FY 2023 BUDGET SUBMISSION

" To care for him who shall have borne the battle, and for his widow, and his orphan…."

Construction, Long Range Capital Plan and Appendix

Volume 4 of 4

March 2022

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Pocket Guide to
VA Congressional Budget Volume 4
Construction, Long Range Capital Plan and Appendices

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VA Congressional Budget Volume 4
Construction, Long Range Capital Plan and Appendices

A. Introduction

Volume 4: Construction, Long Range Capital Plan and Appendices, provides information on how VA plans to address its capital requirements over a 10 year planning horizon. This includes short-term (budget year request) and long-term (outyear projects) needs to meet existing and potential gaps to ensure Veterans are cared for and receive benefits in safe and modern facilities. The Volume also provides specific information in the following areas:

(1) Appropriations requested for capital projects and activities (Section B); and,
(2) Authorizations requested for new capital projects (Section D), or continuing those already underway, including changes to projects.

The following sections provide an overview of the information contained in this Volume, including key information and Frequently Asked Questions.

B. Types of VA Capital Projects

VA undertakes four types of capital projects: major construction, minor construction, NRM and leases. Projects must meet legislative, budget and policy specifications for each project type. The table below shows the numbers of new projects in the 2023 VA request, across each of the four project categories.

Types of Capital Projects Proposed for Funding in 2023

Project Type	New Projects Proposed for Funding in 2023*
Major Construction	2
Minor Construction	81
Leases**	157
NRM**	89
Total	**329**

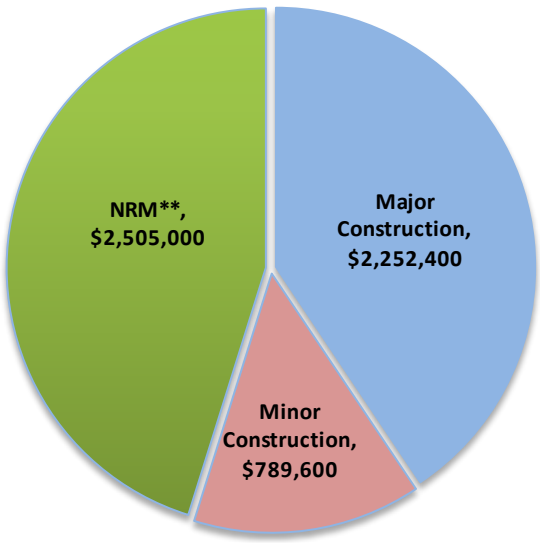
*New projects for 2023 – does not include prior year projects
**Number of Leases and NRM projects are subject to funding availability that is determined at the Administration and Staff Office level.

C. Congressional Requests

Funding Requests

VA's 2023 Budget request funds capital projects to facilitate effective and efficient infrastructure that enables services and benefits to be delivered with high quality and consistency to Veterans and their families. Projects can include new construction or changes to existing facilities. Funding is also anticipated from the Recurring Expenses Transformational Fund (RETF) to support major construction and minor construction. As shown in the chart on the following page, there are three main funding accounts used for capital projects:

FY 2023 VA Capital Budget Request*
(in $000)



*Does not includes leases that are funded out of Medical Facilities appropriation.
**NRM amount planned for 2023 obligations.

- **Construction, major projects**
  This account includes the funding request for construction projects that are expected to cost more than $20 million. For each of these projects, VA is required to submit detailed information (called a "prospectus") supporting the funding request.

- **Construction, minor projects**
  This account includes the funding request for construction projects that are expected to cost equal to or less than $20 million.

- **Non-recurring maintenance**
  The Medical Facilities account includes VA's request to fund upkeep construction projects and maintain building systems.

Requests for Authorization
VA must request authorization from Congress to spend funds on major medical facility construction projects exceeding $20 million and lease projects with average annual rent exceeding $1 million. VA must provide prospectuses for major construction and major lease projects to support the authorization requests. Design and planning funds do not require authorization.

D. Overview of Process for Creating VA's Strategic Capital Investment Plan

Purpose
The SCIP process is conducted annually to collect and assess information on Department-wide, long-range capital needs systematically, analytically and holistically. This section provides high-level information describing SCIP and what it is, and is not, intended to do. More detailed information on the process is contained in section 6.2 of this Volume.

The annual SCIP process focuses the Department on understanding how capital assets help meet VA's mission and aligning the resources necessary to meet critical infrastructure needs. The resulting priorities are based on clearly defined standards consistent with projected health care workload and current and future health care practices, taking into account VA mission considerations. The process is designed to inform and support the annual capital budget and estimate future funding requirements.

What SCIP Is
The SCIP process determines the critical unmet infrastructure needs relative to each other, across the Department, and is based on clearly defined standards, ongoing assessments and stakeholder input. It is intended to identify capital projects over a 10-year planning horizon required to address performance gaps in a variety of areas: safety, security, utilization, access, seismic, facility condition, space, parking and energy. The SCIP process includes a formal executive review process and is approved by the Secretary to ensure the Plan is closely aligned with the Department's strategic goals and mission. It encompasses non-capital and alternative strategies, such as telemedicine or extended hours for provision of services.

The SCIP process produces four project lists of potential planned budget year (2023) projects, as well as a listing of potential future year projects to correct the identified performance gaps. There are three prioritized lists for 2023 including: all new major construction and minor construction projects; major leases; and Veterans Health Administration (VHA) NRM projects. The fourth 2023 list is comprised of all new minor leases that are not required to be prioritized. VA updates these lists annually, based on agency-wide analyses, described generally below.

The 2023 VA budget does not make any adjustments to the major construction request as a result of the on-going Asset and Infrastructure Review (AIR) Commission process, directed by the MISSION Act. The implementation of any changes to VA's health care infrastructure as a result of AIR may be several years away and depend on AIR Commission, Presidential and Congressional decisions. VA looks forward to collaborating with the AIR Commission as it assesses the Department's recommendations, and transmits its own report to the President.

SCIP is undertaken by the VA Medical Centers and associated offices (VHA, Veterans Benefits Administration (VBA), National Cemetery Administration (NCA) and Staff Offices) to identify capital and non-capital means of addressing system-wide needs. The process is comprised of three parts:

(1) Gap Analysis: VA conducts an annual assessment of Veterans' unmet needs and identifies service gaps, such as utilization/workload, space and facility condition over a 10-year time period.

(2) Long-Range Action Plans: VA creates capital project plans to address the identified gaps.

(3) Action Plan and Business Case: Projects identified in the first year (budget year) of these plans are developed in more detail by completing a business case. NRM projects are scored based on their action plan submission. Each business case is reviewed and scored by a panel of subject matter experts, and assigned a score based on Secretarial and Departmental priorities. These prioritized projects become the SCIP List.

The remaining projects – those that are not prioritized – are not part of the SCIP List but are included in the outyears (after the budget year) of the Long-Range Capital Plan.

What SCIP Is Not

Because the SCIP process encompasses a wide range of analyses, there is sometimes a misunderstanding of the process's purpose. The SCIP process does not provide funding for construction programs; instead, it identifies overall needs. The SCIP process determines the relative criticality of projects for the budget year, and long-range potential projects, after a rigorous evaluation process using specific criteria. Capital projects involve many different steps before and throughout the construction process, and steps may need to be taken before a project receives, or continues to receive, funding, if at all. For example, new major construction projects require Congressional authorization, in addition to funding, before construction (active development) can begin. Major projects not on the five-year development plan and not included in annual funding requests must be resubmitted for consideration each year.

E. Capital Investment Budget and Reporting Requirements

This budget volume also fulfills several statutory requirements for notifications and authorization requests including:

- **Prospectuses:** VA is required to provide a prospectus to Congress for each major facility construction and each major medical facility lease project for which VA is requesting appropriations and/or authorization.
- **Notifications:** VA is required to notify Congress prior to making an obligation in excess of $500,000 from the Advance Planning and Design Fund toward design or development of a major medical facility project.
- **Status Reporting:** VA is required to provide a status report for authorized major medical facility construction projects and leases.
- **Disposal and Reuse Report:** Appendix D fulfills requirements of the Federal Property Management Reform Act of 2016 (Public Law 114-318) and guidance from the Federal Real Property Counsel with the Disposal and Reuse Report and the Summary of Potential Disposals and Enhanced-Use Leases 2022 – 2026.

- **EUL Reporting:** Chapter 7.1 fulfills VA's requirement under 38 U.S.C. § 8168 to report to Congress on EULs, including the EUL Consideration Report in Appendix E.
- **Real Property Capital Planning:** The SCIP process fulfills VA's requirement set forth in OMB Memorandum M-20-03, Implementation of Agency-wide Real Property Capital Planning. Compliance with this memorandum ensures there is a clear process for prioritizing capital needs and integrating those needs into a cohesive plan that supports budget formulation in accordance with the Federal Property Management Reform Act of 2016, 40 U.S.C. § 621.

F. Frequently Asked Questions

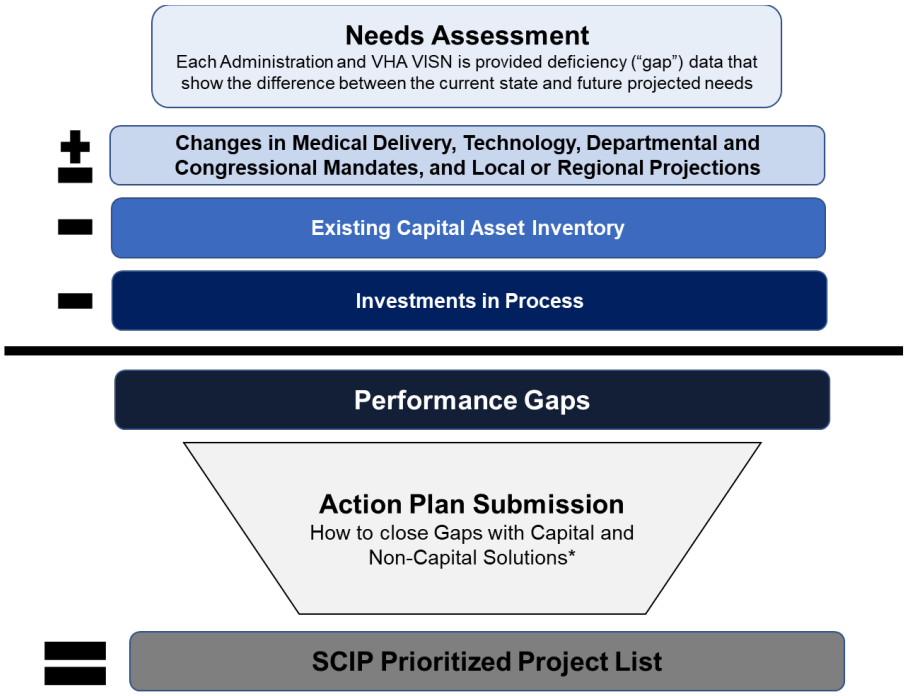
(1) How does a project get placed on the SCIP list?

As shown in the figure on the next page, each year, each Administration (VHA, NCA, VBA) and Staff Offices are provided deficiency ("gap") data that show the difference between the current state and future projected needs, i.e., unmet needs based on certain established performance goals or targets. The SCIP process is revisited each year to make updates based on changes in medical delivery, technology, Departmental and Congressional mandates and local or regional projections. The SCIP process takes into account the existing portfolio of capital assets, as well as those that are in the process of being built and compares them with future needs.

From the 10-year action plan, projects in the first year (or budget year) that are above established thresholds are more fully developed into business cases. The business case is structured to align with the SCIP decision criteria (and model), which have priority weights developed by the SCIP Board and approved through the VA Governance process. The only exception is the NRM program; the action plan is used to score those projects.

Business cases are submitted for review and those that meet certain requirements are scored by the SCIP Panel. Project scores (or ratings) are based on how well a project addresses the decision criteria in the SCIP decision model. SCIP Panel ratings are combined with the decision criteria priority weights to calculate a project's total score, which determines its priority rank on the SCIP list.

How a Project is Placed on SCIP List



*Non-Capital solutions enable the field to close gaps without the need for capital projects (ex: extended facility hours, tele-health can help address increasing utilization, but don't typically require capital dollars)

(2) Why is my project on the future outyear project list instead of on a budget year SCIP list?

The project was identified by the submitting Administration or Staff Office as needed to close a SCIP gap or gaps but was not requested in the budget year. The project would need to be re-submitted in a future year for funding consideration. Projects may be submitted in out years due to various reasons, including an inability to execute it in the budget year or a dependency on another project to be completed first.

(3) Why was my project included on the prioritized list last year, but is not included on the list this year?

There are several reasons why a project can be included on the prioritized list in one year, but not included in the next year's list. A project would not be included in the next year's list if it was funded in the previous year; not submitted through the Department-wide SCIP process; or determined not to be a candidate based on VA's assessment of when it would be ready to request funding for the next phase of the project, which is based on project schedules (ability to obligate) and Departmental funding levels. Individual project scores may change each year based on changes to the business case application and modifications to the SCIP decision model and weights.

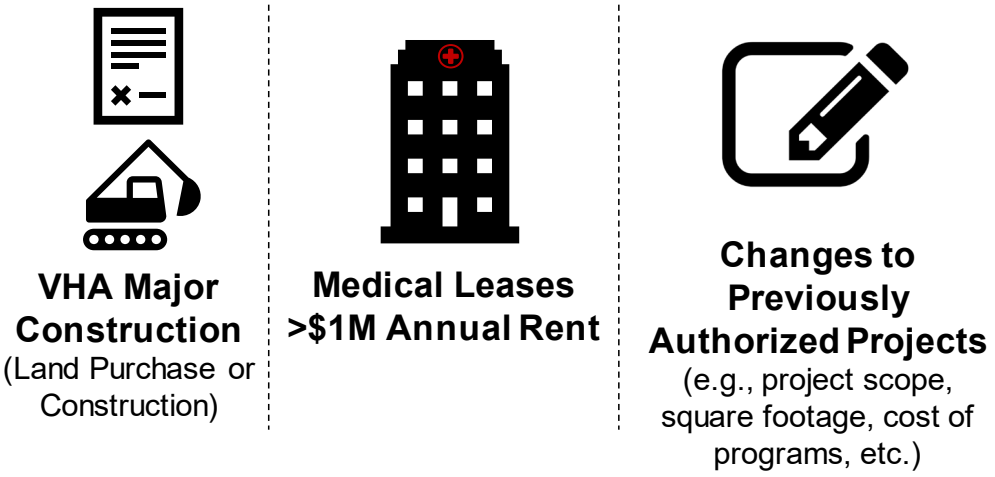
(4) How are prioritized projects funded? Why is VA requesting funding for projects that are lower on the priority list than others that are not proposed for funding?

The projects selected to be included in the funding requests are approved through the VA governance and budget processes. Occasionally projects are funded out of priority order due to policy decisions about certain types of projects, ongoing studies or scheduling conflicts with other projects at the facility. Funding for a major construction project from the FYDP is based on its priority rank and ability to award a contract in the current fiscal year.

(5) What projects require Congressional Authorization?

Authorization is required for major medical facility construction projects and major medical facility lease projects that require rent payments of $1 million or more per year. Proposed changes to previously authorized projects, e.g., project scope, square footage, cost of programs, etc., must also receive authorization by Congress before moving forward, even if funding is already available for the project.

Figure 1: Projects Requiring Congressional Authorization



G. Summary of 2023 Budget Request

($000)	VHA	NCA	VBA	SO	RETF	Total
NRM*	$2,505,000	$0	$0	$0	$0	**$2,505,000**
Major Construction	$1,297,890	$140,000	$0	$10,000	$804,510	**$2,252,400**
Minor Construction	$344,245	$157,265	$30,000	$94,600	$163,490	**$789,600**
Totals by Admin	**$4,147,135**	**$297,265**	**$30,000**	**$104,600**	**$968,000**	**$5,547,000**

* NRM amount planned 2023 obligations.

The 2023 VA capital budget request of $5.5 billion includes investments in a number of asset categories across several organizations and accounts. This includes the $968 million anticipated from the RETF to support requirements for major construction and minor construction.

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Construction Summary

Budget Highlights

A total of $2,074,000,000 is requested in new budget authority for 2023 for construction programs. This consists of $1,447,890,0000 for Construction, Major and $626,110,000 for Construction, Minor.

Recurring Expenses Transformational Fund

The 2023 Budget anticipates a transfer of $968,000,000 in unobligated balances into the Recurring Expenses Transformational Fund (RETF) at the end of 2022, of which $804,510,000 is planned for major construction projects and line items and $163,490,000 is planned for minor construction projects that improve Veterans Health Administration (VHA) facilities infrastructure as well as providing for the installation of zero-emission vehicle charging infrastructure.

Construction Summary of 2023 Request
(Dollars in thousands)

	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2023 RETF
Major Construction					
Veterans Health Administration	$1,212,286	$1,468,700	$1,468,700	$1,297,890	$804,510
National Cemetery Administration	$94,000	$130,500	$130,500	$140,000	$0
Veterans Benefits Administration	$0	$0	$0	$0	$0
General Administration - Staff Offices	$9,714	$11,800	$11,800	$10,000	$0
Total, Major Construction	**$1,316,000**	**$1,611,000**	**$1,611,000**	**$1,447,890**	**$804,510**
Minor Construction					
Veterans Health Administration	$213,704	$359,210	$359,210	$344,245	$163,490
National Cemetery Administration	$80,167	$106,990	$106,990	$157,265	$0
Veterans Benefits Administration	$18,596	$22,100	$22,100	$30,000	$0
General Administration - Staff Offices	$41,832	$64,700	$64,700	$94,600	$0
Total, Minor Construction	**$354,300**	**$553,000**	**$553,000**	**$626,110**	**$163,4900**
Total, Major and Minor Construction	**$1,670,300**	**$2,164,000**	**$2,164,000**	**$2,074,000**	**$968,000**

Capital Mission

The overall mission of VA's capital programs focuses on enabling the delivery of benefits and services to Veterans. The primary goal is to have an effective and efficient infrastructure in place that enables these services and benefits to be delivered with high quality and consistency. VA leverages its Strategic Capital Investment Planning (SCIP) process to drive this enabling function, by allowing VA to adapt to changes in demographics, medical and information technology and healthcare delivery. The SCIP process continually monitors and assesses performance gaps at our facilities and implements the latest policies affecting capital investments, health care and benefits delivery services. VA's capital programs will continue to strive to fulfill this enabling mission, through leasing, construction and grants.

Vision/Strategy

To fulfill the mission of VA's infrastructure being the most effective and efficient enabler of service and benefit delivery, capital programs must be constantly monitored, evaluated and adjusted to meet evolving needs. Determining the construction programs budget requires finding the right balance between the need to fund new projects and the remaining needs of prior year projects. This balance helps to ensure new projects are being developed for future budget cycles, while not overburdening the system and causing previously designed projects to become outdated or stale. This strategy creates a rolling plan, adjusted each year based on budget availability and new priorities that may emerge. This also creates agility in the capital programs, allowing them to adapt to changing technologies, standards and policies that can impact their desired contribution to delivering the mission.

The tool VA uses to help implement this strategy is its SCIP process. Within SCIP, VA has the ability to emphasize critical priority projects at both the national and local level. Departmental priorities are considered in the setting of the criteria used to score and rank projects that are requesting budget resources. Unique local and market level priorities and factors are also direct inputs into these criteria. The outputs of the SCIP process can then be used to balance the need for new projects and priorities versus completing prior year projects. SCIP also provides necessary agility and flexibility across capital programs by identifying the next set of priority projects in the event budget resources shift or become available.

2023 Budget Overview

Funding for the various capital programs are appropriated with multiple periods of availability to include one-year, two-year, five-year and no-year. Major construction and minor construction are typically available for five-years, unless specifically identified as otherwise in the appropriation language. Funding for non-recurring maintenance (NRM) and leasing are included in the Medical Facilities appropriation and typically have one-year and two-year funding availability, unless other availability is specifically identified in the appropriation language. Grant funds are no-year and are available until expended. A summary description of each capital program is detailed below:

(1) Major Construction (All Administrations and Staff Offices)

This category includes capital projects to construct, alter, extend or improve a facility or service where the cost is expected to exceed $20 million (or where funds were previously provided by Congress under the major construction appropriation). Projects may address gaps, enhance outpatient and inpatient care and update special program space, such as spinal cord injury, blind rehabilitation, seriously mentally ill and long-term care. These projects also include seismic retrofit projects to correct seismic deficiencies. Projects for medical facilities must receive authorization

through legislation and must be reviewed and approved through the Congressional budget process. Design and planning funds for medical projects do not require authorization, nor do projects and programs administered by the Veterans Benefits Administration (VBA), National Cemetery Administration (NCA) or Staff Offices, including the Office of Information and Technology (OIT). As required by law, VA provides a five-year development plan located in *Volume 4, Chapter 6.2* to outline planned major projects for the budget year and four years after. In 2023, the major construction request includes funding for four prior year projects at Louisville, Kentucky; Alameda, California; Livermore, California and El Paso, Texas as well as three cemetery projects in Elmira, New York; Albuquerque, New Mexico and St. Louis, Missouri. Additional funding totaling $804.5 million is anticipated from the RETF is planned for three major construction projects in Portland, Oregon; Canandaigua, New York, Fort Harrison, Montana and line items.

(2) Minor Construction (All Administrations and Staff Offices)

This category includes capital projects that construct, alter, extend or improve any facility with costs equal to or less than $20 million. Minor construction funds can also be used for planning and assessments of needs which may lead to spending on capital investments and other costs. In 2023, the total minor construction request is $789.6 million, which is made up of $626.1 million in base funding and $163.5 million that is anticipated from the RETF. The requested base funding will provide for 81 new projects ($156.8 million), completion of prior year projects and enhanced-use lease (EUL) contributions ($332.1 million) and unplanned urgent need projects, below threshold projects, land acquisition and contingencies ($137.2 million). The anticipated RETF will provide for completion of prior year projects to improve VHA facilities infrastructure ($83.5 million) as well as providing for the installation of zero-emission vehicle charging infrastructure ($80 million).

(3) NRM (Exclusive to VHA and funded out of Medical Facilities Appropriation)

NRM projects are intended to improve existing space without constructing new space. There are three types of NRM projects:

(a) **NRM Sustainment –** These projects involve converting functional space to a different program function within existing buildings or spaces, without adding any new space, at a cost equal to or less than $20 million.

(b) **NRM Infrastructure Modernization –** These projects involve making improvements to and providing for new building systems without changing the function of the existing space. There are no dollar limits on project costs, but any work done beyond the underlying building system must be ancillary to the overall project cost (not exceed 25% of the total project cost).

(c) **Clinical Specific Initiatives** – These projects are emergent needs that cannot be planned in advance due to dynamic health care environments. Examples of projects include women's health, mental health, high-tech/high-cost medical equipment site preparation and installation, donated building site preparation (e.g., Fisher House) and footprint reductions (demolition or conversion of underutilized space to clinical functions).

(4) Leases (All Administrations and Staff Offices)

In addition to construction, VA leases property from the private sector when a lease is better aligned with the agency's overall capital strategy. VA must receive funding through the annual appropriations process and approval from the General Services Administration through a delegation of its leasing authority in advance of entering into an agreement. Leases are funded through VA's Medical Facilities appropriation for VHA and general operating accounts for other Administrations and Staff Offices. VA routinely evaluates and revises its leasing process to ensure it is grounded in private sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with Federal budget processes. Leases for medical facilities with rent payments of more than $1 million per year require Congressional authorization; other leases do not require authorization. In 2023, VA is requesting funding of $1.5 billion to support ongoing leases and delivery of additional leased facilities during the year.

SCIP Process

VA leverages the SCIP process to create an integrated prioritized list of projects from all capital investment accounts (major construction, minor construction, major lease and minor lease). NRM projects are prioritized independently using a streamlined SCIP process and criteria based on Veterans Integrated Service Network priority, facility condition and VA planning priorities. VA made this change for the 2019 process due to the significant number of NRM projects and type of projects (mainly maintenance and building systems corrections).

SCIP is a Department-wide planning process that is designed to improve the delivery of services and benefits to Veterans, their families and survivors by addressing VA's most critical needs and/or performance gaps, investing wisely in VA's future and significantly improving the efficiency of VA's far-reaching and wide range of activities.

Additionally, SCIP provides a long range strategic plan that allows the Department to adapt to changes in demographics, medical and information technology and health care and benefits delivery, while at the same time incorporating green building technologies, sustainability and other infrastructure enhancements. The SCIP process ensures that all project requests are scrutinized and centrally considered at the corporate level with equitable and consistent distribution across markets and competing capital needs. Each project request is reviewed against performance gaps and evaluated based on its contribution towards addressing those gaps. This process ensures resources are efficiently allocated to address the most critical needs.

Based upon the current cost estimates to remediate all gaps as projected, the full implementation of SCIP would require total resources of approximately $72-$88 billion for capital infrastructure and activation costs. It is important to note that this estimate is a snapshot in time and is based on current market conditions, baseline capital portfolio, demographic data and projected needs. The costs provided will likely change as projects move through the investment process and cost estimating and project requirements become more refined. For example, estimates are fine-tuned from action plan to business case to project prospectus (for major construction) to final design and construction documents. The need for capital projects may change based on new technology, use of alternative workspace and increased emphasis on the use of non-capital solutions.

The total magnitude estimate also includes an estimate of activation costs. Activation costs are the logistical and operational requirements to bring a new facility into full planned operation. Estimates of the total cost by administration of all projects included in the SCIP Plan are included below in Table 1-1.

Table 1-1: VA Estimated Cost of Full SCIP Implementation by Investment Type, by Administration

Estimated Cost of Full SCIP Implementation ($ in millions)							
	Major	**Leases**	**Minor**	**NRM**	**Other**	**Activation**	**Total[1]**
VHA	20,663	2,421	16,066	22,060	630	15,242	77,083
VBA	0	95	301	0	0	766	1,162
NCA	1,250	0	223	0	0	6	1,479
OIT	0	0	134	0	0	2	136
Staff Offices	0	0	122	0	0	14	136
Total Range	**$19,722-$24,104**	**$2,264-$2,767**	**$15,162-$18,531**	**$19,854-$24,266**	**$567-$693**	**$14,427-$17,633**	**$71,996-$87,995**

[1]Includes activation costs; without these costs the range is $58B to $70B.

Legislative Proposals

VA is requesting three legislative changes that would impact capital programs. One proposal would amend specific portions of Title 38 U.S.C. to expand VA's EUL authority to give VA more opportunities to engage the private sector and local governments to further repurpose vacant and underutilized VA property beyond supportive housing and reduce the financial burden to maintain these properties. The proposal would modify the scope of VA's EUL authority to include other accounts to be used to defray the costs associated with EUL expenses and allow VA to use EUL proceeds more effectively to either defray EUL program costs or contribute towards operations, maintenance and sustainment costs of real property assets. This proposal also requests to withdraw the sunset provision, which would allow the EUL program to continue indefinitely, as well as allowing lease terms to extend to 99 years (currently 75 years). The second proposal requests changes to the major medical lease authorization process and prospectus threshold. The third proposal requests a change to the existing CHIP-IN for Vets Act of 2016 authority to allow for the use of funds for a CHIP-IN project that are not appropriated to a specific project or facility. This change will also permit the use of minor construction and medical facility funds if appropriate to do so. Detailed information about capital legislative proposals is included in *Volume 1, Part 2 Legislative Summaries*.

Conclusion

VA capital programs are geared towards managing priorities for the Department and providing funding for projects that modernize, repair and upgrade VA facilities and address projected safety, security, seismic, access and capacity needs across the Department. The 2023 budget requests resources for the most essential capital investments needed to continue to support the mission. The request will provide much needed new facilities and make high priority improvements at existing facilities and further enable VA to provide the Nation's Veterans with the high-quality health care and timely access to benefits and services that they have earned, while pursuing improved efficiency and fiscal responsibility.

Construction – Major Projects

Budget Request.....$1,447,890,000

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, or for any of the purposes set forth in sections 316, 2404, 2406 and chapter 81 of title 38, United States Code, not otherwise provided for, 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 States Code, or where funds for a project were made available in a previous major project appropriation, [$1,611,000,000] *$1,447,890,000*, of which [$657,326,000] *$731,722,000* shall remain available until September 30, [2026] 2027, and of which [$953,674,000] *$716,168,000* shall remain available until expended, of which [$100,000,000] *$1,500,000* shall be available for seismic improvement projects and seismic program management activities, including for projects that would otherwise be funded by the Construction, Minor Projects, Medical Facilities, or National Cemetery Administration accounts: *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, including portfolio development and management activities, *and planning, cost estimating and design for major medical facility projects and major medical facility leases 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,] *staffing expenses,* and funds provided for the purchase, security, and maintenance of land for the National Cemetery Administration *and the Veterans Health Administration* through the land acquisition line [item] *items*, none of the funds made available under this heading shall be used for any project that has not been notified to Congress through the budgetary process or that has not been approved by the Congress through statute, joint resolution, or in the explanatory statement accompanying such Act and presented to the President at the time of enrollment: Provided further, That such sums as may be necessary shall be available to reimburse the "General Administration" account for payment of salaries and expenses of all Office of Construction and Facilities Management employees to support the full range of capital infrastructure services provided, including minor construction and leasing services: Provided further, That funds made available under this heading for fiscal year [2022] 2023, for each approved project shall be obligated: (1) by the awarding of a construction documents contract by September 30, [2022] 2023; and (2) by the awarding of a construction

contract by September 30, [2023] 2024: *Provided further*, That the Secretary of Veterans Affairs shall promptly submit to the Committees on Appropriations of both Houses of Congress a written report on any approved major construction project for which obligations are not incurred within the time limitations established above: *Provided further*, That notwithstanding the requirements of section 8104(a) of title 38, United States Code, amounts made available under this heading for seismic improvement projects and seismic program management activities shall be available for the completion of both new and existing seismic projects of the Department

Note.--A full-year 2022 appropriation for this account was not enacted at the time the budget was prepared. Therefore, the budget assumes this account is operating under the Continuing Appropriations Act, 2022 (Division A of P.L. 117-43, as amended). The amounts included for 2022 reflect the annualized level provided by the continuing resolution

Construction, Major Projects

Program Description

The Construction, Major Projects appropriation provides for the construction, alteration, service-extension, and improvement of any VA facility, including planning, architectural and engineering services, assessments and site acquisition, where the estimated cost of a project is over $20,000,000, or where funds for a project were made available in a previous appropriation under this heading.

An amount of $1,447,890,000 is requested for the 2023 Construction, Major, appropriation and $804,510,000 is planned from the Recurring Expenses Transformational Fund (RETF). The detail of request on page 2-9 provides the breakout of 2023 requested and RETF funding. The projects selected for inclusion in the 2023 budget request represent the top Departmental priority projects developed through a comprehensive analysis to ensure National cemeteries remain open and to address critical medical center requirements for the Veterans Health Administration (VHA). The major construction request includes funding for seven medical facility projects at Portland, OR; Louisville, KY; Canandaigua, NY; Alameda, CA; Livermore, CA; Fort Harrison, MT; and El Paso, TX; and three national cemetery expansion programs in the areas of Elmira, NY; Albuquerque, NM; and St. Louis, MO. The request also includes funding for various requirements that support the major construction program, such as asbestos mitigation, seismic corrections, and land acquisition.

In 2010, VA developed the Strategic Capital Investment Planning (SCIP) process to identify and prioritize the capital infrastructure projects most necessary to meet existing gaps in safety, security, access, utilization, space, facility condition and other areas. Since the 2012 budget request, the SCIP process has served as the basis for prioritizing projects and informing VA capital investment funding decisions. Prior year partially funded major projects were integrated and reprioritized into the 2015 SCIP process using current gaps to ensure these projects were appropriately scoped to meet existing and current projected needs (space, utilization, access, etc.).

VA has undergone a profound transformation in the delivery of health care over the two last decades, moving 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. Most of VHA's 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 delivery practices for optimal efficiency, access, patient safety and security. VA continues to invest its capital dollars to address these areas and provide for additional burial services and benefits delivery.

The goal of the VHA major construction program is to ensure VA facilities are safe and modern, to enhance outpatient and inpatient care, and to update special program space such as spinal cord injury, blind rehabilitation, seriously mentally ill and long-term care, through the appropriate sizing, upgrading and location of VA facilities. The 2023 VA budget includes a major construction request of $1,447,890,000 and $804,510,000 is planned from the RETF. The Budget does not make any adjustments to the major construction request as a result of the on-going Asset and

Infrastructure Review (AIR) Commission process, directed by the MISSION Act. The implementation of any changes to VA's health care infrastructure as a result of AIR may be several years away and depend on AIR Commission, Presidential and Congressional decisions. VA looks forward to collaborating with the AIR Commission as it assesses the Department's recommendations, and transmits its own report to the President.

Major Appropriation Highlights - Summary					
	(Dollars in thousands)				
	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2022-2023 Increase/ Decrease
Appropriation	$1,316,000	$1,611,000	$1,611,000	$1,447,890	($163,110)
Recoveries of Prior Year Obligations	$290,543	$0	$0	$0	$0
Total Un-obligated Balance brought Forward	$2,691,378	$2,512,510	$3,055,146	$2,564,140	($491,006)
Un-obligated Balance brought Forward Un-expired Accounts	*$2,683,203*	*$0*	*$3,015,187*	*$2,521,140*	*($494,047)*
Un-obligated Balance brought Forward Expired Accounts	*$8,176*	*$0*	*$39,959*	*$43,000*	*$3,041*
Total Budget Resources	**$4,297,920**	**$4,123,510**	**$4,660,746**	**$4,012,030**	**($648,716)**
Total Direct Obligations	**$1,242,773**	**$1,758,898**	**$2,096,606**	**$1,977,000**	**($119,606)**
Obligations in Un-expired Accounts	*$1,241,398*	*$1,758,898*	*$2,091,647*	*$1,959,000*	*($312,647)*
Obligations in Expired Accounts	*$1,375*	*$0*	*$4,959*	*$18,000*	*$13,041*
Total Un-obligated Balance end of year	**$3,055,146**	**$2,364,612**	**$2,564,140**	**$2,035,030**	**($529,110)**
Un-obligated Balance end of Year Un-expired Accounts	*$3,030,994*	*$0*	*$2,529,140*	*$2,010,030*	*($519,110)*
Un-obligated Balance end of Year Expired Accounts	*$24,152*	*$0*	*$35,000*	*$25,000*	*($10,000)*
Outlays	**$876,248**	**$1,250,247**	**$1,542,869**	**$1,355,000**	**($187,869)**

Five Year Requested vs Enacted
(dollars in thousands)

	2018	2019	2020	2021	2022
Requested	$512,430	$1,127,486	$1,235,200	$1,373,000	$1,611,000
Enacted*	$1,022,750	$2,503,786	$1,270,200	$1,316,000	$1,611,000

Summary of Budget Request
(dollars in thousands)

$1,447,890,000 is requested for the 2023 Construction, Major appropriation. A summary of the program funding level by activity follows:

	2023 Request ($000)	RETF ($000)
Veterans Health Administration	$1,297,890	$804,510
National Cemetery Administration	$140,000	$0
Veterans Benefits Administration	$0	$0
General Administration - Staff Offices	$10,000	$0
Total, Construction Major Program	**$1,447,890**	**$804,510**

Changes from Original 2022 Budget Estimate to Current Estimate (dollars in thousands)			
	Budget Estimate	Current Estimate	Increase (+) Decrease (-)
Appropriation	$1,611,000	$1,611,000	$0
Other Appropriations Realized	$0	$0	$0
Budgetary Resources	$4,123,510	$4,660,746	$537,236
Un-obligated Balance brought Forward*	$2,512,510	$3,055,146	$542,636
Un-obligated Balance end of year*	$2,364,612	$2,564,140	$199,528
Obligations*	$1,758,898	$2,096,606	$337,708
Outlays	$1,250,247	$1,542,869	$292,622

* Includes funds from expired budgetary resources

Major Appropriation Highlights by Administration (Dollars in thousands)					
	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2022-2023 Inc./Dec.
Veterans Health Administration (VHA)					
Appropriation	$1,212,286	$1,468,700	$1,468,700	$1,297,890	($170,810)
Recoveries of Prior Year Obligations	$263,355	$0	$0	$0	$0
Cancelled Funds	($2)	$0	($5,400)	$0	$5,400
Total Budgetary Resources	$1,475,639	$1,468,700	$1,463,700	$1,297,890	($165,410)
Un-obligated Balance brought Forward*	$2,407,806	$2,276,686	$2,807,962	$2,330,190	($477,772)
Un-obligated Balance end of year*	$2,807,962	$2,159,534	$2,330,190	$1,908,080	($422,110)
Obligations*	$1,075,483	$1,585,852	$1,941,072	$1,720,000	($221,072)
Outlays	$731,629	$1,104,955	$1,397,854	$1,229,760	($168,094)
National Cemetery Administration (NCA)					
Appropriation	$94,000	$130,500	$130,500	$140.000	$9,500
Recoveries of Prior Year Obligations	$26,418	$0	$0	$0	$0
Total Budgetary Resources	$120,418	$130,500	$130,500	$140,000	$9,500
Un-obligated Balance brought Forward*	$273,704	$224,633	$231,187	$218,153	($13,034)
Un-obligated Balance end of year*	$231,187	$192,087	$218,153	$113,153	($105,000)
Obligations*	$162,935	$163,046	$143,534	$245,000	$101,466
Outlays	$137,497	$138,638	$138,377	$117,736	($20,641)
General Administration - Staff Offices					
Appropriation	$9,714	$11,800	$11,800	$10,000	($1,800)
Recoveries of Prior Year Obligations	$770	$0	$0	$0	$0
Total Budgetary Resources	$10,484	$11,800	$11,800	$10,000	($1,800)
Un-obligated Balance brought Forward*	$9,869	$11,191	$15,997	$15,797	($200)
Un-obligated Balance end of year*	$15,997	$12,991	$15,797	$13,797	($2,000)
Obligations*	$4,356	$10,000	$12,000	$12,000	$0
Outlays	$7,122	$6,654	$6,638	$7,504	$866

* Includes funds from expired budgetary resources

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Detail of Request
(Dollars in thousands)

Location	Description	Total Estimated Cost	Funding Through 2022	2023 Request	RETF
Veterans Health Administration (VHA)					
Portland, OR	Upgrade Bldg 100/101 Seismic Retrofit and Renovation	TBD	20,000	-	503,000
Louisville, KY	New Medical Facility	1,013,000	978,000	35,000	-
Canandaigua, NY	Construction and Renovation	506,400	443,900	-	62,500
Alameda, CA	Community Based Outpatient Clinic and National Cemetery	395,000	266,200	128,800	-
Livermore, CA	Realignment & Closure, Livermore Campus	505,000	455,000	35,000	-
Fort Harrison, MT	Seismic Upgrade and Specialty Care Improvements	TBD	-	-	88,600
El Paso, TX	Construct New Health Care Center	700,000	150,000	550,000	-
Advance Planning and Design Fund - Various Stations				190,378	70,000
Asbestos - Various Stations				-	15,000
Claims Analysis - Various Stations				2,500	-
Construction & Facilities Management Staff - Various Stations				128,122	-
Hazardous Waste - Various Stations				16,000	-
Land Acquisition Fund - Various Stations				76,000	-
Non-Departmental Federal Entity Project Management Support - Various Stations				134,590	65,410
Seismic Corrections - Various Stations				1,500	-
Subtotal, VHA Line Items				**549,090**	**150,410**
Total, VHA				**1,297,890**	**804,510**
National Cemetery Administration (NCA)					
Elmira, NY	Phase 1 Gravesite Development	76,544	51,544	25,000	-
Albuquerque, NM	Phase 1 Gravesite Development	57,000	-	57,000	-
St. Louis, MO	Phase 1 Gravesite Development (New Land)	44,000	-	44,000	-
Advance Planning and Design Fund - Various Stations				13,000	-
NCA Land Acquisition Fund - Various Stations				1,000	-
Subtotal, NCA Line Items				**14,000**	**-**
Total, NCA			**-**	**140,000**	**-**
General Administration/Staff Offices					
Department APDF for Major				10,000	-
Total, Staff Offices				**10,000**	**-**
Total, Major Construction				**1,447,890**	**804,510**

Update on West Los Angeles (WLA) Campus:

In January 2016, VA adopted a framework Draft Master Plan to revitalize the 388-acre Greater Los Angeles Health Care System - West Los Angeles campus (GLAHS - WLA) into a welcoming and vibrant community where Veterans can live and receive state-of-the-art healthcare, benefits, services and support. The Los Angeles Leasing Act of 2016 (Public Law 114-226) modified VA's enhanced-use lease (EUL) authority to enable partnerships with qualified developers to revitalize certain buildings and land on the WLA campus. The goal is to provide permanent housing and supportive services for homeless Veterans. The developers are responsible for financing, designing, building, and operating these EUL projects over the full term of the lease. The West Los Angeles VA Campus Improvement Act of 2021 (Public Law 117-18) amended the West Los Angeles Leasing Act of 2016, including extending the allowable term for EULs on the WLA campus from 75 years to 99 years

VA entered into an EUL in May 2017, with the Veterans Housing Partnership, LLC for Building 209 on the GLAHS-WLA campus. The project consists of 55 units of permanent housing, including 54 units for Veterans and their families plus one manager's unit. The EUL project became operational in June 2017.

In June 2017, VA selected the preferred developer to renovate, maintain and operate Buildings 205 and 208 on the GLAHS – WLA campus. The project will yield 122 units (120 tenant units plus two manager's units) of permanent supportive housing for Veterans. VA entered into EULs in December 2019 for Buildings 205 and 208. In June 2020, an amendment to each EUL was executed and construction commenced in summer 2020.

VA selected West LA Veterans Collective, LLC, in November 2018 as principal developer (PD), who will provide at least 900 units of housing, bringing the total to approximately 1,200 units of supportive housing for homeless Veterans. The first building the PD is developing is Building 207, under an EUL executed on October 29, 2020 and amended on August 5, 2021. Buildings 156, 157, 300, 402 (Parking Lot 38), 404 (Parking Lot 48) and MacArthur Field Phase 1 are currently in design and the developers are in the process of seeking financing for these supportive housing projects. Execution of EULs for these projects is planned for calendar years 2022 and 2023, followed by construction starts. Additional assets are planned for redevelopment in future years. VA will continue to keep Congress informed throughout the ongoing revitalization efforts.

In addition to the EULs, WLA has a robust major construction program to address seismic risks and modernize healthcare delivery and medical research.

Major Project Prospectuses Index

Location	Description	Page No.
Veterans Health Administration (VHA)		
Portland, OR	Upgrade Bldg 100/101 Seismic Retrofit and Renovation	2-13
Louisville, KY	New Medical Facility	2-19
Canandaigua, NY	Construction and Renovation	2-25
Alameda, CA	Community Based Outpatient Clinic and National Cemetery	2-33
Livermore, CA	Realignment and Closure, Livermore Campus	2-41
Fort Harrison, MT	Seismic Upgrade and Specialty Care Improvements	2-49
El Paso, TX	Construct New Health Care Center	2-55
National Cemetery Administration (NCA)		
Elmira, NY	Phase 1 Gravesite Expansion	2-61
Albuquerque, NM	Phase 1 Gravesite Expansion	2-67
St. Louis, MO	Phase 1 Gravesite Expansion (New Land)	2-71
Departmental Line-Items		
Advance Planning and Design Fund	Various Stations	2-75
Asbestos	Various Stations	2-77
Claims Analysis	Various Stations	2-78
Hazardous Waste	Various Stations	2-79
Construction & Facilities Management Staff	Various Stations	2-80
Non-Departmental Federal Entity Project Management Support	Various Stations	2-81
Land Acquisition Fund	Various Station	2-82
Seismic Corrections	Various Stations	2-83

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Portland, Oregon
Upgrade Building 100 and 101 for Seismic Retrofit and Renovation

Anticipated funding of $503,000,000 from the 2023 Recurring Expenses Transformational Fund (RETF) will provide for the construction of a new Specialty Care building (Building 110), a new parking structure (Building 111), and demolition of ancillary buildings/structures.

This project provides for a seismic retrofit of Buildings 100, 101, and 102 (patient parking garage), as well as a bridge/roadway; includes the construction of a new Specialty Care Building and parking facility; and the demolition of ancillary buildings at the Portland VA Medical Center (VAMC) in Portland, Oregon.

I. Budget Authority:

Total Estimated Cost	Available Through 2022 Request	2023 RETF	Future Request
TBD	$20,000,000	$503,000,000	TBD

Detail of Project Phases
The project phase being requested this year will provide for the construction of a new Specialty Care building (Building 110), a new parking structure (Building 111), and demolition of ancillary buildings/structures. Construction of a parking expansion for Building 108 was requested in 2022. The seismic retrofit of Buildings 100, 101, and 102 will be requested in a future year.

The Total Estimated Cost is being shown as TBD until design of the full project reaches 35% and until the Army Corps of Engineers accepts the project. The $503 million requested this year provides for the construction of a new Specialty Care building (Building 110), a new parking structure (Building 111), and demolition of ancillary buildings/structures.

The table below provides more details on the phase being requested this year.

Project Phase Included in the 2023 RETF

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
Construction of New Specialty Care Building, New Parking Structure and Demolition	$503,000	0	297,000	$0	$0

The table below page provides details on all phases in this project, listed by the fiscal year funds were requested and then by phase. Major construction project funds are required to be appropriated and authorized.

Total Project Scope (Sorted by Fiscal Year and Phase)

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
2022					
Parking Expansion	$20,000	0	0	$0	$0
2023					
Construction of New Specialty Care Building, New Parking Structure and Demolition	$503,000	0	297,000	$0	$0
Future Years					
Seismic Retrofit and Renovation of Buildings 100, 101 and 102	TBD	TBD	TBD	$0	$0
Portland Totals	**TBD**	**TBD**	**TBD**	**$0**	**$0**

II. Priority Score: 2015 – 0.4808
Major construction projects are funded based on their priority ranking and on their ability to award construction contracts in the current fiscal year.

III. Description of Project:
This project proposes seismic retrofits of two main campus buildings, Building 100 and Building 101, at the Portland VA Medical Center (VAMC). Building 100 is 638,903 gross square feet (GSF) and is listed as number 10 on VA's Extremely High Risk (EHR) Building List as prepared by Degenkolb Engineers. Building 101 is 130,957 GSF and is listed as number 41 on the EHR Building List. The proposed renovations would mitigate deterioration of the buildings' tile façades and improve them to align with current seismic code and standards. During the seismic retrofit, all inpatient, outpatient, ancillary, administrative, and research services housed in Buildings 100 and 101 would be impacted. Building 102 will also be renovated to meet current seismic code and standards. The project also entails demolition of aging ancillary buildings on the VAMC campus and the construction of a 297,000 GSF Specialty Care Building in its place. To accommodate anticipated growth in staff and to address the existing critical employee parking shortage at the Portland VAMC, the project scope also includes the construction of a parking garage.

IV. Alternatives to Construction Considered
Status Quo:
The status quo alternative would maintain the services at the original, antiquated, seismically deficient Portland facilities. Failing to address seismic deficiencies is not an option. The seismic risk to patients, visitors and staff is among the highest for any VA facility in the nation. In addition, current Portland VAMC demand for clinical services exceeds the facility's current capacity, as evidenced by the large current Strategic Capital Investment Planning (SCIP) space gap for the facility. For these reasons, the status quo alternative is the least preferred.

Alternative 1: New Construction and Renovation (Preferred Alternative)
This alternative is a hybrid strategy that proposes a complete seismic retrofit of Portland VAMC's main hospital building (Building 100), an administrative/research building (Building 101), and a patient parking garage (Building 102). For this alternative, three ancillary buildings would be demolished to make room for a new Specialty Care Building on the VA campus and a parking structure to support the new facility. The new building would provide essential swing space while the seismic retrofits of the main hospital buildings are in progress. These renovations are necessary to meet forecasted demand and address the pressing seismic safety issue on the campus. This alternative allows the medical center to move certain indirect clinical support functions out of the main hospital building. As a result, ample space would be created for the much-needed expansion of core medical services. This alternative permits the medical center to optimize use of its limited specialized hospital space, while keeping ancillary functions nearby to support the hospital patients, staff and facilities. For these reasons, this alternative is the preferred alternative.

Alternative 2: New Construction
This alternative requires that a suitable parcel of land be located and purchased in the Portland metro area to construct a new medical center. Existing Portland VAMC activities would be moved to the new location and the old campus would be surrendered. This would be of no benefit to the VA because the Portland campus was conditionally donated to the VA by a local landowner. In the event this site no longer functions as a VA hospital, title to the land reverts back to the Sam Jackson family estate. In addition, relocation to a new site would move the Portland VAMC away from the region's only medical school, Oregon Health and Sciences University (OHSU), which is presently connected to the main VA hospital by a sky-bridge. The Portland VAMC leverages OHSU for the procurement of medical services such as nuclear medicine treatment, and OHSU is the source of considerable clinical manpower that the Portland VAMC requires to operate. Increased distance between the Portland VAMC and OHSU would make sharing personnel and other resources more difficult and costly. High relocation costs, new land acquisition costs, challenges associated with finding a suitable replacement site and disruption to patients, staff and strategic relationships would also be challenges. For these reasons, this alternative is not the preferred alternative and has been excluded from the quantitative analysis below.

Alternative 3: Lease
This alternative proposes to lease space off campus to house clinical and other services/divisions, and mothball the seismically deficient Buildings 100 and 101. Sufficient leased space would be required to mitigate the loss of the two existing buildings and accommodate Portland's workload growth projections. This alternative would position many clinical and ancillary support functions too far from the medical center to interact effectively with services that would continue to be offered on campus, as a viable build-to-suit site within a mile of the medical center would be difficult to find. While suitable space could possibly be leased in the greater Portland area, it would be difficult to find sufficient contiguous clinical space. The solution would likely be several leased buildings scattered across the area, which would eliminate current operational adjacencies and efficiencies and may disrupt the strong working relationship the VA currently enjoys with its partners such as OHSU. For these reasons, this alternative is not the preferred alternative.

Alternative 4: Contract Out
This alternative would involve contracting out existing services in Buildings 100 and 101. There may not be sufficient, qualified private healthcare providers in the Portland, OR area to absorb the current and projected Veteran workload. In addition, this alternative would not provide for the correction of seismic deficiencies or the renovation and reuse of Buildings 100 and 101 and may be more costly and result in a loss of quality and control over Veteran healthcare. For these reasons, this alternative is not the preferred alternative.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and to accommodate all project requirements in the same manner as the new construction alternative. However, high-level market research and interviews with local VA planners has indicated that a suitable facility for possible acquisition and subsequent renovation that would meet all project requirements in the same manner as the preferred alternative does not exist in the delineated market area (10-mile radius of the Portland VAMC) of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new facility, with the Department of Defense (DoD) as a sub-lessee. This alternative would address all project requirements in the same manner as the preferred alternative. However, according to VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility sharing opportunities in the vicinity of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)
This analysis will be completed once design reaches 35% and when the Army Corps of Engineers accepts the project.

VI. Analysis of Benefits
The preferred alternative, New Construction and Renovation, delivers the best benefit to VA by reusing an existing asset and constructing a new building to house care and services currently provided in the seismically deficient Buildings 100 and 101 at the Portland VAMC. The Status Quo alternative does not address any of the existing facility deficiencies or current and projected workload gaps; the Lease alternative would negatively impact the continuity of care and could disrupt operational adjacencies and local partnerships; and the Contract Out alternative could result in a loss of quality and control over Veteran health care.

The Lease and Contract Out alternatives are not preferred, and the New Construction, Acquire an Existing Facility, and VA/DoD Collaboration alternatives are not viable. In pursuing the preferred alternative, this project would allow VA to continue delivering world-class health care to Veterans in a modern, seismically safe environment of care. As VA has already begun design and planning for the New Construction alternative, the proposed project would also enable VA to achieve service and mission goals and objectives sooner than the other alternatives would.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	237,108	225,339	212,868	186,930	-21.2%
Enrollees	155,266	160,003	159,994	150,790	-2.9%

*Data reflects the VISN 20, South Cascades market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	67,365	148,246	164,888	189,937	182.0%
Ambulatory Services	1,416,883	2,141,363	2,397,501	2,614,718	84.5%
Mental Health Stops	105,561	111,050	104,634	96,444	-8.6%
Mental Health Services	184,984	317,680	383,514	519,232	180.7%
Acute Inpatient Beds	99	119	114	92	-7.1%
Acute Mental Health Beds	23	27	27	27	17.4%

*Data reflects workload for VISN 20, South Cascades market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule – This Phase

Award Construction Contract	March 2024
Complete Construction	October 2028

X. Project Cost Summary of the Chosen Option

The Project Cost Summary will be completed once design reaches 35% and when the Army Corps of Engineers accepts the project.

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Louisville, KY
New Medical Facility

Funding of $35,000,000 requested in this 2023 budget will provide for additional project cost escalation stemming from project delays related to litigation and COVID-19 supply chain disruptions.

This project constructs a replacement Medical Facility for the existing Louisville, Kentucky VA Medical Center (VAMC) at a new site.

I. Budget Authority:

Total Estimated Cost	Available Through 2022 Request	2023 Request	Future Request
$1,013,000,000	$978,000,000	$35,000,000	$0

Details of Project Phases

The funding requested this year will address additional project cost escalation stemming from project delays related to a lawsuit and COVID-19 supply chain disruptions. Land acquisition was appropriated in 2009 and authorized in 2010. Site work and utilities were appropriated and authorized in 2016. Congress appropriated an additional $300 million in 2019, to be used on major construction projects, which was authorized for use on this project in the same year. In 2020, Congress also appropriated and authorized an additional $410 million. A reprogramming action was approved for $25 million in 2021. An additional $93 million to address anticipated project cost escalation stemming from project delays related to litigation was requested in 2022.

The table below provides more details on the funding being requested this year.

Project Phases Included in the 2023 Request

Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
Project Cost Escalations Stemming from Project Delays Related to Litigation and COVID-19 Supply Chain Disruptions	$35,000	0	Included in 2019	$0	$0

The table on the following page provides details on all prior funding for this project, listed by the fiscal year funds were requested. Major construction project funds are required to be appropriated and authorized.

Total Project Scope (Sorted by Fiscal Year and Phase)

Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
2009/2010*					
Land Acquisition	$75,000	0	0	$75,000	$75,000
2016					
Site Work and Utilities	$75,000	0	0	$75,000	$75,000
2019					
Facility Construction	$300,000	0	972,425	$300,000	$300,000
2020					
Facility Construction	$410,000	0	Included in 2019	$410,000	$410,000
2021					
Reprogramming	$25,000	0	Included in 2019	$0	$25,000
2022					
Project Cost Escalations Stemming from Project Delays Related to Litigation	$93,000	0	Included in 2019	$0	$0
2023					
Project Cost Escalations Stemming from Project Delays Related to Litigation and COVID-19 Supply Chain Disruptions	$35,000	0	Included in 2019	$0	$0
Louisville Totals	**$1,013,000**	**0**	**972,425**	**$860,000**	**$885,000**

*Funding was provided in 2009, authorization was in 2010 (P.L. 111-163)

II. Priority Score: 2015 – 0.4786

Major construction projects are funded based on their priority ranking and on their ability to award construction contracts in the current fiscal year.

III. Description of Project:

This project constructs a new medical center campus to replace aging, unserviceable facilities at Robley Rex VA Medical Center in Louisville, KY. The existing medical center campus is constrained by physical topography and existing infrastructure that cannot be improved without significant adverse impact to ongoing delivery of healthcare and which cannot support delivery of modern healthcare due to physical limitations of the existing facility layout and construction. The project will relocate medical facility operations to an approximately 34 acre, previously undeveloped, parcel of land which will accommodate the design and construction of a new 100+ bed hospital, new structured and surface parking, associated campus infrastructure including underground utilities, a new central utility plant, a new laundry facility, roadways, sidewalks, perimeter fencing, landscaping and other site improvements. The project will eliminate all space, infrastructure and facility condition deficiencies while avoiding adverse impact to patient care and

will effectively consolidate services in a modern, efficient, healing environment that can accommodate delivery of inpatient and outpatient health care services for veterans in the Louisville area.

IV. Alternatives to Construction Considered

Status Quo:

The current hospital has been determined to be deficient to meet the future projected workload. Due to its construction characteristics, it cannot be renovated to meet current design criteria for modern healthcare technology.

Alternative 1: New Construction (Preferred Alternative)

This alternative would resolve the outpatient space deficit, facility condition assessment (FCA) deficiencies, and seismic and fire safety deficiencies. A horizontal development model will be used, assuring maximum ability to expand and renovate in the future. Surface parking and a garage will provide the best separation of traffic and parking, allowing for shorter construction phasing. For these reasons, this is the preferred alternative.

Alternative 2: Renovation

This alternative would renovate the existing facility. Due to the aged infrastructure being well beyond its useful life and not being configured in a manner conducive to the highest standards of care, this is not the preferred alternative.

Alternative 3: Lease

This alternative proposes to lease a new building offsite from the Medical Center to accommodate the current and projected workload in the same manner as the New Construction alternative. While a lease could address the existing infrastructure and functional deficiencies similar to the new construction alternative, staff would be located apart from the Medical Center and not have the benefit of supporting programs or personnel nearby, greatly diminishing operational efficiency. For this reason, this is not the preferred alternative.

Alternative 4: Contract Out

This alternative assumes that all services proposed in the project would be contracted out to fee-basis providers in the Louisville area. There may not be sufficient, qualified private health care providers in the Louisville area to absorb the current and projected Veteran workload. This alternative may also be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the preferred alternative. Acquiring an existing facility off site would diminish the continuity of services provided. In addition, high-level market research has indicated that the market is highly unlikely to have available a suitable facility for possible acquisition and subsequent renovation that would meet all project requirements in the same manner as the preferred alternative. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to construct or lease a new facility, with the Department of Defense (DoD) as a joint occupant or sub-lessee. This alternative would address all project requirements in the same manner as the preferred alternative. However, according to VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility sharing opportunities in the vicinity of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTE	Net New FTE
Status Quo	$77,431	$8,790,226	$0	$8,867,657	2,051	N/A
New Construction	$1,121,318	$8,816,009	$213,741	$10,151,068	2,522	471
Renovation	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$411,836	$9,179,540	$213,741	$9,805,118	2,522	471
Contract Out	$317,785	$11,943,260	$0	$12,261,045	0	(2,051)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.

**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

Analysis of Benefits

The preferred alternative, New Construction, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section, the Status Quo would not address any of the existing gaps, and the Renovation, Acquire an Existing Facility, and VA/DoD Collaboration alternatives are not viable. New Construction, with total life cycle cost of approximately $10.2 billion, would be the best solution to support VA's strategic goals and objectives and close deficiencies identified by the SCIP process in a timely and efficient manner and to provide high-quality and reliable care.

V. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	152,442	146,521	138,854	121,144	-20.5%
Enrollees	98,943	100,649	100,386	94,141	-4.9%

*Data reflects the VISN 9, Northern market.

VI. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	50,925	95,288	110,209	129,506	154.3%
Ambulatory Services	1,083,812	1,587,358	1,808,336	2,033,856	87.7%
Mental Health Stops	46,927	43,310	39,516	33,866	-27.8%
Mental Health Services	120,845	225,476	272,806	364,026	201.2%
Acute Inpatient Beds	113	127	123	103	-8.8%
Acute Mental Health Beds	23	28	27	25	8.7%

*Data reflects workload for the VISN 9, Northern market, and excludes Pharmacy and Laboratory and Pathology stops.

VII. Schedule – This Phase

Award Construction Documents	October 2017
Award Construction Contract	August 2021
Complete Construction	June 2027

VIII. Project Cost Summary of the Chosen Option

New Construction	972,425 GSF	$487,507,000
Renovation	0 GSF	$0
Demolition	0 GSF	$0
Parking	2,531 Spaces	$74,677,000
Other Construction Costs:		
Pre-design development allowance		$0
Total other costs (site, improvements, utilities, etc.)		$154,028,000
Subtotal estimated base construction cost		**$716,212,000**
Other Non-Construction Costs:		
Construction Contingency		$103,399,000
Technical Services		$45,599,000
Impact Costs		$0
Construction Management		$4,387,000
Site Acquisition Cost		$13,000,000
Utility Agreements		$10,000,000
Subtotal estimated base cost		**$892,597,000**
Inflation Allowance / Locality Adjustment		$120,403,000
Total Estimated Cost		**$1,013,000,000**

IX. Operating Costs of the Chosen Option

Present Facility	
Square Footage Involved	Existing Medical Center: 565,558 GSF
Current FTE	2,051
Current Operating Costs[1]	**$533,224,982**
Ancillary Services	*$284,411,175*
Personnel Services	*$248,813,807*
Other Recurring Costs	*N/A*
Proposed Project	
Square Footage Involved	New Medical Facility: 972,425 GSF Parking Structure: 2,531 Spaces
Net New FTE	471
Incremental Operating Costs[2]	**$122,451,958**
Ancillary Services	*$65,313,342*
Personnel Services	*$57,138,617*
Other Recurring Costs	*N/A*
Total Operating Costs[1]	**$655,676,941**
Non-recurring Activations	**$210,616,647**
Furniture, Fixtures & Equipment (FF&E)	*$168,493,317*
Non-Recurring Support	*$42,123,329*

[1]Operating costs recur on an annual basis for resources (including staff) necessary to support services to be provided from the space being built or remodeled.
[2]Incremental operating costs are net of present facility. These are not indicative of the total operating costs for the project at completion.

Canandaigua, New York
Construction & Renovation - Community Living Center, Domiciliary, and Outpatient Facilities

Anticipated funding of $62,500,000 from the 2023 Recurring Expenses Transformational Fund (RETF) will provide for additional site condition contingencies for the renovation of Buildings 1, 3, 4, 5 and 9 and the construction of the remaining new 24 community living center (CLC) beds.

This project is for the construction of a new 120-bed community living center, outpatient clinic, and a renovated 50-bed domiciliary facility, along with complete renovation of several existing buildings for administrative/logistical services, at the VA Medical Center in Canandaigua, New York.

I. Budget Authority:

Total Estimated Cost	Available Through 2022 Request	2023 RETF	Future Request
$506,400,000	$443,900,000	$62,500,000	$0

Detail of Project Phases
The funding request will provide for additional site condition contingencies for the renovation of Buildings 1, 3, 4, 5, and 9, given building conditions uncovered during renovations completed in earlier phases of the project. Design was appropriated in 2010. The phase 1 scope included new construction of a chiller plant; renovation of Building 1; and the partial demolition, partial renovation, and infill of new construction of Building 2. Phase 1 was appropriated and authorized in 2015. Phase 2 includes new construction of a 96-bed portion of CLC, Building 9 loading dock, demolition of Buildings 33 and 34, and renovation of 50 beds in the Domiciliary, and was appropriated and authorized in 2019. Phase 3, the renovation of Building 3, was appropriated and authorized in 2021. Phase 4, the construction of the remaining new 24 CLC beds (total of 120 beds for project), the renovation of Buildings 4 and 5, and HVAC upgrades, was requested in 2022. The table below provides more details on the phase being requested this year.

Project Phases Included in the 2023 RETF

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
Additional Site Condition Contingencies for Renovation of Buildings 1, 3, 4, 5, and 9	$62,500	0	0	$0	$0

The table below provides details on all phases in this project, listed by the fiscal year funds were requested and then by phase. Major construction project funds are required to be appropriated and authorized.

Total Project Scope (Sorted by Request Year and Phase)

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
2010					
Design	$36,580	0	0	$0	$36,580
2015					
Phase 1 –Demo/Renovate/ New construction of OPC (Building 2), Construct New Chiller Plant	$122,400	85,477	95,723	$158,980	$122,400
2018					
Reprogramming	$3,000	0	0	$0	$3,000
2019					
Phase 2 – Construct 96 New CLC beds, Loading Dock, and Renovate 50 beds in Domiciliary, Demo building 33 and 34	$190,000	51,026	101,974	$193,000	$190,000
Reprogramming	$1,761	0	0	$0	$1,761
2021					
Phase 3 – Renov. Bldg 3	$30,000	53,858	0	$31,761	$30,000
2022					
Phase 4 – Renovate Buildings 4 and 5, Complete CLC (New Cottage A/B-24 additional beds), and HVAC Upgrades to Building 5	$60,159	65,127	24,818	$0	$0
2023					
Additional Site Condition Contingencies for Renovation of Buildings 1, 3, 4, 5, and 9	$62,500	0	0	$0	$0
Canandaigua, NY Totals	**$506,400**	**255,488**	**222,515**	**$383,741**	**$383,741**

II. Priority Score: 2015 – 0.3535
Major construction projects are funded based on their priority ranking and on their ability to award construction contracts in the current fiscal year.

III. Description of Project:
The project will demolish buildings 33 and 34, and a portion of Building 2, as well as tunnels associated with building 2, a portion of building 1, and common areas shared between buildings 33 and 34 (approximately 130,000 gross square feet (GSF)) to allow for the construction of a new, 120-bed CLC, which would include gero-psychiatric services and hospice care, and an addition (between Buildings 1 and 2) for the Outpatient Clinic. Buildings 1, 3, 4, 5 and 9 (approximately

255,000 GSF) will be renovated to house a 50-bed domiciliary/residential rehabilitation facility, Outpatient Services, Behavioral Health Services, and Logistics/Administrative support departments to provide a right- sized, modern facility to enhance health care provision to Veterans. The CLC and Domiciliary will meet up-to-date patient privacy standards that will benefit both men and women Veterans. Security access issues caused by multiple entry points to the facility will be mitigated by new construction.

IV. Alternatives to Construction Considered

Status Quo:

The status quo alternative would maintain the services at the original, antiquated, 80-year-old Canandaigua VAMC facilities. The original design and layout of these facilities do not permit VA to provide healthcare services in an operationally efficient manner. The campus is a nominee for the National Register of Historic Places, which limits any potential improvements to the building footprint for inpatient care through building additions and alterations. Recurring maintenance costs for underutilized buildings place an additional burden on VA. This does not address any facility condition and current or projected workload deficiencies, which makes it the least preferred alternative.

Alternative 1: New Construction and Renovation (Preferred Alternative)

This alternative proposes to construct a new CLC and domiciliary/residential rehabilitation facility and renovate numerous buildings to house the outpatient functions for Canandaigua. In addition, New Construction and Renovation would reduce the overall operating costs for the campus by demolishing underutilized and inefficient space. This alternative is the preferred alternative because it addresses inpatient privacy issues, provides for the continuum of care, and addresses gaps identified through the SCIP process.

Alternative 2 – Renovation

This alternative proposes to relocate the existing services to buildings in Courtyard 2 on the Canandaigua campus, including the nursing home, domiciliary/residential rehabilitation, behavioral health, outpatient services and logistic/administrative support departments. These renovations achieve a more modern, safe, and secure healthcare environment than is currently provided. However, this alternative is more complex to implement and would take longer than the New Construction and Renovation alternative. Due to the historic nature of the existing buildings, the complexity of the proposed remodel, and the high operating costs, this is not the preferred alternative.

Alternative 3: Lease

With this alternative, VA would lease an approximately 346,000 net usable square feet (NUSF) (equivalent to the approximately 467,000 GSF required for this project) facility off campus that could accommodate a CLC, domiciliary and outpatient services in the same manner as the New Construction and Renovation alternative. However, care would be provided in a location away from the existing clinical and ancillary support services at the Canandaigua VAMC, which would negatively impact the continuity of care if patients are required to travel to multiple locations for services. For these reasons, this alternative is not the preferred alternative.

Alternative 4: Contract Out
This alternative proposes to contract out all inpatient and outpatient services to other area healthcare providers in the community. There may not be sufficient, qualified private healthcare providers in the Canandaigua, NY area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and result in a loss of quality and control over Veteran healthcare. For these reasons this alternative is not the preferred alternative.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and that would accommodate all project requirements in the same manner as the preferred alternative. However, high-level market research and interviews with local VA planners has indicated that a suitable facility for possible acquisition and subsequent renovation, which would meet all project requirements in the same manner as the preferred alternative, does not exist in the delineated market area (10- mile radius of the Canandaigua VAMC) of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to construct a new integrated facility in collaboration with the Department of Defense (DoD) in the vicinity of the existing VAMC to provide space for existing services and functions. However, according to VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility sharing opportunities in the vicinity of the proposed project. Therefore, this alternative has been excluded from the quantitative analysis on the following page.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTE	Net New FTE
Status Quo	$63,919	$3,762,333	$0	$3,826,251	957	N/A
New Construction and Renovation	$558,363	$3,458,867	$51,722	$4,068,952	1,666	709
Renovation	$683,364	$3,458,867	$51,722	$4,193,953	1,666	709
Lease	$202,376	$3,557,436	$51,722	$3,811,534	1,666	709
Contract Out	$149,267	$4,427,794	$0	$4,577,061	50	(907)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits
The preferred alternative, New Construction and Renovation, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo would not address any of the existing gaps; Lease would negatively impact the continuity of care; Renovation would take longer to implement due to the complexity of renovating historic buildings; Contract Out could result in a loss of quality and control over Veteran health care; and the Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. New Construction and Renovation, with total life cycle costs of approximately $4.07 billion would be the best solution to

support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, and efficient care for Veterans.

This project would address the space and facility condition gaps at the existing campus to enhance Veteran health care services. Constructing new buildings on the existing campus would ensure coordinated care with a team of clinicians for all levels of services in a single location. In addition, this reduces the patient's travel between sites as well as staff's travel, which assists in reducing costs and increasing efficiencies. Due to the projected increases in workload, providing care solely in the existing VAMC alone would be impossible. By providing services in newly constructed and renovated facilities, operational efficiencies would be realized from the decompression of the VAMC and the overall Veteran health care experience would be improved.

The Canandaigua campus is listed on the National Register of Historic Places, which limits potential improvements to the building footprint through building additions. Through this project, recurring maintenance costs for currently underutilized buildings will be reduced and the renovations will upgrade the facilities to modern, safe and secure standards, while allowing for the preservation of historic buildings and provision of healthcare services in state-of-the-art facilities.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	59,459	50,873	44,103	33,901	-43.0%
Enrollees	39,293	36,017	33,073	27,438	-30.2%

*Data reflects the VISN 2, Finger Lakes market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	19,971	46,104	50,490	54,551	173.2%
Ambulatory Services	294,448	471,013	510,353	527,448	79.1%
Mental Health Stops	48,042	56,333	51,515	45,360	-5.6%
Mental Health Services	45,282	91,090	105,342	131,659	190.8%
CLC Beds	146	129	127	106	-27.4%

*Data reflects workload for the VISN 2, Finger Lakes market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule – This Phase

Award Construction Documents	June 2014
Award Construction Contract	October 2019
Complete Construction	June 2025

X. Project Cost Summary of the Chosen Option

New Construction:	222,515 GSF	$181,111,000
Renovation:	255,488 GSF	$105,418,000
Demolition:	129,824 GSF	$2,384,000
Other Construction Costs:		
Pre-Design Development Allowance		$0
Total Other Costs (Site improvements, utilities, etc.)		$75,813,000
Subtotal Estimated Base Construction Cost		**$364,726,000**
Other Non-Construction Costs:		
Construction Contingency		$98,259,000
Technical Services		$14,911,000
Impact Costs		$20,052,000
Construction Management		$0
Site Acquisition		$0
Utility Agreements		$0
Subtotal Estimated Base Costs		**$497,948,000**
Inflation Allowance / Locality Adjustment		$8,452,000
Total Estimated Cost		**$506,400,000**

XI. Operating Costs of the Chosen Option

Present Facility	
Square Footage Involved	Building 1 – 71,445 GSF
	Building 2 – 39,007 GSF
	Building 3 – 53,858 GSF
	Building 4 – 45,030 GSF
	Building 5 – 20,097 GSF
	Building 9 – 51,026 GSF
	Building 33 – 54,630 GSF
	Building 34 – 54,690 GSF
Current FTE	957
Current Operating Costs[1]	**$173,007,550**
Ancillary Services	*$77,483,921*
Personnel Services	*$95,523,629*
Other Recurring Costs	*N/A*
Proposed Project	
Square Footage Involved	New Construction: 211,015 GSF
	Renovation: 255,488 GSF
	Demolition: 129,824 GSF
Net New FTE	709
Incremental Operating Costs[2]	**$128,173,828**
Ancillary Services	*$57,404,493*
Personnel Services	*$70,769,335*
Other Recurring Costs	*N/A*
Total Operating Costs[1]	**$301,181,378**
Non-Recurring Activations	**$50,965,654**
Furniture, Fixtures & Equipment (FF&E)	*$42,626,076*
Non-Recurring Support	*$8,339,578*

[1]Operating costs recur on an annual basis for resources (including staff) necessary to support services to be provided from the space being built or remodeled.
[2]Incremental operating costs are net of present facility. These are not indicative of the total operating costs for the project at completion.

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Alameda Point, California
Community Based Outpatient Clinic and National Cemetery

Funding of $128,800,000 requested in this 2023 budget will provide for the second phase of the construction of a Community Based Outpatient Clinic (CBOC), construction of a conservation management office (CMO), completion of the remaining columbarium niches, and additional project contingency requirements identified by U.S. Army Corps of Engineers (USACE).

This project includes the construction of a CBOC, parking, an NCA and VBA administration office, a Conservation Management Office (CMO), and a new columbarium at Alameda Point, CA. This project will be executed in two phases. Phase I includes site work, offsite utilities, wetland mitigation, and a columbarium. In 2020, VA requested authorization to include a portion of the columbarium in Phase I, in order to accelerate its delivery to NCA. Phase II includes the construction of a CBOC and CMO, completion of the columbarium, landscaping, and parking. The CMO, landscaping, and parking project elements previously described as Phase III in the 2021 prospectus are now included in Phase II.

I. Budget Authority:

Total Estimated Cost	Available Through 2022 Request	2023 Request	Future Request
$395,000,000*	$266,200,000	$128,800,000	$0

*Non-construction cost of $2,000,000 for columbarium niche covers will be requested in the Compensation and Pensions Appropriation

Detail of Project Phases

The funding request this year will provide for the second phase of the construction of a Community Based Outpatient Clinic (CBOC), construction of a conservation management office (CMO), completion of the remaining cemetery niches, landscaping, parking, and additional project contingency requirements identified by USACE. Design was appropriated in 2011 and the first portion of the columbarium site work, off-site utilities, and wetlands mitigation was appropriated and authorized in 2016. The 2020 appropriation provided for additional Phase I funding to complete a portion of the columbarium and additional site work, off-site utilities and wetlands mitigation. The first portion of construction for an approximately 158,000 gross square foot (GSF) CBOC was appropriated and authorized in 2021. The table on the following page provides more details on the phases being requested this year.

Project Phases Included in the 2023 Request

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
Phase II – Construct CBOC, CMO, completion of the columbarium, landscaping, and parking	$128,800	0	2,700	$0	$0

The table below provides details on all phases in this project, listed by the fiscal year funds were requested and then by phase. Major construction project funds are required to be appropriated and authorized.

Total Project Scope (Sorted by Fiscal Year and Phase)

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
2011					
Design	$17,332	0	0	$0	$17,332
2016					
Phase I – Site Work, Off-Site Utilities, and Wetlands Mitigation	$70,000	0	0	$87,332	$70,000
2020					
Phase I – Columbarium, Site Work, Off-Site Utilities, and Wetlands Mitigation	$26,000	0	0	$26,000	$26,000
2021					
Phase II – Begin Community Based Outpatient Clinic Construction	$152,868	0	158,000	$152,868	$152,868
2023					
Phase II – Construct CBOC, CMO, completion of the columbarium, landscaping, and parking	$128,800	0	2,700	$0	$0
Alameda, CA Totals	**$395,000**	**0**	**160,700**	**$266,200**	**$266,200**

II. Priority Score: 2015 – 0.3452
Major construction projects are funded based on their priority ranking and on their ability to award construction contracts in the current fiscal year.

III. Description of Project:
This project proposes to construct a new, approximately 158,000 gross square foot (GSF) CBOC, which includes NCA and VBA administrative space and 750 parking spaces. Also included in the project is the construction of a 2,700 GSF conservation management office. The project will consolidate two existing outpatient clinic leases; one will expire in August 2024 and the other will expire in July 2025. The project will also construct the first phase of a national cemetery with columbaria capacity for 25,000 niches of the planned total 300,000 niches. The project will be constructed on a 624-acre former Naval Air Station at Alameda Point that has been acquired through a no-cost Federal-to-Federal transfer as a result of the Base Realignment and Closure

(BRAC) process. This new, state-of-the-art CBOC and administrative space will provide Primary Care, Specialty Care, Ancillary Services, Mental Health, Substance Abuse and Ambulatory Surgery in a right-sized, modern facility.

IV. Alternatives to Construction Considered

Status Quo:

The Status Quo would continue to maintain two undersized, seismically-deficient leased VHA outpatient clinics in Oakland, a leased trailer and leased parking with no means of providing access for NCA columbaria or VBA benefit support. This alternative does not address identified clinical or burial access deficiencies and it does not address the projected workload in the Alameda and Oakland markets. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Construction - Alameda Point BRAC Site (Preferred Alternative)

This alternative would construct a new CBOC, a new Columbarium, administrative support space for NCA and VBA, and all associated parking on the Alameda Point BRAC property. This alternative would enhance efficiencies by ensuring a continuum of care for patients in a single facility, reducing patient and staff travel between the two sites, and reducing operating expenses by eliminating leases to provide services in-house. This new VA campus would provide a state-of-the-art, right-sized CBOC, a new columbarium for families that is closer to where they reside, and VBA benefits support. For these reasons, this is the preferred alternative.

Alternative 2: Renovation

This alternative proposes to renovate vacant or underutilized VA owned buildings to provide an approximately 160,700 GSF facility with associated parking. For this alternative to be viable, VA would need to own a building in the Alameda area that has sufficient space to accommodate the same services proposed in this project. High level market research and interviews with local VA planners has indicated that a suitable facility in the Alameda area does not exist. In addition, Renovation would not provide a new columbarium. For these reason, this alternative is not viable and has been excluded from the quantitative analysis below.

Alternative 3: Lease

This alternative proposes to lease an approximately 119,000 net usable square feet (NUSF) (equivalent to approximately 160,700 GSF) facility off campus to accommodate Primary Care, Specialty Care, Ancillary Services, Mental Health, Substance Abuse and Ambulatory Surgery functions. The lease would provide for expanded services in the same manner as the preferred alternative but could not include the proposed columbarium in the same manner as the New Construction alternative. Therefore, this is not the preferred alternative.

Alternative 4: Contract Out

This alternative assumes that all services proposed in the project would be contracted out to fee-basis providers in the Alameda area. There may not be sufficient, qualified private health care providers in the Alameda area to absorb the current and projected Veteran workload. In addition, this alternative does not allow for the collocation of NCA columbaria or VBA benefit support, may be more costly and could result in a loss of quality and control over Veteran health care. For these reasons this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the preferred alternative. However, high-level market research and interviews with local VA planners has indicated that a suitable facility for possible acquisition and subsequent renovation that would meet all project requirements in the same manner as the preferred alternative does not exist in the delineated market area of the proposed project. Therefore, this option is not viable and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Project
This alternative proposes to construct a new joint VA/DoD facility at Alameda Point. Although VA/DoD collaboration is strong in this market and the proposed project may foster additional VA/DoD sharing agreements with the U.S. Air Force in Ambulatory Surgery and a partnership with the U.S. Coast Guard in Women's Health, there are currently no plans for an integrated joint facility in this market. Therefore, this option is not viable and has been excluded from the quantitative analysis on the following page.

Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTE	Net New FTE
Status Quo	$0	$1,251,777	$0	$1,251,777	203	N/A
New Construction	$412,900	$1,314,973	$33,685	$1,761,559	253	50
Renovation	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$68,059	$1,480,275	$33,685	$1,582,019	253	50
Contract Out	$39,587	$1,682,755	$0	$1,722,342	0	(203)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

Analysis of Benefits
The preferred alternative, New Construction, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo would not address any of the existing space, utilization, burial access or parking gaps; Lease could not include the proposed columbarium; Contract Out could result in a loss of quality and control over Veteran healthcare; and the Renovation, Acquire an Existing Facility, and VA/DoD Collaboration alternatives are not viable. New Construction, with total life cycle costs of approximately $1.76 billion, would be the best solution to support VA's strategic goals and objectives and close deficiencies identified by the SCIP process in a timely and efficient manner and to provide high-quality and reliable care.

This project would address the space, utilization, and parking gaps at the existing clinics to enhance Veteran health care services. Consolidating two clinics into a modern healthcare campus would ensure coordinated care with a team of clinicians for all levels of outpatient services in a single location. In addition, this reduces the patients' and staff's travel between sites, which assists in reducing costs and increasing efficiencies. Due to the projected increases in workload, providing care solely in the existing clinics would be increasingly difficult. By relocating services into a

newly constructed facility, operational efficiencies could be realized from combining the clinics. This project would enhance the overall Veteran health care experience by serving the Veterans and DoD beneficiaries of northern Alameda County and providing a columbarium burial option to Veterans of the greater Bay Area.

V. Demographic Data[1]

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population[1]	168,006	149,386	134,806	111,243	-33.8%
Enrollees[1]	105,524	104,821	101,479	90,896	-13.9%
Estimated Veteran Deaths[2]	Planned Opening September 2022				

[1]Data reflects the VISN 21, North Valley market.
[2]Data for national cemetery only.

VI. Workload[1]

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures[1]	77,936	118,515	129,890	144,120	84.9%
Ambulatory Services[1]	916,662	1,286,551	1,419,308	1,521,827	66.0%
Mental Health Stops[1]	41,535	40,636	37,382	33,002	-20.5%
Mental Health Services[1]	111,952	186,448	220,357	287,012	156.4%
Acute Inpatient Beds[1]	63	65	58	42	-33.3%
Acute Mental Health Beds[1]	15	19	18	17	13.3%
Annual Interments[2]	Planned Opening September 2022				
Cumulative Gravesites[2]					
Cumulative Interments[2]					

[1]Data reflects the VISN 21, North Valley market, and excludes Pharmacy and Laboratory and Pathology stops.
[2]Data for national cemetery only.

VII. Schedule – This Phase

Award Construction Documents	October 2017
Award Construction Contract	September2024
Complete Construction	April 2027

VIII. Project Cost Summary of the Chosen Option

New Construction	160,700 GSF	$153,097,000
Renovation	0 GSF	$0
Demolition	0 GSF	$0
Parking Spaces	750 spaces	*Included Above*
Other Construction Costs:		
Pre-design development allowance		$0
Total other costs (site, improvements, utilities, etc.)		$161,691,000
Subtotal estimated base construction cost		**$314,788,000**
Other Non-Construction Costs:		
Construction Contingency		$51,130,000
Technical Services		$0
Impact Costs		$0
Construction Management		$0
Site Acquisition Cost		$0
Utility Agreements		$0
Subtotal estimated base cost		**$365,918,000**
Inflation Allowance / Locality Adjustment		$29,082,000
Total Estimated Cost		**$395,000,000**

IX. Operating Costs of the Chosen Option

Present Facility	
Square Footage Involved	Oakland Outpatient Clinic: 29,683 NUSF Oakland Behavioral Health Clinic: 13,263 NUSF
Current FTE	4,105
Current Operating Costs[1]	**$1,369,993,802**
Ancillary Services	*$831,350,177*
Personnel Services	*$538,643,625*
Other Recurring Costs	*N/A*
Proposed Project	
Square Footage Involved	New Construction of Outpatient Clinic: 158,000 GSF New Construction of Conservation Management Office: 2,700 GSF
Net New FTE	50
Incremental Operating Costs[2]	**$16,686,892**
Ancillary Services	*$10,126,068*
Personnel Services	*$6,560,824*
Other Recurring Costs	*N/A*
Total Operating Costs[1]	**$1,386,680,694**
Non-recurring Activations	**$33,192,827**
Furniture, Fixtures & Equipment (FF&E)	*$26,554,262*
Non-Recurring Support	*$6,638,565*

[1]Operating costs recur on an annual basis for resources (including staff) necessary to support services to be provided from the space being built or remodeled; reflects costs and FTE for the Martinez Parent station.
[2]Incremental operating costs are net of present facility. These are not indicative of the total operating costs for the project at completion.

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Livermore, California
Realignment and Closure

Funding of $35,000,000 requested in this 2023 budget will complete the construction of the Central Valley Engineering and Logistics Building.

The complete project includes land purchases, construction of a new CBOC in the East Bay area, a new Central Valley CBOC collocated with a new 120-bed CLC, a new Central Valley engineering and logistics building, enhanced flood plain mitigation at both CBOC sites, renovation of existing space for a minimally-invasive Procedure Center at the Palo Alto VA Medical Center (VAMC), and closure of the Livermore VAMC.

I. Budget Authority:

Total Estimated Cost	Available Through 2022 Request	2023 Request	Future Request
$505,000,000	$455,000,000	$35,000,000	$15,000,000

Detail of Project Phases
Funding for design and land was appropriated and authorized in 2010 and construction of the Central Valley CBOC, Phase II, was appropriated and authorized in 2016. Phases III, V, and enhanced flood plain mitigation at the two CBOC sites were appropriated and authorized in 2018. In 2020, VA requested Congressional authorization to use funding appropriated in 2018 for the construction of a new Central Valley CLC, instead of the construction of the new East Bay CBOC. The reassignment of the 2018 appropriations allowed for an accelerated completion of the Central Valley Campus and provides for a complete and usable 80-bed CLC. Funding for the East Bay CBOC portion of Phase III, including the enhanced flood plain mitigation at the East Bay site, and for Phase VII, the construction of the remaining 40 of the planned 120 beds of the new Central Valley CLC, was appropriated and authorized, in 2021.

Additional future phases will include Phase IV, renovations at Palo Alto for a minimally invasive Procedure Center, and Phase VI, divestiture of the Livermore VAMC. The table below provides more details on the phase being requested this year.

Project Phases Included in the 2023 Request

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
Complete Construction of Engineering & Logistics Building	$35,000	Included in 2020 Phase V	Included in 2020 Phase V	$0	$0

The table below provides details on all phases in this project, listed by the fiscal year funds were requested and then by phase. Major construction project funds are required to be appropriated and authorized.

Total Project Scope (Sorted by Fiscal Year and Phase)

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
2010					
Design and Land	$55,430	0	0	$55,430	$55,430
2016					
Phase II - New Central Valley CBOC	$139,000	0	158,000	$139,000	$139,000
2018*					
Phase III - New East Bay CBOC and Flood Plain Mitigation at both CBOCs	[$117,300]*	0	[80,000]	$117,300	$117,300
Phase V - New Central Valley Engineering/ Logistics Facility	[Cost included in Phase III]*	0	[20,222]	Included in Phase III	Included in Phase III
2020					
Phase I - New Central Valley CLC, initial 80 beds, and Flood Plain Mitigation at the Central Valley Site	$117,300	0	110,553	$0	$0
Phase V – Begin Construction of Central Valley Engineering/ Logistics Facility	Cost included in Phase I	0	20,222	$0	$0
2021					
Phase III - New East Bay CBOC and Flood Plain Mitigation at the East Bay Site	$143,270	0	40,000	$143,270	$143,270
Phase VII - Central Valley CLC, additional 40 beds	Cost included in Phase III	0	45,183	$0	Included in Phase III
2023					
Complete Construction of Engineering & Logistics Building	$35,000	Included in 2020 Phase V	Included in 2020 Phase V	$0	$0
Future Year					
Phase IV - Palo Alto Procedure Center Renovation	TBD	30,000	0	$0	$0
Phase VI – Livermore VAMC Divestiture	TBD	0	0	$0	$0
Livermore, CA Totals	**$505,000**	**30,000**	**373,958**	**$455,000**	**$455,000**

*Funding received as a part of the FY 2018 request was requested to be reassigned to Phases I and V in FY 2020 to allow for accelerated completion of the Central Valley Campus.

II. Priority Score: 2015 – 0.2854
Major construction projects are funded based on their priority ranking and on their ability to award construction contracts in the current fiscal year.

III. Description of Project:
This project constructs a new medical center campus to replace aging, unserviceable facilities. This project will purchase land and construct a new East Bay CBOC in the City of Fremont, a new Stockton/French Camp (Central Valley) CBOC, that will be collocated with a new 120-bed CLC and a new Engineering and Logistics building, and enhanced flood plain mitigation at both CBOCs. This project also will renovate existing space for a minimally invasive Procedure Center at the Palo Alto VAMC to consolidate specialized services. Subsequent to the completion of these phases, inpatient and outpatient programs will be relocated to the new replacement facilities, and the Livermore VAMC campus will close. The Livermore VAMC Realignment and Closure Project total square footage (new construction and renovation) is approximately 403,958 gross square feet (GSF).

Phase I – New Central Valley CLC: This phase will construct a new approximately 110,000 GSF CLC with approximately 80 beds. This facility will be collocated with the Central Valley CBOC (Phase II) and the Engineering/Logistics Support Facility (Phase V). Construction of this CLC will include infrastructure enhancements and site development work, such as utilities, parking and landscaping, as appropriate.

Phase II – New Central Valley CBOC: VA has acquired a parcel of land in San Joaquin County in French Camp, CA on which to construct a new approximately 158,000 GSF CBOC collocated with the CLC (Phases I and VII) and the Phase V Engineering/Logistics Support Facility. Construction of this CBOC will include infrastructure enhancements and site development work, such as utilities, parking, flood plain mitigation, and landscaping, as appropriate. Upon completion of this CBOC, VA will terminate the existing 9,997 NUSF Stockton CBOC lease.

Phase III – New East Bay CBOC: VA has acquired a parcel of land in southern Alameda County in Fremont, CA on which to construct a new approximately 40,000 GSF CBOC. Construction of this CBOC will include infrastructure enhancements and site development work, such as utilities, parking, flood plain mitigation and landscaping, as appropriate. Upon completion of the project, VA will terminate the existing 9,925 NUSF Fremont CBOC lease.

Phase IV – Palo Alto Procedure Center Renovation: VA will renovate approximately 30,000 GSF at the Palo Alto VAMC tertiary care campus to establish a Specialty Procedure Center to consolidate minimally invasive procedures into a single state-of-the-art procedure center.

Phase V – New Central Valley Engineering/Logistics Support Facility: This phase will construct a new approximately 20,000 GSF engineering/logistics support facility collocated with the new Phases I & VII CLC and Phase II CBOC. Construction of this facility will include infrastructure enhancements and site development work, such as utilities, parking and landscaping, as appropriate.

Phase VI – Livermore VAMC Divestiture: Upon completion of other project phases, programs at the Livermore VAMC can be relocated and the 113-acre campus and the existing facilities will be closed. Campus-wide environmental remediation and other costs associated with divestiture would be included in the scope of this phase.

Phase VII – Central Valley CLC, additional 40 beds: This phase will construct approximately 45,000 GSF, for an additional 40 beds at the Central Valley CLC (Phase I).

IV. Alternatives to Construction Considered

Status Quo:

With the Status Quo alternative, VA would continue to operate the Livermore VAMC's 113- acre campus and maintain 249,000 GSF of aging capital infrastructure. The Status Quo neither adequately meets demand, nor improves delivery of services; it does not align with Veteran needs in areas where Veteran populations have grown. For these reasons, this is not the preferred alternative.

Alternative 1: New Construction and Renovation (Preferred Alternative)

This alternative proposes to purchase land and construct a new East Bay CBOC; a new Central Valley CBOC collocated with a 120-bed CLC and an Engineering/Logistics support facility, to provide enhanced flood plain mitigation at both CBOC sites, and to renovate existing space for a minimally invasive Procedure Center at the Palo Alto VAMC. Following construction and activation, VA will relocate Livermore VAMC inpatient and outpatient programs to these two replacement facilities in preparation for the Livermore VAMC closure. This alternative best meets patient demand for services. For this reason, the New Construction and Renovation alternative is preferred.

Alternative 2: Renovation

This alternative would either renovate the existing Livermore VAMC campus or would renovate space in the identified East Bay and Central Valley markets to provide inpatient and outpatient services. For this alternative to be viable, VA would need to own a building at the existing Livermore VAMC (or nearby) that has sufficient space to meet project requirements current and projected demand for services. Because there is no available space at the existing Livermore VAMC or in the East Bay and Central Valley markets, this alternative is not viable and has been excluded from the quantitative analysis below.

Alternative 3: Lease

This alternative proposes to lease multiple facilities totaling approximately 302,932 net useable square feet (NUSF) (equivalent to the approximately 408,958 GSF required for this project) off campus for a new CBOC in East Bay, a new CBOC in Central Valley that would be collocated with a new leased 120-bed CLC, and a new specialty procedure center in the Palo Alto market. Following lease award, construction, and activation, VA would relocate Livermore VAMC's inpatient and outpatient programs and specialty procedures center to these new leased facilities in preparation for Livermore VAMC closure. As planning is underway for the New Construction and Renovation alternative, including the land purchase, the Lease alternative would not provide the shortest timeline or allow for reuse of existing VA space, and would delay completion of the project. For this reason, this is not the preferred alternative.

Alternative 4: Contract Out
This alternative would contract out all the Livermore VAMC's current and projected inpatient and outpatient workload and workload for the Palo Alto Specialty Procedure Center. There may not be sufficient, qualified private health care providers in the Livermore area to absorb current and projected Veteran workload. In addition, this alternative this alternative may be more costly and result in a loss of quality and control over Veteran health care. For these reasons, this alternative is not the preferred alternative.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and that would accommodate all project requirements in the same manner as the preferred alternative. However, high-level market research and interviews with local VA planners has indicated that suitable facilities for possible acquisition and subsequent renovation that would meet all project requirements in the same manner as the preferred alternative do not exist in the delineated market areas of the proposed project (10-mile radius of Fremont, CA (East Bay), French Camp, CA (Central Valley) and Palo Alto VAMC). Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new facility, with the Department of Defense (DoD) as a sub-lessee. This alternative would address all project requirements in the same manner as the preferred alternative. However, according to VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility sharing opportunities in the vicinity of the proposed project markets. In addition, the nearest DoD locations are more than 50, 44, and 58 miles away from Freemont (East Bay), French Camp (Central Valley), the Palo Alto VAMC respectively. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTE	Net New FTE
Status Quo	$34,091	$3,466,214	$0	$3,500,305	351	N/A
New Construction and Renovation	$549,997	$2,946,379	$74,139	$3,570,514	419	68
Renovation	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$171,082	$3,170,422	$74,139	$3,415,643	419	68
Contract Out	$74,399	$3,940,441	$0	$4,014,841	0	(351)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

Analysis of Benefits
The preferred alternative, New Construction and Renovation, will directly benefit Veterans in VISN 21 by realigning inpatient and outpatient services to accommodate geographic regions or sub-markets with growing patient demand for services. Establishing services in the East Bay and

Central Valley sub-markets and renovating space to provide for a minimally invasive Procedure Center at the Palo Alto VAMC delivers the best benefit to VA by meeting all patient demand for services in modern, efficient, VA space. This alternative would also enable VA to vacate the Livermore VAMC campus to avoid unnecessary operating costs and to potentially pursue redevelopment opportunities. Additionally, the proposed project enables VA to terminate approximately 20,000 NUSF in leased space. With total life cycle costs of $3.57 billion, this alternative delivers the best benefit to VA compared to all other alternatives.

As discussed in the previous section: Status Quo would not address any of the workload gaps; Lease would delay completion of the project; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility, and VA/DoD Collaboration alternatives are not viable. As VA has already begun planning for the New Construction and Renovation alternative and has acquired land in the target markets, the proposed project would also enable VA to achieve service and mission goals and objectives sooner than the other alternatives would.

V. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	118,975	102,319	91,503	75,717	-36.4%
Enrollees	71,539	68,849	65,101	56,853	-20.5%

*Data reflects the VISN 21, South Coast Market.

VI. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	27,626	55,588	60,357	66,804	141.8%
Ambulatory Services	644,488	930,603	1,010,021	1,056,718	64.0%
Mental Health Stops	78,920	72,741	66,153	57,564	-27.1%
Mental Health Services	81,796	145,554	169,811	217,960	166.5%
Acute Inpatient Beds	66	58	49	34	-48.5%
Acute Mental Health Beds	19	27	26	25	31.6%
CLC Beds	188	186	186	155	-17.6%

*Data reflects the VISN 21, South Coast Market., and excludes Pharmacy and Laboratory and Pathology stops.

VII. Schedule – This Phase

Award Construction Documents	November 2021
Award Construction Contract	April 2023
Complete Construction	October 2025

VIII. Project Cost Summary of the Chosen Option

New Construction:	378,958 GSF	$299,750,000
Renovation:	30,000 GSF	$20,255,000
Demolition:	0 GSF	$0
Parking Structure:	0 Spaces	$0
Other Construction Costs:		
Pre-Design Development Allowance		$7,894,000
Management Reserve		$4,958,000
Total Other Costs (Site Improvements, Utilities, etc.)		$70,217,000
Subtotal Estimated Base Construction Cost		**$403,074,000**
Other Non-Construction Costs:		
Construction Contingency		$36,999,000
Technical Services		$0
Impact Costs		$0
Construction Management		$2,456,000
Site Acquisition		$22,467,000
Utility Agreements		$19,900,000
Subtotal Estimated Base Costs		**$484,896,000**
Inflation Allowance / Locality Adjustment		$20,104,000
Total Estimated Cost		**$505,000,000**

IX. Operating Costs of the Chosen Option

Present Facility	
Square Footage Involved	Livermore VAMC Campus: 249,000 GSF
Current FTE	3,785
Current Operating Costs[1]	**$1,380,337,450**
Ancillary Services	*$785,746,303*
Personnel Services	*$594,591,147*
Other Recurring Costs	*N/A*
Proposed Project	
Square Footage Involved	Central Valley CLC (Phase I and VII): 155,736 GSF Central Valley CBOC: 158,000 GSF Termination of Stockton CBOC Lease: 9,997 NUSF East Bay CBOC: 40,000 GSF Termination of Fremont CBOC Lease: 9,925 NUSF Palo Alto Procedure Center Renovation: 30,000 GSF Central Valley Engineering/Logistics: 20,222 GSF Livermore VAMC Campus Divestiture: 249,000 GSF
Net New FTE	68
Incremental Operating Costs[2]	**$24,798,665**
Ancillary Services	*$14,116,446*
Personnel Services	*$10,682,219*
Other Recurring Costs	*N/A*
Total Operating Costs[1]	**$1,405,136,115**
Non-recurring Activations	**$73,055,015**
Furniture, Fixtures & Equipment (FF&E)	*$59,105,399*
Non-Recurring Support	*$13,949,616*

[1]Operating costs recur on an annual basis for resources (including staff) necessary to support services to be provided from the space being built or remodeled. Given this project includes a divestment, the costs included represent the sum of the Palo Alto and Livermore stations.
[2]Incremental operating costs are net of present facility. These are not indicative of the total operating costs for the project at completion.

Fort Harrison, Montana
Seismic Upgrade and Specialty Care Improvements

Anticipated funding of $88,600,000 from the 2023 Recurring Expenses Transformational Fund (RETF) will provide for construction of the central utility plant (CUP) and parking garage in advance of renovations to correct seismic deficiencies.

This project provides for the construction of a new acute inpatient care addition in advance of corrections to seismic deficiencies in the main hospital buildings and multiple connected structures at the Fort Harrison VA Medical Center (VAMC) in Fort Harrison, Montana.

I. Budget Authority:

Total Estimated Cost	Available Through 2022 Request	2023 RETF	Future Request
TBD	$0	$88,600,000	TBD

Detail of Project Phases
The project phase being requested this year is the construction of the central utility plant (CUP) and a 660-space parking garage. Corrections of seismic deficiencies in Buildings 154 (main hospital) and connected buildings and the construction of a new acute inpatient care building will be requested in a future year.

The Total Estimated Cost is being shown as TBD until design for the full project reaches 35% and until the Army Corps of Engineers accepts the project.

The table below provides more details on the phase being requested this year.

Project Phase Included in the 2023 RETF

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
CUP and Parking Garage	$88,600	0	15,300	$0	$0

The table on the following page provides details on all phases in this project, listed by the fiscal year funds were requested and then by phase. Major construction project funds are required to be appropriated and authorized.

Total Project Scope (Sorted by Fiscal Year and Phase)

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
2023					
CUP and Parking Garage	$88,600	0	15,300	$0	$0
Future Years					
Seismic Renovations and Acute Inpatient Care Addition	TBD	TBD	TBD	$0	$0
Fort Harrison Totals	**TBD**	**TBD**	**TBD**	**$0**	**$0**

II. Priority Score: 2017 – 0.4474
Major construction projects are funded based on their priority ranking, and on their ability to award construction contracts in the current fiscal year.

III. Description of Project:
This project proposes seismic corrections and interior renovations in multiple seismically deficient buildings, including the main hospital, at the Fort Harrison VAMC. The proposed renovations would mitigate deficiencies within the building structure, improving it to align with current seismic code and standards. The geographic location of the VAMC is classified as a moderate-high seismic zone and there is a possibility that a significant seismic event could inflict damage to structures. To mitigate the impact to inpatient care during seismic retrofit activities, the project would first construct a new acute inpatient care building to accommodate patients during and after the renovations. Upon the activation of the new building, the existing buildings at the VAMC would undergo seismic retrofit. A new 660-space parking structure is planned to address parking deficiencies caused by the included construction of a new central utility plant on top of an existing surface parking lot. Three leases, including the Helena Medical Care Collections Fund MCCF (Network AR Unit - NARU), Network Authorization Office, and Helena Sleep Lab leases, are planned for termination as a result of this project.

IV. Alternatives to Construction Considered
Status Quo:
The status quo alternative would maintain the services at the original, antiquated, seismically deficient Fort Harrison facilities. Failing to address seismic deficiencies at the campus is not an option. The seismic risk to patients, visitors and staff is among the highest for any VA facility in the nation as Fort Harrison is located within a moderate-high seismic zone. This alternative would not address any facility condition or seismic deficiencies at the facility, which makes it the least preferred alternative.

Alternative 1: New Construction and Renovation (Preferred Alternative)
This alternative would renovate existing seismically deficient buildings on the Fort Harrison VAMC campus, construct an acute inpatient care addition to the existing hospital, construct a new parking structure and CUP and terminate three existing leases upon project completion and activation. The new acute inpatient care addition would be built to Leadership in Energy and Environmental Design (LEED) Silver or equivalent standards and would also meet architectural, security and life safety standards. The proposed new building would address significant

improvements in space planning, functional layout, patient privacy, wayfinding, staffing efficiencies and utility services to meet current and projected gaps associated with workload and space. Due to the expected improvements in satisfaction for both patients and employees, this alternative is the preferred alternative.

Alternative 2: Renovation

In this alternative, buildings on the Fort Harrison VAMC campus would be renovated to correct seismic and life safety deficiencies. While some renovation space is available within buildings at the campus, patient disruption would be significant during any seismic renovations and the facility would be unable to accommodate all displaced patients, causing considerable patient and employee dissatisfaction. For these reasons, this alternative is not the preferred alternative and has been excluded from the quantitative analysis below.

Alternative 3: Lease

In this alternative, VA would lease a facility equivalent in size to the New Construction and Renovation alternative's space requirement in the vicinity of the Fort Harrison VAMC to provide the same services that would be provided in the preferred alternative. Although VA services would occupy leased space that meets all seismic and life safety standards, this alternative would likely disrupt the continuity of care currently offered at the existing campus. A leased facility may not be located proximate to the existing campus and patients may be required to travel between multiple points of care for treatment. For these reasons, this alternative is not the preferred alternative.

Alternative 4: Contract Out

This alternative would involve contracting out existing services. There may not be sufficient, qualified private healthcare providers in the Fort Harrison, MT area to absorb the current and projected Veteran workload. In addition, this alternative would not provide for the correction of seismic deficiencies or the renovation and reuse and may be more costly and result in a loss of quality and control over Veteran healthcare. For these reasons, this alternative is not the preferred alternative.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the new construction alternative. However, high-level market research and interviews with local VA planners has indicated that a suitable facility for possible acquisition and subsequent renovation that would meet all project requirements in the same manner as the preferred alternative does not exist in the delineated market area (10-mile radius of the Fort Harrison VAMC) of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new facility, with the Department of Defense (DoD) as a sub-lessee. This alternative would address all project requirements in the same manner as the preferred alternative. However, according to VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility sharing opportunities in the vicinity of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)
This analysis will be completed once design reaches 35% and when the Army Corps of Engineers accepts the project.

VI. Analysis of Benefits
The preferred alternative, New Construction and Renovation, delivers the best benefit to VA by reusing existing buildings through seismic renovations and constructing a new building to house acute inpatient care at Fort Harrison during and after the proposed renovation.

As discussed in the previous section: Status Quo does not address any of the existing facility deficiencies; Lease would negatively impact the continuity of care; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility, and VA/DoD Collaboration alternatives are not viable. This project mitigates numerous seismic concerns and life safety risks. In pursuing the preferred alternative, this project would allow VA to continue delivering world-class health care to Veterans in a modern, seismically safe environment of care.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	66,239	62,904	59,133	51,442	-22.3%
Enrollees	46,850	46,706	45,707	42,273	-9.8%

*Data reflects the VISN 19, Montana market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	13,222	23,858	27,866	33,422	152.8%
Ambulatory Services	389,179	541,706	608,104	673,230	73.0%
Mental Health Stops	23,454	30,916	29,463	27,294	16.4%
Mental Health Services	47,366	76,803	93,486	126,341	166.7%
Acute Inpatient Beds	15	14	12	9	-40.0%
Acute Mental Health Beds	6	7	7	7	16.7%

*Data reflects the VISN 19, Montana market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule – This Phase

Award Construction Contract	September 2023
Complete Construction	February 2025

X. Project Cost Summary of the Chosen Option
The Project Cost Summary will be completed once design reaches 35% and when the Army Corps of Engineers accepts the project.

XI. Operating Costs of the Chosen Option

Present Facility		
Square Footage Involved	418,047 GSF	
Current FTE	1,423	
Current Operating Costs[1]	**$478,604,985**	
Ancillary Services		*$315,080,595*
Personnel Services		*$163,524,390*
Other Recurring Costs		*N/A*
Proposed Project		
Square Footage Involved	New Construction: TBD Renovation: TBD Demolition: TBD	
Net New FTE	TBD	
Incremental Operating Costs[2,3]	**TBD**	
Ancillary Services		*TBD*
Personnel Services		*TBD*
Other Recurring Costs		*TBD*
Total Operating Costs[1,3]	**TBD**	
Non-Recurring Activations[3]	**TBD**	
Furniture, Fixtures & Equipment (FF&E)		*TBD*
Non-Recurring Support		*TBD*

[1]Operating costs recur on an annual basis for resources (including staff) necessary to support services to be provided from the space being built or remodeled.
[2]Incremental operating costs are net of present facility. These are not indicative of the total operating costs for the project at completion.
[3]Full operational costs and non-recurring activation costs will be fully defined once the project reaches 35% design

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El Paso, Texas
Construct New Health Care Center

Funding of $550,000,000 requested in this 2023 budget will provide for the construction of the health care center.

This project constructs a new health care center in El Paso, Texas to replace the existing El Paso VA Health Care System (EPVAHCS) Health Care Center.

I. Budget Authority:

Total Estimated Cost	Available Through 2022 Request	2023 Request	Future Request
$700,000,000	$150,000,000	$550,000,000	$0

Detail of Project Phases
The funding requested this year would provide for the construction of the health care center. Funding for concurrent design and early site development, including utilities and a central utility plant, allowing for an improved overall project delivery timeline, was requested in 2022.

The table below provides more details on the phase being requested this year.

Project Phases Included in the 2023 Request

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
Construct Health Care Center	$550,000	0	492,995	$0	$0

The table on the following page provides details on all phases in this project, listed by the fiscal year funds were requested and then by phase. Major construction project funds are required to be appropriated and authorized.

Total Project Scope (Sorted by Fiscal Year and Phase)

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated ($000)
		Renov.	New		
2022					
Design, Site/Utility Work and Central Utility Plant	$150,000	0	0	$0	$0
2023					
Construct Health Care Center	$550,000	0	492,995	$0	$0
El Paso Totals	**$700,000**	**0**	**492,995**	**$0**	**$0**

II. Priority Score: 2020 – 0.5670
Major construction projects are funded based on their priority ranking and, on their ability, to award construction contracts in the current fiscal year.

III. Description of Project:
This project would construct a replacement health care center in El Paso, Texas. The new facility would expand on care currently provided at the existing El Paso VA Health Care Center and allow VA to enhance outpatient services by closing space and utilization gaps identified in the Strategic Capital Investment Planning (SCIP) process. The new building would also allow for the full implementation of the Patient Aligned Care Team (PACT) model of care delivery, improving operational efficiencies and the Veteran experience. The newly constructed, right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the El Paso area.

The existing VA facility was previously collocated with the Department of Defense (DoD) William Beaumont Army Medical Center (WBAMC). However, in July 2021, WBAMC activated a new facility approximately 10 miles away from the existing facilities. The relocation of the WBAMC could result in the reduced access to specialty care and surgical services for VA patients previously provided by EPVAHCS's DoD partner. Without the proximity to WBAMC, EPVAHCS may have to rely more heavily on community care for these services. This project would relocate the EPVAHCS in an area proximate to the new WBAMC facility, maintaining existing partnerships and support between DoD and VA moving forward.

IV. Alternatives to Construction Considered
Status Quo:
The status quo alternative would maintain the services at the existing EPVAHCS Health Care Center, which would no longer be collocated with the WBAMC. The increased distance between EPVAHCS and WBAMC may reduce VA enrollee access to specialty care and surgical services provided at EPVAHCS, resulting in a disruption to the continuity of care. This alternative does not address the growing demand for healthcare services in the El Paso market and does not address the space gap identified. Related to WBAMC's relocation, if VA were to remain in place, EPVAHCS would need to invest in utility and infrastructure upgrades to address existing deficiencies and support the shift to a stand-alone VA facility. For these reasons, this is the least preferred alternative.

Alternative 1: New Construction (Preferred Alternative)
This alternative would construct a new health care center and 1,600 surface parking spaces to replace the existing facility and relocate the EPVACHS proximate to the new WBAMC. The new building would accommodate increasing workload and ensure the full implementation of the PACT model at a single, right-sized point of care to address current and projected space gaps identified in the SCIP process. This new facility would allow for optimized care delivery, improved Veteran experience, increased team coordination, improved workflows, and better recruitment and retention of VA staff. Due to the expected improvements in satisfaction for both Veterans and employees, as well as the maintaining of partnerships with WBAMC, this alternative is the preferred alternative.

Alternative 2: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed project with a floor plan able to accommodate the

requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market area that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 3: Lease

In this alternative, VA would lease a facility in the vicinity of the WBAMC to provide the same Primary Care, Mental Health, Specialty Care, and Ancillary services that would be provided in the preferred alternative. Based on the growing Veteran demographics and workload projections in the El Paso area, as well as EPVAHCS's proximity to Fort Bliss and WBAMC, VA plans to maintain a sustained long-term presence in this market and may benefit from the potential long-term cost savings that constructing a facility provides. For this reason, this alternative is not the preferred alternative.

Alternative 4: Contract Out

This alternative would involve contracting out all existing services currently provided at the EPVAHCS Health Care Center, which include Primary Care, Mental Health, Specialty Care, and Ancillary services. There may not be sufficient, qualified private healthcare providers in the El Paso, TX area to absorb the current and projected Veteran workload. This alternative may be more costly and result in a loss of quality and control over Veteran healthcare. For these reasons, this alternative is not the preferred alternative.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and to accommodate all project requirements in the same manner as the new construction alternative. However, high-level market research and interviews with local VA planners has indicated that a suitable facility for possible acquisition and subsequent renovation that would meet all project requirements in the same manner as the preferred alternative does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new facility, with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the preferred alternative. Although there are current memorandums of understanding in place regarding provision of care opportunities between the WBAMC and the EPVAHCS, there are currently no solidified facility sharing opportunities in the local community according to VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination. However, there may be a potential future opportunity to partner with DoD as VA could benefit from future service line synergies with the DoD's new WBAMC location. As there is not a solidified facility sharing opportunity at this time, this is not a viable option and has been excluded from the quantitative analysis below.

Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTE	Net New FTE
Status Quo	$47,117	$6,839,378	$0	$6,886,495	1,192	N/A
New Construction	$757,142	$6,972,608	$138,927	$7,866,449	1,505	313
Renovation	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$208,791	$7,114,747	$138,927	$7,462,465	1,505	313
Contract Out	$183,148	$8,276,586	$0	$8,459,734	80	(1,112)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

Analysis of Benefits

The preferred alternative, New Construction, delivers the best benefit to VA by constructing a new building to house care and services proximate to the new location of the WBAMC. As discussed in the previous section: Status Quo does not address any of the existing facility deficiencies or current and projected workload gaps; Lease may not provide a sustained long-term VA presence nor ensure proximity to WBAMC; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility, and VA/DoD Collaboration alternatives are not viable. New Construction, with total life cycle costs of approximately $7.87 billion would be the best solution to support VA's strategic goals and objectives, close gaps identified by the SCIP process in a timely and efficient manner and continue delivering world-class health care to Veterans in a modern, right-sized facility that accommodates the growing demand for services.

V. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	54,514	55,050	54,728	52,576	-3.6%
Enrollees	41,268	42,602	44,105	44,992	9.0%

*Data reflects the VISN 17, Southwest Texas market.

VI. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	20,070	41,241	48,038	59,196	194.9%
Ambulatory Services	258,818	788,678	922,868	1,139,462	340.3%
Mental Health Stops	11,609	13,910	12,985	11,489	-1.0%
Mental Health Services	50,098	121,466	151,776	209,155	317.5%

*Data reflects workload for the VISN 17, Southwest Texas market, and excludes Pharmacy and Laboratory and Pathology stops.

VII. Schedule – This Phase

Award Construction Contract	April 2023
Complete Construction	October 2027

VIII. Project Cost Summary of the Chosen Option

New Construction	492,995 GSF	$265,231,000
Renovation	0 GSF	$0
Demolition	0 GSF	$0
Parking	1,600 Spaces	$6,296,000
Other Construction Costs:		
Pre-design development allowance		$0
Total other costs (site, improvements, utilities, etc.)		$158,804,000
Subtotal estimated base construction cost		**$430,331,000**
Other Non-Construction Costs:		
Construction Contingency		$147,802,000
Technical Services		$0
Impact Costs		$7,338,000
Construction Management		$0
Site Acquisition Cost		$0
Utility Agreements		$1,591,000
Subtotal estimated base cost		**$587,062,000**
Inflation Allowance / Locality Adjustment		$112,938,000
Total Estimated Cost		**$700,000,000**

IX. Operating Costs of the Chosen Option

Present Facility	
Square Footage Involved	Existing Facility: 344,147 GSF
Current FTE	1,192
Current Operating Costs[1]	**$403,131,849**
Ancillary Services	*$278,124,572*
Personnel Services	*$125,007,277*
Other Recurring Costs	*N/A*
Proposed Project	
Square Footage Involved	Construction of Health Care Center: 492,995 GSF Surface Parking: 1,600 Spaces
Net New FTE	313
Incremental Operating Costs[2]	**$105,855,930**
Ancillary Services	*$73,031,033*
Personnel Services	*$32,824,897*
Other Recurring Costs	*N/A*
Total Operating Costs[1]	**$508,987,779**
Non-recurring Activations	**$136,895,644**
Furniture, Fixtures & Equipment (FF&E)	*$109,516,516*
Non-Recurring Support	*$27,379,129*

[1]Operating costs recur on an annual basis for resources (including staff) necessary to support services to be provided from the space being built or remodeled.
[2]Incremental operating costs are net of present facility. These are not indicative of the total operating costs for the project at completion.

Western New York Area National Cemetery
Phase 1 Gravesite Development

This proposal is part of an overall project to construct a new VA National Cemetery in Western New York. Funding requested in 2023 will allow the new Western New York National Cemetery to be constructed with full scope.

Bids for the construction of Phase 1 exceeded available funding, thus preventing an award of the project in 2018. The solicitation was cancelled and the project was split into three sub-phases (1A, 1B and 1C). Phase 1A construction was awarded in 2019, which allowed a minimally operational cemetery to open to Veterans in November 2020. Phase 1B construction was awarded in September 2021, which will complete the balance of burial options, including a columbarium, roadways and parking, signage and site furnishings, landscaping and irrigation as needed, and a second committal shelter. The funding requested in 2023 will allow for the completion of Phase 1C. This phase will allow for the completion of the cemetery including an honor guard building and a permanent maintenance complex.

I. Budget Authority

Total Estimated Cost*	Available Through 2022**	2023 Request	Future Request
$76,544,000	$51,544,000	$25,000,000	$0

* Non-construction costs of $2,780,000 for crypts are included in the Compensation and Pension Appropriation
** Includes reprogramming amount of $5,544,000 for Phase 1B construction award

II. Priority Score: 2015 – 0.2172

III. Description of Project

The purpose of the collective project is to establish a new national cemetery to provide burial services for eligible Veterans in the Western New York area that are not already being conveniently served by an open national or state Veterans cemetery within a 75-mile radius of their residence. To ensure the earliest possible delivery of an operational national cemetery, the project is being constructed in three sub-phases: Phases 1A, 1B and 1C. Phase 1A, which is completed, enabled VA to open this new cemetery for interments in December 2020. Phase 1B is funded and currently in progress. This funding request is for Phase 1C, which will construct a maintenance complex, Honor Guard building, and other required cemetery improvements.

The collective project will develop approximately 65 acres and provide an estimated 8,200 gravesites including casket, cremation, and memorial wall spaces as well as supporting facilities and infrastructure necessary to maintain and operate the cemetery. Phase 1A delivered 2,822 gravesites for casket interments and 1,500 in-ground cremains plots as well as temporary and permanent structures and associated services essential for the administration, operation, and maintenance of the cemetery. Phase 1B will complete the balance of the burial options (to include columbarium, memorial walls and ossuary), additional roadway, parking, signage, site furnishings, landscaping and irrigation as needed and a second permanent committal shelter. Phase 1C will allow for completion of the cemetery and provide other critical features identified in the prospectus including, but not necessarily limited to, construction of a permanent maintenance complex and an honor guard building.

This project will establish a dignified burial option for over 167,000 Veterans plus eligible family members in the Western New York region. The nearest open national cemeteries to the Western New York area are Bath National Cemetery in Bath, New York, which is just over 100 miles to the southeast, and Gerald B. H. Solomon-Saratoga National Cemetery in Schuylerville, New York, which is located 294 miles to the east.

IV. Alternatives Considered

Four alternatives were considered: a major construction project, a combination of several minor projects, grant funding of a state or tribal organization Veterans cemetery, and a status quo option.

Major Construction (Preferred Alternative) – This alternative would develop approximately 8,200 gravesites and provide a 10-year burial capacity of both full casket and cremains gravesites, construct the necessary buildings to support cemetery operations, and associated infrastructure such as roadways, irrigation (if applicable), and utilities in a single construction project. An early turnover was completed and turned over to NCA in November 2021 delivering 4,972 gravesites, both full casket and cremation gravesite options, and the first burial was conducted in December 2021. The remainder of the project will be completed in Phases 1B and 1C.

Multiple Minor Construction Projects – An alternative to the major construction project is the development of several minor construction projects over multiple years. This piece-meal approach to development would result in higher project administrative costs, higher overhead, inconsistent design resulting from multiple design contracts, and continuous disruption over several years which detracts from the serenity of the cemetery. In the case of a new cemetery, this is not a viable option because establishment of a new cemetery to provide 10 years of a full range of interment options to a population of this size requires interdependent infrastructure, utilities, and gravesite development that cannot be completed within the constraints of a minor construction project.

State or Tribal Organization Veterans Cemetery – Another alternative to the major construction project is the development of a state or tribal organization Veterans cemetery with VA grant funding. To serve the existing Veteran population in Western New York, a new state or tribal Veterans cemetery would need to be constructed in proximity to the Buffalo/Rochester service area. Currently, there are no VA-funded state or tribal Veterans cemeteries in the State of New York. While the state submitted pre-applications for projects in Seneca and Putnam County, neither of these locations will serve the Veterans in both the Buffalo/Rochester service areas. Furthermore, it is unlikely that the State of New York would consider a new grant opportunity in the Buffalo/Rochester area since the Western New York National Cemetery is currently under construction.

Status Quo – A no-action alternative is not considered viable because it results in NCA not fulfilling its goal to assure that all eligible Veterans have access to a burial option. In a no-action alternative, approximately 167,000 Veterans in the Western New York area will not have access to burial in a national or state Veterans cemetery within a reasonable distance from their residence.

V. Analysis of Benefits

Approximately 167,000 Veterans in the Western New York area are currently unserved by either a national or state Veterans cemetery. There are currently five national cemeteries in the State of

New York: On Long Island there is Calverton National Cemetery and Long Island National Cemetery, which closed to casketed first interments in 1978 but continues to provide for cremation burial sites. In the southern portion of the state are Woodlawn National Cemetery (closed in 2003) and Bath National Cemetery (open). Finally, in the northeastern part of the state is the Gerald B. H. Solomon-Saratoga National Cemetery (open). Establishment of a new national cemetery in the Western New York area will provide access for over 167,000 currently unserved Veterans and their eligible dependents in that part of the state.

VI. Demographic Data

	2024	2025	2030	Change 2024-2030
Annual Est. Veteran Deaths *	4,841	4,637	3,895	-19.5%

* Data relevant to Western New York

VII. Workload

	2024	2025	2030	Change 2024-2030
Annual Interments [1]	971	1,160	1,012	4.2%
Cumulative Interments	3,001	4,161	9,498	216.5%

[1] Annual internments = (casket + in-ground cremains + columbaria) interments

VIII. Schedule

Phase 1A	
Complete Contract Documents	April 2019
Award Construction Contract	August 2019
First Burials	December 2020
Complete Construction	March 2022
Phase 1B	
Complete Construction Documents	December 2019
Award Construction Contract	September 2021
Complete Construction	October 2023
Phase 1C (Design-Build)	
Initiate RFP Development Documents	September 2021
Design-Build Contract Award	September 2023
Complete Construction	April 2026

IX. Project Cost Summary of the Chosen Option

Phase 1A	
Site Preparation/Demolition	$350,000
Gravesite Development	$1,500,000
Infrastructure	$4,475,000
Site Improvements (Temp Facilities, Temp Utilities, Parking, Paving) Landscaping	$14,185,000
Subtotal Estimated Base Construction Costs:	**$20,510,000**
Other Non-Construction Costs:	
Technical Services	$125,000
Construction Management Firm Costs	$580,000
Construction Contingency	$1,520,000
Escalation/Market Condition Allowance	$1,400,000
Ingress/Egress/Environmental Compliance/ Permits & Mitigation	$160,000
Subtotal Other Costs:	**$3,785,000**
Subtotal Phase 1A	**$24,295,000**
Phase 1B	
Site Preparation/Demolition	$844,474
Gravesite Development	$4,287,329
Infrastructure	$2,013,745
Site Improvements (Temp Facilities, Temp Utilities, Parking, Paving) Landscaping	$16,928,452
Subtotal Estimated Base Construction Costs	**$24,074,000**
Other Non-Construction Costs:	
Technical Services	$100,000
Construction Management Firm Costs	$450,000
Construction Contingency	$1,425,000
Escalation/Market Condition Allowance	$1,200,000
Subtotal Other Costs:	**$3,175,000**
Subtotal Phase 1B	**$27,249,000**
Phase 1C	
Site Preparation/Demolition	$2,714,567
Maintenance Facility	$3,200,000
Covered Storage Building	$758,000
Pole Barn	$400,000
Honor Guard Building	$650,000
Infrastructure	$1,597,400
Site Improvements (Temp Facilities, Temp Utilities, Parking, Paving) Landscaping	$1,852,033

Subtotal Estimated Base Construction Costs	**$11,172,000**
Other Non-Construction Costs:	
Design	$600,000
Technical Services	$1,500,000
Construction Management Firm Costs	$2,400,000
Construction Contingency	$2,500,000
Escalation/Market Condition Allowance	$6,828,000
Subtotal Other Costs:	**$13,828,000**
Subtotal Phase 1C	**$25,000,000**
Total Project Cost	**$76,544,000**

X. Operating Costs of the Chosen Option

		Project Activation Costs		**Present Facility Operating Costs**
Non-recurring costs: [1]				
Equipment costs		$26,300		NA
Total non-recurring		**$26,300**		**NA**
Recurring costs: [2]				
Personnel and Compensation	(FTE: 7)	$665,600	(FTE: NA)	NA
Other recurring (Services, Supplies, etc.)		$423,900		NA
Total recurring		**$1,089,500**		**NA**
Total Operating Cost		**$1,115,800**		**NA**

[1] Non-recurring costs: resources necessary to bring the project on-line
[2] Recurring costs: 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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Albuquerque National Cemetery
Phase 1 Gravesite Development

Funding requested in 2023 provides burial facilities for eligible Veterans and their dependents in the Albuquerque, New Mexico area.

I. Budget Authority

Total Estimated Cost*	Available Through 2022	2023 Request*	Future Request
$57,000,000	$0	$57,000,000	$0

* Non-construction costs of $7,740,000 for crypts are included in the Compensation and Pension Appropriation

II. Priority Score: 2023 – 0.4390

III. Description of Project

This is a gravesite development project that will provide burial facilities for eligible Veterans and their dependents in the Albuquerque, New Mexico area. The proposed cemetery will replace the existing Santa Fe National Cemetery, which has been serving Veterans in central New Mexico since 1868. By the end of 2020, Santa Fe National Cemetery conducted 64,527 cumulative interments on less than 85 total acres and ranked the 28th busiest cemetery by burial workload within NCA's 155 national cemeteries. Without this investment, Santa Fe National Cemetery will begin closing casketed first interment burials in September 2030 and in-ground cremains in September 2028, leaving over 81,000 Veterans without burial options they have relied upon since 1868.

This Phase 1 gravesite development project will provide an initial 15-year gravesite burial inventory as well as supporting facilities and infrastructure necessary to maintain and operate the cemetery. The remainder of the site will be developed in future phased projects in accordance with the cemetery master plan. The investment will develop approximately 55 acres of the estimated 335-acre anticipated land acquisition site and provide approximately 28,100 gravesites, including casket, cremation, natural (green) burial and memorial wall spaces. In addition to developing casket and cremation gravesite burial options and supporting infrastructure, this project provides for other needed cemetery enhancements to include administration and maintenance facilities, Honor Guard building, committal shelters, memorial walkways, and infrastructure (roadways, utility systems, irrigation, signage, fencing, and landscaping). The latest technology in energy efficiency, LEED and Green Globe building requirements will be incorporated into this project. This project will not provide for any construction activities at the current Santa Fe National Cemetery location.

IV. Alternatives Considered

Four alternatives were considered: a major construction project, a combination of several minor construction projects, a grant-funded state or tribal organization Veterans cemetery, and a status quo option.

Major Construction (Preferred Alternative) – This alternative would develop approximately 55 acres of the undeveloped 335 acres of new land at the Santa Fe Replacement Cemetery in the

Albuquerque area in a single construction project thereby providing an additional 15+ years of full-option burial capacity. This meets customer demand for burial options and consolidates all requirements into a single construction project with minimal disruption to cemetery operations.

Multiple Minor Construction Projects – An alternative to a major construction project is the development of several minor construction projects over multiple years. This would provide the same result as the major, but over a much longer period. This piece-meal approach to development would result in higher administrative project costs and overhead, inconsistent design approach due to multiple A/E design contracts, and continuous disruption over several years therein detracting from the serenity of the cemetery.

State or Tribal Organization Veterans Cemetery – Another alternative to the major construction project is the development of a state or tribal organization Veterans cemetery with VA grant funding. During the past eight years, the State of New Mexico has committed to constructing four state Veterans cemeteries that will provide burial benefits to approximately 150,000 Veterans that live beyond the established 75-mile service area of the existing two national cemeteries in New Mexico. As of 2020, three of these state Veterans cemeteries are opened for burials with the fourth cemetery in consideration for funding in the 2022 Veteran Cemetery Grant Program. However, it is important to note that with the projected closing of the Santa Fe National Cemetery beginning in 2030, and NCA's pro-active steps to establish and open a replacement cemetery before the 2030 projected depletions, the State of New Mexico has not expressed any interest in applying for additional grants.

Status Quo – A no-action alternative is not considered viable because it results in NCA not fulfilling its goal to assure that eligible Veterans have access to a burial option. In a no-action alternative, approximately 81,000 Veterans in the Santa Fe-Albuquerque and surrounding area will not have access to burial in a national, state or tribal organization Veterans' cemetery within a reasonable distance from their residence.

V. Analysis of Benefits

This major construction project will avoid gravesite depletion and loss of burial options for Veterans and align future depletion dates to provide an additional 15+ years of full-option burial capacity.

	Current Depletion Date*	Depletion Date After This Project*
Pre-placed Crypts (caskets)	September 2030	2043
In-ground Cremation Sites	September 2028	2043
Columbarium Niches (cremation)	May 2039	2043

* All depletion projections are based on current interment rates

A single major construction project is the best option to ensure both continuity of benefits for Veterans and minimal disruption to the cemetery's national shrine environment. With this replacement project, the Santa Fe National Cemetery will be a place of honor and memory in a majestic setting and an environment of serenity, historic sacrifice, and nobility of purpose. NCA

strives to ensure that each visitor should depart feeling that the grounds, the gravesites, and the environs of the cemetery are a beautiful and awe-inspiring tribute to those who gave much to preserve our Nation's freedom and way of life.

VI. Demographic Data

	2024	2025	2030	Change 2024-2030
Annual Est. Veteran Deaths [1]	2,505	2,476	2,387	-4.7%

* Data relevant to the Santa Fe National Cemetery service area

[1] Annual estimated Veteran deaths within the cemetery's 75-mile service area

VII. Workload

Not Applicable

VIII. Schedule

Initiate Construction Documents	September 2022
Construction Contract Award	July 2023
Phase 1A (Early Turn Over)	November 2024
Complete Construction	October 2026

IX. Project Cost Summary of the Chosen Option

Demolition	$6,486,900
Gravesite Expansion	$14,911,500
Infrastructure Improvement	$4,255,265
Pre-Design Development Allowance	$4,195,918
Site Improvements (Temp Utilities, Parking, Paving)	$9,515,000
Other Improvements (FCAs, Security, Energy)	$2,328,775
Subtotal Estimated Base Construction Costs:	**$41,693,358**
Other Non-Construction Costs:	
Technical Services	$1,575,468
Construction Management Firm Costs	$1,833,775
Construction Contingency	$4,483,815
Escalation/Market Condition Allowance	$4,163,584
Ingress/Egress/Environmental Compliance	$3,250,000
Subtotal Other Costs:	**$15,306,642**
Total Estimated Cost:	**$57,000,000**

X. Operating Costs of the Chosen Option

	Project Activation Costs		Present Facility Operating Costs	
Non-recurring costs: [1]				
Equipment costs		$1,400,000		NA
Total non-recurring		**$1,400,000**		**NA**
Recurring costs: [2]				
Personnel and Compensation	(FTE: 3)	$210,000	(FTE: 21)	$1,449,777
Other recurring (Services, Supplies, etc.)		$200,000		$1,399,080
Total recurring		**$410,000**		**$2,848,857**
Total Operating Cost		**$1,810,000**		**$2,848,857**

[1] Non-recurring costs: resources necessary to bring the project on-line
[2] Recurring costs: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis

Jefferson Barracks National Cemetery
Phase 1 Gravesite Development (New Land)

Funding requested in 2023 provides gravesite development on new land and improvements to the Jefferson Barracks National Cemetery.

I. Budget Authority

Total Estimated Cost*	Available Through 2022	2023 Request*	Future Request
$44,000,000	$0	$44,000,000	$0

* Non-construction costs of $10,190,000 for crypts are included in the Compensation and Pension Appropriation

II. Priority Score: 2023 – 0.6530

III. Description of Project

This is a Phase 1 gravesite development project on new land that will enable Jefferson Barracks National Cemetery to continue providing burial services for eligible Veterans in Northeastern Missouri and Southwestern Illinois. Jefferson Barracks National Cemetery first opened for burials in 1827 and serves an estimated 207,800 Veterans within a 75-mile service area in the St. Louis metropolitan area. In 2020, this cemetery conducted 228,983 cumulative interments and ranked the 4th busiest national cemetery by interment workload. With these burial rates, NCA projects gravesite depletion of casketed gravesites by August 2031, in-ground cremation gravesites by July 2026, and columbarium niche inurnment sites by April 2030. This project will extend the full range of burial options for an additional 15+ years, as well as provide numerous cemetery operational and infrastructure improvements.

With the entire existing cemetery grounds developed, this project will master plan the recently acquired 33.6 acres and fully develop the cemetery to provide approximately 31,600 gravesites, including casket and cremation sites and memorial wall spaces in the new burial sections. In addition to developing a 15+ year inventory of both casket and cremation gravesite burial options, this project provides for other needed cemetery enhancements. The Public Information Center-Administration and Maintenance Complex buildings will be evaluated for repairs, upgrades and expansion, as will the electrical systems and cemetery lighting. The existing seven committal service shelters will also be evaluated for repairs, to include corrections of the walkways and masonry floors. The columbarium will be evaluated for cracking, water intrusion and structural integrity with corrections included. This project will also address corrections as identified in the latest FCAs for items rated D or F.

IV. Alternatives Considered

Four alternatives were considered: a major construction project, a combination of several minor construction projects, a grant-funded state or tribal organization Veterans cemetery, and a status quo option.

Major Construction (Preferred Alternative) – This alternative would develop approximately the entire 33.6 acres of land recently acquired at Jefferson Barracks National Cemetery in a single construction project thereby providing an additional 15+ years of full-option burial capacity. This meets customer demand for burial options and consolidates all requirements into a single construction project with minimal disruption to cemetery operations.

Multiple Minor Construction Projects – An alternative to the major construction project is the development of several minor construction projects over multiple years. This would provide the same result as the major, but over a much longer period. This piece-meal approach to development would result in higher administrative project costs and overhead, inconsistent design approach due to multiple A/E design contracts, and continuous disruption over several years therein detracting from the serenity of the cemetery.

State or Tribal Organization Veterans Cemetery – Another alternative to the major construction project is the development of a state or tribal organization Veterans cemetery with VA grant funding. To serve the existing Veteran population, a new state and tribal Veterans cemetery would need to be constructed in proximity to Jefferson Barracks National Cemetery, which would begin to close to first interment burials in 2026 without an investment in Alternate #1 or #2 above. This would result in an inefficient duplication of effort since this alternative would require a complete investment in a new cemetery's infrastructure. Furthermore, it is unlikely that the State of Missouri would consider a replacement cemetery to the Jefferson Barracks National Cemetery since the State approved the sale of 33.6 acres of the former Sylvan Springs Park to NCA for the sole purpose of providing an additional full-option gravesite expansion of the Jefferson Barracks National Cemetery.

Status Quo – A no-action alternative is not considered viable because it results in NCA not fulfilling its goal to assure that eligible Veterans have access to a burial option. In a no-action alternative, approximately 207,800 Veterans in the greater St. Louis metropolitan and surrounding area would no longer have access to burial in a national or state Veterans cemetery within a reasonable distance from their residence.

V. Analysis of Benefits

This major construction project will avoid gravesite depletion and loss of burial options for Veterans and align future depletion dates to provide an additional 15+ years of full-option burial capacity.

	Current Depletion Date*	Depletion Date After This Project*
Pre-placed Crypts (caskets)	August 2031	2044
In-ground Cremation Sites	July 2026	2044
Columbarium Niches (cremation)	April 2030	2044

* All depletion projections are based on current interment rates

A single major construction project is the best option to ensure both continuity of benefits for Veterans and minimal disruption to the cemetery's national shrine environment. With this project, Jefferson Barracks National Cemetery will continue to be a place of honor and memory in a majestic setting and an environment of serenity, historic sacrifice, and nobility of purpose. NCA strives to ensure that each visitor should depart feeling that the grounds, the gravesites, and the environs of the cemetery are a beautiful and awe-inspiring tribute to those who gave much to preserve our Nation's freedom and way of life.

VI. Demographic Data*

	2024	2025	2030	Change 2024-2030
Annual Est. Veteran Deaths [1]	6,373	6,256	5,796	-9.1%

* Data relevant to the Jefferson Barracks National Cemetery service area

[1] Annual estimated Veteran deaths within the cemetery's 75-mile service area

VII. Workload

	2024	2025	2030	Change 2024-2030
Annual Interments [1]	4,653	4,602	4,426	-4.9%
Cumulative Interments [2]	247,473	252,075	274,507	10.9%

[1] Annual interments = (casket + in-ground cremains + columbaria) interments

[2] Cumulative projected interments (all categories) beginning with figures from 2024 forward

VIII. Schedule

Initiate Construction Documents	July 2021
Construction Contract Award	September 2023
Complete Construction	September 2026

IX. Project Cost Summary of the Chosen Option

Demolition	$10,178,444
Gravesite Expansion	$15,204,000
Infrastructure Improvement	$4,066,336
Pre-Design Development Allowance	$3,129,879
Site Improvements (Temp Utilities, Parking, Paving)	$585,000
Other Improvements (FCAs, Security, Energy)	$1,577,988
Subtotal Estimated Base Construction	**$34,741,647**
Costs:	
Other Non-Construction Costs:	
Technical Services	$729,575
Construction Management Firm Costs	$1,877,928
Construction Contingency	$2,605,624
Escalation/Market Condition Allowance	$1,545,226
Ingress/Egress/Environmental Compliance	$2,500,000
Subtotal Other Costs	**$9,258,353**
Total Estimated Cost:	**$44,000,000**

X. Operating Costs of the Chosen Option

	Project Activation Costs		Present Facility Operating Costs	
Non-recurring costs: [1]				
Equipment costs		$0		NA
Total non-recurring		**$0**		**NA**
Recurring costs: [2]				
Personnel and Compensation	(FTE: 0)	$0	(FTE: 55)	$4,887,191
Other recurring (Services, Supplies, etc.)		$0		$3,856,400
Total recurring		**$0**		**$8,743,591**
Total Operating Cost		**$0**		**$8,743,591**

[1] Non-recurring costs: resources necessary to bring the project on-line
[2] Recurring costs: resources (including staff) necessary to support services to be provided from the space being built or remodeled on an annual basis.

Construction, Major
Advance Planning and Design Fund

I. Budget Authority

2023 Request Veterans Health Administration ($000)…….....	$190,378
2023 Request National Cemetery Administration ($000) …….……..	$13,000
2023 Request General Administration (Staff Offices) ($000)……..…..	$10,000
2023 Recurring Expenses Transformational Fund ($000)…….…….….	$70,000

II. Description of Program

This request includes $213,378,000 in Advance Planning and Design Funds (APDF) for support of the Veterans Health Administration (VHA), National Cemetery Administration (NCA), and General Administration/Staff Offices. This allows VA to begin planning and design activities prior to obtaining funding for the construction and/or leasing contract. An additional $70,000,000 is anticipated from the Recurring Expenses Transformational Fund.

VA uses APDF for developing the scope for design of major construction projects and leases, standards for planning, design, and construction for all VA projects, studies for technology, environment of care design, facility performance, as well as other requirements such as space, equipment for service delivery, physical security, structural safety, electrical, plumbing, communications, transport, roadway circulation, construction standards, design guides, heating, ventilation, air conditioning, water supply, drainage, cost estimating and others. Refined project requirements and standards result in optimum control of the environment of care for Veterans. It also provides a more accurate assessment of quality, performance, definition of project scope and cost estimates for all VA administrations and offices.

The APDF is also used in VA, VHA, NCA, and VBA for assessments of health care needs, design programs, facility condition assessments, 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 studies of utilities and capital facilities, to develop public private ventures (EULs), for costs of acquiring contracting services, to prepare campus and facility master plans, for feasibility studies relative to alternative sites and/or historic preservation plans, to conduct environmental assessments, impact studies, and energy studies or audits, to dispose of excess land, to conduct any due diligence studies in advance of land acquisition or lease contract, and design and construction-related research studies, including post-occupancy evaluations. The APDF request includes funds for activities such as master planning for new and expansion of existing national cemeteries, environmental assessments at national cemeteries, due diligence in advance of land acquisition, and conducting studies and facility condition assessments at national cemeteries and soldiers lots.

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 in order to enter a contract. This line item provides funding for schematic design, design development, and construction document phases up to 100 percent of design for major construction projects. This will ensure that sufficient design is completed prior to requesting construction funds.

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

	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2023 RETF	2022-2023 Inc./Dec.
Veterans Health Administration	$117,781	$417,699	$417,699	$190,378	$70,000	($227,321)
National Cemetery Administration	$2,000	$35,000	$35,000	$13,000	$0	($22,000)
General Administration (Staff Office)	$9,714	$11,800	$11,800	$10,000	$0	($1,800)
Total	$129,495	$464,499	$464,499	$213,378	$70,000	($251,121)

Construction, Major
Asbestos and Other Airborne Contaminates

I. Budget Authority

2023 Recurring Expenses Transformational Fund ($000)	$15,000

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, 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.

	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2023 RETF	2022-2023 Inc./Dec.
Asbestos	$15,000	$12,000	$12,000	$0	$15,000	($12,000)

Construction, Major
Claims Analyses

I. Budget Authority

2023 Request ($000)…….. ……	$ 2,500

II. Description of Program

This request 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 Department of Justice 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 the total of the various phases of a project would capture all costs related to a particular project.

	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2023 RETF	2022-2023 Inc./Dec.
Claims Analyses	$0	$0	$0	$2,500	$0	$2,500

Construction, Major
Hazardous Waste Abatement

I. Budget Authority

2023 Request ($000)……	$16,000

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.

	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2023 RETF	2022-2023 Inc./Dec.
Hazardous Waste Abatement	$2,000	$4,000	$4,000	$16,000	$0	$12,000

Construction, Major
Major Construction Staff

I. Budget Authority

2023 Request ($000)…….....$128,122

II. Description of Program

This consolidated request provides for a total of 531 FTE for the Office of Construction and Facilities Management (CFM) with 466 FTE coming from new major construction appropriations in the amount of $128,122,000 (the remaining FTE will be funded with carryover balances). CFM provides program oversight and management for major construction and lease projects. The FTE requested will support the Department to serve our Nation's Veterans by planning, designing, constructing, and acquiring facilities and real property through purchase or lease, engaging in land management and minor construction activity, and setting design and construction standards. Funding will cover all costs for these employees, including salary, rent, contracts, training, travel and change of station.

III. Background/Justification

Funding for an amount of $128,122,000 is requested for staff located throughout the country at approximately 50 sites, including VA Central Office, and for construction manager contracts. This line centralizes costs and provides the flexibility to staff across all CFM programs. The funds will be used to reimburse the CFM General Administration account. See *Volume 3, Part 5 General Administration, Office of Acquisition, Logistics, and Construction (OALC)*.

Dollars in thousands	**2021 Request**	**2022 Request**	**2023 Request**	**2022-2023 Inc./Dec.**
Major Construction Staff	$102,719	$124,600	$128,122	$3,522
Balances from Major Construction[1]	$0	$0	$17,986	$17,986
Major Construction Seismic	$9,588	$10,278	$3,866	($6,412)
Supply Fund	$3,544	$3,769	$3,933	$164
VHA Funding	$0	$0	$446	$446
Total Dollars	**$115,851**	**$138,647**	**$$154,353**	**$15,706**
Major Construction Staff	498	501	531	30
Major Construction Seismic	51	51	21	-30
Supply Fund	19	19	19	0
VHA Funding	0	0	2	2
Total FTE	**568**	**571**	**573**	**2**

. [1] This line reflects the amount of carry over funds that will be used to meet projected needs.

Construction, Major
Non-Departmental Federal Entity to Provide Full Project Management Support

I. Budget Authority

2023 Request ($000)……..	$134,590
2023 Recurring Expenses Transformational Fund ($000)……	$65,410

II. Description of Program

This request will assist in the management of VA major construction projects with a total estimated cost of $100,000,000 or greater. VA uses the non-Departmental Federal Entity line item to provide project management services for medical facilities projects to include project design, on site construction management, contract management, fiscal management, reporting and other requirements. It is estimated that the cost of these services will be 10 percent of the estimated construction cost and 8 percent of the design cost of a project.

The fund can also be used for Non-Departmental Federal Entity support on project audits, studies, metrics development, and planning efforts to enhance VA's ability to provide state-of-the-art major medical facilities and leases to serve Veterans.

III. Background/Justification

38 U.S.C. Section 8103(e)(1) and Public Laws 114-58 and 115-141 require a non-Departmental Federal entity provide full project management services and support in managing VA's large major construction projects. Large construction projects are defined as medical facility projects with a total estimated cost more than $100,000,000. Funds appropriated to major construction projects do not cover these management services and support costs. The funding requested each year is directly related to the VA projects that are in excess of $100 million.

	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2023 RETF	2022-2023 Inc./Dec.
Non-Departmental Federal Entity to Provide Full Project Management	$79,350	$132,000	$132,000	$134,590	$65,410	$2,590

Construction, Major
Land Acquisition Fund

I. Budget Authority

2022 Request Veterans Health Administration ($000)……...……..…	$76,000
2022 Request National Cemetery Administration ($000)……..……	$1,000

II. Description

This request includes $77,000,000 in Land Acquisition Funds to provide for new land acquisitions for the Veterans Health Administration (VHA) and National Cemetery Administration (NCA).

III. Background/Justification

The 2023 budget request includes $77,000,000 for the land acquisition line item in the major construction account. These funds will provide for the purchase, security, and maintenance of land until construction funds become available and give VHA and NCA the flexibility to acquire land when opportunities arise. Identifying and purchasing a parcel of land can be a difficult and unpredictable process. Often, prospective sellers – particularly estates – desire to move more quickly than the multi-year pace of the Federal budget development and approval process. These funds will also be used to secure and maintain the land until a construction project has been approved for the acquired site.

NCA currently has the legal authority to acquire land for establishing new national cemeteries and to expand existing cemeteries.

VHA currently acquires land through directly appropriated project funding that also requires authorization. Request for VHA to acquire land via this line item is included in 2023 legislative proposals. Please see *Volume 1, Proposed Legislation Summary* for additional information.

	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2023 RETF	2022-2023 Inc./Dec.
Veterans Health Administration	$0	$0	$0	$76,000	$0	$76,000
National Cemetery Administration	$5,000	$1,000	$1,000	$1,000	$0	$0

Construction, Major
Seismic Corrections

I. Budget Authority

2023 Request ($000)……	$1,500

II. Description

This request provides funding to address critical seismic corrections for VA buildings at various locations. All costs associated with a seismic correction project, including planning/studies, program administration, design, and construction will be funded from this line item.

III. Background/Justification

The 2023 budget request includes $1,500,000 for the seismic corrections line item in the major construction account. VA has identified a seismic risk in excess of $7 billion at its facilities. This line item account will provide funding to correct critical seismic issues across VA facilities. The seismic program requests would be comprised of newly identified unfunded projects and existing partially funded major construction, minor construction, and non-recurring maintenance (NRM) projects. Seismic projects will be based on providing the full requirements associated with seismic correction of singular buildings, not for campus wide seismic corrections. In addition, this fund would not be subject to authorization requirements, and it would have no limit on cost, size, and/or scope.

The fund provides for both new projects and the completion of existing projects. Additional costs, for phases of projects, previously funded from another appropriation will not be funded from this line item. However, a major construction, minor construction or NRM seismic project that was funded for design can use this line item to complete the construction portion of the project. When necessary, program management costs for program administration, supporting contracting, on-site resident engineers, program managers, project managers, and contracting officers would also be covered by the fund.

Projects that would be eligible to be funded from the seismic line item would need to meet all of the following criteria:

- have a documented seismic deficiency;
- add no more than 10 percent of new space associated with building replacement or renovation;
- provide similar functions as the facility/facilities being replaced or renovated; and
- maintain its original purpose.

For example, the seismic line item could not be used to make functional changes, such as an inpatient project that would change the area's purpose to outpatient. Any project that involves a change from the original function of the facility would be subject to existing major construction appropriation and authorization requirements. All projects would be designed using the latest accepted standards. The seismic fund is also available for taking seismically deficient buildings out of service, including by demolition, enhanced-use leasing, etc, and conducting seismic studies.

Beginning in 2019, the seismic fund is the sole source of funding for all newly identified and existing partially funded seismic projects that meet the criteria above.

	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2023 RETF	2022-2023 Inc./Dec.
Seismic Corrections	$180,198	$100,000	$100,000	$1,500	$0	($98,500)

Construction – Minor Projects

Budget Request.....$626,110,000

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 and chapter 81 of title 38, United States Code, not otherwise provided for, 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, [$553,000,000] *$626,110,000*, *of which $563,499,000* to remain available until September 30, [2026] *2027, and of which $62,611,000 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 made available under this heading shall be for: (1) repairs to any of the nonmedical 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.

Note.--A full-year 2022 appropriation for this account was not enacted at the time the budget was prepared. Therefore, the budget assumes this account is operating under the Continuing Appropriations Act, 2022 (Division A of P.L. 117-43, as amended). The amounts included for 2022 reflect the annualized level provided by the continuing resolution.

Minor, Program Description

The Construction, Minor projects appropriation provides for constructing, altering, extending and improving 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 $20,000,000. The 2023 minor construction request of $626.11 million includes $332.08 million in ongoing prior-year Strategic Capital Investment Planning (SCIP) initiatives (including enhanced-use lease contributions), $156.81 million for new SCIP process initiatives, $132.92 million for under threshold, emergent needs, contingencies and $4.3 million for required Department of State Capital Sharing Cost Sharing program that are not reviewed through SCIP.

The 2023 VA budget includes a minor construction request of $626,110,000 and $163,490,000 is planned from the Recurring Expenses Transformational Fund (RETF). The Budget does not make any adjustments to the major construction request as a result of the on-going Asset and Infrastructure Review (AIR) Commission process, directed by the MISSION Act. The implementation of any changes to VA's health care infrastructure as a result of AIR may be several years away and depend on AIR Commission, Presidential and Congressional decisions. VA looks forward to collaborating with the AIR Commission as it assesses the Department's recommendations, and transmits its own report to the President.

Minor construction anticipates receiving $163.49 million from the RETF. This funding is planned for projects that will improve Veterans Health Administration (VHA) facilities infrastructure as well as provide for the installation of zero-emission vehicles charging infrastructure. For additional information, please see *Volume III, Recurring Expenses Transformational Fund* chapter.

Minor Appropriation Highlights

Minor Appropriation Highlights - Summary *(Dollars in thousands)*	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2022-2023 Inc./Dec.
Appropriation	$390,000	$553,000	$553,000	$626,110	$73,110
Rescission	($35,700)	$0	$0	$0	$0
Recoveries of Prior Year Obligations	$84,004	$0	$0	$0	$0
Total Un-obligated Balance brought Forward	$731,325	$372,848	$425,225	$512,126	$86,901
Un-obligated Balance brought Forward Un-expired Accounts	$708,475	$0	$383,131	$484,126	$100,995
Un-obligated Balance brought Forward Expired Accounts	$22,849	$0	$42,094	$28,000	($14,094)
Total Budgetary Resources	**$1,133,929**	**$925,848**	**$978,225**	**$1,138,236**	**$160,011**
Total Direct Obligations	**$744,403**	**$567,000**	**$466,100**	**$630,000**	**$163,901**
Obligations in Un-expired Accounts	$724,451	$0	$442,005	$624,000	$181,995
*Obligations in Expired Accounts**	$19,952	$0	$24,094	$6,000	($18,094)
Total Un-obligated Balance end of year	**$425,225**	**$358,848**	**$512,126**	**$508,236**	**($3,890)**
Un-obligated Balance end of Year Un-expired Accounts	$395,956	$358,848	$494,126	$486,236	($7,890)
*Un-obligated Balance end of Year Expired Accounts**	$29,269	$0	$18,000	$22,000	$4,000
Outlays	**$653,099**	**$386,713**	**$386,713**	**$643,561**	**$256,848**

* Includes funds from expired budgetary resources

Minor Appropriation Highlights by Administration (Dollars in thousands)	2021 Actual	2022 Budget Estimate	2022 Current Estimate	2023 Request	2022-2023 Inc./Dec.
Veterans Health Administration (VHA)					
Appropriation	$233,995	$359,210	$359,210	$344,245	($14,965)
Rescission	($20,291)	$0	$0	$0	$0
Appropriations Received	$213,704	$359,210	$359,210	$344,245	($14,965)
Recoveries of Prior Year Obligations	$34,667	$0	$0	$0	$0
Total Budgetary Resources	$248,371	$359,210	$359,210	$344,245	($14,965)
Un-obligated Balance brought Forward*	$481,278	$162,370	$200,024	$274,234	$74,211
Un-obligated Balance end of year*	$200,024	$165,580	$274,234	$293,479	$19,245
Obligations*	$529,626	$356,000	$285,000	$325,000	$40,001
Outlays	$480,673	$227,871	$227,871	$405,492	$177,621
National Cemetery Administration (NCA)					
Appropriation	$86,030	$106,990	$106,990	$157,265	$50,275
Rescission	($5,863)	$0	$0	$0	$0
Appropriations Received	$80,167	$106,990	$106,990	$157,265	$50,275
Recoveries of Prior Year Obligations	$21,605	$0	$0	$0	$0
Total Budgetary Resources	$101,772	$106,990	$106,990	$157,265	$50,275
Un-obligated Balance brought Forward*	$92,076	$79,302	$97,482	$109,472	$11,990
Un-obligated Balance end of year*	$97,482	$75,292	$109,472	$101,737	($7,735)
Obligations*	$96,366	$111,000	$95,000	$165,000	$70,000
Outlays	$116,676	$89,342	$89,342	$129,870	$40,528
Veterans Benefits Administration (VBA)					
Appropriation	$26,475	$22,100	$22,100	$30,000	$7,900
Rescission	($7,879)	$0	$0	$0	$0
Appropriations Received	$18,596	$22,100	$22,100	$30,000	$7,900
Recoveries of Prior Year Obligations	$6,809	$0	$0	$0	$0
Total Budgetary Resources	$25,405	$22,100	$22,100	$30,000	$7,900
Un-obligated Balance brought Forward*	$129,136	$108,485	$84,391	$60,391	($24,000
Un-obligated Balance end of year*	$84,391	$90,585	$60,391	$30,391	($30,000)
Obligations*	$70,151	$40,000	$46,100	$60,000	$13,900
Outlays	$32,891	$27,271	$27,271	$38,332	$11,061
General Administration - Staff Offices					
Appropriation	$43,500	$64,700	$64,700	$94,600	$29,900
Rescission	($1,668)	$0	$0	$0	$0
Appropriations Received	$41,832	$64,700	$64,700	$94,600	$29,900
Recoveries of Prior Year Obligations	$20,923	$0	$0	$0	$0
Total Budgetary Resources	$62,755	$64,700	$64,700	$94,600	$29,900
Un-obligated Balance brought Forward*	$28,834	$22,691	$43,329	$68,029	$24,700
Un-obligated Balance end of year*	$43,329	$27,391	$68,029	$82,629	$14,600
Obligations*	$48,261	$60,000	$40,000	$80,000	$40,000
Outlays	$22,859	$42,229	$42,229	$69,867	$27,638

* Includes funds from expired budgetary resources

Five Year Requested vs Enacted
(Dollars in thousands)

	2018	2019	2020	2021	2022
Requested	$342,570	$706,889	$398,800	$400,000	$553,000
Enacted	$771,658	$799,514	$398,800	$354,300	$553,000

Summary of Budget Request
(Dollars in thousands)

VA requests $626,110,000 in 2023 for Construction, Minor projects. A summary of the program funding level by activity follows:

	2023 Request ($000)	Transformational Fund ($000)
Veterans Health Administration	$344,245	$163,490
National Cemetery Administration	$157,265	$0
Veterans Benefits Administration	$30,000	$0
General Administration - Staff Offices	$94,600	$0
Total, Construction Minor Program	**$626,110**	**$163,490**

Changes from Original 2022 Budget Estimate to Current Estimate (dollars in thousands)			
	Budget Estimate	Current Estimate	Increase (+) Decrease (-)
Appropriation	$553,000	$553,000	$0
Rescission	$0	$0	$0
Transfer/Reprogramming	$0	$0	$0
Budget Authority	$553,000	$553,000	$0
Appropriation	$553,000	$553,000	$0
Recoveries of Prior Year Obligations	$0	$0	$0
Total Budgetary Resources	$925,848	$978,225	$52,377
Un-obligated Balance brought Forward*	$372,848	$425,225	$52,377
Un-obligated Balance end of year*	$358,848	$512,126	$153,278
Obligations*	$567,000	$466,100	($100,901)
Outlays	$386,713	$386,713	$0

* Includes funds from expired budgetary resources

Veterans Health Administration
Minor Construction Projects

I. Budget Authority

2023 Request ($000)……..…….....…..$344,245	
Transformational Fund ($000)…….…….$163,490	

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 conditions; and other critical infrastructure needs. VHA's 2023 request is based upon SCIP prioritization for construction projects that will address the most critical minor construction needs in the system by funding efforts such as facilitating infrastructure rightsizing; enhancing women's health programs; constructing private inpatient beds; providing additional domiciliaries to further address Veterans' homelessness; improving access to healthcare, including providing additional parking structures where needed; improving safety; transforming community living centers to be more veteran-centric; enhancing patient privacy; enhancing research capability, and energy investments. Transformational funds will be used to further improve VHA facilities, as well as provide for the installation of zero-emission vehicle charging infrastructure. Additionally, $1.8 million is needed as VHA's prorated share of the Department of State's Capital Security Cost Sharing program for VHA's facilities in Manila.[1]

[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 program. Agencies with personnel overseas that occupy space controlled by the Department of State 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.

National Cemetery Administration
Minor Construction Projects

I. Budget Authority

2023 Request ($000) …….……..……..……	$157,265

II. Description/Justification of Program

NCA's 2023 Minor Construction request is based upon SCIP prioritization for projects that will address the most critical minor construction needs. Funds requested in 2023 will provide for continued funding of gravesite expansion and columbaria projects to keep existing national cemeteries open and will support urban and rural initiatives. 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 and the Millennium Act study on improvements to Veterans' 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 158 national cemeteries and 34 soldiers lots and monument sites under NCA's jurisdiction 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, and repairs must be made to damaged facilities when they occur.

The 2023 Minor Construction request includes funding for land acquisition. NCA currently has the legal authority to acquire land for establishing new national cemeteries and to expand existing cemeteries. This will provide NCA funding to purchase land for future gravesite expansions that will be funded as minor projects. All land purchases will be evaluated through the SCIP process.

Veterans Benefits Administration
Minor Construction Projects

I. Budget Authority

2023 Request ($000)……..…….……	$30,000

II. Description/Justification of Program

VBA's minor construction request in 2023 is based upon SCIP prioritization for projects that will address the most critical minor construction needs and includes funding to address an ongoing national need for relocations, realignments, tenant improvements, repair and alteration projects at regional office locations nationwide. Additionally, $2.5 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 program. Agencies with personnel overseas that occupy space controlled by the Department of State 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.

General Administration/Office of Information Technology/ Staff Offices
Minor Construction Projects

I. Budget Authority

2023 Request ($000)……..…….…….……	$94,600

II. Description/Justification of Program

Funds requested in 2023 will address the most critical minor construction needs. Funds will be used to make enhancements to improve operations for the Department's staff offices (including Office of Information and Technology), as well as to complete necessary modifications and upgrades to existing facilities to expand the Departments data capabilities. Offices contained within the Central Office buildings and other VA-occupied non-patient care buildings are also included in this program.

VA Lease Notifications, Major Medical Facility Projects and Lease Authorizations

Introductory Statement

This chapter fulfills several statutory requirements for notifications and authorization requests regarding major medical facility construction and leasing projects and non-medical leasing projects and confirms two additional declaration requirements. Requirements are listed below:

- Statutory authorization for all major medical facility construction projects and all major medical facility leases exceeding $1,000,000 (including parking facilities) prior to appropriation of funds (38 U.S.C. § 8104(a)(2)).
  - 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 112-74.
  - VA is not required to request Congressional authorization for leases of non-major medical facility space.
  - Delegation of authority to award and obligate leases must be obtained from the General Services Administration (GSA) (see below for more detail).
- Notification and submittal of a prospectus for all major medical facility construction projects and for all major medical facility leases exceeding the $1,000,000 in average annual rent threshold (38 U.S.C. § 8104 (b)).
- Status report for authorized major medical facility projects and leases (title 38, United States Code)
- Report to Congressional Committees on proposed obligations in excess of $500,000 from the Advance Planning Fund of the Department toward design or development of a major medical facility project 30 days prior to the obligation (38 U.S.C. § 8104(f)); projects that receive authorization are not subject to this requirement.

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Authorization Request and Notification

The Department of Veterans Affairs requests an authorization of $3,939,800 for eight (8) major medical facility projects and $998,137,000 for thirty-one (31) major medical facility leases. Projects and leases for which authorization is being requested and notification is provided in 2023 are shown in the table below. Prospectuses for the 2023 Veterans Health Administration (VHA) operating leases with an annual unserviced rent that exceeds $1,000,000 can be found beginning on page 4-13. At the time this budget was formally released, authorization was still pending for the twelve (12) major medical facility projects, listed in the last section of the table below that were included in the 2022 Budget and Authorization request. Canandaigua, El Paso, Louisville and Portland requested authorization in 2022 and are also included in the 2023 authorization request. In addition, authorization was still pending for twenty-one major leases, which are embedded with the new 2023 major lease requests in the table below.

Authorization Request and Notification			
	Location[1]	**Project Name – Short Description**	**Authorization Request ($000)**
2023 Major Medical Facility Projects Authorization Request			
1	Alameda, CA[2]	Community Based Outpatient Clinic and National Cemetery	$395,000
2	Canandaigua, NY[2]	Construction and Renovation	$506,400
3	El Paso, TX[2]	Construct New Health Care Center	$700,000
4	Ft. Harrison, MT[2]	Seismic Upgrade and Specialty Care Improvements	$88,600
5	Livermore, CA[2]	Realignment and Closure of Livermore Campus	$490,000
6	Louisville, KY[2]	New Medical Facility	$1,013,000
7	Portland, OR[2]	Upgrade Building 100 and 101 for Seismic Retrofit and Renovation	$523,000
8	Reno, NV[3]	Replace VA Sierra Nevada Health Care System Medical Center	$223,800
	Total, 2023 Major Project Authorization Request		**$3,939,800**
2023 Major Medical Facility Lease Authorization Request and Notification			
1	Allentown, PA[3,4]	Outpatient Clinic Lease	$31,832
2	Atlanta, GA[3,4]	VHA Member Services	$27,134
3	Baltimore, MD[3,4]	Outpatient Clinic Lease	$43,041
4	Baton Rouge, LA[3,4]	Outpatient Clinic Lease	$29,550
5	Beaufort, SC[3,4]	Outpatient Clinic Lease	$24,254
6	Beaumont, TX[3,4]	Outpatient Clinic Lease	$15,632
7	Brainerd, MN[3]	Outpatient Clinic Lease	$14,669
8	Buffalo, NY[3]	Research Lease	$11,106
9	Clarksville, TN[3,4]	Outpatient Clinic Lease	$75,135
10	Columbia, MO[3,4]	Research Lease	$20,726
11	Cookeville, TN[3]	Outpatient Clinic Lease	$10,958
12	Denver, CO[3]	Residential Treatment Facility	$9,133
13	Elizabethtown, KY[3]	Outpatient Clinic Lease	$16,671
14	Farmington, MO[3]	Outpatient Clinic Lease	$17,940
15	Hampton, VA[3,4]	Outpatient Clinic Lease	$63,085
16	Jacksonville, NC[3,4]	Outpatient Clinic Lease	$61,450

	Location[1]	Project Name – Short Description	Authorization Request ($000)
2023 Major Medical Facility Lease Authorization Request and Notification			
17	Killeen, TX[3,4]	Outpatient Clinic Lease	$61,030
18	Lawrence, IN[3,4]	Outpatient Clinic Lease	$15,811
19	Lecanto, FL[3,4]	Outpatient Clinic Lease	$15,373
20	Nashville, TN[3,4]	Outpatient Clinic Lease	$58,038
21	North Kansas City, MO[3]	Outpatient Clinic Lease	$40,027
22	Pflugerville, TX[3,4]	Outpatient Clinic Lease	$16,654
23	Plano, TX[3,4]	Outpatient Clinic Lease	$32,796
24	Prince George's County, MD[3,4]	Outpatient Clinic Lease	$31,754
25	Rolla, MO[3,4]	Outpatient Clinic Lease	$21,352
26	Salt Lake City, UT[3,4]	Outpatient Clinic Lease	$29,466
27	Sarasota, FL[3]	Outpatient Clinic Lease	$36,517
28	Springfield, MA[3]	Outpatient Clinic Lease	$30,918
29	Tampa, FL[3,4]	Community Living Center Lease	$51,682
30	The Villages, FL[3,4]	Outpatient Clinic Lease	$48,267
31	Tri-County, WA (Richland, Pasco, Kennewick, WA)[3]	Outpatient Clinic Lease	$36,136
Total, 2023 Major Lease Authorization Request			**$998,137**
2022 Major Medical Facility Projects Authorization Request			
1	Biloxi, MS[4]	Restoration of Hospital and Consolidation of Gulfport	$341,500
2	Canandaigua, NY[4]	Construction and Renovation	In 2023 Request
3	Dallas, TX[4]	Spinal Cord Injury	$292,239
4	El Paso, TX[4]	Construct New Health Care Center	In 2023 Request
5	Long Beach, CA[4]	Mental Health and Community Living Center	$387,300
6	Louisville, KY[4]	New Medical Facility	In 2023 Request
7	Oklahoma City, OK[4]	Construct Surgical Intensive Care Unit and Renovate Operating Room	$47,564
8	Portland, OR[4]	Upgrade Building 100 and 101 for Seismic Retrofit and Renovation	In 2023 Request
9	San Diego, CA[4]	SCI and Seismic Corrections	$262,700
10	San Francisco, CA[4]	New Research Facility	$254,880
11	St. Louis (JC), MO[4]	Replace Bed Tower, Clinical Building Expansion and Parking Garage	$135,340
12	West Los Angeles, CA[4]	Build New Critical Care Center	$115,790

[1]Location for major leases is the vicinity in which the final chosen location is expected.
[2]Prospectus for this project can be found in Chapter 2 of this volume.
[3]Prospectus for this project can be found in Chapter 4 of this volume.
[4]Projects or major leases requested authorization in 2022. To date, authorization has not been received.

Notification of Intent to Obligate Over $500,000 in Advance Planning and Design Funds (APDF)

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 APDF 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 receive authorization are not subject to this requirement. In accordance with this requirement the Department provides notification for the following three major medical facility projects:

Major Projects with Planned APDF Obligation Over $500,000	
Location	**Project Name – Short Description**
Asheville, NC	Community Living Center and Renovate Primary and Specialty Care Clinics
Long Beach, CA	Spinal Cord Injury/Disease, Physical Medicine and Rehabilitation and Prosthetics Center
St. Cloud, MN	Mental Health Residential Rehabilitation Treatment Program Building

GSA Delegation of Authority

Once VA receives authorization from Congress for the major medical leases, VA will also need to request delegation of leasing authority from GSA in order to solicit, award and obligate funding for these leases. This request mirrors delegation requests for hundreds of smaller VA leases and involves a thorough review by GSA. VA and GSA have worked closely together to establish the requirements and streamline the request and review process in order to comply with delegation requirements. Leases that exceed GSA's current prospectus threshold of $3.375 million (subject to annual updates) will require VA to work with GSA's committees and obtain their approval. GSA and VA work closely to ensure that GSA's requirements are met. GSA, solely, will consider each request individually and make determination to grant delegated leasing authority as determined appropriate by the Administrator of GSA.

There are four non-medical facility replacement leases over $1,000,000 for 2023. GSA will execute these leases and VA will enter into an occupancy agreement with GSA.

Major Non-Medical Lease		
Location	**Project Name – Short Description**	**Total Estimated Cost ($000)**
San Diego, CA	Replacement/Consolidation of Regional Offices	$5,759
Phoenix, AZ	Replacement Regional Office	$3,300
New Orleans, LA	Replacement Regional Office	$1,800
Roanoke, VA	Replacement Regional Office	$2,900

Reporting Requirements

The status reports for authorized major medical facility projects and leases can be found on pages 4-197 through 4-202.

Declarations

All VA facilities, including sites, are intended to be barrier free. Due to patient care requirements, at some locations VA accessibility standards exceed the GSA minimum requirements.

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

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Reno, Nevada
Replace VA Sierra Nevada Health Care System (VASNHCS) Medical Center
(formerly Correct Seismic Deficiencies and Expand Clinical Services, Building 1)

This 2023 proposal seeks authorization to use previously appropriated and authorized funding for a replacement VASNHCS Reno VA Medical Center (VAMC), including necessary land acquisition and preliminary site work, instead of the correction of seismic deficiencies and expansion of clinical services building at the current site. Re-assigning the funding allows for the mitigation and correction of significant seismic and facility condition deficiencies and right-sizing of the clinical footprint to meet projected demand. A future phase and funding request will provide for the construction of the replacement medical center.

This project provides for the construction of a new state-of-the-art medical facility that will replace the existing Reno VAMC located in Reno, NV.

I. Budget Authority:

Total Estimated Cost	Available Through 2022 Request	2023 Authorization Request	Future Request
TBD	$223,800,000	$223,800,000	TBD

Detail of Project Phases
This project was first requested in 2012 and included renovation of Building 1 to correct seismic, life safety and infrastructure deficiencies and construction of clinical and research expansions. It has been determined that the existing Reno VAMC has deficiencies in excess of those covered by the original project including but not limited to a space gap in excess of 200,000 square feet (SF) based on 2028 projected need and four buildings on the High Risk or Extremely High-Risk seismic reports comprising 75% of total campus square footage.

The authorized 2012 project, which focused on the seismic retrofit of Building 1, does not mitigate all of the seismic deficiencies on the Reno VAMC campus. Additional seismic upgrades are required to mitigate issues in Buildings 1D, 8, 10 and 12. In total, approximately $900 million would be required to complete the authorized 2012 project and the 4 additional seismic projects needed to mitigate all seismic deficiencies.

Recognizing this issue, VASNHCS, in collaboration with the Office of Construction and Facilities Management, completed a feasibility study examining the viability of rehabilitating the existing campus and comparing that option with other identified alternatives. As a result of the study, given the timeline required to complete these multiple investments and the associated cost and risk of constructing and renovating within an active hospital environment, VA has decided to not proceed with the renovation project as previously authorized. This prospectus serves as authorization request and notification that VA's intent is to use the previously requested funds towards a full replacement VAMC in Reno, including land acquisition.

The authorization being requested will provide for the necessary land acquisition, preliminary site work and initial funding for the construction of the replacement Reno VAMC. Additional funding for the construction of the replacement VAMC will be requested in a future year. The Total Estimated Cost is being shown as TBD until design reaches 35% and until the Army Corps of Engineers accepts the project.

The table below provides details on all phases in this project, listed by the fiscal year funds were requested and then by phase. Major construction project funds are required to be appropriated and authorized.

Total Project Scope (Sorted by Fiscal Year and Phase)

Phase/Description	Total Est. Cost ($000)	Gross Square Feet (GSF)		Authorized ($000)	Appropriated* ($000)
		Renov.	New		
2012					
Design	N/A	0	0	$0	$21,380
2017					
Correct Seismic Deficiencies and Expand Clinical Services Building	N/A	98,395	167,000	$213,800	$192,420
2020					
Finish Correcting Seismic Deficiencies and Expanding Clinical Services Building	N/A	0	0	$0	$10,000
2023					
Land Acquisition, Preliminary Site Work and Initial Funding for Replacement VAMC	TBD	TBD	TBD	$0	$0
Future Year					
Additional Funding for Replacement Medical Center	TBD	TBD	TBD	$0	$0
Reno Totals	**TBD**	**TBD**	**TBD**	**$213,800**	**$223,800**

*$9.426M of design funding has already been expended of the prior appropriations, totaling $223.8M

II. Priority Score: 2016 – 0.4808
Major Construction projects are funded based on their priority ranking and on their ability to award construction contracts in the current fiscal year.

III. Description of Project
This project will acquire approximately 80 to 90 acres of land in the Reno/Sparks area and construct a state-of-the-art medical facility. This premier facility will offer acute inpatient care for medicine, mental health and surgery, long-term support services, as well as a broad array of outpatient services including medical/surgical specialties, emergency care, mental health, radiology, rehabilitation, primary care and pathology and laboratory. The medical center will include installation of all associated utilities, roadways, central utility plant, landscaping and green space. The project will also include parking to meet the needs of the new facility.

IV. Alternatives to Construction Considered

Status Quo:

The Status Quo alternative would continue to house clinical services in the existing, seismically-deficient buildings at the medical center. In addition to the seismic life safety issues, this alternative also does not address any of the other current facility condition deficiencies that hamper the VAMC's ability to provide modern healthcare to Veterans and does not provide the needed additional space the facility requires to close existing space gaps and accommodate projected increases in workload. Lastly, Status Quo does not address the fact the majority of patients and staff have to cross a two-lane road to get from where they park to the facility. It also does not address the existing parking gap at the medical center. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Construction (Preferred Alternative)

This alternative proposes to construct new, state-of-the-art clinical space to house all services and programs currently performed at the existing facility. This preferred option resolves the medical center's space, energy, condition, functional and utilization gaps, while reducing wait times and improving access. New construction on an open site alleviates the complexities and impacts associated with construction on an active hospital site. The cost of new construction will be comparable to executing the health care system's existing capital portfolio and will ensure Veterans are welcomed and served at a modern, advanced medical facility that will meet the needs of Veterans for generations to come. The replacement medical center will also provide an appropriate separation of vehicle and pedestrian traffic, which cannot be resolved at the existing site. Further, this option will facilitate condensed and more efficient construction phasing. Based on the above, this is the facility's preferred alternative.

Alternative 2: Renovation

This alternative proposes to renovate the existing facility. The disruptive nature of construction will negatively impact patients, staff, visitors and the community. Additionally, the feasibility of the facility being able to procure sufficient additional land necessary to accommodate the required 300,000 GSF of needed space and the over 500 additional parking stalls, while continuing 100% of patient care functions in service while construction occurs, makes this alternative not viable and has been excluded from the quantitative analysis below.

Alternative 3: Lease

This alternative proposes to lease a facility off campus to accommodate the services provided in the same manner as the new construction alternative. Given the space needs of the medical center and the limited supply of potential leased space in the Reno/Sparks area, a larger, contiguous VAMC lease may not even be viable. The hospital functions would likely be dispersed at multiple leased sites across the community. This configuration has many inherent inefficiencies requiring additional staff to move materials and supplies, duplication of staff, services and equipment, increased data and telecom infrastructure, lost time and reduced patient satisfaction. Additionally, this option may require patients travel to numerous sites to receive care they can currently receive by making only one visit to the current facility's main campus or the preferred alternative's replacement facility campus. For these reasons, this alternative is not the preferred alternative.

Alternative 4: Contract Out
This alternative assumes that all services and programs currently housed in the medical center and accommodated by the new construction alternative would be contracted out to fee- basis providers in the local community. There may not be sufficient, qualified private health care providers in the Reno area to absorb the current and projected Veteran workload. This alternative may also not be cost-effective and would result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the preferred alternative. However, high-level market research and interviews with local VA planners have indicated that a suitable facility for possible acquisition and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with the Department of Defense (DoD) for a Joint Facility
This alternative proposes to construct or lease a new integrated facility in collaboration with DoD in the vicinity of the existing VAMC to address all gaps, as well as achieve departmental initiatives, in the same manner as the new construction alternative. However, according to local VA planners, the DoD does not have adequate space or infrastructure in the region to support a joint medical center project with VA. Therefore, this alternative is deemed not viable and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)
This analysis will be completed once design reaches 35% and when the Army Corps of Engineers accepts the project.

VI. Analysis of Benefits
The preferred alternative, new construction, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section, the Status Quo alternative would not address any of the existing facility deficiencies; the lease alternative may lead to operational inefficiencies; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new construction alternative would be the best solution to address VA's existing seismic and facility condition deficiencies and support strategic goals and objectives to provide high-quality, reliable and efficient care. The preferred alternative will provide state-of-the-art clinical space, offering local Veterans access to high-quality care.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	69,817	63,084	58,081	48,242	-30.9%
Enrollees	47,623	47,765	46,629	42,310	-11.2%

*Data reflects the Veterans Integrated Services Network (VISN) 21, Sierra Nevada market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	30,795	62,712	71,178	82,688	168.5%
Ambulatory Services	440,524	703,090	783,052	839,847	90.6%
Mental Health Stops	21,626	22,839	21,058	18,364	-15.1%
Mental Health Services	48,857	80,900	97,106	129,155	164.4%
Inpatient Beds	53	54	49	36	-32.1%

*Data reflects workload for VISN 21, Sierra Nevada market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule – This Phase

Award Construction Documents	TBD
Award Construction Contract	TBD
Complete Construction	TBD

X. Project Cost Summary of the Chosen Option

The table below will be completed once design reaches 35% and when the Army Corps of Engineers accepts the project.

XI. Operating Costs of the Chosen Option

Present Facility		
Square Footage Involved	Existing Medical Center: 537,572 GSF	
Current Full-Time Equivalent (FTE)	1,711	
Total Operating Costs[1]	**$394,340,531**	
Ancillary Services		*$179,061,476*
Personnel Services		*$215,279,055*
Other Recurring Costs		*N/A*
Proposed Project		
Square Footage Involved	New Construction: TBD	
Net New FTE	TBD	
Incremental Operating Costs[2]	**TBD**	
Ancillary Services		*TBD*
Personnel Services		*TBD*
Other Recurring Costs		*N/A*
Total Operating Costs[1]	**TBD**	
Non-Recurring Activations	**TBD**	
Furniture, Fixtures and Equipment		*TBD*
Non-Recurring Support		*TBD*

[1]Operating costs recur on an annual basis for resources (including staff) necessary to support services to be provided from the space being built or remodeled.
[2]Incremental operating costs are net of present facility. These are not indicative of the total operating costs for the project at completion.

Outpatient Clinic Lease
in Support of the Wilkes-Barre VAMC

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Allentown, PA to expand services currently offered at the existing Allentown Satellite Outpatient Clinic, in support of the Wilkes-Barre VAMC, in Wilkes-Barre, PA.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$31,832,000	$31,832,000	$3,342,000

II. Priority Score: 2022 – 0.329

III. Description of Project

This project proposes to lease an approximately 81,719 net usable square feet (NUSF) replacement and expanded Outpatient Clinic in the vicinity of Allentown, PA, including 600 parking spaces. The new facility would expand on care currently provided at the existing Allentown Satellite Outpatient Clinic lease and allow for a decompression of the Wilkes-Barre VAMC. The lease would enhance outpatient services by closing space gaps identified in the Strategic Capital Investment Planning (SCIP) process. The new lease would expand the current Primary Care space, enabling a full implementation of the Patient Aligned Care Team (PACT) model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the Allentown area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Allentown Satellite Outpatient Clinic. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 81,719 NUSF replacement and expanded Outpatient Clinic in the vicinity of Allentown, PA, including 600 parking spaces. The lease would replace the existing Allentown Satellite Outpatient Clinic lease to accommodate increasing workload and to allow for decompression at the medical center, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 110,321 GSF (equivalent to approximately 81,719 NUSF) Outpatient Clinic in the vicinity of Allentown, PA, including 600 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Allentown area. There may not be sufficient, qualified private health care providers in the Allentown area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. The nearest DoD clinical location is at Joint Base McGuire-Dix-Lakehurst, NJ, which is approximately 61 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$2,209,206	$0	$2,209,206	101	N/A	N/A
New Construction	$162,100	$2,259,796	$19,578	$2,441,474	266	165	$(169,419)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$59,141	$2,264,580	$19,578	$2,343,299	266	165	$(134,093)
Contract Out	$27,533	$2,804,164	$0	$2,831,697	10	(91)	$(622,491)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $2.34 billion and a net present value of approximately -$134.1 million, would offer the most cost-effective and flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Allentown area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, Specialty Care and Ancillary spaces at the Allentown Satellite Outpatient Clinic are inadequate and undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the Allentown market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	467,430	414,796	375,525	310,944	-33.5%
Enrollees	250,285	245,203	235,055	207,565	-17.1%

*Data reflects the VISN 04, Eastern market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	73,020	144,033	157,742	173,504	137.6%
Ambulatory Services	1,963,488	3,025,290	3,402,219	3,726,127	89.8%
Mental Health Stops	145,700	176,523	162,540	142,363	-2.3%
Mental Health Services	309,353	575,027	677,501	871,340	181.7%

*Data reflects workload for VISN 04, Eastern market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	30 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$3,342,000
Estimated Rental Rate[1]	$40.89/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	81,719
Parking Spaces	600
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$28,490,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	31,000
Proposed NUSF[1]:	81,719 (Approx. 98,063 ABOA SF)
Expansion/Reduction NUSF:	50,719
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	31,000 NUSF – 3/23/2027

Delineated Area:

- North: Intersection Claussville Rd and Kernsville Rd, E on Kernsville Rd, N on Hwy 309, E on Levans Rd, E on Maple St, SE on Mauch Chunk Rd, E on Mechanicsville Rd, N on Hwy 145, E on Lehigh St
- East: S on Front St, W on Race St, S on Lehigh St, E on N Irving St, E on Lehigh Valley Thruway, S on Fred B. Rooney Hwy, S on Hill to Hill Bridge, S on Wyandotte St
- South: W on Oakhurst Dr, N on Hwy 145, S on Vera Cruz Rd, W on Brunner Rd, W on Main Rd E, W on Main Rd W, W on Shimerville Rd, N and W on Hwy 100, W on Hamilton Blvd
- West: N on Hwy 863, N on Ziegels Church Rd, N on Kecks Rd, E on Seipstown Rd, N on Claussville Rd

Congressional District(s):	PA-07
Number of Official Parking Spaces[3]:	600
Scoring:	70.12%
Proposed Rental Rate:	$40.89
Proposed Total Annual Cost:	$3,342,000
Current Total Annual Cost:	$603,594

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the Request for Lease Proposals (RLP) method to use a square footage metric better aligned with industry standards. The American National Standards Institute/Building Owners and Managers Association (ANSI/BOMA) Office Area (ABOA) SF estimate will be finalized during pre-design.

[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.

[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government-wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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VHA Administrative Lease
to Support Member Services

This proposal provides for a replacement administrative lease for VHA member services in the vicinity of Atlanta, GA.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up To 20 Years	$27,134,000	$27,134,000	$3,580,000

II. Priority Score: N/A – This project was not scored as the need for this renewal was not known during the normal SCIP cycle.

III. Description of Project

This project proposes to lease approximately 76,657 NUSF of general office space in the vicinity of Atlanta, GA, including approximately 350 parking spaces, to replace the existing VHA Member Services lease. The current lease houses 165 employees for VHA Member Services, which operates the Income Verification Division, Enrollment and Eligibility Division, Enterprise Support Services and the Veterans Transportation Program and also includes Resource Management Support Staff and the National Mailroom, which transposes over 2 million formal communications to Veterans every year. In addition to these Member Services functions, the current lease also supports 24/7 operations for the Veterans Crisis Line and Military Crisis line by providing space and infrastructure for an additional 370 employees. This lease is essential as the workload for VHA Member Services continues to grow.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo alternative would continue to occupy the existing lease space. However, this alternative is not currently viable as the current lease extension expires in March 2025. For this reason, the Status Quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease 76,657 NUSF of office space, including approximately 350 parking spaces, in the vicinity of Atlanta, GA, to house VHA Member Services, the Veterans Crisis Line and Military Crisis Line staff. The current lease extension expires in March 2025. For this reason, this is the preferred alternative.

Alternative 2: New Construction

This alternative proposes for VA to acquire land and construct a new 103,487 GSF (equivalent to 76,657 NUSF) general office facility to house VHA Member Services, with 350 parking spaces, in the Atlanta area. The new construction alternative would address the need for space to house the staff and functions in the same manner as the lease alternative. However, the new construction alternative would require a longer timeline to implement than a new lease and the current lease extension expires in March 2025, which may result in a potential lapse of VHA Member Services, as well as Veterans Crisis Line and Military Crisis Line functions. Therefore, this alternative is not preferred.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility to house VHA Member Services, the Veterans Crisis Line and Military Crisis Line staff in the vicinity of Atlanta, GA. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. Local VA planners have confirmed that there are no existing VA-owned facilities available that are suitable for renovation and fit the project requirements. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all VHA Member Services, Veterans Crisis Line and Military Crisis Line functions proposed in this project would be contracted out to the private sector. Due to the inherently governmental functions of VHA Member Services and the Crisis Lines, the Contract Out alternative is not a viable option and has been excluded from the quantitative analysis below.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility, in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, high-level market research and interviews with local VA planners have indicated that a suitable facility for possible acquisition and subsequent renovation does not exist in the delineated area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Lease Project
This alternative proposes to lease a new shared facility, with the DoD as a sub-lessee. However, according to local VA planners, there are currently no DoD facility sharing opportunities in the vicinity of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$1,728,628	$0	$1,728,628	535	N/A	N/A
New Construction	$178,451	$1,747,032	$9,662	$1,935,145	535	0	$(125,702)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$48,895	$1,805,471	$9,662	$1,864,028	535	0	$(135,400)
Contract Out	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits
The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo results in housing the VHA Member Services and Crisis Lines staff in an expired leasehold which creates risk for a mission critical

VHA service; new construction would result in a longer timeline to meet the needs of the lease; Renovation, Contract Out, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. Relative to the new construction alternative, the new lease alternative, with total life cycle costs of approximately $1.86 billion and a net present value of approximately -$135.4 million, would offer the most cost-effective and flexible alternative to ensure these important administrative functions have a single, rightsized and efficient facility to fully support Veterans and VA.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	18,577,663	16,742,399	15,150,416	12,591,903	-32.2%
Enrollees	8,846,627	8,890,382	8,732,890	8,115,865	-8.3%

*Data reflects Veteran population and enrollees for all VISNs as VHA Member Services supports the entire healthcare system

VIII. Workload

	2015	2016	2017	2018	Change (2015-2018)
Eligibility and Enrollment Transactions	319,753	343,274	399,312	425,128	33.0%
Income Verification Cases Adjusted	139,999	129,443	192,505	186,744	33.4%

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	26 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$3,580,000
Estimated Rental Rate[1]	$46.69/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	76,657
Parking Spaces	350
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$23,554,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement
Current NUSF:	76,657
Proposed NUSF[1]:	76,657 (Approx. 91,988 ABOA SF)
Expansion/Reduction NUSF:	0
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	76,657 NUSF – 3/14/2025
Delineated Area:	
• North: Interstate 285, Route 141	
• East: Jimmy Carter Blvd, Mountain Industrial Blvd	
• South: Memorial Dr, N Avondale Rd, E College Ave, W College Ave, E Lake Rd NE, Route 78	
• West: Interstate 85, Interstate 75	
Congressional District(s):	GA-04, GA-05, GA-06, GA-07, GA-11
Number of Official Parking Spaces[3]:	350
Scoring:	83.83%
Proposed Rental Rate:	$46.69
Proposed Total Annual Cost:	$3,580,000
Current Total Annual Cost:	$1,564,236

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

Outpatient Clinic Lease
in Support of the Veterans Affairs Maryland Health Care System

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Baltimore, MD to expand services currently offered at the Veterans Affairs Maryland Health Care System in Baltimore, MD.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$43,041,000	$43,041,000	$6,822,000

II. Priority Score: 2020 - 0.2369

III. Description of Project

This project proposes to lease an approximately 112,624 NUSF replacement and expanded Outpatient Clinic in the vicinity of Baltimore, MD, including 800 parking spaces. The new facility would expand on care currently provided at the existing Baltimore Annex lease and allow for a decompression of the Baltimore VAMC. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The lease would also consolidate five parking leases in the Baltimore area into the full parking requirement for this lease. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the Baltimore area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Baltimore Annex lease. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 112,624 NUSF replacement and expanded Outpatient Clinic in the vicinity of Baltimore, MD, including 800 parking spaces. The lease would replace the existing Baltimore Annex lease to accommodate increasing workload and to allow for decompression at the medical center, increasing operational efficiencies. The lease would also consolidate five parking leases in the Baltimore area into the full parking requirement for this lease, improving Veteran and VA staff satisfaction. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the

current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction

This alternative proposes for VA to acquire land and construct a new, approximately 152,042 GSF (equivalent to approximately 112,624 NUSF) Outpatient Clinic in the vicinity of Baltimore, MD, including 800 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation

This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out

This alternative assumes that all Primary Care, Mental Health, Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Baltimore area. There may not be sufficient, qualified private health care providers in the Baltimore area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new shared facility with the Department of Defense (DoD) as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. VA Maryland Health Care System currently operates an outpatient clinic in proximity to the nearest DoD clinical location at Fort Meade, MD, which is approximately 18 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition[1]	Ancillary Services[2]	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$11,582	$2,296,324	$0	$2,307,906	174	N/A	N/A
New Construction	$296,344	$2,326,811	$25,156	$2,648,311	271	97	$(224,530)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$75,187	$2,460,288	$25,156	$2,560,631	271	97	$(252,725)
Contract Out	$35,756	$2,761,844	$0	$2,797,600	23	(151)	$(489,694)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $2.56 billion and a net present value of approximately -$252.7 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Baltimore area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, Specialty Care and Ancillary spaces at the Baltimore Annex lease are undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the Baltimore market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility, with all parking consolidated in one location, would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	142,888	132,264	124,092	108,633	-24.0%
Enrollees	80,230	82,101	82,051	78,011	-2.8%

*Data reflects the VISN 5, Baltimore market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	21,863	52,321	60,568	71,209	225.7%
Ambulatory Services	541,403	905,949	1,024,720	1,137,804	110.2%
Mental Health Stops	68,542	78,364	74,070	67,762	-1.1%
Mental Health Services	95,849	192,499	228,455	300,441	213.5%

*Data reflects workload for VISN 5, Baltimore market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	32 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$6,822,000
Estimated Rental Rate[1]	$60.57/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	112,624
Parking Spaces	800
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$36,219,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	68,121
Proposed NUSF[1]:	112,624 (Approx. 135,148 ABOA SF)
Expansion/Reduction NUSF:	44,503
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	68,121 NUSF – 6/8/2021
Delineated Area:	
• North: Intersection Interstate 695 and Route 40, Route 40, Hilton Pkwy, Bypass 40, Belair Rd	
• East: Bypass 40, Interstate 895	
• South: Interstate 95	
• West: Interstate 695	
Congressional District(s):	MD-02, MD-03, MD-07
Number of Official Parking Spaces[3]:	800
Scoring:	67.62%
Proposed Rental Rate:	$60.57
Proposed Total Annual Cost:	$6,822,000
Current Total Annual Cost:	$1,802,189

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Southeast Louisiana Veterans Health Care System

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Baton Rouge, LA, to consolidate and expand services currently offered at existing Community Based Outpatient Clinics (CBOCs) in support of the Southeast Louisiana Veterans Health Care System in New Orleans, LA.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$29,550,000	$29,550,000	$3,596,000

II. Priority Score: 2019 – 0.3499

III. Description of Project

This project proposes to lease an approximately 87,878 NUSF replacement and expanded Outpatient Clinic in the vicinity of Baton Rouge, LA, including 600 parking spaces. The new facility would consolidate and expand on care currently provided at the existing Baton Rouge North CBOC and Baton Rouge South CBOC. The lease would allow VA to enhance outpatient services by closing space and utilization gaps identified in the SCIP process. The new lease would expand current Primary Care space, allowing for the full implementation of the PACT model of care delivery at a single point of care, improving operational efficiencies and the Veteran experience. The new lease would also improve Veterans' access to VA care and services in the greater Baton Rouge area by expanding the delivery of Primary Care, Mental Health, Specialty Care and Ancillary services in a right-sized, state-of-the- art, energy efficient health care facility.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health and certain Specialty Care services to Veterans at the existing Baton Rouge North CBOC and Baton Rouge South CBOC. The existing facilities do not have an adequate amount of available, suitable space to properly implement the PACT model, hindering the optimized delivery of modern healthcare at those facilities. In addition, providing VA care and services at two locations would not improve operational efficiencies. The Status Quo alternative also does not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 87,878 NUSF replacement and expanded Outpatient Clinic in the vicinity of Baton Rouge, LA, including 600 parking spaces. The lease would replace the Baton Rouge North CBOC and Baton Rouge South CBOC leases to accommodate increasing workload. Fully implementing the PACT model would allow optimized care delivery, improved Veteran experience, increased team coordination, improved workflows and better recruitment and retention for VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to address the current and projected space and utilization gaps identified in the SCIP process. In

addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction

This alternative proposes for VA to acquire land and construct a new, approximately 118,635 GSF (equivalent to approximately 87,878 NUSF) Outpatient Clinic in the vicinity of Baton Rouge, LA, including 600 parking spaces. The new construction alternative would address space and utilization gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation

This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified a space gap (deficit) in this market area that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out

This alternative assumes that all Primary Care, Mental Health and certain Specialty Care services proposed in this project would be contracted out to fee-basis providers in the Baton Rouge area. There may not be sufficient, qualified private health care providers in the Baton Rouge area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new shared facility, with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to local VA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility-sharing opportunities near the proposed project. In addition, the nearest DoD clinical location, Naval Branch Health Clinic in Belle Chase, LA, is approximately 82 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$3,524,042	$0	$3,524,042	202	N/A	N/A
New Construction	$166,566	$3,491,488	$28,234	$3,686,288	478	276	$(96,713)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$53,878	$3,539,586	$28,234	$3,621,697	478	276	$(97,655)
Contract Out	$48,648	$4,392,464	$0	$4,441,112	20	(182)	$(917,069)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section, the Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demands within this lease; Contract Out could result in a loss of quality and control over Veterans health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $3.62 billion and a net present value of approximately -$97.7 million, offers the most flexible alternative that can support VA's strategic goals and objectives, improve access and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Baton Rouge area better access to high- quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow the Department to re-size, replace or exit the proposed clinic. With the enrollee base in the Southern market of VISN 16 projected to increase 2.1% over the next twenty years, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care and Specialty Care spaces at the Baton Rouge North lease are undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This new lease addresses space and utilization gaps and would enhance Veteran health care services in the Baton Rouge market. As workload for Ambulatory and Procedures and Services and Mental Health Procedures is projected to increase over the next 20 years, this new lease is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible single location of care would allow better optimized VA care delivery, increased team coordination, improved workflows and improved recruitment and retention for both Veterans and VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	333,564	323,990	309,743	276,566	-17.1%
Enrollees	207,546	216,673	219,671	211,881	2.1%

*Data reflects the VISN 16, Southern market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	54,159	141,117	159,811	187,033	245.3%
Ambulatory Services	1,477,347	2,389,764	2,755,786	3,238,421	119.2%
Mental Health Stops	97,513	106,965	100,179	88,934	-8.8%
Mental Health Services	215,319	433,029	525,082	703,947	226.9%

*Data reflects workload for VISN 16, Southern market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	30 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$3,596,000
Estimated Rental Rate[1]	$40.92/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	87,878
Parking Spaces	600
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$25,954,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	58,295
Proposed NUSF[1]:	87,878 (Approx. 105,454 ABOA SF)
Expansion/Reduction NUSF:	29,583
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	29,995 NUSF – 6/3/2024 28,300 NUSF – 6/30/2021

Delineated Area:

- North: Route 190 at I-110 to Route 190 at Plank Road to Plank Road at Hooper Road to Hooper Road at Lovett Road to Lovett Road at Joor Road to Joor Road at Greenwell Springs Road to Greenwell Springs Road at Frenchtown Road to Frenchtown Road at Central Throughway
- East: Burbank Drive at East Highway 30 to Burbank Drive at Highland Road to Highland Road at Route 61
- South: Central Throughway at Frenchtown Road to Central Throughway at Florida Boulevard to O'Neal Lane at Florida Boulevard to O'Neal Lane at South Harrells Ferry Road to South Harrells Ferry Road at Jones Creek Road to Jones Creek Road at Coursey Boulevard to Coursey Boulevard at Stumberg Lane to Stumberg Lane at Route 61 to Route 61 at Highland Road
- West: I-110 at Route 190 to I-110 at I-10 to I-10 at East Highway 30 to East Highway 30 at Burbank Drive

Congressional District(s):	LA-02, LA-06
Number of Official Parking Spaces[3]:	600
Scoring:	85.14%
Proposed Rental Rate:	$40.92
Proposed Total Annual Cost:	$3,596,000
Current Total Annual Cost:	$1,722,586

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Ralph H. Johnson VAMC

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Beaufort, SC, to expand services currently offered at the existing Beaufort Primary Care Clinic, in support of the Ralph H. Johnson VAMC in Charleston, SC.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 Years	$24,254,000	$24,254,000	$3,435,000

II. Priority Score: 2021 – 0.3678

III. Description of Project

This project proposes to lease an approximately 71,663 NUSF replacement and expanded Outpatient Clinic in the vicinity of Beaufort, SC, including 500 parking spaces. The new facility would expand on care currently provided at the existing Beaufort Primary Care Clinic. The new lease would allow VA to enhance outpatient services by closing space and utilization gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the Beaufort area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Beaufort Primary Care Clinic housed inside of the DoD Beaufort Naval Hospital. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. In addition, DoD is in the final stages of planning for a replacement location for the Beaufort Naval Hospital. Continued VA/DoD collaboration at the proposed replacement facility is not feasible as the relocation is about 30 minutes of drive-time from the current location and would reduce access to services for Veterans in the Beaufort area. The Status Quo alternative also does not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 71,663 NUSF replacement and expanded Outpatient Clinic in the vicinity of Beaufort, SC, including 500 parking spaces. The lease would replace the Beaufort Primary Care Clinic lease to accommodate increasing workload. Fully implementing the PACT model would allow optimized care delivery, improved Veteran experience, increased team coordination, improved workflows and better recruitment and retention for VA staff. The new lease would provide care in a modern, efficient facility, with increased

operational efficiencies and sufficient space for outpatient services to address the current and projected space and utilization gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction

This alternative proposes for VA to acquire land and construct a new, approximately 96,745 GSF (equivalent to approximately 71,663 NUSF) Outpatient Clinic in the vicinity of Beaufort, SC, including 500 parking spaces. The new construction alternative would address space and utilization gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation

This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market area that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out

This alternative assumes that all Primary Care, Mental Health, Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Beaufort area. There may not be sufficient, qualified private health care providers in the Beaufort area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. However, according to VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility sharing opportunities in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$2,145,362	$0	$2,145,362	54	N/A	N/A
New Construction	$135,998	$2,015,232	$16,688	$2,167,918	154	100	$31,948
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$43,216	$2,083,109	$16,688	$2,143,014	154	100	$2,348
Contract Out	$20,561	$2,591,459	$0	$2,612,020	10	(44)	$(466,658)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps and is not feasible with the relocation of the current VA/DoD shared facility; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $2.14 billion and a net present value of approximately $2.3 million, offers the most flexible alternative that can support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Beaufort area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow the Department to re-size, replace or exit the proposed clinic. With the enrollee base projected to increase by approximately 9.9% over the next 20 years, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations. The current spaces at the Beaufort Primary Care Clinic lease are inadequate and undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space and utilization gaps and would enhance Veteran health care services in the Beaufort market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible location of care would allow better optimized VA care delivery, increased team coordination, improved workflows and improved recruitment and retention for both Veterans and VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	312,252	314,122	307,617	281,560	-9.8%
Enrollees	208,617	222,512	230,434	229,203	9.9%

*Data reflects the VISN 7, South Carolina market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	64,578	130,912	149,624	178,445	176.3%
Ambulatory Services	1,815,951	2,817,587	3,327,225	4,036,076	122.3%
Mental Health Stops	88,348	92,012	89,041	83,774	-5.2%
Mental Health Services	328,815	574,864	712,066	987,371	200.3%

*Data reflects workload for VISN 7, South Carolina market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	30 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$3,435,000
Estimated Rental Rate[1]	$47.92/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	71,663
Parking Spaces	500
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$20,819,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	8,453
Proposed NUSF[1]:	71,663 (Approx. 85,996 ABOA SF)
Expansion/Reduction NUSF:	63,210
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	8,453 NUSF – 4/15/2022
Delineated Area:	
• North: Intersection of Hwy 21/Broad River Rd	
• East: Hwy 21 intersection of Hwy 280/Ribault Rd	
• South: Ribaut Rd/Parris Island Gateway to intersection of Hwy 128/Hwy 170	
• West: Broad River Rd to intersection of Hwy 170	
Congressional District(s):	SC-01
Number of Official Parking Spaces[3]:	500
Scoring:	87.34%
Proposed Rental Rate:	$47.92
Proposed Total Annual Cost:	$3,435,000
Current Total Annual Cost:	$323,804

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Michael E. DeBakey VAMC

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Beaumont, TX, to expand services currently offered at the existing Beaumont Satellite Outpatient Clinic in support of the Michael E. DeBakey VAMC in Houston, TX.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 Years	$15,632,000	$15,632,000	$1,956,000

II. Priority Score: 2018 – 0.0595

III. Description of Project

This project proposes to lease an approximately 47,720 NUSF replacement and expanded Outpatient Clinic in the vicinity of Beaumont, TX, including 350 parking spaces. The new facility would expand care currently provided at the existing Beaumont Satellite Outpatient Clinic. The lease would allow VA to enhance outpatient services by closing space and utilization gaps identified in the SCIP process. This new space would allow VA to provide needed care and improve Veterans' access to VA care and services in the Beaumont area. The newly leased rightsized, state-of-the-art, energy efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the Beaumont area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care and certain Specialty Care services to Veterans in Beaumont area at the existing Beaumont Satellite Outpatient Clinic. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model, hindering the optimized delivery of modern healthcare at the facility. The Status Quo alternative also does not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 47,720 NUSF replacement and expanded Outpatient Clinic in the vicinity of Beaumont, TX, including 350 parking spaces. The lease would replace the expiring Beaumont Satellite Outpatient Clinic lease to accommodate increasing demand. The lease would close space and utilization gaps identified in the SCIP process. With this new space, VA would be able to provide needed care and improve Veterans' access to VA care and services in the Beaumont area. The leased space would also be designed with the latest PACT model standards, ensuring optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 64,422 GSF (equivalent to approximately 47,720 NUSF) Outpatient Clinic in the vicinity of Beaumont, TX, including 350 parking spaces. The new construction alternative would address space and utilization gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, the Michael E. DeBakey VAMC would continue to have a significant space gap (deficit) for this catchment area, which would not be resolved with this renovation option. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health and Specialty Care services proposed in this project would be contracted out to fee-basis providers in the Beaumont area. There may not be sufficient, qualified private health care providers in the Beaumont area to absorb the current and projected Veteran workload. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility, with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to local VA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility-sharing opportunities near the proposed project. In addition, the nearest DoD clinical location, Bay Jones Army Community Hospital in Fort Polk, LA, is approximately 86 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total# of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$906,610	$0	$906,610	70	N/A	N/A
New Construction	$79,064	$907,254	$10,375	$996,694	80	10	$(58,607)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$28,390	$934,951	$10,375	$973,716	80	10	$(67,106)
Contract Out	$13,576	$1,075,371	$0	$1,088,947	12	(58)	$(182,338)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the needs of this lease; Contract Out may result in a lack of qualified private healthcare providers; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $973.7 million and a net present value of approximately -$67.1 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Beaumont area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The outpatient spaces at the existing Beaumont Satellite Outpatient Clinic are inadequate and undersized for the current and projected Veteran workload demand for services. Further, undersized spaces at the current lease do not allow for the full implementation of the PACT model. This project addresses space and utilization gaps and would enhance Veteran health care services in the Beaumont market. Being housed in a right-sized, PACT-designed and more accessible primary care location would ensure better optimized VA care delivery, increased team coordination and improved workflows for both Veterans and VA staff. With the enrollee base in the East Texas market of VISN 16 projected to increase 12.3% over the next twenty years, this new lease, with the expansion of services, will allow for a greater ability to meet Veterans' needs in the Beaumont area.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	250,029	249,754	246,057	235,493	-5.8%
Enrollees	155,908	166,832	172,734	175,119	12.3%

*Data reflects the VISN 16, East Texas market

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	36,472	98,515	115,539	145,289	298.4%
Ambulatory Services	1,341,010	2,245,168	2,641,994	3,215,906	139.8%
Mental Health Stops	77,033	80,355	76,581	71,985	-6.6%
Mental Health Services	190,801	430,368	533,762	757,057	296.8%

*Data reflects workload for VISN 16, East Texas market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	26 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$1,956,000
Estimated Rental Rate[1]	$40.97/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	47,720
Parking Spaces	350
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$13,676,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	28,180
Proposed NUSF[1]:	47,720 (Approx. 57,264 ABOA SF)
Expansion/Reduction NUSF:	19,540
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	28,180 NUSF – 7/23/2022
Delineated Area:	
• North: Route 105 at Old Dowlen Road to Concord Road at Route 69 to Concord Road at East Lucas Drive to East Lucas Drive at Magnolia Street	
• East: Magnolia Street at East Lucas Drive to Magnolia Street at I-10 to I-10 at Pine Street to Pine Street at Elizabeth Street to Elizabeth Street at Main Street to Main Street at Pennsylvania Avenue to Pennsylvania Avenue at South Martin Luther King Junior Parkway to Martin Luther King Junior Parkway at Route 96	
• South: Route 96 at Martin Luther King Junior Parkway to Route 96 at I-10	
• West: I-10 at Route 96 to I-10 at Route 90 to Route 90 at Lindbergh Drive to East Caldwood Drive to East Caldwood Drive at Phelan Boulevard to Phelan Boulevard at West Lucas Drive to West Lucas Drive at Delaware Street to Delaware Street at Dowlen Road to Dowlen Road at Old Dowlen Road to Old Dowlen Road at Route 105	
Congressional District(s):	TX-14
Number of Official Parking Spaces[3]:	350
Scoring:	82.00%
Proposed Rental Rate:	$40.97
Proposed Total Annual Cost:	$1,956,000
Current Total Annual Cost:	$485,644

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the St. Cloud Veterans Affairs Healthcare System

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Brainerd, MN to expand services currently offered at the existing Brainerd CBOC in Brainerd, MN, in support of the St. Cloud Veterans Affairs Healthcare System in St. Cloud, MN.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$14,669,000	$14,669,000	$1,657,000

II. Priority Score: 2023 – 0.303

III. Description of Project:
This project proposes to lease an approximately 41,055 NUSF replacement and expanded Outpatient Clinic in the vicinity of Brainerd, MN, including 300 parking spaces. The new facility would expand on care currently provided at the existing Brainerd CBOC lease. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans in the Brainerd area.

IV. Alternatives to Lease Considered
Status Quo:
The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Brainerd CBOC lease. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)
This alternative proposes to lease an approximately 41,055 NUSF replacement and expanded Outpatient Clinic in the vicinity of Brainerd, MN, including 300 parking spaces. The lease would replace the existing Brainerd CBOC lease to accommodate increasing workload. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 55,424 GSF (equivalent to approximately 41,055 NUSF) Outpatient Clinic in the vicinity of Brainerd, MN, including 300 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, certain Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Brainerd area. There may not be sufficient, qualified private health care providers in the Brainerd area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. However, according to local VHA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility-sharing opportunities in the vicinity of the proposed project. In addition, the nearest DoD clinical location, at Grand Forks Air Force Base in Grand Forks, ND, is approximately 232 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$596,540	$0	$596,540	72	N/A	N/A
New Construction	$81,742	$800,715	$8,696	$891,153	210	138	$(262,572)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$27,010	$806,541	$8,696	$842,248	210	138	$(245,707)
Contract Out	$12,001	$766,967	$0	$778,968	10	(62)	$(182,428)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $842.2 million and a net present value of approximately -$245.7 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Brainerd area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, certain Specialty Care and Ancillary spaces at the Brainerd CBOC lease are undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the VISN 23 Minnesota Central market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	50,718	44,867	40,573	32,705	-35.5%
Enrollees	38,599	37,951	36,655	31,402	-18.6%

*Data reflects the VISN 23, Minnesota Central market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	21,590	49,677	54,735	59,008	173.3%
Ambulatory Services	371,928	583,923	648,467	659,315	77.3%
Mental Health Stops	32,851	50,242	48,215	44,602	35.8%
Mental Health Services	43,211	82,176	97,764	123,415	185.6%

*Data reflects workload for VISN 23, Minnesota Central market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	26 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$1,657,000
Estimated Rental Rate[1]	$40.35/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	41,055
Parking Spaces	300
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$13,012,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	20,416
Proposed NUSF[1]:	41,055 (Approx. 49,266 ABOA SF)
Expansion/Reduction NUSF:	20,639
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	20,416 NUSF – 4/30/2024
Delineated Area:	
• North: E on Pine Beach Rd, E on Wise Rd	
• East: S on Mill Ave, E on O St, S on 14th Ave NE, E on L St NE, S on 15th Ave NE, S on Lumpark Rd, S on NE Washington St, S on 10th Ave NE, S on MN-25	
• South: W on Thiesse Rd, W on Industrial Park Rd, SW on Voyageur Hwy, N on MN-371, W on Mapleton Rd S	
• West: Cass County/Crow Wing County Border	
Congressional District(s):	MN-08
Number of Official Parking Spaces[3]:	300
Scoring:	59.34%
Proposed Rental Rate:	$40.35
Proposed Total Annual Cost:	$1,657,000
Current Total Annual Cost:	$374,710

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Research Lease
in Support of the Veterans Affairs Western New York Health Care System

This proposal provides for a new research lease in the vicinity of Buffalo, NY, in support of the VA Western New York Health Care System in Buffalo, NY.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 Years	$11,106,000	$11,106,000	$1,329,000

II. Priority Score: 2023 – 0.316

III. Description of Project:
This project proposes to lease a new, approximately 27,854 NUSF building for research space, in the vicinity of Buffalo, NY, including 150 parking spaces. The new facility would provide state-of-the-art space for the Buffalo VA research programs and support services. The existing research footprint at the Buffalo VAMC is located within the newest, most mechanically robust building, Building 20, which could be better purposed to provide direct patient care and modernize critical care services if vacated. This project would vacate Building 20, which could undergo renovation through a subsequent project, and would move the research space offsite into the new lease. The new lease would continue to provide space for both clinical and heavy research programs and their associated administrative and support spaces.

IV. Alternatives to Lease Considered
Status Quo:
The Status Quo alternative would continue to house the Buffalo VAMC research programs within Building 20. This approach does not align to the larger campus plan and critical patient needs at the Buffalo VAMC. Without the vacating of Building 20, Veterans would continue to receive direct patient care in existing buildings. While this alternative may be feasible, it is not the best outcome available to provide the best healthcare available to the Buffalo Veterans. Therefore, this alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)
This alternative provides a new research lease of 27,854 NUSF in the vicinity of Buffalo, NY, including 150 parking spaces. This lease would allow VA to vacate its existing research footprint on campus within Building 20, which could be better purposed for direct patient care after a subsequent renovation project. For these reasons, this option is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 37,603 GSF (equivalent to approximately 27,854 NUSF) research facility in the vicinity of Buffalo, NY, including 150 parking spaces. The new facility would provide the same features as those included in the lease alternative. However, new construction would require a longer implementation timeline for this project; therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as research space. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. Local VA planners have confirmed that there are no existing VA-owned facilities available that are suitable for renovation and fit the project requirements. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative would seek to contract out research programs to the private sector in the Buffalo, NY area. VA is committed to becoming an industry leader in the advancement of clinical medical knowledge, particularly as it applies to the unique health care needs of Veterans. Contracting out research programs to the private sector is not compatible with VHA Office of Research and Development mission goals to, "discover knowledge, develop VA research and health care leaders and create innovations that advance health care for our Veterans and the Nation." This option would not support this mission statement; therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no DoD research facility sharing opportunities at this location. For this reason, this alternative is not viable and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total# of FTEE	Net New FTEE	Net Present Value
Status Quo	$10,826	$230,124	$0	$240,950	50	N/A	N/A
New Construction	$66,594	$216,919	$11,301	$294,813	50	0	$(27,873)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$20,294	$210,765	$11,301	$242,360	50	0	$(1,409)
Contract Out	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all the other alternatives. As discussed in the previous section: Status Quo does not further VA's research priorities; new construction would result in a longer timeline to meet the demands within this lease; and the Contract Out, Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $242.4 million and a net present value of approximately -$1.4 million, would offer the most cost-effective and flexible alternative that can support VA's research goals to advance health care for Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide VA researchers better access to high-quality, reliable research space. A new lease would also provide the Department future flexibility. Based on changes in departmental priorities, affiliate relations or areas of study, a lease would allow the Department to re-size, replace or exit the proposed research lease if needed. A flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

Research affiliate collaboration efforts extend to staffing as well. Therefore, this collaborative environment has provided invaluable resources with which to attract the world's most prominent clinician investigators and has enabled VA to conduct the most cutting-edge research to the benefit of Veteran healthcare. Through this new leased facility, the hospital aims to continue growing its affiliate relationships to help expand and improve its clinical research operations.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	N/A	N/A	N/A	N/A	N/A
Enrollees	N/A	N/A	N/A	N/A	N/A

*Data not applicable to research leases.

VIII. Workload*

	2017	2018	2019	2020	2021	Change (2017-2021)
VA Funding	$2.0M	$2.3M	$2.4M	$1.4M	$3.2M	60.0%
Non-VA Funding	$1.3M	$2.1M	$1.2M	$2.0M	$3.1M	138.4%
VERA Funding	$1.6M	$1.8M	$2.0M	$1.9M	$3.6M	125.0%

*Research funding for the Buffalo VAMC as provided by the VHA Office of Research and Development.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	24 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$1,329,000
Estimated Rental Rate[1]	$47.68/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	27,854
Parking Spaces	150
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$9,777,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	27,854 (Approx. 33,425 ABOA SF)
Expansion/Reduction NUSF:	27,854
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area: • North: E on I-290 • East: S on I-90 • South: W on I-190 • West: N on I-190	
Congressional District(s):	NY-26
Number of Official Parking Spaces[3]:	150
Scoring:	73.91%
Proposed Rental Rate:	$47.68
Proposed Total Annual Cost:	$1,329,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Tennessee Valley Healthcare System

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Clarksville, TN, to relocate and expand services currently offered at the existing Clarksville VA Clinic and the Nashville VAMC in support of the Tennessee Valley Healthcare System (HCS) in Nashville, TN.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$75,135,000	$75,135,000	$8,197,000

II. Priority Score: 2022 – 0.566

III. Description of Project

This project proposes to lease an approximately 215,175 NUSF replacement and expanded Outpatient Clinic in the vicinity of Clarksville, TN, including 1,500 parking spaces. The new facility would expand on care currently provided at the existing Clarksville VA Clinic lease and allow for decompression at the Nashville VAMC by relocating certain services to the new lease. The new lease would enhance outpatient services by closing space and utilization gaps identified in the SCIP process. The new lease would also enable a full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the Clarksville area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans at the existing Clarksville VA Clinic and the Nashville VAMC. The existing facilities do not have an adequate amount of available, suitable space to properly implement the PACT model, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in these under-sized, non-PACT settings would not improve operational efficiencies. The Status Quo alternative also does not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 215,175 NUSF replacement and expanded Outpatient Clinic in the vicinity of Clarksville, TN, including 1,500 parking spaces. The lease would replace the Clarksville VA Clinic lease to accommodate increasing workload and decompress the under-sized outpatient clinic spaces at the Nashville VAMC. Fully implementing the PACT model at a single right-sized point of care would allow optimized care delivery, improved Veteran experience, increased team coordination, improved workflows and better recruitment and retention for VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to address the current and projected space and utilization gaps identified in the SCIP process. In

addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this option is the preferred alternative.

Alternative 2: New Construction

This alternative proposes for VA to acquire land and construct a new, approximately 290,486 GSF (equivalent to approximately 215,175 NUSF) Outpatient Clinic in the vicinity of Clarksville, TN, including 1,500 parking spaces. The new construction alternative would address space and utilization gaps in the same manner as the lease alternative. However, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation

This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market area that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out

This alternative assumes that all Primary Care, Mental Health, Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Clarksville area. There may not be sufficient, qualified private health care providers in the Clarksville area to absorb the current and projected Veteran's workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran's health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran's demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. The nearest DoD clinical location at Fort Campbell, KY is approximately 13 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$5,667,566	$0	$5,667,566	153	N/A	N/A
New Construction	$414,043	$5,556,367	$46,715	$6,017,125	450	297	$(171,974)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$139,167	$5,654,205	$46,715	$5,840,087	400	247	$(172,521)
Contract Out	$59,860	$6,936,446	$0	$6,996,306	10	(143)	$(1,328,739)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $5.84 billion and a net present value of approximately -$172.5 million, offers the most cost-effective and flexible alternative that can support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Clarksville area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran's demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow the Department to re-size, replace or exit the proposed clinic. With the enrollee base projected to increase by approximately 10.4% over the next 20 years, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations. The existing Clarksville VA lease is focused on providing dental services and is inadequate and undersized for the current and projected Veteran workload demand for Primary Care, Mental Health, Specialty Care and Ancillary services in the Clarksville area. This project addresses space and utilization gaps and would enhance Veteran's health care services in the Clarksville market. As workload for Ambulatory Services, Ambulatory Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT- designed and more accessible location of care would allow better optimized VA care delivery, increased team coordination, improved workflows and improved recruitment and retention for both Veterans and VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	213,103	209,649	201,081	180,506	-15.3%
Enrollees	136,283	145,533	148,782	144,478	6.0%

*Data reflects the VISN 9, Central market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	50,380	109,586	124,288	144,385	186.6%
Ambulatory Services	1,163,658	1,713,637	1,998,750	2,344,265	101.5%
Mental Health Stops	42,752	50,156	48,347	45,822	7.2%
Mental Health Services	153,402	283,316	348,706	476,147	210.4%

*Data reflects workload for Data reflects the VISN 9, Central market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	36 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$8,197,000
Estimated Rental Rate[1]	$38.09/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	215,175
Parking Spaces	1,500
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$66,938,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	4,905
Proposed NUSF[1]:	215,175 (Approx. 258,210 ABOA SF)
Expansion/Reduction NUSF:	210,270
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	4,905 NUSF – 9/9/2023
Delineated Area:	
• North: Intersection Hwy 41 and Hwy 374, E on Hwy 374, N on Hwy 48	
• East: S on Interstate 24	
• South: W on Hwy 76, W on Ashland City Rd, S on Ashland City Rd, W along Wall Branch Stream	
• West: W along Cumberland River, continue N along Cumberland River, E along Red River, N on Providence Blvd, N on Highway 41	
Congressional District(s):	TN-07
Number of Official Parking Spaces[3]:	1,500
Scoring:	83.37%
Proposed Rental Rate:	$38.09
Proposed Total Annual Cost:	$8,197,000
Current Total Annual Cost:	$144,865

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government-wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Research Lease
in Support of the Harry S. Truman Memorial Veterans' Hospital

This proposal provides for a new lease in the vicinity of Columbia, MO, to provide translational precision medicine research, in support of the Harry S. Truman Memorial Veterans' Hospital.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 Years	$20,726,000	$20,726,000	$2,357,000

II. Priority Score: 2020 – 0.1735

III. Description of Project

This project would establish a new lease of approximately 58,538 NUSF for research lab space, including 250 parking spaces, at a new Translational Precision Medicine Research Complex. The new lease would allow the Harry S. Truman Memorial Veterans' Hospital to continue to operate its Research and Development Service, which is focused on Veterans' health issues. Research at this leased location will focus on five areas that will have a broad impact on Veteran's healthcare: Vascular, Neurology, Cancer, Ophthalmology and Diabetes. The opportunity for partnership with the University of Missouri System and the expansion of the existing partnership with the Veterans Medical Research Foundation (VMRF) would advance research to the benefit of Veteran healthcare.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo alternative assumes that the VAMC would not establish a new lease for Research and Development programs and would not further its partnership with the University of Missouri System. This would be a great disservice to Veterans nationwide because progress and improvement in the treatment of the five focus areas (listed above) would be delayed. Therefore, this alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative provides a new lease of 58,538 NUSF in the vicinity of Columbia, MO, including 250 parking spaces. The facility would include all the core imaging and vivarium facilities needed for translational precision medicine research and allow the Harry S. Truman Memorial Veterans' Hospital to share equipment required for this research. The research program is integral to the collaborative relationship between the VAMC and its affiliates, the University of Missouri System and the VMRF. The opportunity for collaboration with the University of Missouri System in highly integrated research programs would help maintain the position of the VAMC research program at the cutting-edge of innovation and provide a dynamic environment in which to further develop the research program. For these reasons, this option is the preferred alternative.

Alternative 2: New Construction

This alternative proposes for VA to acquire land and construct a new, approximately 79,026 GSF (equivalent to approximately 58,538 NUSF) research facility in the vicinity of Columbia, MO, including 250 parking spaces. The new facility would provide the same features as those included in the lease alternative. However, new construction would require a longer implementation timeline for this project; therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as research space. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. Local VA planners have confirmed that there are no existing VA-owned facilities available that are suitable for renovation and fit the project requirements. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative would seek to contract out research programs to the private sector in the Columbia, MO area. VA is committed to becoming an industry leader in the advancement of clinical medical knowledge, particularly as it applies to the unique health care needs of Veterans. Contracting out research programs to the private sector is not compatible with VHA Office of Research and Development mission goals to, "discover knowledge, develop VA research and health care leaders and create innovations that advance health care for our Veterans and the Nation." This option would not support this mission statement; therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no DoD research facility sharing opportunities at this location. For this reason, this alternative is not viable and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$125,169	$0	$125,169	44	N/A	N/A
New Construction	$128,695	$286,784	$24,225	$439,704	88	44	$(264,321)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$38,132	$299,522	$24,225	$361,879	88	44	$(236,710)
Contract Out	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all the other alternatives. As discussed in the previous section: Status Quo does not further VA's research priorities and grow the partnership with the University of Missouri System; new construction would result in a longer timeline to meet the demands within this lease; and the Contract Out, Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $361.9 million and a net present value of approximately -$236.7 million, would offer the most cost-effective and flexible alternative that can support VA's research goals to advance health care for Veterans.

The proposed new lease would provide the capacity and infrastructure needed to support the hospital's innovative translational precision medicine research programs in a timely and efficient manner. A new lease would also provide the Department future flexibility. Based on changes in departmental priorities, affiliate relations or areas of study, a lease would allow the Department to re-size, replace or exit the proposed research lease. A flexible lease alternative would allow VA to better scale real property assets to adapt to changes without committing the Department to long-term obligations.

The new leased facility would operate effectively with fully furnished wet labs, the latest research grade ventilation, temperature controls, secure storage, physical security, modern information technology and sustainability features. Some research already undertaken by the partnership with University of Missouri System, a premier biomedical research institute, represents some of the most critical research in areas for the five prevalent issues affecting Veterans: Vascular Care, Neurology, Cancer, Ophthalmology and Diabetes. The research program has benefited tremendously from its partnership with the VMRF, which administers additional funds for the research conducted at the Harry S. Truman Memorial Veterans' Hospital. Research affiliate collaboration efforts extend to staffing as well, as 73 of the 94 unique staff associated with the programs are paid for through non-VA funding, including funding from VMRF and University of Missouri. Therefore, this collaborative environment has provided invaluable resources with which to attract the world's most prominent clinician investigators and has enabled VA to conduct the most cutting-edge research to the benefit of Veteran healthcare. Through this new leased facility, the hospital aims to continue growing this affiliate relationship to help expand and improve its clinical research operations.

This new lease would enhance Veteran's health care services across the VA system by housing key research programs and providing sufficient space to accommodate the necessary research capacity.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	N/A	N/A	N/A	N/A	N/A
Enrollees	N/A	N/A	N/A	N/A	N/A

*Data not applicable to research leases.

VIII. Workload*

	2017	2018	2019	2020	2021	Change (2017-2021)
VA Funding	$3.2M	$3.2M	$3.1M	$2.7M	$3.8M	18.8%
Non-VA Funding	$2.2M	$1.9M	$1.2M	$2.9M	$1.6M	-27.3%
VERA Funding	$2.4M	$2.3M	$2.3M	$3.1M	$3.3M	37.5%

*Research funding for the Harry S. Truman Memorial VAMC as provided by the VHA Office of Research and Development.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	26 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$2,357,000
Estimated Rental Rate[1]	$40.26/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	58,538
Parking Spaces	250
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$18,369,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	58,538 (Approx. 70,246 ABOA SF)
Expansion/Reduction NUSF:	58,538
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area:	
• North: I-70, N Creasy Springs Rd, W Brown School Rd, US Hwy 63, Mexico Gravel Rd	
• East: N Lake of the Woods Rd, E St Charles Rd, N Grace Ln, S Rolling Hills Rd	
• South: E New Haven Rd, Grindstone Pkwy, Nifong Blvd, W Vawter School Rd	
• West: Scott Blvd, N Strawn Rd, Interstate 70 Dr SW, N Sorrels Overpass Dr	
Congressional District(s):	MO-04
Number of Official Parking Spaces[3]:	250
Scoring:	75.26%
Proposed Rental Rate:	$40.26
Proposed Total Annual Cost:	$2,357,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Nashville Veterans Affairs Medical Center

This proposal provides for a new Outpatient Clinic lease in the vicinity of Cookeville, TN to expand services currently offered at the VA Tennessee Valley Healthcare System in Nashville, TN.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$10,958,000	$10,958,000	$1,603,000

II. Priority Score: 2023 - 0.337

III. Description of Project:
This project proposes to lease an approximately 35,849 NUSF new Outpatient Clinic in the vicinity of Cookeville, TN, including 250 parking spaces. The new facility allows for a decompression of the Nashville VAMC and would allow VA to exit an existing contract clinic in the area. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans in the Cookeville area.

IV. Alternatives to Lease Considered
Status Quo:
The status quo would continue to provide health care services to the Cookeville area Veteran community at the existing Nashville VAMC. However, the Status Quo alternative does not address the growth of Veteran enrollees and workload demand in the VISN 9 Central market and would not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)
This alternative proposes to lease an approximately 35,849 NUSF new Outpatient Clinic in the vicinity of Cookeville, TN, including 250 parking spaces. The lease would allow for decompression at the medical center and allow for VA to exit an existing contract clinic, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 48,396 GSF (equivalent to approximately 35,849 NUSF) Outpatient Clinic in the vicinity of Cookeville, TN, including 250 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, certain Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Cookeville area. There may not be sufficient, qualified private health care providers in the Cookeville area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to local VHA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility-sharing opportunities in the vicinity of the proposed project. In addition, the nearest DoD clinical location, at Arnold Air Force Base in Tullahoma, TN, is approximately 62 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition[1]	Ancillary Services[2]	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$398,507	$0	$398,507	0	N/A	N/A
New Construction	$65,860	$442,123	$6,194	$514,177	88	88	$(87,350)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$19,420	$467,515	$6,194	$493,129	88	88	$(94,622)
Contract Out	$3,066	$516,174	$0	$519,240	10	10	$(120,732)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $493.1 million and a net present value of approximately -$94.6 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Cookeville area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, Specialty Care and Ancillary spaces at the Nashville VAMC and existing contract clinic are undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the VISN 9 Central market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	213,103	209,649	201,081	180,506	-15.3%
Enrollees	136,283	145,533	148,782	144,478	6.0%

*Data reflects the VISN 9, Central market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	50,380	109,586	124,288	144,385	186.6%
Ambulatory Services	1,163,658	1,713,637	1,998,750	2,344,265	101.5%
Mental Health Stops	42,752	50,156	48,347	45,822	7.2%
Mental Health Services	153,402	283,316	348,706	476,147	210.4%

*Data reflects workload for VISN 9, Central market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	24 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$1,603,000
Estimated Rental Rate[1]	$44.69/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	35,849
Parking Spaces	250
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$9,355,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	35,849 (Approx. 43,019 ABOA SF)
Expansion/Reduction NUSF:	35,849
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area:	
• North: E on W Broad St, N on County Farm Rd, E on Benton Young Rd, E on W 12th St, S on N Washington Ave, E on E 10th St, S on Burton Branch Rd	
• East: S on Dry Valley Rd S, S on E Spring St	
• South: W on I-40	
• West: N on Tennessee Ave	
Congressional District(s):	TN-06
Number of Official Parking Spaces[3]:	250
Scoring:	79.42%
Proposed Rental Rate:	$44.69
Proposed Total Annual Cost:	$1,603,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Domiciliary Lease
in Support of the Eastern Colorado Healthcare System

This proposal provides for a replacement Domiciliary lease in the vicinity of Denver, CO to provide necessary services, in support of the VA Eastern Colorado Healthcare System in Denver, CO.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$9,133,000	$9,133,000	$1,235,000

II. Priority Score: 2023 – 0.331

III. Description of Project:
This project proposes to lease an approximately 25,397 NUSF replacement Domiciliary lease in the vicinity of Denver, CO, including 50 parking spaces. The new facility allows for the continuation of vital Domiciliary services in the Eastern Colorado market. The new lease would ensure continued Veteran satisfaction and provision of Domiciliary and Ancillary services to Veterans in the Denver area.

IV. Alternatives to Lease Considered
Status Quo:
The Status Quo would continue to provide Domiciliary and Ancillary services to Veterans at the existing lease facility. However, the existing lease expires on March 31, 2023. For this reason, the status quo alternative is not viable.

Alternative 1: New Lease (Preferred Alternative)
This alternative proposes to lease an approximately 25,397 NUSF Domiciliary in the vicinity of Denver, CO, including 50 parking spaces. The new lease would provide care in a modern, efficient facility, enabling increased operational efficiencies and allowing for optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. In addition, the lease would provide VA with flexibility should Veterans' demand for Domiciliary services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 34,286 GSF (equivalent to approximately 25,397 NUSF) Domiciliary in the vicinity of Denver, CO, including 50 parking spaces. The new construction alternative would address project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as a Domiciliary. For this alternative to be successful, VA would need to own a building within the

same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out

This alternative assumes that all Domiciliary and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Denver area. There may not be sufficient, qualified private health care providers in the Denver area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. The nearest DoD clinical location at the Buckley Air Force Base, which is approximately 5 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$240,691	$0	$240,691	16	N/A	N/A
New Construction	$50,497	$232,964	$4,726	$288,187	16	0	$(26,962)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$16,395	$250,617	$4,726	$271,739	16	0	$(31,048)
Contract Out	$3,683	$313,565	$0	$317,248	1	(15)	$(76,557)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.

**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $271.7 million and a net present value of approximately -$31 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Denver area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

This project would enhance Veteran health care services in the Eastern Colorado market. As workload for Domiciliary services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	218,249	215,076	210,960	199,281	-8.7%
Enrollees	134,931	144,544	150,883	153,711	13.9%

*Data reflects the VISN 19, Denver market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
CLC Beds	35	52	59	61	74.3%
Residential Rehab Beds	47	89	89	90	91.5%

*Data reflects workload for VISN 19, Denver market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	24 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$1,235,000
Estimated Rental Rate[1]	$48.61/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	25,397
Parking Spaces	50
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$7,898,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement
Current NUSF:	25,397
Proposed NUSF[1]:	25,397 (Approx. 30,476 ABOA SF)
Expansion/Reduction NUSF:	0
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	25,397 NUSF – 3/31/2023
Delineated Area: • North: E on I-70 • East: S on I-25 • South: W on CO-470 • West: N on CO-470	
Congressional District(s):	CO-01, CO-02, CO-04, CO-06, CO-07
Number of Official Parking Spaces[3]:	50
Scoring:	80.84%
Proposed Rental Rate:	$48.61
Proposed Total Annual Cost:	$1,235,000
Current Total Annual Cost:	$1,079,238

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Robley Rex Veterans Affairs Medical Center

This proposal provides for a new Outpatient Clinic lease in the vicinity of Elizabethtown, KY to expand services currently offered at the Robley Rex VAMC in Louisville, KY.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$16,671,000	$16,671,000	$2,159,000

II. Priority Score: 2023 - 0.563

III. Description of Project:
This project proposes to lease an approximately 51,240 NUSF new Outpatient Clinic in the vicinity of Elizabethtown, KY, including 350 parking spaces. The new facility would allow for the accommodation of the growing Veteran populations south of Louisville and allow for a decompression of the existing, surrounding CBOC (Fort Knox, Grayson County, Shively, Newburg and Stonybrook) and the Robley Rex VAMC in Louisville. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the Elizabethtown area.

IV. Alternatives to Lease Considered
Status Quo:
The status quo would continue to provide health care services to the Elizabethtown Veteran community at the existing, surrounding CBOCs and the Robley Rex VAMC locations. However, the Status Quo alternative does not address the growth of Veteran enrollees and workload demand in the VISN 9 Northern market and would not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)
This alternative proposes to lease an approximately 51,240 NUSF new Outpatient Clinic in the vicinity of Elizabethtown, KY, including 350 parking spaces. The lease would allow for decompression at the existing Newburg CBOC and Robley Rex VAMC in Louisville, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 69,174 GSF (equivalent to approximately 51,240 NUSF) Outpatient Clinic in the vicinity of Elizabethtown, KY, including 350 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Elizabethtown area. There may not be sufficient, qualified private health care providers in the Elizabethtown area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to local VHA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility-sharing opportunities in the vicinity of the proposed project. In addition, the nearest DoD clinical location, Fort Knox Army Base in Fort Knox, Kentucky, is approximately 15 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition[1]	Ancillary Services[2]	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$595,551	$0	$595,551	0	N/A	N/A
New Construction	$90,001	$619,980	$12,666	$722,647	84	84	$(90,672)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$30,125	$642,548	$12,666	$685,339	84	84	$(89,788)
Contract Out	$4,245	$714,661	$0	$718,906	0	0	$(123,355)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $685.3 million and a net present value of approximately -$89.8 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Elizabethtown area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Primary Care, Mental Health, Specialty Care and Ancillary spaces at the surrounding outpatient clinics are inadequate and undersized for the current and projected Veterans workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the VISN 9 Northern market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	152,442	146,521	138,854	121,144	-20.5%
Enrollees	98,943	100,649	100,386	94,141	-4.9%

*Data reflects the VISN 9, Northern market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	50,925	95,288	110,209	129,506	154.3%
Ambulatory Services	1,083,812	1,587,358	1,808,336	2,033,856	87.7%
Mental Health Stops	46,927	43,310	39,516	33,866	-27.8%
Mental Health Services	120,845	225,476	272,806	364,026	201.2%

*Data reflects workload for VISN 9, Northern market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	26 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$2,159,000
Estimated Rental Rate[1]	$42.13/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	51,240
Parking Spaces	350
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$14,512,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	51,240 (Approx. 61,488 ABOA SF)
Expansion/Reduction NUSF:	51,240
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area:	
• North: E on Ring Rd, E on Tunnel Hill Rd	
• East: S on Tunnel Hill Rd, E on Fowler Ln, S on Watts Ln, S on Bluegrass Pkwy, S on I-65	
• South: W on Western Kentucky Pkwy	
• West: N on Ring Rd	
Congressional District(s):	KY-02
Number of Official Parking Spaces[3]:	350
Scoring:	82.25%
Proposed Rental Rate:	$42.13
Proposed Total Annual Cost:	$2,159,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the John J. Pershing Veterans Affairs Medical Center

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Farmington, MO to expand services currently offered at the Farmington CBOC in Farmington, MO in support of the VA Poplar Bluff Health Care System in Poplar Bluff, MO.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$17,940,000	$17,940,000	$2,071,000

II. Priority Score: 2023 - 0.505

III. Description of Project:
This project proposes to lease an approximately 45,894 NUSF replacement and expanded Outpatient Clinic in the vicinity of Farmington, MO, including 350 parking spaces. The new facility would expand on care currently provided at the existing Farmington CBOC lease and allow for a decompression of the John J. Pershing VAMC in Poplar Bluff, MO. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans in the Farmington area.

IV. Alternatives to Lease Considered
Status Quo:
The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Farmington CBOC lease. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)
This alternative proposes to lease an approximately 45,894 NUSF replacement and expanded Outpatient Clinic in the vicinity of Farmington, MO, including 350 parking spaces. The lease would replace the existing Farmington CBOC lease to accommodate increasing workload and to allow for decompression at the medical center, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 61,957 GSF (equivalent to approximately 45,894 NUSF) Outpatient Clinic in the vicinity of Farmington, MO, including 350 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, certain Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Farmington area. There may not be sufficient, qualified private health care providers in the Farmington area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. However, according to local VHA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility-sharing opportunities in the vicinity of the proposed project. In addition, the nearest DoD clinical location, Scott Air Force Base in Illinois, is approximately 92 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$617,234	$0	$617,234	36	N/A	N/A
New Construction	$80,380	$678,382	$10,753	$769,515	155	119	$(120,217)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$32,942	$691,420	$10,753	$735,115	155	119	$(117,881)
Contract Out	$6,785	$746,050	$0	$752,836	16	(20)	$(135,602)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $735 million and a net present value of approximately -$117.9 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Farmington area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, Specialty Care and Ancillary spaces at the Farmington CBOC lease are undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the VISN 15 East market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	240,495	219,550	200,810	166,846	-30.6%
Enrollees	147,342	145,507	140,612	125,525	-14.8%

*Data reflects the VISN 15, East market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	37,350	92,878	103,067	114,809	207.4%
Ambulatory Services	1,218,381	1,823,235	2,007,002	2,147,708	76.3%
Mental Health Stops	52,431	59,088	53,589	46,308	-11.7%
Mental Health Services	169,956	322,325	377,684	483,737	184.6%

*Data reflects workload for VISN 15, East market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	26 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$2,071,000
Estimated Rental Rate[1]	$45.11/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	45,894
Parking Spaces	350
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$15,869,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	6,416
Proposed NUSF[1]:	45,894 (Approx. 55,073 ABOA SF)
Expansion/Reduction NUSF:	39,478
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	6,416 NUSF – 1/13/2023
Delineated Area:	
• North: E on Hunt Rd, E on Obannon Rd, N on Highway D, E on Sugar Grove Rd, S on Turley Mill Rd, S on SR EE, W on Colony Church Rd	
• East: S on Valley Forge Rd, W on MO-32, S on Karsch Blvd, SW on Westmeyer Rd, S on Denman Rd	
• South: W on Copenhagen Rd, W on Korber Rd, S on Perrine Rd, W on Vargo Rd, N on Airpark Dr, W on New Perrine Rd, W on Overall Rd	
• West: N on Pine St, W on 2nd St, N on Delassus Rd, N on Bray Rd, N on Woodlawn Dr	
Congressional District(s):	MO-08
Number of Official Parking Spaces[3]:	350
Scoring:	81.81%
Proposed Rental Rate:	$45.11
Proposed Total Annual Cost:	$2,071,000
Current Total Annual Cost:	$161,442

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Hampton Veterans Affairs Medical Center

This proposal provides for a new Outpatient Clinic lease in the vicinity of the southside of Hampton Roads, VA, to expand services currently offered at the VAMC in Hampton, VA.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$63,085,000	$63,085,000	$8,463,000

II. Priority Score: 2021 - 0.5269

III. Description of Project

This project proposes to lease an approximately 182,230 NUSF new Outpatient Clinic in the vicinity of the southside of Hampton Roads, VA, including 1,250 parking spaces. The new facility would broaden access to Veterans in the southside area of Hampton Roads, where the majority of Veterans in the Hampton Roads area live and expand upon care currently provided at the nearby, at-capacity CBOCs. The new lease would allow some decompression at the Hampton VAMC and allow VA to enhance outpatient services by closing space and utilization gaps identified in the SCIP process. The new facility would enhance Primary Care capabilities in the region by allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the overall Veteran experience. The newly leased right-sized, state-of-the-art, energy efficient health care facility would provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans in the southside area of Hampton Roads.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing CBOCs in the southside area of Hampton Roads and at the Hampton VAMC. The existing CBOCs are undersized due to the rapid growth in workload in the area. In addition, Veterans travelling to the VAMC for certain Specialty Care and Ancillary services would continue to encounter access issues due to substantial traffic on the Hampton Roads Bridge-Tunnel (HRBT), which connects the city of Hampton, where the VAMC is located, with the southside area of Hampton Roads, where the majority of Veterans reside. The Status Quo alternative also does not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 182,230 NUSF new Outpatient Clinic in the vicinity of the southside of Hampton Roads, VA, including 1,250 parking spaces. The lease would expand Primary Care, Mental Health, certain Specialty Care and Ancillary services in the southside area to accommodate increasing workload and improve Veteran's access to services. Fully implementing the PACT model in the new leased facility would allow optimized care delivery, improved Veteran's experience, increased team coordination, improved workflows and better recruitment and retention for VA staff. The new lease would provide care in a modern, efficient

facility, with increased operational efficiencies and sufficient space for outpatient services to address the current and projected space and utilization gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction

This alternative proposes for VA to acquire land and construct a new, approximately 246,011 GSF (equivalent to approximately 182,230 NUSF) Outpatient Clinic in the vicinity of the southside of Hampton Roads, VA, including 1,250 parking spaces. The new construction alternative would address space and utilization gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation

This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market area that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out

This alternative assumes that all Primary Care, Mental Health, certain Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Hampton area. There may not be sufficient, qualified private health care providers in the Hampton area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. According to VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no solidified facility sharing opportunities in the local community. However, there may be a potential future opportunity to partner with DoD as VA could benefit from future service

line synergies with the DoD's Naval Medical Center Portsmouth, which is less than 10 miles away in Portsmouth, VA. As there is not a solidified facility sharing opportunity at this time, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$2,694,749	$0	$2,694,749	450	N/A	N/A
New Construction	$407,533	$2,587,128	$53,484	$3,048,146	450	0	$(182,351)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$113,562	$2,722,516	$53,484	$2,889,563	450	0	$(194,814)
Contract Out	$72,861	$3,249,562	$0	$3,322,423	25	(425)	$(627,674)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $2.89 billion and a net present value of approximately -$194.8 million, offers the most flexible alternative that can support VA's strategic goals and objectives, improve access and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the southside area of Hampton Roads better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow the Department to resize, replace or exit the proposed clinic. With the enrollee base projected to increase by approximately 12.1% over the next 20 years, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long term obligations.

The current Primary Care, Mental Health, Specialty Care and Ancillary spaces in the southside area of the Hampton Roads, VA are undersized for the current and projected Veteran workload demand for services. This new lease addresses space and utilization gaps and would enhance Veteran health care services in the Hampton market. As workload for Ambulatory Procedures, Ambulatory Services, Mental Health Stops and Mental Health Services is projected to dramatically increase over the next 20 years, this new lease is essential to ensure that Veterans are able to access these services in a timely manner. In addition, by locating this new lease in the southside area of Hampton Roads, access to VA services will increase as a majority of Hampton Roads Veterans

live south of the HRBT. Being housed in a right-sized, PACT- designed and more accessible location of care would allow better optimized VA care delivery, increased team coordination, improved workflows and improved recruitment and retention for both Veterans and VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	292,024	290,786	285,241	267,585	-8.4%
Enrollees	173,686	184,593	192,250	194,670	12.1%

*Data reflects the VISN 6, Northeast market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	37,110	93,912	110,028	133,043	258.5%
Ambulatory Services	1,254,163	1,973,552	2,331,406	2,851,081	127.3%
Mental Health Stops	72,300	98,512	96,600	91,927	27.1%
Mental Health Services	197,035	358,943	444,818	612,657	210.9%

*Data reflects workload for VISN 6, Northeast market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	36 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$8,463,000
Estimated Rental Rate[1]	$46.44/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	182,230
Parking Spaces	1,250
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$54,622,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	182,230 (Approx. 218,676 ABOA SF)
Expansion/Reduction NUSF:	182,230
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area:	
• North: Norview Ave, I-64, Northampton Blvd (SR 13), Independence Blvd	
• East: Independence Blvd to Holland Rd at Dam Neck Rd	
• South: Kempsville Rd (SR 190), Butts Station Rd, Elbow Rd, Dam Neck Rd, Holland Rd	
• West: Tidewater Dr (SR 168), Campostella Rd, N Battlefield Blvd (SR 168) at Kempsville Rd (SR 190)	
Congressional District(s):	VA-02, VA-03
Number of Official Parking Spaces[3]:	1,250
Scoring:	81.17%
Proposed Rental Rate:	$46.44
Proposed Total Annual Cost:	$8,463,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Fayetteville Veterans Affairs Medical Center

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Jacksonville, NC, to expand services currently offered at the existing Jacksonville CBOC, in support of the VAMC in Fayetteville, NC.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$61,450,000	$61,450,000	$6,921,000

II. Priority Score: 2020 – 0.3538

III. Description of Project

This project proposes to lease an approximately 188,917 NUSF replacement and expanded Outpatient Clinic in the vicinity of Jacksonville, NC, including 1,300 parking spaces. The new facility would expand on care currently provided at the existing Jacksonville CBOC. The new lease would allow VA to enhance outpatient services by closing space and utilization gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the Jacksonville area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Jacksonville Outpatient Clinic. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 188,917 NUSF replacement and expanded Outpatient Clinic in the vicinity of Jacksonville, NC, including 1,300 parking spaces. The lease would replace the Jacksonville CBOC lease to accommodate increasing workload. Fully implementing the PACT model would allow optimized care delivery, improved Veteran's experience, increased team coordination, improved workflows and better recruitment and retention for VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to address the current and projected space and utilization gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veteran's demand for outpatient services or Veteran's demographics shift in the future. For these reasons, this option is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 255,038 GSF (equivalent to approximately 188,917 NUSF) Outpatient Clinic in the vicinity of Jacksonville, NC, including 1,300 parking spaces. The new construction alternative would address space and utilization gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market area that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Jacksonville area. There may not be sufficient, qualified private health care providers in the Jacksonville area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. While the Fayetteville VAMC has had PACT teams operating at the nearby DoD clinical location at Camp Lejeune in Jacksonville, NC in the recent past, Camp Lejeune sustained extensive damage from Hurricanes Florence and Michael and VA was required to vacate the spaces on base. However, according to local VA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no DoD facility sharing opportunities in the local community for the proposed project requirement. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$5,044,175	$0	$5,044,175	61	N/A	N/A
New Construction	$360,433	$5,016,258	$51,412	$5,428,103	252	191	$(227,919)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$113,369	$5,069,337	$51,412	$5,234,118	240	179	$(189,942)
Contract Out	$50,182	$6,897,385	$0	$6,947,567	0	(61)	$(1,903,392)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $5.23 billion and a net present value of approximately -$189.9 million, offers the most cost-effective and flexible alternative that can support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Jacksonville area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran's demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow the Department to re-size, replace or exit the proposed clinic. With the enrollee base projected to increase by approximately 8.8% over the next 20 years, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Primary Care, Mental Health, Specialty Care and Ancillary spaces at the Jacksonville CBOC lease are inadequate and undersized for the current and projected Veteran's workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space and utilization gaps and would enhance Veteran health care services in the Jacksonville market. As workload for Ambulatory Services, Ambulatory Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT designed and more accessible location of care would allow better optimized VA care delivery, increased team coordination, improved workflows and improved recruitment and retention for both Veterans and VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	279,000	276,367	267,994	244,131	-12.5%
Enrollees	189,606	201,383	208,973	206,213	8.8%

*Data reflects the VISN 6, Southeast market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	62,119	130,183	146,581	166,542	168.1%
Ambulatory Services	1,418,312	2,225,016	2,601,561	3,077,906	117.0%
Mental Health Stops	44,705	49,583	47,710	44,021	-1.5%
Mental Health Services	195,401	401,722	497,149	669,233	242.5%

*Data reflects workload for VISN 6, Southeast market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	36 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$6,921,000
Estimated Rental Rate[1]	$36.63/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	188,917
Parking Spaces	1,300
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$54,529,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	15,000
Proposed NUSF[1]:	188,917 (Approx. 226,700 ABOA SF)
Expansion/Reduction NUSF:	173,917
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	15,000 NUSF – 12/15/2025
Delineated Area:	
• North: E on Briarneck Rd from Richlands Hwy, E on Rhodestown Rd, E on Gum Branch Rd, E on Ramsey Rd, S on Kellum Loop Rd, E on Hwy 17s	
• East: Halltown Rd, Waters Rd, Old 30 Rd, Piney Green Rd	
• South: Route 24, Hwy 17	
• West: Old Maplehurst Rd, Burgaw Hwy, N on Richlands Hwy to Intersection with Briarneck Rd	
Congressional District(s):	NC-03
Number of Official Parking Spaces[3]:	1,300
Scoring:	80.05%
Proposed Rental Rate:	$36.63
Proposed Total Annual Cost:	$6,921,000
Current Total Annual Cost:	$406,190

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Central Texas Veterans Health Care System

This proposal provides for a new Outpatient Clinic lease in the vicinity of Killeen, TX to expand services currently offered at the VAMC in Temple, TX in support of the Central Texas Veterans Health Care System

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$61,030,000	$61,030,000	$8,822,000

II. Priority Score: 2022 – 0.494

III. Description of Project

This project proposes to lease an approximately 196,382 NUSF new Outpatient Clinic in the vicinity of Killeen, TX, including 1,350 parking spaces. The new facility would allow for a decompression of the Temple VAMC. The lease would enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, enabling a full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the Killeen area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans at the Temple VAMC. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 196,382 NUSF new Outpatient Clinic in the vicinity of Killeen, TX, including 1,350 parking spaces. The lease would allow for decompression at the medical center, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 265,116 GSF (equivalent to approximately 196,382 NUSF) Outpatient Clinic in the vicinity of Killeen, TX, including 1,350 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Killeen area. There may not be sufficient, qualified private health care providers in the Killeen area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. The nearest DoD clinical location at Fort Hood, TX is approximately 5 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$5,297,259	$0	$5,297,259	0	N/A	N/A
New Construction	$344,471	$5,581,387	$53,369	$5,979,227	529	529	$(531,084)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$108,543	$5,732,285	$53,369	$5,894,196	529	529	$(596,938)
Contract Out	$39,407	$6,379,552	$0	$6,418,959	0	0	$(1,121,700)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $5.89 billion and a net present value of approximately -$596.9 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Killeen area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Primary Care, Mental Health, Specialty Care and Ancillary spaces at the Temple VAMC are inadequate and undersized for the current and projected Veteran workload demand for services. This project addresses space gaps and would enhance Veteran health care services in the Killeen market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to substantially increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	187,655	194,119	193,666	184,931	-1.5%
Enrollees	133,295	144,784	153,755	158,033	18.6%

*Data reflects the VISN 17, Central market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	57,502	130,994	155,358	190,620	231.5%
Ambulatory Services	981,082	1,593,603	1,924,126	2,404,777	145.1%
Mental Health Stops	82,579	126,855	128,353	126,602	53.3%
Mental Health Services	170,304	361,193	460,945	649,490	281.4%

*Data reflects workload for VISN 17, Central market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	36 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$8,822,000
Estimated Rental Rate[1]	$44.92/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	196,382
Parking Spaces	1,350
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$52,208,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	196,382 (Approx. 235,658 ABOA SF)
Expansion/Reduction NUSF:	196,382
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area:	
• North: Intersection Hwy 281 and 84, E on Hwy 84	
• East: S on Hwy 317, E on Route 7, S on 35, S on H.K. Dodgen Loop, S on State Hwy 95	
• South: W on Route 29	
• West: N on Hwy 281	
Congressional District(s):	TX-17, TX-25, TX-31
Number of Official Parking Spaces[3]:	1,350
Scoring:	83.03%
Proposed Rental Rate:	$44.92
Proposed Total Annual Cost:	$8,822,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Richard L. Roudebush VAMC

This proposal provides for a new Outpatient Clinic lease in the vicinity of Lawrence, IN, to allow for space and workload decompression at the Richard L. Roudebush VAMC in Indianapolis, IN.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 Years	$15,811,000	$15,811,000	$1,615,000

II. Priority Score: 2019 – 0.3001

III. Description of Project

This project proposes to lease a new, approximately 45,237 NUSF Outpatient Clinic in the vicinity of Lawrence, IN, including 350 parking spaces. The new facility would alleviate space and utilization gaps at the Richard L. Roudebush VAMC as identified by the SCIP process. The new lease would also improve Veteran's access to VA care and services in the Lawrence and greater Indianapolis areas. This project would include Primary Care, Mental Health, Specialty Care, Imaging and Pharmacy services to provide a robust suite of services at the new Lawrence Outpatient Clinic. The new right-sized, state-of-the-art, energy efficient health care facility in this portion of the VISN 10 Indiana market would result in the decompression of the Richard L. Roudebush VAMC.

IV. Alternatives to Lease Considered

Status Quo:

The status quo would continue to provide health care services to the Lawrence Veteran community at the existing Richard L. Roudebush VAMC. However, the Status Quo alternative does not address the growth of Veteran enrollees and workload demand in the Indiana market and would not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease a new, approximately 45,237 NUSF Outpatient Clinic in the vicinity of Lawrence, IN, including 350 parking spaces. The lease would provide modern, efficient space to serve the Lawrence area and alleviate the space and utilization gaps identified in the SCIP process. The leased space would also be designed with the latest PACT model of care delivery standards, ensuring optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this option is the preferred alternative.

Alternative 2: New Construction

This alternative proposes for VA to acquire land and construct a new, approximately 61,070 GSF (equivalent to approximately 45,237 NUSF) Outpatient Clinic in the vicinity of Lawrence, IN, including 350 parking spaces. The new construction alternative would address space and

utilization gaps in the same manner as the lease alternative. However, a permanent VA-owned facility limits the ability to relocate services in the future based on changes in Veteran's demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation

This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an Outpatient Clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. As part of the SCIP process, the Richard L. Roudebush VAMC continued to show a significant space gap (deficit) for this catchment area, which would not be resolved with this renovation option. In addition, local VHA planners have confirmed that there are no existing facilities that are suitable for renovation that fit the project requirements. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out

This alternative assumes that all Primary Care, Mental Health and Specialty Care services proposed in this project would be contracted out to fee-basis providers in the Lawrence community. There may not be sufficient, qualified private health care providers in the Lawrence area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran's health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran's demographics. In addition, it would require a longer implementation timeline than the lease alternative. High- level market research and interviews with local VHA planners have indicated that a suitable facility for possible acquisition and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to local VHA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility-sharing opportunities in the vicinity of the proposed project. In addition, the nearest DoD clinical location, at Wright-Patterson Air Force Base in Ohio, is approximately 123 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total# of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$1,076,983	$0	$1,076,983	90	N/A	N/A
New Construction	$80,804	$1,067,117	$9,488	$1,157,408	109	19	$(48,914)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$29,468	$1,078,040	$9,488	$1,116,995	109	19	$(40,012)
Contract Out	$16,933	$1,370,305	$0	$1,387,238	17	(73)	$(310,254)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the same demands within this lease; Contract Out may result in a lack of qualified private healthcare providers; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $1.12 billion and a net present value of approximately -$40 million, would offer the most cost-effective and flexible alternative that can support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Lawrence area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow the Department to re-size, replace or exit the proposed clinic. With the projected changes in the enrollee base, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Primary Care, Mental Health, Specialty Care, Imaging and Pharmacy spaces at the Richard L. Roudebush VAMC are inadequate and undersized for the current and projected Veterans workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space and utilization gaps and would enhance Veteran's health care services in the VISN 10 Indiana market. As workload for Ambulatory Procedures, Ambulatory Services and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized PACT-designed, location of care would allow better optimized VA care delivery, increased team coordination, improved workflows and improved recruitment and retention for both Veterans and VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	223,586	204,446	186,282	153,840	-31.2%
Enrollees	135,398	138,363	136,639	124,619	-8.0%

*Data reflects the VISN 10, Indiana market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	34,741	82,759	96,165	111,241	220.2%
Ambulatory Services	1,204,399	1,903,225	2,165,373	2,395,273	98.9%
Mental Health Stops	74,595	81,413	76,009	67,463	-9.6%
Mental Health Services	133,027	263,352	317,516	419,084	215.0%

*Data reflects workload for the VISN 10, Indiana market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	26 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$1,615,000
Estimated Rental Rate[1]	$35.69/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	45,237
Parking Spaces	350
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$14,196,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	45,237 (Approx. 54,284 ABOA SF)
Expansion/Reduction NUSF:	45,237
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area:	
• North: East 96th Street at Allisonville Road to East 96th Street at Fall Creek Road to Fall Creek Road at Carroll Road	
• East: Carroll Road at Fall Creek Road to Carroll Road at Route 36 to Route 36 at East 56th Street	
• South: East 56th Street at Allisonville Road to East 56th Street at Route 36	
• West: Allisonville Road at East 96th Street to Allisonville Road at East 56th Street	
Congressional District(s):	IN-05, IN-07
Number of Official Parking Spaces[3]:	350
Scoring:	70.21%
Proposed Rental Rate:	$35.69
Proposed Total Annual Cost:	$1,615,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the James A. Haley Veterans' Hospital

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Lecanto, FL, to expand services currently offered at the existing Lecanto Outpatient Clinic, in support of the James A. Haley Veterans' Hospital in Tampa, FL.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$15,373,000	$15,373,000	$1,938,000

II. Priority Score: 2022 – 0.393

III. Description of Project

This project proposes to lease an approximately 46,248 NUSF replacement and expanded Outpatient Clinic in the vicinity of Lecanto, FL, including 350 parking spaces. The new facility would expand on care currently provided at the existing Lecanto Outpatient Clinic lease and allow for a decompression of the James A. Haley Veterans' Hospital in Tampa, FL. This lease enhances outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, enabling a full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans in the Lecanto area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Lecanto Outpatient Clinic lease. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 46,248 NUSF replacement and expanded Outpatient Clinic in the vicinity of Lecanto, FL, including 350 parking spaces. The lease would replace the existing Lecanto Outpatient Clinic lease to accommodate increasing workload and to allow for decompression at the medical center, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 62,435 GSF (equivalent to approximately 46,248 NUSF) Outpatient Clinic in the vicinity of Lecanto, FL, including 350 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, certain Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Lecanto area. There may not be sufficient, qualified private health care providers in the Lecanto area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. The nearest DoD clinical location at MacDill Air Force Base, FL, which is approximately 18 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$821,190	$0	$821,190	64	N/A	N/A
New Construction	$77,416	$710,433	$9,202	$797,050	121	57	$54,836
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$27,889	$735,456	$9,202	$772,546	121	57	$48,644
Contract Out	$12,824	$1,024,224	$0	$1,037,048	8	(56)	$(215,859)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $773 million and a net present value of approximately $48.6 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Lecanto area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Primary Care, Mental Health, certain Specialty Care and Ancillary spaces at the Lecanto Outpatient Clinic Lease are inadequate and undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the Lecanto market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	158,469	153,312	146,932	134,064	-15.4%
Enrollees	114,429	118,210	119,511	116,213	1.6%

*Data reflects the VISN 8, Central market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	46,563	100,064	115,375	139,593	199.8%
Ambulatory Services	1,614,747	2,495,880	2,895,920	3,414,576	111.5%
Mental Health Stops	51,422	64,254	61,866	57,769	12.3%
Mental Health Services	213,667	309,133	381,312	529,895	148.%

*Data reflects workload for VISN 8, Central market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	26 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$1,938,000
Estimated Rental Rate[1]	$41.90/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	46,248
Parking Spaces	350
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$13,435,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	17,083
Proposed NUSF[1]:	46,248 (Approx. 55,497 ABOA SF)
Expansion/Reduction NUSF:	29,165
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	17,083 NUSF – 9/30/2026
Delineated Area:	
• North: Intersection N Dunkenfield Ave and West Norvell Bryant Highway, E on West Norvell Bryant Highway, N then E on W Pine Ridge Blvd, N on N Lecanto Hwy, E then S on N Forest Ridge Blvd, E on E Norvell Bryant Hwy	
• East: S on N Croft Ave, W on Hwy 44, S on Trail 19, W along Citrus Wildlife Management Area border, S on S Lecanto Hwy	
• South: W on W Cardinal St	
• West: N on S Suncoast Blvd, E on W Venable St, N on N Dunkenfield Ave	
Congressional District(s):	FL-11
Number of Official Parking Spaces[3]:	350
Scoring:	86.82%
Proposed Rental Rate:	$41.90
Proposed Total Annual Cost:	$1,938,000
Current Total Annual Cost:	$289,911

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Tennessee Valley Healthcare System

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Nashville, TN, to relocate and expand services currently offered at the existing Charlotte Avenue Outpatient Clinic and the Nashville VAMC in support of the Tennessee Valley HCS in Nashville, TN.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$58,038,000	$58,038,000	$9,117,000

II. Priority Score: 2021 - 0.4596

III. Description of Project

This project proposes to lease an approximately 157,260 NUSF replacement and expanded Outpatient Clinic in the vicinity of Nashville, TN, including 1,100 parking spaces. The new facility would expand on care currently provided at the existing Charlotte Avenue Outpatient Clinic lease and allow for decompression at the Nashville VAMC by relocating certain services to the new lease. The new lease would allow VA to enhance outpatient services by closing space and utilization gaps identified in the SCIP process. The new lease would also allow for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans in the Nashville area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Charlotte Avenue Outpatient Clinic and the Nashville VAMC. The existing facilities do not have an adequate amount of available, suitable space to properly implement the PACT model, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in these under-sized, non-PACT settings would not improve operational efficiencies. The Status Quo alternative also does not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 157,260 NUSF replacement and expanded Outpatient Clinic in the vicinity of Nashville, TN, including 1,100 parking spaces. The lease would replace the Charlotte Avenue Outpatient Clinic lease to accommodate increasing workload and decompress the under-sized outpatient clinic spaces at the Nashville VAMC. Fully implementing the PACT model at a single right-sized point of care would allow optimized care delivery, improved Veteran experience, increased team coordination, improved workflows and better recruitment and retention for VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to

address the current and projected space and utilization gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this option is the preferred alternative.

Alternative 2: New Construction

This alternative proposes for VA to acquire land and construct a new, approximately 212,301 GSF (equivalent to approximately 157,260 NUSF) Outpatient Clinic in the vicinity of Nashville, TN, including 1,100 parking spaces. The new construction alternative would address space and utilization gaps in the same manner as the lease alternative. However, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation

This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market area that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out

This alternative assumes that all Primary Care, Mental Health, certain Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Nashville area. There may not be sufficient, qualified private health care providers in the Nashville area to absorb the current and projected Veteran's workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran's health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran's demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to local VHA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility sharing opportunities in the local community. In addition, the nearest DoD clinical location at Fort Campbell near Hopkinsville, KY and Clarksville, TN is approximately 49 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$7,886	$2,473,579	$0	$2,481,465	385	N/A	N/A
New Construction	$371,877	$2,238,269	$35,457	$2,645,604	430	45	$2,334
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$101,710	$2,403,647	$35,457	$2,540,814	430	45	$(59,350)
Contract Out	$52,941	$3,081,496	$0	$3,134,438	100	(285)	$(652,973)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $2.54 billion and a net present value of approximately -$59.4 million, offers the most flexible alternative that can support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Nashville area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran's demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow the Department to re-size, replace or exit the proposed clinic. With the enrollee base projected to increase by approximately 6.0% over the next 20 years, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations. The current Primary Care, Mental Health, Specialty Care and Ancillary spaces at the Nashville CBOC lease are inadequate and undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space and utilization gaps and would enhance Veteran's health care services in the Nashville market. As workload for Ambulatory Services, Ambulatory Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible location of care would allow better optimized VA care delivery, increased team coordination, improved workflows and improved recruitment and retention for both Veterans and VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	213,103	209,649	201,081	180,506	-15.3%
Enrollees	136,283	145,533	148,782	144,478	6.0%

*Data reflects the VISN 9, Central market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	50,380	109,586	124,288	144,385	186.6%
Ambulatory Services	1,163,658	1,713,637	1,998,750	2,344,265	101.5%
Mental Health Stops	42,752	50,156	48,347	45,822	7.2%
Mental Health Services	153,402	283,316	348,706	476,147	210.4%

*Data reflects workload for VISN 9, Central market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	36 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$9,117,000
Estimated Rental Rate[1]	$57.97/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	157,260
Parking Spaces	1,100
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$48,921,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	17,857
Proposed NUSF[1]:	157,260 (Approx. 188,712 ABOA SF)
Expansion/Reduction NUSF:	139,403
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	7,990 NUSF – 3/31/2025 4,975 NUSF – 5/1/2027 4,892 NUSF – 9/30/2029

Delineated Area:

- North: I-55 (Briley Parkway) from 12 (Ashland City Highway) to I-24
- East: I-24 to I-65 to Cumberland River, to I-24, to Thompson Lane to 4IA (Nolensville Road), to Harding Place
- South: Harding Place/Battery Lane from 41A (Nolensville Road), to Belle Meade Boulevard to 70S (West End Avenue)
- West: 70S (West End Avenue) to 155 White Bridge Pike/Briley Parkway

Congressional District(s):	TN-05
Number of Official Parking Spaces[3]:	1,100
Scoring:	82.39%
Proposed Rental Rate:	$57.97
Proposed Total Annual Cost:	$9,117,000
Current Total Annual Cost:	$660,666

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.

[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.

[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Kansas City Veterans Affairs Medical Center

This proposal provides for a new Outpatient Clinic lease in the vicinity of Kansas City, MO to expand services currently offered at the Kansas City VAMC in Kansas City, MO.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$40,027,000	$40,027,000	$4,652,000

II. Priority Score: 2023 – 0.608

III. Description of Project:
This project proposes to lease an approximately 102,736 NUSF replacement and expanded Outpatient Clinic in the vicinity of Kansas City, MO, including 700 parking spaces. The new facility allows for a decompression of the Kansas City VAMC. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care, Outpatient Surgery and Ancillary services to Veterans in the Kansas City area.

IV. Alternatives to Lease Considered
Status Quo:
The status quo would continue to provide health care services to the Kansas City area Veteran community at the existing Kansas City VAMC. However, the Status Quo alternative does not address the growth of Veteran enrollees and workload demand in the VISN 15 West market and would not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)
This alternative proposes to lease an approximately 102,736 NUSF replacement and expanded Outpatient Clinic in the vicinity of Kansas City, MO, including 700 parking spaces. The lease would allow for decompression at the medical center, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 138,694 GSF (equivalent to approximately 102,736 NUSF) Outpatient Clinic in the vicinity of Kansas City, MO, including 700 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, Specialty Care, Outpatient Surgery and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Kansas City area. There may not be sufficient, qualified private health care providers in the Kansas City area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. The nearest DoD clinical location at Fort Leavenworth, KS, which is approximately 32 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$1,350,960	$0	$1,350,960	0	N/A	N/A
New Construction	$242,901	$1,816,681	$44,185	$2,103,767	220	220	$(657,359)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$73,435	$1,854,257	$44,185	$1,971,877	220	220	$(620,917)
Contract Out	$9,629	$1,621,153	$0	$1,630,781	0	0	$(279,821)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $1.97 billion and a net present value of approximately -$620.9 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Kansas City area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, Specialty Care, Outpatient Surgery and Ancillary spaces at the Kansas City VAMC are undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the VISN 15 West market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	285,496	264,104	245,026	210,423	-26.3%
Enrollees	175,725	175,202	171,764	158,682	-9.7%

*Data reflects the VISN 15, West market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	50,376	97,950	111,115	128,948	156.0%
Ambulatory Services	1,742,940	2,519,238	2,826,054	3,123,576	79.2%
Mental Health Stops	102,192	135,998	128,013	116,945	14.4%
Mental Health Services	234,555	422,962	510,900	679,763	189.8%

*Data reflects workload for VISN 15, West market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	32 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$4,652,000
Estimated Rental Rate[1]	$45.28/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	102,736
Parking Spaces	700
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$35,375,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	102,736 (Approx. 123,283 ABOA SF)
Expansion/Reduction NUSF:	102,736
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area:	
• North: E on I-435	
• East: S on I-435, E on MO-152, S on I-35	
• South: W on I-35, W on I-29	
• West: Clay County/Platte County Border	
Congressional District(s):	MO-5, MO-6
Number of Official Parking Spaces[3]:	700
Scoring:	80.92%
Proposed Rental Rate:	$45.28
Proposed Total Annual Cost:	$4,652,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Central Texas Veterans Health Care System

This proposal provides for a new Outpatient Clinic lease in the vicinity of Pflugerville, TX, to expand services currently offered VAMC in Temple, TX, in support of the Central Texas Veterans Health Care System

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 Years	$16,654,000	$16,654,000	$2,405,000

II. Priority Score: 2022 – 0.408

III. Description of Project

This project proposes to lease an approximately 49,944 NUSF new Outpatient Clinic in the vicinity of Pflugerville, TX, including 350 parking spaces. The new facility would allow for a decompression of the Temple VAMC. The lease would enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, enabling a full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans in the Pflugerville area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the Temple VAMC. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 49,944 NUSF new Outpatient Clinic in the vicinity of Pflugerville, TX, including 350 parking spaces. The lease would allow for decompression at the medical center, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 67,424 GSF (equivalent to approximately 49,944 NUSF) Outpatient Clinic in the vicinity of Pflugerville, TX, including 350 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, certain Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Pflugerville area. There may not be sufficient, qualified private health care providers in the Pflugerville area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. In addition, the nearest DoD clinical location at Fort Hood, TX is approximately 50 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$1,228,239	$0	$1,228,239	0	N/A	N/A
New Construction	$80,212	$1,184,338	$12,531	$1,277,081	76	76	$(15,860)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$29,578	$1,228,398	$12,531	$1,270,507	76	76	$(42,267)
Contract Out	$8,754	$1,473,887	$0	$1,482,641	0	0	$(254,402)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $1.27 billion and a net present value of approximately -$42.3 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Pflugerville area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, certain Specialty Care and Ancillary spaces at the Temple VAMC are inadequate and undersized for the current and projected Veteran workload demand for services. This project addresses space gaps and would enhance Veteran health care services in the Pflugerville market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to substantially increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	187,655	194,119	193,666	184,931	-1.5%
Enrollees	133,295	144,784	153,755	158,033	18.6%

*Data reflects the VISN 17, Central market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	57,502	130,994	155,358	190,620	231.5%
Ambulatory Services	981,082	1,593,603	1,924,126	2,404,777	145.1%
Mental Health Stops	82,579	126,855	128,353	126,602	53.3%
Mental Health Services	170,304	361,193	460,945	649,490	281.4%

*Data reflects workload for VISN 17, Central market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	26 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$2,405,000
Estimated Rental Rate[1]	$48.14/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	49,944
Parking Spaces	350
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$14,249,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	49,944 (Approx. 59,933 ABOA SF)
Expansion/Reduction NUSF:	49,944
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area:	
• North: Intersection of Hwy 183 and Route 1431, East on Route 1431	
• East: South on Hwy 1660 and South on Hwy 973	
• South: West on Hwy 290	
• West: North on Hwy 183	
Congressional District(s):	TX-10, TX-17, TX-31, TX-35
Number of Official Parking Spaces[3]:	350
Scoring:	80.22%
Proposed Rental Rate:	$48.14
Proposed Total Annual Cost:	$2,405,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the VA North Texas Health Care System

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Plano, TX, to expand services currently offered at the existing Plano Outpatient Clinic in support of the VA North Texas Health Care System in Dallas, TX.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 Years	$32,796,000	$32,796,000	$4,496,000

II. Priority Score: 2019 – 0.2967

III. Description of Project

This project proposes to lease an approximately 94,769 NUSF replacement and expanded Outpatient Clinic in the vicinity of Plano, TX, including 650 parking spaces. The new facility would expand on care currently provided at the existing Plano Outpatient Clinic and alleviate access issues for Veterans residing north of the Dallas and Plano areas who obtain services daily from the Outpatient Clinic or the Dallas Campus of the VA North Texas Health Care System, which are over 20 miles away. This new lease would allow VA to enhance outpatient services by closing space and utilization gaps identified in the SCIP process. The new lease would include Primary Care, Mental Health, Specialty Care and Ancillary services in a new right-sized, state-of-the-art, energy efficient health care facility in the Plano area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care and certain Specialty Care services to Veterans in the vicinity of the Plano area at the Dallas Campus of the VA North Texas Health Care System and the Plano Outpatient Clinic. The existing leased facility does not have an adequate amount of available, suitable space to properly implement the PACT model, hindering the optimized delivery of modern healthcare at the facility. In addition, certain specialty services are only available at the parent facility in Dallas, requiring Veterans to travel over 25 miles away for necessary care. The Status Quo alternative also does not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 94,769 NUSF replacement and expanded Outpatient Clinic in the vicinity of Plano, TX, including 650 parking spaces. The lease would create new space to accommodate increasing demand in the Plano and greater North Dallas area. The lease would close space and utilization gaps identified in the SCIP process. With this new space, VA would be able to provide needed care and improve Veterans' access to VA care and services in this section of the VISN 17 North Texas market. The leased space would also be designed with the latest PACT model standards, ensuring optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 127,938 GSF (equivalent to approximately 94,769 NUSF) Outpatient Clinic in the vicinity of Plano, TX, including 650 parking spaces. The new construction alternative would address space and utilization gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the 2021 SCIP process, VA identified an overall space gap (deficit) for this market area that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care and Specialty Care services proposed in this project would be contracted out to fee-basis providers in the Plano area. There may not be sufficient, qualified private health care providers in the Plano area to absorb the current and projected Veteran workload. In addition, this alternative may be costly and could result in a loss of quality and control over Veteran's health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to local VA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility-sharing opportunities in the local community. In addition, the nearest DoD clinical location, Naval Branch Health Clinic in Fort Worth, TX, is approximately 62 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total# of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$2,502,512	$0	$2,502,512	45	N/A	N/A
New Construction	$181,354	$2,471,761	$26,407	$2,679,522	150	105	$(101,749)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$58,746	$2,547,009	$26,407	$2,632,162	150	105	$(129,650)
Contract Out	$22,240	$3,344,873	$0	$3,367,113	25	(20)	$(864,601)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demands within this lease; Contract Out could result in a loss of quality control over Veteran's health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $2.63 billion and a net present value of approximately -$129.7 million, offers the most flexible alternative that can support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Plano area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to re-size, replace or exit the proposed clinic. With the enrollee base in the North Texas market of VISN 17 projected to increase by approximately 16.4% over the next 20 years, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Primary Care and Specialty Care spaces at the existing Plano Outpatient Clinic are inadequate and undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of PACT model. This project addresses space and utilization gaps and would enhance Veteran health care services in the Plano area. As workload for Ambulatory Services, Ambulatory Procedures and Mental Health Stops is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible location would allow better optimized VA care delivery, increased team coordination, improved workflows and improved recruitment and retention for both Veterans and VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	304,287	305,077	303,755	296,640	-2.5%
Enrollees	195,091	210,487	219,970	226,992	16.4%

*Data reflects the VISN 17, North Texas market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	47,217	121,220	144,653	184,901	291.6%
Ambulatory Services	1,417,398	2,367,379	2,815,968	3,524,540	148.7%
Mental Health Stops	129,729	183,811	182,322	181,634	40.0%
Mental Health Services	180,155	358,079	450,510	653,008	262.5%

*Data reflects workload for VISN 17, North Texas market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	30 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$4,496,000
Estimated Rental Rate[1]	$47.44/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	94,769
Parking Spaces	650
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$28,300,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	9,542
Proposed NUSF[1]:	94,769 (Approx. 113,723 ABOA SF)
Expansion/Reduction NUSF:	85,227
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	9,542 NUSF – 7/14/2026

Delineated Area:

- North: Sam Rayburn Tollway at North Josey Lane to Sam Rayburn Tollway at Preston Road to Preston Road at McDermott Road to East McDermott Road at East Main Street to East Main Street at Angel Parkway
- East: Angel Parkway at East Main Street to Angel Parkway at Dillehay Drive to Dillehay Drive at Parker Road to Parker Road at North Murphy Road to Murphy Road at Bunker Hill Road to Bunker Hill Road at Miles Road to Miles Road at Pleasant Valley Road to Pleasant Valley Road at East Buckingham Road
- South: Valwood Parkway at Josey Lane to Valwood Parkway at Brookhaven Club Drive to Brookhaven Club Drive at Vitruvian Way to Vitruvian Way at Spring Valley Road to Spring Valley Road at Centennial Boulevard to Centennial Boulevard at Buckingham Road to East Buckingham Road at Pleasant Valley Road
- West: North Josey Lane at Sam Rayburn Tollway to Josey Lane at Valwood Parkway

Congressional District(s):	TX-03, TX-24, TX-26, TX-32
Number of Official Parking Spaces[3]:	650
Scoring:	85.70%
Proposed Rental Rate:	$47.44
Proposed Total Annual Cost:	$4,496,000
Current Total Annual Cost:	$387,856

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Washington, DC Veterans Affairs Medical Center

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Prince George's County, MD, to expand services currently offered at the existing Southern Prince George's County CBOC. This lease will also consolidate the services offered in the Southeast DC and the former Greenbelt CBOCs, in support of the VAMC in Washington, DC.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$31,754,000	$31,754,000	$4,007,000

II. Priority Score: 2020 - 0.3779

III. Description of Project

This project proposes to lease an approximately 85,116 NUSF replacement and expanded Outpatient Clinic in the vicinity of Prince George's County, MD, including 600 parking spaces. The new facility would expand on care currently provided at the existing Southern Prince George's County CBOC, as well as accommodating increasing workload. This lease will also consolidate the services offered at the Southeast DC CBOC and the workload previously serviced at the former Greenbelt CBOC. The accommodation of the former Greenbelt CBOC workload at the VAMC has further constrained the medical center's capacity for services. This new lease will relieve strain at the VAMC and allow patients to receive care closer to home. The new lease would allow VA to enhance outpatient services by closing space and utilization gaps identified in the SCIP process. The new lease would expand current Primary Care and would allow for the full implementation of the PACT model of care delivery at a single point of care, improving operational efficiencies and the Veteran experience. The new lease would also improve Veteran's accessibility to VA care and services in the greater Prince George's County area, increasing overall patient satisfaction. The newly leased rightsized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans in the Prince George's County area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Southern Prince George's County Outpatient Clinic. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space and utilization gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 85,116 NUSF replacement and expanded Outpatient Clinic in the vicinity of Prince George's County, MD, including 600 parking spaces.

The lease would replace the existing Southern Prince George's County CBOC lease to accommodate increasing workload. This lease will also consolidate the services offered at the Southeast DC CBOC and the workload previously serviced at the former Greenbelt CBOC. The accommodation of the former Greenbelt CBOC workload at the VAMC has further constrained the medical center's capacity for services. This new lease will relieve strain at the VAMC and allow patients to receive care closer to home. Fully implementing the PACT model would allow optimized care delivery, improved Veteran's experience, increased team coordination, improved workflows and better recruitment and retention for VA staff. This lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space and utilization gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veteran's demand for outpatient services or Veteran's demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction

This alternative proposes for VA to acquire land and construct a new, approximately 114,907 GSF (equivalent to approximately 85,116 NUSF) Outpatient Clinic in the vicinity of Prince George's County, MD, including 600 parking spaces. The new construction alternative would address space and utilization gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran's demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation

This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out

This alternative assumes that all Primary Care, Mental Health, certain Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Prince George's County area. There may not be sufficient, qualified private health care providers in the Prince George's County area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran's health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase

This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran's demographics. High-level market research and interviews with local VHA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility

This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to local VA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility sharing opportunities in the local community. In addition, the nearest DoD clinical location Andrews Air Force Base in Prince George's County, MD, is not an optimal candidate for shared space due to heightened security on base. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$2,026,900	$0	$2,026,900	31	N/A	N/A
New Construction	$179,543	$2,108,997	$20,855	$2,309,396	90	59	$(209,915)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$57,599	$2,139,046	$20,855	$2,217,500	80	49	$(190,600)
Contract Out	$18,231	$2,681,145	$0	$2,699,376	13	(18)	$(672,476)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.

**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran's health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $2.22 billion and a net present value of approximately -$190.6 million, would offer the most cost-effective and flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Prince George's County area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran's demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow the Department to resize, replace or exit the proposed clinic. With the enrollee base projected to increase 5.8% over the next 20 years; a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Primary Care, Mental Health, Specialty Care and Ancillary spaces at the Southern Prince George's County CBOC lease are inadequate and undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow

for the full implementation of the PACT model. This project addresses space and utilization gaps and would enhance Veteran health care services in the Prince George's County market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible single location of care would allow better optimized VA care delivery, increased satisfaction for Veterans, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	207,886	207,845	206,283	201,528	-3.1%
Enrollees	125,747	136,543	142,993	147,225	17.1%

*Data reflects the VISN 5, Washington DC market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	31,373	56,386	68,038	84,202	168.4%
Ambulatory Services	688,048	1,140,990	1,369,456	1,686,577	145.1%
Mental Health Stops	60,560	68,590	67,772	65,614	8.3%
Mental Health Services	132,859	259,235	317,052	440,538	231.6%

*Data reflects workload for VISN 5, Washington DC market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	30 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$4,007,000
Estimated Rental Rate[1]	$47.07/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	85,116
Parking Spaces	600
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$27,747,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	9,780
Proposed NUSF[1]:	85,116 (Approx. 102,139 ABOA SF)
Expansion/Reduction NUSF:	75,336
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	8,500 NUSF – 5/31/2023 1,280 NUSF – 9/30/2024
Delineated Area: • North: Route 214 • East: Route 301 • South: Route 373 • West: Route 210 and Maryland/Washington DC Line	
Congressional District(s):	MD-04, MD-05
Number of Official Parking Spaces[3]:	600
Scoring:	81.53%
Proposed Rental Rate:	$47.07
Proposed Total Annual Cost:	$4,007,000
Current Total Annual Cost:	$352,246

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Harry S. Truman Memorial Veterans' Hospital

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Rolla, MO, to expand services currently offered at the St. James CBOC in St. James, MO and at the Harry S. Truman Memorial Veterans' Hospital in Columbia, MO.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 Years	$21,352,000	$21,352,000	$2,622,000

II. Priority Score: 2022 – 0.517

III. Description of Project

This project proposes to lease an approximately 58,734 NUSF replacement and expanded Outpatient Clinic in the vicinity of Rolla, MO, including 400 parking spaces. The new facility would expand on care currently provided at the existing St. James CBOC lease. The lease would enhance outpatient services by closing space gaps identified in the SCIP process. The replacement lease would expand the current Primary Care space, enabling a full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the Rolla area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans at the existing St. James CBOC. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 58,734 NUSF replacement and expanded Outpatient Clinic in the vicinity of Rolla, MO, including 400 parking spaces. The lease would replace the existing St. James CBOC lease to increase Veteran access to services and accommodate increasing workload. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 79,291 GSF (equivalent to approximately 58,734 NUSF) Outpatient Clinic in the vicinity of Rolla, MO, including 400 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Rolla area. There may not be sufficient, qualified private health care providers in the Rolla area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. The nearest DoD clinical location at Fort Leonard Wood, MO is approximately 23 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	New Present Value
Status Quo	$0	$1,906,254	$0	$1,906,254	50	N/A	N/A
New Construction	$110,728	$1,765,234	$16,389	$1,892,351	102	52	$57,675
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$38,881	$1,785,305	$16,389	$1,840,575	102	52	$65,679
Contract Out	$18,840	$2,280,186	$0	$2,299,025	5	(45)	$(392,771)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $1.84 billion and a net present value of approximately $65.7 million, would offer the most cost-effective and flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Rolla area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, Specialty Care and Ancillary spaces at the St. James CBOC are undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the Rolla area. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility, with all parking consolidated in one location, would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	285,496	264,104	245,026	210,423	-26.3%
Enrollees	175,725	175,202	171,764	158,682	-9.7%

*Data reflects the VISN 15, West market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	50,376	97,950	111,115	128,948	156.0%
Ambulatory Services	1,742,940	2,519,238	2,826,054	3,123,576	79.2%
Mental Health Stops	102,192	135,998	128,013	116,945	14.4%
Mental Health Services	234,555	422,962	510,900	679,763	189.8%

*Data reflects workload for the VISN 15, West market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	26 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$2,622,000
Estimated Rental Rate[1]	$44.63/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	58,734
Parking Spaces	400
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$18,730,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	8,645
Proposed NUSF[1]:	58,734 (Approx. 70,481 ABOA SF)
Expansion/Reduction NUSF:	50,091
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	8,645 NUSF – 9/30/2026

Delineated Area:

- North: E on SR Y from Sally Rd intersection, NW on Rte E, NE on SR HH, E on SR 27A, S on SR 8040, E on Chapman Dr, N on White Columns Dr, E on Woodcrest Cir, S on Vichy Rd, E on Roseglade Rd, N on Vienna Rd, S on SR 8010, N on US Hwy 63, E on Rd 38A, E on SR 2030, E on SR 2060, E on 2180
- East: S on Turner Rd, S on Country Club Rd, W on E 10th St, S on Lovers Ln, E on SR 3000, S on SR 3190
- South: W on SR 3160, NW on Rte 72, W on Lions Club Dr, W on SR CC
- West: N on Cedar Grove Rd, NW on Cedar Grove Ln, W on Spencer Rd, E on Bridge School Rd, N on Blues Lake Pkwy until I-44. N on Sally Rd from I-44 until SR Y

Congressional District(s):	MO-08
Number of Official Parking Spaces[3]:	400
Scoring:	84.23%
Proposed Rental Rate:	$44.63
Proposed Total Annual Cost:	$2,622,000
Current Total Annual Cost:	$424,806

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Salt Lake City Veterans Health Care System

This proposal provides for a new Outpatient Clinic lease in the vicinity of Salt Lake City, UT, to relocate and expand services currently offered at the George E. Wahlen VAMC in support of the Veterans Health Care System in Salt Lake City, UT.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$29,466,000	$29,466,000	$4,103,000

II. Priority Score: 2020 – 0.3796

III. Description of Project

This project proposes to lease a new, approximately 85,046 NUSF Outpatient Clinic in the vicinity of Salt Lake City, UT, including 600 parking spaces. The new facility would decompress the George E. Wahlen/Salt Lake City VAMC by moving Primary Care and Compensation and Pension services off campus. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care and would allow for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The new lease would also improve Veteran's accessibility to VA care and services in the greater Salt Lake City area, increasing overall patient satisfaction. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care services and Compensation and Pension examinations to Veterans in the Salt Lake City area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care services and Compensation and Pension examinations to Veterans at the Salt Lake City VAMC. The existing facility does not have adequate space available to properly implement the PACT model, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide health care services in a space-constrained setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease a new, approximately 85,046 NUSF Outpatient Clinic in the vicinity of Salt Lake City, UT, including 600 parking spaces. The lease would relocate Primary Care services from the Salt Lake City VAMC to accommodate increasing workload and to allow for decompression at the medical center. Fully implementing the PACT model would allow optimized care delivery, improved Veteran experience, increased team coordination, improved workflows and better recruitment and retention for VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process.

In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 114,812 GSF (equivalent to approximately 85,046 NUSF) Outpatient Clinic in the vicinity of Salt Lake City, UT, including 600 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran's demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified a space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care and Compensation and Pension services proposed in this project would be contracted out to fee-basis providers in the Salt Lake City area. There may not be sufficient, qualified private health care providers in the Salt Lake City area to absorb the current and projected Veteran's workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran's health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran's demographics. High-level market research and interviews with local VHA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility, with the DoD as a sub-lessee. This alternative would address all project requirements in the same manner as the lease alternative. However, according to VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no primary care facility sharing opportunities in the local community. For this reason, this alternative is not viable and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$2,555	$1,719,244	$0	$1,721,799	88	N/A	N/A
New Construction	$165,003	$1,798,880	$15,898	$1,979,781	138	50	$(190,534)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$52,651	$1,826,627	$15,898	$1,895,176	128	40	$(173,377)
Contract Out	$24,290	$2,598,109	$0	$2,622,399	15	(73)	$(900,599)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran's health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $1.90 billion and a net present value of approximately -$173.4 million, would offer the most cost-effective and flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Salt Lake City area better access to high quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran's demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow the Department to resize, replace or exit the proposed clinic. With the enrollee base in the Salt Lake City market of VISN 19 projected to flatten over the next 20 years, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Primary Care and Compensation and Pension spaces at the Salt Lake City VAMC are inadequate and undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran's health care services in the Salt Lake City market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right sized, PACT-designed and more accessible facility would allow for better optimized VA care delivery, increased satisfaction for Veterans, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	111,508	105,960	101,532	93,635	-16.0%
Enrollees	68,994	71,110	71,349	69,199	0.3%

*Data reflects the VISN 19, Salt Lake City market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	24,473	53,165	62,203	76,744	213.6%
Ambulatory Services	606,375	938,964	1,078,944	1,256,215	107.2%
Mental Health Stops	32,511	41,425	40,272	38,358	18.0%
Mental Health Services	85,904	153,088	189,994	263,912	207.2%

*Data reflects workload for VISN 19, Salt Lake City market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	30 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$4,103,000
Proposed Rental Rate[1]	$48.24/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	85,046
Parking Spaces	600
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$25,363,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	85,046 (Approx. 102,055 ABOA SF)
Expansion/Reduction NUSF:	85,046
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area:	
• North: E on North Temple St from Interstate 15, E on 2nd Ave, E on Military Way, SE on E Penrose Dr, NE on N Campus Dr to Mario Capecchi Dr	
• East: Mario Capecchi Dr, Foothill Dr, Interstate 80, Interstate 215	
• South: Interstate 215	
• West: Interstate 15	
Congressional District(s):	UT-02, UT-03, UT-04
Number of Official Parking Spaces:	600
Scoring:	82.95%
Proposed Rental Rate:	$48.24
Proposed Total Annual Cost:	$4,103,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the C. W. Bill Young Veterans Affairs Medical Center

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Sarasota, FL to expand services currently offered at the C. W. Bill Young VAMC in Bay Pines, FL.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$36,517,000	$36,517,000	$4,808,000

II. Priority Score: 2023 - 0.661

III. Description of Project:
This project proposes to lease an approximately 109,770 NUSF replacement and expanded Outpatient Clinic in the vicinity of Sarasota, FL, including 750 parking spaces. The new facility would expand on care currently provided at the existing Sarasota CBOC lease and allow for a decompression of the C. W. Bill Young VAMC in Bay Pines. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the Sarasota area.

IV. Alternatives to Lease Considered
Status Quo:
The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Sarasota Outpatient Clinic lease. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)
This alternative proposes to lease an approximately 109,770 NUSF replacement and expanded Outpatient Clinic in the vicinity of Sarasota, FL, including 750 parking spaces. The lease would replace the existing Sarasota CBOC lease to accommodate increasing workload and to allow for decompression at the medical center, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 148,190 GSF (equivalent to approximately 109,770 NUSF) Outpatient Clinic in the vicinity of Sarasota, FL, including 750 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Sarasota area. There may not be sufficient, qualified private health care providers in the Sarasota area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. The nearest DoD clinical location, MacDill Air Force Base in Tampa, FL, is approximately 55 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition[1]	Ancillary Services[2]	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$2,790,784	$0	$2,790,784	50	N/A	N/A
New Construction	$214,737	$2,948,893	$38,997	$3,202,626	271	221	$(322,787)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$65,824	$3,014,738	$38,997	$3,119,558	271	221	$(328,774)
Contract Out	$26,658	$3,677,677	$0	$3,704,335	10	(40)	$(913,551)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $3.12 billion and a net present value of approximately -$328.7 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Sarasota area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, Specialty Care and Ancillary spaces at the Sarasota CBOC lease are undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the VISN 8 Gulf market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	195,882	182,176	166,282	138,743	-41.2%
Enrollees	119,740	121,868	120,315	109,038	-9.8%

*Data reflects the VISN 08, Gulf market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	36,944	77,356	86,659	98,600	62.5%
Ambulatory Services	1,289,310	1,928,658	2,212,175	2,429,802	46.9%
Mental Health Stops	65,394	63,335	59,437	53,097	-23.2%
Mental Health Services	158,376	285,548	340,183	445,063	64.4%

*Data reflects workload for VISN 08, Gulf market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	32 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$4,808,000
Estimated Rental Rate[1]	$43.80/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	109,770
Parking Spaces	750
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$31,709,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	18,068
Proposed NUSF[1]:	109,770 (Approx. 131,724 ABOA SF)
Expansion/Reduction NUSF:	91,702
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	18,068 NUSF – 7/31/2025
Delineated Area:	
• North: E on University Pkwy, N on Market St, N on Natures Way, SE on Lakewood Rach Blvd, E on University Pkwy	
• East: S on Lorraine Rd, W on Fruitville Rd, S on Debrecen Rd, S on Palmer Blvd, S on Lorraine Rd	
• South: W on SR 72	
• West: N on McIntosh Rd, W on Fruitville Rd, N on Tuttle Ave	
Congressional District(s):	FL-16
Number of Official Parking Spaces[3]:	750
Scoring:	82.67%
Proposed Rental Rate:	$43.80
Proposed Total Annual Cost:	$4,808,000
Current Total Annual Cost:	$507,546

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Veterans Affairs Central Western Massachusetts Healthcare System

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Hampden County, MA to expand services currently offered at the Springfield CBOC in Springfield, MA in support of the Central Western Massachusetts Healthcare System in Northampton, MA.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$30,918,000	$30,918,000	$4,213,000

II. Priority Score: 2023 - 0.577

III. Description of Project:
This project proposes to lease an approximately 76,685 NUSF replacement and expanded Outpatient Clinic in the vicinity of Hampden County, MA, including 550 parking spaces. The new facility would expand on care currently provided at the existing Springfield CBOC lease and allow for a decompression of the Central Western Massachusetts Healthcare System in Northampton, MA. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans in the Hampden County area.

IV. Alternatives to Lease Considered
Status Quo:
The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Springfield CBOC lease. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)
This alternative proposes to lease an approximately 76,685 NUSF replacement and expanded Outpatient Clinic in the vicinity of Hampden County, MA, including 550 parking spaces. The lease would replace the existing Springfield CBOC lease to accommodate increasing workload and to allow for decompression at the medical center, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 103,525 GSF (equivalent to approximately 76,685 NUSF) Outpatient Clinic in the vicinity of Hampden County, MA, including 550 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, certain Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Hampden County area. There may not be sufficient, qualified private health care providers in the Hampden County area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. However, according to local VHA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility-sharing opportunities in the vicinity of the proposed project. In addition, the nearest DoD clinical location, New London Naval Base in Groton, CT, is approximately 73 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$4,767	$1,176,843	$0	$1,181,610	54	N/A	N/A
New Construction	$164,222	$1,103,376	$21,156	$1,288,753	109	55	$(42,827)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$55,435	$1,165,255	$21,156	$1,241,846	109	55	$(60,235)
Contract Out	$14,085	$1,415,214	$0	$1,429,299	10	(44)	$(247,688)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $1.24 billion and a net present value of approximately -$60.2 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Hampden County area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, Specialty Care and Ancillary spaces at the Hampden County CBOC lease are undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the VISN 1 West market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	151,670	116,510	93,004	63,096	-140.4%
Enrollees	88,392	81,582	73,630	58,862	-50.2%

*Data reflects the VISN 01, West market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	34,349	65,811	71,288	75,014	54.2%
Ambulatory Services	782,639	1,205,041	1,287,635	1,281,778	38.9%
Mental Health Stops	80,435	111,638	102,672	89,340	10.0%
Mental Health Services	142,239	270,008	301,942	358,926	60.4%

*Data reflects workload for VISN 01, West market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	30 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$4,213,000
Estimated Rental Rate[1]	$54.93/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	76,685
Parking Spaces	550
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$26,705,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	24,873
Proposed NUSF[1]:	76,685 (Approx. 92,022 ABOA SF)
Expansion/Reduction NUSF:	51,812
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	24,873 NUSF – 2/11/2023
Delineated Area:	
• North: E on US-202	
• East: S on Pleasant St, S on East St, S on West St, S on Fuller St, S on Rood St, S on Center St, S on Ludlow Ave, W on Main St, S on Parker St, S on Cooley St	
• South: W on Bicentennial Hwy, W on Allen St, W on Sumner Ave, S on Longhill St, NW on I-91, W on West St, S on Park Ave, W on South Blvd, W on Westfield St, W on Springfield St, W on Union St	
• West: N on US-202	
Congressional District(s):	MA-01
Number of Official Parking Spaces[3]:	550
Scoring:	76.44%
Proposed Rental Rate:	$54.93
Proposed Total Annual Cost:	$4,213,000
Current Total Annual Cost:	$786,399

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Community Living Center Lease
in Support of the James A. Haley Veterans' Hospital

This proposal provides for a new Community Living Center lease in the vicinity of Tampa, FL to provide necessary services, in support of the James A. Haley Veterans' Hospital.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$51,682,000	$51,682,000	$6,369,000

II. Priority Score: 2022 – 0.456

III. Description of Project

This project proposes to lease an approximately 153,528 NUSF new Community Living Center (CLC) lease in the vicinity of Tampa, FL, including 200 parking spaces. The new facility would allow for a decompression of the Tampa VAMC by moving the current CLC off-site into a right-sized location. The lease would allow VA to enhance CLC services by closing space gaps identified in the SCIP process. The new lease would allow for the full implementation of the VA Small House model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide CLC and Ancillary services to Veterans in the Tampa area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide CLC and Ancillary services to Veterans at the VAMC. The existing facility does not have an adequate amount of available, suitable space to properly provide CLC services, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in an outdated healthcare setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 153,528 NUSF CLC in the vicinity of Tampa, FL, including 200 parking spaces. Fully implementing the Small House model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for CLC services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for CLC services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 207,263 GSF (equivalent to approximately 153,528 NUSF) CLC in the vicinity of Tampa, FL, including 200 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an CLC. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all CLC and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Tampa area. There may not be sufficient, qualified private health care providers in the Tampa area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. The nearest DoD clinical location at the MacDill Airforce Base, which is approximately 15 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total# of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$311,459	$0	$311,459	0	N/A	N/A
New Construction	$317,227	$641,649	$12,648	$971,524	145	145	$(525,910)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$94,209	$659,870	$12,648	$766,726	125	125	$(455,268)
Contract Out	$2,309	$373,751	$0	$376,059	0	0	$(64,600)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $766.7 million and a net present value of approximately -$455.3 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Tampa area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current CLC and Ancillary spaces at the Tampa VAMC are inadequate and undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the Small House model. This project addresses space gaps and would enhance Veteran health care services in the Tampa market. As workload for CLC services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, Small House-designed and more accessible facility, with all parking consolidated in one location, would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	158,469	153,312	146,932	134,064	-15.4%
Enrollees	114,429	118,210	119,511	116,213	1.6%

*Data reflects the VISN 08, Central market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
CLC Beds	42	48	49	48	13.4%

*Data reflects workload for VISN 08, Central market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	36 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$6,369,000
Estimated Rental Rate[1]	$41.48/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	153,528
Parking Spaces	200
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$45,313,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	New
Current NUSF:	N/A
Proposed NUSF[1]:	153,528 (Approx. 184,234 ABOA SF)
Expansion/Reduction NUSF:	153,528
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	N/A
Delineated Area:	
• North: Intersection Hwy 41 and Hwy 54, E on Hwy 54, S on I-75, E on E Fowler Ave, NE on Hwy 301	
• East: S on McIntosh Rd	
• South: W on Dr Martin Luther King Jr Blvd	
• West: N on N Dale Mabry Hwy, N on Hwy 597, N on Hwy 41	
Congressional District(s):	CO-01, CO-02, CO-04, CO-06, CO-07
Number of Official Parking Spaces[3]:	200
Scoring:	81.14%
Proposed Rental Rate:	$41.48
Proposed Total Annual Cost:	$6,369,000
Current Total Annual Cost:	N/A

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Malcom Randall VAMC

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of The Villages, FL to expand services currently offered at the existing Villages VA Clinic, in support of the Malcom Randall VAMC.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 Years	$48,267,000	$48,267,000	$5,926,000

II. Priority Score: 2022 – 0.501

III. Description of Project

This project proposes to lease an approximately 140,144 NUSF replacement Outpatient Clinic in the vicinity of The Villages, FL, including 950 parking spaces. The new facility would expand on care currently provided at the existing The Villages VA Clinic lease and allow for a decompression of the Malcom Randall VAMC in Gainesville, FL. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, Specialty Care and Ancillary services to Veterans in the The Villages area.

IV. Alternatives to Lease Considered

Status Quo:

The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing The Villages VA Clinic lease. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)

This alternative proposes to lease an approximately 140,144 NUSF replacement Outpatient Clinic in the vicinity of The Villages, FL, including 950 parking spaces. The lease would replace the existing The Villages VA Clinic lease to accommodate increasing workload and to allow for decompression at the medical center, increasing operational efficiencies. The lease would also consolidate five parking leases in the The Villages area into the full parking requirement for this lease, improving Veteran and VA staff satisfaction. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 189,194 GSF (equivalent to approximately 140,144 NUSF) Outpatient Clinic in the vicinity of The Villages, FL, including 950 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the The Villages area. There may not be sufficient, qualified private health care providers in the The Villages area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. The nearest DoD clinical location at MacDill Air Force Base, FL, which is approximately 78 miles away. However, according to local VA planners and VHA's Office of Interagency Health Affairs – Office of VA-DoD Coordination, there are currently no additional DoD facility sharing opportunities for the proposed project in the local community. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$0	$3,488,006	$0	$3,488,006	194	N/A	N/A
New Construction	$265,261	$3,425,571	$31,474	$3,722,307	260	66	$(117,154)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$88,030	$3,510,515	$31,474	$3,630,019	260	66	$(142,012)
Contract Out	$49,120	$4,394,909	$0	$4,444,028	12	(182)	$(956,022)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $3.63 billion and a net present value of approximately -$142 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the The Villages area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Mental Health, Primary Care, Specialty Care and Ancillary spaces at the The Villages VA Clinic Lease are inadequate and undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the The Villages market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility, with all parking consolidated in one location, would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	260,737	251,949	242,698	221,044	-15.2%
Enrollees	176,769	184,700	186,882	181,574	2.7%

*Data reflects the VISN 08, North Florida South Georgia market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	63,208	131,035	153,486	185,725	193.8%
Ambulatory Services	1,652,440	2,536,396	2,934,757	3,448,625	108.7%
Mental Health Stops	104,527	113,633	106,801	95,825	-8.3%
Mental Health Services	192,398	356,578	442,209	612,858	218.5%

*Data reflects workload for VISN 08, North Florida South Georgia market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	36 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$5,926,000
Estimated Rental Rate[1]	$42.28/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	140,144
Parking Spaces	950
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$42,341,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement
Current NUSF:	74,715
Proposed NUSF[1]:	140,144 (Approx. 168,173 ABOA SF)
Expansion/Reduction NUSF:	65,429
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 Years
Expiration Dates of Current Leases[2]:	74,715 NUSF – 8/1/2030
Delineated Area:	
• North: Intersection Hwy 441 and SE Abshier Blvd, W on SE Abshier Blvd, W on SE 110th St, N on S Hwy 475, W on SW 107th Pl, W on Pendleton Way until road ends at I-75	
• East: N on N 14th St, N on Hwy 441	
• South: E on Hwy 44	
• West: S on I-75	
Congressional District(s):	FL-11
Number of Official Parking Spaces[3]:	950
Scoring:	82.28%
Proposed Rental Rate:	$42.28
Proposed Total Annual Cost:	$5,926,000
Current Total Annual Cost:	$1,541,963

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Outpatient Clinic Lease
in Support of the Jonathan M. Wainwright Memorial VAMC

This proposal provides for a replacement Outpatient Clinic lease in the vicinity of Tri-Cities, WA to expand services currently offered at the Richland Outpatient Clinic in Richlands, WA in support of the Jonathan M. Wainwright Memorial VAMC in Walla Walla, WA.

I. Budget Authority:

Lease Authorization	2023 Request	2023 Authorization Request	Unserviced Annual Rent
Up to 20 years	$36,136,000	$36,136,000	$4,812,000

II. Priority Score: 2023 - 0.716

III. Description of Project:
This project proposes to lease an approximately 98,635 NUSF replacement and expanded Outpatient Clinic in the vicinity of Tri-Cities, WA, including 700 parking spaces. The new facility would expand on care currently provided at the existing Richland Outpatient Clinic lease and allow for a decompression of the Jonathan M. Wainwright Memorial VAMC in Walla Walla. The lease would allow VA to enhance outpatient services by closing space gaps identified in the SCIP process. The new lease would expand the current Primary Care space, allowing for the full implementation of the PACT model of care delivery, improving operational efficiencies and the Veteran experience. The newly leased right-sized, state-of-the-art, energy-efficient health care facility would provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans in the Tri-Cities area.

IV. Alternatives to Lease Considered
Status Quo:
The Status Quo would continue to provide Primary Care, Mental Health, certain Specialty Care and Ancillary services to Veterans at the existing Richland Outpatient Clinic lease. The existing facility does not have an adequate amount of available, suitable space to properly implement the PACT model of care delivery, hindering the optimized delivery of modern healthcare at the facility. Continuing to provide healthcare services in a non-PACT setting would not improve operational efficiencies. The Status Quo alternative also does not close the space gaps identified in the SCIP process. For these reasons, the status quo alternative is not preferred.

Alternative 1: New Lease (Preferred Alternative)
This alternative proposes to lease an approximately 98,635 NUSF replacement and expanded Outpatient Clinic in the vicinity of Tri-Cities, WA, including 700 parking spaces. The lease would replace the existing Richland Outpatient Clinic lease to accommodate increasing workload and to allow for decompression at the medical center, increasing operational efficiencies. Fully implementing PACT model standards would allow optimized care delivery, increased team coordination and improved workflows for both Veterans and VA staff. The new lease would provide care in a modern, efficient facility, with increased operational efficiencies and sufficient space for outpatient services to addresses the current and projected space gaps identified in the SCIP process. In addition, the lease would provide VA with flexibility should Veterans' demand for outpatient services or Veteran demographics shift in the future. For these reasons, this is the preferred alternative.

Alternative 2: New Construction
This alternative proposes for VA to acquire land and construct a new, approximately 133,157 GSF (equivalent to approximately 98,635 NUSF) Outpatient Clinic in the vicinity of Tri-Cities, WA, including 700 parking spaces. The new construction alternative would address space gaps in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. In addition, new construction would require a longer implementation timeline for this project. Therefore, this is not the preferred alternative.

Alternative 3: Renovation
This alternative proposes to renovate a vacant or underutilized VA-owned facility for use as an outpatient clinic. For this alternative to be successful, VA would need to own a building within the same geographical area as the proposed lease with a floor plan able to accommodate the requirements proposed in this project. In addition, as part of the SCIP process, VA identified an overall space gap (deficit) for this market that would not be resolved through renovating space. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 4: Contract Out
This alternative assumes that all Primary Care, Mental Health, certain Specialty Care and Ancillary services proposed in this project would be contracted out to fee-basis providers in the Tri-Cities area. There may not be sufficient, qualified private health care providers in the Tri-Cities area to absorb the current and projected Veteran workload. In addition, this alternative may be more costly and could result in a loss of quality and control over Veteran health care. Therefore, this alternative is not optimal and is the least preferred.

Alternative 5: Acquisition of an Existing Facility through Purchase
This alternative proposes to purchase an existing facility in the local community that is suitable for renovation and able to accommodate all project requirements in the same manner as the lease alternative. However, a permanent VA-owned facility would limit flexibility to relocate services in the future based on changes in Veteran demographics. High-level market research and interviews with local VA planners have indicated that a suitable facility for purchase and subsequent renovation does not exist in the delineated market area of the proposed project. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

Alternative 6: Collaboration with DoD for a Joint Facility
This alternative proposes to lease a new shared facility with the DoD as a sub-lessee. This alternative would address all project requirement in the same manner as the lease alternative. However, according to local VHA planners and VHA's Office of Interagency Health Affairs - Office of VA-DoD Coordination, there are currently no facility-sharing opportunities in the vicinity of the proposed project. In addition, the nearest DoD clinical location, Fairchild Air Force Base, WA, is approximately 139 miles away. Therefore, this is not a viable option and has been excluded from the quantitative analysis below.

V. Analysis of Costs (discounted dollars in thousands)

	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	$3,296	$1,581,179	$0	$1,584,475	25	N/A	N/A
New Construction	$211,053	$1,642,260	$30,484	$1,883,796	205	180	$(212,282)
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lease	$65,354	$1,561,899	$30,484	$1,657,737	195	170	$(73,262)
Contract Out	$13,394	$1,872,884	$0	$1,886,278	10	(15)	$(301,803)
Acquire Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VA/DoD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Alternative	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.
**This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

VI. Analysis of Benefits

The preferred alternative, new lease, would deliver the best benefit to VA compared to all other alternatives. As discussed in the previous section: Status Quo does not address any of the existing gaps; new construction would result in a longer timeline to meet the demand within this lease; Contract Out could result in a loss of quality and control over Veteran health care; and the Renovation, Acquire an Existing Facility and VA/DoD Collaboration alternatives are not viable. The new lease alternative, with total life cycle costs of approximately $1.66 billion and a net present value of approximately -$73.3 million, would offer the most flexible alternative and would fully support VA's strategic goals and objectives and close gaps identified by the SCIP process in a timely and efficient manner to provide high-quality, reliable, accessible care to Veterans.

The proposed lease would allow the Department to open a new facility in a timely and efficient manner and provide Veterans in the Tri-Cities area better access to high-quality, reliable health care. A new lease would also provide the Department future flexibility. Based on changes in Veteran demographics, workload patterns and emergent health care delivery practices, a flexible lease alternative would allow VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

The current Primary Care, Mental Health, Specialty Care and Ancillary spaces at the Tri-Cities Outpatient Clinic lease are undersized for the current and projected Veteran workload demand for services. Further, inadequacy of the current space does not allow for the full implementation of the PACT model. This project addresses space gaps and would enhance Veteran health care services in the Tri-Cities market. As workload for Ambulatory Services and Procedures and Mental Health Services is projected to increase over the next 20 years, this project is essential to ensure that Veterans are able to access these services in a timely manner. Being housed in a right-sized, PACT-designed and more accessible facility would allow better optimized VA care delivery, improved Veteran satisfaction, increased team coordination, improved workflows and improved recruitment and retention for VA staff.

VII. Demographic Data*

	2020	2025	2030	2040	Change (2020-2040)
Veteran Population	108,728	103,288	97,102	83,805	-22.9%
Enrollees	71,776	73,896	73,079	67,395	-6.1%

*Data reflects the VISN 20, Inland North market.

VIII. Workload*

	2020	2025	2030	2040	Change (2020-2040)
Ambulatory Procedures	22,922	55,692	62,521	71,464	211.8%
Ambulatory Services	1,139,941	1,767,047	2,005,979	2,213,665	94.2%
Mental Health Stops	27,972	30,009	27,916	24,762	-11.5%
Mental Health Services	70,093	129,409	155,108	203,453	190.3%

*Data reflects workload for VISN 20, Inland North market; Pharmacy and Laboratory and Pathology Stops are excluded.

IX. Schedule*

Award Lease	24 months after authorization
Complete Construction	32 months after lease award
Activation/Occupancy	4 months after construction

*For leases with an annual unserviced rent exceeding the GSA prospectus threshold (currently $3.375M), the schedule above is dependent on passage of committee resolutions by the House Committee on Transportation and Infrastructure and the Senate Committee on Environment and Public Works.

X. Project Cost Summary of the Chosen Option

Estimated Annual Rent	$4,812,000
Estimated Rental Rate[1]	$48.78/NUSF
Proposed Lease Authority	Up to 20 years
NUSF	98,635
Parking Spaces	700
Scoring[2]	Operating Lease
Medical and Other Related Alterations (Lump Sum Payment)[3]	$31,324,000

[1]This estimate may be escalated by 2.0 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.
[2]Scoring detail provided in supplemental materials.
[3]Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements not included in the annual rent. Actual lump sum amount may vary based on offers received.

XI. Additional GSA Information

Lease Type:	Replacement and Expansion
Current NUSF:	9,804
Proposed NUSF[1]:	98,635 (Approx. 118,362 ABOA SF)
Expansion/Reduction NUSF:	88,831
Current NUSF/Person:	Not applicable, clinical space
Proposed NUSF/Person:	Not applicable, clinical space
Proposed Maximum Lease Term:	20 years
Expiration Dates of Current Leases[2]:	9,804 NUSF – 4/30/2028
Delineated Area: • North: E on I-182, E on HW-240 • East: S on US-395 • South: W on I-82 • West: N on I-82	
Congressional District(s):	WA-04
Number of Official Parking Spaces[3]:	700
Scoring:	77.99%
Proposed Rental Rate:	$48.78
Proposed Total Annual Cost:	$4,812,000
Current Total Annual Cost:	$387,850

[1]As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the RLP method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design.
[2]VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy.
[3]VA may pursue structured parking, instead of surface parking, during lease execution depending on land parcel availability.

VA routinely evaluates and revises its leasing process to ensure it is grounded in private-sector real estate best practices for healthcare delivery, responsive to the emerging demands of the Veteran population and fully aligned with federal budget processes. VA also works closely with GSA to ensure it has the latest government- wide guidance, tools and procedures in place.

Additionally, VA may change the delineated area for this project, keeping in mind speed to market, project costs and potential existing inventory as well as Veteran demographics and maintaining sufficient competition.

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Status Report for Authorized Major Medical Facility Projects
(Dollars in thousands)

Status Codes:
AA – Advertise and Award
AP-CD – Active Phase Construction Documents
AP-P – Active Phase Planning
AP-PB – Active Phase Project Book
CD – Construction Documents
CO – Construction
DD – Design Development
NFYDP – Not in Five Year Development Plan
P – Planning
PC – Physically Complete
RQ – Requirements

Location	Project Name/ Short Description	Total Est. Cost ($000)	Authori-zation ($000)	Approp. Available Through 2022 Request ($000)	Fiscal Year(s) Authorized	Status
Alameda, CA	Community Based Outpatient Clinic and National Cemetery	$395,000	$266,200	$266,200	2016/2020/2021/In 2023 Request for $395,000	CD
American Lake, WA[1]	Construction of New Specialty Care Building 201	$110,600	$110,600	$110,600	2016/2021	CO
Bay Pines, FL	Inpatient/Outpatient Improvements	$188,200	$194,400	$188,200	2010	CO
Biloxi, MS	Restoration of Hospital/ Consolidation of Gulfport	$341,500	$310,000	$341,500	2006/In 2022 request for $341,500	CO
Canandaigua, NY	Construction and Renovation	$506,400	$383,741	$443,900	2015/2019/2021/In 2022 Request/In 2023 Request for $506,400	CO
Dallas, TX	Clinical Expansion for Mental Health	$156,400	$15,640	$15,640	2010	DD
Dallas, TX	Spinal Cord Injury	$292,239	$249,000	$292,239	2013/2021/In 2022 Request for $292,239	AP-CD
El Paso, TX	Construct New Health Care Center	$700,000	$0	$150,000	In 2022 Request/In 2023 Request for $700,000	P
Livermore, CA	Realignment and Closure of the Livermore Campus	$505,000	$455,000	$455,000	2010/2016/ 2018/2020/2021/In 2023 Request for $490,000	CO
Long Beach, CA	Seismic Corrections- Bldgs 7 and 126	$129,545	$117,845	$129,545	2004/2006/2011	CO

Location	Project Name/ Short Description	Total Est. Cost ($000)	Authori-zation ($000)	Approp. Available Through 2022 Request ($000)	Fiscal Year(s) Authorized	Status
Long Beach, CA	Mental Health and Community Living Center	$387,300	$367,300	$387,300	2015/2016/ 2017/2021 /In 2022 Request for $387,300	CO
Louisville, KY	New Medical Facility	$1,013,000	$ 860,000	$978,000	2010/2016/ 2019/2020/In 2022 Request/In 2023 Request for $1,013,000	CO
Manhattan, NY	Medical Center - Flood Recovery	$372,600	$ 372,600	$372,600	2013/2020	CO
North Chicago, IL[2]	Renovate Building 4	$15,980	$15,980	$15,980	2019	CO
Oklahoma City, OK[2]	Construct Surgical Intensive Care Unit and Renovate Operating Rooms	$47,564	$29,461	$47,564	2019/In 2022 Request for $47,564	CD
Palo Alto, CA	Centers for Polytrauma/Blind Rehabilitation, Ambulatory Care and Research	$716,600	$716,600	$472,600	2008/2012	AP-PB
Perry Point, MD	Replacement Community Living Center	$92,700	$92,700	$92,700	2016	P
Pittsburgh, PA	Consolidation of Campuses	$268,215	$295,600	$268,215	2004/2007/2009	CO
Portland, OR	Upgrade Portland Bldg 100/101 for Seismic Retrofit and Renovation	TBD	$0	$20,000	In 2022 Request/In 2023 Request for $523,000	S/DD
Reno, NV[4]	Replace VASNHCS Medical Center	TBD	$213,800	$223,800	2017/In 2023 for Reauthorization	P
San Diego, CA	SCI and Seismic Building 11	$311,700	$ 252,100	$262,100	2015/2016/2020/ 2021 /In 2022 Request for $262,700	CO
San Francisco, CA[3]	New Research Facility	$264,500	$180,480	$254,880	2016/In 2022 Request for $254,880	D
San Juan, PR	Seismic Corrections-Bldg. 1	$307,000	$ 307,000	$307,000	2009/2012/2020	CO
St. Louis (JB), MO	Medical Facility Improvements and Cemetery Expansion	$366,500	$346,300	$366,500	2007/2012	CO
St. Louis (JC), MO	Replace Bed Tower, Clinical Bldg Expansion and Parking Garage	TBD	$43,340	$135,340	2010/In 2022 Request for $135,340	RQ

Location	Project Name/ Short Description	Total Est. Cost ($000)	Authori-zation ($000)	Approp. Available Through 2022 Request ($000)	Fiscal Year(s) Authorized	Status
Tampa, FL	Polytrauma and New Bed Tower	$236,500	$231,500	$240,200	2008/2015	CO
Walla Walla, WA	Multi-Specialty Care	$71,400	$71,400	$71,400	2010	CO
West Los Angeles, CA	Seismic Correction of 12 Buildings	$105,500	$105,500	$105,500	2012/2015/ 2016/2017	CO
West Los Angeles, CA	Build New Critical Care Center	TBD	$75,790	$115,790	2020/In 2022 Request for $115,790	D
	Total		**$8,237,032**	**$8,651,574**		

[1]The project description was updated in 2021 from Building 81 Seismic Corrections, Renovation of Building 81AC and 18 and Construction of New Specialty Care Building 201. Phase III Building 81 and 81AC was moved to the Seismic Corrections Program. One or both of these two building renovations (81 and 81AC) may be moved back into the Major program in the future and an updated prospectus will be published to reflect the change.
[2]North Chicago, IL and Oklahoma City, OK were originally minor construction and/or non-recurring maintenance projects that exceeded the $10M threshold and had minor appropriations of $9.98M and $18.661M, respectively.
[3]The project description, scope and TEC were updated in 2022 President's Budget Prospectus. The Seismic Retrofit/Replace Buildings 1, 6 and 8 will be funded with the Seismic Line Item.
[4]The project description and total estimated costs are updated in prospectus listed above, and reauthorization of funds is requested.

2004 and 2005 projects were authorized under P.L. 108-170, which expired September 30, 2006. Projects authorized in P.L. 108-170 that did not have construction awards prior to the expiration date required reauthorization. 2004 and 2005 projects with expired authorization were reauthorized in P.L. 109-461, which also authorized the 2006 and 2007 projects. The 2008 projects were authorized in P.L. 110-252. The 2009 projects were authorized in P.L. 110-387. Walla Walla, WA, was authorized by P.L. 111-98 in 2010. All other 2010 projects were authorized in P.L. 111-163. 2011 projects were authorized in P.L. 111-275. 2012 projects were authorized in P.L. 112-37. 2013 projects were authorized in P.L. 112-191 and P.L. 113-2 (Manhattan, NY). 2015 projects were authorized in P.L. 114-58. 2016 projects were authorized in P.L. 114-223. 2017 projects were authorized in P.L. 114-294 and 114-315. 2018 projects were authorized in P.L. 115-182. 2019 projects were authorized in P.L.115-407. 2020 projects were authorized in P.L. 116-144. 2021 projects were authorized in P.L. 117-30.

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Status Report for Authorized Major Medical Leases 2005 – 2021 Not Yet Completed

Status Codes:
AC - Alternatives to leased space being considered
AP - Acquisition Process
C - Complete
CA - Canceled
LAP - Lease Award Pending
LA - Lease Awarded
NS - Not Started
OH - On Hold

Location	Description	Authori-zation ($000)	NUSF Space	Fiscal Year Authorized	Status
Ann Arbor, MI	Outpatient Clinic	4,247	36,453	2017	C
Albuquerque, NM	Research and Development	9,560	80,000	2014	AC
Bakersfield, CA	Outpatient Clinic	3,464	30,100	2010	LA
Birmingham, AL	Outpatient Mental Health Clinic	6,649	59,744	2017	C
Brick, NJ	Community Based Outpatient Clinic	7,280	60,000	2014	LA
Cape Girardeau, MO	Community Based Outpatient Clinic	4,232	43,000	2014	LA
Charleston, SC	Research	7,274	48,000	2017	AP
Cobb County, GA	Community Based Outpatient Clinic	6,409	64,000	2014	C
Columbus, GA	Outpatient Clinic	5,335	55,000	2012	C
Corpus Christi, TX	Outpatient Clinic	6,556	58,254	2017	LA
Daytona Beach, FL	Outpatient Clinic	12,198	106,826	2017	LA
Denver, CO	Chief Business Office/Purchased Care	14,784	184,718	2017	LA
Fredericksburg, VA	Outpatient Clinic	45,015	378,461	2017	LA
Gainesville, FL	Outpatient Clinic	7,891	70,849	2017	LA
Gainesville, FL	Outpatient Mental Health Clinic	4,320	39,932	2017	LA
Hampton Roads, VA	Outpatient Clinic	18,141	155,169	2017	LA
Honolulu, HI	Outpatient Clinic	15,887	66,000	2014	LA
Indianapolis, IN	Outpatient Clinic	7,876	67,721	2017	C
Jacksonville, FL	Outpatient Clinic	18,623	164,054	2017	LA
Johnson County, KS	Community Based Outpatient Clinic	2,263	22,910	2014	C
Missoula, MT	Outpatient Clinic	6,942	59,990	2017	C
New Port Richey, FL	Outpatient Clinic	11,927	114,000	2014	LA
Northern Colorado, CO	Outpatient Mental Health Clinic	8,904	75,645	2017	LA
Ocala, FL	Outpatient Clinic	5,026	45,499	2017	C
Oxnard, CA	Outpatient Clinic	5,274	41,027	2017	LA
Phoenix, AZ	Outpatient Clinic	20,757	203,000	2014	C
Pike County, GA	Outpatient Clinic	5,565	49,175	2017	C
Pittsburgh, PA	Outpatient Clinic	6,247	53,466	2017	LA
Ponce, PR	Outpatient Clinic	11,535	114,300	2014	LA
Portland, ME	Outpatient Clinic	6,808	56,637	2017	C
Raleigh, NC	Outpatient Clinic	21,870	185,271	2017	LA
Rapid City, SD	Outpatient Clinic	4,532	40,003	2017	LA

Location	Description	Authori-zation ($000)	NUSF Space	Fiscal Year Authorized	Status
Redding, CA	Community Based Outpatient Clinic	8,154	77,000	2014	C
Rochester, NY	Outpatient Clinic II	3,645	31,064	2017	CA
San Antonio, TX	Community Based Outpatient Clinic (South Co.)	19,426	190,800	2014	C
San Diego, CA	Community Based Outpatient Clinic	11,946	99,986	2014	C
San Diego, CA	Research	4,852	27,923	2017	LA
San Juan, PR	Mental Health Clinic	5,323	52,000	2011	LA
Santa Rosa, CA	Outpatient Clinic	6,922	53,870	2017	LA
Tampa, FL	Outpatient Mental Health Clinic	13,387	114,098	2017	LA
Tampa, FL	Outpatient Clinic (Lakeland)	10,760	92,681	2017	LA
Terre Haute, IN	Outpatient Clinic	4,102	36,827	2017	C
Tulsa, OK	Community Based Outpatient Clinic	13,269	140,000	2014	C
Tyler, TX	Outpatient Clinic	4,327	48,425	2014	C
Worcester, MA	Community Based Outpatient Clinic	4,855	40,000	2014	C

Enhanced-Use Leases

The Enhanced-Use Leasing (EUL) program was authorized by law in 1991 and codified in 38 U.S.C. § 8161-8169, allowing VA to outlease real property to non-Federal public entities and private parties for terms of up to 75 years. Pursuant to the 1991 authority, in return for allowing underutilized VA property to be used for non-VA uses compatible with or benefit the Department's mission. VA could accept rent in the form of monetary payments or as "in-kind" consideration, which in the opinion of the Secretary enhanced a particular VA activity's mission.

After VA's EUL authority expired in December 2011, it was reinstated in August 2012 in modified form via Public Law (P.L.) 112-154, Section 211, and extended through December 31, 2023. The modified authority limits VA to receiving monetary consideration only and stipulates that VA may enter into EULs solely for the purpose of creating supportive housing. VA has submitted legislative proposals to extend the EUL authority beyond 2023 and to expand allowable uses beyond supportive housing.

The West Los Angeles Leasing Act of 2016 (P.L. 114-244, enacted on September 29, 2016) and the West Los Angeles VA Campus Improvement Act of 2021 (P.L.117-18, enacted on June 23, 2021) further amended VA's EUL authority and allows VA to enter into EULs at its West Los Angeles Campus to terms up to 99 years to provide supportive housing benefiting Veterans and their families. VA must report annually on EULs to the Congressional Veterans' Affairs, the Committees on Appropriations and the Committees on the Budget.

From 1991 to September 30, 2021, VA awarded 105 leases to develop a portfolio that features both housing (permanent and traditional supportive housing, assisted living, senior housing and hospice) and non-housing (credit union, mental health facility, parking, energy plants, hotel, medical school, office and child-care) projects. See Appendix D for a summary of these leases. The 105 awarded leases are comprised of:

- 54 Housing EULs
- 27 Non-Housing EULs
- 3 Disposed EULs
- 14 Expired EULs
- 7 Terminated EULs

Additional key points related the housing projects include:

- In operation: 49 housing projects; totaling 3,368 units and housing approximately 2,548 Veterans
- Under construction or awaiting construction start: 5 projects totaling 264 units.

Under the current EUL authority and as part of the Department's ongoing effort to eliminate Veteran homelessness, VA has identified and is pursuing additional sites nationwide with high potential for repurposing as supportive housing for Veterans and their families who are homeless or at risk of homelessness. VA continues to propose amendments to expand the scope of its EUL authority to include projects that are supportive housing and projects that provide services and/or mixed uses, incorporating other important benefits to Veterans.

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Chapter 5
Strategic Capital Investment Planning Process Project Lists

Background

VA prioritizes capital projects using the Strategic Capital Investment Planning (SCIP) process, which began in 2010 and was first used in the 2012 budget cycle. SCIP is an innovative Department-wide planning process used to inform the current and future year's budget request by facilitating the review and prioritization of projects from the following capital investment accounts: major construction; minor construction; lease; and Veterans Health Administration (VHA) non-recurring maintenance (NRM) projects. SCIP is designed to improve the delivery of services and benefits to Veterans, their families and survivors by addressing VA's most critical needs or performance gaps first, investing wisely in VA's future and significantly improving the efficiency of VA's far-reaching and wide range of activities. VA's 2023 capital request addresses the Department's highest capital priorities as defined by this process.

This year, VA continued to implement the process changes from 2022 to reduce administrative workload on facility staff in support of the Department's efforts to focus resources on high-priority COVID-19 pandemic response activities while continuing to provide capital requirements to inform the Department's 2023 budget request. The following process changes were continued from 2022:

- Business case (BC) form was reduced for minor construction projects. This reduction allowed for more streamlined collection of data necessary for project prioritization, with no impact to the process outcome, and still allowed requirement validation to occur; and
- BC requirements were removed for minor lease projects. Minor lease projects were still required to submit lease details in the action plan to capture any gap closure.

Additionally, this year's SCIP process does not provide full gap closure requirements at all Veteran Integrated Service Networks (VISNs) due to pandemic response resource constraints. Future year SCIP processes will ensure adherence to established gap closure and BC requirements.

The 2023 SCIP process provides prioritized lists of major and minor construction, major lease and VHA NRM projects for budget year funding consideration and a list of minor lease projects that were submitted in approved action plans and do not require a full BC submission to be scored.

The prioritized SCIP lists for construction and lease projects are provided in Tables 5-1 and 5-2, respectively. The 2023 SCIP-approved potential minor leases and the prioritized VHA NRM projects are provided in Tables 5-3 and 5-4, respectively. Diagrams of the decision criteria models use to prioritize projects are provided in *Volume 4, Chapter 6.2, VA Strategic Capital Investment Planning Process Overview*. The decision criteria definitions for construction, lease and NRM projects can be found in Appendices A, B and C, respectively.

Integrated Department-wide Priority Lists for 2023

2023 Construction SCIP List

The construction SCIP list (Table 5-1 on the following page) includes all new unfunded major and minor construction projects reviewed for 2023 that meet established cost thresholds, in priority order. The construction SCIP list is used to inform the development of the VA construction programs budget request. Projects with costs listed in the 2023 Request column are included in this year's construction programs budget request. Funding decisions for the minor construction programs focused on critical priorities for Veterans Benefits Administration (VBA), Office of Information Technology (OIT), and Staff Office (including Office of Security and Preparedness (OSP)) projects, resulting in some projects being included in the funding request out of priority order. These projects address critical infrastructure deficiencies and/or right-sizing space requirements to align with increased telework and remote work policies are indicated in the table with the footnote number 2.

The construction SCIP list does not include the approximately $710.3 million requested in 2023 for major construction line items and below threshold minor construction projects, approximately $1.1 billion requested in 2023 that will fund the continuation or completion of projects initiated and or reviewed by SCIP in a prior fiscal year, nor the $968 million from the Recurring Expenses Transformational Fund to fund line items and the continuation or completion of projects initiated and reviewed by SCIP in a prior fiscal year.

Major construction projects on which VA has begun active planning and could require additional funding in the next five budget years are listed on the five-year development plan (FYDP). Each year, newly scored major projects are eligible to be chosen from the construction SCIP list to be added to the FYDP. Projects marked with footnote number 1 in the construction SCIP list below are new additions to the annual FYDP. See *Volume 4, Chapter 6.2, VA Strategic Capital Investment Planning Process Overview*, for more details on the FYDP and how these pieces come together to develop the construction programs budget request.

One of the major construction line item accounts is seismic corrections, which provides funding to correct critical seismic issues across VA facilities. The seismic corrections program request is comprised of newly identified projects and existing partially funded major construction, minor construction, and NRM projects that meet certain criteria. A more detailed description of the seismic corrections program, including project eligibility requirements, can be found in *Volume 4, Chapter 2: Construction, Major.*

Table 5-1: 2023 Construction SCIP List
Construction Program Key:
Major – Major Construction
Minor – Minor Construction

[1]This project has been added to the 2023 Five-Year Development Plan.
[2]This project addresses critical infrastructure deficiencies and/or right-sizing space requirements to align with increased telework and remote work policies.

Priority #	VISN/ Admin	City/ Cemetery	ST	2023 Construction Projects SCIP List Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
1	NCA	St Louis (JB)[1]	MO	Jefferson Barracks - Phase 5 Gravesite Expansion	0.686	Major	$44,000	$44,000
2	22	Long Beach[1]	CA	Acquire Spinal Cord Injury/Disease, Physical Medicine and Rehabilitation, and Prosthetics Center	0.648	Major	TBD	$0
3	23	St Cloud[1]	MN	Acquire Mental Health Residential Rehabilitation Treatment Program Bldg	0.636	Major	TBD	$0
4	NCA	Soloman-Saratoga	NY	Gravesite Expansion for (IGC)/HG Bldg CS Repairs/Pavers and Site Repairs and Furnishings, Irrigation System and Correct Facility Condition Deficiencies	0.632	Minor	$1,990	$1,990
5	6	Asheville[1]	NC	Acquire Community Living Center and Renovate for Primary and Specialty Care Clinics	0.618	Major	TBD	$0
6	NCA	Tallahassee	FL	Gravesite Expansion (PPC, IGC-PUC, N)	0.590	Minor	$7,880	$7,880
7	1	Bedford	MA	Acquire Community Living Center	0.578	Major	$1,106,279	$0
8	NCA	Alabama NC	AL	Gravesite Expansion (Pre-placed Crypts, In-ground Cremains and Niches (PPC, IGC, N)), Phase 3	0.561	Minor	$19,240	$1,924
9	NCA	Mill Springs	KY	Maintenance Building Repair of Plaques, Perimeter Walls/ Capstones, C and G	0.511	Minor	$1,640	$1,640

Priority #	VISN/ Admin	City/ Cemetery	ST	2023 Construction Projects SCIP List Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
10	21	Honolulu	HI	Expand and Renovate Center for Aging to Support the Psychiatric Residential Recovery Program	0.511	Minor	$15,837	$1,584
11	20	Roseburg	OR	Expand Community Living Center, Bldg 81	0.485	Minor	$14,352	$1,435
12	15	Wichita	KS	Construct Addition and Renovate Bldg. 3 for Pharmacy and Associated ADA Parking	0.476	Minor	$15,947	$1,595
13	NCA	Albuquerque	NM	Replace Santa Fe National Cemetery	0.465	Major	$57,000	$57,000
14	17	Bonham	TX	Construct Pharmacy	0.451	Minor	$10,988	$1,099
15	NCA	Salisbury	NC	Gravesite Expansion (PPC, IGC, Niches)	0.413	Minor	$18,650	$1,865
16	19	Salt Lake City	UT	Construct Sterile Processing Service	0.409	Minor	$12,589	$1,259
17	7	Charleston	SC	Demolish Myrtle Beach Site for Seismic Compliant Dental Clinic	0.386	Minor	$16,000	$1,600
18	NCA	NMCP	HI	Facilities/Infrastructure Improvements	0.379	Minor	$3,890	$3,890
19	10	Columbus	OH	Construct Logistics and Operating Rooms	0.378	Minor	$16,000	$1,600
20	2	Buffalo	NY	Relocate Labs (Part 2)	0.377	Minor	$13,200	$1,320
21	NCA	Staunton	VA	Demolish Service/ Maintenance Bldg; Site Repairs	0.371	Minor	$1,800	$1,800
22	NCA	Vancouver	WA	Gravesite Expansion (Trad, IGC)	0.370	Minor	$1,090	$1,090
23	NCA	St Augustine	FL	Correct Facility Condition Deficiencies	0.369	Minor	$2,420	$2,420
24	9	Murfreesboro	TN	Construct Outpatient Mental Health Center	0.366	Minor	$15,999	$1,600
25	NCA	Marietta	GA	Correct Facility Condition Deficiencies (Lodge, Maint Bdg, Arbor, Monuments)	0.347	Minor	$1,650	$1,650

Priority #	VISN/ Admin	City/ Cemetery	ST	2023 Construction Projects SCIP List Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
26	NCA	Knoxville	TN	Correct Facility Condition Deficiencies (Lodge, Maint Bdg, Arbor, Monuments, Replace Water Line, Irrigation System)	0.347	Minor	$1,510	$1,510
27	NCA	Ft. Michell	AL	Replace Irrigation System	0.346	Minor	$1,280	$1,280
28	19	Cheyenne	WY	Construct Physical Therapy and Cardio/ Pulmonary Addition	0.341	Minor	$14,569	$1,457
29	16	Jackson	MS	Community Living Center Residential Neighborhood	0.335	Minor	$15,647	$1,565
30	6	Richmond	VA	Improve Surgical Patient Privacy	0.325	Minor	$11,533	$1,153
31	NCA	Lebanon	KY	Correct Facility Condition Deficiencies	0.322	Minor	$3,570	$3,570
32	VBA	Montgomery[2]	AL	Replace Regional Office Air Handling Units	0.321	Minor	$2,700	$2,700
33	10	Cleveland	OH	Acquire Health Care Center	0.321	Major	$237,700	$0
34	OIT	Philadelphia	PA	Data Center Electrical Support Systems	0.309	Minor	$9,975	$0
35	9	Murfreesboro	TN	Construct Dental Clinic	0.303	Minor	$10,360	$1,036
36	7	Augusta	GA	Construct Foundational Services Outpatient Mental Health Building, Uptown Division	0.299	Minor	$14,972	$1,497
37	8	West Palm Beach	FL	Acquire Multi-Specialty Clinic	0.299	Major	$113,073	$0
38	4	Wilmington	DE	Community Living Center Addition for Modernization	0.286	Minor	$15,999	$1,600
39	6	Asheville	NC	Construct Primary Care Building #1	0.281	Minor	$15,809	$1,581
40	22	San Diego	CA	Convert to Single Patient Rooms, 5E-B and C Pod	0.279	Minor	$16,217	$1,622
41	15	Kansas City	MO	Construct Cancer Center Addition	0.277	Minor	$16,097	$1,610
42	OIT	Oakland	CA	Innovation Center	0.276	Minor	$3,581	$0
43	OIT	Hines	IL	Parking Lot Paving Project	0.272	Minor	$1,600	$0
44	OIT	Austin[2]	TX	Renovate Mailroom, Entry and Connectivity Monitoring Studio, Ph 2B	0.272	Minor	$5,083	$5,083

Priority #	VISN/ Admin	City/ Cemetery	ST	2023 Construction Projects SCIP List Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
45	1	Boston	MA	Surgical Service Expansion, Phase 1	0.269	Minor	$15,400	$1,540
46	4	Philadelphia	PA	Construct Community Living Center Basement Addition	0.265	Minor	$12,710	$1,271
47	NCA	Bath	NY	Correct Site Drainage and Repair Roads	0.262	Minor	$2,001	$2,001
48	16	New Orleans	LA	Expand Staff and Patient Parking Garages	0.260	Major	$23,515	$0
49	12	Milwaukee	WI	Construct Community Living Center, Phase 1	0.259	Minor	$15,959	$1,596
50	6	Fayetteville	NC	Create a Locked Memory Unit	0.258	Minor	$15,238	$1,524
51	OIT	Austin	TX	CRRC Security Upgrades	0.258	Minor	$1,323	$0
52	12	Madison	WI	Relocate Inpatient Mental Health	0.257	Minor	$16,000	$1,600
53	OIT	Austin	TX	Replace System A Generators 1, 2 and 3	0.256	Minor	$8,500	$0
54	OIT	Austin	TX	Replace Emergency Power Distribution Panels	0.253	Minor	$785	$0
55	8	Bay Pines	FL	Renovate Community Living Center, Phase 1	0.252	Minor	$13,997	$1,400
56	22	Tucson	AZ	Acquire Inpatient Bed Tower	0.251	Major	$95,038	$0
57	23	Des Moines	IA	Construct Foundational Services Outpatient Clinic	0.245	Minor	$15,041	$1,504
58	16	Houston	TX	Construct Women's Health and Primary Care Expansion	0.242	Minor	$13,688	$1,369
59	23	Iowa City	IA	Expand Bldg 1 for Ambulance Garage Addition	0.242	Minor	$1,815	$182
60	9	Lexington	KY	Construct Replacement Community Living Center	0.242	Minor	$12,100	$1,210
61	7	Tuscaloosa	AL	Cottage Phase 3	0.241	Minor	$15,362	$1,536
62	1	Bedford	MA	Construct New Pharmacy	0.240	Minor	$7,950	$795
63	OIT	Hines	IL	Replace Interior Dry Transformers	0.240	Minor	$2,200	$0
64	22	Phoenix	AZ	Construct New Operating Room Suite	0.240	Minor	$14,850	$1,485
65	23	Hot Springs	SD	Renovate Bldg 12	0.238	Minor	$15,000	$1,500
66	5	Beckley	WV	Construct Patient Centered Diagnostics and Specialty Addition	0.238	Minor	$15,610	$1,561

Priority #	VISN/ Admin	City/ Cemetery	ST	2023 Construction Projects SCIP List Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
67	4	Butler	PA	Construct a Warehouse for VISN Western Market Distribution	0.238	Minor	$15,680	$1,568
68	22	Long Beach	CA	Expand and Renovate Emergency Department	0.229	Minor	$15,985	$1,599
69	2	St. Albans	NY	Expand and Renovate Primary Care for CBOC Ancillary Diagnostic Services Module	0.228	Minor	$14,088	$1,409
70	NCA	Cypress Hills	NY	Renovate Historic Site and Buildings	0.228	Minor	$2,650	$2,650
71	17	Amarillo	TX	Expand Community Living Center for Patient Privacy	0.228	Minor	$13,900	$1,390
72	8	Miami	FL	Construct Clinical Support and Treatment Center with Audiology, Dental and Parking	0.228	Minor	$13,075	$1,307
73	15	Columbia	MO	Construct Residential Rehabilitation Treatment Program Building	0.227	Minor	$14,323	$1,432
74	OIT	Austin[2]	TX	Lightning and Grounding Protection Systems	0.226	Minor	$2,900	$2,900
75	17	Temple	TX	Construct MRI Suite Addition	0.225	Minor	$6,595	$660
76	21	Reno	NV	Construct Garage	0.221	Minor	$16,623	$1,662
77	NCA	Mobile	AL	Correct Facility Condition Deficiencies (Maint Bdg, Roads, Front Entrance Gate, Rostrum, Memorials)	0.219	Minor	$1,200	$1,200
78	8	San Juan	PR	Expand Ambulatory Services at Building 19	0.218	Minor	$15,884	$1,588
79	8	Orlando	FL	Acquire/Expand Primary Care Clinics	0.218	Major	$24,479	$0
80	10	Columbus	OH	Construct Optometry, Cardiology and Pulmonary Addition	0.215	Minor	$16,000	$1,600
81	OIT	Philadelphia	PA	Upgrade Data Center Mechanical Support Systems	0.209	Minor	$7,500	$0
82	NCA	Salisbury	NC	Renovate Public Restroom; Site Repairs	0.209	Minor	$3,050	$3,050
83	NCA	Camp Butler	IL	Repair Roads, Parking Lots, Curbs and Gutters	0.207	Minor	$1,500	$1,500

Priority #	VISN/ Admin	City/ Cemetery	ST	2023 Construction Projects SCIP List Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
84	5	Huntington	WV	Construct New Parking Garage	0.206	Minor	$10,450	$1,045
85	20	Boise	ID	Construct Primary Care and Dental Building	0.206	Minor	$15,523	$1,552
86	21	Las Vegas	NV	Construct Outpatient Mental Health Space	0.205	Minor	$15,960	$1,596
87	20	Portland	OR	Construct Geriatric Psychiatry Ward addition to Bldg 1 - Vancouver	0.205	Minor	$9,623	$962
88	5	Washington	DC	Construct Second Floor Addition to Research Building 14	0.205	Minor	$12,247	$1,225
89	VBA	Milwaukee	WI	Construct Parking Structure	0.203	Minor	$9,800	$0
90	12	Madison	WI	Expand Specialty Care	0.203	Minor	$12,000	$1,200
91	Staff-OSP	Little Rock[2]	AR	Construct VA-Personnel Security Adjudication Center	0.201	Minor	$10,284	$10,284
92	NCA	Alexandria	LA	Renovate Historic Lodge	0.196	Minor	$1,160	$1,160
93	1	Providence	RI	Construct E Wing 5th Floor for Specialty Clinics	0.194	Minor	$15,635	$1,564
94	Staff-OSP	Little Rock	AR	Create Law Enforcement Training Center Student Parking Deck	0.192	Minor	$15,422	$0
95	NCA	Nashville	TN	Replace Roads, Curbs and Repair Storm Drainage	0.192	Minor	$3,500	$3,500
96	NCA	Winchester	VA	Renovate Historic Buildings and Correct Facility Condition Deficiencies	0.188	Minor	$4,523	$4,523
97	10	Columbus	OH	Expand Mental Health Waiting Area and Improve Facility Access	0.185	Minor	$4,643	$464
98	2	Bronx	NY	Patient Care Environment Courtyard Atrium	0.183	Minor	$6,603	$660
99	NCA	Dallas	TX	New Irrigation System (3 Wells)	0.181	Minor	$5,620	$5,620
100	NCA	Finn's Point	NJ	Historic Wall Restoration	0.178	Minor	$2,120	$0
101	NCA	Quantico	VA	Renovate Public Restrooms, Shelters and Maintenance Facility	0.169	Minor	$5,280	$0

Priority #	VISN/ Admin	City/ Cemetery	ST	2023 Construction Projects SCIP List Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
102	OIT	Austin	TX	Replace Electrical Busway from RM 161 Loads to 160E and 160B	0.166	Minor	$850	$0
103	19	Oklahoma City	OK	Acquire Land for Fisher House Construction	0.165	Minor	$5,251	$525
104	NCA	St Louis	MO	Correct Facility Condition Deficiencies (Repair Roads and Parking Lots, Replace Committal Shelter #4)	0.162	Minor	$5,050	$0
105	OIT	Hines	IL	Upgrade Restroom for ADA Compliance	0.160	Minor	$2,628	$0
106	OIT	Austin	TX	Power Systems B Modifications to Parallel Transformer 5 and 6	0.159	Minor	$950	$0
107	NCA	Leavenworth	KS	Replace Maintenance Facility	0.156	Minor	$4,490	$0
108	NCA	Baltimore	MD	Replace Fence and Improve Property Border	0.152	Minor	$2,410	$0
109	Staff-OSP	Little Rock	AR	Create Law Enforcement Training Center Dormitory Space	0.151	Minor	$17,000	$0
110	NCA	Fort Smith	AR	Replace Irrigation System	0.149	Minor	$1,435	$0
111	VBA	Fargo	ND	Renovate and Realign Regional Office	0.149	Minor	$2,100	$0
112	VBA	Atlanta	GA	Renovate and Realign Regional Office, 4th Floor	0.149	Minor	$5,668	$0
113	NCA	Golden Gate	CA	Install Irrigation Mainline and Controller Upgrades	0.149	Minor	$1,100	$0
114	NCA	Baltimore	MD	Repave Roads, Replace Curbs and Site Drainage	0.149	Minor	$2,340	$0
115	NCA	Fort Smith	AR	Repair/Replace Roads, Curbing, and Drainage	0.149	Minor	$1,230	$0
116	NCA	Houston	TX	Pond Dredging and Storm Drainage Maintenance	0.149	Minor	$4,280	$0
117	NCA	St Louis	MO	Expand Irrigation System to Entire Cemetery	0.149	Minor	$9,020	$0
118	NCA	Rock Island	IL	Expand Irrigation System to Entire Cemetery	0.149	Minor	$2,730	$0
119	NCA	NMCP	HI	Replace Irrigation System	0.149	Minor	$2,540	$0
120	NCA	San Francisco	CA	Replace Irrigation System	0.149	Minor	$1,420	$0

Priority #	VISN/ Admin	City/ Cemetery	ST	2023 Construction Projects SCIP List Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
121	NCA	Tahoma	WA	Replace Irrigation Main Line	0.149	Minor	$1,000	$0
122	Staff	Washington[2]	DC	Alterations to Consolidate Leases into 810 and 811 Vermont Avenue	0.149	Minor	$5,300	$5,300
123	16	Little Rock	AR	Site Prep for Fisher House (Parking Garage)	0.149	Minor	$15,400	$1,540
124	VBA	St Petersburg	FL	Renovate and Realign Regional Office	0.149	Minor	$9,900	$0
125	NCA	New Albany	IN	Correct Facility Condition Deficiencies	0.141	Minor	$1,390	$0
126	NCA	Nashville	TN	Correct Facility Condition Deficiencies	0.130	Minor	$2,770	$0
127	NCA	Chattanooga	TN	Replace Roads and Storm Drainage	0.130	Minor	$1,200	$0
128	NCA	Baltimore	MD	Renovate Historic Lodge and Site	0.111	Minor	$4,850	$0
129	NCA	Seven Pines	VA	Renovate Historic Buildings and Correct Facility Condition Deficiencies	0.111	Minor	$3,750	$0
130	NCA	Richmond	VA	Renovate/Repair Historic Site and Buildings	0.109	Minor	$3,010	$0
131	NCA	Glendale	VA	Renovate Site and Buildings	0.108	Minor	$2,250	$0
132	NCA	Wilmington	NC	Repair Historic Brick Wall	0.091	Minor	$1,070	$0
133	NCA	Chattanooga	TN	Install Irrigation System	0.089	Minor	$8,930	$0
134	NCA	Marietta	GA	Install Irrigation System	0.089	Minor	$1,670	$0
135	NCA	Keokuk	IA	Expand Irrigation System to Entire Cemetery	0.089	Minor	$1,330	$0
136	NCA	Long Island	NY	Irrigation Project, Ph 1	0.089	Minor	$2,630	$0
137	NCA	Willamette	OR	Replace Sprinkler Heads	0.089	Minor	$1,070	$0

2023 Major Lease SCIP List

The 2023 major lease SCIP list (Table 5-2) includes all unfunded major lease projects with a first year's annual unserviced rent estimate of $1,000,000 or more in priority order that were reviewed for 2023. The amounts for each lease in the 2023 Authorization/Notification Amount column represent a preliminary planning estimate of the first year's annual unserviced rent plus any build out and are considered to be the mean cost in a range of plus or minus 10 percent. This year, only major leases are required to submit a BC for scoring. These prioritized lease projects are approved to be awarded in 2023, contingent on contracting timelines, final funding allocations and, for the 10 newly scored VHA major leases, Congressional authorization. Those 10 leases are marked with footnote number 1 in the table below. See *Volume 4, Chapter 4: VA Lease Notifications, Major Medical Facility and Lease Authorizations*, for the required prospectus documents for each VHA major lease.

Table 5-2: 2023 Major Lease SCIP List

Priority #	VISN/Admin	City	ST	2023 Major Lease SCIP List Project Name - Short Description	Total Score	2023 Authorization/ Notification Amount ($000)
1	20	Walla Walla[1]	WA	Replacement and Expansion Outpatient Clinic	0.716	$36,136
2	8	Bay Pines[1]	FL	Replacement and Expansion Outpatient Clinic	0.661	$36,517
3	15	Kansas City[1]	MO	New Outpatient Clinic	0.608	$40,027
4	1	Northampton[1]	MA	Replacement and Expansion Outpatient Clinic	0.577	$30,918
5	9	Louisville[1]	KY	New Outpatient Clinic	0.563	$16,671
6	15	Poplar Bluff[1]	MO	Replacement and Expansion Outpatient Clinic	0.505	$17,940
7	9	Nashville[1]	TN	New Outpatient Clinic	0.337	$10,958
8	19	Denver[1]	CO	Replacement Domiciliary	0.331	$9,133
9	2	Buffalo[1]	NY	New Research	0.316	$11,106
10	23	St Cloud[1]	MN	Replacement and Expansion Outpatient Clinic	0.303	$14,669
11	VBA	San Diego	CA	San Diego Regional Offices Consolidation	0.281	$5,759
12	VBA	Roanoke	VA	Roanoke Regional Office	0.267	$2,900
13	VBA	New Orleans	LA	New Orleans Regional Office	0.267	$1,800
14	VBA	Phoenix	AZ	Phoenix Regional Office	0.267	$3,300

[1]This project requires Congressional authorization. The prospectus for this project can be found in *Volume 4, Chapter 4: VA Lease Notifications, Major Medical Facility and Lease Authorizations.*

2023 Minor Lease SCIP List

Minor lease projects are not required to submit a BC for scoring and are not prioritized, however they are approved through SCIP and the listing of those leases is included in Table 5-3, below. The amounts for each lease in the 2023 Request column represent a preliminary planning estimate of the first year's annual unserviced rent plus any build out and are considered to be the mean cost in a range of plus or minus 10 percent.

Table 5-3: 2023 SCIP-Approved Potential Minor Lease List (Sorted by State, City, VISN/Admin,)

VISN/ Admin	City	ST	2023 SCIP-Approved Minor Lease List Project Name - Short Description (Sorted by State, City, VISN/Admin)	2023 Request ($000)	Lease Type
7	Birmingham	AL	Birmingham Warehouse	$541	Replacement
7	Birmingham	AL	Huntsville Women's Health Clinic	$4,205	New
7	Birmingham	AL	Birmingham Women's Health Clinic	$4,205	New
7	Montgomery	AL	Monroeville CBOC	$85	Replacement
7	Montgomery	AL	Dothan Clinic	$6,540	Replacement
VBA	Montgomery	AL	Ft Walton Beach VR and E Office	$45	Replacement
VBA	Montgomery	AL	Birmingham VR and E Office	$48	Replacement
16	Fayetteville	AR	Audiology, Speech and Home Based Primary Care	$2,704	Replacement
16	Little Rock	AR	Drop In Day Treatment Center	$184	Replacement
16	Little Rock	AR	Home Based Primary Care	$100	Replacement
16	Little Rock	AR	VHA Recruitment Office	$198	Replacement
VBA	Phoenix	AZ	Phoenix Regional Office 2	$550	Replacement
22	Long Beach	CA	Santa Ana Eye Clinic	$482	Replacement
22	Long Beach	CA	Santa Ana CBOC	$1,131	Replacement
22	Long Beach	CA	Santa Ana Mental Health and Community Resource and Referral Center Annex	$1,010	Replacement
22	Los Angeles	CA	San Luis Obispo Clinic	$2,989	Replacement
22	Los Angeles	CA	San Gabriel Valley Clinic	$3,005	Replacement
22	Los Angeles	CA	Convert East Los Angeles VA Clinic to VA Operated	$2,555	New
21	Palo Alto	CA	CO-OP Research Admin	$2,100	Replacement
21	Palo Alto	CA	Honolulu Teleradiology	$675	Replacement
21	Palo Alto	CA	San Bruno Teleradiology	$1,222	Replacement
21	Sacramento	CA	Martinez Parking	$110	Replacement
22	San Diego	CA	Sorrento Valley Clinic	$1,154	Replacement
22	San Diego	CA	Homeless Counseling Center	$1,181	Replacement
22	San Diego	CA	Parking	$1,399	New
1	West Haven	CT	Waterbury CBOC	$1,718	Replacement
1	West Haven	CT	Danbury CBOC	$1,718	Replacement

VISN/ Admin	City	ST	2023 SCIP-Approved Minor Lease List Project Name - Short Description (Sorted by State, City, VISN/Admin)	2023 Request ($000)	Lease Type
1	West Haven	CT	Winsted CBOC	$1,709	Replacement
1	West Haven	CT	Willimantic CBOC	$292	Replacement
VHA HQ	Washington	DC	Phoenix, AZ Vet Center	$162	Replacement
VHA HQ	Washington	DC	Forest Park, IL Vet Center	$197	Replacement
VHA HQ	Washington	DC	Fort Worth, TX Vet Center	$118	Replacement
VHA HQ	Washington	DC	Lakewood, NJ Vet Center	$130	Replacement
VHA HQ	Washington	DC	Tucson, AZ Vet Center	$131	Replacement
VHA HQ	Washington	DC	West Los Angeles, CA Vet Center	$752	Replacement
VHA HQ	Washington	DC	Worcester, MA Vet Center	$902	Replacement
VHA HQ	Washington	DC	Norwhic, CT Vet Center	$877	Replacement
VHA HQ	Washington	DC	San Francisco, CA Vet Center	$758	Replacement
VHA HQ	Washington	DC	Towson, MD Vet Center	$955	Replacement
VHA HQ	Washington	DC	Saginaw, MI Vet Center	$707	Replacement
VHA HQ	Washington	DC	Duluth, MN Vet Center	$771	Replacement
VHA HQ	Washington	DC	Pasco, FL Vet Center	$133	Replacement
VHA HQ	Washington	DC	St. Petersburg, FL Vet Center	$110	Replacement
VHA HQ	Washington	DC	Sanford, ME Vet Center	$74	Replacement
VHA HQ	Washington	DC	Fayetteville, NC Vet Center	$196	Replacement
VHA HQ	Washington	DC	Kauai, HI Vet Center	$200	Replacement
VHA HQ	Washington	DC	Ogden, UT Outstation Vet Center	$586	Replacement
VHA HQ	Washington	DC	Miami, FL Vet Center	$872	Replacement

VISN/ Admin	City	ST	2023 SCIP-Approved Minor Lease List Project Name - Short Description (Sorted by State, City, VISN/Admin)	2023 Request ($000)	Lease Type
VHA HQ	Washington	DC	Melbourne, FL Vet Center	$797	Replacement
VHA HQ	Washington	DC	Salisbury, MD Outstation Vet Center	$178	Replacement
8	Gainesville	FL	Perry Clinic	$39	Replacement
8	Gainesville	FL	Mental Health and Social Work Office	$154	Replacement
8	Gainesville	FL	Planning Systems Support Group Office	$45	Replacement
8	Gainesville	FL	Winn Dixie Parking - Lake City	$17	Replacement
8	Miami	FL	Deerfield Beach CBOC	$171	Replacement
8	Orlando	FL	Palm Bay CBOC	$2,750	Replacement
8	Orlando	FL	SIM Learn Ctr/RDI	$275	Replacement
VBA	St Petersburg	FL	Sarasota VR and E Office	$30	Replacement
12	Chicago	IL	Community Resource and Referral Center	$365	Replacement
12	Danville	IL	Springfield CBOC	$4,280	Replacement
12	North Chicago	IL	Kenosha CBOC	$173	Replacement
10	Indianapolis	IN	Eskenazi Parking	$720	Replacement
10	Indianapolis	IN	VISN 10/12 Optical Lab	$2,700	Replacement
15	Leavenworth	KS	Platte City CBOC	$162	Replacement
99	Leavenworth	KS	Consolidated Mail Out Pharmacy, Network Contracting Office 15	$920	Replacement
VBA	New Orleans	LA	Shreveport VR and E Office	$116	Replacement
16	Shreveport	LA	Knight Street Compensation and Pension Clinic	$1,950	Replacement
1	Boston	MA	Quincy CBOC	$45	Replacement
1	Brockton	MA	Plymouth CBOC	$300	Replacement
5	Baltimore	MD	Arena Parking Garage	$264	Replacement
5	Baltimore	MD	Lexington Market Parking Garage	$577	Replacement
5	Baltimore	MD	Market Center Parking Garage	$570	Replacement
1	Togus	ME	Calais CBOC	$132	Replacement
1	Togus	ME	Lincoln Access Point	$183	Replacement
10	Ann Arbor	MI	Call Center	$180	Replacement
10	Saginaw	MI	Grayling CBOC	$3,329	Replacement
10	Saginaw	MI	Saginaw Parking Lot	$105	Replacement
10	Saginaw	MI	Community Care/Home Based Primary Care	$2,537	Replacement
23	Minneapolis	MN	Community Resource and Referral Center	$2,391	Replacement
15	Poplar Bluff	MO	West Plains CBOC	$2,450	Replacement
16	South Central VA Network	MS	VISN 16 Office - Ridgeland	$630	Replacement

VISN/ Admin	City	ST	2023 SCIP-Approved Minor Lease List Project Name - Short Description (Sorted by State, City, VISN/Admin)	2023 Request ($000)	Lease Type
16	Jackson	MS	Flowood Administration Offices	$500	Replacement
16	Jackson	MS	Bldg. 4 Ground Floor Admin Offices	$350	Replacement
19	Fort Harrison	MT	Browning Telehealth Clinic	$18	Replacement
19	Fort Harrison	MT	Glendive CBOC	$67	Replacement
19	Fort Harrison	MT	Helena Sleep Lab	$93	Replacement
6	Durham	NC	Raleigh Dialysis Clinic and Blind Rehab	$305	Replacement
6	Durham	NC	Hillandale I Clinic	$260	Replacement
6	Fayetteville	NC	Brynn Marr CBOC	$213	Replacement
6	Fayetteville	NC	Josh Court CBOC	$295	Replacement
23	Fargo	ND	Jamestown CBOC	$1,299	Replacement
23	Fargo	ND	Devils Lake CBOC	$941	Replacement
23	Fargo	ND	Bismarck CBOC	$4,015	New
1	Manchester	NH	Portsmouth CBOC	$1,753	Replacement
2	East Orange	NJ	Hamilton CBOC	$105	Replacement
2	East Orange	NJ	Piscataway CBOC	$130	Replacement
VBA	Newark	NJ	Regional Office 2	$312	Replacement
22	Albuquerque	NM	Silver City CBOC	$3,000	Replacement
VBA	Albuquerque	NM	Regional Office 1	$645	Replacement
VBA	Buffalo	NY	Syracuse VR and E Office	$73	Replacement
2	Northport	NY	Patchogue CBOC	$290	Replacement
2	Syracuse	NY	Syracuse Admin Office	$1,179	Replacement
10	Cleveland	OH	Rootstown CBOC	$2,939	Replacement
10	Cleveland	OH	Akron Ambulatory Surgery Center	$5,971	Replacement
10	Cleveland	OH	Akron CBOC	$6,542	Replacement
10	Cleveland	OH	Akron Specialty Care Clinic	$6,542	Replacement
10	Cleveland	OH	Canton CBOC	$6,517	Replacement
10	Cleveland	OH	Lisbon CBOC	$1,959	Replacement
VHA HQ	Cleveland	OH	Duncanville TX Network Contracting Office 17	$825	Replacement
VHA HQ	Cleveland	OH	Boise Network Contracting Office 20	$60	Replacement
VHA HQ	Cleveland	OH	Dupont WA Network Contracting Office 20	$125	Replacement
VBA	Muskogee	OK	Oklahoma City VR and E Office	$140	Replacement
VBA	Muskogee	OK	Regional Office 3 Call Center	$672	Replacement
20	Portland	OR	Hillsboro CBOC	$4,574	Replacement
20	Portland	OR	West Linn CBOC	$2,245	Replacement
4	Butler	PA	Lawrence County CBOC	$110	Replacement
4	Butler	PA	Michael A. Marzano CBOC	$2,998	Replacement

VISN/ Admin	City	ST	2023 SCIP-Approved Minor Lease List Project Name - Short Description (Sorted by State, City, VISN/Admin)	2023 Request ($000)	Lease Type
4	Erie	PA	Warren CBOC	$2,600	Replacement
4	Lebanon	PA	Berks CBOC	$185	Replacement
4	Philadelphia	PA	Snyder House Residential Rehabilitation Treatment Center	$5,408	Replacement
VBA	Philadelphia	PA	Harrisburg VR and E Office	$45	Replacement
4	Pittsburgh	PA	Pittsburgh CBOC	$211	Replacement
7	Charleston	SC	Georgetown CBOC	$1,994	New
7	Charleston	SC	James Island Administration Office	$535	Replacement
7	Columbia	SC	Multi-Specialty CBOC	$5,143	New
9	Johnson City	TN	Campbell County CBOC	$75	Replacement
9	Murfreesboro	TN	Chattanooga CBOC Annex	$300	Replacement
9	Nashville	TN	Clarksville Dental Clinic	$160	Replacement
VBA	Nashville	TN	Clarksville VR and E Office	$53	Replacement
17	Dallas	TX	Plano CBOC	$617	Replacement
17	Dallas	TX	Lancaster Road location	$300	Replacement
17	El Paso	TX	Las Cruses CCBOC	$5,411	Replacement
16	Houston	TX	Conroe CBOC	$8,224	Replacement
17	San Antonio	TX	One Tech Fiscal/Fee Admin Office 300 and 400	$521	Replacement
17	San Antonio	TX	One Tech San Antonio VCS and Community Care	$255	Replacement
VBA	Waco	TX	Tyler VR and E Office	$37	Replacement
6	Richmond	VA	Fredericksburg I CBOC	$371	Replacement
1	White River Junction	VT	Burlington CBOC	$2,092	Replacement
20	Spokane	WA	Spokane Admin Office	$3,618	Replacement
12	Milwaukee	WI	Union Grove CBOC	$618	Replacement
VBA	Milwaukee	WI	Regional Office 4	$64	Replacement
VBA	Milwaukee	WI	Regional Office 2	$98	Replacement
19	Sheridan	WY	Riverton CBOC	$1,410	Replacement

2023 VHA NRM SCIP List

VHA NRM projects were scored and prioritized based on SCIP approved action plan projects that are the VISN's top priority needs for 2023. The approval for NRM (including NRM energy management) projects is contingent on results of final funding allocations, contracting timelines, feasibility studies (for NRM energy management projects).

Table 5-4: 2023 VHA NRM SCIP List (Sorted by Priority)

*SUS is the NRM-Sustainment project type and IM is the NRM-Infrastructure Modernization project type.

Priority #	VISN	City	ST	2023 SCIP VHA NRM List Project Name - Short Description	Total Score	NRM Project Type*	Total Est. Project Cost ($000)
1	10	Fort Wayne	IN	Upgrade Campus Electrical Systems	1.000	IM	$12,369
2	23	Omaha	NE	Expand 2nd Floor Cardio Pulmonary	0.935	Sus	$6,833
3	15	Kansas City	MO	Refurbish ICUs Halls, Walls, Floors, and Patient Areas	0.935	IM	$6,144
4	12	Chicago	IL	Replace Heating and Cooling Distribution System	0.934	Sus	$6,750
5	21	Reno	NV	Provide New Utility Services Across Kirman Avenue	0.934	Sus	$6,600
6	4	Wilmington	DE	Renovate the First Floor of Building 1 for Primary Care	0.934	Sus	$13,300
7	10	Saginaw	MI	Site Water Loop and Valve Replacement	0.894	IM	$8,000
8	1	Bedford	MA	Renovate Food and Delivery and IRM, Building 3	0.892	Sus	$11,940
9	22	San Diego	CA	Energy Management Controls Integration Upgrades - Group 2	0.867	IM	$13,712
10	15	Wichita	KS	Replace Fire Alarm Infrastructure and System	0.866	IM	$5,850
11	19	Salt Lake City	UT	Replace Curtain Walls - Phase 1	0.866	IM	$6,133
12	4	Wilmington	DE	Replace Campus Boiler Units	0.866	IM	$8,800
13	9	Murfreesboro	TN	Construct Sterile Processing Service	0.859	Sus	$8,926
14	12	Danville	IL	Renovate B98-2 for PACT, Geriatrics, Speech, Wound Care, Podiatry	0.849	Sus	$6,624
15	2	Bath	NY	Replacement of Steam Distribution Lines - Phase II	0.838	IM	$5,500
16	10	Ann Arbor	MI	Renovate Endoscopy to Meet Sterility Standards	0.833	Sus	$15,491
17	22	San Diego	CA	Replace Primary Electrical Distribution Leg - High Voltage - Group 2	0.831	IM	$9,760
18	22	Long Beach	CA	Partial Seismic Retrofit, Demolition and Renovation of Building 8	0.830	IM	$14,796
19	22	Tucson	AZ	Replace Plumbing Systems in Buildings 2 and 38	0.808	Sus	$7,000

Priority #	VISN	City	ST	2023 SCIP VHA NRM List Project Name - Short Description	Total Score	NRM Project Type*	Total Est. Project Cost ($000)
20	10	Indianapolis	IN	Replace Air Handling Units and Roof Deficiencies	0.807	IM	$13,038
21	10	Marion	IN	Install Boiler and Upgrade Cooling Towers	0.800	IM	$8,350
22	1	West Haven	CT	Upgrade OR Utilities	0.800	IM	$11,000
23	23	Des Moines	IA	Renovate 2nd Floor Clinics and Biomed	0.800	Sus	$11,458
24	4	Altoona	PA	Renovate Vacated Red Team Space	0.800	Sus	$6,202
25	4	Altoona	PA	Renovate 5th Floor Community Living Center	0.800	Sus	$8,981
26	22	San Diego	CA	Replace Air Handlers and Exhaust Fans - Group 2	0.741	IM	$18,057
27	1	Newington	CT	Replace Boiler Plant and Chiller Plant	0.726	IM	$36,300
28	5	Baltimore	MD	Improve Roads and Sidewalks, and Address Building Access Deficiencies, Loch Raven	0.700	IM	$8,155
29	2	Batavia	NY	Electronic Health Records Management Renovation	0.667	IM	$7,250
30	20	Spokane	WA	Renovate Building 1, 2nd Floor South Wing and 8th Floor	0.666	Sus	$11,441
31	10	Marion	IN	Remodel Building 65, Chapel	0.651	Sus	$5,695
32	1	Bedford	MA	Renovate Building One	0.649	Sus	$8,800
33	9	Lexington	KY	Renovate Building 27 for Ancillary-Diagnostics and Specialty Care	0.648	Sus	$13,500
34	1	Northampton	MA	Renovate Birch Building for Administration	0.639	Sus	$10,742
35	2	East Orange	NJ	Upgrade Elevators, Ph 2	0.638	IM	$6,760
36	20	Spokane	WA	Construct Chiller Plant and Cooling Tower	0.634	IM	$12,502
37	9	Memphis	TN	Correct Building Automated Controls	0.634	IM	$5,016
38	22	Sepulveda	CA	Repair/Modernize Elevators	0.633	IM	$8,382
39	1	Providence	RI	Renovate 6A Medical Surgical Inpatient Nursing Unit	0.631	Sus	$9,626
40	1	Providence	RI	Renovate 6B Medical Surgical Inpatient Nursing Unit	0.631	Sus	$9,626
41	1	Togus	ME	Renovate Operating Suite	0.629	Sus	$9,986
42	21	San Francisco	CA	Renovate Intensive Care Unit to Airborne Infection Isolation Standard	0.627	Sus	$8,500
43	2	Northport	NY	Renovate Building 5	0.621	IM	$5,500
44	23	Minneapolis	MN	Renovate Ward 2J for Private Patient ICU Beds	0.620	Sus	$8,000

Priority #	VISN	City	ST	2023 SCIP VHA NRM List Project Name - Short Description	Total Score	NRM Project Type*	Total Est. Project Cost ($000)
45	2	Northport	NY	Repair Tunnels, Bldgs 6, 7, 8, 9, 92	0.612	IM	$5,500
46	1	Boston (WR)	MA	Provide Patient Elevators and Dumbwaiters Bldg 2	0.608	IM	$5,600
47	22	San Diego	CA	Replace Roof Drain Storm Water Piping Deficiencies, East	0.602	IM	$9,000
48	22	Loma Linda	CA	Replace Facility Waste, Drain and Vent Piping	0.600	IM	$8,500
49	1	West Haven	CT	Improve Fire Protection Systems, West Haven and Newington	0.600	IM	$11,110
50	1	West Haven	CT	Replace and Expand Elevators in Building 1	0.600	IM	$11,500
51	10	Cleveland	OH	Renovate 3rd Floor Amb Care for Specialty Care Clinic	0.600	Sus	$6,472
52	1	West Haven	CT	Replace Roofs and Repair Solar PV Arrays	0.600	IM	$17,800
53	1	West Haven	CT	Install Hybrid OR	0.600	Sus	$7,150
54	5	Washington	DC	Replace and Upgrade Air Handling Units Buildings 1 and 6	0.579	IM	$8,379
55	23	Fort Meade	SD	Replace Boilers	0.566	IM	$12,000
56	9	Murfreesboro	TN	Replace Chilled Water Loop	0.565	IM	$10,830
57	23	Sioux Falls	SD	Replace Boiler Plant	0.562	IM	$21,500
58	19	Sheridan	WY	Station-Wide Tuck Pointing	0.551	IM	$5,376
59	1	Northampton	MA	Renovate Cascades Building for Acute Mental Health Ward	0.544	Sus	$8,100
60	2	Brooklyn	NY	Replace Boiler #3	0.527	IM	$7,000
61	5	Perry Point	MD	Repair Sanitary Lines	0.525	IM	$11,941
62	5	Beckley	WV	Correct Entry Screening and Fencing for Physical Security	0.508	IM	$14,300
63	1	Providence	RI	Renovate Parking Garage	0.505	IM	$5,500
64	2	St. Albans	NY	Replace Main Electrical Switch Gear	0.503	IM	$6,600
65	2	Batavia	NY	Exterior Improvements	0.502	IM	$5,040
66	22	Los Angeles	CA	Replace 8 inch Water Main from Building 501 (Chiller Plant) to Building 501 (Hospital Building)	0.501	IM	$8,000
67	5	Perry Point	MD	Improve Security Plazas	0.500	IM	$5,236
68	4	Lebanon	PA	Replace HVAC Buildings 34, 35 and 36	0.500	IM	$5,500
69	2	East Orange	NJ	Renovate 5A Wing for Inpatient Unit	0.463	Sus	$8,100
70	2	East Orange	NJ	Upgrade Chemistry and Hemo. Lab Ph2	0.406	Sus	$5,280

Priority #	VISN	City	ST	2023 SCIP VHA NRM List Project Name - Short Description	Total Score	NRM Project Type*	Total Est. Project Cost ($000)
71	5	Perry Point	MD	Upgrade Restrooms and Legionella Prevention in Patient Buildings	0.397	Sus	$10,575
72	2	East Orange	NJ	Replace Perimeter Fence and Gates	0.393	IM	$7,750
73	22	Albuquerque	NM	Repair/Replace Water Service and Storage	0.366	IM	$9,350
74	1	Northampton	MA	Renovate Mountains Building for Wellness Center	0.357	Sus	$7,500
75	1	Providence	RI	Construct Central Chiller Plant Ph 1	0.352	IM	$16,250
76	5	Washington	DC	Convert Central Dental Lab to Expand Poly Trauma, Prosthetics and Rehab Center	0.345	Sus	$5,429
77	1	West Haven	CT	Upgrade Chiller Plant	0.331	IM	$8,965
78	1	Providence	RI	Install Site Security Systems Campus Wide	0.322	IM	$8,300
79	22	Prescott	AZ	Replace Steam Boilers and Correct Seismic Deficiencies	0.321	IM	$16,500
80	1	Manchester	NH	Construct Utility Backbone, Phase 1	0.315	IM	$10,350
81	2	Brooklyn	NY	Replace Boiler #4	0.315	IM	$6,600
82	5	Washington	DC	Renovate Pathology	0.315	Sus	$7,337
83	2	Bronx	NY	Renovate 7C for Med-Surg	0.309	Sus	$8,800
84	5	Perry Point	MD	Remove Water System Dead-legs for Legionella Prevention - Patient Bldgs	0.305	IM	$10,936
85	2	Brooklyn	NY	Upgrade Facility Site Lighting	0.301	IM	$5,500
86	2	Canandaigua	NY	Upgrade Infrastructure for Electronic Health Record Management	0.300	IM	$20,000
87	4	Lebanon	PA	Renovate Building 17, 3rd Floor for Audiology, Speech and ENT	0.300	Sus	$5,450
88	5	Perry Point	MD	Install Perimeter Fencing	0.300	IM	$7,724
89	1	West Haven	CT	Facade Replacement, Bldg 1, Ph 2	0.285	IM	$5,500

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Executive Summary

VA's Strategic Capital Investment Planning (SCIP) Process

The SCIP process is an annual effort designed to capture the full extent of VA's capital needs and inform budget formulation. The SCIP process relies on gap analyses based on a 10-year planning horizon to identify critical performance gaps in safety, security, utilization, access, seismic safety, facility condition, space, parking and energy. Identified gaps drive the creation of a system-wide capital needs assessment that drills down to specific regional-, network- and facility-level capital projects and the associated resources necessary to close those critical gaps.

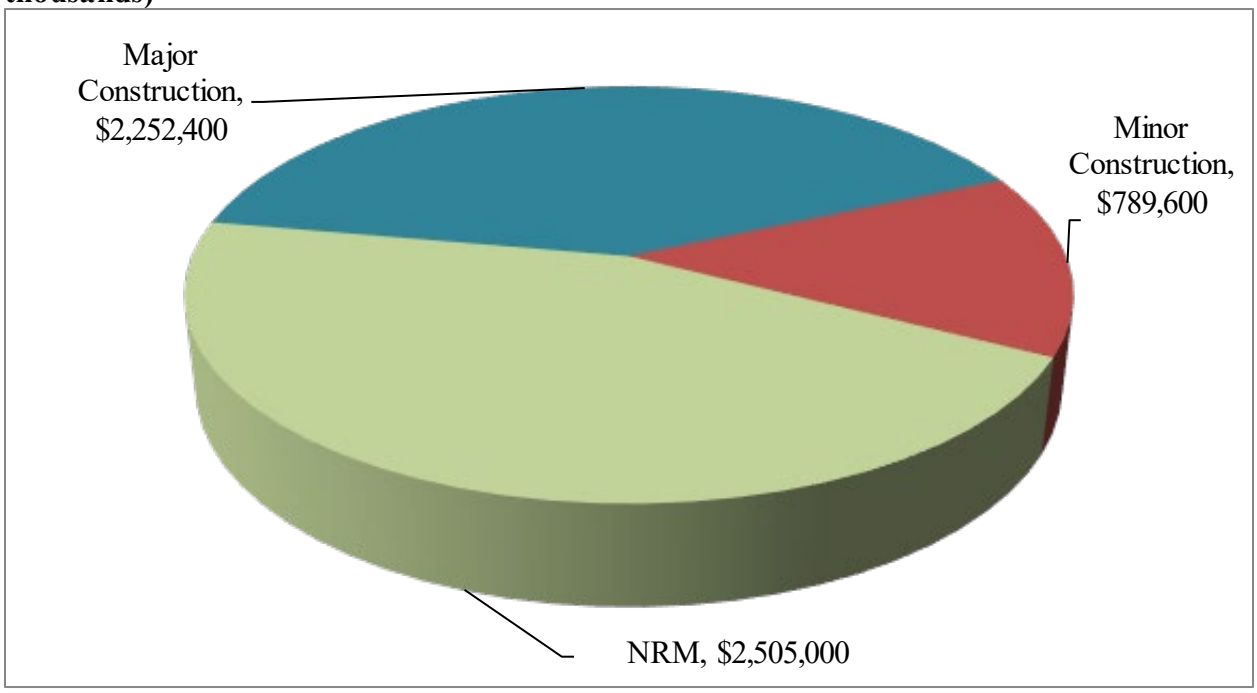
The 2023 SCIP process identified 2,332 capital projects needed to close critical gaps and meet targets across VA. Based on current estimates, completion of all capital projects identified in the SCIP plan would require estimated resources of between $72 and $88 billion, including activation costs. These estimates are based on current market conditions and will be modified as projects move through the annual budget formulation process (from action plan to business case, etc). In a given fiscal year, the highest priority SCIP projects are submitted in the annual Budget request for funding consideration. These projects are prioritized based on their contribution to closing identified gaps and funded based on annual appropriation levels. The 2023 SCIP list funds the highest ranking SCIP projects that will address VA's modernization efforts by enhancing patient privacy, ensuring national cemeteries remain open, improving information technology infrastructure and correcting critical facility condition deficiencies across the Department. These funds as well as available prior year funds will assist in ensuring Veterans are cared for in a safe environment.

The SCIP process is revisited each year to take into account changes in medical delivery, technology, Departmental and Congressional mandates and local or regional projections. Because prioritization is an annual process, VA is unable to predict which specific projects will be requested for funding beyond 2023. There may be some locations and facilities undergoing study, including ongoing environmental studies. Therefore, the potential future projects listed in the Long Range Capital Plan should not be construed as VA having made decisions to execute projects at these sites. The SCIP process and associated results have undergone a formal executive review process, developed by senior management and have been approved by the Secretary — thus ensuring that the plan is closely aligned with the Department's strategic goals and mission. The SCIP process and decision model was updated for the SCIP 2023 cycle to better meet the Secretary's goal of VA modernization, including increasing access to services to improve outcomes. Additionally, the SCIP decision model and weights were updated to allow the priorities of local and Administration decision makers to have significantly more impact in the prioritization process and the ranking of projects. Also, Veterans Health Administration (VHA) non-recurring maintenance (NRM) projects have their own SCIP criteria and model, which places emphasis on providing additional weight to local priorities and VHA-specific planning priorities.

The SCIP 2023 process did not make any adjustments as a result of the on-going Asset and Infrastructure Review (AIR) Commission process, directed by the MISSION Act. The implementation of any changes to VA's health care infrastructure as a result of AIR may be several years away would depend on AIR Commission, Presidential and Congressional decisions. VA looks forward to collaborating with the AIR Commission as it assesses the Department's recommendations and transmits its own report to the President.

VA 2023 Major, Minor and NRM Budget Request

Figure E-1: 2023 VA Major, Minor and NRM Budget Request (Dollars in thousands)



Total Budget Request is $5.5 billion

The 2023 VA capital budget request of $5.5 billion includes investments in a number of asset categories across several organizations and accounts. Table E-1 (below) provides a breakout of capital budget request by Administration and Staff Offices (SO). This includes the $968 million anticipated for major and minor construction from the Recurring Expenses Transformational Fund (RETF).

Table E-1: 2023 VA Major, Minor and NRM Request with Anticipated RETF

($000)	VHA	NCA	VBA	SO	RETF	Total
NRM*	$2,505,000	$0	$0	$0	$0	**$2,505,000**
Major Construction	$1,297,890	$140,000	$0	$10,000	$804,510	**$2,252,400**
Minor Construction	$344,245	$157,265	$30,000	$94,600	$163,490	**$789,600**
Totals by Admin	**$4,147,135**	**$297,265**	**$30,000**	**$104,600**	**$968,000**	**$5,547,000**

*Planned 2023 NRM obligations

Detailed information referenced throughout the chapters is included in the Appendix of this Volume.

SCIP also incorporates the use of non-capital solutions to meet gaps. Non-capital approaches include methods such as the use of tele-medicine, extended hours for the provision of services on site and purchasing care from private sources through contracts or on a fee-basis (care in the community). Incorporating such non-capital approaches can reduce the total amount of capital needed to increase access or add space. For example, tele-medicine technologies allow patients to receive care, diagnostic services or monitoring at home or in other convenient locations, reducing patient travel and the number of exam rooms needed, saving energy costs and better utilizing providers remotely. Another example is extending hours of service, reducing the need for capital at outpatient care sites experiencing high utilization rates or projecting increased demand.

VA may also utilize care in the community in lieu of facility construction, renovation/expansion or leasing in certain circumstances to address access needs and space gaps or to reduce the local footprint. This approach is useful where the demand for a particular service is low.

The National Cemetery Administration (NCA) has established information kiosks at cemeteries and the Veterans Benefits Administration (VBA), NCA and SOs use telework agreements when appropriate to reduce the need for space. VBA and the Office of Information and Technology have reconfigured their offices by using smaller cubicle sizes to fit more people into the same space. VBA has also incorporated paperless technology to reduce the space needed for file storage.

Link to Real Property Capital Planning

The SCIP process addresses the requirements set forth in the Office of Management and Budget (OMB) Memorandum M-20-03, Implementation of Agency-wide Real Property Capital Planning. Compliance with this memorandum ensures there is a clear process for prioritizing capital needs and integrating those needs into a cohesive plan that supports budget formulation. The SCIP process is built upon identifying mission requirements for real property needs (gaps) and linkage to the Department's strategic plan. It includes all lines of business (VHA, VBA, NCA and SOs) and all capital and real property programs: major construction, minor construction, leasing and NRM programs. As part of the SCIP process, all prioritized projects are required to complete an alternative analysis where required by Title 38.

The Assistant Secretary for Management, who serves as the Chief Financial Officer (CFO), provides strategic and operational leadership in budget, financial management and asset management efforts for VA programs and operations. The Office of Asset Enterprise Management (OAEM), a component of the Office of Management, works collaboratively with all areas of the Department to ensure capital investments are based on sound business practices and principals and meet Veterans' health care, benefits and burial needs. The Executive Director of OAEM also serves as the Department's Senior Real Property Officer (SRPO) and manages real property prioritization and funding through the SCIP process. The SRPO serves as capital asset manager for the entire Department. The SRPO reports to Assistant Secretary for Management and CFO, further building the link between real property planning and budget formulation.

SCIP — Legislative and Executive Requirements

The SCIP complies with the OMB *Capital Programming Guide* and supports the annual budget request for capital investments. In addition, the plan meets the following Congressional and Executive requirements:

- Public Law 108-422 and accompanying report language instructed the Department to provide a long-term and short-term disposal plan to the Congress.
- Public Law 109-58, The Energy Policy Act of 2005, contains numerous energy and water requirements.
- Public Law 110-140, The Energy Independence and Security Act of 2007, contains numerous requirements related to the reduction of energy and water consumption and the use of alternative fuels.
- Senate Report 111-226 requiring the Department to submit all findings associated the Strategic Capital Investment Planning Process.
- Public Law 114-223, section 258 directs that VA budget justification documents include the funding requested for the budget year and the "4 fiscal years succeeding the budget year". This known as the Five-Year Development Plan.
- Public Law 114-318, Federal Property Management Reform Act (FPMRA).
- OMB Memorandum M-20-03 directs VA to implement an agency-wide real property capital plan in accordance with the FPMRA, 40 U.S.C. § 621.

Chapter 6.2
VA Strategic Capital Investment Planning Process Overview

Introduction

VA developed an integrated comprehensive planning process based on addressing defined gaps to prioritize capital projects needed across all Administrations for a 10-year time period. This process, called Strategic Capital Investment Planning (SCIP), is designed to focus all capital investments on addressing VA's most critical infrastructure needs and service gaps, based on clearly defined standards and ongoing assessments. The SCIP process also informs the annual budget formulation process. Specifically, SCIP provides:

- A future-oriented identification of capital needs within a long range planning horizon (10 years) focused on reducing gaps, increasing efficiencies and providing better services to Veterans (long range action plan);
- Four lists of potential projects to fill service gaps for the budget year: two Department-wide prioritized lists of construction and major lease projects (budget year business cases (BCs)); one prioritized list of VHA non-recurring maintenance (NRM) projects; and one Department-wide SCIP-approved list of minor lease projects that are not required to be scored or prioritized;
- A Department-wide list of potential future year projects to fill service gaps for the remaining 9 years of the long range action plan;
- A data-driven, rational and defensible method to support VA's annual capital budget request (project/BC prioritization); and
- Increased involvement of stakeholders.

Through the SCIP process, the long range action plans submitted and developed by the Veterans Health Administration (VHA), each Veteran Integrated Service Network (VISN), the National Cemetery Administration (NCA), the Veterans Benefits Administration (VBA) and the Staff Offices (SO), including the Office of Information and Technology (OIT), are consolidated into a Department-level assessment of needs to ensure the delivery of services in a Veteran-centric, forward-looking and results-driven manner. The SCIP process requires that all capital investments in the action plans address the Department's following priorities:

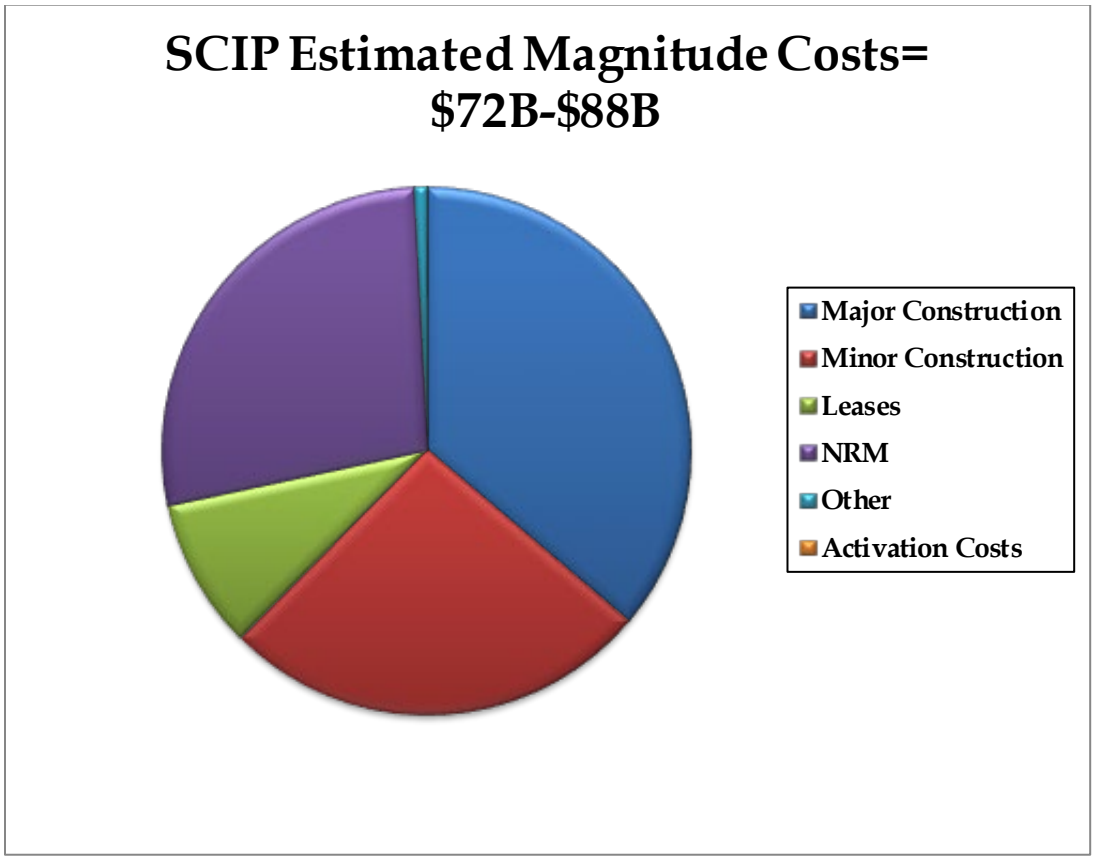
- Customer Service: VA's prime directive and first priority. VA will be driven by customer feedback, unified Veteran data and employees characterized by a customer-centric mindset to make accessing VA services seamless, effective, efficient and emotionally resonant for our Veterans.
- VA MISSION Act of 2018 Implementation: VA is committed to ensuring Veterans have a wide variety of options for their health and well-being.
- Electronic Health Record: This new system will enable the seamless and secure transfer of Veterans' and Servicemembers' sensitive health information.

- Business Systems Transformation: Modernized systems and technology enable employees to enhance the quality of the care and services Veterans deserve.
- Veteran Suicide Prevention: Veteran suicide prevention is VA's top clinical priority; it is a National health crisis and requires all of Government, along with public-private partnerships to accomplish.

The SCIP 2023 process did not make any adjustments as a result of the on-going Asset and Infrastructure Review (AIR) Commission process, directed by the MISSION Act. The implementation of any changes to VA's health care infrastructure as a result of AIR may be several years away would depend on AIR Commission, Presidential and Congressional decisions. VA looks forward to collaborating with the AIR Commission as it assesses the Department's recommendations and transmits its own report to the President.

The 2023 Long Range Action Plan consists of 2,332 projects, with a combined cost estimate between $72 and $88 billion, including activation costs. The chart below provides a view of that magnitude cost range broken out by capital program.

Figure 2-1: SCIP Estimated Magnitude Costs by Capital Investment Type



SCIP Process

For 2023, the efforts from 2022 were continued in order to reduce administrative workload on facility staff in support of the Department's efforts to focus resources on high-priority COVID-19 pandemic response activities while continuing to provide capital requirements to inform the Department's 2023 budget request. The following process changes remained from 2022:

- The BC form was reduced for minor construction projects. This reduction allowed for more streamlined collection of data necessary for project prioritization, with no impact to the process outcome, and still allowed requirement validation to occur; and

- BC requirements were removed for minor lease projects. Minor lease projects were still required to submit lease details to capture any gap closure.

Additionally, this year's SCIP process does not meet all gap closure requirements at some VISNs because personnel that support capital planning at the stations were directed to prioritize support for emergent demands over administrative duties due to the ongoing pandemic. Future year SCIP processes will ensure adherence to established gap closure and BC requirements.

The 2023 SCIP process provides three prioritized lists: major and minor construction; major lease; and VHA NRM projects for budget year funding consideration. It also provides a list of minor lease projects that were submitted in approved action plans and did not require a full BC submission to be scored. Minor lease projects are approved to be awarded in the budget year based on funding availability and programmatic needs and priorities. The four SCIP lists are found in *Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists,* tables 5-1, 5-2, 5-4 and 5-3, respectively. Diagrams of the decision criteria models for construction, lease and NRM projects can be found in figures 2-3, 2-4 and 2-5 of this chapter. The decision criteria definitions for construction, lease and NRM projects can be found in appendices A, B and C, respectively.

The ultimate goal of the SCIP process is to identify necessary capital projects to close Departmental infrastructure needs and service gaps to support the delivery of benefits and services to Veterans. The main components of the SCIP process, which are described in more detail beginning on page 6.2-6, are:

1. **Gap Analysis:** An analysis is conducted for service gaps identified at the Department and facility levels. Gap data is reported in the action plan for each facility and rolled up to the appropriate VISN, Memorial Service Network (MSN), region or area level, where possible.
2. **Strategic Capital Assessment (SCA):** A narrative is developed at the VISN, MSN, region and area levels to describe the strategic approach to closing gaps over the long range SCIP planning horizon and ensure all proposed capital investments are aligned with future Veteran needs.
3. **Long Range Action Plan (or action plan):** This detailed plan of specific new (not funded or partially funded) investments is developed by each facility and includes individual capital projects and lump sum resource requirements to reduce gaps over a 10-year planning horizon.

4. **Budget Formulation (includes project prioritization):** The Department's annual President's Budget submission for capital projects is informed by the results of the current year's SCIP process and the requirements of on-going projects funded and approved in prior years.

Each Administration and VHA VISN was provided with corporate-level gap data, which is the basis on which they developed a SCA that outlines an action plan to correct identified gaps within a 10-year planning horizon. Action plans contain project-specific capital investments required to correct identified gaps and meet established targets. The 2023 action plan contained 2,332 projects. All action plans were reviewed and approved by the SCIP Board, which is comprised of leadership-level officials from Administrations and SOs, as well as subject matter expert groups. Once action plans were validated through the VA governance process, 2023 BC applications were prepared for all major construction, minor construction and major lease projects above established dollar thresholds. Approximately 151 BCs were reviewed and scored by the SCIP Panel, whose members support the SCIP Board. The outcomes of this year's scoring process are the two Department-wide prioritized lists:

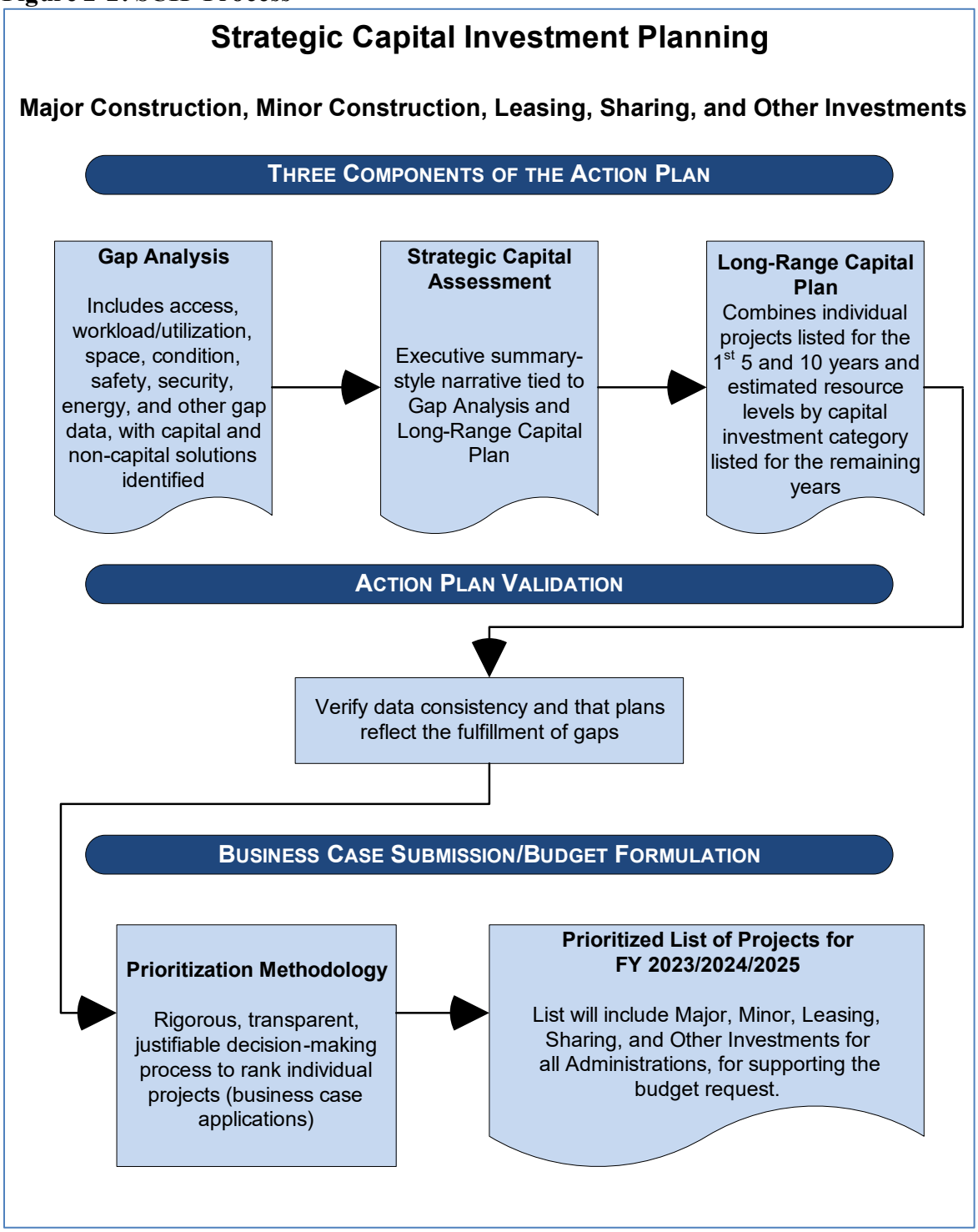
- 2023 Construction SCIP list, consists of 137 scored projects
- 2023 Major lease SCIP list, consists of 14 scored projects

The construction and major lease SCIP lists were approved through the VA governance process and can be found in their entirety in *Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists*. Two sub-sets of the 2023 Construction SCIP list are also provided in this chapter. Table 2-2 lists only the newly scored major and minor construction projects included in VA's 2023 capital budget request. Table 2-3 provides a listing of only the newly scored 2023 major construction projects that could be added to the five year development plan (FYDP), which is provided in table 2-4.

In addition, a prioritized list of VHA's NRM projects was created based on SCIP-approved action plan projects that are the VISN's top-priority needs in 2023. The VISN-prioritized NRM lists were combined and projects were reprioritized based on their VISN priority rank, facility condition assessment data and planning priorities to create a national NRM priority list for inclusion in the 2023 Long Range Capital Plan. The 2023 VHA NRM SCIP List can be found in *Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists*.

The flow chart in figure 2-2 illustrates the SCIP process from the development of action plans to the submission of this year's budget request.

Figure 2-2: SCIP Process



1) GAP ANALYSIS

SCIP Gaps

In order to achieve the Department's strategic goals, VA must fully understand Veterans' unmet needs and the continuing changes in Veteran demographics, medical and information technology, health care and Veteran benefits and services delivery. In the development of the SCIP process, the five Department-wide priorities of Customer Service, MISSION Act, Electronic Health Record, Business Systems Transformation and Suicide Prevention were identified by VA leadership, as requirements for capital investment across VA's portfolio. These priorities provided a framework upon which VA defined the following main deficiency categories (or gaps):

- **Access Gap:** Defined as the ability of Veterans to obtain needed services. This gap applies only to NCA (access to a burial option) and VBA (access by virtual means).
- **Utilization Gap:** For VHA, defined as the difference between most recent available workload (2018) and projected 2028 demand for outpatient clinic stops and inpatient bed days of care. For NCA, defined as the difference between the number and type of gravesites currently available and the projected 2031 demand for those types of gravesites.
- **Space Gap:** Defined as the difference between current space inventory plus in-process projects and projected 2028 space need. A positive gap indicates a need for additional space. A negative gap indicates excess space in need of disposal.
- **Condition Gap:** Defined as the cost estimate to correct all currently-identified deficiencies in buildings and infrastructure, including seismic corrections in existing buildings.
- **Energy Gaps:** Energy gaps are based on compliance with VA Federal and Departmental sustainability goals that require Federal agencies to reduce energy and water consumption, increase alternative energy use and increase the percentage of applicable buildings and direct leases meeting sustainability guidelines. All Federal government construction projects must comply with sustainability, energy and water requirements.
- **Functional Gaps:** Functional gaps are measures of capability for operational sufficiency that are directly applicable to each administration. VHA functional gaps are medical/surgical bed privacy, patient-aligned care team (PACT), sterile processing department (SPD), substandard operating rooms and parking at medical centers. NCA functional gaps are National Shrine Commitment and earliest depletion date. VBA functional gaps are Click 2 benefit rooms, counselor offices, duress alarms, hearing rooms and public/ non-public separation.
- **Other Gaps:** Includes correcting safety and security issues; information technology deficiencies; and complying with SPD, operating room, inpatient privacy, benefits delivery standards for privacy and security, maintaining the National Shrine Commitment to cemeteries and parking standards.

Each year at the beginning of the SCIP process, each Administration (NCA, VBA, OIT and SOs) and each VHA VISN is provided gap data from corporate databases that demonstrate the difference (or gap) between current or baseline state (including infrastructure being constructed or in the process of being acquired) and future projected need and compares them to corporate targets for closing these gaps. These service gaps form the basis for each project entered into the Long Range Action Plan.

Use of Non-Capital Solutions
SCIP also incorporates the use of non-capital solutions to meet gaps. Non-capital approaches include methods such as the use of tele-medicine, extended hours for the provision of services on site and purchasing care from private sources through contracts or on a fee-basis (care in the community). Incorporating such non-capital approaches can reduce the total amount of capital needed to increase access or add space. For example, tele-medicine technologies allow patients to receive care, diagnostic services or monitoring at home or in other convenient locations, reducing patient travel and the number of exam rooms needed, saving energy costs and better utilizing providers remotely. Another example is extending hours of service, reducing the need for capital at outpatient care sites experiencing high utilization rates or projecting increased demand.

VA may also utilize care in the community in lieu of facility construction, renovation/expansion or leasing in certain circumstances to address access needs and space gaps or to reduce the local footprint. This approach is useful where the demand for a particular service is low.

NCA has established information kiosks at cemeteries and VBA, NCA and SO use telework agreements when appropriate to reduce the need for space. VBA and OIT have reconfigured their offices by using smaller cubicle sizes to fit more people into the same space. VBA has also incorporated paperless technology to reduce the space needed for file storage.

Capital Asset Inventory
The SCIP process takes into account the existing portfolio of capital assets, as well as those that are in the process of being built and compares them with future needs. VA has a vast holding of diverse capital assets consisting of Government (VA) owned buildings and real estate, VA-leased buildings, enhanced-use leases and sharing agreements pertaining to capital assets. Assets include hospitals, clinics, cemeteries and office buildings. The number and composition of assets in the VA portfolio is constantly changing in response to VA's needs and priorities. The following table summarizes VA's recent capital holdings.

Table 2-1: VA Capital Asset Inventory

	VA Capital Asset Inventory - Data as of 10-26-2021						
	Owned Assets					Leased Assets	
	Buildings	Historic Buildings	Building Square Feet	Vacant Square Feet	Land Acres	Operational Leases	Lease Square Feet
VHA	5,646	2,044	152,867,086	4,770,539	16,154	1,715	20,831,863
VBA	14	0	735,322	0	31	175	4,420,947
NCA	624	146	1,353,112	54,420	22,890	7	23,881
Staff	11	1	1,772,587	0	192	100	2,840,759
VA Totals	**6,295**	**2,191**	**156,650,377**	**4,824,959**	**39,267**	**1,997**	**28,117,450**
Data Source: VA Capital Asset Inventory System							

2) STRATEGIC CAPITAL ASSESSMENT

This is a narrative produced by the Administrations and SOs describing infrastructure deficiencies and service gaps within the organization and the strategic approach behind closing gaps over the long range SCIP planning horizon while ensuring all investments are aligned with future Veteran needs. This strategic narrative includes: planning assumptions; constraints; historic building issues; broad range plans to improve security and emergency preparedness; and the approach for meeting energy standards. Strategic capital assessments are developed at the VISN, MSN, region or area level.

3) LONG RANGE ACTION PLAN

The Long Range Action Plan includes 2,332 capital projects that would be necessary to close all currently identified gaps within a 10-year planning horizon. Individual projects for major construction, minor construction, NRM and leasing are entered into the action plan. Construction and NRM project cost estimates include acquisition costs only and will likely change as projects move through the investment process and as project requirements become more refined. For example, estimates are fine-tuned from action plan to BC to President's budget (project prospectus for major construction and major lease) to final design, construction documents and project award.

Lease costs are represented as the first year's annual unserviced rent plus any associated build out costs. The lease costs do not include future annual rent payments. This is because specific terms of the individual leases are not known at this stage of the planning process, particularly for leases planned for future years in the long range plan. Total estimated costs for leases are preliminary planning costs and are considered to be the mean cost plus or minus ten percent.

All capital investments in the action plan should support the Department's Strategic goals to consistently provide Veterans easy access, greater choice and clear information to make informed decision; highly reliable and integrated care and support and excellent customer service; and modernized systems. Also, in support of the VA MISSION Act of 2018, strategic principles and guidance were utilized to encourage use of capital and non-capital solutions for expanding access and developing a high performing network, while being good financial stewards. However, some capital solutions were required to meet VA's planning priorities and were submitted in the Long Range Action Plan.

4) BUDGET FORMULATION (INCLUDES PROJECT PRIORITIZATION)

All SCIP projects prioritized and approved through SCIP demonstrate the Department's highest capital priorities and inform the budget request. The approval for lease and NRM (including NRM energy management) projects is contingent on results of final funding allocations, contracting timelines, feasibility studies (for NRM energy management projects) and Congressional authorization (for VHA major leases). Therefore, the budget formulation process described in this section pertains only to VA's construction programs. Formulation of the construction budget request is comprised of three components: newly prioritized budget year projects; ongoing projects from prior years; and construction programs line items (major construction only). These three components are discussed in more detail, below.

a) Newly Prioritized Budget Year Construction Projects

Only newly scored and prioritized major construction projects from NCA and minor construction projects from all Administrations and SOs contained in the budget year of the SCIP cycle or first year of the Long Range Action Plan, inform the major construction and minor construction budget requests. Projects in the budget year plus one through nine are considered potential future year needs and are not included in the funding request for the budget year. BCs are developed only for the budget year projects in the action plan that are over established dollar thresholds and contain the necessary project specific justifications that are used for scoring each project. The scoring process results in an integrated, Department-wide, prioritized list (known as the construction SCIP List) of new unfunded capital projects used to formulate a portion of the total construction program's budget requests. Approximately 137 major and minor construction projects that submitted BCs, from across the department, were reviewed, scored and prioritized for the 2023 SCIP cycle.

Project Prioritization

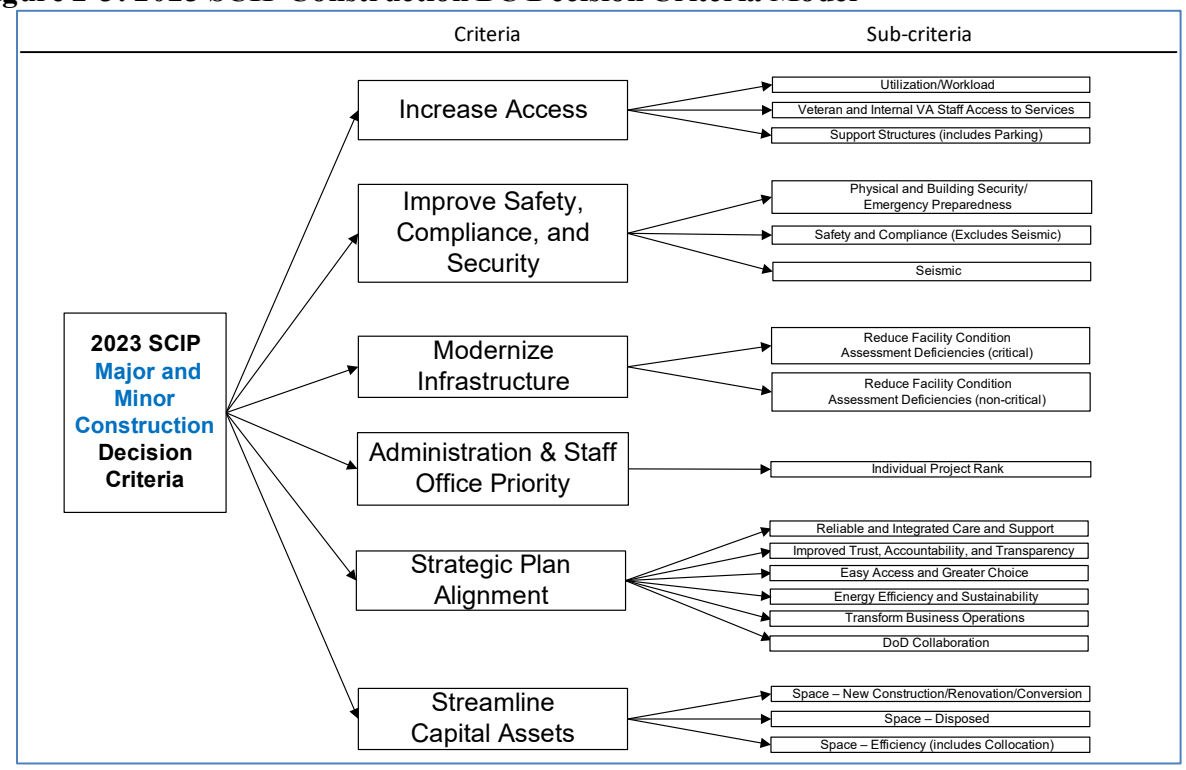
A multi-attribute decision methodology — the analytic hierarchy process — was used to develop the decision criteria and priority weights and to score SCIP projects. This methodology facilitates complex decision making by allowing multiple evaluators to consider a number of diverse criteria when making a decision. The decision criteria and priority weights were developed based on the recommendations of the SCIP Board and approved through the VA governance process. The three decision criteria models provided on the following pages in figures 2-3, 2-4 and 2-5 were used to prioritize construction projects, major lease projects and VHA NRM projects, respectively. Criteria definitions for each model can be found in *Volume 4, Chapter 8: Appendices* A, B and C, respectively.

BCs for construction and major lease projects were evaluated by SCIP Panel members who scored projects on how well they addressed questions and demonstrated their contribution to the goals and missions of each sub-criterion, including reducing the gaps defined on page 6.2-6. Decision software was used to apply the criteria weights to the Panel scores and generate two lists of priority-ranked investments — construction SCIP list and major lease SCIP list, which can be found in *Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists.*

VHA NRM projects were scored and prioritized on a separate decision model that allows greater focus on local VHA VISN priorities. The VHA NRM projects list was created based on SCIP approved action plan projects that are the VISN's top-priority needs for 2023 and can also be found in *Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists*.

The 2023 construction SCIP list projects submitted for funding consideration were evaluated based on the decision criteria shown in figure 2-3. The standardized construction BC contained 18 questions related to the sub-criteria that make up the six major decision criteria and address a mix of objective and subjective areas.

Figure 2-3: 2023 SCIP Construction BC Decision Criteria Model



The list below is an excerpt from the full 2023 construction SCIP list in *Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists* and only includes the newly scored projects for which construction funds are requested.

Table 2-2: 2023 SCIP Potential Construction Projects (Sorted by Priority)

Full SCIP List Priority #	VISN/Admin	City/ Cemetery	ST	2023 SCIP Potential Construction Projects Projects Considered for 2023 Funding Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
1	NCA	St Louis (JB)	MO	Jefferson Barracks - Phase 5 Gravesite Expansion	0.686	Major	$44,000	$44,000
4	NCA	Solomon-Saratoga	NY	Gravesite Expansion for (IGC)/HG Bldg. CS Repairs/Pavers and Site Repairs and Furnishings, Irrigation System and Correct Facility Condition Deficiencies	0.632	Minor	$1,990	$1,990
6	NCA	Tallahassee	FL	Gravesite Expansion (PPC, IGC-PUC, N)	0.590	Minor	$7,880	$7,880
8	NCA	Alabama NC	AL	Gravesite Expansion (Pre-placed Crypts, In-ground Cremains and Niches (PPC, IGC, N)), Phase 3	0.561	Minor	$19,240	$1,924
9	NCA	Mill Springs	KY	Maintenance Building Repair of Plaques, Perimeter Walls/Capstones, C and G	0.511	Minor	$1,640	$1,640
10	21	Honolulu	HI	Expand and Renovate Center for Aging to Support the Psychiatric Residential Recovery Program	0.511	Minor	$15,837	$1,584
11	20	Roseburg	OR	Expand Community Living Center, B 81	0.485	Minor	$14,352	$1,435
12	15	Wichita	KS	Construct Addition and Renovate Bldg. 3 for Pharmacy and ADA Parking	0.476	Minor	$15,947	$1,595
13	NCA	Albuquerque	NM	Replace Santa Fe National Cemetery	0.465	Major	$57,000	$57,000
14	17	Bonham	TX	Construct Pharmacy	0.451	Minor	$10,988	$1,099
15	NCA	Salisbury	NC	Gravesite Expansion (PPC, IGC, Niches)	0.413	Minor	$18,650	$1,865
16	19	Salt Lake City	UT	Construct Sterile Processing Service	0.409	Minor	$12,589	$1,259
17	7	Charleston	SC	Demolish Myrtle Beach Site for Seismic Compliant Dental Clinic	0.386	Minor	$16,000	$1,600
18	NCA	NMCP	HI	Facilities and Infrastructure Improvements	0.379	Minor	$3,890	$3,890
19	10	Columbus	OH	Construct Logistics and Operating Rooms	0.378	Minor	$16,000	$1,600
20	2	Buffalo	NY	Relocate Labs (Part 2)	0.377	Minor	$13,200	$1,320
21	NCA	Staunton	VA	Demolish Service/Maintenance Bldg.; Site Repairs	0.371	Minor	$1,800	$1,800
22	NCA	Vancouver	WA	Gravesite Expansion (Trad, IGC)	0.370	Minor	$1,090	$1,090
23	NCA	St Augustine	FL	Correct Facility Condition Deficiencies	0.369	Minor	$2,420	$2,420
24	9	Murfreesboro	TN	Construct Outpatient Mental Health Ctr	0.366	Minor	$15,999	$1,600
25	NCA	Marietta	GA	Correct Facility Condition Deficiencies (Lodge, Maint Bdg, Arbor, Monuments)	0.347	Minor	$1,650	$1,650
26	NCA	Knoxville	TN	Correct Facility Condition Deficiencies (Lodge, Maint Bdg, Arbor, Monuments, Replace Water Line, Irrigation System)	0.347	Minor	$1,510	$1,510

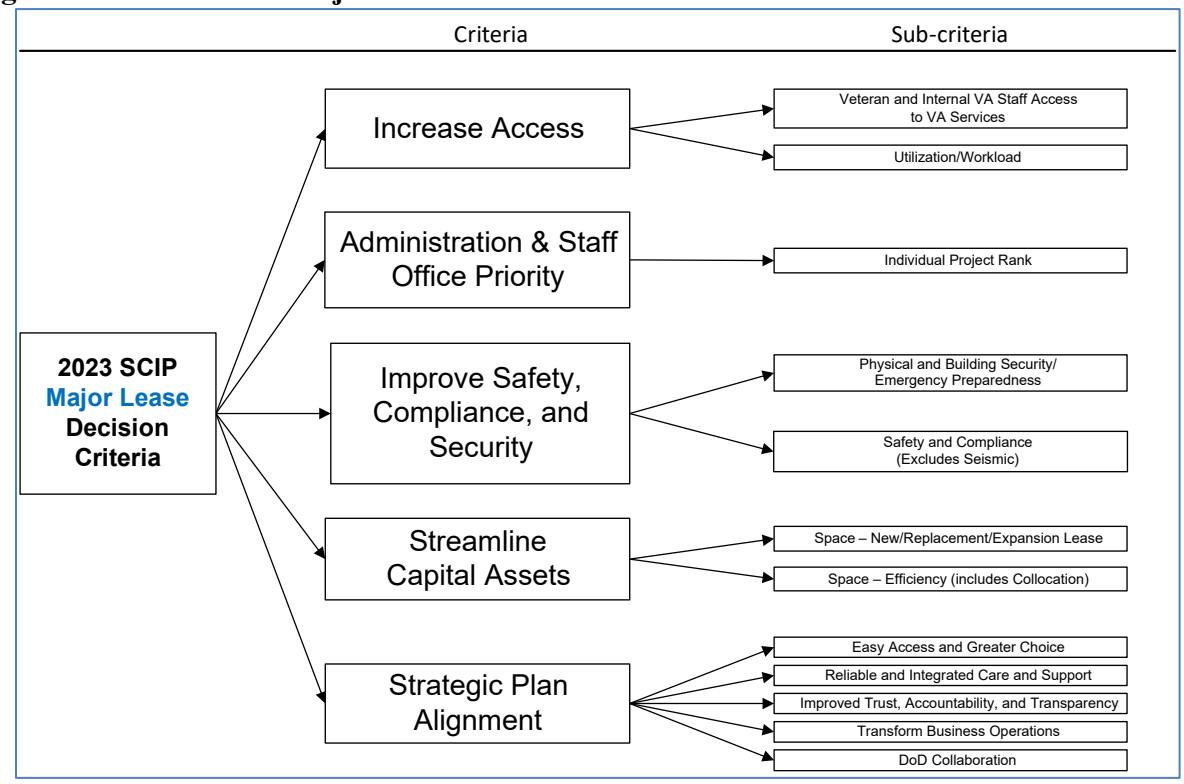
Full SCIP List Priority #	VISN/Admin	City/ Cemetery	ST	2023 SCIP Potential Construction Projects Projects Considered for 2023 Funding Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
27	NCA	Ft. Michell	AL	Replace Irrigation System	0.346	Minor	$1,280	$1,280
28	19	Cheyenne	WY	Construct Physical Therapy and Cardio/Pulmonary Addition	0.341	Minor	$14,569	$1,457
29	16	Jackson	MS	Community Living Center Residential Neighborhood	0.335	Minor	$15,647	$1,565
30	6	Richmond	VA	Improve Surgical Patient Privacy	0.325	Minor	$11,533	$1,153
31	NCA	Lebanon	KY	Correct Facility Condition Deficiencies	0.322	Minor	$3,570	$3,570
32	VBA	Montgomery	AL	Replace Regional Office Air Handling Units	0.321	Minor	$2,700	$2,700
35	9	Murfreesboro	TN	Construct Dental Clinic	0.303	Minor	$10,360	$1,036
36	7	Augusta	GA	Construct Foundational Services Outpatient Mental Health Building, Uptown Division	0.299	Minor	$14,972	$1,497
38	4	Wilmington	DE	Expand Community Living Center	0.286	Minor	$15,999	$1,600
39	6	Asheville	NC	Construct Primary Care Bldg #1	0.281	Minor	$15,809	$1,581
40	22	San Diego	CA	Convert Non-Single Patient Room to Single Patient Room, 5E-B and C Pod	0.279	Minor	$16,217	$1,622
41	15	Kansas City	MO	Construct Cancer Center Addition	0.277	Minor	$16,097	$1,610
44	OIT	Austin	TX	Renovate Mailroom, Entry and Connectivity Monitoring Studio, Ph 2B	0.272	Minor	$5,083	$5,083
45	1	Boston	MA	Surgical Service Expansion, Ph 1	0.269	Minor	$15,400	$1,540
46	4	Philadelphia	PA	Expand Community Living Center	0.265	Minor	$12,710	$1,271
47	NCA	Bath	NY	Correct Site Drainage and Repair Roads	0.262	Minor	$2,001	$2,001
49	12	Milwaukee	WI	Construct Community Living Ctr, Ph 1	0.259	Minor	$15,959	$1,596
50	6	Fayetteville	NC	Create a Locked Memory Unit	0.258	Minor	$15,238	$1,524
52	12	Madison	WI	Relocate Inpatient Mental Health	0.257	Minor	$16,000	$1,600
55	8	Bay Pines	FL	Renovate Community Living Center, Ph 1	0.252	Minor	$13,997	$1,400
57	23	Des Moines	IA	Construct Outpatient Clinic	0.245	Minor	$15,041	$1,504
58	16	Houston	TX	Construct Women's Health and Primary Care Expansion	0.242	Minor	$13,688	$1,369
59	23	Iowa City	IA	Expand Bldg 1 for Ambulance Garage	0.242	Minor	$1,815	$182
60	9	Lexington	KY	Replace Community Living Center	0.242	Minor	$12,100	$1,210
61	7	Tuscaloosa	AL	Cottage Phase 3	0.241	Minor	$15,362	$1,536
62	1	Bedford	MA	Construct New Pharmacy	0.240	Minor	$7,950	$795
64	22	Phoenix	AZ	Construct Operating Room Suite	0.240	Minor	$14,850	$1,485
65	23	Hot Springs	SD	Renovate Building 12	0.238	Minor	$15,000	$1,500
66	5	Beckley	WV	Construct Patient Centered Diagnostics and Specialty Addition	0.238	Minor	$15,610	$1,561
67	4	Butler	PA	Construct a Warehouse for VISN Western Market Distribution	0.238	Minor	$15,680	$1,568

Full SCIP List Priority #	VISN/Admin	City/ Cemetery	ST	2023 SCIP Potential Construction Projects Projects Considered for 2023 Funding Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
68	22	Long Beach	CA	Expand/Renovate Emergency Department	0.229	Minor	$15,985	$1,599
69	2	St. Albans	NY	Expand/Renovate Primary Care for CBOC Ancillary Diagnostic Services	0.228	Minor	$14,088	$1,409
70	NCA	Cypress Hills	NY	Renovate Historic Site and Buildings	0.228	Minor	$2,650	$2,650
71	17	Amarillo	TX	Expand Community Living Center	0.228	Minor	$13,900	$1,390
72	8	Miami	FL	Construct Clinical Support and Treatment Ctr with Audiology, Dental and Parking	0.228	Minor	$13,075	$1,307
73	15	Columbia	MO	Construct Residential Rehabilitation Treatment Program Building	0.227	Minor	$14,323	$1,432
74	OIT	Austin	TX	Lightning/Grounding Protection Systems	0.226	Minor	$2,900	$2,900
75	17	Temple	TX	Construct MRI Suite Addition	0.225	Minor	$6,595	$660
76	21	Reno	NV	Construct Garage	0.221	Minor	$16,623	$1,662
77	NCA	Mobile	AL	Correct Facility Condition Deficiencies (Maint Bdg, Roads, Front Entrance Gate, Rostrum, Memorials)	0.219	Minor	$1,200	$1,200
78	8	San Juan	PR	Expand Ambulatory Services, Building 19	0.218	Minor	$15,884	$1,588
80	10	Columbus	OH	Construct Optometry, Cardiology and Pulmonary Addition	0.215	Minor	$16,000	$1,600
82	NCA	Salisbury	NC	Renovate Public Restroom; Site Repairs	0.209	Minor	$3,050	$3,050
83	NCA	Camp Butler	IL	Repair Roads, Parking Lots, Curbs and Gutters	0.207	Minor	$1,500	$1,500
84	5	Huntington	WV	Construct New Parking Garage	0.206	Minor	$10,450	$1,045
85	20	Boise	ID	Construct Primary Care and Dental Bldg	0.206	Minor	$15,523	$1,552
86	21	Las Vegas	NV	Construct Outpatient Mental Health Space	0.205	Minor	$15,960	$1,596
87	20	Portland	OR	Construct Geriatric Psychiatry Ward Addition, B1 - Vancouver	0.205	Minor	$9,623	$962
88	5	Washington	DC	Construct Second Floor Addition to Research Building 14	0.205	Minor	$12,247	$1,225
90	12	Madison	WI	Expand Specialty Care	0.203	Minor	$12,000	$1,200
91	Staff-OSP	Little Rock	AR	Construct VA-Personnel Security Adjudication Center	0.201	Minor	$10,284	$10,284
92	NCA	Alexandria	LA	Renovate Historic Lodge	0.196	Minor	$1,160	$1,160
93	1	Providence	RI	Construct E Wing 5th Floor for Specialty Clinics	0.194	Minor	$15,635	$1,564
95	NCA	Nashville	TN	Replace Roads, Curbs and Repair Storm Drainage	0.192	Minor	$3,500	$3,500
96	NCA	Winchester	VA	Renovate Historic Buildings and Correct Facility Condition Deficiencies	0.188	Minor	$4,523	$4,523
97	10	Columbus	OH	Expand Mental Health Waiting Area and Improve Facility Access	0.185	Minor	$4,643	$464

Full SCIP List Priority #	VISN/Admin	City/ Cemetery	ST	2023 SCIP Potential Construction Projects Projects Considered for 2023 Funding Project Name - Short Description	Total Score	Cons. Prog.	Total Est. Project Cost ($000)	2023 Request ($000)
98	2	Bronx	NY	Patient Care Environment Courtyard Atrium	0.183	Minor	$6,603	$660
99	NCA	Dallas	TX	New Irrigation System (3 Wells)	0.181	Minor	$5,620	$5,620
103	19	Oklahoma City	OK	Acquire Land for Fisher House Construction	0.165	Minor	$5,251	$525
122	Staff	Washington	DC	Alterations to Consolidate Leases into 810 and 811 Vermont Ave.	0.149	Minor	$5,300	$5,300
123	16	Little Rock	AR	Site Prep for Fisher House (Parking Garage)	0.149	Minor	$15,400	$1,540

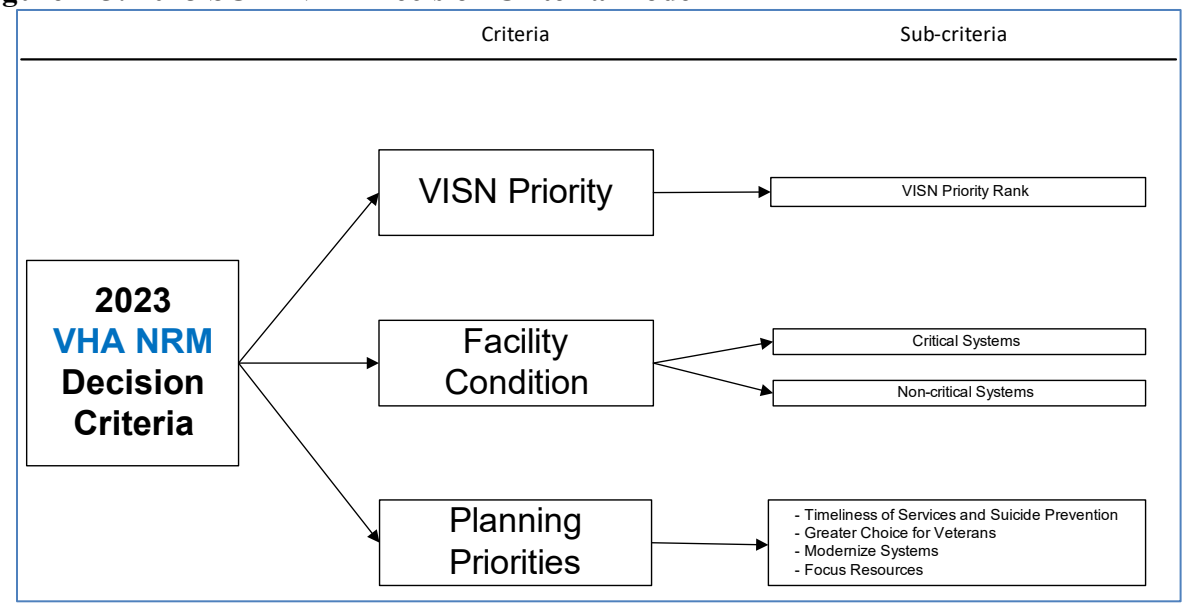
The 2023 major lease SCIP list projects submitted for funding consideration/ approval were evaluated based on the decision criteria shown in Figure 2-4. The 2023 major lease SCIP list can be found in *Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists.* The standardized major lease BC contained 12 questions related to the sub-criteria that make up the five major decision criteria and address a mix of objective and subjective areas.

Figure 2-4: 2023 SCIP Major Lease BC Decision Criteria Model



VHA NRM projects submitted in approved action plans were evaluated based on the decision criteria shown in figure 2-5. This list can be found in *Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists.*

Figure 2-5: 2023 SCIP NRM Decision Criteria Model



b) On-going Projects from Prior Years

Major and minor construction projects that are construction-ready and in active development make up a portion of each year's construction programs budget request. Ongoing minor construction projects are those that are also included in approved operating plans and/or included in previous VA capital plans as budget year planned projects. Major construction projects that are being actively developed and require additional funding to complete are included in table 2-4: 2023 Five Year Development Plan.

Five year development plan

The FYDP is VA's funding plan for major construction projects for the next five years. The FYDP complies with Public Law 114-223 (section 258) that directed VA budget justification documents to include the funding requested for the budget year and "the 4 fiscal years succeeding the budget year". The FYPD provides more rigor to the planning process to ensure that proposed major construction projects make the best case possible for why they should receive funding and that the requested funding is a valid estimate of the actual cost to complete the identified projects.

Projects included in the FYDP are high priority major construction projects on which VA has begun active planning in order to include in a current or future budget submission for design and/or construction funding. Major VHA projects are eligible for funding consideration once they have met the 35% design requirement. The 35% design requirement was implemented starting with the 2015 budget process to ensure more accurate budget and project cost estimates for major construction projects. The estimated total cost of a project is not locked in, and the project cannot request

construction funds in a budget request until the 35% design requirement is met. NCA and projects using a design-build method of delivery do not have this requirement. These projects are selected for funding consideration based on their SCIP priority, their ability to award a contract in the budget year and the Department's best estimate of potential near-future major construction resources. The priority order for all VHA projects listed in the FYDP is locked; they do not have to recompete in SCIP, and would not need to submit a new SCIP BC application in 2024. The specific projects on the FYDP requested for future-year funding will not necessarily be determined solely by priority order but also by the number of available resources and ability to execute in the budget year.

Each year, newly scored major construction projects can be added to the FYDP. The 2023 SCIP list was used to identify additional major construction projects for the FYDP and future funding consideration. See Table 2-3, below for a list of the newly scored major construction projects. For 2023, two newly prioritized NCA gravesite projects were chosen for inclusion on the FYDP and in the budget request at the following cemeteries: St. Louis, MO (Jefferson Barracks); and Albuquerque, NM (replacement for Santa Fe, NM). Typically, only NCA projects can be added to the FYDP and the budget request in the same year because they are not required to reach the 35% design milestone, and will be procured using a design-build method. See *Volume 4, Chapter 2: Construction, Major Projects* for more detailed descriptions (prospectuses) of these projects. Future cemetery projects were added to the FYDP to ensure continued access to burial options for Veterans at those locations. Because gravesite expansion projects also prevent closure at existing National Cemeteries, they are paramount to supporting VA's ability to continue to offer burial services to Veterans in those locations that are in danger of closing without expansion. BCs for these future year projects will be submitted and prioritized in a future year. Three newly prioritized VHA major construction projects were added to the 2023 FYDP at the following locations: Long Beach, CA; St. Cloud, MN; and Asheville, NC.

In addition, eight on-going major construction projects currently on the FYDP and previously funded by other appropriations, require additional funding and authorizations to move forward with a subsequent phase have been added to the construction request. Seven of the eight on-going major construction projects are for VHA and located in: Portland, OR; Louisville, KY; Canandaigua, NY; Alameda, CA; Livermore, CA; Fort Harrison, MT; and El Paso, TX. NCA has one on-going major construction project located in Elmira, NY (Western New York). The prospectuses for these projects are in *Volume 4, Chapter 2: Construction, Major Projects*.

Table 2-3: New Major Construction Projects – Excerpt from 2023 Construction SCIP List

Full SCIP List Priority #	Major Only Priority #	VISN/Admin	City/ Cemetery	ST	2023 Construction Projects SCIP List Major Construction Projects Only Project Name - Short Description	Total Score
1	1	NCA	St Louis (JB)	MO	Jefferson Barracks - Phase 5 Gravesite Expansion	0.686
2	2	22	Long Beach	CA	Acquire Spinal Cord Injury/Disease, Physical Medicine and Rehabilitation and Prosthetics Center	0.648
3	3	23	St Cloud	MN	Acquire Mental Health Residential Rehabilitation Treatment Program Building	0.636
5	4	6	Asheville	NC	Acquire Community Living Center and Renovate for Primary and Specialty Care Clinics	0.618
7	5	1	Bedford	MA	Acquire Community Living Center	0.578
13	6	NCA	Albuquerque	NM	Replace Santa Fe National Cemetery	0.465
33	7	10	Cleveland	OH	Acquire Health Care Center	0.321
37	8	8	West Palm Beach	FL	Acquire Multi-Specialty Clinic	0.299
48	9	16	New Orleans	LA	Expand Staff and Patient Parking Garages	0.260
56	10	22	Tucson	AZ	Acquire Inpatient Bed Tower	0.251
79	11	8	Orlando	FL	Acquire/Expand Primary Care Clinics	0.218

Table 2-4: 2023 Five Year Development Plan[1] (Dollars in Thousands)

City/ Cemetery	ST	Project Name - Short Description	TEC[2]	Funding thru 2022 Request	2023	2024	2025	2026	2027	Remaining Need After 2027
Portland[3]	OR	Upgrade Bldg 100/101 Seismic Retrofit and Renovation	TBD	20,000	503,000	0	0	0	0	TBD
Louisville	KY	New Medical Facility	1,013,000	978,000	35,000	0	0	0	0	0
American Lake[4]	WA	Construction of New Specialty Care Building 201	TBD	110,600	0	TBD	0	TBD		
San Francisco	CA	New Research Facility	264,500	254,880	0	9,620	0	0	0	0
Palo Alto	CA	Centers for Polytrauma/Blind Rehabilitation, Ambulatory Care and Research	TBD	472,600	0	0	TBD			
West Los Angeles	CA	Build New Critical Care Center	TBD	115,790	0	TBD	0	0	0	0
Canandaigua[3]	NY	Construction and Renovation	506,400	443,900	62,500	0	0	0	0	0
Alameda	CA	Community Based Outpatient Clinic and National Cemetery	395,000	266,200	128,800	0	0	0	0	0
San Diego	CA	SCI and Seismic Bldg 11	311,700	262,100	0	0	49,600			
Livermore	CA	Realignment and Closure, Livermore Campus	505,000	455,000	35,000	0		15,000		
Perry Point	MD	Replacement Community Living Center	258,000	92,700	0	165,300	0	0	0	0
Elmira	NY	Western NY - Phase 1 Gravesite Expansion	76,544	51,544	25,000	0	0	0	0	0
Roseburg	OR	Seismic Upgrade and Renovate Bldg 2 and Replace Bldg 1	TBD	0	0	0	TBD	0	0	0
Reno	NV	Correct Seismic Deficiencies and Expand Clinical	TBD	223,800	0	0		TBD		
Fort Harrison[3]	MT	Seismic Upgrade and Specialty Care Improvements	TBD	0	88,600	0	TBD			
St. Louis (JC)	MO	Replace Bed Tower, Clinical Bldg Expansion and Parking Garage	TBD	135,340	0	TBD	0	0	0	0
El Paso	TX	Construct New Health Care Center	700,000	150,000	550,000	0	0	0	0	0
West Haven	CT	Construct New Surgical and Clinical Space Tower, Demolish Bldgs 7, 8, 8.5 and 9	TBD	0	0	TBD	0	0	0	0
Dallas	TX	Construct Clinical Expansion for Mental Health	TBD	15,640	0	0	TBD	TBD		TBD
Tampa	FL	Construct and renovate SCI and Polytrauma Transitional Rehab Program Beds Bldg 38	TBD	0	0	TBD	0	0	0	0
Gainesville	FL	Correct Noncompliant Surgical, Emergency, Pharmacy and Sterile Process	TBD	0	0	0	TBD	0	0	0
Charleston	SC	Charleston Bed Tower Replacement	TBD	0	0	0	0	0	TBD	0
Tampa	FL	Expand VAMC Primary Care	TBD	0	0	0	0	0	0	TBD
St. Louis (JB)	MO	Phase 5 Gravesite Expansion (Sylvan Springs)	44,000	0	44,000	0	0	0	0	0
Long Beach	CA	Spinal Cord Injury/Disease, Physical Medicine and Rehabilitation and Prosthetics Center	TBD	0	0	0	0	TBD	0	0

City/ Cemetery	ST	Project Name - Short Description	TEC[2]	Funding thru 2022 Request	2023	2024	2025	2026	2027	Remaining Need After 2027
St Cloud	MN	Mental Health Residential Rehabilitation Treatment Program Building	TBD	0	0	0	0	0	TBD	0
Asheville	NC	Community Living Center and Renovate Primary and Specialty Care Clinics	TBD	0	0	0	0	0	TBD	0
Albuquerque	NM	Santa Fe Replacement (Albuquerque)	57,000	0	57,000	0	0	0	0	0
Tahoma	WA	Gravesite Expansion and Cemetery Improvements	30,000	0	0	30,000	0	0	0	0
Riverside	CA	Gravesite Expansion Project Phase 6	84,200	0	0	0	84,200	0	0	0
Elwood	IL	Abraham Lincoln NC - Phase 4 Expansion and Cemetery Improvements	44,000	0	0	0	44,000	0	0	0
		Medical Center Recapitalization	TBD	0	0	0	0	TBD	0	0
Chattanooga	TN	Gravesite Expansion	60,000	0	0	0	0	60,000	0	0
Elmira	NY	Western NY NC - Phase 2 Gravesite Expansion	45,000	0	0	0	0	45,000	0	0
Rittman	OH	Ohio Western Reserve NC - Phase 4 Expansion and Cemetery Improvements	45,000	0	0	0	0	45,000	0	0
		Medical Center Recapitalization	TBD	0	0	0	0	0	TBD	0
Bridgeville	PA	NC of Alleghenies - Phase 4 Expansion and Cemetery Improvements	50,000	0	0	0	0	0	50,000	0
Bourne	MA	Massachusetts - Phase 5 Gravesite expansion	50,000	0	0	0	0	0	50,000	0
Holly	MI	Great Lakes - Phase 3 Gravesite Expansion	50,000	0	0	0	0	0	50,000	0
Dallas	TX	Dallas -Phase 5 Gravesite Expansion	55,000	0	0	0	0	0	55,000	0
Bayamon	PR	Gravesite Expansion at Morovis	45,000	0	0	0	0	0	0	45,000
Total, Five Year Development Plan				**4,048,094**	**1,528,900**	**TBD**	**TBD**	**TBD**	**TBD**	**TBD**

[1]The specific projects on the FYDP that will be requested for the future-year funding will not necessarily be determined solely by priority order but also by the amount of available resources in the budget year. Future-year funding for all projects could also be impacted by the findings from the Asset Infrastructure Review Commission.

[2] Total estimated cost (TEC) listed is a magnitude cost that may change as project is fully developed and funds are requested.

[3] 2023 funding is anticipated from the Recurring Expenses Transformational Fund.

[4] American Lake, WA Construction of New Specialty Care Building 201, the project description was updated in FY 2021 from Building 81 Seismic Corrections, Renovation of Building 81AC and 18 and Construction of New Specialty Care Building 201. Phase III Building 81 and 81AC was moved to the Seismic Corrections Program. One or both of these two building renovations (81 and 81AC) may be moved back into the Major program in the future and an updated prospectus will be published to reflect the change.

c) Major Construction Program Line Items

Costs for construction program line items for: advance planning and design funds; asbestos; hazardous waste; judgment fund; construction and facilities management staff; non-departmental Federal entity for project management support; land acquisition; and seismic corrections are also included in the annual construction programs budget request. Descriptions of these line items can be found in *Volume 4, Chapter 2: Construction, Major Projects*.

Applying the SCIP Process to the Construction Programs Budget Request

VA leadership (through the VA governance process) combines the three components discussed in the Budget Formulation section, starting on page 6.2-8 to formulate the construction programs budget request. Once the budget year's potential new construction projects are prioritized through SCIP, a decision must be made about which projects to include in the annual construction programs budget request. The construction programs budget request consists of the funding necessary to support: construction-ready major projects in the VA FYDP (table 2-4, above); completion of existing ongoing minor construction projects; major construction line items; and newly prioritized major construction projects (for planning and design of VHA and VBA projects and for construction of NCA projects) and minor construction projects from the 2023 SCIP list (*Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists*,).

Each year emphasis is placed on finding the right balance of funding to support new major construction projects from the FYDP, ongoing major construction FYDP projects, ongoing minor construction projects, major construction line items and new critical requirements from the SCIP list. This three-step process is outlined below.

Step One: Choose the specific ongoing major construction and ongoing minor construction projects, from previous years, including the FYDP to fund based on the ability to execute a contract award within the budget year

Step Two: Add an amount for major construction line items for each Administration and the SOs.

Step Three: Add newly prioritized construction projects, in priority order, until prescribed funding levels for each construction program are reached. This step can also include selecting one or more of the highest ranked new VHA major construction projects to be added to the FYDP.

Occasionally major construction projects may not be included in the funding request, resulting in projects selected out of priority order, due to a number of reasons. These include the need to acquire land, complete studies, dependence on a previous project phase, programmatic reasons (such as new program guidance or directives that would impact infrastructure decisions), expected resource levels or other reasons that would not allow a contract to be awarded in the budget year. It is important to also point out that the SCIP process is a management tool that assists senior VA officials in making their capital investment decisions; it is not a mechanism by which funding amounts are determined. SCIP identifies Department-wide needs/gaps and determines the relative criticality of projects for the budget year (the SCIP list) and long-range potential projects (future year needs), after a rigorous evaluation process using specific criteria (prioritization).

Leases

VA may utilize leasing in lieu of facility construction to address access needs and space gaps. Leasing enables VA to quickly respond to health care advances and adopt changing technology in order to provide state-of-the-art healthcare to Veterans. Leasing provides flexibility to help address the constant challenge to keep up with the ever changing pace of medical advancement. Leasing also provides flexibility to rapidly adjust to current and future demographic shifts and changing service demands. More specifically, leasing allows VA to scale real property assets to adapt to changes without committing the Department to long-term obligations.

VA's capital needs also change quickly with the evolution of medical technology and leasing provides a flexible alternative to construction. For example, under a lease, should the government no longer have a need for the asset due to the changing demographics of the Veteran population, the Government has no future responsibility after the expiration of the lease. Federal ownership means the government bears the responsibility of disposing of the owned asset. Disposal also requires additional outlays of funds, time and personnel resources; with leasing, these resources may be redirected toward serving our Veteran community.

In all leasing scenarios, Office of Management and Budget (OMB) Circular A-11 outlines the budgetary treatment of the lease. The criteria for determining lease treatment is in place to ensure that the lease makes financial sense for the government. A copy of this test is provided to VA's authorizing committees with each Congressional notification package for major lease awards, as required by Public Law 113-146 (the Veterans Choice Act). Another benefit of leasing is that the lessor bears the responsibility of maintaining the leased space. This degree of continuity is important because any potential concerns with the space can be quickly addressed and resolved by the lessor. Should the government no longer have a need for the leased space, the government can quickly dispose of the asset by simply returning the space to the lessor. This benefits Veterans by eliminating a strain on resources that could result from maintaining outdated assets, freeing funding to potentially provide additional facilities to increase access for Veterans.

To further illustrate the flexibility that leasing provides, between July 2014 (2014) and September 2021 (2020), General Services Administration (GSA) approved 2,287 lease delegation requests from VA. Of the 2,287 delegations, 1,055 (46%) involved existing contracts and 1,232 (54%) involved new contracts. Existing contracts consisted of situations that involved minor within-scope modifications (expansions) or instances where the lease continued within its original scope (extensions and renewals). New contracts consisted of situations where either no lease had existed (new) or where an existing lease was replaced with a new lease (new/replacing, succeeding or superseding). One subset of new contracts consisted of instances where there was a new requirement to provide Veterans services in a specific service area, but no facility existed within the service area. In these cases, VA sought delegations to obtain 389 new leases and 100% of these new leases therefore resulted from a change in requirements, in this case a brand new requirement. The other subset of new contracts consisted of replacement contracts which were instances where an existing lease was replaced with, succeeded by or superseded by a new lease. In these cases, VA sought delegations to obtain 843 replacement contracts and 436 (52%) of these leases involved a change in requirements that necessitated either a new lease scope and/or a move to a new location. As a result, the flexibility provided by leasing in those instances where VA needed to move locations or change the scope of a leased facility is clearly demonstrated in the majority of the delegation requests that involved new contracts.

The 2023 SCIP lease projects are not included in the construction program's budget request because they are funded from individual Administration's and SO operating accounts. All leases are approved to be awarded in 2023 based on funding availability and programmatic needs and priorities The SCIP process created two lease lists named below that can be found in *Volume 4, Chapter 5: Strategic Capital Planning Process Project Lists*.

1. 2023 SCIP major lease list
2. 2023 SCIP-approved potential minor lease list

Major leases (for a medical facility with an annual unserviced rent of $1 million or more) included in the table require Congressional authorization and are presented in more detail in *Volume 4, Chapter 4: VA Lease Notifications, Major Medical Facility Project and Lease Authorizations.* Minor leases with an annual unserviced rent of less than $1 million and all leases that are not for a medical facility do not require Congressional authorization. The leases may change because they are considered potential and subject to the availability of funds and GSA oversight and delegation of authority before they can be executed.

VHA NRM Projects

VHA uses its NRM projects to make additions, alterations and modifications to land, buildings, other structures, non-structural improvements of land and fixed equipment (when the equipment is acquired under contract and becomes permanently attached to or part of the building or structure); to maintain and modernize existing campus facilities, buildings and building systems; replace existing building system components; provide for adequate future functional building system capacity without constructing any new building square footage for functional program space; and/or provide for environmental remediation and abatement and building demolition.

The NRM program is the primary means of addressing VHA's most pressing infrastructure needs as identified by facility condition assessments. These assessments are performed at each facility every three years and highlight a building's most pressing and mission critical repair and maintenance needs. The three NRM project types are described below. NRM-Sustainment (NRM-Sus) and NRM-Infrastructure Modernization (NRM-IM) are included in the SCIP process.

<u>NRM-Sustainment (NRM-Sus)</u>:
NRM-Sus projects involve the provision of resources that will convert functional space to a different program function within existing buildings or spaces, without adding any new space. Each sustainment project must be equal to or less than, the amount set forth in in title 38, United States Code, section 8104 (currently $20 million). The total project cost includes all amounts and expenditures associated with design, impact, contingency and construction costs.

<u>NRM Infrastructure Modernization (NRM-IM)</u>:
NRM-IM projects involve the provision of resources to repair, modernize, replace, renovate and provide for new "building systems," and do not convert functional space to a different program function. Such projects have no project cost limitation; however, any work to be done beyond the underlying building system must be ancillary to the overall total project cost (not exceed 25% of the total project cost). The overall total project cost includes all amounts and expenditures associated with design, impact, contingency and construction costs. The 2023

request supports continued implementation of Electronic Health Record Modernization (EHRM) by supporting infrastructure modifications at VA facilities that are necessary prerequisites to the completion of the initial operating capacity phase and broader nationwide rollout. More information on EHRM can be found in *Volume II Medical Programs and Information Technology Programs*.

The types of building systems permitted for NRM-IM projects consist of the following: building thermal and moisture protection; doors and windows; interior finishes only directly related with building system work; conveyance and transport systems; fire suppression; plumbing; heating, ventilation and air conditioning; electrical systems; communication systems; safety and security systems; utility systems, boiler plants, chiller plants, water filtration and treatment plants, cogeneration plants, central energy plants, elevator towers, connecting corridors and stairwells.

Clinical Specific Initiative (CSI):
CSI projects are not included in the SCIP process. CSI projects are emergent projects that cannot be planned due to dynamic health care environments. Associated funding for these projects is distributed to the VISNs at the beginning of each year, to obligate towards existing clinical building space and address workload gaps or support access within the following VHA high profile categories:

- Women's Health
- Mental Health
- High-Cost/High Tech medical equipment Site Prep/Installations (only this CSI project type may involve the construction of new program functional building space)
- Reduce the footprint reduction (includes building demolition or conversion of under-utilized space to clinical functions)
- Donated building site preparation (e.g., Fisher House) when constructed on VHA land
- Other emergent need categories may be added to the CSI program based on direction from the Under Secretary for Health.

NRM-Sus and NRM-IM projects were submitted from all VHA facilities, nationwide and were prioritized using the SCIP NRM decision criteria and weights. The 2023 NRM decision criteria model can be found in Figure 2-5, on page 6.2-15. See *Volume 4, Chapter 8: Appendices*: Appendix C for the NRM criteria definitions. The prioritized listing of potential VHA NRM projects for 2023 can be found in *Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists*. NRM projects are funded from the Medical Facilities appropriation and are subject to change during execution based on funding availability and project readiness.

SCIP Results

The Long-Range SCIP plan includes 2,332 capital projects that would be necessary to close all currently-identified gaps with an estimated magnitude cost of between $72 and $88 billion, including activation costs. It is important to note that this estimate is a snapshot in time, it is based on current market conditions, baseline capital portfolio and demographic data and projected needs. In addition, future innovations in health care or benefits service delivery or increases in the use of non-capital solutions, may significantly reduce the need for infrastructure. In addition, there may be some locations and facilities undergoing study, ongoing environmental studies, etc., therefore

the 2023 SCIP list projects and potential future projects listed in the long range capital plan should not be construed as VA having made decisions to execute projects at these sites. The individual project cost estimates provided include acquisition costs only and will likely change as projects move through the investment process and cost estimating and project requirements become more refined. For example, estimates are fine-tuned from action plan to BC to project prospectus (for major construction and major lease) to final design and construction documents.

As part of the SCIP process, VA developed an activation cost budget model tool to support estimates of non-recurring and recurring activation needs for new VHA capital projects. The tool includes information technology (IT) costs associated with each project and is intended to identify "all-in" costs to support the capital budget. The tool calculates activation needs based on estimated patient workload (clinic stops and bed days of care) and building square footage being added or renovated. It includes activation costs for all capital initiatives (major construction, minor construction, NRMs and leases) to support SCIP, and incorporates activation needs for each project based on geographic location, size of project and relative functional categories within the project (such as dental, surgical, primary care, etc.). The aggregate activation costs are provided in Table 2-7: VA Capital Investment Projects by Type (VA-wide, below).

VA Capital Investment Projects by Type

TECs provided in the table below are preliminary planning costs and are considered to be the mean cost in a range of plus or minus 10 percent. The cost to correct all currently-identified gaps for the Department is estimated to be between $72 and $88 billion, including activation costs. This range is an estimate only; costs may change as projects are further refined.

Table 2-7: VA Capital Investment Projects by Type

VA	2023		Future Years	
Project Type	**# of Projects**	**2023 TEC ($000)**	**# of Projects**	**Future Year TEC ($000)** [1]
Major construction	2	$101,000	108	$21,811,899
Leases	157	$418,262	259	$1,100,625
Minor construction	81	$846,404	656	$6,944,092
NRM (includes GMP-Green projects)	89	$847,525	918	$7,830,237
Other (includes seismic, disposal and sharing projects)	0	$0	62	$630,362
Project Specific Subtotal	**329**	**$2,213,191**	**2,003**	**$38,317,216**
Future year planning (Minors and NRM)[1]	N/A	$0	-	$17,690,043
Below threshold/Emergent needs[2]	TBD	$0	-	$5,745,150
Non-recurring activation costs[3]	-	$705,856	-	$8,484,001
Recurring activation costs[3]	-	$518,360	-	$5,076,438
IT Non-recurring activation costs[3]	-	$89,402	-	$844,772
IT recurring activation costs[3]	-	$29,801	-	$281,591
Total	**329**	**$3,556,610**	**2,003**	**$76,439,210**

[1]Future year planning includes estimates for NRM, minor construction, minor lease, disposal and sharing projects for the ten-year planning horizon.
[2]VA action plans include lump sum, emergent needs and below established dollar threshold that will be allocated in execution.
[3]Non-recurring and recurring activation totals are inclusive of the entire cost over a 10-year time frame and are reflected in the first funding year for each project.

Potential Future/Outyear Projects

Table 2-8 (below) provides a list of planned leases and potential future year (beyond 2023) projects. Total estimated costs in the table below are preliminary planning costs and are subject to change as projects are further refined. The NCA long term planning horizon cost estimate range does not include under-threshold or out-year planning estimates

For planning purposes, VA utilizes an established dollar amount for project-specific inclusion in the action plans. The costs for all below-threshold projects are included in the overall VA estimate in above Table 2-7 as a lump-sum.

Table 2-8: Potential Future/Outyear Projects (Sorted by State, by City)

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
VBA	Anchorage	AK	Fairbanks VR and E Office	Minor Lease	$73
20	Anchorage	AK	Demolish and Replace Mental Health Residential Rehabilitation Treatment Program (RRTP)	Major Const.	$70,000
20	Anchorage	AK	Homer VA Clinic Lease	Minor Lease	$366
NCA	Alabama NC	AL	Gravesite Expansion	Major Const.	$30,000
VBA	Montgomery	AL	Huntsville VR and E Office	Minor Lease	$5
VBA	Montgomery	AL	Mobile VR and E Office	Minor Lease	$2
7	Birmingham	AL	Primary Care, Ancillary/Diagnostics and Specialty Care Clinic	Major Lease	$11,800
7	Birmingham	AL	Renovate and Relocate Operating Room Suite	Minor Const.	$13,750
7	Birmingham	AL	Construct Fisher House	Minor Const.	$500
7	Birmingham	AL	Expand Administrative Services	Minor Lease	$3,430
7	Birmingham	AL	Correct Plumbing Deficiencies by Replacing Critical Research Wing Domestic and Deionized Water Systems	NRM-IM	$8,017
7	Birmingham	AL	Replace Windows Phase III	NRM-IM	$6,629
7	Birmingham	AL	Correct Mechanical Deficiencies, Phase III	NRM-IM	$6,600
7	Birmingham	AL	Renovate Main Kitchen and Correct Equipment and Gas System Deficiencies	NRM-IM	$6,050
7	Birmingham	AL	Correct Mechanical Deficiencies, Phase II	NRM-IM	$5,500
7	Birmingham	AL	Replace/Upgrade Exterior Finishes and Mechanical Systems - Research Bridge	NRM-Sus	$10,000
7	Birmingham	AL	Install New Finishes - 4th, 5th and 6th Floor Patient Rooms	NRM-Sus	$7,100
7	Birmingham	AL	Correct Safety Deficiencies and Architectural Issues, Building 1 Ground and 3rd Floor	NRM-Sus	$5,956
7	Birmingham	AL	Expand Specialty Care Clinics into Dental Clinic Space	NRM-Sus	$5,500
7	Montgomery	AL	Correct Elevator Deficiencies, Phase II	Other	$1,375
7	Montgomery	AL	Implement Holistic Feasibility Study Recommendations	NRM-IM	$8,000
7	Montgomery	AL	Construct Building 40 Replacement - West	Minor Const.	$15,192
7	Montgomery	AL	Construct Parking Garage - Phase II - West Campus	Minor Const.	$9,350
7	Montgomery	AL	Construct Parking Garage - Phase I - West Campus	Minor Const.	$9,350
7	Montgomery	AL	Columbus, GA CBOC	Minor Lease	$2,121
7	Montgomery	AL	Columbus Clinic, Muscogee, GA	Minor Lease	$1,610
7	Montgomery	AL	Compensated Work Therapy Housing Lease	Minor Lease	$236
7	Montgomery	AL	Compensated Work Therapy Housing Lease - West	Minor Lease	$116
7	Montgomery	AL	Improve Energy Options - Replace Boiler Plant/Co Generation	NRM-IM	$12,280
7	Montgomery	AL	Correct Deficiencies in Boiler Plant, Building 14	NRM-IM	$10,499

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
7	Montgomery	AL	Replace Air Handling Equipment and Add Generator, Bldg 1	NRM-IM	$10,094
7	Montgomery	AL	Correct Deficiencies in Mission Critical Buildings	NRM-IM	$9,020
7	Montgomery	AL	Correct Deficiencies in Patient Care Areas, Building 1	NRM-IM	$7,150
7	Montgomery	AL	Correct Mechanical Deficiencies, Phase II	NRM-IM	$7,150
7	Montgomery	AL	Correct Architectural Deficiencies in Building 1	NRM-IM	$7,022
7	Montgomery	AL	Correct OR Emergency Power Deficiencies	NRM-IM	$6,050
7	Montgomery	AL	Correct Building 1 Emergency Power Deficiencies	NRM-IM	$6,000
7	Montgomery	AL	Correct Life Safety and Patient Care Deficiencies	NRM-IM	$6,000
7	Montgomery	AL	Correct Water Tower Deficiencies	NRM-IM	$6,000
7	Montgomery	AL	Replace Plumbing Valves in Building 1 - West Campus	NRM-IM	$5,000
7	Montgomery	AL	Improve and Renovate Various Areas for Pharmacy, Pathology and Surgery - West	NRM-Sus	$9,499
7	Montgomery	AL	Correct Physical Security Deficiencies -Phase 1	NRM-Sus	$8,250
7	Montgomery	AL	Expand Specialty Care Services	NRM-Sus	$6,930
7	Montgomery	AL	Expand Imaging Services in Building 1 Ground Level	NRM-Sus	$5,703
7	Tuscaloosa	AL	Install CHP Plant	NRM-IM	$9,990
7	Tuscaloosa	AL	Construct Outpatient Mental Health Addition	Minor Const.	$9,399
7	Tuscaloosa	AL	Expand Dental Clinic	Minor Const.	$2,750
7	Tuscaloosa	AL	Expand Laundry Services	Minor Const.	$2,494
7	Tuscaloosa	AL	Selma CBOC	Minor Lease	$169
7	Tuscaloosa	AL	Correct Buildings 41 and 137 Accessibility and Interior Deficiencies	NRM-IM	$27,500
7	Tuscaloosa	AL	Correct Non Structural Components and Equipment-Seismic Deficiencies	NRM-IM	$12,538
7	Tuscaloosa	AL	Correct Accessibility Deficiencies in Bldg 137	NRM-IM	$9,908
7	Tuscaloosa	AL	Correct Sanitary Sewer, Water Main and Fire Protection Deficiencies	NRM-IM	$9,900
7	Tuscaloosa	AL	Correct Interior Deficiencies, Building 39	NRM-IM	$9,900
7	Tuscaloosa	AL	Improve Site Conditions, Phase II	NRM-IM	$9,850
7	Tuscaloosa	AL	Correct Deficiencies in Building 1	NRM-IM	$9,350
7	Tuscaloosa	AL	Correct Deficiencies in Building 40 - Phase I	NRM-IM	$8,145
7	Tuscaloosa	AL	Correct Deficiencies in Chiller Plant	NRM-IM	$6,600
7	Tuscaloosa	AL	Restore Masonry on Exterior Walls	NRM-IM	$6,310
7	Tuscaloosa	AL	Provide Emergency Power to Chiller Plant	NRM-IM	$5,325
7	Tuscaloosa	AL	Correct Building 135 Mechanical Deficiencies	NRM-IM	$5,170
7	Tuscaloosa	AL	Expand Mental Health Outpatient	NRM-Sus	$5,500
7	Tuscaloosa	AL	Modernize Buildings 63 and 135	NRM-Sus	$5,273
7	Tuskegee	AL	Implement Holistic Feasibility Study Recommendation	NRM-IM	$5,000
7	Tuskegee	AL	Construct Community Living Center Cottage - III	Minor Const.	$16,000
7	Tuskegee	AL	Construct Community Living Center Cottage - II	Minor Const.	$16,000
7	Tuskegee	AL	Construct Community Living Cottage - I	Minor Const.	$16,000
7	Tuskegee	AL	Expand and Construct an Outpatient Center - North	Minor Const.	$9,000
7	Tuskegee	AL	Construct Community Living Center Cottage - V	Minor Const.	$6,000
7	Tuskegee	AL	Construct Community Living Center Cottage - IV	Minor Const.	$5,464
7	Tuskegee	AL	Construct Inpatient Mental Health Facility	Minor Const.	$4,446
7	Tuskegee	AL	Expand and Construct an Outpatient Center - South	Minor Const.	$3,000
7	Tuskegee	AL	Correct Electrical, Mechanical, Transport and Architectural Deficiencies in Bldgs 3A and 83	NRM-IM	$10,325
7	Tuskegee	AL	Correct Deficiencies in Buildings 3A and 83	NRM-IM	$9,350
7	Tuskegee	AL	Correct Deficiencies in Building 90	NRM-IM	$9,020

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
7	Tuskegee	AL	Correct Deficiencies in Mission Critical Buildings	NRM-IM	$8,250
7	Tuskegee	AL	Correct Plumbing Deficiencies	NRM-IM	$8,250
7	Tuskegee	AL	Replace/Improve Interior/Accessibility Items	NRM-IM	$7,700
7	Tuskegee	AL	Replace Fire Alarm System for Buildings 2, 3, 3A, 4, 4A, 5, 83, 120 and 129	NRM-IM	$7,193
7	Tuskegee	AL	Correct Life Safety Deficiencies in Mission Critical Buildings	NRM-IM	$6,930
7	Tuskegee	AL	Demolish Buildings 1, 7, 8, 9, 10, 44, 50 and 51	NRM-IM	$6,270
7	Tuskegee	AL	Correct Life Safety, Electrical, Plumbing Deficiencies	NRM-IM	$6,025
7	Tuskegee	AL	Replace Generators and Connected Electrical Equipment	NRM-IM	$5,550
7	Tuskegee	AL	Improve Building 68 - Mechanical Renovations	NRM-IM	$5,408
7	Tuskegee	AL	Correct Life Safety Deficiencies in Buildings, Phase II	NRM-IM	$5,060
7	Tuskegee	AL	Renovate Building 50 for Rehab and Alternative Therapy	NRM-Sus	$12,399
7	Tuskegee	AL	Renovate Building 10	NRM-Sus	$10,151
7	Tuskegee	AL	Renovate Bldg 120 for Inpatient Mental Health	NRM-Sus	$9,350
7	Tuskegee	AL	Renovate Building 19 for Community Living Center	NRM-Sus	$9,321
7	Tuskegee	AL	Renovate Building 20 for Community Living Center	NRM-Sus	$8,018
7	Tuskegee	AL	Renovate Primary Care and Geriatrics Clinics, Building 83-1	NRM-Sus	$6,357
7	Tuskegee	AL	Renovate Building 3A for Specialty Care	NRM-Sus	$5,420
NCA	Fort Smith	AR	Replace Irrigation System	Minor Const.	$1,435
NCA	Fort Smith	AR	Repair/Replace Roads, Curbing and Drainage	Minor Const.	$1,230
Staff	Little Rock	AR	Create Law Enforcement Training Center (LETC) Dormitory Space - Phase 3	Minor Const.	$18,486
Staff	Little Rock	AR	Create LETC Dormitory Space - Phase 2	Minor Const.	$18,480
Staff	Little Rock	AR	Create LETC Dormitory Space - Phase 1	Minor Const.	$17,000
Staff	Little Rock	AR	Create LETC Student Parking Deck	Minor Const.	$15,422
Staff	Little Rock	AR	Create LETC Education Complex	Minor Const.	$13,838
Staff	Little Rock	AR	Create LETC Classroom Space	Minor Const.	$5,952
16	Fayetteville	AR	Expand Inpatient Mental Health Building	Minor Const.	$9,980
16	Fayetteville	AR	Expand Women's Health Clinic	Minor Const.	$9,000
16	Fayetteville	AR	Construct Oncology Space	Minor Const.	$7,663
16	Fayetteville	AR	Renovate and Expand Emergency Department	Minor Const.	$7,558
16	Fayetteville	AR	Construct Training Center	Minor Const.	$880
16	Fayetteville	AR	Mental Health Services Office	Minor Lease	$180
16	Fayetteville	AR	VISN Contracting Staff Office	Minor Lease	$95
16	Fayetteville	AR	Mill Down and Resurface Roads	NRM-IM	$5,775
16	Fayetteville	AR	Renovate Med/Surg Inpatient Units, 2A, 2B and Renovate Ward 1A for Inpatient Med/Surge, Bldg 1	NRM-Sus	$7,689
16	Little Rock	AR	Expand Diagnostics Space	Minor Const.	$5,280
16	Little Rock	AR	Renovate Building 170 for Imaging Services	Minor Const.	$4,730
16	Little Rock	AR	Create "Welcome Center" Building 170	Minor Const.	$3,450
16	Little Rock	AR	Replace Greenhouse	Minor Const.	$900
16	Little Rock	AR	Replace Underground 15kV Cables	NRM-IM	$7,700
16	Little Rock	AR	Replace 15kV Feeder and Branch Cables with Sectionalizes	NRM-IM	$6,600
16	Little Rock	AR	Upgrade and Expand Energy Management Systems	NRM-IM	$5,830
16	Little Rock	AR	Replace and Upgrade Air Handlers in Building 170	NRM-IM	$5,600
16	Little Rock	AR	Replace and Upgrade Water Supply lines	NRM-IM	$5,600
16	Little Rock	AR	Replace Sanitary Sewer Lines - NLR	NRM-IM	$5,600
16	Little Rock	AR	Correct Plumbing and Water Deficiencies	NRM-IM	$5,500
16	Little Rock	AR	Quarters Renovation	NRM-Sus	$12,980
16	Little Rock	AR	Renovate Building 89	NRM-Sus	$8,800

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
16	Little Rock	AR	Develop Private/Semi-Private Bed Spaces - NLR	NRM-Sus	$7,920
16	Little Rock	AR	Renovate GI space	NRM-Sus	$7,800
16	Little Rock	AR	Replace Interior Finishes for High Volume Patient and Public Areas	NRM-Sus	$6,050
16	Little Rock	AR	Develop Additional EP Lab on 5C	NRM-Sus	$5,940
16	Little Rock	AR	Perform Maintenance to Structures	NRM-Sus	$5,720
16	Little Rock	AR	Renovate Building 101 2nd floor	NRM-Sus	$5,600
16	Little Rock	AR	Correct Seismic Deficiencies in Building 66 - NLR	Seismic	$16,500
16	Little Rock	AR	Correct Seismic and Structural Deficiencies Building 69	Seismic	$6,160
16	North Little Rock	AR	Correct Deficiencies in Building 68	Major Const.	$24,200
16	North Little Rock	AR	Correct Seismic Deficiencies in Building 58	Seismic	$32,320
16	North Little Rock	AR	Correct Seismic Deficiencies in Building 89	Seismic	$10,750
16	North Little Rock	AR	Correct Seismic Deficiencies in Building 39	Seismic	$1,260
16	North Little Rock	AR	Correct Seismic Deficiencies in Building 22 (Firehouse)	Seismic	$1,021
NCA	NMCA	AZ	Expansion and Cemetery Improvements	Major Const.	$45,000
VBA	Phoenix	AZ	Renovate Regional Office	Minor Const.	$14,334
22	Phoenix	AZ	Construct Bed Tower, Emergency Department, Inpatient Mental Health and Support Services	Major Const.	$498,241
22	Phoenix	AZ	Construct Replacement Long Term Care Facility	Major Const.	$68,200
22	Phoenix	AZ	Construct Laboratory Expansion	Minor Const.	$16,500
22	Phoenix	AZ	Mental Health Building 30	Minor Const.	$15,800
22	Phoenix	AZ	Construct Warehouse	Minor Const.	$15,550
22	Phoenix	AZ	Expand Supply Processing, Decontamination and Distribution	Minor Const.	$12,201
22	Phoenix	AZ	Southeast VA Clinic	Minor Lease	$2,342
22	Phoenix	AZ	Northwest VA Clinic	Minor Lease	$1,798
22	Phoenix	AZ	Correct Condition Deficiencies	NRM-IM	$18,150
22	Phoenix	AZ	Upgrade Infrastructure to Support Anticipated Campus Growth	NRM-IM	$16,500
22	Phoenix	AZ	Renovate Ward 5C and 5D for Inpatient Care	NRM-Sus	$16,000
22	Phoenix	AZ	Create Observation Unit	NRM-Sus	$5,000
22	Prescott	AZ	Construct Parking Facility (Garage)	Minor Const.	$18,700
22	Prescott	AZ	Renovate, Seismically Retrofit, Reconfigure and Expand the Domiciliary - Building 151	Minor Const.	$18,300
22	Prescott	AZ	Construct Acute Care Facility	Minor Const.	$10,900
22	Prescott	AZ	Modernize/Convert Community Living Center to Private Patient Rooms and Correct Seismic Deficiencies, Ph I (South)	Seismic	$19,300
22	Prescott	AZ	Modernize/Convert Community Living Center to Private Patient Rooms and Correct Seismic Deficiencies, Ph II (North)	Seismic	$19,300
22	Prescott	AZ	Renovate, Reconfigure and Seismically Retrofit Building 14	Seismic	$7,200
22	Prescott	AZ	Renovate, Reconfigure and Seismically Retrofit Building 12	Seismic	$3,350
22	Tucson	AZ	Construct Combined Power Plant for Clean Energy	NRM-IM	$9,900
22	Tucson	AZ	Acquire Inpatient Bed Tower	Major Const.	$95,038
22	Tucson	AZ	Construct Clinical Building	Major Const.	$21,000
22	Tucson	AZ	Expand Outpatient Mental Health	Minor Const.	$19,750

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
22	Tucson	AZ	Construct Audiology, Hemodialysis and Medical Admin Bldg	Minor Const.	$16,863
22	Tucson	AZ	Construct Parking Garage	Minor Const.	$16,653
VHA	Tucson	AZ	Construct Emergency Pharmacy Service Building	Minor Const.	$14,959
22	Tucson	AZ	Expand Clinical Space	Minor Const.	$13,294
22	Tucson	AZ	Construct Inpatient Imaging and Pharmacy Suites	Minor Const.	$12,575
22	Tucson	AZ	Construct Dental Building	Minor Const.	$10,350
22	Tucson	AZ	Construct Building for Outpatient Diagnostic	Minor Const.	$10,267
22	Tucson	AZ	Upgrade Boiler Infrastructure	NRM-IM	$9,949
22	Tucson	AZ	Correct Plumbing Deficiencies	NRM-IM	$6,600
22	Tucson	AZ	Correct Mechanical Deficiencies	NRM-IM	$5,500
22	Tucson	AZ	Construct Perimeter Fence	NRM-Sus	$7,600
22	Tucson	AZ	Renovate for SPS, Clinical and Support Space	NRM-Sus	$6,050
22	Tucson	AZ	Renovate Quarters	NRM-Sus	$5,500
NCA	Golden Gate	CA	Install Irrigation Mainline and Controller Upgrades	Minor Const.	$1,100
NCA	Riverside	CA	Gravesite Expansion Project	Major Const.	$84,200
NCA	Sacramento Valley	CA	PH 3 Expansion and Cemetery Improvements	Major Const.	$45,000
NCA	San Francisco	CA	Replace Irrigation System	Minor Const.	$1,420
OIT	Oakland	CA	Innovation Center	Minor Const.	$3,581
OIT	Oakland	CA	Oakland Field Office	Minor Lease	$158
VBA	Los Angeles	CA	Regional Office	Major Lease	$6,200
VBA	Los Angeles	CA	Renovate and Realign Regional Office	Minor Const.	$900
VBA	Oakland	CA	Regional Office	Major Lease	$4,200
VBA	Oakland	CA	Renovate Regional Office, Ph 2	Minor Const.	$9,000
VBA	Oakland	CA	Sacramento VR and E Office	Minor Lease	$91
VBA	Oakland	CA	Fresno VR and E Office	Minor Lease	$8
VBA	San Diego	CA	Consolidate San Diego Regional Offices	Minor Const.	$15,285
VBA	San Diego	CA	Moreno Valley VR and E Office	Minor Lease	$106
21	Fresno	CA	Construct Bed Tower and Correct Physical Security Deficiencies on Main Campus	Major Const.	$373,000
21	Fresno	CA	Construct Clovis Health Care Center	Major Const.	$371,532
21	Fresno	CA	Expand Community Living Center for Privacy	Minor Const.	$17,992
21	Fresno	CA	Construct Parking Garage Main Campus Lot B	Minor Const.	$17,893
21	Fresno	CA	Expand and Renovate Laboratory, Building 1, 2nd Floor	Minor Const.	$15,996
21	Fresno	CA	Relocate/Replace Main Facility Oxygen Supply Infrastructure for Safety and Security	Minor Const.	$15,900
21	Fresno	CA	Oakhurst CBOC	Minor Lease	$734
21	Fresno	CA	Improve Facility Vulnerability Deficiencies to Sustain 96 Hour Independent Operations	NRM-IM	$8,800
22	Loma Linda	CA	Construct PM and R Gym and Specialty Care Building	Minor Const.	$15,950
22	Loma Linda	CA	Construct Covered Patient Drop-off Area	Minor Const.	$4,400
22	Loma Linda	CA	Construct 3NW Urology Clinic	NRM-Sus	$13,090
22	Loma Linda	CA	Renovate 1 South	NRM-Sus	$12,100
22	Loma Linda	CA	Renovate Corridors - Fourth Floor	NRM-Sus	$11,000
22	Loma Linda	CA	Renovate Corridors - Second Floor	NRM-Sus	$11,000
22	Loma Linda	CA	Renovate Corridors - Third Floor	NRM-Sus	$11,000
22	Loma Linda	CA	Renovate Corridors and Finishes - First Floor	NRM-Sus	$11,000
22	Loma Linda	CA	Renovate 4NE Med/Surg Ward for Private Beds	NRM-Sus	$9,900
22	Loma Linda	CA	Renovate Lobby Patient Access to include a Veterans Resource Center and 1W Med Clinic	NRM-Sus	$8,800

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
22	Loma Linda	CA	Construct Operating Room 9	NRM-Sus	$8,250
22	Long Beach	CA	Construct OR Tower and Renovate Building 126 (3 floors) for Single Patient Room Compliance	Major Const.	$273,923
22	Long Beach	CA	Expand/Renovate Bldg 164, 1st Floor for Central Pharmacy	Minor Const.	$17,654
22	Long Beach	CA	Demolish and Renovate Buildings 5 and 5A	Minor Const.	$16,000
22	Long Beach	CA	Northern Boundary Security and Waste Management Center	Minor Const.	$2,700
22	Long Beach	CA	San Pedro CBOC	Minor Lease	$2,350
22	Long Beach	CA	Convert Gardena Contractor Operated CBOC to VA Operated	Minor Lease	$470
22	Long Beach	CA	Santa Ana Annex-Mental Health	Minor Lease	$400
22	Long Beach	CA	Correct Site Access Deficiencies	NRM-IM	$20,000
22	Long Beach	CA	Expand Access to Morgue and Descendent Affairs	NRM-IM	$5,600
22	Long Beach	CA	Seismic Retrofit of Building 1	Seismic	$41,632
22	Long Beach	CA	Seismic Retrofit of Building 2	Seismic	$37,820
21	Palo Alto	CA	Consolidate Clinical Services to Palo Alto Division	Major Const.	$54,950
21	Palo Alto	CA	Improve Sunnyvale campus for Research Million Veteran Program	Minor Const.	$15,900
21	Palo Alto	CA	Renovation and Expansion of Sterile Processing Service	Minor Const.	$15,500
21	Palo Alto	CA	Improve Mental Health Access in Building 520	Minor Const.	$11,660
21	Palo Alto	CA	Construct Dialysis and Physical Therapy at Menlo Park	Minor Const.	$10,200
21	Palo Alto	CA	Install Closed Circuit Television at All Campuses	NRM-Sus	$6,600
21	Sacramento	CA	Develop Mental Health RRTP Facility, Sacramento	Other	$990
21	Sacramento	CA	Construct and Renovate for Sterile Processing and COVID 19/Clean Storage	Minor Const.	$17,965
21	Sacramento	CA	Expand Community Living Center for Support Services	Minor Const.	$17,474
21	Sacramento	CA	Education and Simulation Center	Minor Const.	$15,997
21	Sacramento	CA	Construct, Consolidate and Renovate PACT East	Minor Const.	$15,980
21	Sacramento	CA	Increase Inpatient Access, Isolation Space and Pandemic Response by Consolidating Research	Minor Const.	$15,977
21	Sacramento	CA	Construct Musculoskeletal Center	Minor Const.	$15,962
21	Sacramento	CA	Construct Procedure Center to Increase Access to Surgical Care	Minor Const.	$15,961
21	Sacramento	CA	Construct Parking Structure to Support Inpatient Bed Tower, Diagnostics and Outpatient Clinic Access	Minor Const.	$15,937
21	Sacramento	CA	Construct Outpatient Mental Health for Addiction Recovery and Treatment Services	Minor Const.	$15,886
21	Sacramento	CA	Construct and Renovate for Primary Care PACT	Minor Const.	$15,850
21	Sacramento	CA	Relocate and Incorporate Patient/Staff Safety for Nuclear Medicine	Minor Const.	$15,558
21	Sacramento	CA	Construct Women's Imaging Space and Renovate Ancillary Support, Building 98 McClellan	Minor Const.	$10,180
21	Sacramento	CA	Construct Women's Center	Minor Const.	$10,136
21	Sacramento	CA	Yuba Warehouse	Minor Lease	$4
21	Sacramento	CA	Oakland Behavioral Health and Substance Abuse Clinic	Minor Lease	$0
21	Sacramento	CA	Correct Electrical Systems	NRM-IM	$20,000
21	Sacramento	CA	Replace/Upgrade Boiler Plant Chilled and Hot Water Units	NRM-IM	$15,000
21	Sacramento	CA	Renovate Building 98 Pharmacy and Administrative Wing, McClellan	NRM-Sus	$8,800
21	Sacramento	CA	Remodel Vacated Dental Clinic, Mare Island	NRM-Sus	$6,600
22	San Diego	CA	Construct Research Building	Major Const.	$133,892
22	San Diego	CA	Acquire Land/Renovate Patient/Visitor Surface Parking Lot	Major Const.	$129,635

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
22	San Diego	CA	San Diego County CBOC	Major Lease	$18,458
22	San Diego	CA	San Diego Research Center	Major Lease	$4,420
22	San Diego	CA	Construct Outpatient Mental Health and Ancillary/Diagnostic Addition, B01 - SW	Minor Const.	$18,868
22	San Diego	CA	Expand and Renovate ASU/PACU, 5W, Building 1 - Phase 3	Minor Const.	$18,832
22	San Diego	CA	Construct Ancillary/Diagnostic and Auditorium Bldg, Ph 1	Minor Const.	$18,432
22	San Diego	CA	Replace and Expand MRI Facility - Phase 1	Minor Const.	$18,362
22	San Diego	CA	Expand Ancillary/Diagnostic and Auditorium Building, Ph 2	Minor Const.	$18,083
22	San Diego	CA	Research Renovation 6W-A and B	Minor Const.	$16,243
22	San Diego	CA	Modernize/Expand Specialty Care Procedure Ctr, Bldg 1-3S	Minor Const.	$15,753
22	San Diego	CA	Construct Research Facility - Phase 1	Minor Const.	$15,524
22	San Diego	CA	Renovate Specialty Clinics and On-Call, 3E-C and D	Minor Const.	$14,381
22	San Diego	CA	Renovate and Expand Intensive Care Unit, 5 South A and B	Minor Const.	$14,261
22	San Diego	CA	Relocate and Renovate Surgery Service, 5N-D, Phase 4	Minor Const.	$13,229
22	San Diego	CA	Renovate Cardiology, 4N B and C - Phase 1	Minor Const.	$12,818
22	San Diego	CA	Construct Additional Levels to Parking Structure 1 and 2	Minor Const.	$12,591
22	San Diego	CA	Renovate Outpatient Mental Health 2N-C and D	Minor Const.	$10,248
22	San Diego	CA	Modernize Physical Medicine and Rehabilitation	Minor Const.	$9,543
22	San Diego	CA	Renovate and Expand Intensive Care Unit, 5 South C and D	Minor Const.	$9,539
22	San Diego	CA	Renovate Clinical Admin 3N, Building 1	Minor Const.	$8,936
22	San Diego	CA	Renovate Outpatient Mental Health 2N-A and B	Minor Const.	$8,919
22	San Diego	CA	Renovate Specialty Clinics and Pharmacy, 3 East-A and B	Minor Const.	$8,731
22	San Diego	CA	Expand Ancillary/Diagnostic and Canteen Services, Bldg 1	Minor Const.	$7,318
22	San Diego	CA	Renovate Surgical Service, B01-F05	Minor Const.	$5,438
22	San Diego	CA	Renovate Transition Center for Health Care Needs Combat Veterans	Minor Const.	$3,721
22	San Diego	CA	Purchase Modular Trailer	Minor Const.	$97
22	San Diego	CA	Replace and Install New Cogen Turbine	NRM-IM	$26,524
22	San Diego	CA	Replace Air handlers and Exhaust Fans - Group 3	NRM-IM	$16,400
22	San Diego	CA	Correct Physical Security Deficiencies - Group 1	NRM-IM	$14,678
22	San Diego	CA	Replace Riser System, Building 1 - Group 2	NRM-IM	$9,306
22	San Diego	CA	Replace Lateral System, Building 1 - Group 3	NRM-IM	$9,092
22	San Diego	CA	Upgrade Domestic Hot and Cold Water System A - Legionella Prevention	NRM-IM	$8,428
22	San Diego	CA	Replace Lateral System, Building 1 - Group 2	NRM-IM	$8,404
22	San Diego	CA	Renovate and Secure Interstitial Space Entrances - Group 2	NRM-IM	$8,305
22	San Diego	CA	Energy Management Controls Integration Upgrades - Group 3	NRM-IM	$8,000
22	San Diego	CA	Replace Riser System, Building 1 - Group 3	NRM-IM	$7,290
22	San Diego	CA	Install Lighting Occupancy Sensors and Retrofit Fixtures, Site	NRM-IM	$6,150
22	San Diego	CA	Expand Emergency Water Storage Tank	NRM-IM	$5,500
22	San Diego	CA	HVAC Re-Commissioning - Site	NRM-IM	$5,000
22	San Diego	CA	Renovate B11 for Primary Care - PACT	NRM-Sus	$14,931
22	San Diego	CA	Renovate and Expand Inpatient Psychiatry, B01, 2S-B and C	NRM-Sus	$11,883
22	San Diego	CA	Renovate Supply Processing Service	NRM-Sus	$11,231
22	San Diego	CA	Site Physical Security Upgrade	NRM-Sus	$9,400
22	San Diego	CA	Modernize/Convert Community Living Center to Inpatient Med/Surg. Beds	NRM-Sus	$8,470
22	San Diego	CA	Renovate Canteen Services	NRM-Sus	$8,076
22	San Diego	CA	Correct Stairwell 10 Life Safety Deficiencies	NRM-Sus	$7,619
22	San Diego	CA	Renovate Center Core, Floor 2-4	NRM-Sus	$7,577

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
22	San Diego	CA	Improve Traffic and Pedestrian Flow - Site	NRM-Sus	$6,750
22	San Diego	CA	Correct Flooring Elevation	NRM-Sus	$6,350
21	San Francisco	CA	Mission Bay Research	Major Lease	$22,869
21	San Francisco	CA	Community Living Center	Major Lease	$16,365
21	San Francisco	CA	Oakland CBOC	Major Lease	$6,695
21	San Francisco	CA	Construct Hybrid Operating Suite	Minor Const.	$15,750
21	San Francisco	CA	Replace Wastewater Holding Tank, Buildings 200 and 203	NRM-IM	$6,600
21	San Francisco	CA	Renovate Acute Medical/Surgical Bed Sections for Patient Privacy in Building 203	NRM-Sus	$18,000
21	San Francisco	CA	Seismic Retrofit Building 2	NRM-Sus	$18,000
21	San Francisco	CA	Reinforce Physical Security of Entrance/Patient Drop-off, Buildings 200 and 203	NRM-Sus	$7,482
21	San Francisco	CA	Correct Campus Wide Physical Security Site Deficiencies	NRM-Sus	$6,663
21	San Francisco	CA	Replace Inpatient Windows in Hospital for Patient Safety	NRM-Sus	$6,350
21	San Francisco	CA	Renovate Building 203 Wing 1B for Primary Care Clinics	NRM-Sus	$5,450
22	Sepulveda	CA	Replace Water Mains and Valves	NRM-IM	$8,000
22	Sepulveda	CA	Provide Turnkey Solar Photovoltaic System	NRM-IM	$6,916
22	Sepulveda	CA	Renovate Bldg 200 First Floor Radiology and Common Spaces	NRM-IM	$6,635
22	Sepulveda	CA	Correct Electrical Deficiencies	NRM-IM	$5,850
22	West Los Angeles	CA	Execute Enhanced Use Lease for Veteran Housing	Other	$0
22	West Los Angeles	CA	Construct Ambulatory Care Center Replacement	Major Const.	$1,110,500
22	West Los Angeles	CA	Santa Maria CBOC	Major Lease	$2,800
22	West Los Angeles	CA	Convert Antelope Valley/Lancaster VA Clinic to VA Operated	Minor Lease	$3,855
22	West Los Angeles	CA	Santa Barbara CBOC	Minor Lease	$794
22	West Los Angeles	CA	Install Anti-Scalding devices and Remove Unused Plumbing Components BLDGs 213, 215 and 500	NRM-IM	$10,850
22	West Los Angeles	CA	Structural Retrofit for Occupational Health and Safety and Emergency Operations Storage Building 222	Seismic	$8,479
VBA	Denver	CO	Grand Junction VR and E Office	Minor Lease	$9
19	Denver	CO	Acquire Health Care Center	Major Const.	$408,034
19	Denver	CO	Reconstruct Clermont North Division	Major Const.	$85,000
19	Denver	CO	Construct Bldg. J - Ancillary Diagnostic Care	Major Const.	$38,500
19	Denver	CO	Construct Bldg. M : Outpatient Mental Health	Major Const.	$38,500
19	Denver	CO	ECHCS CBOC II	Minor Lease	$3,080
19	Grand Junction	CO	Combined Heat and Power	NRM-IM	$5,500
19	Grand Junction	CO	Construct Specialty Clinics Building	Minor Const.	$14,500
19	Grand Junction	CO	Construct Parking Garage Structure Phase 2	Minor Const.	$12,760
19	Grand Junction	CO	Expand Primary Care Phase 2	Minor Const.	$9,950
19	Grand Junction	CO	Construct Community Living Center Northeast Wing	Minor Const.	$9,625

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
19	Grand Junction	CO	Radiology 2nd Floor West Wing Addition	Minor Const.	$9,240
19	Grand Junction	CO	Expand and Renovate Warehouse	Minor Const.	$5,770
19	Grand Junction	CO	Construct Office of Information and Technology Addition	Minor Const.	$1,650
19	Grand Junction	CO	Construct Expandable Clinical Space	Minor Const.	$1,145
19	Grand Junction	CO	Renovate Building 20 Community Living Center and Chapel Addition	NRM-IM	$7,150
19	VISN 19	CO	VISN 19 - 10th Floor Suite	Minor Lease	$420
19	VISN 19	CO	VISN 19 - 11th Floor Suite	Minor Lease	$385
19	VISN 19	CO	VISN 19 - 8th Floor Suite	Minor Lease	$160
19	VISN 19	CO	VISN 19 - 6th Floor Suite	Minor Lease	$155
19	VISN 19	CO	VISN 19 - 18th Floor Suite	Minor Lease	$45
VBA	Hartford	CT	Renovate and Realign Regional Office	Minor Const.	$7,000
1	Newington	CT	Construct Multi-Specialty Outpatient Procedure Center	Minor Const.	$9,309
1	Newington	CT	Replace Building Automation System	NRM-IM	$9,308
1	Newington	CT	Renovate Radiology	NRM-IM	$6,107
1	Newington	CT	Relocate Dental Clinic and Expand Pharmacy	NRM-Sus	$11,194
1	Newington	CT	Replace and Expand Elevator in Building 2E	NRM-Sus	$7,150
1	Newington	CT	Renovate Mental Health - Building 1	NRM-Sus	$6,805
1	Newington	CT	Replace and Expand Elevators in Building 1 and 2C	NRM-Sus	$6,050
1	Newington	CT	Replace and Expand Elevators in Buildings 3, 12 and 42	NRM-Sus	$6,050
1	Newington	CT	Energy Saving Performance Contract	Other	$0
1	West Haven	CT	Audiology/ENT/Eye Clinic	Major Lease	$8,931
1	West Haven	CT	Construct Building for Research, Ph 1	Minor Const.	$17,600
1	West Haven	CT	Relocate Sterile Processing Service	Minor Const.	$17,102
1	West Haven	CT	Construct Building for Research, Ph 2	Minor Const.	$16,000
1	West Haven	CT	Expand Building 2 for Specialty Care	Minor Const.	$15,470
1	West Haven	CT	Expand and Renovate 2nd Floor Building 1	Minor Const.	$14,100
1	West Haven	CT	Construct Inpatient Pharmacy	Minor Const.	$9,918
1	West Haven	CT	Expand Medical Emergency Department	Minor Const.	$9,823
1	West Haven	CT	Construct Research Facility	Minor Const.	$9,441
1	West Haven	CT	Upgrade and Consolidate Urology Clinic	Minor Const.	$9,395
1	West Haven	CT	Research Oversight and Administration	Minor Lease	$1,480
1	West Haven	CT	Upgrade Chiller Plant for High Performance	NRM-IM	$8,965
1	West Haven	CT	Replace BAS - Phase 1	NRM-IM	$7,185
1	West Haven	CT	Replace and Expand Elevators in Building 2	NRM-IM	$6,325
1	West Haven	CT	Medical Gas System Upgrades, Bldgs 1 and 2	NRM-IM	$5,445
1	West Haven	CT	Renovate Building 1 4th floor for Inpatient	NRM-Sus	$14,718
1	West Haven	CT	Correct Electrical Deficiencies Phase 3	NRM-Sus	$8,910
1	West Haven	CT	Replace and Expand Elevator P5 and P1, P2, P3 and P4	NRM-Sus	$8,500
1	West Haven	CT	Renovate In-Patient Unit -4 West	NRM-Sus	$8,250
1	West Haven	CT	Correct Electrical Deficiencies Building 1	NRM-Sus	$8,195
1	West Haven	CT	Upgrade Specialty Care Space First Floor Building 2	NRM-Sus	$7,700
1	West Haven	CT	Upgrade Specialty Care Space Second Floor Building 2	NRM-Sus	$7,480
1	West Haven	CT	Abate Hazardous Materials in Tunnels and Boiler Plant	NRM-Sus	$6,831
1	West Haven	CT	Upgrade Steam Distribution System Phase 3	NRM-Sus	$6,250
1	West Haven	CT	Replace Sanitary Sewer System	NRM-Sus	$6,053

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
1	West Haven	CT	Facade Replacement, Building 1 Phase 1	NRM-Sus	$5,500
1	West Haven	CT	Facade Replacement, Building 1 Phase 2	NRM-Sus	$5,500
1	West Haven	CT	Facade Replacement, Building 1 Phase 3	NRM-Sus	$5,500
1	West Haven	CT	Upgrade Plumbing Systems Building 1	NRM-Sus	$5,400
1	West Haven	CT	Replace Roofs Supporting Buildings	NRM-Sus	$5,000
1	West Haven	CT	Energy Saving Performance Contract	Other	$0
Staff	Washington	DC	Renovation Projects Under $500k in 810 Vermont Avenue	Minor Const.	$2,000
VBA	Washington	DC	Washington Appeals Management Office	Major Lease	$5,600
VBA	Washington	DC	Renovate 1722 I Street NW	Minor Const.	$8,844
5	Washington	DC	Construct Outpatient Mental Health Building	Major Const.	$121,000
5	Washington	DC	Construct Outpatient Clinical Addition	Major Const.	$29,700
5	Washington	DC	Northern Virginia Multi-Specialty CBOC	Major Lease	$8,256
5	Washington	DC	Construct Fourth Floor Addition to Research Building 14	Minor Const.	$19,470
5	Washington	DC	Construct Third Floor Addition to Research Building 14	Minor Const.	$18,700
5	Washington	DC	Correct Structural, Seismic and Physical Security Deficiencies of Parking Garage 6P	Minor Const.	$18,700
5	Washington	DC	Fort Belvoir CBOC	Minor Lease	$2,116
5	Washington	DC	Clinical and Admin Office	Minor Lease	$1,375
5	Washington	DC	Replace and Upgrade Building 1 Heating System - Phase III	NRM-IM	$7,700
5	Washington	DC	Upgrade Steam and Condensate Distribution System	NRM-IM	$6,050
5	Washington	DC	Renovate and Upgrade Outpatient Mental Health on 3C	NRM-IM	$5,775
5	Washington	DC	Renovate Research Space Basement Building 1	NRM-IM	$5,233
5	Washington	DC	Renovate 3E Inpatient Medical Ward for Inpatient Acute Psych	NRM-Sus	$16,830
5	Washington	DC	Renovate 2D Surgical Ward	NRM-Sus	$14,300
5	Washington	DC	Renovate OR	NRM-Sus	$6,721
5	Washington	DC	Renovate 2E SICU	NRM-Sus	$6,050
4	Wilmington	DE	Install Renewable Energy Solutions	NRM-IM	$5,500
4	Wilmington	DE	Southern Delaware Clinic	Major Lease	$12,883
4	Wilmington	DE	Southern New Jersey Clinic	Major Lease	$12,883
4	Wilmington	DE	Construct Addition for Pharmacy	Minor Const.	$15,027
4	Wilmington	DE	Addition for Mental Health	Minor Const.	$7,700
4	Wilmington	DE	Renovate 3 West and the OR Suite	NRM-Sus	$5,500
NCA	Barrancas	FL	Gravesite Expansion	Major Const.	$25,000
NCA	Florida NC	FL	Replacement and Cemetery Improvements	Major Const.	$75,000
NCA	Sarasota	FL	Gravesite Expansion	Major Const.	$28,000
NCA	South Florida	FL	PH 3 Expansion and Cemetery Improvements	Major Const.	$50,000
VBA	St Petersburg	FL	Renovate and Realign Regional Office	Minor Const.	$9,900
VBA	St Petersburg	FL	Install Solar Parking Lot Lighting	Minor Const.	$500
VBA	St Petersburg	FL	Sarasota VR and E Office	Minor Lease	$35
8	Bay Pines	FL	Construct Parking Garage 2 (Lot 3)	Minor Const.	$15,999
8	Bay Pines	FL	Construct Audiology/Ear Nose and Throat/Speech Clinic	Minor Const.	$9,515
8	Bay Pines	FL	Construct Drive-Through Outpatient Pharmacy	Minor Const.	$8,773
8	Bay Pines	FL	Expand Imaging - Lee County Healthcare Center	Minor Const.	$6,680
8	Bay Pines	FL	Construct Parking Garage 3 (Lot 8)	Minor Const.	$5,533
8	Bay Pines	FL	Improve Traffic Flow on Campus	NRM-IM	$5,690
8	Bay Pines	FL	Renovate Mods B and D for Specialty Care Clinics	NRM-Sus	$6,600
8	Gainesville	FL	Replacement Hospital	Major Const.	$564,000
8	Gainesville	FL	Construct Diagnostic and Specialty Care Building	Major Const.	$75,000
8	Gainesville	FL	Jacksonville 1 Outpatient Clinic	Major Lease	$11,130

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
8	Gainesville	FL	Domiciliary	Major Lease	$2,700
8	Gainesville	FL	Expand Vertical Parking Garage 3 (Liberty) Levels 3-7	Minor Const.	$18,600
8	Gainesville	FL	Construct Parking Garage 4	Minor Const.	$17,914
8	Gainesville	FL	Construct Parking Garage 5	Minor Const.	$16,775
8	Gainesville	FL	Expand Administrative Building Phase 2	Minor Const.	$15,907
8	Gainesville	FL	Construct Parking Garage 1	Minor Const.	$15,855
8	Gainesville	FL	Expand Horizontal Parking Garage 3 (Liberty) Level 1-2	Minor Const.	$15,500
8	Gainesville	FL	Construct Logistics Center	Minor Const.	$6,950
8	Gainesville	FL	Prosthetics DME Program and Telecare	Minor Lease	$746
8	Gainesville	FL	Dental Clinic	Minor Lease	$595
8	Gainesville	FL	Levy County Rural Health Clinic	Minor Lease	$383
8	Gainesville	FL	Construct Central Chiller Plant	NRM-IM	$40,000
8	Gainesville	FL	Air Handling Units 3 Phase II	NRM-IM	$14,300
8	Gainesville	FL	Repair HVAC Deficiencies	NRM-IM	$14,000
8	Gainesville	FL	Improve Physicals Security	NRM-IM	$8,800
8	Gainesville	FL	Replace Hospital Finishes Phase 1	NRM-IM	$8,800
8	Gainesville	FL	Remediate Asbestos and Mold	NRM-IM	$5,500
8	Gainesville	FL	Remove Radiant Panel Ceiling	NRM-Sus	$12,000
8	Gainesville	FL	Renovate Building 12	NRM-Sus	$11,200
8	Gainesville	FL	Replace Hospital Finishes Phase 3	NRM-Sus	$9,000
8	Gainesville	FL	Replace Hospital Finishes Phase 2	NRM-Sus	$8,800
8	Miami	FL	Install Solar Panels in Auxiliary Parking Area	NRM-IM	$6,270
8	Miami	FL	Expand Community Living Center Bldg 10 and Relocate Offices, CLC 4	Minor Const.	$19,026
8	Miami	FL	Expand Parking Garage	Minor Const.	$17,850
8	Miami	FL	Primary Care Clinical for Main Hospital	Minor Const.	$15,939
8	Miami	FL	Expand Clinical Support and Treatment Center	Minor Const.	$15,550
8	Miami	FL	Expand and Renovate Front Lobby and Primary Care	Minor Const.	$8,778
8	Miami	FL	Relocate Human Resources to 10th Floor Building 1	Minor Const.	$1,299
8	Miami	FL	Broward County Clinical Annex	Minor Lease	$1,799
8	Miami	FL	Home Based Primary Care	Minor Lease	$650
8	Miami	FL	Renovate 4AB for the Eye Clinic	NRM-IM	$11,644
8	Miami	FL	Replace Sanitary Sewer Main Floors 3, 4 and 5 and Branches Phase II	NRM-IM	$10,000
8	Miami	FL	Replace/Relocate Electrical Panelboards/Transformers Bldg 1	NRM-IM	$8,800
8	Miami	FL	Abate Asbestos Containing Mastic Adhesive and HVAC	NRM-IM	$8,281
8	Miami	FL	Upgrade Site Utilities	NRM-IM	$8,113
8	Miami	FL	Renovate Pathology and Laboratory 3rd Floor Main Hospital	NRM-Sus	$10,075
8	Miami	FL	Replace Sanitary Sewer Main Floors 6, 7 and 8 and Branches Phase III	NRM-Sus	$10,000
8	Miami	FL	Renovate the Fourth Floor of the Community Living Center for Spinal Cord Injury Long Term Care	NRM-Sus	$8,400
8	Miami	FL	Renovate Interior Corridors Bldg 1 2nd and 3rd Floors Ph 2	NRM-Sus	$7,700
8	Miami	FL	Renovate Interior Corridor in Building 1 Phase 3 Floors 4-12	NRM-Sus	$7,200
8	Miami	FL	Relocate Research	NRM-Sus	$6,262
8	Miami	FL	Additional Mental Health Ambulatory Care Department	NRM-Sus	$5,470
8	Miami	FL	Relocate ENT, Specialty Dare and Dermatology	NRM-Sus	$5,250
8	Miami	FL	Specialty Care Cluster Relocation	NRM-Sus	$5,210
8	Miami	FL	Convert Non-private Rooms to Private	NRM-Sus	$5,000
8	Miami	FL	Expand Key West Clinic	Other	$220

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
8	Orlando	FL	Install Solar Photovoltaic Canopy Systems - Lake Nona	NRM-IM	$8,800
8	Orlando	FL	Construct Bed Tower at Lake Nona	Major Const.	$137,244
8	Orlando	FL	Acquire/Expand Primary Care Clinics	Major Const.	$24,479
8	Orlando	FL	Demo Med Beds	NRM-IM	$11,000
8	Orlando	FL	Upgrade Lake Nona Building Automation System Infrastructure	NRM-IM	$8,000
8	Tampa	FL	Construct Emergency Department and Inpatient Mental Health Building with Parking Garage	Major Const.	$200,514
8	Tampa	FL	Construct Post-deployment, Rehabilitation and Evaluation Program and Outpatient Clinics	Major Const.	$151,777
8	Tampa	FL	Consolidate Clinical Leases	Major Lease	$21,099
8	Tampa	FL	Construct Ambulatory Surgery Center, 1st and 2nd Floors	Minor Const.	$19,600
8	Tampa	FL	Tampa Facilities Master Plan	Other	$0
8	Tampa	FL	Renovate Community Living Center Phase II	NRM-IM	$9,900
8	Tampa	FL	Upgrade Campus Roads, Sidewalks and Lighting	NRM-IM	$9,900
8	Tampa	FL	Replace Stormwater Distribution System Building 1	NRM-IM	$9,045
8	Tampa	FL	Replace Condens Water Sys, Steam Distrib and Reheats Bldg1	NRM-IM	$7,150
8	Tampa	FL	Replace Air Handler Units 1, 2, 3 and 4	NRM-IM	$6,450
8	Tampa	FL	Replace Magnetic Resonance Imaging HVAC Bldg 1, Phase 1	NRM-IM	$5,720
8	Tampa	FL	Construct Waste Water Storage	NRM-IM	$5,500
8	Tampa	FL	Upgrade Medical Gas Distribution in Building 39 CEP	NRM-IM	$5,500
8	Tampa	FL	Renovate Building 1-Ground Floor N and FS for Logistics	NRM-Sus	$17,960
8	Tampa	FL	Renovate Bldg 32, 1st floor - Oncology Diagnostic Services	NRM-Sus	$16,709
8	Tampa	FL	Renovate 3 North for GI	NRM-Sus	$9,900
8	Tampa	FL	Renovate Building 1-2nd Floor for Support Services	NRM-Sus	$7,006
8	West Palm Beach	FL	Acquire Multi-Specialty Clinic	Major Const.	$113,073
8	West Palm Beach	FL	Construct Outpatient Multispecialty Clinic	Major Const.	$65,000
8	West Palm Beach	FL	Expand Community Living Center for Long Term Care	Major Const.	$23,800
8	West Palm Beach	FL	Northern Catchment CBOC	Major Lease	$30,880
8	West Palm Beach	FL	Southern Catchment Multi Specialty Clinic	Major Lease	$20,370
8	West Palm Beach	FL	Primary Care Mental Health Integration	Major Lease	$10,676
8	West Palm Beach	FL	Construct Blind Rehabilitation Unit	Minor Const.	$15,873
8	West Palm Beach	FL	Enclose 3rd Floor Terrace for Specialty Care	Minor Const.	$3,320
8	West Palm Beach	FL	Expand Oncology Infusion Center	Minor Const.	$1,683
8	West Palm Beach	FL	Vero Beach CBOC	Minor Lease	$4,905
8	West Palm Beach	FL	Replace Flooring and Ceiling Tiles in High Traffic Areas	NRM-IM	$5,500
8	West Palm Beach	FL	Enhance Access in Outpatient Rehab and Pain Management	NRM-Sus	$7,007

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
8	West Palm Beach	FL	Enhance Privacy of 6B by Converting Semi-Private to Private Rooms	NRM-Sus	$6,000
8	West Palm Beach	FL	Enhance Privacy of 7B by Converting Semi-Private to Private Rooms	NRM-Sus	$5,500
8	West Palm Beach	FL	Install Site Perimeter Fence	NRM-Sus	$5,500
8	West Palm Beach	FL	Renovate Ambulatory Care Unit 5A	NRM-Sus	$5,036
NCA	Marietta	GA	Install Irrigation	Minor Const.	$1,670
VBA	Atlanta	GA	Renovate and Realign 4th Floor Regional Office	Minor Const.	$5,668
VBA	Atlanta	GA	Atlanta Storage	Minor Lease	$79
VBA	Atlanta	GA	Columbus VR and E Office	Minor Lease	$78
VBA	Atlanta	GA	Tifton VR and E Office	Minor Lease	$46
7	Atlanta	GA	Clinical Research Building	Major Const.	$149,384
7	Atlanta	GA	Gwinnett County VA Health Care Center	Major Lease	$101,465
7	Atlanta	GA	Specialty Care and Ancillary/Diagnostic Clinic	Major Lease	$36,978
7	Atlanta	GA	Ancillary/Diagnostic Addition Phase II	Minor Const.	$16,000
7	Atlanta	GA	Construct Mental Health Clinic Addition for Consolidation	Minor Const.	$16,000
7	Atlanta	GA	Construct Building to Expand Medical/Surgical Specialty Care Services	Minor Const.	$13,737
7	Atlanta	GA	Research Addition Phase II	Minor Const.	$9,775
7	Atlanta	GA	Research Addition Phase III	Minor Const.	$9,775
7	Atlanta	GA	Research Addition Phase IV	Minor Const.	$9,775
7	Atlanta	GA	Expand Parking	Minor Const.	$9,680
7	Atlanta	GA	Construct Parking Structure at Trinka Davis Veterans Village	Minor Const.	$9,680
7	Atlanta	GA	Correct Space Needs, Access and Safety Issues with On-site Rehab Addition	Minor Const.	$9,680
7	Atlanta	GA	Construct Access Improvement Addition of Ancillary and Diagnostics	Minor Const.	$9,669
7	Atlanta	GA	Construct Parking Structure at Ft. McPherson Campus	Minor Const.	$9,407
7	Atlanta	GA	Construct 4th Floor Community Living Center Residential Services on Building 1D	Minor Const.	$9,010
7	Atlanta	GA	Construct Rural Ambulatory Surgery and Diagnostic Imaging Center at Carrollton, GA	Minor Const.	$8,917
7	Atlanta	GA	Research Partnership with Emory	Minor Const.	$8,067
7	Atlanta	GA	Construct Warehouse Off-site	Minor Const.	$7,936
7	Atlanta	GA	Renovate and Consolidate Geriatrics Clinics and GRECC on CLC 2nd Floor Bldg 1D	Minor Const.	$7,140
7	Atlanta	GA	Construct 2 Story Addition for MICU/Canteen on 1A	Minor Const.	$6,125
7	Atlanta	GA	Renovate, Relocate and Expand Spinal Cord Injury and Traumatic Brain Injury Services with New Main Lobby on 1st Floor Building 1A	Minor Const.	$4,840
7	Atlanta	GA	Construct Building to Expand Mental Health Services	Minor Const.	$4,802
7	Atlanta	GA	Research Sub-Zero Freezer Controlled Storage Building	Minor Const.	$4,103
7	Atlanta	GA	Expand Community Living Center (Carrollton)	Minor Const.	$3,423
7	Atlanta	GA	Expand Primary Care	Minor Const.	$1,541
7	Atlanta	GA	Warehouse I	Minor Lease	$1,980
7	Atlanta	GA	Coweta County, CBOC	Minor Lease	$1,725
7	Atlanta	GA	Floyd County CBOC	Minor Lease	$1,725
7	Atlanta	GA	Decatur Administrative 2 Offices	Minor Lease	$1,388

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
7	Atlanta	GA	Austell CBOC	Minor Lease	$1,019
7	Atlanta	GA	Henderson Mill Mental Health Clinical Annex	Minor Lease	$436
7	Atlanta	GA	Correct Deficiencies in Building 1	NRM-IM	$15,000
7	Atlanta	GA	Repair, Replace and Upgrade Roadways, Sidewalks and Wayfinding Signage Deficiencies	NRM-IM	$11,573
7	Atlanta	GA	Replace Boilers, Connected Equipment and Controls, Bldg 1	NRM-IM	$11,410
7	Atlanta	GA	Correct Deficiencies in Campus Fire Alarm Systems	NRM-IM	$9,900
7	Atlanta	GA	Correct Medical Gases Deficiencies	NRM-IM	$9,900
7	Atlanta	GA	Renovate Building 125 at Fort McPherson for Specialty Care Clinical Services - Phase 3	NRM-IM	$9,350
7	Atlanta	GA	Replace Failed Plumbing Fixtures and Legionella Prevention	NRM-IM	$8,250
7	Atlanta	GA	Retrofit, Replace and Improve Lighting for Energy Savings	NRM-IM	$7,200
7	Atlanta	GA	Correct Life Safety, Accessibility and Architectural Deficiencies	NRM-IM	$5,667
7	Atlanta	GA	Correct Mechanical Deficiencies in Building 1C	NRM-IM	$5,543
7	Atlanta	GA	Replace CATV and Electrical Deficiencies in Building 1	NRM-IM	$5,280
7	Atlanta	GA	Renovate and Expand Medical/Surgical Inpatient Services on 6th Floor Building 1C Nursing Tower	NRM-Sus	$13,500
7	Atlanta	GA	Renovate Building 1 - 6th Floor for Medical Beds	NRM-Sus	$7,640
7	Atlanta	GA	Renovate and Expand Medical/Surgical Inpatient Services 12th Floor Building 1A Nursing Tower	NRM-Sus	$7,218
7	Atlanta	GA	Renovate and Expand Inpatient Mental Health Services 5th Floor Building 1C Nursing Tower	NRM-Sus	$7,188
7	Atlanta	GA	Renovate and Expand Medical/Surgical Inpatient Services on 11th Floor Building 1C Nursing Tower	NRM-Sus	$7,187
7	Atlanta	GA	Improve Safety and Security at Ft. McPherson	NRM-Sus	$6,790
7	Atlanta	GA	Inpatient Med/Surg Expansion on 1C 11th Floor	NRM-Sus	$5,192
7	Atlanta	GA	Inpatient Med/Surg Expansion on 1C 12th Floor	NRM-Sus	$5,192
7	Atlanta	GA	Expand Specialty Services and Engineering on 1A 1st Floor	NRM-Sus	$5,031
7	Augusta (DD)	GA	Specialty Care and Ancillary/Diagnostics	Major Lease	$48,901
7	Augusta (DD)	GA	Expand Downtown Parking Deck	Minor Const.	$18,900
7	Augusta (DD)	GA	Expand/Add Wing Bldg 801 for Acute Inpatient Medicine	Minor Const.	$8,844
7	Augusta (DD)	GA	Renovate Building 801 A wing 2nd Floor for Pathology Expansion	Minor Const.	$8,100
7	Augusta (DD)	GA	Construct New Surg/PACU/SICU Addition	Minor Const.	$4,724
7	Augusta (DD)	GA	Aiken CBOC	Minor Lease	$2,186
7	Augusta (DD)	GA	Athens CBOC	Minor Lease	$1,065
7	Augusta (DD)	GA	Warehouse	Minor Lease	$974
7	Augusta (DD)	GA	Statesboro CBOC	Minor Lease	$420
7	Augusta (DD)	GA	Replace Exterior Wall Panels/ Windows, Bldg 801, Ph 2	NRM-IM	$24,200
7	Augusta (DD)	GA	Repair Building 801 Exterior Shell, Tuck-Pointing and Skylights	NRM-IM	$21,400
7	Augusta (DD)	GA	Correct and Replace Roofing Deficiencies	NRM-IM	$14,055
7	Augusta (DD)	GA	Correct Critical Electrical Deficiencies with Lighting Retrofit in Medical Center Building 801	NRM-IM	$13,600
7	Augusta (DD)	GA	Renovate Building 801 Interior Finishes	NRM-IM	$13,130
7	Augusta (DD)	GA	Renovate Building 802 Energy Plant	NRM-IM	$12,170
7	Augusta (DD)	GA	Replace Exterior Wall Panels and Windows, Buildings 801 and 802, Phase 1	NRM-IM	$9,900
7	Augusta (DD)	GA	Replace/Upgrade Elevator Systems, Building 801	NRM-IM	$9,350

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
7	Augusta (DD)	GA	Upgrade, Expand/Replace and Improve Direct Digital Controls for Energy Savings, Building 801	NRM-IM	$7,315
7	Augusta (DD)	GA	Improve/Replace Research Lab Items	NRM-IM	$5,600
7	Augusta (DD)	GA	Expand Radiology into Building 801 1st Floor	NRM-Sus	$7,741
7	Augusta (DD)	GA	Renovate Building 801 Specialty Care Clinics	NRM-Sus	$7,202
7	Augusta (DD)	GA	Renovate for Patient Privacy, Building 801, Wing 6A	NRM-Sus	$5,500
7	Augusta (UD)	GA	Disposal of Building 18 Enhanced Use Lease	Other	$1
7	Augusta (UD)	GA	Disposal of Building 7 Enhanced Use Lease	Other	$1
7	Augusta (UD)	GA	Disposal of Building 76 Enhanced Use Lease	Other	$1
7	Augusta (UD)	GA	Correct Space Needs, Patient Safety and Private Bed Conversion with Building 110, 2C, 2D and 2E Wing with Community Living Center Renovation and Expansion	Minor Const.	$16,000
7	Augusta (UD)	GA	Construct Foundational VA Care Coordination Addition and Health Care Navigation Center	Minor Const.	$15,942
7	Augusta (UD)	GA	Correct Space Needs and Improve Women's Health Access to Specialty Services with Renovation and Addition to Bldg 110	Minor Const.	$5,994
7	Augusta (UD)	GA	Renovation/Addition of Specialty Care, Phase 2	Minor Const.	$4,140
7	Augusta (UD)	GA	Correct Site Deficiencies to Improve Safety, Parking and Roadways	NRM-IM	$15,900
7	Augusta (UD)	GA	Correct Mechanical Deficiencies in Building 110	NRM-IM	$9,900
7	Augusta (UD)	GA	Replace Boiler Plant/CHP	NRM-IM	$9,130
7	Augusta (UD)	GA	Replace Building 110 Operable Exterior Windows	NRM-IM	$8,900
7	Augusta (UD)	GA	Correct Electrical Deficiencies, Bldg 110 and on Site, Ph 1	NRM-IM	$7,485
7	Augusta (UD)	GA	Correct Electrical Deficiencies, Bldg 110 and on Site, Ph 2	NRM-IM	$6,360
7	Augusta (UD)	GA	Repair Curbs, Gutters and Walkways	NRM-IM	$5,965
7	Augusta (UD)	GA	Upgrade/Correct Elevator Systems	NRM-IM	$5,357
7	Augusta (UD)	GA	Replace and Upgrade Building Fenstration Deficiencies	NRM-IM	$5,070
7	Augusta (UD)	GA	Renovate Building 110, 4th Floor for Administration	NRM-Sus	$6,400
7	Augusta (UD)	GA	Renovate Building 110 Bathroom Facilities	NRM-Sus	$6,380
7	Augusta (UD)	GA	Consolidate Primary Care	NRM-Sus	$5,600
7	Augusta (UD)	GA	Renovate Building 110 Halls and Walls, Phase 1	NRM-Sus	$5,500
7	Augusta (UD)	GA	Renovate Primary Care Clinics - Ground Floor Bldg 110	NRM-Sus	$5,480
7	Dublin	GA	Install 2.5 MW Solar PV System for Energy Savings	NRM-IM	$8,800
7	Dublin	GA	Renovate and Expand Pharmacy Services	Minor Const.	$15,440
7	Dublin	GA	Consolidate "Quality of Life Services" by Constructing Dental, Audiology and Eye Clinic	Minor Const.	$15,254
7	Dublin	GA	Construct Domiciliary to Correct Patient Privacy Issues	Minor Const.	$10,200
7	Dublin	GA	Correct Campus Physical Security Deficiencies	Minor Const.	$8,070
7	Dublin	GA	Construct Mental Health Clinic Addition	Minor Const.	$7,700
7	Dublin	GA	Expand Hospice Care Unit	Minor Const.	$3,850
7	Dublin	GA	Construct Outpatient Specialty Care Clinic	Minor Const.	$1,680
7	Dublin	GA	Milledgeville CBOC	Minor Lease	$2,425
7	Dublin	GA	Replace and Improve Miscellaneous Electrical Items	NRM-IM	$12,100
7	Dublin	GA	Correct Architectural Deficiencies on Campus	NRM-IM	$10,858
7	Dublin	GA	Correct Roofs and Exterior Wall Deficiencies Campus-wide	NRM-IM	$6,400
7	Dublin	GA	Correct Seismic Deficiencies Building 11	NRM-IM	$6,262
7	Dublin	GA	Correct Sanitary and Storm Water Deficiencies on Site	NRM-IM	$5,819
7	Dublin	GA	Repurpose Support Space into Swing Space	NRM-Sus	$8,800
7	Dublin	GA	Renovate 17B and 19B for CLC Specialty Care Space	NRM-Sus	$7,260
7	Dublin	GA	Renovate 3B for Lab and Pathology Expansion	NRM-Sus	$5,552

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
7	Dublin	GA	Renovate 15A for Whole Health and Mental Health Initiatives	NRM-Sus	$5,018
NCA	NMCP	HI	Replace Irrigation system	Minor Const.	$2,540
VBA	Honolulu	HI	Hilo VR and E Office	Minor Lease	$35
21	Honolulu	HI	Construct Kona CBOC	Minor Const.	$15,800
21	Honolulu	HI	Renovate Ambulatory Care Clinic	NRM-Sus	$8,250
NCA	Keokuk	IA	Expand Irrigation System to Entire Cemetery	Minor Const.	$1,330
VBA	Des Moines	IA	Des Moines Human Resources Center	Major Lease	$1,500
VBA	Des Moines	IA	Des Moines Regional Office	Major Lease	$1,300
VBA	Des Moines	IA	Renovate Regional Office	Minor Const.	$6,000
VBA	Des Moines	IA	Renovate Human Resources Center	Minor Const.	$4,000
VBA	Des Moines	IA	Cedar Rapids VR and E Office	Minor Lease	$70
VBA	Des Moines	IA	Davenport VR and E Office	Minor Lease	$42
23	Iowa City	IA	Expand Front Entrance for Patient Services, Phase 1	Minor Const.	$17,600
23	Iowa City	IA	Expand Parking Ramp Phase 2	Minor Const.	$17,600
23	Iowa City	IA	Construct Parking Garage, Phase 1	Minor Const.	$17,220
23	Iowa City	IA	Construct 2nd Floor of Entrance to Bldg 1 for Oncology/ Fusion and Dialysis/Transplant, Front Entrance Phase 3	Minor Const.	$14,135
23	Iowa City	IA	Expand 3rd Floor of Bldg 1, Front Entrance Addition Ph 4	Minor Const.	$13,200
23	Iowa City	IA	Expand Front Entrance (East) for Patient Services, Front Entrance Phase 2	Minor Const.	$12,540
23	Iowa City	IA	Construct Research Administrative Building	Minor Const.	$6,600
23	Iowa City	IA	Expand Building 2, 3rd Floor	Minor Const.	$6,050
23	Iowa City	IA	Replace and Upgrade Building 1 Mechanical Systems	NRM-IM	$9,900
23	Iowa City	IA	Upgrade and Replace Sanitary Lines	NRM-IM	$8,800
23	Iowa City	IA	Renovate 6th Floor for Clinical Support Functions	NRM-Sus	$12,100
23	Iowa City	IA	Renovate Basement Lab	NRM-Sus	$8,800
23	Iowa City	IA	Renovate 1 East for Audiology and ENT	NRM-Sus	$7,501
23	Iowa City	IA	Renovate Biomedical and Maintenance Shops Areas	NRM-Sus	$6,600
23	Iowa City	IA	Renovate and Expand SPS	NRM-Sus	$5,500
23	Iowa City	IA	Research Lease with University of Iowa	Other	$2
VBA	Boise	ID	Renovate and Realign Regional Office	Minor Const.	$3,731
VBA	Boise	ID	Pocatello VR and E Office	Minor Lease	$6
NCA	Abraham Lincoln	IL	PH 4 Expansion and Cemetery Improvements	Major Const.	$44,000
NCA	Rock Island	IL	Expand Irrigation System to Entire Cemetery	Minor Const.	$2,730
OIT	Hines	IL	Data Center Electrical Service Upgrade	Minor Const.	$14,000
OIT	Hines	IL	McCook Utility Feed	Minor Const.	$12,000
OIT	Hines	IL	Data Center Fire Suppression Upgrade	Minor Const.	$6,930
OIT	Hines	IL	Generator Plant Replacement	Minor Const.	$6,270
OIT	Hines	IL	Data Center Dedicated HVAC System	Minor Const.	$5,600
OIT	Hines	IL	B215 ADA Compliant Restroom Upgrade	Minor Const.	$2,628
OIT	Hines	IL	Replace Interior Dry Transformers	Minor Const.	$2,200
OIT	Hines	IL	Parking Lot Paving Project	Minor Const.	$1,600
OIT	Hines	IL	Upgrade Engine-generator Diesel Fuel Distribution Piping	Minor Const.	$1,500
OIT	Hines	IL	Data Center Reconfiguration and System Migration	Minor Const.	$1,300
OIT	Hines	IL	General Construction to Room 161	Minor Const.	$1,200
OIT	Hines	IL	Building Dedicated Outside Air System	Minor Const.	$1,000
VBA	Chicago	IL	Renovate and Realign Regional Office to eRO Model	Minor Const.	$8,197
12	Chicago	IL	Outpatient Clinic	Major Lease	$49,246
12	Chicago	IL	Adam Benjamin, Jr. Crown Point CBOC	Major Lease	$1,920

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
12	Chicago	IL	Chicago Administrative (JB Swing Space)/Telehealth	Minor Lease	$660
12	Chicago	IL	Replace Air Handlers Odgen/Taylor	NRM-Sus	$8,745
12	Chicago	IL	Renovate Outpatient Dialysis - Taylor Bldg 1st floor	NRM-Sus	$5,533
12	Danville	IL	Construct Community Center for LTSS Neighborhood	Minor Const.	$12,957
12	Danville	IL	Construct Engineering Storage Facility	Minor Const.	$5,994
12	Hines	IL	Construct Ambulatory Surgery Center	Major Const.	$76,688
12	Hines	IL	Construct Multi-level Parking Garage	Minor Const.	$17,043
12	Hines	IL	Construct New Toilet Rooms in Building 1	Minor Const.	$8,453
12	Hines	IL	Renovate Outer Corridor	Minor Const.	$6,651
12	Hines	IL	Expansion of the Emergency Department	Minor Const.	$3,331
12	Hines	IL	Drive-thru Vaccination Station	Minor Const.	$1,247
12	Hines	IL	Renovate Front and Rear Entrances, Building 200	Minor Const.	$1,245
12	Hines	IL	Upgrade Fire Protection, Domestic and Sanitary Water Lines, Building 200	NRM-IM	$6,280
12	Hines	IL	Renovate FMS Shops, Building 8	NRM-Sus	$9,487
15	Marion	IL	Expand Building 42 Vertically for Med Specialties	Minor Const.	$15,500
15	Marion	IL	Construct Community Living Center Addition to Provide Supportive Services	Minor Const.	$15,400
15	Marion	IL	Construct Community Living Center Addition to Provide Patient Privacy	Minor Const.	$14,300
15	Marion	IL	Relocate Sterile Processing Service	Minor Const.	$9,900
15	Marion	IL	Expand and Renovate Canteen	Minor Const.	$7,100
15	Marion	IL	Expand Bldg 37 for Recreational Therapy and Whole Health	Minor Const.	$3,100
15	Marion	IL	Construct Morgue	Minor Const.	$1,760
15	Marion	IL	Expand and Renovate Main Entrance	Minor Const.	$1,210
15	Marion	IL	Effingham CBOC	Minor Lease	$1,100
15	Marion	IL	Madisonville CBOC	Minor Lease	$775
15	Marion	IL	Replace Non-Seismic Modular Buildings with New Building	Seismic	$10,000
12	North Chicago	IL	McHenry CBOC	Minor Lease	$251
12	North Chicago	IL	McHenry CBOC Parking	Minor Lease	$14
12	North Chicago	IL	Replace Fire Alarm System	NRM-IM	$9,240
12	North Chicago	IL	Renovate ICU/CCU	NRM-Sus	$11,000
12	North Chicago	IL	Renovate Building 1	NRM-Sus	$9,950
12	North Chicago	IL	Building 48 Renovation	NRM-Sus	$8,800
12	North Chicago	IL	Renovate 133-2B	NRM-Sus	$8,800
NCA	New Albany	IN	Correct Deficiencies	Minor Const.	$1,390
VBA	Indianapolis	IN	Indianapolis Regional Office	Major Lease	$1,800
VBA	Indianapolis	IN	Renovate and Realign Regional Office	Minor Const.	$5,000
VBA	Indianapolis	IN	Indianapolis Fiduciary Hub	Minor Lease	$326
VBA	Indianapolis	IN	Indianapolis Basement File Storage	Minor Lease	$14
10	Ft. Wayne	IN	Build Loading Dock	Minor Const.	$3,125
10	Ft. Wayne	IN	Renovate 5th Floor	NRM-Sus	$8,500
10	Indianapolis	IN	Construct Replacement Medical Center	Major Const.	$1,744,360

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
10	Indianapolis	IN	Install Modular Vivarium	Minor Const.	$10,300
10	Indianapolis	IN	Hoptel	Minor Lease	$286
10	Indianapolis	IN	Homeless Domiciliary	Minor Lease	$110
10	Indianapolis	IN	Veteran Wellness Center	Minor Lease	$62
10	Indianapolis	IN	Repair and Replace HVAC Systems	NRM-IM	$8,215
10	Indianapolis	IN	Upgrade Information Technology Infrastructure	NRM-IM	$6,610
10	Marion	IN	Construct Community Living Center	Major Const.	$58,720
10	Marion	IN	Expand Community Living Center	Minor Const.	$17,700
NCA	Ft. Leavenworth	KS	Replace Maintenance Facility	Minor Const.	$4,490
VHA	CMOP - National Office	KS	Atlanta PBM	Minor Lease	$187
15	Leavenworth	KS	Construct Surgical Center	Minor Const.	$15,956
15	Leavenworth	KS	Renovate Community Living Center Building 122 - 1st Floor	Minor Const.	$15,780
15	Leavenworth	KS	B Wing Infrastructure Upgrades	NRM-IM	$26,200
15	Leavenworth	KS	Energy Saving Performance Contract, Ph 2	Other	$1
15	Topeka	KS	Addition for Community Care	Minor Const.	$8,745
15	Topeka	KS	Construct Day Treatment Center	Minor Const.	$3,764
15	Wichita	KS	Construct Addition to Building 19 for Relocating Radiology and Co-locating with Nuclear Medicine	Minor Const.	$16,482
15	Wichita	KS	Construct Addition for Audiology and Renovate Existing Audiology and ICU for Patient Privacy	Minor Const.	$14,990
15	Wichita	KS	Construct Addition Building 34 Generator Building and Renovate PACU and Surgery	Minor Const.	$14,850
15	Wichita	KS	Construct Addition to Building 60 for Outpatient Spinal Cord Injury, Polytrauma and TBI	Minor Const.	$14,300
15	Wichita	KS	Install and Correct Perimeter Fencing, Electrical Distribution Building Physical Security and Life Safety	Minor Const.	$13,083
15	Wichita	KS	Construct Addition and Renovate 2nd Floors, Buildings 19 and 2 for Cath Lab Expansion	Minor Const.	$11,200
15	Wichita	KS	Construct Infill and Renovate 2nd Floor of Building 26 for Surgical Specialty Care	Minor Const.	$11,000
15	Wichita	KS	Construct Mental Health Addition for PRRC, Suicide Prevention, Tele-health and HBPC Programs	Minor Const.	$5,468
15	Wichita	KS	Construct North Connecting Corridor	Minor Const.	$4,400
15	Wichita	KS	Correct Seismic Deficiencies	Seismic	$3,300
VBA	Louisville	KY	Renovate Regional Office 1	Minor Const.	$3,000
VBA	Louisville	KY	Louisville Regional Office 1	Minor Lease	$950
9	Lexington	KY	Construct Radiology/Pharmacy Building	Minor Const.	$14,800
9	Lexington	KY	Install Ground Based Photovoltaic System	NRM-IM	$13,260
9	Lexington	KY	Replace Main Electrical Distribution Equipment, Bowling	NRM-IM	$6,000
9	Lexington	KY	Renovate Building 16 for Primary Care	NRM-Sus	$15,000
9	Lexington	KY	Renovate Bldg 1 for Administration/Support Functions	NRM-Sus	$13,500
9	Lexington	KY	Renovate Bldg 29 1st and Ground Floors for Primary Care	NRM-Sus	$12,300
9	Lexington	KY	Renovate Bldg 17 for Administration/Support Functions	NRM-Sus	$12,000
9	Lexington	KY	Renovate Pathology and Lab - Bowling	NRM-Sus	$9,300
9	Lexington	KY	Renovate and Repair Building 28 Ground	NRM-Sus	$8,200
9	Lexington	KY	Renovate 1 Ground for Nutrition and Food Service, Logistics and EMS	NRM-Sus	$7,700

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
9	Lexington	KY	Renovate 2 West for SPS	NRM-Sus	$5,800
9	Lexington	KY	Activate Hybrid OR 7 and 8	NRM-Sus	$5,500
9	Louisville	KY	Construct Community Living Center	Major Const.	$82,500
9	Louisville	KY	Whole Health Clinic	Minor Const.	$19,800
9	Louisville	KY	Replace Drain, Waste and Vent Phase 2	NRM-IM	$6,050
9	Louisville	KY	Demolish Hospital Building 1	NRM-Sus	$17,134
9	Louisville	KY	Convert Research Space to Specialty Care	NRM-Sus	$11,500
9	Louisville	KY	Renovate Pathology, 3rd Floor Lab	NRM-Sus	$6,600
9	Louisville	KY	Renovate 7 North Inpatient Mental Health	NRM-Sus	$5,005
VBA	New Orleans	LA	Renovate and Realign Regional Office	Minor Const.	$9,468
VBA	New Orleans	LA	Renovate Shreveport VR and E Office	Minor Const.	$545
16	Alexandria	LA	Expand Community Living Center	Minor Const.	$17,600
16	Alexandria	LA	Install Perimeter Fence and Checkpoints	NRM-IM	$12,000
16	Alexandria	LA	Replace Elevators in Buildings 7, 9 and 45	NRM-IM	$9,680
16	Alexandria	LA	Renovate Community Living Center	NRM-IM	$8,448
16	Alexandria	LA	Replace HVAC System in Building 1	NRM-IM	$5,775
16	Alexandria	LA	Replace HVAC System in Building 5	NRM-IM	$5,500
16	Alexandria	LA	Abate Asbestos	NRM-IM	$5,000
16	Alexandria	LA	Building 2, First Floor Remodeling	NRM-Sus	$6,520
16	New Orleans	LA	Expand Staff and Patient Parking Garages	Major Const.	$23,515
16	New Orleans	LA	Mental Health RRTP Facility	Major Lease	$10,756
16	New Orleans	LA	Care in the Community Office	Minor Lease	$2,678
16	New Orleans	LA	Parking	Minor Lease	$300
16	New Orleans	LA	Expand Distributed Antenna System	NRM-IM	$7,000
16	Shreveport	LA	Construct Cancer Treatment Center	Minor Const.	$15,200
16	Shreveport	LA	Construct Community Living Center	Minor Const.	$13,200
16	Shreveport	LA	Construct Outpatient Building - Level 1	Minor Const.	$5,193
16	Shreveport	LA	Site Prep for Electronic Health Record Modernization	NRM-IM	$16,000
16	Shreveport	LA	Renovation of Pavement Areas	NRM-IM	$14,437
16	Shreveport	LA	Construct Boiler Plant	NRM-IM	$9,900
16	Shreveport	LA	Construct Chiller Plant and Cooling Towers	NRM-IM	$8,800
16	Shreveport	LA	Renovate Nutrition and Food Service Kitchen	NRM-IM	$6,600
16	Shreveport	LA	Upgrade Water Distribution Systems, Bldg. 1	NRM-IM	$5,400
16	Shreveport	LA	Construct Viking Drive Entrance/Signal	NRM-IM	$5,000
16	Shreveport	LA	Renovation of 5 West Specialty Clinic Area	NRM-Sus	$15,000
16	Shreveport	LA	Replacement of 9th Floor Mental Health Wing	NRM-Sus	$11,000
16	Shreveport	LA	Renovation of 1 West for Patient Centric Services	NRM-Sus	$8,250
16	Shreveport	LA	Renovation of Pharmacy	NRM-Sus	$8,250
16	Shreveport	LA	Renovate Radiology, 4W	NRM-Sus	$6,750
16	Shreveport	LA	Replace Building Automation Controls	NRM-Sus	$5,500
16	Shreveport	LA	Renovate/Replace Research Building 33	NRM-Sus	$5,000
NCA	Massachusetts	MA	Gravesite Expansion	Major Const.	$50,000
VBA	Boston	MA	Boston Regional Office	Major Lease	$4,000
VBA	Boston	MA	Renovate Regional Office	Minor Const.	$800
1	Bedford	MA	Program New Enhanced Use Lease	Other	$0
1	Bedford	MA	Acquire Community Living Center	Major Const.	$1,106,279
1	Bedford	MA	Construct Community Living Center Community Center	Minor Const.	$8,800
1	Bedford	MA	Upgrade Campus Wide Physical Security Phase I	NRM-IM	$6,600
1	Bedford	MA	Correct Control Systems Deficiencies Campus Wide	NRM-IM	$5,720
1	Bedford	MA	Convert Building 61 to Community Living Center Phase I	NRM-Sus	$8,800

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
1	Bedford	MA	Enhance Mental Health Domiciliary - Ph 2	NRM-Sus	$8,800
1	Bedford	MA	Renovate and Consolidate Vacant Space for Mental Health	NRM-Sus	$8,800
1	Bedford	MA	Renovate and Correct Deficiencies - Building 82	NRM-Sus	$7,200
1	Bedford	MA	Update Interior Finishes	NRM-Sus	$6,000
1	Bedford	MA	Historical Restoration and Hazardous Materials Remediation - Phase 1	NRM-Sus	$5,500
1	Boston (JP)	MA	Replace Decaying Exterior Panels	Major Const.	$143,000
1	Boston (JP)	MA	Lowell CBOC	Major Lease	$4,000
1	Boston (JP)	MA	Construct Central Chiller Plant Phase 3	NRM-IM	$9,900
1	Boston (JP)	MA	Upgrade HVAC Systems Phase 5 Building 1	NRM-IM	$8,800
1	Boston (JP)	MA	Upgrade HVAC Systems Phase 4 Building 1	NRM-IM	$7,700
1	Boston (JP)	MA	Provide Central HVAC Research Space Building 1, Ph 1	NRM-IM	$7,150
1	Boston (JP)	MA	Provide Central HVAC Research Space Building 1, Ph 2	NRM-IM	$7,150
1	Boston (JP)	MA	Upgrade Electrical Systems Building 1 Phase B	NRM-IM	$5,500
1	Boston (JP)	MA	Upgrade Steam Distribution Campus Wide	NRM-IM	$5,390
1	Boston (JP)	MA	Seismic and Structural Corrections Building 1	NRM-Sus	$13,200
1	Boston (WR)	MA	Clinical Addition	Major Const.	$315,040
1	Boston (WR)	MA	Emergency Department/Lab Addition	Minor Const.	$13,200
1	Boston (WR)	MA	Surgical Service Expansion Phase 2	Minor Const.	$9,350
1	Boston (WR)	MA	Administrative Office	Minor Lease	$521
1	Boston (WR)	MA	Central Chiller Plant	NRM-IM	$9,850
1	Boston (WR)	MA	Site Security Installation	NRM-IM	$6,200
1	Boston (WR)	MA	Replacement of Steam Piping Ph 1 Buildings 1, 2, 3 and 8	NRM-IM	$5,350
1	Brockton	MA	Long Term Spinal Cord Injury Center	Major Const.	$157,217
1	Brockton	MA	Building 4 Community Living Center Addition	Minor Const.	$9,999
1	Brockton	MA	Convert Former Army Reserve Center Building	Minor Const.	$7,810
1	Brockton	MA	Addition for Office of Information Technology	Minor Const.	$7,500
1	Brockton	MA	Build Life Safety Stair Towers	NRM-IM	$9,900
1	Brockton	MA	Upgrade IT Infrastructure	NRM-IM	$9,350
1	Brockton	MA	Upgrade HVAC Systems Phase 4 Building 3	NRM-IM	$7,500
1	Brockton	MA	Upgrade Patient Privacy Systems and Condition Corrections Building 2	NRM-IM	$6,050
1	Brockton	MA	Upgrade Electrical Systems, Phase 5	NRM-IM	$6,000
1	Brockton	MA	Replace Building Ventilation Systems, Bldgs 2, 3 and 5	NRM-IM	$5,500
1	Brockton	MA	Replace Steam Distribution System	NRM-IM	$5,500
1	Brockton	MA	Upgrade Electrical Systems, Phase 4	NRM-IM	$5,400
1	Brockton	MA	Energy Saving Performance Contract	Other	$0
1	Northampton	MA	Build Small Homes for Long Term Care Phase 1	Minor Const.	$15,524
1	Northampton	MA	Install HVAC and Repair Roof and Floors, Bldgs 6 and 26	NRM-Sus	$7,700
1	Northampton	MA	Modernize Laboratory Area and Provide for Radiology Expansion	NRM-Sus	$7,260
1	Northampton	MA	Renovate Meadow Building for Clinical Care	NRM-Sus	$6,200
VHA	Northeast CMOP	MA	Acquire Building for Chelmsford Consolidated Mailout Pharmacy	Minor Const.	$15,971
NCA	Baltimore	MD	Replace Fence and Improve Property Border	Minor Const.	$2,410
NCA	Baltimore	MD	Repave Roads, Replace Curbs and Site Drainage	Minor Const.	$2,340
NCA	Loudon Park	MD	Renovate Historic Lodge and Site	Minor Const.	$4,850
VBA	Baltimore	MD	Baltimore Regional Office	Major Lease	$1,700
VBA	Baltimore	MD	Renovate Regional Office	Minor Const.	$570
VBA	Baltimore	MD	Baltimore Training Academy	Minor Lease	$836

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
VBA	Baltimore	MD	Baltimore Regional Office 2	Minor Lease	$300
VBA	Baltimore	MD	Waldorf VR and E Office	Minor Lease	$46
5	Baltimore	MD	Medical Center Annex	Major Lease	$55,397
5	Baltimore	MD	Baltimore W. Fayette Street Annex	Major Lease	$1,980
5	Baltimore	MD	Renovate and Expand Surgical ICU	NRM-Sus	$5,620
5	Perry Point	MD	Construct Replacement Canteen Service Building to Correct Seismic and Structural Deficiencies	Minor Const.	$15,733
5	Perry Point	MD	Building 361 Clinical Renovations	Minor Const.	$14,999
5	Perry Point	MD	Replace Building 3H with Mental Health	Minor Const.	$10,998
5	Perry Point	MD	Upgrade Site Surveillance System	NRM-IM	$11,282
5	Perry Point	MD	Upgrade Connecting Corridor Mechanical Units	NRM-IM	$10,738
5	Perry Point	MD	Install LED Lights in Parking Lots	NRM-IM	$9,240
5	Perry Point	MD	Improve Physical Security	NRM-IM	$8,211
5	Perry Point	MD	Renovate Building 314 Complex as Wellness Facility	NRM-Sus	$10,493
5	Perry Point	MD	Upgrade Public and Staff Restrooms	NRM-Sus	$5,297
1	Togus	ME	Construct Community Living Center West Addition	Minor Const.	$5,425
1	Togus	ME	Renovate Gym	NRM-Sus	$5,587
1	Togus	ME	Renovate Police Department	NRM-Sus	$5,300
NCA	Great Lakes	MI	Gravesite Expansion Project	Major Const.	$50,000
VBA	Detroit	MI	Detroit Regional Office 1	Major Lease	$2,600
VBA	Detroit	MI	Renovate and Realign Regional Office	Minor Const.	$8,400
10	Ann Arbor	MI	Construct Administrative Building to Consolidate/Eliminate Leases	Minor Const.	$15,980
10	Ann Arbor	MI	Modernize, Update and Right Size Clinical Lab Services	Minor Const.	$15,350
10	Ann Arbor	MI	Procure the Existing Modular Building	Minor Const.	$3,202
10	Ann Arbor	MI	Health Care Research and Development	Minor Lease	$892
10	Ann Arbor	MI	Adrian CBOC	Minor Lease	$350
10	Ann Arbor	MI	Howell CBOC	Minor Lease	$350
10	Ann Arbor	MI	Upgrade Elevators	NRM-IM	$6,710
10	Ann Arbor	MI	Renovate Research Space to Support the Growing Demand for Clinical Research/Trials	NRM-Sus	$15,600
10	Ann Arbor	MI	Modernize the 5th Floor Inpatient Med/Surg Unit (Privacy/Infection Control)	NRM-Sus	$9,900
10	Ann Arbor	MI	Construct Exam Spaces in Emergency Department	NRM-Sus	$6,930
10	Ann Arbor	MI	Renovate and Update Dental Suite	NRM-Sus	$6,534
10	Battle Creek	MI	Enlarge Laundry Storage Area, Building 145	Minor Const.	$3,416
10	Battle Creek	MI	Renovate Covered Walkway	NRM-IM	$5,600
10	Detroit	MI	Upgrade Building Management System Cabling	NRM-IM	$9,800
10	Detroit	MI	Replace Sprinkler System Piping Phase III	NRM-IM	$9,185
10	Detroit	MI	Correction of Life Safety Deficiencies	NRM-IM	$5,500
10	Detroit	MI	Replace Ceiling Tile Grid and Ceiling Tiles Throughout Medical Center	NRM-IM	$5,500
10	Detroit	MI	Refurbish Atrium	NRM-Sus	$14,520
12	Iron Mountain	MI	Replace Front Entrance Drive	Other	$1,050
10	Saginaw	MI	Construct Sensory Service Building	Minor Const.	$12,200
10	Saginaw	MI	Domestic Water and Restroom Renovation Floors 3, 4 and 5	NRM-IM	$5,600
10	Saginaw	MI	Renovate Building 22 Basement	NRM-Sus	$5,920
NCA	Ft. Snelling	MN	Repair Historic Perimeter Fence/Posts	Minor Const.	$5,560

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
NCA	Ft. Snelling	MN	Replace Committal Shelter 1 and Renovate Committal Shelter 5; Site Lighting	Minor Const.	$1,890
VBA	St Paul	MN	St Paul Regional Office	Major Lease	$6,900
VBA	St Paul	MN	Renovate Regional Office	Minor Const.	$9,600
23	Minneapolis	MN	Construct Parking Ramp for Patient Access	Minor Const.	$14,650
23	Minneapolis	MN	Renovate to Upgrade Existing Substandard OR's and Construct a Surgery Support Center	Minor Const.	$10,400
23	Minneapolis	MN	Expand Building 49	Minor Const.	$8,450
23	Minneapolis	MN	Renovate for a Private Patient Medical Bed Ward	NRM-Sus	$6,800
23	Minneapolis	MN	Renovate 1J for Outpatient Mental Health	NRM-Sus	$6,000
23	Minneapolis	MN	Renovate Primary Care Clinic 1U, (Create First Impressions Phase 2)	NRM-Sus	$5,800
23	Minneapolis	MN	Renovate Building 10	NRM-Sus	$5,173
23	Minneapolis	MN	Upgrade IT Infrastructure for EHRM Phase II	NRM-Sus	$5,000
23	St. Cloud	MN	Renovate/Expand Building 50, First Floor Community Living Center	Minor Const.	$16,280
23	St. Cloud	MN	Construct Multidisciplinary Specialty Clinic	Minor Const.	$15,800
23	St. Cloud	MN	Construct Second PACT Clinic B4 First Floor	Minor Const.	$15,800
23	St. Cloud	MN	Construct Third Community Living Center Cottage	Minor Const.	$15,800
23	St. Cloud	MN	Construct Community Living Center Cottage West	Minor Const.	$15,650
23	St. Cloud	MN	Construct Mental Health RRTP Facility	Minor Const.	$15,609
23	St. Cloud	MN	Renovate/Expand Building 51, First Floor Community Living Center	Minor Const.	$15,481
23	St. Cloud	MN	Construct Clinical Training Center	Minor Const.	$15,307
23	St. Cloud	MN	Renovate/Expand Building 50, Second Floor Community Living Center	Minor Const.	$15,000
23	St. Cloud	MN	Create PACT Clinic Building 29, First Floor	Minor Const.	$14,900
23	St. Cloud	MN	Remodel and Expand B2 Patient Care	Minor Const.	$14,900
23	St. Cloud	MN	Renovate and Expand Building 8	Minor Const.	$14,800
23	St. Cloud	MN	Expand Surgical and Specialty Services, Building 1	Minor Const.	$13,560
23	St. Cloud	MN	Renovate Building 51, Second Floor	Minor Const.	$13,530
23	St. Cloud	MN	Construct Parking Structures for Staff Access	Minor Const.	$12,900
23	St. Cloud	MN	Construct Fourth Community Living Center Cottage	Minor Const.	$9,900
23	St. Cloud	MN	Create PACT Clinic Second Floor B29 and Relocate Police	Minor Const.	$9,900
23	St. Cloud	MN	Replace Finish Assemblies	NRM-IM	$12,450
23	St. Cloud	MN	Repair Building 9	NRM-IM	$6,132
23	St. Cloud	MN	Install Ground Source Heat Pumps, Building 29	NRM-IM	$6,050
23	St. Cloud	MN	Install Support Space Utility Infrastructure Campus Wide	NRM-IM	$5,525
23	St. Cloud	MN	Renovate Building 28, First Floor West Side For Mental Health RRTP	NRM-Sus	$9,000
23	St. Cloud	MN	Remodel Building 48, First Floor for Swing Space	NRM-Sus	$7,220
23	St. Cloud	MN	Renovate Building 29, Second Floor for Primary Care Clinical Space	NRM-Sus	$5,230
NCA	Jefferson Barracks	MO	Expand Irrigation System to Entire Cemetery	Minor Const.	$9,020
NCA	Jefferson Barracks	MO	Correct Deficiencies, Repair Roads and Parking Lots, Replace Committal Shelter 4	Minor Const.	$5,050
VBA	St Louis	MO	St Louis Regional Office	Major Lease	$4,700
VBA	St Louis	MO	St Louis Records Management Center Support	Minor Lease	$530
VBA	St Louis	MO	Springfield VR and E Office	Minor Lease	$56

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
15	Columbia	MO	Construct Parking Garage	Minor Const.	$8,900
15	Columbia	MO	Expand Mental Health Clinic	Minor Const.	$8,019
15	Columbia	MO	Mental Health Transitional Residence	Minor Lease	$34
15	Kansas City	MO	Construct Community Living Center	Minor Const.	$16,513
15	Kansas City	MO	Construct Parking Garage Addition	Minor Const.	$16,214
15	Kansas City	MO	Construct Warehouse Addition	Minor Const.	$15,233
15	Kansas City	MO	Expand Radiology and Right-Size Laboratory Services	Minor Const.	$9,056
15	Kansas City	MO	Construct Pharmacy and Outpatient Clinic Addition	Minor Const.	$9,011
15	Kansas City	MO	Warehouse Lease	Minor Lease	$195
15	Poplar Bluff	MO	Construct Community Living Center	Minor Const.	$17,000
15	Poplar Bluff	MO	Construct Women's Health and Physical Therapy Addition	Minor Const.	$16,000
15	Poplar Bluff	MO	Replace Building 5: Co-Locate Administration and Support Services	Minor Const.	$13,500
15	Poplar Bluff	MO	Construct Parking Structure and Photovoltaic Energy System	Minor Const.	$13,000
15	Poplar Bluff	MO	Construct Laboratory Service Facility	Minor Const.	$11,325
15	Poplar Bluff	MO	Expand Dental Service	Minor Const.	$9,500
15	Poplar Bluff	MO	Renovate Fifth Floor Building 1	NRM-Sus	$9,250
15	Poplar Bluff	MO	Expand and Repair Warehouse for Emergency Preparedness and Seismic Deficiencies	Seismic	$5,800
15	Poplar Bluff	MO	Renovate Bldg 8 for Seismic and Infrastructure Deficiencies	Seismic	$3,400
15	St Louis (JB)	MO	Replacement of Inpatient Mental Health, Building 51	Major Const.	$141,932
15	St Louis (JB)	MO	Create Hospice House	Minor Const.	$17,233
15	St Louis (JB)	MO	Construct Water Treatment Facility	Minor Const.	$6,601
15	St Louis (JB)	MO	Construct Storage Building	Minor Const.	$6,128
15	St Louis (JB)	MO	Replace Mechanical Equipment, Buildings 1, 3, 24 and 51	NRM-IM	$16,240
15	St Louis (JB)	MO	Replace Elevators and Add Elevator, Building 52	NRM-IM	$6,974
15	St Louis (JB)	MO	Renovate B23 to Modernize Prosthetics Operations	NRM-Sus	$7,355
15	St Louis (JC)	MO	Expand Clinical Addition and Removal of Building 1	Major Const.	$349,309
15	St Louis (JC)	MO	Relocation of Pathology, Laboratory and Radiology, Bldg 1	Major Const.	$38,562
15	St Louis (JC)	MO	Montgomery County CBOC	Minor Lease	$554
NCA	Biloxi	MS	Replacement and Cemetery Improvements	Major Const.	$55,000
VBA	Jackson	MS	Renovate and Realign Regional Office	Minor Const.	$9,130
16	Biloxi	MS	Construct Addition and Renovate to Expand Primary Care, Behavioral Health, Lab Service, Imaging and other services at the JACC (Pensacola, FL)	Minor Const.	$18,000
16	Biloxi	MS	Construct Addition to Expand Primary Care/Women's Health Panama City Beach VA Clinic	Minor Const.	$12,645
16	Biloxi	MS	Construct Behavioral Health/Imaging Building and Renovate to Expand Primary Care Eglin AFB VA Clinic	Minor Const.	$9,900
16	Biloxi	MS	Panama City Beach West CBOC	Minor Lease	$1,750
16	Biloxi	MS	Renovate Floors 1 and 2, Building 19	NRM-Sus	$17,500
16	Biloxi	MS	Construct Chiller Plant	NRM-Sus	$15,894
16	Biloxi	MS	Renovate 1st Floor Building 1	NRM-Sus	$8,800
16	Jackson	MS	Construct Clinical Addition	Major Const.	$234,680
16	Jackson	MS	Construct Addition for Cultural Transformation for Existing Community Living Center	Minor Const.	$9,975
16	Jackson	MS	Expand Outpatient Services Addition	Minor Const.	$9,735
16	Jackson	MS	Research Department	Minor Lease	$2,500
16	Jackson	MS	VISN Fee Office	Minor Lease	$760
16	Jackson	MS	MAS Office Space II	Minor Lease	$720

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
16	Jackson	MS	Flowood Administration	Minor Lease	$594
16	Jackson	MS	Dental Clinic	Minor Lease	$280
16	Jackson	MS	Jackson CBOC	Minor Lease	$273
16	Jackson	MS	Renovate and Expand Surgery Suite	NRM-Sus	$9,570
16	Jackson	MS	Renovate for Expanded Sterile Processing Service	NRM-Sus	$8,730
16	Jackson	MS	Renovate Radiology Service	NRM-Sus	$8,085
16	Jackson	MS	Renovate Inpatient Ward 2A	NRM-Sus	$6,820
VBA	Ft. Harrison	MT	Renovate and Realign	Minor Const.	$4,900
VBA	Ft. Harrison	MT	Brace Non-structural Components	Minor Const.	$750
19	Fort Harrison	MT	Billings CBOC, Spring Creek	Major Lease	$5,000
19	Fort Harrison	MT	Construct Physical Therapy Prosthetics Minor	Minor Const.	$15,958
NCA	Wilmington	NC	Repair Historic Brick Wall	Minor Const.	$1,070
6	Asheville	NC	Expand Outpatient Services	Major Const.	$210,100
6	Asheville	NC	Construct Primary Care Building 2, Phase 1	Minor Const.	$15,950
6	Asheville	NC	Construct Primary Care Building 2, Phase 2	Minor Const.	$15,950
6	Asheville	NC	Expand Community Living Center Building 62	Minor Const.	$15,901
6	Asheville	NC	Construct Surgical Clinics Adjacent to Operating Suite	Minor Const.	$15,730
6	Asheville	NC	Construct SPS Addition Adjacent to Operating Room Suite	Minor Const.	$15,675
6	Asheville	NC	Construct Specialty Care Clinic II	Minor Const.	$15,670
6	Asheville	NC	Expand Imaging Department	Minor Const.	$15,400
6	Asheville	NC	Construct Space for Education and Admin Support Space	Minor Const.	$14,500
6	Asheville	NC	Ancillary/Diagnostic Services	Minor Lease	$6,450
6	Asheville	NC	Correct Deficiencies in Buildings 47 and 62	NRM-IM	$10,780
6	Asheville	NC	Correct Facility Deficiencies, Buildings 2, 3, 4, 5, 6 and 7	NRM-IM	$7,480
6	Asheville	NC	Correct Electrical/Energy Deficiencies in Buildings 47 and 62	NRM-IM	$6,600
6	Asheville	NC	Renovate Ward 3-East/West	NRM-Sus	$9,900
6	Asheville	NC	Retrofit Building 47 for Seismic	Seismic	$50,500
6	Durham	NC	Construct Main Hospital and Supportive Infrastructures	Major Const.	$1,211,045
6	Durham	NC	Expand Cancer Center Phase II	Minor Const.	$15,000
6	Durham	NC	Improve Main Hospital Entry	Minor Const.	$9,500
6	Durham	NC	Construct Patient Experience Structure and Entrance	Minor Const.	$6,800
6	Durham	NC	HS and RD, Fiscal and HR Office at Legacy Tower	Minor Lease	$1,750
6	Durham	NC	National Teleradiology Offices at Croasdaile	Minor Lease	$410
6	Durham	NC	Durham Teleradiology Office II	Minor Lease	$290
6	Durham	NC	Office of Quality and Production	Minor Lease	$270
6	Durham	NC	Replace/Repair Windows, Buildings 1, 7, 9 and 23	NRM-IM	$8,300
6	Durham	NC	Install Generator, Cooling Tower and Chiller, F-Wing Bldg 1	NRM-IM	$5,000
6	Fayetteville	NC	Wilmington CBOC	Major Lease	$20,200
6	Fayetteville	NC	Community Living Center	Major Lease	$5,295
6	Fayetteville	NC	Construct an Information Technology Building	Minor Const.	$2,449
6	Fayetteville	NC	Install an Overhead Bridge to MRI Building	Minor Const.	$1,600
6	Fayetteville	NC	Sanford CBOC	Minor Lease	$1,200
6	Fayetteville	NC	Brunswick CBOC	Minor Lease	$1,150
6	Fayetteville	NC	Correct Electrical Deficiencies	NRM-IM	$8,179
6	Fayetteville	NC	Repair Water and Sanitary Mains and Outflows	NRM-IM	$5,450
6	Fayetteville	NC	Halls and Walls for Third Floor	NRM-Sus	$8,007
6	Fayetteville	NC	Renovate Radiology	NRM-Sus	$6,961
6	Fayetteville	NC	Renovate Community Living Center for Support Services	NRM-Sus	$6,738
6	Fayetteville	NC	Renovation of 1B for Clinical Space	NRM-Sus	$5,340
6	Salisbury	NC	Install PV Panels Phase 3	NRM-IM	$35,350

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
6	Salisbury	NC	Install PV Panels	NRM-IM	$7,150
6	Salisbury	NC	Install PV Panels Phase 2	NRM-IM	$7,150
6	Salisbury	NC	Charlotte Outpatient Clinic	Major Lease	$10,000
6	Salisbury	NC	Construct Parking Deck	Minor Const.	$19,190
6	Salisbury	NC	Construct Data Center	Minor Const.	$14,022
6	Salisbury	NC	Upgrade Campus Elevators	NRM-IM	$54,540
6	Salisbury	NC	Renovate Building 5	NRM-IM	$9,992
6	Salisbury	NC	Renovate Building 4	NRM-IM	$9,753
6	Salisbury	NC	Renovate Building 3	NRM-IM	$9,620
6	Salisbury	NC	Renovate Building 42	NRM-IM	$8,976
6	Salisbury	NC	Upgrade Building 2 Mechanical Distribution and Equipment	NRM-IM	$8,850
6	Salisbury	NC	Replace Air Handling Units, Buildings 5, 6, 16, 21 and 42	NRM-IM	$8,800
6	Salisbury	NC	Renovate Connecting Corridors and Tunnels	NRM-IM	$8,250
6	Salisbury	NC	Correct Building 2 Architectural Deficiencies	NRM-IM	$7,700
6	Salisbury	NC	Recabling Project for OIT, Campus Wide	NRM-IM	$7,040
6	Salisbury	NC	Building 5 Seismic Restraint	NRM-IM	$7,023
6	Salisbury	NC	Upgrade Building 2 Mechanical System and Controls	NRM-IM	$6,900
6	Salisbury	NC	Renovate Buildings 16 and 18	NRM-IM	$6,875
6	Salisbury	NC	Renovate Building 6	NRM-IM	$6,790
6	Salisbury	NC	Correct Seismic Restraint Deficiencies Building 2	NRM-IM	$6,600
6	Salisbury	NC	Correct Electrical Deficiencies	NRM-IM	$5,720
6	Salisbury	NC	Correct Legionella Management Deficiencies, Buildings 8, 13, 21 and 43	NRM-IM	$5,500
6	Salisbury	NC	Replace Air Handling Units, Buildings 1, 7, 16 and 19	NRM-IM	$5,450
6	Salisbury	NC	Correct Generators/Switchgear Deficiencies, Building 34, 35, 36 and 38	NRM-IM	$5,005
6	Salisbury	NC	Replace Underground Steam Lines and Steam Stations North Campus	NRM-IM	$5,000
6	Salisbury	NC	Renovate Building 4 for Mental Health Outpatient Services	NRM-Sus	$9,900
VBA	Fargo	ND	Renovate and Realign Regional Office	Minor Const.	$2,100
23	Fargo	ND	Install Geothermal Wells and Convert HVAC Systems	NRM-IM	$9,900
23	Fargo	ND	Expand Prosthetics and PT/OT	Minor Const.	$17,100
23	Fargo	ND	Replace Selected Roofs	NRM-IM	$6,450
23	Fargo	ND	Improve Site Security	NRM-Sus	$5,500
VBA	Lincoln	NE	Lincoln Regional Office	Major Lease	$2,500
VBA	Lincoln	NE	Renovate and Realign Regional Office	Minor Const.	$7,743
23	Omaha	NE	Construct Patient Care Tower	Major Const.	$295,180
23	Omaha	NE	Renovate 4th Floor Specialty Surgery	NRM-Sus	$9,050
VBA	Manchester	NH	Manchester Regional Office 2	Minor Lease	$73
1	Manchester	NH	Construct Community Living Center	Major Const.	$114,088
1	Manchester	NH	Construct Ambulatory Surgical Center	Minor Const.	$15,748
1	Manchester	NH	Construct Parking Deck	Minor Const.	$11,981
1	Manchester	NH	Combine Portsmouth and Somersworth CBOCs	Minor Lease	$3,755
1	Manchester	NH	Construct Loop Road and Replace Campus Water Distribution, Sanitary and Storm Water Systems, Phase 2	NRM-IM	$5,000
1	Manchester	NH	Provide Seismic Bracing for Building 1	Seismic	$93,495
NCA	Finn's Point	NJ	Historic Wall Restoration	Minor Const.	$2,120
VBA	Newark	NJ	Newark Regional Office 1	Major Lease	$1,900
VBA	Newark	NJ	Renovate Regional Office 1	Minor Const.	$8,900
VBA	Newark	NJ	Trenton VR and E Office	Minor Lease	$20

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
VBA	Newark	NJ	Trenton Parking	Minor Lease	$2
2	East Orange	NJ	Upgrade Heating System, Ph2	NRM-IM	$5,500
2	East Orange	NJ	Correct Seismic Deficiencies, Building 1	Major Const.	$219,000
2	East Orange	NJ	Core Lab Consolidation, Building 1	Minor Const.	$9,680
2	East Orange	NJ	Renovate Building 18 - Mental Health	Minor Const.	$8,250
2	East Orange	NJ	Hackensack-Bergen CO CBOC	Minor Lease	$400
2	East Orange	NJ	Jersey City CBOC	Minor Lease	$135
2	East Orange	NJ	Improve and Upgrade Electrical System	NRM-IM	$5,500
2	East Orange	NJ	Correct Seismic Deficiencies, Building 7	NRM-Sus	$7,450
2	Lyons	NJ	Correct Seismic Deficiencies, Building 53	Major Const.	$34,100
2	Lyons	NJ	Correct Seismic Deficiencies, Building 7	NRM-Sus	$8,800
2	Lyons	NJ	Upgrade Piping, Buildings 2, 5, 6, 8 and 9	NRM-Sus	$6,160
2	Lyons	NJ	Correct Seismic Deficiencies, Building 57	NRM-Sus	$5,900
VBA	Albuquerque	NM	Renovate Regional Office	Minor Const.	$4,500
VBA	Albuquerque	NM	Albuquerque Regional Office 2	Minor Lease	$13
VBA	Albuquerque	NM	Albuquerque Parking	Minor Lease	$11
22	Albuquerque	NM	Construct Medical Support Complex	Minor Const.	$17,500
22	Albuquerque	NM	Expand the Emergency Department	Minor Const.	$17,000
22	Albuquerque	NM	Upgrade Operating Rooms (B-41)	Minor Const.	$16,950
22	Albuquerque	NM	Expand Research Program Space	Minor Const.	$15,900
22	Albuquerque	NM	Renovate B-41, Quad 3A for Inpatient Private Bed Unit	Minor Const.	$15,500
22	Albuquerque	NM	Consolidate Medical and Surgical Intensive Care Unit	Minor Const.	$14,000
22	Albuquerque	NM	Renovate and Expand SPS/Distribution	Minor Const.	$13,650
22	Albuquerque	NM	Renovate Spinal Cord Injury Building	Minor Const.	$12,650
22	Albuquerque	NM	Expand/Renovate B41 2A and B for Surgical Specialty Clinics	Minor Const.	$11,750
22	Albuquerque	NM	Renovate and Expand Radiology	Minor Const.	$11,750
22	Albuquerque	NM	Renovate B-41, 5D for Inpatient Single Bed Unit	Minor Const.	$10,550
22	Albuquerque	NM	Expand Canteen Service Space	Minor Const.	$9,600
22	Albuquerque	NM	Expand Building 77 for Ancillary-Diagnostic Services	Minor Const.	$4,200
22	Albuquerque	NM	Santa Fe CBOC	Minor Lease	$3,595
22	Albuquerque	NM	Gallup CBOC	Minor Lease	$3,275
22	Albuquerque	NM	Correct Deficiencies, B41 (Phase 1)- Architectural, Mechanical, Electrical and Water	NRM-IM	$7,600
22	Albuquerque	NM	Correct Deficiencies, B1-Architectural, Electrical, Mechanical, Plumbing	NRM-IM	$5,250
22	Albuquerque	NM	Correct Deficiencies and Renovate B-3, Ph. 1, Architectural, Electrical, Mechanical, Plumbing	NRM-Sus	$6,225
22	Albuquerque	NM	Seismically Correct Building 3	Seismic	$17,860
22	Albuquerque	NM	Seismically Correct Building 10	Seismic	$17,500
22	Albuquerque	NM	Seismically Correct Building 4	Seismic	$17,000
22	Albuquerque	NM	Seismically Correct Building 1	Seismic	$16,910
22	Albuquerque	NM	Seismically Correct Building 2	Seismic	$14,500
22	Albuquerque	NM	Seismically Correct Building 11	Seismic	$14,000
22	Albuquerque	NM	Seismically Correct Building 15	Seismic	$7,500
22	Albuquerque	NM	Seismically Correct Building 12	Seismic	$6,250
22	Albuquerque	NM	Long Term Use Agreement of Air Force Land	Other	$750
21	Las Vegas	NV	Add Diagnostic Imaging Center	Minor Const.	$19,000
21	Las Vegas	NV	Construct Pain Medicine Building	Minor Const.	$19,000
21	Las Vegas	NV	Construct Audiology Building	Minor Const.	$18,000

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21	Las Vegas	NV	Add Physical Medicine and Rehabilitation Building	Minor Const.	$15,950
21	Las Vegas	NV	Expand and Renovate the Dental Clinic in Building 1	Minor Const.	$9,900
21	Las Vegas	NV	Construct Ambulatory Surgery Wing	Minor Const.	$9,600
21	Las Vegas	NV	Construct Eye Clinic Wing	Minor Const.	$9,560
21	Las Vegas	NV	Construct Mental Health Building	Minor Const.	$9,400
21	Las Vegas	NV	Improve Central Utility Plant	NRM-IM	$10,990
21	Las Vegas	NV	Remodel Dialysis to Improve Efficiency	NRM-IM	$6,600
21	Reno	NV	Construct Inpatient Mental Health Facility	Minor Const.	$19,230
21	Reno	NV	Renovate Building 12 First Floor and Add Second Floor	Minor Const.	$17,512
21	Reno	NV	Renovate and Expand Fourth Floor of Building 12 for Single Patient Rooms	Minor Const.	$10,705
21	Reno	NV	Convert Sixth Floor Wing on Building 12 to Support Ambulatory Specialty Care Services	Minor Const.	$8,800
21	Reno	NV	Purchase Land for Medical Center Expansion and Parking	Minor Const.	$6,200
21	Reno	NV	Provide Emergency Water Supply Tank	Minor Const.	$2,875
21	Reno	NV	Provide USP 800 Compounding Rooms	Minor Const.	$2,750
21	Reno	NV	Provide Sewer Storage Tank for Emergency Management	Minor Const.	$2,075
21	Reno	NV	Mental Health RRTP Facility	Minor Lease	$4,800
21	Reno	NV	Consolidate Kietzke and Double Eagle Leases	Minor Lease	$4,764
21	Reno	NV	Fallon CBOC	Minor Lease	$1,941
21	Reno	NV	Dental Clinic	Minor Lease	$1,471
21	Reno	NV	Susanville CBOC	Minor Lease	$1,303
21	Reno	NV	Eye Clinic	Minor Lease	$1,055
21	Reno	NV	Winnemucca CBOC	Minor Lease	$558
21	Reno	NV	Replace Utility System Piping from Building 12 to Buildings 1, 1D and 10	NRM-Sus	$6,600
21	Reno	NV	Correct Electrical System Deficiencies in Building 1	NRM-Sus	$5,500
NCA	Bath	NY	Gravesite Expansion	Minor Const.	$5,860
NCA	Calverton	NY	Gravesite Expansion	Major Const.	$50,000
NCA	Long Island	NY	Irrigation Project, Phase 1	Minor Const.	$2,630
NCA	Western New York	NY	Gravesite Expansion	Major Const.	$45,000
NCA	Western New York	NY	Gravesite Expansion	Minor Const.	$16,580
2	Albany	NY	Renovate Main Surgery Phase 1	Minor Const.	$13,914
2	Albany	NY	Build Women's Health Center	Minor Const.	$11,822
2	Albany	NY	Clifton Park CBOC	Minor Lease	$802
2	Albany	NY	Columbia-Greene CBOC	Minor Lease	$702
2	Albany	NY	Renovate 8B for Inpatient Ward with Privacy Phase 3	NRM-Sus	$6,100
2	Albany	NY	Renovate 8A for Inpatient Ward Phase 2	NRM-Sus	$5,807
2	Batavia	NY	Inpatient Geropsych Unit	Minor Const.	$14,492
2	Bath	NY	New Fire House	NRM-IM	$6,750
2	Bronx	NY	Create Parking Garage	Minor Const.	$11,890
2	Brooklyn	NY	Correct Seismic Deficiencies	Major Const.	$176,000
2	Brooklyn	NY	Correct Research Space Deficiencies	NRM-IM	$9,900
2	Brooklyn	NY	Replace Induction Units 7th to 16th floor	NRM-IM	$9,900
2	Brooklyn	NY	Replace Induction Units Basement to 6th floor	NRM-IM	$9,900
2	Brooklyn	NY	Abate Asbestos Building 1 Basement, Ground, First, Second and Third Floors	NRM-IM	$9,460
2	Brooklyn	NY	Abate Asbestos Building 1 12th through 20th floors	NRM-IM	$9,350

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2	Brooklyn	NY	Abate Asbestos Building 1, 2, 4 and 6	NRM-IM	$9,350
2	Brooklyn	NY	Abate Asbestos Building 1 5th through 11th floors	NRM-IM	$8,800
2	Brooklyn	NY	Implement Legionella Prevention Measures	NRM-IM	$8,800
2	Brooklyn	NY	Replace Windows Basement through 4th floor	NRM-IM	$8,250
2	Brooklyn	NY	Upgrade Site Water Lines	NRM-IM	$8,250
2	Brooklyn	NY	Replace Windows 13th, 14th,15th and 16th floors and other buildings	NRM-IM	$7,920
2	Brooklyn	NY	Replace Windows 5th,6th, 7th and 8th floor	NRM-IM	$7,920
2	Brooklyn	NY	Repair Parapet Walls and Exterior Walls	NRM-IM	$7,700
2	Brooklyn	NY	Replace Boiler 1	NRM-IM	$7,700
2	Brooklyn	NY	Replace Boiler 2	NRM-IM	$7,700
2	Brooklyn	NY	Replace Windows 9th,10th, 11th and 12th floors	NRM-IM	$7,700
2	Brooklyn	NY	Upgrade Electrical Distribution	NRM-IM	$7,700
2	Brooklyn	NY	Replace Fire Alarm System, Buildings 15 and 4	NRM-IM	$6,600
2	Brooklyn	NY	Replace HVAC Controls 2nd, 3rd, 4th and 6th Floors, Bldg 1	NRM-IM	$6,600
2	Brooklyn	NY	Replace HVAC Controls Fifth Floor Building 1	NRM-IM	$6,600
2	Brooklyn	NY	Replace Steam Lines	NRM-IM	$6,600
2	Brooklyn	NY	Conduct Water Conservation Project	NRM-IM	$5,500
2	Brooklyn	NY	Correct Building 4 Condition Deficiencies	NRM-IM	$5,500
2	Brooklyn	NY	Install Fire Safety Improvements	NRM-IM	$5,500
2	Brooklyn	NY	Install Wireless Nurse Call System	NRM-IM	$5,500
2	Brooklyn	NY	Replace Building 15 Generator	NRM-IM	$5,500
2	Brooklyn	NY	Replace Data Center HVAC System	NRM-IM	$5,500
2	Brooklyn	NY	Replace Emergency Room HVAC Unit	NRM-IM	$5,500
2	Brooklyn	NY	Replace Heat Recovery Pumps	NRM-IM	$5,500
2	Brooklyn	NY	Replace HVAC Controls 16th Floor Building 1	NRM-IM	$5,500
2	Brooklyn	NY	Replace HVAC Controls Building 15	NRM-IM	$5,500
2	Brooklyn	NY	Replace HVAC Controls Buildings 4, 6, 8 and 14	NRM-IM	$5,500
2	Brooklyn	NY	Replace Steam Valves Building 15	NRM-IM	$5,500
2	Brooklyn	NY	Replace Motor Control Centers	NRM-IM	$5,500
2	Brooklyn	NY	Replace Radiator Steam Control Valves	NRM-IM	$5,500
2	Brooklyn	NY	Replace Walk in Box Compressors	NRM-IM	$5,500
2	Brooklyn	NY	Upgrade Fixed Equipment	NRM-IM	$5,500
2	Brooklyn	NY	Renovate Dietetics Second Floor Building 1	NRM-Sus	$8,800
2	Brooklyn	NY	Consolidate Administrative Space	NRM-Sus	$7,700
2	Brooklyn	NY	Renovate Audiology and Speech	NRM-Sus	$7,700
2	Brooklyn	NY	Renovate Dental Clinic	NRM-Sus	$6,600
2	Brooklyn	NY	Renovate Inpatient Mental Health	NRM-Sus	$6,600
2	Brooklyn	NY	Renovate Inpatient Ward	NRM-Sus	$6,600
2	Brooklyn	NY	Renovate Neurology Space	NRM-Sus	$6,600
2	Brooklyn	NY	Upgrade Architectural Finishes 13th, 14th, 15th and 16th Floors	NRM-Sus	$6,600
2	Brooklyn	NY	Upgrade Architectural Finishes 5th, 6th, 7th and 8th Floors	NRM-Sus	$6,600
2	Brooklyn	NY	Upgrade Architectural Finishes 9th,10th,11th and 12th Floors	NRM-Sus	$6,600
2	Brooklyn	NY	Upgrade Architectural Finishes Basement, 1st, 2nd,3rd and 4th Floors	NRM-Sus	$6,600
2	Brooklyn	NY	Consolidate Mental Health Services Building 1	NRM-Sus	$6,050
2	Brooklyn	NY	Create Alternate Site for Emergency Operations	NRM-Sus	$5,500
2	Brooklyn	NY	Renovate Specialty Care Clinic	NRM-Sus	$5,500
2	Brooklyn	NY	Renovate Wellness Center	NRM-Sus	$5,500

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2	Brooklyn	NY	Repair Accessibility Deficiencies	NRM-Sus	$5,500
2	Brooklyn	NY	Upgrade Site Security	NRM-Sus	$5,500
2	Buffalo	NY	Modernize Surgery	Minor Const.	$17,373
2	Buffalo	NY	Modernize Emergency Department	Minor Const.	$17,294
2	Buffalo	NY	Modernize Intensive Care Unit	Minor Const.	$16,576
2	Buffalo	NY	Implement PACT Primary Care Group I (D-Wing)	Minor Const.	$15,739
2	Buffalo	NY	Modernize Sterile Processing Service and Urology Procedure Areas	Minor Const.	$12,814
2	Buffalo	NY	Replace Roofs Building 1	NRM-IM	$6,600
2	Buffalo	NY	Renovate for Surgery Procedure Areas	NRM-Sus	$8,800
2	Buffalo	NY	Renovate for SPD	NRM-Sus	$7,700
2	Buffalo	NY	Renovate Ward for Inpatient Medical Unit	NRM-Sus	$6,650
2	Buffalo	NY	Modernize Laundry, Buildings 6 and 1	NRM-Sus	$6,000
2	Buffalo	NY	Modernize Outpatient Mental Health Clinics	NRM-Sus	$5,450
2	Buffalo	NY	Renovate 6th Floor D Wing	NRM-Sus	$5,450
2	Canandaigua	NY	Enhanced Use Lease B18,73,94 and 40 acres	Other	$1
2	Canandaigua	NY	Renovate B36 A and B for Gerosych	NRM-Sus	$12,000
2	Canandaigua	NY	Renovate 6G	NRM-Sus	$7,000
2	Canandaigua	NY	Renovate 7A	NRM-Sus	$7,000
2	Canandaigua	NY	Renovate 7B	NRM-Sus	$7,000
2	Canandaigua	NY	Renovate 8A	NRM-Sus	$7,000
2	Canandaigua	NY	Renovate 8B	NRM-Sus	$7,000
2	Canandaigua	NY	Replace Primary Service Equipment	NRM-Sus	$5,500
2	Castle Point	NY	Construct Specialty and Support Services Building	Major Const.	$30,680
2	Castle Point	NY	Castle Point CBOC	Major Lease	$11,000
2	Castle Point	NY	Upgrade Outpatient Clinic H	Minor Const.	$8,573
2	Castle Point	NY	Expand Building 15H Community Living Center	Minor Const.	$6,270
2	Castle Point	NY	Relocate Prosthetics Suite	Minor Const.	$4,615
2	Castle Point	NY	Addition of Outpatient Parking Garage	NRM-Sus	$19,290
2	Montrose	NY	Modernize Community Living Center	Major Const.	$62,500
2	Montrose	NY	Build Community Living Center, Phase 1	Minor Const.	$17,800
2	Montrose	NY	Build Community Living Center, Phase 2	Minor Const.	$17,600
2	Montrose	NY	Build Community Living Center, Phase 3	Minor Const.	$17,600
2	Montrose	NY	Construct Mental Health Domiciliary Annex, Bldgs 13 and 14	Minor Const.	$7,810
2	Montrose	NY	Goshen CBOC	Minor Lease	$787
2	Montrose	NY	Replace Locking System	NRM-Sus	$5,680
2	Montrose	NY	Replace High Voltage Transformers, Campus-wide	NRM-Sus	$5,170
2	New York	NY	Install Cogeneration Plant	NRM-IM	$5,500
2	New York	NY	Replace Windows Phase I	NRM-IM	$13,200
2	New York	NY	Replace Windows Phase III	NRM-IM	$10,450
2	New York	NY	Conduct Energy Savings Performance Contract	NRM-IM	$9,900
2	New York	NY	Construct Emergency Generator Structure/Emergency Electrical Upgrades	NRM-IM	$9,900
2	New York	NY	Renovate Patient Ward 17N and 17S	NRM-IM	$9,900
2	New York	NY	Replace HVAC Controls Building 1	NRM-IM	$9,350
2	New York	NY	Replace Perimeter Heating Radiators	NRM-IM	$9,350
2	New York	NY	Replace Windows Phase II	NRM-IM	$9,350
2	New York	NY	Implement Legionella Prevention Measures	NRM-IM	$8,800
2	New York	NY	Upgrade HVAC Controls Building 6	NRM-IM	$8,800
2	New York	NY	Renovate Patient Ward	NRM-IM	$8,250

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2	New York	NY	Correct Architectural Deficiencies	NRM-IM	$8,000
2	New York	NY	Repair Accessibility Deficiencies PH 2	NRM-IM	$7,550
2	New York	NY	Construct Data Center Addition	NRM-IM	$7,500
2	New York	NY	Install Chiller Plant Upgrades	NRM-IM	$7,150
2	New York	NY	Abate Asbestos Ph 1	NRM-IM	$7,100
2	New York	NY	Abate Asbestos Phase 2	NRM-IM	$7,050
2	New York	NY	Improve Accessibility	NRM-IM	$6,800
2	New York	NY	Install AHU Air Recovery	NRM-IM	$6,600
2	New York	NY	Renovate Patient Ward Mental Health 17W	NRM-IM	$6,600
2	New York	NY	Replace Steam Condensate Pumps	NRM-IM	$6,600
2	New York	NY	Replace Operating Room Suite Air Handling Unit	NRM-IM	$6,050
2	New York	NY	Upgrade Architectural Doors and Hardware/ Entrance	NRM-IM	$5,800
2	New York	NY	Accomplish Retro Commissioning Manhattan	NRM-IM	$5,500
2	New York	NY	Install Water Conservation Devices	NRM-IM	$5,500
2	New York	NY	Upgrade Steam Distribution	NRM-IM	$5,500
2	New York	NY	Upgrade Operating Rooms	NRM-Sus	$9,100
2	New York	NY	Renovate Inpatient Wards PH 3	NRM-Sus	$8,890
2	New York	NY	Renovate Patient Wards Medical/Surgical	NRM-Sus	$8,700
2	New York	NY	Modernize Radiology Space	NRM-Sus	$8,540
2	New York	NY	Modernize High Tech/High Cost Site Prep	NRM-Sus	$6,950
2	New York	NY	Expand Emergency Room/Ambulatory Entrance Ph 2	NRM-Sus	$6,500
2	New York	NY	Renovate Ground Floor, New SIM Center	NRM-Sus	$6,000
2	New York	NY	Renovate VISN Prosthetics on 14S and 14W	NRM-Sus	$5,210
2	New York	NY	Renovate 3E/3N Kitchen and Admin Offices	NRM-Sus	$5,060
2	New York	NY	Correct Nonstructural Seismic Deficiencies	Seismic	$49,500
2	New York	NY	Lease Admin Space	Other	$4,500
2	Northport	NY	Community Living Center 5	Major Const.	$110,000
2	Northport	NY	Replace Roads and Sidewalks East Campus	NRM-IM	$8,000
2	Northport	NY	Re-Plumb Potable and Waste Lines in Southwest Outer Buildings	NRM-IM	$7,700
2	Northport	NY	Replumb Potable Water and Waste Lines, Buildings 5, 6, 61, 62, 63, 64 and 65	NRM-IM	$7,000
2	Northport	NY	Replace Roads, Parking Lots and Sidewalks South Campus	NRM-IM	$6,600
2	Northport	NY	Replace Windows in Building 200 - Phase 1	NRM-IM	$6,600
2	Northport	NY	Upgrade Electrical Services, Phase 2	NRM-IM	$6,110
2	Northport	NY	Replace Digital Controls Buildings 8, 64, 65 and 92	NRM-IM	$6,000
2	Northport	NY	Upgrade Research HVAC	NRM-IM	$5,390
2	Northport	NY	Replace Perimeter Fences	NRM-IM	$5,000
2	Northport	NY	Renovate Medical/Surgical Inpatients Units, Phase 1	NRM-Sus	$9,900
2	Northport	NY	Renovate Research	NRM-Sus	$7,700
2	St. Albans	NY	Construct Wing Expansion B, C, D and E	Major Const.	$168,000
2	St. Albans	NY	Address Seismic Deficiencies	Major Const.	$69,300
2	St. Albans	NY	Upgrade Facility Envelope	NRM-IM	$13,200
2	St. Albans	NY	Replace Architectural Finishes	NRM-IM	$12,100
2	St. Albans	NY	Implement Legionella Prevention Measures	NRM-IM	$8,800
2	St. Albans	NY	Repair Accessibility Deficiencies	NRM-IM	$8,800
2	St. Albans	NY	Replace Air Handling Unit 2 Building 88	NRM-IM	$8,300
2	St. Albans	NY	Install Fire Safety Improvements	NRM-IM	$7,700
2	St. Albans	NY	Replace Boiler Plant Piping	NRM-IM	$7,700
2	St. Albans	NY	Replace Building 88 Condensate Lines	NRM-IM	$7,700

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
2	St. Albans	NY	Replace Boiler 1	NRM-IM	$6,600
2	St. Albans	NY	Replace Boiler 2	NRM-IM	$6,600
2	St. Albans	NY	Replace Boiler 3	NRM-IM	$6,600
2	St. Albans	NY	Replace Building 85 and 86 Condensate Lines	NRM-IM	$6,600
2	St. Albans	NY	Replace Building 88 Electrical Switchgear	NRM-IM	$6,600
2	St. Albans	NY	Replace Building 89 Electrical Switchgear	NRM-IM	$6,600
2	St. Albans	NY	Replace Building 91, 92 and 93 Condensate Lines	NRM-IM	$6,600
2	St. Albans	NY	Replace Building 91, 92 and 93 Switch Gear	NRM-IM	$6,600
2	St. Albans	NY	Replace Laundry Switchgear	NRM-IM	$6,600
2	St. Albans	NY	Upgrade IT Server	NRM-IM	$6,600
2	St. Albans	NY	Upgrade Site Lighting	NRM-IM	$6,600
2	St. Albans	NY	Upgrade Site Security	NRM-IM	$6,600
2	St. Albans	NY	Upgrade Steam Condensate Lines Building 89	NRM-IM	$6,600
2	St. Albans	NY	Upgrade Water Mains	NRM-IM	$6,600
2	St. Albans	NY	Replace Building 87 Condensate Lines	NRM-IM	$6,050
2	St. Albans	NY	Replace Electrical Switchgear 167 and 168	NRM-IM	$6,050
2	St. Albans	NY	Abate Asbestos	NRM-IM	$5,500
2	St. Albans	NY	Install Laundry Heat Recovery	NRM-IM	$5,500
2	St. Albans	NY	Install Locks, Doors and Key Systems	NRM-IM	$5,500
2	St. Albans	NY	Install Water Conservation Devices	NRM-IM	$5,500
2	St. Albans	NY	Replace Auditorium and Commissary Air Handling Units	NRM-IM	$5,500
2	St. Albans	NY	Replace Building 89 Domestic Water Pumps	NRM-IM	$5,500
2	St. Albans	NY	Replace HVAC Control System	NRM-IM	$5,500
2	St. Albans	NY	Replace Plumbing Fixtures	NRM-IM	$5,500
2	St. Albans	NY	Replace Radiator Control Valves	NRM-IM	$5,500
2	St. Albans	NY	Replace Roofs Buildings 87 and 88	NRM-IM	$5,500
2	St. Albans	NY	Replace Windows	NRM-IM	$5,500
2	St. Albans	NY	Renovate Wards A4 and A5	NRM-Sus	$9,900
2	St. Albans	NY	Renovate Wards B2 and B3	NRM-Sus	$8,800
2	St. Albans	NY	Renovate wards C2 and D2	NRM-Sus	$8,800
2	St. Albans	NY	Renovate Prosthetics and Occupational Therapy Building 89	NRM-Sus	$7,700
2	St. Albans	NY	Renovate Dental Clinic	NRM-Sus	$5,500
2	Syracuse	NY	Expand Diagnostics on Third Floor	Minor Const.	$11,000
2	Syracuse	NY	Expand Specialty Care	Minor Const.	$3,200
2	Syracuse	NY	Jefferson CBOC	Minor Lease	$3,236
2	Syracuse	NY	Upgrade Research Wing Mechanicals and Renovate 3rd floor for BSL3 Labs	NRM-Sus	$5,500
2	Syracuse	NY	Conduct Seismic Survey and Upgrade to Building 9	Seismic	$225
NCA	Ohio Western Reserve	OH	PH 4 Expansion and Cemetery Improvements	Major Const.	$45,000
VBA	Cleveland	OH	Cleveland Regional Office - AJ Celecrezze FB	Major Lease	$3,100
VBA	Cleveland	OH	Renovate Regional Office - AJ Celecrezze FB	Minor Const.	$9,000
VBA	Cleveland	OH	Columbus VR and E Office	Minor Lease	$98
VBA	Cleveland	OH	Cleveland Regional Office - 2 AJ Celebrezze FB	Minor Lease	$53
10	Chillicothe	OH	Correct Energy Deficiencies and Increase Energy Conservation	NRM-IM	$9,350
10	Chillicothe	OH	Relocate Digestive/GI Clinic to Building 31	Minor Const.	$13,200
10	Chillicothe	OH	Relocate Surgery Specialties and Outpatient Pharmacy	Minor Const.	$11,000
10	Chillicothe	OH	Initiate Compliance with the Physical Design Manual Assessment Report	NRM-IM	$9,900

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
10	Chillicothe	OH	Upgrade Electrical System	NRM-IM	$9,900
10	Chillicothe	OH	Upgrade Emergency Generators and Utility Interconnect	NRM-IM	$8,500
10	Chillicothe	OH	Renovate 1st and 2nd Floor B31 for Medical Administrative Space	NRM-Sus	$10,000
10	Chillicothe	OH	Renovate Space for Fully Integrated PACT and Primary Care Mental Health Program, Building 31	NRM-Sus	$9,000
10	Cincinnati	OH	Relocate Audiology and ENT from Basement	Minor Const.	$13,911
10	Cincinnati	OH	Construct Inpatient Mental Health Clinic - 7th Floor	Minor Const.	$9,400
10	Cincinnati	OH	Construct Research Addition Phase V	Minor Const.	$9,278
10	Cincinnati	OH	Install Boilers	NRM-IM	$25,400
10	Cincinnati	OH	Replace Radiators with Hot Water	NRM-IM	$17,100
10	Cincinnati	OH	Improve Building Envelope	NRM-IM	$12,500
10	Cincinnati	OH	Replace FTD Air Handler Units	NRM-IM	$11,650
10	Cincinnati	OH	Perform Energy Efficiency Upgrades	NRM-IM	$6,980
10	Cincinnati	OH	Install Natural Gas Generator	NRM-IM	$6,905
10	Cincinnati	OH	Replace Air Handlers	NRM-IM	$6,880
10	Cincinnati	OH	Upgrade Domiciliary Beds, Fort Thomas	NRM-Sus	$6,800
10	Cleveland	OH	Acquire Health Care Center	Major Const.	$237,700
10	Cleveland	OH	Medina CBOC	Minor Lease	$3,919
10	Cleveland	OH	Independence Admin Space	Minor Lease	$555
10	Cleveland	OH	Improve Sub-basement Plumbing and Air Quality	NRM-IM	$13,000
10	Cleveland	OH	Replace VAV Boxes	NRM-IM	$8,000
10	Cleveland	OH	Renovate Module G and H	NRM-Sus	$8,000
10	Columbus	OH	Construct Inpatient Addition	Major Const.	$40,481
10	Columbus	OH	Expand Parking Garage	Minor Const.	$16,007
10	Columbus	OH	Relocate Urgent Care and Specialty Clinics	Minor Const.	$16,000
10	Columbus	OH	Expand Behavioral Health and Endocrinology	Minor Const.	$14,500
10	Dayton	OH	Construct Community Living Center, 3rd Unit and Activity Center	Minor Const.	$9,800
10	Dayton	OH	Construct Community Living Center, 2nd Unit	Minor Const.	$9,680
10	Dayton	OH	Construct Medical Learning Center	Minor Const.	$8,741
10	Dayton	OH	Construct Boiler Plant	NRM-IM	$18,700
10	Dayton	OH	Increase Signal System Infrastructure	NRM-IM	$7,773
VBA	Muskogee	OK	Muskogee Regional Office	Major Lease	$2,700
VBA	Muskogee	OK	Renovate Muskogee NCC	Minor Const.	$8,200
VBA	Muskogee	OK	Renovate Oklahoma VR and E Office	Minor Const.	$711
19	Muskogee	OK	Construct Patient Parking Garage	Minor Const.	$15,000
19	Muskogee	OK	Construct Employee Parking Garage	Minor Const.	$14,982
19	Muskogee	OK	Expand and Renovate for Mental Health	Minor Const.	$14,370
19	Oklahoma City	OK	Install Solar Photovoltaic Panels on Clinic Addition and Lot 10	NRM-IM	$5,500
19	Oklahoma City	OK	Construct Mental Health Tower Phase 2	Minor Const.	$16,000
19	Oklahoma City	OK	Construct Patient Parking Garage 2	Minor Const.	$9,193
19	Oklahoma City	OK	Construct Additional Patient Parking Garage 3	Minor Const.	$8,987
19	Oklahoma City	OK	Construction of Engineering Addition	Minor Const.	$4,343

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
19	Oklahoma City	OK	North May CBOC	Minor Lease	$1,030
19	Oklahoma City	OK	Fiscal Office	Minor Lease	$390
19	Oklahoma City	OK	Renovate 7 North for Surgery Clinic	NRM-IM	$5,590
NCA	Willamette	OR	Expansion and Cemetery Improvements	Major Const.	$50,000
NCA	Willamette	OR	Replace Sprinkler Heads	Minor Const.	$1,070
VBA	Portland	OR	Portland Regional Office	Major Lease	$4,400
20	Portland	OR	Acquire Research Building with Veterinary Medical Unit	Major Const.	$134,000
20	Portland	OR	Acquire Clinical Services Building, Vancouver	Major Const.	$52,357
20	Portland	OR	Construct RRTP Facility and Remodel Existing RRTP	Minor Const.	$13,900
20	Portland	OR	Construct Space for Clinical Research - Vancouver	Minor Const.	$4,500
20	Roseburg	OR	Construct COVID Screening Check Points	Minor Const.	$3,300
20	Roseburg	OR	Repair/Replace Campus Sewer and Storm Drain Lines	NRM-IM	$24,800
20	Roseburg	OR	Seismic Retrofit Building 13 Warehouse	Seismic	$14,850
20	Roseburg	OR	Seismic Retrofit Building 16 Chapel and Auditorium	Seismic	$13,200
20	Roseburg	OR	Seismic Retrofit Building 11 Laundry	Seismic	$11,600
20	White City	OR	Replace Storm Water Laterals	NRM-Sus	$5,500
20	White City	OR	Seismically Retrofit Connecting Corridors	Seismic	$5,500
20	White City	OR	Upgrade Non-Structural Components and Equipment	Seismic	$2,200
NCA	NC of Alleghenies	PA	PH 4 Expansion and Cemetery Improvements	Major Const.	$50,000
NCA	Washington Crossing	PA	Gravesite Expansion	Major Const.	$50,000
OIT	Philadelphia	PA	Data Center Electrical Support Systems	Minor Const.	$9,975
OIT	Philadelphia	PA	Renew and Upgrade Data Center Mechanical Support Systems	Minor Const.	$7,500
OIT	Philadelphia	PA	Relocate Main Utility Power Feed	Minor Const.	$7,000
OIT	Philadelphia	PA	Feasibility Study/Design/Build/Replace Wet Pipe Fire Suppression System	Minor Const.	$5,700
OIT	Philadelphia	PA	Install New Security Perimeter Fence around Building	Minor Const.	$4,000
OIT	Philadelphia	PA	Renew Mechanical Infrastructure Support Systems	Minor Const.	$2,200
OIT	Philadelphia	PA	Data Center Monitoring System Connectivity	Minor Const.	$700
OIT	Philadelphia	PA	Upgrade (4) UPS Systems to 1100kVA/1000kW Units	Minor Const.	$700
OIT	Philadelphia	PA	Replace Data Center and Office Suite Lighting Systems	Minor Const.	$600
OIT	Philadelphia	PA	Replace UPS System A, B and C Battery Systems	Minor Const.	$500
VBA	Philadelphia	PA	Renovate and Realign Regional Office	Minor Const.	$9,800
VBA	Pittsburgh	PA	Pittsburgh Regional Office	Major Lease	$2,000
VBA	Pittsburgh	PA	Renovate Regional Office	Minor Const.	$8,000
4	Altoona	PA	Modernize Facility for EHRM	NRM-IM	$50,740
4	Altoona	PA	Replace Medical Air Systems	NRM-IM	$23,048
4	Altoona	PA	Replace Non Fire and Non Smoke Doors	NRM-IM	$10,852
4	Altoona	PA	Correct Access Deficiencies	NRM-IM	$9,896
4	Altoona	PA	Correct Site Security Deficiencies	NRM-IM	$8,403
4	Altoona	PA	Correct Electrical Study Deficiencies	NRM-IM	$8,222
4	Altoona	PA	Renovate Buildings 1 and 3 Non-Clinical Space	NRM-Sus	$8,205
4	Altoona	PA	Renovate Building 1 First Floor	NRM-Sus	$5,144
4	Butler	PA	Build New Space for Butler Facility Management and Shops	Minor Const.	$11,000
4	Butler	PA	Renovate for Electronic Health Record Modernization	NRM-IM	$11,000

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
4	Butler	PA	Demolish Excess Space, Phase 2	NRM-IM	$7,700
4	Butler	PA	Perform Site Improvements	NRM-IM	$7,150
4	Butler	PA	Repurpose B-6 for Engineering and Other Functions	NRM-IM	$5,500
4	Butler	PA	Upgrade IT Infrastructure to meet EHRM Requirements	NRM-IM	$5,500
4	Coatesville	PA	Right Size Ancillary and Diagnostic Services	Minor Const.	$16,000
4	Coatesville	PA	Right Size Primary Care, Ph 1	Minor Const.	$16,000
4	Coatesville	PA	Right Size Specialty Care, Ph 2	Minor Const.	$16,000
4	Coatesville	PA	Construct Community Living Center	Minor Const.	$15,500
4	Coatesville	PA	Construct Geriatric Psychiatry Building	Minor Const.	$15,400
4	Coatesville	PA	Install Physical Access Control System	NRM-IM	$16,500
4	Coatesville	PA	Install Fencing Campus-wide	NRM-IM	$11,000
4	Coatesville	PA	Upgrade Domestic Water System	NRM-IM	$10,100
4	Coatesville	PA	Replace Storm Drain	NRM-IM	$9,900
4	Coatesville	PA	Correct Deficiencies - Building 5	NRM-IM	$9,350
4	Coatesville	PA	Renovate Building 58 - 1st and 2nd Floors	NRM-IM	$9,075
4	Coatesville	PA	Correct Deficiencies - Building 16	NRM-IM	$6,000
4	Coatesville	PA	Consolidate HVAC Controls-Phase II	NRM-IM	$5,500
4	Coatesville	PA	Replace Finishes Buildings 6, 7, 8 and 57	NRM-IM	$5,450
4	Coatesville	PA	Correct Deficiencies - Building 7	NRM-IM	$5,000
4	Coatesville	PA	Renovate Building 2 1st and 2nd floor - Primary Care Pact and Patient Facing Services	NRM-Sus	$10,950
4	Coatesville	PA	Renovate Building 1 - Basement and Ground floor	NRM-Sus	$8,800
4	Coatesville	PA	Renovate Building 9 for New Entrance and Canteen	NRM-Sus	$6,500
4	Coatesville	PA	Renovate Building 15 Maintenance and Laundry Service	NRM-Sus	$6,000
4	Coatesville	PA	Repair Curbs and Sidewalks Phase II	NRM-Sus	$5,500
4	Erie	PA	Expand Parking Garage	Minor Const.	$16,000
4	Erie	PA	Construct Community Living Center Phase 2	Minor Const.	$15,600
4	Erie	PA	Build Care in the Community and Consolidated Support Building	Minor Const.	$8,800
4	Erie	PA	Build Domiciliary Residence Building	Minor Const.	$7,700
4	Erie	PA	Expand Building 1 Pharmacy Lab	Minor Const.	$7,150
4	Erie	PA	Renovating Building 1 for MRI	NRM-Sus	$5,500
4	Lebanon	PA	South Central Pennsylvania Health Care Center	Major Lease	$20,582
4	Lebanon	PA	Enhance Inpatient Behavioral Health	Minor Const.	$15,924
4	Lebanon	PA	Relocate Warehouse	Minor Const.	$15,861
4	Lebanon	PA	Construct Community Living Center Step Down Unit	Minor Const.	$15,700
4	Lebanon	PA	Construct Dementia Community Living Center	Minor Const.	$15,700
4	Lebanon	PA	Primary Care Expansion Building 17	Minor Const.	$14,263
4	Lebanon	PA	Relocate Public Entry to Emergency Department	Minor Const.	$8,009
4	Lebanon	PA	Expand Pharmacy	Minor Const.	$6,117
4	Lebanon	PA	Replace Sanitary Sewer Lines Phase 1	NRM-IM	$7,700
4	Lebanon	PA	Install Central Generator System	NRM-IM	$6,700
4	Lebanon	PA	Replace Electrical Distribution Building 17,18, 19 and 22	NRM-IM	$5,500
4	Lebanon	PA	Upgrade HVAC for Pandemic Hardening Phase 1	NRM-IM	$5,500
4	Lebanon	PA	Renovate Building 1, 4th Floor for Specialty Clinics	NRM-Sus	$12,100
4	Philadelphia	PA	Construct Inpatient Bed Tower	Major Const.	$434,823
4	Philadelphia	PA	Construct Outpatient Services Building	Major Const.	$164,385
4	Philadelphia	PA	Construct Parking Garage	Major Const.	$86,600
4	Philadelphia	PA	Ambulatory Surgery Center	Major Lease	$15,336
4	Philadelphia	PA	Construct Behavioral Health Outpatient Facility Ph I	Minor Const.	$16,000

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
4	Philadelphia	PA	Administrative Wing Addition	Minor Const.	$15,992
4	Philadelphia	PA	Modify Front Entrance Bldg 1	Minor Const.	$15,600
4	Philadelphia	PA	Burlington County CBOC	Minor Lease	$220
4	Philadelphia	PA	Community Resource and Referral Center	Minor Lease	$116
4	Philadelphia	PA	Upgrade HVAC for MICU Pandemic Unit	NRM-IM	$12,976
4	Philadelphia	PA	Upgrade HVAC for SICU Pandemic Unit	NRM-IM	$12,976
4	Philadelphia	PA	Correct Electrical Deficiencies	NRM-IM	$8,800
4	Philadelphia	PA	Modernize Building 2 Elevators	NRM-IM	$8,500
4	Philadelphia	PA	Upgrade Access Control System	NRM-IM	$5,500
4	Philadelphia	PA	Convert 7 East and West to Single Inpatient BH Rooms	NRM-Sus	$15,491
4	Philadelphia	PA	Renovate for Pandemic Procedure Unit	NRM-Sus	$13,564
4	Philadelphia	PA	Convert 5 and 6 E/W to Single Patient Rooms	NRM-Sus	$8,840
4	Philadelphia	PA	Renovate Building 2 Front Entrance	NRM-Sus	$5,000
4	Pittsburgh (HZ)	PA	Modernize Units 1-South and Ground South - Building 50	NRM-Sus	$8,800
4	Pittsburgh (UD)	PA	Construct Service Building Annex and Ambulance Ramp	Minor Const.	$15,900
4	Pittsburgh (UD)	PA	Expand Unit 5A in Building 1	Minor Const.	$13,200
4	Pittsburgh (UD)	PA	Upgrade Facility Systems for Electronic Health Records Modernization	NRM-IM	$20,000
4	Pittsburgh (UD)	PA	Modernize Inpatient Wards	NRM-IM	$9,900
4	Pittsburgh (UD)	PA	Renovate Building One - 9 West and 10 West for Architectural, Mechanical and Electrical Deficiencies	NRM-IM	$7,700
4	Pittsburgh (UD)	PA	Upgrade Mechanical Systems in B1 Elevator Penthouse	NRM-IM	$6,600
4	Wilkes Barre	PA	Emergency Management and Pandemic Storage	Minor Const.	$4,200
4	Wilkes Barre	PA	Wayne County CBOC	Minor Lease	$600
4	Wilkes Barre	PA	Upgrade Information Technology Facilities	NRM-IM	$11,000
4	Wilkes Barre	PA	Renovate 7th Floor- Business	NRM-IM	$9,900
4	Wilkes Barre	PA	Construct Emergency Generator Plant	NRM-IM	$8,800
4	Wilkes Barre	PA	Remove Fan Coil Units	NRM-IM	$7,040
4	Wilkes Barre	PA	Replace Exterior Windows, Phase 2	NRM-IM	$6,600
4	Wilkes Barre	PA	Replace Building 1 Main Electrical Distribution Risers	NRM-IM	$5,500
4	Wilkes Barre	PA	Upgrade Exterior Facade	NRM-IM	$5,500
4	Wilkes Barre	PA	Renovate for Hospice Unit	NRM-Sus	$14,300
4	Wilkes Barre	PA	Renovate 4 Center - Inpatient care	NRM-Sus	$13,200
4	Wilkes Barre	PA	Renovate 9th Floor for Mental Health	NRM-Sus	$11,980
4	Wilkes Barre	PA	Upgrade Operating Rooms	NRM-Sus	$6,600
4	Wilkes Barre	PA	Renovate 10th Floor - Administrative Offices	NRM-Sus	$5,500
4	Wilkes Barre	PA	Renovate 2 - South Nuclear Medicine	NRM-Sus	$5,500
4	Wilkes Barre	PA	Upgrade Elevators - Silver	NRM-Sus	$5,280
NCA	Puerto Rico	PR	Gravesite Expansion at Morovis	Major Const.	$45,000
VBA	San Juan	PR	San Juan Regional Office	Major Lease	$2,820
VBA	San Juan	PR	Renovate Regional Office	Minor Const.	$1,400
8	San Juan	PR	Acquire Land to Expand the Community Living Center	Minor Const.	$17,870
8	San Juan	PR	Renovate and Expand Emergency Department Ancillary Support Functions	Minor Const.	$6,493
8	San Juan	PR	Construct Energy Center	NRM-IM	$27,669

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
8	San Juan	PR	Correct Deficiencies at OIT Rooms	NRM-IM	$10,051
8	San Juan	PR	Upgrade Main Chiller Plant Capacity and Distribution	NRM-IM	$9,676
8	San Juan	PR	Renovate San Juan Primary Care and Collocate Mental Health Clinics	NRM-Sus	$10,300
8	San Juan	PR	Renovate Food and Nutrition Kitchen	NRM-Sus	$7,687
8	San Juan	PR	Establish a VA and DoD Clinic at Fort Buchanan	Other	$18,069
8	San Juan	PR	Relocate Clinical Functions to Centro Comprensivo de Cancer	Other	$11,100
VBA	Providence	RI	Providence Regional Office	Major Lease	$1,700
VBA	Providence	RI	Renovate Regional Office	Minor Const.	$3,500
VBA	Providence	RI	Providence Regional Office 1	Minor Lease	$182
VBA	Providence	RI	Providence Swing Space	Minor Lease	$64
1	Providence	RI	Construct Primary Care Clinic	Major Const.	$56,546
1	Providence	RI	Expand and Renovate Space for New MRI	Minor Const.	$16,550
1	Providence	RI	Construct Administration Building to Replace Lease, Phase 1	Minor Const.	$15,758
1	Providence	RI	Expand Building 35 for Research Animal Laboratories	Minor Const.	$15,598
1	Providence	RI	Replace Deficient Police Services Building	Minor Const.	$14,750
1	Providence	RI	Improve South Entrance Accessibility for Mobility Impaired Patients	Minor Const.	$13,785
1	Providence	RI	Construct Admin Building to Replace Leases - Phase 2	Minor Const.	$13,296
1	Providence	RI	Expand and Renovate 2A for Interventional Radiology Laboratory	Minor Const.	$9,980
1	Providence	RI	Fiscal and Facilities Space at Medical Center Annex (Eagle 3)	Minor Lease	$460
1	Providence	RI	Administrative Space at Medical Center Annex (Eagle 1)	Minor Lease	$0
1	Providence	RI	Trailers for Mental Health and Facilities Space	Minor Lease	$0
1	Providence	RI	Replace Sanitary, Roof Drain and Water Piping in Building 1	NRM-IM	$6,000
1	Providence	RI	Replace Plumbing and Fixtures in Building 1	NRM-IM	$5,500
1	Providence	RI	Repair Access and Finishes Deficiencies at Outbuildings	NRM-IM	$5,000
1	Providence	RI	Renovate 5B Medical Surgical Inpatient Nursing Unit	NRM-Sus	$9,626
VBA	Manila	RP	Renovate and Realign Regional Office	Minor Const.	$6,000
VBA	Manila	RP	Director Office	Minor Lease	$65
VBA	Manila	RP	Veterans Service Center	Minor Lease	$39
VBA	Manila	RP	Assistant Director Office	Minor Lease	$26
VBA	Columbia	SC	Columbia Regional Office	Major Lease	$3,700
VBA	Columbia	SC	Renovate Regional Office	Minor Const.	$8,000
VBA	Columbia	SC	North Charleston VR and E Office	Minor Lease	$67
7	Charleston	SC	Health Care Center	Major Lease	$28,500
7	Charleston	SC	Savannah CBOC	Major Lease	$23,250
7	Charleston	SC	Hinesville CBOC	Major Lease	$15,000
7	Charleston	SC	Construct Second Parking Deck	Minor Const.	$19,000
7	Charleston	SC	Correct Seismic Deficiencies by Replacing 2nd Floor Modular Buildings for Clinical Support Services, Phase I	Minor Const.	$13,014
7	Charleston	SC	Consolidate Administrative Offices	Minor Lease	$2,905
7	Charleston	SC	Georgetown CBOC	Minor Lease	$1,800
7	Charleston	SC	Dental and Specialty Clinic - Savannah	Minor Lease	$850
7	Charleston	SC	Women's Center	Minor Lease	$720
7	Charleston	SC	Charleston Parking Lease 3	Minor Lease	$415
7	Charleston	SC	Charlie/Delta Street and Elevated Road Deck Replacement	NRM-IM	$9,997
7	Charleston	SC	Correct 5th Floor Deficiencies	NRM-IM	$9,804
7	Charleston	SC	Renovate Electrical/Telephone Closets Phase 2	NRM-IM	$9,005
7	Charleston	SC	Correct Electrical Deficiencies Phase 4	NRM-IM	$8,800

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
7	Charleston	SC	Update Mechanical Systems Phase 2	NRM-IM	$8,800
7	Charleston	SC	Roof Replacement Phase 3	NRM-IM	$8,300
7	Charleston	SC	Replace Sprinkler and Ceiling Components	NRM-IM	$7,700
7	Charleston	SC	Correct Security Issues Phase 2	NRM-IM	$6,500
7	Charleston	SC	Correct Sterile/Clean Supply Storage Rooms and Procedure Rooms Deficiencies	NRM-IM	$6,234
7	Charleston	SC	Replace Roofs Phase 2	NRM-IM	$5,000
7	Charleston	SC	Backfill 2nd Floor DD Building with Cancer Center	NRM-Sus	$9,900
7	Charleston	SC	Backfill 3BB area with Dialysis Center	NRM-Sus	$9,900
7	Charleston	SC	Backfill 2nd Floor Specialty Clinic with Radiology Expansion	NRM-Sus	$9,500
7	Charleston	SC	Backfill 3BS with Women's Center	NRM-Sus	$9,500
7	Charleston	SC	Renovate Common and Support Areas Phase 4	NRM-Sus	$8,800
7	Charleston	SC	Backfill Dialysis with ACC	NRM-Sus	$7,700
7	Charleston	SC	Move Prosthetics and Rehab Medicine to First Floor DD Building	NRM-Sus	$5,500
7	Charleston	SC	Renovate Vacated 3rd Floor for Specialty Clinic	NRM-Sus	$5,500
7	Charleston	SC	Renovate Vacated 4th Floor for Specialty Clinic	NRM-Sus	$5,500
7	Charleston	SC	Backfill 1A Specialty Space with Administrative Services	NRM-Sus	$5,000
7	Columbia	SC	Bed Tower Replacement	Major Const.	$342,206
7	Columbia	SC	Construct Diagnostic, Treatment and Clinic Building	Major Const.	$113,000
7	Columbia	SC	Spartanburg Health Care Center	Major Lease	$5,980
7	Columbia	SC	Construct Dental Building to Expand Laboratory Access	Minor Const.	$16,099
7	Columbia	SC	Expand Community Living Center	Minor Const.	$16,000
7	Columbia	SC	Construct Medical Clinic	Minor Const.	$13,820
7	Columbia	SC	Construct Center for Rehabilitative Services	Minor Const.	$9,954
7	Columbia	SC	Expand Parking, Improve Patient Safety and Enhance Access to Main Hospital	Minor Const.	$9,910
7	Columbia	SC	Construct Behavioral Health Center of Excellence Addition	Minor Const.	$9,307
7	Columbia	SC	Construct Outpatient Optometric Treatment Center	Minor Const.	$7,787
7	Columbia	SC	Swing Space to Improve Clinical Space	Minor Const.	$7,700
7	Columbia	SC	Construct Prosthetic and Sensory Aid Center	Minor Const.	$7,200
7	Columbia	SC	Construct LINAC Building	Minor Const.	$1,760
7	Columbia	SC	Florence CBOC	Minor Lease	$6,500
7	Columbia	SC	Upgrade Raulands Responder lV	NRM-IM	$9,900
7	Columbia	SC	Implement Water Conservation Measures	NRM-IM	$6,050
7	Columbia	SC	Repair and Resurface Parking Lots	NRM-IM	$5,500
7	Columbia	SC	Renovate OR Suite Phase II	NRM-Sus	$9,200
7	Columbia	SC	Renovate Ambulatory Surgery Suite in Building 100	NRM-Sus	$8,800
7	Columbia	SC	Renovate OR Suite	NRM-Sus	$8,800
7	Columbia	SC	Renovate Building 10 for Primary Care	NRM-Sus	$8,510
7	Columbia	SC	Renovate Digestive Disease Endoscopy Services	NRM-Sus	$6,650
7	Columbia	SC	Correct Patient Privacy Issues on Inpatient Mental Health Ward, Building 106	NRM-Sus	$6,246
7	Columbia	SC	Renovate Canteen in Building 100	NRM-Sus	$5,960
7	Columbia	SC	Renovate 4 South - Master Plan	NRM-Sus	$5,940
7	Columbia	SC	Renovate Research Laboratories Phase III	NRM-Sus	$5,802
7	Columbia	SC	Renovate 4W Medical Beds to Private	NRM-Sus	$5,546
7	Columbia	SC	Renovate Building 100A for Dialysis Center	NRM-Sus	$5,325
7	Columbia	SC	Renovate 2East Building 100A / 100 for Increased Access	NRM-Sus	$5,003
7	Columbia	SC	Correct Building 9 Seismic Deficiencies	Seismic	$4,077

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
VBA	Sioux Falls	SD	Renovate and Realign Regional Office	Minor Const.	$2,406
VBA	Sioux Falls	SD	Rapid City VR and E Office	Minor Lease	$96
23	Fort Meade	SD	Construct Domiciliary RRTP Building	Major Const.	$73,500
23	Fort Meade	SD	Renovate Community Living Center E-Ward and Support Functions	Minor Const.	$17,600
23	Fort Meade	SD	Renovate Primary Care for PACT Model	Minor Const.	$9,110
23	Fort Meade	SD	Relocate for Ancillary Services and Improve Front Entrance	Minor Const.	$7,250
23	Fort Meade	SD	Remodel Mental Health Inpatient Ward D	Minor Const.	$6,000
23	Fort Meade	SD	Renovate Buildings 5, 6 and 7	NRM-Sus	$18,000
23	Sioux Falls	SD	Construct Long Stay and Dementia Cottage	Minor Const.	$17,843
23	Sioux Falls	SD	Construct New Pulmonary Clinic	Minor Const.	$6,872
23	Sioux Falls	SD	Upgrade IT for EHRM	NRM-IM	$5,500
23	Sioux Falls	SD	Renovate Building 1 for Inpatient Mental Health and Administrative Services	NRM-Sus	$8,831
23	Sioux Falls	SD	Expand Chiller Plant	NRM-Sus	$5,410
NCA	Chattanooga	TN	Gravesite Expansion (Chattanooga Replacement)	Major Const.	$60,000
NCA	Chattanooga	TN	Install Irrigation System	Minor Const.	$8,930
NCA	Chattanooga	TN	Replace Roads and Storm Drainage	Minor Const.	$1,200
NCA	Nashville	TN	Correct Cemetery Deficiencies	Minor Const.	$2,770
VBA	Nashville	TN	Nashville Regional Office 1	Major Lease	$1,600
VBA	Nashville	TN	Renovate Regional Office	Minor Const.	$9,924
VBA	Nashville	TN	Nashville Regional Office 2	Minor Lease	$142
VBA	Nashville	TN	Nashville Regional Office 4	Minor Lease	$75
VBA	Nashville	TN	Nashville Regional Office 3	Minor Lease	$46
VBA	Nashville	TN	Nashville Regional Office 6	Minor Lease	$2
9	Memphis	TN	Construct Building 7 SCI/D 2nd Floor Addition Ward 2E	Minor Const.	$18,921
9	Memphis	TN	Construct Building 5 Addition for Dialysis and OEF/OIF/OND	Minor Const.	$11,651
9	Memphis	TN	Construct Building 7 SCI/D 2nd Floor Addition Ward 2W	Minor Const.	$11,613
9	Memphis	TN	Construct Building 7 SCI/D Outpatient Addition South	Minor Const.	$11,536
9	Memphis	TN	Expand and Renovate Building 10 Engineering	Minor Const.	$4,164
9	Memphis	TN	Replace Building 1 HVAC Induction Units and Piping	NRM-IM	$9,630
9	Memphis	TN	Install Facility Emergency Water Supply System	NRM-IM	$7,210
9	Memphis	TN	Replace Building 5 Air-Handling Units	NRM-IM	$7,210
9	Memphis	TN	Renovate Building 7 Ground Floor Research	NRM-Sus	$16,460
9	Memphis	TN	Renovate Building 1A 3rd Floor to Relocate SPS	NRM-Sus	$7,443
9	Memphis	TN	Renovate Building 1A 2nd Floor Cardio/Pulmonary	NRM-Sus	$6,798
9	Memphis	TN	Renovate Building 1A 5th Floor Ward 5G Medical Beds for Patient Privacy	NRM-Sus	$5,591
9	Memphis	TN	Renovate Building 1A 4th Floor Ward 4E Surgical Beds for Patient Privacy	NRM-Sus	$5,498
9	Memphis	TN	Renovate Building 1A 5th Floor Ward 5E Medical Beds for Patient Privacy	NRM-Sus	$5,325
9	Mountain Home	TN	Knoxville Health Care Center	Major Lease	$27,800
9	Mountain Home	TN	Dannie Carr Veterans Outpatient Clinic	Minor Lease	$45
9	Mountain Home	TN	Correct IT Network Deficiencies for EHRM	NRM-IM	$13,200

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9	Mountain Home	TN	Relocate Acute Inpatient Mental Health Ward Building 200	NRM-Sus	$11,550
9	Mountain Home	TN	Correct Historic Admin Building 34 Environment and Condition Deficiencies	NRM-Sus	$9,350
9	Murfreesboro	TN	Construct Community Living Center North	Minor Const.	$18,700
9	Murfreesboro	TN	Construct Community Living Center South	Minor Const.	$15,999
9	Murfreesboro	TN	Convert Columbia VA Clinic to VA Staffed and Leased Site	Minor Lease	$6,240
9	Murfreesboro	TN	Improve Site Water, Sewer and Drainage	NRM-IM	$17,600
9	Murfreesboro	TN	Upgrade Steam Distribution System	NRM-IM	$15,180
9	Murfreesboro	TN	Upgrade Critical Environments	NRM-IM	$9,117
9	Murfreesboro	TN	Upgrade Electrical Distribution	NRM-IM	$6,493
9	Murfreesboro	TN	Repair Retainage Walls and Dredge Lake	NRM-IM	$6,160
9	Murfreesboro	TN	Upgrade Mechanical Room Systems	NRM-IM	$5,645
9	Murfreesboro	TN	Renovate Building 6 East	NRM-Sus	$9,296
9	Murfreesboro	TN	Upgrade Building 6 West	NRM-Sus	$9,296
9	Nashville	TN	Install Solar Photovoltaic System, Combined Heat and Power Plant and Ground Source Heat Pump Systems	NRM-IM	$13,300
9	Nashville	TN	Construct ED, Surgical and Clinical Addition	Major Const.	$220,000
9	Nashville	TN	Renovate Specialty Clinics and Infusion Center	Minor Const.	$13,624
9	Nashville	TN	Convert Bowling Green VA Clinic to VA Staffed and Leased Site	Minor Lease	$6,240
9	Nashville	TN	Compensation and Pension Clinic	Minor Lease	$202
9	Nashville	TN	Upgrade Critical Environments	NRM-IM	$9,072
9	Nashville	TN	Upgrade Mechanical Room Systems I	NRM-IM	$6,086
9	Nashville	TN	Renovate Transplant Center of Excellence	NRM-Sus	$12,880
9	Nashville	TN	Renovate Ward 2 North	NRM-Sus	$11,760
9	Nashville	TN	Renovate Ward 2G	NRM-Sus	$11,760
9	Nashville	TN	Renovate Imaging Center	NRM-Sus	$9,363
NCA	Dallas/Fort Worth	TX	PH 5 Expansion and Cemetery Improvements	Major Const.	$55,000
NCA	Houston	TX	PH 3 Expansion and Cemetery Improvements	Major Const.	$50,000
NCA	Houston	TX	Pond Dredging and Storm Drainage Maintenance	Minor Const.	$4,280
OIT	Austin	TX	Replace System A Generators 1, 2 and 3	Minor Const.	$8,500
OIT	Austin	TX	Install Roof Top Cooling System for Computer Room	Minor Const.	$2,300
OIT	Austin	TX	Emergency Water Well and Storage Tank	Minor Const.	$2,200
OIT	Austin	TX	Redundant Power for CRAC and CRAH Units	Minor Const.	$1,700
OIT	Austin	TX	Power Systems B Mods to Parallel Transformer 5 and 6	Minor Const.	$950
OIT	Austin	TX	Replace Electrical Busway from RM 161 Loads to 160E and 160B	Minor Const.	$850
OIT	Austin	TX	Replace Emergency Power Distribution Panels	Minor Const.	$785
VBA	Houston	TX	Renovate and Realign Regional Office	Minor Const.	$8,393
VBA	Houston	TX	Replace Ceiling Tiles	Minor Const.	$2,300
VBA	Houston	TX	Replace Carpet	Minor Const.	$1,700
VBA	Houston	TX	Houston Regional Office Storage	Minor Lease	$440
VBA	Houston	TX	San Antonio VR and E Office	Minor Lease	$277
VBA	Waco	TX	Austin VR and E Office	Minor Lease	$183
VBA	Waco	TX	El Paso VR and E	Minor Lease	$81
17	Amarillo	TX	Construct Inpatient Mental/Behavioral Health Program	Minor Const.	$18,472
17	Amarillo	TX	Construct Community Living Center Cottages for Patient Privacy, Ph II	Minor Const.	$8,800

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
17	Amarillo	TX	Construct Community Living Center Cottages for Patient Privacy, Ph III	Minor Const.	$8,800
17	Amarillo	TX	Construct Radiology Clinic	Minor Const.	$2,200
17	Amarillo	TX	Childress CBOC	Minor Lease	$85
17	Amarillo	TX	Construct HVAC Tower Bldg. 1	NRM-IM	$5,550
17	Big Spring	TX	Abilene Outpatient Clinic	Major Lease	$11,259
17	Big Spring	TX	Construct Community Living Center Phase III	Minor Const.	$10,900
17	Big Spring	TX	Construct Kitchen and Laundry	Minor Const.	$10,762
17	Big Spring	TX	Construct Parking Structure	Minor Const.	$7,980
17	Bonham	TX	Install Solar Cell System	NRM-IM	$9,700
17	Bonham	TX	Install CoGeneration System	NRM-IM	$9,400
17	Bonham	TX	Correct Community Living Center Patient Privacy	Major Const.	$49,500
17	Bonham	TX	Construct Specialty Clinics and Diagnostic/Ancillary Care Center	Minor Const.	$18,900
17	Bonham	TX	Build Outpatient Mental Health Facility and Parking	Minor Const.	$16,500
17	Bonham	TX	Construct Domiciliary Annex	Minor Const.	$6,687
17	Bonham	TX	Build Energy Center	NRM-IM	$38,151
17	Bonham	TX	Water Line Repairs	NRM-IM	$7,600
17	Dallas	TX	Cleburne Contract	Other	$1,100
17	Dallas	TX	Build Energy Center at Garland	NRM-IM	$19,300
17	Dallas	TX	Install Solar Cell System	NRM-IM	$9,700
17	Dallas	TX	Install Solar PV Project	NRM-IM	$7,600
17	Dallas	TX	Build Additional 30 Beds for Long Term SCI Patients	Major Const.	$45,147
17	Dallas	TX	Construct Surgical Center - II: Pain Mgmt, Oral Surgery, ENT	Minor Const.	$18,800
17	Dallas	TX	Build IT Center for Equipment and Personnel	Minor Const.	$16,608
17	Dallas	TX	Construct SCI/D Activities of Daily Living Space and Renovate SCI/D PM and R and Chapel Area	Minor Const.	$14,300
17	Dallas	TX	Improve Community Living Center Bedroom Compliance	Minor Const.	$9,999
17	Dallas	TX	Expand Ambulatory Care and Relocate Existing Clinics	Minor Const.	$9,773
17	Dallas	TX	Relocate Support Svcs Off Campus (Fiscal, Business Office, Human Resources) Decompress Clinics	Minor Const.	$9,500
17	Dallas	TX	Construct Cancer Center	Minor Const.	$9,409
17	Dallas	TX	Upgrade all Infrastructure at Garland Hospital	NRM-IM	$129,390
17	Dallas	TX	Renovate Space for Ancillary/Diagnostic	NRM-Sus	$8,800
17	Dallas	TX	Renovate for Rehab Medicine, Building 2	NRM-Sus	$8,000
17	Dallas	TX	Renovate for Acute Special Program	NRM-Sus	$7,062
17	Dallas	TX	Renovate Research Buildings 3 and 43	NRM-Sus	$6,423
17	Dallas	TX	Upgrade Finishes Building 1	NRM-Sus	$5,500
17	Dallas	TX	Upgrade Finishes Building 2	NRM-Sus	$5,500
17	El Paso	TX	Replace HVAC	NRM-IM	$5,497
17	Harlingen	TX	VCB Bank Building	Minor Lease	$330
17	Harlingen	TX	Expand Photo Voltaic Systems	NRM-IM	$11,000
17	Harlingen	TX	Renovate Corpus Christi OPC for Mental Health	NRM-Sus	$5,472
16	Houston	TX	Construct Ambulatory Care Center	Major Const.	$295,000
16	Houston	TX	Construct Community Living Center and Palliative Care Unit	Major Const.	$170,000
16	Houston	TX	Ambulatory Care Surgical Center	Major Const.	$42,447
16	Houston	TX	Mental Health Integrated Clinic and Support Services	Major Lease	$36,980
16	Houston	TX	Construct Parking Garage West	Minor Const.	$19,826
16	Houston	TX	Expand Parking Garage A	Minor Const.	$19,560
16	Houston	TX	Construct Engineering Storage Building	Minor Const.	$6,493

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16	Houston	TX	Kingwood CBOC	Minor Lease	$4,150
16	Houston	TX	Livingston CBOC	Minor Lease	$2,250
16	Houston	TX	Upgrade Finishes 1st, 2nd and 3rd Floors Building 100	NRM-IM	$7,488
16	Houston	TX	Repair/Replace Main Chilled Water Distribution	NRM-IM	$6,600
16	Houston	TX	Replace Elevators Building 100 Phase II	NRM-IM	$6,500
16	Houston	TX	Correct Electrical Study Deficiencies	NRM-IM	$5,000
16	Houston	TX	Replace Air Handling Units in Building 100	NRM-IM	$5,000
16	Houston	TX	Upgrade Finishes Out Buildings	NRM-IM	$5,000
16	Houston	TX	Waterproof Building Exteriors Campus-Wide	NRM-IM	$5,000
16	Houston	TX	Renovate Nursing Unit 4C to Private Beds	NRM-Sus	$7,364
16	Houston	TX	Renovate Community Living Center Units 2C and 2D, B 100	NRM-Sus	$6,838
16	Houston	TX	Renovation of Pathology and Laboratory - Phase 2	NRM-Sus	$5,206
17	Kerrville	TX	Construct Clinic Space	Major Const.	$9,000
17	Kerrville	TX	Construct Community Living Center Cottages	Minor Const.	$9,900
17	Kerrville	TX	Install CoGeneration System for Electricity and Heating - Renewable Technology	NRM-IM	$6,300
17	Kerrville	TX	Remodel Building 96 for Short Stay Unit	NRM-Sus	$5,291
VHA	Lancaster, TX CMOP	TX	Construct Dallas Consolidated Mail Out Pharmacy	Major Const.	$47,039
17	San Antonio	TX	Replace San Antonio Hospital	Major Const.	$2,148,512
17	San Antonio	TX	Construct 6G: Cardiac Center of Excellence	Major Const.	$29,219
17	San Antonio	TX	Health Care Center	Major Lease	$41,537
17	San Antonio	TX	Research Space	Major Lease	$3,840
17	San Antonio	TX	North Central Federal Clinic	Major Lease	$1,105
17	San Antonio	TX	Replacement Domiciliary and SARRTP Facility	Minor Const.	$18,611
17	San Antonio	TX	Construct 3rd Level for GEC Expansion	Minor Const.	$14,400
17	San Antonio	TX	Construct 5G: Administration/Professional Services Addition	Minor Const.	$9,900
17	San Antonio	TX	Primary Care/Mental Health (North)	Minor Lease	$2,529
17	San Antonio	TX	Provide New Lease Primary Care/Mental Health Space	Minor Lease	$2,529
17	San Antonio	TX	C and P Clinic	Minor Lease	$900
17	San Antonio	TX	Contracting Offices	Minor Lease	$440
17	San Antonio	TX	VISN IT Admin	Minor Lease	$320
17	San Antonio	TX	Replace 2nd Floor Roof	NRM-IM	$6,389
17	San Antonio	TX	Install a Sky Bridge	NRM-Sus	$5,500
17	Temple	TX	Establish New Contract Clinic in Bastrop, TX	Other	$2,842
17	Temple	TX	Install CoGen System - 2	NRM-IM	$7,500
17	Temple	TX	Construct Outpatient Clinic	Major Const.	$142,228
17	Temple	TX	Build Education Facility, Auditorium and Library, Phase II	Minor Const.	$10,814
17	Temple	TX	Build Education Facility, Auditorium and Library, Phase I	Minor Const.	$10,299
17	Temple	TX	Construct Endoscopy/Colonoscopy Suite	Minor Const.	$9,900
17	Temple	TX	Build Staff Parking Garage	Minor Const.	$9,800
17	Temple	TX	Construct Part Two Visitor Parking Garage	Minor Const.	$8,250
17	Temple	TX	Relocate Lab Bldg 163	Minor Const.	$7,127
17	Temple	TX	Construct Central Plant	NRM-IM	$20,000
17	Temple	TX	Replace Bldg 163 Roof Systems	NRM-IM	$5,109
17	Temple	TX	Convert 3rd Floor Bldg 204 Patient Rooms to Private Rooms	NRM-Sus	$9,821
17	Temple	TX	Relocate Inpatient Pharmacy	NRM-Sus	$9,800
17	Temple	TX	Expand Sterile Processing Service	NRM-Sus	$6,435
17	Temple	TX	Expand Primary Care Bldg 163 South (Lab)	NRM-Sus	$5,238
17	Waco	TX	Renovate Outpatient Clinic/Lab Clinic Bldg 4	NRM-Sus	$13,197

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
17	Waco	TX	Renovate Bldg 11 Community Living Center	NRM-Sus	$8,655
17	Waco	TX	Consolidate Engineering Bldg 17	NRM-Sus	$6,447
VBA	Salt Lake City	UT	Renovate and Realign Salt Lake City RB2 to eRO Model	Minor Const.	$9,900
VBA	Salt Lake City	UT	Renovate and Realign Salt Lake City Regional Office	Minor Const.	$7,100
NCA	Glendale	VA	Renovation of Site/Buildings	Minor Const.	$2,250
NCA	Quantico	VA	Expansion and Cemetery Improvements	Major Const.	$38,000
NCA	Quantico	VA	Renovate Public Restrooms, Shelters and Maintenance Bldg.	Minor Const.	$5,280
NCA	Richmond	VA	Renovate/Repair Historic Site and Buildings	Minor Const.	$3,010
NCA	Seven Pines	VA	Renovate Historic Buildings	Minor Const.	$3,750
OIT	Quantico	VA	Generator Replacement w/ ATS Switches	Minor Const.	$2,000
VBA	Roanoke	VA	Renovate Regional Office	Minor Const.	$8,000
VBA	Roanoke	VA	Norfolk VR and E Office	Minor Lease	$125
VBA	Roanoke	VA	Hampton VR and E Office	Minor Lease	$108
6	Hampton	VA	Install Photovoltaic Electric Generation Panels	NRM-IM	$15,400
6	Hampton	VA	Construct Southside Medical Center	Major Const.	$1,673,855
6	Hampton	VA	Community Living Center	Major Lease	$28,310
6	Hampton	VA	Renovate and Expand Community Living Center	Minor Const.	$16,024
6	Hampton	VA	Renovate and Expand DOM	Minor Const.	$15,962
6	Hampton	VA	Construct Parking Garage	Minor Const.	$15,572
6	Hampton	VA	Construct SCI Expansion	Minor Const.	$15,532
6	Hampton	VA	Construct Specialty Care Building	Minor Const.	$15,394
6	Hampton	VA	Improve Wayfinding by Renovating/Adding Connecting Corridors and Common Space	Minor Const.	$9,402
6	Hampton	VA	Abate Asbestos Across Medical Center Campus, Phase II	NRM-IM	$6,477
6	Hampton	VA	Campus Comprehensive Hurricane Study	NRM-IM	$5,757
6	Hampton	VA	Campus Historical Preservation - Building 27	NRM-Sus	$15,813
6	Hampton	VA	Renovate Portions of Buildings 110 and 110B	NRM-Sus	$8,837
6	Hampton	VA	Construct Walkway Connection to Building 113	NRM-Sus	$8,329
6	Hampton	VA	Campus Historical Preservation - Building 48	NRM-Sus	$6,696
6	Hampton	VA	Campus Historical Preservation - Building 43	NRM-Sus	$6,401
6	Hampton	VA	Renovate Building 110 Second Floor	NRM-Sus	$6,395
6	Hampton	VA	Campus Historical Preservation - Building 66	NRM-Sus	$6,391
6	Richmond	VA	Parking Lot PV Enhancement	NRM-IM	$5,500
6	Richmond	VA	Improve Safety and Access Spinal Cord Injury Primary Care Center	Minor Const.	$15,998
6	Richmond	VA	Expand Cancer Center Access	Minor Const.	$15,993
6	Richmond	VA	Increase Parking Access and Safety	Minor Const.	$15,990
6	Richmond	VA	Construct Spinal Cord Injury Long Term Care Center	Minor Const.	$15,988
6	Richmond	VA	Improve Access to Primary Care	Minor Const.	$15,985
6	Richmond	VA	Expand Access to Primary Care and Mental Health	Minor Const.	$15,971
6	Richmond	VA	Construct Community Outreach Center	Minor Const.	$15,966
6	Richmond	VA	Expand Women's Health/Primary Care Center	Minor Const.	$15,966
6	Richmond	VA	Construct Community Center for Research, Education and Innovation	Minor Const.	$15,940
6	Richmond	VA	Construct Specialty Care Addition	Minor Const.	$15,849
6	Richmond	VA	Construct Private Beds	Minor Const.	$9,990
6	Richmond	VA	Expand and Improve Imaging Access	Minor Const.	$9,990
6	Richmond	VA	Construct Spinal Cord Injury Care Center	Minor Const.	$9,968

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
6	Richmond	VA	Construct Ambulatory Care Building	Minor Const.	$9,950
6	Richmond	VA	Enhance Community Living Center/Hospice	Minor Const.	$9,860
6	Richmond	VA	Enhance Research Efficiency	Minor Const.	$9,782
6	Richmond	VA	Enhance Cardiovascular Center	Minor Const.	$9,720
6	Richmond	VA	Construct Support Space	Minor Const.	$9,020
6	Richmond	VA	Construct Access Support Space	Minor Const.	$8,525
6	Richmond	VA	Build Administrative/Clinical Building	Minor Const.	$8,250
6	Richmond	VA	Increase Rehabilitation Access	Minor Lease	$1,150
6	Richmond	VA	Renovate 1N	NRM-IM	$6,600
6	Richmond	VA	Expand Support Services Space	NRM-Sus	$9,450
6	Richmond	VA	Renovate for Ambulatory Specialty Care Center	NRM-Sus	$9,350
6	Richmond	VA	Renovate 5th Floor	NRM-Sus	$8,800
6	Richmond	VA	Renovate 2nd Floor Clinics	NRM-Sus	$6,820
6	Richmond	VA	Renovate Spinal Cord Injury for Privacy Phase II	NRM-Sus	$6,820
6	Richmond	VA	Upgrade Primary Switchgear	NRM-Sus	$5,800
6	Richmond	VA	Renovate Community Living Center, Building 500, 1st floor	NRM-Sus	$5,600
6	Salem	VA	Construct Domiciliary for RRTP	Major Const.	$24,564
6	Salem	VA	Construct Parking Garage	Minor Const.	$15,908
6	Salem	VA	Renovate and Expand Palliative Care	Minor Const.	$15,366
6	Salem	VA	Renovate Community Living Center	Minor Const.	$11,518
6	Salem	VA	Expand and Relocate Prosthetics	Minor Const.	$6,975
6	Salem	VA	Expand/Renovate Women's Health Clinic	Minor Const.	$5,306
6	Salem	VA	Construct Secure Records Storage Facility	Minor Const.	$4,125
6	Salem	VA	Staunton CBOC	Minor Lease	$490
6	Salem	VA	Replace Primary Transformers	NRM-IM	$10,791
6	Salem	VA	Repair Administration Building	NRM-IM	$7,297
6	Salem	VA	Restore Paving and Access Routes Phase I	NRM-IM	$6,610
6	Salem	VA	Correct Electrical Study Deficiencies Phase II	NRM-IM	$6,558
6	Salem	VA	Abate Environmental Hazards Phase I	NRM-IM	$5,187
6	Salem	VA	Replace Building Automation System	NRM-IM	$5,135
6	Salem	VA	Renovate Building 10	NRM-Sus	$14,541
6	Salem	VA	Renovate for Specialty Care	NRM-Sus	$11,265
6	Salem	VA	Refurbish Floors Halls and Walls Phase II	NRM-Sus	$9,717
6	Salem	VA	Repair Architectural Elements	NRM-Sus	$8,263
6	Salem	VA	Expand/Renovate Radiology and Nuclear Medicine	NRM-Sus	$7,273
1	White River Junction	VT	Construct Solar Panel Arrays and Electrical Infrastructure, Campus	NRM-IM	$5,500
1	White River Junction	VT	Construct Pandemic Ready Hospital	Major Const.	$55,000
1	White River Junction	VT	Construct Expandable Parking Deck, Campus	Minor Const.	$11,330
1	White River Junction	VT	Littleton NH CBOC	Minor Lease	$1,117
1	White River Junction	VT	Brattleboro CBOC	Minor Lease	$708
1	White River Junction	VT	Rutland CBOC	Minor Lease	$702
1	White River Junction	VT	Bennington CBOC	Minor Lease	$560

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
1	White River Junction	VT	Newport CBOC	Minor Lease	$338
1	White River Junction	VT	Construct Veterans Health and Wellness Center, Campus	NRM-IM	$18,700
1	White River Junction	VT	Repair and Replace HVAC System, Administration Building 28	NRM-IM	$7,601
1	White River Junction	VT	Renovate to PACT Model, Outpatient Service Building 39	NRM-Sus	$11,330
1	White River Junction	VT	Repair and Replace HVAC and Energy Efficiency Upgrades, Historical Business Office Building 4	NRM-Sus	$10,890
1	White River Junction	VT	Replace Main Hospital Electrical Switchgear, Campus	NRM-Sus	$7,898
1	White River Junction	VT	Renovate Research Lab Deficiencies, Research/Education Building 44	NRM-Sus	$7,799
1	White River Junction	VT	Demolish T-61, T-62, T-63 Buildings and Construct Replacement Office Building 69	NRM-Sus	$5,150
NCA	Tahoma	WA	Gravesite Expansion and Cemetery Improvements	Major Const.	$30,000
NCA	Tahoma	WA	Replace Irrigation Main Line	Minor Const.	$1,000
VBA	Seattle	WA	Seattle Regional Office	Major Lease	$4,000
VBA	Seattle	WA	Seattle Regional Office Storage and Parking	Minor Lease	$87
VBA	Seattle	WA	Seattle Regional Office 4	Minor Lease	$85
VBA	Seattle	WA	Bremerton VR and E Office	Minor Lease	$82
VBA	Seattle	WA	Mt. Vernon VR and E Office	Minor Lease	$44
20	Seattle	WA	Construct Medical Device Innovation Institute	Major Const.	$340,450
20	Seattle	WA	Construct Outpatient Services Building	Minor Const.	$16,500
20	Seattle	WA	Build Parking Structure	Minor Const.	$14,500
20	Seattle	WA	Construct Atrium for Building 100	Minor Const.	$6,000
20	Seattle	WA	Modernize Energy Plant	NRM-IM	$16,400
20	Seattle	WA	Replace Sewer Infrastructure	NRM-IM	$5,600
20	Seattle	WA	Refurbish Building 100 Elevator (P1-P4)	NRM-IM	$5,000
20	Seattle	WA	Renovate OR Suites in Bldg 100	NRM-Sus	$16,800
20	Seattle	WA	Renovate Bldg 100 4W to a Pandemic Response Wing	NRM-Sus	$11,000
20	Spokane	WA	Replace Dental Building	Minor Const.	$15,950
20	Spokane	WA	Construct Rehab Medicine, Prosthetics, Data Center Addition	Minor Const.	$15,620
20	Spokane	WA	Renovate and Expand Urgent Care Clinic Building 1	Minor Const.	$15,335
20	Spokane	WA	Replace Windows Building 1	NRM-IM	$6,779
20	Walla Walla	WA	Bypass and Repair Steam Heat	NRM-IM	$5,500
20	Walla Walla	WA	Renovate Bldg 31 and 41 for Warehouse Space	NRM-Sus	$5,500
VBA	Milwaukee	WI	Construct Parking Structure	Minor Const.	$9,800
VBA	Milwaukee	WI	Renovate and Realign Regional Office	Minor Const.	$7,000
VBA	Milwaukee	WI	Eau Claire VR and E Office	Minor Lease	$52
VBA	Milwaukee	WI	Green Bay VR and E Office	Minor Lease	$7
12	Madison	WI	Expand Outpatient Clinics and Consolidate Administration	Minor Const.	$16,000
12	Madison	WI	Expand ED/Admissions	Minor Const.	$13,900
12	Madison	WI	Expand and Renovate Building 12	Minor Const.	$12,200
12	Madison	WI	Beaver Dam CBOC	Minor Lease	$2,570
12	Madison	WI	Psycho-Social Recovery Program	Minor Lease	$1,445
12	Madison	WI	Freeport CBOC	Minor Lease	$924
12	Madison	WI	MHICM Waupaca	Minor Lease	$423
12	Madison	WI	Add Emergency Generator Systems	NRM-Sus	$8,000

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
12	Madison	WI	Renovate Outpatient Clinics	NRM-Sus	$7,600
12	Madison	WI	Renovate 4A for Specialty Care	NRM-Sus	$5,100
12	Milwaukee	WI	Expand 70 Primary Care BDS and BCS, Phase 1	Minor Const.	$17,335
12	Milwaukee	WI	Expand 111 OR Department 2AS, Phase 1	Minor Const.	$12,240
12	Milwaukee	WI	Construct Community Living Center, Phase 2	Minor Const.	$12,126
12	Milwaukee	WI	Demolish Quonset Huts and Construct a Storage Facility	Minor Const.	$2,070
12	Milwaukee	WI	Construct ED Ambulance Bay	Minor Const.	$1,909
12	Milwaukee	WI	Cleveland CBOC	Minor Lease	$2,531
12	Milwaukee	WI	Construct Chiller Plant	NRM-IM	$19,159
12	Milwaukee	WI	Renovate 111 OR Department 2AN Phase 2	NRM-Sus	$13,845
12	Milwaukee	WI	Renovate 70 Research Consolidation 1E	NRM-Sus	$9,368
12	Milwaukee	WI	Renovate 43 Outpatient Mental Health Phase 3	NRM-Sus	$9,250
12	Milwaukee	WI	Renovate 70 Multipurpose D3N	NRM-Sus	$8,700
12	Tomah	WI	Expand and Consolidate Pharmacy - Building 406	Minor Const.	$9,776
12	Tomah	WI	Expand Community Living Center and Renovate for Privacy, Building 402 Second Floor	Minor Const.	$8,690
12	Tomah	WI	Expand Inpatient Mental Health Building 403	Minor Const.	$5,751
12	Tomah	WI	Expand and Renovate Community Living Center, Building 402 Third Floor	Minor Const.	$5,218
12	Tomah	WI	Install Elevator and Stairwell - Building 23	Minor Const.	$3,850
12	Tomah	WI	Construct Material Shed	Minor Const.	$935
12	Tomah	WI	Clark County CBOC	Minor Lease	$280
12	Tomah	WI	Construct Emergency Power Generation Plant	NRM-IM	$7,700
12	Tomah	WI	Replace Air Handling Equipment/Upgrade Electrical, B 408	NRM-IM	$7,050
12	Tomah	WI	Replace Air Handling Equipment/Upgrade Electrical, B 407	NRM-IM	$5,500
12	Tomah	WI	Renovate Specialty Care Building 400	NRM-Sus	$5,500
OIT	Martinsburg	WV	Security Upgrades	Minor Const.	$1,323
VBA	Huntington	WV	Renovate Regional Office	Minor Const.	$7,000
VBA	Huntington	WV	Huntington Regional Office 1	Minor Lease	$677
5	Beckley	WV	Construct Windmills	NRM-IM	$9,500
5	Beckley	WV	Construct Outpatient Mental Health and RRTP	Minor Const.	$16,470
5	Beckley	WV	Correct Access Control Issues for Physical Security	NRM-IM	$6,600
5	Beckley	WV	Remodel Hall and Walls Building 1	NRM-Sus	$8,800
5	Beckley	WV	Renovate Specialty Clinics on 2nd Floor	NRM-Sus	$8,251
5	Beckley	WV	Renovate for Ancillary Diagnostic	NRM-Sus	$6,608
5	Clarksburg	WV	Construct Third Floor Addition to Expand the OR Suite	Minor Const.	$8,250
5	Clarksburg	WV	Demolish Fiscal Trailer and Construct a Multi-Use Building	Minor Const.	$6,050
5	Clarksburg	WV	Electrical Upgrades Phase 1	NRM-Sus	$8,000
5	Huntington	WV	Construct Clinical Addition Phase 2	Minor Const.	$16,300
5	Huntington	WV	Replace Site Water Lines	NRM-IM	$8,250
5	Huntington	WV	Improve Seismic Conditions	NRM-IM	$7,975
5	Huntington	WV	Renovate Ground Floor 1 South	NRM-Sus	$5,500
5	Huntington	WV	Out Lease with Affiliate School (Marshall University)	Other	$11
5	Martinsburg	WV	Construct Domiciliary Building	Major Const.	$3,600
5	Martinsburg	WV	Construct Two 12-Bed Community Living Center Residences (East Wing)	Minor Const.	$15,867
5	Martinsburg	WV	Expand Ft. Detrick CBOC	Minor Const.	$15,708
5	Martinsburg	WV	Construct Two 12-Bed Community Living Center Residences (West Wing)	Minor Const.	$15,608

VISN/ Admin	Station/ Cemetery	ST	Potential Future/Outyear Projects Project Name – Short Description	Project Type	Total Estimated Costs (000s)
5	Martinsburg	WV	Renovate/Expand Vacated Eye Clinic for Primary Care and add New Air Handling Unit 17A	Minor Const.	$14,520
5	Martinsburg	WV	Construct Eye Clinic	Minor Const.	$14,438
5	Martinsburg	WV	Construct Consolidated Support Building	Minor Const.	$14,350
5	Martinsburg	WV	Renovate/Expand Domiciliary Pod D	Minor Const.	$13,460
5	Martinsburg	WV	Construct Ambulatory Mental Health Building	Minor Const.	$13,345
5	Martinsburg	WV	Construct 47-Bed Domiciliary Pod	Minor Const.	$13,300
5	Martinsburg	WV	Construct Domiciliary Support Bldg, Renovate Vacated Space for Admin, Demolish Vacant Bldg	Minor Const.	$11,680
5	Martinsburg	WV	Construct Parking Garage	Minor Const.	$9,500
5	Martinsburg	WV	Construct Dementia Building Addition, Bldg 513	Minor Const.	$7,996
5	Martinsburg	WV	Construct Surgical Specialty Care Addition	Minor Const.	$7,993
5	Martinsburg	WV	Construct Drive Through Pharmacy	Minor Const.	$6,620
5	Martinsburg	WV	Construct Addition to Community Living Center, East Wing	Minor Const.	$6,092
5	Martinsburg	WV	Construct Sim Lab	Minor Const.	$5,222
5	Martinsburg	WV	Demolish and Replace Baker House, Building 21	Minor Const.	$3,236
5	Martinsburg	WV	Construct Isolation Suite for Emergency Department	Minor Const.	$1,122
5	Martinsburg	WV	Cumberland CBOC	Minor Lease	$2,125
5	Martinsburg	WV	Petersburg CBOC	Minor Lease	$400
5	Martinsburg	WV	Franklin CBOC	Minor Lease	$145
5	Martinsburg	WV	Upgrade Potable Cold Water Distribution System for Prevention of Legionella, Phase 2	NRM-IM	$6,732
5	Martinsburg	WV	Correct Campus Physical Security Deficiencies, phase 2	NRM-IM	$6,140
5	Martinsburg	WV	Replace/Upgrade HVAC Mixing Boxes/ Controls, Bldg 500	NRM-IM	$5,750
5	Martinsburg	WV	Renovate/Expand Rehab Medicine	NRM-Sus	$9,820
5	Martinsburg	WV	Renovate Acute Inpatient Psychiatric Unit on 4A	NRM-Sus	$8,500
5	Martinsburg	WV	Renovate Community Living Center 501B	NRM-Sus	$7,546
5	Martinsburg	WV	Renovate Surgery Suite/OR	NRM-Sus	$6,732
5	Martinsburg	WV	Renovate Unit 3C, Building 500, for Medical Specialties	NRM-Sus	$6,700
5	Martinsburg	WV	Renovate Primary Care Clinics for PACT Compliance, Building 500, First Floor	NRM-Sus	$6,330
19	Cheyenne	WY	Construct Patient Access Parking Relocation	Minor Const.	$17,920
19	Cheyenne	WY	Construct Specialty Clinic Addition PH 1	Minor Const.	$17,600
19	Cheyenne	WY	Construct Specialty Clinic Addition PH 2	Minor Const.	$17,600
19	Cheyenne	WY	Expand Laboratory and Specialty Clinic	Minor Const.	$7,590
19	Cheyenne	WY	Relocate and Expand Chemo/Infusion Clinic	Minor Const.	$7,040
19	Cheyenne	WY	Reconfigure and Replace Douglas Fir Mech. Systems	NRM-IM	$5,720
19	Cheyenne	WY	Renovate Community Living Center for Rehab and Admin	NRM-Sus	$7,150
19	Cheyenne	WY	Implement PACT in Primary Care	NRM-Sus	$6,490
19	Cheyenne	WY	Relocate Endoscopy and ICU	NRM-Sus	$5,170
19	Sheridan	WY	Expand/Renovate Community Living Center	Minor Const.	$14,975
19	Sheridan	WY	Expand and Renovate Pharmacy	Minor Const.	$9,422

Stakeholder Involvement

One of the strengths of the VA capital investment planning process is that it encourages continual improvement and refinement in response to client and customer needs. VA has engaged and continues to engage stakeholders in the SCIP process as it evolves. External stakeholders, including the Veterans Service Organizations, Congressional staff and Government Accountability Office are provided visibility on the processes used to prioritize projects. Engaging stakeholders allows for transparency and provides valuable input that is continually monitored and annually incorporated into the SCIP process to address changing needs and priorities. Continual dialog with clients and customers maximizes stakeholder involvement while allowing the SCIP process to drive VA's current and future year capital budget submissions.

Energy, Environment and Fleet Program

A series of laws and executive orders since the 1990s accelerated the need to coordinate energy, vehicle fleet, environmental and sustainable buildings policies and programs at the Department level. VA integrated these areas under the Energy, Environment and Fleet Program (EEF) Service within the Office of Management in 2006. This integration has proven essential in helping VA optimize and prioritize investments and other activities designed to reduce utility costs, reduce fuel consumption and provide cleaner, healthier environments for Veterans, visitors and staff, as well as meet requirements of laws, executive orders and presidential memoranda. In 2021, EEF provided interim guidance on the recently enacted Energy Act of 2020, continued to focus on pursuing energy savings performance contracts and utility energy service contracts, which leverage private sector financing to achieve facility improvements at little to no upfront cost to the agency and responded to Administration priorities on climate and sustainability.

In 2021, VA EEF accomplishments included the following:

- In response to Executive Order 14008, Tackling the Climate Crisis at Home and Abroad, chaired VA's senior-level Climate Change Task Force to develop and implement VA's 2021 Climate Action Plan for assessing and mitigating operational risks due to climate change. This plan was made public in October 2021 as part of a White House-coordinated release of agency plans.
- Saved over $11.4 million in electricity and natural gas costs through commodities contracts put in place.
- Through energy savings performance contracts and utility energy service contracts, awarded $203.7 million in energy and water efficiency projects to install improvements at 16 facilities. Leveraged capital dollars with performance contracts on 19 contract actions to maximize VA savings and infrastructure improvements, including the award of work related to boilers, chillers, cooling towers, roof replacement, heating, ventilation and air conditioning systems, lighting work and other improvements.
- Supported numerous ongoing energy projects by providing construction management and commissioning oversight.
- Improved VA's vehicle fleet data with the completion of a physical inventory review of all VA-owned vehicles and began consolidating those vehicles, where appropriate, to leases with GSA. These actions are consistent with recommendations from OMB and GSA to achieve a more efficient and effectively managed fleet.

By the end of September 2021, VA had awarded a cumulative $1.1 billion in needed infrastructure upgrades at 88 VA campuses using private sector investment to implement energy savings performance contracts and utility energy service contracts. Once installed, these improvements are expected to translate into $1.66 billion of taxpayer savings over the life of the contracts, or $60 million in annual facility energy and water costs each year. VA cumulative savings through competitive utilities purchasing has reached $266 million. VA has reduced energy consumption intensity by 27.6% since 2003 and has decreased water consumption intensity by 36.1% since 2007.

The current pipeline of energy savings performance contract and utility energy services contracts represents $188 million in needed energy and water equipment and system upgrades. Renewable energy, decarbonization and energy and water efficiency projects, along with other energy-related projects, compete for appropriated funding through the SCIP process. VA also plans to complete facility retro-commissioning in 25% of VA facilities and conduct energy and water assessments in 25% of VA facilities.

Through the coordination of Department-wide sustainability policy and capital planning, VA's Office of Asset Enterprise Management (OAEM) is leading VA's efforts to meet the goals and ambitions of Executive Order 14057, Catalyzing Clean Energy Industries and Jobs Through Federal Sustainability. As part of these efforts, OAEM is supporting implementation of a Department-wide management and governance framework to enable clear VA alignment on a pathway to carbon pollution-free electricity, net zero-emission buildings and improving the resiliency and efficiency of its facilities and operations.

OAEM also leads VA's efforts in support of the Administration's goal of transitioning to a zero-emission Federal fleet. EEF chairs an Electric Vehicle (EV) Working Group consisting of subject matter experts across the Department to continue development of execution plans and optimize solutions, including long-term EV planning and collaboration with the GSA and Department of Energy (DOE) on near-term opportunities. In 2022, VA is focusing on conducting comprehensive feasibility studies at 135 VA Medical Centers and installing solar charging units at select facilities well-suited for solar. These activities are expected to well-position VA to more rapidly install charging infrastructure and acquire zero-emission vehicles in 2023 and beyond.

VA/DoD Collaborative Projects

Congress and the Executive Branch have advocated efforts to improve collaboration and health resource sharing between VA and the Department of Defense (DoD). These initiatives were made to improve the quality, accessibility and cost-effectiveness of health care delivery for Veterans, Service Members and their beneficiaries. The Administration has expressed strong support for improving the existing collaboration between VA and DoD. Ongoing efforts between the two Departments will improve the provision of services for the men and women who serve and have served our country and also benefit taxpayers.

The VA/DoD Joint Executive Committee (JEC) recommends to the Secretaries of the Departments a strategic direction for joint coordination and sharing of resources. The JEC established the VA/DoD Construction Planning Committee (CPC) to provide a formalized structure to facilitate cooperation and collaboration in achieving an integrated approach to real property related

initiatives for shared medical facilities that are mutually beneficial to both Departments. The work group name has changed to the Capital Asset Planning Committee (CAPC). The CAPC goal is to ensure that collaborative opportunities for joint capital asset planning are fully explored, evaluated and maximized to enhance service delivery. The CAPC coordinated efforts of VA, DoD stakeholders and legal counsel to develop agreement on language for proposals to reform legislation that impedes the effective collaboration between the Departments.

OAEM led VA's efforts to secure legislation that the Department sought for several years to improve collaboration with the DoD for the benefit of Veterans, Service Members and Taxpayers. Section 714 of the 2022 National Defense Authorization Act (NDAA) amended Title 38 and Title 10 to allow the transfer and acceptance of funds between the Departments for the planning, design and construction of shared medical facilities. The legislation complements the efforts of the AIR Commission market assessments as it expands the tools for greater VA and DoD capital investment and service collaboration.

DoD CAPC members participate in VA's SCIP evaluation process and assist in identifying possible locations that would support increased collaboration. Through the SCIP process, capital projects submitting a BC are required to provide an assessment of potential DoD collaborative opportunities. The BC is used to score and rank SCIP projects that will be considered for funding in the budget or a future year's capital plan. DoD collaboration is one of the national criteria elements VA uses to evaluate, score and rank its capital projects.

In addition, DoD's Capital Investment Decision Making (CIDM) process includes key evaluation criteria rankings that denote those projects that entail VA/DoD collaboration efforts. The outcome of adding greater insight to each Department's capital asset planning has resulted in each Department sharing capital construction priorities with the expressed goal of fostering a more effective use of federal funds.

The NDAA provides VA and DoD the affirmative authorities to transfer funds for the purpose of planning and constructing shared medical facilities. This legislation encourages greater collaboration and enables the identification and development of joint patient care collaboration opportunities using the major construction or minor construction programs that would be beneficial to Veterans, Service Members and taxpayers. VA and DoD CAPC staffs continue to facilitate the identification of additional opportunities for potential shared facilities. The CAPC staff also exchange their capital investment plans — VA shares its SCIP Plan proposals and DoD shares its CIDM Program proposals. The CAPC works to ensure that any potential joint opportunities are pursued for maximum consideration. Additionally, the CAPC assesses opportunities in current co-located sites for further collaboration.

VA and DoD are currently developing more robust, data-driven assessments of collaboration opportunities for collocated or shared facilities. CAPC members are currently working together to integrate and utilize information when made available from VA market assessments and DoD Visioning to identify possible opportunities.

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Chapter 6.3
Veterans Health Administration

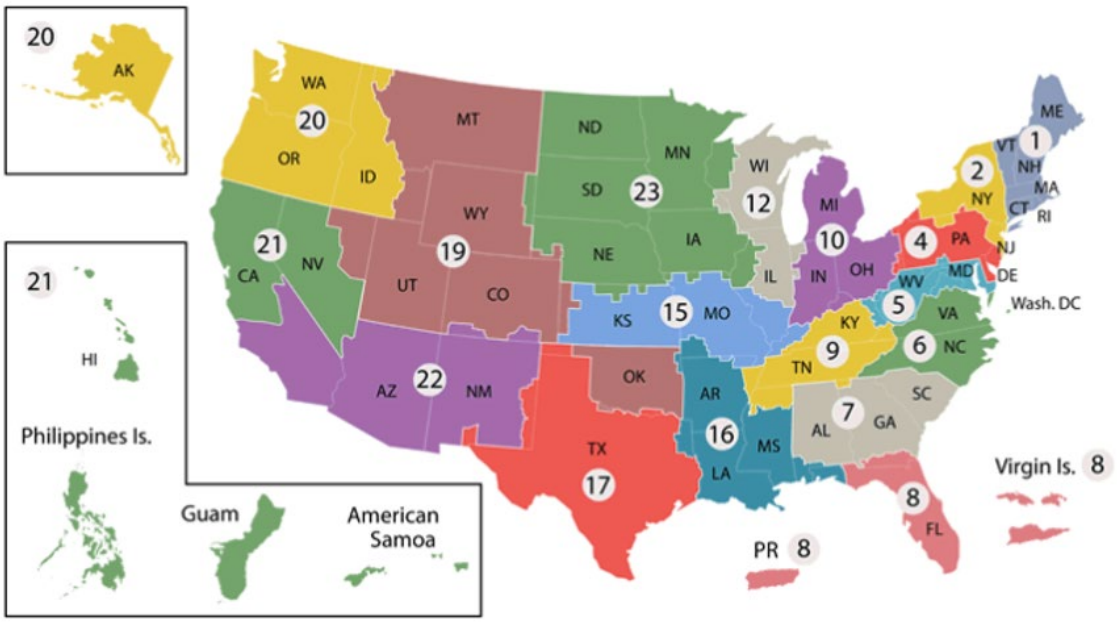
Introduction

The Veterans Health Administration (VHA) delivers care in more than 5,646 buildings and 1,722 leased medical and support facilities across the country. Many VHA medical centers are located on large, campus-style settings and are in excess of 50 years old. At least one third of these buildings are historically significant.

VHA is comprised of 171 VA Medical Centers that provide a multitude of services, including inpatient beds, community living centers, rehabilitation services and outpatient services. Ambulatory care is provided in 1,067 clinics, of which 702 are community-based outpatient clinics (CBOCs) or higher complexity of care.

VHA facilities are organized into the 18 Veteran Integrated Service Networks (VISNs) shown below:

Figure 3-1: VHA VISN Map



Asset Infrastructure Review Commission

VA MISSION Act of 2018 (Public Law 115-182), Title II, section 202 established the independent commission to be known as the "Asset and Infrastructure Review Commission" (the Commission). The Commission will review VA's recommendations to modernize or realign VHA facilities, including leased facilities. The Commission shall meet only during calendar years 2022 and 2023 and those meetings shall be open to the public. The Commission will conduct public hearings and provide a report to the President on the VA's plan along with any additional recommendations from the Commission. The members of the commission will be appointed by the President with the consent of the Senate. Support staff will be required to conduct in-depth field hearings to receive input from Veterans, Veterans Service Organizations, local VA providers, local government and the public. The SCIP 2023 process did not make any adjustments as a result of the on-going Asset and Infrastructure Review (AIR) Commission process, directed by the MISSION Act. The implementation of any changes to VA's health care infrastructure as a result of AIR may be several years away would depend on AIR Commission, Presidential and Congressional decisions. VA looks forward to collaborating with the AIR Commission as it assesses the Department's recommendations and transmits its own report to the President.

Action Plan Strategy

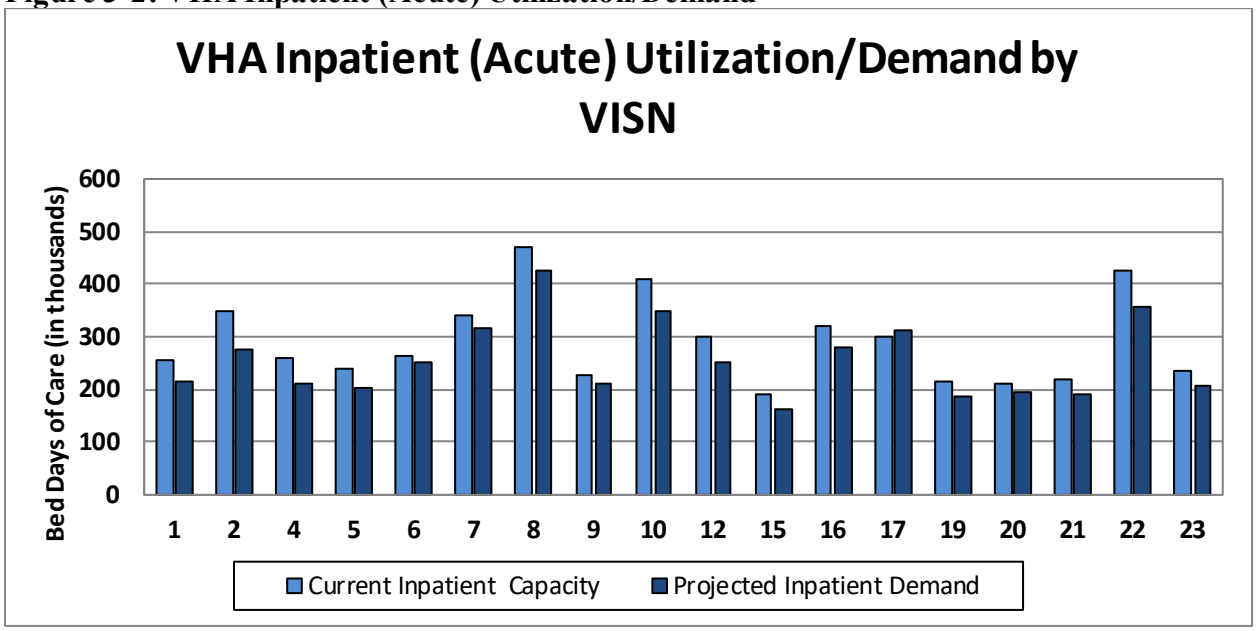
VHA's Action Plan strategy addresses the access, utilization, space, condition, and energy gaps currently identified in the Strategic Capital Investment Planning (SCIP) process. A combination of capital and non-capital solutions, such as telehealth, purchased care, and extended hours of operations, are utilized to close currently identified gaps. The access gap is closed by projects that provide additional points of care, typically as CBOCs. The utilization gap is closed by adding or repurposing space to accommodate each required service. The space gap is met by building additional space or by disposing of or demolishing excess space. Condition gaps are closed by projects that address deficiencies in buildings. Each VISNs Action Plan also addresses energy gaps through medical facilities projects which will increase water and energy efficiency and meet VA's goals in those areas.

VHA Gaps

Utilization Gap: The utilization gap is calculated for inpatient and outpatient care. Inpatient utilization is calculated using Bed Days of Care (BDOC), defined as the number of occupied beds multiplied by the number of days occupied. For example, 30 beds occupied for 30 days equals 900 BDOC. Outpatient utilization is calculated using Clinic stops, defined by the number of unique encounters that are tracked for outpatient services. The VA target is to close 95% of all VHA utilization gaps and the graphs below show utilization in BDOC. This is a VA goal that is expected to be addressed for each gap, as result of implementing the action plan.

Inpatient Utilization – Figure 3-2 (below) shows each VISN's current (base year 2018) inpatient utilization and the projected demand for inpatient care in 2028.

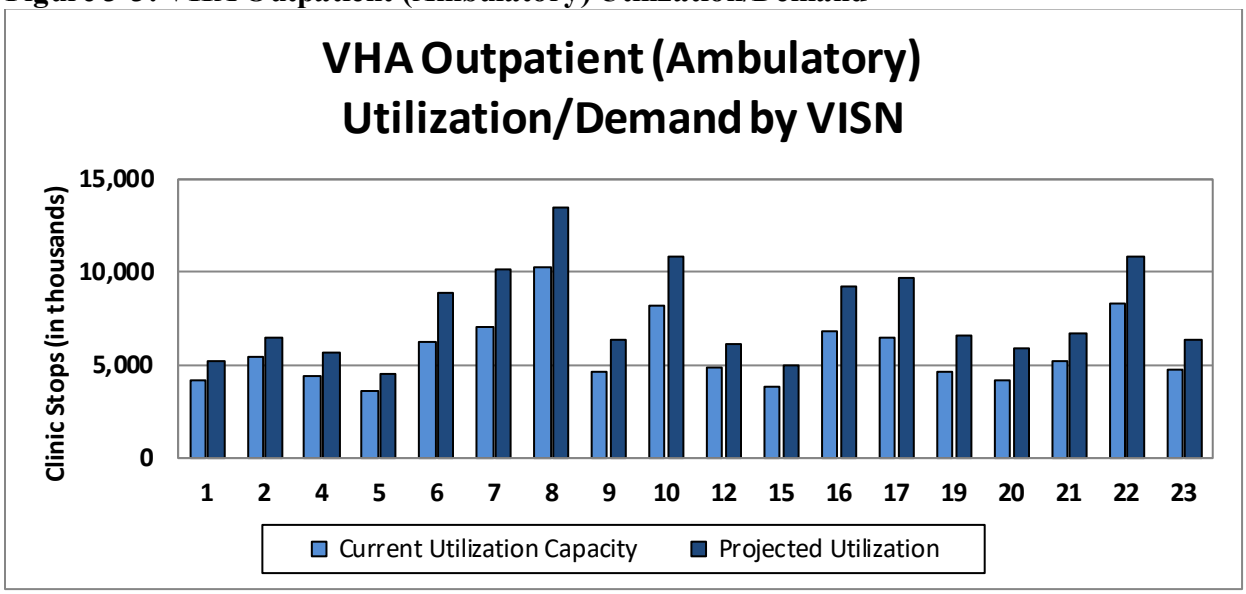
Figure 3-2: VHA Inpatient (Acute) Utilization/Demand



In accordance with national health care trends, VA is projected to see a general decrease in the demand for inpatient care over the next ten years. Most VISNs are projected to see an increase in demand for at least a few types of inpatient care, such as mental health and specialty services.

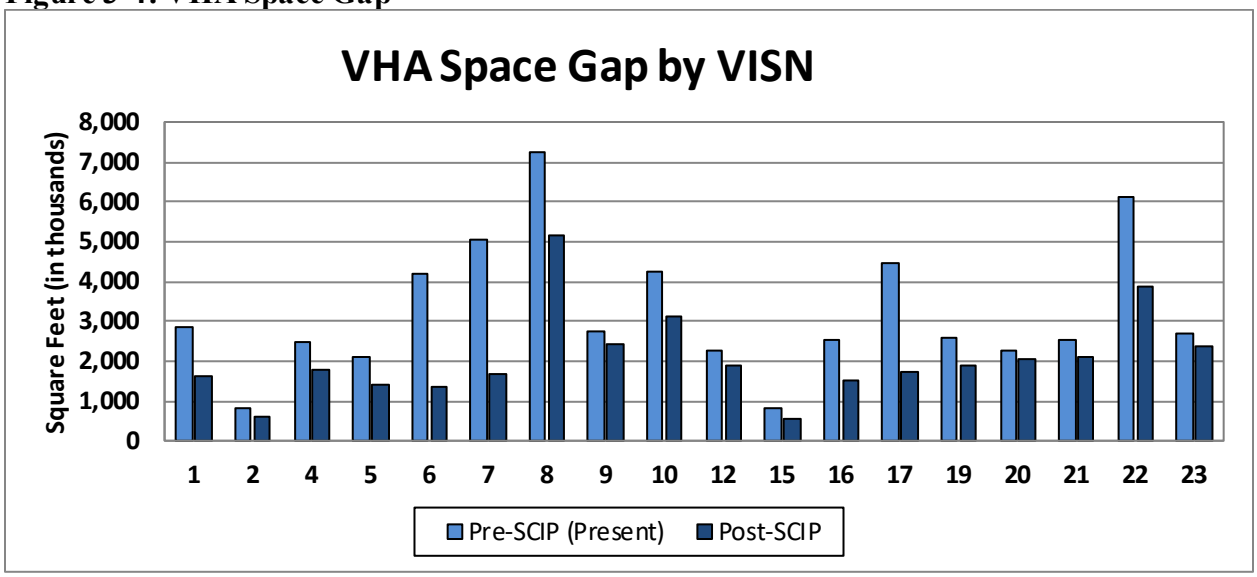
Outpatient Utilization – Figure 3-3 (below) shows each VISN's current (base year 2018) outpatient capacity and the projected demand for outpatient capacity in 2028. In accordance with national health care trends, the chart illustrates the expected increase in demand for outpatient services over the next 10 years. In order to meet expected demand, all VISNs must increase their capacity to provide outpatient services.

Figure 3-3: VHA Outpatient (Ambulatory) Utilization/Demand



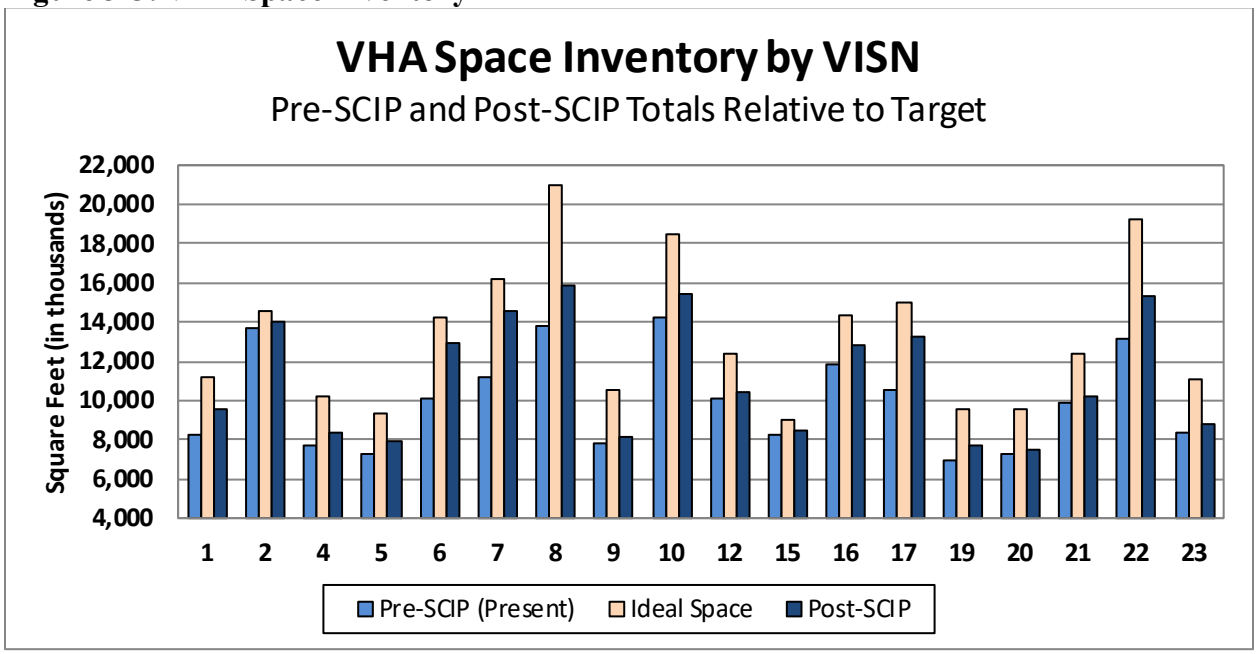
Space Gap: Defined as the difference between current inventory, plus in-process projects minus funded disposals, compared to projected long-range planning needs. Space gaps can be both positive and negative. Negative numbers indicate excess space, positive numbers indicate the need for additional space. Figure 3-4 on the next page illustrates the correction of space gaps that would occur following implementation of all projects identified by the SCIP process. Figure 3-5 on the next page illustrates the space inventory in each VISN based on square footage available pre and post-SCIP.

Figure 3-4: VHA Space Gap *



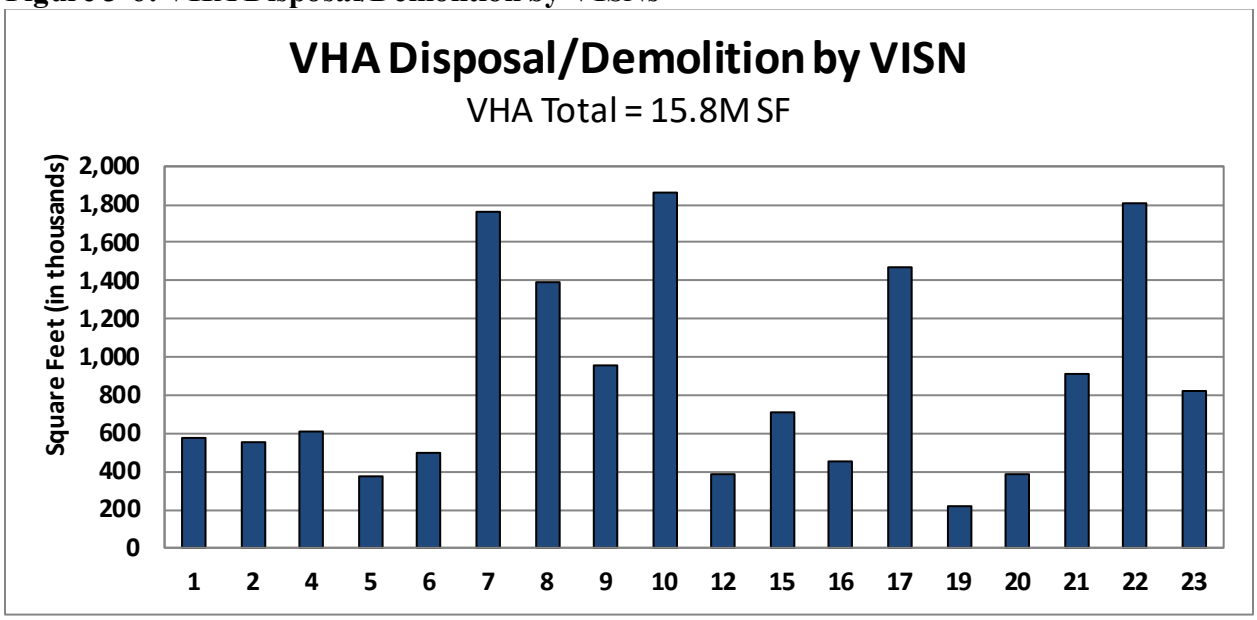
*Per SCIP guidance, out-year projects should not be developed solely to address gap closure goals if they are not planned for execution, hence not all VISNs plans fully address the 95% space gap resolution target.

Figure 3-5: VHA Space Inventory



Disposal Goals: The ability to efficiently use space and remove obsolete space through outlease, demolition and disposal is critical to the capital planning process. VISN action plans incorporate demolition and disposal of space as a means of right-sizing excess inventory. Illustrated below in figure 3-6 is the total reduction in square footage due to disposal or demolition projects. The total disposal and demolition over the ten year planning horizon is 15.8 million square feet.

Figure 3-6: VHA Disposal/Demolition by VISNs



Condition Gap: The condition gap is an estimate of dollars needed to correct currently identified deficiencies in VHA facilities. Deficiencies were identified through on-site facility condition assessments (FCA) and included those facility or infrastructure systems that were rated with either a D or F by the assessments. D and F ratings indicate failing systems or those beyond useful life. Actual project costs may vary from FCA dollars.

Figure 3-7 (on the following page) illustrates the existence of substantial condition deficiencies across all VISNs. VISNs with deficiencies exceeding $1 billion in correction costs are 1, 2, 6, 7, 12, 15, 21 and 22.

Figure 3-7: VHA Condition Gap

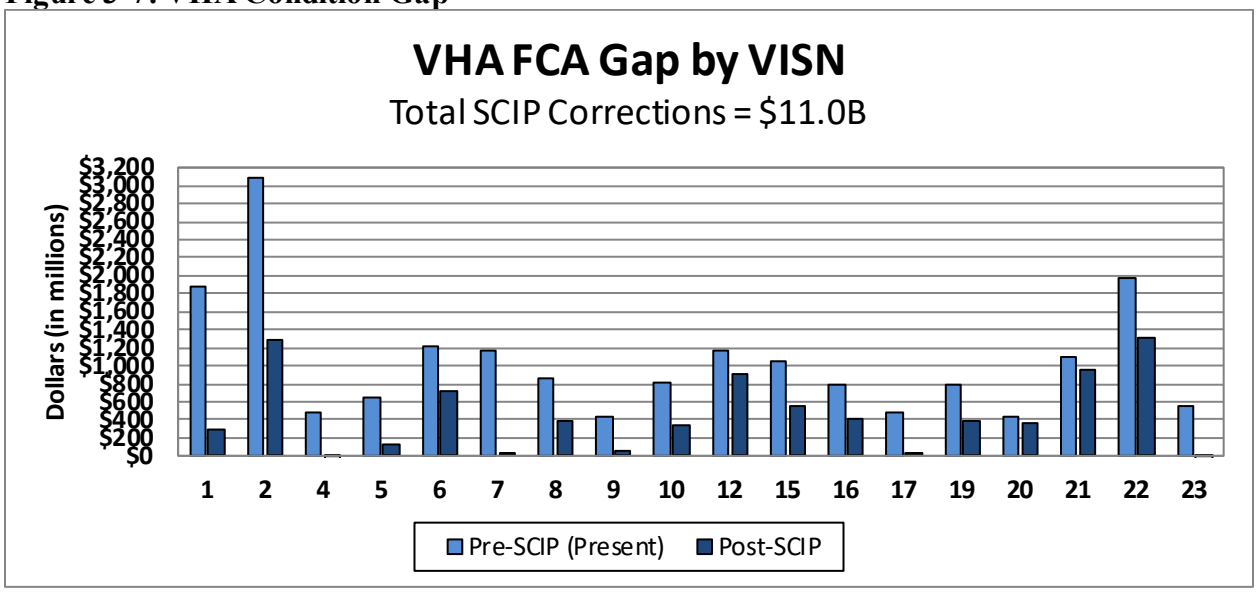
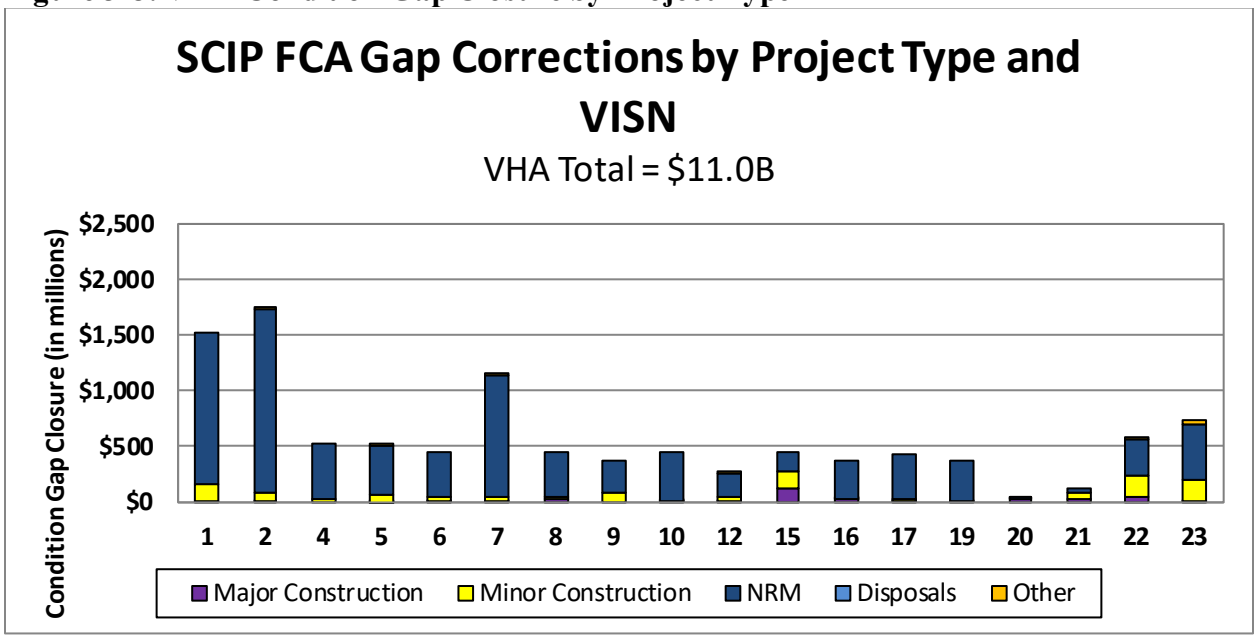


Figure 3-8 (below) illustrates the breakdown of how the long-range plan proposes to correct identified FCA deficiencies by project type and capital investment.

Figure 3-8: VHA Condition Gap Closure by Project Type



Non-Capital Approaches in Action Plan Strategy

Within VHA's action plan strategy, there are opportunities to better address access, energy and space gaps by combining non-capital approaches with capital solutions. Non-capital approaches include the use of tele-medicine, extended hours for the provision of on-site services and care in the community from non-VA sources. Incorporating such non-capital approaches can reduce the total cost of capital solutions that are used to increase access or add space. Three of these approaches are described below.

Tele-medicine technologies allow patients to receive care, diagnostic services or monitoring at home or in other convenient locations, thereby reducing the need for patient travel, reducing the number of exam rooms needed, saving energy costs and better utilizing providers remotely. This approach can also reduce the need to construct, lease or renovate space in pursuit of increased access where demand has increased. However, costs will increase for technological infrastructure, software and training.

Service Hour Extension at outpatient care sites experiencing high utilization or projecting increased demand. In sites where projected increases in demand exceed the capacity of the facility after extended hours have been introduced, expansion may still be required. The application of extended hours can reduce the scope of facility expansion, resulting in capital savings. However, staffing, energy and operating costs will increase when hours of service are extended.

Community Care can be used in lieu of facility construction, renovation/expansion or leasing in certain circumstances to address access needs and space gaps or to reduce the local footprint. This approach is useful where the volume for the particular service is low. In order to purchase medical services in the private sector the VA has to determine that capacity exists for the volume of care needed, that VHA quality of care standards can be met and that electronic health records can be securely exchanged in accordance with all Health Insurance Portability and Accountability Act of 1996 and Privacy Act requirements.

Strategic principles and guidance were utilized to encourage use of capital and non-capital solutions for expanding access and developing a high performing network while being good financial stewards. Solutions considered included expanded use of telehealth, mobile phone apps, evening and weekend clinic hours and same day appointments. However, some capital solutions were required to meet VA's planning priorities, which included projects that:

- Focus resources with an emphasis on modernization of facilities for delivery of VA provided care;
- Improve the timeliness of services and projects that support Suicide Prevention; along with its impact on other foundational services;
- Enhance the Department's ability to provide greater choice for Veterans; and
- Modernize systems by providing needed infrastructure improvements (e.g., life, safety or code upgrades focused).

SCIP Estimated Long Range Magnitude Costs

Each VISN developed and submitted a separate action plan detailing its capital asset investment strategy to address identified gaps. Improving the condition of facilities and meeting increased outpatient demand were the predominate drivers of the VISNs plans, comprising a large portion of the proposed capital projects and associated funding. Of these projects, maintaining and improving the condition of VA's facilities through medical facilities non-recurring maintenance (NRM) projects (1,007) accounted for the largest resource need, followed by minor construction (591), leases (320) and major construction (84). It is important to note that the magnitude estimates are based on a snapshot in time, using current market conditions, baseline capital portfolio, demographic data and projected needs. The costs provided will likely change as projects move through the investment process and as cost estimating and project requirements become more refined. For example, major construction project estimates are fine-tuned from action plan to business case to project prospectus to final design and construction documents. The magnitude estimates include activation (startup) costs but do not include life cycle costs.

The cost to fully implement the Action Plan and correct all currently identified gaps for VHA is estimated to be between $69 and $85 billion, including non-recurring and recurring activation costs. Table 3-1 on the following page provides a cost summary for all projects by type.

Table 3-1: VHA Capital Investment Projects by Type

Project Type	# of 2023 Projects	2023 TEC ($000)	# of Future Year Projects	Future Year TEC ($000)[1]
Major construction	0	$0	84	$20,662,699
Leases	138	$401,575	182	$1,022,482
Minor construction	54	$728,323	537	$6,324,469
NRM (includes GMP-Green projects)	89	$847,525	918	$7,830,237
Other (includes seismic, disposals and sharing projects)	0	$0	62	$630,362
Project Specific Subtotal	**281**	**$1,977,422**	**1,783**	**$36,470,249**
Future year planning (Minors and NRM)[1]	N/A	$0	-	$17,680,043
Below threshold/Emergent needs[2]	TBD	$0	-	$5,713,129
Non-recurring activation costs[3]	-	$617,663	-	$7,899,885
Recurring activation costs[3]	-	$518,360	-	$5,076,438
IT Non-recurring activation costs[3]	-	$69,345	-	$777,851
IT recurring activation costs[3]	-	$23,115	-	$259,284
Total with Activations	**281**	**$3,205,906**	**1,783**	**$73,876,878**

[1]Future planning includes estimates for NRMs and minors for future years, non-major lease, disposal and sharing projects for the ten-year planning horizon.
[2]VHA Action Plans include lump sum, emergent needs and below established threshold of $5 million that will be allocated in execution.
[3]Non-recurring and recurring activation totals are inclusive of the entire cost over a 10 year time frame and are reflected in the first funding year for each project.

The minor construction request for 2023 is comprised of $229.6 million for prior year SCIP approved projects that are awaiting construction funding and enhanced-use lease contributions; $72.8 million for new SCIP 2023 projects; and $41.8 million for contingencies and the Department of State Capital Security Cost Sharing program[1].

VHA Minor construction projects will receive $163.49 million in 2023 funding from the Recurring Expenses Transformational Fund. This is comprised of $83.49 million for prior year SCIP approved projects that are awaiting construction funding and $80 million for the installation of zero-emission vehicle charging infrastructure.

[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 program. Agencies with personnel overseas that occupy space controlled by the Department of State 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.

Table 3-2 (below) provides a list of planned leases and potential future year projects. Total estimated costs in the table below are preliminary planning costs and are subject to change as projects are further refined. The VHA long term planning horizon cost estimate range does not include under-threshold or out-year planning estimates. For planning purposes, VA utilizes an established dollar amount for project specific inclusion in the action plans. For example, the dollar threshold for VHA NRM projects is $5 million. The costs for all below-threshold projects are included in the overall VHA estimate in Table 3-1 (on the previous page) as a lump-sum.

Table 3-2: VHA-Potential Future Year Above-Threshold Projects (Sorted by State, City and Type)

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
1	Bedford	MA	Acquire Community Living Center	Major	$1,106,279
1	Bedford	MA	Construct Community Living Center Community Center	Minor	$8,800
1	Bedford	MA	Convert Building 61 to Community Living Center Phase I	NRM-Sus	$8,800
1	Bedford	MA	Correct Control Systems Deficiencies Campus Wide	NRM-IM	$5,720
1	Bedford	MA	Enhance Mental Health Domiciliary - Ph 2	NRM-Sus	$8,800
1	Bedford	MA	Historical Restoration and Hazardous Materials Remediation - Phase 1	NRM-Sus	$5,500
1	Bedford	MA	Modernization Theater Conversion	NRM-Sus	$4,168
1	Bedford	MA	Program New Enhanced Use Lease	Other	$0
1	Bedford	MA	Renovate and Consolidate Vacant Space for Mental Health	NRM-Sus	$8,800
1	Bedford	MA	Renovate and Correct Deficiencies – Bldg, 82	NRM-Sus	$7,200
1	Bedford	MA	Update Interior Finishes	NRM-Sus	$6,000
1	Bedford	MA	Upgrade Campus Wide Physical Security Ph I	NRM-IM	$6,600
1	Boston (JP)	MA	Construct Central Chiller Plant Phase 3	NRM-IM	$9,900
1	Boston (JP)	MA	Lowell CBOC	Major Lease	$4,000
1	Boston (JP)	MA	Provide Central HVAC Research Space Building 1, Ph 1	NRM-IM	$7,150
1	Boston (JP)	MA	Provide Central HVAC Research Space Building 1, Ph 2	NRM-IM	$7,150
1	Boston (JP)	MA	Replace Decaying Exterior Panels	Major	$143,000
1	Boston (JP)	MA	Seismic and Structural Corrections Building 1	NRM-Sus	$13,200
1	Boston (JP)	MA	Upgrade Electrical Systems Building 1 Ph B	NRM-IM	$5,500
1	Boston (JP)	MA	Upgrade HVAC Systems Phase 4 Building 1	NRM-IM	$7,700
1	Boston (JP)	MA	Upgrade HVAC Systems Phase 5 Building 1	NRM-IM	$8,800
1	Boston (JP)	MA	Upgrade Steam Distribution Campus Wide	NRM-IM	$5,390
1	Boston (WR)	MA	Administrative Office	Minor Lease	$521
1	Boston (WR)	MA	Central Chiller Plant	NRM-IM	$9,850
1	Boston (WR)	MA	Clinical Addition	Major	$315,040
1	Boston (WR)	MA	Emergency Department/Lab Addition	Minor	$13,200
1	Boston (WR)	MA	Replace Steam Piping Ph 1 Bs 1, 2, 3 and 8	NRM-IM	$5,350
1	Boston (WR)	MA	Site Security Installation	NRM-IM	$6,200
1	Boston (WR)	MA	Surgical Service Expansion Phase 2	Minor	$9,350

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
1	Brockton	MA	Addition for Office of Information Technology	Minor	$7,500
1	Brockton	MA	Build Life Safety Stair Towers	NRM-IM	$9,900
1	Brockton	MA	Building 4 Community Living Center Addition	Minor	$9,999
1	Brockton	MA	Convert Former Army Reserve Center Building	Minor	$7,810
1	Brockton	MA	Energy Saving Performance Contract	Other	$0
1	Brockton	MA	Long Term Spinal Cord Injury Center	Major	$157,217
1	Brockton	MA	Replace Building Ventilation Systems, Buildings 2, 3 and 5	NRM-IM	$5,500
1	Brockton	MA	Replace Steam Distribution System	NRM-IM	$5,500
1	Brockton	MA	Upgrade Electrical Systems, Phase 4	NRM-IM	$5,400
1	Brockton	MA	Upgrade Electrical Systems, Phase 5	NRM-IM	$6,000
1	Brockton	MA	Upgrade HVAC Systems Phase 4 Building 3	NRM-IM	$7,500
1	Brockton	MA	Upgrade IT Infrastructure	NRM-IM	$9,350
1	Brockton	MA	Upgrade Patient Privacy Systems and Condition Corrections Building 2	NRM-IM	$6,050
1	Manchester	NH	Combine Portsmouth and Somersworth CBOCs	Minor Lease	$3,755
1	Manchester	NH	Construct Ambulatory Surgical Center	Minor	$15,748
1	Manchester	NH	Construct Community Living Center	Major	$114,088
1	Manchester	NH	Construct Loop Road and Replace Campus Water Distribution, Sanitary, and Storm Water Systems, Phase 2	NRM-IM	$5,000
1	Manchester	NH	Construct Parking Deck	Minor	$11,981
1	Manchester	NH	Provide Seismic Bracing for Building 1	Seismic	$93,495
1	Newington	CT	Construct Multi-Specialty Outpatient Procedure Center	Minor	$9,309
1	Newington	CT	Energy Saving Performance Contract	Other	$0
1	Newington	CT	Relocate Dental Clinic and Expand Pharmacy	NRM-Sus	$11,194
1	Newington	CT	Renovate Mental Health - Building 1	NRM-Sus	$6,805
1	Newington	CT	Renovate Radiology	NRM-IM	$6,107
1	Newington	CT	Replace and Expand Elevator in Building 2E	NRM-Sus	$7,150
1	Newington	CT	Replace and Expand Elevators in Building 1 and 2C	NRM-Sus	$6,050
1	Newington	CT	Replace and Expand Elevators in Buildings 3, 12 and 42	NRM-Sus	$6,050
1	Newington	CT	Replace Building Automation System	NRM-IM	$9,308
1	Northampton	MA	Build Small Homes for Long Term Care Phase 1	Minor	$15,524
1	Northampton	MA	Install HVAC and Repair Roof and Floors, Buildings 6 and 26	NRM-Sus	$7,700
1	Northampton	MA	Modernize Laboratory Area and Provide for Radiology Expansion	NRM-Sus	$7,260
1	Northampton	MA	Renovate Meadow Building for Clinical Care	NRM-Sus	$6,200
1	Providence	RI	Administrative Space at Medical Center Annex (Eagle 1)	Minor Lease	$0
1	Providence	RI	Construct Admin Building to Replace Leases - Phase 2	Minor	$13,296

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
1	Providence	RI	Construct Administration Building to Replace Leases - Phase 1	Minor	$15,758
1	Providence	RI	Construct Primary Care Clinic	Major	$56,546
1	Providence	RI	Expand and Renovate 2A for Interventional Radiology Laboratory	Minor	$9,980
1	Providence	RI	Expand and Renovate Space for New MRI	Minor	$16,550
1	Providence	RI	Expand Building 35 for Research Animal Laboratories	Minor	$15,598
1	Providence	RI	Fiscal and Facilities Space at Medical Center Annex (Eagle 3)	Minor Lease	$460
1	Providence	RI	Improve South Entrance Accessibility for Mobility Impaired Patients	Minor	$13,785
1	Providence	RI	Renovate 5B Medical Surgical Inpatient Nursing Unit	NRM-Sus	$9,626
1	Providence	RI	Repair Access and Finishes Deficiencies at Outbuildings	NRM-IM	$5,000
1	Providence	RI	Replace Deficient Police Services Building	Minor	$14,750
1	Providence	RI	Replace Plumbing and Fixtures in Building 1	NRM-IM	$5,500
1	Providence	RI	Replace Sanitary, Roof Drain, and Water Piping in Building 1	NRM-IM	$6,000
1	Providence	RI	Trailers for Mental Health and Facilities Space	Minor Lease	$0
1	Togus	ME	Construct Community Living Center West Addition	Minor	$5,425
1	Togus	ME	Renovate Gym	NRM-Sus	$5,587
1	Togus	ME	Renovate Police Department	NRM-Sus	$5,300
1	West Haven	CT	Abate Hazardous Materials in Tunnels and Boiler Plant	NRM-Sus	$6,831
1	West Haven	CT	Audiology/ENT/Eye Clinic	Major Lease	$8,931
1	West Haven	CT	Construct Building for Research, Ph 1	Minor	$17,600
1	West Haven	CT	Construct Building for Research, Ph 2	Minor	$16,000
1	West Haven	CT	Construct Inpatient Pharmacy	Minor	$9,918
1	West Haven	CT	Construct Research Facility	Minor	$9,441
1	West Haven	CT	Correct Electrical Deficiencies Building 1	NRM-Sus	$8,195
1	West Haven	CT	Correct Electrical Deficiencies Phase 3	NRM-Sus	$8,910
1	West Haven	CT	Energy Saving Performance Contract	Other	$0
1	West Haven	CT	Expand and Renovate 2nd Floor Building 1	Minor	$14,100
1	West Haven	CT	Expand Building 2 for Specialty Care	Minor	$15,470
1	West Haven	CT	Expand Medical Emergency Department	Minor	$9,823
1	West Haven	CT	Facade Replacement, Building 1 Phase 1	NRM-Sus	$5,500
1	West Haven	CT	Facade Replacement, Building 1 Phase 2	NRM-Sus	$5,500
1	West Haven	CT	Facade Replacement, Building 1 Phase 3	NRM-Sus	$5,500
1	West Haven	CT	Medical Gas System Upgrades, Bldgs 1 and 2	NRM-IM	$5,445
1	West Haven	CT	Relocate Sterile Processing Service	Minor	$17,102
1	West Haven	CT	Renovate Building 1 4th floor for Inpatient	NRM-Sus	$14,718
1	West Haven	CT	Renovate In-Patient Unit -4 West	NRM-Sus	$8,250

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
1	West Haven	CT	Replace and Expand Elevator P5, and P1, P2, P3 and P4	NRM-Sus	$8,500
1	West Haven	CT	Replace and Expand Elevators in Building 2	NRM-IM	$6,325
1	West Haven	CT	Replace BAS - Phase 1	NRM-IM	$7,185
1	West Haven	CT	Replace Roofs Supporting Buildings	NRM-Sus	$5,000
1	West Haven	CT	Replace Sanitary Sewer System	NRM-Sus	$6,053
1	West Haven	CT	Research Oversight and Administration	Minor Lease	$1,480
1	West Haven	CT	Upgrade and Consolidate Urology Clinic	Minor	$9,395
1	West Haven	CT	Upgrade Chiller Plant for High Performance	NRM-IM	$8,965
1	West Haven	CT	Upgrade Plumbing Systems Building 1	NRM-Sus	$5,400
1	West Haven	CT	Upgrade Specialty Care Space First Floor Building 2	NRM-Sus	$7,700
1	West Haven	CT	Upgrade Specialty Care Space Second Floor Building 2	NRM-Sus	$7,480
1	West Haven	CT	Upgrade Steam Distribution System Phase 3	NRM-Sus	$6,250
1	White River Junction	VT	Bennington CBOC	Minor Lease	$560
1	White River Junction	VT	Brattleboro CBOC	Minor Lease	$708
1	White River Junction	VT	Construct Expandable Parking Deck, Campus	Minor	$11,330
1	White River Junction	VT	Construct Pandemic Ready Hospital	Major	$55,000
1	White River Junction	VT	Construct Solar Panel Arrays and Electrical Infrastructure, Campus	NRM-IM	$5,500
1	White River Junction	VT	Construct Veterans Health and Wellness Center, Campus	NRM-IM	$18,700
1	White River Junction	VT	Demolish T-61, T-62, T-63 Buildings and Construct Replacement Office Building 69	NRM-Sus	$5,150
1	White River Junction	VT	Littleton NH CBOC	Minor Lease	$1,117
1	White River Junction	VT	Newport CBOC	Minor Lease	$338
1	White River Junction	VT	Renovate Research Lab Deficiencies, Research/Education Building 44	NRM-Sus	$7,799
1	White River Junction	VT	Renovate to PACT Model, Outpatient Service Building 39	NRM-Sus	$11,330
1	White River Junction	VT	Repair and Replace HVAC and Energy Efficiency Upgrades, Historical Business Office Building 4	NRM-Sus	$10,890
1	White River Junction	VT	Repair and Replace HVAC System, Administration Building 28	NRM-IM	$7,601
1	White River Junction	VT	Replace Main Hospital Electrical Switchgear	NRM-Sus	$7,898
1	White River Junction	VT	Rutland CBOC	Minor Lease	$702
2	Albany	NY	Build Women's Health Center	Minor	$11,822

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
2	Albany	NY	Clifton Park CBOC	Minor Lease	$802
2	Albany	NY	Columbia-Greene CBOC	Minor Lease	$702
2	Albany	NY	Renovate 8A for Inpatient Ward Phase 2	NRM-Sus	$5,807
2	Albany	NY	Renovate 8B for Inpatient Ward with Privacy Phase 3	NRM-Sus	$6,100
2	Albany	NY	Renovate Main Surgery Phase 1	Minor	$13,914
2	Batavia	NY	Inpatient Geropsych Unit	Minor	$14,492
2	Bath	NY	New Fire House	NRM-IM	$6,750
2	Bronx	NY	Create Parking Garage	Minor	$11,890
2	Brooklyn	NY	Abate Asbestos Building 1 12th through 20th Floors	NRM-IM	$9,350
2	Brooklyn	NY	Abate Asbestos Building 1 5th through 11th Floors	NRM-IM	$8,800
2	Brooklyn	NY	Abate Asbestos Building 1 Basement, Ground, First, Second and Third Floors	NRM-IM	$9,460
2	Brooklyn	NY	Abate Asbestos Building 1, 2, 4 and 6	NRM-IM	$9,350
2	Brooklyn	NY	Conduct Water Conservation Project	NRM-IM	$5,500
2	Brooklyn	NY	Consolidate Administrative Space	NRM-Sus	$7,700
2	Brooklyn	NY	Consolidate Mental Health Services Bldg 1	NRM-Sus	$6,050
2	Brooklyn	NY	Correct Building 4 Condition Deficiencies	NRM-IM	$5,500
2	Brooklyn	NY	Correct Research Space Deficiencies	NRM-IM	$9,900
2	Brooklyn	NY	Correct Seismic Deficiencies	Major	$176,000
2	Brooklyn	NY	Create Alternate Site for Emergency Operations	NRM-Sus	$5,500
2	Brooklyn	NY	Implement Legionella Prevention Measures	NRM-IM	$8,800
2	Brooklyn	NY	Install Fire Safety Improvements	NRM-IM	$5,500
2	Brooklyn	NY	Install Wireless Nurse Call System	NRM-IM	$5,500
2	Brooklyn	NY	Renovate Audiology and Speech	NRM-Sus	$7,700
2	Brooklyn	NY	Renovate Dental Clinic	NRM-Sus	$6,600
2	Brooklyn	NY	Renovate Dietetics Second Floor Building 1	NRM-Sus	$8,800
2	Brooklyn	NY	Renovate Inpatient Mental Health	NRM-Sus	$6,600
2	Brooklyn	NY	Renovate Inpatient Ward	NRM-Sus	$6,600
2	Brooklyn	NY	Renovate Neurology Space	NRM-Sus	$6,600
2	Brooklyn	NY	Renovate Specialty Care Clinic	NRM-Sus	$5,500
2	Brooklyn	NY	Renovate Wellness Center	NRM-Sus	$5,500
2	Brooklyn	NY	Repair Accessibility Deficiencies	NRM-Sus	$5,500
2	Brooklyn	NY	Repair Parapet Walls and Exterior Walls	NRM-IM	$7,700
2	Brooklyn	NY	Replace Boiler 1	NRM-IM	$7,700
2	Brooklyn	NY	Replace Boiler 2	NRM-IM	$7,700
2	Brooklyn	NY	Replace Building 15 Generator	NRM-IM	$5,500
2	Brooklyn	NY	Replace Data Center HVAC System	NRM-IM	$5,500
2	Brooklyn	NY	Replace Emergency Room HVAC Unit	NRM-IM	$5,500
2	Brooklyn	NY	Replace Fire Alarm System, Bldgs 15 and 4	NRM-IM	$6,600
2	Brooklyn	NY	Replace Heat Recovery Pumps	NRM-IM	$5,500
2	Brooklyn	NY	Replace HVAC Controls 16th Floor Bldg 1	NRM-IM	$5,500
2	Brooklyn	NY	Replace HVAC Controls 2nd, 3rd, 4th and 6th Floors, Building 1	NRM-IM	$6,600

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
2	Brooklyn	NY	Replace HVAC Controls Building 15	NRM-IM	$5,500
2	Brooklyn	NY	Replace HVAC Controls Bldgs 4, 6, 8 and 14	NRM-IM	$5,500
2	Brooklyn	NY	Replace HVAC Controls Fifth Floor Bldg 1	NRM-IM	$6,600
2	Brooklyn	NY	Replace Induction Units 7th to 16th Floor	NRM-IM	$9,900
2	Brooklyn	NY	Replace Induction Units Basement to 6th Floor	NRM-IM	$9,900
2	Brooklyn	NY	Replace Motor Control Centers	NRM-IM	$5,500
2	Brooklyn	NY	Replace Radiator Steam Control Valves	NRM-IM	$5,500
2	Brooklyn	NY	Replace Steam Lines	NRM-IM	$6,600
2	Brooklyn	NY	Replace Steam Valves Building 15	NRM-IM	$5,500
2	Brooklyn	NY	Replace Walk in Box Compressors	NRM-IM	$5,500
2	Brooklyn	NY	Replace Windows 13th, 14th,15th and 16th Floors and Other Buildings	NRM-IM	$7,920
2	Brooklyn	NY	Replace Windows 5th, 6th, 7th and 8th Floor	NRM-IM	$7,920
2	Brooklyn	NY	Replace Windows 9th, 10th, 11th and 12th Floors	NRM-IM	$7,700
2	Brooklyn	NY	Replace Windows Basement through 4th Floor	NRM-IM	$8,250
2	Brooklyn	NY	Upgrade Architectural Finishes 13th, 14th, 15th and 16th Floors	NRM-Sus	$6,600
2	Brooklyn	NY	Upgrade Architectural Finishes 5th, 6th, 7th and 8th Floors	NRM-Sus	$6,600
2	Brooklyn	NY	Upgrade Architectural Finishes 9th,10th,11th and 12th Floors	NRM-Sus	$6,600
2	Brooklyn	NY	Upgrade Architectural Finishes Basement, 1st, 2nd, 3rd and 4th Floors	NRM-Sus	$6,600
2	Brooklyn	NY	Upgrade Electrical Distribution	NRM-IM	$7,700
2	Brooklyn	NY	Upgrade Fixed Equipment	NRM-IM	$5,500
2	Brooklyn	NY	Upgrade Site Security	NRM-Sus	$5,500
2	Brooklyn	NY	Upgrade Site Water Lines	NRM-IM	$8,250
2	Buffalo	NY	Implement PACT Primary Care Group I (D-Wing)	Minor	$15,739
2	Buffalo	NY	Modernize Emergency Department	Minor	$17,294
2	Buffalo	NY	Modernize Intensive Care Unit	Minor	$16,576
2	Buffalo	NY	Modernize Laundry, Buildings 6 and 1	NRM-Sus	$6,000
2	Buffalo	NY	Modernize Outpatient Mental Health Clinics	NRM-Sus	$5,450
2	Buffalo	NY	Modernize Sterile Processing Service and Urology Procedure Areas	Minor	$12,814
2	Buffalo	NY	Modernize Surgery	Minor	$17,373
2	Buffalo	NY	Renovate 6th Floor D Wing	NRM-Sus	$5,450
2	Buffalo	NY	Renovate for SPD	NRM-Sus	$7,700
2	Buffalo	NY	Renovate for Surgery Procedure Areas	NRM-Sus	$8,800
2	Buffalo	NY	Renovate Ward for Inpatient Medical Unit	NRM-Sus	$6,650
2	Buffalo	NY	Replace Roofs Building 1	NRM-IM	$6,600
2	Canandaigua	NY	Enhanced Use Lease B18,73,94 and 40 acres	Other	$1
2	Canandaigua	NY	Renovate 6G	NRM-Sus	$7,000
2	Canandaigua	NY	Renovate 7A	NRM-Sus	$7,000
2	Canandaigua	NY	Renovate 7B	NRM-Sus	$7,000

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
2	Canandaigua	NY	Renovate 8A	NRM-Sus	$7,000
2	Canandaigua	NY	Renovate 8B	NRM-Sus	$7,000
2	Canandaigua	NY	Renovate B36 A and B for Gerosych	NRM-Sus	$12,000
2	Canandaigua	NY	Replace Primary Service Equipment	NRM-Sus	$5,500
2	Castle Point	NY	Addition of Outpatient Parking Garage	NRM-Sus	$19,290
2	Castle Point	NY	Castle Point CBOC	Major Lease	$11,000
2	Castle Point	NY	Construct Specialty and Support Services Building	Major	$30,680
2	Castle Point	NY	Expand Bldg 15H Community Living Center	Minor	$6,270
2	Castle Point	NY	Relocate Prosthetics Suite	Minor	$4,615
2	Castle Point	NY	Upgrade Outpatient Clinic H	Minor	$8,573
2	East Orange	NJ	Core Lab Consolidation, Building 1	Minor	$9,680
2	East Orange	NJ	Correct Seismic Deficiencies, Building 1	Major	$219,000
2	East Orange	NJ	Correct Seismic Deficiencies, Building 7	NRM-Sus	$7,450
2	East Orange	NJ	Hackensack-Bergen CO CBOC	Minor Lease	$400
2	East Orange	NJ	Improve and Upgrade Electrical System	NRM-IM	$5,500
2	East Orange	NJ	Jersey City CBOC	Minor Lease	$135
2	East Orange	NJ	Renovate Building 18 - Mental Health	Minor	$8,250
2	East Orange	NJ	Upgrade Heating System, Ph2	NRM-IM	$5,500
2	Lyons	NJ	Correct Seismic Deficiencies, Building 53	Major	$34,100
2	Lyons	NJ	Correct Seismic Deficiencies, Building 57	NRM-Sus	$5,900
2	Lyons	NJ	Correct Seismic Deficiencies, Building 7	NRM-Sus	$8,800
2	Lyons	NJ	Upgrade Piping, Buildings 2, 5, 6, 8 and 9	NRM-Sus	$6,160
2	Montrose	NY	Build Community Living Center, Phase 1	Minor	$17,800
2	Montrose	NY	Build Community Living Center, Phase 2	Minor	$17,600
2	Montrose	NY	Build Community Living Center, Phase 3	Minor	$17,600
2	Montrose	NY	Construct Mental Health Domiciliary Annex for Buildings 13 and 14	Minor	$7,810
2	Montrose	NY	Goshen CBOC	Minor Lease	$787
2	Montrose	NY	Modernize Community Living Center	Major	$62,500
2	Montrose	NY	Replace High Voltage Transformers, Campus-wide	NRM-Sus	$5,170
2	Montrose	NY	Replace Locking System	NRM-Sus	$5,680
2	New York	NY	Abate Asbestos Ph 1	NRM-IM	$7,100
2	New York	NY	Abate Asbestos Phase 2	NRM-IM	$7,050
2	New York	NY	Accomplish Retro Commissioning Manhattan	NRM-IM	$5,500
2	New York	NY	Conduct Energy Savings Performance Contract	NRM-IM	$9,900
2	New York	NY	Construct Data Center Addition	NRM-IM	$7,500
2	New York	NY	Construct Emergency Generator Structure/Emergency Electrical Upgrades	NRM-IM	$9,900
2	New York	NY	Correct Architectural Deficiencies	NRM-IM	$8,000
2	New York	NY	Correct Nonstructural Seismic Deficiencies	Seismic	$49,500
2	New York	NY	Expand Emergency Room/Ambulatory Entrance Ph 2	NRM-Sus	$6,500
2	New York	NY	Implement Legionella Prevention Measures	NRM-IM	$8,800
2	New York	NY	Improve Accessibility	NRM-IM	$6,800

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
2	New York	NY	Install AHU Air Recovery	NRM-IM	$6,600
2	New York	NY	Install Chiller Plant Upgrades	NRM-IM	$7,150
2	New York	NY	Install Cogeneration Plant	NRM-IM	$5,500
2	New York	NY	Install Water Conservation Devices	NRM-IM	$5,500
2	New York	NY	Lease Admin Space	Other	$4,500
2	New York	NY	Modernize Radiology Space	NRM-Sus	$8,540
2	New York	NY	Modernize High Tech/High Cost Site Prep	NRM-Sus	$6,950
2	New York	NY	Renovate 3E/3N Kitchen and Admin Offices	NRM-Sus	$5,060
2	New York	NY	Renovate Ground Floor, New SIM Center	NRM-Sus	$6,000
2	New York	NY	Renovate Inpatient Wards PH 3	NRM-Sus	$8,890
2	New York	NY	Renovate Patient Ward	NRM-IM	$8,250
2	New York	NY	Renovate Patient Ward 17N and 17S	NRM-IM	$9,900
2	New York	NY	Renovate Patient Ward Mental Health 17W	NRM-IM	$6,600
2	New York	NY	Renovate Patient Wards Medical/Surgical	NRM-Sus	$8,700
2	New York	NY	Renovate VISN Prosthetics on 14S and 14W	NRM-Sus	$5,210
2	New York	NY	Repair Accessibility Deficiencies PH 2	NRM-IM	$7,550
2	New York	NY	Replace HVAC Controls Building 1	NRM-IM	$9,350
2	New York	NY	Replace Operating Room Suite Air Handling Unit	NRM-IM	$6,050
2	New York	NY	Replace Perimeter Heating Radiators	NRM-IM	$9,350
2	New York	NY	Replace Steam Condensate Pumps	NRM-IM	$6,600
2	New York	NY	Replace Windows Phase I	NRM-IM	$13,200
2	New York	NY	Replace Windows Phase II	NRM-IM	$9,350
2	New York	NY	Replace Windows Phase III	NRM-IM	$10,450
2	New York	NY	Upgrade Architectural Doors and Hardware/ Entrance	NRM-IM	$5,800
2	New York	NY	Upgrade HVAC Controls Building 6	NRM-IM	$8,800
2	New York	NY	Upgrade Operating Rooms	NRM-Sus	$9,100
2	New York	NY	Upgrade Steam Distribution	NRM-IM	$5,500
2	Northport	NY	Community Living Center 5	Major	$110,000
2	Northport	NY	Renovate Medical/Surgical Inpatients Units, Phase 1	NRM-Sus	$9,900
2	Northport	NY	Renovate Research	NRM-Sus	$7,700
2	Northport	NY	Replace Digital Controls Buildings 8, 64, 65 and 92	NRM-IM	$6,000
2	Northport	NY	Replace Perimeter Fences	NRM-IM	$5,000
2	Northport	NY	Replace Roads and Sidewalks East Campus	NRM-IM	$8,000
2	Northport	NY	Replace Roads, Parking Lots and Sidewalks South Campus	NRM-IM	$6,600
2	Northport	NY	Replace Windows in Building 200 - Phase 1	NRM-IM	$6,600
2	Northport	NY	Re-Plumb Potable and Waste Lines in South West Outer Buildings	NRM-IM	$7,700
2	Northport	NY	Replumb Potable Water and Waste Lines, Buildings 5, 6, 61, 62, 63, 64 and 65	NRM-IM	$7,000
2	Northport	NY	Upgrade Electrical Services, Phase 2	NRM-IM	$6,110
2	Northport	NY	Upgrade Research HVAC	NRM-IM	$5,390

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
2	St. Albans	NY	Abate Asbestos	NRM-IM	$5,500
2	St. Albans	NY	Address Seismic Deficiencies	Major	$69,300
2	St. Albans	NY	Construct Wing Expansion B, C, D and E	Major	$168,000
2	St. Albans	NY	Implement Legionella Prevention Measures	NRM-IM	$8,800
2	St. Albans	NY	Install Fire Safety Improvements	NRM-IM	$7,700
2	St. Albans	NY	Install Laundry Heat Recovery	NRM-IM	$5,500
2	St. Albans	NY	Install Locks, Doors, and Key Systems	NRM-IM	$5,500
2	St. Albans	NY	Install Water Conservation Devices	NRM-IM	$5,500
2	St. Albans	NY	Renovate Dental Clinic	NRM-Sus	$5,500
2	St. Albans	NY	Renovate Prosthetics and Occupational Therapy Building 89	NRM-Sus	$7,700
2	St. Albans	NY	Renovate Wards A4 and A5	NRM-Sus	$9,900
2	St. Albans	NY	Renovate Wards B2 and B3	NRM-Sus	$8,800
2	St. Albans	NY	Renovate wards C2 and D2	NRM-Sus	$8,800
2	St. Albans	NY	Repair Accessibility Deficiencies	NRM-IM	$8,800
2	St. Albans	NY	Replace Air Handling Unit 2 Building 88	NRM-IM	$8,300
2	St. Albans	NY	Replace Architectural Finishes	NRM-IM	$12,100
2	St. Albans	NY	Replace Auditorium and Commissary Air Handling Units	NRM-IM	$5,500
2	St. Albans	NY	Replace Boiler 1	NRM-IM	$6,600
2	St. Albans	NY	Replace Boiler 2	NRM-IM	$6,600
2	St. Albans	NY	Replace Boiler 3	NRM-IM	$6,600
2	St. Albans	NY	Replace Boiler Plant Piping	NRM-IM	$7,700
2	St. Albans	NY	Replace Building 85 and 86 Condensate Lines	NRM-IM	$6,600
2	St. Albans	NY	Replace Building 87 Condensate Lines	NRM-IM	$6,050
2	St. Albans	NY	Replace Building 88 Condensate Lines	NRM-IM	$7,700
2	St. Albans	NY	Replace Building 88 Electrical Switchgear	NRM-IM	$6,600
2	St. Albans	NY	Replace Building 89 Domestic Water Pumps	NRM-IM	$5,500
2	St. Albans	NY	Replace Building 89 Electrical Switchgear	NRM-IM	$6,600
2	St. Albans	NY	Replace Building 91, 92 and 93 Condensate Lines	NRM-IM	$6,600
2	St. Albans	NY	Replace Building 91, 92 and 93 Switch Gear	NRM-IM	$6,600
2	St. Albans	NY	Replace Electrical Switchgear 167 and 168	NRM-IM	$6,050
2	St. Albans	NY	Replace HVAC Control System	NRM-IM	$5,500
2	St. Albans	NY	Replace Laundry Switchgear	NRM-IM	$6,600
2	St. Albans	NY	Replace Plumbing Fixtures	NRM-IM	$5,500
2	St. Albans	NY	Replace Radiator Control Valves	NRM-IM	$5,500
2	St. Albans	NY	Replace Roofs Buildings 87 and 88	NRM-IM	$5,500
2	St. Albans	NY	Replace Windows	NRM-IM	$5,500
2	St. Albans	NY	Upgrade Facility Envelope	NRM-IM	$13,200
2	St. Albans	NY	Upgrade IT Server	NRM-IM	$6,600
2	St. Albans	NY	Upgrade Site Lighting	NRM-IM	$6,600
2	St. Albans	NY	Upgrade Site Security	NRM-IM	$6,600
2	St. Albans	NY	Upgrade Steam Condensate Lines Building 89	NRM-IM	$6,600
2	St. Albans	NY	Upgrade Water Mains	NRM-IM	$6,600
2	Syracuse	NY	Conduct Seismic Survey and Upgrade, Bldg 9	Seismic	$225

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
2	Syracuse	NY	Expand Diagnostics on Third Floor	Minor	$11,000
2	Syracuse	NY	Expand Specialty Care	Minor	$3,200
2	Syracuse	NY	Jefferson CBOC	Minor Lease	$3,236
2	Syracuse	NY	Upgrade Research Wing Mechanicals and Renovate 3rd floor for BSL3 Labs	NRM-Sus	$5,500
4	Altoona	PA	Correct Access Deficiencies	NRM-IM	$9,896
4	Altoona	PA	Correct Electrical Study Deficiencies	NRM-IM	$8,222
4	Altoona	PA	Correct Site Security Deficiencies	NRM-IM	$8,403
4	Altoona	PA	Modernize Facility for EHRM	NRM-IM	$50,740
4	Altoona	PA	Renovate Building 1 First Floor	NRM-Sus	$5,144
4	Altoona	PA	Renovate Bldgs 1 and 3 Non-Clinical Space	NRM-Sus	$8,205
4	Altoona	PA	Replace Medical Air Systems	NRM-IM	$23,048
4	Altoona	PA	Replace Non Fire and Non Smoke Doors	NRM-IM	$10,852
4	Butler	PA	Build New Space for Butler Facility Management and Shops	Minor	$11,000
4	Butler	PA	Demolish Excess Space, Phase 2	NRM-IM	$7,700
4	Butler	PA	Perform Site Improvements	NRM-IM	$7,150
4	Butler	PA	Renovate for Electronic Health Record Modernization	NRM-IM	$11,000
4	Butler	PA	Repurpose B-6 for Engineering and Other Functions	NRM-IM	$5,500
4	Butler	PA	Upgrade IT Infrastructure to meet EHRM Requirements	NRM-IM	$5,500
4	Coatesville	PA	Consolidate HVAC Controls-Phase II	NRM-IM	$5,500
4	Coatesville	PA	Construct Community Living Center	Minor	$15,500
4	Coatesville	PA	Construct Geriatric Psychiatry Building	Minor	$15,400
4	Coatesville	PA	Correct Deficiencies - Building 16	NRM-IM	$6,000
4	Coatesville	PA	Correct Deficiencies - Building 5	NRM-IM	$9,350
4	Coatesville	PA	Correct Deficiencies - Building 7	NRM-IM	$5,000
4	Coatesville	PA	Install Fencing Campus-wide	NRM-IM	$11,000
4	Coatesville	PA	Install Physical Access Control System	NRM-IM	$16,500
4	Coatesville	PA	Renovate Building 1- Basement and Ground Floor	NRM-Sus	$8,800
4	Coatesville	PA	Renovate Building 15 Maintenance and Laundry Service	NRM-Sus	$6,000
4	Coatesville	PA	Renovate Building 2 1st and 2nd floor - Primary Care Pact and Patient Facing Services	NRM-Sus	$10,950
4	Coatesville	PA	Renovate Building 58 - 1st and 2nd Floors	NRM-IM	$9,075
4	Coatesville	PA	Renovate Building 9 for New Entrance and Canteen	NRM-Sus	$6,500
4	Coatesville	PA	Repair Curbs and Sidewalks Phase II	NRM-Sus	$5,500
4	Coatesville	PA	Replace Finishes Buildings 6, 7, 8 and 57	NRM-IM	$5,450
4	Coatesville	PA	Replace Storm Drain	NRM-IM	$9,900
4	Coatesville	PA	Right Size Ancillary and Diagnostic Services	Minor	$16,000
4	Coatesville	PA	Right Size Primary Care, Ph 1	Minor	$16,000
4	Coatesville	PA	Right Size Specialty Care, Ph 2	Minor	$16,000

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4	Coatesville	PA	Upgrade Domestic Water System	NRM-IM	$10,100
4	Erie	PA	Build Care in the Community and Consolidated Support Building	Minor	$8,800
4	Erie	PA	Build Domiciliary Residence Building	Minor	$7,700
4	Erie	PA	Construct Community Living Center Phase 2	Minor	$15,600
4	Erie	PA	Expand Building 1 Pharmacy Lab	Minor	$7,150
4	Erie	PA	Expand Parking Garage	Minor	$16,000
4	Erie	PA	Renovating Building 1 for MRI	NRM-Sus	$5,500
4	Lebanon	PA	Construct Community Living Center Step Down Unit	Minor	$15,700
4	Lebanon	PA	Construct Dementia Community Living Center	Minor	$15,700
4	Lebanon	PA	Enhance Inpatient Behavioral Health	Minor	$15,924
4	Lebanon	PA	Expand Pharmacy	Minor	$6,117
4	Lebanon	PA	Install Central Generator System	NRM-IM	$6,700
4	Lebanon	PA	Primary Care Expansion Building 17	Minor	$14,263
4	Lebanon	PA	Relocate Public Entry to Emergency Department	Minor	$8,009
4	Lebanon	PA	Relocate Warehouse	Minor	$15,861
4	Lebanon	PA	Renovate Building 1, 4th Floor for Specialty Clinics	NRM-Sus	$12,100
4	Lebanon	PA	Replace Electrical Distribution Building 17,18, 19 and 22	NRM-IM	$5,500
4	Lebanon	PA	Replace Sanitary Sewer Lines Phase 1	NRM-IM	$7,700
4	Lebanon	PA	South Central Pennsylvania Health Care Center	Major Lease	$20,582
4	Lebanon	PA	Upgrade HVAC for Pandemic Hardening Phase 1	NRM-IM	$5,500
4	Philadelphia	PA	Administrative Wing Addition	Minor	$15,992
4	Philadelphia	PA	Ambulatory Surgery Center	Major Lease	$15,336
4	Philadelphia	PA	Burlington County CBOC	Minor Lease	$220
4	Philadelphia	PA	Community Resource and Referral Center	Minor Lease	$116
4	Philadelphia	PA	Construct Behavioral Health Outpatient Facility Ph I	Minor	$16,000
4	Philadelphia	PA	Construct Inpatient Bed Tower	Major	$434,823
4	Philadelphia	PA	Construct Outpatient Services Building	Major	$164,385
4	Philadelphia	PA	Construct Parking Garage	Major	$86,600
4	Philadelphia	PA	Convert 5 and 6 E/W to Single Patient Rooms	NRM-Sus	$8,840
4	Philadelphia	PA	Convert 7 East and West to Single Inpatient BH Rooms	NRM-Sus	$15,491
4	Philadelphia	PA	Correct Electrical Deficiencies	NRM-IM	$8,800
4	Philadelphia	PA	Modernize Building 2 Elevators	NRM-IM	$8,500
4	Philadelphia	PA	Modify Front Entrance Bldg 1	Minor	$15,600
4	Philadelphia	PA	Renovate Building 2 Front Entrance	NRM-Sus	$5,000
4	Philadelphia	PA	Renovate for Pandemic Procedure Unit	NRM-Sus	$13,564
4	Philadelphia	PA	Upgrade Access Control System	NRM-IM	$5,500
4	Philadelphia	PA	Upgrade HVAC for MICU Pandemic Unit	NRM-IM	$12,976
4	Philadelphia	PA	Upgrade HVAC for SICU Pandemic Unit	NRM-IM	$12,976

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
4	Pittsburgh (HZ)	PA	Modernize Units 1-South and Ground South - Building 50	NRM-Sus	$8,800
4	Pittsburgh (UD)	PA	Construct Service Building Annex and Ambulance Ramp	Minor	$15,900
4	Pittsburgh (UD)	PA	Expand Unit 5A in Building 1	Minor	$13,200
4	Pittsburgh (UD)	PA	Modernize Inpatient Wards	NRM-IM	$9,900
4	Pittsburgh (UD)	PA	Renovate Building One - 9 West and 10 West for Architectural, Mechanical and Electrical Deficiencies	NRM-IM	$7,700
4	Pittsburgh (UD)	PA	Upgrade Facility Systems for Electronic Health Records Modernization	NRM-IM	$20,000
4	Pittsburgh (UD)	PA	Upgrade Mechanical Systems in B1 Elevator Penthouse	NRM-IM	$6,600
4	Wilkes Barre	PA	Construct Emergency Generator Plant	NRM-IM	$8,800
4	Wilkes Barre	PA	Emergency Management and Pandemic Storage	Minor	$4,200
4	Wilkes Barre	PA	Remove Fan Coil Units	NRM-IM	$7,040
4	Wilkes Barre	PA	Renovate 10th Floor - Administrative Offices	NRM-Sus	$5,500
4	Wilkes Barre	PA	Renovate 2 - South Nuclear Medicine	NRM-Sus	$5,500
4	Wilkes Barre	PA	Renovate 4 Center - Inpatient care	NRM-Sus	$13,200
4	Wilkes Barre	PA	Renovate 7th Floor- Business	NRM-IM	$9,900
4	Wilkes Barre	PA	Renovate 9th Floor for Mental Health	NRM-Sus	$11,980
4	Wilkes Barre	PA	Renovate for Hospice Unit	NRM-Sus	$14,300
4	Wilkes Barre	PA	Replace Building 1 Main Electrical Distribution Risers	NRM-IM	$5,500
4	Wilkes Barre	PA	Replace Exterior Windows, Phase 2	NRM-IM	$6,600
4	Wilkes Barre	PA	Upgrade Elevators - Silver	NRM-Sus	$5,280
4	Wilkes Barre	PA	Upgrade Exterior Facade	NRM-IM	$5,500
4	Wilkes Barre	PA	Upgrade Information Technology Facilities	NRM-IM	$11,000
4	Wilkes Barre	PA	Upgrade Operating Rooms	NRM-Sus	$6,600
4	Wilkes Barre	PA	Wayne County CBOC	Minor Lease	$600
4	Wilmington	DE	Addition for Mental Health	Minor	$7,700
4	Wilmington	DE	Construct Addition for Pharmacy	Minor	$15,027
4	Wilmington	DE	Install Renewable Energy Solutions	NRM-IM	$5,500
4	Wilmington	DE	Renovate 3 West and the OR Suite	NRM-Sus	$5,500
4	Wilmington	DE	Southern Delaware Clinic	Major Lease	$12,883
4	Wilmington	DE	Southern New Jersey Clinic	Major Lease	$12,883
5	Baltimore	MD	Baltimore W. Fayette Street Annex	Major Lease	$1,980
5	Baltimore	MD	Medical Center Annex	Major Lease	$55,397
5	Baltimore	MD	Renovate and Expand Surgical ICU	NRM-Sus	$5,620
5	Beckley	WV	Construct Outpatient Mental Health and RRTP	Minor	$16,470
5	Beckley	WV	Construct Wind Mills	NRM-IM	$9,500
5	Beckley	WV	Correct Access Control Issues for Physical Security	NRM-IM	$6,600
5	Beckley	WV	Remodel Hall and Walls Building 1	NRM-Sus	$8,800

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
5	Beckley	WV	Renovate for Ancillary Diagnostic	NRM-Sus	$6,608
5	Beckley	WV	Renovate Specialty Clinics on 2nd Floor	NRM-Sus	$8,251
5	Clarksburg	WV	Construct Third Floor Addition to Expand the Operating Room Suite	Minor	$8,250
5	Clarksburg	WV	Demolish the Fiscal Trailer and Construct a New Multi-Use Building	Minor	$6,050
5	Clarksburg	WV	Electrical Upgrades Phase 1	NRM-Sus	$8,000
5	Huntington	WV	Construct Clinical Addition Phase 2	Minor	$16,300
5	Huntington	WV	Improve Seismic Conditions	NRM-IM	$7,975
5	Huntington	WV	Out Lease with Affiliate School (Marshall University)	Other	$11
5	Huntington	WV	Renovate Ground Floor 1 South	NRM-Sus	$5,500
5	Huntington	WV	Replace Site Water Lines	NRM-IM	$8,250
5	Martinsburg	WV	Construct 47-Bed Domiciliary Pod	Minor	$13,300
5	Martinsburg	WV	Construct Addition to Community Living Center, East Wing	Minor	$6,092
5	Martinsburg	WV	Construct Ambulatory Mental Health Building	Minor	$13,345
5	Martinsburg	WV	Construct Consolidated Support Building	Minor	$14,350
5	Martinsburg	WV	Expand Dementia Building 513	Minor	$7,996
5	Martinsburg	WV	Construct Domiciliary Building	Major	$3,600
5	Martinsburg	WV	Construct Domiciliary Support Bldg, Renovate Vacated Space for Admin, Demolish Vacant Bldg	Minor	$11,680
5	Martinsburg	WV	Construct Drive Through Pharmacy	Minor	$6,620
5	Martinsburg	WV	Construct Eye Clinic	Minor	$14,438
5	Martinsburg	WV	Construct Isolation Suite for Emergency Department	Minor	$1,122
5	Martinsburg	WV	Construct Parking Garage	Minor	$9,500
5	Martinsburg	WV	Construct Sim Lab	Minor	$5,222
5	Martinsburg	WV	Construct Surgical Specialty Care Addition	Minor	$7,993
5	Martinsburg	WV	Construct Two 12-Bed Community Living Center Residences (East Wing)	Minor	$15,867
5	Martinsburg	WV	Construct Two 12-Bed Community Living Center Residences (West Wing)	Minor	$15,608
5	Martinsburg	WV	Correct Campus Physical Security Deficiencies, phase 2	NRM-IM	$6,140
5	Martinsburg	WV	Cumberland CBOC	Minor Lease	$2,125
5	Martinsburg	WV	Demolish and Replace Baker House, Building 21	Minor	$3,236
5	Martinsburg	WV	Expand Ft. Detrick CBOC	Minor	$15,708
5	Martinsburg	WV	Franklin CBOC	Minor Lease	$145
5	Martinsburg	WV	Petersburg CBOC	Minor Lease	$400
5	Martinsburg	WV	Renovate Acute Inpatient Psychiatric Unit, 4A	NRM-Sus	$8,500
5	Martinsburg	WV	Renovate Community Living Center 501B	NRM-Sus	$7,546
5	Martinsburg	WV	Renovate Primary Care Clinics for PACT Compliance, Building 500, First Floor	NRM-Sus	$6,330

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
5	Martinsburg	WV	Renovate Surgery Suite/OR	NRM-Sus	$6,732
5	Martinsburg	WV	Renovate Unit 3C, Building 500, for Medical Specialties	NRM-Sus	$6,700
5	Martinsburg	WV	Renovate/Expand Domiciliary Pod D	Minor	$13,460
5	Martinsburg	WV	Renovate/Expand Rehab Medicine	NRM-Sus	$9,820
5	Martinsburg	WV	Renovate/Expand Vacated Eye Clinic for Primary Care and Add Air Handling Unit 17A	Minor	$14,520
5	Martinsburg	WV	Replace/Upgrade HVAC Mixing Boxes and Controls, Building 500	NRM-IM	$5,750
5	Martinsburg	WV	Upgrade Potable Cold Water Distribution System for Prevention of Legionella, Phase 2	NRM-IM	$6,732
5	Perry Point	MD	Building 361 Clinical Renovations	Minor	$14,999
5	Perry Point	MD	Construct Replacement Canteen Service Building to Correct Seismic and Structural Deficiencies	Minor	$15,733
5	Perry Point	MD	Improve Physical Security	NRM-IM	$8,211
5	Perry Point	MD	Install LED Lights in Parking Lots	NRM-IM	$9,240
5	Perry Point	MD	Renovate Building 314 Complex as Wellness Facility	NRM-Sus	$10,493
5	Perry Point	MD	Replace Building 3H with Mental Health	Minor	$10,998
5	Perry Point	MD	Upgrade Connecting Corridor Mechanical Units	NRM-IM	$10,738
5	Perry Point	MD	Upgrade Public and Staff Restrooms	NRM-Sus	$5,297
5	Perry Point	MD	Upgrade Site Surveillance System	NRM-IM	$11,282
5	Washington	DC	Clinical and Admin Office	Minor Lease	$1,375
5	Washington	DC	Construct Outpatient Mental Health Building	Major	$121,000
5	Washington	DC	Construct Fourth Floor Addition to Research Building 14	Minor	$19,470
5	Washington	DC	Construct Outpatient Clinical Addition	Major	$29,700
5	Washington	DC	Construct Third Floor Addition to Research Building 14	Minor	$18,700
5	Washington	DC	Correct Structural, Seismic and Physical Security Deficiencies of Parking Garage 6P	Minor	$18,700
5	Washington	DC	Fort Belvoir CBOC	Minor Lease	$2,116
5	Washington	DC	Northern Virginia Multi-Specialty CBOC	Major Lease	$8,256
5	Washington	DC	Renovate 2D Surgical Ward	NRM-Sus	$14,300
5	Washington	DC	Renovate 2E SICU	NRM-Sus	$6,050
5	Washington	DC	Renovate 3E Inpatient Medical Ward for Inpatient Acute Psych	NRM-Sus	$16,830
5	Washington	DC	Renovate and Upgrade Outpatient Mental Health on 3C	NRM-IM	$5,775
5	Washington	DC	Renovate OR	NRM-Sus	$6,721
5	Washington	DC	Renovate Research Space Basement Bldg 1	NRM-IM	$5,233
5	Washington	DC	Replace and Upgrade Building 1 Heating System - Phase III	NRM-IM	$7,700
5	Washington	DC	Upgrade Steam and Condensate Distribution System	NRM-IM	$6,050

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6	Asheville	NC	Ancillary/Diagnostic Services	Minor Lease	$6,450
6	Asheville	NC	Construct New SPS Addition Adjacent to Operating Room Suite	Minor	$15,675
6	Asheville	NC	Construct Primary Care Building 2, Phase 1	Minor	$15,950
6	Asheville	NC	Construct Primary Care Building 2, Phase 2	Minor	$15,950
6	Asheville	NC	Construct Space for Education and Admin Support Space	Minor	$14,500
6	Asheville	NC	Construct Specialty Care Clinic II	Minor	$15,670
6	Asheville	NC	Construct Surgical Clinics Adjacent to Operating Suite	Minor	$15,730
6	Asheville	NC	Correct Deficiencies in Buildings 47 and 62	NRM-IM	$10,780
6	Asheville	NC	Correct Electrical/Energy Deficiencies in Buildings 47 and 62	NRM-IM	$6,600
6	Asheville	NC	Correct Facility Deficiencies, Buildings 2, 3, 4, 5, 6 and 7	NRM-IM	$7,480
6	Asheville	NC	Expand Community Living Center Building 62	Minor	$15,901
6	Asheville	NC	Expand Imaging Department	Minor	$15,400
6	Asheville	NC	Expand Outpatient Services	Major	$210,100
6	Asheville	NC	Renovate Ward 3-East/West	NRM-Sus	$9,900
6	Asheville	NC	Retrofit Building 47 for Seismic	Seismic	$50,500
6	Durham	NC	Construct Main Hospital and Supportive Infrastructures	Major	$1,211,045
6	Durham	NC	Construct Patient Experience Structure and Entrance	Minor	$6,800
6	Durham	NC	Durham Teleradiology Office II	Minor Lease	$290
6	Durham	NC	Expand Cancer Center Phase II	Minor	$15,000
6	Durham	NC	HS and RD, Fiscal and HR Office at Legacy Tower	Minor Lease	$1,750
6	Durham	NC	Improve Main Hospital Entry	Minor	$9,500
6	Durham	NC	Install Generator, Cooling Tower and Chiller at F-Wing Building 1	NRM-IM	$5,000
6	Durham	NC	National Teleradiology Offices at Croasdaile	Minor Lease	$410
6	Durham	NC	Office of Quality and Production	Minor Lease	$270
6	Durham	NC	Replace/Repair Windows, Buildings 1, 7, 9 and 23	NRM-IM	$8,300
6	Fayetteville	NC	Brunswick CBOC	Minor Lease	$1,150
6	Fayetteville	NC	Community Living Center	Major Lease	$5,295
6	Fayetteville	NC	Construct Information Technology Building	Minor	$2,449
6	Fayetteville	NC	Correct Electrical Deficiencies	NRM-IM	$8,179
6	Fayetteville	NC	Halls and Walls for Third Floor	NRM-Sus	$8,007
6	Fayetteville	NC	Install an Overhead Bridge to MRI Building	Minor	$1,600
6	Fayetteville	NC	Renovate Community Living Center for Support Services	NRM-Sus	$6,738
6	Fayetteville	NC	Renovate Radiology	NRM-Sus	$6,961
6	Fayetteville	NC	Renovation of 1B for Clinical Space	NRM-Sus	$5,340
6	Fayetteville	NC	Repair Water and Sanitary Mains and Outflows	NRM-IM	$5,450

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
6	Fayetteville	NC	Sanford CBOC	Minor Lease	$1,200
6	Fayetteville	NC	Wilmington CBOC	Major Lease	$20,200
6	Hampton	VA	Abate Asbestos Across Medical Center Campus, Phase II	NRM-IM	$6,477
6	Hampton	VA	Campus Comprehensive Hurricane Study	NRM-IM	$5,757
6	Hampton	VA	Campus Historical Preservation - Building 27	NRM-Sus	$15,813
6	Hampton	VA	Campus Historical Preservation - Building 43	NRM-Sus	$6,401
6	Hampton	VA	Campus Historical Preservation - Building 48	NRM-Sus	$6,696
6	Hampton	VA	Campus Historical Preservation - Building 66	NRM-Sus	$6,391
6	Hampton	VA	Community Living Center	Major Lease	$28,310
6	Hampton	VA	Construct Parking Garage	Minor	$15,572
6	Hampton	VA	Construct SCI Expansion	Minor	$15,532
6	Hampton	VA	Construct Southside Medical Center	Major	$1,673,855
6	Hampton	VA	Construct Specialty Care Building	Minor	$15,394
6	Hampton	VA	Construct Walkway Connection to Bldg 113	NRM-Sus	$8,329
6	Hampton	VA	Improve Wayfinding by Renovating/Adding Connecting Corridors and Common Space	Minor	$9,402
6	Hampton	VA	Install Photovoltaic Electric Generation Panels	NRM-IM	$15,400
6	Hampton	VA	Renovate/Expand Community Living Center	Minor	$16,024
6	Hampton	VA	Renovate and Expand DOM	Minor	$15,962
6	Hampton	VA	Renovate Building 110 Second Floor	NRM-Sus	$6,395
6	Hampton	VA	Renovate Portions of Buildings 110 and 110B	NRM-Sus	$8,837
6	Richmond	VA	Build Administrative/Clinical Building	Minor	$8,250
6	Richmond	VA	Construct Access Support Space	Minor	$8,525
6	Richmond	VA	Construct Ambulatory Care Building	Minor	$9,950
6	Richmond	VA	Construct Community Center for Research, Education and Innovation	Minor	$15,940
6	Richmond	VA	Construct Community Outreach Center	Minor	$15,966
6	Richmond	VA	Construct Private Beds	Minor	$9,990
6	Richmond	VA	Construct Specialty Care Addition	Minor	$15,849
6	Richmond	VA	Construct Spinal Cord Injury Care Center	Minor	$9,968
6	Richmond	VA	Construct Spinal Cord Injury Long Term Care Center	Minor	$15,988
6	Richmond	VA	Construct Support Space	Minor	$9,020
6	Richmond	VA	Enhance Cardiovascular Center	Minor	$9,720
6	Richmond	VA	Enhance Community Living Center/Hospice	Minor	$9,860
6	Richmond	VA	Enhance Research Efficiency	Minor	$9,782
6	Richmond	VA	Expand Access to Primary Care and Mental Health	Minor	$15,971
6	Richmond	VA	Expand and Improve Imaging Access	Minor	$9,990
6	Richmond	VA	Expand Cancer Center Access	Minor	$15,993
6	Richmond	VA	Expand Support Services Space	NRM-Sus	$9,450
6	Richmond	VA	Expand Women's Health/Primary Care Center	Minor	$15,966
6	Richmond	VA	Improve Access to Primary Care	Minor	$15,985
6	Richmond	VA	Improve Safety and Access Spinal Cord Injury Primary Care Center	Minor	$15,998

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
6	Richmond	VA	Increase Parking Access and Safety	Minor	$15,990
6	Richmond	VA	Increase Rehabilitation Access	Minor Lease	$1,150
6	Richmond	VA	Parking Lot PV Enhancement	NRM-IM	$5,500
6	Richmond	VA	Renovate 1N	NRM-IM	$6,600
6	Richmond	VA	Renovate 2nd Floor Clinics	NRM-Sus	$6,820
6	Richmond	VA	Renovate 5th Floor	NRM-Sus	$8,800
6	Richmond	VA	Renovate Community Living Center, Building 500, 1st floor	NRM-Sus	$5,600
6	Richmond	VA	Renovate for Ambulatory Specialty Care Center	NRM-Sus	$9,350
6	Richmond	VA	Renovate Spinal Cord Injury for Privacy Phase II	NRM-Sus	$6,820
6	Richmond	VA	Upgrade Primary Switchgear	NRM-Sus	$5,800
6	Salem	VA	Abate Environmental Hazards Phase I	NRM-IM	$5,187
6	Salem	VA	Construct Domiciliary for RRTP	Major	$24,564
6	Salem	VA	Construct Parking Garage	Minor	$15,908
6	Salem	VA	Construct Secure Records Storage Facility	Minor	$4,125
6	Salem	VA	Correct Electrical Study Deficiencies Phase II	NRM-IM	$6,558
6	Salem	VA	Expand and Relocate Prosthetics	Minor	$6,975
6	Salem	VA	Expand/Renovate Radiology and Nuclear Medicine	NRM-Sus	$7,273
6	Salem	VA	Expand/Renovate Women's Health Clinic	Minor	$5,306
6	Salem	VA	Refurbish Floors Halls and Walls Phase II	NRM-Sus	$9,717
6	Salem	VA	Renovate and Expand Palliative Care	Minor	$15,366
6	Salem	VA	Renovate Building 10	NRM-Sus	$14,541
6	Salem	VA	Renovate Community Living Center	Minor	$11,518
6	Salem	VA	Renovate for Specialty Care	NRM-Sus	$11,265
6	Salem	VA	Repair Administration Building	NRM-IM	$7,297
6	Salem	VA	Repair Architectural Elements	NRM-Sus	$8,263
6	Salem	VA	Replace Building Automation System	NRM-IM	$5,135
6	Salem	VA	Replace Primary Transformers	NRM-IM	$10,791
6	Salem	VA	Restore Paving and Access Routes Phase I	NRM-IM	$6,610
6	Salem	VA	Staunton CBOC	Minor Lease	$490
6	Salisbury	NC	Building 5 Seismic Restraint	NRM-IM	$7,023
6	Salisbury	NC	Charlotte Outpatient Clinic	Major Lease	$10,000
6	Salisbury	NC	Construct Data Center	Minor	$14,022
6	Salisbury	NC	Construct Parking Deck	Minor	$19,190
6	Salisbury	NC	Correct Building 2 Architectural Deficiencies	NRM-IM	$7,700
6	Salisbury	NC	Correct Electrical Deficiencies	NRM-IM	$5,720
6	Salisbury	NC	Correct Generators/Switchgear Deficiencies, Building 34, 35, 36 and 38	NRM-IM	$5,005
6	Salisbury	NC	Correct Legionella Management Deficiencies, Buildings 8, 13, 21 and 43	NRM-IM	$5,500
6	Salisbury	NC	Correct Seismic Restraint Deficiencies Bldg 2	NRM-IM	$6,600
6	Salisbury	NC	Install PV Panels	NRM-IM	$7,150
6	Salisbury	NC	Install PV Panels Phase 2	NRM-IM	$7,150
6	Salisbury	NC	Install PV Panels Phase 3	NRM-IM	$35,350

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
6	Salisbury	NC	Recabling Project for OIT, Campus Wide	NRM-IM	$7,040
6	Salisbury	NC	Renovate Building 3	NRM-IM	$9,620
6	Salisbury	NC	Renovate Building 4	NRM-IM	$9,753
6	Salisbury	NC	Renovate Building 4 for Mental Health Outpatient Services	NRM-Sus	$9,900
6	Salisbury	NC	Renovate Building 42	NRM-IM	$8,976
6	Salisbury	NC	Renovate Building 5	NRM-IM	$9,992
6	Salisbury	NC	Renovate Building 6	NRM-IM	$6,790
6	Salisbury	NC	Renovate Buildings 16 and 18	NRM-IM	$6,875
6	Salisbury	NC	Renovate Connecting Corridors and Tunnels	NRM-IM	$8,250
6	Salisbury	NC	Replace Air Handling Units, Buildings 1, 7, 16 and 19	NRM-IM	$5,450
6	Salisbury	NC	Replace Air Handling Units, Buildings 5, 6, 16, 21 and 42	NRM-IM	$8,800
6	Salisbury	NC	Replace Underground Steam Lines and Steam Stations North Campus	NRM-IM	$5,000
6	Salisbury	NC	Upgrade Building 2 Mechanical Distribution and Equipment	NRM-IM	$8,850
6	Salisbury	NC	Upgrade Building 2 Mechanical System and Controls	NRM-IM	$6,900
6	Salisbury	NC	Upgrade Campus Elevators	NRM-IM	$54,540
7	Atlanta	GA	Ancillary/Diagnostic Addition Phase II	Minor	$16,000
7	Atlanta	GA	Austell CBOC	Minor Lease	$1,019
7	Atlanta	GA	Clinical Research Building	Major	$149,384
7	Atlanta	GA	Construct 2 Story Addition for MICU/Canteen on 1A	Minor	$6,125
7	Atlanta	GA	Construct 4th Floor Community Living Center Residential Services on Building 1D	Minor	$9,010
7	Atlanta	GA	Construct Access Improvement Addition of Ancillary and Diagnostics	Minor	$9,669
7	Atlanta	GA	Construct Building to Expand Medical/Surgical Specialty Care Services	Minor	$13,737
7	Atlanta	GA	Construct Building to Expand Mental Health Services	Minor	$4,802
7	Atlanta	GA	Construct Mental Health Clinic Addition for MH Consolidation	Minor	$16,000
7	Atlanta	GA	Construct Parking Structure at Ft. McPherson Campus	Minor	$9,407
7	Atlanta	GA	Construct Parking Structure at Trinka Davis Veterans Village	Minor	$9,680
7	Atlanta	GA	Construct Rural Ambulatory Surgery and Diagnostic Imaging Center at Carrollton, GA	Minor	$8,917
7	Atlanta	GA	Construct Warehouse Off-site	Minor	$7,936
7	Atlanta	GA	Correct Deficiencies in Building 1	NRM-IM	$15,000
7	Atlanta	GA	Correct Deficiencies in Campus Fire Alarm Systems	NRM-IM	$9,900

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
7	Atlanta	GA	Correct Life Safety, Accessibility and Architectural Deficiencies	NRM-IM	$5,667
7	Atlanta	GA	Correct Mechanical Deficiencies in Bldg 1C	NRM-IM	$5,543
7	Atlanta	GA	Correct Medical Gases Deficiencies	NRM-IM	$9,900
7	Atlanta	GA	Correct Space Needs, Access and Safety Issues with On-site Rehab Addition	Minor	$9,680
7	Atlanta	GA	Coweta County, CBOC	Minor Lease	$1,725
7	Atlanta	GA	Decatur Administrative 2 Offices	Minor Lease	$1,388
7	Atlanta	GA	Expand Community Living Center (Carrollton)	Minor	$3,423
7	Atlanta	GA	Expand Parking	Minor	$9,680
7	Atlanta	GA	Expand Primary Care	Minor	$1,541
7	Atlanta	GA	Expand Specialty Services and Engineering on 1A 1st Floor	NRM-Sus	$5,031
7	Atlanta	GA	Floyd County CBOC	Minor Lease	$1,725
7	Atlanta	GA	Gwinnett County VA Health Care Center	Major Lease	$101,465
7	Atlanta	GA	Henderson Mill Mental Health Clinical Annex	Minor Lease	$436
7	Atlanta	GA	Improve Safety and Security at Ft. McPherson	NRM-Sus	$6,790
7	Atlanta	GA	Inpatient Med/Surg Expansion on 1C 11th Floor	NRM-Sus	$5,192
7	Atlanta	GA	Inpatient Med/Surg Expansion on 1C 12th Floor	NRM-Sus	$5,192
7	Atlanta	GA	Renovate and Consolidate Geriatrics Clinics and GRECC on CLC 2nd Floor Bldg 1D	Minor	$7,140
7	Atlanta	GA	Renovate and Expand Inpatient Mental Health Services 5th Floor Building 1C Nursing Tower	NRM-Sus	$7,188
7	Atlanta	GA	Renovate and Expand Medical/Surgical Inpatient Services 12th Floor Building 1A Nursing Tower	NRM-Sus	$7,218
7	Atlanta	GA	Renovate and Expand Medical/Surgical Inpatient Services on 11th Floor Building 1C Nursing Tower	NRM-Sus	$7,187
7	Atlanta	GA	Renovate and Expand Medical/Surgical Inpatient Services on 6th Floor Building 1C Nursing Tower	NRM-Sus	$13,500
7	Atlanta	GA	Renovate Building 1 - 6th Floor for Medical Beds	NRM-Sus	$7,640
7	Atlanta	GA	Renovate Building 125 at Fort McPherson for Specialty Care Clinical Services - Phase 3	NRM-IM	$9,350
7	Atlanta	GA	Renovate, Relocate and Expand Spinal Cord Injury and Traumatic Brain Injury Services with New Main Lobby on 1st Floor Bldg 1A	Minor	$4,840
7	Atlanta	GA	Repair, Replace, and Upgrade Roadways, Sidewalks and Wayfinding Signage Deficiencies	NRM-IM	$11,573
7	Atlanta	GA	Replace Boilers, Connected Equipment, and Controls, Building 1	NRM-IM	$11,410
7	Atlanta	GA	Replace CATV and Electrical Deficiencies in Building 1	NRM-IM	$5,280

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
7	Atlanta	GA	Replace Failed Plumbing Fixtures and Legionella Prevention	NRM-IM	$8,250
7	Atlanta	GA	Research Addition Phase II	Minor	$9,775
7	Atlanta	GA	Research Addition Phase III	Minor	$9,775
7	Atlanta	GA	Research Addition Phase IV	Minor	$9,775
7	Atlanta	GA	Research Partnership with Emory	Minor	$8,067
7	Atlanta	GA	Research Sub-Zero Freezer Controlled Storage Building	Minor	$4,103
7	Atlanta	GA	Retrofit, Replace, and Improve Lighting for Energy Savings	NRM-IM	$7,200
7	Atlanta	GA	Specialty Care and Ancillary/Diagnostic Clinic	Major Lease	$36,978
7	Atlanta	GA	Warehouse I	Minor Lease	$1,980
7	Augusta (DD)	GA	Aiken CBOC	Minor Lease	$2,186
7	Augusta (DD)	GA	Athens CBOC	Minor Lease	$1,065
7	Augusta (DD)	GA	Construct New Surg/PACU/SICU Addition	Minor	$4,724
7	Augusta (DD)	GA	Correct and Replace Downtown Division Roofing Deficiencies	NRM-IM	$14,055
7	Augusta (DD)	GA	Correct Critical Electrical Deficiencies with Lighting Retrofit in Medical Center Bldg 801	NRM-IM	$13,600
7	Augusta (DD)	GA	Expand Downtown Parking Deck	Minor	$18,900
7	Augusta (DD)	GA	Expand Radiology into Building 801 1st Floor	NRM-Sus	$7,741
7	Augusta (DD)	GA	Expand/Add Wing Building 801 for Acute Inpatient Medicine	Minor	$8,844
7	Augusta (DD)	GA	Improve/Replace Research Lab Items	NRM-IM	$5,600
7	Augusta (DD)	GA	Renovate Building 801 A wing 2nd Floor for Pathology Expansion	Minor	$8,100
7	Augusta (DD)	GA	Renovate Building 801 Interior Finishes	NRM-IM	$13,130
7	Augusta (DD)	GA	Renovate Building 801 Specialty Care Clinics	NRM-Sus	$7,202
7	Augusta (DD)	GA	Renovate Building 802 Energy Plant	NRM-IM	$12,170
7	Augusta (DD)	GA	Renovate for Patient Privacy, Building 801, Wing 6A	NRM-Sus	$5,500
7	Augusta (DD)	GA	Repair Building 801 Exterior Shell, Tuck-Pointing and Skylights	NRM-IM	$21,400
7	Augusta (DD)	GA	Replace Exterior Wall Panels and Windows, Building 801, Phase 2	NRM-IM	$24,200
7	Augusta (DD)	GA	Replace Exterior Wall Panels and Windows, Buildings 801 and 802, Phase 1	NRM-IM	$9,900
7	Augusta (DD)	GA	Replace/Upgrade Elevator Systems, Bldg 801	NRM-IM	$9,350
7	Augusta (DD)	GA	Specialty Care and Ancillary/Diagnostics	Major Lease	$48,901
7	Augusta (DD)	GA	Statesboro CBOC	Minor Lease	$420
7	Augusta (DD)	GA	Upgrade, Expand/Replace, and Improve Direct Digital Controls for Energy Savings, Building 801	NRM-IM	$7,315
7	Augusta (DD)	GA	Warehouse	Minor Lease	$974
7	Augusta (UD)	GA	Consolidate Primary Care	NRM-Sus	$5,600

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
7	Augusta (UD)	GA	Construct Foundational VA Care Coordination Addition and Health Care Navigation Center	Minor	$15,942
7	Augusta (UD)	GA	Correct Electrical Deficiencies in Building 110 and on the Site	NRM-IM	$7,485
7	Augusta (UD)	GA	Correct Electrical Deficiencies in Building 110 and on the Site	NRM-IM	$6,360
7	Augusta (UD)	GA	Correct Mechanical Deficiencies in Bldg 110	NRM-IM	$9,900
7	Augusta (UD)	GA	Correct Site Deficiencies to Improve Safety, Parking, and Roadways	NRM-IM	$15,900
7	Augusta (UD)	GA	Correct Space Needs and Improve Women's Health Access to Specialty Services with Renovation and Addition to Building 110	Minor	$5,994
7	Augusta (UD)	GA	Correct Space Needs, Patient Safety, and Private Bed Conversion with Building 110, 2C, 2D and 2E Wing with Community Living Center Renovation and Expansion	Minor	$16,000
7	Augusta (UD)	GA	Disposal of Building 18 Enhanced Use Lease	Other	$1
7	Augusta (UD)	GA	Disposal of Building 7 Enhanced Use Lease	Other	$1
7	Augusta (UD)	GA	Disposal of Building 76 Enhanced Use Lease	Other	$1
7	Augusta (UD)	GA	Renovate Building 110 Bathroom Facilities	NRM-Sus	$6,380
7	Augusta (UD)	GA	Renovate Building 110 Halls and Walls, Phase 1	NRM-Sus	$5,500
7	Augusta (UD)	GA	Renovate Building 110, 4th Floor for Administration	NRM-Sus	$6,400
7	Augusta (UD)	GA	Renovate Primary Care Clinics - Ground Floor Building 110	NRM-Sus	$5,480
7	Augusta (UD)	GA	Renovation/Addition of Specialty Care, Phe 2	Minor	$4,140
7	Augusta (UD)	GA	Repair Curbs, Gutters and Walkways	NRM-IM	$5,965
7	Augusta (UD)	GA	Replace and Upgrade Building Fenstration Deficiencies	NRM-IM	$5,070
7	Augusta (UD)	GA	Replace Boiler Plant/CHP	NRM-IM	$9,130
7	Augusta (UD)	GA	Replace Building 110 Operable Exterior Windows	NRM-IM	$8,900
7	Augusta (UD)	GA	Upgrade/Correct Elevator Systems	NRM-IM	$5,357
7	Birmingham	AL	Construct Fisher House	Minor	$500
7	Birmingham	AL	Correct Mechanical Deficiencies, Phase II	NRM-IM	$5,500
7	Birmingham	AL	Correct Mechanical Deficiencies, Phase III	NRM-IM	$6,600
7	Birmingham	AL	Correct Plumbing Deficiencies by Replacing Critical Research Wing Domestic and Deionized Water Systems	NRM-IM	$8,017
7	Birmingham	AL	Correct Safety Deficiencies and Architectural Issues, Building 1 Ground and 3rd Floor	NRM-Sus	$5,956
7	Birmingham	AL	Expand Administrative Services	Minor Lease	$3,430
7	Birmingham	AL	Expand Specialty Care Clinics into Dental Clinic Space	NRM-Sus	$5,500
7	Birmingham	AL	Install New Finishes - 4th, 5th, and 6th Floor Patient Rooms	NRM-Sus	$7,100

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
7	Birmingham	AL	Primary Care, Ancillary/Diagnostics, and Specialty Care Clinic	Major Lease	$11,800
7	Birmingham	AL	Renovate and Relocate Operating Room Suite	Minor	$13,750
7	Birmingham	AL	Renovate Main Kitchen and Correct Equipment and Gas System Deficiencies	NRM-IM	$6,050
7	Birmingham	AL	Replace Windows Phase III	NRM-IM	$6,629
7	Birmingham	AL	Replace/Upgrade Exterior Finishes and Mechanical Systems - Research Bridge	NRM-Sus	$10,000
7	Charleston	SC	Backfill 1A Specialty Space with Administrative Services	NRM-Sus	$5,000
7	Charleston	SC	Backfill 2nd Floor DD Building with Cancer Center	NRM-Sus	$9,900
7	Charleston	SC	Backfill 2nd Floor Specialty Clinic with Radiology Expansion	NRM-Sus	$9,500
7	Charleston	SC	Backfill 3BB area with Dialysis Center	NRM-Sus	$9,900
7	Charleston	SC	Backfill 3BS with Women's Center	NRM-Sus	$9,500
7	Charleston	SC	Backfill Dialysis with ACC	NRM-Sus	$7,700
7	Charleston	SC	Charleston Parking Lease 3	Minor Lease	$415
7	Charleston	SC	Charlie/Delta Street and Elevated Road Deck Replacement	NRM-IM	$9,997
7	Charleston	SC	Consolidate Administrative Offices	Minor Lease	$2,905
7	Charleston	SC	Construct Second Parking Deck	Minor	$19,000
7	Charleston	SC	Correct 5th Floor Deficiencies	NRM-IM	$9,804
7	Charleston	SC	Correct Electrical Deficiencies Phase 4	NRM-IM	$8,800
7	Charleston	SC	Correct Security Issues Phase 2	NRM-IM	$6,500
7	Charleston	SC	Correct Seismic Deficiencies by Replacing 2nd Floor Modular Buildings for Clinical Support Services, Phase I	Minor	$13,014
7	Charleston	SC	Correct Sterile/Clean Supply Storage Rooms and Procedure Rooms Deficiencies	NRM-IM	$6,234
7	Charleston	SC	Dental and Specialty Clinic - Savannah	Minor Lease	$850
7	Charleston	SC	Georgetown CBOC	Minor Lease	$1,800
7	Charleston	SC	Health Care Center	Major Lease	$28,500
7	Charleston	SC	Hinesville CBOC	Major Lease	$15,000
7	Charleston	SC	Move Prosthetics and Rehab Medicine to First Floor DD Building	NRM-Sus	$5,500
7	Charleston	SC	Renovate Common and Support Areas Ph 4	NRM-Sus	$8,800
7	Charleston	SC	Renovate Electrical/Telephone Closets Ph 2	NRM-IM	$9,005
7	Charleston	SC	Renovate Vacated 3rd Floor for Specialty Clinic	NRM-Sus	$5,500
7	Charleston	SC	Renovate Vacated 4th Floor for Specialty Clinic	NRM-Sus	$5,500
7	Charleston	SC	Replace Roofs Phase 2	NRM-IM	$5,000
7	Charleston	SC	Replace Sprinkler and Ceiling Components	NRM-IM	$7,700
7	Charleston	SC	Roof Replacement Phase 3	NRM-IM	$8,300
7	Charleston	SC	Savannah CBOC	Major Lease	$23,250
7	Charleston	SC	Update Mechanical Systems Phase 2	NRM-IM	$8,800
7	Charleston	SC	Women's Center	Minor Lease	$720

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
7	Columbia	SC	Bed Tower Replacement	Major	$342,206
7	Columbia	SC	Construct Behavioral Health Center of Excellence Addition	Minor	$9,307
7	Columbia	SC	Construct Center for Rehabilitative Services	Minor	$9,954
7	Columbia	SC	Construct Dental Building to Create Expanded Laboratory Access	Minor	$16,099
7	Columbia	SC	Construct Diagnostic, Treatment, and Clinic Building	Major	$113,000
7	Columbia	SC	Construct LINAC Building	Minor	$1,760
7	Columbia	SC	Construct Medical Clinic	Minor	$13,820
7	Columbia	SC	Construct Outpatient Optometric Treatment Center	Minor	$7,787
7	Columbia	SC	Construct Prosthetic and Sensory Aid Center	Minor	$7,200
7	Columbia	SC	Correct Building 9 Seismic Deficiencies	Seismic	$4,077
7	Columbia	SC	Correct Patient Privacy Issues on Inpatient Mental Health Ward, Building 106	NRM-Sus	$6,246
7	Columbia	SC	Expand Community Living Center	Minor	$16,000
7	Columbia	SC	Expand Parking, Improve Patient Safety and Enhance Access to Main Hospital	Minor	$9,910
7	Columbia	SC	Florence CBOC	Minor Lease	$6,500
7	Columbia	SC	Implement Water Conservation Measures	NRM-IM	$6,050
7	Columbia	SC	Renovate 2East Building 100A / 100 for Increased Access	NRM-Sus	$5,003
7	Columbia	SC	Renovate 4 South - Master Plan	NRM-Sus	$5,940
7	Columbia	SC	Renovate 4W Medical Beds to Private	NRM-Sus	$5,546
7	Columbia	SC	Renovate Ambulatory Surgery Suite in Building 100	NRM-Sus	$8,800
7	Columbia	SC	Renovate Building 10 for Primary Care	NRM-Sus	$8,510
7	Columbia	SC	Renovate Building 100A for Dialysis Center	NRM-Sus	$5,325
7	Columbia	SC	Renovate Canteen in Building 100	NRM-Sus	$5,960
7	Columbia	SC	Renovate Digestive Disease Endoscopy Services	NRM-Sus	$6,650
7	Columbia	SC	Renovate OR Suite	NRM-Sus	$8,800
7	Columbia	SC	Renovate OR Suite Phase II	NRM-Sus	$9,200
7	Columbia	SC	Renovate Research Laboratories Phase III	NRM-Sus	$5,802
7	Columbia	SC	Repair and Resurface Parking Lots	NRM-IM	$5,500
7	Columbia	SC	Spartanburg Health Care Center	Major Lease	$5,980
7	Columbia	SC	Swing Space to Improve Clinical Space	Minor	$7,700
7	Columbia	SC	Upgrade Raulands Responder lV	NRM-IM	$9,900
7	Dublin	GA	Consolidate "Quality of Life Services" by Constructing Dental, Audiology, and Eye Clinic	Minor	$15,254
7	Dublin	GA	Construct Domiciliary to Correct Patient Privacy Issues	Minor	$10,200
7	Dublin	GA	Construct Mental Health Clinic Addition	Minor	$7,700
7	Dublin	GA	Construct Outpatient Specialty Care Clinic	Minor	$1,680
7	Dublin	GA	Correct Architectural Deficiencies on Campus	NRM-IM	$10,858

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
7	Dublin	GA	Correct Campus Physical Security Deficiencies	Minor	$8,070
7	Dublin	GA	Correct Roofs and Exterior Wall Deficiencies throughout the Campus	NRM-IM	$6,400
7	Dublin	GA	Correct Sanitary and Storm Water Deficiencies on Site	NRM-IM	$5,819
7	Dublin	GA	Correct Seismic Deficiencies Building 11	NRM-IM	$6,262
7	Dublin	GA	Expand Hospice Care Unit	Minor	$3,850
7	Dublin	GA	Install 2.5 MW Solar PV System for Energy Savings	NRM-IM	$8,800
7	Dublin	GA	Milledgeville CBOC	Minor Lease	$2,425
7	Dublin	GA	Renovate 15A for Whole Health and Mental Health Initiatives	NRM-Sus	$5,018
7	Dublin	GA	Renovate 17B and 19B for CLC Specialty Care Space	NRM-Sus	$7,260
7	Dublin	GA	Renovate 3B for Lab and Pathology Expansion	NRM-Sus	$5,552
7	Dublin	GA	Renovate and Expand Pharmacy Services	Minor	$15,440
7	Dublin	GA	Replace and Improve Miscellaneous Electrical Items	NRM-IM	$12,100
7	Dublin	GA	Repurpose Support Space into Swing Space	NRM-Sus	$8,800
7	Montgomery	AL	Columbus Clinic, Muscogee, GA	Minor Lease	$1,610
7	Montgomery	AL	Columbus, GA CBOC	Minor Lease	$2,121
7	Montgomery	AL	Compensated Work Therapy Housing Lease	Minor Lease	$236
7	Montgomery	AL	Compensated Work Therapy Housing Lease - West	Minor Lease	$116
7	Montgomery	AL	Construct Building 40 Replacement - West	Minor	$15,192
7	Montgomery	AL	Construct Parking Garage - Phase I - West Campus	Minor	$9,350
7	Montgomery	AL	Construct Parking Garage - Phase II - West Campus	Minor	$9,350
7	Montgomery	AL	Correct Architectural Deficiencies in Bldg 1	NRM-IM	$7,022
7	Montgomery	AL	Correct Building 1 Emergency Power Deficiencies	NRM-IM	$6,000
7	Montgomery	AL	Correct Deficiencies in Boiler Plant, Bldg 14	NRM-IM	$10,499
7	Montgomery	AL	Correct Deficiencies in Mission Critical Buildings	NRM-IM	$9,020
7	Montgomery	AL	Correct Deficiencies in Patient Care Areas, Building 1	NRM-IM	$7,150
7	Montgomery	AL	Correct Elevator Deficiencies, Phase II	Other	$1,375
7	Montgomery	AL	Correct Life Safety and Patient Care Deficiencies	NRM-IM	$6,000
7	Montgomery	AL	Correct Mechanical Deficiencies, Phase II	NRM-IM	$7,150
7	Montgomery	AL	Correct OR Emergency Power Deficiencies	NRM-IM	$6,050
7	Montgomery	AL	Correct Physical Security Deficiencies -Phase 1	NRM-Sus	$8,250
7	Montgomery	AL	Correct Water Tower Deficiencies	NRM-IM	$6,000
7	Montgomery	AL	Expand Imaging Services in Building 1 Ground Level	NRM-Sus	$5,703

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
7	Montgomery	AL	Expand Specialty Care Services	NRM-Sus	$6,930
7	Montgomery	AL	Implement Holistic Feasibility Study Recommendations	NRM-IM	$8,000
7	Montgomery	AL	Improve and Renovate Various Areas for Pharmacy, Pathology and Surgery - West	NRM-Sus	$9,499
7	Montgomery	AL	Improve Energy Options - Replace Boiler Plant/Co Generation	NRM-IM	$12,280
7	Montgomery	AL	Replace Air Handling Equipment and Add Generator, Building 1	NRM-IM	$10,094
7	Montgomery	AL	Replace Plumbing Valves in Building 1 - West Campus	NRM-IM	$5,000
7	Tuscaloosa	AL	Construct Outpatient Mental Health Addition	Minor	$9,399
7	Tuscaloosa	AL	Correct Accessibility Deficiencies, Bldg 137	NRM-IM	$9,908
7	Tuscaloosa	AL	Correct Building 135 Mechanical Deficiencies	NRM-IM	$5,170
7	Tuscaloosa	AL	Correct Building 41 and 137 Accessibility and Interior Deficiencies	NRM-IM	$27,500
7	Tuscaloosa	AL	Correct Deficiencies in Building 1	NRM-IM	$9,350
7	Tuscaloosa	AL	Correct Deficiencies in Building 40 - Phase I	NRM-IM	$8,145
7	Tuscaloosa	AL	Correct Deficiencies in Chiller Plant	NRM-IM	$6,600
7	Tuscaloosa	AL	Correct Interior Deficiencies, Building 39	NRM-IM	$9,900
7	Tuscaloosa	AL	Correct Non Structural Components and Equipment-Seismic Deficiencies	NRM-IM	$12,538
7	Tuscaloosa	AL	Correct Sanitary Sewer, Water Main, and Fire Protection Deficiencies	NRM-IM	$9,900
7	Tuscaloosa	AL	Expand Dental Clinic	Minor	$2,750
7	Tuscaloosa	AL	Expand Laundry Services	Minor	$2,494
7	Tuscaloosa	AL	Expand Mental Health Outpatient	NRM-Sus	$5,500
7	Tuscaloosa	AL	Improve Site Conditions, Phase II	NRM-IM	$9,850
7	Tuscaloosa	AL	Install CHP Plant	NRM-IM	$9,990
7	Tuscaloosa	AL	Modernize Buildings 63 and 135	NRM-Sus	$5,273
7	Tuscaloosa	AL	Provide Emergency Power to Chiller Plant	NRM-IM	$5,325
7	Tuscaloosa	AL	Restore Masonry on Exterior Walls	NRM-IM	$6,310
7	Tuscaloosa	AL	Selma CBOC	Minor Lease	$169
7	Tuskegee	AL	Construct Community Living Center Cottage - II	Minor	$16,000
7	Tuskegee	AL	Construct Community Living Center Cottage - III	Minor	$16,000
7	Tuskegee	AL	Construct Community Living Center Cottage - IV	Minor	$5,464
7	Tuskegee	AL	Construct Community Living Center Cottage - V	Minor	$6,000
7	Tuskegee	AL	Construct Community Living Cottage - I	Minor	$16,000
7	Tuskegee	AL	Construct Inpatient Mental Health Facility	Minor	$4,446
7	Tuskegee	AL	Correct Deficiencies in Building 90	NRM-IM	$9,020
7	Tuskegee	AL	Correct Deficiencies in Buildings 3A and 83	NRM-IM	$9,350

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
7	Tuskegee	AL	Correct Deficiencies in Mission Critical Buildings	NRM-IM	$8,250
7	Tuskegee	AL	Correct Electrical, Mechanical, Transport and Architectural Deficiencies in Bldgs 3A and 83	NRM-IM	$10,325
7	Tuskegee	AL	Correct Life Safety Deficiencies in Buildings, Phase II	NRM-IM	$5,060
7	Tuskegee	AL	Correct Life Safety Deficiencies in Mission Critical Buildings	NRM-IM	$6,930
7	Tuskegee	AL	Correct Life Safety, Electrical, Plumbing Deficiencies	NRM-IM	$6,025
7	Tuskegee	AL	Correct Plumbing Deficiencies	NRM-IM	$8,250
7	Tuskegee	AL	Demolish Bldgs 1, 7, 8, 9, 10, 44, 50 and 51	NRM-IM	$6,270
7	Tuskegee	AL	Expand and Construct an Outpatient Center - North	Minor	$9,000
7	Tuskegee	AL	Expand and Construct an Outpatient Center - South	Minor	$3,000
7	Tuskegee	AL	Implement Holistic Feasibility Study Recommendation	NRM-IM	$5,000
7	Tuskegee	AL	Improve Building 68 - Mechanical Renovations	NRM-IM	$5,408
7	Tuskegee	AL	Renovate Bldg 120 for Inpatient Mental Health	NRM-Sus	$9,350
7	Tuskegee	AL	Renovate Building 10	NRM-Sus	$10,151
7	Tuskegee	AL	Renovate Building 19 for Community Living Center	NRM-Sus	$9,321
7	Tuskegee	AL	Renovate Building 20 for Community Living Center	NRM-Sus	$8,018
7	Tuskegee	AL	Renovate Building 3A for Specialty Care	NRM-Sus	$5,420
7	Tuskegee	AL	Renovate Building 50 for Rehab and Alternative Therapy	NRM-Sus	$12,399
7	Tuskegee	AL	Renovate Primary Care and Geriatrics Clinics, Building 83-1	NRM-Sus	$6,357
7	Tuskegee	AL	Replace Fire Alarm System for Buildings 2, 3, 3A, 4, 4A, 5, 83, 120 and 129	NRM-IM	$7,193
7	Tuskegee	AL	Replace Generators and Connected Electrical Equipment	NRM-IM	$5,550
7	Tuskegee	AL	Replace/Improve Interior/Accessibility Items	NRM-IM	$7,700
8	Bay Pines	FL	Construct Audiology/Ear Nose and Throat/Speech Clinic	Minor	$9,515
8	Bay Pines	FL	Construct Drive-Through Outpatient Pharmacy	Minor	$8,773
8	Bay Pines	FL	Construct Parking Garage 2 (Lot 3)	Minor	$15,999
8	Bay Pines	FL	Construct Parking Garage 3 (Lot 8)	Minor	$5,533
8	Bay Pines	FL	Expand Imaging - Lee County Healthcare Center	Minor	$6,680
8	Bay Pines	FL	Improve Traffic Flow on Campus	NRM-IM	$5,690
8	Bay Pines	FL	Renovate Mods B and D for Specialty Care Clinics	NRM-Sus	$6,600
8	Gainesville	FL	Air Handling Units 3 Phase II	NRM-IM	$14,300

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
8	Gainesville	FL	Construct Central Chiller Plant	NRM-IM	$40,000
8	Gainesville	FL	Construct Diagnostic and Specialty Care Building	Major	$75,000
8	Gainesville	FL	Construct Logistics Center	Minor	$6,950
8	Gainesville	FL	Construct Parking Garage 1	Minor	$15,855
8	Gainesville	FL	Construct Parking Garage 4	Minor	$17,914
8	Gainesville	FL	Construct Parking Garage 5	Minor	$16,775
8	Gainesville	FL	Dental Clinic	Minor Lease	$595
8	Gainesville	FL	Domiciliary	Major Lease	$2,700
8	Gainesville	FL	Expand Administrative Building Phase 2	Minor	$15,907
8	Gainesville	FL	Expand Horizontal Parking Garage 3 (Liberty) Level 1-2	Minor	$15,500
8	Gainesville	FL	Expand Vertical Parking Garage 3 (Liberty) Levels 3-7	Minor	$18,600
8	Gainesville	FL	Improve Physicals Security	NRM-IM	$8,800
8	Gainesville	FL	Jacksonville 1 Outpatient Clinic	Major Lease	$11,130
8	Gainesville	FL	Levy County Rural Health Clinic	Minor Lease	$383
8	Gainesville	FL	Prosthetics DME Program and Telecare	Minor Lease	$746
8	Gainesville	FL	Remediate Asbestos and Mold	NRM-IM	$5,500
8	Gainesville	FL	Remove Radiant Panel Ceiling	NRM-Sus	$12,000
8	Gainesville	FL	Renovate Building 12	NRM-Sus	$11,200
8	Gainesville	FL	Repair HVAC Deficiencies	NRM-IM	$14,000
8	Gainesville	FL	Replace Hospital Finishes Phase 1	NRM-IM	$8,800
8	Gainesville	FL	Replace Hospital Finishes Phase 2	NRM-Sus	$8,800
8	Gainesville	FL	Replace Hospital Finishes Phase 3	NRM-Sus	$9,000
8	Gainesville	FL	Replacement Hospital	Major	$564,000
8	Miami	FL	Abate Asbestos Containing Mastic Adhesive and HVAC	NRM-IM	$8,281
8	Miami	FL	Additional Mental Health Ambulatory Care Department	NRM-Sus	$5,470
8	Miami	FL	Broward County Clinical Annex	Minor Lease	$1,799
8	Miami	FL	Convert Non-private Rooms to Private	NRM-Sus	$5,000
8	Miami	FL	Expand and Renovate Front Lobby and Primary Care	Minor	$8,778
8	Miami	FL	Expand Clinical Support and Treatment Center	Minor	$15,550
8	Miami	FL	Expand Community Living Center Bldg 10 and Relocate Offices, CLC 4	Minor	$19,026
8	Miami	FL	Expand Key West Clinic	Other	$220
8	Miami	FL	Expand Parking Garage	Minor	$17,850
8	Miami	FL	Home Based Primary Care	Minor Lease	$650
8	Miami	FL	Install Solar Panels in Auxiliary Parking Area	NRM-IM	$6,270
8	Miami	FL	Primary Care Clinical for Main Hospital	Minor	$15,939
8	Miami	FL	Relocate ENT, Specialty Dare and Dermatology	NRM-Sus	$5,250
8	Miami	FL	Relocate Human Resources to 10th Floor Building 1	Minor	$1,299
8	Miami	FL	Relocate Research	NRM-Sus	$6,262

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8	Miami	FL	Renovate 4AB for the Eye Clinic	NRM-IM	$11,644
8	Miami	FL	Renovate Interior Corridor in Building 1 Phase 3 Floors 4-12	NRM-Sus	$7,200
8	Miami	FL	Renovate Interior Corridors Building 1 2nd and 3rd Floors Phase 2	NRM-Sus	$7,700
8	Miami	FL	Renovate Pathology and Laboratory Third Floor Main Hospital	NRM-Sus	$10,075
8	Miami	FL	Renovate the Fourth Floor of the Community Living Center for Spinal Cord Injury Long Term Care	NRM-Sus	$8,400
8	Miami	FL	Replace and Relocate Electrical Panelboards/Transformers Building 1	NRM-IM	$8,800
8	Miami	FL	Replace Sanitary Sewer Main Floors 3, 4 and 5 and Branches Phase II	NRM-IM	$10,000
8	Miami	FL	Replace Sanitary Sewer Main Floors 6, 7 and 8 and Branches Phase III	NRM-Sus	$10,000
8	Miami	FL	Specialty Care Cluster Relocation	NRM-Sus	$5,210
8	Miami	FL	Upgrade Site Utilities	NRM-IM	$8,113
8	Orlando	FL	Acquire/Expand Primary Care Clinics	Major	$24,479
8	Orlando	FL	Construct Bed Tower at Lake Nona	Major	$137,244
8	Orlando	FL	Demo Med Beds	NRM-IM	$11,000
8	Orlando	FL	Install Solar Photovoltaic Canopy Systems - Lake Nona	NRM-IM	$8,800
8	Orlando	FL	Upgrade Lake Nona Building Automation System Infrastructure	NRM-IM	$8,000
8	San Juan	PR	Acquire Land to Expand the Community Living Center	Minor	$17,870
8	San Juan	PR	Construct Energy Center	NRM-IM	$27,669
8	San Juan	PR	Correct Deficiencies at OIT Rooms	NRM-IM	$10,051
8	San Juan	PR	Establish a VA and DoD Clinic at Fort Buchanan	Other	$18,069
8	San Juan	PR	Relocate Clinical Functions to Centro Comprensivo de Cancer	Other	$11,100
8	San Juan	PR	Renovate and Expand Emergency Department Ancillary Support Functions	Minor	$6,493
8	San Juan	PR	Renovate Food and Nutrition Kitchen	NRM-Sus	$7,687
8	San Juan	PR	Renovate San Juan Primary Care and Collocate Mental Health Clinics	NRM-Sus	$10,300
8	San Juan	PR	Upgrade Main Chiller Plant Capacity and Distribution	NRM-IM	$9,676
8	Tampa	FL	Consolidate Clinical Leases	Major Lease	$21,099
8	Tampa	FL	Construct Ambulatory Surgery Center, 1st and 2nd Floors	Minor	$19,600
8	Tampa	FL	Construct Emergency Department and Inpatient Mental Health Building with Parking Garage	Major	$200,514
8	Tampa	FL	Construct Waste Water Storage	NRM-IM	$5,500

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
8	Tampa	FL	Construction Post-deployment, Rehabilitation, and Evaluation Program and Outpatient Clinics	Major	$151,777
8	Tampa	FL	Renovate 3 North for GI	NRM-Sus	$9,900
8	Tampa	FL	Renovate Building 1-2nd Floor for Support Services	NRM-Sus	$7,006
8	Tampa	FL	Renovate Building 1-Ground Floor N and FS for Logistics	NRM-Sus	$17,960
8	Tampa	FL	Renovate Building 32, 1st floor - Oncology Diagnostic Services	NRM-Sus	$16,709
8	Tampa	FL	Renovate Community Living Center Phase II	NRM-IM	$9,900
8	Tampa	FL	Replace Air Handler Units 1, 2, 3 and 4	NRM-IM	$6,450
8	Tampa	FL	Replace Condens Water Sys, Steam Distrib and Reheats Bldg1	NRM-IM	$7,150
8	Tampa	FL	Replace Magnetic Resonance Imaging HVAC Building 1, Phase 1	NRM-IM	$5,720
8	Tampa	FL	Replace Stormwater Distribution System Building 1	NRM-IM	$9,045
8	Tampa	FL	Tampa Facilities Master Plan	Other	$0
8	Tampa	FL	Upgrade Campus Roads, Sidewalks and Lighting	NRM-IM	$9,900
8	Tampa	FL	Upgrade Medical Gas Distribution in Building 39 CEP	NRM-IM	$5,500
8	West Palm Beach	FL	Acquire Multi-Specialty Clinic	Major	$113,073
8	West Palm Beach	FL	Construct Blind Rehabilitation Unit	Minor	$15,873
8	West Palm Beach	FL	Construct Outpatient Multispecialty Clinic	Major	$65,000
8	West Palm Beach	FL	Enclose 3rd Floor Terrace for Specialty Care	Minor	$3,320
8	West Palm Beach	FL	Enhance Access in Outpatient Rehab and Pain Management	NRM-Sus	$7,007
8	West Palm Beach	FL	Enhance Privacy of 6B by Converting Semi-Private to Private Rooms	NRM-Sus	$6,000
8	West Palm Beach	FL	Enhance Privacy of 7B by Converting Semi-Private to Private Rooms	NRM-Sus	$5,500
8	West Palm Beach	FL	Expand Community Living Center for Long Term Care	Major	$23,800
8	West Palm Beach	FL	Expand Oncology Infusion Center	Minor	$1,683
8	West Palm Beach	FL	Install Site Perimeter Fence	NRM-Sus	$5,500
8	West Palm Beach	FL	Northern Catchment CBOC	Major Lease	$30,880
8	West Palm Beach	FL	Primary Care Mental Health Integration	Major Lease	$10,676

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8	West Palm Beach	FL	Renovate Ambulatory Care Unit 5A	NRM-Sus	$5,036
8	West Palm Beach	FL	Replace Flooring and Ceiling Tiles in High Traffic Areas	NRM-IM	$5,500
8	West Palm Beach	FL	Southern Catchment Multi Specialty Clinic	Major Lease	$20,370
8	West Palm Beach	FL	Vero Beach CBOC	Minor Lease	$4,905
9	Lexington	KY	Activate Hybrid OR 7 and 8	NRM-Sus	$5,500
9	Lexington	KY	Construct Radiology/Pharmacy Building	Minor	$14,800
9	Lexington	KY	Install Ground Based Photovoltaic System	NRM-IM	$13,260
9	Lexington	KY	Renovate 1 Ground for Nutrition and Food Service, Logistics and EMS	NRM-Sus	$7,700
9	Lexington	KY	Renovate 2 West for SPS	NRM-Sus	$5,800
9	Lexington	KY	Renovate and Repair Building 28 Ground	NRM-Sus	$8,200
9	Lexington	KY	Renovate Building 1 for Administration and Support Functions	NRM-Sus	$13,500
9	Lexington	KY	Renovate Building 16 for Primary Care	NRM-Sus	$15,000
9	Lexington	KY	Renovate Building 17 for Administration and Support Functions	NRM-Sus	$12,000
9	Lexington	KY	Renovate Building 29 1st and Ground Floors for Primary Care	NRM-Sus	$12,300
9	Lexington	KY	Renovate Pathology and Lab - Bowling	NRM-Sus	$9,300
9	Lexington	KY	Replace Main Electrical Distribution Equipment, Bowling	NRM-IM	$6,000
9	Louisville	KY	Construct Community Living Center	Major	$82,500
9	Louisville	KY	Convert Research Space to Specialty Care	NRM-Sus	$11,500
9	Louisville	KY	Demolish Hospital Building 1	NRM-Sus	$17,134
9	Louisville	KY	Renovate 7 North Inpatient Mental Health	NRM-Sus	$5,005
9	Louisville	KY	Renovate Pathology, 3rd Floor Lab	NRM-Sus	$6,600
9	Louisville	KY	Replace Drain, Waste and Vent Phase 2	NRM-IM	$6,050
9	Louisville	KY	Whole Health Clinic	Minor	$19,800
9	Memphis	TN	Construct Building 5 Addition for Dialysis and OEF/OIF/OND	Minor	$11,651
9	Memphis	TN	Construct Building 7 SCI/D 2nd Floor Addition Ward 2E	Minor	$18,921
9	Memphis	TN	Construct Building 7 SCI/D 2nd Floor Addition Ward 2W	Minor	$11,613
9	Memphis	TN	Construct Building 7 SCI/D Outpatient Addition South	Minor	$11,536
9	Memphis	TN	Expand and Renovate Bldg 10 Engineering	Minor	$4,164
9	Memphis	TN	Install Emergency Water Supply System	NRM-IM	$7,210
9	Memphis	TN	Renovate Building 1A 2nd Floor Cardio/Pulmonary	NRM-Sus	$6,798
9	Memphis	TN	Renovate Bldg 1A 3rd Floor to Relocate SPS	NRM-Sus	$7,443

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9	Memphis	TN	Renovate Building 1A 4th Floor Ward 4E Surgical Beds for Patient Privacy	NRM-Sus	$5,498
9	Memphis	TN	Renovate Building 1A 5th Floor Ward 5E Medical Beds for Patient Privacy	NRM-Sus	$5,325
9	Memphis	TN	Renovate Building 1A 5th Floor Ward 5G Medical Beds for Patient Privacy	NRM-Sus	$5,591
9	Memphis	TN	Renovate Building 7 Ground Floor Research	NRM-Sus	$16,460
9	Memphis	TN	Replace Building 1 HVAC Induction Units and Piping	NRM-IM	$9,630
9	Memphis	TN	Replace Building 5 Air-Handling Units	NRM-IM	$7,210
9	Mountain Home	TN	Correct Historic Admin Building 34 Environment and Condition Deficiencies	NRM-Sus	$9,350
9	Mountain Home	TN	Correct IT Network Deficiencies for EHRM	NRM-IM	$13,200
9	Mountain Home	TN	Dannie Carr Veterans Outpatient Clinic	Minor Lease	$45
9	Mountain Home	TN	Knoxville Health Care Center	Major Lease	$27,800
9	Mountain Home	TN	Relocate Acute Inpatient Mental Health Ward Building 200	NRM-Sus	$11,550
9	Murfreesboro	TN	Construct Community Living Center North	Minor	$18,700
9	Murfreesboro	TN	Construct Community Living Center South	Minor	$15,999
9	Murfreesboro	TN	Convert Columbia VA Clinic to VA Staffed and Leased Site	Minor Lease	$6,240
9	Murfreesboro	TN	Improve Site Water, Sewer and Drainage	NRM-IM	$17,600
9	Murfreesboro	TN	Renovate Building 6 East	NRM-Sus	$9,296
9	Murfreesboro	TN	Repair Retainage Walls and Dredge Lake	NRM-IM	$6,160
9	Murfreesboro	TN	Upgrade Building 6 West	NRM-Sus	$9,296
9	Murfreesboro	TN	Upgrade Critical Environments	NRM-IM	$9,117
9	Murfreesboro	TN	Upgrade Electrical Distribution	NRM-IM	$6,493
9	Murfreesboro	TN	Upgrade Mechanical Room Systems	NRM-IM	$5,645
9	Murfreesboro	TN	Upgrade Steam Distribution System	NRM-IM	$15,180
9	Nashville	TN	Compensation and Pension Clinic	Minor Lease	$202
9	Nashville	TN	Construct ED, Surgical and Clinical Addition	Major	$220,000
9	Nashville	TN	Convert Bowling Green VA Clinic to VA Staffed and Leased Site	Minor Lease	$6,240
9	Nashville	TN	Install Solar Photovoltaic System, Combined Heat and Power Plant and Ground Source Heat Pump Systems	NRM-IM	$13,300
9	Nashville	TN	Renovate Imaging Center	NRM-Sus	$9,363
9	Nashville	TN	Renovate Specialty Clinics and Infusion Center	Minor	$13,624
9	Nashville	TN	Renovate Transplant Center of Excellence	NRM-Sus	$12,880
9	Nashville	TN	Renovate Ward 2 North	NRM-Sus	$11,760
9	Nashville	TN	Renovate Ward 2G	NRM-Sus	$11,760
9	Nashville	TN	Upgrade Critical Environments	NRM-IM	$9,072
9	Nashville	TN	Upgrade Mechanical Room Systems I	NRM-IM	$6,086

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10	Ann Arbor	MI	Adrian CBOC	Minor Lease	$350
10	Ann Arbor	MI	Construct Administrative Building to Consolidate/Eliminate Leases	Minor	$15,980
10	Ann Arbor	MI	Construct Exam Spaces in Emergency Department	NRM-Sus	$6,930
10	Ann Arbor	MI	Health Care Research and Development	Minor Lease	$892
10	Ann Arbor	MI	Howell CBOC	Minor Lease	$350
10	Ann Arbor	MI	Modernize the 5th Floor Inpatient Med/Surg Unit (Privacy/Infection Control)	NRM-Sus	$9,900
10	Ann Arbor	MI	Modernize, Update and Right Size Clinical Lab Services	Minor	$15,350
10	Ann Arbor	MI	Procure the Existing Modular Building	Minor	$3,202
10	Ann Arbor	MI	Renovate and Update Dental Suite	NRM-Sus	$6,534
10	Ann Arbor	MI	Renovate Research Space to Support the Growing Demand for Clinical Research/Trials	NRM-Sus	$15,600
10	Ann Arbor	MI	Upgrade Elevators	NRM-IM	$6,710
10	Battle Creek	MI	Enlarge Laundry Storage Area, Building 145	Minor	$3,416
10	Battle Creek	MI	Renovate Covered Walkway	NRM-IM	$5,600
10	Chillicothe	OH	Correct Energy Deficiencies and Increase Energy Conservation	NRM-IM	$9,350
10	Chillicothe	OH	Initiate Compliance with the Physical Design Manual Assessment Report	NRM-IM	$9,900
10	Chillicothe	OH	Relocate Digestive/GI Clinic to Building 31	Minor	$13,200
10	Chillicothe	OH	Relocate Surgery Specialties and Outpatient Pharmacy	Minor	$11,000
10	Chillicothe	OH	Renovate 1st and 2nd Floor B31 for Medical Administrative Space	NRM-Sus	$10,000
10	Chillicothe	OH	Renovate Space for Fully Integrated PACT and Primary Care Mental Health Program, Building 31	NRM-Sus	$9,000
10	Chillicothe	OH	Upgrade Electrical System	NRM-IM	$9,900
10	Chillicothe	OH	Upgrade Emergency Generators and Utility Interconnect	NRM-IM	$8,500
10	Cincinnati	OH	Construct Inpatient Mental Health Clinic - 7th Floor	Minor	$9,400
10	Cincinnati	OH	Construct Research Addition Phase V	Minor	$9,278
10	Cincinnati	OH	Improve Building Envelope	NRM-IM	$12,500
10	Cincinnati	OH	Install Boilers	NRM-IM	$25,400
10	Cincinnati	OH	Install Natural Gas Generator	NRM-IM	$6,905
10	Cincinnati	OH	Modernize Nurse Call	NRM-Sus	$4,540
10	Cincinnati	OH	Perform Energy Efficiency Upgrades	NRM-IM	$6,980
10	Cincinnati	OH	Relocate Audiology and ENT from Basement	Minor	$13,911
10	Cincinnati	OH	Replace Air Handlers	NRM-IM	$6,880
10	Cincinnati	OH	Replace FTD Air Handler Units	NRM-IM	$11,650
10	Cincinnati	OH	Replace Radiators with Hot Water	NRM-IM	$17,100
10	Cincinnati	OH	Upgrade Domiciliary Beds, Fort Thomas	NRM-Sus	$6,800

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
10	Cleveland	OH	Acquire Health Care Center	Major	$237,700
10	Cleveland	OH	Improve Sub-basement Plumbing and Air Quality	NRM-IM	$13,000
10	Cleveland	OH	Independence Admin Space	Minor Lease	$555
10	Cleveland	OH	Medina CBOC	Minor Lease	$3,919
10	Cleveland	OH	Renovate Module G and H	NRM-Sus	$8,000
10	Cleveland	OH	Replace VAV Boxes	NRM-IM	$8,000
10	Columbus	OH	Construct Inpatient Addition	Major	$40,481
10	Columbus	OH	Expand Behavioral Health and Endocrinology	Minor	$14,500
10	Columbus	OH	Expand Parking Garage	Minor	$16,007
10	Columbus	OH	Relocate Urgent Care and Specialty Clinics	Minor	$16,000
10	Dayton	OH	Construct Boiler Plant	NRM-IM	$18,700
10	Dayton	OH	Construct Community Living Center, 2nd Unit	Minor	$9,680
10	Dayton	OH	Construct Community Living Center, 3rd Unit and Activity Center	Minor	$9,800
10	Dayton	OH	Construct Medical Learning Center	Minor	$8,741
10	Dayton	OH	Increase Signal System Infrastructure	NRM-IM	$7,773
10	Detroit	MI	Correction of Life Safety Deficiencies	NRM-IM	$5,500
10	Detroit	MI	Refurbish Atrium	NRM-Sus	$14,520
10	Detroit	MI	Replace Ceiling Tile Grid and Ceiling Tiles Throughout Medical Center	NRM-IM	$5,500
10	Detroit	MI	Replace Sprinkler System Piping Phase III	NRM-IM	$9,185
10	Detroit	MI	Upgrade Building Management System Cabling	NRM-IM	$9,800
10	Ft. Wayne	IN	Build Loading Dock	Minor	$3,125
10	Ft. Wayne	IN	Renovate 5th Floor	NRM-Sus	$8,500
10	Indianapolis	IN	Construct Replacement Medical Center	Major	$1,744,360
10	Indianapolis	IN	Homeless Domiciliary	Minor Lease	$110
10	Indianapolis	IN	Hoptel	Minor Lease	$286
10	Indianapolis	IN	Install Modular Vivarium	Minor	$10,300
10	Indianapolis	IN	Repair and Replace HVAC Systems	NRM-IM	$8,215
10	Indianapolis	IN	Upgrade Information Technology Infrastructure	NRM-IM	$6,610
10	Indianapolis	IN	Veteran Wellness Center	Minor Lease	$62
10	Marion	IN	Construction Community Living Center	Major	$58,720
10	Marion	IN	Expand Community Living Center	Minor	$17,700
10	Saginaw	MI	Construct Sensory Service Building	Minor	$12,200
10	Saginaw	MI	Domestic Water and Restroom Renovation Floors 3, 4 and 5	NRM-IM	$5,600
10	Saginaw	MI	Renovate Building 22 Basement	NRM-Sus	$5,920
12	Chicago	IL	Adam Benjamin, Jr. Crown Point CBOC	Major Lease	$1,920
12	Chicago	IL	Chicago Administrative (JB Swing Space)/Telehealth	Minor Lease	$660
12	Chicago	IL	Outpatient Clinic	Major Lease	$49,246
12	Chicago	IL	Renovate Outpatient Dialysis - Taylor Bldg 1st floor	NRM-Sus	$5,533
12	Chicago	IL	Replace Air Handlers Odgen/Taylor	NRM-Sus	$8,745

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
12	Danville	IL	Construct Community Center for LTSS Neighborhood	Minor	$12,957
12	Danville	IL	Construct Engineering Storage Facility	Minor	$5,994
12	Hines	IL	Construct Ambulatory Surgery Center	Major	$76,688
12	Hines	IL	Construct Multi-level Parking Garage	Minor	$17,043
12	Hines	IL	Construct New Toilet Rooms in Building 1	Minor	$8,453
12	Hines	IL	Drive-thru Vaccination Station	Minor	$1,247
12	Hines	IL	Expansion of the Emergency Department	Minor	$3,331
12	Hines	IL	Renovate FMS Shops, Building 8	NRM-Sus	$9,487
12	Hines	IL	Renovate Front and Rear Entrances, Bldg 200	Minor	$1,245
12	Hines	IL	Renovate Outer Corridor	Minor	$6,651
12	Hines	IL	Upgrade Fire Protection, Domestic and Sanitary Water Lines, Building 200	NRM-IM	$6,280
12	Iron Mountain	MI	Replace Front Entrance Drive	Other	$1,050
12	Madison	WI	Add Emergency Generator Systems	NRM-Sus	$8,000
12	Madison	WI	Beaver Dam CBOC	Minor Lease	$2,570
12	Madison	WI	Expand and Renovate Building 12	Minor	$12,200
12	Madison	WI	Expand ED/Admissions	Minor	$13,900
12	Madison	WI	Expand Outpatient Clinics and Consolidate Administration	Minor	$16,000
12	Madison	WI	Freeport CBOC	Minor Lease	$924
12	Madison	WI	MHICM Waupaca	Minor Lease	$423
12	Madison	WI	Psycho-Social Recovery Program	Minor Lease	$1,445
12	Madison	WI	Renovate 4A for Specialty Care	NRM-Sus	$5,100
12	Madison	WI	Renovate Outpatient Clinics	NRM-Sus	$7,600
12	Milwaukee	WI	Cleveland CBOC	Minor Lease	$2,531
12	Milwaukee	WI	Construct Chiller Plant	NRM-IM	$19,159
12	Milwaukee	WI	Construct Community Living Center, Phase 2	Minor	$12,126
12	Milwaukee	WI	Construct ED Ambulance Bay	Minor	$1,909
12	Milwaukee	WI	Demolish Quonset Huts and Construct a Consolidated FM Storage Facility	Minor	$2,070
12	Milwaukee	WI	Expand 111 OR Department 2AS, Phase 1	Minor	$12,240
12	Milwaukee	WI	Expand 70 Primary Care BDS and BCS, Phase 1	Minor	$17,335
12	Milwaukee	WI	Renovate 111 OR Department 2AN Phase 2	NRM-Sus	$13,845
12	Milwaukee	WI	Renovate 43 Outpatient Mental Health Phase 3	NRM-Sus	$9,250
12	Milwaukee	WI	Renovate 70 Multipurpose D3N	NRM-Sus	$8,700
12	Milwaukee	WI	Renovate 70 Research Consolidation 1E	NRM-Sus	$9,368
12	North Chicago	IL	Building 48 Renovation	NRM-Sus	$8,800
12	North Chicago	IL	McHenry CBOC	Minor Lease	$251
12	North Chicago	IL	McHenry CBOC Parking	Minor Lease	$14
12	North Chicago	IL	Renovate 133-2B	NRM-Sus	$8,800
12	North Chicago	IL	Renovate Building 1	NRM-Sus	$9,950
12	North Chicago	IL	Renovate ICU/CCU	NRM-Sus	$11,000
12	North Chicago	IL	Replace Fire Alarm System	NRM-IM	$9,240
12	Tomah	WI	Clark County CBOC	Minor Lease	$280

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
12	Tomah	WI	Construct Emergency Power Generation Plant	NRM-IM	$7,700
12	Tomah	WI	Construct Material Shed	Minor	$935
12	Tomah	WI	Expand and Consolidate Pharmacy - Building 406	Minor	$9,776
12	Tomah	WI	Expand and Renovate Community Living Center, Building 402 Third Floor	Minor	$5,218
12	Tomah	WI	Expand Community Living Center and Renovate for Privacy, Bldg 402 Second Floor	Minor	$8,690
12	Tomah	WI	Expand Inpatient Mental Health Building 403	Minor	$5,751
12	Tomah	WI	Install Elevator and Stairwell - Building 23	Minor	$3,850
12	Tomah	WI	Renovate Specialty Care Building 400	NRM-Sus	$5,500
12	Tomah	WI	Replace Air Handling Equipment and Upgrade Electrical Building 407	NRM-IM	$5,500
12	Tomah	WI	Replace Air Handling Equipment and Upgrade Electrical Building 408	NRM-IM	$7,050
15	Columbia	MO	Construct Parking Garage	Minor	$8,900
15	Columbia	MO	Expand Mental Health Clinic	Minor	$8,019
15	Columbia	MO	Mental Health Transitional Residence	Minor Lease	$34
15	Kansas City	MO	Construct Community Living Center	Minor	$16,513
15	Kansas City	MO	Construct Parking Garage Addition	Minor	$16,214
15	Kansas City	MO	Construct Pharmacy and Outpatient Clinic Addition	Minor	$9,011
15	Kansas City	MO	Construct Warehouse Addition	Minor	$15,233
15	Kansas City	MO	Expand Radiology and Right-Size Laboratory Services	Minor	$9,056
15	Kansas City	MO	Warehouse Lease	Minor Lease	$195
15	Leavenworth	KS	B Wing Infrastructure Upgrades	NRM-IM	$26,200
15	Leavenworth	KS	Construct Surgical Center	Minor	$15,956
15	Leavenworth	KS	Energy Saving Performance Contract, Ph 2	Other	$1
15	Leavenworth	KS	Renovate Community Living Center Building 122 - 1st Floor	Minor	$15,780
15	Marion	IL	Construct Community Living Center Addition to Provide Patient Privacy	Minor	$14,300
15	Marion	IL	Construct Community Living Center Addition to Provide Supportive Services	Minor	$15,400
15	Marion	IL	Construct Morgue	Minor	$1,760
15	Marion	IL	Effingham CBOC	Minor Lease	$1,100
15	Marion	IL	Expand and Renovate Canteen	Minor	$7,100
15	Marion	IL	Expand and Renovate Main Entrance	Minor	$1,210
15	Marion	IL	Expand Building 37 for Recreational Therapy and Whole Health	Minor	$3,100
15	Marion	IL	Expand Building 42 Vertically for Med Specialties	Minor	$15,500
15	Marion	IL	Madisonville CBOC	Minor Lease	$775
15	Marion	IL	Relocate Sterile Processing Service	Minor	$9,900

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
15	Marion	IL	Replace Non-Seismic Modular Buildings with New Standalone Building	Seismic	$10,000
15	Poplar Bluff	MO	Construct Community Living Center	Minor	$17,000
15	Poplar Bluff	MO	Construct Laboratory Service Facility	Minor	$11,325
15	Poplar Bluff	MO	Construct Parking Structure and Photovoltaic Energy System	Minor	$13,000
15	Poplar Bluff	MO	Construct Women's Health and Physical Therapy Addition	Minor	$16,000
15	Poplar Bluff	MO	Expand and Repair Warehouse for Emergency Preparedness and Seismic Deficiencies	Seismic	$5,800
15	Poplar Bluff	MO	Expand Dental Service	Minor	$9,500
15	Poplar Bluff	MO	Renovate Building 8 for Seismic and Infrastructure Deficiencies	Seismic	$3,400
15	Poplar Bluff	MO	Renovate Fifth Floor Building 1	NRM-Sus	$9,250
15	Poplar Bluff	MO	Replace Building 5: Co-Locate Administration and Support Services	Minor	$13,500
15	St Louis (JB)	MO	Construct Storage Building	Minor	$6,128
15	St Louis (JB)	MO	Construct Water Treatment Facility	Minor	$6,601
15	St Louis (JB)	MO	Create Hospice House	Minor	$17,233
15	St Louis (JB)	MO	Renovate B23 to Modernize Prosthetics Operations	NRM-Sus	$7,355
15	St Louis (JB)	MO	Replace Elevators and Add Elevator, Bldg 52	NRM-IM	$6,974
15	St Louis (JB)	MO	Replace Mechanical Equipment, Buildings 1, 3, 24 and 51	NRM-IM	$16,240
15	St Louis (JB)	MO	Replace Inpatient Mental Health, Bldg 51	Major	$141,932
15	St Louis (JC)	MO	Expand Clinical Addition and Remove Bldg 1	Major	$349,309
15	St Louis (JC)	MO	Montgomery County CBOC	Minor Lease	$554
15	St Louis (JC)	MO	Relocation of Pathology, Laboratory and Radiology, Building 1	Major	$38,562
15	Topeka	KS	Addition for Community Care	Minor	$8,745
15	Topeka	KS	Construct Day Treatment Center	Minor	$3,764
15	Wichita	KS	Construct Addition and Renovate 2nd Floors, Buildings 19 and 2 for Cath Lab Expansion	Minor	$11,200
15	Wichita	KS	Construct Addition Building 34 Generator Building and Renovate PACU and Surgery	Minor	$14,850
15	Wichita	KS	Construct Addition for Audiology and Renovate Existing Audiology and ICU for Patient Privacy	Minor	$14,990
15	Wichita	KS	Construct Addition to Building 19 for Relocating Radiology and Co-locating with Nuclear Medicine	Minor	$16,482
15	Wichita	KS	Construct Addition to Building 60 for Outpatient Spinal Cord Injury, Polytrauma and TBI	Minor	$14,300
15	Wichita	KS	Construct Infill and Renovate 2nd Floor of Building 26 for Surgical Specialty Care	Minor	$11,000

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
15	Wichita	KS	Construct Mental Health Addition for PRRC, Suicide Prevention, Tele-health and HBPC Programs	Minor	$5,468
15	Wichita	KS	Construct North Connecting Corridor	Minor	$4,400
15	Wichita	KS	Correct Seismic Deficiencies	Seismic	$3,300
15	Wichita	KS	Install Perimeter Fencing, Electrical Distribution Building Physical Security and Life Safety	Minor	$13,083
16	Alexandria	LA	Abate Asbestos	NRM-IM	$5,000
16	Alexandria	LA	Building 2, First Floor Remodeling	NRM-Sus	$6,520
16	Alexandria	LA	Expand Community Living Center	Minor	$17,600
16	Alexandria	LA	Install Perimeter Fence and Checkpoints	NRM-IM	$12,000
16	Alexandria	LA	Renovate Community Living Center	NRM-IM	$8,448
16	Alexandria	LA	Replace Elevators in Buildings 7, 9 and 45	NRM-IM	$9,680
16	Alexandria	LA	Replace HVAC System in Building 1	NRM-IM	$5,775
16	Alexandria	LA	Replace HVAC System in Building 5	NRM-IM	$5,500
16	Biloxi	MS	Construct Addition and Renovate to Expand Primary Care, Behavioral Health, Lab Service, Imaging and other services at the JACC (Pensacola, FL)	Minor	$18,000
16	Biloxi	MS	Construct Addition to Expand Primary Care/Women's Health Panama City Beach VA Clinic	Minor	$12,645
16	Biloxi	MS	Construct Behavioral Health/Imaging Building and Renovate to Expand Primary Care Eglin AFB VA Clinic	Minor	$9,900
16	Biloxi	MS	Construct Chiller Plant	NRM-Sus	$15,894
16	Biloxi	MS	Panama City Beach West CBOC	Minor Lease	$1,750
16	Biloxi	MS	Renovate 1st Floor Building 1	NRM-Sus	$8,800
16	Biloxi	MS	Renovate Floors 1 and 2, Building 19	NRM-Sus	$17,500
16	Fayetteville	AR	Construct Oncology Space	Minor	$7,663
16	Fayetteville	AR	Construct Training Center	Minor	$880
16	Fayetteville	AR	Expand Inpatient Mental Health Building	Minor	$9,980
16	Fayetteville	AR	Expand Women's Health Clinic	Minor	$9,000
16	Fayetteville	AR	Mental Health Services Office	Minor Lease	$180
16	Fayetteville	AR	Mill Down and Resurface Roads	NRM-IM	$5,775
16	Fayetteville	AR	Renovate and Expand Emergency Department	Minor	$7,558
16	Fayetteville	AR	Renovate Med/Surg Inpatient Units, 2A, 2B and Renovate Ward 1A for Inpatient Med/Surge, Bldg 1	NRM-Sus	$7,689
16	Fayetteville	AR	VISN Contracting Staff Office	Minor Lease	$95
16	Houston	TX	Ambulatory Care Surgical Center	Major	$42,447
16	Houston	TX	Boiler Plant Upgrades	NRM-IM	$851
16	Houston	TX	Construct Ambulatory Care Center	Major	$295,000
16	Houston	TX	Construct Community Living Center and Palliative Care Unit	Major	$170,000

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
16	Houston	TX	Construct Engineering Storage Building	Minor	$6,493
16	Houston	TX	Construct Parking Garage West	Minor	$19,826
16	Houston	TX	Correct Electrical Study Deficiencies	NRM-IM	$5,000
16	Houston	TX	Expand Parking Garage A	Minor	$19,560
16	Houston	TX	Kingwood CBOC	Minor Lease	$4,150
16	Houston	TX	Livingston CBOC	Minor Lease	$2,250
16	Houston	TX	Mental Health Integrated Clinic and Support Services	Major Lease	$36,980
16	Houston	TX	Renovate Community Living Center Units 2C and 2D Building 100	NRM-Sus	$6,838
16	Houston	TX	Renovate Nursing Unit 4C to Private Beds	NRM-Sus	$7,364
16	Houston	TX	Renovation of Pathology and Laboratory- Phase 2	NRM-Sus	$5,206
16	Houston	TX	Repair/Replace Main Chilled Water Distribution	NRM-IM	$6,600
16	Houston	TX	Replace Air Handling Units in Building 100	NRM-IM	$5,000
16	Houston	TX	Replace Elevators Building 100 Phase II	NRM-IM	$6,500
16	Houston	TX	Upgrade Finishes 1st, 2nd and 3rd Floors Building 100	NRM-IM	$7,488
16	Houston	TX	Upgrade Finishes Out Buildings	NRM-IM	$5,000
16	Houston	TX	Waterproof Building Exteriors Campus-Wide	NRM-IM	$5,000
16	Jackson	MS	Expand Community Living Center	Minor	$9,975
16	Jackson	MS	Construct Clinical Addition	Major	$234,680
16	Jackson	MS	Dental Clinic	Minor Lease	$280
16	Jackson	MS	Expand Outpatient Services Addition	Minor	$9,735
16	Jackson	MS	Flowood Administration	Minor Lease	$594
16	Jackson	MS	Jackson CBOC	Minor Lease	$273
16	Jackson	MS	MAS Office Space II	Minor Lease	$720
16	Jackson	MS	Renovate and Expand Surgery Suite	NRM-Sus	$9,570
16	Jackson	MS	Renovate/Expand Sterile Processing Service	NRM-Sus	$8,730
16	Jackson	MS	Renovate Inpatient Ward 2A	NRM-Sus	$6,820
16	Jackson	MS	Renovate Radiology Service	NRM-Sus	$8,085
16	Jackson	MS	Research Department	Minor Lease	$2,500
16	Jackson	MS	VISN Fee Office	Minor Lease	$760
16	Little Rock	AR	Correct Plumbing and Water Deficiencies	NRM-IM	$5,500
16	Little Rock	AR	Correct Seismic and Structural Deficiencies Buildings 69	Seismic	$6,160
16	Little Rock	AR	Correct Seismic Deficiencies in Building 66 - NLR	Seismic	$16,500
16	Little Rock	AR	Create "Welcome Center" Building 170	Minor	$3,450
16	Little Rock	AR	Develop Additional EP Lab on 5C	NRM-Sus	$5,940
16	Little Rock	AR	Develop Private/Semi-Private Bed Spaces - NLR	NRM-Sus	$7,920
16	Little Rock	AR	Expand Diagnostics Space	Minor	$5,280
16	Little Rock	AR	Perform Maintenance to Structures	NRM-Sus	$5,720
16	Little Rock	AR	Quarters Renovation	NRM-Sus	$12,980
16	Little Rock	AR	Renovate Building 101 2nd floor	NRM-Sus	$5,600

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
16	Little Rock	AR	Renovate Building 170 for Imaging Services	Minor	$4,730
16	Little Rock	AR	Renovate Building 89	NRM-Sus	$8,800
16	Little Rock	AR	Renovate GI space	NRM-Sus	$7,800
16	Little Rock	AR	Replace 15kV Feeder and Branch Cables with Sectionalizes	NRM-IM	$6,600
16	Little Rock	AR	Replace and Upgrade Air Handlers, Bldg 170	NRM-IM	$5,600
16	Little Rock	AR	Replace and Upgrade Water Supply lines	NRM-IM	$5,600
16	Little Rock	AR	Replace Greenhouse	Minor	$900
16	Little Rock	AR	Replace Interior Finishes for High Volume Patient and Public Areas	NRM-Sus	$6,050
16	Little Rock	AR	Replace Sanitary Sewer Lines - NLR	NRM-IM	$5,600
16	Little Rock	AR	Replace Underground 15kV Cables	NRM-IM	$7,700
16	Little Rock	AR	Upgrade and Expand Energy Management Systems	NRM-IM	$5,830
16	New Orleans	LA	Care in the Community Office	Minor Lease	$2,678
16	New Orleans	LA	Expand Distributed Antenna System	NRM-IM	$7,000
16	New Orleans	LA	Expand Staff and Patient Parking Garages	Major	$23,515
16	New Orleans	LA	Mental Health RRTP Facility	Major Lease	$10,756
16	New Orleans	LA	Parking	Minor Lease	$300
16	North Little Rock	AR	Correct Deficiencies in Building 68	Major	$24,200
16	North Little Rock	AR	Correct Seismic Deficiencies in Building 22 (Firehouse)	Seismic	$1,021
16	North Little Rock	AR	Correct Seismic Deficiencies in Building 39	Seismic	$1,260
16	North Little Rock	AR	Correct Seismic Deficiencies in Building 58	Seismic	$32,320
16	North Little Rock	AR	Correct Seismic Deficiencies in Building 89	Seismic	$10,750
16	Shreveport	LA	Construct Boiler Plant	NRM-IM	$9,900
16	Shreveport	LA	Construct Cancer Treatment Center	Minor	$15,200
16	Shreveport	LA	Construct Chiller Plant and Cooling Towers	NRM-IM	$8,800
16	Shreveport	LA	Construct Community Living Center	Minor	$13,200
16	Shreveport	LA	Construct Outpatient Building - Level 1	Minor	$5,193
16	Shreveport	LA	Construct Viking Drive Entrance/Signal	NRM-IM	$5,000
16	Shreveport	LA	Renovate Nutrition and Food Service Kitchen	NRM-IM	$6,600
16	Shreveport	LA	Renovate Radiology, 4W	NRM-Sus	$6,750
16	Shreveport	LA	Renovate/Replace Research Building 33	NRM-Sus	$5,000
16	Shreveport	LA	Renovate 1 West for Patient Centric Services	NRM-Sus	$8,250
16	Shreveport	LA	Renovation of 5 West Specialty Clinic Area	NRM-Sus	$15,000
16	Shreveport	LA	Renovation of Pavement Areas	NRM-IM	$14,437
16	Shreveport	LA	Renovation of Pharmacy	NRM-Sus	$8,250
16	Shreveport	LA	Replace Building Automation Controls	NRM-Sus	$5,500
16	Shreveport	LA	Replace 9th Floor Mental Health Wing	NRM-Sus	$11,000
16	Shreveport	LA	Site Prep for Electronic Health Record Modernization	NRM-IM	$16,000

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
16	Shreveport	LA	Upgrade Water Distribution Systems, Bldg. 1	NRM-IM	$5,400
17	Amarillo	TX	Childress CBOC	Minor Lease	$85
17	Amarillo	TX	Construct Community Living Center Cottages for Patient Privacy, Ph II	Minor	$8,800
17	Amarillo	TX	Construct Community Living Center Cottages for Patient Privacy, Ph III	Minor	$8,800
17	Amarillo	TX	Construct HVAC Tower Bldg. 1	NRM-IM	$5,550
17	Amarillo	TX	Construct Inpatient Mental/Behavioral Health Program (12 Beds)	Minor	$18,472
17	Amarillo	TX	Construct Radiology Clinic	Minor	$2,200
17	Big Spring	TX	Abilene Outpatient Clinic	Major Lease	$11,259
17	Big Spring	TX	Construct Community Living Center Phase III	Minor	$10,900
17	Big Spring	TX	Construct Kitchen and Laundry	Minor	$10,762
17	Big Spring	TX	Construct Parking Structure	Minor	$7,980
17	Bonham	TX	Build Energy Center	NRM-IM	$38,151
17	Bonham	TX	Build Outpatient Mental Health Facility and Parking	Minor	$16,500
17	Bonham	TX	Construct Domiciliary Annex	Minor	$6,687
17	Bonham	TX	Construct Specialty Clinics and Diagnostic/Ancillary Care Center	Minor	$18,900
17	Bonham	TX	Correct Community Living Center Patient Privacy	Major	$49,500
17	Bonham	TX	Install CoGeneration System	NRM-IM	$9,400
17	Bonham	TX	Install Solar Cell System	NRM-IM	$9,700
17	Bonham	TX	Water Line Repairs	NRM-IM	$7,600
17	Dallas	TX	Build Additional 30 Beds for Long Term SCI Patients	Major	$45,147
17	Dallas	TX	Build Energy Center at Garland	NRM-IM	$19,300
17	Dallas	TX	Build IT Center for Equipment and Personnel	Minor	$16,608
17	Dallas	TX	Cleburne Contract	Other	$1,100
17	Dallas	TX	Construct Cancer Center	Minor	$9,409
17	Dallas	TX	Construct SCI/D Activities of Daily Living Space and Renovate SCI/D PM and R and Chapel Area	Minor	$14,300
17	Dallas	TX	Construct Surgical Center - II: Pain Mgmt, Oral Surgery, ENT	Minor	$18,800
17	Dallas	TX	Expand Ambulatory Care and Relocate Clinics	Minor	$9,773
17	Dallas	TX	Improve Community Living Center Bedroom Compliance	Minor	$9,999
17	Dallas	TX	Install Solar Cell System	NRM-IM	$9,700
17	Dallas	TX	Install Solar PV Project	NRM-IM	$7,600
17	Dallas	TX	Relocate Support Svcs Off Campus (Fiscal, Business Office, Human Resources) Decompress Clinics	Minor	$9,500
17	Dallas	TX	Renovate for Acute Special Program	NRM-Sus	$7,062
17	Dallas	TX	Renovate for Rehab Medicine, Building 2	NRM-Sus	$8,000

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
17	Dallas	TX	Renovate Research Buildings 3 and 43	NRM-Sus	$6,423
17	Dallas	TX	Renovate Space for Ancillary/Diagnostic	NRM-Sus	$8,800
17	Dallas	TX	Upgrade all Infrastructure at Garland Hospital	NRM-IM	$129,390
17	Dallas	TX	Upgrade Finishes Building 1	NRM-Sus	$5,500
17	Dallas	TX	Upgrade Finishes Building 2	NRM-Sus	$5,500
17	El Paso	TX	Replace HVAC	NRM-IM	$5,497
17	Harlingen	TX	Expand Photo Voltaic Systems	NRM-IM	$11,000
17	Harlingen	TX	Renovate Corpus Christi OPC for Mental Health	NRM-Sus	$5,472
17	Harlingen	TX	VCB Bank Building	Minor Lease	$330
17	Kerrville	TX	Construct Clinic Space	Major	$9,000
17	Kerrville	TX	Construct Community Living Center Cottages	Minor	$9,900
17	Kerrville	TX	Install CoGeneration System for Electricity and Heating - Renewable Technology	NRM-IM	$6,300
17	Kerrville	TX	Remodel Building 96 for Short Stay Unit	NRM-Sus	$5,291
17	Kerrville	TX	Renovate Building 115	NRM-Sus	$957
17	San Antonio	TX	C and P Clinic	Minor Lease	$900
17	San Antonio	TX	Construct 3rd Level for GEC Expansion	Minor	$14,400
17	San Antonio	TX	Construct 5G: Construct Administration/Professional Services Addition	Minor	$9,900
17	San Antonio	TX	Construct 6G: Cardiac Center of Excellence	Major	$29,219
17	San Antonio	TX	Contracting Offices	Minor Lease	$440
17	San Antonio	TX	Health Care Center	Major Lease	$41,537
17	San Antonio	TX	Install a Sky Bridge	NRM-Sus	$5,500
17	San Antonio	TX	North Central Federal Clinic	Major Lease	$1,105
17	San Antonio	TX	Primary Care/Mental Health (North)	Minor Lease	$2,529
17	San Antonio	TX	Provide New Lease Primary Care/Mental Health Space	Minor Lease	$2,529
17	San Antonio	TX	Replace 2nd Floor Roof	NRM-IM	$6,389
17	San Antonio	TX	Replace San Antonio Hospital	Major	$2,148,512
17	San Antonio	TX	Replacement Domiciliary and SARRTP Facility	Minor	$18,611
17	San Antonio	TX	Research Space	Major Lease	$3,840
17	San Antonio	TX	VISN IT Admin	Minor Lease	$320
17	Temple	TX	Build Education Facility, Auditorium, and Library, Phase I	Minor	$10,299
17	Temple	TX	Build Education Facility, Auditorium, and Library, Phase II	Minor	$10,814
17	Temple	TX	Build Staff Parking Garage	Minor	$9,800
17	Temple	TX	Construct Central Plant	NRM-IM	$20,000
17	Temple	TX	Construct Endoscopy/Colonoscopy Suite	Minor	$9,900
17	Temple	TX	Construct Outpatient Clinic	Major	$142,228
17	Temple	TX	Construct Part Two Visitor Parking Garage	Minor	$8,250
17	Temple	TX	Convert 3rd Floor Building 204 Patient Rooms to Private Rooms	NRM-Sus	$9,821
17	Temple	TX	Establish New Contract Clinic in Bastrop, TX	Other	$2,842
17	Temple	TX	Expand Primary Care Bldg 163 South (Lab)	NRM-Sus	$5,238
17	Temple	TX	Expand Sterile Processing Service	NRM-Sus	$6,435

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
17	Temple	TX	Install CoGen System - 2	NRM-IM	$7,500
17	Temple	TX	Relocate Inpatient Pharmacy	NRM-Sus	$9,800
17	Temple	TX	Relocate Lab Bldg 163	Minor	$7,127
17	Temple	TX	Replace Bldg 163 Roof Systems	NRM-IM	$5,109
17	Waco	TX	Consolidate Engineering Bldg 17	NRM-Sus	$6,447
17	Waco	TX	Renovate Bldg 11 Community Living Center	NRM-Sus	$8,655
17	Waco	TX	Renovate Outpatient Clinic/Lab Clinic Bldg 4	NRM-Sus	$13,197
19	Cheyenne	WY	Construct Patient Access Parking Relocation	Minor	$17,920
19	Cheyenne	WY	Construct Specialty Clinic Addition PH 1	Minor	$17,600
19	Cheyenne	WY	Construct Specialty Clinic Addition PH 2	Minor	$17,600
19	Cheyenne	WY	Expand Laboratory and Specialty Clinic	Minor	$7,590
19	Cheyenne	WY	Implement PACT in Primary Care	NRM-Sus	$6,490
19	Cheyenne	WY	Reconfigure and Replace Douglas Fir Mech. Systems	NRM-IM	$5,720
19	Cheyenne	WY	Relocate and Expand Chemo/Infusion Clinic	Minor	$7,040
19	Cheyenne	WY	Relocate Endoscopy and ICU	NRM-Sus	$5,170
19	Cheyenne	WY	Renovate Community Living Center for Rehab and Admin	NRM-Sus	$7,150
19	Denver	CO	Acquire Health Care Center	Major	$408,034
19	Denver	CO	Construct Bldg. J - Ancillary Diagnostic Care	Major	$38,500
19	Denver	CO	Construct Bldg. M: Outpatient Mental Health	Major	$38,500
19	Denver	CO	ECHCS CBOC II	Minor Lease	$3,080
19	Denver	CO	Reconstruct Clermont North Division	Major	$85,000
19	Fort Harrison	MT	Billings CBOC, Spring Creek	Major Lease	$5,000
19	Fort Harrison	MT	Construct Physical Therapy Prosthetics Minor	Minor	$15,958
19	Fort Harrison	MT	Emergency Department Renovation	NRM-Sus	$1,760
19	Grand Junction	CO	Combined Heat and Power	NRM-IM	$5,500
19	Grand Junction	CO	Construct Community Living Center Northeast Wing	Minor	$9,625
19	Grand Junction	CO	Construct Expandable Clinical Space	Minor	$1,145
19	Grand Junction	CO	Construct Office of Information and Technology Addition	Minor	$1,650
19	Grand Junction	CO	Construct Parking Garage Structure Phase 2	Minor	$12,760
19	Grand Junction	CO	Construct Specialty Clinics Building	Minor	$14,500
19	Grand Junction	CO	Expand and Renovate Warehouse	Minor	$5,770
19	Grand Junction	CO	Expand Primary Care Phase 2	Minor	$9,950
19	Grand Junction	CO	Radiology 2nd Floor West Wing Addition	Minor	$9,240
19	Grand Junction	CO	Renovate Building 20 Community Living Center and Chapel Addition	NRM-IM	$7,150
19	Muskogee	OK	Construct Employee Parking Garage	Minor	$14,982
19	Muskogee	OK	Construct Patient Parking Garage	Minor	$15,000
19	Muskogee	OK	Expand and Renovate for Mental Health	Minor	$14,370
19	Oklahoma City	OK	Construct Additional Patient Parking Garage 3	Minor	$8,987
19	Oklahoma City	OK	Construct Mental Health Tower Phase 2	Minor	$16,000
19	Oklahoma City	OK	Construct Patient Parking Garage 2	Minor	$9,193
19	Oklahoma City	OK	Construction of Engineering Addition	Minor	$4,343

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
19	Oklahoma City	OK	Fiscal Office	Minor Lease	$390
19	Oklahoma City	OK	Install Solar Photovoltaic Panels on Clinic Addition and Lot 10	NRM-IM	$5,500
19	Oklahoma City	OK	North May CBOC	Minor Lease	$1,030
19	Oklahoma City	OK	Renovate 7 North for Surgery Clinic	NRM-IM	$5,590
19	Sheridan	WY	Expand and Renovate Pharmacy	Minor	$9,422
19	Sheridan	WY	Expand/Renovate Community Living Center	Minor	$14,975
19	VISN 19	CO	VISN 19 - 10th Floor Suite	Minor Lease	$420
19	VISN 19	CO	VISN 19 - 11th Floor Suite	Minor Lease	$385
19	VISN 19	CO	VISN 19 - 18th Floor Suite	Minor Lease	$45
19	VISN 19	CO	VISN 19 - 6th Floor Suite	Minor Lease	$155
19	VISN 19	CO	VISN 19 - 8th Floor Suite	Minor Lease	$160
20	Anchorage	AK	Demolish and Replace Mental Health Residential Rehabilitation Treatment Program	Major	$70,000
20	Anchorage	AK	Homer VA Clinic Lease	Minor Lease	$366
20	Portland	OR	Acquire Clinical Services Building, Vancouver	Major	$52,357
20	Portland	OR	Acquire Research Building with Veterinary Medical Unit	Major	$134,000
20	Portland	OR	Construct RRTP Facility and Remodel Existing RRTP	Minor	$13,900
20	Portland	OR	Construct Space for Clinical Research - Vancouver	Minor	$4,500
20	Roseburg	OR	Construct COVID Screening Check Points	Minor	$3,300
20	Roseburg	OR	Repair/Replace Campus Sewer and Storm Drain Lines	NRM-IM	$24,800
20	Roseburg	OR	Seismic Retrofit Building 11 Laundry	Seismic	$11,600
20	Roseburg	OR	Seismic Retrofit Building 13 Warehouse	Seismic	$14,850
20	Roseburg	OR	Seismic Retrofit Building 16 Chapel and Auditorium	Seismic	$13,200
20	Seattle	WA	Build Parking Structure	Minor	$14,500
20	Seattle	WA	Construct Atrium for Building 100	Minor	$6,000
20	Seattle	WA	Construct Outpatient Services Building	Minor	$16,500
20	Seattle	WA	Construct VHA 3D Printing Medical Device Innovation Institute	Major	$340,450
20	Seattle	WA	Modernize Energy Plant	NRM-IM	$16,400
20	Seattle	WA	Refurbish Building 100 Elevator (P1-P4)	NRM-IM	$5,000
20	Seattle	WA	Renovate Bldg 100 4W to a Pandemic Response Wing	NRM-Sus	$11,000
20	Seattle	WA	Renovate OR Suites in Bldg 100	NRM-Sus	$16,800
20	Seattle	WA	Replace Sewer Infrastructure	NRM-IM	$5,600
20	Spokane	WA	Construct Rehab Medicine, Prosthetics, Data Center Addition	Minor	$15,620
20	Spokane	WA	Renovate and Expand Urgent Care Clinic Building 1	Minor	$15,335
20	Spokane	WA	Replace Dental Building	Minor	$15,950
20	Spokane	WA	Replace Windows Building 1	NRM-IM	$6,779

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
20	Walla Walla	WA	Bypass and Repair Steam Heat	NRM-IM	$5,500
20	Walla Walla	WA	Renovate Bldg 31 and 41 for Warehouse Space	NRM-Sus	$5,500
20	White City	OR	Replace Storm Water Laterals	NRM-Sus	$5,500
20	White City	OR	Seismically Retrofit Connecting Corridors	Seismic	$5,500
20	White City	OR	Upgrade Non-Structural Components and Equipment	Seismic	$2,200
21	Fresno	CA	Construct Bed Tower and Correct Physical Security Deficiencies on Main Campus	Major	$373,000
21	Fresno	CA	Construct Clovis Health Care Center	Major	$371,532
21	Fresno	CA	Construct Parking Garage Main Campus Lot B	Minor	$17,893
21	Fresno	CA	Expand and Renovate Laboratory, Building 1, 2nd Floor	Minor	$15,996
21	Fresno	CA	Expand Community Living Center for Privacy	Minor	$17,992
21	Fresno	CA	Improve Facility Vulnerability Deficiencies to Sustain 96 Hour Independent Operations	NRM-IM	$8,800
21	Fresno	CA	Oakhurst CBOC	Minor Lease	$734
21	Fresno	CA	Relocate/Replace Main Facility Oxygen Supply Infrastructure for Safety and Security	Minor	$15,900
21	Honolulu	HI	Construct Kona CBOC	Minor	$15,800
21	Honolulu	HI	Renovate Ambulatory Care Clinic	NRM-Sus	$8,250
21	Las Vegas	NV	Add Diagnostic Imaging Center	Minor	$19,000
21	Las Vegas	NV	Add Physical Medicine and Rehabilitation Building	Minor	$15,950
21	Las Vegas	NV	Construct Ambulatory Surgery Wing	Minor	$9,600
21	Las Vegas	NV	Construct Audiology Building	Minor	$18,000
21	Las Vegas	NV	Construct Eye Clinic Wing	Minor	$9,560
21	Las Vegas	NV	Construct Mental Health Building	Minor	$9,400
21	Las Vegas	NV	Construct Pain Medicine Building	Minor	$19,000
21	Las Vegas	NV	Expand and Renovate the Dental Clinic in Building 1	Minor	$9,900
21	Las Vegas	NV	Improve Central Utility Plant	NRM-IM	$10,990
21	Las Vegas	NV	Remodel Dialysis to Improve Efficiency	NRM-IM	$6,600
21	Palo Alto	CA	Consolidate Clinical Services to Palo Alto Division	Major	$54,950
21	Palo Alto	CA	Construct Dialysis and Physical Therapy at Menlo Park	Minor	$10,200
21	Palo Alto	CA	Improve Mental Health Access in Palo Alto Division Building 520	Minor	$11,660
21	Palo Alto	CA	Improve Sunnyvale campus for Research Million Veteran Program	Minor	$15,900
21	Palo Alto	CA	Install Closed Circuit Television at All Campuses	NRM-Sus	$6,600
21	Palo Alto	CA	Renovation and Expansion of Sterile Processing Service	Minor	$15,500
21	Reno	NV	Consolidate Kietzke and Double Eagle Leases	Minor Lease	$4,764
21	Reno	NV	Construct Inpatient Mental Health Facility	Minor	$19,230

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
21	Reno	NV	Convert Sixth Floor Wing on Building 12 to Support Ambulatory Specialty Care Services	Minor	$8,800
21	Reno	NV	Correct Electrical System Deficiencies in Building 1	NRM-Sus	$5,500
21	Reno	NV	Dental Clinic	Minor Lease	$1,471
21	Reno	NV	Eye Clinic	Minor Lease	$1,055
21	Reno	NV	Fallon CBOC	Minor Lease	$1,941
21	Reno	NV	Mental Health RRTP Facility	Minor Lease	$4,800
21	Reno	NV	Provide Emergency Water Supply Tank	Minor	$2,875
21	Reno	NV	Provide Sewer Storage Tank for Emergency Management	Minor	$2,075
21	Reno	NV	Provide USP 800 Compounding Rooms	Minor	$2,750
21	Reno	NV	Purchase Land for Medical Center Expansion and Parking	Minor	$6,200
21	Reno	NV	Renovate and Expand Fourth Floor of Building 12 for Single Patient Rooms	Minor	$10,705
21	Reno	NV	Renovate Building 12 First Floor and Add Second Floor	Minor	$17,512
21	Reno	NV	Replace Utility System Piping from Building 12 to Buildings 1, 1D and 10	NRM-Sus	$6,600
21	Reno	NV	Susanville CBOC	Minor Lease	$1,303
21	Reno	NV	Winnemucca CBOC	Minor Lease	$558
21	Sacramento	CA	Construct and Renovate for Primary Care PACT	Minor	$15,850
21	Sacramento	CA	Construct and Renovate for Sterile Processing and COVID 19/Clean Storage	Minor	$17,965
21	Sacramento	CA	Construct Outpatient Mental Health for Addiction Recovery and Treatment Services	Minor	$15,886
21	Sacramento	CA	Construct Parking Structure to Support Inpatient Bed Tower, Diagnostics, and Outpatient Clinic Access	Minor	$15,937
21	Sacramento	CA	Construct Procedure Center to Increase Access to Surgical Care	Minor	$15,961
21	Sacramento	CA	Construct Women's Center	Minor	$10,136
21	Sacramento	CA	Construct Women's Imaging Space and Renovate Ancillary Support, Building 98 McClellan	Minor	$10,180
21	Sacramento	CA	Construct Musculoskeletal Center	Minor	$15,962
21	Sacramento	CA	Construct, Consolidate and Renovate PACT East	Minor	$15,980
21	Sacramento	CA	Correct Electrical Systems	NRM-IM	$20,000
21	Sacramento	CA	Develop Mental Health RRTP Facility, Sacramento	Other	$990
21	Sacramento	CA	Education and Simulation Center	Minor	$15,997
21	Sacramento	CA	Expand Community Living Center for Support Services	Minor	$17,474
21	Sacramento	CA	Increase Inpatient Access, Isolation Space and Pandemic Response by Consolidating Research	Minor	$15,977

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
21	Sacramento	CA	Oakland Behavioral Health and Substance Abuse Clinic	Minor Lease	$0
21	Sacramento	CA	Relocate and Incorporate Patient/Staff Safety for Nuclear Medicine	Minor	$15,558
21	Sacramento	CA	Remodel Vacated Dental Clinic, Mare Island	NRM-Sus	$6,600
21	Sacramento	CA	Renovate Building 98 Pharmacy and Administrative Wing, McClellan	NRM-Sus	$8,800
21	Sacramento	CA	Replace and Upgrade Boiler Plant Chilled and Hot Water Units	NRM-IM	$15,000
21	Sacramento	CA	Yuba Warehouse	Minor Lease	$4
21	San Francisco	CA	Community Living Center	Major Lease	$16,365
21	San Francisco	CA	Construct Hybrid Operating Suite	Minor	$15,750
21	San Francisco	CA	Correct Campus Wide Physical Security Site Deficiencies	NRM-Sus	$6,663
21	San Francisco	CA	Mission Bay Research	Major Lease	$22,869
21	San Francisco	CA	Oakland CBOC	Major Lease	$6,695
21	San Francisco	CA	Reinforce Physical Security of Entrance/Patient Drop-off, Buildings 200 and 203	NRM-Sus	$7,482
21	San Francisco	CA	Renovate Acute Medical/Surgical Bed Sections for Patient Privacy in Building 203	NRM-Sus	$18,000
21	San Francisco	CA	Renovate Building 203 Wing 1B for Primary Care Clinics	NRM-Sus	$5,450
21	San Francisco	CA	Replace Inpatient Windows in Hospital for Patient Safety	NRM-Sus	$6,350
21	San Francisco	CA	Replace Wastewater Holding Tank, Buildings 200 and 203	NRM-IM	$6,600
21	San Francisco	CA	Seismic Retrofit Building 2	NRM-Sus	$18,000
22	Albuquerque	NM	Consolidate Medical and Surgical Intensive Care Unit	Minor	$14,000
22	Albuquerque	NM	Construct Medical Support Complex	Minor	$17,500
22	Albuquerque	NM	Correct Deficiencies and Renovate B-3, Ph. 1, Architectural, Electrical, Mechanical, Plumbing	NRM-Sus	$6,225
22	Albuquerque	NM	Correct Deficiencies, B1-Architectural, Electrical, Mechanical, Plumbing	NRM-IM	$5,250
22	Albuquerque	NM	Correct Deficiencies, B41 (Phase 1)-Architectural, Mechanical, Electrical and Water	NRM-IM	$7,600
22	Albuquerque	NM	Expand Building 77 for Ancillary-Diagnostic Services	Minor	$4,200
22	Albuquerque	NM	Expand Canteen Service Space	Minor	$9,600
22	Albuquerque	NM	Expand Research Program Space	Minor	$15,900
22	Albuquerque	NM	Expand the Emergency Department	Minor	$17,000
22	Albuquerque	NM	Expand/Renovate B41 2A and B for Surgical Specialty Clinics	Minor	$11,750
22	Albuquerque	NM	Gallup CBOC	Minor Lease	$3,275
22	Albuquerque	NM	Long Term Use Agreement of Air Force Land	Other	$750
22	Albuquerque	NM	Renovate and Expand Radiology	Minor	$11,750

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
22	Albuquerque	NM	Renovate and Expand SPS/Distribution	Minor	$13,650
22	Albuquerque	NM	Renovate B-41, 5D for Inpatient Single Bed Unit	Minor	$10,550
22	Albuquerque	NM	Renovate B-41, Quad 3A for Inpatient Private Bed Unit	Minor	$15,500
22	Albuquerque	NM	Renovate Spinal Cord Injury Building	Minor	$12,650
22	Albuquerque	NM	Santa Fe CBOC	Minor Lease	$3,595
22	Albuquerque	NM	Seismically Correct Building 1	Seismic	$16,910
22	Albuquerque	NM	Seismically Correct Building 10	Seismic	$17,500
22	Albuquerque	NM	Seismically Correct Building 11	Seismic	$14,000
22	Albuquerque	NM	Seismically Correct Building 12	Seismic	$6,250
22	Albuquerque	NM	Seismically Correct Building 15	Seismic	$7,500
22	Albuquerque	NM	Seismically Correct Building 2	Seismic	$14,500
22	Albuquerque	NM	Seismically Correct Building 3	Seismic	$17,860
22	Albuquerque	NM	Seismically Correct Building 4	Seismic	$17,000
22	Albuquerque	NM	Upgrade Operating Rooms (B-41)	Minor	$16,950
22	Loma Linda	CA	Construct 3NW Urology Clinic	NRM-Sus	$13,090
22	Loma Linda	CA	Construct Covered Patient Drop-off Area	Minor	$4,400
22	Loma Linda	CA	Construct Operating Room 9	NRM-Sus	$8,250
22	Loma Linda	CA	Construct PM and R Gym and Specialty Care Building	Minor	$15,950
22	Loma Linda	CA	Renovate 1 South	NRM-Sus	$12,100
22	Loma Linda	CA	Renovate 4NE Med/Surg Ward for Private Beds	NRM-Sus	$9,900
22	Loma Linda	CA	Renovate Corridors - Fourth Floor	NRM-Sus	$11,000
22	Loma Linda	CA	Renovate Corridors - Second Floor	NRM-Sus	$11,000
22	Loma Linda	CA	Renovate Corridors - Third Floor	NRM-Sus	$11,000
22	Loma Linda	CA	Renovate Corridors and Finishes - First Floor	NRM-Sus	$11,000
22	Loma Linda	CA	Renovate Lobby Patient Access to include a Veterans Resource Center and 1W Med Clinic	NRM-Sus	$8,800
22	Long Beach	CA	Construct OR Tower and Renovate Building 126 (3 floors) for Single Patient Room Compliance	Major	$273,923
22	Long Beach	CA	Convert Gardena Contractor Operated CBOC to VA Operated	Minor Lease	$470
22	Long Beach	CA	Correct Site Access Deficiencies	NRM-IM	$20,000
22	Long Beach	CA	Demolish and Renovate Buildings 5 and 5A	Minor	$16,000
22	Long Beach	CA	Expand Access to Morgue and Descendent Affairs	NRM-IM	$5,600
22	Long Beach	CA	Expand and Renovate Building 164, 1st Floor for Central Pharmacy	Minor	$17,654
22	Long Beach	CA	Northern Boundary Security and Waste Management Center	Minor	$2,700
22	Long Beach	CA	San Pedro CBOC	Minor Lease	$2,350
22	Long Beach	CA	Santa Ana Annex-Mental Health	Minor Lease	$400
22	Long Beach	CA	Seismic Retrofit of Building 1	Seismic	$41,632
22	Long Beach	CA	Seismic Retrofit of Building 2	Seismic	$37,820

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
22	Phoenix	AZ	Construct Bed Tower, Emergency Department, Inpatient Mental Health and Support Services	Major	$498,241
22	Phoenix	AZ	Construct Laboratory Expansion	Minor	$16,500
22	Phoenix	AZ	Construct Replacement Long Term Care Facility	Major	$68,200
22	Phoenix	AZ	Construct Warehouse	Minor	$15,550
22	Phoenix	AZ	Correct Condition Deficiencies	NRM-IM	$18,150
22	Phoenix	AZ	Create Observation Unit	NRM-Sus	$5,000
22	Phoenix	AZ	Expand Supply Processing, Decontamination and Distribution	Minor	$12,201
22	Phoenix	AZ	Mental Health Building 30	Minor	$15,800
22	Phoenix	AZ	Northwest VA Clinic	Minor Lease	$1,798
22	Phoenix	AZ	Renovate Ward 5C and 5D for Inpatient Care	NRM-Sus	$16,000
22	Phoenix	AZ	Southeast VA Clinic	Minor Lease	$2,342
22	Phoenix	AZ	Upgrade Infrastructure to Support Anticipated Campus Growth	NRM-IM	$16,500
22	Prescott	AZ	Construct Acute Care Facility	Minor	$10,900
22	Prescott	AZ	Construct Parking Facility (Garage)	Minor	$18,700
22	Prescott	AZ	Modernize/Convert Community Living Center to Private Patient Rooms and Correct Seismic Deficiencies - Phase I (South)	Seismic	$19,300
22	Prescott	AZ	Modernize/Convert Community Living Center to Private Patient Rooms and Correct Seismic Deficiencies - Phase II (North)	Seismic	$19,300
22	Prescott	AZ	Renovate, Reconfigure and Seismically Retrofit Building 12	Seismic	$3,350
22	Prescott	AZ	Renovate, Reconfigure and Seismically Retrofit Building 14	Seismic	$7,200
22	Prescott	AZ	Renovate, Seismically Retrofit, Reconfigure and Expand the Domiciliary - Building 151	Minor	$18,300
22	San Diego	CA	Acquire Land and Renovate Patient/Visitor Surface Parking Lot	Major	$129,635
22	San Diego	CA	Construct Additional Levels to Parking Structure 1 and 2	Minor	$12,591
22	San Diego	CA	Construct Ancillary/Diagnostic and Auditorium Building - Phase 1	Minor	$18,432
22	San Diego	CA	Construct Outpatient Mental Health and Ancillary/Diagnostic Addition, B01 - SW	Minor	$18,868
22	San Diego	CA	Construct Research Building	Major	$133,892
22	San Diego	CA	Construct Research Facility - Phase 1	Minor	$15,524
22	San Diego	CA	Correct Flooring Elevation	NRM-Sus	$6,350
22	San Diego	CA	Correct Physical Security Deficiencies - Group 1	NRM-IM	$14,678
22	San Diego	CA	Correct Stairwell 10 Life Safety Deficiencies	NRM-Sus	$7,619
22	San Diego	CA	Energy Management Controls Integration Upgrades - Group 3	NRM-IM	$8,000

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
22	San Diego	CA	Expand Ancillary/Diagnostic and Canteen Services, Building 1	Minor	$7,318
22	San Diego	CA	Expand and Renovate ASU/PACU, 5W, Building 1 - Phase 3	Minor	$18,832
22	San Diego	CA	Expand Emergency Water Storage Tank	NRM-IM	$5,500
22	San Diego	CA	Expand New Ancillary/Diagnostic and Auditorium Building - Phase 2	Minor	$18,083
22	San Diego	CA	HVAC Re-Commissioning - Site	NRM-IM	$5,000
22	San Diego	CA	Improve Traffic and Pedestrian Flow - Site	NRM-Sus	$6,750
22	San Diego	CA	Install Lighting Occupancy Sensors and Retrofit Fixtures, Site	NRM-IM	$6,150
22	San Diego	CA	Modernize and Expand Specialty Care Procedure Center, Building 1-3S	Minor	$15,753
22	San Diego	CA	Modernize Physical Medicine and Rehabilitation	Minor	$9,543
22	San Diego	CA	Modernize/Convert Community Living Center to Inpatient Med/Surg. Beds	NRM-Sus	$8,470
22	San Diego	CA	Purchase Modular Trailer	Minor	$97
22	San Diego	CA	Relocate and Renovate Surgery Service, 5N-D, Phase 4	Minor	$13,229
22	San Diego	CA	Renovate and Expand Inpatient Psychiatry, B01, 2S-B and C	NRM-Sus	$11,883
22	San Diego	CA	Renovate and Expand Intensive Care Unit, 5 South C and D	Minor	$9,539
22	San Diego	CA	Renovate and Secure Interstitial Space Entrances - Group 2	NRM-IM	$8,305
22	San Diego	CA	Renovate and Expand Intensive Care Unit, 5 South A and B	Minor	$14,261
22	San Diego	CA	Renovate B11 for Primary Care - PACT	NRM-Sus	$14,931
22	San Diego	CA	Renovate Canteen Services	NRM-Sus	$8,076
22	San Diego	CA	Renovate Cardiology, 4N B and C - Phase 1	Minor	$12,818
22	San Diego	CA	Renovate Center Core, Floor 2-4	NRM-Sus	$7,577
22	San Diego	CA	Renovate Clinical Admin 3N, Building 1	Minor	$8,936
22	San Diego	CA	Renovate Outpatient Mental Health 2N-A and B	Minor	$8,919
22	San Diego	CA	Renovate Outpatient Mental Health 2N-C and D	Minor	$10,248
22	San Diego	CA	Renovate Specialty Clinics and On-Call, 3E-C and D	Minor	$14,381
22	San Diego	CA	Renovate Specialty Clinics and Pharmacy, 3 East-A and B	Minor	$8,731
22	San Diego	CA	Renovate Supply Processing Service	NRM-Sus	$11,231
22	San Diego	CA	Renovate Surgical Service, B01-F05	Minor	$5,438
22	San Diego	CA	Renovate Transition Center for Health Care Needs Combat Veterans	Minor	$3,721
22	San Diego	CA	Replace and Expand MRI Facility - Phase 1	Minor	$18,362
22	San Diego	CA	Replace and Install New Cogen Turbine	NRM-IM	$26,524

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
22	San Diego	CA	Replace Air handlers and Exhaust Fans - Group 3	NRM-IM	$16,400
22	San Diego	CA	Replace Lateral System, Building 1 - Group 2	NRM-IM	$8,404
22	San Diego	CA	Replace Lateral System, Building 1 - Group 3	NRM-IM	$9,092
22	San Diego	CA	Replace Riser System, Building 1 - Group 2	NRM-IM	$9,306
22	San Diego	CA	Replace Riser System, Building 1 - Group 3	NRM-IM	$7,290
22	San Diego	CA	Research Renovation 6W-A and B	Minor	$16,243
22	San Diego	CA	San Diego County CBOC	Major Lease	$18,458
22	San Diego	CA	San Diego Research Center	Major Lease	$4,420
22	San Diego	CA	Site Physical Security Upgrade	NRM-Sus	$9,400
22	San Diego	CA	Upgrade Domestic Hot and Cold Water System A - Legionella Prevention	NRM-IM	$8,428
22	Sepulveda	CA	Correct Electrical Deficiencies	NRM-IM	$5,850
22	Sepulveda	CA	Provide Turn Key Solar Photovoltaic System	NRM-IM	$6,916
22	Sepulveda	CA	Renovate Bldg 200 First Floor Radiology and Common Spaces	NRM-IM	$6,635
22	Sepulveda	CA	Replace Water Mains and Valves	NRM-IM	$8,000
22	Tucson	AZ	Acquire Inpatient Bed Tower	Major	$95,038
22	Tucson	AZ	Construct Audiology, Hemodialysis, and Medical Admin Building	Minor	$16,863
22	Tucson	AZ	Construct Building for Outpatient Diagnostic	Minor	$10,267
22	Tucson	AZ	Construct Clinical Building	Major	$21,000
22	Tucson	AZ	Construct Combined Power Plant for Clean Energy	NRM-IM	$9,900
22	Tucson	AZ	Construct Dental Building	Minor	$10,350
22	Tucson	AZ	Construct Inpatient Imaging and Pharmacy Suites	Minor	$12,575
22	Tucson	AZ	Construct Parking Garage	Minor	$16,653
22	Tucson	AZ	Construct Perimeter Fence	NRM-Sus	$7,600
22	Tucson	AZ	Correct Mechanical Deficiencies	NRM-IM	$5,500
22	Tucson	AZ	Correct Plumbing Deficiencies	NRM-IM	$6,600
22	Tucson	AZ	Expand Clinical Space	Minor	$13,294
22	Tucson	AZ	Expand Outpatient Mental Health	Minor	$19,750
22	Tucson	AZ	Renovate for SPS, Clinical and Support Space	NRM-Sus	$6,050
22	Tucson	AZ	Renovate Quarters	NRM-Sus	$5,500
22	Tucson	AZ	Upgrade Boiler Infrastructure	NRM-IM	$9,949
22	West Los Angeles	CA	Construct Ambulatory Care Center Replacement	Major	$1,110,500
22	West Los Angeles	CA	Convert Antelope Valley/Lancaster VA Clinic to VA Operated	Minor Lease	$3,855
22	West Los Angeles	CA	Execute Enhanced Use Lease for Veteran Housing	Other	$0
22	West Los Angeles	CA	Install Anti-Scalding devices and Remove Unused Plumbing Components BLDGs 213, 215 and 500	NRM-IM	$10,850

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
22	West Los Angeles	CA	Santa Barbara CBOC	Minor Lease	$794
22	West Los Angeles	CA	Santa Maria CBOC	Major Lease	$2,800
22	West Los Angeles	CA	Structural Retrofit for Occupational Health and Safety and Emergency Operations Storage Building 222	Seismic	$8,479
23	Fargo	ND	Expand Prosthetics and PT/OT	Minor	$17,100
23	Fargo	ND	Improve Site Security	NRM-Sus	$5,500
23	Fargo	ND	Install Geothermal Wells and Convert HVAC Systems	NRM-IM	$9,900
23	Fargo	ND	Replace Selected Roofs	NRM-IM	$6,450
23	Fort Meade	SD	Construct Domiciliary RRTP Building	Major	$73,500
23	Fort Meade	SD	Relocate for Ancillary Services and Improve Front Entrance	Minor	$7,250
23	Fort Meade	SD	Remodel Mental Health Inpatient Ward D	Minor	$6,000
23	Fort Meade	SD	Renovate Buildings 5, 6 and 7	NRM-Sus	$18,000
23	Fort Meade	SD	Renovate Community Living Center E-Ward and Support Functions	Minor	$17,600
23	Fort Meade	SD	Renovate Primary Care for PACT Model	Minor	$9,110
23	Iowa City	IA	Construct 2nd Floor of Entrance to Building 1 for Oncology/Fusion and Dialysis/Transplant, Front Entrance Phase 3	Minor	$14,135
23	Iowa City	IA	Construct Parking Garage, Phase 1	Minor	$17,220
23	Iowa City	IA	Construct Research Administrative Building	Minor	$6,600
23	Iowa City	IA	Expand 3rd Floor of Building 1, Front Entrance Addition Phase 4	Minor	$13,200
23	Iowa City	IA	Expand Building 2, 3rd Floor	Minor	$6,050
23	Iowa City	IA	Expand Front Entrance (East) for Patient Services, Front Entrance Phase 2	Minor	$12,540
23	Iowa City	IA	Expand Front Entrance for Patient Services, Phase 1	Minor	$17,600
23	Iowa City	IA	Expand Parking Ramp Phase 2	Minor	$17,600
23	Iowa City	IA	Renovate and Expand SPS	NRM-Sus	$5,500
23	Iowa City	IA	Renovate 1 East for Audiology and ENT	NRM-Sus	$7,501
23	Iowa City	IA	Renovate 6th Floor for Clinical Support Functions	NRM-Sus	$12,100
23	Iowa City	IA	Renovate Basement Lab	NRM-Sus	$8,800
23	Iowa City	IA	Renovate Biomedical and Maintenance Shops Areas	NRM-Sus	$6,600
23	Iowa City	IA	Replace and Upgrade Building 1 Mechanical Systems	NRM-IM	$9,900
23	Iowa City	IA	Research Lease with University of Iowa	Other	$2
23	Iowa City	IA	Upgrade and Replace Sanitary Lines	NRM-IM	$8,800
23	Minneapolis	MN	Construct Parking Ramp for Patient Access	Minor	$14,650
23	Minneapolis	MN	Expand Building 49	Minor	$8,450

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
23	Minneapolis	MN	Renovate 1J for Outpatient Mental Health	NRM-Sus	$6,000
23	Minneapolis	MN	Renovate Building 10	NRM-Sus	$5,173
23	Minneapolis	MN	Renovate for a Private Patient Medical Bed Ward	NRM-Sus	$6,800
23	Minneapolis	MN	Renovate Primary Care Clinic 1U, (Create First Impressions Phase 2)	NRM-Sus	$5,800
23	Minneapolis	MN	Renovate to Upgrade Existing Substandard OR's and Construct a Surgery Support Center	Minor	$10,400
23	Minneapolis	MN	Upgrade IT Infrastructure for EHRM Phase II	NRM-Sus	$5,000
23	Omaha	NE	Construct Patient Care Tower	Major	$295,180
23	Omaha	NE	Renovate 4th Floor Specialty Surgery	NRM-Sus	$9,050
23	Sioux Falls	SD	Construct Long Stay and Dementia Cottage	Minor	$17,843
23	Sioux Falls	SD	Construct New Pulmonary Clinic	Minor	$6,872
23	Sioux Falls	SD	Expand Chiller Plant	NRM-Sus	$5,410
23	Sioux Falls	SD	Renovate Building 1 for Inpatient Mental Health and Administrative Services	NRM-Sus	$8,831
23	Sioux Falls	SD	Upgrade IT for EHRM	NRM-IM	$5,500
23	St. Cloud	MN	Construct Clinical Training Center	Minor	$15,307
23	St. Cloud	MN	Construct Community Living Center Cottage West	Minor	$15,650
23	St. Cloud	MN	Construct Fourth Community Living Center Cottage	Minor	$9,900
23	St. Cloud	MN	Construct Mental Health RRTP Facility	Minor	$15,609
23	St. Cloud	MN	Construct Multidisciplinary Specialty Clinic	Minor	$15,800
23	St. Cloud	MN	Construct Parking Structures for Staff Access	Minor	$12,900
23	St. Cloud	MN	Construct Second PACT Clinic B4 First Floor	Minor	$15,800
23	St. Cloud	MN	Construct Third Community Living Center Cottage	Minor	$15,800
23	St. Cloud	MN	Create PACT Clinic Building 29, First Floor	Minor	$14,900
23	St. Cloud	MN	Create PACT Clinic Second Floor B29 and Relocate Police	Minor	$9,900
23	St. Cloud	MN	Expand Surgical and Specialty Services, Bldg 1	Minor	$13,560
23	St. Cloud	MN	Install Ground Source Heat Pumps, Building 29	NRM-IM	$6,050
23	St. Cloud	MN	Install Support Space Utility Infrastructure Campus Wide	NRM-IM	$5,525
23	St. Cloud	MN	Remodel and Expand B2 Patient Care	Minor	$14,900
23	St. Cloud	MN	Remodel Bldg 48, First Floor for Swing Space	NRM-Sus	$7,220
23	St. Cloud	MN	Renovate and Expand Building 8	Minor	$14,800
23	St. Cloud	MN	Renovate Building 28, First Floor West Side for Mental Health RRTP	NRM-Sus	$9,000
23	St. Cloud	MN	Renovate Building 29, Second Floor for Primary Care Clinical Space	NRM-Sus	$5,230
23	St. Cloud	MN	Renovate Building 51, Second Floor	Minor	$13,530
23	St. Cloud	MN	Renovate/Expand Building 50, First Floor Community Living Center	Minor	$16,280

VISN	City	ST	Potential Future/Outyear Projects Project Name - Short Description	Project Type	Total Estimated Costs (000s)
23	St. Cloud	MN	Renovate/Expand Building 50, Second Floor Community Living Center	Minor	$15,000
23	St. Cloud	MN	Renovate/Expand Building 51, First Floor Community Living Center	Minor	$15,481
23	St. Cloud	MN	Repair Building 9	NRM-IM	$6,132
23	St. Cloud	MN	Replace Finish Assemblies	NRM-IM	$12,450
VHA	CMOP - National Office	KS	Atlanta PBM	Minor Lease	$187
VHA	Lancaster, TX CMOP	TX	Construct Dallas Consolidated Mail Out Pharmacy	Major	$47,039
VHA	Northeast CMOP	MA	Acquire Building for Chelmsford Consolidated Mailout Pharmacy	Minor	$15,971
VHA	Tucson	AZ	Construct Emergency Pharmacy Service Building	Minor	$14,959

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Chapter 6.4
National Cemetery Administration

Introduction

The National Cemetery Administration (NCA) provides services to Veterans and their families across five districts, administering burial benefit programs at 158 national cemeteries and 34 soldiers' lots and monument sites. NCA maintains nearly 4.2 million gravesites and more than 23,000 acres and operates 624 buildings.

A map showing the five districts is provided below.

Figure 4-1: NCA District Map

Linkage to VA's Strategic Goals

The construction program is a critical element of NCA's strategy to improve access to burial and memorial benefits for Veterans and their families and provide greater choice. Two performance measures are impacted by NCA's construction program:

- Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence.
    - 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, state or tribal Veterans' cemetery within 75 miles of their residence. Projects to keep existing national cemeteries open by developing additional gravesites and columbaria or acquiring additional land prevent the loss of a burial option for Veterans currently served by a national cemetery within a reasonable distance of their residence.

- 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, client satisfaction.

Meeting Current and Future Burial Needs

In 2021, NCA interred 149,925 Veterans and eligible family members. Annual Veteran deaths are projected to be 568,812 in 2022 and are projected to slowly decline. The number of interments is expected to be 136,520 in 2022 and will continue to decline gradually. The total number of gravesites is expected to increase from nearly 4.00 million in 2021 to more than 4.08 million in 2022. The number of gravesites maintained is expected to reach over 4.17 million in 2023.

It is critical that VA continues to provide service at existing national cemeteries by completing phased development projects to make additional gravesites or columbaria available for interments. National cemeteries that will close due to depletion of space are identified to determine the feasibility of extending the service period of the cemetery through expansion. As public acceptance of, and demand for, cremation as a burial option grows, construction of columbaria is an option that maximizes 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 Veterans Cemetery Grant Program to provide grants to states and tribal organizations to establish or expand Veterans cemeteries. Grants may fund up to 100 percent of the cost of establishing, expanding or improving state or tribal Veterans cemeteries, including the acquisition of initial operating equipment.

Burial Policies

NCA anticipates that by the end of 2022, approximately 94 percent of Veterans will have access to a burial option in a national, state, or tribal Veterans cemetery within 75 miles of their home. The independent *Evaluation of the VA Burial Benefits Program* (August 2008) drove a number of burial policies targeting increased access and availability of burial options for Veterans. As a result, NCA identified several burial policies targeting increased access and availability of burial options for our Veterans, which were approved by Congress in 2011 and 2013. These policies include:

- Lowering the unserved Veteran population threshold to establish a new national cemetery to 80,000 within a 75-mile radius. Based on this policy, NCA developed a plan to establish five new national cemeteries and provide a burial option to an additional 550,000 Veterans and their families. In 2016, NCA began interment operations at three of these cemeteries, Cape Canaveral and Tallahassee National Cemeteries in Florida and Omaha National Cemetery in Nebraska. In 2018, NCA opened Pikes Peak National Cemetery in Colorado and the first burial at Western New York was conducted in December 2020.

- Establishing "Urban Initiative" locations to improve travel time and access in densely populated metropolitan areas currently served by a national cemetery. Five locations have been identified for this initiative in the Los Angeles and San Francisco/Oakland, California areas, Chicago, Illinois, New York, New York, and Indianapolis, Indiana metropolitan areas. The columbarium expansion at Los Angeles National Cemetery opened in October 2019 as the first completed project under NCA's Urban Initiative. New York and Indianapolis columbaria-only locations are scheduled to open in 2023 and 2022 respectively.

VA Burial Access Initiative for Rural Veterans

Building upon efforts to improve burial access, NCA continues to establish rural national cemeteries in areas where the Veteran population is less than 25,000 within a 75-mile service area. This initiative targets those states in which: 1) there is no national cemetery within the state open for first interments; and 2) areas within the state are not currently served by a State Veterans Cemetery or a National Cemetery in an adjacent state. Eight states meet these criteria (Idaho, Montana, Nevada, North Dakota, Maine, Utah, Wisconsin, and Wyoming). In 2014, NCA established the first national cemetery under the Rural Initiative at Yellowstone National Cemetery in Montana. In 2019, a rural cemetery opened at Fargo National Cemetery in North Dakota. Four additional rural cemeteries opened in 2020: Northwoods, Wisconsin; Acadia, Maine; Snake River Canyon, Idaho; and Cheyenne, Wyoming. Additionally, two cemeteries are scheduled to open in 2023 at Cedar City National Cemetery in Utah and the rural initiative in Nevada.

The current strategic target for the percent of the Veteran population served by a national, state, or tribal Veterans cemetery within 75 miles of their home is 95 percent.

National Shrine Commitment

Each national cemetery exists as a national shrine, which carries expectations of appearance that set them apart from private cemeteries. VA maintains the appearance of national cemeteries as national shrines. Infrastructure projects such as cemetery irrigation improvements, building renovations, maintenance of buildings and structures and road and curb improvements are just some examples that contribute to this objective.

Action Plan Strategy

NCA's Action Plan addresses access, utilization, condition and space gaps. Access and utilization gaps are closed by major and minor construction projects that provide new interment options through the establishment of new national cemeteries or expansion of existing cemeteries. NCA also continues to invest in columbarium-only cemeteries to serve Veterans in urban areas. The space gap is closed through new construction, including administration buildings, maintenance buildings, public restrooms and committal shelters. The condition gap is closed by projects that address deficiencies in buildings as well as projects to decrease gaps in National Shrine assessments.

NCA Gaps

Access:

Defined as the percentage of Veterans who have access to a first interment burial option within 75 miles of their home. NCA's strategic goal for reasonable access is 95 percent. The percent of Veterans served by a burial option in a national or state Veterans cemetery in 2020 was 93 percent. NCA expects to meet a target of approximately 94 percent by the end of 2022 by activating new state Veterans cemeteries through the Veterans Cemetery Grants Program and continuing to develop the new national cemeteries. NCA expects to meet the strategic target of 95 percent by activating Rural Veterans Cemeteries currently in planning or under construction, expansions to existing cemeteries and through its grant program to encourage establishment of additional state and/or tribal Veterans cemeteries. New planned national cemeteries, including the rural initiative, will address most of the gap between the current level and the strategic target. State and tribal Veterans cemeteries will further increase the percentage of Veterans who have access to a burial option within 75 miles of their home.

Condition:

There are two types of condition gaps for NCA: Facility Condition Assessment and Visual/National Shrine Impact. The long range estimated cost to correct all currently-identified gaps for NCA is approximately $156 million. This is an estimate only, costs may change as projects are further refined.

Strategic Capital Investment Planning (SCIP) Estimated Costs

Table 4-1, below, provides the long range estimated cost to correct all currently-identified gaps for NCA. The current estimate is between $1.3 billion and $1.6 billion. This range is an estimate only; costs may change as projects are further refined.

Table 4-1: NCA Capital Investment Projects by Type

NCA	2023		Future Years	
Project Type	**# of Projects**	**2023 TEC ($000)**	**# of Projects**	**Future Year TEC ($000)[1]**
Major construction	2	$101,000	24	$1,149,200
Leases	0	$0	0	$0
Minor construction	22	$91,814	32	$112,255
NRM	0	$0	0	$0
Other (includes disposals and sharing projects)	0	$0	0	$0
Project Specific Subtotal	**24**	**$192,814**	**56**	**$1,261,455**
Future year planning (Minors and NRM)[1]	N/A	$0	-	$0
Below threshold/ Emergent needs[2]	TBD	$0	-	$18,669
Non-recurring activation costs[3]	-	$2,332	-	$2,824
Recurring activation costs[3]	-	$0	-	$0
IT Non-recurring activation costs[3]	-	$422	-	$89
IT recurring activation costs[3]	-	$141	-	$30
Total	**24**	**$195,709**	**56**	**$1,283,067**

[1] Future year planning includes estimates for minors for future years, non-major lease, disposal, and sharing projects for the ten-year planning horizon.
[2] NCA action plans include lump sum, emergent needs, and below established threshold of $1 million that will be allocated in execution.
[3] Non-recurring and recurring activation totals are inclusive of the entire cost over a 10-year time frame, reflected in the first funding year for each project.

The 2023 minor construction request of $157.3 million is comprised of $44.3 million for prior year SCIP process approved projects awaiting construction funding, $57.7 million for new SCIP 2023 projects, and $55.3 million for below threshold/land acquisition and contingencies for 2023.

Table 4-2 (on the following page) provides a list of planned leases and potential future year projects. Total estimated costs in this table are preliminary planning costs and are subject to change as projects are further refined. The NCA long term planning horizon cost estimate range does not include under-threshold or out-year planning estimates. For planning purposes, VA utilizes an established dollar amount for project specific inclusion in the action plans. For example, the dollar threshold for NCA minor construction projects is $1 million.

Table 4-2: NCA Future Year Above Threshold Potential Projects (Sorted by State, Cemetery)

Cemetery	ST	Future Year Above-Threshold Potential Projects Project Name – Short Description	Project Type	Total Estimated Costs ($000s)
Alabama NC	AL	Gravesite Expansion	Major	30,000
Fort Smith	AR	Replace Irrigation System	Minor	1,435
Fort Smith	AR	Repair/Replace Roads, Curbing, and Drainage	Minor	1,230
NMCA	AZ	Expansion & Cemetery Improvements	Major	45,000
Golden Gate	CA	Install Irrigation Mainline and Controller Upgrades	Minor	1,100
Riverside	CA	Gravesite Expansion Project	Major	84,200
Sacramento Valley	CA	PH 3 Expansion & Cemetery Improvements	Major	45,000
San Francisco	CA	Replace Irrigation System	Minor	1,420
Barrancas	FL	Gravesite Expansion	Major	25,000
Florida NC	FL	Replacement & Cemetery Improvements	Major	75,000
Jacksonville	FL	Correct Cemetery Deficiencies	Minor	500
Sarasota	FL	Gravesite Expansion	Major	28,000
South Florida	FL	PH 3 Expansion & Cemetery Improvements	Major	50,000
Marietta	GA	Install Irrigation	Minor	1,670
NMCP	HI	Replace Irrigation system	Minor	2,540
Keokuk	IA	Expand Irrigation System to Entire Cemetery	Minor	1,330
Abraham Lincoln	IL	PH 4 Expansion & Cemetery Improvements	Major	44,000
Rock Island	IL	Expand Irrigation System to Entire Cemetery	Minor	2,730
New Albany	IN	Correct Deficiencies	Minor	1,390
Leavenworth	KS	Replace Maintenance Facility	Minor	4,490
Massachusetts	MA	Gravesite Expansion	Major	50,000
Baltimore	MD	Replace Fence and Improve Property Border	Minor	2,410
Baltimore	MD	Repave Roads, Replace Curbs & Site Drainage	Minor	2,340
Loudon Park	MD	Renovate Historic Lodge and Site	Minor	4,850
Great Lakes	MI	Gravesite Expansion Project	Major	50,000
Ft. Snelling	MN	Repair Historic Perimeter Fence/Posts	Minor	5,560
Ft. Snelling	MN	Replace Committal Shelter 1 & Renovate Committal Shelter 5; Site Lighting	Minor	1,890
Jefferson Barracks	MO	Expand Irrigation System to Entire Cemetery	Minor	9,020
Jefferson Barracks	MO	Correct Deficiencies, Repair Roads & Parking Lots, Replace Committal Shelter #4	Minor	5,050
Biloxi	MS	Replacement & Cemetery Improvements	Major	55,000
Wilmington	NC	Repair Historic Brick Wall	Minor	1,070
Finn's Point	NJ	Historic Wall Restoration	Minor	2,120
Bath	NY	Gravesite Expansion	Minor	5,860
Calverton	NY	Gravesite Expansion	Major	50,000
Long Island	NY	Irrigation Project, Phase 1	Minor	2,630
Western New York	NY	Gravesite Expansion	Major	45,000

Cemetery	ST	Future Year Above-Threshold Potential Projects Project Name – Short Description	Project Type	Total Estimated Costs ($000s)
Western New York	NY	Gravesite Expansion	Minor	16,580
Ohio Western Reserve	OH	PH 4 Expansion & Cemetery Improvements	Major	45,000
Willamette	OR	Expansion & Cemetery Improvements	Major	50,000
Willamette	OR	Replace Sprinkler Heads	Minor	1,070
NC of Alleghenies	PA	PH 4 Expansion & Cemetery Improvements	Major	50,000
Washington Crossing	PA	Gravesite Expansion	Major	50,000
Puerto Rico	PR	Gravesite Expansion at Morovis	Major	45,000
Chattanooga	TN	Gravesite Expansion (Chattanooga Replacement)	Major	60,000
Chattanooga	TN	Install Irrigation System	Minor	8,930
Chattanooga	TN	Replace Roads & Storm Drainage	Minor	1,200
Nashville	TN	Correct Cemetery Deficiencies	Minor	2,770
Dallas/Fort Worth	TX	PH 5 Expansion & Cemetery Improvements	Major	55,000
Houston	TX	PH 3 Expansion & Cemetery Improvements	Major	50,000
Houston	TX	Pond Dredging and Storm Drainage Maintenance	Minor	4,280
Glendale	VA	Renovation of Site/Buildings	Minor	2,250
Quantico	VA	Expansion & Cemetery Improvements	Major	38,000
Quantico	VA	Renovate Public Restrooms, Shelters and Maintenance Facility.	Minor	5,280
Richmond	VA	Renovate/Repair Historic Site and Buildings	Minor	3,010
Seven Pines	VA	Renovate Historic Buildings	Minor	3,750
Tahoma	WA	Gravesite Expansion and Cemetery Improvements	Major	30,000
Tahoma	WA	Replace Irrigation Main Line	Minor	1,000

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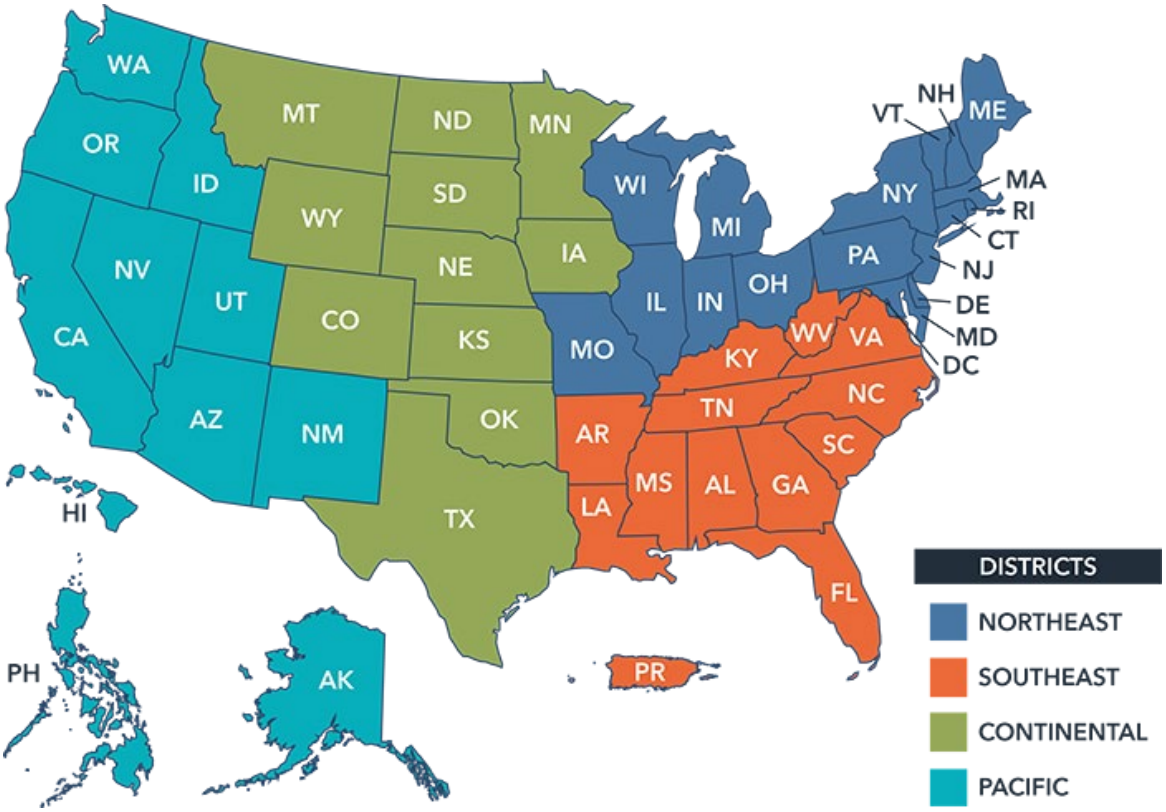
Chapter 6.5
Veterans Benefits Administration

Introduction

The Veterans Benefits Administration (VBA) provides benefits and services to the Veteran population through four districts (Northeast, Southeast, Continental and Pacific) and 56 regional offices. VBA benefits and services include disability compensation and pension, education, vocational rehabilitation, loan guaranty and insurance.

Figure 5-1: VBA District Map



Action Plan Strategy

VBA's Action Plan strategy focuses on functional and space gaps identified in the Strategic Capital Investment Planning (SCIP) process. VBA's plan will reduce those gaps through renovation, realignment and maintenance projects. Renovation and realignment projects focus on more efficient office flow arrangements to support transformation initiatives, reduce security and safety deficiencies and provide better service to Veterans. These projects reconfigure space freed up by

the removal of paper files and ensure compliance to new space standards. The overall goal is to make space more flexible for adjusting to changing business practices. Current leases, primarily through the General Services Administration, allow VBA to relocate quickly with business process changes or to follow Veteran population concentration changes.

SCIP Estimated Long Range Magnitude Costs

The estimated cost to correct all currently-identified gaps for VBA is between $1.1 billion and $1.3 billion. The estimated cost of correcting building deficiencies at VA-owned facilities occupied by VBA is approximately $17.1 million. Facility modification projects normally require a significant funding contribution by VBA, even for leased space. The expected range of costs for all of these future requirements is an estimate only and may change as projects are further refined.

Table 5-1: VBA Capital Investment Projects by Type

VBA	2023		Future Years	
Project Type	**# of Projects**	**2023 TEC ($000)**	**# of Projects**	**Future Year TEC ($000)[1]**
Major construction	0	$0	0	$0
Leases	19	$16,687	76	$77,986
Minor construction	1	$2,700	48	$296,898
Non-recurring maintenance (NRM)	0	$0	0	$0
Other (includes disposals and sharing projects)	0	$0	0	$0
Project Specific Subtotal	**20**	**$19,387**	**124**	**$374,884**
Future year planning (Minors and NRM)[1]		$0		$0
Below threshold/Emergent needs[2]		$0		$1,803
Non-recurring activation costs[3]		$81,443		$573,922
Recurring activation costs[3]		$0		$0
IT non-recurring activation costs[3]		$19,185		$64,066
IT recurring activation costs[3]		$6,395		$21,355
Total	**20**	**$126,410**	**124**	**$1,036,030**

[1] Future planning includes estimates for NRMs and Minors for future years, non-major lease, disposal, and sharing projects for the ten-year planning horizon.
[2] VBA action plans include lump sum, emergent needs, and below established threshold of $500K that will be allocated in execution.
[3] Non-recurring and recurring activation totals are inclusive of the entire cost over a 10-year time frame and are reflected in the first funding year for each project.

The 2023 minor construction request is comprised of $23.2 million for prior year SCIP projects, $2.7 million for new SCIP 2023 projects and $4.1 million for below threshold/emergent needs and Department of State Capital Security Cost Sharing program[1].

[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 program. Agencies with personnel overseas that occupy space controlled by the Department of State shall provide funding in advance for their share of costs for new construction. Department of State is implementing a 14 year, $17.5 billion capital construction program to replace 150 Embassy and consulate compounds.

Table 5-2 (below) provides a list of planned leases and potential future year projects. Total estimated costs in the table below are preliminary planning costs and are subject to change as projects are further refined. The VBA long term planning horizon cost estimate range does not include under-threshold or out-year planning estimates. For planning purposes, VA utilizes an established dollar amount for project specific inclusion in the action plans. For example, the dollar threshold for VBA minor construction projects is $500,000. The costs for all below-threshold projects are included in the overall VBA estimate in Table 5-1 (on the previous page) as a lump-sum.

Table 5-2: VBA-Potential Future Year Above-Threshold Projects (Sorted by State, City and Type)

City	ST	Potential Future Year Above-Threshold Projects Project Name – Short Description	Project Type	Total Est. Cost (000s)
Anchorage	AK	Fairbanks VR&E Office	Minor Lease	$73
Montgomery	AL	Huntsville VR&E Office	Minor Lease	$5
Montgomery	AL	Mobile VR&E Office	Minor Lease	$2
Phoenix	AZ	Renovate Regional Office	Minor Const.	$14,334
Los Angeles	CA	Regional Office	Major Lease	$6,200
Los Angeles	CA	Renovate and Realign Regional Office	Minor Const.	$900
Oakland	CA	Regional Office	Major Lease	$4,200
Oakland	CA	Renovate Regional Office, Ph 2	Minor Const.	$9,000
Oakland	CA	Sacramento VR&E Office	Minor Lease	$91
Oakland	CA	Fresno VR&E Office	Minor Lease	$8
San Diego	CA	Consolidate San Diego Regional Offices	Minor Const.	$15,285
San Diego	CA	Moreno Valley VR&E Office	Minor Lease	$106
Denver	CO	Grand Junction VR&E Office	Minor Lease	$9
Hartford	CT	Renovate and Realign Regional Office	Minor Const.	$7,000
Washington	DC	Washington Appeals Management Office	Major Lease	$5,600
Washington	DC	Renovate 1722 I Street NW	Minor Const.	$8,844
St Petersburg	FL	Renovate and Realign Regional Office	Minor Const.	$9,900
St Petersburg	FL	Install Solar Parking Lot Lighting	Minor Const.	$500
St Petersburg	FL	Sarasota VR&E Office	Minor Lease	$35
Atlanta	GA	Renovate and Realign 4th Floor Regional Office	Minor Const.	$5,668
Atlanta	GA	Atlanta Storage	Minor Lease	$79
Atlanta	GA	Columbus VR&E Office	Minor Lease	$78
Atlanta	GA	Tifton VR&E Office	Minor Lease	$46
Honolulu	HI	Hilo VR&E Office	Minor Lease	$35
Des Moines	IA	Des Moines Human Resources Center	Major Lease	$1,500
Des Moines	IA	Des Moines Regional Office	Major Lease	$1,300
Des Moines	IA	Renovate Regional Office	Minor Const.	$6,000
Des Moines	IA	Renovate Human Resources Center	Minor Const.	$4,000
Des Moines	IA	Cedar Rapids VR&E Office	Minor Lease	$70
Des Moines	IA	Davenport VR&E Office	Minor Lease	$42
Boise	ID	Renovate and Realign Regional Office	Minor Const.	$3,731
Boise	ID	Pocatello VR&E Office	Minor Lease	$6

City	ST	Potential Future Year Above-Threshold Projects Project Name – Short Description	Project Type	Total Est. Cost (000s)
Chicago	IL	Renovate and Realign Regional Office to eRO Model	Minor Const.	$8,197
Indianapolis	IN	Indianapolis Regional Office	Major Lease	$1,800
Indianapolis	IN	Renovate and Realign Regional Office	Minor Const.	$5,000
Indianapolis	IN	Indianapolis Fiduciary Hub	Minor Lease	$326
Indianapolis	IN	Indianapolis Basement File Storage	Minor Lease	$14
Louisville	KY	Renovate Regional Office 1	Minor Const.	$3,000
Louisville	KY	Louisville Regional Office 1	Minor Lease	$950
New Orleans	LA	Renovate and Realign Regional Office	Minor Const.	$9,468
New Orleans	LA	Renovate Shreveport VR&E Office	Minor Const.	$545
Boston	MA	Boston Regional Office	Major Lease	$4,000
Boston	MA	Renovate Regional Office	Minor Const.	$800
Baltimore	MD	Baltimore Regional Office	Major Lease	$1,700
Baltimore	MD	Renovate Regional Office	Minor Const.	$570
Baltimore	MD	Baltimore Training Academy	Minor Lease	$836
Baltimore	MD	Baltimore Regional Office 2	Minor Lease	$300
Baltimore	MD	Waldorf VR&E Office	Minor Lease	$46
Detroit	MI	Detroit Regional Office 1	Major Lease	$2,600
Detroit	MI	Renovate and Realign Regional Office	Minor Const.	$8,400
St Paul	MN	St Paul Regional Office	Major Lease	$6,900
St Paul	MN	Renovate Regional Office	Minor Const.	$9,600
St Louis	MO	St Louis Regional Office	Major Lease	$4,700
St Louis	MO	St Louis Records Management Center Support	Minor Lease	$530
St Louis	MO	Springfield VR&E Office	Minor Lease	$56
Jackson	MS	Renovate and Realign Regional Office	Minor Const.	$9,130
Ft. Harrison	MT	Renovate and Realign	Minor Const.	$4,900
Ft. Harrison	MT	Brace Non-structural Components	Minor Const.	$750
Fargo	ND	Renovate and Realign Regional Office	Minor Const.	$2,100
Lincoln	NE	Lincoln Regional Office	Major Lease	$2,500
Lincoln	NE	Renovate and Realign Regional Office	Minor Const.	$7,743
Manchester	NH	Manchester Regional Office 2	Minor Lease	$73
Newark	NJ	Newark Regional Office 1	Major Lease	$1,900
Newark	NJ	Renovate Regional Office 1	Minor Const.	$8,900
Newark	NJ	Trenton VR&E Office	Minor Lease	$20
Newark	NJ	Trenton Parking	Minor Lease	$2
Albuquerque	NM	Renovate Regional Office	Minor Const.	$4,500
Albuquerque	NM	Albuquerque Regional Office 2	Minor Lease	$13
Albuquerque	NM	Albuquerque Parking	Minor Lease	$11
Cleveland	OH	Cleveland Regional Office - AJ Celecrezze FB	Major Lease	$3,100
Cleveland	OH	Renovate Regional Office - AJ Celecrezze FB	Minor Const.	$9,000
Cleveland	OH	Columbus VR&E Office	Minor Lease	$98
Cleveland	OH	Cleveland Regional Office - 2AJ Celebrezze FB	Minor Lease	$53
Muskogee	OK	Muskogee Regional Office	Major Lease	$2,700

City	ST	Potential Future Year Above-Threshold Projects Project Name – Short Description	Project Type	Total Est. Cost (000s)
Muskogee	OK	Renovate Muskogee NCC	Minor Const.	$8,200
Muskogee	OK	Renovate Oklahoma VR&E Office	Minor Const.	$711
Portland	OR	Portland Regional Office	Major Lease	$4,400
Philadelphia	PA	Renovate and Realign Regional Office	Minor Const.	$9,800
Pittsburgh	PA	Pittsburgh Regional Office	Major Lease	$2,000
Pittsburgh	PA	Renovate Regional Office	Minor Const.	$8,000
San Juan	PR	San Juan Regional Office	Major Lease	$2,820
San Juan	PR	Renovate Regional Office	Minor Const.	$1,400
Providence	RI	Providence Regional Office	Major Lease	$1,700
Providence	RI	Renovate Regional Office	Minor Const.	$3,500
Providence	RI	Providence Regional Office 1	Minor Lease	$182
Providence	RI	Providence Swing Space	Minor Lease	$64
Manila	RP	Renovate and Realign Regional Office	Minor Const.	$6,000
Manila	RP	Director Office	Minor Lease	$65
Manila	RP	Veterans Service Center	Minor Lease	$39
Manila	RP	Assistant Director Office	Minor Lease	$26
Columbia	SC	Columbia Regional Office	Major Lease	$3,700
Columbia	SC	Renovate Regional Office	Minor Const.	$8,000
Columbia	SC	North Charleston VR&E Office	Minor Lease	$67
Sioux Falls	SD	Renovate and Realign Regional Office	Minor Const.	$2,406
Sioux Falls	SD	Rapid City VR&E Office	Minor Lease	$96
Nashville	TN	Nashville Regional Office 1	Major Lease	$1,600
Nashville	TN	Renovate Regional Office	Minor Const.	$9,924
Nashville	TN	Nashville Regional Office 2	Minor Lease	$142
Nashville	TN	Nashville Regional Office 4	Minor Lease	$75
Nashville	TN	Nashville Regional Office 3	Minor Lease	$46
Nashville	TN	Nashville Regional Office 6	Minor Lease	$2
Houston	TX	Renovate and Realign Regional Office	Minor Const.	$8,393
Houston	TX	Replace Ceiling Tiles	Minor Const.	$2,300
Houston	TX	Replace Carpet	Minor Const.	$1,700
Houston	TX	Houston Regional Office Storage	Minor Lease	$440
Houston	TX	San Antonio VR&E Office	Minor Lease	$277
Waco	TX	Austin VR&E Office	Minor Lease	$183
Waco	TX	El Paso VR&E	Minor Lease	$81
Salt Lake City	UT	Renovate and Realign Salt Lake City RB2 to eRO Model	Minor Const.	$9,900
Salt Lake City	UT	Renovate and Realign Salt Lake City Regional Office	Minor Const.	$7,100
Roanoke	VA	Renovate Regional Office	Minor Const.	$8,000
Roanoke	VA	Norfolk VR&E Office	Minor Lease	$125
Roanoke	VA	Hampton VR&E Office	Minor Lease	$108
Seattle	WA	Seattle Regional Office	Major Lease	$4,000
Seattle	WA	Seattle Regional Office Storage & Parking	Minor Lease	$87

City	ST	Potential Future Year Above-Threshold Projects Project Name – Short Description	Project Type	Total Est. Cost (000s)
Seattle	WA	Seattle Regional Office 4	Minor Lease	$85
Seattle	WA	Bremerton VR&E Office	Minor Lease	$82
Seattle	WA	Mt. Vernon VR&E Office	Minor Lease	$44
Milwaukee	WI	Construct Parking Structure	Minor Const.	$9,800
Milwaukee	WI	Renovate and Realign Regional Office	Minor Const.	$7,000
Milwaukee	WI	Eau Claire VR&E Office	Minor Lease	$52
Milwaukee	WI	Green Bay VR&E Office	Minor Lease	$7
Huntington	WV	Renovate Regional Office	Minor Const.	$7,000
Huntington	WV	Huntington Regional Office 1	Minor Lease	$677

Chapter 6.6
Staff Offices

Introduction

VA Staff Offices (SO) are central, Departmental organizations. These include: General Counsel; Inspector General; Enterprise Integration; Public and Intergovernmental Affairs; Congressional and Legislative Affairs; Acquisition, Logistics and Construction; Human Resources and Administration; Office of Management; and Information and Technology.

SO Action Plan Strategy

The SO action plan strategy focuses on condition gaps identified in the Strategic Capital Investment Planning (SCIP) process. The action plan will reduce gaps through projects and non-capital solutions. SO, funds are used for infrastructure repairs and enhancements to improve operations and provide acceptable and operationally suitable work environments, as well as to complete modifications and upgrades to existing facilities to expand capacity. The plan includes projects to maintain and reconfigure existing space to accommodate staffing changes, including telework.

Office of Information and Technology (OIT) Action Plan Strategy

OIT's SCIP optimizes utilization of data center space and employee/non-IT support space as part of a long-term strategy to reduce operational costs and environmental impacts. This ensures that IT systems remain operational and secure. OIT's plan does not include major construction; it utilizes non-capital solutions and minor construction to correct deficiencies and optimize operational space utilization.

To improve the interoperability and standardization of VA's technical infrastructure and IT services to foster increasing levels of organizational effectiveness and customer satisfaction, OIT implemented and continues to refine standards for the technical environment infrastructure across the VA enterprise. These projects include hardening IT system security and correcting environmental deficiencies for mission critical systems. This is achieved while optimizing data center space utilization and shifting to standardized platforms and infrastructures.

The pandemic has proven organizations may not be able to rely on conventional work practices and need to be flexible. This flexibility requires a robust and flexible workforce and network. Network use increased dramatically as workers were forced to telework and attend virtual meetings to carry out VA missions. OIT met most IT requirements in the short term but this has revealed the need for increased emphasis on network maintenance, equipment redundancy and testing as well as the use of new technology by Information Technology Centers to improve VA's productivity.

SCIP Estimated Long Range Costs

Table 6-1 (below) provides the estimated cost to correct all currently identified gaps for SOs. This amount totals between $245 and $299 million. Total estimated costs provided in Table 6-1 are preliminary planning costs and are subject to change as projects are further refined.

Table 6-1: SO Capital Investment Projects by Type

Staff Offices	2023		Future Years	
Project Type	**# of Projects**	**2023 TEC ($000)**	**# of Projects**	**Future Year TEC ($000)[1]**
Major construction	0	$0	0	$0
Leases	0	$0	1	$158
Minor construction	4	$23,567	39	$210,470
NRM	0	$0	0	$0
Other (includes disposals and sharing projects)	0	$0	0	$0
Project specific subtotal	**4**	**$23,567**	**40**	**$210,628**
Future year planning (Minors and NRM)[1]	N/A	$0	-	$10,000
Below threshold (BT)/Emergent needs[2]	TBD	$0	-	$11,548
Non-recurring activation costs[3]	-	$4,418	-	$7,370
Recurring activation costs[3]	-	$0	-	$0
IT non-recurring activation costs[3]	-	$450	-	$2,766
IT recurring activation costs[3]	-	$150	-	$922
Total	**4**	**$28,585**	**40**	**$243,235**

[1]Future planning includes estimates for NRMs and minors for future years, non-major lease, disposal and sharing projects for the ten-year planning horizon.
[2] SO action plans include lump sum, emergent needs and below established threshold of $500K that will be allocated in execution.
[3]Non-recurring and recurring activation totals are inclusive of the entire cost over a 10-year time frame and are reflected in the first funding year for each project.

The 2023 minor construction request for SOs totals $94.6 million and is comprised of $23.6 million for a new SCIP 2023 projects, $35 million for completion of prior year SCIP projects and $36 million for below threshold/urgent needs and contingencies.

Table 6-2 (on the following page) provides a list of planned leases and potential future year projects. Total estimated costs in the table below are preliminary planning costs and are subject to change as projects are further refined. The SO long term planning horizon cost estimate range does not include under-threshold or out-year planning estimates. For planning purposes, VA utilizes an established dollar amount for project specific inclusion in the action plans. For example, the dollar threshold for SO minor construction projects is $500,000. The costs for all below-threshold projects are included in the overall SO estimate in Table 6-1 (above) as a lump-sum.

Table 6-2: Potential SO Future Year Above-Threshold Projects (Sorted by State, City and Type)

City	ST	Potential Future Year Above-Threshold Projects Project Name – Short Description	Project Type[1]	Total Est. Cost (000s)
Little Rock	AR	Create Law Enforcement Training Center (LETC) Classroom Space	Minor Const.	$5,952
Little Rock	AR	Create LETC Dormitory Space - Phase 1	Minor Const.	$17,000
Little Rock	AR	Create LETC Dormitory Space - Phase 2	Minor Const.	$18,480
Little Rock	AR	Create LETC Dormitory Space - Phase 3	Minor Const.	$18,486
Little Rock	AR	Create LETC Education Complex	Minor Const.	$13,838
Little Rock	AR	Create LETC Student Parking Deck	Minor Const.	$15,422
Oakland	CA	Innovation Center	Minor Const.	$3,581
Oakland	CA	Oakland Field Office	Minor Lease	$158
Washington	DC	Renovation Projects Under $500k in 810 Vermont Avenue	Minor Const.	$2,000
Hines	IL	B215 ADA Compliant Restroom Upgrade	Minor Const.	$2,628
Hines	IL	Building Dedicated Outside Air System (DOAS)	Minor Const.	$1,000
Hines	IL	Data Center Dedicated HVAC System	Minor Const.	$5,600
Hines	IL	Data Center Electrical Service Upgrade	Minor Const.	$14,000
Hines	IL	Data Center Fire Suppression Upgrade	Minor Const.	$6,930
Hines	IL	Data Center Reconfiguration & System Migration	Minor Const.	$1,300
Hines	IL	General construction to room 161	Minor Const.	$1,200
Hines	IL	Generator Plant Replacement	Minor Const.	$6,270
Hines	IL	McCook Utility Feed	Minor Const.	$12,000
Hines	IL	Parking Lot Paving Project	Minor Const.	$1,600
Hines	IL	Replace Interior Dry Transformers	Minor Const.	$2,200
Hines	IL	Upgrade existing engine-generator diesel fuel distribution piping	Minor Const.	$1,500
Philadelphia	PA	Data Center Electrical Support Systems	Minor Const.	$9,975
Philadelphia	PA	Feasibility Study/Design/Build/Replace Wet Pipe Fire Suppression System	Minor Const.	$5,700
Philadelphia	PA	Install New Security Perimeter Fence around Building	Minor Const.	$4,000
Philadelphia	PA	Relocate Main Utility Power Feed	Minor Const.	$7,000
Philadelphia	PA	Renew and Upgrade Data Center Mechanical Support Systems	Minor Const.	$7,500
Philadelphia	PA	Renew Mechanical Infrastructure Support Systems	Minor Const.	$2,200
Austin	TX	Emergency Water Well and Storage Tank	Minor Const.	$2,200
Austin	TX	Install Roof Top energy efficient cooling system for AITC Computer Room	Minor Const.	$2,300
Austin	TX	Redundant Power for CRAC & CRAH Units	Minor Const.	$1,700
Austin	TX	Replace System A Generators 1,2 & 3	Minor Const.	$8,500
Quantico	VA	Generator Replacement w/ ATS Switches	Minor Const.	$2,000
Martinsburg	WV	Security Upgrades	Minor Const.	$1,323

[1] Lease costs include first year annual unserviced rent plus any associated build out cost, but excludes future annual rent payments.

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Chapter 7.1

Enhanced Use Leasing and the Annual Consideration Report

Part I – Enhanced-Use Lease Program

Background on VA's Enhanced-Use Lease Program

The national health care delivery system and demographics have created both expensive inefficiencies and exciting opportunities for the government. VA infrastructure was largely designed and built when hospitalization and in-patient care were the norm. The new paradigm of health care delivery, supported by medical and technological advances, now allows for the delivery of most patient care through outpatient services. Veteran demographics and geographic concentrations are also changing. Since World War II, the Veteran population has shifted to the west and south of the United States, along with the general population. The current VA network-based health care system often requires a different set of assets and infrastructure from those in VA's current inventory of buildings and land.

In response to these changes in demographics and health care delivery, VA is utilizing an innovative capital asset management tool called enhanced-use leasing (EUL) to more effectively utilize its vacant or underutilized real property assets. EUL is a cooperative arrangement in which underutilized VA properties are made available to public or private entities for (re)development in exchange for monetary consideration at fair value as determined by the Secretary. Through its EUL program, VA has been able to engage in strategic partnerships that have allowed VA to: 1) offer expanded services to Veterans (for example, by creating supportive housing facilities for Veterans and their families); 2) generate substantial cost savings (for example, by facilitating campus realignment projects); and 3) help meet VA sustainability goals (for example, by building on-site renewable energy facilities, thus enabling VA to reduce its greenhouse gas emissions).

VA first obtained legislative authority to enter into enhanced use leases (EULs) in 1991 via 38 U.S.C. § 8161-8169. Under this original authority, leased properties could be developed for VA and/or non-VA uses compatible with the mission of the Department. The Department would obtain fair value consideration in the form of revenue and/or in-kind services. That authority expired on December 21, 2011. In 2012, it was reinstated through December 21, 2023, in modified form, via Public Law (P.L.) 112-154, Section 211. This authority restricts EULs to supportive housing projects only, and limits consideration to cash only.

The West Los Angeles Leasing Act of 2016 was made law on September 29, 2016, in P.L. 114-244 and codified in 38 U.S.C. § 8161. This law allows VA to enter into an EUL for up to 75 years (and collect cash consideration) for VA West Los Angeles property, which was previously not authorized.

The EUL authority was further amended via P.L. 115-182 (the MISSION Act of 2018). Prior to the change in 38 U.S.C. § 8162 implemented through the MISSION Act, EULs had to be certified in advance by the Director of the Office of Management and Budget (OMB). The MISSION Act requires only that OMB review each EUL to ensure it does not include certain terms as outlined in 38 U.S.C. § 8162(b)(5), but no longer requires certification from the Director of OMB.

Most recently, the West Los Angeles Campus Improvement Act was signed into law on June 23, 2021. It permits EULs for up to 99 years on VA West Los Angeles property.

Legislative Authority to Expand VA's Current EUL Authority Beyond Supportive Housing
VA continues to propose certain amendments to Title 38 U.S.C. to authorize VA to pursue EULs for purposes beyond creating supportive housing. The "only supportive housing" constraint on the current EUL authority hinders VA's ability to enter into a wide range of agreements on VA property that could provide cost savings for VA and benefit Veterans across the country. For example, VA has many underutilized buildings, some of which are eligible to be listed on the National Register of Historic Places. Repurposing these facilities is expensive and in many cases the restoration costs are beyond the scope of low-income/homeless supportive housing projects. Furthermore, the market does not perceive supportive housing as being needed in a number of markets where VA may have underutilized real property assets. An expanded EUL authority would allow a broader mix of potential uses such as medical office space or other Veteran focused support services, especially for those areas with limited need for supportive housing. In addition, expanding the EUL authority would increase VA's opportunities to generate revenue that would serve as a source of funding deposited into the Medical Care Collection Fund account. The Medical Care Collection Fund account would be used to support renovation and new construction costs to provide additional units of supportive housing.

Benefits to Veterans
Veterans have enjoyed access to an expanded range of services such as homeless housing, job training and mental health counseling as a result of the EUL program. Without the EUL authority, homeless Veteran housing services would not be as readily available and accessible on some medical center campuses. VA has used its EUL authority to develop housing projects that included both transitional and permanent supportive housing for Veterans who are homeless or at risk of homelessness, as well as for independent and assisted living for senior and disabled Veterans. As of the close of fiscal year 2021, there are 49 EUL projects with a housing component currently in operation, providing 3,368 units of housing to approximately 2,548 Veterans with another 5 projects with 264 units currently under construction or awaiting construction start. Many other services have come to fruition as a result of the VA's EUL authority such as hospice centers, mental health facilities, expanded parking and child care facilities.

Benefits to VA
The VA EUL program has encouraged innovative public/private partnerships that have greatly benefited VA. The various EUL projects in VA's portfolio repurpose underutilized capital assets, land and buildings, and/or transfer some or all of the cost to construct and/or renovate, operate and maintain these properties to third-party partners. Use of this program has resulted in cost avoidance in operations and maintenance of underutilized buildings and land assets.

Generally, when an agency generates revenue connected to real property, proceeds must be deposited in the U.S. Treasury. Under VA's EUL authority, VA is allowed to retain funds received as consideration and redirect the net proceeds to Veteran services and to fund the EUL program itself. This in turn provides the incentive necessary to encourage VA to be creative and to aggressively pursue EUL opportunities to partner with both private and non-profit entities to more effectively utilize VA's real property assets.

The EUL program has proven to be an innovative tool that provides VA partners with long-term access to underutilized VA buildings and/or land assets in exchange for fair consideration that benefits Veterans. Moreover, the EUL itself, as financeable collateral, allows VA's development partners access to pursue capital and operating funding in the private debt markets to enhance VA's capital assets through renovation and/or construction of supportive housing facilities, while providing supportive services that directly improve the lives of our Veterans.

Benefits to Developers and Local Community

An EUL provides the developer (lessee) with the long-term property interest necessary to secure financing through the capital markets and to amortize any capital investment made to the property or facility. Initially, during the construction phase of development, these EUL projects provide the local community with gainful employment for skilled labors and trades. In the long term, although the underlying land remains Federal property, once leased, the facility improvements are subject to state and local taxes, increasing the tax base for the local community during the term of the lease. The developer (lessee) is responsible to pay annualized taxes on the improvements to the respective state and any local government agency. The increased tax dollars generated over the term of the EUL are then used by the community to support schools, emergency services (fire, police and medical) and community facilities (public parks, water and sewer systems). This increase to the tax base helps support the local community's ability to provide needed services.

Transparency

A key component of the EUL program is close coordination with, and the 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 EUL to obtain Veteran and local community input. Before conducting a hearing, the Secretary is required to provide reasonable notice to the general public regarding the hearing and the proposed lease. If, after a public hearing, the Secretary intends to enter into an EUL of the property, the Secretary must notify the Congressional Veterans' Affairs committees, the Committees on Appropriations and the Committees on the Budget of the House of Representatives and the Senate of the Secretary's intention to enter into an EUL. The Secretary must also publish a notice of such intention in the Federal Register. Upon the request of the congressional committees and not later than 30 days after the date of such notice, the Secretary must testify before the committees on the EUL, including the status of the lease, the cost and the plans to carry out the activities under the lease.

In summation, the VA EUL authority allows VA to more effectively realign its existing real property portfolio in a way that creates value for Veterans, VA and other stakeholders throughout a given community. Local governments, Veterans groups, private partners and community members benefit as underutilized properties are redeveloped to provide new services and economic opportunities for Veterans, VA and the local community.

Working toward the objective of alleviating Veteran homelessness, VA is continuing its ongoing evaluation of unused and underutilized buildings on existing VA properties for potential homeless housing opportunities through public-private collaboration and VA's EUL program. To date, the EUL program has provided many Veterans across the county with housing and supportive services, which has contributed to the goal of ending Veteran homelessness nationally. A complete list of EULs can be found in the index of this report. The EUL program has the dual benefit of (1) supporting VA's initiative to end homelessness among our Veterans and (2) reducing the cost of operating and maintaining VA's inventory of underutilized buildings and land.

Strategic Vision for 2022

The VA EUL program will continue to serve as a vehicle for VA to achieving its goal to eliminate Veteran homelessness across the nation.

Through the EUL program in 2022, VA expects to continue to increase the number of permanent homeless housing facilities with the goal of providing additional housing and services for homeless Veterans and Veterans at risk of homelessness.

Part II – Enhanced-Use Lease Consideration Report

Overview

This EUL Consideration Report describes VA's stewardship of its underutilized real property assets via its EUL authority and details the motivation and terms of each lease. It is an annual report that provides a transparent view of the measurable outcomes of VA asset utilization through the EUL program. It is important to note that EULs also provide "soft" benefits not quantified in this report, such as improved health care outcomes, quality of life, customer service, improved satisfaction for Veterans, socioeconomic stimulus and other benefits to local communities, and improved community relations for VA.

Honoring its commitment to monitor its resources effectively, VA has been working to standardize the mechanisms and calculations for measuring the revenues, expenses and other benefits derived from its EULs. VA has made systematic efforts to institute policies and procedures whereby all data and documentation gathered accurately and clearly reflect EUL project cost-benefit outcomes. We have established benchmarks for each EUL project type and taken steps to monitor the reporting and documentation of each EUL. The consideration figures for 2012 through 2020, as well as the data accumulated since 2006, were calculated using the methodology described in this report.

In this report, we attempt to quantify the consideration VA realizes from its operational EULs in terms of cash (**revenue)** and in-kind consideration (**cost avoidance**, **cost savings** and **enhanced services**) to Veterans, VA and/or the community, net of any **VA expenses** generated by the lease.

Active Project Portfolio

EUL projects can be divided into three (3) major categories according to the type of benefits provided. These categories are used for classification purposes, but are not mutually exclusive in terms of the benefits a particular EUL can provide:

- **Direct Service to Veterans.**
  EULs in this category provide Veterans with certain services that augment the existing services provided at VA medical centers (VAMCs) or services that are not available at the VAMCs, in many cases because VA is not authorized to provide such services itself. Examples of services VA is not authorized or able to provide directly include housing, hospice, employment counseling and crisis triage facilities. However, those services can be offered on VA property through the EUL mechanism. Our partners are able to provide Veterans with priority placement for services, and in some cases are able to serve Veterans exclusively. All of these EUL projects represent cost avoidance to VA in terms of bed days of care or similar health care services that VA would likely need to provide if the EUL did not exist. Housing projects located on VA campuses provide safe, affordable shelter and living arrangements near health care providers, which contribute to positive health care outcomes for Veterans.

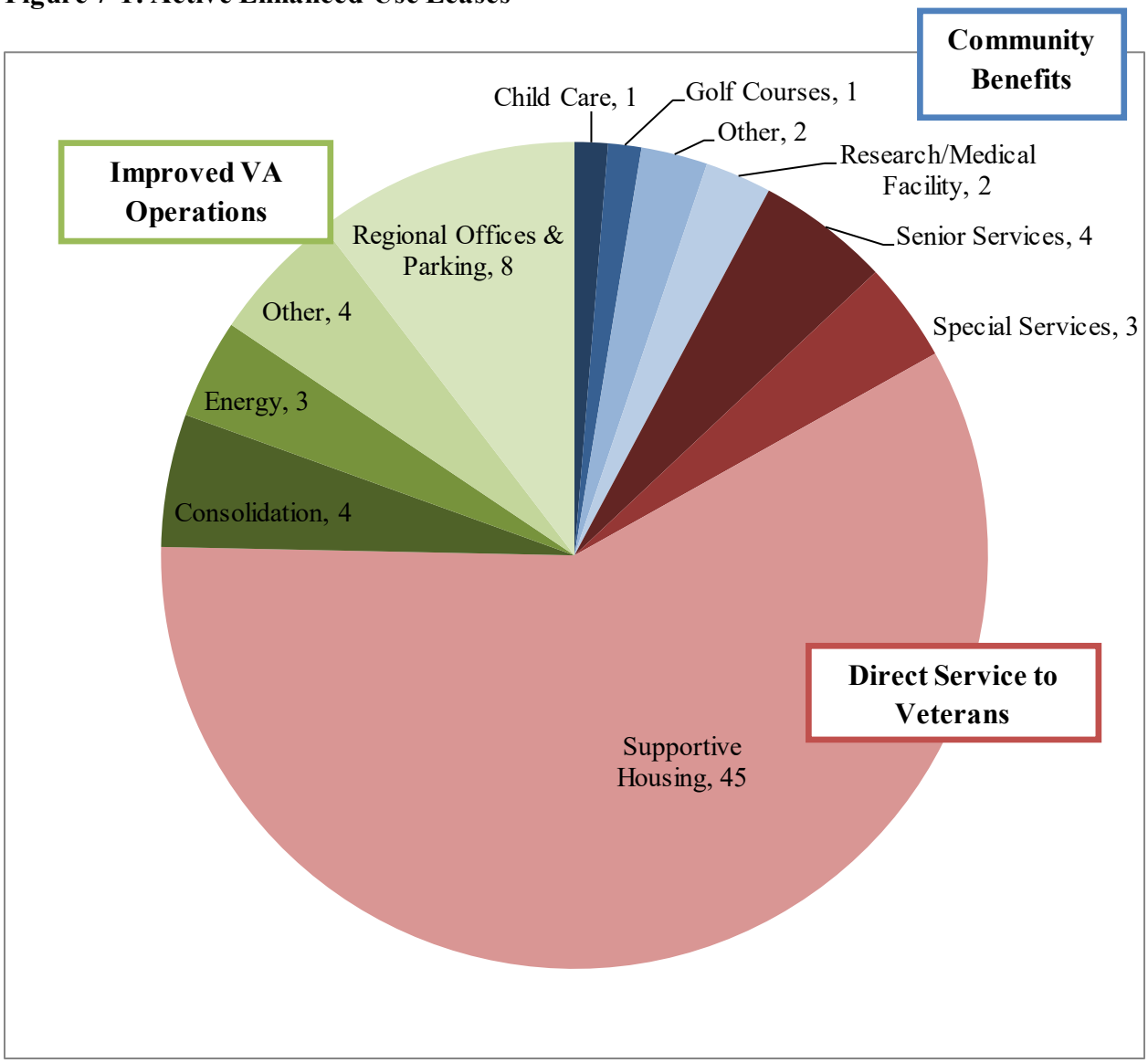
- **Improved VA Operations.**
  EULs in this category contribute to more effective and improved use of VA resources to enhance services to Veterans. Examples include regional office co-locations, Veterans Integrated Service Network (VISN) offices, parking, consolidation of services, energy generation, visitor centers and public safety buildings. Unlike Direct Service to Veterans, this type of EUL provides services or cost avoidance directly to VA and contributes to better use of VA's infrastructure and/or resources. While cost savings from rent, parking and energy as well as cost avoidance can be easily measured, other benefits from this type of EUL (such as improved services, access and increased Veteran satisfaction) are not as quantifiable. For example, providing additional parking capacity via EUL allows Veterans to park closer and walk a shorter distance to get to their appointments, improving the Veteran experience. Another non-quantifiable benefit from this type of EUL is locating a Veterans benefits office through an EUL onto a VAMC campus, which allows Veterans to obtain both health and benefit services in one location, also improving the Veteran experience.

- **Community Benefits.**
  EULs in this category provide services to the general community, in addition to Veterans and/or VA itself. Examples include research and development facilities, additional parking and child care. The main impact of these leases is through revenue generation, cost avoidance and difficult-to-quantify benefits such as community relationship improvement and increased VA employee/Veteran satisfaction.

Additional lease subcategories are defined on page 7.1-94.

A further breakout of the active EULs by category is illustrated in Figure 7-1.

Figure 7-1: Active Enhanced-Use Leases



There are 77 active EULs, all of which are featured in the 2021 EUL Consideration Report. These featured EULs are broken down by individual project summaries, highlights and outcomes. The 2021 EUL Consideration Report features one new EUL project that became operational in 2021: Milwaukee, WI - Permanent Supportive Housing. In addition, one previously executed EUL project at Dayton (Building 415), OH – Permanent Supportive Housing had an additional phase that became operational. As of 2021, active EULs provide 3,368 available operational housing units. As new EULs continue to become operational over the coming years they will be included in this report.

Cumulative EUL Consideration

Operating Impact: The EUL program directly impacts VA's operations by providing revenue in the form of upfront payments and ongoing lease payments. In addition, VA's operations are improved and enhanced by 1) cost avoidance, i.e., the value of goods or services that lessees provide that VA would otherwise have to provide.; and 2) cost savings, i.e., the market price of goods or services lessees supply to VA minus VA's current cost to procure those goods and services. Project and program expenses VA incurs offset this consideration. These positive operating impacts allow VA to continue expanding access to existing programs and services, as well as to provide additional services to Veterans.

The table on the following page presents estimated annual and total EUL consideration received, offsets and total budget impact since 2006.

Table 7-1: Annual EUL Consideration

Fiscal Year	Revenue (+)	Cost Avoid-ance (+)	Cost Savings (+)	Project Ex-penses (-)	Program Expenses (-)	Total Budget Im-pact
2006	$23.5m	$15.0m	$9.4m	($8.1m)	($3.5m)	$36.2m
2007	$1.2m	$18.2m	$10.8m	($1.7m)	($7.8m)	$20.8m
2008	$1.5m	$23.3m	$14.5m	($1.7m)	($3.8m)	$33.8m
2009	$1.4m	$20.4m	$11.4m	($2.3m)	($3.5m)	$27.4m
2010	$3.1m	$27.9m	$12.3m	($11.6m)	($2.9m)	$28.9m
2011	$1.3m	$29.3m	$10.8m	($27.2m)	($7.1m)	$7.1m
2012	$9.4m	$32.1m	$13.9m	($9.3m)	($1.2m)	$44.9m
2013	$1.9m	$39.9m	$10.7m	($18.6m)	($3.0m)	$31.0m
2014	$1.8m	$51.9m	$10.8m	($13.6m)	($2.7m)	$48.1m
2015	$1.5m	$56.1m	$9.2m	($17.9m)	($2.3m)	$46.6m
2016	$1.3m	$61.1m	$4.7m	($19.6m)	($1.4m)	$46.2m
2017	$1.7m	$64.3m	$6.2m	($13.4m)	($4.2m)	$54.5m
2018	$2.0m	$86.6m	$8.0m	($15.7m)	($3.5m)	$77.4m
2019	$2.0m	$94.8m	$6.4m	($12.3m)	($2.1m)	$88.8m
2020	$2.0m	$111.2m	$8.2m	($10.3m)	($3.9m)	$107.1m
2021	$1.8m	$119.5m	$7.5m	($15.4m)	($2.2m)	$111.2m
Total	**$57.6m**	**$851.5m**	**$154.7m**	**($198.8m)**	**($55.0m)**	**$810.1m**

Note: Some historic values in the chart have been updated to reflect more accurate information received after initial submission. Adjustments are detailed on the individual project pages. Totals may not add due to rounding.

Enhanced Services: In addition to the consideration elements that have a direct impact on VA's budget, this report captures the value of enhanced services, i.e., the value of newly available or expanded services to Veterans, VA employees and/or the community that do not impact VA's budget.

The table below presents an estimate of the cumulative value of enhanced services provided since 2006.

Table 7-2: Cumulative Value of Enhanced Services

Fiscal Year	Enhanced Services
2006	$18.7m
2007	$21.9m
2008	$23.9m
2009	$26.2m
2010	$29.5m
2011	$34.1m
2012	$33.9m
2013	$43.2m
2014	$48.4m
2015	$50.0m
2016	$56.3m
2017	$66.1m
2018	$67.7m
2019	$76.7m
2020	$83.8m
2021	$81.7m
TOTAL	**$762.1m**

Note: Some historic values in the chart have been updated to reflect more accurate information received after initial submission. Adjustments are detailed on the individual project pages. Totals may not add due to rounding.

The estimated value for enhanced services presented in the Consideration Report may not accurately reflect all benefits that accrue as a result of the EUL project, as some benefits are difficult to evaluate, quantify and monetize. In addition, the estimated enhanced service value presented in the report does not reflect all costs incurred by entities outside of VA in the development or operation of the project. For these reasons, the enhanced service value presented for each project should not necessarily be considered as an element of a cost-benefit analysis. The enhanced service value for each project is thus excluded in the "direct budget impact" calculation but included in the "total consideration" calculation.

Consideration Methodology

The methodology outlined below was used to calculate consideration figures for the 2006-2020 Consideration Reports. No changes have been made to the consideration methodology since 2012.

For each EUL, VA quantifies the consideration and benefits VA realizes in terms of cash (revenue) and other in-kind consideration (cost avoidance, cost savings, enhanced services) to Veterans, VA and/or the community. VA also tracks expenses pertaining to each lease. More specifically, these consideration elements are defined as follows and are further explained in Figure 7-2:

- **Revenue:** Any **revenue** or **payments** to VA, including both upfront payments and ongoing payments.
- **Cost Avoidance:** Any amount VA would have had to pay to maintain or operate a facility and/or deliver services in the absence of an EUL (only includes land or existing buildings that are part of the EUL, not any new improvements being constructed).
- **Cost Savings:** Any discount realized on necessary VA purchases, such as energy, office space, or parking services. Specific EUL projects may show negative cost savings, meaning that VA is paying more than the benchmark rate used in the methodology. These cases are due to unique circumstances with that particular EUL or the local benchmarks used but are shown as negative expenses to reflect the actual benefit generated by the lease.
- **Enhanced Services:** Value of newly available services to Veterans, VA employees and/or the community.
- **Expenses:** Any incremental expense VA incurred due to the EUL.

Figure 7-2: Elements of Consideration

Revenue	Cost Avoidance	Cost Savings	Enhanced Services	VA Expenses
New cash receipts to VA	Amount VA would have paid to maintain facility and/or deliver services in the absence of an EUL	Discounts realized on necessary VA purchases, such as energy, office space, or parking	Value of newly available services to Veterans, VA employees and/or the community	New expenses associated with the lease (not already subtracted in calculation of cost savings)

(+) Impact on VA Budget

Budget Neutral

(-) Impact on VA Budget

Beginning with the 2012 Consideration Report, VA implemented a number of changes to its former consideration methodology:

- Rent was renamed **Ongoing Lease Payments** to differentiate from the rent that VA pays to lessees when VA leases portions of the EUL facility back from lessees.
- The category **Up Front Lease Payment** was added to capture and distinguish one-time, upfront payments from the lessee from the ongoing lease payments described above.
- Calculations of **Cost Avoidance** and **Cost Savings** were standardized by using pre-determined market benchmarks and VA actual costs, rather than allowing facilities to determine benchmarks on their own.
- The definition of **Enhanced Services** was expanded to include the value of new benefits available to the community.
- A line item for **Expenses,** such as third-party reports, maintenance and other expenses VA incurred during the execution or steady-state phases of an EUL project, was added to the consideration calculation. Program overhead costs are not included in this line item as they are not tied to specific projects; rather, they are general costs incurred to oversee the program, included in Table 7-1 as program expenses and in the cumulative consideration calculation.

The above consideration methodology has been used since 2012 and was used to re-state consideration received from 2006 to 2011. For further detail on VA's EUL consideration methodology, refer to Lease Consideration Definitions on page 7.1-95.

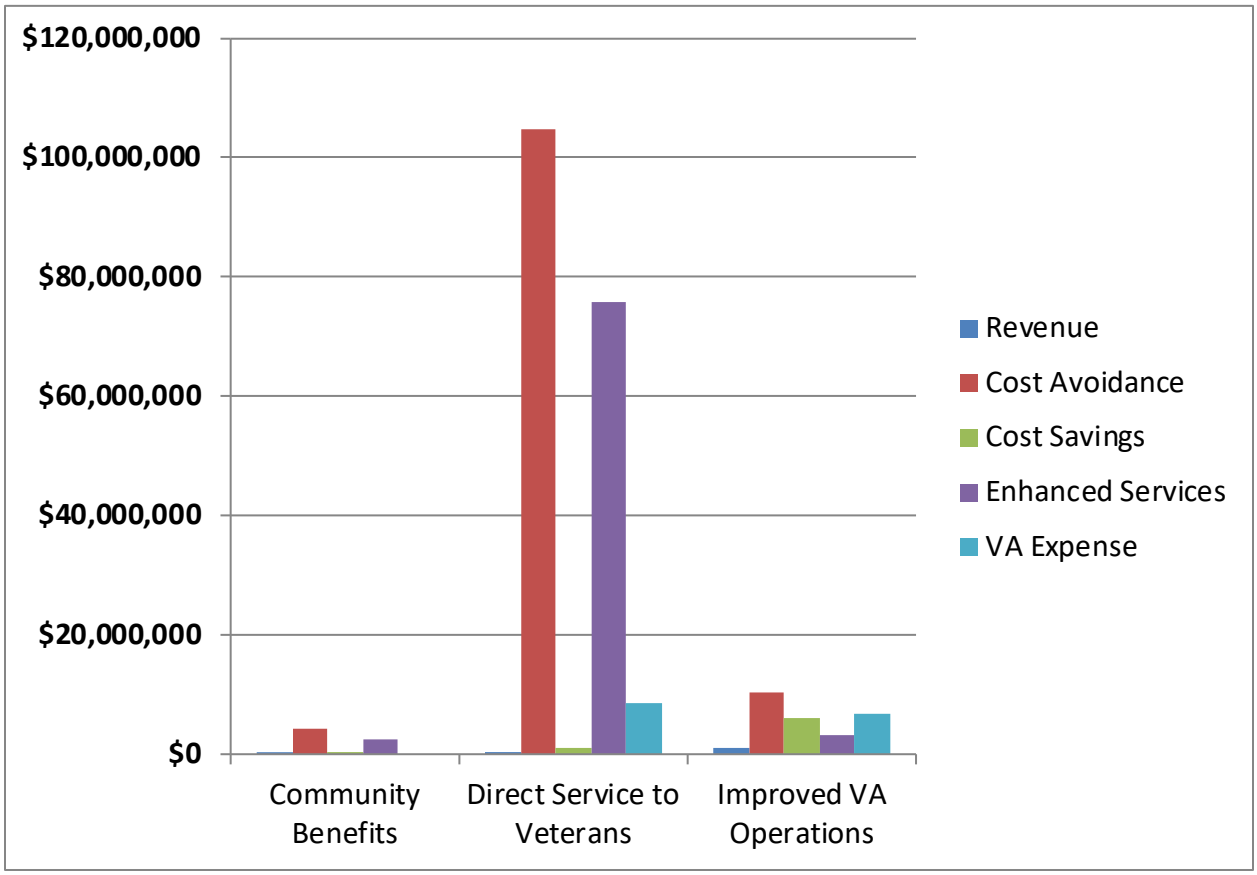
Across project types, EULs generated $192.9 million in total consideration to VA in FY 2021, including $1.8 million in revenue, $119.5 million in cost avoidance, $7.5 million in cost savings, $81.7 million in enhanced services, $15.4 million in project expenses and $2.2 million in program expenses. The direct budget impact to VA in 2021 is $111.2 million. Since 2006, the EUL program has cumulatively generated $1.6 billion in total consideration to VA, including $57.6 million in

revenue, $851.5 million in cost avoidance, $154.7 million in cost savings, $762.1 million in enhanced services, $198.8 million in project expenses and $55.0 million in program expenses. The cumulative direct budget impact to VA is $810.1 million.

Average Recurring Consideration per Project Category

The form of consideration varies by project and project category. On average, Direct Service to Veterans projects tend to generate the majority of their value through enhanced services, such as providing supportive housing to Veterans and the community. In contrast, Improved VA Operations projects tend to deliver the majority of their value through cost avoidance on VA facility and land maintenance and cost savings on required VA purchases, such as energy, office space and parking. Community Benefits projects affect VA primarily through enhanced services by making services such as child care available to VA employees and the community.

Figure 7-3: Comparison of 2021 Consideration by Project Category



Note: *Program overhead expenses for 2021 are not included in the chart above. Expenses associated with program overhead, including contractor expenses related to formulation, execution and oversight are attributed to the program as a whole.*

Quick Guide to EUL Summaries

Direct Service to Veterans

Project Categorization within this report

Supportive Housing

Project Subcategory

BARBERS POINT, HAWAII
Permanent and Transitional Supportive Housing

Project Title & Subtitle

MOTIVATION: Barbers Point, Hawaii recognized an unmet need for supportive services, including housing for homeless Veterans throughout the community. This project leases the 6.00-acre Barbers Point propert a private developer, and as of FY 2019 offers a supportive, and affordable housing beds (188 per sitional housing beds). In FY 2021, two (2) additi total unit count up to 288.

Benefits to Veterans: This EUL provides beds to adult homeless Veterans on a priority basis. In addition, Veterans benefit from en project such as meals, transportation, educational classes, and training to residents.

Benefits to VA: VA receives consideration in the form of ongoing lease payments and avoided building, property, and bed days of care costs that would have otherwise been incurred.

Description of project background, consideration pre-2005 and benefits (including those that could not be quantified, as applicable)

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
Cloudbreak, Hawaii, LLC	6 acres, 3 Buildings (65,963 sq. ft.)	▪ Lessee to provide no less than 118 beds for homeless Veterans and non-Veterans ▪ Priority placement for Veterans ▪ VA receives ongoing lease payments of 2% gross revenue	2003 *(Operations began: 2003)*	50 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lea	$0	$0	$0
	Ongoing Le	$287,133	$34,497	$26,271
Cost Avoidance	Avoided Bu	,333,650	$846,616	$821,046
	Avoided Pro	$194,477	$41,242	$39,839
	Avoided C	527	$9,130,625	$7,112,643
Cost Savings	Rental Sav	768	$27,544	$26,400
VA Expense[1]	Per Diem	250	$2,118,365	$1,785,281
Direct Budget Impact	Fiscal Year Subtotal	305	$7,962,159	$6,240,918
	Estimated Value of Enhanced Services (Budge			
Enhanced Services	Value	$4		039
	Value	$14,011,737	$111,493	$601,166
	Value	$2,584,270	$57,864	$53,422
Total Consideration	Fiscal Year Grand Total	$116,925,025	$13,371,682	$11,504,445

Forms of consideration that directly affect VA's budget

Any incremental expense VA incurred due to the EUL; negatively affects VA's budget

Excludes the estimated value of Enhanced Services

Value of new services to Veterans, VA employees and/or the community

Direct Service to Veterans

Supportive Housing

AUGUSTA I, GEORGIA

Permanent Supportive Housing

MOTIVATION: The EUL project located at the Uptown VAMC campus of the Charlie Norwood VA Medical Center is providing 70 units of permanent, affordable housing for homeless Veterans, Veterans at risk of homelessness, disabled Veterans and their families, who are able to live independently. Through this EUL, the lessee financed, designed, developed, constructed and will operate and maintain a permanent housing community and associated vehicular parking spaces.

Benefits to Veterans: Priority placement is given to eligible homeless Veterans and Veterans at risk of homelessness. Veterans also benefit from a supportive services program that guides resident Veterans toward long-term independence and self-sufficiency. The co-location of this project on the VAMC campus ensures that Veterans have ready access to care and treatment.

Benefits to VA: The EUL allows VA to avoid the maintenance costs associated with the Uptown VAMC campus.

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
Freedom's Path, LLC	11.56 acres, 2 Buildings (58,600 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ Facility of 70 units and 87 parking spaces	2011 *(Operations began: 2018)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$1,218,099	$460,610	$342,759
	Avoided Property Maint. Costs	$241,818	$79,459	$76,757
	Avoided Cost of Bed Days of Care	$6,002,784	$2,266,467	$1,967,925
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$1,557,855	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$5,904,845**	**$2,806,536**	**$2,387,441**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$4,007,934	$1,300,751	$1,275,201
	Value of Non-Veteran Units	$109,704	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$10,022,483**	**$4,107,287**	**$3,662,641**

Direct Service to Veterans

Supportive Housing

AUGUSTA II, GEORGIA

Permanent Supportive Housing

MOTIVATION: The EUL project located at the Uptown campus of the Charlie Norwood VA Medical Center is providing 28 units of permanent housing for homeless Veterans, Veterans at risk of homelessness, disabled Veterans and their families, who are able to live independently. Through this EUL, the lessee financed, designed, developed, constructed and will operate and maintain a permanent housing community and associated vehicular parking spaces.

Benefits to Veterans: Priority placement is given to eligible homeless Veterans and Veterans at risk of homelessness. Veterans also benefit from a supportive services program that guides resident Veterans toward long-term independence and self-sufficiency. The co-location of this project on the VAMC campus ensures that Veterans have ready access to care and treatment.

Benefits to VA: The EUL allows VA to avoid the maintenance costs associated with the Uptown VAMC campus.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Augusta Veterans Residences Limited Partnership	2.25 acres, 1 Building (26,752 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ Facility of 28 units and 42 parking spaces	2011 *(Operations began: 2018)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$465,523	$176,032	$130,993
	Avoided Property Maint. Costs	$47,067	$15,466	$14,940
	Avoided Cost of Bed Days of Care	$2,410,980	$906,587	$787,170
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$1,608,036	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$1,315,533**	**$1,098,085**	**$933,102**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$1,611,650	$520,300	$510,080
	Value of Non-Veteran Units	$35,405	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$2,962,589**	**$1,618,385**	**$1,443,182**

Direct Service to Veterans

Supportive Housing

BARBERS POINT, HAWAII

Permanent and Transitional Supportive Housing

MOTIVATION: Barbers Point, Hawaii recognized an unmet need for supportive services, including housing for homeless Veterans throughout the community. This project leases the 6.00-acre Barbers Point property including three (3) buildings, to a private developer, and as of 2019 offers a total of 222 units with 286 safe, supportive and affordable housing beds (188 permanent housing beds and 98 transitional housing beds). In 2021, two (2) additional units were added to bring the total unit count up to 288.

Benefits to Veterans: This EUL provides beds to mentally ill, disabled and single adult homeless Veterans on a priority basis. In addition, Veterans benefit from enhanced services provided by this project such as meals, transportation, educational classes and training to residents.

Benefits to VA: VA receives consideration in the form of ongoing lease payments and avoided building, property and bed days of care costs that would have otherwise been incurred.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Cloudbreak, Hawaii, LLC	6 acres, 3 Buildings (65,963 sq. ft.)	▪ Lessee to provide no less than 118 beds for homeless Veterans and non-Veterans ▪ Priority placement for Veterans ▪ VA receives ongoing lease payments of 2% gross revenue	2003 *(Operations began: 2003)*	50 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$287,133	$34,497	$26,271
Cost Avoidance	Avoided Building Maint. Costs	$10,333,650	$846,616	$821,046
	Avoided Property Maint. Costs	$194,477	$41,242	$39,839
	Avoided Cost of Bed Days of Care	$57,350,527	$9,130,625	$7,112,643
Cost Savings	Rental Savings	$304,768	$27,544	$26,400
VA Expense[1]	Per Diem Payments	$15,206,250	$2,118,365	$1,785,281
Direct Budget Impact	**Fiscal Year Subtotal**	**$53,264,305**	**$7,962,159**	**$6,240,918**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$47,064,713	$5,240,166	$4,608,939
	Value of Non-Veteran Units	$14,011,737	$111,493	$601,166
	Value of Other Services[2]	$2,584,270	$57,864	$53,422
Total Consideration	**Fiscal Year Grand Total**	**$116,925,025**	**$13,371,682**	**$11,504,445**

[1] Per Diem expenses are associated with 114 transitional housing beds at the facility that are part of a VA Grant and Per Diem program.

[2] Previous reports overstated the Enhanced Services value of Other Services received for 2020. This year's report has been corrected to reflect the correct value.

Direct Service to Veterans

Supportive Housing

BATTLE CREEK, MICHIGAN

Permanent Supportive Housing

MOTIVATION: VA identified the need for more access to suitable housing conditions in order to support the Battle Creek VAMC's operations and address homeless Veteran concerns in the community. This EUL leases 4.95 acres of VAMC property for the lessee to finance, construct, operate and maintain a housing facility providing 75 units of safe, affordable, drug and alcohol-free housing and services to eligible Veterans and non-Veterans. An amendment for Phase II of the EUL at Battle Creek leased another 5.06 acres of land to the lessee and resulted in the construction of 100 additional apartments, which were operational for all of 2015.

Benefits to Veterans: Veterans receive priority placement into the housing facility, as well as supportive services including professional counseling, case management and job training. In addition, the proximity of the facility to the VAMC campus ensures easy access to the treatment necessary to support the full recovery of the Veterans served.

Benefits to VA: This project results in cost avoidance to VA through reduced operating costs, including property maintenance and reduced reliance on in-patient and domiciliary resources. In the event the lessee is unable to provide priority placement for eligible Veterans, VA would receive rental payments until the eligible Veterans are placed in the facility.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Medallion Management, Inc.	10.01 acres	▪ Priority placement for VA-referred Veterans ▪ VA receives payments if priority placement is unavailable	2008 *(Operations began: 2010)*	50 years *(Plus 25-year extension option)*

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$14,345	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$286,836	$68,805	$66,465
	Avoided Cost of Bed Days of Care	$35,082,220	$5,666,168	$4,919,812
Cost Savings	N/A	$0	$0	$0
VA Expense	Third Party Reports	$6,200	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$35,377,201**	**$5,734,973**	**$4,986,277**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$28,137,149	$3,251,876	$3,188,001
	Value of Non-Veteran Units	$94,871	$0	$0
	Value of Other Services	$375.000	$75,000	$75,000
Total Consideration	**Fiscal Year Grand Total**	**$63,984,221**	**$9,061,849**	**$8,249,279**

Direct Service to Veterans

Supportive Housing

BEDFORD, MASSACHUSETTS

Permanent Supportive Housing – SRO/Bedford I

MOTIVATION: Bedford, MA recognized the acute need for safe, affordable housing for the homeless Veteran population in greater Boston, where the only affordable housing available is often in unsafe areas where alcohol and drug abuse are widespread, which is unsuitable for Veterans who are in recovery and need a supportive living arrangement. Through this EUL, the lessee rehabilitated "Building 5" on the leased property into a 60-unit Single Room Occupancy (SRO) to provide permanent housing to homeless Veterans in the community.

Benefits to Veterans: This project provides safe, supportive and affordable housing to mentally ill, disabled and single adult homeless Veterans. All services are offered exclusively to Veterans.

Benefits to VA: The SRO facility provides revenue, and allows VA to avoid costs associated with building maintenance, property maintenance and outpatient and domiciliary resources that otherwise would have been utilized in the absence of this project.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Vietnam Veterans Workshop, Inc.	1.00-acre, 1 Building (23,686 sq. ft.)	▪ 100% priority placement for eligible Veterans into all services offered ▪ VA receives ongoing lease payments	2004 *(Operations began: 2008)*	55 years *(Plus, a 20-year extension option)*

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$1,366,521	$69,163	$87,107
Cost Avoidance	Avoided Building Maint. Costs	$1,986,478	$164,042	$143,885
	Avoided Property Maint. Costs	$32,413	$6,874	$6,640
	Avoided Cost of Bed Days of Care	$13,203,765	$1,554,149	$1,461,887
Cost Savings	N/A	$0	$0	$0
VA Expense	Non-recurring Maintenance	$22,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$16,567,177**	**$1,794,228**	**$1,699,519**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$11,125,634	$891,943	$974,292
	Value of Non-Veteran Units	$1,989,181	$222,986	$145,737
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$29,681,992**	**$2,909,157**	**$2,792,548**

Direct Service to Veterans

Supportive Housing

BEDFORD, MASSACHUSETTS

Permanent Supportive Housing – Bedford II

MOTIVATION: The Bedford Housing EUL project recognized a continued demand for affordable veteran housing on the Edith Nourse Rogers Memorial Veterans Hospital in Bedford. This facility, built on 5.2 acres of property, provides 69 units of supportive rental housing to homeless veterans. Through this project, units will be offered at or below 30% to 60% of Area Median Income. Supportive services to be offered include individualized case management to assist Veterans achieve long term goals.

Benefits to Veterans: Veterans will receive priority placement in the 69-unit facility and admission into the supportive services offered. Nine of the 69 units are handicap accessible and three units include features for those with visual and hearing disabilities. In addition, Veterans benefit from the site's close proximity to the VAMC campus.

Benefits to VA: This EUL provides safe, affordable and permanent supportive housing while avoiding the costs associated with in-patient care, construction and property maintenance.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Bedford Place, LLC	5.2 acres	▪ 69-bed facility that provides affordable housing and supportive services ▪ 100% of total units designated as Veteran priority placement	2011 *(Operations began: 2016)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$135,963	$35,743	$34,527
	Avoided Cost of Bed Days of Care	$8,253,285	$2,136,955	$1,855,472
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$2,411,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$5,978,248**	**$2,172,698**	**$1,889,999**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$5,982,704	$1,226,422	$1,202,332
	Value of Non-Veteran Units	$268,056	$55,746	$54,651
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$12,229,008**	**$3,454,866**	**$3,146,983**

Direct Service to Veterans

Supportive Housing

BROCKTON, MASSACHUSETTS

Permanent Supportive Housing

MOTIVATION: The EUL project located at the Brockton campus of the VA Boston Healthcare System is providing 14 units of permanent supportive housing for eligible Veterans who are homeless, or at risk of homelessness. Through this EUL, the lessee financed, designed, developed, renovated and will operate and maintain a permanent supportive housing community and associated vehicular parking spaces.

Benefits to Veterans: Priority placement is given to eligible homeless Veterans and Veterans at risk of homelessness. Veterans also benefit from a supportive services program that guides resident Veterans toward long-term independence and self-sufficiency. The co-location of this project on the VAMC campus ensures that Veterans have ready access to care and treatment.

Benefits to VA: The EUL allows VA to avoid the maintenance costs associated with the Brockton campus.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Howard House, LLC	0.8 acres, 1 Building (13,334 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ Facility of 14 units and 17 parking spaces	2011 (*Operations began: 2016)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$60,819	$1,754	$1,139
	Avoided Property Maint. Costs	$20,630	$5,499	$5,312
	Avoided Cost of Bed Days of Care	$1,621,087	$453,293	$393,585
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$1,200,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$502,535**	**$460,547**	**$400,036**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$1,155,455	$260,150	$255,040
	Value of Non-Veteran Units	$25,070	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$1,683,060**	**$720,697**	**$655,076**

Direct Service to Veterans

Supportive Housing

BUTLER, PENNSYLVANIA

Transitional Supportive Housing – Butler II (Phase I)

MOTIVATION: Butler, PA, recognized the unmet need for supportive services and affordable housing for Veterans in the Butler VA community. Through this EUL, the lessee constructed a two-story addition to "Building 5" (Deshon Place) on the VAMC campus, expanding the VAMC's existing transitional housing program by 10 single-occupancy units, to offer a total of 20 units for homeless Veterans and other citizens.

Benefits to Veterans: This project provides safe, supportive and affordable housing to mentally ill, disabled and single adult homeless Veterans, who receive priority placement into all of the SRO units and services offered. If there are no Veterans referred or on the waiting list, a unit could be offered to a non-Veteran. The proximity to the Medical Center campus ensures easy access to treatment and services that support recovery and improved life opportunities for the Veterans served.

Benefits to VA: This project allows VA to avoid costs associated with building maintenance, property maintenance, outpatient services and domiciliary resources for Building 5 that otherwise would have been utilized in the absence of this project.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	County of Butler, Pennsylvania	0.26 acres, 1 Building (8,688 sq. ft.), 10 Units	▪ Priority placement for VA-referred Veterans ▪ Addition of 10 single-occupancy units for a total of 20 units	2007 *(Operations began: 2010)*	35 years *(plus a 20-year extension option)*

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$561,958	$54,760	$37,632
	Avoided Property Maint. Costs	$8,319	$1,787	$1,726
	Avoided Cost of Bed Days of Care	$1,266,008	$129,512	$140,566
Cost Savings	N/A	$0	$0	$0
VA Expense	Maintenance	$7,500	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$1,828,785**	**$186,059**	**$179,925**
	Estimated Value of Enhanced Services (Budget Neutral)			
Enhanced Services	Value of Veteran Units	$1,084,150	$74,329	$91,086
	Value of Non-Veteran Units	$2,795,362	$297,314	$273,257
	Value of Other Services	$576,580	$117,000	$117,650
Total Consideration	**Fiscal Year Grand Total**	**$6,284,877**	**$674,702**	**$661,918**

Direct Service to Veterans

Supportive Housing

CANANDAIGUA, NEW YORK

Permanent and Transitional Supportive Housing

MOTIVATION: The Cadence Square EUL project at the Canandaigua VA Medical Center is delivering 33 units, totaling 43 beds of permanent/transitional housing for homeless and at-risk Veterans and their families. Through this EUL, the lessee financed, renovated, constructed and now operates a transitional and permanent housing facility on 1.90 acres of property, providing supportive services that guide Veteran residents toward attaining long-term independence and self-sufficiency.

Benefits to Veterans: This project offers eligible Veteran's priority placement into affordable, safe and substance-free housing. Veterans also receive an array of supportive services. The consolidation and use of VAMC land enable services and VA personnel to be centralized, which result in efficiencies and improved access to health care services.

Benefits to VA: The EUL allows VA to avoid costs associated with maintaining the leased property. In addition, this project will result in significant cost avoidance to VA by reducing reliance on community residences and hospitalization of Veterans.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Cazenovia Recovery Systems, Inc.	1.90 acres, 1 Building (41,100 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for all services offered ▪ No less than 33 tenant units and associated parking provided	2012 *(Operations began: 2014)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$670,852	$43,832	$105,276
	Avoided Property Maint. Costs	$54,468	$13,060	$12,616
	Avoided Cost of Bed Days of Care	$5,426,254	$712,318	$674,717
Cost Savings	N/A	$0	$0	$0
VA Expense	Per Diem Payments[1]	$1,393,714	$0	$0
	Capital Contribution	$1,340,690	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$3,417,170**	**$769,210**	**$792,609**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$4,373,894	$408,807	$437,212
	Value of Non-Veteran Units	$1,510,162	$390,225	$346,126
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$9,301,226**	**$1,568,242**	**$1,575,946**

[1] There had previously been 15 Per Diem Beds at the Facility which resulted in a VA Expense. Beginning in 2019, these Per Diem Beds were no longer in place at the Facility.

Direct Service to Veterans

Supportive Housing

CHILLICOTHE, OHIO

Permanent Supportive Housing – Chillicothe II

MOTIVATION: The EUL project is a 62-unit permanent supportive housing complex for eligible Veterans who are homeless, or at risk of homelessness on the Chillicothe VA Medical Center campus. Through this EUL, which came about as a partnership between the VA and Chillicothe Veterans Residences Limited Partnership, the lessee financed, designed, developed, renovated and will operate and maintain a permanent supportive housing community and associated vehicular parking spaces.

Benefits to Veterans: Priority placement is given to eligible homeless Veterans and Veterans at risk of homelessness. Veterans also benefit from a supportive services program that guides resident Veterans toward long-term independence and self-sufficiency. The co-location of this project on the VAMC campus ensures that Veterans have ready access to care and treatment.

Benefits to VA: The EUL allows VA to avoid the maintenance costs associated with the facility.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Chillicothe Veterans Residences Limited Partnership	5.3856 acres	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ Facility of 62 units and 64 parking spaces	2015 (*Operations began: 2016)*	71 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$139,420	$37,049	$35,789
	Avoided Cost of Bed Days of Care	$6,116,230	$1,877,930	$1,630,566
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$1,300,857	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$4,954,794**	**$1,914,979**	**$1,666,355**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services[1]	Value of Veteran Units	$4,275,631	$1,077,765	$1,056,595
	Value of Non-Veteran Units	$1,038,760	$74,329	$72,869
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$10,269,185**	**$3,067,072**	**$2,795,819**

[1] Previous reports listed 60 total units. Value of Enhanced Services for Non-Veteran Units has been updated in 2021 to reflect Enhanced Services associated with 62 units available at the EUL since operations began in 2016.

Direct Service to Veterans

Supportive Housing

DANVILLE, ILLINOIS

Permanent Supportive Housing – Danville II

MOTIVATION: The EUL project located at the campus of the Danville VAMC is providing 65 units (1, 2 and 3-bedroom units) of permanent supportive housing for eligible Veterans and their families who are homeless, or at risk of homelessness. The lessee agreed to construct, operate and maintain a permanent housing facility for at risk Veterans and their families at the VA Danville Campus.

Benefits to Veterans: Priority placement is given to eligible homeless Veterans and Veterans at risk of homelessness. Veterans also benefit from a supportive services program that guides resident Veterans toward long-term independence and self-sufficiency. The co-location of this project on the VAMC campus ensures that Veterans have ready access to care and treatment.

Benefits to VA: The EUL allows VA to reduce maintenance costs associated with the Danville campus.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Danville Veterans Housing LLC	10.64 acres	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ Facility of 65 units and 79 parking spaces	2015 *(Operations began: 2016)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$274,374	$73,135	$70,648
	Avoided Cost of Bed Days of Care	$7,226,973	$1,877,930	$1,743,019
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$850,184	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$6,651,164**	**$1,951,065**	**$1,813,667**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$5,190,835	$1,077,765	$1,129,463
	Value of Non-Veteran Units	$290,174	$130,075	$54,651
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$12,132,173**	**$3,158,905**	**$2,997,782**

Direct Service to Veterans

Supportive Housing

DAYTON, OHIO

Transitional Supportive Housing – Building 400 (Dayton IV)

MOTIVATION: VA realized a need for transitional housing and related "wrap-around" supportive services in the Dayton community. Through this EUL, the lessee renovated, operates and maintains "Building 400" on the 1.50 acres of property leased from the Dayton VAMC, providing 50 units of transitional housing beds and related supportive services to eligible Veterans and non-Veterans.

Benefits to Veterans: This project provides safe, supportive, drug and alcohol-free housing and supportive services to Veterans, who receive 100% priority placement. The proximity of the facility to the VAMC campus ensures easy access to treatment and services necessary to support recovery and improve life opportunities for the Veterans served.

Benefits to VA: The EUL allows VA to avoid costs associated with building maintenance, property maintenance, outpatient services and domiciliary resources that otherwise would have been utilized in the absence of this project. In addition, VA receives income consideration from ongoing lease payments.

Note: Previous Consideration Reports understated Per Diem Payments made by VA. These figures have been corrected and the report now reflects the full VA Expense impact of the EUL.

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
Volunteers of America of Greater Ohio	1.50 acres, 1 Building (39,750 sq. ft.)	▪ VA receives ongoing lease payments ▪ Eligible Veterans receive priority placement for all services offered ▪ No less than 50 units of transitional housing provided	2008 *(Operations began: 2010)*	30 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$65,027	$0	$5,772
Cost Avoidance	Avoided Building Maint. Costs	$2,293,470	$247,446	$184,515
	Avoided Property Maint. Costs	$47,079	$10,310	$9,960
	Avoided Cost of Bed Days of Care	$8,086,714	$582,806	$506,038
Cost Savings	N/A	$0	$0	$0
VA Expense	Per Diem Payments[1]	$7,063,241	$334,479	$327,909
	Capital Contribution	$477,256	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$2,951,793**	**$506,083**	**$378,376**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$7,058,231	$334,479	$327,909
	Value of Non-Veteran Units	$2,640,549	$594,629	$582,949
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$12,650,573**	**$1,435,191**	**$1,289,233**

[1]Per Diem expenses are associated with 18 transitional housing beds at the facility that are part of a VA Grant and Per Diem program.

Direct Service to Veterans

Supportive Housing

DAYTON, OHIO

Transitional Supportive Housing – Building 402 (Dayton III)

MOTIVATION: The Dayton VAMC recognized an unmet need for safe, clean and affordable housing opportunities in the area for homeless Veterans. Through this EUL, Ohio Avenue Commons, LLC (OAC) renovated, operates and maintains "Building 402" of the property, and provides 27 units of transitional housing and related supportive services for eligible Veterans and non-Veterans.

Benefits to Veterans: This project provides safe, supportive and affordable housing to mentally ill, disabled and single adult homeless Veterans, who receive 100% priority placement into the facility and any services and programs offered. The proximity of the facility to the Medical Center campus ensures easy access to treatment and services that support recovery and improve life opportunities for the Veterans served. In addition, other services such as life skills training, first aid and clothing are offered.

Benefits to VA: Besides providing ongoing lease payments, this EUL allows VA to avoid costs associated with building maintenance, property maintenance, outpatient services and domiciliary resources that otherwise would have been utilized in the absence of this project.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Ohio Avenue Commons, LLC	0.60 acres, 1 Building (23,060 sq. ft.)	▪ VA receives annual ongoing lease payments ▪ Eligible Veterans receive priority placement for all services offered ▪ No less than 27 units of transitional housing provided	2007 *(Operations began: 2008)*	65 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$72,003	$0	$6,115
Cost Avoidance	Avoided Building Maint. Costs	$1,443,726	$143,550	$107,042
	Avoided Property Maint. Costs	$19,197	$4,124	$3,984
	Avoided Cost of Bed Days of Care	$1,513,783	$291,403	$253,019
Cost Savings	N/A	$0	$0	$0
VA Expense	Maintenance	$1,824	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$3,046,886**	**$439,077**	**$370,160**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$1,192,637	$167,239	$163,954
	Value of Non-Veteran Units	$4,560,188	$334,479	$327,909
	Value of Other Services	$1,314,832	$137,185	$180,634
Total Consideration	**Fiscal Year Grand Total**	**$10,114,543**	**$1,077,980**	**$1,042,657**

Direct Service to Veterans

Supportive Housing

DAYTON, OHIO

Permanent Supportive Housing – Building 412 (Dayton I)

MOTIVATION: Prior to the execution of this project, the deteriorating physical condition of "Building 412" on the Dayton VAMC campus jeopardized the residential housing services provided to homeless adults diagnosed with substance abuse and/or mental illness, made available via short-term 3-year out-lease of the building. This EUL provided VA the opportunity to out-lease the property for a long-term period, obtain necessary building improvements and renovations and continue to offer 34 housing units to homeless Veterans and non-Veterans in the community.

Benefits to Veterans: This project provides safe and affordable permanent housing to Veterans, who receive priority placement into the facility. The proximity of the facility to the Medical Center campus ensures easy access to treatment and services necessary to support recovery and improve life opportunities for the Veterans served. In addition, other services such as life skills training, first aid and clothing are offered.

Benefits to VA: The EUL allows VA to avoid costs associated with building maintenance, property maintenance, outpatient services and domiciliary resources that otherwise would have been utilized in the absence of this project. In addition, VA receives income consideration from ongoing lease payments.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Miami Valley Housing Opportunities	2.20 acres, 1 Building (46,567 sq. ft.)	▪ VA receives annual ongoing lease payments ▪ Eligible Veterans receive priority placement for all services offered	2004 *(Operations began: 2005)*	50 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$641,716	$1,875	$42,943
Cost Avoidance	Avoided Building Maint. Costs	$3,147,962	$289,882	$216,159
	Avoided Property Maint. Costs	$71,308	$15,122	$14,608
	Avoided Cost of Bed Days of Care	$2,904,383	$161,891	$168,679
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$6,765,369**	**$468,769**	**$442,389**
	Estimated Value of Enhanced Services (Budget Neutral)			
Enhanced Services	Value of Veteran Units	$2,614,287	$92,911	$109,303
	Value of Non-Veteran Units	$5,572,218	$538,882	$510,080
	Value of Other Services	$2,476,405	$152,425	$157,636
Total Consideration	**Fiscal Year Grand Total**	**$17,428,279**	**$1,252,988**	**$1,219,408**

Direct Service to Veterans

Supportive Housing

DAYTON, OHIO

Senior Supportive Housing – Building 415 & 416 (Dayton V)

MOTIVATION: Under this project, the lessee, Lyons Place II Limited Partnership (McBride Place), financed, developed and maintains an assisted living facility of 55 tenant units and 59 associated parking spaces located within the Dayton, OH VAMC. This EUL provides affordable, safe, substance-free senior supportive housing and supportive quality-of-life services to eligible senior Veterans and non-Veterans and their families of the Dayton community. In 2021, Phase II of the EUL came online, adding 64 units and 45 associated parking spaces, bringing the total unit count to 119 and 104 associated parking spaces.

Benefits to Veterans: Eligible Veterans will receive priority admission into the Facility and priority receipt of the supportive services offered within the Facility. In addition, this Facility will increase availability of affordable senior supportive housing for eligible senior Veterans and non-Veterans.

Benefits to VA: This project will result in significant cost avoidance to VA by reducing reliance upon in-patient and domiciliary resources that may otherwise have been utilized in the absence of this project. In addition, the project permits more VA resources to be directed toward direct Veteran care.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Lyons Place II Limited Partnership (McBride Place)	6 acres; 2 Buildings (56,536 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement into the Facility and any services and programs offered therein ▪ 119 tenant units and 104 associated parking units provided	2013 *(Operations began: 2015)*	67 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs[1]	$2,042,209	$351,940	$262,433
	Avoided Property Maint. Costs	$167,815	$41,242	$39,839
	Avoided Cost of Bed Days of Care	$7,390,694	$2,234,089	$1,321,321
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$9,600,718**	**$2,627,270**	**$1,623,594**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$5,406,438	$1,282,168	$856,206
	Value of Non-Veteran Units	$2,004,463	$929,108	$145,737
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$17,011,620**	**$4,838,546**	**$2,625,537**

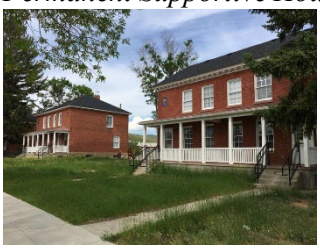
[1] Previous reports did not account for the 56,536 conveyed square feet at the EUL. This report has been updated to include the cost avoidance associated with the Avoided Building Maintenance Costs.

Direct Service to Veterans

Supportive Housing

FORT HARRISON, MONTANA

Permanent Supportive Housing



MOTIVATION: The Ft. Harrison Veterans Residences Limited Partnership EUL project at the Fort Harrison, Montana VA Medical Center delivers 42 tenant units and 60 associated parking spaces for the purpose of providing affordable, safe and drug-free permanent housing for homeless and disabled Veterans within the Ft. Harrison community. Through this EUL, the lessee financed, designed, developed, occupied, operated and maintained the land, which offers supportive services to eligible Veterans and non-Veterans.

Benefits to Veterans: Eligible Veterans will receive priority placement over all other applicants for housing and any services and programs offered within the Permanent Supportive Housing Facility.

Benefits to VA: VA avoids building and property maintenance costs associated with the project and will experience significant reduction in the cost of bed days of care for veterans residing in one of these units.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Ft. Harrison Veterans Residences Limited Partnership	12 Buildings (34,882 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement in facility and receipt of programs & services ▪ Facility of 42 units and 60 parking spaces	2011 *(Operations began: 2019)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs[1]	$867,228	$452,201	$361,293
	Avoided Property Maint. Costs	$93,617	$42,142	$40,709
	Avoided Cost of Bed Days of Care	$1,747,088	$1,262,746	$477,925
Cost Savings	N/A	$0	$0	$0
VA Expense	Maintenance	$1,500	$1,500	$0
	Capital Contribution	$3,214,443	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**-$508,011**	**$1,755,589**	**$879,926**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$1,039,559	$724,704	$309,692
	Value of Non-Veteran Units	$352,092	$55,746	$255,040
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$883,640**	**$2,536,039**	**$1,444,658**

Note: All 42 units became operational in Quarter 3 of 2020.

[1]Previous reports did not account for the 34,882 conveyed square feet at the EUL. This report has been updated to include the cost avoidance associated with the Avoided Building Maintenance Costs.

Direct Service to Veterans

Supportive Housing

FORT SNELLING, MINNESOTA

Permanent Supportive Housing – Minneapolis III

MOTIVATION: The CBVA Minneapolis Limited Partnership EUL project at the Fort Snelling Upper Post VAMC is delivering 58 tenant units and 45 associated parking spaces for the purpose of providing supportive housing and services to eligible homeless and disabled Veterans. Through this EUL, the lessee financed, designed, developed, constructed, operated and maintains a housing facility on 5.76 acres of property, providing permanent residences and supportive services to eligible Veterans and non-Veterans of the Minneapolis—St. Paul, Minnesota community.

Benefits to Veterans: Eligible Veterans will receive priority admission into the Facility and priority receipt of the supportive services offered within the Facility. The consolidation and use of VAMC land enables residents to benefit from proximity to VA services, which result in improved access to health care services.

Benefits to VA: The EUL allows VA to avoid costs associated with maintaining the leased property, and additionally allows more VA resources to be applied toward direct Veteran care.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	CBVA Minneapolis Limited Partnership	5.76 acres, 5 Buildings (57,397 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement into the Facility and any services and programs offered therein ▪ No less than 58 tenant units and 45 associated parking units provided	2011 *(Operations began: 2015)*	50 years *(Plus, a 25-year extension option)*

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$2,535,779	$434,534	$354,867
	Avoided Property Maint. Costs	$161,103	$39,592	$38,246
	Avoided Cost of Bed Days of Care	$7,867,672	$1,748,418	$1,574,340
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$788,090	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$9,776,464**	**$2,222,544**	**$1,967,453**
	Estimated Value of Enhanced Services (Budget Neutral)			
Enhanced Services	Value of Veteran Units	$5,902,598	$1,003,436	$1,020,160
	Value of Non-Veteran Units	$335,847	$74,329	$36,434
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$16,014,910**	**$3,300,308**	**$3,024,048**

Direct Service to Veterans

Supportive Housing

GRAND ISLAND, NEBRASKA

Permanent Supportive Housing

MOTIVATION: The Victory Place EUL project located at the Grand Island VA Medical Center campus is providing 26 apartment units (20 one-bedroom apartments and 6 two-bedroom apartments) targeted for low-income Veterans who are homeless or at risk of becoming homeless. If the demand exceeds the 26 units provided in the initial phase of the project, the developer will consider implementing a second and/or third phase for additional apartment buildings on the same land. Through this EUL, the lessee financed, designed, developed, constructed and will operate and maintain a permanent housing community.

Benefits to Veterans: Eligible Veterans or a Veteran's widowed spouse who is homeless or at risk of becoming homeless will have priority over all other applicants for housing and any services and programs offered within the facility.

Benefits to VA: The EUL allows VA to avoid costs associated with maintaining the leased property. In addition, this project will result in significant cost avoidance to VA by reducing reliance on domiciliary resources.

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
Victory Place, LLC	5.4 acres	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ Facility of 26 apartment units and 52 parking spaces	2011 *(Operations began: 2017)*	55 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$139,465	$37,117	$35,855
	Avoided Cost of Bed Days of Care	$3,086,169	$841,831	$730,944
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$3,225,634**	**$878,948**	**$766,799**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$2,210,510	$483,136	$473,646
	Value of Non-Veteran Units	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$5,436,143**	**$1,362,084**	**$1,240,445**

Direct Service to Veterans

Supportive Housing

HINES, ILLINOIS

Transitional Supportive Housing – Building 14 (Hines I)

MOTIVATION: The Edward Hines, Jr. VA Hospital recognized an unmet need for transitional housing for Veterans and other residents in the Hines, IL community. This EUL rehabilitated "Building 14", a previously vacant building on the VAMC campus, into a 41-unit residential transitional housing facility consisting of 40 units for low-income or very-low-income persons and 1 unit for managers and social service providers. An amendment to the EUL was executed on September 25, 2020 which will convert the facility into a 28-unit permanent housing facility with 9 parking spaces. Construction began in 2021 and operations are planned to begin in 2022.

Benefits to Veterans: Homeless and formally homeless Veterans receive priority placement into 28 units and associated services of the transitional housing facility. The proximity of the facility to the Medical Center campus ensures easy access to treatment and the services necessary to support recovery. In addition, other services such as a work program are offered by the lessee.

Benefits to VA: This EUL is expected to reduce VA operating costs by transferring the maintenance of "Building 14" and the associated property to the lessee. VA also avoids costs associated with outpatient and domiciliary resources that otherwise would have been utilized in the absence of the project, and receives income consideration from ongoing lease payments.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Shelters for the Homeless and Cooke's Manor, LLC	0.0437 acres, 1 Building (1,904 sq. ft.)	▪ Veterans receive priority placement for 100% of the units ▪ VA receives annual ongoing lease payments	2004 *(Operations began: 2006)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$504,665	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$1,830,940	$182,399	$161,840
	Avoided Property Maint. Costs	$16,206	$3,437	$3,320
	Avoided Cost of Bed Days of Care	$5,714,019	$0	$0
Cost Savings	N/A	$0	$0	$0
VA Expense	Per Diem Payments	$5,573,346	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$2,492,485**	**$185,836**	**$165,159**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$5,516,161	$0	$0
	Value of Non-Veteran Units	$782,841	$0	$0
	Value of Other Services	$126,720	$0	$0
Total Consideration[1]	**Fiscal Year Grand Total**	**$8,918,208**	**$185,836**	**$165,159**

[1] Since September 2016, the facility has not provided Transitional Housing services (Veterans have been relocated to alternate housing facilities). VA continues to receive Lease Payments and Cost Avoidance through the EUL. For 2020 and 2021, Lease Payments were not reported.

Direct Service to Veterans

Supportive Housing

HINES, ILLINOIS

Permanent Supportive Housing – Hines III

MOTIVATION: The Hines Veterans Residences Limited Partnership EUL project at the Edward Hines Jr. VA Hospital is delivering 72 tenant units and 36 associated parking spaces for the purpose of providing housing for homeless and disabled Veterans within the Hines community. Through this EUL, the lessee financed, designed, developed, constructed, operated and maintains a housing facility, which offers supportive services to eligible Veterans and non-Veterans. In 2019, Phase II of the EUL was completed, which added an additional 52 tenant units and 54 associated parking spaces.

Benefits to Veterans: This project offers eligible homeless and at-risk of homelessness Veterans priority placement into residential housing, providing private residences with numerous amenities to enhance independence and quality of life. Residents also benefit from close proximity to VA services.

Benefits to VA: The EUL allows VA to avoid costs associated with maintaining the leased property, and additionally allows more VA resources to be applied toward direct Veteran care.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Hines Veterans Residences Limited Partnership	4.6551 acres	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement into the Facility and any services and programs offered ▪ No less than 72 tenant units and 36 associated parking units provided	2013 *(Operations began: 2015)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$130,200	$31,997	$30,909
	Avoided Cost of Bed Days of Care	$13,036,703	$3,723,482	$2,895,661
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$2,400,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$10,766,902**	**$3,755,479**	**$2,926,570**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$9,452,399	$2,136,947	$1,876,366
	Value of Non-Veteran Units	$1,165,069	$167,239	$382,560
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$21,384,370**	**$6,059,666**	**$5,185,497**

Direct Service to Veterans

Supportive Housing

KERRVILLE, TEXAS

Permanent Supportive Housing

MOTIVATION: With over 1.6 million Veterans residing in Texas, the Kerrville VAMC recognized the need for more independent living units of permanent supportive housing for at risk Disabled and Senior Veterans. Through the EUL, the lessee has agreed to construct, renovate, operate and maintain a permanent housing facility. The 49-unit facility will include 1-2 bedroom apartments offered at affordable rental rates. Freedom's Path will include various community amenities such as on-site management, fitness/rehab center and a club/dining room.

Benefits to Veterans: Veterans will receive 100% priority placement and benefit from close proximity to the VAMC campus.

Benefits to VA: By guiding resident Veterans towards long-term independence and self-sufficiency, the project reduces costs associated with in-patient services that otherwise would have been utilized in the absence of this project. In addition, VA avoids the costs of constructing and maintaining the property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Kerrville Senior Apartments Limited Partnerships	5 acres	▪ 49 independent living units and supportive services for risk Disabled and Senior Veterans ▪ 100% of total units designated as Veteran priority placement	2011 *(Operations began: 2016)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$134,581	$34,368	$33,199
	Avoided Cost of Bed Days of Care	$4,589,904	$1,197,990	$983,962
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$1,227,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$3,497,486**	**$1,232,358**	**$1,017,162**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$3,346,433	$687,540	$637,600
	Value of Non-Veteran Units	$1,740,850	$222,986	$255,040
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$8,584,770**	**$2,142,883**	**$1,909,802**

Direct Service to Veterans

Supportive Housing

LEAVENWORTH, KANSAS

Mixed Housing

MOTIVATION: Before the execution of this project, the Dwight D. Eisenhower VAMC campus contained 38 vacant and/or underused historical buildings of aging infrastructure. VA entered into this EUL to reuse, redevelop and renovate the property for the purpose of providing affordable senior housing, long term care and transitional housing. As of 2019, the project provides 161 units of housing to Veterans (137 one-bedroom units and 24 two-bedroom units).

Benefits to Veterans: This project offers a unique opportunity for Veterans, who receive priority placement, to live and receive care on the VAMC campus in a "life-care" community setting.

Benefits to VA: This EUL allows for the transfer of the costs of building and property maintenance and compliance with National Historic Preservation guidelines to a private partner. VA also avoids costs associated with domiciliary resources that otherwise would have been utilized in absence of the project.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Eisenhower Ridge Association	50.00 acres, 38 Buildings (547,882 sq. ft.)	▪ Lessee to redevelop, renovate and reuse the facilities to operate affordable transitional and senior housing ▪ VA allowed continued use of certain buildings	2005 *(Operations began: 2006)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$25,389,480	$4,518,371	$2,518,523
	Avoided Property Maint. Costs	$1,620,641	$343,681	$331,993
	Avoided Cost of Bed Days of Care	$22,796,965	$4,047,263	$3,654,718
Cost Savings	N/A	$0	$0	$0
VA Expense	Renovations, Utilities	$22,993	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$49,784,092**	**$8,909,315**	**$6,505,234**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$18,237,065	$2,322,769	$2,368,230
	Value of Non-Veteran Units	$3,122,950	$668,957	$564,732
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$71,144,107**	**$11,901,041**	**$9,438,195**

Direct Service to Veterans

Supportive Housing

LEXINGTON, KENTUCKY
Permanent Supportive Housing

MOTIVATION: The Leestown VA Housing, LLLP EUL project at the Lexington VA Health Care System – Franklin R. Sousley Campus in Lexington, Kentucky delivers 50 tenant units and 94 associated parking spaces for the purpose of providing affordable, safe and drug-free supportive housing for Veterans and non-Veterans within the Lexington community. Through this EUL, the lessee financed, designed, developed, constructed, operated and maintained the land, which offers supportive services to eligible Veterans and non-Veterans.
Benefits to Veterans: Eligible Veterans will receive priority placement over all other applicants for housing and priority receipt of services offered within the Supportive Housing Facility.
Benefits to VA: VA avoids building and property maintenance costs associated with the project and will experience substantial reduction in the cost of bed days of care for veterans residing in one of these units.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Leestown VA Housing, LLLP	10.518 acres, 4 buildings and 6 townhomes (38,331 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement in facility and priority receipt of programs & services ▪ Facility of 50 units and 94 parking spaces	2018 *(Operations began 2020)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$419,817	$322,758	$97,059
	Avoided Property Maint. Costs	$101,396	$72,297	$29,099
	Avoided Cost of Bed Days of Care	$1,038,863	$1,003,721	$35,142
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$1,560,075**	**$1,398,776**	**$161,300**
	Estimated Value of Enhanced Services (Budget Neutral)			
Enhanced Services	Value of Veteran Units	$598,818	$576,047	$22,771
	Value of Non-Veteran Units	$709,813	$353,061	$356,753
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$2,868,707**	**$2,327,883**	**$540,824**

Direct Service to Veterans

Supportive Housing

LINCOLN, NEBRASKA
Permanent Supportive Housing

MOTIVATION: Lincoln had a demonstrated need for affordable permanent supportive housing for Veterans and non-Veterans of the Eastern Nebraska and Western Iowa communities. The Victory Park Veterans Residence EUL provides affordable permanent supportive housing units supported by HUD-VASH housing vouchers. All 70 units are reserved for Veterans at or below 50% of the Area Median Income. This project is the first to be completed under the improvements of the existing Lincoln VAMC campus. In March 2021, an additional phase of the EUL came online, a Community Based Outpatient Clinic (CBOC). VA will receive consideration in the form of ongoing lease payments for the CBOC.

Benefits to Veterans: Eligible Veterans shall receive priority placement into the facility and any services and programs offered therein. The co-location of this project on the VAMC campus ensures that Veterans have ready access to care and treatment.

Benefits to VA: The EUL allows VA to avoid the cost of maintaining the leased property. In addition, this project will result in significant cost avoidance to VA by reducing reliance on domiciliary resources.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Seniors Foundation VA Vision, LLC	59.93 acres, 1 Building (58,970 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ Facility of 70 units and 85 parking spaces	2011 *(Operations began: 2018)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments[1]	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$1,171,358	$12,620	$190,868
	Avoided Property Maint. Costs	$1,420,939	$411,729	$397,728
	Avoided Cost of Bed Days of Care	$7,019,534	$2,266,467	$1,967,925
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$9,611,832**	**$2,690,817**	**$2,556,521**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$4,730,121	$1,300,751	$1,275,201
	Value of Non-Veteran Units	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$14,341,954**	**$3,991,567**	**$3,831,721**

[1] The Ground Lease Payment associated with the CBOC was due in the total amount of $91,692 during 2021. The payment was received and is being processed, therefore will appear in next year's report.

Direct Service to Veterans

Supportive Housing

LOS ANGELES, CALIFORNIA

Permanent Supportive Housing –Building 209 (West LA)

MOTIVATION: The EUL project at the VA Greater Los Angeles Healthcare System's (GLAHS) West LA campus is providing 54 units of permanent supportive housing to eligible Veterans and their families, comprising of 32 studios and 22 one-bedroom units in addition to one unit for an on-site resident manager. Through this EUL, the lessee is obligated to renovate, operate and maintain affordable residential housing and associated vehicular spaces.

Benefits to Veterans: This project offers eligible Veterans priority placement into affordable and safe housing as well as priority receipt of any services and program offered at the facility. In addition, the consolidation and use of VAMC land enables services and VA personnel to be centralized on the GLAHS campus, which result in efficiencies and improved access to health care services.

Benefits to VA: The EUL allows VA to avoid costs associated with maintaining the leased property. In addition, this project will result in significant cost avoidance to VA by reducing reliance on community residences and reducing the hospitalization of Veterans.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Veterans Housing Partnership, LLC	1.84 acres, 1 Building (80,210 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ Facility of 54 tenant units and one manager's unit	2017 *(Operations began 2017)*	50 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$84,727	$22,285	$21,636
Cost Avoidance	Avoided Building Maint. Costs	$1,640,010	$431,507	$311,184
	Avoided Property Maint. Costs	$50,859	$13,747	$13,280
	Avoided Cost of Bed Days of Care	$6,080,769	$1,780,796	$1,546,227
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$7,856,366**	**$2,248,335**	**$1,892,327**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$4,293,064	$1,022,018	$1,001,943
	Value of Non-Veteran Units	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$12,149,429**	**$3,270,353**	**$2,894,270**

Direct Service to Veterans

Supportive Housing

LYONS, NEW JERSEY
Permanent Supportive Housing

MOTIVATION Lyons, NJ has a demonstrated need for permanent supportive housing services in the local community for Veterans, at-risk Veterans and non-Veterans. Under this EUL, the lessee is to finance, develop, construct, operate and maintain a permanent supportive housing facility of at least 61 tenant units and 70 parking spaces. The facility is centrally located on the VAMC campus. In 2020, Phase II of the EUL was completed, which added 49 units and not less than 49 parking spaces, bringing the total number of units to 110.

Benefits to Veterans: Eligible Veterans receive priority placement into affordable, safe and substance free housing and receive supportive services.

Benefits to VA: VA avoids the cost of maintaining the leased property. In addition, this project will result in significant cost avoidance to VA associated with domiciliary resources that otherwise would have been utilized in absence of the project.

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
Valley Brook Village I LLC,	12.88 acres, 3 Buildings (57,079 sq. ft.)	▪ Lessee is responsible for the coordination of client services across the consortium of health and social service organizations of which Lyons VAMC is a part ▪ 110 units designated as Veteran preferential	2012 *(Operations began: 2013)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$15,000	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs[1]	$1,157,143	$613,076	$544,067
	Avoided Property Maint. Costs	$361,761	$88,532	$85,521
	Avoided Cost of Bed Days of Care	$13,618,167	$3,561,591	$3,092,453
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$4,750,000	$0	$750,000
Direct Budget Impact	**Fiscal Year Subtotal**	**$10,402,070**	**$4,263,200**	**$2,972,042**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$10,115,325	$2,044,037	$2,003,887
	Value of Non-Veteran Units	$34,989	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$20,552,385**	**$6,307,236**	**$4,975,928**

[1] Phase II of the EUL includes conveyed square footage totaling 57,079 sq. ft. resulting in Avoided Building Maintenance Costs beginning in 2020.

Direct Service to Veterans

Supportive Housing

MENLO PARK, CALIFORNIA

Permanent Supportive Housing

MOTIVATION: Since 2010 rental rates in the Bay Area have increased by 30%, expanding the need for affordable Veteran housing units near Palo Alto Health Care System - Menlo Park Division, a regional Veteran health care provider. The facility includes 60 newly constructed supportive rental units to be owned, operated and maintained by the lessee. Through the EUL, supportive services will be offered to residents.

Benefits to Veterans: All 60 units provide priority placement to Veterans, while 35 of the 60 units are specifically designated for homeless Veterans who will receive project-based assistance through HUD VASH. Resident Veterans benefit from close proximity to the Palo Alto Health Care System.

Benefits to VA: By increasing the inventory of affordable housing available to Veterans, the project reduces costs associated with in-patient services that otherwise would have been utilized in the absence of this project. In addition, VA avoids the costs of constructing and maintaining the property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Willow Housing L.P.	1.99 acres	▪ 60-bed facility that provides supportive rental housing services ▪ All units are Veteran priority, with 35 units designated specifically for homeless Veterans to receive assistance through HUD VASH	2011 *(Operations began: 2016)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$75	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$336,818	$88,532	$85,521
	Avoided Cost of Bed Days of Care	$7,963,296	$1,877,930	$1,630,566
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$1,615,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$6,685,188**	**$1,966,462**	**$1,716,088**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$5,905,263	$1,077,765	$1,056,595
	Value of Non-Veteran Units	$240,498	$37,164	$36,434
	Value of Other Services	$1,057,896	$259,849	$217,515
Total Consideration	**Fiscal Year Grand Total**	**$13,888,844**	**$3,341,241**	**$3,026,631**

Direct Service to Veterans

Supportive Housing

MILWAUKEE, WISCONSIN

Permanent Supportive Housing – Milwaukee II

MOTIVATION: The National Soldiers Home Residences I, LLC project at the Clement J. Zablocki VA Medical Center in Milwaukee, Wisconsin delivers approximately 80 tenant units and associated vehicular parking spaces of approximately 52 spaces in the Phase 1 ("Phase I Facility") and approximately 21 housing units and associated vehicular parking spaces of approximately 14 spaces in a Phase II or phases ("Phase II Facility"). They aim to provide housing units and associated support facilities for Veterans and non-Veterans within the Milwaukee community.

Benefits to Veterans: Eligible Veterans shall receive 100% priority placement into all units of the Facility and any services and programs offered therein.

Benefits to VA: VA will realize cost avoidance related to building maintenance, property maintenance and bed days of care, and reduces costs associated with in-patient services that otherwise would have been utilized in the absence of this project.

Terms	Lessee	Property	Key Terms	Awarded	Term
	The National Soldiers Home Residences I, LLC	3.00 acres, 7 Buildings (177,286 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement in facility and priority receipt of programs & services ▪ Facility of 101 units and 66 parking spaces	*2018 (Operations began 2021)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	*Lease became operational in 2021.*
	Ongoing Lease Payments	$0	$0	
Cost Avoidance	Avoided Building Maint. Costs	$951,415	$951,415	
	Avoided Property Maint. Costs	$11,170	$11,170	
	Avoided Cost of Bed Days of Care	$719,064	$719,064	
Cost Savings	N/A	$0	$0	
VA Expense	N/A	$0	$0	
	Capital Contribution	$5,000,000	$5,000,000	
Direct Budget Impact	**Fiscal Year Subtotal**	**-$3,318,351**	**-$3,318,351**	
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$412,679	$412,679	
	Value of Non-Veteran Units	$603,920	$603,920	
	Value of Other Services	$0	$0	
Total Consideration	**Fiscal Year Grand Total**	**-$2,301,753**	**-$2,301,753**	

Direct Service to Veterans

Supportive Housing

MINNEAPOLIS, MINNESOTA

Permanent Supportive Housing – Minneapolis II

MOTIVATION: A 2001 statewide survey found that there were approximately 3,413 homeless Veterans in the metro area of the Twin Cities, Minnesota, an estimated 45% of which were clinically diagnosed with a serious mental health disorder and 52% of which considered themselves to be chemically dependent. Under this EUL, the lessee constructed two (2) new buildings and renovated three (3) existing VA duplexes to provide 140 units of affordable, safe, drug and alcohol-free housing and related services to Veterans in the Twin Cities area. In addition, the lease provides for the construction of associated parking adequate to meet the needs of the staff and occupants of the facility and the renovation of a building for administrative and community use.

Benefits to Veterans: This EUL provides access to safe, supportive and affordable housing, allowing Veterans an opportunity to focus on rehabilitation from chronic and debilitating conditions. Veterans receive priority placement into 51% of the total units and benefit from enhanced services associated with the project.

Benefits to VA: VA achieves cost avoidance related to building maintenance, property maintenance and bed days of care, and saves on rental costs for office and storage space received at no cost in this lease.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Hennepin County Housing and Redevelopment Authority (HCHRA)	4.34 acres, 4 Buildings (3 residential duplexes, 1 administration) (20,253 sq. ft.)	▪ Priority placement for Veterans in 51% of 140 units ▪ Lump sum payment $300,000 in 2005 ▪ Office and Storage for VA's exclusive use	2005 *(Operations began: 2006)*	60 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$1,558,749	$153,315	$125,218
	Avoided Property Maint. Costs	$140,672	$29,831	$28,817
	Avoided Cost of Bed Days of Care	$25,010,158	$2,784,517	$2,558,302
Cost Savings	Rental Savings	$349,412	$15,896	$15,236
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$37,046,180**	**$2,983,560**	**$2,727,573**
	Estimated Value of Enhanced Services (Budget Neutral)			
Enhanced Services	Value of Veteran Units	$21,286,129	$1,598,065	$1,657,761
	Value of Non-Veteran Units	$11,506,883	$1,003,436	$892,640
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$69,839,192**	**$5,585,061**	**$5,277,974**

Direct Service to Veterans

Supportive Housing

MINNEAPOLIS II, MINNESOTA

Permanent Housing – Minneapolis IV

MOTIVATION: The Veterans East Apartment Complex is providing 100 studio apartment units via a building constructed on the east side of the Minneapolis VAMC campus. The Veterans East EUL will provide permanent, affordable housing to single adult population of homeless and individuals at risk of homelessness, with a priority placement offered for Veterans. The EUL is an expansion of the existing Veterans & Community Housing development on the Minneapolis VAMC campus.

Benefits to Veterans: Eligible Veterans shall receive priority placement into the facility and any services and programs offered therein. The co-location of this project on the VAMC campus ensures that Veterans have ready access to care and treatment.

Benefits to VA: The EUL allows VA to avoid the cost of maintaining the leased property. In addition, this project will result in significant cost avoidance to VA by reducing reliance on domiciliary resources.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	CHDC Veterans Limited Partnership	3 acres	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ Facility of 100 units and 100 parking spaces	2016 *(Operations began: 2017)*	50 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$75,217	$20,621	$19,920
	Avoided Cost of Bed Days of Care	$9,774,391	$3,140,676	$2,698,868
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$9,849,608**	**$3,161,297**	**$2,718,788**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$6,771,126	$1,802,469	$1,748,846
	Value of Non-Veteran Units	$407,694	$55,746	$72,869
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$17,028,428**	**$5,019,512**	**$4,540,503**

Direct Service to Veterans

Supportive Housing

NEWINGTON, CONNECTICUT

Permanent Supportive Housing – Newington I

MOTIVATION: Newington, CT has had a demonstrated need for permanent supportive housing services in the local community for Veterans and non-Veterans. Under this EUL, 11.2 acres of land and improvements were leased to Victory Gardens Housing LLC. Buildings 13, 27, 31 and 43 were demolished and building 5 was renovated into 24 residential units. The selected developer financed, designed, developed, constructed, operates and maintains the permanent supportive rental housing community consisting of 74 units, with 37 of the units having priority occupancy for homeless and at-risk Veterans and the remaining units having priority occupancy for low-income Veterans. Additionally, this EUL required the Lessee to develop 154 parking spaces associated with the facility.

Benefits to Veterans: Eligible Veterans receive priority placement into affordable, safe and substance free housing and receive supportive services.

Benefits to VA: VA avoids the cost of maintaining the leased buildings and property. In addition, this project will result in significant cost avoidance to VA associated with domiciliary resources that otherwise would have been utilized in absence of the project.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Victory Gardens Housing LLC	11.232 acres, 1 Building (37,191 sq. ft.)	▪ Veterans receive priority placement all 74 units, but half of the units are for homeless and at-risk Veterans specifically ▪ VA receives 24 parking spaces	2012 *(Operations began: 2013)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$3,023,930	$401,254	$362,393
	Avoided Property Maint. Costs	$330,023	$77,204	$74,579
	Avoided Cost of Bed Days of Care	$13,161,429	$2,395,980	$2,080,378
Cost Savings	Parking	$162,035	$22,536	$21,600
VA Expense	Capital Contribution	$4,600,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$12,077,417**	**$2,896,974**	**$2,538,950**
	Estimated Value of Enhanced Services (Budget Neutral)			
Enhanced Services	Value of Veteran Units	$10,300,650	$1,375,079	$1,348,069
	Value of Non-Veteran Units	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$22,378,067**	**$4,272,053**	**$3,887,019**

Direct Service to Veterans

Supportive Housing

NORTHAMPTON, MASSACHUSETTS

Permanent and Transitional Supportive Housing

MOTIVATION: The Northampton VAMC identified a need for homeless housing surrounding the Medical Center. As part of a two-phase Northampton project, the selected developer will construct 16 units of transitional units for female Veterans and their children who are homeless or at risk of becoming homeless and 44 units of permanent housing to serve Veterans who are homeless or at risk of becoming homeless. Organized as a cooperative corporation, the Veterans will share ownership of units.

Benefits to Veterans: Female Veterans will receive priority placement into the transitional units and benefit from close proximity to the Northampton VAMC. Veterans will receive priority placement into the permanent units and will also benefit from close proximity to the VAMC. Permanent housing supportive services including case management, vocational training, substance abuse treatment and life skills development.

Benefits to VA: In reducing the length of homeless Veterans' stays at the VAMC, the project reduces costs associated with in-patient services that otherwise would have been utilized in the absence of this project. VA avoids construction and property maintenance fees.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Soldier On Inc.	11.27 acres	▪ 16-bed facility that provides transitional housing for women and children ▪ 44-bed facility that provides permanent housing and supportive services ▪ Priority placement is given to Veterans	2011 *(Operations began: 2016)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$301,521	$77,466	$74,831
	Avoided Cost of Bed Days of Care	$6,606,540	$1,521,771	$1,518,114
Cost Savings	N/A	$0	$0	$0
VA Expense	Per Diem Payments	$1,198,178	$74,329	$182,172
Direct Budget Impact	**Fiscal Year Subtotal**	**$5,709,882**	**$1,524,908**	**$1,410,773**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$4,853,655	$873,361	$983,726
	Value of Non-Veteran Units	$840,845	$241,568	$109,303
	Value of Other Services	$0	$0	$0
Total Consideration[1]	**Fiscal Year Grand Total**	**$11,404,382**	**$2,639,837**	**$2,503,802**

[1] Per Diem expenses are associated with 4 transitional housing beds at the facility that are part of a VA Grant and Per Diem program.

Direct Service to Veterans

Supportive Housing

PERRY POINT, MARYLAND

Permanent Supportive Housing

MOTIVATION: The HELP Veterans Village EUL project located at the Perry Point VA Medical Center campus is providing 75 units (33 one-bedroom duplexes (66 units), 8 two-bedroom single family homes (8 units) and 1 three-bedroom single family home (1 unit)) for homeless and at-risk Veterans and their families of the Perryville, Maryland community. Through this EUL, the lessee financed, designed, developed, constructed and will operate and maintain a permanent housing community.

Benefits to Veterans: Eligible Veterans who are homeless or at risk of becoming homeless will have priority over all other applicants for housing and any services and programs offered.

Benefits to VA: The EUL allows VA to avoid costs associated with maintaining the property. In addition, this project will result in significant cost avoidance to VA by reducing reliance on domiciliary resources.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	H.E.L.P. Development Corp.	29.21 acres, 44 Buildings (58,858 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission and associated services ▪ 75 units (33 one-bedroom duplexes, 8 two-bedroom single-family apartments and 1 three-bedroom single family apartment) and a Community Center	2011 *(Operations began: 2018)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$2,400,715	$696,319	$678,487
	Avoided Property Maint. Costs	$597,547	$200,778	$193,951
	Avoided Cost of Bed Days of Care	$6,446,213	$2,428,358	$2,108,491
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$2,873,137	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$6,571,339**	**$3,325,455**	**$2,980,929**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$4,303,715	$1,393,661	$1,366,286
	Value of Non-Veteran Units	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$10,875,054**	**$4,719,116**	**$4,347,215**

Direct Service to Veterans

Supportive Housing

ROSEBURG, OREGON

Transitional Supportive Housing – Orchard Knoll (Roseburg I)

MOTIVATION: The Roseburg, Oregon VAMC realized a need for transitional housing units in the community; a single-day survey of the campus indicated that 32% of patients if discharged that day, would be homeless, about 83 patients per year. Through this EUL project, VA leased its property on the VAMC campus for the construction of a Single Room Occupancy facility by the lessee, providing 63 affordable and transitional housing beds for homeless individuals in the Oregon area.

Benefits to Veterans: Veterans must occupy at least 50% of the total units in the facility, and benefit from its close proximity to the VAMC campus.

Benefits to VA: By reducing the length of homeless Veterans' stays at the VAMC, the project reduces costs associated with in-patient services that otherwise would have been utilized in the absence of this project. In addition, VA avoids the cost of maintaining the property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Housing Authority of Douglas County, OR	1.15 acres	▪ 63-bed facility that provides transitional housing and supportive services ▪ 50% of beds designated as Veterans preferential	2000 *(Operations began: 2001)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$37,275	$7,905	$7,636
	Avoided Cost of Bed Days of Care	$9,938,765	$1,003,721	$1,012,076
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$9,976,039**	**$1,011,626**	**$1,019,712**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$8,545,915	$576,047	$655,817
	Value of Non-Veteran Units	$6,639,910	$594,629	$491,863
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$25,161,864**	**$2,182,301**	**$2,167,392**

Direct Service to Veterans

Supportive Housing

ROSEBURG, OREGON

Permanent Supportive Housing – Eagle Landing (Roseburg II)

MOTIVATION: The Eagle Landing development at the Roseburg, Oregon VAMC realized a need for permanent supportive housing in the local community for Veterans. Through this EUL project, the lessee has financed, developed, constructed, operated and maintained a permanent housing facility of 54 tenant units and one manager's unit for Veterans.

Benefits to Veterans: Eligible Veterans receive priority placement into affordable and safe housing with supportive services. Services include free haircuts two days every month, Alcoholics Anonymous meetings, on-site assistance from an Oregon Employment Services Veteran Representative and walk, ride and/or run groups.

Benefits to VA: By reducing reliance on domiciliary resources, the project lowers costs of care that would have otherwise been utilized in the absence of this EUL. In addition, VA avoids the cost of maintaining the leased property.

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
Eagle Landing Associates LLC	4.76 acres	▪ Facility of 54 tenant units and one manager's unit ▪ Veterans receive no less than 50 parking spaces	2012 *(Operations began: 2014)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$266,608	$63,925	$61,751
	Avoided Cost of Bed Days of Care	$9,469,329	$1,748,418	$1,518,114
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$1,000,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$8,735,937**	**$1,812,342**	**$1,579,864**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$7,389,279	$1,003,436	$983,726
	Value of Non-Veteran Units	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$16,125,216**	**$2,815,778**	**$2,563,590**

Direct Service to Veterans

Supportive Housing

SALT LAKE CITY, UTAH

Transitional Supportive Housing – Salt Lake City III

MOTIVATION: Salt Lake City had a demonstrated need for transitional and supportive housing services in the local community for both Veterans and non-Veterans alike. Under this EUL, the lessee is to finance, develop, construct, operate and maintain a transitional housing facility of at least 72 tenant units and not less than 14 new associated parking spaces. In addition, the consolidation and use of VAMC land enables services and VA personnel to be centralized on the VAMC campus in Salt Lake City.

Benefits to Veterans: Eligible Veterans receive priority placement into affordable, safe and substance free housing. Supportive services are also included as additional benefits to Veterans.

Benefits to VA: VA avoids the cost of maintaining the leased property. In addition, this project will result in significant cost avoidance to VA by reducing reliance on domiciliary resources.

Note: The 2014 Consideration Report understated the Value of Veteran and Non-Veteran Units. These figures have been corrected and the report now reflects the full Enhanced Services impact of the EUL.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Housing Authority of Sat Lake City	0.92 acres	▪ Eligible Veterans receive 100% priority placement into facility and associated services ▪ Lessee reimburses VA for utility and ancillary services	2011 (*Operations began: 2013)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$27,605	$6,344	$6,129
	Avoided Cost of Bed Days of Care	$9,681,342	$1,845,552	$1,265,095
Cost Savings	N/A	$0	$0	$0
VA Expense	Per Diem Payments	$7,610,308	$1,059,183	$819,772
	Capital Contribution	$1,000,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$1,098,638**	**$792,714**	**$451,451**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$7,502,834	$1,059,183	$819,772
	Value of Non-Veteran Units	$2,808,343	$278,732	$491,863
	Value of Other Services	$0	$0	$0
Total Consideration[1]	**Fiscal Year Grand Total**	**$11,409,815**	**$2,130,629**	**$1,763,086**

[1] Per Diem expenses are associated with 57 transitional housing beds at the facility that are part of a VA Grant and Per Diem program.

Direct Service to Veterans

Supportive Housing

SEPULVEDA, CALIFORNIA

Permanent Supportive Housing – Building 4 (Sepulveda I)

MOTIVATION: Prior to this EUL, VA was able to aid less than 10% of homeless Veterans in need in the Sepulveda, California community. Through this project, VA leases property located on the Sepulveda Ambulatory Care Center (SACC) campus, including "Building 4," to the lessee, who is renovating and will operate it as a 73-unit permanent housing facility providing safe and affordable supportive homeless housing.

Benefits to Veterans: Veterans will receive priority placement into all 73 permanent housing units and all services offered, including professional counseling, case management and crisis management services.

Benefits to VA: VA avoids costs related to the maintenance of the building and property associated with the project.

Note: The 2014 Consideration Report understated the Avoided Cost of Bed Days of Care and Value of Veteran Units. These figures have been corrected and the report now reflects the full Cost Savings and Cost Avoidance impact of the EUL.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	New Directions Sepulveda I L.P.	1.40 acres, 1 Building (79,389 sq. ft.)	▪ Priority placement for VA-referred Veterans ▪ Counseling, case management and crisis management provided to Veteran tenants ▪ VA receives 10% cash from film making activities.	2007 *(Operations began: 2013)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$6,988,608	$719,108	$504,993
	Avoided Property Maint. Costs	$44,479	$9,623	$9,296
	Avoided Cost of Bed Days of Care	$12,872,810	$2,331,223	$2,024,151
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$6,000,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$13,905,897**	**$3,059,955**	**$2,538,440**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$10,085,598	$1,337,915	$1,311,635
	Value of Non-Veteran Units	$42,057	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$24,033,552**	**$4,397,870**	**$3,850,075**

Direct Service to Veterans

Supportive Housing

SEPULVEDA, CALIFORNIA

Permanent Supportive Housing – Building 5 (Sepulveda II)

MOTIVATION: Sepulveda, CA had a demonstrated need supportive housing services in the local community for both Veterans and non-Veterans alike. Through this project, VA leases property located on the SACC campus, including "Building 5" to the lessee, who is renovating and will operate it as a 76-unit permanent housing facility for safe and affordable supportive homeless housing.

Benefits to Veterans: Veterans will receive priority placement into all 76 permanent housing units and all services offered, including professional counseling, case management and crisis management services.

Benefits to VA: VA avoids costs related to the maintenance of the building and property associated with the project.

Note: The 2014 Consideration Report understated the Avoided Cost of Bed Days of Care and Value of Veteran Units. These figures have been corrected and the report now reflects the full Cost Savings and Cost Avoidance impact of the EUL.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	New Directions Sepulveda II L.P.	1.04 acres, 1 Building (77,310 sq. ft.)	▪ Priority placement for VA-referred Veterans ▪ Counseling, case management and crisis management provided to Veteran tenants ▪ VA receives 10% cash from film making activities	2007 *(Operations began:2013)*	75 years

Outcomes	Description	Cumulative (2006-20201	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$6,805,594	$700,277	$491,769
	Avoided Property Maint. Costs	$33,041	$7,149	$6,905
	Avoided Cost of Bed Days of Care	$13,398,884	$2,428,358	$2,108,491
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$4,000,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$16,237,519**	**$3,135,783**	**$2,607,165**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$10,496,113	$1,393,661	$1,366,286
	Value of Non-Veteran Units	$53,527	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$26,787,160**	**$4,529,444**	**$3,973,451**

Direct Service to Veterans

Supportive Housing

ST. CLOUD, MINNESOTA

Permanent Supportive Housing – St. Cloud II

MOTIVATION: VA recognized a need for additional affordable housing options in the city of St. Cloud, Minnesota, where a significant portion of the Veteran community is homeless. Through this EUL, the St. Cloud Housing & Redevelopment Authority financed, constructed, operates and maintains a safe and affordable Housing Complex of 61 apartment units, as well as associated parking, on the St. Cloud VAMC campus.

Benefits to Veterans: This EUL provides safe and affordable housing options to homeless Veterans, who receive priority placement into 51% of the housing units. In addition, Veterans benefit from the Complex's close proximity to the VAMC campus.

Benefits to VA: This project allows VA significant avoided costs related to bed days of care by reducing reliance on domiciliary resources, as well as property maintenance.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	St. Cloud Housing & Redevelopment Authority	5.62 acres	▪ Veterans to receive 51% priority placement	2005 *(Operations began: 2006)*	50 years

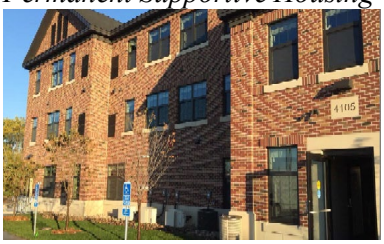
Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$182,160	$38,630	$37,316
	Avoided Cost of Bed Days of Care	$8,782,983	$1,197,990	$927,736
Cost Savings	N/A	$0	$0	$0
VA Expense	Third Party Reports – City Waste Water Testing	$2,295	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$8,962,848**	**$1,236,620**	**$965,052**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$7,401,528	$687,540	$601,166
	Value of Non-Veteran Units	$7,197,523	$427,389	$491,863
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$23,561,899**	**$2,351,549**	**$2,058,081**

Direct Service to Veterans

Supportive Housing

ST. CLOUD II, MINNESOTA

Permanent Supportive Housing – St. Cloud III



MOTIVATION: The Linden Grove EUL project provides 37 housing units (Studio, one and two-bedroom units containing a total of 39 beds) on the Veterans Affairs Minneapolis VA Medical Center located in St. Cloud. This project was constructed on vacant land on the VAMC campus and provides permanent, affordable housing to homeless and at-risk Veterans and their families, with a priority placement offered for homeless Veterans.

Benefits to Veterans: Eligible Veterans receive priority placement into the facility and for any services and programs offered therein. The co-location of this project on the VAMC campus ensures that Veterans housed there have ready access to care and treatment.

Benefits to VA: The EUL allows VA to avoid the cost of maintaining the leased property. In addition, this project will result in significant cost avoidance to VA by reducing VA's reliance on domiciliary resources.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Sand Companies, Inc.	2.92 acres	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ Facility of 37 units and 55 parking spaces	2015 *(Operations began: 2016)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$75,762	$20,071	$19,388
	Avoided Cost of Bed Days of Care	$4,233,652	$1,165,612	$983,962
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$681,402	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$3,628,012**	**$1,185,683**	**$1,003,351**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$3,034,782	$668,957	$637,600
	Value of Non-Veteran Units	$188,242	$18,582	$36,434
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$6,851,037**	**$1,873,222**	**$1,677,385**

Direct Service to Veterans

Supportive Housing

TOGUS, MAINE

Permanent Supportive Housing

MOTIVATION: The Cabin in the Woods project is a 21-tenant unit permanent supportive housing development for eligible Veterans who are homeless, or at risk of homelessness on the Togus VA Medical Center campus. Through this EUL the lessee financed, designed, developed, constructed and will operate and maintain a permanent supportive housing community and associated vehicular parking spaces.

Benefits to Veterans: Priority placement is given to eligible homeless Veterans and Veterans at risk of homelessness. Veterans also benefit from a supportive services program that guides resident Veterans toward long-term independence and self-sufficiency. The co-location of this project on the VAMC campus ensures that Veterans have ready access to care and treatment.

Benefits to VA: The EUL allows VA to avoid the maintenance costs associated with the Togus VAMC campus.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Volunteers of America Northern New England, Inc.	11 acres	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement for admission ▪ 21 tenant units and 7 parking spaces	2011 *(Operations began: 2018)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$409,189	$137,472	$132,797
	Avoided Cost of Bed Days of Care	$1,712,269	$615,184	$562,264
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
	Capital Contribution	$201,150	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$1,920,309**	**$752,656**	**$695,062**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$1,149,825	$353,061	$364,343
	Value of Non-Veteran Units	$55,381	$37,164	$18,217
	Value of Other Services	$47,748	$20,513	$27,235
Total Consideration	**Fiscal Year Grand Total**	**$3,173,262**	**$1,163,394**	**$1,104,857**

Direct Service to Veterans

Supportive Housing

TUSCALOOSA, ALABAMA

Permanent Supportive Housing – Tuscaloosa II

MOTIVATION: The Valor Grove, Ltd. EUL project at the Tuscaloosa, AL VAMC consist of 50 tenant units and 80 associated parking spaces for the purpose of providing housing and ancillary services to homeless Veterans in the Tuscaloosa community. Through this EUL, the lessee developed, operates and maintains the housing facility on 3.64 acres of property, providing permanent residences and supportive educational services to eligible Veterans.

Benefits to Veterans: Eligible Veterans receive priority placement into affordable and safe housing with supportive services, including access to workshops, seminars and classes offered as in-kind services for Adult Education, Parenting, Fatherhood, Healthy Relationships and Career Development.

Benefits to VA: By reducing reliance on domiciliary resources, the project lowers costs of care that would have otherwise been utilized by VA. In addition, VA avoids the cost of maintaining the leased property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Valor Grove, Ltd.	3.64 acres, 1 Building (40,243 sq. ft.)	▪ VA receives cost avoidance ▪ Eligible Veterans receive priority placement into the Facility and any services and programs offered therein ▪ No less than 50 tenant units and 80 associated parking units provided	2013 *(Operations began: 2014)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$1,307,559	$244,011	$164,517
	Avoided Property Maint. Costs	$101,808	$25,020	$24,169
	Avoided Cost of Bed Days of Care	$7,289,624	$1,489,393	$1,405,661
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$4,000,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$4,698,991**	**$1,758,424**	**$1,594,347**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$5,524,266	$854,779	$910,858
	Value of Non-Veteran Units	$527,069	$74,329	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$10,750,326**	**$2,687,531**	**$2,505,205**

Direct Service to Veterans

Supportive Housing

VANCOUVER, WASHINGTON

Permanent Supportive Housing – Vancouver III

MOTIVATION: The VA identified an unmet need for permanent affordable Veteran and resident housing in the Vancouver, Washington area. Through this project, the lessee has agreed to redevelop the parcel on the Portland VAMC into a 50-unit supportive housing facility, as well as an associated parking lot. This EUL will provide a safe and affordable housing opportunity for Veterans and the surrounding community. Units will be tied to the affordability guidelines set up through the Low-Income Housing Tax Credit program and HUD Section 8 Rental Guidelines.

Benefits to Veterans: Veterans will receive priority placement into all 50 housing units and benefit from close proximity to the VAMC campus.

Benefits to VA: In reducing homeless Veterans' stays at the VAMC, the project reduces costs associated with inpatient services that otherwise would have been utilized in the absence of this project. In addition, VA avoids the cost of maintaining the property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Vancouver Veterans Residences Limited Partnership	1.31 acres	▪ 50-bed facility that provides permanent, affordable housing and supportive services ▪ Veterans receive priority placement for 100% of units	2011 *(Operations began: 2016)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$34,252	$9,004	$8,698
	Avoided Cost of Bed Days of Care	$5,959,814	$1,554,149	$1,405,661
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$1,800,664	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$4,193,402**	**$1,563,153**	**$1,414,359**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$4,298,144	$891,943	$910,858
	Value of Non-Veteran Units	$231,392	$37,164	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$8,722,938**	**$2,492,261**	**$2,325,216**

Direct Service to Veterans

Supportive Housing

VANCOUVER, WASHINGTON

Transitional Supportive Housing – Vancouver I

MOTIVATION: The Portland VAMC realized a need for homeless housing in the Vancouver, Washington area. A single-day survey of the campus indicated that 18% of patients, if discharged that day, would be homeless, which equates to approximately 40 Veterans a year. Through this EUL project, VA leased a previously vacant and undeveloped land parcel to the City of Vancouver Housing Authority; the Housing Authority was then able to construct a 124 residential development consisting of a mix of single room and studio apartments.

Benefits to Veterans: Veterans receive priority placement into 62 SRO units of the facility and benefit from its close proximity to the VAMC campus. In addition, Veterans benefit from supportive services at the facility for example, counseling and recreation.

Benefits to VA: By reducing the length of homeless Veterans' stay at the VAMC, the project reduces costs associated with in-patient services that otherwise would have been utilized in the absence of this project. In addition, VA avoids the cost of maintaining the leased property.

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
Housing Authority of the City of Vancouver	1.54 acres	▪ Lessee is responsible for the coordination of client services across the consortium of health and social service organizations of which Portland VAMC is a part ▪ 62 beds are designated as Veteran preferential	1998 *(Operations began: 1999)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$49,916	$10,585	$10,225
	Avoided Cost of Bed Days of Care	$20,334,258	$1,877,930	$2,277,170
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$20,384,174**	**$1,888,515**	**$2,287,396**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$17,486,340	$1,077,765	$1,475,589
	Value of Non-Veteran Units	$12,233,486	$1,207,840	$765,120
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$50,104,000**	**$4,174,120**	**$4,528,105**

Direct Service to Veterans

Supportive Housing

WALLA WALLA, WASHINGTON

Permanent Supportive Housing

MOTIVATION: VA recognized a need for additional affordable housing for Veterans and non-Veterans near the Jonathan M. Wainwright Memorial VA Medical Center, where approximately 20,000 Veterans 65 or older reside. The selected developer financed, renovated, developed, constructed and will operate the property located on the VAMC campus. The project includes 40 tenant units and an associated vehicular parking lot.

Benefits to Veterans: Veterans will receive priority placement into the 40 units and benefit from its close proximity to the VAMC campus.

Benefits to VA: By reducing the length of homeless Veterans' stays at the VAMC, the project reduces costs associated with in-patient services that otherwise would have been utilized in the absence of this project. In addition, VA avoids the cost of maintaining the property.

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
WWVA Housing LLC	4 acres, 4 Buildings (19,966 sq. ft.)	▪ 40 bed facility that provides supportive permanent housing ▪ Priority placement for VA Veterans	2011 *(Operations began: 2016)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$530,488	$121,764	$82,649
	Avoided Property Maint. Costs	$105,397	$27,494	$26,559
	Avoided Cost of Bed Days of Care	$4,923,376	$1,262,746	$1,068,302
Cost Savings	N/A	$0	$0	$0
VA Expense	Capital Contribution	$2,000,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$3,559,261**	**$1,412,005**	**$1,177,511**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Veteran Units	$3,583,763	$724,704	$692,252
	Value of Non-Veteran Units	$179,143	$18,582	$36,434
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$7,322,168**	**$2,155,291**	**$1,906,197**

Direct Service to Veterans

Senior Services

BATAVIA, NEW YORK

Congregate Living Housing – Batavia III

MOTIVATION: Batavia, NY had an unmet need in senior housing for Veterans and other residents in the community. This EUL provided for the construction of a 30,990 square foot congregate housing facility of 32 affordable, independent housing units for Veterans and other elderly citizens in the New York area. This project created much needed low-income housing to individuals in the community who need support services in order to continue to live independently.

Benefits to Veterans: Veterans receive priority placement into all services. In addition, co-locating Havenwood Congregate Living Housing on the VAMC campus creates a smooth transition for Veterans as they experience a need for changing levels of care.

Benefits to VA: VA receives ongoing lease payments and avoids maintenance costs associated with the property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Havenwood Associates Limited Partnership	3.00 acres	▪ Eligible Veterans receive priority placement for all of the services offered ▪ VA receives annual ongoing lease payments	2004 *(Operations began: 2005)*	65 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$298,875	$18,314	$18,314
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$97,238	$20,621	$19,920
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$396,113**	**$38,935**	**$38,234**
	Estimated Value of Enhanced Services (Budget Neutral)			
Enhanced Services	Value of Veteran Units	$1,979,970	$133,632	$155,040
	Value of Non-Veteran Units	$1,901,502	$133,632	$106,080
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$4,277,585**	**$306,199**	**$299,354**

Direct Services to Veterans

Senior Services

DANVILLE, ILLINOIS

Independent Living Housing – Danville I

MOTIVATION: The city of Danville, IL recognized an unmet need for affordable senior housing for Veterans and residents in the community. This EUL facilitated the rehabilitation of two (2) unused buildings on the Danville VAMC campus. The project provides 44 low-income senior citizen apartments for Veterans in the Illinois area.

Benefits to Veterans: Veterans receive priority placement into safe, affordable housing near their place of care at the Danville VAMC, as well as discounts on a limited number of units.

Benefits to VA: Besides receiving ongoing lease payments, VA avoids the costs of maintaining, repairing and providing utilities to the buildings and property covered under this lease.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Danville VA Limited Partnership	3.07 acres, 2 Buildings (137,740 sq. ft.) (& option on 3rd building)	▪ VA to receive annual ongoing lease payments	1999 *Operations began: 2000)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$199,618	$0	$3,876
Cost Avoidance	Avoided Building Maint. Costs	$10,212,514	$952,725	$1,159,673
	Avoided Property Maint. Costs	$99,605	$21,123	$20,404
Cost Savings	N/A	$0	$0	$0
VA Expense	Utilities	$135,242	$0	$135,242
Direct Budget Impact	**Fiscal Year Subtotal**	**$10,376,496**	**$973,848**	**$1,048,712**
	Estimated Value of Enhanced Services (Budget Neutral)			
Enhanced Services	Value of Veteran Units	$3,629,208	$251,160	$240,240
	Value of Non-Veteran Units	$671,352	$64,584	$61,776
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$14,677,056**	**$1,289,592**	**$1,350,728**

Direct Service to Veterans

Senior Services

HINES, ILLINOIS

Assisted Living Housing – Building 53 (Hines II)

MOTIVATION: VA recognized an unmet need for affordable senior housing in the Chicago, Illinois area. Under this EUL, the lessee rehabilitated and continues to operate "Building 53" on the Edward Hines, Jr. VA Hospital VAMC campus, providing 70 housing units for low-income seniors and 1 manager's unit.

Benefits to Veterans: Veterans receive priority placement into safe, affordable senior housing on the campus of their primary place of care, and benefit from supportive services provided by the lessee.

Benefits to VA: VA receives ongoing lease payments from the lessee and is able to avoid the maintenance costs associated with the leased building and property.

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
Goedert Senior Housing Corporations (GSHC)	1.84 acres, 1 Building (58,000 sq. ft.)	▪ VA receives ongoing lease payments ▪ Lessee to pay VA's direct ancillary costs	2004 *(Operations began: 2006)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$903,749	$68,000	$56,667
Cost Avoidance	Avoided Building Maint. Costs	$5,676,199	$565,669	$501,908
	Avoided Property Maint. Costs	$59,640	$12,647	$12,217
Cost Savings	N/A	$0	$0	$0
VA Expense	Maintenance	$67,143	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$6,572,444**	**$646,317**	**$570,793**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services[1]	Value of Veteran Units	$6,697,656	$415,800	$399,000
	Value of Non-Veteran Units	$5,563,824	$415,800	$399,000
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$18,833,924**	**$1,477,917**	**$1,368,793**

[1] Previous reports listed 71 total units. Value of Enhanced Services for Non-Veteran Units has had been updated in 2021 to reflect Enhanced Services associated with 70 units at the EUL since operations began, as 1 unit is a manager's unit.

Direct Services to Veterans

Senior Services

VIERA, FLORIDA
Assisted Living Housing

MOTIVATION: Under this project, the lessee has financed, developed, constructed and is operating and maintaining an assisted living facility of at least 86 tenant units and 50 associated parking spaces. This EUL provides affordable, safe, substance-free assisted living housing and supportive services to eligible Veterans and non-Veterans of the Brevard County, Florida community.

Benefits to Veterans: Eligible Veterans will receive priority placement into 69 (80%) of the total units in the facility, and of that 80% priority admission into at least 66 studio units, as well as a 10% monthly rent discount. Veterans also receive priority receipt of any services and programs offered.

Benefits to VA: This project will result in significant cost avoidance to VA in terms of bed days of care by reducing reliance upon in-patient and domiciliary resources that would otherwise have been utilized in the absence of this project, as well as provide VA with annual lease payments. In addition, VA avoids the maintenance costs associated with the Viera property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	INVENCO Senior Housing, LLC	15 acres	▪ Veterans receive priority placement into 80% of total units ▪ All Veterans receive 10% discounted monthly rent ▪ VA receives ongoing lease payments	2011 *(Operations began: 2013)*	55 years *(plus an option for two successive 10 year extensions)*

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$262,311	$29,100	$29,100
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$446,145	$103,104	$99,598
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$708,457**	**$132,204**	**$128,698**
	Estimated Value of Enhanced Services (Budget Neutral)			
Enhanced Services	Value of Veteran Units	$6,697,411	$1,005,840	$1,071,000
	Value of Non-Veteran Units	$953,439	$259,080	$114,240
	Value of Other Services	$134,729	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$8,494,036**	**$1,397,124**	**$1,313,938**

Note: Consideration at Viera is calculated based on a total of 83 units. Beginning in 2017, the total number of units decreased from 86 to 83 due to some units being combined at the Facility.

Direct Service to Veterans

Special Services

BUTLER, PENNSYLVANIA

Mental Health Facility – Bulter I

MOTIVATION: VA faces the continual challenge of identifying secure, clinically-based residential care for individuals requiring extended, intensive mental health treatment and monitoring. Under this EUL, Butler County Human Services constructed, operates and maintains a mental health facility with 16 beds. This improves mental health services and recovery opportunities for Veterans who meet these needs.

Benefits to Veterans: VA-referred patients are admitted on a priority basis, expanding mental health services to Veterans and allowing them to stay in close proximity to VA physicians and health care providers.

Benefits to VA: Butler County's provision of in-patient mental health care yields substantial Veteran encounter cost avoidance to the VAMC due to reduced admissions to distant tertiary care centers. In addition, VA avoids the cost of maintaining and operating the leased property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	County of Butler, Pennsylvania	1.30 acres	▪ 2 of 16 beds reserved on a priority basis for VA referred Veterans	2003 *(Operations began: 2006)*	50 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$42,137	$8,936	$8,632
	Avoided Cost of Vet Encounters	$1,420,843	$118,971	$76,746
Cost Savings	Rental Savings	$0	$0	$0
	Parking Savings	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$1,462,980**	**$127,907**	**$85,378**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Special Services	$21,532,972	$2,339,462	$1,837,510
Total Consideration	**Fiscal Year Grand Total**	**$22,995,952**	**$2,467,369**	**$1,922,888**

Direct Services to Veterans

Special Services

TUSCALOOSA, ALABAMA

Hospice – Tuscaloosa I

MOTIVATION: Prior to this lease becoming operational, hospice services were not available in western Alabama. Under this EUL, the lessee financed, constructed, operates and maintains a Hospice Facility with 10 beds on the Tuscaloosa VAMC campus. This EUL provides safe, supportive and affordable hospice in-patient services. It targets the most under-served Veterans – those who live alone and whose care is complex or those whose caregivers are too frail or elderly to care for them at home.

Benefits to Veterans: Five (5) of the total ten (10) hospice beds are reserved for VA-referred Veterans on a priority basis. In addition, Veterans benefit from enhanced services associated with the project.

Benefits to VA: This project helps VA avoid costs associated with Veteran patient encounters by reducing the length of hospital stays for Veterans requiring hospice in-patient beds. In addition, VA avoids the cost of maintaining the leased property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Hospice of West Alabama (HOWA)	3.17 acres	▪ VA-referred Veterans given priority for 5 of the total 10 beds	2002 *(Operations began: 2004)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$102,749	$21,789	$21,048
	Avoided Cost of Vet Encounters	$9,770,205	$1,310,989	$662,196
Cost Savings	Rental Savings	$0	$0	$0
	Parking Savings	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$9,872,954**	**$1,332,778**	**$683,245**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Special Services	$54,411,473	$6,205,348	$5,151,626
Total Consideration	**Fiscal Year Grand Total**	**$64,284,426**	**$7,538,126**	**$5,834,871**

Direct Service to Veterans

Special Services

VANCOUVER, WASHINGTON

Crisis Triage Center – Vancouver II

MOTIVATION: One priority identified by a community redesign process examining Clark County's crisis care system was the development of a Crisis Triage Center to integrate mental health crisis and detoxification services and to operate as an alternative to the emergency room. Under this EUL, Clark County financed, constructed, operates and maintains a 175,000 square foot, 4-story Crisis Triage Center, as well as 350 parking spaces, on land leased on the Vancouver Division of the VA Portland Health Care System, thereby filling a significant gap in mental health and substance abuse services for Veterans and non-Veterans in the Vancouver area.

Benefits to Veterans: Eligible Veterans receive priority placement into all of the services and programs offered within the Center. In addition, co-locating the Center on the Vancouver Division of the VA Portland Healthcare System facilitates Veteran patient referrals for services.

Benefits to VA: The lessee provides 23,696 square feet of rentable space on the fourth floor of the facility at no cost, as well as 350 of the parking spaces, allowing VA to achieve cost savings. VA also avoids the costs associated with each Veteran encounter at the Center.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Clark County, WA	6.10 acres	▪ 100% priority placement for Veterans for all services and programs ▪ 23,696 rentable sq. ft. available to VA	2004 *(Operations began: 2006)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$197,718	$41,929	$40,503
	Avoided Cost of Vet Encounters	$8,937,419	$536,301	$593,983
Cost Savings	Rental Savings	$9,170,791	$649,721	$622,731
	Parking Savings	$5,394,741	$516,533	$495,075
VA Expense	Utilities & Labor	$658,959	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$23,041,711**	**$1,744,484**	**$1,752,292**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Special Services	$110,223,691	$5,330,942	$5,320,264
Total Consideration	**Fiscal Year Grand Total**	**$133,265,402**	**$7,075,426**	**$7,072,556**

Improved VA Operations

Energy

CHICAGO, ILLINOIS (JESSE BROWN)

Energy Center

MOTIVATION: This project was executed in order to reduce the Jesse Brown (formerly known as Chicago "Westside") VAMC's energy costs. Under the EUL, 1.07 acres of property is leased to a Trust, which engaged a private-sector partner, the Energy Systems Group, LLC, to construct, develop, operate and maintain a state-of-the-art energy center to produce and sell energy (electricity, steam and chilled water) to the VAMC.

Benefits to VA: VA can receive energy cost savings over the term of the lease based on market rates for energy and avoids the cost of maintaining the leased property. VA pays a fixed amount for energy for short periods of time, so if market rates increase, VA has cost savings; however, if rates go down, VA would pay a premium until the fixed rate is renegotiated. In addition, VA receives a portion of any energy sales made by the Center to third party, non-VA users.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Chicago West Side Energy Trust	1.07 acres, 2 Buildings (24,402 sq. ft.)	▪ Developer to supply VA with electricity, steam and chilled water ▪ Developer may sell energy to non-VA users ▪ VA receives 50% of the balance of excess electricity sales to grid; 100% of steam, chilled water sold to 3rd parties, after management expenses paid	2002 *(Operations began: 2003)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$3,786,187	$317,714	$213,870
	Avoided Property Maint. Costs	$34,682	$7,355	$7,105
Cost Savings	Energy Savings	-$8,153,938	-$4,163,525	-$1,494,665
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**-$4,333,069**	**-$3,838,457**	**-$1,273,690**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	N/A	$0	$0	$0
Total Consideration[1]	**Fiscal Year Grand Total**	**-$4,333,069**	**-$3,838,457**	**-$1,273,690**

[1] In December 2020, the turbine generator failed, decreasing the overall energy savings received by VA for 2021.

Improved VA Operations

Energy

MOUNTAIN HOME, TENNESSEE

Energy Center – Mountain Home II

MOTIVATION: This project was executed to reduce the James H. Quillen VAMC's energy costs. Under this EUL, VA leases 1.00 acre of property to a Trust, which engaged a private-sector partner, the Energy Systems Group LLC. The lessee developed, constructed and now operates and maintains a state-of-the-art energy center that produces and sells energy (electricity, steam and chilled water) to the VAMC and East Tennessee State University (ETSU) Medical School's Basic Sciences Research Facility.

Benefits to VA: VA receives significant energy cost savings over the term of the lease and avoids the cost of maintaining the leased property. In addition, VA receives a portion of any energy sales made by the Center to third party and non-VA users.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Mountain Home Energy Trust	1.00 acre	▪ Developer to supply VA with electricity, steam and chilled water ▪ Developer may sell energy to non-VA users ▪ VA receives 100% of the balance of any excess electricity sales to grid, 66% of the steam sales and 63% of chilled water sales after management expenses are paid	1999 *(Operations began: 2003)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$32,413	$6,874	$6,640
Cost Savings	Energy Savings	$21,584,650	$1,691,420	$1,666,843
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$21,617,063**	**$1,698,293**	**$1,673,482**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	100% Power Backup	$367,767	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$21,984,830**	**$1,698,293**	**$1,673,482**

Improved VA Operations

Energy

NORTH CHICAGO, ILLINOIS

Energy Center (Phases I & II) – North Chicago I

MOTIVATION: This project was executed to reduce the North Chicago VAMC's energy costs. Under the EUL, VA leases 1.07 acres to a private developer, who financed, designed, constructed, owns, operates and maintains a cogeneration energy center. The energy center maintains a state-of-the-art energy facility and supplies all of the North Chicago VAMC's electric and thermal energy, as well as all of the energy required to operate the joint VA/DOD Federal Hospital in the North Chicago area.

Benefits to VA: VA avoids the cost of maintaining the leased property. In addition, VA receives a portion of any energy sales made by the Center to third-party, non-VA users.

Note: North Chicago energy center project was executed as two (2) separate EULs, Phase I and Phase II.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	North Chicago Energy	1.07 acres	▪ Developer to supply VA and joint VA/DOD Federal Hospital with electric and thermal energy ▪ Developer may sell energy to non-VA users ▪ VA receives 50% of balance of any excess electricity sales to grid, 100% of any 3rd party energy sales after management expenses paid	Phase I: 2002 Phase II: 2003 *(Operations began: 2005)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$34,682	$7,355	$7,105
Cost Savings	Energy Savings	$39,880,238	$3,790,016	$4,388,790
VA Expense	Electric System Upgrade	$349,475	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$39,565,445**	**$3,797,371**	**$4,395,895**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	N/A	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$39,565,445**	**$3,797,371**	**$4,395,895**

Improved VA Operations

Regional Offices & Parking

ALBANY, NEW YORK
Regional Offices & Parking

MOTIVATION: VA recognized the need for additional space at the Samuel S. Stratton VAMC. In addition, the VISN 2 operations were previously located in an outdated and dysfunctional space. Under this EUL, VA leases 2.41 acres of VAMC land to Albany Medical Center and completed, at its own cost and expense, the removal and abatement of all asbestos and hazardous substances from the property, which included the demolition of three buildings, utility trenches and a block garage. Following these lease-mandated improvements, the EUL obligated the lessee to design, develop, construct and then operate and maintain a new, state-of-the-art VA office building to serve as a setting for VISN 2 operations, including a parking facility and an optional commercial facility.

Benefits to Veterans: Veterans receive better access to and improved services from the VISN 2 network as a result of this project.

Benefits to VA: VA receives consideration from this project in the form of avoided property maintenance costs and savings on rent (no cost for the office building space) and parking costs (30 free spots daily).

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Albany Medical Center	2.41 Acres	▪ Lessee to develop and construct a new office building (30,351 sq. ft.) for VA after VA completes the demolition of structures on the designated property ▪ Lessee has the option to develop, construct, operate and maintain a parking facility within 10 years of the effective date and a commercial facility within 2 years of the commencement of construction ▪ Minimum of 30 free daily parking spots for VAMC use over the term of the EUL	2009 *(Operations began: 2011)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$74,937	$16,593	$16,029
Cost Savings	Rental Savings	$5,888,855	$610,716	$585,346
	Parking Savings	$569,078	$57,988	$55,580
VA Expense	Demolition, Abatement Monitor	$553,500	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$5,979,370**	**$685,297**	**$656,954**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$20,075,761	$1,814,400	$1,806,336
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$26,055,132**	**$2,499,697**	**$2,463,290**

Improved VA Operations

Regional Offices & Parking

ATLANTA, GEORGIA
Regional Office Co-location

MOTIVATION: Space and parking deficiencies at the Atlanta VA Regional Office (VARO) led VA to collocate the VARO on the Atlanta VAMC campus. Under this EUL, the lessee financed, developed, constructed, operates and maintains a new state-of-the-art VARO facility, as well as 484 parking spaces on 5.90 acres of leased VAMC property. The lessee acquired appropriate financing services to enable the Department to benefit from the low-cost financing for the lessee's development of the VARO, providing lower ongoing lease costs to VA. In March 2020, new financing was obtained to fund specific building improvements for the VARO.

Benefits to Veterans: Veterans receive better access to services and improved claims processing time as a result of the improved layout and accessibility of the VARO located conveniently on the VAMC campus.

Benefits to VA: For VA, this EUL has achieved and continues to yield cost savings for the office space and parking spots available, as well as cost avoidance for the property associated with the lease.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Development Authority of DeKalb County, GA	5.90 acres	▪ Developer to finance, design, construct, operate & maintain 179,328 rentable sq. ft. of VARO space and necessary parking ▪ Parking, data and equipment are included in the lease costs	1997 *(Operations began: 2000)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$191,365	$40,582	$39,202
Cost Savings	Rental Savings[1]	$15,352,913	$1,924,168	$982,972
	Parking Savings	$6,234,012	$505,230	$484,242
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$21,778,290**	**$2,469,980**	**$1,506,415**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$21,778,290**	**$2,469,980**	**$1,506,415**

[1] In March 2020, new financing was obtained which increased cost savings to the VA.

Improved VA Operations

Regional Offices & Parking

CHICAGO, ILLINOIS (JESSE BROWN)

Regional Office & Parking

MOTIVATION: The Chicago Regional Office (VARO) and Parking projects were executed in order to collocate the delivery of VA benefit and health care services as well as to correct a long-standing parking deficiency at the Jesse Brown VA Medical Center (VAMC) - formerly "Chicago Westside". Under this EUL, VA leases 2.37 acres for the VARO and 2.58 acres for the parking garage to a Trust. The Trust then engaged a private-sector partner to construct, develop, operate and maintain a state-of-the-art VARO used by the Veterans Benefit Administration as well as a parking structure in close proximity to the Jesse Brown VAMC. The leased properties provide 93,700 square feet of rentable offices space and 1,620 parking spaces.

Benefits to Veterans: Veterans benefit from better access to services and reduced claim processing times as a result of the improved layout and accessibility of the VARO. In addition, free parking spaces help maintain access to the Jesse Brown VAMC, which serves a majority of the poorest Veteran patients in greater Chicago. Demand for services at Jesse Brown VAMC has dramatically increased, as four nearby community hospitals have closed in the five years preceding this project.

Benefits to VA: Obtaining space through this EUL allowed cost-effective project financing with no capital cost to VA. This deal also achieves cost savings for the parking spots available, as well as cost avoidance for the properties associated with the lease.

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
Chicago West Side Enhanced-Use Trust	2.37 acres (Office) 2.58 acres (Parking)	▪ VA pays for turnkey delivery of 93,700 rentable sq. ft. ▪ Lessee provides parking structure of no less than 1,620 parking spaces (with 64 free spaces for VA) and assumes operation and maintenance of the building and all parking	2002 *(Operations began: 2004)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$160,403	$34,015	$32,858
Cost Savings	Rental Savings	$7,858,845	$978,602	$873,404
	Parking Savings	$33,213,045	$1,885,551	$1,396,717
VA Expense	Security and Maintenance	$3,718,205	$227,860	$306,097
Direct Budget Impact	**Fiscal Year Subtotal**	**$37,514,088**	**$2,670,307**	**$1,996,882**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$37,514,088**	**$2,670,307**	**$1,996,882**

Improved VA Operations

Regional Offices & Parking

COLUMBIA, SOUTH CAROLINA

Co-location/Mixed-Use Project

MOTIVATION: VA had determined a portion of its Columbia, South Carolina William Jennings Bryan Dorn VAMC campus to be underutilized. Under this EUL, VA leases 25.00 acres of land, which include 6 buildings, to the Keenan Development Associates of South Carolina. The lessee constructed a three-story, 107,000 square foot Class-A office building, in which VBA secured office space through a separate, direct-market lease. In addition to the direct-market lease, VA is provided 10,000 square feet of office space at no cost. After the execution of the initial EUL, the office building was expanded by an additional 30,000 sq. ft. for VA use.

Benefits to Veterans: Veterans receive better access to services as a result of the improved layout and accessibility of the VARO, which was located more than 5 miles from the VAMC before co-locating.

Benefits to VA: VA receives revenue from upfront and ongoing lease payments as well as rental cost savings via the 10,000 sq. ft. at no cost and below market rate rent on the additional 30,000 sq. ft., and avoids the costs associated with maintaining the leased buildings and property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Keenan Development Associates of South Carolina	14.75 acres	▪ Lessee to design, construct, operate and maintain a 107,000 sq. ft. office building and public safety facility (10,000 sq. ft. provided exclusively to VA at no cost) ▪ $100,000 payment to VA at lease signing ▪ Ongoing lease payments to VA after the 22nd yr. ▪ Additional 30,000 sq. ft. for VA use	2007 *(Operations began: 2009)*	55 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$100,000	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$2,045,811	$0	$0
	Avoided Property Maint. Costs	$528,331	$101,386	$97,938
Cost Savings	Rental Savings	$8,734,494	$888,928	$852,000
	Parking Savings	$318,521	$40,315	$38,640
VA Expense	Maintenance	$1,152,457	$107,397	$72,000
	Building Expansion Expenditure	$9,334,782	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$1,239,917**	**$923,231**	**$916,578**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$2,898,143	$333,979	$272,147
	Value of Other Services	$0	$0	$0
Total Consideration[1]	**Fiscal Year Grand Total**	**$4,138,059**	**$1,257,210**	**$1,188,725**

[1] A 2016 Amendment reduced acreage from 25 to 15 and conveyed building sq. ft. from 42,812 SF to 0 SF, reducing the amount of consideration.

Improved VA Operations

Regional Offices & Parking

HOUSTON, TEXAS
Co-location Project

MOTIVATION: VA sought to collocate its Houston VARO and VAMC in order to improve operations and increase convenience for Veterans. Under this EUL, VA leased 15.82 acres of property on the Houston VAMC campus to Amelang Partners, Inc., who designed, constructed, operates and maintains a new, 123,000 square foot VARO office building and 500 parking spaces for VA's exclusive use, as well as a 17,000 square foot retail center. Through the Lease-Purchase agreement, the VARO and parking were reverted back to VA one year after the completion of construction.

Benefits to Veterans: Veterans receive better access to services due to the improved layout and accessibility of the Houston VARO and VAMC.

Benefits to VA: VA receives ongoing lease payments and avoids property maintenance costs.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Amelang Partners, LLC	15.82 acres	▪ VARO reverted back to VA one year after construction through Lease-Purchase Agreement ▪ $75,000 payment to VA upon lease signing ▪ VA receives ongoing lease payments ▪ Additional payment: VA receives 50% of rent recovered from tenants	1993 *(Operations began: 1995)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$2,713,558	$163,162	$177,818
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$512,771	$108,741	$105,043
Cost Savings	Rental Savings	$0	$0	$0
	Parking Savings	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$3,226,329**	**$271,903**	**$282,861**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$3,226,329**	**$271,903**	**$282,861**

Improved VA Operations

Regional Offices & Parking

MILWAUKEE, WISCONSIN

Regional Office & Parking Co-location – Milwaukee I

MOTIVATION: The Milwaukee VARO was located in a severely antiquated building on a site located three quarters (¾) of a mile from the Milwaukee VAMC, requiring Veterans to use a shuttle to and from the hospital and the VARO. Under this EUL, 5.00 acres of property on the Milwaukee VAMC campus is leased to a Trust, who, by engaging private-sector partner Keenan Development Associates of Milwaukee, LLC, constructed, developed, operates and maintains a new, 96,304 square foot office building and 196-space surface parking facility used by the Milwaukee VARO.

Benefits to Veterans: Providing a new regional office enhances the processing center's service to Veterans through the convenience of continued co-location with the VAMC.

Benefits to VA: This EUL reduces VA operating costs through savings on rent and parking expenses, as well as by providing for the maintenance of the leased property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Milwaukee Enhanced-Lease Development Trust	5.00 acres	▪ Lessee to finance, design, construct, manage and operate state-of-the-art office space (96,304 rentable sq. ft.) and parking (196 spots) for the Milwaukee VARO ▪ VA receives discount from market rate on full-service rent, after Trust fees	2003 *(Operations began: 2004)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$162,064	$34,368	$33,199
Cost Savings	Rental Savings	-$1,791,733	-$276,187	-$428,743
	Parking Savings	$4,269,746	$351,986	$337,364
VA Expense	Security, Maintenance, LEED Certification	$3,237,782	$126,423	$106,382
Direct Budget Impact	**Fiscal Year Subtotal**	**-$597,706**	**-$16,256**	**-$164,562**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration[1]	**Fiscal Year Grand Total**	**-$597,706**	**-$16,256**	**-$164,562**

[1] Rental cost savings are decreased due to VA's rent being higher than current market comparables.

Improved VA Operations

Regional Offices & Parking

SALT LAKE CITY, UTAH

Regional Office – Salt Lake City I

MOTIVATION: VA sought to obtain office space for its regional office activities in Salt Lake City. Under this EUL, 4.76 acres of land on the Salt Lake City VAMC campus are leased to Boyer Red Butte Creek 1, L.C., who developed, constructed, manages and maintains a building and related improvements for the purpose of providing rentable space to accommodate the Veterans' Benefits Association (VBA), Veterans' Health Administration (VHA) and the VA Chief Information Officer (CIO), as well as 310 parking spaces for VA's use.

Benefits to Veterans: Veterans receive better access to services as a result of the new Salt Lake City Regional Office.

Benefits to VA: VA receives consideration from this project in the form of ongoing rental payments, cost savings for rent and parking and avoided property maintenance costs.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Boyer Red Butte Creek 1, L.C.	4.76 acres	▪ Developer provides VA 103,481 sq. ft. of rentable space ▪ Developer permitted to build commercial office complex, including compatible private uses ▪ Developer pays annual rent to VA according to lease schedule	2001 *(Operations began: 2006)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$2,694,491	$221,279	$142,251
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$154,350	$32,732	$31,619
Cost Savings	Rental Savings[1]	$20,525,796	$1,655,355	$721,330
	Parking Savings	$5,492,502	$400,412	$383,778
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$28,867,139**	**$2,309,778**	**$1,278,978**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$28,867,139**	**$2,309,778**	**$1,278,978**

[1] Previous Consideration Reports incorrectly reported 101,564 sq. ft. of office space rented by VA affecting the total Cost Savings. The correct square footage is 103,481 sq. ft. The current figures reflect Cost Savings associated with the correct sq. ft.

Improved VA Operations

Consolidation

CLEVELAND, OHIO
Mixed-Use (Office & Parking)

MOTIVATION: VA initially leased all of the Brecksville Division of the Louis Stokes VAMC ("Brecksville Site") to Veterans Development, LLC for redevelopment, and VAMC functions were relocated to the Cleveland Wade Park VAMC campus. Under this EUL, the lessee provides 6,962 square feet of office space at no cost to VA, as well as 75 parking spaces per day for 240 months following the execution of the EUL. VA pays for the following through service agreements with the lessee: administrative computer office space (127,365 rentable sq. ft.), 1,925 structured parking spots and domiciliary services. As February 14, 2018, CGA LSVA Residential, LLC has been assigned all rights, title to and interest of the original agreement.

Benefits to Community: This EUL will result in substantial short and long-term economic stimulus for the City of Brecksville and the local economy due to additional tax revenues, sales and job creation.

Benefits to VA: VA received revenue from the upfront lease payment and avoids the costs associated with maintaining the leased buildings and property that would be incurred in the absence of this EUL.

Note: As of 2019, there is no longer any conveyed square footage or acreage at the Cleveland EUL, therefore this project no longer receives Consideration through Avoided Building Maintenance or Property Maintenance Costs.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	CGA LSVA Residential, LLC	100.73 acres; 27 Buildings (796,439 sq. ft.	▪ Lessee paid VA $2 million of direct consideration upon lease execution ▪ Lessee provides rentable office space and parking spaces at no cost to VA	2009 *(Operations began: 2011)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$2,000,000	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$25,733,066	$0	$0
	Avoided Property Maint. Costs	$871,670	$0	$0
	Avoided Cost of Veteran Encounters[1]	$99,874,017	$2,365,022	$9,935,023
Cost Savings	Rental Savings	-$34,323,763	-$4,445,333	-$4,403,568
	Parking Savings	-$12,796,738	-$899,584	-$1,136,648
VA Expense	Domiciliary Services	$61,078,412	$6,363,702	$5,816,411
	Tenant Improvements	$10,838,415	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$7,526,335**	**-$9,602,763**	**-$1,670,004**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services[2]	$2,701,847	$259,166	$248,400
	Value of Other Services	$19,074,147	$49,262	$7,864,477
Total Consideration	**Fiscal Year Grand Total**	**$29,302,330**	**-$9,294,335**	**$6,442,874**

[1] In 2021, the number of Veterans and Non-Veterans who received domiciliary services decreased significantly reducing the Cost Avoidance associated with Avoided Cost of Veteran Encounters and Value of Other Services. The census was reduced to mitigate risks related to COVID-19 in a congregate living setting. Additional services were provided virtually or on an outpatient basis.

[2] Previous reports did not include Enhanced Services associated with 80 additional parking spaces available through the EUL. This correction has been made in the 2021 report.

Improved VA Operations

Consolidation

DURHAM, NORTH CAROLINA
Parking

MOTIVATION: Under this EUL, VA planned to secure necessary space and services to address the VAMC's primary care, research and parking space deficiencies by also allowing the property to be used for commercial development by the lessee, and therefore established a Trust to execute the lease for VA and non-VA use in phases. However, due to weak financial market conditions at the time, planned development has not proceeded and all of the development options expired in January 2009. The lessee has the Right of First Offer for the next 10-13 years, but has lost development rights on all tracts. Currently, parking is the only site-specific EUL. Under this project, VA leases 5.45 acres on the VAMC campus, which originally included a parking garage and parking lot with a total of 1,251 parking spaces. Under the lease, the lessee is completely responsible for the management, protection, preservation, maintenance and repair of the parking property.

Benefits to Veterans: Veterans benefit from increased access to parking in close proximity to the VAMC.

Benefits to VA: VA currently receives consideration in the form of upfront lease payments, and cost avoidance associated with the maintenance and repair of the property. Further, VA employees receive priority and discounted parking.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	LCOR Durham Parking, LLC	5.45 acres, 1 Parking Facility & parking lot (331,056 sq. ft.)	▪ After 35 years following lease execution date lessee pays 30% of net proceeds to VA ▪ Lessee to develop additional parking spaces, including 100 dedicated for VA use	2002 *(Operations began: 2002)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$20,000	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$20,783,562	$2,439,883	$2,182,463
	Avoided Property Maint. Costs	$176,635	$37,461	$36,187
Cost Savings	Rental Savings	$0	$0	$0
	Parking Savings	$1,144,759	$129,583	$124,200
VA Expense	Maintenance, Third Party Report – Parking Deck Survey	$1,091,418	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$21,033,539**	**$2,606,927**	**$2,342,851**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services[1]	$6,372,957	$822,489	$788,321
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$27,406,496**	**$3,429,416**	**$3,131,172**

[1] Value of Enhanced Services has been updated for 2020 to reflect increases to the value of the additional parking spaces over time.

Improved VA Operations

Consolidation

INDIANAPOLIS, INDIANA
Consolidation Project

MOTIVATION: VA identified the need to consolidate its Indianapolis Richard L. Roudebush VAMC operations to lessen the redundancy of services and space between the Cold Spring Road Division and the VAMC itself. The VAMC was comprised of 2 divisions located on separate campuses - the West 10th Street (WTS) division and the Cold Spring Road (CSR) division. The State-owned Larue D. Carter Memorial Hospital (LCH), adjacent to the VAMC's WTS division, contained approximately 1.8 acres of land, 17,100 square feet, single story structure and surface parking. Under this EUL, VA leases 22.29 acres of the 30-acre Cold Spring Road VAMC campus, which includes 9 buildings, to facilitate its redevelopment by the State into a replacement acute psychiatric facility.

Benefits to VA: This EUL yields revenue, property and building maintenance cost avoidance, rental and parking cost savings and enhanced services consideration (upgraded site to higher EPA standard) to VA.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	State of Indiana	22.29 acres, 9 Buildings (352,216 sq. ft.)	▪ Upfront rental payment to VA ▪ State provides grass cutting, landscaping and snow removal to 7.7 acres used only by VA ▪ VA will have use of 20 parking spaces, 17,000 sq. ft. building and 1.86-acre parcel at existing State psychiatric hospital ▪ State to establish a Trust to fund acquisition of construction, facilities and other services for Indiana Veterans	1996 *(Operations began: 1996)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$7,357,692	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$31,023,156	$444,966	$4,290,326
	Avoided Property Maint. Costs	$950,194	$28,035	$163,003
Cost Savings	Rental Savings	$4,242,995	$55,579	$319,619
	Parking Savings	$2,469,944	$58,792	$338,100
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$46,043,982**	**$587,373**	**$5,111,048**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration[1]	**Fiscal Year Grand Total**	**$46,043,982**	**$587,373**	**$5,111,048**

[1] Project's lease was mutually terminated on December 10, 2020. Consideration is prorated to reflect only the months project was operational in 2021

Improved VA Operations

Consolidation

SALT LAKE CITY, UTAH

Mixed-Use – Salt Lake City II

MOTIVATION: Prior to the execution of this EUL, several buildings on the leased property were over 50 years old, poorly insulated and had high energy bills. Under the terms of this EUL, VA leases 6.60 acres of property, which included several buildings, to Boyer Red Butte Creek, the developer that constructed the Salt Lake City VA Regional Office. The lessee demolished 6 unusable buildings, remodeled the existing "Building 4" to house the VA staff who worked in the old buildings and constructed a 115,000 square foot commercial office building with 320 parking spaces for VA use.

Benefits to Veterans: Space that will likely be used (at least in part) for medical research may ultimately benefit Veterans, as well as potentially provide research and training opportunities for VA staff.

Benefits to VA: VA receives consideration from this EUL in the form of ongoing lease payments, avoided building and property costs and rental and parking savings.

Summary

Lessee	Prop-erty	Key Provisions	Year Awarded	Term
Boyer Red Butte Creek 2, L.C.	6.65 acres; 6 buildings (44,107 sq. ft.)	▪ Developer pays annual rent to VA according to lease schedule ▪ Developer to construct at least 115,000 sq. ft. commercial office/research/retail space with 320 parking spots	2006 *(Operations began: 2009)*	45 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$2,379,040	$295,843	$180,024
Cost Avoidance	Avoided Building Maint. Costs	$4,742,726	$507,658	$480,158
	Avoided Property Maint. Costs	$214,066	$45,737	$44,182
Cost Savings	Rental Savings	$4,038,584	$414,635	$320,385
	Parking Savings	$4,256,126	$393,933	$377,568
VA Expense	Asbestos Removal	$350,000	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$15,280,543**	**$1,657,806**	**$1,402,316**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$15,280,543**	**$1,657,806**	**$1,402,316**

Improved VA Operations

Other

HILLSBOROUGH, NJ

Somerville Asset Management Facility

MOTIVATION: In 2003, VA was using only one (1) of four (4) major warehouses on its 165.00-acre Somerville site, and overall property maintenance costs were high. This project leases VA's site, which includes four (4) buildings, to Somerville Business Park, LLC, for the purpose of developing and managing an Asset Management Facility located on VA property. The lessee is responsible for all development, construction, operations, maintenance, repair, improvements and renovations of the property and existing buildings. In addition, through two Facility Use Agreements (FUAs), VA leases 86,400 sq. ft. of warehouse space for no rent, paying only operating costs. Following a fire in February 2016, which destroyed approximately half of the warehouse space available at the site including the 86,400s sq. ft. leased to VA, the FUAs were mutually terminated. In 2019, the lessee completed construction of a new 500,000 SF warehouse facility as part of a Phase I redevelopment of the site.

Benefits to VA: Through this lease, VA receives revenue in the form of ongoing rent payments from the lessee. In addition, VA avoids the cost of maintaining the leased building and property and achieves rental savings from warehouse space.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Somerville Business Park, LLC	165.00 acres, 4 Buildings (1,061,988 sq. ft.)	Lessee to pay: ▪ VA receives annual ongoing lease payments ▪ VA to receive 15% of Net Operating Income (assuming income is positive) ▪ Cost Avoidance for building maintenance and property maintenance	2003 *(Operations began: 2003)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$6,502,138	$540,000	$844,455
Cost Avoidance	Avoided Building Maint. Costs[1]	$41,606,487	$2,702,759	$2,410,713
	Avoided Property Maint. Costs	$5,348,114	$1,134,146	$1,095,578
Cost Savings	Rental Savings	$7,305,832	$0	$0
	Parking Savings	$0	$0	$0
VA Expense	Operations & Maintenance	$1,733,953	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$59,028,617**	**$4,376,905**	**$4,350,745**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration[2]	**Fiscal Year Grand Total**	**$59,028,617**	**$4,376,905**	**$4,350,745**

[1] Approximately half of the sq. ft. for this EUL was destroyed in a 2016 fire, decreasing the amount of Cost Avoidance and eliminating Rental Savings associated with VA occupied space on the property.

[2] On December 17th, 2019, VA executed the first Amendment to the EUL with Somerville Business Park, which revised the participation payments. The participation payments due for 2019, 2018, 2017 and 2016 were received in 2020.

Improved VA Operations

Other

MEMPHIS, TENNESSEE

Child Advocacy Center – Memphis I

MOTIVATION: The Memphis Child Advocacy Center EUL project will repurpose and renovate the underutilized Building 8 on the Memphis VAMC campus. Through this EUL, the lessee financed, designed, developed, renovated and will operate and maintain a social service agency for the purpose of providing prevention, intervention and treatment for child sexual abuse victims and non-offending family members. The lessee's use of Building 8 will allow for an expanded professional environment for the support of the main campus of the Memphis Child Advocacy Center. The leased property will provide VA 25 parking spaces at no cost.

Benefits to Veterans: This EUL will expand the administrative capacity of the lessee to provide child advocacy services to Veterans and their families.

Benefits to VA: The EUL allows VA to avoid the maintenance costs associated with the Memphis VAMC campus. This EUL also provides in-kind consideration of 25 parking spaces to VA at no cost.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Memphis Child Advocacy Center	0.43 acres, 1 Building (5,800 sq. ft.)	▪ VA receives cost avoidance ▪ Expanded administrative capacity of child advocacy services available to Veterans ▪ VA receives 25 parking spaces at no-cost	2011 *(Operations began: 2018)*	23 years (Two 20-year extension options)

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$197,279	$45,099	$85,104
	Avoided Property Maint. Costs	$8,598	$2,956	$2,855
Cost Savings	Rental Savings	$0	$0	$0
	Parking Savings	$105,205	$34,779	$33,334
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$311,082**	**$82,834**	**$121,293**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$311,082**	**$82,834**	**$121,293**

Improved VA Operations

Other

MINNEAPOLIS, MINNESOTA
Credit Union – Minneapolis I

MOTIVATION: VA had the opportunity to relocate the Fort Snelling Federal Credit Union (FSFCU) from the Minneapolis VAMC campus to an underutilized parcel of VA land. Under this EUL, VA leases 0.5 acres of land to the lessee, who constructed a new 3,000 square foot building. This project allowed for an expansion in the quality of credit union services and the return of the previously leased space to the VAMC for patient and staff purposes.

Benefits to Community: Expanded FSFCU services include a more convenient 24-hour drive-up ATM, extended hours, better privacy measures for financial transactions and improved access to the credit union by car.

Benefits to VA: Through this EUL, VA receives ongoing lease payments from the lessee and avoids the cost of maintaining the leased property.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Fort Snelling Federal Credit Union	0.50 acres	▪ Lessee builds 3,000 sq. ft. building, with 1,120 sq. ft. four-unit drive-up canopy to house the credit union ▪ VA receives ongoing lease payments	2004 *(Operations began: 2006)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$124,410	$8,630	$8,000
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$16,206	$3,437	$3,320
Cost Savings	Rental Savings	$0	$0	$0
	Parking Savings	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$140,616**	**$12,067**	**$11,320**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$140,616**	**$12,067**	**$11,320**

Improved VA Operations

Other

MOUND CITY, ILLINOIS

Visitor Center

MOTIVATION: As a national shrine, Mound City National Cemetery lacked the order and appearance to set it apart from its civilian counterparts. This EUL allowed for VA to improve the overall appearance of the Cemetery by leasing the caretaker's center, along with 0.50 acres, to the Mound City National Cemetery Preservation Committee. The lessee rehabilitated the existing building, which had declined in condition, into an Interpretive/Visitor Center.

Benefits to Veterans: This agreement helps increase visitation to the site and ensures the preservation of Mound City National Cemetery as a National Shrine.

Benefits to VA: This project saves VA ongoing building and property maintenance costs.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Mound City National Cemetery Preservation Committee	0.50 acres, 1 building (2,316 sq. ft.)	▪ Lessee to develop, finance and operate the visitor center and adjacent facilities ▪ Lessee to obtain utilities for the facilities	2003 *(Operations began: 2006)*	25 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$130,856	$20,730	$22,076
	Avoided Property Maint. Costs	$15,634	$2,864	$3,320
Cost Savings	Rental Savings	$0	$0	$0
	Parking Savings	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$146,490**	**$23,594**	**$25,396**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration[1]	**Fiscal Year Grand Total**	**$146,490**	**$23,594**	**$25,396**

[1] Project's lease was mutually terminated on August 5, 2021. Consideration is prorated to reflect only the months project was operational in 2021

Improved VA Operations

Other

WEST PALM BEACH, FLORIDA
Public Safety Building

MOTIVATION: The City of Riviera Beach, Florida, sought to construct a satellite public safety facility to service the growing Western portion of the city. VA and the City saw mutual benefit in locating the facility on VA property. Under the EUL, VA provided 0.84 acres of unused land to the City rent free to be used for the construction of the 6,000 square foot facility. In exchange, the City provides 900 square feet of long-term storage space to house VA-owned oversized maintenance equipment, as well as safety training for its 1,600 employees on an as-needed basis.

Benefits to VA: VA receives consideration under this EUL from property maintenance cost avoidance, storage space rental cost savings and value from the fire and safety training provided by the lessee.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	City of Riviera Beach, FL (CRB)	0.84 acres	▪ CRB to construct 6,000 sq. ft. building to house fire and police stations, including 900 sq. ft. to house VA-owned grounds maintenance equipment ▪ CRB to provide fire and safety training to VA's 1,600 employees	1994 *(Operations began: 1996)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$27,227	$5,774	$5,577
Cost Savings	Rental Savings	$140,440	$11,597	$11,115
	Parking Savings	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$167,667**	**$17,371**	**$16,692**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$10,000	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$177,667**	**$17,371**	**$16,692**

Community Benefits

Research/Medical Facility

CHARLESTON, SOUTH CAROLINA

Affiliate Partnering

MOTIVATION: The Medical University of South Carolina (MUSC) has long-term plans to expand its facility to include a new patient bed tower, an associated low-rise diagnostic and treatment facility, roadways and parking facilities adjacent to the VAMC. This EUL project leases a one block segment of Doughty Street, a primary VAMC access road, to MUSC to facilitate these development plans.

Benefits to VA: VA receives consideration from this EUL in the form of upfront and ongoing lease payments, as well as avoided property maintenance costs. In addition, the agreement helps to secure the existing, strong affiliate relationship between VA and MUSC while improving surrounding roadways.

Summary

Lessee	Property	Key Provisions	Year Awarded	Term
Medical University of South Carolina (MUSC)	0.49 acres	▪ Lump sum payment of $342,000 when project closes street for construction-related purposes ▪ VA receives ongoing lease payments, ending in 2014	2004 *(Operations began: 2006)*	75 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$342,000	$0	$0
	Ongoing Lease Payments	$1,368,000	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$15,882	$3,368	$3,254
Cost Savings	Rental Savings	$0	$0	$0
	Parking Savings	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$1,725,882**	**$3,368**	**$3,254**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$1,725,882**	**$3,368**	**$3,254**

Community Benefits

Research/Medical Facility

MOUNTAIN HOME, TENNESSEE
Medical School – Mountain Home I

MOTIVATION: Previous to the EUL, East Tennessee State University (ETSU)'s short-term leases of land on the James H. Quillen VAMC campus left VA responsible for providing and funding all maintenance and capital improvements on behalf of ETSU. This EUL transfers long-term legal and financial responsibility for the operation, maintenance, repair and improvement of the property to ETSU, and has provided for the construction of a new building on the campus to improve medical and research capabilities, the renovation of existing structures, as well as the demolition of unused structures.

Benefits to VA: This EUL achieves cost avoidance to VA for both building and property maintenance.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	East Tennessee State University (ETSU)	31.00 acres, 8 Buildings (383,566 sq. ft.)	▪ ESTU assumes all financial responsibility for the maintenance and capital improvements of all leased buildings and grounds within the EUL in accordance with State historical preservation requirements ▪ VA receives rent free use of approximately 7,000 sq. ft. in Building 2	1998 *(Operations began: 1998)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$33,871,378	$3,356,203	$2,877,431
	Avoided Property Maint. Costs	$1,004,797	$213,082	$205,836
Cost Savings	Rental Savings	$0	$0	$126,583
	Parking Savings	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$36,679,982**	**$3,701,354**	**$3,209,850**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$36,679,982**	**$3,701,354**	**$3,209,850**

Community Benefits

Child Care

WASHINGTON, DC
Child Development Center

MOTIVATION: The Washington, DC VAMC identified a need for increased child care options for its 1,700 full and part-time employees. This EUL provides for a Child Development Center, including a playground, associated parking and drop-off spaces, on the VAMC campus which was constructed and is now managed, operated and maintained by the lessee.

Benefits to the Community: This EUL provides a high-quality, low-cost option for child care to VA and non-VA employees.

Benefits to VA: In addition to improved employee access to on-site child care at a reduced rate, VA also avoids property maintenance costs associated with the leased land.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	La Petite Academy	1.30 acres	▪ Lessee to finance, design, build and manage an on-site, quality child care center for 100 children ▪ Priority enrollment and a reduced user fee is provided for children of VA employees	1993 *(Operations began: 1995)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$42,137	$8,936	$8,632
Cost Savings	N/A	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$42,137**	**$8,936**	**$8,632**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of VA Child Care Provided	$2,514,143	$178,152	$200,788
	Value of Non-VA Child Care Available	$32,180,237	$2,226,900	$2,093,932
Total Consideration	**Fiscal Year Grand Total**	**$34,736,518**	**$2,413,988**	**$2,303,532**

Community Benefits

Golf Course

ST. CLOUD, MINNESOTA

Golf Course – St. Cloud I

MOTIVATION: This project was pursued to allow the City of Saint Cloud, Minnesota to, as the lessee, make significant capital improvements to the existing St. Cloud golf course and therefore increase the value of the property and potential revenue. Since the City has assumed management and operations of the golf course, it has redesigned the course and made significant improvements to the property including landscaping, installation of a security fence and the design and construction of a baseball stadium.

Benefits to Veterans: Veterans receive free rounds of golf.

Benefits to VA: VA receives consideration in the form of annual payments from the lessee and property maintenance cost avoidance.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	City of St. Cloud	45 acres	▪ City provides an offsetting water/sewer credit to VA equal to: ▪ $5,000 per year; ▪ 5% of golf gross revenues during first 20 years; ▪ 7% of golf gross revenues plus 1% of baseball stadium gross revenues over last 15 years of the EUL ▪ Up to 2,000 rounds per year free to VA, along with reserved tee times	1997 *(Operations began: 1998)*	35 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$0	$0	$0
	Annual Consideration Payments	$88,970	$0	$0
Cost Avoidance	Avoided Building Maint. Costs	$0	$0	$0
	Avoided Property Maint. Costs	$1,458,610	$309,312	$298,794
Cost Savings	Water/Sewer Credit	$126,691	$17,318	$18,156
VA Expense	Third Party Reports – Appraisal	$5,500	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$1,668,771**	**$326,630**	**$316,950**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services[1]	Value of Services to Veterans	$243,816	$3,173	$3,923
	Value of Services to Non-Veterans	$0	$0	$0
Total Consideration	**Fiscal Year Grand Total**	**$1,912,586**	**$329,803**	**$320,873**

[1] The value of Enhanced Services decreased for 2020 and 2021 due to the impact of the COVID-19 pandemic.

Community Benefits

Other

CHILLICOTHE, OHIO

Stadium – Chillicothe I

MOTIVATION: VA determined that repairs and upgrades were necessary to maintain the integrity of the VA Memorial Stadium at Chillicothe. This EUL project provides for the maintenance and improvement of the property by the lessee, as well as for the preservation of the stadium as a testament and memorial to Veterans.

Benefits to Veterans: Improvements to the stadium provide Veterans with a venue for activities such as concerts, ball games, etc.

Benefits to VA: This VA Memorial Stadium multi-purpose facility project provides VA ongoing lease payments, use of the stadium two days per year at no cost and property and building maintenance cost avoidance.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	Ross County Board of Commissioners	4.27 acres, 1 stadium building (5,800 sq. ft.)	▪ Lessee to preserve, operate, manage and maintain the property, which includes VA Memorial Stadium and its accessory facilities ▪ Lessee is responsible for utilities for the multipurpose Memorial Stadium facilities ▪ VA receives annual ongoing payments	2008 *(Operations began: 2009)*	30 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$45,665	$0	$7,618
Cost Avoidance	Avoided Building Maint. Costs	$261,087	$28,130	$23,902
	Avoided Property Maint. Costs	$133,835	$29,350	$28,352
Cost Savings	Rental Savings	$0	$0	$0
	Parking Savings	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$440,587**	**$57,480**	**$59,872**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services[1]	$1,320,000	$100,000	$100,000
Total Consideration	**Fiscal Year Grand Total**	**$1,760,587**	**$157,480**	**$159,872**

[1] Previous Consideration Reports accounted for availability of stadium to VA twice per year. The 2021 report corrects this by accounting for availability of stadium for five (5) days per year to VA, per the lease.

Community Benefits

Other

PERSHING HALL, PARIS, FRANCE

Hotel/Mixed-Use

MOTIVATION: Beginning in 1928, the Pershing Hall building was used to accommodate American Veterans from World War I and World War II in the form of a club for members of the American Expeditionary Forces, known now as the American Legion. The costs of maintaining this historical landmark, as well as the distance from VA's normal operational realm coupled with the deteriorating conditions of the building, generated interest in leasing the property to a developer to convert the building to a hotel with basic rent. Since the developer assumed management and operations of the hotel under this EUL, the building has been redesigned and significant improvements have been made to the property. In 2017, the lessee began the process of converting the hotel into a mixed-use development with office and retail space. In February 2021, the renovations were completed.

Benefits to VA: VA receives consideration in the form of ongoing rent payments and avoided significant building maintenance costs, as well as free meeting space for up to 50 people 3 times annually.

Summary	Lessee	Property	Key Provisions	Year Awarded	Term
	LA Partners	0.13 acres, 1 Building (34,444 sq. ft.)	▪ Use of building never to counter the USA's interest ▪ Lessee to improve, manage and operate a hotel and restaurant ▪ Lessee to display commemorative plaques and bronzes, original paintings and bronze bust sculptures ▪ VA receives annual ongoing lease payments	1998 *(Operations began: 2000)*	99 years

Outcomes	Description	Cumulative (2006-2021)	2021	2020
Revenue	Upfront Lease Payments	$0	$0	$0
	Ongoing Lease Payments	$4,451,474	$359,632	$327,677
Cost Avoidance	Avoided Building Maint. Costs	$3,759,272	$369,957	$328,314
	Avoided Property Maint. Costs	$4,214	$894	$863
Cost Savings	Rental Savings	$0	$0	$0
	Parking Savings	$0	$0	$0
VA Expense	N/A	$0	$0	$0
Direct Budget Impact	**Fiscal Year Subtotal**	**$8,214,960**	**$730,482**	**$656,854**
Estimated Value of Enhanced Services (Budget Neutral)				
Enhanced Services[1]	Value of Additional Parking Services	$0	$0	$0
	Value of Other Services	$267,367	$19,277	$18,476
Total Consideration	**Fiscal Year Grand Total**	**$8,482,327**	**$749,760**	**$675,331**

[1] Value of Enhanced Services has been updated to reflect increases to the value of meeting space over time.

Alphabetical Index of EULs

Active Projects

Albany, New York – Regional Offices & Parking
Atlanta, Georgia – Regional Office Co-location
Augusta, Georgia (I) – Permanent Supportive Housing
Augusta, Georgia (II) – Permanent Supportive Housing
Barbers Point, Hawaii – Transitional Supportive Housing
Batavia, New York – Congregate Living
Battle Creek, Michigan – Permanent Supportive Housing
Bedford, Massachusetts – Permanent Supportive Housing - SRO
Bedford, Massachusetts– Permanent Supportive Housing
Brockton, Massachusetts – Permanent Supportive Housing
Butler, Pennsylvania – Transitional Supportive Housing
Butler, Pennsylvania – Mental Health Facility
Canandaigua, New York – Permanent and Transitional Supportive Housing
Charleston, South Carolina – Affiliate Partnering
Chicago, Illinois (Jesse Brown) – Energy
Chicago, Illinois (Jesse Brown) – Regional Office & Parking Co-location
Chillicothe, Ohio – Stadium
Chillicothe, Ohio– Permanent Supportive Housing
Cleveland, Ohio – Mixed-Use (Office & Parking, Residential)
Columbia, South Carolina – Co-location/Mixed-Use Project
Danville, Illinois – Independent Living
Danville, Illinois– Permanent Supportive Housing
Dayton, Ohio – Permanent Supportive Housing (Building 412)
Dayton, Ohio – Transitional Supportive Housing (Building 400)
Dayton, Ohio – Transitional Supportive Housing (Building 402)
Dayton, Ohio (I) (St. Mary Development) - Senior Supportive Housing (Building 415 & 416)
Durham, North Carolina – Parking
Fort Snelling/Minneapolis, Minnesota – Permanent Supportive Housing
Ft. Harrison, Montana – Permanent Supportive Housing
Grand Island, Nebraska– Permanent Supportive Housing
Hillsborough, New Jersey – Somerville Asset Management Facility
Hines, Illinois– Permanent Supportive Housing (Building 578)
Hines, Illinois – Transitional Supportive Housing (Building 14)
Hines, Illinois – Assisted Living (Building 53)
Houston, Texas – Co-location Project
Indianapolis, Indiana– Consolidation Project
Kerrville, Texas – Permanent Supportive Housing
Leavenworth, Kansas – Mixed Housing
Lexington, Kentucky – Permanent Supportive Housing
Lincoln, Nebraska – Permanent Supportive Housing
Los Angeles, California – Permanent Supportive Housing (Building 209)
Lyons, New Jersey– Permanent Supportive Housing
Memphis, Tennessee – Child Advocacy Center
Menlo Park, California– Permanent Supportive Housing
Milwaukee, Wisconsin – Permanent Supportive Housing
Milwaukee, Wisconsin – Regional Office & Parking Co-location
Minneapolis, Minnesota – Credit Union
Minneapolis, Minnesota – Permanent Supportive Housing
Minneapolis, Minnesota (II) – Permanent Supportive Housing
Mound City, Illinois – Visitor Center
Mountain Home, Tennessee – Energy Center
Mountain Home, Tennessee – Medical School
Newington, Connecticut (I) – Permanent Supportive Housing
North Chicago, Illinois – Energy Phase I & Phase II
Northampton, Massachusetts– Permanent and Transitional Supportive Housing
Perry Point, Maryland– Permanent Supportive Housing
Pershing Hall, France – Hotel
Roseburg, Oregon – Transitional Supportive Housing (Orchard Knoll)
Roseburg, Oregon – Permanent Supportive Housing (Eagle Landing)

Salt Lake City, Utah – Mixed-Use
Salt Lake City, Utah – Regional Office
Salt Lake City, Utah – Transitional Supportive Housing
Sepulveda, California – Permanent Supportive Housing
Sepulveda, California – Permanent Supportive Housing
St. Cloud, Minnesota – Golf Course
St. Cloud, Minnesota – Permanent Supportive Housing
St. Cloud, Minnesota (II) – Permanent Supportive Housing
Togus, Maine– Permanent Supportive Housing
Tuscaloosa, Alabama – Hospice
Tuscaloosa, Alabama– Permanent Supportive Housing
Vancouver, Washington – Crisis Triage Center
Vancouver, Washington– Permanent Supportive Housing
Vancouver, Washington – Transitional Supportive Housing
Viera (Brevard County), Florida – Assisted Living Housing
Walla Walla, Washington – Permanent Supportive Housing
Washington, DC – Child Development Center
West Palm Beach, Florida – Public Safety Building

Terminated/Disposed EULs

Batavia – Single Room Occupancy
Batavia, New York – Transitional Supportive Housing
Bay Pines – Child Development Center
Big Spring, Texas – Parking
Chicago, Illinois (Lakeside) – Realignment
Dayton, Ohio – Child Development Center (Building 401)
Fort Howard, Maryland – Life Care Community
Indianapolis – Nursing Home
North Chicago, Illinois – Medical School
North Little Rock, Arkansas – Golf Course
West Haven – Child Development Center

Expired EULs

Alexandria, Louisiana – Transitional Housing Facility
Bath, New York – Permanent Housing Facility
Cheyenne, Wyoming– Permanent Housing Facility
Dallas, Texas – Child Development Center
Dayton, Ohio (II) – Permanent Housing Facility
Fort Howard, Maryland- Mixed Use – Clinic / Housing
Knoxville, Iowa – Transitional Housing Facility
Memphis, Tennessee (II) – Parking Structure / Mixed Use
Newington, Connecticut (II) – Assisted Living / Extended Care Housing Facility
Northport, New York– Permanent and Transitional Housing Facility
Sacramento, California – Nursing Care Facility
Salem, Virginia– Permanent Housing Facility
Sioux Falls, South Dakota – Affiliated Parking
Topeka, Kansas– Permanent Housing Facility

1. **Direct Service to Veterans**:

- *Supportive Housing* – Housing projects located on or near VA campuses offering safe, affordable shelter and living arrangements. Supportive Housing services offer both permanent and transitional housing services.
  Examples of Supportive Housing
  Permanent Supportive Housing; Transitional Supportive Housing
- *Senior Services* – Housing projects located on or near VA campuses offering safe, affordable shelter and living arrangements for seniors.
  Examples of Senior Services
  Congregate living facilities; assisted living facilities; independent living facilities
- *Special Services* – Additional services VA is not authorized to provide outside of housing, which give Veterans the opportunity to receive additional case management services, crisis triage services and hospice care.
  Examples of Special Services
  Mental health facilities; crisis triage centers; hospice care

2. **Improved VA Operations**:

- Regional Offices & Parking – Veterans Benefits Offices located near VAMC's, which allow for Veterans to receive both health and benefit services in one location as well as allowing for additional parking to be located near VAMCs.
  Examples of Regional Offices & Parking
  Regional offices; parking facilities; colocation; mixed-use facilities
- Consolidation – Consolidation of VAMC operations to lessen the redundancy of services and space between VA locations.
  Examples of Consolidation
  Consolidation projects
- Other – Additional services which allow for the improvement of VA Operations through various forms such as credit unions and public safety buildings.
  Examples of Other
  Child advocacy centers; credit unions; warehouses; visitor centers; public safety buildings

3. **Community Benefits**:

- Research/Medical Facility – Expansion of existing medical facilities to increase relationships between VA and other medical facilities.
  Examples of Research/Medical Facilities
  Medical school; affiliate partnering
- Child Care – Allows for on-site child care to both VA and non-VA affiliated children to reduce cost for VA employees.
  Examples of Child Care
  Child development centers
- Golf – Golf courses available to Veterans at a reduced or free cost.
  Examples of Golf
  Golf courses
- Other – Additional projects which allow for both Veterans and the surrounding communities to realized benefits of the EUL program.
  Examples of Other
  Hotels; stadiums

1. **Revenue**: New cash (both upfront payments and ongoing payments) receipts received by VA. Revenue does not include reimbursement to VA for services rendered.

   Examples of Revenue:
   - One-time lump sum payment
   - Ongoing lease payments paid to VA

2. **Cost Avoidance**: The portion of the value of goods or services provided by the lessee that VA would have otherwise paid in the absence of the lease. Cost avoidance does not include investment or expenses incurred by the lessee that are over and above what VA was paying or would have to pay. For example, where VA was originally paying to maintain underutilized buildings on VA property and through an EUL, those underutilized buildings were conveyed to a Lessee, VA would be avoiding the building maintenance costs associated with those buildings. Similarly, if a Lessee provides two (2) new services to Veterans, one of which substitutes for a service a VAMC was providing, only the service that substituted for the VA program would be recorded as cost avoidance. (The service that was provided over and above what VA provides would be recorded as an "Enhanced Service.")

   Examples of Cost Avoidance:
   - Avoided cost of bed days of care (calculated as the average Number of Veteran Residents utilizing EUL housing per day[1] times the Percent Decrease in Bed Days of Care[2] times the Average Cost of a Bed Day of Care[3] times the Average Number of Days that a Homeless Veteran Spends in Acute Care Per Year[4]) The Average Cost of a Bed Day of Care uses data specific to each fiscal year. Based on reports produced by the VA, it is estimated that housing homeless Veterans leads to a 22% decrease of days spent in acute care, resulting in cost avoidance to VA of approximately 12.2 days of acute care per year per Veteran at a facility. It is assumed that this marginal decrease would be realized by nearby VAMC facilities. Note that housing a homeless Veteran does not completely eliminate the cost of acute care. The value captured in this calculation is the reduction in services required by a Veteran that has been housed in one of these facilities.
   - Avoided building and property maintenance calculated using data from VA's FRPC system, which reports actual fiscal year costs per square foot and per acre for VA's facilities and land, respectively. Building maintenance is calculated by multiplying the annual cost per square foot by the square footage of any conveyed facility. Property maintenance is calculated by multiplying the annual cost per acre acreage of any property conveyed.

3. **Cost Savings**: Market price of goods or services supplied to VA through the lease minus VA's current cost to procure these goods or services (including Trust or associated fees) or savings associated with process improvements. All cost savings in this report relate to necessary commodity purchases, such as office space, parking, or energy.

   Examples of Cost Savings:
   - The difference in cost between the comparable market rate for office space, energy, or parking provided for Veterans, VA employees and VA visitors (additional parking not assumed to be paid by VA in the absence of an EUL is valued as an Enhanced Service); and the amount paid by VA for those purchases.
   - In order to estimate the value of Cost Savings achieved through energy projects, VA compared actual VA payments for energy to the estimated market price for VA energy use. It is possible, by this methodology, to have positive or negative savings, depending on the market rate. However, VA pays fixed rates that can be adjusted periodically, which are intended to be below market rate.

4. **Enhanced Services**: A service expansion or improvement resulting from the lease with quantifiable value that does not directly affect VA's budget. Enhanced Services include services that do not substitute for VA services, either because the service is not available in quantities to meet demand or because the service falls outside the scope of services currently provided by the local VAMCs (e.g., transitional housing and hospice services provided to augment services provided by VA programs). Similarly, Enhanced Services include discounts on market services that might not otherwise be available (e.g., recreational therapy, child care). Benchmarks for Enhanced Services are obtained using best available market rate (e.g., VA Homeless Per Diem Rate, actual parking or stadium use rates at the EUL facility, or other sources). Added to the calculation of Enhanced Services is the value of services rendered for the Veteran and non-Veteran community alike, such as child care services and the value of units made available by Supportive Housing projects

   Examples of Enhanced Services:
   - Housing units or child care services made available to the community
   - Services provided by the Lessee such as educational training and job placement

[1] According to EUL facility occupancy data

[2] According to Kasprow, Wesley J., and Timothy Cuerdon. Special Needs Grant and Per Diem Programs Final Report. Department of Veterans Affairs, 2010.

[3] Average of MED-GENERAL ACUTE, CLC-LS MAINT NUR, and RES-MH DOMICILIARY from Cost by Treating Specialty report from DSS as reported by fiscal year. This average was used because it is assumed that the reduction in Veteran encounters would occur across a variety of services, and not all Veteran encounters would rise to the level of acute services.

[4] According to Hines VA Spinal Cord Injury/Disorders Center Annual Report 2010

5. **Expenses:** A cost in part or in whole attributed to the enhanced-use lease (excluding EUL program overhead costs) which is not already subtracted in a calculation of cost savings.

Examples of Expenses

- Ancillary services VA provides to lessee that are not reimbursed
- VA construction costs for the project that are not reimbursed (e.g., VA demos three buildings)
- VA Capital Contributions

Chapter 7.2
Communities Helping Invest through Properties and Improvements Needed for Veterans Act of 2016

Background

Public Law (P.L.) 114-294, the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016, also referred to as the CHIP-IN for Veterans Act of 2016, authorizes the Department to carry out a pilot program under which it may accept up to five donations from specified non-federal entities of: (1) real property that includes a constructed facility or that is to be used as the site of a facility constructed by the donor, and (2) a facility to be constructed by the donor on real property of the VA. VA's authority to accept donations under the program was extended until December 16, 2026 through P.L. 117-42 (enacted September 30, 2021).

The VA is eligible to accept donations after they meet the following conditions:

- Property meets a VA Strategic Capital Investment Planning (SCIP) Process need;
- Included in the SCIP priority list, in the most recent budget submission; or
- Funds have been previously appropriated for the VA facility project.

Donors must:

- Independently donate the real property, improvements, goods, or services for the VA facility project in an amount acceptable to the VA and at no additional cost to the federal government.
- Conduct all necessary environmental and historic preservation due diligence; comply with all local zoning requirements (except for federally required studies and consultations).
- Obtain all permits required in connection with the construction of the facility; use construction standards required of the VA when designing and building the facility.
- Provide the real property, improvements, goods or services in a manner sufficient to complete the construction of the facility at no additional cost to the federal government.

The Government Accountability Office is required to report to Congress, at least biennially, on the donation arrangements entered into under the pilot program.

VA can carry out a pilot program to accept up to five donations for VA facility projects, and two have been identified:

1. Omaha, NE: A project/donation in Omaha, NE for an ambulatory care center was approved, constructed and began seeing patients at the end of 2020.

2. Tulsa, OK: A project/donation to construct an inpatient facility to support the Muskogee Veterans Affairs Medical Center (VAMC)'s projected workload in the Tulsa, OK market. VA received a proposal from The Board of Regents for the Oklahoma Agricultural and Mechanical Colleges to donate a site with a building that will be renovated and a parking garage constructed to support the VAMC's requirements as detailed in the project's SCIP Business Case. In 2021, VA received $120 million for a capital contribution to execute the donation. The Design and Development Agreement was completed and signed in August 2021 between VA and the donor group, Veterans Hospital in Tulsa; this agreement provides the guidelines for the design and associated funding. This project is currently in design.

Additional sites for the pilot program can be any of the SCIP 2023 prioritized major construction projects listed in *Volume 4, Chapter 5: Strategic Capital Investment Planning Process Project Lists*, table 5-1. Similar to the Tulsa and Omaha capital initiatives, SCIP provides VA's capital requirements and donors can submit proposals to fund these initiatives to help mitigate these gaps for VAMCs.

8. Appendices

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Appendix A – Strategic Capital Investment Planning (SCIP) Process Decision Criteria Definitions for Major and Minor Construction Business Cases

Administration and Staff Office Priority: Capital asset planning often begins at the facility level where VA staff identifies needs at their origin – the facility. Corporate capital planning must include that ground-level knowledge to be an inclusive process. This criterion incorporates local priorities into the corporate planning process, allowing those local priorities to have a critical impact to individual project scores.

Projects submitted to the SCIP process for budget year funding consideration will be prioritized by the Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), National Cemetery Administration (NCA), Office of Information Technology (OIT) and Staff Offices. Those individual project priorities will be included in each project's total score for ranking on the SCIP list.

Improve Safety, Compliance and Security: VA is dedicated to ensuring Veterans and their family members, community partners, other visitors and VA Staff are being served and/or work in a safe and secure environment. Mitigating the destruction and injury caused by natural or manmade disasters (including hurricanes, floods, blasts, etc.); ensuring VA mission critical buildings are able to provide service in the wake of seismic events; avoiding problems or injuries caused by the potential failure of critical building systems and deterioration of roads, curbs and walkways; modernizing the OIT infrastructure by making Information Technology (IT) systems commercially viable and cloud-based solutions to the maximum extent possible, including systems for processing vendor claims, updating scheduling and financial and loan reporting; improving compliance with safety and security laws, Federal Information Security Management Act (FISMA) standards; modernizing the real property infrastructure to assure the continuance of VA's multiple missions by complying with building codes, regulations (including operating room, supply processing and distribution, inpatient privacy standards, patient aligned care team (PACT) (including women Veterans healthcare space), functional deficiencies for VHA; continuation of burial options at existing cemeteries for NCA (depletion date data and land irrigation data); counselor offices, hearing rooms and public/non-public separation for VBA; hardening access to equipment/server rooms and IT data systems for OIT; reducing reliance on interruptible sources of energy including the electric grid and delivered fuels; improving compliance with emergency preparedness standards resulting in an improved ability to maintain operations during an emergency, including pandemic and fourth mission requirements; mitigating threats to persons (physical security) on a VA facility (e.g., duress alarms for VBA, mitigating identified site security vulnerabilities) are of paramount importance.

The three sub-criteria that projects are measured against with respect to improving safety and security are:

- Safety/compliance (excludes seismic)
- Physical and building security/emergency preparedness
- Seismic

Modernize Infrastructure (making the most of current infrastructure/extending useful life): VA is committed to managing its properties in order to minimize the extent to which deficiencies in infrastructure (including IT infrastructure) and other areas impact the delivery of benefits and services to Veterans. Efforts such as VHA's continuous analysis of market assessments, plans to dispose of vacant and underutilized buildings and 3-year rolling facility condition assessments (FCAs) contribute to the Modernize Infrastructure priority. For infrastructure deficiencies, FCAs evaluate the condition of VA buildings using scores A through F and the criticality of building sub-systems. In addition, NCA measures cemetery condition by their National Shrine Commitment goal.

The two sub-criteria projects are measured against with respect to Modernize Infrastructure are:

- Reduce FCA deficiencies (critical)
- Reduce FCA deficiencies (non-critical)

Increasing Access: Serving Veterans is the core of VA's mission. Across the Department, access is defined in different ways depending on the Administration/Staff Office and the services provided. We strive to increase access for Veterans by: ensuring healthcare equity and improving outcomes; ensuring access to national cemeteries; providing virtual access to benefits (Click 2 benefit rooms); supporting our ability to handle increasing workload, especially in the fields of primary care and mental health care (including the provision of emergency mental health care to less than honorably discharged Veterans and the prevention of Veteran suicide); and by enabling internal VA staff to work more efficiently by ensuring our IT Infrastructure and the tools that rely on that infrastructure are available and working properly.

The three sub-criteria that projects are measured against with respect to increasing access are:

- Veteran and internal VA staff access to services
- Support structures (including parking deficiencies)
- Utilization/workload

Streamline Capital Assets: In order to provide the highest quality service to Veterans at the right time and in the right place, VA is managing its space inventory by removing excess VA-owned space via demolition, sale or transfer; building new space; converting underutilized space of one type to another type to better suit its mission; renovating space to sustain its function; and using space efficiency strategies such as, but not limited to, collocating (VHA, VBA, NCA and Staff Offices using the vacant or underutilized space of another office), teleworking, cubicle reconfiguration to new space standards and expanding office hours to reduce the need for space.

The three sub-criteria projects are measured against with respect to streamline capital assets are:

- Space – new construction/renovation/conversion
- Space – disposal (via demolition, sale or transfer only)
- Space – space efficiency (includes collocation)

Strategic Plan Alignment: For improved management and performance across the Department, capital projects should contribute to the four main Strategic Goals from the Department's 2018 – 2024 Strategic Plan (found at: http://www.va.gov/performance/), including enhancing Veteran access to all VA services and providing them more ways to get services, improving the timeliness and integration of care, earning Veterans' trust by being accountable and transparent, modernizing our systems while using resources more efficiently, increasing joint VA/DoD collaboration projects and complying with established energy standards.

The six sub-criteria that construction projects are measured against with respect to Strategic Plan Alignment are:

- Strategic Goal 1: Easy Access and Greater Choice – Veterans choose VA for easy access, greater choices and clear information to make informed decisions
- Strategic Goal 2: Reliable and Integrated Care and Support – Veterans receive highly reliable and integrated care and support and excellent customer service that emphasizes their well-being and independence throughout their life journey
- Strategic Goal 3: Improved Trust, Accountability and Transparency – Veterans trust VA to be consistently accountable and transparent
- Strategic Goal 4: Transform Business Operations – VA will transform business operations by modernizing systems and focusing resources more efficiently to be competitive and to provide world class customer service to Veterans and its employees
- DoD Collaboration
- Energy Efficiency and Sustainability

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Appendix B – SCIP Process Decision Criteria Definitions for Major Lease Business Cases

Administration and Staff Office Priority: Capital asset planning often begins at the facility level where VA staff identifies needs at their origin – the facility. Corporate capital planning must include that ground-level knowledge to be an inclusive process. This criterion incorporates local priorities into the corporate planning process, allowing those local priorities to have a critical impact to individual project scores.

Projects submitted to the SCIP planning process for budget year funding consideration will be prioritized by VHA, VBA, NCA, OIT and Staff Offices. Those individual project priorities will be included in each project's total score for ranking on the SCIP list.

Improve Safety, Compliance and Security: VA is dedicated to ensuring Veterans and their family members, community partners, other visitors and VA Staff are being served and/or work in a safe and secure environment. Mitigating the destruction and injury caused by natural or manmade disasters (including hurricanes, floods, blasts, etc.); avoiding problems or injuries caused by the potential failure of critical building systems and deterioration of roads, curbs and walkways; modernizing the OIT infrastructure by making IT systems commercially viable and cloud-based solutions to the maximum extent possible, including systems for processing vendor claims, updating scheduling and financial and loan reporting; improving compliance with safety and security laws, FISMA standards; modernizing the real property infrastructure to assure the continuance of VA's multiple missions by complying with building codes, regulations (including operating room, supply processing and distribution, inpatient privacy standards, PACT (including women Veterans healthcare space), functional deficiencies for VHA; continuation of burial options at existing cemeteries for NCA (depletion date data and land irrigation data); counselor offices, hearing rooms and public/non-public separation for VBA; hardening access to equipment/server rooms and IT data systems for OIT; reducing reliance on interruptible sources of energy including the electric grid and delivered fuels; improving compliance with emergency preparedness standards resulting in an improved ability to maintain operations during an emergency, including pandemic and fourth mission requirements; mitigating threats to persons (physical security) on a VA facility (e.g., duress alarms for VBA, mitigating identified site security vulnerabilities) are of paramount importance

The two sub-criteria that projects are measured against with respect to Improving Safety and Security are:

- Safety and compliance (excludes seismic)
- Physical and building security/emergency preparedness

Increasing Access: Serving Veterans is at the core of VA's mission. Across the Department access is defined in different ways depending on the Administration/Staff Office and the services provided. We strive to increase access for Veterans by: ensuring healthcare equity and improving outcomes; ensuring they have access to national cemeteries; providing virtual access to benefits (Click 2 Benefit Rooms); supporting our ability to handle increasing workload, especially in the fields of primary care and mental health care (including the provision of emergency mental health

care to less than honorably discharged Veterans and the prevention of Veteran suicide); and by enabling internal VA staff to work more efficiently by ensuring our IT Infrastructure and the tools that rely on that infrastructure are available and working properly.

The two sub-criteria that projects are measured against with respect to increasing access are:

- Veteran and internal VA staff access to services
- Utilization/workload

Streamline Capital Assets: In order to provide the highest quality service to Veterans at the right time and in the right place, VA is managing its space inventory by leasing new space or replacing/expanding current leased spaces to sustain its function and using space efficiency strategies, such as but not limited to collocating (VHA, VBA, NCA and Staff Offices using the vacant or underutilized space of another office), teleworking, cubicle reconfiguration to new space standards, expanding office hours to reduce the need for space.

The two sub-criteria projects are measured against with respect to Streamline Capital Assets are:

- Space – new or replacement lease/renovation/conversion of leased space
- Space – space efficiency (includes collocation)

Strategic Plan Alignment: For improved management and performance across the Department, capital projects should contribute to the four main Strategic Goals from the Department's 2018 – 2024 Strategic Plan (found at: http://www.va.gov/performance/), including enhancing Veteran access to all VA services and providing them more ways to get services, improving the timeliness and integration of care, earning Veterans' trust by being accountable and transparent, modernizing our systems while using resources more efficiently and increasing joint VA/DoD collaboration projects.

The five sub-criteria that lease projects are measured against with respect to Strategic Plan Alignment are:

- Strategic Goal 1: Easy Access and Greater Choice – Veterans choose VA for easy access, greater choices and clear information to make informed decisions
- Strategic Goal 2: Reliable and Integrated Care and Support – Veterans receive highly reliable and integrated care and support and excellent customer service that emphasizes their well-being and independence throughout their life journey
- Strategic Goal 3: Improved Trust, Accountability and Transparency – Veterans trust VA to be consistently accountable and transparent
- Strategic Goal 4: Transform Business Operations – VA will transform business operations by modernizing systems and focusing resources more efficiently to be competitive and to provide world class customer service to Veterans and its employees
- DoD Collaboration

Appendix C – SCIP Process Decision Criteria Definitions for Veterans Health Administration Non-Recurring Maintenance Projects

VISN Priority: Capital asset planning often begins at the facility level where VHA staff identifies needs at their origin – the medical center campuses. This criterion represents local priorities for the VHA-wide planning process. A project's VISN priority rank is the measure used for this criterion.

Facility Condition: VA is committed to managing its properties in order to minimize the extent to which deficiencies in infrastructure (including IT infrastructure) and other areas impact the delivery of health care services to Veterans. FCAs evaluate the condition of VHA buildings using scores A through F and the criticality of building sub-systems.

The two sub-criteria that projects are measured against with respect to facility condition are:

- Reduce FCA deficiencies (critical)
- Reduce FCA deficiencies (non-critical)

Planning Priorities: VHA has developed project-specific planning guidance to support the increased use of community care, focusing on providing foundational services and maintenance of physical infrastructure. The overarching strategic priorities that projects are required to support are:

- Projects that focus resources with an emphasis on modernization of facilities for delivery of VA foundational services (e.g., primary care, mental health care, VA Care Coordination, etc.);
- Projects that improve the timeliness of services and projects that support suicide prevention, along with its impact on other foundational services;
- Projects that enhance the Department's ability to provide greater choice for Veterans; and
- Projects that modernize systems by providing needed infrastructure improvements (i.e., life, safety or code upgrades focused).

The planning priorities for 2023 non-recurring maintenance projects support the overarching strategic priorities and are operationalized by the four sub-criteria shown in the decision model above. Data to operationalize the overarching strategic priorities will be refined and better aligned with the strategic priorities for 2023.

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Appendix D – Disposal and Reuse Reports

2021 Disposal and Reuse Report

For these reporting purposes, VA defines "disposal" as inclusive of enhanced use leases (EULs), even though these are not reported as disposals under the Federal Real Property Profile.

Admin	VISN/ District	Station Name	Bldg/ Land #	Description	Total GSF	Acres	Disposal Type
NCA	1	Long Island, NY	C10	Committal Service Shelter (Chapel)	-	-	Demolition
NCA	2	Cave Hill, KY	1056	Land	-	0.22	Direct/Negotiated Sale
NCA	3	Dayton, OH	1549	Transfer from VHA (18.6 acres)	-	3.00	Federal/State Transfer
NCA	5	Ft. Rosecrans, CA	3002	Employee Rest Rooms	80	-	Demolition
NCA	5	Ft. Rosecrans, CA	3701	Maintenance Shop	4,140	-	Demolition
VHA	2	Brooklyn, NY	3	Vacant Admin	5,240	-	Demolition
VHA	1	VA Central Western Mass HCS	42	Paint Storage	736	-	Demolition
VHA	1	VA Central Western Mass HCS	T13	Carpenters Shop	1,702	-	Demolition
VHA	1	VA Central Western Mass HCS	T15	Lock Shop	840	-	Demolition
VHA	1	VA Central Western Mass HCS	35	Meter House	142	-	Demolition
VHA	1	VA Central Western Mass HCS	17	Transportation	4,690	-	Demolition
VHA	1	VA Central Western Mass HCS	18	Vacant	4,690	-	Demolition
VHA	1	VA Central Western Mass HCS	21	Vacant	6,490	-	Demolition
VHA	1	VA Central Western Mass HCS	23	Vacant	6,490	-	Demolition
VHA	1	VA Central Western Mass HCS	T7	CWT Storage	2,110	-	Demolition
VHA	4	Pittsburgh, Highland Dr.	5	Vacant	65,710	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	14	Vacant	6,730	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	16	Vacant	6,836	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	12B	Vacant	4,600	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	2	Clinical/ Inpatient Psych	128,563	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	1	Clinical/ Inpatient Psych	210,701	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	15	Engineering	44,760	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	13	Research/Admin	8,680	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	33	FMS/EMS Storage	768	-	Public Benefit Conveyance

Admin	VISN/ District	Station Name	Bldg/ Land #	Description	Total GSF	Acres	Disposal Type
VHA	4	Pittsburgh, Highland Dr.	CC	Connecting Corridors	17,584	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	18	Enclosed Substation/High Voltage	337	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	12A	Security/Vacant	4,490	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	11	Vacant Admin Offices - ORM	2,960	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	4	SAC/ Administration	124,430	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	10	Chapel	5,691	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	8	Rec Hall	61,800	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	7	Dietetics	48,600	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	9	Gym	24,900	-	Public Benefit Conveyance
VHA	4	Pittsburgh, Highland Dr.	6	Eng/EMS/ Vacant	46,240	-	Public Benefit Conveyance
VHA	1	VACHS, West Haven	1246	121 Brownell St.	-	0.50	Direct/Negotiated Sale
VHA	1	VACHS, West Haven	Brownell	PRRP	5,724	-	Direct/Negotiated Sale
VHA	7	Columbia, SC	55	Generator bldg for bldg 22	218	-	Demolition
VHA	7	Columbia, SC	19	Vacant (Garage)	1,900	-	Demolition
VHA	7	Columbia, SC	18	Vacant (Garage)	180	-	Demolition
VHA	7	Columbia, SC	17	Vacant (Garage)	360	-	Demolition
VHA	7	Columbia, SC	16	Vacant (Garage)	360	-	Demolition
VHA	7	Columbia, SC	13	Vacant Quarters (Duplex)	4,321	-	Demolition
VHA	7	Columbia, SC	12	Vacant Quarters (Duplex)	4,391	-	Demolition
VHA	7	Columbia, SC	11	Vacant Quarters (Managers)	2,833	-	Demolition
VHA	7	Columbia, SC	23	Vacant (Garage)	1,900	-	Demolition
VHA	8	Lake City	7	Decontamination Building	896	-	Demolition
VHA	10	Chillicothe	10	Vacant CU and Offices	6,750	-	Demolition
VHA	10	Chillicothe	11	Vacant Offices	7,180	-	Demolition
VHA	23	Omaha	C	Administrative	5,118	-	Demolition
VHA	23	Omaha	4	Administrative	3,784	-	Demolition
VHA	23	Omaha	5	Administrative	3,738	-	Demolition
VHA	23	Omaha	28	Patient Smoking Shelter	150	-	Demolition
VHA	15	Poplar Bluff	18	Medium Voltage Switchgear	420	-	Demolition
VHA	12	Milwaukee	1	Vacant Historic on EUL List	17,600	-	EUL
VHA	12	Milwaukee	2	Vacant Historic on EUL	133,730	-	EUL
VHA	12	Milwaukee	18	Personnel Quarters on EUL	7,370	-	EUL
VHA	12	Milwaukee	19	Personnel Quarters on EUL	7,640	-	EUL

Admin	VISN/ District	Station Name	Bldg/ Land #	Description	Total GSF	Acres	Disposal Type
VHA	12	Milwaukee	62	Personnel Quarters on EUL	7,316	-	EUL
VHA	12	Milwaukee	14	Personnel Quarters on EUL	3,630	-	EUL
VHA	12	Milwaukee	64	Garage	1,243	-	Demolition
VHA	19	Denver	7	EMS/Recreation	11,464	-	Demolition
VHA	19	Sheridan	S6	Smoking Shelter (B6)	176	-	Deconstruction
VHA	19	Sheridan	S8	Smoking Shelter (B8)	179	-	Deconstruction
VHA	17	Temple	208	Medical Admin (Modular Bldg)	5,660	-	Public Sale
VHA	17	Temple	210	Administration (Modular Bldg)	5,660	-	Public Sale
VHA	20	Boise	T117	Smoking Shelter	-	-	Demolition
VHA	20	Boise	CC	Connecting Corridors	8,211	-	Other
VHA	22	Loma Linda	51	Eye Clinic	9,942	-	Demolition
VHA	20	Vancouver	T2143	Mental Health Offices	4,640	-	Deconstruction
VHA	21	San Francisco	20	Storage	2,373	-	Demolition
VHA	20	American Lake	T3	Research	1,746	-	Demolition
VHA	22	Los Angeles	207	Vacant	46,640	-	EUL
VHA	22	Sepulveda	60	Research	4,995	-	Demolition
VHA	22	Sepulveda	71	Quarters Vacant	1,900	-	Demolition
VHA	22	Sepulveda	72	Garage Vacant	315	-	Demolition
VHA	22	Sepulveda	73	Quarters/Vacant	998	-	Demolition
VHA	22	Sepulveda	74	Quarters/Vacant	1,758	-	Demolition
VHA	22	Sepulveda	75	Vacated in 1999	2,403	-	Demolition
VHA	22	Sepulveda	76	Vacated in 1999	380	-	Demolition
VHA	22	Sepulveda	82	Quarters/Vacant	1,072	-	Demolition
VHA	22	Sepulveda	83	Vacant Garage	342	-	Demolition
VHA	22	Sepulveda	80	Vacant (Animal Research)	1,400	-	Demolition
VHA	22	Sepulveda	81	Vacant Garage	1,405	-	Demolition
VHA	20	White City	226	Logistics Warehouse	13,413	-	Other
VHA	20	White City	225	Elec. Shop, Warehouse	13,428	-	Deconstruction
VHA	20	White City	220	Theater, Canteen Retail	19,810	-	Other

Summary of Potential Disposals and EUL 2022-2026

VISN / District	Location	Description	Bldg/ Land #	Total GSF	Total Acres	Disposal Type
2022						
1	Calverton, NY	Irrigation Pump House-3	4809	300	-	Demolition
1	Newington, CT	Vacant	4	14,045	-	Demolition
1	Newington, CT	Vacant	44T	2,630	-	Demolition
1	West Haven, CT	Administration	11	5,412	-	Demolition
1	West Haven, CT	AM and M/Center of Excellence	12	5,413	-	Demolition
1	Washington Crossing, PA	Scott Farm Dwelling (stone)	HA-1	2,646	-	General Services Administration (GSA) Disposal Authority (GSA Excess)
1	Washington Crossing, PA	Scott Farm Barn	HA-2	2,503	-	GSA Disposal Authority (GSA Excess)
1	Washington Crossing, PA	Merrick Dwelling (log house)	HA-3	2,068	-	GSA Disposal Authority (GSA Excess)
1	Washington Crossing, PA	Scott Farm Small Barn	HA-5	345	-	GSA Disposal Authority (GSA Excess)
2	Albany, NY	Day Hospital	5	6,050	-	Demolition
2	Albany, NY	Smoking Shelter	53	900	-	Demolition
2	Barrancas, FL	Equipment Storage Shelter	SS-001	-	-	Demolition
2	Bath, NY	Quarters	50	2,491	-	Demolition
2	Bath, NY	Quarters	51	2,516	-	Demolition
2	Bath, NY	Quarters	52	3,458	-	Demolition
2	Bath, NY	Quarters	54	3,148	-	Demolition
2	Bath, NY	Quarters	55	1,899	-	Demolition
2	Bath, NY	Quarters	56	2,023	-	Demolition
2	Canandaigua, NY	Halfway House (outleased)	18	7,190	-	EUL
2	Canandaigua, NY	Garage/Storage	39	3,027	-	EUL
2	Canandaigua, NY	Gate House	40	308	-	EUL
2	Canandaigua, NY	Storage	70	300	-	EUL
2	Canandaigua, NY	Single Quarters	73	1,541	-	EUL
2	Canandaigua, NY	Storage	77	3,151	-	EUL
2	Canandaigua, NY	Personnel Garage	94	3,216	-	EUL
2	Mountain Home, TN	Admin/Maint Building	1301	4,967	-	Demolition
4	Butler, PA	Domiciliary	3	26,982	-	Demolition
4	Butler, PA	Connecting Corridors	CC	3,150	-	Demolition
4	Lebanon, PA	Non-Housekeeping Qtrs.	26	10,759	-	Demolition
4	Lebanon, PA	Office	27	7,252	-	Demolition
5	Martinsburg, WV	HBPC/Community Health	413	5,097	-	Demolition
5	Perry Point, MD	Administration	15	17,277	-	Historic Reuse
5	Perry Point, MD	Village House/Conf. Center	1148	2,984	-	EUL
5	Perry Point, MD	Village House/Conf. Center	1150	3,574	-	EUL
5	Perry Point, MD	Village House / Vacant (switch to CHEP)	1173	2,746	-	Demolition
5	Perry Point, MD	NCCC Dormitory	9H	54,515	-	Demolition
6	Durham, NC	Administrative	8	9,692	-	Deconstruction
6	Fayetteville, NC	Health Admin Services	8	5,557	-	Demolition
7	Atlanta, GA	Nursing Home Care Unit	9	103,181	-	Demolition
7	Tuscaloosa, AL	Green House	101	3,599	-	Deconstruction

VISN / District	Location	Description	Bldg/ Land #	Total GSF	Total Acres	Disposal Type
8	Tampa, FL	Unassigned Pending Demo	19	2,398	-	Demolition
8	Tampa, FL	Smoking Shelter	T43	259	-	Demolition
10	Chillicothe, OH	Quarters - Vacant	13	4,325	-	EUL
10	Chillicothe, OH	Quarters - Vacant	14	4,343	-	EUL
10	Chillicothe, OH	Storage	17	3,571	-	EUL
10	Chillicothe, OH	Engineering Shops	22	4,880	-	Demolition
10	Chillicothe, OH	Vacant	205	1,520	-	Demolition
10	Chillicothe, OH	Vacant	206	1,716	-	Demolition
10	Chillicothe, OH	Vacant	207	337	-	Demolition
10	Chillicothe, OH	Vacant	250	1,200	-	Demolition
10	Marion, IN	Vacant (Canteen)	50	10,765	-	Demolition
10	Marion, IN	Tool Shed	156	120	-	Deconstruction
12	Milwaukee, WI	Old Power Plant	45	20,920	-	Demolition
12	Tomah, WI	Recyclingand AFGE	25	7,171	-	Demolition
15	Leavenworth, KS	Admin.-Gnds/Trans	53	4,499	-	Demolition
15	St Louis, MO	Main Hospital	1	565,152	-	Demolition
15	St Louis, MO	IRM and Hypertension Office	3	13,779	-	Demolition
15	St Louis, MO	Engineering Office	4	6,266	-	Demolition
15	St Louis, MO	Research	6	7,287	-	Demolition
15	St Louis, MO	Research	7	6,399	-	Demolition
15	St Louis, MO	Garage and Motor pool	14	3,339	-	Demolition
15	St Louis, MO	Engineering	16	12,052	-	Demolition
15	St Louis, MO	OEF/OIF Clinic	5T	3,024	-	Demolition
15	St Louis, MO	Research	6A	7,722	-	Demolition
15	St Louis, MO	Research	7A	2,367	-	Demolition
15	Topeka, KS	Incinerator	44	935	-	Demolition
15	Topeka, KS	Athletic Field Facility	251	181	-	GSA Disposal Authority (GSA Excess)
19	Fort Harrison, MT	Vacant Storage	43	4,698	-	Demolition
19	Fort Harrison, MT	Misc Storage	54	480	-	Demolition
19	Fort Harrison, MT	Vacant Boiler Plant	142	5,427	-	Demolition
19	Muskogee, OK	Community Care Service	9	2,894	-	Demolition
19	Muskogee, OK	Community Care Service	10	2,302	-	Demolition
20	Seattle, WA	Med. Specialties/Facilities	18	21,226		Demolition
20	Seattle, WA	Mental Health	24	26,459	-	Demolition
20	Walla Walla, WA	Vacant - VA Police HQ	7	1,720	-	Demolition
20	Walla Walla, WA	Storage	40	461	-	Demolition
20	White City, OR	Shop, Swing and Recreation	223	18,883	-	Deconstruction
20	White City, OR	Carpenter Shop, Grounds	227	13,413	-	Deconstruction
20	White City, OR	Domiciliary Bed, BOS, PRRC	239	16,953	-	Deconstruction
20	White City, OR	Psychology	240	17,436	-	Deconstruction
20	White City, OR	Swing, DAV and CRD Storage	222	18,883	-	Deconstruction
21	Livermore, CA	Sludge containment	72	-	-	EUL
21	Livermore, CA	AST 1k gal	64ast	-	-	EUL
21	Martinez, CA	Day Treatment Center	AB5	1,440	-	Demolition
21	Martinez, CA	Pharmacy/CBHC (office)	AB6	7,920	-	Demolition
21	Martinez, CA	BDMS/Engineering/Social Work	AB7	12,960	-	Demolition
21	Martinez, CA	Biomedical Engineering	BM1	1,300	-	Demolition

VISN / District	Location	Description	Bldg/ Land #	Total GSF	Total Acres	Disposal Type
21	Martinez, CA	Research	R-4	7,920	-	Demolition
21	Palo Alto, CA	Animal Research Facility	54	18,100	-	Demolition
21	Palo Alto, CA	Diagnostic Radiology Center	102	16,400	-	Demolition
21	Palo Alto, CA	Modular Building	MB1	14,900	-	Demolition
21	Palo Alto, CA	Modular Building	MB2	14,900	-	Demolition
21	Palo Alto, CA	Modular Building	MB3	19,500	-	Demolition
21	Sacramento, CA	Eye Clinic	720	6,434	-	Demolition
21	Sacramento, CA	Social Services	800	3,552	-	Demolition
21	Sacramento, CA	Dermatology	801	2,880	-	Demolition
21	Sacramento, CA	Social Work	802	1,443	-	Demolition
21	Sacramento, CA	Admin	803	1,147	-	Demolition
21	Sacramento, CA	OIT combined with 810	811	1,473	-	Deconstruction
21	San Francisco, CA	Mental Health Trailer	31	1,508	-	Demolition
21	San Francisco, CA	Medical Offices/Cardiology	T-24	1,056	-	Demolition
21	San Francisco, CA	Primary Care - Telehealth	T-28	620	-	Demolition
22	Loma Linda, CA	Medical Admin	52	2,180	-	Demolition
22	Los Angeles, CA	Vacant	156	60,000	-	EUL
22	Los Angeles, CA	Vacant	157	60,000	-	EUL
22	Los Angeles, CA	Dietetics	300	60,650	-	EUL
22	Sepulveda, CA	Vacant Theater	21	20,000	-	Demolition
22	Sepulveda, CA	Research	85	1,819	-	Demolition
22	Sepulveda, CA	Quarters/Vacant	88	1,577	-	Demolition
22	Sepulveda, CA	Quarters/Vacant	91	2,758	-	Demolition
23	Des Moines, IO	Main Administration/ Directors Office	3	3,557	-	Demolition
23	Iowa City, IA	A and MM Warehouse	19	560	-	Demolition
23	Omaha, NE	Storage Building	11	628	-	Demolition
23	Omaha, NE	Storage Building	12	625	-	Demolition
Sub-Total 2022				**1,535,481**	**-**	
		2023				
1	Danville, VA	Vacant Lodge/Office	2101	2,354	-	Demolition
1	Newington, CT	PRRP	8	4,879	-	Demolition
1	Newington, CT	PRRP	6	6,643	-	Demolition
1	Newington, CT	Housing	7	7,147	-	Demolition
2	Canandaigua, NY	Recreation Storage	115	231	-	Demolition
2	Canandaigua, NY	Single Quarters	20	4,784	-	EUL
2	Canandaigua, NY	Substance Abuse Clinic	6	51,747	-	EUL
2	Syracuse, NY	MAS Business Office	1E-Modular	5,218	-	Demolition
4	Pittsburgh - University Dr, PA	Research	6	19,385	-	Deconstruction
5	Martinsburg, WV	Motor Pool Storage	354	167	-	Demolition
5	Martinsburg, WV	PRRP Lodging, Baker House	21	2,764	-	Demolition
6	Hampton, VA	Mental Health	138	4,859	-	Demolition
6	Hampton, VA	Recreation Therapy and Voluntary Services	52	19,335	-	Demolition
6	Hampton, VA	NVCC and Swing Space	50	23,236	-	Demolition
8	Gainesville, FL	Directors Suite/ Tenant	T8	1,440	-	Demolition
8	Gainesville, FL	HRMS	T1B	2,160	-	Demolition
8	Gainesville, FL	Police/Security	T7	2,200	-	Demolition
8	Gainesville, FL	Nursing Service	T3	2,894	-	Demolition
8	Gainesville, FL	MAS	T10	3,600	-	Demolition

VISN / District	Location	Description	Bldg/ Land #	Total GSF	Total Acres	Disposal Type
8	Gainesville, FL	Multi- Services Trailer	T9	3,600	-	Demolition
8	Gainesville, FL	HRMS	T1A	4,320	-	Demolition
8	Miami, FL	ARF Lab	8	2,171	-	Demolition
8	Miami, FL	ARF Lab	9	3,981	-	Demolition
9	Lexington - Leestown, KY	Greenhouse - Vacant	46	826	-	Demolition
9	Lexington- Leestown, KY	Furniture Repair Shop	T112	1,773	-	Demolition
9	Lexington- Leestown, KY	EMS Office and Equip/Furniture Stagging	22	7,376	-	Deconstruction
10	Chillicothe, OH	Smoking Shelter (Enclosed)	SS-12	128	-	Demolition
10	Chillicothe, OH	Smoking Shelter (Enclosed)	SS-1	200	-	Demolition
10	Chillicothe, OH	Smoking Shelter (Enclosed)	SS-4	200	-	Demolition
10	Chillicothe, OH	Smoking Shelter (Enclosed)	SS-15	200	-	Demolition
10	Chillicothe, OH	Engineering Shop	39	862	-	Demolition
10	Chillicothe, OH	Engineering Shop	38	986	-	Demolition
10	Chillicothe, OH	Engineering Shop	40	1,324	-	Demolition
10	Chillicothe, OH	Engineering Shop	41	1,391	-	Demolition
10	Chillicothe, OH	Engineering Shop	228	4,154	-	Demolition
10	Chillicothe, OH	Vacant	8	12,772	-	Demolition
10	Chillicothe, OH	Vacant	5	13,558	-	Demolition
10	Chillicothe, OH	Vacant	4	15,418	-	Demolition
10	Chillicothe, OH	Vacant Offices	2	16,000	-	Demolition
10	Chillicothe, OH	Vacant Offices	6	16,000	-	Demolition
10	Cincinnati, OH	Administration	3	18,140	-	Demolition
10	Marion, IN	Transformer Bldg. (Abandoned)	128	24	-	Deconstruction
10	Marion, IN	Vacant Pump House, Well 3	120	169	-	Demolition
10	Marion, IN	Pump House, Well No. 1	78	178	-	Demolition
10	Marion, IN	Single Garage	91	400	-	EUL
10	Marion, IN	Single Garage	93	400	-	EUL
10	Marion, IN	2-Car Garage	125	420	-	EUL
10	Marion, IN	Vacant Incinerator	119	815	-	EUL
10	Marion, IN	12 Car Garage	123	1,200	-	EUL
10	Marion, IN	Shelter house	153	3,750	-	EUL
10	Marion, IN	Quarters	33	3,824	-	EUL
10	Marion, IN	Quarters	26	6,232	-	EUL
10	Marion, IN	Quarters	27	6,232	-	EUL
10	Marion, IN	Quarters	28	6,232	-	EUL
10	Marion, IN	Quarters	29	6,232	-	EUL
10	Marion, IN	Quarters	30	6,232	-	EUL
10	Marion, IN	Quarters	31	6,232	-	EUL
10	Marion, IN	Quarters	32	6,668	-	EUL
10	Marion, IN	Quarters (Director)	34	7,030	-	EUL
10	Marion, IN	Vacant (Ward Building)	1	20,287	-	Deconstruction
10	Marion, IN	Vacant (Ward Building)	3	20,550	-	Deconstruction
10	Marion, IN	Vacant (Ward Building)	4	20,572	-	Deconstruction
10	Marion, IN	Smoke Stack	144	-	-	Deconstruction
12	Tomah, WI	Vacant	2	26,756	-	EUL
15	St Louis, MO	JC Major Acquisition; Former Thrift Store	29	40,000	-	Demolition
17	Kerrville, TX	Two Car Garage	85	409	-	Deconstruction

VISN / District	Location	Description	Bldg/ Land #	Total GSF	Total Acres	Disposal Type
17	Kerrville, TX	Two Car Garage	87	409	-	Deconstruction
17	Kerrville, TX	Two Car Garage	88	409	-	Deconstruction
17	Kerrville, TX	Two Car Garage	32	409	-	Deconstruction
17	Kerrville, TX	Personnel Quarters	50	2,754	-	Deconstruction
17	Kerrville, TX	Personnel Quarters	51	2,754	-	Deconstruction
17	Kerrville, TX	Personnel Quarters	49	2,898	-	Deconstruction
17	Temple, TX	Engineering Admin. Offices	154	4,475	-	Demolition
19	Denver, CO	Emergency Generator	39	454	-	GSA Disposal Authority (GSA Excess)
19	Denver, CO	Research	19	15,727	-	GSA Disposal Authority (GSA Excess)
19	Denver, CO	Research	21	15,785	-	GSA Disposal Authority (GSA Excess)
19	Denver, CO	Canteen/Medical	24	15,859	-	GSA Disposal Authority (GSA Excess)
19	Denver, CO	Main Hospital	1	488,855	-	GSA Disposal Authority (GSA Excess)
19	Muskogee, OK	HRMS Administration	7	2,894	-	Demolition
19	Muskogee, OK	HRMS Administration	8	2,894	-	Demolition
19	Oklahoma City, OK	Friendship House North Shop	PRRTP-N	4,674	-	Demolition
19	Oklahoma City, OK	Friendship PRRTP House	PRRTP	6,892	-	Demolition
21	Menlo Park, CA	Garage	T45	3,500	-	Demolition
21	Menlo Park, CA	Boiler House	114	6,200	-	Demolition
21	Menlo Park, CA	Engineering	303	20,200	-	Demolition
21	Sacramento, CA	Derm Trailer	801A	1,440	-	Demolition
21	Sacramento, CA	Dermatology	801B	1,440	-	Deconstruction
22	Long Beach, CA	Recreation, Rehab	136	1,049	-	Demolition
22	Long Beach, CA	Education/Clinical Offices	8	36,020	-	Demolition
22	Long Beach, CA	Nursing Home Care Unit	133	58,760	-	Demolition
22	Long Beach, CA	Wards, Psych Admin.	128	93,939	-	Demolition
22	Prescott, AZ	Garage (Residential)	99	300	-	Demolition
23	Des Moines, IA	Quarters	6	3,900	-	Demolition
Sub-Total 2023				**1,276,157**	**-**	
		2024				
1	Togus, ME	Sewage Treatment Plant	245	2,013	-	Demolition
1	Togus, ME	Mothballed	222	2,184	-	Demolition
1	Togus, ME	Housekeeping Qtrs Single	34	2,930	-	Demolition
1	Togus, ME	Housekeeping Qtrs Single	18	3,024	-	Demolition
1	Togus, ME	Housekeeping Qtrs Single	19	3,024	-	Demolition
1	Togus, ME	Housekeeping Qtrs Single	16	3,030	-	Demolition
1	Togus, ME	Housekeeping Qtrs Single	17	3,030	-	Demolition
1	Togus, ME	Housekeeping Qtrs Single	15	3,048	-	Demolition
1	Togus, ME	Housekeeping Qtrs Single	20	3,130	-	Demolition
1	Togus, ME	Housekeeping Qtrs Single	33	3,457	-	Demolition
1	Togus, ME	Fire Station	211	3,571	-	Demolition
1	West Haven, CT	Education-Nursing Admin Building	6A	5,479	-	Demolition
1	West Haven, CT	Research	7	6,608	-	Demolition
1	West Haven, CT	IRM/Voluntary/CWT	6	15,845	-	Demolition
4	Baton Rouge, LA	Service Building	3001	1,633	-	Demolition

VISN / District	Location	Description	Bldg/ Land #	Total GSF	Total Acres	Disposal Type
4	Lebanon, PA	MOVE! Program and Clinics	144	1,408	-	Demolition
4	Natchez, MS	Service Building (Old)	3001	1,575	-	Demolition
5	NMCP, HI	Restroom Building (overlook)	1501	1,335	-	Demolition
5	Perry Point, MD	Greenhouse	41	4,230	-	Demolition
5	Perry Point, MD	Mental Health Nursing Unit	25H	51,887	-	Demolition
6	Fayetteville, NC	Engineering Shops/Garages	9	6,073	-	Demolition
10	Battle Creek, MI	Engineering Storage	155	252	-	Deconstruction
10	Battle Creek, MI	Incinerator Building	97	465	-	Deconstruction
10	Battle Creek, MI	Incinerator Building	154	480	-	Deconstruction
10	Battle Creek, MI	Rental Quarters Garages	23	1,420	-	Deconstruction
10	Battle Creek, MI	Rental Quarters Garages	29	1,438	-	Deconstruction
10	Battle Creek, MI	Engineering Storage	77	3,171	-	Deconstruction
10	Battle Creek, MI	Rental Quarters	16	5,820	-	Deconstruction
10	Battle Creek, MI	Rental Quarters	17	5,820	-	Deconstruction
10	Battle Creek, MI	Rental Quarters	18	5,820	-	Deconstruction
10	Danville, IL	11 Car Garage	209	2,225	-	Demolition
10	Ft. Wayne, IN	Office	7	3,805	-	Demolition
12	Danville, IL	Garage (1 car)	75	335	-	Deconstruction
12	Danville, IL	Garage (2 car)	81	653	-	Deconstruction
12	Danville, IL	Garage (2 car)	83	653	-	Deconstruction
12	Danville, IL	Garage (2 car)	82	653	-	Demolition
12	Danville, IL	Engineering quonset hut - storage	T110	1,162	-	Demolition
12	Danville, IL	Engineering quonset hut - storage	T112	1,162	-	Demolition
12	Danville, IL	Engineering quonset hut - storage	T114	1,162	-	Demolition
12	Danville, IL	Engineering quonset hut - storage	T111	1,298	-	Demolition
12	Danville, IL	Engineering quonset hut - storage	T113	1,298	-	Demolition
12	Danville, IL	Quarters	34	4,942	-	Demolition
12	Danville, IL	Quarters	38	5,722	-	Demolition
12	Danville, IL	Quarters	37	6,161	-	Demolition
12	Danville, IL	Quarters	33	7,162	-	Demolition
12	Danville, IL	Quarters	32	7,708	-	Demolition
12	Danville, IL	Quarters	31	9,140	-	Demolition
12	Danville, IL	Boiler plant and incinerator	100	14,211	-	Demolition
12	Hines, IL	Quarters Garage	31	1,877	-	Demolition
12	Hines, IL	Quarters Garage	32	2,293	-	Demolition
12	Hines, IL	Quarters	23	3,108	-	Demolition
12	Hines, IL	Quarters	27	4,442	-	Demolition
12	Hines, IL	Quarters	25	7,299	-	Demolition
12	Hines, IL	Quarters	26	7,299	-	Demolition
12	Hines, IL	Quarters	28	7,299	-	Demolition
12	Hines, IL	Quarters	29	7,299	-	Demolition
12	Hines, IL	Quarters	24	8,141	-	Demolition
12	Milwaukee, WI	Quonset hut	T114	980	-	Demolition
12	Milwaukee, WI	Quonset Hut	T106	1,047	-	Demolition
12	Milwaukee, WI	Quonset Hut	T107	1,047	-	Demolition
12	Milwaukee, WI	Quonset Hut	T105	2,085	-	Demolition

VISN / District	Location	Description	Bldg/ Land #	Total GSF	Total Acres	Disposal Type
12	Milwaukee, WI	Vacant Chapel Historic on EUL	12	7,316	-	Deconstruction
12	Milwaukee, WI	Vacant Ward Memorial Theater on EUL	41	21,986	-	EUL
15	Poplar Bluff, MO	Garage/Storage	10	350	-	Demolition
15	Poplar Bluff, MO	Quality/Risk Management	3	3,554	-	Demolition
15	Poplar Bluff, MO	Homeless Care/Police Training/Contracting	4	3,554	-	Demolition
16	N. Little Rock, AR	Small bldg. at compound	162	320	-	Deconstruction
16	N. Little Rock, AR	Rock house at compound	158	4,542	-	Deconstruction
16	N. Little Rock, AR	Vacant Animal Facility	75	14,294	-	Deconstruction
17	Dallas, TX	Recreation Svc	T48	1,002	-	Deconstruction
17	Dallas, TX	VA Police/Administration	T46	1,052	-	Deconstruction
17	Dallas, TX	Fiscal	T47	1,112	-	Deconstruction
17	Dallas, TX	CWT Admin	TT50	2,077	-	Deconstruction
17	Dallas, TX	Storage - Engineering	27	2,106	-	Deconstruction
17	Dallas, TX	Human Resources PIV ID Offices	5	3,419	-	Deconstruction
17	Dallas, TX	MISC//Safety Admin	TT49	4,196	-	Deconstruction
17	Dallas, TX	Boiler Plant	10	4,530	-	Deconstruction
17	Dallas, TX	ACQ and MAT Managt	8	8,129	-	Deconstruction
17	Dallas, TX	Engineering Service (Admin)	9	9,396	-	Deconstruction
17	Dallas, TX	Fiscal/MCCR	45	11,924	-	Deconstruction
17	Dallas, TX	Day Treatment/Day Hosp.	6	12,871	-	Deconstruction
17	Dallas, TX	Laundry	12	28,270	-	Deconstruction
17	Dallas, TX	Warehouse	44	30,051	-	Deconstruction
19	Grand Junction, CO	Support Shops	12	1,800	-	Deconstruction
19	Grand Junction, CO	Administration-Education	6	6,564	-	Deconstruction
19	Grand Junction, CO	Administration	5	6,787	-	Deconstruction
19	Grand Junction, CO	Administration	36	8,011	-	Deconstruction
19	Muskogee, OK	Rehab Medicine - Polytrauma Outpatient Clinic	6	2,894	-	Demolition
20	White City, OR	FMS Emer. Equip	272	494	-	Deconstruction
20	White City, OR	FMS Storage	270	499	-	Deconstruction
20	White City, OR	Dispatch	262	2,331	-	Deconstruction
20	White City, OR	Safety Offices	228	2,706	-	Deconstruction
20	White City, OR	Green House	264	2,915	-	Deconstruction
20	White City, OR	Facilities Management Off.	229	3,725	-	Deconstruction
20	White City, OR	Chapel	248	5,841	-	Deconstruction
20	White City, OR	Plumbing Shop	234	9,592	-	Deconstruction
20	White City, OR	Paint Shop, Refr Shop	235	13,242	-	Deconstruction
20	White City, OR	Recreation	243	16,953	-	Deconstruction
20	White City, OR	PAP Supplies, Baggage	241	16,953	-	Deconstruction
20	White City, OR	Facilities Management Stor.	242	16,953	-	Deconstruction
20	White City, OR	Domiciliary Bed, SPD	214	18,308	-	Deconstruction
20	White City, OR	Domiciliary Bed/BOS	213	18,308	-	Deconstruction
20	White City, OR	Library/IRM	210	18,883	-	Deconstruction

VISN / District	Location	Description	Bldg/ Land #	Total GSF	Total Acres	Disposal Type
20	White City, OR	Eye Clinic, BOS, Education and Prosthetics	212	18,883	-	Deconstruction
20	White City, OR	Rehab Med, Gym and Admin	209	19,516	-	Deconstruction
20	White City, OR	Clinical Supp., Dental, Specialty Care (Various)	211	23,623	-	Deconstruction
21	Sacramento, CA	Occup Health	722a	1,440	-	Demolition
21	San Francisco, CA	Animal Research Trailer	T-23	821	-	Demolition
22	Los Angeles, CA	HAZMAT Building	233	840	-	Demolition
22	Los Angeles, CA	Radiation Therapy	345	14,217	-	Demolition
22	Los Angeles, CA	Comprehensive Homeless Center	402	26,538	-	Demolition
22	Los Angeles, CA	Administration and Mental Health	401	31,076	-	Demolition
22	Los Angeles, CA	Swing Vacant/IRM	158	55,886	-	EUL
22	Prescott, AZ	Credit Union	T5	4,916	-	Deconstruction
23	Iowa City, IA	Misc. Services Building	20	3,897	-	Demolition
23	Sioux Falls, SD	Vacant Space	T15	3,280	-	Demolition
Sub-Total 2024				**831,611**	**-**	
		2025				
2	Canandaigua, NY	Oil House	75	224	-	Demolition
2	Canandaigua, NY	Storage	76	4,350	-	EUL
2	Canandaigua, NY	Nursing Home	7	60,156	-	EUL
2	Canandaigua, NY	Nursing Home	8	64,067	-	EUL
2	St. Albans, NY	Shops/Vacant NHCU	92	37,984	-	Demolition
2	St. Albans, NY	EMS/Vacant NHCU	93	40,510	-	Demolition
4	Butler, PA	Main Building	1	222,977	-	Demolition
4	Lebanon, PA	Quarters Garage	28	2,512	-	Demolition
4	Lebanon, PA	HCCL Building	5	2,786	-	Demolition
4	Lebanon, PA	Outleased - Project Search	25	4,606	-	Demolition
4	Lebanon, PA	HCCL Building	4	5,433	-	Demolition
4	Lebanon, PA	Modular Building	99	16,672	-	Deconstruction
5	Baltimore - Loch Raven, MD	HBPC Administration	2	2,870	-	Demolition
5	Baltimore - Loch Raven, MD	Administration	4	16,198	-	Demolition
5	Perry Point, MD	Mental Health Nursing Unit	24H	41,006	-	Demolition
5	Perry Point, MD	Dietetics	17H	56,923	-	Demolition
10	Chillicothe, OH	Student Quarters	12	4,766	-	Demolition
10	Dayton, OH	Duplex Residence	210	5,760	-	EUL
10	Dayton, OH	Duplex Residence	211	5,760	-	EUL
10	Dayton, OH	Duplex Residence	212	5,760	-	EUL
10	Dayton, OH	Duplex Residence	213	5,760	-	EUL
10	Dayton, OH	Duplex Residence	214	5,760	-	EUL
10	Dayton, OH	Liberty House Museum	225	6,960	-	Demolition
12	Iron Mountain, MI	Adminstrative	6	7,055	-	Demolition
15	Marion, OH	Modular Building -3	TMD3	1,956	-	Demolition
16	Biloxi, MS	Hot Water Plant	T44	1,180	-	Demolition
16	Biloxi, MS	Facilities Management Office	51	1,500	-	Deconstruction
16	Biloxi, MS	Mental Health	T104	1,900	-	Direct/ Negotiated Sale
16	Biloxi, MS	Mental Health	T105	1,900	-	Direct/ Negotiated Sale

VISN / District	Location	Description	Bldg/ Land #	Total GSF	Total Acres	Disposal Type
16	Biloxi, MS	Quarters	6	3,000	-	Deconstruction
16	Biloxi, MS	Quarters	7	5,000	-	Deconstruction
16	Biloxi, MS	Interior Design / CFM Office	8	5,000	-	Deconstruction
16	Biloxi, MS	Admin	T102	20,000	-	Direct/ Negotiated Sale
17	Temple, TX	Social Work	215	4,120	-	Direct/ Negotiated Sale
17	Temple, TX	AFGE Union (Modular Bldg)	209	5,660	-	Direct/ Negotiated Sale
17	Temple, TX	SAMS	211	5,660	-	Direct/ Negotiated Sale
17	Temple, TX	Nursing Education	212	5,660	-	Direct/ Negotiated Sale
17	Temple, TX	Police	214	5,660	-	Direct/ Negotiated Sale
17	Waco, TX	Smoking Shelter	SS1	-	-	Demolition
17	Waco, TX	F.M.S./Shops	24	10,630	-	Demolition
17	Waco, TX	FMS Shops	99	13,168	-	Demolition
19	Fort Harrison, MT	Storage	31	3,255	-	Historic Reuse
19	Fort Harrison, MT	Storage	47	9,600	-	Historic Reuse
19	Miles City, MT	Meter House	14	1,656	-	Legislated Transfer
19	Miles City, MT	Outleased Garage	13	2,520	-	Legislated Transfer
19	Miles City, MT	Vacant Quarters	4	2,620	-	Legislated Transfer
19	Miles City, MT	Miles City Police Outlease	3	3,095	-	Legislated Transfer
19	Miles City, MT	Vacant Quarters	5	3,584	-	Legislated Transfer
19	Miles City, MT	Vacant Quarters	6	3,584	-	Legislated Transfer
19	Miles City, MT	Rehab and EMS Building	20	4,193	-	Legislated Transfer
19	Miles City, MT	Garages MC	7	4,716	-	Legislated Transfer
19	Miles City, MT	Quarters	2	5,040	-	Legislated Transfer
19	Miles City, MT	Boiler Plan MC	10	8,857	-	Legislated Transfer
19	Miles City, MT	Auditorium MC	8	9,326	-	Legislated Transfer
19	Miles City, MT	Community Living Center	15	17,709	-	Legislated Transfer
19	Miles City, MT	Administration Bldg/CBOC	1	112,012	-	Legislated Transfer
19	Muskogee, OK	Engineering Storage	37	81	-	Demolition
19	Muskogee, OK	Engineering Storage	20	370	-	Demolition
19	Muskogee, OK	Engineering Storage	49	390	-	Demolition
19	Sheridan, WY	FMS/Paint shop	55	1,800	-	Demolition
20	Seattle, WA	Canteen Retail Store	20	5,198	-	Demolition
20	Seattle, WA	Canteen Bldg.	22	10,575	-	Demolition
21	Fresno, CA	Engineering Administration	T-5	600	-	Demolition
21	Palo Alto, CA	Administration	6	77,400	-	Demolition
21	San Francisco, CA	NCIRE / Research	14	6,480	-	Demolition
21	San Francisco, CA	Medicine Research and Admin	18	9,711	-	Demolition
21	San Francisco, CA	Medical Research / VMU	12	38,910	-	Demolition
22	Los Angeles, CA	Greenhouse	249	2,800	-	Deconstruction
22	Los Angeles, CA	Police HQ	236	6,818	-	Demolition
23	Fargo, ND	Admin Bldg	30	4,862	-	Demolition
Sub-Total 2025				**1,076,611**	**-**	
		2026				
8	Bay Pines, FL	Education	T206	5,250	-	Direct/ Negotiated Sale
8	Bay Pines, FL	Clinic Administration	T205	7,898	-	Direct/ Negotiated Sale
9	Lexington-Leestown, KY	Kitchen, Pharmacy, Warehouse	3	45,665	-	Demolition
15	Poplar Bluff, MO	MAS/ Travel Consult/ Programmatic	5	6,377	-	Demolition
16	Houston TX	Modular Building	121	15,181	-	Demolition

VISN / District	Location	Description	Bldg/ Land #	Total GSF	Total Acres	Disposal Type
19	Denver, CO	Parking Garage	Parking	245,000	-	GSA Disposal Authority (GSA Excess)
19	Fort Harrison, MT	Emergency Generator	159	-	-	Demolition
21	Livermore, CA	Smoking shelters (3)	SS	-	-	EUL
21	Livermore, CA	AST 4k gal	6Aast	-	-	EUL
21	Livermore, CA	Water Reservoir	26	-	-	EUL
21	Livermore, CA	Water Reservoir	52	-	-	EUL
21	Livermore, CA	AST 10k gal	62ast	-	-	EUL
21	Livermore, CA	Water Filter System	70	-	-	EUL
21	Livermore, CA	Secondary Water Tank	71	-	-	EUL
21	Livermore, CA	Encl 2-ASTs 20k gal ea	77ast	-	-	EUL
21	Livermore, CA	AST 1k and 500 gal	79ast	-	-	EUL
21	Livermore, CA	AST 1k gal	88ast	-	-	EUL
21	Livermore, CA	AST 4k gal	90ast	-	-	EUL
21	Livermore, CA	Incinerator building	63	600	-	EUL
21	Livermore, CA	Police Service	74	883	-	EUL
21	Livermore, CA	Water Treatment Plant	69	900	-	EUL
21	Livermore, CA	Resident housing	30	1,035	-	EUL
21	Livermore, CA	Engineering	T10	1,200	-	EUL
21	Livermore, CA	Engineering Storage	T12	1,200	-	EUL
21	Livermore, CA	Temporary Bldg	T34	3,600	-	EUL
21	Livermore, CA	Connecting Corr 62/64	CC	4,000	-	EUL
21	Livermore, CA	Engineering	T16	5,100	-	EUL
21	Livermore, CA	Boiler House	6	6,300	-	EUL
21	Livermore, CA	Administration	65	19,200	-	EUL
21	Livermore, CA	Administration	88	19,900	-	EUL
21	Livermore, CA	Support Administration	64	27,400	-	EUL
21	Livermore, CA	Nursing Home Care Unit	90	48,700	-	EUL
21	Livermore, CA	Clinical/Inpatient Med	62	102,534	-	EUL
21	Menlo Park, CA	Administration	324	80,300	-	Demolition
21	Palo Alto, CA	Engineering Shops	41	6,510	-	Demolition
21	Palo Alto, CA	Engineering Shops	42	15,748	-	Demolition
21	Palo Alto, CA	Engineering Shops	43	18,387	-	Demolition
22	Long Beach, CA	Underground Well Storage Bldg	43	-	-	Demolition
22	Los Angeles, CA	MRI Facility	507	5,031	-	Demolition
22	Los Angeles, CA	Vacant Annex Theater	264	9,603	-	Demolition
22	Los Angeles, CA	Specialty Care and Research	304	83,589	-	Demolition
Sub-Total 2026				**787,091**	**-**	

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Appendix E – Awarded Enhanced-Use Lease Projects
(as of September 30, 2021; Sorted by Status, by State)

	Location	ST	EUL Type Housing Type	Lease Awarded	Status
1	Tuscaloosa I	AL	Hospice	9/19/2002	Operational
2	Tuscaloosa II	AL	Permanent	12/27/2011	Operational
3	N. Little Rock	AR	Golf Course	10/1/1998	Terminated
4	Menlo Park	CA	Permanent	12/27/2011	Operational
5	Sacramento	CA	Nursing Care (Never Operational)	12/27/2011	Expired
6	Sepulveda I	CA	Permanent	12/21/2007	Operational
7	Sepulveda II	CA	Permanent	12/21/2007	Operational
8	West LA Bldg 205	CA	Permanent	12/2/2019	Operational
9	West LA Bldg 207	CA	Permanent	10/29/2020	Operational
10	West LA Bldg 208	CA	Permanent	12/2/2019	Operational
11	West LA Bldg 209	CA	Permanent	5/18/2017	Operational
12	Newington I	CT	Permanent	12/27/2011	Operational
13	Newington II	CT	Assisted Living (Never Operational)	12/27/2011	Expired
14	West Haven	CT	Child Development Center	12/1/1994	Expired
15	Washington	DC	Child Development Center (Non-Housing)	4/20/1993	Operational
16	Bay Pines	FL	Child Development Center	5/22/1997	Terminated
17	Viera	FL	Assisted Living	12/13/2011	Operational
18	West Palm Beach	FL	Office (Non-Housing)	11/14/1994	Operational
19	Paris	France	Hotel (Non-Housing)	10/16/1998	Operational
20	Atlanta	GA	Office (Non-Housing)	12/18/1997	Operational
21	Augusta I	GA	Permanent	12/27/2011	Operational
22	Augusta II	GA	Permanent	12/30/2011	Operational
23	Barbers Point	HI	Permanent and Transitional	3/17/2003	Operational
24	Knoxville	IA	Transitional (Never Operational)	12/27/2011	Expired
25	Chicago (Lakeside)	IL	Consolidation	1/18/2005	Disposed
26	Chicago (Westside) I	IL	Office (Non-Housing)	4/22/2002	Operational
27	Chicago (Westside) II	IL	Energy (Non-Housing)	8/12/2002	Operational
28	Danville I	IL	Senior	4/27/1999	Operational
29	Danville II	IL	Permanent	12/30/2011	Operational
30	Hines I	IL	Permanent (formerly Transitional)	8/22/2003	Construction
31	Hines II	IL	Senior	7/30/2004	Operational
32	Hines III	IL	Permanent	12/27/2011	Operational
33	Mound City	IL	Office (Non-Housing)	11/6/2003	Operational
34	North Chicago I	IL	Energy (Non-Housing)	5/21/2002	Operational
35	North Chicago II	IL	Medical School	4/10/2002	Disposed
36	Indianapolis	IN	Mixed Use	9/23/1996	Operational
37	Indianapolis	IN	Mixed Use	12/6/1999	Terminated
38	Leavenworth	KS	Permanent and Transitional	8/5/2005	Operational
39	Topeka	KS	Permanent (Never Operational)	12/30/2011	Expired
40	Lexington	KY	Permanent	12/19/2018	Operational
41	Alexandria	LA	Transitional (Never Operational)	12/27/2011	Expired

	Location	ST	EUL Type Housing Type	Lease Awarded	Status
42	Bedford I	MA	Permanent	9/10/2004	Operational
43	Bedford II	MA	Permanent	12/27/2011	Operational
44	Brockton	MA	Permanent	12/27/2011	Operational
45	Northampton	MA	Permanent and Transitional	12/27/2011	Operational
46	Fort Howard I	MD	Mixed Use - Senior Housing / Clinic (Never Operational)	9/28/2006	Terminated
47	Fort Howard II	MD	Permanent	12/27/2011	Construction
48	Perry Point	MD	Permanent	12/30/2011	Operational
49	Togus	ME	Permanent	12/27/2011	Operational
50	Battle Creek	MI	Transitional	12/22/2008	Operational
51	Minneapolis I	MN	Credit Union (Non-Housing)	8/17/2004	Operational
52	Minneapolis II	MN	Permanent	9/1/2005	Operational
53	Minneapolis III	MN	Permanent	12/27/2011	Operational
54	Minneapolis IV	MN	Permanent	6/2/2016	Operational
55	St. Cloud I	MN	Golf Course (Non-Housing)	7/28/1997	Operational
56	St. Cloud II	MN	Permanent	5/24/2005	Operational
57	St. Cloud III	MN	Permanent	12/27/2011	Operational
58	Fort Harrison	MT	Permanent	12/27/2011	Operational
59	Durham	NC	Mixed Use	1/3/2002	Operational
60	Grand Island	NE	Permanent	12/30/2011	Operational
61	Lincoln	NE	Permanent	12/30/2011	Operational
62	Lyons	NJ	Permanent	12/27/2011	Operational
63	Somerville	NJ	Mixed Use	9/5/2003	Operational
64	Albany	NY	Parking (Non-Housing)	8/5/2009	Operational
65	Batavia I	NY	Transitional	5/24/2002	Terminated
66	Batavia II	NY	SRO/Transitional	5/24/2002	Terminated
67	Batavia III	NY	Senior	12/22/2008	Operational
68	Bath	NY	Permanent (Never Operational)	12/27/2011	Expired
69	Canandaigua	NY	Permanent and Transitional	12/27/2011	Operational
70	Northport	NY	Assisted Living (Never Operational)	12/27/2011	Expired
71	Chillicothe I	OH	Mixed Use	12/22/2008	Operational
72	Chillicothe II	OH	Permanent	12/30/2011	Operational
73	Cleveland	OH	Mixed Use	10/1/2009	Disposed
74	Dayton I	OH	Permanent	12/30/2004	Operational
75	Dayton II	OH	Child Development Center (Non-Housing)	12/30/2004	Operational
76	Dayton III	OH	Transitional	4/19/2007	Operational
77	Dayton IV	OH	Transitional	11/5/2008	Operational
78	Dayton V	OH	Senior	12/30/2011	Operational
79	Dayton VI	OH	Permanent (Never Operational)	12/30/2011	Expired
80	Roseburg I	OR	Transitional	8/1/2000	Operational
81	Roseburg II	OR	Permanent	12/27/2011	Operational
82	Butler I	PA	Mental Health Facility (Non-Housing)	12/18/2003	Operational
83	Butler II	PA	Transitional	4/17/2007	Operational
84	Charleston	SC	Driveway (Non-Housing)	5/18/2004	Operational
85	Columbia	SC	Mixed Use	11/19/2007	Operational
86	Sioux Falls	SD	Parking	4/1/1999	Expired

	Location	ST	EUL Type Housing Type	Lease Awarded	Status
87	Memphis I	TN	Parking / Child Advocacy Center (Non-Housing)	12/30/2011	Operational
88	Memphis II	TN	Parking / Mixed Use (Never Operational)	12/30/2011	Expired
89	Mountain Home I	TN	Medical School (Non-Housing)	12/17/1998	Operational
90	Mountain Home II	TN	Energy (Non-Housing)	12/2/1999	Operational
91	Big Spring	TX	Parking	3/8/1996	Terminated
92	Dallas	TX	Child Development Center	12/20/1999	Expired
93	Houston	TX	Mixed Use	8/23/1993	Operational
94	Kerrville	TX	Permanent	12/27/2011	Operational
95	Salt Lake City I	UT	Office (Non-Housing)	5/9/2001	Operational
96	Salt Lake City II	UT	Mixed Use	9/20/2006	Operational
97	Salt Lake City III	UT	Transitional	8/30/2011	Operational
98	Salem	VA	Permanent (Never Operational)	12/30/2011	Expired
99	Vancouver I	WA	Permanent	7/14/1998	Operational
100	Vancouver II	WA	Crisis Triage Center (Non-Housing)	2/13/2004	Operational
101	Vancouver III	WA	Permanent	12/27/2011	Operational
102	Walla Walla	WA	Permanent	12/30/2011	Operational
103	Milwaukee I	WI	Office (Non-Housing)	7/17/2003	Operational
104	Milwaukee II	WI	Permanent	11/9/2018	Operational
105	Cheyenne	WY	Permanent (Never Operational)	12/30/2011	Expired

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Appendix F – History of Veterans Health Administration Projects Update (dollars in thousands)

City	ST	Project Description	Total Est. Cost	2004 – 2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Planned	2023 Request	Status
Alameda	CA	Community Based Outpatient Clinic and National Cemetery	$395,000	$87,332	$0	$26,000	$152,868	$0	$128,800	CD
American Lake	WA	Seismic Corrections-NHCU and Dietetics	$36,200	$36,200	$0	$0	$0	$0	$0	PC
American Lake[1]	WA	Construction of New Specialty Care Building 201	$110,600	$16,260	$0	$0	$94,340	$0	$0	CO
Anchorage	AK	Outpatient Clinic/Regional Office	$74,806	$74,806	$0	$0	$0	$0	$0	PC
Atlanta	GA	Modernize Patient Wards	$18,308	$18,308	$0	$0	$0	$0	$0	FC
Bay Pines	FL	Inpatient/Outpatient Improvements	$188,200	$158,200	$0	$30,000	$0	$0	$0	CO
Biloxi[2,3]	MS	Restoration Of Hospital/ Consolidation of Gulfport	$341,500	$312,000	$7,000	$0	$0	$22,500	$0	CO
Brockton	MA	Long-Term Care Spinal Cord Injury	$188,000	$24,040	$0	$0	$0	$0	$0	NFYDP
Bronx	NY	Spinal Cord Injury Center	$225,900	$8,179	$0	$0	$0	$0	$0	NFYDP
Canandaigua[4,5]	NY	Construction and Renovation	$506,400	$161,980	$191,761	$0	$30,000	$60,159	$62,500	CO
Chicago	IL	Bed Tower (Modernize Inpatient Space)	$96,387	$96,387	$0	$0	$0	$0	$0	PC
Cleveland	OH	Cleveland-Brecksville Consolidation	$100,098	$100,098	$0	$0	$0	$0	$0	PC
Columbia	MO	Operating Suite Replacement	$23,913	$23,913	$0	$0	$0	$0	$0	PC
Columbus	OH	Outpatient Clinic	$93,042	$93,042	$0	$0	$0	$0	$0	PC
Dallas	TX	Clinical Expansion for Mental Health	$156,400	$15,640	$0	$0	$0	$0	$0	DD
Dallas	TX	Spinal Cord Injury	$292,239	$34,814	$135,686	$0	$78,500	$43,239	$0	AP-CD
Denver[6]	CO	New Medical Center Facility	$1,650,827	$1,675,000	$0	($22,171)	($2,002)	$0	$0	PC
Des Moines	IA	Extended Care Building	$25,397	$25,397	$0	$0	$0	$0	$0	PC
Durham	NC	Renovate Patient Wards	$9,055	$9,055	$0	$0	$0	$0	$0	PC
El Paso	TX	Construct New Health Care Center	$700,000	$0	$0	$0	$0	$150,000	$550,000	P
Fayetteville[2,7]	AR	Clinical Addition	$86,910	$86,910	$0	$0	$0	$0	$0	FC
Ft Harrison[5]	MT	Seismic Upgrade and Specialty Care Improvements	TBD	$0	$0	$0	$0	0	$88,600	P
Gainesville[7]	FL	Correct Patient Privacy Deficiencies	$100,478	$100,478	$0	$0	$0	$0	$0	PC
Gulfport	MS	Environmental Cleanup	$35,331	$35,331	$0	$0	$0	$0	$0	PC
Indianapolis	IN	7th and 8th Floor Ward Modernization Addition	$27,395	$27,395	$0	$0	$0	$0	$0	PC

City	ST	Project Description	Total Est. Cost	2004 – 2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Planned	2023 Request	Status
Las Vegas[2,7,8]	NV	New Medical Facility	$592,655	$589,655	$0	$3,000	$0	$0	$0	PC
Lee County[2,7]	FL	Outpatient Clinic	$79,936	$79,936	$0	$0	$0	$0	$0	PC
Livermore	CA	Realignment and Closure of the Livermore Campus	$505,000	$311,730	$0	$0	$143,270	$0	$35,000	CO
Long Beach	CA	Seismic Corrections - Bldgs 7 and 126	$129,545	$129,545	$0	$0	$0	$0	$0	CO
Long Beach	CA	Mental Health and Community Living Center	$387,300	$317,300	$0	$0	$50,000	$20,000	$0	CO
Los Angeles	CA	Seismic Corrections - Bldgs.500 and 501	$2,126	$2,126	$0	$0	$0	$0	$0	CA
Louisville[9]	KY	New Medical Facility	$1,013,000	$150,000	$300,000	$410,000	$25,000	$93,000	$35,000	CO
Manhattan[10]	NY	Medical Center-Flood Recovery	$372,600	$212,000	$10,600	$150,000	$0	$0	$0	CO
Menlo Park	CA	Seismic Corrections -Geropsych replace (Building 324)	$32,679	$32,679	$0	$0	$0	$0	$0	PC
Miami[11,12]	FL	Renovation of Surgical Suite and Operating Rooms	$39,206	$12,000	$0	$0	($1,794)	$0	$0	PC
Milwaukee[2,7]	WI	Spinal Cord Injury Center	$27,557	$27,557	$0	$0	$0	$0	$0	PC
Minneapolis	MN	Spinal Cord Injury/Disease Center	$20,438	$20,438	$0	$0	$0	$0	$0	PC
New Orleans[11,13]	LA	New Medical Facility	$1,089,490	$1,089,500	$0	($10)	$0	$0	$0	PC
North Chicago	IL	Joint VA and Dept of Navy Medical Project	$11,781	$11,781	$0	$0	$0	$0	$0	FC
North Chicago[12]	IL	Renovate Building 4	$15,980	$0	$6,000	$0	$0	$0	$0	CO
Oklahoma City[12]	OK	Construct Surgical Intensive Care Unit and Renovate Operating Rooms	$47,564	$0	$10,800	$0	$0	$18,103	$0	CD
Omaha[14]	NE	Replacement Facility	$560,000	$0	$0	$0	$0	$0	$0	CA
Omaha[14]	NE	Ambulatory Care CHIP-IN ACT	$86,000	$56,000	$0	$0	$0	$0	$0	PC
Orlando[7]	FL	New Medical Facility	$615,534	$615,534	$0	$0	$0	$0	$0	PC
Palo Alto	CA	Seismic Corrections, Bldg. 2	$52,587	$52,587	$0	$0	$0	$0	$0	PC
Palo Alto[15]	CA	Centers for Polytrauma/Blind Rehabilitation, Ambulatory Care and Research	$472,600	$472,600	$0	$0	$0	$0	$0	AP-PB
Pensacola	FL	Joint VA and Department of Navy OPC	$54,012	$54,012	$0	$0	$0	$0	$0	FC
Perry Point	MD	Replacement Community Living Center	$92,700	$92,700	$0	$0	$0	$0	$0	P
Pittsburgh[7,11]	PA	Consolidation of Campuses	$268,215	$269,969	$0	($1,753)	$0	$0	$0	CO

City	ST	Project Description	Total Est. Cost	2004 – 2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Planned	2023 Request	Status
Portland[5]	OR	Upgrade Building 100/101 for Seismic Retrofit and Renovation	TBD	$0	$0	$0	$0	$20,000	$503,000	S/DD
Reno[16]	NV	Replace VASNHCS Medical Center	TBD	$213,800	$0	$10,000	$0	$0	$0	P
San Antonio	TX	Ward Upgrades and Expansion	$20,172	$20,172	$0	$0	$0	$0	$0	PC
San Antonio	TX	Polytrauma Center	$48,180	$48,180	$0	$0	$0	$0	$0	PC
San Diego	CA	Seismic Corrections - Bldg. 1	$47,344	$47,344	$0	$0	$0	$0	$0	PC
San Diego[17]	CA	SCI and Seismic Building 11	$311,700	$205,840	$5,000	$20,000	$21,260	$10,000	$0	CO
San Francisco	CA	Seismic Corrections, Bldg. 203	$39,357	$39,357	$0	$0	$0	$0	$0	PC
San Francisco[18]	CA	New Research Facility	$264,500	$180,480	$0	$0	$0	$74,400	$0	D
San Juan	PR	Seismic Corrections Bldg.1	$307,000	$277,000	$0	$30,000	$0	$0	$0	CO
Seattle[19]	WA	B101 Mental Health	$205,939	$192,424	$11,000	$0	$2,515	$0	$0	PC
Seattle[11]	WA	Correct Seismic Deficiencies B100, NT and NHCU	$36,891	$37,057	$0	$0	($166)	$0	$0	PC
St. Louis (JB)	MO	Medical Facility Improvements and Cemetery Expansion	$366,500	$332,100	$34,400	$0	$0	$0	$0	CO
St. Louis (JC)	MO	Replace Bed Tower, Clinical Bldg Expansion and Parking Garage	TBD	$43,340	$0	$0	$0	$92,000	$0	RQ
Syracuse[11]	NY	Construct Addition for SCI Center	$89,013	$89,014	$0	$0	($1)	$0	$0	PC
Tampa[6]	FL	Upgrade Electrical Dist. Systems	$44,136	$44,136	$0	$0	$0	$0	$0	PC
Tampa[15,20]	FL	Polytrauma and New Bed Tower	$240,200	$236,500	$0	$0	$0	$3,700	$0	CO
Tampa	FL	Spinal Cord Injury Center	$10,818	$10,818	$0	$0	$0	$0	$0	PC
Temple	TX	Information Technology Facility	$10,228	$10,228	$0	$0	$0	$0	$0	FC
Tucson	AZ	Mental Health Clinic	$13,436	$13,436	$0	$0	$0	$0	$0	FC
Tulsa[21]	OK	Construct Inpatient Facility	$220,900	$0	$0	$0	$120,000	$0	$0	P
Walla Walla	WA	Multi Specialty Care	$71,400	$71,400	$0	$0	$0	$0	$0	CO
West Los Angeles[22]	CA	Seismic Correction of 12 Bldgs	$105,500	$105,500	$0	$0	$0	$0	$0	CO
West Los Angeles (BRNT)[23]	CA	Build New Critical Care Center	TBD	$50,790	$0	$25,000	$0	$40,000	$0	D
		Total		**$10,089,328**	**$712,246**	**$680,065**	**$713,791**	**$647,101**	**$1,402,900**	

Status Codes:

AA – Advertise and Award
AP-P – Active Phase Planning
AP-CD – Active Phase Construction Documents
CD – Construction Documents
FC – Financially Complete
NFYDP – Not in Five Year Development Plan
PC – Physically Complete
AP-AA – Active Phase Advertise and Award
AP-PB – Active Phase Project Book
CA – Cancelled
CO – Construction
P – Planning
RQ – Requirements
S/DD - Schematics/Design Development

[1] American Lake, WA Construction of New Specialty Care Building 201: the project description was updated in 2021 from Building 81 Seismic Corrections, Renovation of Building 81ACand18and Construction of New Specialty Care Building 201. Phase III Building 81 and 81AC was moved to the Seismic Corrections Program. One or both of these two building renovations (81 and 81AC) may be moved back into the Major program om the future and an updated prospectus will be published to reflect the change.
[2] Funds were transferred to the Filipino Veterans Compensation Fund in 2010 per P.L. 111-212.
[3] Biloxi, MS received $292.5M in emergency supplemental appropriation from P.L. 109-148 and $17.5M in appropriations in 2006. $18M was transferred to the working reserve in 2015I. n 2016 $11M, in 2018 $15M and in 2019 $7M was reprogrammed from the working reserve.
[4] Canandaigua, NY received $3M in 2018 and $1.761K in 2019 from the working reserve.
[5] 2023 funding is anticipated to come from the Recurring Expenses Transformational Fund.
[6] Denver, CO received $5M in 2014 and $245M in 2015 reprogramming actions (P.L.114-19; P.L. 114-25). This project received an additional $625M in 2016 (P.L. 114-53). In 2020, $22.171M and in 2021 $2M was returned to the working reserve. In 2021, $2K in 2015/2016 funds cancelled.
[7] Funds were transferred for use on other projects in 2012 per P.L. 112-37.
[8] Las Vegas, NV received $5M in 2017 and $3M in 2020 from the working reserve.
[9] Louisville, KY received $25M in 2021 from the working reserve.
[10] Manhattan, NY received $207M in 2013 from the Disaster Relief Appropriations Act of 2013 (P.L. 113-2). In 2018 $5M and in 2019 $10.6M was transferred from the working reserve.
[11] Excess funds from unused contingencies, impact items, etc. were transferred to the working reserve.
[12] Miami, FL, North Chicago, IL and Oklahoma City, OK: Total Estimated Cost includes funds from the Minor Construction and Medical Facilities programs.
[13] New Orleans, LA was funded through two emergency supplemental appropriations in 2006: $75M from P.L. 109-148 and $550M from P.L. 109-234. $39.5M in 2015, $50M in 2016 and $5M in 2017 was reprogrammed from the working reserve.
[14] Omaha, NE: $56M transferred from the original Replacement Facility to the Ambulatory Care Clinic due to P.L. 114-294 (aka: the CHIP IN ACT). TEC includes $30M in donations from a community partner for a total of $86M.
[15] Palo Alto, CA Ambulatory Care/Polytrauma Rehab and Tampa, FL, Polytrauma/Bed Tower projects received funding in the 2008 emergency supplemental P.L. 110-252. Tampa received an additional $5M in 2018 from the working reserve.
[16] Reno, NV VASNHCS Medical Center project is updated in a new prospectus in Chapter 4 in 2023 from Correct Seismic Deficiencies and Expand Clinical Services Building is requesting re-authorization of the project.
[17] San Diego, CA received $5M from the working reserve in 2019.
[18] San Francisco, CA New Research Facility: the project description was updated in 2022 from Seismic Retrofit/Replace Buildings 1, 6, 8 and 12. The Seismic Retrofit/Replace Buildings 1, 6 and 8 will be funded with the Seismic Line Item. Revised Scope and TEC was published in the 2022 President's Budget.

[19] Seattle, WA received $11M in 2019 and $2.515M in 2021 from the working reserve.
[20] Tampa, FL Polytrauma and New Bed Tower received $3.7M in FY 2022 in reprogrammed funds.
[21] Tulsa, OK project is CHIP IN (P.L. 114-294). VA contribution will be $120M, with the donor providing land, buildings and funds to complete the project.
[22] West Los Angeles, CA Seismic Corrections to 12 Buildings: under P.L. 114-226 West Los Angeles Leasing Act of 2016, VA is allowed to use several buildings for an EUL
[23] West Los Angeles, CA Build New Critical Care Center: the project description was updated in 2020 from Construct New Essential Care Tower/B500 Seismic Correction and Renovation. The seismic retrofit and renovation of B500 were removed from scope and the project now involves building a new Critical Care Center and replacing B501. Project will use $25M appropriated in 2012 and $25M requested in 2020 for site improvements and utilities.

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Appendix G – History of Non-Vetereans Health Administration Projects (dollars in thousands)

Cemetery Name	ST	Project Description	Total Est. Cost	2004 – 2018	2019 Actual	2020 Actual	2021 Actual	2022 Planned	2023 Request	Status
Abraham Lincoln	IL	Phase 3 Gravesite Expansion	$35,000	$35,000	$0	$0	$0	$0	$0	CO
Barrancas[1]	FL	Gravesite Expansion and Cemetery Improvements	$22,738	$27,500	$0	($2,579)	($2,184)	$0	$0	PC
Calverton	NY	Gravesite Expansion and Cemetery Improvements	$50,000	$50,000	$0	$0	$0	$0	$0	CO
Cape Canaveral[1]	FL	Phase 1 Development	$37,142	$37,741	$0	$0	($599)	$0	$0	PC
Cape Canaveral	FL	Phase 2 Gravesite Expansion	$38,000	$0	$38,000	$0	$0	$0	$0	CO
Dallas-Fort Worth	TX	Phase 4 Gravesite Expansion	$28,000	$0	$0	$28,000	$0	$0	$0	CO
Florida	FL	Phase 5 Gravesite Expansion	$51,500	$51,500	$0	$0	$0	$0	$0	CO
Fort Sam Houston	TX	Phase 3 Gravesite Expansion and Cemetery Improvements	$56,000	$0	$0	$0	$56,000	$0	$0	CO
Ft Logan	CO	Phase 1 Gravesite Expansion	$50,000	$0	$0	$0	$0	$50,000	$0	D
Great Lakes	MI	Phase 2 Gravesite Expansion	$35,200	$0	$35,200	$0	$0	$0	$0	CO
Houston	TX	Phase 5 Gravesite Expansion	$34,000	$0	$0	$34,000	$0	$0	$0	CO
Indiantown Gap	PA	Phase 5 Gravesite Expansion	$44,500	$0	$0	$0	$0	$44,500	$0	D
Jacksonville	FL	Phase 2 Gravesite Expansion	$24,000	$24,000	$0	$0	$0	$0	$0	CO
Jefferson Barracks	MO	Gravesite Expansion	$44,000	$0	$0	$0	$0	$0	$44,000	D
Los Angeles	CA	Columbarium Expansion	$27,600	$27,600	$0	$0	$0	$0	$0	AP-DD
Massachusetts	MA	Phase 4 Gravesite Expansion	$32,000	$0	$0	$32,000	$0	$0	$0	CO
Miramar	CA	Phase 2 Gravesite Expansion	$31,000	$0	$0	$0	$31,000	$0	$0	CO
Morovis[2]	PR	Replacement Cemetery	$59,500	$49,500	$0	$10,000	$0	$0	$0	CO
National Cemetery of the Alleghenies	PA	Phase 3 Gravesite Expansion	$39,000	$39,000	$0	$0	$0	$0	$0	CO
National Memorial Cemetery of Arizona	AZ	Gravesite Expansion and Cemetery Improvements	$31,900	$31,900	$0	$0	$0	$0	$0	CO
National Memorial Cemetery of Pacific[1]	HI	Columbarium and Cemetery Improvements	$29,219	$29,300	$0	$0	($81)	$0	$0	PC
Ohio Western Reserve	OH	Phase 3 Gravesite Expansion	$29,000	$0	$29,000	$0	$0	$0	$0	CO
Omaha	NE	New Cemetery	$34,480	$34,480	$0	$0	$0	$0	$0	PC

Cemetery Name	ST	Project Description	Total Est. Cost	2004 – 2018	2019 Actual	2020 Actual	2021 Actual	2022 Planned	2023 Request	Status
Pikes Peak	CO	New Cemetery, Phase 1 Development	$36,000	$36,000	$0	$0	$0	$0	$0	PC
Puerto Rico	PR	Gravesite Expand Cemetery Improv on Remaining Land	$23,400	$23,400	$0	$0	$0	$0	$0	PC
Riverside	CA	Phase 5 Gravesite Expansion	$43,000	$40,000	$0	$3,000	$0	$0	$0	PC
Sacramento Valley	CA	Phase 2 Gravesite Expansion	$35,000	$35,000	$0	$0	$0	$0	$0	PC
Santa Fe	NM	Phase 1 Development	$57,000	$0	$0	$0	$0	$0	$57,000	D
South Florida	FL	Phase 2 Gravesite Expansion	$31,000	$31,000	$0	$0	$0	$0	$0	CO
Western New York[3]	NY	New Cemetery, Phase 1 Development	$76,544	$36,000	$0	$10,000	$5,544	$0	$25,000	CO
Willamette[1]	OR	Gravesite Expansion and Cemetery Improvements	$34,089	$35,000	$0	$0	($911)	$0	$0	PC
		Total	**$1,199,811**	**$673,920**	**$102,200**	**$114,421**	**$88,769**	**$94,500**	**$126,000**	

Status Codes:
AA – Advertise and Award
AP-DD – Active Phase Design Development
CD – Construction Documents
CO – Construction
D – Design
FC – Financially Complete
PC – Physically Complete

[1]Excess funds from unused contingencies, etc., were transferred to the working reserve and funds were made available for other uses in support of the major construction program.
[2]Morovis National Cemetery, PR, Replacement Cemetery received $4.5M from the working reserve in 2018.
[3]Western New York NC received $5.544M from the working reserve in 2021.