA
CA	Menlo Park	Mental Health Center, Bldg 321 Modular Replacement	VHA
CA	Monterey	VA / DoD Ambulatory Care Center	VHA
CA	Palo Alto	Ambulatory Care & Research Replacement Center	VHA
CA	Palo Alto	SCI and Bldg 6 Seismic Correction and Admin Replacement	VHA
CA	Riverside	Riverside National Cemetery Gravesite Expansion	NCA
CA	San Diego	Research Building and Parking Garage	VHA
CA	San Diego	OR Renovation	VHA
CA	San Diego	SCI Seismic Deficiencies	VHA
CA	San Francisco	Seismic Retrofit/Replacement Buildings 1, 6, 8, 12	VHA
CA	San Francisco	Improve Campus Accessibility	VHA
CA	San Francisco	Construct New Research Building and Parking Garage	VHA
CA	San Francisco	Construct New Mental Health Clinical Research Bldg	VHA
CA	West LA	Seismic Corrections Bldg 500/501	VHA
CA	West LA	Seismic Correction (13 Buildings)	VHA
CA	West LA	B-500 Non-Structural Seismic Corrections and Clinical Services	VHA

State	City	Project Title – Brief Description	Admin.
		Addition / Consolidation	
CA	West LA	Replace Sewer System Bldg 500	VHA
CA	West LA	Construct / Consolidate Research	VHA
CT	West Haven	Clinical Ward Tower	VHA
DC	Washington	Outpatient Clinical Addition	VHA
FL	Bay Pines	Resolve CARES FCA Deficiencies	VHA
FL	Bay Pines	Resolve Hurricane and Homeland Security Deficiencies	VHA
FL	Bay Pines	Construct Outpatient One-Day Surgery Center	VHA
FL	Miami	Clinical Addition	VHA
FL	Miami	Add 3 Floors to Research Building 7	VHA
FL	Miami	Relocate Telephone Distribution System	VHA
FL	Miami	Construct Modular Building for Research	VHA
FL	Tampa	Tampa Correct CARES FCA, S&FS Identified Deficiencies	VHA
FL	Tampa	Primary Care & Mental Health Expansion	VHA
GA	Atlanta	Clinical Addition for Specialty and Ancillary Care	VHA
IA	Iowa City	Specialty Care Addition and Parking Structure	VHA
IL	Danville	Construct 120 Bed NHCU	VHA
IL	Elwood	Abraham Lincoln National Cemetery Gravesite Expansion	NCA
IL	Hines	Acute Inpatient Bed Tower	VHA
IL	Marion	Inpatient and Outpatient Clinical Addition	VHA
KS	Wichita	Medicine/Surgical Bed Modernization and Ambulatory Care Expansion	VHA
KS	Wichita	Clinical/Ancillary Addition	VHA
KS	Wichita	Integrated Healthcare Transformation	VHA
KY	Lexington	Realignment – Leestown Campus	VHA
KY	Louisville	New Medical Center Facility	VHA
KY	Louisville	Patient Care Addition	VHA
LA	Shreveport	New Clinical Addition	VHA
MA	Bedford	Place Holder for CARES Reuse Study Results	VHA
MA	Boston	Place Holder for CARES Reuse Study Results	VHA
MA	Boston	Clinical Addition at West Roxbury	VHA
MA	Brockton	Mental Health Consolidation, CARES Realignment	VHA
MA	Brockton	Spinal Cord Injury New Construction	VHA
MD	Perry Point	Replace 155-Bed NHCU	VHA
ME	Togus	Specialty Care Addition	VHA
MI	Battle Creek	Consolidate Inpatient & Outpatient Mental Health	VHA
MO	Columbia	Expand Ambulatory Care Addition	VHA
MO	Columbia	Nursing Unit Patient Privacy	VHA
MO	Kansas City	Ambulatory Care Addition	VHA
MO	Poplar Buff	New HVAC System	VHA
MO	St. Louis	Replacement Bed Tower, JC	VHA
MO	St. Louis	Jefferson Barracks National Cemetery Gravesite Expansion	NCA
MS	Jackson	New SCI/D Center	VHA
MT	Fort Harrison	Seismic Corrections B-154	VHA

State	City	Project Title – Brief Description	Admin.
NC	Asheville	Outpatient Services Expansion	VHA
NC	Durham	Outpatient Addition	VHA
NC	Fayetteville	Outpatient Addition	VHA
NC	Salisbury	Addition for Specialty, Ancillary and Diagnostics Services	VHA
ND	Fargo	Specialty Care Addition	VHA
NE	Omaha	Correct HVAC System and Clinical Space Deficiencies	VHA
NJ	East Orange	New Clinical Addition	VHA
NJ	East Orange	New VBA Building	VHA
NM	Albuquerque	Construct Outpatient and Clinical Building	VHA
NM	Albuquerque	Construct Mental Health Building	VHA
NM	Albuquerque	Correct Seismic Deficiencies Buildings 1, 3, 10, 11	VHA
NV	Reno	Building 1 Seismic and Life Safety Corrections	VHA
NY	Bronx	Renovate Research Building	VHA
NY	Bronx	New SCI Building	VHA
NY	Buffalo	Clinical Addition and Remodel Wards for Patient Privacy	VHA
NY	Canandaigua	Replacement Facility	VHA
NY	Castle Point	Psych and NHCU Integration	VHA
NY	Montrose	New Outpatient Building	VHA
NY	New York	Expand Primary Care	VHA
NY	Northport	Renovate Residential / Outpatient Care	VHA
NY	Northport	Mental Health and Research Tower	VHA
NY	Northport	Construct Nursing Home	VHA
NY	St. Albans	New Replacement Nursing Home	VHA
NY	St. Albans	New Primary / Specialty Care Facility	VHA
OH	Cleveland	Establish National Computer Center	VHA
OH	Cleveland	Renovation of Wade Park	VHA
OH	Columbus	Inpatient Bed Addition	VHA
OH	Dayton	Dayton National Cemetery Gravesite Expansion	NCA
OK	Muskogee	New Parking Structure	VHA
OR	Portland	Correct Seismic Deficiencies Bldg 100 and 101	VHA
OR	Roseburg	Build Government Owned Eugene Clinic	VHA
OR	Roseburg	B2 Seismic Upgrade	VHA
OR	Roseburg	B1 Seismic Upgrade	VHA
PA	Annville	Indiantown Gap National Cemetery Gravesite Expansion	NCA
PA	Butler	Comprehensive Outpatient Care Clinic	VHA
PA	Coatesville	Replacement Hospital	VHA
PA	Lebanon	Behavioral Health Center of Excellence	VHA
PA	Lebanon	Patient Rehab	VHA
PA	Lebanon	Replacement Hospital	VHA
PA	Philadelphia	Behavioral Health Research Building	VHA
RI	Providence	Specialty Clinics & Ancillary Services Addition	VHA
RI	Providence	Renovate HVAC System	VHA
SC	Charleston	Employee Parking Deck	VHA
SC	Charleston	Hurricane Mitigation – Chiller Plant	VHA

State	City	Project Title – Brief Description	Admin.
SC	Columbia	Construction of Diagnostic, Ancillary & Specialty Care	VHA
TX	Collin County	Plano TX TriCounty CBOC	VHA
TX	Dallas	Long Term SCI Unit	VHA
TX	Dallas	Clinical Expansion	VHA
TX	Houston	New Clinical & Research Addition	VHA
TX	Houston	Houston National Cemetery Gravesite Expansion	NCA
TX	San Antonio	Expand Nursing Home	VHA
TX	Temple	Clinical Replacement	VHA
TX	Waco	Outpatient Clinic Consolidation	VHA
TX	Waco	Support Services and Education	VHA
TX	Waco	Enhance and Consolidate Long Term Care	VHA
TX	Waco	Expand & Enhance Mental Health	VHA
UT	Salt Lake City	Renovate and Expand Patient Complex	VHA
VA	Hampton	Ambulatory Care Addition Phase II	VHA
VA	Hampton	Renovate ECRC	VHA
VA	Hampton	Renovate SCI/D Unit	VHA
VA	Richmond	Outpatient Addition	VHA
VA	Salem	Renovate Building 8 for Mental Health	VHA
VA	Triangle	Quantico National Cemetery Gravesite Expansion	NCA
WA	American Lake	Correct Seismic Deficiencies Building 81	VHA
WA	Fort Lawton	Purchase Ft. Lawton Army Reserve Center	VHA
WA	Kent	Tahoma National Cemetery Gravesite Expansion	NCA
WA	Seattle	Correct Seismic Deficiencies B100 Nursing Tower	VHA
WA	Seattle	B101 Mental Health Building	VHA
WA	Seattle	B100 Floors 3 & 4	VHA
WA	Seattle	BRAC FLAR Purchase/Transfer	VHA
WA	Walla Walla	Renovate Building 74 for Specialty & Ancillary Services	VHA
WA	Walla Walla	Campus Realignment – New Multi-Specialty OPC	VHA
WV	Beckley	Beckley NHCU	VHA
WV	Martinsburg	Outpatient Improvements	VHA

Appendix K – FY 2009 – 2013 Potential Department-wide Minor Construction Projects

(Sorted by State)

State	City	Project Title - Brief Description	Admin.
AK	Fort Richardson	Pole Barn & Connex Box Storage	NCA
AK	Fort Richardson	Demo, Remove & Replace Storage Shed	NCA
AK	Fort Richardson	Augment & Renovate Buildings	NCA
AK	Fort Richardson	Pave (Asphalt) Roadway Surface	NCA
AK	Sitka	200-Niche Columbarium & Site Improvements (Walkway w/Handicap Access, Drainage)	NCA
AL	Birmingham	Mental Health Improvements	VHA
AL	Birmingham	Utility Plant	VHA
AL	Birmingham	Add 3rd Floor, E-Wing	VHA
AL	Birmingham	Admin Building	VHA
AL	Fort Mitchell	Establish & Irrigate Turf	NCA
AL	Fort Mitchell	Renovate & Replace Site Furnishings	NCA
AL	Mobile	Replace Roads	NCA
AL	Mobile	Demolish Maintenance Building & Rostrum	NCA
AL	Mobile	Replace Drainage Ditch	NCA
AL	Montgomery	Consol Clinic Sup Services and Expand Primary Care Clinics	VHA
AL	Montgomery	Expand B-1, 2nd Floor for Respiratory & Specialty Care	VHA
AL	Tuskegee	Vacant Bldgs. 19,20, & Quarters (21-29) Disposal	VHA
AL	Tuskegee	Vacant Bldgs.1,7,8,9,&10 Disposal	VHA
AL	Tuskegee	Vacant Bldgs. 18, 44, 50,51,63 & 69 Disposal	VHA
AR	Fayetteville	Expand Psychiatry/Mental Health	VHA
AR	Fayetteville	Renovate Existing Psychiatry 5,206	VHA
AR	Fayetteville	Air Condition Kitchen	VHA
AR	Fayetteville	MRI Addition - 2nd Phase * - Expand Specialty Care and Laboratory space.	VHA
AR	Fayetteville	Expand Intensive Care	VHA
AR	Fayetteville	Expand Step Down Beds	VHA
AR	Fayetteville	Renovate Existing Medicine	VHA
AR	Fayetteville	Renovate Existing Surgery	VHA
AR	Fayetteville	Construct Additional Warehouse	VHA
AR	Fayetteville	Ren Bldg 1 Space (vacated by completion of Clinical Addition)	VHA
AR	Fayetteville	Expand Administrative Support Space	VHA
AR	Fayetteville	Expand Burial Area	NCA
AR	Fayetteville	Install Drainage System	NCA
AR	Fayetteville	Landscape Improvements	NCA

State	City	Project Title - Brief Description	Admin.
AR	Fayetteville	Replace Flagpole	NCA
AR	Fort Smith	Site expansion & 2,200 Pre-Placed Crypts	NCA
AR	Fort Smith	Landscape Improvements/Irrigation Renovation	NCA
AR	Fort Smith	Gravesite Expansion onto 9.4 Acres of Donated Land	NCA
AR	Fort Smith	Develop Gravesites & Cemetery Expansion	NCA
AR	Fort Smith	Expand Break Room and Construct Wash Rack	NCA
AR	Fort Smith	Replace Irrigation System	NCA
AR	Fort Smith	Roads - Resurface and Replace	NCA
AR	Fort Smith	Replace Flagpole and Lights	NCA
AR	Little Rock	Expand Critical Care Bed Capacity	VHA
AR	Little Rock	Expand Outpatient Capacity	VHA
AR	Little Rock	Consolidate NLR Pt Care Services	VHA
AR	Little Rock	Energy Conservation	VHA
AR	Little Rock	Exp Spec Cl Space	VHA
AR	Little Rock	Consolidate Admin Spaces	VHA
AR	Little Rock	Diagnostic Annex B.170	VHA
AR	Little Rock	PET/CT Site Prep	VHA
AR	Little Rock	Landscape Improvements	NCA
AR	Little Rock	Renovate Maintenance Building	NCA
AR	Little Rock	Correct Drainage & Erosion	NCA
AR	Little Rock	Replace Curbs	NCA
AR	Little Rock	Correct Drainage & Erosion	NCA
AR	North Little Rock	Law Enforcement Training Center Dormitory Bldg Extension	SIC
AZ	NMCA	Improvements to Administration Building	NCA
AZ	NMCA	Install 8,100 Pre-Placed Crypts, Section 55, 56 & 57	NCA
AZ	NMCA	Land Acquisition	NCA
AZ	Phoenix	Emergency Back-up Power for HVAC	VHA
AZ	Phoenix	Mental Health Clinical Center	VHA
AZ	Phoenix	Safety and Security Enhancements	VHA
AZ	Phoenix	Renovate Mental Health Floor Phase I	VHA
AZ	Phoenix	Research Space Renovation	VHA
AZ	Phoenix	BRAC Fair Market Value Minor	VHA
AZ	Phoenix	Renovate Mental Health Floor Phase II	VHA
AZ	Phoenix	Renovate NHCU Floor Phase I	VHA
AZ	Phoenix	Renovate / Expand Emergency Room	VHA
AZ	Phoenix	Renovate NHCU Floor Phase II	VHA
AZ	Phoenix	OR Suite Update	VHA
AZ	Phoenix	Renovate Inpatient Floor	VHA
AZ	Prescott	Clinical Addition & Expansion	VHA
AZ	Prescott	Clinic Space for Mental Health	VHA
AZ	Prescott	OT/PT/KT Rehab Medical Building	VHA
AZ	Prescott	Expand Domiciliary	VHA
AZ	Prescott	NHCU Remodel	VHA

State	City	Project Title - Brief Description	Admin.
AZ	Prescott	Improve Road; Construct Entrance, Rostrum & Fence	NCA
AZ	Tucson	Radiation Oncology	VHA
AZ	Tucson	Additional Med/Surg Beds	VHA
AZ	Tucson	Expand Specialty Clinics	VHA
AZ	Tucson	Research Wet Labs Phase 2	VHA
AZ	Tucson	Clinical Support Building	VHA
AZ	Tucson	Expand Outpatient Mental Health	VHA
AZ	Tucson	Renovate for Research	VHA
CA	Fort Rosecrans	Replace Irrigation System	NCA
CA	Fort Rosecrans	Replace Restroom & Install Equipment Wash Station, Lower Yard	NCA
CA	Fort Rosecrans	City Waterline Connection	NCA
CA	Fort Rosecrans	Environmental Equipment Wash Station	NCA
CA	Fort Rosecrans	Convert Administration into Public Information Center	NCA
CA	Fresno	Mental Health/Primary Care Expansion	VHA
CA	Fresno	Remodel Specialty Clinics	VHA
CA	Fresno	Parking Structure	VHA
CA	Fresno	Bldg 24 Seismic Corrections/Research Expansion	VHA
CA	Golden Gate	Renovate Rostrum	NCA
CA	Golden Gate	Repair Road, Curb & Storm Drainage/ Replace Site Signage	NCA
CA	Golden Gate	Replace Perimeter Fence	NCA
CA	Golden Gate	Automatic Gate System	NCA
CA	Loma Linda	Consolidate Speech Pathology & ENT	VHA
CA	Loma Linda	Remodel / Consolidate ICUs	VHA
CA	Loma Linda	Remodel 1SW - NHCU	VHA
CA	Loma Linda	Remodel 4NW - Telemetry Unit	VHA
CA	Loma Linda	Remodel 3SE - Inpatient Medicine	VHA
CA	Long Beach	Relocate Hemodialysis Clinic	VHA
CA	Long Beach	Demo Building 11	VHA
CA	Long Beach	Relocate Sleep Lab	VHA
CA	Long Beach	Install Co-gen	VHA
CA	Long Beach	Relocate and consol ENT, Audiology and Speech Pathology	VHA
CA	Los Angeles	Cloister Memorial Wall Expansion	NCA
CA	Los Angeles	Renovate Administration Building	NCA
CA	Los Angeles	Replace Pergola	NCA
CA	Los Angeles	Replace Roads & Curbs - South Section	NCA
CA	Los Angeles	Replace Roads & Curbs - North Section	NCA
CA	Los Angeles	Replace Storage Building	NCA
CA	Los Angeles	Construct 9,000-Niche Columbaria	NCA
CA	Los Angeles	Renovation of two restrooms	OGC
CA	Los Angeles	Renovations	OIG
CA	Los Angeles	Office Space	OIG
CA	Martinez	Correct Patient Privacy Deficiencies, CREC	VHA
CA	Martinez	Expand Neurocognitive Research	VHA
CA	Menlo Park	Bldg 114 Seismic Correction - Repl w Co-gen Energy Plant	VHA

State	City	Project Title - Brief Description	Admin.
CA	Menlo Park	PRRTP at Menlo Park Division	VHA
CA	Monterey	Expand Monterey CBOC	VHA
CA	Palo Alto	Bldg 2 Seismic Correction - MH Center	VHA
CA	Palo Alto	Building 2 C Wing Demolition/Construct MH Clinic	VHA
CA	Palo Alto	Genomic Clinical Research Center	VHA
CA	Palo Alto	Abate and Demo A&B Wings Bldg 2 and Site Restoration	VHA
CA	Palo Alto	MIRECC Renovation	VHA
CA	Palo Alto	PRRTP and Resid Care for Brain Injury Resid Unit Mandate	VHA
CA	Palo Alto	Specialty Procedure Center Livermore Realignment	VHA
CA	Palo Alto	Translational Research Replacement Center	VHA
CA	Palo Alto	Add Polytrauma Clinical and Rehabilitation Component	VHA
CA	Palo Alto	Wet and Dry Lab Expansion	VHA
CA	Palo Alto	New War Related Injury and Illness Study Center and Defense and Veterans Brain Injury Rehabilitation Center (DVBIC)	VHA
CA	Palo Alto	Renovate Onizuka BRAC Realignment for Research	VHA
CA	Palo Alto	Replace 43-bed Modular Hometel	VHA
CA	Palo Alto	Expand Wet and Dry Lab Capacity	VHA
CA	Palo Alto	Polytrauma Prosth Lab, Therapy and Pat Simul Center	VHA
CA	Palo Alto	Renovate Mountain View BRAC Acquisition for Admin	VHA
CA	Riverside	Sidewalks, Slabs -Demo & Replace	NCA
CA	Riverside	Install Marker Yard Cover	NCA
CA	Riverside	Install Committal Shelter Drive	NCA
CA	Riverside	Parking Lot Storm Drain	NCA
CA	Riverside	Construct Public Information Center, Admin & MHD Annexes Parking	NCA
CA	Riverside	Remove 4 Irrigation Ponds, Repair Gunite	NCA
CA	Sacramento	Improve ER Access & Security	VHA
CA	Sacramento	New IP Psych Ward, SAC	VHA
CA	Sacramento	Ancillary Expansion & Seismic Upgrade (B-728)	VHA
CA	Sacramento	Consolidate Outpt MH Services	VHA
CA	Sacramento	Enhance Clinical Trials Facilities	VHA
CA	Sacramento	Expand Specialty Care, SVAMC	VHA
CA	Sacramento	Renovate Clinical/Admin Support, 3rd Floor	VHA
CA	Sacramento	Consolidate Home Based Care	VHA
CA	Sacramento	Expand Patient Parking, SVAMC	VHA
CA	Sacramento	Marysville CBOC Partnership	VHA
CA	Sacramento	Extended Care Facility	VHA
CA	San Diego	Clinical Lab Renovation	VHA
CA	San Diego	Expand Research Labs	VHA
CA	San Diego	Relocate Surgical Wards	VHA
CA	San Diego	Renovate Medical Wards	VHA
CA	San Diego	Relocate SPD	VHA
CA	San Diego	Renovate 6th Floor for Admin Office	VHA
CA	San Francisco	Emergency Preparedness & Access	VHA

State	City	Project Title - Brief Description	Admin.
CA	San Francisco	Renovate for Pharm, Med/MH, Gero-psych, PICU, HVAC	VHA
CA	San Francisco	Bldg 203: Renovate for Specialty Clinic Expansion	VHA
CA	San Francisco	Renovate Research Bio/Wet Labs - Bldg 2	VHA
CA	San Francisco	Replace Temporary Research B-16 Annex	VHA
CA	San Francisco	Seismic: Replace Bldg 3 / Retrofit Bldg 18	VHA
CA	San Francisco	Mental Health Functional & Technical Upgrades (Bldg 8)	VHA
CA	San Francisco	Renovate Research Bio/Wet Labs - Bldg 6	VHA
CA	San Francisco	Seismic Retrofit High Risk Bldgs - Various	VHA
CA	San Francisco	Bldg 1 & 200: Functional & Technical Upgrade (Radiology)	VHA
CA	San Francisco	Research Expansion	VHA
CA	San Francisco	Animal Research Expansion	VHA
CA	San Francisco	Long Term Care Expansion	VHA
CA	San Francisco	Road, Curb & Storm Drainage Repairs	NCA
CA	San Francisco	Environmental Equipment Wash Station	NCA
CA	San Francisco	Site Improvements (Renovate Boundary Wall; Install Rostrum Slab)	NCA
CA	San Joaquin Valley	Install Photovoltaic Panels (Energy)	NCA
CA	San Joaquin Valley	Various Infrastructure Improvements	NCA
CA	San Joaquin Valley	Renovate Turf	NCA
CA	San Joaquin Valley	Improve Parking at Shelters A & B	NCA
CA	West Los Angeles	B209 Research Renovation	VHA
CA	West Los Angeles	Consolidate Research Phase 2	VHA
CA	West Los Angeles	Demo Various Buildings	VHA
CA	West Los Angeles	IRM Consolidation	VHA
CA	West Los Angeles	Relocate Hemodialysis	VHA
CA	West Los Angeles	Consolidate Research First Module- Sepulveda	VHA
CA	West Los Angeles	Outpatient Mental Health	VHA
CA	West Los Angeles	Renov Primary/Sub-Specialty Care	VHA
CA	West Los Angeles	Renovate Intermediate Ward (GEM)	VHA
CA	West Los Angeles	Renovate Surg. Phase 1	VHA
CA	West Los Angeles	Mental Health Inpatient Renovation	VHA

State	City	Project Title - Brief Description	Admin.
CA	West Los Angeles	Pharmacy Expansion / Renovation	VHA
CA	West Los Angeles	Renovate Medicine Wards Phase 3	VHA
CA	West Los Angeles	Demolish Research Buildings	VHA
CA	West Los Angeles	Renovate Surgery Phase 2	VHA
CO	Fort Logan	Phase 1 Columbarium	NCA
CO	Fort Logan	Improvements to Irrigation Ditch System	NCA
CO	Fort Logan and Fort Lyon	Water Rights & Delivery System	NCA
CO	Grand Junction	Correct Administrative Space Deficiencies	VHA
CO	Grand Junction	Correct High/Low Pressure Steam/Energy Deficiencies	VHA
CO	Grand Junction	Correct Pharm Cache and Warehouse/Eng Space Def	VHA
CO	Grand Junction	Correct and Replace Underground Electrical Feeds	VHA
CO	Grand Junction	Correct and Upgrade Energy Mgmt Control System Def	VHA
CT	Bedford	Renovate Bldg 80,81,82	VHA
CT	Newington	Specialty Care Clinic Consolidation	VHA
CT	Newington	Renovate Dental/Eye Clinic/Rec Ther	VHA
CT	Newington	Renovate Ancillary/Diagnostic	VHA
CT	Newington	Expand Primary Care	VHA
CT	West Haven	Surgical Specialty Clinics	VHA
CT	West Haven	Mental Health Renovations Phase 1	VHA
CT	West Haven	Specialty Care Ph II	VHA
CT	West Haven	Inpatient Pharmacy Renovation	VHA
CT	West Haven	Primary Care Renovations	VHA
CT	West Haven	Lab Service and Support Area Renovations	VHA
CT	West Haven	Mental Health Renovations Phase 2	VHA
CT	West Haven	Blind Rehab Renovations	VHA
CT	West Haven	Intermediate, Nursing Home Renovation	VHA
DC	VACO	Electrical, Painting BPA's	ADMIN
DC	Washington	Install New Boiler Plant	VHA
DC	Washington	Research Bldg Expansion	VHA
DC	Washington	Renovate Pathology Lab	VHA
DC	Washington	Renovate MICU on 4B	VHA
DC	Washington	VACO BPA's	ADMIN
DC	Washington	Lafayette Build Out	ADMIN
DC	Washington	Climate controls Field Svc Rm	OIG
DC	Washington	Security upgrades Field Office	OIG
DC	Washington	Tech World or New Space	OIG
DE	Wilmington	Emergency Room Addition	VHA
DE	Wilmington	Specialty Clinic Expansion for OIF/OEF	VHA
DE	Wilmington	Renovate 5 East for Dental	VHA

State	City	Project Title - Brief Description	Admin.
DE	Wilmington	Renovate 2 East for Clinic Space	VHA
FL	Barrancas	Landscape Improvements	NCA
FL	Barrancas	Renovate Service Building	NCA
FL	Barrancas	Replace Wrought Iron Fence	NCA
FL	Barrancas	Roads - Resurface and Replace	NCA
FL	Barrancas	Repair Cemetery Wall	NCA
FL	Bay Pines	Expand/Renovate B-101 NHCU	VHA
FL	Bay Pines	Correct IAQ & HIPAA Issues B100, PH2	VHA
FL	Bay Pines	Renovate NHCU Phase I	VHA
FL	Bay Pines	Renovate NHCU Phase II	VHA
FL	Bay Pines	Renovate Research Building 23	VHA
FL	Bay Pines	Correct CARES FCA Electrical Def. Phase I	VHA
FL	Bay Pines	Correct Life Safety Phase II	VHA
FL	Bay Pines	Renovate Monument & Replace Sidewalks	NCA
FL	Bay Pines	Improve Entry & General Site	NCA
FL	Bay Pines	Construct Administration & Maintenance Building	NCA
FL	Bay Pines	Replace Irrigation System - Old Section of Cemetery	NCA
FL	Bay Pines	Renovate Irrigation	NCA
FL	Florida	Replace site furnishings	NCA
FL	Florida	Screen Maintenance Compound	NCA
FL	Florida	Construct - Restroom	NCA
FL	Florida	Expand Administration Building	NCA
FL	Florida	Replace Doors, Committal Shelter	NCA
FL	Florida	Renovate/Automate Irrigation System	NCA
FL	Florida	Improve Irrigation System/Pesticide Storage Building & Mix Pad	NCA
FL	Florida	Pump House - Add Additional Pump	NCA
FL	Florida	Install Horizontal Wells in Memorial Area	NCA
FL	Florida	Replace Ornamental Fence at Entrance	NCA
FL	Florida	Maintenance Yard - Resurface	NCA
FL	Florida	Construct Holding Building	NCA
FL	Florida	Replace Administration Building Roof	NCA
FL	Florida	Install Video Surveillance System	NCA
FL	Florida	Construct 10,000-Niche Columbaria	NCA
FL	Florida	Resurface Roads, Phase I	NCA
FL	Gainesville	Expand ICU	VHA
FL	Gainesville	Expand CTSICU	VHA
FL	Gainesville	Expand MICU	VHA
FL	Gainesville	Research Addition	VHA
FL	Gainesville	Expand Dialysis Unit	VHA
FL	Gainesville	Renovate Psychiatric Ward 2A	VHA
FL	Gainesville	Install Sprinkler B1 and E-Wing PH 2	VHA
FL	Gainesville	Renovate B-1 Phase 1	VHA
FL	Lake City	Construct Add'n Floor on Outpatient Clinic	VHA
FL	Lake City	Construct Supply Warehouse	VHA

State	City	Project Title - Brief Description	Admin.
FL	Miami	Renovate 4AB - Psychiatric Wards	VHA
FL	Miami	Renovate Dental Clinic	VHA
FL	Miami	Renovate 5AB - Mental Health Wards	VHA
FL	Miami	Renovate 9AB - Nursing Patient Wards	VHA
FL	Miami	Relocate Chemotherapy Center	VHA
FL	Miami	Renovate NHCU - PH II	VHA
FL	Orlando	VAO relocation with VHA	VBA
FL	Saint Augustine	Replace Flagpole	NCA
FL	Saint Augustine	Replace Road and Walks	NCA
FL	Saint Augustine	Cemetery - Replace Fence	NCA
FL	West Palm Beach	Ambulatory Procedure Center	VHA
GA	Atlanta	Renovations Atlanta Reg Of	OIG
GA	Atlanta	Reconfiguration of Library	OGC
GA	Augusta	Patient Privacy Improvement Unit 6D	VHA
GA	Augusta	Patient Privacy Ph2 Unit 6C, B801	VHA
GA	Augusta	9 Bed SCI Addition	VHA
GA	Augusta	Unit 3C & 3D Renovation, B801	VHA
GA	Augusta	Building Demolition	VHA
GA	Augusta	Patient Privacy Ph3 Unit 6A, B801	VHA
GA	Dublin	Nursing Home Consolidation	VHA
GA	Dublin	IP Mental Health (Gero-Psych)	VHA
GA	Marietta	Lodge - Remove Asbestos	NCA
GA	Marietta	Replace Trees	NCA
GA	Marietta	Maintenance Building - Renovate, New Restroom Building & Soil Storage	NCA
GA	Marietta	Replace Roads & Storm Drainage	NCA
GA	Marietta	Replace Flagpole & Lights	NCA
GA	Marietta	Demolish Lodge/Construct Restrooms& Committal Shelter	NCA
HI	Honolulu	Parking Garage Addition	VHA
HI	Honolulu	VA/DoD Joint Research Center	VHA
HI	NMCP	Replace Administration Building	NCA
HI	NMCP	Improvements to Mechanical Shop & Maintenance, Employee Lounge	NCA
HI	NMCP	Reinforce Water Tank Retaining Wall	NCA
HI	NMCP	Construct New Committal Shelter	NCA
HI	NMCP	Road, Curb & Gutter, and Signage Replacement	NCA
IA	Des Moines	Med/Surg Bed Enhancement	VHA
IA	Des Moines	Main Patient Entrance for Accessibility	VHA
IA	Des Moines	OP Surgery/OR Modernization	VHA
IA	Iowa City	Relocate Surgical Operating Rooms	VHA
IA	Keokuk	Roads/Material Bins/Fence/Water Stations	NCA

State	City	Project Title - Brief Description	Admin.
IA	Keokuk	Irrigate Entire Cemetery (13 acres)	NCA
IA	Keokuk	Road Repairs	NCA
IA	Knoxville	OP Renovation Bldg 1	VHA
ID	Boise	Medical Imaging Building	VHA
ID	Boise	Free Standing Dental Clinic	VHA
ID	Boise	Construct Parking Garage	VHA
ID	Boise	Remodel Rehab. Medicine	VHA
ID	Boise	Renovate B.27 1st Floor	VHA
ID	Boise	Seismic Upgrade B.1, 23, 24, 43, 44, 50	VHA
IL	Abraham Lincoln	Install 6,000 Crypts in Sections 5/6	NCA
IL	Abraham Lincoln	Extend Road Exit From Interment Storage Building	NCA
IL	Abraham Lincoln	Install Irrigation System in Phase 1 Burial Areas	NCA
IL	Camp Butler	Replace Water lines used for public flower placement & turf	NCA
IL	Camp Butler	Install Fiber Optic Link	NCA
IL	Camp Butler	Irrigate entire cemetery (53 acres)	NCA
IL	Chicago	Expand Outpatient Specialty Clinic	VHA
IL	Danville	Construct ER Addition, Bldg 58	VHA
IL	Danville	Construct two Nursing Home Care Units	VHA
IL	Danville	Renovate for Specialty Care	VHA
IL	Danville	Replace Primary Electrical Dist. Equip.	VHA
IL	Danville	Construct Administration Building Addition	NCA
IL	Danville	Asphalt Road for Access to Burial Sections 18-20	NCA
IL	Danville	Construct Material Storage Shelter	NCA
IL	Danville	Gravesite Development & Site Improvements	NCA
IL	Danville	Surface Drainage at Section 23	NCA
IL	Hines	Standby Elect. Power for Animal Research, B1	VHA
IL	Hines	Establish Seamless Transition Clinics, B228	VHA
IL	Hines	Modernize PM&R, B200	VHA
IL	Hines	Relocate Nuc Med & Other Patient Care, B200	VHA
IL	Hines	Demolition of Bldgs. 12 & 13	VHA
IL	Hines	Relocate Microbiology, B200	VHA
IL	Hines	Relocate Prosthetics to Basement, B200	VHA
IL	Hines	Relocate Resp. Care/sleep lab, B-200	VHA
IL	Hines	Relocate Surg. Outpt. & Admin to 8th floor, B200	VHA
IL	Hines	New Parking Lot (50 spaces)	OSMM
IL	Hines	Upgrade Steam/condensate lines	OSMM
IL	Hines	Replace/ Upgrade HVAC units (Phase 2)	OSMM
IL	Hines	Replace/Upgrade Transformers (Phase 2)	OSMM
IL	Hines	Building 37 Roof Replacement (Phase 4)	OSMM
IL	Hines	Miscellaneous 999 Renovations	OI&T
IL	Hines	Replace UPS System/Design-Build	OI&T

State	City	Project Title - Brief Description	Admin.
IL	Hines	Build Access Road Modifications/Design-Build	OI&T
IL	Hines	Lighting Replacement Project Phase 1/ Construction	OI&T
IL	Hines	LAN/WAN/Computer Room Site Surveys for Regional VBA Office	OI&T
IL	Hines	Replace/Upgrade HVAC units PH2 & 3	OSMM
IL	Hines	Building 37 Tuck pointing	OSMM
IL	Hines	Equipment Storage Building	OSMM
IL	Hines	Upgrade U/G Sewer & Storm drainage	OSMM
IL	Hines	Replace Warehouse Electrical Fixtures	OSMM
IL	Hines	Upgrade Electrical main & sub panels / Feeders	OSMM
IL	Hines	Repl. Exterior doors (incl. dock) & Windows	OSMM
IL	Hines	Remodel 5 Restrooms (SDC/Warehouse)	OSMM
IL	Hines	B - 37 Architectural Renovation Ph 1 & 2	OSMM
IL	Hines	Renovate / Upgrade Security systems	OSMM
IL	Hines	Misc. 999 Renovations	OI&T
IL	Hines	Armed Security Shacks	OI&T
IL	Hines	Electrical Const Ph1 - Related to 08 computer Rm Power, Switchgear, Dist & Mech support System	OI&T
IL	Hines	Electrical Const Ph2 - Related to 08 computer Rm Power, Switchgear, Dist & Mech support System	OI&T
IL	Hines	Electrical Const Ph3 - Related to 08 computer Rm Power, Switchgear, Dist & Mech support System	OI&T
IL	Hines	Lighting Replacement Project Ph2	OI&T
IL	Hines	Lighting Replacement Project Ph3	OI&T
IL	Hines	Mail Opening Room Design	OI&T
IL	Hines	Mail Opening Room Design	OI&T
IL	Hines	Mechanical Const Ph1 - Related to 08 Computer Rm power, switchgear, dist & mechanical support & design	OI&T
IL	Hines	Replace Facility Electrical Feeders & Add 3rd Feeder & Add ATS	OI&T
IL	Hines	Resurface Facility Parking Lot	OI&T
IL	Hines	Renovations	OIG
IL	Hines	Upgrade Data center	OI&T
IL	Hines	Renovate Offices	ORM
IL	Hines(SDC)	Roof Replacements – phase 4	OAMM
IL	Hines(SDC)	Transformer	OAMM
IL	Hines(SDC)	Replace Transformer	OAMM
IL	Hines(SDC)	Upgrade Life Safety / Security	OAMM
IL	Mound City	Irrigate Entire Cemetery (10 acres)	NCA
IL	North Chicago	Modernize Nursing Home Care Unit, Phase 1-B134	VHA
IL	Quincy	Construct Main Entrance/ Riprap channel	NCA
IL	Rock Island	Irrigate Older Portions of Cemetery (44 acres)	NCA
IN	Indianapolis	Expand Nuclear Medicine and Clinical space	VHA
IN	Indianapolis	Clinic expansion - 3rd and 4th floor - E-Wing	VHA
IN	Indianapolis	Realignment and modernization	VBA
IN	Marion	Equip bldg, wash bay, slate roof, tuck point, roads, front entrance	NCA

State	City	Project Title - Brief Description	Admin.
		improvements	
IN	New Albany	Replace Concrete Pavement (curbs & roads)	NCA
IN	Northern Indiana	Demolish Buildings 13, 122, 19-22	VHA
KS	Fort Scott	Install Irrigation System in 10 Acre Expansion	NCA
KS	Leavenworth	New Patient Access/Dock Area	VHA
KS	Leavenworth	Primary Care/Pharmacy Infill	VHA
KS	Leavenworth	Surgery Relocation	VHA
KS	Leavenworth	Road Repair & Administration Parking Expansion	NCA
KS	Leavenworth	Remodel Public Restroom & Public Information Center	NCA
KS	Leavenworth and Fort Leavenworth	Irrigation System, Entire Cemetery	NCA
KS	Topeka	Specialty Care Addition	VHA
KY	Camp Nelson	Renovate Entrance (Enlarge for traffic safety)	NCA
KY	Camp Nelson	Irrigation System, entire cemetery (30 acres)	NCA
KY	Camp Nelson	Construct Equipment Storage Building & Material Storage Bins	NCA
KY	Lebanon	Irrigate Entire Cemetery (15 acres)	NCA
KY	Lexington	Construct New Floor for Research, CDD	VHA
KY	Lexington	Relocate Endoscopy, Upgrade OP Surg, CDD	VHA
KY	Lexington	Relocate PM&RS Clinic, CDD	VHA
KY	Lexington	Relocate Specialty OP Functions, CDD	VHA
KY	Lexington	Upgrade CCU, CDD	VHA
KY	Louisville	Consolidate Laboratory Operations	VHA
KY	Louisville	Renovate 8B for Research	VHA
KY	Louisville	Construct Parking Garage	VHA
KY	Louisville	Construct Radiology Addition	VHA
KY	Louisville	Renovate 9th Floor Research Labs	VHA
KY	Louisville	Consolidate Kitchens	VHA
KY	Louisville	Renovate B-12 Research	VHA
KY	Louisville	Pharmacy & Lab Addition	VHA
KY	Louisville	Specialty Clinics Addition	VHA
KY	Mill Springs	Irrigate Entire Cemetery (6.3 acres)	NCA
KY	Zachary Taylor	Total Reconstruction/Cemetery Storm Sewer System	NCA
KY	Zachary Taylor	Irrigate entire cemetery (16 acres)	NCA
LA	Alexandria	Expand Bldg. 9 for Mental Health	VHA
LA	Alexandria	Renovate Bldg. 6 for Clinical Support	VHA
LA	Alexandria	Construct Education Facility	VHA
LA	Alexandria	Replace Water Lines	NCA
LA	Alexandria	Reconstruct Wall Foundation	NCA
LA	Baton Rouge	Replace Trees	NCA
LA	Baton Rouge	Replace Road	NCA
LA	Baton Rouge	Flagpole - Replace	NCA

State	City	Project Title - Brief Description	Admin.
LA	Baton Rouge	Repair Wall	NCA
LA	Port Hudson	Install 4,500 Pre-Placed Crypts	NCA
LA	Port Hudson	Plant New Trees	NCA
LA	Port Hudson	Repair Cemetery Wall	NCA
LA	Port Hudson	Construct Public Information Center w/Restrooms	NCA
LA	Port Hudson	Maintenance Building Expansion	NCA
LA	Port Hudson	Construct 1,000-Niche Columbaria	NCA
LA	Port Hudson	Re-construct entrance road to accommodate 10 parked vehicles	NCA
LA	Port Hudson	Replace Flagpole	NCA
LA	Shreveport	Hoptel Building	VHA
MA	Bedford	Renovate Bldg 17, 18, 70	VHA
MA	Bedford	Renovate Domiciliary	VHA
MA	Bedford	Renovation Outpatient Mental Health	VHA
MA	Bedford	Renovate Bldg 1	VHA
MA	Bedford	Renovate Bldg 5 for Specialty Care	VHA
MA	Bedford	Renovate Bldg 9	VHA
MA	Bedford	Renovate Pharmacy and Recreation Therapy	VHA
MA	Bedford	Renovate Research Space	VHA
MA	Bedford	Renovations	OIG
MA	Boston	Specialty Clinic Renovation BRK	VHA
MA	Boston	Administration Renovation	VHA
MA	Boston	Infrastructure Improvements, JP, PH 3	VHA
MA	Boston	Animal Research Improvements, B1-A	VHA
MA	Boston	Cyclotron Site Prep	VHA
MA	Boston	Pet CT Scan Site Prep	VHA
MA	Boston	Research Facility Renovation B1-A	VHA
MA	Brockton	Replacement Research Facility B44, B46	VHA
MA	Brockton	Dental Renovation	VHA
MA	Brockton	Primary Care Expansion	VHA
MA	Brockton	Mental Health Renovations	VHA
MA	Brockton	New Nitrogen/Cryogenics Facility, B25	VHA
MA	Massachusetts	Renovate Columbaria & Committal Shelters	NCA
MA	Massachusetts	Replace/Refurbish Irrigation System, Sections 1-9	NCA
MA	Massachusetts	Environmental Equipment Wash Station	NCA
MA	Northampton	NHCU Bldg 1 East	VHA
MA	Northampton	Central Chiller Plant	VHA
MA	Northampton	Elevators Building 11 & 25	VHA
MA	Northampton	Rehab Medicine Renovation	VHA
MA	Northampton	Renovate Education Space	VHA
MA	Northampton	Renovate Recreation Therapy	VHA
MA	Northampton	Air Condition Buildings	VHA
MA	Northampton	Elevators Bldg 20	VHA
MA	West Haven	Renovate Primary Care	VHA
MA	West Roxbury	Infrastructure Improvements (WR) PH 2	VHA

State	City	Project Title - Brief Description	Admin.
MA	West Roxbury	Support Service Modification (WR) Ph 3	VHA
MA	West Roxbury	Surgical Nursing Unit, B1-3N	VHA
MA	West Roxbury	Medical Nursing Unit B1-4N	VHA
MA	West Roxbury	EP Lab Site Prep	VHA
MA	West Roxbury	Infrastructure Improvements (WR) PH 3	VHA
MD	Baltimore	Expand Mental Health and Managed Care Clinics	VHA
MD	Baltimore	Perry Point - Demolish Village Houses	VHA
MD	Baltimore	Robotics and Exercise Space	VHA
MD	Baltimore	Admin Support Building Lock Raven	VHA
MD	Baltimore	Managed Care Improvements 1C&1D	VHA
MD	Baltimore	Purchase 20,000 gsf Support Bldg	VHA
MD	Baltimore	Primary Care Expansion 5A & 6A	VHA
MD	Baltimore	Remove Stone Sidewalks - Repair w/Stamped Concrete	NCA
MD	Baltimore	Environmental Equipment Wash Station	NCA
MD	Baltimore	Construct 3,000-Niche Columbaria	NCA
MD	Perry Point	Renovate Bldg. 24H for PRRPT	VHA
MD	Perry Point	Renovate Bldg 22H SATP	VHA
MD	Perry Point	Renovate Bldg 80, Outpatient MH	VHA
MD	Perry Point	RENOVATE 25H FOR EDUCATION	VHA
ME	Togus	Add HVAC, B203 & B204	VHA
ME	Togus	Nursing Home Renovation	VHA
ME	Togus	Administration Renovation	VHA
ME	Togus	Construct 25 Bed Sub Abuse CWT/TR	VHA
ME	Togus	Private Baths NH Phase I	VHA
ME	Togus	Private, Semi-private Baths, B200, Ph2 3N/3S	VHA
ME	Togus	Private, Semi-private Baths, B200, Phase 2	VHA
ME	Togus	Substance Abuse Residential Rehab	VHA
ME	Togus	Private Baths NH Phase 2	VHA
ME	Togus	Construct 30 Bed Dom	VHA
ME	Togus	Upgrade HVAC, B209/210	VHA
ME	Togus	Upgrade HVAC, B203/204	VHA
MI	Ann Arbor	Construct Mental Health to 8th Floor	VHA
MI	Ann Arbor	Design 6E, 6W Renovation	VHA
MI	Ann Arbor	6E, 6W Renovation	VHA
MI	Ann Arbor	Design East Parking deck Expansion	VHA
MI	Ann Arbor	East Parking Deck Expansion	VHA
MI	Battle Creek	Renovate NHCU for Patient Privacy	VHA
MI	Detroit	Renovate B3N for Diabetes Clinic	VHA
MI	Fort Custer	Committal Shelter, Roads & Entrance	NCA
MI	Fort Custer	Renovate Honor Guard Building	NCA
MI	Fort Custer	Enclose Equipment Storage Canopy w/ Metal Walls & Door	NCA
MI	Fort Custer	Equipment Storage Building	NCA
MI	Fort Custer	New Well, Pump house & Irrigation	NCA
MI	Fort Custer	Amphitheater Assembly Area	NCA

State	City	Project Title - Brief Description	Admin.
MI	Fort Custer	Memorial Path Overlook Stonewall Enhancement	NCA
MI	Iron Mountain	Expand Patient Care Areas	VHA
MI	Saginaw	Renovate Laboratory, Bldg. 1	VHA
MN	Minneapolis	Renovate GI Clinic	VHA
MN	Minneapolis	Renovate ER/Urgent Care	VHA
MN	Minneapolis	Install Parking Lot Auto Arm; Change Door Lock system; A/C	OGC
MN	St. Cloud	Exp. Spec. Care, Reconfigure Support Space	VHA
MN	St. Cloud	Expand Acute Psych Beds	VHA
MN	St. Cloud	Renov Wards B49 ph 2	VHA
MN	St. Cloud	Renovate Wards Bldg 49-1/Elev	VHA
MN	St. Cloud	Ren Extended Care beds B50, 1	VHA
MN	St. Cloud	Renov Wards, B 50-2	VHA
MN	St. Cloud	Renovate Wards, 51-1	VHA
MN	St. Paul	Miscellaneous Leasehold Improvements	DMC
MO	Alton	Renovate Entrance	NCA
MO	Columbia	Patient Privacy 4th Floor	VHA
MO	Columbia	Relocate ICU	VHA
MO	Columbia	Patient Privacy 3 East	VHA
MO	Columbia	Patient Privacy 6th Floor	VHA
MO	Jefferson Barracks	Administration Building - Replace Ceiling	NCA
MO	Jefferson Barracks	Renovate Old Maintenance Building/Honor Guard Area	NCA
MO	Jefferson Barracks	Asphalt Road Repair/Sealing	NCA
MO	Jefferson Barracks	Burial Expansion onto VAMC Property	NCA
MO	Kansas City	Purchase Radiation Therapy Facility	VHA
MO	Kansas City	MRI Addition	VHA
MO	Kansas City	Renov Inpat Medicine	VHA
MO	Kansas City	Seismic Protection	VHA
MO	Springfield	Replace Waterlines & Irrigate Cemetery	NCA
MO	St. Louis	Records Management Center - NARA compliance	VBA
MO	St. Louis – JB	Renovate/Expand Clinics, JB	VHA
MO	St. Louis – JB	Remodel Long Term Care, B53, JB	VHA
MO	St. Louis – JB	Remodel Inpatient MH, B-51, JB	VHA
MO	St. Louis – JC	Relocate Mental Health Recovery Center, JC	VHA
MS	Biloxi	Surgery/ICU Renovation	VHA
MS	Biloxi	Expand Building 3 for Cancer Center	VHA
MS	Biloxi	Remodel/Expand Patient Dining	VHA
MS	Biloxi	Renovate 5th Floor (NOVA)	VHA
MS	Biloxi	Construct Elevated Water Storage Tank	VHA
MS	Biloxi	Parking Garage (Phase I)	VHA
MS	Biloxi	Construct Specialty Care Clinic	VHA

State	City	Project Title - Brief Description	Admin.
MS	Biloxi	New Physical Therapy Addition (PM&RS)	VHA
MS	Biloxi	Construct 1,700-Niche Columbaria	NCA
MS	Biloxi	Resurface Roadways	NCA
MS	Biloxi	Reconstruct Existing Roads; Install Curbing	NCA
MS	Biloxi	Construct New Road w/ Cul-de-sac	NCA
MS	Biloxi	Plant Vegetative Screen along Property Line/Keesler AFB	NCA
MS	Corinth	Replace Irrigation System	NCA
MS	Corinth	Construct Committal Shelter	NCA
MS	Corinth	Demolish Lodge	NCA
MS	Corinth	Demolish Maintenance Building	NCA
MS	Corinth	Landscape Improvements	NCA
MS	Corinth	Install Fencing for Maintenance Yard	NCA
MS	Corinth	Replace Flagpole	NCA
MS	Corinth	Cemetery - Replace Sidewalk	NCA
MS	Corinth	Replace Drainage Ditch/Covers/Inlets	NCA
MS	Corinth	Repair Roadways	NCA
MS	Corinth	Construct Administration/Maintenance Building	NCA
MS	Jackson	Expand Linear Accelerator	VHA
MS	Jackson	Provide 3rd Floor Bldg. 7 for Med/Surg & NHCU Beds	VHA
MS	Jackson	Renovate MICU/CCU	VHA
MS	Jackson	Construct Parking Garage West Side	VHA
MS	Jackson	Construct Clinic/Education on Top of Parking Deck	VHA
MS	Jackson	Renovate Medical Laboratories Upgrading Elec./HVAC	VHA
MS	Natchez	Slope Stabilization	NCA
MS	Natchez	Replace Site Furnishings & Section Markers	NCA
MS	Natchez	Construct Paved Road	NCA
MS	Natchez	Replace Water Lines	NCA
MS	Natchez	Replace Drainage Ditch	NCA
MS	Natchez	Maintain Historic Perimeter Wall	NCA
MS	Natchez	Install Irrigation	NCA
MS	Natchez	Construct Paved Road	NCA
MS	Natchez	Landscape Improvements	NCA
MT	Black Hills	Correct Seismic Deficiencies Quarters	VHA
MT	Sheridan	Expand Ancillary/Diagnostic Care Lab A/E	VHA
NC	Asheville	Renovate Ward 5-East	VHA
NC	Asheville	Renovate Ward 4-East	VHA
NC	Asheville	Renovate Wards 3-East/West – Backfill	VHA
NC	Durham	Clinical Expansion D-wing	VHA
NC	Durham	Research Expansion Phase 2	VHA
NC	Fayetteville	Outpatient Expansion	VHA
NC	New Bern	Replace Windows in Lodge	NCA
NC	New Bern	Roads - Resurface	NCA
NC	New Bern	Improve Site Furnishings	NCA
NC	New Bern	Enhance Overall Landscape	NCA

State	City	Project Title - Brief Description	Admin.
NC	Raleigh	Enhance Landscape	NCA
NC	Raleigh	Replace Site Furnishings	NCA
NC	Raleigh	Roads - Replace Curbing	NCA
NC	Raleigh	Reconstruct Cemetery Wall	NCA
NC	Raleigh	Demolish Lodge	NCA
NC	Raleigh	Construct Committal Shelter	NCA
NC	Salisbury	Education and Learning Center	VHA
NC	Salisbury	Expand Emergency Department	VHA
NC	Salisbury	Expand Lab & Pathology	VHA
NC	Salisbury	Rehab and Prosthetics Center	VHA
NC	Salisbury	Expand B7 for Rehab Medicine	VHA
NC	Salisbury	Site Prep for Linear Accelerator	VHA
NC	Salisbury	Renovate Building 6 for Patient Activities	VHA
NC	Salisbury	Improve Pedestrian Circulation	NCA
NC	Salisbury	Lodge, Replace Roof	NCA
NC	Salisbury	Resurface Roads	NCA
NC	Salisbury	Correct Drainage	NCA
NC	Salisbury	Enhance Landscape for Original Phases	NCA
NC	Wilmington	Replace Site Furnishings	NCA
NC	Wilmington	Maintenance Building/Restrooms - Demolish	NCA
NC	Wilmington	Lodge, Replace Roof	NCA
NC	Wilmington	Demolish Lodge	NCA
ND	Fargo	Audiology-Eye-Opthamology	VHA
ND	Fargo	Replace Operating Rooms	VHA
ND	Fargo	Remodel TCU for Cultural Transformation	VHA
ND	Fargo	TCU Expansion for Private Rooms	VHA
ND	Fargo	Lab Improvements	VHA
ND	Fargo	Mental Health Initiatives	VHA
ND	Fargo	Pulmonary - Cardiology Remodel	VHA
ND	Fargo	Renovate Second Floor - Bldg 9	VHA
ND	Fargo	Modernize B-Wing Basement - Bldg 9	VHA
ND	Fargo	Remodel Third Floor - Bdlg 1	VHA
NE	Omaha	Fourth Floor Research Addition	VHA
NE	Omaha	SPD to 3rd Floor OPC Building	VHA
NE	Omaha	Surgery (O.R.s) to 2nd Floor OPC	VHA
NE	Omaha	Specialty Care and Surgery Renovation	VHA
NH	Manchester	Ancillary/Diagnostic Renovations	VHA
NH	Manchester	Administration Renovation Phase 1	VHA
NH	Manchester	Renovate Pharmacy, Dental	VHA
NH	Manchester	Administration Renovation Phase 2	VHA
NJ	Beverly	Lodge Renovation	NCA
NJ	Beverly	Environmental Equipment Wash Station	NCA
NJ	Beverly	Repair/Replace Slate Roofs - Both Maintenance Garages	NCA
NJ	Newark	Renovations Newark Of	OIG

State	City	Project Title - Brief Description	Admin.
NM	Albuquerque	Renovation of Research Labs B-11	VHA
NM	Albuquerque	Expand Surgery/PACU/SICU B-41	VHA
NM	Albuquerque	Renovate for Mental Health B-1	VHA
NM	Albuquerque	Clinical Space Enhancements B-41	VHA
NM	Albuquerque	ICU Consolidation B-41	VHA
NM	Albuquerque	Renovate Existing Surgical Suite B-41	VHA
NM	Albuquerque	Realignment and modernization	VBA
NM	Fort Bayard	New Administration/Maintenance Building, Maintenance, Shelter, Rostrum	NCA
NM	Fort Bayard	Replace Shelter & Rostrum; Construct New Administration/Maintenance Building; Convert Xeriscape	NCA
NM	Santa Fe	Renovate Administration/Maintenance into Admin; Construct New Maintenance Facility	NCA
NV	Las Vegas	Realignment and modernization	VBA
NV	Reno	Specialty Clinic Building	VHA
NV	Reno	Consol/Exp Outpatient Special Procedures & Recovery	VHA
NV	Reno	Life Safety Infrastructure Corrections Bldg 1	VHA
NV	Reno	Seismic Corrections Bldg 1A	VHA
NV	Reno	Susanville CBOC/Collaboration	VHA
NV	Reno	Relocate Clinical Services from Bldg 1	VHA
NV	Reno	Seismic Replacement for Outpatient Services in Bldg 1	VHA
NV	Reno	Upgrade/Integrate Canteen with Nutrition and Food Service	VHA
NV	Reno	New Education Training & Conference Center	VHA
NV	Reno	Construct New Research Bldg	VHA
NY	Albany	Correct Physical Med & Rehab Svc Deficiencies	VHA
NY	Albany	Relocate Med Rec and Consolidate Clinics on First Floor	VHA
NY	Albany	Renovate Primary Care on 4C and 8C	VHA
NY	Albany	Relocate Nuclear Medicine to 2B and Laboratory to 3rd Floor	VHA
NY	Albany	Renovate Post Anesthesia Care Unit	VHA
NY	Albany	Construct NHCU Facility	VHA
NY	Batavia	Ward B Privacy Renovations	VHA
NY	Batavia	Renovate Ward B	VHA
NY	Batavia	Renovate Ward C	VHA
NY	Bath	Renovate Ward 3B, B-76	VHA
NY	Bath	1,500 Pre-Placed Crypts	NCA
NY	Bath	Resurface Roads - Entire Site - 1.3 miles	NCA
NY	Bath	Expand Administration Area (400 sf)	NCA
NY	Bath	Construct Small Public Information Center w/Restroom	NCA
NY	Bath	Expand Maintenance Garage	NCA
NY	Bath	Environmental Equipment Wash Station	NCA
NY	Brooklyn	Electrical Safety Service Upgrade	VHA
NY	Brooklyn	SPD / Central Sterile Supply Upgrade	VHA
NY	Brooklyn	MRI	VHA
NY	Brooklyn	Research Areas/systems upgrades	VHA

State	City	Project Title - Brief Description	Admin.
NY	Brooklyn	Audiology / Speech Pathology Renov.	VHA
NY	Brooklyn	Radiology & Clinical labs upgrade	VHA
NY	Buffalo	Construct Parking Ramp	VHA
NY	Buffalo	Psychiatric Ward Safety Improvements	VHA
NY	Buffalo	Renovate Cath Lab	VHA
NY	Buffalo	Renovate Ward 9A	VHA
NY	Buffalo	Air Condition Upstairs area	OGC
NY	Calverton	Environmental Equipment Wash Station	NCA
NY	Calverton	Renovate & Expand Maintenance Building/3001 & Construct Washbay	NCA
NY	Calverton	Replace Façade on Administration and Committal Buildings	NCA
NY	Castle Point	Expand OPC H-3	VHA
NY	Cypress Hills	Drainage Correction at Union Site	NCA
NY	Cypress Hills	Restore/Replace WI Fence & Main Gates [Historical]	NCA
NY	Cypress Hills	Remove/Replace All Roads at Cypress Hills & Union Plot	NCA
NY	Cypress Hills	Irrigate Entire 15.4 Acre Site	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
NY	Long Island	Environmental Equipment Wash Station	NCA
NY	Long Island	Correct Drainage- Resurface Employee/Visitor Lots	NCA
NY	Montrose	Consolidate Outpatient Building	VHA
NY	Montrose	Raze Buildings 8,9,10,11	VHA
NY	New York	Emergency Generators	VHA
NY	New York	Emergency Power- HVAC Systems	VHA
NY	New York	Renovate Research Area	VHA
NY	New York	Upgrade GI	VHA
NY	New York	Renovate Medicine Wards	VHA
NY	New York	Renovate Psych Wards	VHA
NY	New York	Renovations	OIG
NY	Syracuse	Construct SPD - Design	VHA
NY	Syracuse	NHCU @ Rome (2nd Floor)	VHA
NY	Syracuse	Renovate 7th floor - Construction	VHA
NY	Syracuse	Renovate for Pharmacy - Construction	VHA
NY	Syracuse	Renovate Nursing Home	VHA
NY	Syracuse	Expand Valor Inn	VHA
NY	Syracuse	Renovate Lab	VHA
NY	Syracuse	Renovate, expand SPD - Construction	VHA
NY	Syracuse	Expand Valor Inn - Construction	VHA
NY	Syracuse	Replace Building #2	VHA
NY	Woodlawn	Construct 2,500-Niche Columbaria	NCA
NY	Woodlawn	Construct Storage Barn	NCA
NY	Woodlawn	Environmental Equipment Wash Station	NCA

State	City	Project Title - Brief Description	Admin.
OH	Cincinnati	Outpatient Surgical Center	VHA
OH	Cincinnati	Replace Animal Research Facility (ARF) Phase I	VHA
OH	Cincinnati	Hemodialysis and Dental Care Improvements	VHA
OH	Cincinnati	Relocate Nursing Home from Ft. Thomas	VHA
OH	Cincinnati	Replace Animal Research Facility(ARF) Phase 2	VHA
OH	Cincinnati	Mental Health Imp. (Bldg 3 & 8 Domino Moves)	VHA
OH	Cincinnati	SPD Relocation and Improvements	VHA
OH	Cleveland	Pathology & Laboratory Medicine Service Addition	VHA
OH	Cleveland	Expand Outpatient Pharmacy	VHA
OH	Cleveland	Expand Radiology Phase 3	VHA
OH	Cleveland	Renovations	OIG
OH	Cleveland	Realignment and modernization	VBA
OH	Columbus	Access Improvements	VHA
OH	Dayton	Renovate Building 305	VHA
OH	Dayton	Renovate Building 330, 5th Floor	VHA
OH	Dayton	Renovate Building 409	VHA
OH	Dayton	Renovate Building 410	VHA
OH	Dayton	Oncology Clinic/Prosthetics Expansion	VHA
OH	Dayton	Building 409 Renovation	VHA
OH	Dayton	Building 143 Renovation	VHA
OH	Dayton	Central A/C 410	VHA
OH	Dayton	Develop 5 Acres, Install 4,163 Pre-Placed Crypts	NCA
OH	Dayton	Construct Storage & Wash Bay Building	NCA
OH	Dayton	Construct (2nd) New Committal Shelter	NCA
OH	Dayton	Renovate Historic Guard Building	NCA
OH	Dayton	Irrigate entire cemetery (100 acres)	NCA
OH	Johnson's Island	Shore Stabilization	NCA
OH	Ohio Western Reserve	Install 9,000 Pre-Placed Crypts	NCA
OH	Ohio Western Reserve	Irrigation for Phase 1 Burial Areas	NCA
OK	Fort Gibson	Maintenance Building/Equipment Storage Improvements	NCA
OK	Fort Gibson	Construct 1,000 in-ground & 2,000-Niches	NCA
OK	Fort Gibson	Gravesite Expansion & Maintenance Building	NCA
OK	Fort Gibson	New Maintenance Building & Storage Building	NCA
OK	Muskogee	Convert 3rd Floor Atrium to Offices	VHA
OK	Muskogee	Site Prep for MRI	VHA
OK	Oklahoma City	1st & 2nd Floor Clinic Expansion	VHA
OK	Oklahoma City	Linear Accelerator	VHA
OK	Oklahoma City	Relocation of SICU to Step Down Unit Addition	VHA
OK	Oklahoma City	Renovate 5 North for Inpatient Beds	VHA
OK	Oklahoma City	Renovate Ancillary	VHA
OK	Oklahoma City	Clinic Infill	VHA

State	City	Project Title - Brief Description	Admin.
OK	Oklahoma City	Expand Surgery	VHA
OK	Oklahoma City	Renovate B, C, & D Mods	VHA
OK	Oklahoma City	Renovate 5 East for Inpatient Beds	VHA
OR	Eagle Point	Remodel Administration; New Maintenance Facility; Vehicle Wash Station; Fence	NCA
OR	Eagle Point	Develop Burials west of Riley Road; Roads; Shelter	NCA
OR	Eagle Point	Columbaria/Pre-Placed Crypts	NCA
OR	Eagle Point	Repair/Replace Stone Retaining Walls	NCA
OR	Portland	Renovate NSCU for Patient Privacy	VHA
OR	Portland	Renovate Wards to Eliminate 4 Bed Rooms	VHA
OR	Portland	Renov Bldg 104 for Spec Care	VHA
OR	Portland	Renov Bldg 6 for Animal Research Facility	VHA
OR	Portland	Remodel Surgery for Vascular	VHA
OR	Portland	Patient Parking Structure (P)	VHA
OR	Portland	Renovate Wards to Eliminate 4 Bed Rooms	VHA
OR	Roseburg	Construct for Protective Care Unit Relocation	VHA
OR	Roseburg	Construct Protected Care Unit	VHA
OR	Roseburg	Construct MRI Space	VHA
OR	Roseburg	Seismic Upgrade Boiler Plant, Bldg 7	VHA
OR	Roseburg	Construct 1,000-Niche Columbaria	NCA
OR	Roseburg	Site Improvements (Irrigation, Restroom Maintenance, Fence, Lights, Wash Station)	NCA
OR	Roseburg	Construct 3,000-Niche Columbaria & Site Improvements	NCA
OR	Roseburg	Replace Caretaker's Building	NCA
OR	Vancouver	Renov Bldg 11 (D-7) CARS for Outpt Functions	VHA
OR	Vancouver	Seismic Upgrade Boiler Plant & Ancillary Bldgs (V)	VHA
OR	Vancouver	Renovate NHCU for Patient Privacy (V)	VHA
OR	White City	Expand Ambulatory Care Clinic	VHA
OR	White City	Replace Dom Bldg. 204	VHA
OR	White City	Replace Dom Bldg. 206	VHA
OR	White City	Replace Dom Bldg. 207	VHA
OR	Willamette	Install 5,760 Pre-Placed Crypts	NCA
OR	Willamette	Install Roads, Storage Areas/Sheds, Wash Rack	NCA
OR	Willamette	Replace/Renovate Maintenance Buildings	NCA
PA	Altoona	Move & Expand Rehab	VHA
PA	Altoona	Expand and Improve BH Clinic	VHA
PA	Altoona	Move/Exp Recreation	VHA
PA	Altoona	Exp/Imp Long Term Care 5th Fl	VHA
PA	Altoona	Exp/Imp Long Term Care 6th Fl	VHA
PA	Altoona	Expand Eye/Card/Pul/Resp/Spec	VHA
PA	Altoona	Move & Expand Specialty	VHA
PA	Altoona	Expand Radiology	VHA
PA	Coatesville	Renovate Building #3 In/Out Patient Pharmacy	VHA
PA	Coatesville	Renovate 1B Med Ward Bldg.#1	VHA

State	City	Project Title - Brief Description	Admin.
PA	Erie	Renovate 7th Floor	VHA
PA	Erie	Cultural transition	VHA
PA	Indiantown Gap	Install 3,000-Niches	NCA
PA	Indiantown Gap	Replace Glass Windows & Doors, B-1 (Admin Bldg)	NCA
PA	Indiantown Gap	Recoat Roof, Re-caulk Exterior Wall Panels Service Building	NCA
PA	Indiantown Gap	Install 7,000 Pre-Placed Crypts	NCA
PA	Indiantown Gap	Administration Building Roof Replacement	NCA
PA	Indiantown Gap	Environmental Equipment Wash Station	NCA
PA	Indiantown Gap	Recoat Roof, Re-caulk Exterior Wall Panels Administration Building	NCA
PA	Indiantown Gap	Convert Administration Entry to Wheelchair Accessible	NCA
PA	Indiantown Gap	Stone Work on West Side of Administration Building	NCA
PA	Indiantown Gap	Install Sidewalk in Burial Section 12-C & 12-D	NCA
PA	Lebanon	Behavior Health Clinic Services	VHA
PA	Lebanon	Clinical Improvements for Lab and Morgue	VHA
PA	Lebanon	Renovate for Rehab Services	VHA
PA	Lebanon	Safety and Security Upgrades	VHA
PA	Lebanon	Ambulatory Surgery Improvements	VHA
PA	Philadelphia	Renovate 1st Floor Research	VHA
PA	Philadelphia	Upgrade Emergency Department	VHA
PA	Philadelphia	Back Up Electrical Power	VHA
PA	Philadelphia	Renovate BMST Research	VHA
PA	Philadelphia	Expand NHCU	VHA
PA	Philadelphia	Renovate 5th Floor Research	VHA
PA	Philadelphia	Add Floor A/E Bldg.	VHA
PA	Philadelphia	Addtil Elevator and Stairway Research	VHA
PA	Philadelphia	Repairs to Wall, Rostrum, Wrought Iron Fence	NCA
PA	Philadelphia	Misc. 999 Renovations	OI&T
PA	Philadelphia	Facility Repair Construction/Design-Build	OI&T
PA	Philadelphia	Misc. 999 Renovations	OI&T
PA	Philadelphia	Replace Comp Rm Air-Conditioning System	OI&T
PA	Philadelphia	Replace PDU's	OI&T
PA	Philadelphia	De-install fencing, automatic gates and operators, and provide/install K12- fencing, operators and gates.	OI&T
PA	Philadelphia	Design/Feasibility study to replace the (2) ITC Data Center UPS Systems.	OI&T

State	City	Project Title - Brief Description	Admin.
PA	Philadelphia	Replace 480 Valve Regulated Lead Acid Batteries used on the ITC Data Center UPS System A Unit.	OI&T
PA	Philadelphia	Replace 480 Valve Regulated Lead Acid Batteries used on the ITC Data Center UPS System B Unit.	OI&T
PA	Philadelphia	Upgrade Data Center	OI&T
PA	Pittsburg	Renovations	OIG
PA	Pittsburgh	Radiology/Nuclear Renovation	VHA
PA	Pittsburgh	Renovate B6	VHA
PA	Pittsburgh	Renovate for Specialty Clinics	VHA
PA	Pittsburgh	NHCU Environmental Improvements	VHA
PA	Pittsburgh	Renovate 2nd Fl	VHA
PA	Pittsburgh	Renovate 11th Fl	VHA
PA	Wilkes-Barre	CONSTRUCT CATH LAB	VHA
PI	Manila	U.S. Embassy	VBA
PR	Puerto Rico	Renovate Public Restrooms	NCA
PR	Puerto Rico	Renovate Restrooms in Administration Building	NCA
PR	Puerto Rico	Renovate Flagpole/Assembly Area	NCA
PR	Puerto Rico	Renovate Main Entrance Area	NCA
PR	Puerto Rico	Install Carillon	NCA
PR	Puerto Rico	Renovate Flagpole/Assembly Area	NCA
PR	Puerto Rico	Replace Chain Link Fence With Ornamental Fence	NCA
PR	Puerto Rico	Renovate Committal Shelters (2)	NCA
PR	San Juan	South Bed Tower Connections	VHA
RI	Providence	Expand Emergency Room	VHA
RI	Providence	Mental Health Building	VHA
RI	Providence	Specialty Clinics Addition	VHA
RI	Providence	Upgrade Electrical System	VHA
RI	Providence	Expand SPD	VHA
RI	Providence	Mental Health Outpatient Services: Phase I	VHA
RI	Providence	Mental Health Renovations	VHA
RI	Providence	Pet CT Site Prep	VHA
RI	Providence	Renovate Dental	VHA
RI	Providence	Specialty Clinics Renovation: Wing 5A	VHA
RI	Providence	Expand Diagnostic Imaging: MRI & PET CT	VHA
RI	Providence	Physical Medicine & Rehabilitation Addition	VHA
RI	Providence	Specialty Clinics Renovation: Wing 2A	VHA
RI	Providence	Expand Eye Clinic	VHA
RI	Providence	Mental Health Outpatient Services: Phase II	VHA
RI	Providence	Relocation	VBA
SC	Beaufort	Landscape Improvements	NCA
SC	Beaufort	Reconstruct Cemetery Wall	NCA
SC	Beaufort	Install Additional Irrigation	NCA
SC	Charleston	Renovate Nursing Home for Hospice/Palliative Care	VHA
SC	Charleston	Expand Ambulatory/Specialty Services - 3-B North	VHA

State	City	Project Title - Brief Description	Admin.
SC	Charleston	Renovate Radiology include add CT and realign areas	VHA
SC	Charleston	Research Expansion Building, Phase I	VHA
SC	Charleston	Expand Radiology for additional MRI	VHA
SC	Charleston	Patient Parking Deck - New Expansion	VHA
SC	Charleston	Renovate Lab Area - 2B	VHA
SC	Charleston	Renovate Radiology (New CAT SCAN and MRI)	VHA
SC	Charleston	Research Expansion Building, Phase II	VHA
SC	Columbia	Construct Imaging Center	VHA
SC	Columbia	Renovate Bldg 22	VHA
SC	Columbia	Construct PET/CT building	VHA
SC	Columbia	Renovate 3rd floor Bldg 100 for Specialty Care	VHA
SC	Columbia	Renovations	OIG
SC	Florence	Landscape Improvements	NCA
SC	Florence	Renovate Irrigation	NCA
SC	Florence	Install 4,100 Pre-Placed Crypts	NCA
SD	Black Hills	Construct 2,000-Niche Columbaria	NCA
SD	Black Hills	Install 4,000 Pre-Placed Crypts	NCA
SD	Black Hills	Gravesite Expansion & Roads (inc Crypts & Columbaria)	NCA
SD	Black Hills	Gravesite Development & Roads (inc Crypts & Columbaria)	NCA
SD	Black Hills	New Equipment & Materials Storage Building	NCA
SD	Black Hills	Road Repair/Renovation	NCA
SD	Hot Springs	Renovate Dom for Patient Privacy	VHA
SD	Hot Springs	Renovate Dom Bldg 3	VHA
SD	Hot Springs	Renovate Dom Bldg 5	VHA
SD	Hot Springs	Renovate Dom Bldg 7	VHA
SD	Hot Springs	Renovate Dom Bldg 8	VHA
TN	Chattanooga	Renovate/Replace Administration Building HVAC	NCA
TN	Chattanooga	Construct Covered Soil Storage	NCA
TN	Chattanooga	Replace Fences	NCA
TN	Chattanooga	Replace Water Lines & Spigots	NCA
TN	Chattanooga	Replace Roads	NCA
TN	Chattanooga	Replace Chain link Fencing	NCA
TN	Chattanooga	Install Signage System	NCA
TN	Chattanooga	Install Irrigation	NCA
TN	Chattanooga	Landscape Improvements	NCA
TN	Chattanooga	Replace Flagpole	NCA
TN	Chattanooga	Construct 1,000-Niche Columbaria	NCA
TN	Chattanooga	Install 5,300 Pre-Placed Crypts	NCA
TN	Knoxville	Enhance Visual Separation	NCA
TN	Knoxville	Improve Landscape	NCA
TN	Knoxville	Demo Maintenance Building & Construct Public Restroom Building	NCA
TN	Knoxville	Reconstruct Cemetery Wall	NCA
TN	Memphis	Linear Accelerator Installation	VHA
TN	Memphis	MRI Installation	VHA

State	City	Project Title - Brief Description	Admin.
TN	Memphis	PET/CT Installation	VHA
TN	Memphis	OR and Recovery	VHA
TN	Memphis	Backfill Seismic 4th Floor	VHA
TN	Memphis	Renovate Administration Building/Roof & Study Settlement Problem	NCA
TN	Memphis	Re-roof Maintenance Building	NCA
TN	Memphis	Renovate Monument (Illinois)	NCA
TN	Memphis	Replace Drainage Ditch and other drainage corrections	NCA
TN	Memphis	Landscape Improvements (including perimeter buffer)	NCA
TN	Memphis	Replace Privacy Fencing	NCA
TN	Memphis	Repair/Replace Cemetery Roads & Curbs	NCA
TN	Memphis	Construct Storage Building & Yard	NCA
TN	Memphis	Construct Columbaria	NCA
TN	Mountain Home	Expand Outpatient Waiting	VHA
TN	Mountain Home	IRM Consolidation/Expansion B-77	VHA
TN	Mountain Home	Administration/Maintenance Building - Construct	NCA
TN	Nashville	Research Upgrade	VHA
TN	Nashville	Inpatient and Specialty Services Upgrade and Expansion	VHA
TN	Nashville	Outpatient and Specialty Services Improvements	VHA
TN	Nashville	Improve Landscape	NCA
TN	Nashville	Lodge - Demolish	NCA
TN	Nashville	Repair Rostrum	NCA
TN	Nashville	Maintenance Building, Replace Roof	NCA
TN	Nashville	Replace Roof & Gutters, Administration Building	NCA
TN	Nashville	Administration Building - Renovate Restroom	NCA
TN	Nashville	Reconstruct Cemetery Wall	NCA
TN	Nashville	Replace Irrigation & Hydrants	NCA
TN	Nashville	Renovate Monuments	NCA
TN	Nashville	Entrance - Renovate	NCA
TX	Amarillo	Construct New Emergency Department	VHA
TX	Amarillo	Construct Specialty Care Clinic	VHA
TX	Amarillo	Expand Emergency Department	VHA
TX	Austin	Misc. 999 Renovations	AAC
TX	Austin	ACU Replacement Prep/Design-Build	AAC
TX	Austin	1st Floor Operational Efficiency Modifications/Design-Build	AAC
TX	Austin	UPS and Generator #4/ Design	AAC
TX	Austin	NIBS Audit Finding for Perimeter Gates 11 & 12 Phase 1 Security Upgrades/Construction	AAC
TX	Austin	Misc. 999 Renovations	AAC
TX	Austin	Computer Room Environmental Update Phase 2/ Design-build	AAC
TX	Austin	NIBS Audit Finding for Perimeter Gates 11 & 12 Ph 2 Security Upgrades/Construction	AAC

State	City	Project Title - Brief Description	Admin.
TX	Austin	NIBS Audit Finding for Perimeter Gate 9 & Alley Exit Security Upgrades/Design (2 Phases)	AAC
TX	Austin	NIBS Audit Finding for Perimeter Gate 9 & Alley Exit Security Upgrades Phase 2/Construction	AAC
TX	Austin	NIBS Audit Finding for Perimeter Direct Impact Points/Design	AAC
TX	Austin	NIBS Audit Finding for Perimeter Direct Impact Points/Construction	AAC
TX	Austin	Replace Power Distribution Units; Design-Build	AAC
TX	Austin	Replace Computer Room Air Units; Design-Build	AAC
TX	Austin	Perimeter Gates 11 & 12 Parking Lot Mods; Construction; Phase 1 (NIBS audit finding)	AAC
TX	Austin	Perimeter Gates 11 & 12 Parking Lot Mods; Construction; Phase 2 (NIBS audit finding)	AAC
TX	Austin	Perimeter Gates 9 & West Alley Exit; Construction; Phase 2 (NIBS audit finding)	AAC
TX	Big Spring	Expand Special Care Clinics & Lab	VHA
TX	Big Spring	Expand Specialty Care & Laboratory	VHA
TX	Big Spring	Renovate 4th Floor for MH/SATP/Social Svcs	VHA
TX	Big Spring	Renovate Ancillary, Diagnostics Services	VHA
TX	Big Spring	Renovate SPD	VHA
TX	Big Spring	Renovate Dental/Physical Therapy/SPC	VHA
TX	Big Spring	Renovate/Expand Primary Care/Pharmacy	VHA
TX	Big Spring	Renovate Mental Health Clinic	VHA
TX	Bonham	Upgrade Ambulatory Care Ph. I	VHA
TX	Bonham	Upgrade Ambulatory Care Ph. 2	VHA
TX	Dallas	Relocate Specialty Care Clinics	VHA
TX	Dallas	ER Expansion	VHA
TX	Dallas	Patient Privacy Phase #9	VHA
TX	Dallas	SCI Research Renovation	VHA
TX	Dallas	Upgrade Mental Health Ph. 3	VHA
TX	Dallas	Research Addition and Renovation Ph. 2	VHA
TX	Dallas	TCU Renovation	VHA
TX	Dallas	Triage and Evaluation Clinic	VHA
TX	Dallas	Upgrade Mental Health Ph. 4	VHA
TX	Dallas	Patient Privacy Phase #10	VHA
TX	Dallas	Research Addition and Renovation Ph. 3	VHA
TX	Dallas	Upgrade Mental Health Ph. #5	VHA
TX	Dallas	Patient Privacy Ph. #11	VHA
TX	Dallas	Upgrade Mental Health Ph.#6	VHA
TX	Dallas	Water Treatment Center & Deep Well	VHA
TX	Dallas	Renovations	OIG
TX	El Paso	Renovate for Specialty Care	VHA
TX	El Paso	Administrative Space	VHA
TX	Fort Bliss	Construct 1,500-Niche Columbaria	NCA
TX	Fort Bliss	Convert Full Casketed to 5,000 Pre-Placed Crypts	NCA

State	City	Project Title - Brief Description	Admin.
TX	Fort Bliss	Install 5,000 Pre-Placed Crypts	NCA
TX	Houston	Renovate 6D	VHA
TX	Houston	Upgrade Emergency Power to Bldg 100	VHA
TX	Houston	Gravesite Development & Administration/Maintenance	NCA
TX	Houston	Road Maintenance	NCA
TX	Houston	Renovations Houston Of	OIG
TX	Houston	Renovations	OIG
TX	San Antonio	Renovate Medical Bed Units 5A and 5B	VHA
TX	San Antonio	Accommodate Remote Functions	VHA
TX	San Antonio	Additional ECTC Bedrooms	VHA
TX	San Antonio	New Research Wet Labs	VHA
TX	San Antonio	5G Addition for Clinical Expansion	VHA
TX	San Antonio	Renovation of Existing Specialty Clinics	VHA
TX	San Antonio	Renovation of Fourth Floor of ECTC for GEC Functions	VHA
TX	San Antonio	Renovate of Mental Health Inpatient Unit	VHA
TX	Temple	Construct Cardiac Cath Lab	VHA
TX	Temple	Urgent Care Replacement	VHA
TX	Temple	Cardiovascular Research Ph 2	VHA
TX	Temple	Relocate Dental	VHA
TX	Temple	Convert NUs to Support Services	VHA
TX	Temple	Domiciliary Clinical Expansion	VHA
TX	Temple	Radiation Therapy	VHA
UT	Salt Lake City	Expand Mental Health Beds	VHA
UT	Salt Lake City	Remodel Surgical Suites	VHA
UT	Salt Lake City	Renovate Research Labs B.02	VHA
UT	Salt Lake City	Expand Imaging (MRI/PET)	VHA
UT	Salt Lake City	Expand Mental Health Inpatient Beds B.03	VHA
UT	Salt Lake City	Relocate Neurovirology Research B.02	VHA
UT	Salt Lake City	Relocate Respiratory/Pulmonary Care	VHA
UT	Salt Lake City	Specialty Care Clinics B.14	VHA
UT	Salt Lake City	Expand SPD B.14	VHA
UT	Salt Lake City	Inpatient Substance Abuse & Day Hospital B.03	VHA
UT	Salt Lake City	Kitchen Renovation (Cook/Chill) B.05	VHA
UT	Salt Lake City	Expand Lab Service B.14	VHA
UT	Salt Lake City	Potable Water/Seismic Reinforcement	VHA
UT	Salt Lake City	Construct Computer Facility	OI&T
VA	City Point	Restore Entrance and Perimeter Wall	NCA
VA	Culpeper	Wall Restoration [Historical]	NCA
VA	Culpeper	Environmental Equipment Wash Station	NCA
VA	Culpeper	Remove 495' Stone Wall - Replace w/Alum WI Fence	NCA
VA	Danville	Overall Landscape	NCA
VA	Danville	Replace Road	NCA
VA	Hampton	Expand/Renovate SCI	VHA
VA	Hampton	Renovate ECRC	VHA

State	City	Project Title - Brief Description	Admin.
VA	Hampton	Renovate OR	VHA
VA	Hampton	Replace Maintenance Building Roofs (2)	NCA
VA	Hampton	Install French Drain System (Hampton/Phoebus)	NCA
VA	Hampton	Remove/Replace Roofs on 2 Maintenance Buildings	NCA
VA	Hampton	Clean & Tuck-Pt Perimeter Walls (Hampton/Phoebus)	NCA
VA	Quantico	Service Road Replacement	NCA
VA	Quantico	Environmental Equipment Wash Station	NCA
VA	Quantico	Burial Expansion and Operations Modifications	NCA
VA	Quantico	Replace Roads from Rear Entrance Through Section 25	NCA
VA	Richmond	SCI Addition	VHA
VA	Richmond Complex	Replace Main Flagpole at 6 Cemeteries	NCA
VA	Roanoke	Renovation	OGC
VA	Salem	Renovate PTSD/Acute Mental Health	VHA
VA	Salem	Specialty Care Renovation	VHA
VA	Salem	Geriatric Assessment	VHA
VA	Salem	Vascular Center	VHA
VT	White River Junction	Administrative Renovations	VHA
VT	White River Junction	Inpatient Ward Renovation	VHA
VT	White River Junction	Pet Scan Site Prep	VHA
VT	White River Junction	Research Renovations	VHA
VT	White River Junction	Specialty Care Renovations	VHA
WA	American Lake	Renovate B4 Domiciliary (A)	VHA
WA	American Lake	Renovate B4 Domiciliary (A)	VHA
WA	American Lake	Renovate B7 Inpatient Mental Health	VHA
WA	American Lake	Correct Accessibility Deficiencies	VHA
WA	American Lake	Expand and Resurface Parking Areas	VHA
WA	American Lake	Renovate B7 Inpatient Mental Health (A)	VHA
WA	American Lake	Correct Seismic & Functional Deficiencies B132 Canteen	VHA
WA	American Lake	Seismic Upgrades, HVAC and Window Replacement B8	VHA
WA	American Lake	Seismic Upgrades, HVAC and Window Replacement B9	VHA
WA	American Lake	Correct Seismic & Functional Deficiencies B16 & B17	VHA
WA	American Lake	Correct Seismic & Functional Deficiencies Eng Shops	VHA
WA	Seattle	Building & Site Prep for Additional MRI (S)	VHA
WA	Seattle	Seismic B100, Energy Plant (S)	VHA
WA	Seattle	Correct Seismic & Func Deficiencies Lodging B7	VHA
WA	Seattle	Parking Deck	VHA
WA	Seattle	Renovate Ft Lawton Army Reserve Center	VHA
WA	Seattle	Seismically Upgrade Mech & Elec Equip	VHA
WA	Seattle	Ward Renovation Phase II	VHA

State	City	Project Title - Brief Description	Admin.
WA	Seattle	Infill TCU Courtyard	VHA
WA	Seattle	Renov West Clinic for Specialty Clinics	VHA
WA	Seattle	Renovate OutPt Pharmacy	VHA
WA	Seattle	Ward Renovation Phase III	VHA
WA	Seattle	Correct Accessibility Deficiencies	VHA
WA	Seattle	Renov East Clinic for Specialty Clinics	VHA
WA	Seattle	Renovate Dietetics Kitchen	VHA
WA	Seattle	Ward Renovation Phase IV	VHA
WA	Seattle	Ambulatory Surgery Center (S)	VHA
WA	Seattle	Ward Renovation Phase V	VHA
WA	Seattle	Office Space	OIG
WA	Spokane	Construct Outpatient MH Bldg.	VHA
WA	Spokane	Build 2nd Story Extension (amb med,lab, radiology)	VHA
WA	Walla Walla	Construct Specialty Care Building	VHA
WA	Walla Walla	Renovate B-74, Outpatient Support	VHA
WI	Madison	Renovate Research, 4C & Bldg. 12	VHA
WI	Madison	Renovate Food Production	VHA
WI	Milwaukee	Acute Care Ward 6C-5CN	VHA
WI	Milwaukee	SCI Connecting Corridor	VHA
WI	Milwaukee	HVAC Research Bldg. 70	VHA
WI	Milwaukee	Relocate Pharmacy Bldg. 111 Basement	VHA
WI	Milwaukee	NHCU Modifications 9A	VHA
WI	Milwaukee	Primary/ Specialty Clinics Bldg. 111	VHA
WI	Milwaukee	Acute Care Modification 5CN-6C	VHA
WI	Milwaukee	Renovate 3A MH Outpatient	VHA
WI	Milwaukee	Renovate Clinics 4A	VHA
WI	Milwaukee	Renovate Clinics 7A	VHA
WI	Tomah	Renovate 2nd Floor B-406 for NHCU	VHA
WI	Wood	Irrigate Entire Cemetery (50 acres)	NCA
WI	Wood	Enhance 4 Entrances To Identify Cemetery	NCA
WI	Wood	Replace Committal Shelter	NCA
WV	Beckley	Clinical Expansion	VHA
WV	Beckley	Patient Care Expansion	VHA
WV	Beckley	Specialty/Ancillary Care Construction	VHA
WV	Clarksburg	Ambulatory Surgery Modernization	VHA
WV	Clarksburg	Reconstruction of Office Space	OGC
WV	Huntington	Inpatient Privacy Ren Ph 2	VHA
WV	Huntington	Renovate B-1W Ground and 1st Floor	VHA
WV	Huntington	Renovate B-1W 2nd and 3rd Floor	VHA
WV	Martinsburg	Mental Health Clinic Relocation	VHA
WV	Martinsburg	Renovate Outpatient Surgery	VHA
WV	Martinsburg	Relocate Patient Services Center	VHA
WV	Martinsburg	Renovate Inpatient Units, 5A & 5C	VHA
WV	Martinsburg	Renovate Dom Unit, 3B	VHA

State	City	Project Title - Brief Description	Admin.
WV	Martinsburg	Renovate Inpatient Units, 4A & 4C	VHA
WV	Martinsburg	Renovate Mental Health Clinics	VHA
WV	Martinsburg	Renovate Specialty Clinics	VHA
WV	Martinsburg	Miscellaneous (mobile unit hook-ups and work space)	OSP
WV	Martinsburg	Cyber Security-COOP	OI&T
WV	Martinsburg	Expand MAN	OI&T
WV	Martinsburg	Construct Computer Facility	OI&T
WV	West Virginia	Erosion Control Enhancement	NCA
WV	West Virginia	Install 2,000 Pre-Placed Crypts	NCA
WV	West Virginia	Construct Storage Pole Barn	NCA
WV	West Virginia	Environmental Equipment Wash Station	NCA
WV	West Virginia	Install Additional Hose Bibs - New Burial Sections	NCA
WV	West Virginia	Remove Deteriorate Flagstone, Replace w/Concrete- Committal Shelter	NCA
WY	Cheyenne	Geropsychiatric Unit	VHA
WY	Sheridan	Bldg 3 renovation	VHA
WY	Sheridan	Chilled Water Loop Installation	VHA
WY	Sheridan	Steam Heating system upgrade (interior)	VHA
WY	Sheridan	Bldg 8 renovation	VHA
WY	Sheridan	Bldg 86 SNU renovation	VHA
WY	Sheridan	Switchgear replacement and underground electrical main feed replacement	VHA
WY	Sheridan	71N 3rd floor renovation	VHA
WY	Sheridan	Bldg 6 renovation	VHA
WY	Sheridan	Road and parking improvements	VHA
WY	Sheridan	Rehabilitate and Renovate Building 13	VHA
WY	Sheridan	Tramway and Hallway renovation	VHA
WY	Sheridan	Expand Ambulatory Care	VHA
WY	Sheridan	Security upgrade Keyless Entry/Closed Circuit Camera system	VHA
Z	Field Offices	Miscellaneous Projects	GC
Z	Miscellaneous	Miscellaneous	ORM
Z	Miscellaneous	Miscellaneous	OGC
Z	Miscellaneous	TechWorld and Field Miscellaneous Projects	OIG
Z	Miscellaneous	Miscellaneous	ADMIN
Z	Southeast	Construct Computer Facility	OI&T
Z	Various MSN 2	Repair Historic Walls, Miscellaneous MSN 2 Cemeteries	NCA
Z	Various MSN 2	Replace Cemetery Site Furnishings & Signage	NCA

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