CARES Contracts and Reports
Request 1: Copies of all CARES contracts/modifications related to the West LA VAMC between VA and PwC

2. CARES Business Studies Contract Number V776P-0515 (Jan 7, 2005)

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NO.	PAGE 1 OF
	127

2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NO.	5. SOLICITATION NO.	6. SOLICITATION ISSUE DATE
V746P-0515	1/7/05	541-X50001	778-04-241	09/29/04

7. FOR SOLICITATION INFORMATION CALL ▶	8. NAME	b. TELEPHONE NO. (No collect calls)	8. OFFER DUE DATE/LOCAL TIME
	Sadya M. Armstrong	440-526-3030 ext 1020	10/27/04 – 2:00 PM EST

9. ISSUED BY	CODE	10. THIS ACQUISITION IS	11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
Louis Stokes Cleveland Department of Veterans Affairs Medical Center Building 3, Room B237D 10000 Brecksville Rd Brecksville OH 44141	778/19A	X UNRESTRICTED ☐ SET ASIDE: ____% FOR SMALL BUSINESS ☐ SMALL DISADV. BUSINESS ☐ 8(A) NAIC: SIZE STD:	☐ SEE SCHEDULE ☐ 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) 13b. RATING 14. METHOD OF SOLICITATION ☐ RFQ ☐ IFB x RFP

15. DELIVER TO	CODE	16. ADMINISTERED BY	CODE
			778/19A

17a. CONTRACTOR/ OFFEROR	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY	CODE
PRICEWATERHOUSE COOPERS LLP 1301 K STREET NW WASHINGTON DC 20005 PHONE: 202-414-1844			FSC PO BOX 149971 AUSTIN, TX 78714	778/19A

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED ☐ SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
1	CARES BUSINESS STUDIES (Attach Additional Sheets as Necessary)	1	JB		$9,641,601.00

25. ACCOUNTING AND APPROPRIATION DATA	26. TOTAL AWARD AMOUNT (For Govt. Use Only)
541-36X0110-4001-854200-3220	$9,641,601.00

X 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA X ARE ARE NOT ATTACHED.

☐ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ☐ ARE ☐ ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 2 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.

29. AWARD OF CONTRACT: REFERENCE Oral and RFO OFFER DATED. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS.

30a. SIGNATURE OF OFFEROR/CONTRACTOR	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)
	Sadya M. Armstrong

30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)	31c. DATE SIGNED
PAUL K. CHRENCIK Partner	10/25/04	SADYA M. ARMSTRONG CONTRACTING OFFICER	1/7/05

32a. QUANTITY IN COLUMN 21 HAS BEEN	33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR
☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED	☐ PARTIAL ☐ FINAL		
	36. PAYMENT		37. CHECK NUMBER
	☐ COMPLETE ☐ PARTIAL ☐ FINAL		
32b. SIGNATURE OF AUTHORIZED GOVT REPRESENTATIVE / 32c. DATE	38. S/R ACCOUNT NO.	39. S/R VOUCHER NO.	40. PAID BY
	42b. RECEIVED AT (Location)		
	42a. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS	

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER / 41c. DATE

AUTHORIZED FOR LOCAL REPRODUCTION
Computer Generated

SEE REVERSE FOR OMB CONTROL NUMBER AND PAPERWORK BURDEN STATEMENT

STANDARD FORM 1449 (10-95)
Prescribed by GSA - FAR (48 CFR) 53.212

Capital Asset Realignment for Enhanced Services (CARES)
Business Plan Studies
Solicitation 776-04-241

TABLE OF CONTENTS

Statement of Work
Capital Asset Realignment for Enhanced Services (CARES)
Business Plan Studies

I. Overview:

The Secretary's CARES Decision, May 2004 calls for additional studies to refine the analyses developed in the CARES planning and decision-making process.

This Statement of Work (SOW) addresses the site-specific requirements for Healthcare Delivery Studies, Capital Plans and Reuse Plans (refer to Attachment 1). The planning horizon for implementation is 2013 but any options must be projected as viable using demand data for 2023. Study results and Plans will be integrated into a business plan format that provides VA decision makers and stakeholders with clear options for the type, size and location and reuse potential of VA health care resources under study. These Plans will provide the VA with an independent business analysis from which implementation decisions will be made. These decisions are sensitive to stakeholders within and outside of government. The conduct of these analyses, recommendations and conclusions will receive a great deal of scrutiny both in and out of the Department of Veterans Affairs.

II. Objective

Provide a business plan with a minimum of three (3) options and a maximum of 6 options at each site that describe the location of services, capital infrastructure required, and reuse potential as specified in Attachment 1. It is expected that most sites will have less then 6 options while the more complex sites, for example, Boston, New York and Louisville may have more than 3 options. An option that most effectively addresses the VA objectives is to be recommended. Each option addressed by the Contractor shall include (1) a detailed description of an appropriate location and size of retained VHA operations/activities; and (2) facilities needed for the delivery of accessible, cost effective quality care to veterans; construction and operating costs including costs associated with VHA operational transitions into or out of existing or new/rehabilitated VA facilities as well as general reuse opportunities available for vacant and/or underused VA buildings and/or land. The analyses shall further detail the effective use of VA operating and capital resources that address the continuity of care for patients where services are to be transitioned to other sites of care. The Contractor's business plan shall provide an objective independent external analysis and option formulation process. The recommended option shall answer the following question:

"What is the optimal approach to provide current and projected veterans with equal to or better healthcare than is currently provided in terms of access, quality, and cost effectiveness, while maximizing any potential reuse of all or portions of the current real property inventory?"

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III. General Requirements

The Contractor shall have expertise and provide all resources necessary to perform the specific requirements in this SOW. This will include, but is not limited to expertise in health care delivery assessment and planning, patient origin analysis, modeling health care services utilization, healthcare quality management and measurement systems, stakeholder communications, economic and financial analysis, life-cycle costing, real property management and advisory services, facilities architectural/engineering design, construction, operations and maintenance, and related cost estimating. In addition, the Contractor shall demonstrate that they have previous experience in developing complex analyses and plans for health care facilities and multi-institutional systems. Experience in regionalization of services in multi-institutional systems is particularly relevant. Options presented must be compliant with existing laws, regulations, and VA requirements.

IV. Components of the Work to be Performed

A. Quality Assurance Plan

Contractor will develop a quality assurance plan encompassing all deliverables/tasks within this contract. It is to include though not limited to all study tools, conduct of Federal Advisory Committee meetings, stakeholder communication plans and coordination with other government contractors. This plan will outline in sufficient detail how deliverables/tasks will be assessed and evaluated, what process will be used and what expected outcomes established. Areas of interest to be addressed are

a. Clarity of written and verbal presentations as determined by recipients
b. Accuracy of methodological components, their interaction and specific data elements necessary for each component to be implemented and ongoing assurance that the data used is the correct data and the methodology is implemented accurately.
c. Conformity with state-of-the art health planning and costing methodology
d. Extent to which existing CARES data and tools and other VA data as appropriate are incorporated into the methodology
e. Acceptability of interim and final product deliverables and
f. Accuracy of status reports and information conveyed on conference calls.

B. Develop Study Tools

1. Purpose: The Contractor shall develop a standardized methodology and formats that will be applied consistently at multiple sites to conduct the specified Healthcare Delivery Studies and prepare the Capital Plans and Reuse Plans at the multiple sites. The Contractor shall also develop a methodology and format to determine how well the options meet the following VA objectives that are the basis for the Contractor recommending the primary option:
   a. Maintains or improves quality
   b. Maintains or improves access
   c. Maximizes reuse potential of VA owned sites
   d. Results in a modernized, safe health care delivery environment
   e. Results in a cost effective physical and operational configuration of VA resources

2. Formats and Timelines: The contractor shall provide an overall and detailed site-specific timeline for the studies and business plans. These plans and timelines shall show a staggering of dates and deliverables, within overall timeframes to ensure timely approvals by VA. The contractor shall develop formats for the analyses and business plans. The Contractor shall also develop a weekly status report format. This format will then be incorporated in the contract as Deliverables for the studies and plans.

3. Contractor Coordination: The Contractor shall develop a /plan on how to coordinate the work and phasing of this scope of work with other related VA contractors. Other VA contractors may be developing Capital Plans and/or Reuse Plans at the same or related sites. This work will need to be integrated in the studies outlined in this SOW. Site-specific timelines developed must include critical interaction points with other contactors.

C. Stakeholder Input Plan

1. Federal Advisory Committee (FAC)

   a. Federal Advisory Committees shall be appointed by VA, at each study site and the Contractor shall provide support to the FAC and shall be used to solicit stakeholder input. The gathering and consideration of stakeholder input in this scope of work is of great importance. The FAC, at each study site will be used to solicit stakeholder input as indicated in this section through public meetings, solicitation of stakeholder comments through web sites, correspondence, Contractor interviews and statements provided at the public meetings. Stakeholders include but are not limited to veterans and family members, Veterans Service Organizations, Special Disability Organizations, Local and State government, congressional offices, educational affiliates, community groups and employees, unions.

   The Contractor shall organize, plan, and coordinate the FAC public meetings and document the views of the Committees and other attendees for public meetings. The Contractor will demonstrate in the business plans for each site how they considered the FAC and other stakeholder views in the development of options and in the Contractor's recommended option.

   The FAC will provide the Contractor a consistent mechanism to exchange information and obtain advice. The Contractor shall use the FAC to seek stakeholder input at selected stages in the process as described in this section. The FAC will also have VA staff as members to ensure that the FAC includes VA staff input in their deliberations. At several sites other VA contractors will be engaged in capital and reuse planning activities. The Contractor shall coordinate stakeholder input from the FAC regarding these planning actions and provide the inputs to the contractors providing

capital and reuse planning activities.

The FACs has no decision making responsibilities and are to serve in an advisory capacity. Further, the Contractor is expected to work independently in the formulation of planning options and while the Contractor shall solicit the FAC's advice on options to be developed and the final option recommended by the Contractor, consensus or agreement is not necessary. Thus it is not the Contractors responsibility to achieve consensus with the FAC. The FAC recommendations will be conveyed to the Secretary of Veterans Affairs through the Contractor. The goal is for the Secretary to have a clear understanding of the FAC recommendations and how the FAC recommendations were considered in the Contractor's option development process, as well as the options the Contractor brings forward for the Secretary's final decisions.

b. The Contractor is expected to support the meetings of the FAC by providing the following functions:
   (1) Establish the agenda and testimony schedule for the meetings
   (2) Schedule meetings to meet the Contractors work plan for products to be reviewed
   (3) Prepare transcripts of meetings
   (4) Maintain records of meetings
   (5) Serve as a collection point for stakeholder input by mail (electronic or paper)
   (6) Review stakeholder input collected for the FAC
   (7) Conduct briefings and solicit input at FAC meetings
   (8) Provide materials to FAC members one week in advance of meetings to allow adequate time for their review. Materials must meet the clarity requirements as described elsewhere in this SOW
   (9) Provide for the costs of FAC meeting sites and associated expenses if government sites are not available or adequate; and
   (10) Collect the stakeholder inputs from all venues aggregate it and provide to the FAC for their deliberations.

c. VA staff will collaborate with the Contractor to support the FAC by:
   (1) Advertising FAC meetings in addition to the official required notification process the Contractor shall perform
   (2) Identifying stakeholder lists for any mailings; and
   (3) Identifying any available VA space for meetings

d. The Contractor interacts with the FAC in the following manner:
   (1) Complying with all regulatory requirements associated with a Federal Advisory Committee including but not restricted to public notification, open meetings, documentation and publication of deliberations.
   (2) Conducting meetings with the FAC as required -- It is anticipated that the Contractor shall conduct 4 meetings (and a 5th if necessary) with the FAC as follows:

a. An initial briefing on the methodology the Contractor plans to use in preparing the business plans, and to obtain FAC input regarding stakeholder and other concerns related to the CARES initial analysis to help guide the Contractor's analysis;
b. A meeting to seek information and advice as the Contractor formulates proposed business plan options that the Contractor shall propose to the Secretary for further development;
c. A meeting to brief the FAC on the Secretary's selection of options for further development; and
d. A meeting to present the FAC with the draft business plan and to seek FAC recommendations regarding the Contractor's selection of the recommended option for the Secretary's approval.
e. A meeting to present the final business plan the Contractor intends to submit to the Secretary if significant revisions are made to the draft business plan.

(3) Other - The Contractor shall:

a. Provide monthly progress reports to FAC members between meetings by the 28th of each month
b. Respond to FAC member's questions;
c. Maintain website for each site where study progress reports and FAC deliberations are available to the public; and
d. Develop and provide training for Federal Advisory Committee members and VHA lead staff to ensure understanding of the study methodology and process.

The Contractor shall provide an educational program at the first meeting of each FAC. The educational program shall be 4 hours at 22 sites for 150-250 FAC members across all sites. The Contractor shall conduct an evaluation of effectiveness of the training through a suitable survey and complaint feedback process, and use the information obtained to improve the quality of the training provided. VA will assess the Contractor's training effectiveness by participant's response to the training evaluation survey and the level of help responses logged as staff access templates and tools developed by the Contractor.

e. The local Federal Advisory Committee will provide the Contractor with a perspective on previous CARES local planning products, facility mission and workload, facility clinical issues, environmental factors, VISN referral and cross cutting issues in order to assist the Contractor in the refinement of the options the Contractor shall recommend. The Federal Advisory Committee will also provide feedback to the Contractor on proposed options and recommendations. Thus, regular and consistent communication between the Contractor and the FAC is required.

f. Recommended option: The FAC and Contractor do not have to reach agreement on the Contractor recommended option. The Contractor is

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expected to provide an objective independent external analysis and option formulation process. If the Federal Advisory Committee is in agreement with the final recommendations of the Contractor, the Contractor shall communicate the committee's agreement to the Secretary and COTR. If the FAC disagrees with the Contractor's recommended option the FAC may propose an alternative recommendation and the Contractor shall present this to the VA Secretary through the COTR for consideration. In addition, the Contractor shall provide the COTR why the committee's alternate recommendation was not supported in the Contractor's analyses.

2. Federal Advisory Committee Support and Stakeholder Communication Plan

   a. The Contractor shall develop and submit a plan to the COTR for how it will support and work with the FAC to solicit, analyze and respond to FAC and other stakeholder comments regarding planning options at all locations, including those working in collaboration with other VA Contractors. The plan shall include:
      - The process the Contractor shall use to implement key points/steps in the analysis/process for FAC briefings and input as defined in IV.B.1.b of the SOW or other steps proposed by the Contractor.
      - The process the Contractor shall use and the role of the FAC in assisting in obtaining and providing any other stakeholder information and input as deemed required by the COTR throughout the study process.
      - The process the Contractor shall use to ensure public notices and documentation requirements for the FAC will be met.
      - The process the Contractor shall use to obtain stakeholder input for the FAC's consideration.
      - The process the Contractor shall use to organize FAC and any other stakeholder input that clearly displays the type, quantity and content of the input and how the input will be incorporated into the Contractor's analyses of options.
      - The process the Contractor shall use to ensure to develop feedback/analysis reports that identify how FAC input was considered and how its impact on the options proposed and developed were considered. Contractor developed reports shall provide detailed information on their concerns, proposed responses, and means to address ways to minimize negative impact.
      - The process the Contractor shall use to ensure stakeholder information is developed that clearly communicates that committee information and input is advisory in nature.

   b. Once the plan is approved by the COTR, the Contractor shall utilize the FAC in the collection of the stakeholder input that the Contractor shall consider in the development of site options. As the Contractor refines the

options, the Contractor shall clearly demonstrate how the FAC input was considered and how any impact of FAC input was identified in the options formulated and the final options brought forward. Other VA contractors working on Capital or Reuse Plans will also utilize the same FAC mechanism. However, FAC use will be coordinated by the Contractor under this contract.

3. Other Site Specific Briefings

The Contractor shall provide up to 4 briefings at each site to other interested parties as designated by VA covering the same topics as the corresponding FAC meetings addressed under IV.B.d.2

4. VA Internal Communication

a. The VISN Director will be kept informed by the Contractor on planning progress and issues through a combination of joint meetings with the Contractor, VISN staff and the Federal Advisory Committee as well as at least two Contractor briefings as the draft options are formulated and when the final options are completed and ready for presentation to VHA Central Office Executives.

b. The Contractor shall provide training to local VA staff on the tools and methodologies of the study so local VA staff understand the process and tools. The Contractor shall provide the training in parallel but separately from FAC training at public meeting.

c. The Contractor shall provide regular briefings to VHA through weekly conference calls with the Director, VHA Office of Strategic Initiatives (OSI).

D. Reporting Requirements

Weekly Status Reports: The Contractor shall provide weekly status reports and bi-weekly conference calls (or face to face meetings) with the COTR, and others to determine progress and identify issues for decisions or discussions. These calls at the discretion of the COTR may be incorporated into the bi-weekly calls with the Director, OSI.

E. Conduct Site Specific Studies

This section provides information on staging the study process, study requirements and the general components for each site in Table 1. The specific topics to be addressed in each study are more fully described in Attachment 1. The Contractor shall provide objective technical analyses and recommendations to the Secretary and is not required to seek approval or consensus from any participants in the process except as specified in this SOW.

SITE SPECIFIC STUDIES TABLE 1

V	Market / Facility	Stakeholders Communication Plan	Implementation Timeline	Financial Analysis	Healthcare Delivery Study	General Capital Plan	General Reuse Plan	Comprehensive Capital Plan	Comprehensive Reuse Plan
1	Boston	X	X	X	X	X	X		
3	NY City	X	X	X	X	X	X		
9	Louisville	X	X	X	X	X	X		
17	Waco	X	X	X	X	X	X		
18	Big Spring	X	X	X	X	X	X		
20	Walla Walla	X	X	X	X	X	X		
7	Montgomery, AL	X	X	X	X	X			
16	Muskogee	X	X	X	X				
2	Canandaigua	X	X	X			*	X	*
3	Montrose	X	X	X			*	X	*
3	Castle Point	X	X	X			*	X	*
3	St Albans	X	X	X			*	X	*
9	Lexington	X	X	X			*	X	*
21	Livermore	X	X	X			*	X	*
20	White City	X	X	X			*	X	*
5	Perry Point	X	X	X			*	X	*
16	Gulfport	X	X	X			*	X	*
22	West LA	X	X	X			*	X	*
4	Pittsburgh	X	X	X			X	* *	
19	Denver	X	X	X			X	* *	
23	Knoxville	X	X	X			X	* *	
15	Poplar Bluff			X					

X = Performed by Contractor

* = Performed by other VA Contractor. Contractors to work collaboratively on development. This is not a separate plan but a step in the process of developing a comprehensive reuse plan by the same contractor.

* * = Performed by another VA contractor under a different contract than used for the comprehensive reuse plan"

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1. Staging the Study Process

In the performance of the site specific studies the Contractor shall develop business plan options in two stages.

Stage 1. Potential options for business plan development.

a. The Contractor shall review the Draft National CARES Plan, the Commission Report, the Secretary's decision, other data elements necessary to perform this task, input from the FAC, VA staff, and other stakeholders as necessary. Master Plans referenced in the Secretary's Decision Document have been redefined in this scope of work in order to be more specific regarding the work to be done at each site. For clarity, Master Plans have been divided into two categories - Capital Plans and Reuse Plans. This is an overview of approaches not a detailed analysis. These options are at the concept stage and are not supported by detailed data analysis. The purpose is to identify a reasonable number of possible business plan options that the Contractor would later fully develop into technical data driven analyses from which a primary business plan option would be recommended. This step is designed to ensure that the options that are fully developed into business plans will represent feasible choices that have the potential to meet the VA objectives.
b. The Contractor shall 1) solicit possible options from the FAC and 2) present the options to be proposed for development to VA to the FAC for review and recommendations.
c. The Contractor shall transmit the proposed options and FAC recommendations to VA for review and approval before the Contractor proceeds to complete the business plan.

Stage 2. Business Plan Development

a. The Contractor shall develop the options approved by VA into draft business plans. The Contractor shall brief the FAC on these options, the next steps in the process, and solicit recommendations from the FAC.
b. The Contractor shall propose a recommended option utilizing the methodology approved to assess the impact of the option on VA objectives as specified in IV. A2
c. The Contractor shall present a briefing and provide a recommended option to the FAC for review and stakeholder recommendations.
d. If the FAC recommends a difference option from the Contractor's recommended option, the Contractor shall provide analysis of why the FAC recommended option was not recommended.
e. Based upon the VA review of the draft business plan, the Contractor shall develop the final business plan for submission to VA. If there is a significant change such as a change in the primary option as a result of the VA review, the Contractor shall resubmit the business plan to the FAC for comments.

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2. Study Requirements

The Contractor shall develop the business plan consisting of a comprehensive Healthcare Delivery Study and/or Capital and Reuse Plans as designated in Table 1 below, with at least three options and no more than 6 to be consistent with earlier statement developed and analyzed at each location. (In some cases, working collaboratively with this Contractor on the study, another VA contractor may develop the comprehensive Capital or Reuse Plan.) The business plan shall assess the feasibility, cost-effectiveness, quality, location, highest and best use determination of property for services to be provided, and impact of any realignment. The Contractor shall provide an objective independent analysis and formulation of the primary recommended option for each site. The business plan shall also include strategies for managing the transition of care, ensuring no interruption of services and minimizing any impact on patients, employees and the community.

The Contractor shall elicit stakeholder input from the FAC as described elsewhere in this SOW. The contractor shall be responsible for all communication activities, including those required in conjunction with the Capital Plans and Reuse Plans developed by other VA contractors.

The focus of each site-specific study will be on the development of quality health care delivery, modern state of the art facilities, and access to cost effective care. The primary option recommended by the Contractor shall be based upon how well the business analysis for the option meets the VA objectives specified in IV A.2 in comparison to the other options.

More detailed information required for each site can be found in Attachment 1.

The analyses are divided into three main categories – Healthcare Delivery Studies, Capital Plans and Reuse Plans, See Table 1, for each site's study configuration.

2. Healthcare Delivery Studies

The objective of the Healthcare Delivery Study is an assessment that will result in the determination of the type and volume of services needed for 2013 and 2023 and the best location for these services balancing access, cost, quality and the stakeholder input. This assessment includes the currently available health care services in the study area, emerging practice and technology trends, and the current and projected enrolled veteran population characteristics impact on future service needs. This assessment will lead to the determination of the array of services needed and the best location for these services based upon a technical analysis of access, quality, maximizing the reuse potential of the site, cost effectiveness, and the consideration of stakeholder Input. Starting with the previous CARES planning assessment, the Secretary's CARES Decision, the updated health care utilization and enrollment projections, and additional expertise the Contractor brings, the Healthcare Delivery Study will examine the

study site's population current and projected service utilization pattern including patient origin data, geographic locations and current clinical inventory. Local community and neighboring VHA facility service inventories will also be investigated as well as factors that do and will impact service needs and future availability. Once this in-depth assessment of capability, need and availability is done, the Contractor shall determine the volume and what mix of services are needed, where to place those services balancing cost, quality, reuse potential of VA owned sites. The basic clinical service categories for analysis are the strategic planning categories described in Attachment 2, Exhibit 14

The Contractor shall perform the following analyses as part of the Healthcare Delivery Studies:

a. Clinical Analysis: To supplement and identify potential gaps in information, the Contractor, if necessary to meet requirements of the study shall consult with experts and health care leaders who have specific knowledge and understanding of the needs of the VA health care population, cost-effective governmental and private sector program management, data and information systems and other related topics. The experts may include VA, HHS, CMS local health care community officials, affiliate universities etc., and may include operators of home and community based care organizations, Medicaid administrators, service providers, consumers, health care advocates, federal policy and program staff, program information system experts, and financial management professionals. If such consultation is required, the Contractor shall provide a list of the subject matter experts contacted and submit a brief report of issues covered. The COTR shall be consulted in the identification of subject matter experts.

   In conducting the assessment and the development of options, the factors for the Contractor to consider shall include but are not limited to:

   1) Improving or maintaining access to care: Utilize the current VA access guidelines and assess how the changes will impact the number of veterans meeting and not meeting VA access guidelines. Summarize the results on travel times for the different services provided citing particular counties or groups of counties as appropriate and describe the comparative positive and negative impact of the options analyzed on geographic areas. Include any impact on referrals from other facilities and how those services would be provided. In addition more specific analysis of access is necessary to ensure that patients requiring selected procedures or services do not have an undue burden placed upon them. The analysis should clearly present the rationale for the recommended option supported by access data of the preferred option.

2) Quality of Care: Utilizing measures of quality available from VA databases, and internal and external reports of quality, the Contractor shall describe how the recommended option maintains/improves quality for specific services. For example, using VA or industry standards, combining inpatient capacity may increase volumes of services that the Studies have shown improved outcomes. Examples of other data include, VHA quality index for outpatient services and Patient Satisfaction and others. The Contractor shall also identify opportunities for improving quality at the sites that will provide realigned services.
3) Enhancement of services: The Contractor shall identify any service enhancement or ancillary support services that would improve quality, cost effectiveness and continuity of care that become apparent as part of the analysis and impact the options, e.g., locating long term care facilities with Recreation Services, Compensated Work Therapy programs, etc.
4) Continuity of Care during the implementation process: The Contractor shall analyze continuity of care and develop a high level strategy for recommended options that will ensure no interruption of services during transition. Changes in the location of patient care services should not occur until the receiving VA facility or any other site is fully available to receive those patients. The Contractor shall include discussion of referral patterns as appropriate.
5) Clinical Inventory: The Contractor shall review the current clinical inventory at each site and determine future clinical inventory requirements for all options. Outline the resulting changes in the clinical inventory.
6) Workload: Using current and forecasted workload, the Contractor shall determine the array of services and quantity of workload to be recommended at reorganized sites based on VA and industry standards for safety, quality and cost effective delivery of care at the sites. Determine an appropriate method to provide the care for each option, at each site – such as in-house, contracting or sharing agreements.
7) Impact on Neighboring VA facilities and community health facilities: The Contractor shall as appropriate describe how each option will impact neighboring facilities, including volume, types of services, staffing, capital requirements, etc.
8) Patient care issues and specialized programs: The Contractor shall address any positive or negative impact on patient care and special disability programs such as Spinal Cord Injury/Disability (SCI/D), Blind Rehabilitation Center (BRC), Traumatic Brain Injury (TBI), Seriously Mentally Ill (SMI) and other special disability programs. As a part of the recommended options, the Contractor shall develop specific plans to ensure the continuation of

accessible high quality services for the special disability VA patients.

b. Human Resources Analysis: The Contractor shall assess the staffing impact for options proposed and the projected financial impact and include in the financial analysis. Considering employee turnover rates, the Contractor shall forecast the impact on health care occupations (RN, MD, PT, etc.) and support occupations (administrative services, other ancillary care staff) during implementation of all options. The Contractor shall analyze the labor market in the area to answer the following questions:

1) If the facility loses a critical number of current provider staff, could the mission of the facility be maintained until the final date of conversion?
2) At what cost and through what means?

The Contractor shall also examine other considerations for successful implementation and least impact on current VA staff such as re-training, day-care centers, parking garage, etc. The Contractor shall include these other considerations in the financial analysis of the given option. These may include but are not limited to:

3) What is the distance to the "new site of care"? What commuting considerations need to be considered? How likely are employees to commute that distance?
4) Does the current staff mix fit with the needs of the new recommended option? If not, are there any extraordinary re-training, or recruitment costs that need to be identified?

c. Analysis of impact on Research and Education: The Contractor shall describe any impact and the mitigation of any negative impact on VA research and support to medical education.

d. Analysis of impact on Safety and Environment: The Contractor shall describe current conditions and how the proposed options impact the safety and environment of the site.

4. Capital Plans

The objective of a Capital Plan is to provide the best configuration of capital assets for modern health care delivery. Capital Plans will be developed in conjunction with the Reuse Plans and Healthcare Delivery Studies (if appropriate) to assist in development of overall options and to determine the best method, location and cost effective physical configuration of VA capital assets to deliver health care services while improving or maintaining the level of access and the quality of VA health care. In some cases, the Contractor may be required

to coordinate activities and information with other VA contractors as noted in Table 1. The Contractor shall work collaboratively with these contractors to reach initial and final options and recommendations.

The Contractor shall elicit FAC input throughout the study period. The Contractor shall be responsible for all communication activities, including those required in conjunction with the Capital Plans and Reuse Plans developed by other VA contractors.

Based on the requirements, the Capital Plans are divided into 2 types – General and Comprehensive. The General Capital Plan will have a listing of capital requirements with estimated square footage requirements by type of space (Outpatient, Inpatient, Research, etc), magnitude square foot capital estimates, and overall block plot plans.

The Comprehensive Capital Plan will have square footages by each Department in the space plan. The capital requirements will list the requirements by type of project and specific department. The plot plans for before, after and demolition plans will show the occupancy at the building level.

Both plans will require a long-term capital strategy and an overall narrative of the plan.

a. General Capital Plans: General Capital Plans provide an overview of a campus Capital Plan to support development of options. The General Capital Plan provides general information on the appropriate size, location, and capital investments required for the site.

    1) The Contractor shall describe capital requirements in general to **2013**. This will include macro square footage (SF) cost estimates for all capital activities including patient safety and seismic corrections. The Contractor shall include a general overall schedule for capital activities to be included in the Implementation Timeline. See Exhibit A for a sample format.
    2) The Contractor shall provide plans for a state of the art facility to provide the care including long-term strategies/solutions to improve the facility condition. The Contractor shall include proposed overall timeframes and plans for ensuring a safe environment for patient, staff and visitors.
    3) Plot plans: The Contractor shall provide broad block "before and after" plot plans of the campus.
    4) The Contractor shall provide an overall narrative describing the Capital Plan, including capital investments required (type, estimated cost), condition of the site, safety concerns and other information regarding the suitability of the campus. The Contractor shall also provide a recommendation concerning the viability of continued use of the

campus for VA health care delivery based on the overall relative condition of each campus and the costs of maintaining that campus.

b. Comprehensive Capital Plan: The comprehensive Capital Plans shall provide information on the appropriate size, location, and capital investments required for the site. This will also address historical properties and opportunities for DoD, VBA or NCA collaborations.

1) Describe/list all capital requirements for 2013 (near term) for all funding categories – Major, Minor, NRM, Medical Care (e.g., Leases), etc. This shall include investments needed for improved patient safety, construction of new facilities, improvements to existing facilities, environmental reviews and clean-up, demolition, decommissioning activities, and seismic corrections. Include schedules for critical implementation projects such as budget year, award year, completion year. Provide Capital Plans as shown in Exhibit B. Provide plans for a state of the art facility to provide the care including long-term strategies/solutions to improve the facility condition . Include proposed overall timeframes and plans for ensuring a safe environment for patient, staff and visitors.
2) Plot plans: Provide "before and after" plot plans of the campus, as shown in Exhibit C.
3) Demolition/Divestiture Plans: Provide a plot plan as shown in Exhibit D for building to be divested.
4) Overall narrative describing the Capital Plan, including capital investments required (type and cost), condition of the site, safety concerns, parking availability, difficulty of maintaining the campus, meeting patient care and safety requirements, decommissions and environmental clean up and opportunities for VBA/NCA collaborations. Provide detailed information regarding whether the campus is a viable cost effective location for health care services. The narrative will also include the relative condition of each campus and the actual costs of realigning and maintaining that campus.
5) Space Plan: Provide a departmental space plan as shown in Exhibit E.

5. Reuse Plans

A Reuse Plan shall include highest and best use determination for the property, a cost effectiveness analysis and shall analyze Enhanced Use (EU) opportunities for vacant and underutilized space. Based on the requirements, the Reuse Plans are divided into 2 types – General and Comprehensive. (Comprehensive Reuse Plans to be performed by another VA contractor and are only listed here for understanding and to ensure collaboration between the contractors.). A General Reuse Plan shall be conducted at six (6) locations (See Table 1) where the property will not be available for a number of years, so a detailed analysis and real market condition assessment cannot be accomplished. Comprehensive or General Reuse Plans will be conducted at

another thirteen (13) locations. These thirteen plans will be done by another VA contractor.

As a reminder, it is expected that the FAC input will be elicited throughout the study period and the Contractor shall be responsible for all communication activities, including those required in conjunction with the Capital Plans and Reuse Plans developed by other VA contractors at sites listed in this Statement of Work.

a. General Reuse Plan: The purpose of this SOW is to provide VA with asset management and real estate advisory assistance and services needed to create a general reuse strategy and plan in support of the Department's Capital Asset Realignment for Enhanced Services (CARES) strategic initiative through non-VA reuse. The Contractor shall provide all the resources required to perform the tasks and use best commercial practices and methodologies to create a General Reuse Plan capable of supporting VA efforts to create successful long-term reuse strategy and realignment implementation plan designed to meet veterans' changing health care needs; maximize market interest, value, and financial return to veterans and VA; shed unneeded capital assets quickly; facilitate compatible private development and investment in underused VA property no longer needed for direct patient care; reduce VA operating costs and capital investments, and convert VA property into new non-appropriated revenue sources needed to offset other related CARES investments.

The effort needed to produce a realistic and executable Property Reuse Plan shall include all or a combination of the tasks/deliverables outlined below:

1) Real Property Baseline - Collect and analyze existing VA property information (both physical and legal) about the subject property (land and buildings) needed to identify significant property conditions including legal descriptions and boundaries, existing leases or easements, legislative jurisdiction, federal title and deed information, physical condition, use, and age of buildings and infrastructure, and VA capital investment profiles. The deliverable shall be a Real Property Baseline Report synopsizing/analyzing current information and identifying build-able/develop-able vacant tracts or parcels, constraints, "as-is" non-VA potential uses of land and buildings, an overview of surrounding existing and future land uses and environmental conditions, and identification of critical data/information gaps.

2) Environmental Baseline - Collect and analyze existing VA environmental information (natural and manmade) about the subject property (land and buildings) needed to identify significant environmental conditions of VA property and assist VA efforts in complying with certain federal environmental laws (e.g., National Environmental Policy Act (NEPA), Comprehensive Environmental

Response, Compensation and Liability Act (CERCLA), Resource Conservation and Recovery Act (RCRA), etc.) potentially effecting the non-VA use and/or transfer of federal property as well as the timing and feasibility of alternative non-VA uses. The Contractor shall collect information on hazardous materials including asbestos containing materials (ACM); lead based paints (LBP), solid waste dumps, and the existence and condition of aboveground and/or underground storage tanks. Information about floodplains, wetlands, critical habitats, endangered species, and the existence of aboveground and/or belowground cultural resources, shall be collected and analyzed. The deliverable shall be an Environmental Baseline Report identifying and analyzing significant environmental constraints to future non-VA uses. The Contractor shall be expected to document the findings using standard commercial formats like those found in ASTM Designation E1527-00, *Standard Practice for Environmental Site Assessments* (Phase I Environmental Site Assessment Process), or other environmental report formats acceptable to VA. The report will also include identification of critical data and/or information gaps.

3) Highest and Best Use Analysis – Collect and analyze non-VA real estate and market information needed to identify the most probable non-VA use, or range of uses, that is:
   - Physically possible
   - Legally (under both federal and state law) permissible
   - Financially (through private sources) feasible, and
   - Most profitable in terms of economic or operational value returned to VA

   This task will include the following subtasks:
   - Overview of salient market conditions
   - Overview of local political and regulatory climate toward development
   - Identification of potential high demand/high value VA properties
   - Identification of likely alternative uses and users
   - Likely alternative use analysis
   - Pro forma Analysis by likely market types/uses

4) Desktop Valuation Analysis – Valuation Report identifying asset management strategies designed to maximize value and economic return to VA.

5) General Property Reuse Plan -- Regardless of the tasks or subtasks performed by the Contractor, the primary objective of this effort is to produce a realistic Reuse Plan (including reuse strategies, options, outcomes, schedules, and contacts) capable of gaining acceptance and approval by high-level VA decision-makers.

b. Comprehensive Reuse Plans: The purpose of a Comprehensive Reuse Plan is to provide VA with expert asset management, real estate advisory, feasibility, environmental, and valuation services and assistance needed to create and execute, on VA's behalf, a comprehensive, "market driven" property Reuse Plan at locations where the sites are now available. Separate contractors will be retained to conduct these Comprehensive Reuse Plans, but will work collaboratively with the Contractor for this SOW. The Contractor shall retain overall responsibility for the Financial Analysis and stakeholder communications for these study sites as noted in Table 1.

6. Requirements for All Studies/Plans:

a. Financial Analysis – The Contractor shall develop a detailed cost effectiveness financial analysis for each option to ensure effective use of VA resources, and the provision of quality health care. This analysis shall be broken out into operating (recurring) costs and capital costs (non-recurring). The Secretary's decision document and CARES Commission report noted concerns regarding the limited financial analysis conducted during development of the Market Plans. Therefore, special attention shall be given to providing an independent and more specific department/service level cost analysis that builds upon earlier CARES analysis and provides clearly described cost and business decision options as part of the recommendation.

1) The detailed cost effectiveness study shall include a return on investment analysis anticipated discounted cash flows, net present values, life cycle costing (30 years), and payback periods for the investments in the options. The Contractor shall be required to complete a Cost Effectiveness Analysis) using a template provided by the VA. Contractor shall be required to validate the template to ensure it will address all issues and costs, including the transition costs for the site and other impacted sites. The Cost Effective Analysis can be found on VA's Internet Site, under "About VA", "Strategic and Capital Plans", "Capital Investments", or (http://www.va.gov/oaem/).

2) Operating costs: Illustrate how recommended options enhance services while more effectively utilizing resources. Outline impact on operating costs, savings and FTEE in proposed options.

3) The financial cost effectiveness analysis must be presented clearly so that it can be easily understood by stakeholders as well as VA decision makers. Specific emphasis shall be placed on translating complex concepts such as present value, net present value, life cycle costing and others into language and examples that are easily understood. The results shall not be bogged down in technical language that is confusing and is a barrier to understanding the options, assumptions,

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the key financial/cost differences, and what they could mean in terms of staff/people and services that can be extrapolated from the cost differences.

b. Transition and Implementation Plan: Provide a plan and Gantt chart outlining all transition and implementation activities including, clinical, capital and administrative. The intent is to provide a roadmap for the scheduling of key transitional and implementation activities based upon the availability of new facilities, land for reuse and patient transition scheduling. It will include any transition or implementation activities at all impacted facilities. It should be noted that VA requires no disruption in existing service capability as proposed activities to accomplish the recommended options are initiated. Thus, staging and transition along with cost ramifications are required in all analysis for all impacted facilities.

c. A Risk Assessment will be performed for each final option being developed. The risk evaluation process is composed of three steps: identifying and scoring risks; rationalization; and control. There are ten significant risk components to be evaluated: Organization and Change Management; Business; Data/Information; Privacy; Technology; Strategic; Security; Project Resources (Financial, FTE); Project Schedule; and Legal/Contractual. By identifying all known risks, developing a plan to mitigate and control them, the project will have a greater chance for success. VA will provide the Risk Analysis Guide and Templates to be utilized. These can also be found on VA's Internet Site, under "About VA", "Strategic and Capital Plans", "Capital Investments", or (http://www.va.gov/oaem/).

d. Options to be considered in studies/plans: Alternatives to consider where appropriate, and as defined in specific study sites in Attachment 1 for developing options include, but are not limited to; *(Note: One of the options in the business plan could contain any combination of the below alternatives.)*

1) In house services
2) Newly located hospital
3) Locating services that are complementary to each other or represent likely progression through the continuum of care such as Assisted Living, day treatment center, rehabilitation services, nursing home care
4) Transferring care to a nearby VHA facility
5) Contracting/fee basing services in the local community, (ensuring there is no undue hardship placed upon selected groups of patients)
6) Joint Ventures with DoD and other federal agencies
7) Sharing agreements with public and private entities, or other instruments, with the objectives of reducing excess space, buildings, or campuses, cost efficiencies in delivery of services, and improving access or quality
8) Continuation of inpatient and/or outpatient services

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9) New construction on the same or a new site
10) Renovation of an existing site
11) Leasing of clinical or administrative space
12) Enhanced Use Lease Authority
13) Out-leasing 38 U.S.C 8122
14) Revocable License/other conveyances
15) Divestiture through GSA disposal procedures; and
16) Demolition, to include proper use/transfer of land

V. Requirements:

A. Vendor Requirements: In order to ensure objectivity and uniformity in the analysis, one Contractor shall be retained nationally to perform and/or coordinate the Healthcare Delivery Studies, Capital Plans and Reuse Plans.

1. National Project Manager: The Contractor is to appoint one National Project Manager that shall serve in the capacity of direct technical communication between the COTR and the Contractor. This person shall then have responsibility to disseminate information to project leaders serving on Contractor study teams, in a uniform and timely manner.

2. Study Team: The Contractor shall provide the names of key personnel to be assigned to each study outlined in this statement of work and the proposed hours by category of personnel. Based on the complexity and depth of the study the number of members for the team shall be determined by the Contractor. Subcontract activity, including the key individuals and their qualifications will also be provided to the COTR. Note that if there are any changes in key personnel on the project or study teams, approval must be sought from COTR.

3. Timeframes: In order to meet the very aggressive timeline for these studies and to ensure consistency across the system the work shall be performed simultaneously at multiple sites with extensive coordination across sites by the Contractor. VHA will work with the Contractor through Contractor meetings, reports, and site visits as necessary to assist in the coordination process. The Contractor shall have the technical expertise required to perform the Healthcare Delivery Studies, capital studies and reuse studies as specified in this SOW, as well as the depth and breadth to provide for all the identified studies/plans occurring over the same time period. The Contractor must provide stability in staffing to ensure consistency in the plan or study. The Contractor must appoint a site Project Manager for each study that will lead the Contractor team and has to be accessible to contact points for the study. The site Project Manager shall be the point of contact for that study including meetings, site visits and other required interactions.

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4. Weekly status reports and weekly conference calls with COTR, reporting on each study.

5. Presentation and materials for all items requiring review and approval:
   a. Methodology and templates (VHA, then CIB)
   b. Options under consideration (VHA, then CIB)
   c. Draft final options (VHA)
   d. Final Options (VHA, then CIB)

6. Data: The data listed on Attachment 2 to this SOW will be available to the Contractor for each study area as appropriate. VA data shall be used in the performance of this contract and will be supplemented by the knowledge base of the Contractor. The Contractor shall also use industry standard benchmark data for use in evaluation and formulation of options/ recommendations and compare to VA internal benchmarks to determine the data to be used. Any data used for formulation of recommendations shall be cited. Contractor shall identify any additional VA data needs as appropriate and submit the request to the COTR.

   The Contractor shall be provided with data from the original CARES Market Plans and Realignment Studies as necessary to perform the studies. In order to maintain consistency with the CARES process, the planning horizon for implementation is 2013 but any options must be projected as viable using demand data for 2023. The base year to be used is 2003. The Contractor shall utilize forecasting data from the VA contracted forecasting model used for budget and strategic and other selected forecasting models. In certain cases if workload projections are unavailable current service levels will be used.

7. The Government may have other contracts ongoing for developing Capital Plans and/or Reuse Plans at the same or related Government site. The other Government contractors (OGC) will be required to coordinate with the Contractor through the COTR in providing suitable, non-conflicting interfaces and in avoidance of duplication of effort. This work will need to be integrated in the studies outlined in this Statement of Work. The process for developing site-specific timelines must include critical interaction points with OGCs. All work must be phased together with critical interaction points with OGCs. The contractor agrees to adapt its schedule and performance to accommodate the work of OGC and take direction from the designated Government representative. The contractor and the OGCs shall make every reasonable effort to avoid conflicts in the performance of their respective contracts.

B. VA Requirements: The Contracting Officer's Technical Representative (COTR) shall be in the VHA Office of Strategic Initiatives where the contract will be managed as part of the CARES implementation process. Options presented must be compliant with existing laws, VA regulations and requirements.

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1. Data: The data listed on Attachment 2 to this SOW will be available to the Contractor for each study area as appropriate. If other data is requested for use by the Contractor, and is available, the VA will provide that data in a timely manner appropriate for the request. VA will identify data coordinators to provide and explain VA data and assist in utilizing web sites for securing data.

2. Coordination: The VA is responsible to ensure other VA contractors working on related projects are timely, and that they coordinate the work and phasing with the Contractor with this SOW.

3. Approvals: The COTR shall provide approvals for all deliverables and respond to all questions and requests for information.

VI. Schedule:

All time frames are to be measured from previous task; the dates are cumulative. The schedule is also displayed and cross walked by studies VA believes may be more complex than others and is displayed in Table 2.

A. 1 week after NTP - Initial meeting with Office of Strategic Initiatives to discuss
   - Scope
   - Plan of action
   - Review timeline
   - Refine overall schedule
   - Continue development of methodology and templates
   - Submit Project Team Assignments

B. 4 weeks – Provide the following submittals.
   - Analytical methodology for each study
   - Quality Assurance Plan
   - FAC support and communication plan per requirements in SOW
   - Collaboration plan for work with other VA contractors as indicated
   - Timelines, milestones and interim deliverables, including meeting dates, travel dates, etc.
   - Provide templates and formats for Studies and Plans
   - Provide templates for Progress Reports in collaboration with OSI
   - Training and education plans (venue to be determined with COTR)

C. 1 week – Provide all materials to assist with presentation to VHA and then the CARES Implementation Board for submittal approval.

D. 1 week - VA approve submittals

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E. 3 weeks – Conduct initial meeting/information/training session for Federal Advisory Committee members and solicit input from FAC. Conduct similar training for local VA staff.

F. 1-2 months (after D) – Submit options proposed for full development into business plans to FAC for input

G. 1-2 months (after D) – Submit options (step G) under consideration to COTR, after considering FAC recommendations, and provide all materials including FAC recommendations to present to VHA and then the CARES Implementation Board (CIB). (Submittal dates to be staggered, based on complexity of study)

H. 1 week – VA approves options to be fully developed into business plans.

I. 2-5 months – Submit initial draft of final business plans to FAC for input including recommended option.

J. 2-5 months - Submit initial draft of final Business Plans to COTR including recommended option, and provide all materials to present the Business Plans to VHA, and then the CARES Implementation Board (CIB). (Submittal dates to be staggered, based on complexity of study).

K. 1 week- Provide a final draft to FAC based upon VA review if there are significant changes as result of COTR review.

L. 3 weeks – Submit final draft of Business Plans to COTR including an assessment of the Federal Advisory Committee's recommended alternative, if not in agreement with the Contractor's recommended option.

M. 1 week – provide all materials to present to VHA and then the CARES Implementation Board (CIB). (Submittal dates to be staggered, based on complexity of study).

N. 3 weeks – VA approves recommended option, or selects other option.

O. 2 weeks - Provide electronic and 30 hard copies of each Final Option Business Plan.

TOTAL TIME = 10-13 months after Notice to Proceed

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CROSSWALK OF TASKS BY SITE COMPLEXITY Table 2

Tasks		Weeks	
		Less Complex	Complex
A	Initial Meeting	1	1
B	Methodology and Project Plan	4	4
C	VHA/CIB Briefing	1	1
D	VA Approval	1	1
E	Begin Weekly Progress Reports		
F	Initial FAC Meeting/Training		
G	Submit Options to FAC	4	8
H	Submit Options to COTR	1	1
I	VA Approves Options	3	3
J	Develop Initial Draft Business Plans	8	16
	FAC Reviews Initial Draft Plans	3	3
K	Draft Plans to COTR	1	1
	COTR Review Draft Plans	2	2
	Revised Draft Plans to FAC if Substantive Change	2	2
	FAC Comments	2	2
L	Submit Final Draft Plans	3	3
	VHA/CIB Briefing	2	2
M	Revised Plan to VA	2	2
N	Electronic Report/Data Files	2	2
Total		42	54

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VII. GENERAL CONTRACTOR REQUIREMENTS

B1 Performance Period:

The Contractor shall complete the work required under this work statement **54 weeks from date of contract award**, unless otherwise directed by the Contracting Officer. If the Contractor proposes an earlier completion date, and the Government accepts the Contractor's proposal, the Contractor's proposed completion date shall prevail. Work at the Government site shall not take place on Federal holidays or weekends unless directed by the Contracting Officer.

There are ten (10) Federal holidays set by law (USC Title 5 Section 6103):

Under current definitions, four are set by date:

New Year's Day	January 1
Independence Day	July 4
Veterans Day	November 11
Christmas Day	December 25

If any of the above falls on a Saturday, then Friday shall be observed as a holiday. Similarly, if one falls on a Sunday, then Monday shall be observed as a holiday.

The other six are set by a day of the week and month:

Martin Luther King's Birthday	Third Monday in January
Washington's Birthday	Third Monday in February
Memorial Day	Last Monday in May
Labor Day	First Monday in September
Columbus Day	Second Monday in October
Thanksgiving	Fourth Thursday in November

B2 Place Of Performance

Contractor Site

The Contractor is responsible for assuring the completion of this project as per the terms and conditions specified in this statement of work. Working hours shall be modified by the Contractor as required and at no additional cost to the Government to assure project and contract completion timeframes are met.

B3 Travel

Contractor may be required to travel to various VA locations, as shown in Table 1 of the Statement of Work, to complete work required under this work statement. If travel is required, VA site locations and number of trips will be estimated and provided. All travel

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and per diem costs necessary to comply with the requirements of the contract shall be included in the Contractor's proposal.

The Contractor shall be entitled to the recover of reasonable transportation costs incurred for employees when travel is authorized by the Contracting Officer. Allowable travel costs shall be determined in accordance with subpart 31.2 of the FAR.

Reimbursement of travel shall be accomplished when the Contractor submits an invoice for travel along with the supporting documentation (receipts are required) by the Federal Travel Regulations). Expenses for subsistence and lodging shall be reimbursed to the Contractor only to the extent where overnight stay is necessary and authorized for performance of services ordered under this task order at the per diem rates authorized by the Federal Travel Regulations. All travel and per diem shall be reimbursed in accordance with the VA/Federal Travel Regulations.

B4 Type Of Contract

Firm-Fixed-Price

B.5 Conflict Of Interest Provision

(a) In responding to this solicitation the offerors' attention is directed to FAR subpart 9.5 Organizational and Consultant Conflict of Interest.
(b) The contracting officer views a potential conflict of interest could exist if the contractor were to provide assistance under this contract for a particular site and then subsequently participated in any capacity with the proposed developer for the site.
(c) The contractor is therefore precluded from working with a developer on any site in which they provided advice to VA.
(d) The terms of the proposed clause and the application of this subpart to the contract are not negotiable.

B.6 Conflict Of Interest Clause

(a) As a condition of award, the contractor's eligibility for future prime contract or subcontract awards will be restricted as follows:
The contractor is precluding from working in any capacity on the development team for any site in which they provided VA advice under this contract. This restriction is for a period of one year after the work under this contract for the site was completed.

B.7 Contractor Personnel

Key personnel may not be replaced without approval by the VA COTR for the duration of the task order. Only upon receipt of a written response (electronic media is permitted) from the Contracting Officer approving such substitution (at the discretion of

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Contracting Officer verbal approval is allowed, provided a written confirmation follows) can the Contractor make such substitutions.

The resultant contract is a non-personal services contract under which the personnel rendering services are not subject, either by the contract terms or by manner of its administration, to the supervision and control usually prevailing in relationships between the Government and its employees.

B.8 Coordination with Other Government Contractors (OGC)
The Government may have other contracts ongoing for developing Capital Plans and/or Reuse Plans at the same or related Government site. The Contractor will be required to coordinate with such other Government contractors (OGC) through the COTR in providing suitable, non-conflicting interfaces and in avoidance of duplication of effort. This work will need to be integrated in the studies outlined in this Statement of Work. Site-specific timelines developed must include critical interaction point with OGCs. All work must be phased together with critical interaction points with OGCs. The contractor agrees to adapt its schedule and performance to accommodate the work of OGC and take direction from the designated Government representative. The contractor shall make every reasonable effort to avoid interference with the performance of work by OGCs.

B.9 Data Rights
The Government shall retain rights to intellectual property produced in the course of this contract. The contractor shall not divulge or disclose information received and discussed regarding data considered proprietary to other contractors collaborating on or with this Task Order.

B.10 Other Terms And Conditions: All other terms and conditions of the Vendor's GSA contract shall apply to this contract.

VII. CONTRACT ADMINISTRATION DATA

C.1 Contract Administration Office

The VA Cleveland Business Center will retain all contract administration functions. After award of contract, all inquires and correspondence relative to the administration of the contract shall be addressed to the attention of the Contracting Officer:

Contracting Officer (CO)

Name: Sadya M. Armstrong
Address: Department of Veterans Affairs
Cleveland Business Center (CBC-A)
Building 3, Second Floor
10000 Brecksville Road
Brecksville OH 44141

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Phone: [redacted] Ext [redacted]
Fax: [redacted]
Email: [redacted]@med.va.gov

Contracting Officer's Technical Representative (COTR)

TO BE DETERMINED

C.2 Contracting And Administration Authority

The Contracting Officer is the only person authorized to approve changes or modify any of the requirements under this task order on behalf of the Government. In the event the Contractor affects any change(s) at the direction of any person other than the Contracting Officer, that change shall be considered to have been made without authority and no adjustment in price shall be made in the task order to cover any increase in charges incurred as a result thereof. Costs incurred by the Contractor through the actions of parties other than the Contracting Officer shall be borne by the Contractor. A copy of each change will be kept in the project folder along with all other products of the project. The Contractor shall submit all requests for modification of this task order and any inquiries pertaining to the administration of the task order to the Contracting Officer.

The Contractor shall designate a person to be contacted during the period of this order for prompt administration, showing:

NAME _____
TITLE _____
ADDRESS _____
_____
ZIP CODE _____
PHONE NO. _____ _____
FAX NO. _____
E-MAIL ADDRESS _____

The above individual(s) shall serve as the Project Manager and Contracting Officer.

C.3 Invoicing

a. Standard Invoice Format Requirements - Invoices shall be submitted on a monthly basis at the end of each month in arrears.

Acceptance and Invoicing - As the Contractor completes tasks and provides deliverables, they shall submit to the COTR a certificate of completion for each deliverable in accordance with (Attachment A – Certificate of Compliance and Acceptance of Deliverables). The COTR will inspect, or cause to be inspected, and certify acceptability, of all services or products delivered under this task order before processing applicable invoices for payment. The COTR will certify to the Contracting Officer that the services or products delivered meet the defined quality standards. The

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Contracting Officer shall make formal acceptance or rejection of all deliverables in writing. If rejected, the reasons for rejection shall be documented in writing and provided to the Contractor for correction. The Contractor may invoice for priced deliverables immediately upon acceptance.

One copy of the invoice shall be forwarded electronically to the COTR.

b. Invoices should also be mailed to the following address:

Department of Veterans Affairs
Financial Services Center
P.O. Box 149971
Austin, TX 78714-8971

c. The FSC requires the following information be included on invoices received for payment:

- Vendor Name
- Remittance address (address where the payment is to be issued)
- Complete purchase order number (e.g., 776-C12345)
- Itemized description of goods or services, quantity, and unit price
- Total dollar amount of invoice
- Discount or Net terms

d. For any invoices mailed to the above address, you may direct your inquiries to the following toll free number: 1-877-353-9791, or our Vendor website at: www.fsc.va.gov/FXC/Vendors.

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IX. FAR CLAUSES

52.212-4 Contract Terms and Conditions-Commercial Items (Oct 2003)

(a) Inspection/Acceptance. The Contractor shall only tender for acceptance those items that conform to the requirements of this contract. The Government reserves the right to inspect or test any supplies or services that have been tendered for acceptance. The Government may require repair or replacement of nonconforming supplies or reperformance of nonconforming services at no increase in contract price. The Government must exercise its post-acceptance rights-

(1) Within a reasonable time after the defect was discovered or should have been discovered; and

(2) Before any substantial change occurs in the condition of the item, unless the change is due to the defect in the item.

(b) Assignment. The Contractor or its assignee may assign its rights to receive payment due as a result of performance of this contract to a bank, trust company, or other financing institution, including any Federal lending agency in accordance with the Assignment of Claims Act (31 U.S.C. 3727). However, when a third party makes payment (e.g., use of the Governmentwide commercial purchase card), the Contractor may not assign its rights to receive payment under this contract.

(c) Changes. Changes in the terms and conditions of this contract may be made only by written agreement of the parties.

(d) Disputes. This contract is subject to the Contract Disputes Act of 1978, as amended (41 U.S.C. 601-613). Failure of the parties to this contract to reach agreement on any request for equitable adjustment, claim, appeal or action
arising under or relating to this contract shall be a dispute to be resolved in accordance with the clause at FAR 52.233-1, Disputes, which is incorporated herein by reference. The Contractor shall proceed diligently with performance of this contract, pending final resolution of any dispute arising under the contract.

(e) Definitions. The clause at FAR 52.202-1, Definitions, is incorporated herein by reference.

(f) Excusable delays. The Contractor shall be liable for default unless nonperformance is caused by an occurrence beyond the reasonable control of the Contractor and without its fault or negligence such as, acts of God or the
public enemy, acts of the Government in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, unusually severe weather, and delays of common carriers. The Contractor shall notify the Contracting Officer in writing as soon as it is reasonably possible after the commencement of any excusable delay, setting forth the full particulars in connection therewith, shall remedy such occurrence with all reasonable dispatch, and shall promptly give written notice to the Contracting Officer of the cessation of such occurrence.

(g) Invoice.

(1) The Contractor shall submit an original invoice and three copies (or electronic invoice, if authorized) to the address designated in the contract to receive invoices. An invoice must include-

(i) Name and address of the Contractor;

(ii) Invoice date and number;

(iii) Contract number, contract line item number and, if applicable, the order number;

(iv) Description, quantity, unit of measure, unit price and extended price of the items delivered;

(v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vi) Terms of any discount for prompt payment offered;

(vii) Name and address of official to whom payment is to be sent;

(viii) Name, title, and phone number of person to notify in event of defective invoice; and

(ix) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this contract.

(x) Electronic funds transfer (EFT) banking information.

(A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract.

(B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with the applicable solicitation
provision, contract clause (e.g., 52.232-33, Payment by Electronic Funds Transfer-Central Contractor Registration, or 52.232-34, Payment by Electronic Funds Transfer-Other Than Central Contractor Registration), or applicable
agency procedures.

(C) EFT banking information is not required if the Government waived the requirement to pay by EFT.

(2) Invoices will be handled in accordance with the Prompt Payment Act (31 U.S.C. 3903) and Office of Management and Budget (OMB) prompt payment regulations at 5 CFR part 1315.

(h) Patent indemnity. The Contractor shall indemnify the Government and its officers, employees and agents against liability, including costs, for actual or alleged direct or contributory infringement of, or inducement to infringe,
any United States or foreign patent, trademark or copyright, arising out of the performance of this contract, provided the Contractor is reasonably notified of such claims and proceedings.

(i) Payment.-

(1) Items accepted. Payment shall be made for items accepted by the Government that have been delivered to the delivery destinations set forth in this contract.

(2) Prompt payment. The Government will make payment in accordance with the Prompt Payment Act (31 U.S.C. 3903) and prompt payment regulations at 5 CFR part 1315.

(3) Electronic Funds Transfer (EFT). If the Government makes payment by EFT, see 52.212-5(b) for the appropriate EFT clause.

(4) Discount. In connection with any discount offered for early payment, time shall be computed from the date of the invoice. For the purpose of computing the discount earned, payment shall be conside red to have been made on the date which appears on the payment check or the specified payment date if an electronic funds transfer payment is made.

(5) Overpayments. If the Contractor becomes aware of a duplicate contract financing or invoice payment or that the Government has otherwise overpaid on a contract financing or invoice payment, the Contractor

shall immediately notify the Contracting Officer and request instructions for disposition of the overpayment.

(j) Risk of loss. Unless the contract specifically provides otherwise, risk of loss or damage to the supplies provided under this contract shall remain with the Contractor until, and shall pass to the Government upon:

(1) Delivery of the supplies to a carrier, if transportation is f.o.b. origin; or

(2) Delivery of the supplies to the Government at the destination specified in the contract, if transportation is f.o.b. destination.

(k) Taxes. The contract price includes all applicable Federal, State, and local taxes and duties.

(l) Termination for the Government's convenience. The Government reserves the right to terminate this contract, or any part hereof, for its sole convenience. In the event of such termination, the Contractor shall immediately stop all
work hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. Subject to the terms of this contract, the Contractor shall be paid a percentage of the contract price reflecting the percentage of the work performed prior to the notice of termination, plus reasonable charges the Contractor can demonstrate to the satisfaction of the Government using its standard record keeping system, have resulted from the termination. The Contractor shall not be required to comply with the cost accounting standards or contract cost principles for this purpose. This paragraph does not give the Government any right to audit the Contractor's records. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

(m) Termination for cause. The Government may terminate this contract, or any part hereof, for cause in the event of any default by the Contractor, or if the Contractor fails to comply with any contract terms and conditions, or fails to
provide the Government, upon request, with adequate assurances of future performance. In the event of termination for cause, the Government shall not be liable to the Contractor for any amount for supplies or services not accepted,
and the Contractor shall be liable to the Government for any and all rights and remedies provided by law. If it is determined that the Government improperly terminated this contract for default, such termination shall be deemed a
termination for convenience.

(n) Title. Unless specified elsewhere in this contract, title to items furnished under this contract shall pass to the Government upon acceptance, regardless of when or where the Government takes physical possession.

(o) Warranty. The Contractor warrants and implies that the items delivered hereunder are merchantable and fit for use for the particular purpose described in this contract.

(p) Limitation of liability. Except as otherwise provided by an express warranty, the Contractor will not be liable to the Government for consequential damages resulting from any defect or deficiencies in accepted items.

(q) Other compliances. The Contractor shall comply with all applicable Federal, State and local laws, executive orders, rules and regulations applicable to its performance under this contract.

(r) Compliance with laws unique to Government contracts. The Contractor agrees to comply with 31 U.S.C. 1352 relating to limitations on the use of appropriated funds to influence certain Federal contracts; 18 U.S.C. 431
relating to officials not to benefit; 40 U.S.C. 327, et seq., Contract Work Hours and Safety Standards Act; 41 U.S.C. 51-58, Anti-Kickback Act of 1986; 41 U.S.C. 265 and 10 U.S.C. 2409 relating to whistleblower protections; 49 U.S.C. 40118, Fly American; and 41 U.S.C. 423 relating to procurement integrity.

(s) Order of precedence. Any inconsistencies in this solicitation or contract shall be resolved by giving precedence in the following order:

(1) The schedule of supplies/services.

(2) The Assignments, Disputes, Payments, Invoice, Other Compliances, and Compliance with Laws Unique to Government Contracts paragraphs of this clause.

(3) The clause at 52.212-5.

(4) Addenda to this solicitation or contract, including any license agreements for computer software.

(5) Solicitation provisions if this is a solicitation.

(6) Other paragraphs of this clause.

(7) The Standard Form 1449.

(8) Other documents, exhibits, and attachments.

(9) The specification.

(t) Central Contractor Registration (CCR).

(1) Unless exempted by an addendum to this contract, the Contractor is responsible during performance and through final payment of any contract for the accuracy and completeness of the data within the CCR database, and for any
liability resulting from the Government's reliance on inaccurate or incomplete data. To remain registered in the CCR database after the initial registration, the Contractor is required to review and update on an annual basis from the
date of initial registration or subsequent updates its information in the CCR database to ensure it is current, accurate and complete. Updating information in the CCR does not alter the terms and conditions of this contract and is not
a substitute for a properly executed contractual document.

(2)(i) If a Contractor has legally changed its business name, "doing business as" name, or division name (whichever is shown on the contract), or has transferred the assets used in performing the contract, but has not completed
the necessary requirements regarding novation and change-of-name agreements in FAR Subpart 42.12, the Contractor shall provide the responsible Contracting Officer a minimum of one business day's written notification of its intention to (A) change the name in the CCR database; (B) comply with the requirements of Subpart 42.12; and (C) agree in writing to the timeline and procedures specified by the responsible Contracting Officer. The Contractor must provide with the notification sufficient documentation to support the legally changed name.

(ii) If the Contractor fails to comply with the requirements of paragraph (t)(2)(i) of this clause, or fails to perform the agreement at paragraph (t)(2)(i)(C) of this clause, and, in the absence of a properly executed novation or change-of-name agreement, the CCR information that shows the Contractor to be other than the Contractor indicated in the contract will be considered to be incorrect information within the meaning of the "Suspension of Payment" paragraph of the electronic funds transfer (EFT) clause of this contract.

(3) The Contractor shall not change the name or address for EFT payments or manual payments, as appropriate, in the CCR record to reflect an assignee for the purpose of assignment of claims (see Subpart 32.8, Assignment of Claims). Assignees shall be separately registered in the CCR database. Information provided to the Contractor's CCR record that indicates payments, including those made by

EFT, to an ultimate recipient other than that Contractor will be considered to be incorrect information within the meaning of the "Suspension of payment" paragraph of the EFT clause of this contract.

(4) Offerors and Contractors may obtain information on registration and annual confirmation requirements via the internet at http://www.ccr.gov or by calling 1-888-227-2423 or 269-961-5757. (End of clause)

ADDENDUM TO FAR 52.212-4
CONTRACT TERMS AND CONDITIONS -- COMMERCIAL ITEMS

a. Paragraph (c) Changes shall be amended by inserting the following after the 1st sentence. The services specified in this contract may be changed by written modification to this contract. The modification will be prepared by the VA Contracting Officer.

52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within contract period. (End of clause)

FAR 52.224-1 Privacy Act Notification (Apr 1984)

The Contractor will be required to design, develop, or operate a system of records on individuals, to accomplish an agency function subject to the Privacy Act of 1974, Public Law 93-579, December 31, 1974 (5 U.S.C.552a) and applicable agency regulations. Violation of the Act may involve the imposition of criminal penalties.

FAR 52.224-2 Privacy Act (Apr 1984)

(a) The Contractor agrees to --

(1) Comply with the Privacy Act of 1974 (the Act) and the agency rules and regulations issued under the Act in the design, development, or operation of any system of records on individuals to accomplish an agency function when the contract specifically identifies --

(i) The systems of records; and

(ii) The design, development, or operation work that the contractor is to perform;

(2) Include the Privacy Act notification contained in this contract in every solicitation and resulting subcontract and in every subcontract awarded without a solicitation, when the work statement in the proposed subcontract requires the redesign, development, or operation of a system of records on individuals that is subject to the Act; and

(3) Include this clause, including this subparagraph (3), in all subcontracts awarded under this contract which requires the design, development, or operation of such a system of records.

(b) In the event of violations of the Act, a civil action may be brought against the agency involved when the violation concerns the design, development, or operation of a system of records on individuals to accomplish an agency function, and criminal penalties may be imposed upon the officers or employees of the agency when the violation concerns the operation of a system of records on individuals to accomplish an agency function. For purposes of the Act, when the contract is for the operation of a system of records on individuals to accomplish an agency function, the Contractor is considered to be an employee of the agency.

(c)

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(1) "Operation of a system of records," as used in this clause, means performance of any of the activities associated with maintaining the system of records, including the collection, use, and dissemination of records.
(2) "Record," as used in this clause, means any item, collection, or grouping of information about an individual that is maintained by an agency, including, but not limited to, education, financial transactions, medical history, and criminal or employment history and that contains the person's name, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a fingerprint or voiceprint or a photograph.
(3) "System of records on individuals," as used in this clause, means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

(End of Clause)

852.237-70 CONTRACTOR RESPONSIBILITIES (APR 1984)

The contractor shall obtain all necessary licenses and/or permits required to perform this work. He/she shall take all reasonable precautions necessary to protect persons and property from injury or damage during the performance of this contract. He/she shall be responsible for any injury to himself/herself, his/her employees, as well as for any damage to personal or public property that occurs during the performance of this contract that is caused by his/her employees fault or negligence, and shall maintain personal liability and property damage insurance having coverage for a limit as required by the laws of the State of [ ]. Further, it is agreed that any negligence of the Government, its officers, agents, servants and employees, shall not be the responsibility of the contractor hereunder with the regard to any claims, loss, damage, injury, and liability resulting therefrom.

852.270-1 REPRESENTATIVES OF CONTRACTING OFFICERS. (APR 1984)

The contracting officer reserves the right to designate representatives to act for him/her in furnishing technical guidance and advice or generally supervise the work to be performed under this contract. Such designation will be in writing and will define the scope and limitation of the designee's authority. A copy of the designation shall be furnished the contractor.

852.270-4 **COMMERCIAL ADVERTISING (NOV 1984)**

The bidder or offeror agrees that if a contract is awarded to him/her, as a result of this solicitation, he/she will not advertise the award of the contract in his/her commercial advertising in such a manner as to state or imply that the Department of Veterans Affairs endorses a product, project or commercial line of endeavor.

52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also the full text of a clause may be accessed electronically at this/these addresses:
www.arnet.gov/far/www.va.gov/oa&mm/vaar/

52.227-14 Rights in Data-General (JUN 1987)

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52.227-16 Additional Data Requirements (JUN 1987)

852.216-70 Estimated Quantities (APR984)

852.203-71 Display of VA Hotline Poster (DEC 1992)

52.212-5 Contract Terms and Conditions Required to Implement Statutes or Executive Orders--Commercial Items (MAY 2004)

(a) The Contractor shall comply with the following Federal Acquisition Regulation (FAR) clause, which is incorporated in this contract by reference, to implement provisions of law or Executive orders applicable to acquisitions of commercial items: 52.233-3, Protest after Award (AUG 1996) (31 U.S.C. 3553).

(b) The Contractor shall comply with the FAR clauses in this paragraph (b) that the Contracting Officer has indicated as being incorporated in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial items:

[X] (1) 52.203-6, Restrictions on Subcontractor Sales to the Government (JUL 1995), with Alternate I (OCT 1995) (41 U.S.C. 253g and 10 U.S.C. 2402).

[ ] (2) 52.219-3, Notice of Total HUBZone Set-Aside (JAN 1999) (15 U.S.C. 657a).

[ ] (3) 52.219-4, Notice of Price Evaluation Preference for HUBZone Small Business Concerns (JAN 1999) (if the offeror elects to waive the preference, it shall so indicate in its offer) (15 U.S.C. 657a).

[ ] (4)(i) 52.219-5, Very Small Business Set-Aside (JUNE 2003) (Pub. L. 103-403, section 304, Small Business Reauthorization and Amendments Act of 1994).

[ ] (ii) Alternate I (MAR 1999) of 52.219-5.
[ ] (iii) Alternate II (JUNE 2003) of 52.219-5.

[ ] (5)(i) 52.219-6, Notice of Total Small Business Set-Aside (JUNE 2003) (15 U.S.C. 644).

[ ](ii) Alternate I (OCT 1995) of 52.219-6.
[ ](iii) Alternate II (MAR 2004) of 52.219-6

[ ] (6)(i) 52.219-7, Notice of Partial Small Business Set-Aside (JUNE 2003) (15 U.S.C. 644

[ ] (ii) Alternate I (OCT 1995) of 52.219-7.

[ ](iii) Alternate II (MAR 2004) of 52.219-7

[X] (7) 52.219-8, Utilization of Small Business Concerns (MAY 2004) (15 U.S.C. 637 (d)(2) and (3)).

[X] (8)(i) 52.219-9, Small Business Subcontracting Plan (JAN 2002) (15 U.S.C. 637(d)(4)).
[ ](ii) Alternate I (OCT 2001) of 52.219-9.
[ ](iii) Alternate II (OCT 2001) of 52.219-9.

[ ] (9) 52.219-14, Limitations on Subcontracting (DEC 1996) (15 U.S.C. 637(a)(14)).

[ ] (10)(i) 52.219-23, Notice of Price Evaluation Adjustment for Small Disadvantaged Business Concerns (JUNE 2003) (Pub. L. 103-355, section 7102, and 10 U.S.C. 2323) (if the offeror elects to waive the adjustment, it shall so indicate in its offer

[ ] (ii) Alternate I (JUNE 2003) of 52.219-23

[X] (11) 52.219-25, Small Disadvantaged Business Participation Program--Disadvantaged Status and Reporting (OCT 1999) (Pub. L. 103-355, section 7102, and 10 U.S.C. 2323).

[ ] (12) 52.219-26, Small Disadvantaged Business Participation Program--Incentive Subcontracting (OCT 2000) (Pub. L. 103-355, section 7102, and 10 U.S.C. 2323).

[ ] (13) 52.219-27, Notice of Total Service-Disabled Veteran-Owned Small Business Set-Aside (MAY 2004)

[ ] (14) 52.222-3, Convict Labor (JUNE 2003) (E.O. 11755).

[ ] (15) 52.222-19, Child Labor--Cooperation with Authorities and Remedies (JAN 2004) (E.O. 13126).

[X] (16) 52.222-21, Prohibition of Segregated Facilities (FEB 1999)

[X] (17) 52.222-26, Equal Opportunity (APR 2002) (E.O. 11246).

[X] (18) 52.222-35, Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans (DEC 2001) (38 U.S.C. 4212).

[ ] (19) 52.222-36, Affirmative Action for Workers with Disabilities (JUN 1998) (29 U.S.C. 793).

[X] (20) 52.222-37, Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans (DEC 2001) (38 U.S.C. 4212).

[ ] (21)(i) 52.223-9, Estimate of Percentage of Recovered Material Content for EPA-Designated Products (AUG 2000) (42 U.S.C. 6962(c)(3)(A)(ii)).

[ ] (ii) Alternate I (AUG 2000) of 52.223-9 (42 U.S.C. 6962(i)(2)(C)).

[ ] (22) 52.225-1, Buy American Act--Supplies (JUNE 2003) (41 U.S.C. 10a-10d

[X] (23)(i) 52.225-3, Buy American Act--Free Trade Agreements--Israeli Trade Act (JAN 2004) (41 U.S.C. 10a-10d, 19 U.S.C. 3301 note, 19 U.S.C. 2112 note, Pub. L. 108-77, 108-78).

[ ] (ii) Alternate I (JAN 2004) of 52.225-3.
[ ] (iii) Alternate II (JAN 2004) of 52.225-3.

[ ] (24) 52.225-5, Trade Agreements (JAN 2004) (19 U.S.C. 2501, et seq., 19 U.S.C. 3301 note).

[ ] (25) 52.225-13, Restrictions on Certain Foreign Purchases (DEC 2003) (E.o.s, proclamations and statutes administered by the Office of Foreign Assets Control of the Department of the Treasury).

[ ] (26) 52.225-15, Sanctioned European Union Country End Products (FEB 2000) (E.O. 12849).

[ ] (27) 52.225-16, Sanctioned European Union Country Services (FEB 2000) (E.O. 12849

[ ] (28) 52.232-29, Terms for Financing of Purchases of Commercial Items (FEB 2002) (41 U.S.C. 255(f), 10 U.S.C. 2307(f)).

[ ] (29) 52.232-30, Installment Payments for Commercial Items (OCT 1995) (41 U.S.C. 255(f), 10 U.S.C. 2307(f)).

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[ ] (30) 52.232-33, Payment by Electronic Funds Transfer--Central Contractor Registration (OCT 2003) (31 U.S.C. 3332).

[X] (31) 52.232-34, Payment by Electronic Funds Transfer--Other than Central Contractor Registration (MAY 1999) (31 U.S.C. 3332).

[ ] (32) 52.232-36, Payment by Third Party (MAY 1999) (31 U.S.C. 3332).
[X] (33) 52.239-1, Privacy or Security Safeguards (AUG 1996) (5 U.S.C. 552a).

[ ] (34)(i) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (APR 2003) (46 U.S.C. Appx 1241 and 10 U.S.C. 2631).

[ ] (ii) Alternate I (APR 1984) of 52.247-64

(c) The Contractor shall comply with the FAR clauses in this paragraph (c), applicable to commercial services, that the Contracting Officer has indicated as being incorporated in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial items:

[ ] (1) 52.222-41, Service Contract Act of 1965, as Amended (MAY 1989) (41 U.S.C. 351, et seq.).

[ ] (2) 52.222-42, Statement of Equivalent Rates for Federal Hires (MAY 1989) (29 U.S.C. 206 and 41 U.S.C. 351, et seq

[ ] (3) 52.222-43, Fair Labor Standards Act and Service Contract Act--Price Adjustment (Multiple Year and Option Contracts) (MAY 1989) (29 U.S.C. 206 and 41 U.S.C. 351, et seq

[ ] (4) 52.222-44, Fair Labor Standards Act and Service Contract Act--Price Adjustment (FEB 2002) (29 U.S.C. 206 and 41 U.S.C. 351, et seq.).

[ ] (5) 52.222-47, SCA Minimum Wages and Fringe Benefits Applicable to Successor Contract Pursuant to Predecessor Contractor Collective Bargaining Agreements (CBA) (MAY 1989) (41 U.S.C. 351, et seq.).

(d) Comptroller General Examination of Record. The Contractor shall comply with the provisions of this paragraph (d) if this contract was awarded using other than sealed bid, is In excess of the simplified acquisition threshold, and does not contain the clause at 52.215-2, Audit and Records -- Negotiation.

(1) The Comptroller General of the United States, or an authorized representative of the Comptroller General, shall have access to and right to examine any of the Contractor's directly pertinent records involving transactions related to this contract.

(2) The Contractor shall make available at its offices at all reasonable times the records, materials, and other evidence for examination, audit, or reproduction, until 3 years after final payment under this contract or for any shorter period specified in FAR Subpart 4.7, Contractor Records Retention, of the other clauses of this contract. If this contract is completely or partially terminated, the records relating to the work terminated shall be made available for 3 years after any resulting final termination settlement. Records relating to appeals under the disputes clause or to litigation or the settlement of claims arising under or relating to this contract shall be made available until such appeals, litigation, or claims are finally resolved.

(3) As used in this clause, records include books, documents, accounting procedures and practices, and other data, regardless of type and regardless of form. This does not require the Contractor to create or maintain any record that the Contractor does not maintain in the ordinary course of business or pursuant to a provision of law.

(e)(1) Notwithstanding the requirements of the clauses in paragraphs (a), (b), (c), and (d) of this clause, the Contractor is not required to flow down any FAR clause, other than those in paragraphs (i) through

(vi) of this paragraph in a subcontract for commercial items. Unless otherwise indicated below, the extent of the flow down shall be as required by the clause--

(i) 52.219-8, Utilization of Small Business Concerns (MAY 2004) (15 U.S.C. 637(d)(2) and (3)), in all subcontracts that offer further subcontracting opportunities. If the subcontract (except subcontracts to small business concerns) exceeds $500,000 ($1,000,000 for construction of any public facility), the subcontractor must include 52.219-8 in lower tier subcontracts that offer subcontracting opportunities.

(ii) 52.222-26, Equal Opportunity (APR 2002) (E.O. 11246).

(iii) 52.222-35, Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans (DEC 2001) (38 U.S.C. 4212).

(iv) 52.222-36, Affirmative Action for Workers with Disabilities (JUNE 1998) (29 U.S.C. 793).

(v) 52.222-41, Service Contract Act of 1965, as Amended (MAY 1989), flow down required for all subcontracts subject to the Service Contract Act of 1965 (41 U.S.C. 351, et seq.).

(vi) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (APR 2003) (46 U.S.C. Appx 1241 and 10 U.S.C. 2631). Flow down required in accordance with paragraph (d) of FAR clause 52.247-64.

(2) While not required, the contractor may include in its subcontracts for commercial items a minimal number of additional clauses necessary to satisfy its contractual obligations.

(End of clause)

52.212-3 OFFEROR REPRESENTATIONS AND CERTIFICATIONS--COMMERCIAL ITEMS (MAY 2004)

Offeror Representations and Certifications -- Commercial Items (May 2004)

(a) *Definitions.* As used in this provision:

"Emerging small business" means a small business concern whose size is no greater than 50 percent of the numerical size standard for the NAICS code designated.

"Forced or indentured child labor" means all work or service—

(1) Exacted from any person under the age of 18 under the menace of any penalty for its nonperformance and for which the worker does not offer himself voluntarily; or

(2) Performed by any person under the age of 18 pursuant to a contract the enforcement of which can be accomplished by process or penalties.

"Service-disabled veteran-owned small business concern"—

(1) Means a small business concern—

(i) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and

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(ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

(2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U S.C. 101(16).

"Small business concern" means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the criteria in 13 CFR Part 121 and size standards in this solicitation.

"Veteran-owned small business concern" means a small business concern—

(1) Not less than 51 percent of which is owned by one or more veterans(as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and

(2) The management and daily business operations of which are controlled by one or more veterans.

"Women-owned business concern" means a concern which is at least 51 percent owned by one or more women; or in the case of any publicly owned business, at least 51 percent of the its stock is owned by one or more women; and whose management and daily business operations are controlled by one or more women.

"Women-owned small business concern" means a small business concern --

(1) That is at least 51 percent owned by one or more women or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and

(2) Whose management and daily business operations are controlled by one or more women.

(b) *Taxpayer identification number (TIN) (26 U.S.C. 6109, 31 U.S.C. 7701).* (Not applicable if the offeror is required to provide this information to a central contractor registration database to be eligible for award.)

(1) All offerors must submit the information required in paragraphs (b)(3) through (b)(5) of this provision to comply with debt collection requirements of 31 U.S.C. 7701(c) and 3325(d), reporting requirements of 26 U.S.C. 6041, 6041A, and 6050M, and implementing regulations issued by the Internal Revenue Service (IRS).

(2) The TIN may be used by the government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701(c)(3)). If the resulting contract is subject to the payment reporting requirements described in FAR 4.904, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror's TIN.]

(3) *Taxpayer Identification Number (TIN).*

__ TIN:_____.

TIN has been applied for.

__ TIN is not required because:

__ Offeror is a nonresident alien, foreign corporation, or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

__ Offeror is an agency or instrumentality of a foreign government;

__Offeror is an agency or instrumentality of the Federal Government;

(4) *Type of organization.*

__ Sole proprietorship;

__ Partnership;

__ Corporate entity (not tax-exempt);

__ Corporate entity (tax-exempt);

__ Government entity (Federal, State, or local);

__ Foreign government;

__ International organization per 26 CFR 1.6049-4;

__ Other _____.

(5) *Common parent.*

__ Offeror is not owned or controlled by a common parent·

__ Name and TIN of common parent:

Name _____

TIN _____

(c) Offerors must complete the following representations when the resulting contract is to be performed in the United States or its outlying areas. Check all that apply.

(1) *Small business concern.* The offeror represents as part of its offer that it __ is, __ is not a small business concern.

(2) *Veteran-owned small business concern.* [*Complete only if the offeror represented itself as a small business concern in paragraph (c)(1) of this provision.*] The offeror represents as part of its offer that it __ is, __ is not a veteran-owned small business concern.

(3) *Service-disabled veteran-owned small business concern.* [*Complete only if the offeror represented itself as a veteran-owned small business concern in paragraph (c)(2) of this provision.*] The offeror represents as part of its offer that it __ is, __ is not a service-disabled veteran-owned small business concern.

(4) *Small disadvantaged business concern.* [*Complete only if the offeror represented itself as a small business concern in paragraph (c)(1) of this provision.*] The offeror represents, for general statistical purposes, that it __ is, __ is not, a small disadvantaged business concern as defined in 13 CFR 124.1002.

(5) *Women-owned small business concern.* [*Complete only if the offeror represented itself as a small business concern in paragraph (c)(1) of this provision.*] The offeror represents that it __ is, __ is not a women-owned small business concern.

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Note: Complete paragraphs (c)(6) and (c)(7) only if this solicitation is expected to exceed the simplified acquisition threshold.

(6) *Women-owned business concern (other than small business concern).* [*Complete only if the offeror is a women-owned business concern and did not represent itself as a small business concern in paragraph (c)(1) of this provision.*]. The offeror represents that it __ is, a women-owned business concern.

(7) *Tie bid priority for labor surplus area concerns.* If this is an invitation for bid, small business offerors may identify the labor surplus areas in which costs to be incurred on account of manufacturing or production (by offeror or first-tier subcontractors) amount to more than 50 percent of the contract price:

_____

(8) Small Business Size for the Small Business Competitiveness Demonstration Program and for the Targeted Industry Categories under the Small Business Competitiveness Demonstration Program. *[Complete only if the offeror has represented itself to be a small business concern under the size standards for this solicitation.]*

(i) [*Complete only for solicitations indicated in an addendum as being set-aside for emerging small businesses in one of the four designated industry groups (DIGs).*] The offeror represents as part of its offer that it __ is, __is not an emerging small business.

(ii) [*Complete only for solicitations indicated in an addendum as being for one of the targeted industry categories (TICs) or four designated industry groups (DIGs).*] Offeror represents as follows:

(A) Offeror's number of employees for the past 12 months (check the Employees column if size standard stated in the solicitation is expressed in terms of number of employees); or

(B) Offeror's average annual gross revenue for the last 3 fiscal years (check the Average Annual Gross Number of Revenues column if size standard stated in the solicitation is expressed in terms of annual receipts).

(Check one of the following):

Number of Employees	Average Annual Gross Revenues
50 or fewer	$1 million or less
51-100	$1,000,001-$2 million
101-250	$2,000,001-$3.5 million
251-500	$3,500,001-$5 million
501-750	$5,000,001-$10 million
751-1,000	$10,000,001-$17 million
Over 1,000	Over $17 million

(9) [*Complete only if the solicitation contains the clause at FAR 52.219-23, Notice of Price Evaluation Adjustment for Small Disadvantaged Business Concerns, or FAR 52.219-25, Small Disadvantaged Business Participation Program—Disadvantaged Status and Reporting, and the offeror desires a benefit based on its disadvantaged status.*]

(i) *General.* The offeror represents that either—

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(A) It __ is, __ is not certified by the Small Business Administration as a small disadvantaged business concern and identified, on the date of this representation, as a certified small disadvantaged business concern in the database maintained by the Small Business Administration (PRO-Net), and that no material change in disadvantaged ownership and control has occurred since its certification, and, where the concern is owned by one or more individuals claiming disadvantaged status, the net worth of each individual upon whom the certification is based does not exceed $750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); or

(B) It __has, __ has not submitted a completed application to the Small Business Administration or a Private Certifier to be certified as a small disadvantaged business concern in accordance with 13 CFR 124, Subpart B, and a decision on that application is pending, and that no material change in disadvantaged ownership and control has occurred since its application was submitted.

(ii) *Joint Ventures under the Price Evaluation Adjustment for Small Disadvantaged Business Concerns.* The offeror represents, as part of its offer, that it is a joint venture that complies with the requirements in 13 CFR 124.1002(f) and that the representation in paragraph (c)(9)(i) of this provision is accurate for the small disadvantaged business concern that is participating in the joint venture. [*The offeror shall enter the name of the small disadvantaged business concern that is participating in the joint venture:* _____.]

(10) *HUBZone small business concern.* [*Complete only if the offeror represented itself as a small business concern in paragraph (c)(1) of this provision.*] The offeror represents, as part of its offer, that--

(i) It __ is, __ is not a HUBZone small business concern listed, on the date of this representation. on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration, and no material change in ownership and control, principal office, or HUBZone employee percentage has occurred since it was certified by the Small Business Administration in accordance with 13 CFR part 126; and

(ii) It __ is, __ not a joint venture that complies with the requirements of 13 CFR part 126, and the representation in paragraph (c)(10)(i) of this provision is accurate for the HUBZone small business concern or concerns that are participating in the joint venture. [*The offeror shall enter the name or names of the HUBZone small business concern or concerns that are participating in the joint venture:* _____.] Each HUBZone small business concern participating in the joint venture shall submit a separate signed copy of the HUBZone representation.

(d) *Representations required to implement provisions of Executive Order 11246* --

(1) Previous contracts and compliance. The offeror represents that --

(i) It __ has, __ has not, participated in a previous contract or subcontract subject to the Equal Opportunity clause of this solicitation; and

(ii) It __ has, __ has not, filed all required compliance reports.

(2) *Affirmative Action Compliance.* The offeror represents that --

(i) It __ has developed and has on file, __ has not developed and does not have on file, at each establishment, affirmative action programs required by rules and regulations of the Secretary of Labor (41 CFR parts 60-1 and 60-2), or

(ii) It __ has not previously had contracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor.

(e) *Certification Regarding Payments to Influence Federal Transactions (31 U.S.C. 1352).* (Applies only if the contract is expected to exceed $100,000.) By submission of its offer, the offeror certifies to the best of its knowledge and belief that no Federal appropriated funds have been paid or will be paid to any person for influencing

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or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress on his or her behalf in connection with the award of any resultant contract.

(f) *Buy American Act Certificate.* (Applies only if the clause at Federal Acquisition Regulation (FAR) 52.225-1, Buy American Act – Supplies, is included in this solicitation.)

(1) The offeror certifies that each end product, except those listed in paragraph (f)(2) of this provision, is a domestic end product and that the offeror has considered components of unknown origin to have been mined, produced, or manufactured outside the United States. The offeror shall list as foreign end products those end products manufactured in the United States that do not qualify as domestic end products. The terms "component," "domestic end product," "end product," "foreign end product," and "United States" are defined in the clause of this solicitation entitled "Buy American Act—Supplies."

(2) Foreign End Products:

LINE ITEM NO.	COUNTRY OF ORIGIN

[*List as necessary*]

(3) The Government will evaluate offers in accordance with the policies and procedures of FAR Part 25.

(g)(1) *Buy American Act -- Free Trade Agreements -- Israeli Trade Act Certificate.* (Applies only if the clause at FAR 52.225-3, Buy American Act -- Free Trade Agreements -- Israeli Trade Act, is included in this solicitation.)

(i) The offeror certifies that each end product, except those listed in paragraph (g)(1)(ii) or (g)(1)(iii) of this provision, is a domestic end product and that the offeror has considered components of unknown origin to have been mined, produced, or manufactured outside the United States. The terms "component," "domestic end product," "end product," "foreign end product," and "United States" are defined in the clause of this solicitation entitled "Buy American Act—Free Trade Agreements—Israeli Trade Act."

(ii) The offeror certifies that the following supplies are FTA country end products or Israeli end products as defined in the clause of this solicitation entitled "Buy American Act—Free Trade Agreements—Israeli Trade Act":

FTA Country or Israeli End Products.

LINE ITEM NO.	COUNTRY OF ORIGIN

[*List as necessary*]

(iii) The offeror shall list those supplies that are foreign end products (other than those listed in paragraph (g)(1)(ii) or this provision) as defined in the clause of this solicitation entitled "Buy American Act—Free Trade

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Agreements—Israeli Trade Act." The offeror shall list as other foreign end products those end products manufactured in the United States that do not qualify as domestic end products.

Other Foreign End Products:

LINE ITEM NO.	COUNTRY OF ORIGIN

[*List as necessary*]

(iv) The Government will evaluate offers in accordance with the policies and procedures of FAR Part 25.

(2) *Buy American Act—Free Trade Agreements—Israeli Trade Act Certificate, Alternate I (Jan 2004).* If Alternate I to the clause at FAR 52.225-3 is included in this solicitation, substitute the following paragraph (g)(1)(ii) for paragraph (g)(1)(ii) of the basic provision:

(g)(1)(ii) The offeror certifies that the following supplies are Canadian end products as defined in the clause of this solicitation entitled "Buy American Act—Free Trade Agreements—Israeli Trade Act":

Canadian End Products:

Line Item No :

_____

[List as necessary]

(3) *Buy American Act—Free Trade Agreements—Israeli Trade Act Certificate, Alternate II (Jan 2004).* If Alternate II to the clause at FAR 52.225-3 is included in this solicitation, substitute the following paragraph (g)(1)(ii) for paragraph (g)(1)(ii) of the basic provision:

(g)(1)(ii) The offeror certifies that the following supplies are Canadian end products or Israeli end products as defined in the clause of this solicitation entitled ``Buy American Act--Free Trade Agreements--Israeli Trade Act":

Canadian or Israeli End Products:

Line Item No.:	Country of Origin:

[*List as necessary*]

(4) *Trade Agreements Certificate.* (Applies only if the clause at FAR 52.225-5, Trade Agreements, is included in this solicitation.)

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(i) The offeror certifies that each end product, except those listed in paragraph (g)(4)(ii) of this provision, is a U.S.-made, designated country, Caribbean Basin country, or FTA country end product, as defined in the clause of this solicitation entitled "Trade Agreements."

(ii) The offeror shall list as other end products those end products that are not U.S.-made, designated country, Caribbean Basin country, or FTA country end products.

Other End Products

Line Item No.:	Country of Origin:

[*List as necessary*]

(iii) The Government will evaluate offers in accordance with the policies and procedures of FAR Part 25. For line items subject to the Trade Agreements Act, the Government will evaluate offers of U.S.-made, designated country, Caribbean Basin country, or FTA country end products without regard to the restrictions of the Buy American Act. The Government will consider for award only offers of U.S.-made, designated country, Caribbean Basin country, or FTA country end products unless the Contracting Officer determines that there are no offers for such products or that the offers for such products are insufficient to fulfill the requirements of the solicitation.

(h) *Certification Regarding Debarment, Suspension or Ineligibility for Award (Executive Order 12549).* (Applies only if the contract value is expected to exceed the simplified acquisition threshold.) The offeror certifies, to the best of its knowledge and belief, that the offeror and/or any of its principals--

(1) __ Are, __ are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency; and

(2) __ Have, __ have not, within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, state or local government contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

(3) __ Are, __ are not presently indicted for, or otherwise criminally or civilly charged by a Government entity with, commission of any of these offenses.

(i) *Certification Regarding Knowledge of Child Labor for Listed End Products (Executive Order 13126). [The Contracting Officer must list in paragraph (i)(1) any end products being acquired under this solicitation that are included in the List of Products Requiring Contractor Certification as to Forced or Indentured Child Labor, unless excluded at 22.1503(b).]*

(1) Listed End Product

Listed End Product	Listed Countries of Origin:

(2) *Certification. [If the Contracting Officer has identified end products and countries of origin in paragraph (i)(1) of this provision, then the offeror must certify to either (i)(2)(i) or (i)(2)(ii) by checking the appropriate block.]*

[ ] (i) The offeror will not supply any end product listed in paragraph (i)(1) of this provision that was mined, produced, or manufactured in the corresponding country as listed for that product.

[ ] (ii) The offeror may supply an end product listed in paragraph (i)(1) of this provision that was mined, produced, or manufactured in the corresponding country as listed for that product. The offeror certifies that is has made a good faith effort to determine whether forced or indentured child labor was used to mine, produce, or manufacture any such end product furnished under this contract. On the basis of those efforts, the offeror certifies that it is not aware of any such use of child labor.

(End of Provision)

Alternate I (Apr 2002). As prescribed in 12.301(b)(2), add the following paragraph (c)(11) to the basic provision:

(11) (Complete if the offeror has represented itself as disadvantaged in paragraph (c)(4) or (c)(9) of this provision.) [*The offeror shall check the category in which its ownership falls*]:

____ Black American.

___ Hispanic American.

___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory or the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

___ Individual/concern, other than one of the preceding.

ADDENDUM TO 52.212-1
INSTRUCTIONS TO OFFERORS--COMMERCIAL ITEMS (OCT 2003)
(a)

a. The following paragraphs shall be tailored:

1. Paragraph (b), Submission of offers, the offeror shall submit its proposal electronically via e-mail and two (2) hard copies to the Contracting Officer at Cleveland Business Center, 10000 Brecksville Road, Building 3, Second Floor, Brecksville, OH 44141 and 15 copies to the attention of Dr. Susan Pendergrass, Director of the Office of Strategic Initiatives, 810 Vermont Avenue, Washington, D.C.

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20420. Both electronic and hard copies must reach the designated office for delivery by the offer due date. The e-mail address is [redacted]@med.va.gov. Facsimile copies will not be accepted.

General Instructions: **The Government intends to evaluate proposals and award without discussions with Offerors. Therefore, the Offeror's initial proposal should contain the Offeror's best terms from a cost or price and technical standpoint.** However, the Government reserves the right to conduct discussions if later determined by the Contracting Officer to be necessary. The Government may reject any or all offers if such action is in the public interest; accept other than the lowest offer; and waive informalities and minor irregularities in offers received.

The Government shall be evaluating offerors on the basis of the material presented in the written proposals. Proposals shall consist of two separate volumes of information as described below. Each volume must be separate and contain sufficient information to permit a detailed evaluation. Submission of these items to VA shall constitute the Offeror's promise to comply with the terms and conditions of the solicitation. Data previously submitted, if any, will not be used in the evaluation of your response to this solicitation. Previously submitted data should not therefore be included in your proposal "by reference".

All two volumes shall be submitted with one original and 15 hard copies, as well as one electronic copy via compact disc as Microsoft Word or Microsoft Excel. No zipped files. Proposals must be legible, single space, typewritten (on one side only), in 12-font, on paper not larger than eight and half by eleven inches (VA prohibits the use of elaborate technical proposals). Each proposal shall be limited to a total of 150 pages, including resumes and "other attachments."

Clarity and completeness of the proposal are of utmost importance. The proposal must be written in a practical, clear, and concise manner. Statistical and other technical terminology shall not be used without providing a glossary of terms. It must use quantitative terms whenever possible and must avoid qualitative adjectives to the maximum extent possible. Proposal volumes must be internally consistent or the proposal will be considered unrealistic and may be considered unacceptable.

VA intends to select the Contractor that provides the best value, and may award directly from proposals received without any further communication.

Notwithstanding its plan to award directly from received proposals, VA reserves the right to communicate with Offerors who it determines offers the best solution(s), if necessary, and to permit such Offerors to revise their proposals VA also reserves the right to change any of the provisions of the solicitation by Amendment at any time prior to award and to allow Offerors to revise their offers accordingly.

Proposals submitted in response to this Solicitation shall contain the information specified below. Do not restate the work statement. The required information will be used to evaluate the Technical and Price volumes. **Note: The Technical Capability volumes as a whole shall not contain any deliverable pricing or cost information. All deliverable price or cost information shall be submitted in Volume II - Price Proposal.**

Offerors shall submit proposals in accordance with the instructions contained in this Solicitation. Offerors shall utilize the work statement in the preparation of their proposals. Proposals must respond to and meet all of the requirements of the work statement. **Failure to meet any requirement of the work statement may be cause for rejection of an offer without further consideration.** When evaluating an offer, VA will consider how well the Offeror complied with both the letter and intent of these instructions. VA will consider any failure on the part of an Offeror to comply with both the letter and spirit of these instructions to be an indication of the performance it can expect during contract performance.

Volume I – Technical Capability (See 52.212-2)

Volume II – Price Proposal

Most elements of Volume II are self explanatory. Submit price proposals with a cover sheet that includes the following:

1. Request For Proposal (RFP) Number
2. Name and address of Offerors
3. Name, title, phone number, and email of point of contact
4. Place(s) of performance
5. Detailed cost breakdown to include per Task all labor categories, hourly rates, and other related costs.

Offerors, who request clarification of contract requirements, may submit written questions to Sadya M Armstrong, Contracting Officer, via e-mail at [redacted]@med.va.gov.

PRE-PROPOSAL CONFERENCE

A Pre-proposal Conference is scheduled for 9:00AM October 13th at VA Headquarters, 810 Vermont Avenue, Washington DC. The duration of the conference will not exceed 3 hours. All interested offerors must submit a written registration request for the conference to the Contracting Officer. Due to space limitations no more than 2 representatives from each Offeror can attend. All written questions to be addressed at the conference must be submitted to the Contracting Officer October 7th . All questions that are submitted will be provided along with their respective answers to all prospective offerors attending the Pre-proposal Conference. Other interested offerors will be provided with the Pre-proposal Conference questions and answers upon written request only.

II. **PAST PERFORMANCE** Offerors shall submit its **past performance information** inclusive of the Point of Contact information (name, title, telephone number and e-mail) by **2:00 p.m. EST, 10/18/04.**

2. Paragraph (e), Multiple offers, is deleted in its entirety.

3 Paragraph (g), Contract award, add the following:

The Government intends to award a contract or contracts resulting from this solicitation to the responsible offeror(s) whose proposal(s) represents the best value after evaluation in accordance with the factors and subfactors in the solicitation.

4. Paragraph (h), Multiple awards, is deleted in its entirety.

3. Paragraph (f) shall be replaced with the following:

852.273-700 LATE OFFERS (JAN 2003)
Offers or modifications of offers received after the time set forth in a request for quotations or request for proposals may be considered, at the discretion of the contracting officer, if determined to be in the best interest of the Government. Late bids submitted in response to an invitation for bid (IFB) will not be considered.

52.233-2 SERVICE OF PROTEST (AUG 1996)

(a) Protests, as defined in section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the General Accounting Office (GAO), shall be served on the Contracting
Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from:

(b) The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO. (End of Provision)

852.233-70 PROTEST CONTENT (JAN 1998)

(a) Any protest filed by an interested party shall:

(1) Include the name, address, fax number, and telephone number of the protester;

(2) Identify the solicitation and/or contract number;

(3) Include an original signed by the protester or the protester's representative, and at least one copy;

(4) Set forth a detailed statement of the legal and factual grounds of the protest, including a description of resulting prejudice to the protester, and provide copies of relevant documents;

(5) Specifically request a ruling of the individual upon whom the protest is served;

(6) State the form of relief requested; and

(7) Provide all information establishing the timeliness of the protest.

(b) Failure to comply with the above may result in dismissal of the protest without further consideration.
(End of Provision)

852.233-71 ALTERNATIVE PROTEST PROCEDURE (JAN 1998

As an alternative to filing a protest with the contracting officer, an interested party may file a protest with the Deputy Assistant Secretary for Acquisition and Materiel Management, Acquisition Administration Team, Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC, 20420, or, for solicitations issued by the Office of Facilities Management, the Chief Facilities Management Officer, Office of Facilities Management, 810 Vermont Avenue, NW, Washington, DC 20420. The protest will not be considered if the interested party has a protest on the same or similar issues pending with the contracting officer.
(End of Provision)

NOTICE Regarding Compliance with VETS 100 Reporting Requirement:

In accordance with FAR clause 52.222-37, Employment Records on Disabled Veterans and Veterans of the Vietnam Era, which is incorporated by reference in this solicitation, and Public Law 105-339, section 1354 (enacted October 31, 1998), no agency may enter into a contract with a contractor who has not filed a VETS-100 report for the preceding fiscal year under Title 38 Section 4212(d). A contract can be placed with that contractor as soon as the report required by Section 4212(d) for the fiscal year concerned is filed with the Department of Labor. Public Law 105-339 also increased the threshold of covered contracts and subcontracts from $10,000 to $25,000. You are strongly urged to complete this report as soon as possible to avoid delays in the contract process. This can be done "on-line" at: http: www.dol.gov/dol/vets/public/contractor/main.htm

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52.212-2 EVALUATION--COMMERCIAL ITEMS (JAN 1999)

(a) The Government will award a contract resulting from this solicitation to the responsible offeror whose offer conforming to the solicitation will be most advantageous to the Government, price and other factors considered. The following factors are listed that shall be used to evaluate offers: Technical capability with its subfactors, are more important than price.

1. General: The Government intends to evaluate proposals and award without discussions with offerors. Therefore, the offeror's initial proposal should contain the offeror's best terms from a cost or price and technical standpoint. However, the Government reserves the right to conduct discussions if later determined by the Contracting Officer to be necessary. The Government may reject any or all offers if such action is in the public interest; accept other than the lowest offer; and waive informalities and minor irregularities in offers received.

2. Your proposal shall include the level of effort/labor categories necessary to accomplish the statement of work and a labor mix appropriate to accomplish the work. A labor category definition must accompany any labor category proposed. The proposal shall cover all costs applicable to the statement of work, labor, travel, other direct costs, etc.

Criterion 1: Technical Capability

Sub-criterion 1a UNDERSTANDING THE PROJECT (25 points)

a. Demonstrates a clear understanding of the project's objectives and level of detail of work to be performed. Demonstrates an understanding of the need to integrate multiple data sources into the option development process.

b. Demonstrates knowledge and methodology to accomplish the technical, data, health care and planning requirements of the Statement of Work. .

c. Demonstrates or offers innovative approaches and streamlining (e.g. reduction of project timeline.)

d. Demonstrates an understanding of the communication and management skills necessary to work collaboratively with stakeholders, Federal Advisory Committees, CARES Implementation Board and designated VHA contractors.

e. Demonstrates knowledge and experience of management tools that assist in the management of multiple sites with multiple objectives to meet pre-determined timelines.

Sub-criterion 1b EXPERIENCE OF CONTRACTOR (20 points)

The Contractor shall demonstrate a clear understanding of the scope and complexity of the VHA missions, goals, and objectives. To support this requirement, the Contractor shall demonstrate their expertise in:

a. Communication management skills and experience in utilizing stakeholder input and managing sensitive information with stakeholders and work groups.

b. Knowledge and experience in analysis of large sets of data and information requirements utilized in health care projects of similar scope and size.

c. Experience in health care service delivery planning; aligning health care services to population forecasting, analyzing current and future demand for health care services using patient origin (to analyze access), and matching services to future demand and assessing community capacity. Experience in developing a comprehensive asset portfolio (Master Plan) (e.g. buildings, leases, equipment, IT systems, real estate appraisals, market analysis, etc.), that matches the future projected infrastructure requirements, renovation of existing facilities and the disposal of unneeded assets. Experience in operational and capital costing, Capital Planning, reuse potential of sites and quality indicators to develop options and plans for decision makers to locate existing or new services at multiple sites.

d. Experience in discerning economic impact of potential realignment proposal on the local and health care community.

Sub-criterion 1c KNOWLEDGE AND EXPERIENCE OF PROPOSED PERSONNEL (25 points)

A. Identify key personnel and the qualifications of assigned professionals and technical staff to fit the experience requirements in Section IV Understanding the Project.

B. Number, levels and disciplines of proposed staff are appropriate and available.

C. Level of availability of the Project Director.

D. Personnel assigned to task: In addition to the knowledge and experience of proposed staff these staff should to the maximum extent feasible be on the primary Contractor's staff. Subcontracting is permitted but should be limited.

Sub-criterion 1d PAST PERFORMANCE (30 points)

Offerors will be evaluated on their ability to perform the contract successfully. Past performance evaluation will consider reliability of past performance information, source of information, and the relevance of information. Offerors without relevant past performance or for whom past performance information is not available, will receive a neutral rating. Relevant past performance information shall include key personnel who have relevant experience, predecessor companies, and subcontractors who will perform major or critical elements of this solicitation. The VA reserves the right to obtain information for use in the evaluation of past performance from any and all sources including sources outside of the Government. Unreachable references may result in disqualification of the client reference.

CRITICAL ELEMENTS

a. Demonstrated performance in working with community groups in developing and communicating health system plans.

b. The Contractor's demonstrated performance record in the design, organization and application of study methodologies and templates to manage Healthcare Delivery Studies. These studies produce options and plans in complex integrated health care systems with large scale data analysis, Reuse Plans and Capital Plans that include working with stakeholders, committees and health care delivery staff.

c. Demonstrated performance with health care supply and demand modeling, and converting projected enrollee and user information into comprehensive, cost-effective, integrated health care programs and services. Demonstrated performance with health care system strategic planning, evaluation and redesign, including comprehensive capital asset plans.

d. Demonstrated performance with providing work at diverse locations and large metropolitan areas.

e. Identify at least three references, preferably federal agency contracts. References shall include the following information:

- Contract or Task Order identification number
- Prime Contractor Name and division (name, phone number, point of contact, email address)
- Project Title
- Contracting Agency or Organization and User Organization (if different from the Contracting Agency).
- Major Subcontractors (name, phone number, point of contact, email address)
- Type of contract or task order (i.e. Firm-Fixed Price or Cost)
- Period of Performance
- Task Order or contract dollar value at time of initial task order/contract award.
- Final (or current) task order/contract dollar value, including all modifications and exercised options, explaining any cost growth
- Current name and telephone number for:
- Contracting Officer's Representative
- Contracting Officer
- General description of the contract or task order, including aspects of the task order/contract the Offeror's deems relevant to this effort (e.g., similarity of services provided; geographic dispersion of the task order/contract effort; similarity of proposed methods, procedures,; significant lesions learned, difficulties encountered and methods utilized to resolve problems, key personnel).
-

Criterion 2 Price- To be evaluated by the Contracting Officer

DISCLOSURE OF PROPOSALS OUTSIDE THE GOVERNMENT. The VA may find it necessary to obtain proposal evaluation assistance outside the Government. Where VA determines it necessary disclose a proposal outside the Government for evaluation purposes, arrangements will be made with the evaluator for appropriate handling of proposal information. Therefore, by submitting a proposal, the Offeror agrees that VA may have the proposal evaluated outside the Government. If the Offeror desires to preclude VA from using outside evaluation, the Offeror should so indicate on a cover sheet clearly marked with the below legend. However, notice is given that if the VA is precluded from using outside evaluation, it may be unable to consider the proposal.

DETAILED STATEMENT OF WORK

Note that the requirements for the Healthcare Delivery Study, the Capital Plans and the Reuse Plans are outlined in the main Statement of Work Document. Therefore, if the requirements differ from the General Statement, it will be noted here, otherwise, follow the requirements in the Statement of Work.

VISN 1 – Boston - Healthcare Delivery Study, General Capital and Reuse Plans

Specific Considerations/Requirements - The Boston study consists of two major components, the Healthcare Delivery Study and the proposed general Capital and Reuse Plans.

Healthcare Delivery Study - The study provides an opportunity to examine the feasibility of redesigning the Boston area VA health care delivery system. Health care services are currently delivered at the Bedford, Jamaica Plains, West Roxbury and Brockton campuses.
Using forecasted health services utilization data and patient origin data; provide a minimum of three options for providing health care in the Boston area. For one of the options, determine the feasibility of consolidating acute care services at one tertiary care medical center to meet future demand. This center would be the hub of a system of primary care and multi specialty clinics located throughout the Boston area. These sites would be identified at a level of specificity required to accurately analyze improvements in access and the costing required in order to make a recommendation. In addition to acute care services, key questions in the study are the location of Domiciliary care, Nursing Home care, non acute psychiatric programs, residential treatment facilities as well as specialized programs such as the Alzheimer's disease unit at Bedford. The analysis could/should include consideration of partial use of current campuses for these services, collocation with the tertiary care center, free standing Nursing Homes, and the clustering of these programs for continuity and quality.

General Capital and Reuse Plans - General Capital and Reuse Plans for the current and proposed campuses would include the proposed capital infrastructure if services would continue to be delivered on campus or reuse if the campus will no longer deliver VA health care services. These will be developed complementary to the Healthcare Delivery Studies.

Secretary's Decision - Reference 3-3

- Four existing VA Medical Centers in Boston range in age from 36 to 62 years.
- All require ongoing renovation and upgrades and are in need of modernization.
- Feasibility of consolidating its existing four Boston area medical centers into one state-of-the-art tertiary care facility that will act as a hub for VA health care in the greater Boston area
- Current fragmented nature of care across the four existing Boston area facilities,
- VA's need to remain competitive in a medical care environment where recruitment and retention of quality staff is difficult.

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- The system to be studied would be anchored by a state-of-the-art tertiary care medical center and would include plans for development of strategically located multi-specialty outpatient clinics and CBOCs.
- The study also will analyze the demand for nursing home care services and plan to locate facilities in places that would preserve access for aging veterans and their families.
- The tertiary care medical center would deliver comprehensive inpatient care services, while allowing specialty care services such as cardiology, neurology, audiology, as well as primary and special VA mental health services to spread out into the community closer to where patients live.
- Supported by CBOCs, the system of care would bring VA health care into communities throughout the Boston area, improving access to specialty care, primary care, mental health care, and nursing home services.

VISN 2 – Canandaigua – Comprehensive Capital & Reuse Plan

Specific Considerations/Requirements – The Canandaigua Capital and Reuse Plan is to determine whether the existing campus or another location in the Canandaigua area is the best location for the services currently offered on the Canandaigua campus. The services include primary care, specialty care, Nursing Home, Domiciliary care, residential rehabilitation treatment, geropsychiatric care and hospice care. The comprehensive Capital and Reuse Plan should consider the partial use of the campus, movement of all services to another site(s) or a combination of these possibilities to maximize access to veterans and determine the highest and best use of the Canandaigua campus. The comprehensive Capital and Reuse Plan would include the physical configuration of the infrastructure at all sites identified for the location of services and the comprehensive Reuse Plan for the Canandaigua campus. Another contractor in coordination with this Contractor shall develop the Reuse Plan and as a part of the site options presented the most likely potential reuse for available property identified in the capital planning process is to be included.. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

Secretary's Decision - Reference Page 3-10

- Built in 1932, the campus sits on 171 acres of land and includes 23 buildings, most of which were built between 1932 and 1937.
- Approximately 26 percent of the campus is vacant or underused and forecasts for the Finger Lakes market show decreasing enrollment through 2022.
- The Master Plan will include construction of a new multi-specialty outpatient clinic and nursing home complex to replace the patient care facilities currently located on the Canandaigua campus.
- The plan also will include the transfer of acute inpatient psychiatric patients from Canandaigua to Buffalo and Syracuse
- The new nursing home complex will accommodate nursing home, domiciliary and residential rehabilitation patients and will provide geropsychiatric services and hospice care.

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- All other patient care services currently in place at the Canandaigua VAMC will be accommodated in the new facilities with the potential for enhanced services to include new clinics as needed.

VISN 3 – NYC – Healthcare Delivery Study, General Capital Plan and Reuse Plan

Specific Considerations/Requirements – The NYC study consists of two major components; the Healthcare Delivery Study and the proposed general Capital and Reuse Plans for the existing sites. The Healthcare Delivery Study will provide three options for health care delivery in the NYC area. The options will include the feasibility of consolidating the Manhattan and Brooklyn campuses into one site. The site could be an entirely new site or the Manhattan or Brooklyn sites. Reuse Plans would be developed for the Manhattan and Brooklyn campuses as part of the study.

Healthcare Delivery Study - The study provides an opportunity to examine the feasibility of redesigning the NYC VA health care delivery system. Health care services are currently delivered at the Brooklyn and Manhattan campuses. Using forecasted health services utilization and patient origin data the study will determine the feasibility of consolidating services at a single tertiary care medical center to meet future demand. The site could be one of the current campuses or a new site. That center that would be the hub of a system of primary care and multi specialty clinics located throughout the NY City Area to improve access to these services for veterans. These sites would be identified at a level of specificity required to accurately analyze improvements in access and the costing required to develop options and a recommendation.

General Capital and Reuse Plans - General Capital and Reuse Plans for the current and proposed campuses would include the proposed capital infrastructure if services would continue to be delivered on campus or re use if the campus will no longer deliver VA health care services. These will be developed complementary to the Healthcare Delivery Studies.

Secretary's Decision - Reference Page 3-16

- VA will undertake a thorough feasibility study of the potential to consolidate the Manhattan and Brooklyn campuses of the New York Harbor HCS in the VISN's New York market.
- The system to be studied would be anchored by a comprehensive tertiary care medical center located in either Manhattan or Brooklyn and will include plans for development of strategically located multi-specialty outpatient clinics and CBOCs targeted to support the tertiary hub, maximize access, and bring primary, mental health, and specialty care services closer to where veterans live.
- The study also will analyze the demand for nursing home care services.
- The tertiary care medical center will deliver comprehensive inpatient care services, while allowing specialty care services such as cardiology, neurology, audiology, as well as primary and special VA mental health resources to spread out into the community closer to patients. Further supported by CBOCs, the system of care

would bring VA health care to sites throughout the New York area, improving access to specialty, primary care, mental health, and nursing home services.

VISN 3 – Castle Point & Montrose – Comprehensive Capital and Reuse Plans

Specific Considerations/Requirements - The services to be relocated from the Montrose campus to the Castle Point campus have been determined in the Secretary's Decision document. The purpose of the comprehensive Capital and Reuse Plan is to redesign the Montrose campus to maximize the reuse potential of part of the campus that is afforded by the transfer of services to Castle Point. Castle Point requires a comprehensive Capital and Reuse Plan that enables the transferred services to be most efficiently located on the Castle Point campus.

Another contractor in coordination with this Contractor shall develop the Reuse Plan and as a part of the site options presented the most likely potential reuse for available property identified in the capital planning process is to be included.. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

Secretary's Decision - Reference page 3-17

- The Montrose and Castle Point campuses of the Hudson Valley Health Care System are both underutilized.
- The Montrose campus was built in 1950 for a capacity of 1,984 hospital beds and now operates 291 beds.
- The Castle Point campus was transferred to VA in 1924. It was originally built for 600 tuberculosis beds and now operates 122 inpatient beds.
- VA will implement a consolidation of services between the Montrose and Castle Point campuses that will enhance patient care and make more effective use of VA health care resources.
- The consolidation will transfer acute psychiatric, long-term psychiatric and nursing home beds from the Montrose to the Castle Point campus.
- To accomplish this consolidation, VA will augment the mission at the Castle Point campus with new construction and reduce the footprint on the Montrose campus through an enhanced use lease for assisted living and other compatible uses or divestiture of property.
- By consolidating these services at Castle Point, VA can build one new state-of-the-art and appropriately sized nursing home designed to provide high quality nursing home care services.
- VA will continue to provide outpatient, domiciliary and residential rehabilitation services at the Montrose campus.
- The Plan will make sure that the realignment decision for the excess VA property at the Montrose campus will consider, but will not be limited to, an existing enhanced use lease proposal for an assisted living complex. The potential for collaboration with the National Cemetery Administration also will be considered in the Master

Plan. Any reuse or disposal of property on the Montrose Campus will serve to enhance the Department's mission.

Specific Capital Considerations - EU plan submitted to develop senior housing and assisted living units. This proposal will also utilize and preserve two well maintained structures, reduce VA Hudson Valley health care system maintenance and repair costs and obtain additional revenue to fund community based clinics to better serve veteran patients.

VISN 3 – St. Albans – Comprehensive Capital and Reuse Plans

Specific Considerations/Requirements - The comprehensive Capital and Reuse Plans will be accomplished using demand data to determine the appropriate capacity and foot print size of the replacement for the Domiciliary and Nursing Home units that maximize the re use potential of the balance of the site.

Another contractor in coordination with this Contractor shall develop the Reuse Plan and as a part of the site options presented the most likely potential reuse for available property identified in the capital planning process is to be included.. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

Secretary's Decision - Reference page 3-19

- The St. Albans campus was not designed for modern health care delivery, is aging, and is in need of replacement.
- VA will develop a Master Plan that will propose an efficient and cost-effective design for the replacement buildings at St. Albans and ensure an effective transition of services. VA will develop plans for the size of the nursing home and domiciliary buildings using its mental health and long-term care strategic plans.
- The Master Plan also will describe the most effective footprint for the campus and ensure that any plans for alternate use or disposal of VA property serve to enhance the Department's mission.

VISN 4 – Pittsburgh – Highland Drive – Comprehensive Capital Plan and General Reuse Plan

Specific Considerations/Requirements - Provide options for maximizing the highest and best use of the vacated campus.

Secretary's Decision - Reference page 3-23

- VA will consolidate the Highland Drive Division to the University Drive and Heinz campuses of the Pittsburgh HCS.
- This consolidation will be accomplished through major construction that will modernize patient care facilities at the University Drive and Heinz campuses and improve the environment of care for area veterans.

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- Collocate inpatient psychiatry services at University Drive and domiciliary and residential rehabilitation services at the Heinz campus.
- Plans shall include a new parking garage at the University Drive campus
- Upon completion of construction and patient transfer, VA will seek alternate uses for, or disposal of, the Highland Drive campus. These uses may include, but will not be limited to, an enhanced use lease of the campus.

Specific Capital Considerations - A contractor has already been retained to provide the Capital Plans for University Drive and the Heinz campus. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

VISN 5 – Perry Point - Comprehensive Capital and Reuse Plans

Specific Considerations/Requirements - The comprehensive Capital and Reuse Plans will determine the appropriate setting on the site for the replacement NHCU, and the appropriate footprint for the redesigned campus that will maximize the reuse potential of the site.

Another contractor in coordination with this Contractor shall develop the Reuse Plan and as a part of the site options presented the most likely potential reuse for available property identified in the capital planning process is to be included.. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

Secretary's Decision - Reference Page 3-33

- The Perry Point campus is situated on 364 acres of land, much of which is underused or vacant.
- While some buildings on the campus have been recently renovated, others are in dire need of repair, including the nursing home, which is almost 80 years old.
- While the mission of the Perry Point VAMC will remain unchanged, the Master Plan will propose an efficient, cost-effective, and appropriately sized design that will reduce vacant and underused space on the campus and include modernization of patient care buildings to meet current and anticipated needs.
- The plan will include construction of a replacement nursing home.

VISN 7 – CAVHCS, Montgomery Division – Healthcare Delivery Study and General Capital Plan

Specific Considerations/Requirements - Using forecasted health services utilization data and patient origin data the study would determine the feasibility of converting the Montgomery campus to an outpatient-only campus to meet future demand. The study will include at least three options for providing the health care and converting the campus. Each option will include a general Capital Plan for the Montgomery campus if appropriate.

Secretary's Decision - Reference Page 3-47

- VA will proceed with a study of the feasibility of converting the Montgomery CAVHS to an outpatient-only facility as part of the CARES implementation process.
- The study will examine the impact of mission change on access to and quality of care as well as the cost-effectiveness of potential realignment. VA will consider comments from stakeholders as it conducts the study. A Capital Plan for the Montgomery campus will be developed.

VISN 9 – Louisville – Healthcare Delivery Study, General Capital and Reuse Plans

Specific Considerations/Requirements - The determination of the need for a replacement hospital and the size and services will be provided including an estimate of the capital and operating costs of the new facility and a comparison to maintaining the current facility. Special attention will be given to referral patterns from VA facilities.

Secretary's Decision - Reference Page 3-61

- VA will study the need for a replacement hospital for the Louisville VAMC.
- The Louisville VAMC is in need of renovation.
- There is an opportunity to partner with the University of Louisville
- There is also potential for collocation of a VBA presence at a new Louisville facility.

VISN 9 – Lexington, Leestown - Comprehensive Capital and Reuse Plans

Specific Considerations/Requirements - The comprehensive Capital and Reuse Plans will be accomplished using demand data to determine the appropriate capacity and foot print size of the campus that maximize the re use potential of the balance of the site.

Another contractor in coordination with this Contractor shall develop the Reuse Plan and as a part of the site options presented the most likely potential reuse for available property identified in the capital planning process is to be included.. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

Specific Considerations/Requirements - The Leestown campus will continue to provide Nursing Home care and outpatient services as well as administrative space for the Cooper Drive Division with an appropriately sized footprint. The comprehensive Capital and Reuse Plan will utilize demand forecasts to determine the service delivery capacity of the campus. The comprehensive Capital and Reuse Plans should reflect the results of the Louisville replacement hospital study to determine any impact on the Cooper Drive and Leestown campuses. However the Study should not prevent reuse analysis of land and buildings currently available land on the campus or opportunities currently available for Enhanced Use or other options.

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DETAILED STATEMENT OF WORK

Secretary's Decision - Reference page 3-62

- The Secretary will not consider consolidation of the Leestown campus at Cooper Drive, but VA will pursue opportunities to reduce the footprint of the Leestown campus.
- While the mission of the Leestown campus will remain unchanged, the Master Plan will propose an efficient, cost-effective, and appropriately sized footprint that will reduce vacant and underused space on the campus.
- The Master Plan will consider enhanced use lease opportunities and will ensure that any plan for alternate use or disposal of VA property serves to enhance the Department's mission.

VISN 15 – Poplar Bluff – Financial Analysis

Specific Considerations/Requirements - The study to determine the cost effectiveness of providing care at the hospital versus contracting for care will be based upon the medical services that are designated appropriate for Poplar Bluff under the VRAH criteria. In completing the financial analysis contracting costs (if services meeting quality standards are available in the local community) will be factored into the analysis.

Secretary's Decision - Reference Page 3-84

- The Poplar Bluff VAMC is a 16-bed acute facility operating at full capacity and forecasts project only marginal decline in inpatient care – 15 and 11 beds in 2012 and 2022.
- While there are limited options for contracting in the community, it is important that VA examine the potential for savings through contracting by conducting a detailed cost-effectiveness analysis.
- The analysis will assess the cost of retaining care versus contracting in the community and will also include an assessment of the impact on access.
- This cost-effectiveness analysis will examine the efficiency of providing care at the Poplar Bluff VAMC.
- Once the VRAH policy is approved, VA will study the Poplar Bluff VAMC, as well as other similar facilities, to determine whether it meets the criteria for designation as a VRAH and to define the appropriate scope of practice to ensure that it meets quality standards.
- The results of the VRAH study will provide the framework for the cost-effectiveness analysis.
- In the interim, the Poplar Bluff VAMC will continue to operate in accordance with its current mission.

VISN 16 – Gulfport/Biloxi – Comprehensive Capital & Reuse Plan

Specific Considerations/Requirements - The comprehensive Capital and Reuse Plans will be accomplished using demand data to determine the appropriate capacity and foot print size of the Biloxi and Gulfport campuses that maximize the re use potential of the balance of the site.

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Another contractor in coordination with this Contractor shall develop the Reuse Plan and as a part of the site options presented the most likely potential reuse for available property identified in the capital planning process is to be included.. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

Secretary's Decision - Reference Page 3-89

- VA will consolidate the services provided at the Gulfport VAMC to the Biloxi VAMC and will develop plans to reuse or divest the Gulfport campus.
- VA also will continue to seek sharing opportunities with Keesler AFB in support of the consolidation.
- To ensure effective implementation, VA will develop a Master Plan for transfer of services from the Gulfport VAMC to the Biloxi VAMC, and for enhanced use or disposal of the Gulfport campus.

VISN 16 – Muskogee –Healthcare Delivery Study

Specific Considerations/Requirements - The study will seek solutions to the disparity of excess capacity at Muskogee VA while expected growth in population is in the Tulsa area. The forecasted demand for care in the Tulsa Muskogee area will be analyzed to determine how to best provide accessible quality care while utilizing to the extent feasible the capital invested in the Muskogee VAMC.

Secretary's Decision Reference page:3-91

- The Muskogee VAMC currently has excess capacity, while the region's patient population growth is focused in the Tulsa area.
- The study will assess the demand for health care in the Muskogee/Tulsa region and recommend a plan to best meet the health care needs of veterans, while maximizing use of resources.
- VA will study the needs in the region, including the potential for expansion of inpatient psychiatry at the Muskogee VAMC, and develop a strategy to more effectively manage the vacant space at the Muskogee VAMC and enhance services in the region.
- While the study is underway, VA will plan for the closure of the Muskogee VAMC's five-bed inpatient surgery program.
- The Muskogee VAMC will retain ambulatory surgery and have observation beds available.

VISN 17 – Waco – Healthcare Delivery Study, General Capital and Reuse Plans

Specific Considerations/Requirements - The WACO study involves an analysis of the demand for health care services in the future and the development of options regarding the possible location of those services on the WACO campus, in the WACO area, or another nearby VAMC or a combination of these options. The WACO study should

result in a clear understanding of the positive and any potentially negative impact on access for current and the expected number of future patients.

The capital and operating costs of potentially transferring all inpatient beds from Waco to a nearby VAMC will clearly identify the costs of each option and any potential savings as contrasted with options that retain services on the WACO campus as outlined in the General Scope of Work.

The options developed should include the development of a multi specialty outpatient clinic in the Waco area to ensure that primary care and mental health services are provided to the community residential care facilities that depend on Waco for outpatient psychiatric services as well as other veterans in the Waco area. In addition to exploring options on the VA campus in Waco, alternative sites in the Waco community will also be explored.

Secretary's Decision - Reference page 3-98

- The Waco campus includes 123 acres of land and 36 main hospital buildings, many of which are vacant or underutilized.
- The Commission made several observations concerning the proposed Waco campus realignment, including the potential benefits of collocating inpatient psychiatric care with other acute inpatient care in Temple, expansion of access to care for the growing Austin area, and a clear need to more effectively manage the substantial vacant space on the Waco campus.
- VA will conduct a further comprehensive study of the cost and continuity of care issues of such realignment.
- The study will evaluate the most appropriate means and site for providing care to veterans now treated at the Waco campus and will include an analysis of moving the VBA Regional Office onto the Waco VAMC campus.
- Irrespective of any realignment, it will also identify options for divesting or leasing a significant portion of the underutilized property in order to generate savings and revenues that could be applied to VA's health care mission.

VISN 18 – Big Spring – Healthcare Delivery Study, General Capital and Reuse Plans

Specific Considerations/Requirements - The study should review the demand for services that are within the scope of services for a VRAH and determine whether there is adequate demand in the Odessa-Midland area with and without the demand from the Big Spring area. If there is adequate demand for a VRAH hospital in the Odessa Midland area then a cost effectiveness analysis would be undertaken to determine if the closure of Big Spring and the opening of a VRAH facility in the Odessa Midland area is a cost effective decision. That decision should include the positive and negative impacts on access for current and projected enrollees and a General Reuse Plan with expected reuse revenues from the Big Spring campus.

Secretary's Decision - reference page 3-104

- VA will proceed with a study of the feasibility of closing inpatient care and transferring inpatient services from the Big Spring VAMC to the Odessa–Midland area.
- Part of that study will include analysis of what type of facility should be developed in the Odessa–Midland area
- VA is now in the process of developing a "Veterans Rural Access Hospital" (VRAH) policy that will provide a detailed definition and framework for assessing the clinical and operational characteristics of small and rural facilities.
- The VRAH policy will be used to determine if the Odessa–Midland area would be an appropriate location for such a facility and what the appropriate scope of practice should be based on projected demand for care.

VISN 19 – Denver – Comprehensive Capital Plan and General Reuse Plan

Specific Considerations/Requirements - Provide options for maximizing the highest and best use of the vacated campus. Coordination with this Contractor to complete the Reuse Plan is required.

Secretary's Decision - reference page 3-109

- VA will build a replacement VA medical center through a sharing agreement with DoD on the Fitzsimmons campus with some shared facilities with the University of Colorado. The Denver VAMC is old, has deficiencies in patient privacy, and has space deficits of 41,000 square feet in inpatient space and 201,000 square feet in outpatient space.
- To ensure effective implementation of this project, VA will develop a Master Plan for transition from the existing Denver VAMC to the new facility on the Fitzsimmons campus.
- The Master Plan will include development of an enhanced use lease or disposal of the existing Denver campus upon transfer of all patient care services.

- Specific Capital Considerations - A contractor has already been retained to provide the Capital Plans for the Denver replacement hospital. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

VISN 20 – White City – Comprehensive Capital and Reuse Plan

Specific Considerations/Requirements - White City receives referrals from other VISNs and the demand for the appropriate number of domiciliary beds should include the referral needs of the other VISNs. The study will utilize the forecasted need for domiciliary beds from the White City area and the referral needs of the other VISNs.

Another contractor in coordination with this Contractor shall develop the Reuse Plan. and as a part of the site options presented the most likely potential reuse for available

property identified in the capital planning process is to be included. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

Secretary's Decision - Reference page 3-120

- VA will maintain all current services at the White City SORCC.
- VA will pursue opportunities to reduce the footprint of the campus.
- To ensure that VA makes the most effective use of existing buildings and land, VA will develop a Master Plan for the White City campus.
- The plan will propose an efficient, cost-effective, and appropriately sized infrastructure design that will reduce vacant and underused space on the campus. It also will consider enhanced use lease opportunities.

VISN 20 – Walla Walla – Healthcare Delivery Study, General Capital and Reuse Plans

Specific Considerations/Requirements - The Walla Walla study consists of two major components, the Healthcare Delivery Study, and the proposed General Capital and Reuse Plans for the Walla Walla campus. General Capital and Reuse Plans would be developed for the campus to assist in decision making of proposals.

Healthcare Delivery Study - : The study will examine the options to be able to provide quality health care in a modern, quality care setting. Using forecasted health services utilization data, the study will evaluate the demand for health care against the availability of care in the community. Particular attention should be given to patient origin data to determine the communities in which accessible care should be provided.

General Capital and Reuse Plans - General Capital and Reuse Plans for the current campus would include the proposed capital infrastructure if services would continue to be delivered on campus or reuse if the campus will no longer deliver VA health care services. These will be developed complementary to the Healthcare Delivery Studies.

Secretary's Decision – Reference page 3-122

- The Walla Walla campus includes 88 acres of land and 28 buildings from the Fort Walla Walla period of 1858 to 1947.
- Fifteen of the buildings are listed on the historic register and six remain in use for patient care and support.
- The Walla Walla VAMC currently provides inpatient medicine, psychiatric, and nursing home care services as well as outpatient care
- Develop a comprehensive study to determine how to improve the environment of care in Walla Walla, while maximizing use of VA resources.
- The study will evaluate the demand for health care against the availability of care in the community and patient safety concerns as well as consider the limitations and substantial costs of maintaining an aging and expensive medical center campus for a current total inpatient and nursing home average daily census of 53.

- The study will include the potential for partnership with community and private sector organizations to provide nursing home and psychiatric inpatient care to veterans in the community.
- VA will consider options for moving into a more modern and efficient infrastructure designed to provide quality patient care.
- The study will identify the appropriate physical resources needed for VA's mission and identify options to divest or lease excess property to generate revenues that could be applied to VA's health care mission.

VISN 21 – Livermore – Comprehensive Capital and Reuse Plans

Specific Considerations/Requirements - The options developed for the Capital and Reuse Plans for the Livermore campus will be developed with and without a Nursing home presence on campus. The outpatient primary and specialty care and sub acute inpatient services will be transferred from the campus. The study's scope is only on the question of the best way to retain a nursing home presence in the Livermore area i.e. whether to retain a Nursing Home on the Livermore campus or on another site in the community.

Another contractor in coordination with this Contractor shall develop the Reuse Plan and as a part of the site options presented the most likely potential reuse for available property identified in the capital planning process is to be included.. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

Secretary's Decision - Reference page 3-129

- VA will realign the Livermore campus to improve access to and quality of patient care by moving services closer to where patients live and by collocating care.
- The realignment will include transfer of outpatient care to an expanded Central Valley clinic and to a new East Bay clinic.
- The realignment also will move sub-acute and low-volume specialty services currently provided at Livermore to the Palo Alto VAMC where they will be collocated at a tertiary care facility.
- VA will maintain access to services locally by retaining a nursing home presence in Livermore through construction of a new facility.
- Because this new facility will not be collocated with other VA care, VA will develop a referral agreement to ensure it is able to effectively respond to emergent situations.
- To ensure that this transition is managed effectively, VA will develop a Master Plan for the Livermore campus.
- It will include a careful study of the appropriate size and location of the new nursing home to include a cost-effectiveness analysis to ensure maximum effective use of VA resources.

VISN 22 – West Los Angeles – Comprehensive Capital & Reuse Plan

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Specific Considerations/Requirements - The purpose of the comprehensive Capital and Reuse Plan is to redesign the West Los Angeles campus to maximize the reuse potential of part of the campus, and ensure modern healthcare facilities.

Another contractor in coordination with this Contractor shall develop the Reuse Plan and as a part of the site options presented the most likely potential reuse for available property identified in the capital planning process is to be included.. The contractors will coordinate their work and exchange information on the capital planning process and stakeholder communications.

Secretary's Decision - Reference page 3-139

- Spread across 387 acres in an urban neighborhood, the West LA campus is a unique resource and it is important that VA preserve the integrity of the land originally granted for use as an Old Soldiers home.
- To ensure that VA has a clear framework for managing the vacant and underused property at the West LA campus, VA will develop a Master Plan for the campus in collaboration with stakeholders who will have input into the plan's development.

VISN 23 – Knoxville/Des Moines – Comprehensive Capital Plan and General Reuse Plan

Specific Considerations/Requirements

Provide options for maximizing the highest and best use of portions of the campus vacated. Secretary's Decision - Reference page 3- 144

- VA will transfer inpatient care from the Knoxville VAMC to the Des Moines VAMC
- Nursing home services will be improved through construction of a new state-of-the-art nursing home in Des Moines that will improve the environment of care.
- The Knoxville campus will retain outpatient care services.
- To ensure effective management of this transition, VA will develop a Master Plan for the realignment of the Des Moines and Knoxville campuses.
- The Master Plan will propose an efficient, cost-effective, and appropriately sized footprint that will reduce vacant and underused space on both campuses.
- The Master Plan also will ensure that any plan for alternate use or disposal of VA property serves to enhance the Department's mission and that the transition will not result in a reduction of long-term nursing home care capacity in VISN 23.

Specific Capital Considerations – A contractor has already been retained to provide the construction plans for the Des Moines campus for the transferred workload. Coordination with this Contractor to complete the Reuse Plan is required.

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VA DATA TO BE UTILIZED

NOTE:

These samples are to show all fields/data available, and are not to solve a specific question.

DATA IS NOT CORRECT AND SHOULD NOT BE USED -only for illustration

Some of the years shown are not correct for your use either. Only for illustration

Most data is "cubed" - which means it can be arranged in any order, with or without certain columns/rows.

Outpatient Data is shown in unduplicated Stops
Inpatient Data is shown in Bed Days of Care (BDOC)

Exhibit #	Data samples
1	Baseline (FY 2003) Veteran Population and Enrollees
2	Projected Veteran Population and Enrollees
3	Space & Functional Survey Data
4	Facility Condition Assessments
5	Unit Costs To Provide In-House Care
6	Non-VA care Unit Costs
7	Baseline (FY03) utilization (workload)
8	VA Enrollee Workload projections through 2023
9	Present and Historical Staffing Levels
10	Spinal Cord Injury Inpatient Projections
11	Blind Rehab Inpatient Projections
12	Uniques by County for FY 2003
13	Long Term Care (NHCU, Home Care and Assisted Living) utilization projections
14	CARES Strategic Planning Categories

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Exhibit 1 - Baseline (Fy2001) Actual Enrollment, Veteran Population 2001

VA DATA TO BE UTILIZED

Market or County	Gender (M or F)	Age (In five year increments starting with < 25 to >85)	Priority	Enrollees	Vet Pop
Central	F	< 25	1a	1.00	2.76
Central	F	< 25	1b	7.00	7.35
Central	F	< 25	2	15.00	17.06
Central	F	< 25	3	43.00	52.23
Central	F	< 25	4		8.32
Central	F	< 25	5	46.00	298.50
Central	F	< 25	6		51.72
Central	F	< 25	7a		32.97
Central	F	< 25	7c	1.24	608.71
Central	F	< 25	8c	11.76	
Central	F	25 - 29	1a	10.00	16.39
Central	F	25 - 29	1b	28.00	28.69
Central	F	25 - 29	2	64.00	76.20
Central	F	25 - 29	3	160.00	206.86
Central	F	25 - 29	4		16.32
Central	F	25 - 29	5	150.00	433.65
Central	F	25 - 29	6	3.00	101.60
Central	F	25 - 29	7a	0.41	67.73
Central	F	25 - 29	7c	7.86	1186.22
Central	F	25 - 29	8a	1.59	
Central	F	25 - 29	8c	48.14	
Central	F	30 - 34	1a	20.00	27.32
Central	F	30 - 34	1b	56.00	54.47
Central	F	30 - 34	2	109.00	126.62
Central	F	30 - 34	3	183.00	251.90
Central	F	30 - 34	4		23.05
Central	F	30 - 34	5	167.00	486.28
Central	F	30 - 34	6	13.00	133.92
Central	F	30 - 34	7a	1.24	89.12
Central	F	30 - 34	7c	10.76	1542.68
Central	F	30 - 34	8a	7.76	
Central	F	30 - 34	8c	95.24	

(Data can be arranged in any order)

2 - 72

VA DATA TO BE UTILIZED

Central	F	35 - 39	1a	37.00	45.09
Central	F	35 - 39	1b	64.00	58.94
Central	F	35 - 39	2	106.00	120.07
Central	F	35 - 39	3	173.00	228.54
Central	F	35 - 39	4	3.00	32.42
Central	F	35 - 39	5	147.00	487.57
Central	F	35 - 39	6	13.00	146.97
Central	F	35 - 39	7a		106.34
Central	F	35 - 39	7c	8.28	1737.74
Central	F	35 - 39	8a	6.00	
Central	F	35 - 39	8c	69.72	
Central	F	40 - 44	1a	64.00	74.06
Central	F	40 - 44	1b	121.00	108.97
Central	F	40 - 44	2	120.00	140.68
Central	F	40 - 44	3	177.00	236.40
Central	F	40 - 44	4	8.00	45.85
Central	F	40 - 44	5	170.00	497.19
Central	F	40 - 44	6	10.00	162.31
Central	F	40 - 44	7a	2.07	123.21
Central	F	40 - 44	7c	11.17	2003.38
Central	F	40 - 44	8a	5.93	
Central	F	40 - 44	8c	94.83	
Central	F	45 - 49	1a	91.00	111.98
Central	F	45 - 49	1b	103.00	104.36
Central	F	45 - 49	2	110.00	145.81
Central	F	45 - 49	3	142.00	230.12
Central	F	45 - 49	4	8.00	44.28
Central	F	45 - 49	5	161.00	351.98
Central	F	45 - 49	6	6.00	190.30
Central	F	45 - 49	7a	0.83	117.18
Central	F	45 - 49	7c	15.73	1617.96
Central	F	45 - 49	8a	12.17	
Central	F	45 - 49	8c	98.27	
Central	F	50 - 54	1a	40.00	64.59
Central	F	50 - 54	1b	59.00	65.22
Central	F	50 - 54	2	58.00	85.47
Central	F	50 - 54	3	75.00	127.15

82-23

VA DATA TO BE UTILIZED

Central	F	50 - 54	4	8.00	37.08
Central	F	50 - 54	5	69.00	195.95
Central	F	50 - 54	6	6.00	105.49
Central	F	50 - 54	7a	0.83	73.75
Central	F	50 - 54	7c	8.69	1035.31
Central	F	50 - 54	8a	8.17	
Central	F	50 - 54	8c	59.31	
Central	F	55 - 59	1a	20.00	36.42
Central	F	55 - 59	1b	29.00	30.85
Central	F	55 - 59	2	17.00	32.14
Central	F	55 - 59	3	35.00	70.01
Central	F	55 - 59	4	4.00	27.18
Central	F	55 - 59	5	50.00	151.40
Central	F	55 - 59	6	3.00	53.14
Central	F	55 - 59	7a	0.41	37.76
Central	F	55 - 59	7c	7.04	623.26
Central	F	55 - 59	8a	1.59	
Central	F	55 - 59	8c	41.96	
Central	F	60 - 64	1a	9.00	10.51
Central	F	60 - 64	1b	10.00	8.67
Central	F	60 - 64	2	11.00	13.43
Central	F	60 - 64	3	3.00	9.66
Central	F	60 - 64	4	2.00	28.66
Central	F	60 - 64	5	36.00	160.18
Central	F	60 - 64	6		40.01
Central	F	60 - 64	7a		27.67
Central	F	60 - 64	7c	5.93	458.88
Central	F	60 - 64	8a	1.00	
Central	F	60 - 64	8c	24.07	
Central	F	65 - 69	1a	5.00	4.22
Central	F	65 - 69	1b	4.00	3.02
Central	F	65 - 69	2	2.00	2.63
Central	F	65 - 69	3	3.00	4.16
Central	F	65 - 69	4	5.00	21.21
Central	F	65 - 69	5	31.00	160.20
Central	F	65 - 69	6	2.00	3.41
Central	F	65 - 69	7a		10.62

AL-2

VA DATA TO BE UTILIZED

Central	F	65 - 69	7c	5.34	250.19

This same sequence continues through all genders, all age groups and all priorities

Exhibit 2 - Projected Enrollment & Veteran Population

County	Gender	Age	Priority	Enroll4	Enroll5	Enroll6	Enroll7	Enroll8	Vp2004	Vp2005	Vp2006	Vp2007	Vp2008
ANDERSON (48001)	F	< 25	1a	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	< 25	1b	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	< 25	2	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	< 25	3	0	0	0	0	0	1	1	1	1	1
ANDERSON (48001)	F	< 25	4	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	< 25	5	1	1	1	0	0	3	3	3	3	3
ANDERSON (48001)	F	< 25	6	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	< 25	7a						0	0	0	0	0
ANDERSON (48001)	F	< 25	7c						7	7	7	7	7
ANDERSON (48001)	F	< 25	8a	0	0	0	0	0					
ANDERSON (48001)	F	< 25	8c	0	0	0	0	0					
ANDERSON (48001)	F	25 - 29	1a	0	1	0	0	0	0	0	1	1	1
ANDERSON (48001)	F	25 - 29	1b	1	0	0	1	1	1	0	0	1	1
ANDERSON (48001)	F	25 - 29	2	0	0	1	1	1	1	1	1	1	1
ANDERSON (48001)	F	25 - 29	3	3	3	3	3	2	4	4	4	2	3
ANDERSON (48001)	F	25 - 29	4	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	25 - 29	5	1	2	2	2	2	6	7	6	6	7
ANDERSON (48001)	F	25 - 29	6	0	0	0	0	0	1	1	1	1	1
ANDERSON (48001)	F	25 - 29	7a						1	1	1	1	1
ANDERSON (48001)	F	25 - 29	7c						17	17	17	18	18
ANDERSON (48001)	F	25 - 29	8a	0	0	0	0	0					
ANDERSON (48001)	F	25 - 29	8c	0	0	0	0	0					
ANDERSON (48001)	F	30 - 34	1a	0		1	1	1	0	1	1	1	1

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VA DATA TO BE UTILIZED

ANDERSON (48001)	F	30 - 34	1b	1	2	1	2	2	1	2	1	2	2
ANDERSON (48001)	F	30 - 34	2	0	1	1	1	1	1	1	1	1	1
ANDERSON (48001)	F	30 - 34	3	2	2	2	3	4	2	3	3	4	4
ANDERSON (48001)	F	30 - 34	4	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	30 - 34	5	2	2	2	3	3	5	4	5	5	5
ANDERSON (48001)	F	30 - 34	6	0	0	0	0	0	1	1	1	1	1
ANDERSON (48001)	F	30 - 34	7a						1	1	1	1	1
ANDERSON (48001)	F	30 - 34	7c						20	19	19	18	19
ANDERSON (48001)	F	30 - 34	8a	0	0	0	0	0					
ANDERSON (48001)	F	30 - 34	8c	0	0	0	0	0					
ANDERSON (48001)	F	35 - 39	1a	0	0		0	0	0	0	0	1	1
ANDERSON (48001)	F	35 - 39	1b	0	0	1	1	1	0	0	1	1	1
ANDERSON (48001)	F	35 - 39	2	1	0	0	0	1	0	0	1	1	1
ANDERSON (48001)	F	35 - 39	3	1	1	1	1	2	1	1	1	2	2
ANDERSON (48001)	F	35 - 39	4	0	0	0	0	0	1	0	0	0	0
ANDERSON (48001)	F	35 - 39	5	4	3	4	4	4	6	7	6	6	5
ANDERSON (48001)	F	35 - 39	6	0	0	0	0	0	1	1	1	1	1
ANDERSON (48001)	F	35 - 39	7a						1	1	1	1	1
ANDERSON (48001)	F	35 - 39	7c						22	21	20	19	19
ANDERSON (48001)	F	35 - 39	8a	0	0	0	0	0					
ANDERSON (48001)	F	35 - 39	8c	1	1	1	1	0					
ANDERSON (48001)	F	40 - 44	1a	1	1	1	1	0	1	1	1	1	1
ANDERSON (48001)	F	40 - 44	1b	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	40 - 44	2	0	1	1	1	1	1	1	1	2	2
ANDERSON (48001)	F	40 - 44	3	2	2	1	1	1	2	1	1	1	1
ANDERSON (48001)	F	40 -	4	0	0	0	0	0	1	1	1	0	0

VA DATA TO BE UTILIZED

		44											
ANDERSON (48001)	F	40 - 44	5	3	4	4	4	4	7	7	7	6	7
ANDERSON (48001)	F	40 - 44	6	0	0	0	0	0	1	1	1	1	1
ANDERSON (48001)	F	40 - 44	7a						1	1	1	1	1
ANDERSON (48001)	F	40 - 44	7c						23	22	21	22	19
ANDERSON (48001)	F	40 - 44	8a	0	0	0	0	0					
ANDERSON (48001)	F	40 - 44	8c	1	1	1	1	1					
ANDERSON (48001)	F	45 - 49	1a	2	3	1	2	3	2	1	2	3	2
ANDERSON (48001)	F	45 - 49	1b	3	2	2	1	0	3	2	2	1	0
ANDERSON (48001)	F	45 - 49	2	3	2	2	1	2	2	2	2	2	1
ANDERSON (48001)	F	45 - 49	3	2	3	4	3	2	3	4	3	3	3
ANDERSON (48001)	F	45 - 49	4	1	1	1	1	1	1	1	1	1	1
ANDERSON (48001)	F	45 - 49	5	8	10	8	7	7	11	8	8	8	6
ANDERSON (48001)	F	45 - 49	6	0	0	0	0	0	1	2	2	2	2
ANDERSON (48001)	F	45 - 49	7a						0	0	1	1	1
ANDERSON (48001)	F	45 - 49	7c						14	17	19	19	22
ANDERSON (48001)	F	45 - 49	8a	0	0	0	0	0					
ANDERSON (48001)	F	45 - 49	8c	2	1	1	1	1					
ANDERSON (48001)	F	50 - 54	1a	1	0	3	3	2	1	3	3	3	3
ANDERSON (48001)	F	50 - 54	1b	1	2	2	2	3	1	2	2	2	3
ANDERSON (48001)	F	50 - 54	2	1	2	1	2	2	2	1	2	3	3
ANDERSON (48001)	F	50 - 54	3	2	2	2	2	3	2	2	2	3	3
ANDERSON (48001)	F	50 - 54	4	0	0	0	0	0	0	1	0	1	1
ANDERSON (48001)	F	50 - 54	5	6	4	6	7	7	5	7	8	7	9
ANDERSON (48001)	F	50 - 54	6	0	0	0	0	0	1	1	1	2	1
ANDERSON (48001)	F	50 - 54	7a						1	0	0	0	0

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VA DATA TO BE UTILIZED

ANDERSON (48001)	F	50 - 54	7c						17	18	18	19	16
ANDERSON (48001)	F	50 - 54	8a	1	1	0	0	0					
ANDERSON (48001)	F	50 - 54	8c	2	2	2	2	2					
ANDERSON (48001)	F	55 - 59	1a	0	1	0		0	0	0	0	0	1
ANDERSON (48001)	F	55 - 59	1b	1	0	0	0	1	1	0	0	1	1
ANDERSON (48001)	F	55 - 59	2	1	1	2	2	1	1	2	2	1	1
ANDERSON (48001)	F	55 - 59	3	0	1	1	2	2	1	1	2	2	2
ANDERSON (48001)	F	55 - 59	4	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	55 - 59	5	2	4	4	5	6	4	4	5	6	6
ANDERSON (48001)	F	55 - 59	6	0	0	0	0	0	0	0	0	1	1
ANDERSON (48001)	F	55 - 59	7a						0	1	1	1	1
ANDERSON (48001)	F	55 - 59	7c						8	9	9	11	12
ANDERSON (48001)	F	55 - 59	8a	0	0	1	1	1					
ANDERSON (48001)	F	55 - 59	8c	0	0	1	1	1					
ANDERSON (48001)	F	60 - 64	1a	0		0	0	0	0	0	0	0	0
ANDERSON (48001)	F	60 - 64	1b	0	0	1	1	1	0	1	1	1	1
ANDERSON (48001)	F	60 - 64	2	1	1	1	1	1	1	1	1	1	1
ANDERSON (48001)	F	60 - 64	3	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	60 - 64	4	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	60 - 64	5	1	1	2	2	3	2	2	2	3	3
ANDERSON (48001)	F	60 - 64	6	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	60 - 64	7a						0	0	0	0	0
ANDERSON (48001)	F	60 - 64	7c						7	6	7	6	7
ANDERSON (48001)	F	60 - 64	8a	0	0	0	0	0					
ANDERSON (48001)	F	60 - 64	8c	0	0	0	0	0					
ANDERSON (48001)	F	65 -	1a		0		0	0	0	0	0	0	0

VA DATA TO BE UTILIZED

		69											
ANDERSON (48001)	F	65 - 69	1b			0	0	0			0	0	0
ANDERSON (48001)	F	65 - 69	2	0	0	0	0	1	0	0	0	1	1
ANDERSON (48001)	F	65 - 69	3	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	65 - 69	4	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	65 - 69	5	1	1	2	2	1	1	1	2	2	1
ANDERSON (48001)	F	65 - 69	6	0	0	0	0	0		0	0	0	0
ANDERSON (48001)	F	65 - 69	7a						0	0	0	0	0
ANDERSON (48001)	F	65 - 69	7c						7	6	6	5	5
ANDERSON (48001)	F	65 - 69	8a	0	0	0	0	0					
ANDERSON (48001)	F	65 - 69	8c	0	0	0	0	0					
ANDERSON (48001)	F	70 - 74	1a	0	0		0	0	0		0	0	0
ANDERSON (48001)	F	70 - 74	1b	1	0				1				
ANDERSON (48001)	F	70 - 74	2	0	0	0	0	0	0		0	0	0
ANDERSON (48001)	F	70 - 74	3	0	0	0	0	0	0		0	0	0
ANDERSON (48001)	F	70 - 74	4	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	70 - 74	5	2	2	2	2	2	2	2	2	2	2
ANDERSON (48001)	F	70 - 74	6	0	0	0	0	0					
ANDERSON (48001)	F	70 - 74	7a						0	0	0	0	0
ANDERSON (48001)	F	70 - 74	7c						4	5	5	4	6
ANDERSON (48001)	F	70 - 74	8a	0	0	0	0	0					
ANDERSON (48001)	F	70 - 74	8c	0	0	0	0	0					
ANDERSON (48001)	F	75 - 79	1a	1		0	0	0	0	0	0	0	0
ANDERSON (48001)	F	75 - 79	1b		0	1	1	1		1	1	1	1
ANDERSON (48001)	F	75 - 79	2	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	75 - 79	3	0	0	0	0	0	0	0	0	0	0

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VA DATA TO BE UTILIZED

ANDERSON (48001)	F	75 - 79	4	0	0	0	0	0	0	0	0	0	0
ANDERSON (48001)	F	75 - 79	5	2	2	1	2	3	2	2	2	2	2

This same sequence continues through all genders, all age groups, all priorities and all years

VA DATA TO BE UTILIZED

Exhibit 3 = Space by facility, floor, building and use – including condition scores. Typical for all buildings.

09/26/04

Building Space Detail (by category) for VHA Station 674A4

674A4 Waco - Building 1

Floor	Department	Beds	Ideal Space	Existing Space	Vacant Space	Excess	Needed
1	Mental Health Clinic		8,652	6,476			2,176
Ambulatory Care-Mental Health			**8,652**	**6,476**			**2,176**
4	ACS-Specialty Care	Podiatry	1,954	2,595		641	
Ambulatory Care-Specialty Care			**1,954**	**2,595**		**641**	
B	Police/Security	Admin/Armory	1,080	2,586		1,506	
B	Medical Admin	Records/Admin	2,056	3,907		1,851	
1	VSO/Vet Assistance		496	294			202
1	IRM	Telephone Switch	184	500		316	
2	Engineering	BioMed	2,307	3,223		916	
3	Medical Admin		1,870	4,073		2,203	
4	SPD Service		1,969	3,197		1,228	
4	Director's Suite	Conference	777	894		117	
Non Clinical-Administration			**10,739**	**18,674**		**8,137**	**202**
B	Medical Research/Dev	Labs	6,822	3,528			3,294
Non Clinical-Research			**6,822**	**3,528**			**3,294**
1	Unassigned VACANT Space	Radiology			3,483		
2	Unassigned VACANT Space				8,648		
3	Unassigned VACANT Space				6,641		
Vacant-Vacant					**18,772**		
Building	**1**		**28,167**	**31,273**	**18,772**	**8,778**	**5,672**

C-18

VA DATA TO BE UTILIZED

Exhibit 4 – Condition and Cost for updating infrastructure

Sunday, September 26, 2004

Facility Condition Assessment
Building Cost Summary

VISN	Facility	Bldg	Correction Cost	Replacement Cost	Ratio	Assessed GSF
17	674A Waco	Site	$1,027,900	$9,835,893	0.10	0
17	674A Waco	1	$3,703,600	$10,216,767	0.36	63,531
17	674A Waco	2	$247,900	$2,202,563	0.11	20,207
17	674A Waco	4	$147,500	$7,752,107	0.02	42,594
17	674A Waco	5	$2,647,200	$8,585,832	0.31	44,952
17	674A Waco	6	$770,400	$2,732,364	0.28	19,242
17	674A Waco	7	$254,000	$10,106,240	0.03	63,164
17	674A Waco	8	$2,143,200	$7,781,550	0.28	44,466
17	674A Waco	9	$4,530,000	$8,065,584	0.56	51,048
17	674A Waco	10	$150,190	$8,298,080	0.02	51,863
17	674A Waco	12	$175,900	$2,351,514	0.07	14,883
17	674A Waco	14	$569,400	$1,732,043	0.33	4,408
17	674A Waco	15	$208,040	$1,484,704	0.14	17,264
17	674A Waco	17	$2,144,000	$9,783,000	0.22	18,955
17	674A Waco	18	$386,600	$2,498,389	0.15	22,921
17	674A Waco	19	$206,450	$498,400	0.41	4,570
17	674A Waco	20	$191,200	$775,000	0.25	5,520
17	674A Waco	24	$176,400	$897,323	0.20	10,434
17	674A Waco	90	$224,700	$10,247,836	0.02	52,553
17	674A Waco	91	$265,900	$9,354,880	0.03	58,468
17	674A Waco	92	$221,200	$8,690,880	0.03	54,318
17	674A Waco	93	$2,445,400	$8,460,584	0.29	53,548
17	674A Waco	99	$214,200	$990,720	0.22	11,520
17	674A Waco	129	$45,800	$916,184	0.05	6,452
17	674A Waco	133	$1,800	$68,640	0.03	333
17	674A Waco	165	$1,300	$106,705	0.01	264
17	674A Waco	166	$0	$9,685	0.00	121
17	674A Waco	193	$1,400	$111,090	0.01	315
17	674A Waco	194	$1,400	$110,918	0.01	313

VA DATA TO BE UTILIZED

Exhibit 5-A: Inpatient Unit Costs--Temple & Waco (FY03)
Will be rolled up into CARES Strategic Planning Categories

	(674) Temple VAMC				(674A4) Waco VAMC			
Inpatient Care Type	BDOC	DSS Adj Cost/BDOC	Direct Cost/BDOC	Indirect Cost/BDOC	BDOC	DSS Adj Cost/BDOC	Direct Cost/BDOC	Indirect Cost/BDOC
BliReh	11839	$ 795.44	$ 477.26	$ 318.18	4,502	$ 752.23	$ 451.34	$ 300.89
Med	29,393	$ 792.01	$ 475.21	$ 316.80	1,173	$ 665.69	$ 399.42	$ 266.28
Micu	2,280	$ 2,282.11	$ 1,369.27	$ 912.85	37	$ 1,471.78	$ 883.07	$ 588.71
Rehab	39	$ 108.95	$ 65.37	$ 43.58			$ -	$ -
Sicu	2,635	$ 1,890.19	$ 1,134.12	$ 756.08	104	$ 1,528.66	$ 917.20	$ 611.47
Sur	4,622	$ 913.64	$ 548.19	$ 365.46	77	$ 921.88	$ 553.13	$ 368.75
Dom Sub Abuse	16,046	$ 98.55	$ 59.13	$ 39.42			$ -	$ -
Homeless Dom	14,822	$ 66.21	$ 39.72	$ 26.48			$ -	$ -
Psy	186	$ 467.30	$ 280.38	$ 186.92	29,133	$ 522.05	$ 313.23	$ 208.82
Psy General Interm	3	$ 874.67	$ 524.80	$ 349.87	88	$ 487.96	$ 292.78	$ 195.18
PTSD PRRT			$ -	$ -	5,037	$ 475.62	$ 285.37	$ 190.25
STAR I II III	241	$ 479.98	$ 287.99	$ 191.99	16,738	$ 448.27	$ 268.96	$ 179.31
Dom	101,398	$ 90.03	$ 54.02	$ 36.01			$ -	$ -
Hospice	940	$ 448.51	$ 269.11	$ 179.40	24	$ 479.33	$ 287.60	$ 191.73
Int	5,128	$ 694.95	$ 416.97	$ 277.98	157	$ 514.34	$ 308.61	$ 205.74
NH GEM			$ -	$ -	1	$ 839.00	$ 503.40	$ 335.60
Nur	27,294	$ 368.65	$ 221.19	$ 147.46	14,541	$ 372.94	$ 223.77	$ 149.18

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VA DATA TO BE UTILIZED

Exhibit 5-B: Outpatient Unit Costs--Temple, Waco, Austin OPC (FY03)

Will be rolled up into CARES Strategic Planning Categories

	(674) Temple VAMC				(674A4) Waco VAMC				(674E
Outpatient Care Type	Stops	DSS Adj Cost/Stop	Direct Cost/Stop	Indirect Cost/Stop	Stops	DSS Adj Cost/Stop	Direct Cost/Stop	Indirect Cost/Stop	Stop
Cancer Trt	3789	142.1675	$ 85.30	$ 56.87			$ -	$ -	
Comm Care Support			$ -	$ -	4193	110.6708	$ 66.40	$ 44.27	
HMI	111	133.3603	$ 80.02	$ 53.34	1161	131.8062	$ 79.08	$ 52.72	
OPC Admit/Screen	25400	187.1151	$ 112.27	$ 74.85	3	208	$ 124.80	$ 83.20	
OPC Amb Surg	1120	10	$ 6.00	$ 4.00			$ -	$ -	
OPC Ancillary	19379	102.8447	$ 61.71	$ 41.14	8748	88.1539	$ 52.89	$ 35.26	
OPC Dentistry	11654	262.0504	$ 157.24	$ 104.82	3521	280.2186	$ 168.13	$ 112.09	
OPC Diagnostic	196371	80.9166	$ 48.55	$ 32.37	51028	44.6082	$ 26.76	$ 17.84	4
OPC Gen Psych	9996	162.5126	$ 97.51	$ 65.01	11660	142.3738	$ 85.42	$ 56.95	
OPC Medicine	43469	208.3983	$ 125.04	$ 83.36	3227	126.845	$ 76.11	$ 50.74	1
OPC Pharmacy	1278175	19.2411	$ 11.54	$ 7.70	763983	19.0664	$ 11.44	$ 7.63	30
OPC Preventive Care			$ -	$ -			$ -	$ -	
OPC Prosthetics	25563	306.7384	$ 184.04	$ 122.70	6643	260.0138	$ 156.01	$ 104.01	
OPC PTSD	4463	156.2296	$ 93.74	$ 62.49	4146	95.9259	$ 57.56	$ 38.37	
OPC Rehab	67370	57.1921	$ 34.32	$ 22.88	20662	66.3912	$ 39.83	$ 26.56	1
OPC Residential	273	179.2051	$ 107.52	$ 71.68	2135	324.0946	$ 194.46	$ 129.64	
OPC Spc Psych	3299	23.7171	$ 14.23	$ 9.49	4890	34.3862	$ 20.63	$ 13.75	
OPC Sub Abuse	12826	88.5003	$ 53.10	$ 35.40	717	84.4058	$ 50.64	$ 33.76	
OPC Surgery	60891	226.8607	$ 136.12	$ 90.74	6053	194.6253	$ 116.78	$ 77.85	
Primary Care Med	51315	142.4618	$ 85.48	$ 56.98	28745	138.4174	$ 83.05	$ 55.37	4
Psy Social Grp	4174	59.3974	$ 35.64	$ 23.76			$ -	$ -	
Telephone Contact	21614	47.7613	$ 28.66	$ 19.10	6878	52.6328	$ 31.58	$ 21.05	3

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VA DATA TO BE UTILIZED

Exhibit 6-A: Outpatient Non-VA Unit Cost Temple (FY 03)
Will be rolled up into CARES Strategic Planning Categories

CPT Code	Units	Disbursed Amt	Disbursed Amt/Unit
(01830) ANESTH, LOWER ARM SURGERY	1	$ 347	$ 347
(01844) ANESTH, VASCULAR SHUNT SURG	2	$ 1,080	$ 540
(00140) ANESTH, PROCEDURES ON EYE	7	$ 1,778	$ 254
(00210) ANESTH, OPEN HEAD SURGERY	2	$ 2,640	$ 1,320
(00216) ANESTH, HEAD VESSEL SURGERY	1	$ 2,940	$ 2,940
(00520) ANESTH, CHEST PROCEDURE	2	$ 1,735	$ 867
(00530) ANESTH, PACEMAKER INSERTION	17	$ 7,423	$ 437
(00532) ANESTH, VASCULAR ACCESS	2	$ 495	$ 248
(00534) ANESTH, CARDIOVERTER/DEFIB	6	$ 4,193	$ 699
(00537) ANESTH, CARDIAC ELECTROPHYS	9	$ 4,186	$ 465
(00550) ANESTH, STERNAL DEBRIDEMENT	2	$ 1,260	$ 630
(00560) ANESTH, OPEN HEART SURGERY	2	$ 2,304	$ 1,152
(00563) ANESTH, HEART PROC W/PUMP	9	$ 15,194	$ 1,688
(00566) ANESTH, CABG W/O PUMP	3	$ 4,007	$ 1,336
(00810) ANESTH, LOW INTESTINE SCOPE	6	$ 2,297	$ 383
(00840) ANESTH, SURG LOWER ABDOMEN	4	$ 1,729	$ 432
(01480) ANESTH, LOWER LEG BONE SURG	1	$ 568	$ 568
(00300) ANESTH, HEAD/NECK/PTRUNK	3	$ 1,095	$ 365
(00320) ANESTH, NECK ORGAN, 1 & OVER	5	$ 1,856	$ 371
(00350) ANESTH, NECK VESSEL SURGERY	1	$ 750	$ 750
(01960) ANESTH, VAGINAL DELIVERY	1	$ 605	$ 605

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VA DATA TO BE UTILIZED

(01961) ANESTH, CS DELIVERY	2	$ 902	$ 451
(01967) ANESTH/ANALG, VAG DELIVERY	1	$ 884	$ 884
(01996) HOSP MANAGE CONT DRUG ADMIN	6	$ 612	$ 102
(01920) ANESTH, CATHETERIZE HEART	1	$ 248	$ 248
(01925) ANES, THER INTERVEN RAD, CAR	1	$ 256	$ 256
(00600) ANESTH, SPINE, CORD SURGERY	2	$ 2,846	$ 1,423
(00630) ANESTH, SPINE, CORD SURGERY	8	$ 10,780	$ 1,348
(00670) ANESTH, SPINE, CORD SURGERY	11	$ 21,214	$ 1,929
(00400) ANESTH, SKIN, EXT/PER/ATRUNK	3	$ 1,334	$ 445
(00410) ANESTH, CORRECT HEART RHYTHM	4	$ 675	$ 169
(00740) ANESTH, UPPER GI VISUALIZE	2	$ 680	$ 340
(00770) ANESTH, BLOOD VESSEL REPAIR	1	$ 3,355	$ 3,355
(00790) ANESTH, SURG UPPER ABDOMEN	5	$ 1,935	$ 387
(99241) OFFICE CONSULTATION	56	$ 1,933	$ 35
(99242) OFFICE CONSULTATION	74	$ 5,127	$ 69
(99243) OFFICE CONSULTATION	182	$ 15,781	$ 87
(99244) OFFICE CONSULTATION	175	$ 21,113	$ 121
(99245) OFFICE CONSULTATION	142	$ 21,207	$ 149
(99251) INITIAL INPATIENT CONSULT	15	$ 466	$ 31
(99252) INITIAL INPATIENT CONSULT	24	$ 1,510	$ 63
(99253) INITIAL INPATIENT CONSULT	58	$ 4,826	$ 83
(99254) INITIAL INPATIENT CONSULT	62	$ 7,549	$ 122
(99255) INITIAL INPATIENT CONSULT	19	$ 3,137	$ 165
(99261) FOLLOW-UP INPATIENT CONSULT	16	$ 322	$ 20
(99262) FOLLOW-UP INPATIENT CONSULT	24	$ 956	$ 40
(99263) FOLLOW-UP INPATIENT CONSULT	10	$	$

2-86

VA DATA TO BE UTILIZED

		602	60
(99274) CONFIRMATORY CONSULTATION	1	$ 89	$ 89
(99291) CRITICAL CARE, FIRST HOUR	90	$ 16,912	$ 188
(99292) CRITICAL CARE, ADDL 30 MIN	8	$ 588	$ 74
(99281) EMERGENCY DEPT VISIT	23	$ 300	$ 13
(99282) EMERGENCY DEPT VISIT	100	$ 2,198	$ 22
(99283) EMERGENCY DEPT VISIT	278	$ 13,418	$ 48
(99284) EMERGENCY DEPT VISIT	349	$ 26,768	$ 77
(99285) EMERGENCY DEPT VISIT	316	$ 37,997	$ 120
(99341) HOME VISIT, NEW PATIENT	135	$ 9,290	$ 69
(99345) HOME VISIT, NEW PATIENT	2	$ 170	$ 85
(99349) HOME VISIT, EST PATIENT	3	$ 229	$ 76
(99350) HOME VISIT, EST PATIENT	373	$ 29,906	$ 80
(99221) INITIAL HOSPITAL CARE	6	$ 393	$ 65
(99222) INITIAL HOSPITAL CARE	74	$ 7,119	$ 96
(99223) INITIAL HOSPITAL CARE	133	$ 17,019	$ 128
(99231) SUBSEQUENT HOSPITAL CARE	254	$ 7,187	$ 28
(99232) SUBSEQUENT HOSPITAL CARE	776	$ 36,218	$ 47
(99233) SUBSEQUENT HOSPITAL CARE	354	$ 24,627	$ 70
(99234) OBSERV/HOSP SAME DATE	1	$ 90	$ 90
(99235) OBSERV/HOSP SAME DATE	3	$ 391	$ 130
(99236) OBSERV/HOSP SAME DATE	5	$ 932	$ 186
(99238) HOSPITAL DISCHARGE DAY	128	$ 7,425	$ 58
(99239) HOSPITAL DISCHARGE DAY	37	$ 2,899	$ 78
(99217) OBSERVATION CARE DISCHARGE	14	$ 739	$ 53
(99218) OBSERVATION CARE	25	$ 3,715	$ 149

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VA DATA TO BE UTILIZED

(99219) OBSERVATION CARE	6	$ 527	$ 88
(99220) OBSERVATION CARE	11	$ 1,326	$ 121
(99311) NURSING FAC CARE, SUBSEQ	4	$ 113	$ 28
(99201) OFFICE/OUTPATIENT VISIT, NEW	166	$ 3,590	$ 22
(99202) OFFICE/OUTPATIENT VISIT, NEW	19	$ 995	$ 52
(99203) OFFICE/OUTPATIENT VISIT, NEW	29	$ 2,250	$ 78
(99204) OFFICE/OUTPATIENT VISIT, NEW	19	$ 2,137	$ 112
(99205) OFFICE/OUTPATIENT VISIT, NEW	9	$ 1,368	$ 152
(99211) OFFICE/OUTPATIENT VISIT, EST	160	$ 2,578	$ 16
(99212) OFFICE/OUTPATIENT VISIT, EST	166	$ 4,706	$ 28
(99213) OFFICE/OUTPATIENT VISIT, EST	366	$ 14,066	$ 38
(99214) OFFICE/OUTPATIENT VISIT, EST	195	$ 13,351	$ 68
(99215) OFFICE/OUTPATIENT VISIT, EST	84	$ 9,394	$ 112
(99395) PREV VISIT, EST, AGE 18-39	1	$ 25	$ 25
(99396) PREV VISIT, EST, AGE 40-64	1	$ 140	$ 140
(99356) PROLONGED SERVICE, INPATIENT	1	$ 57	$ 57
(99357) PROLONGED SERVICE, INPATIENT	1	$ 57	$ 57
(95004) PERCUT ALLERGY SKIN TESTS	38	$ 5,468	$ 144
(95024) ID ALLERGY TEST, DRUG/BUG	28	$ 1,663	$ 59
(95115) IMMUNOTHERAPY, ONE INJECTION	134	$ 1,729	$ 13
(95117) IMMUNOTHERAPY INJECTIONS	128	$ 2,305	$ 18
(95145) ANTIGEN THERAPY SERVICES	3	$ 10	$ 3
(95165) ANTIGEN THERAPY SERVICES	184	$ 21,853	$ 119
(95170) ANTIGEN THERAPY SERVICES	10	$ 1,337	$ 134
(92950) HEART/LUNG RESUSCITATION CPR	7	$ 968	$ 138
(92960) CARDIOVERSION ELECTRIC, EXT	9	$	$

VA DATA TO BE UTILIZED

		970	108
(92973) PERCUT CORONARY THROMBECTOMY	4	$ 657	$ 164
(92974) CATH PLACE, CARDIO BRACHYTX	2	$ 378	$ 189
(92978) INTRAVASC US, HEART ADD-ON	5	$ 411	$ 82
(92980) INSERT INTRACORONARY STENT	43	$ 30,697	$ 714
(92981) INSERT INTRACORONARY STENT	7	$ 1,363	$ 195
(92982) CORONARY ARTERY DILATION	5	$ 2,462	$ 492
(92995) CORONARY ATHERECTOMY	1	$ 615	$ 615
(93000) ELECTROCARDIOGRAM, COMPLETE	11	$ 265	$ 24
(93005) ELECTROCARDIOGRAM, TRACING	313	$ 4,173	$ 13
(93010) ELECTROCARDIOGRAM REPORT	641	$ 5,387	$ 8
(93015) CARDIOVASCULAR STRESS TEST	1	$ 104	$ 104
(93016) CARDIOVASCULAR STRESS TEST	10	$ 153	$ 15
(93017) CARDIOVASCULAR STRESS TEST	14	$ 812	$ 58
(93018) CARDIOVASCULAR STRESS TEST	15	$ 192	$ 13
(93040) RHYTHM ECG WITH REPORT	8	$ 144	$ 18
(93041) RHYTHM ECG, TRACING	22	$ 92	$ 4
(93042) RHYTHM ECG, REPORT	18	$ 110	$ 6
(93227) ECG MONITOR/REVIEW, 24 HRS	1	$ 26	$ 26
(93270) ECG RECORDING	2	$ 83	$ 42
(93272) ECG/REVIEW, INTERPRET ONLY	2	$ 35	$ 18

This same sequence continues through all CPT codes

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VA DATA TO BE UTILIZED

Exhibit 6: Inpatient Non-VA Unit Cost Temple (FY03)
Will be rolled up into CARES Strategic Planning Categories

DRG	Authorized BDOC	Disbursed Amt	Disbursed Amt Per Authorized BDOC	DRG Pricer Amt	DRG Pricer Amt Per Autorized BDOC
(1) CRANIOTOMY AGE>17 EXCEPT FOR TRAUMA	93	$ 202,316	$ 2,175.45	$ 227,740	$ 2,448.82
(2) CRANIOTOMY FOR TRAUMA AGE>17	4	$ 10,533	$ 2,633.18	$ 10,533	$ 2,633.18
(4) SPINAL PROCEDURES	25	$ 52,315	$ 2,092.59	$ 52,315	$ 2,092.59
(5) EXTRACRANIAL VASCULAR PROCEDURES	2	$ 7,776	$ 3,888.24	$ 7,776	$ 3,888.24
(10) NERVOUS SYSTEM NEOPLASMS W CC	15	$ 4,901	$ 326.71	$ 7,001	$ 466.73
(12) DEGENERATIVE NERVOUS SYSTEM DISORDERS	14	$ 7,934	$ 566.69	$ 13,113	$ 936.63
(14) SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	203	$ 120,345	$ 592.83	$ 162,112	$ 798.58
(15) TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS	18	$ 20,228	$ 1,123.79	$ 23,658	$ 1,314.34
(16) NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	8	$ 6,081	$ 760.12	$ 6,991	$ 873.89
(18) CRANIAL & PERIPHERAL NERVE DISORDERS W CC	10	$ 7,803	$ 780.25	$ 9,353	$ 935.29
(20) NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	13	$ 16,412	$ 1,262.48	$ 16,412	$ 1,262.48
(23) NONTRAUMATIC STUPOR & COMA	14	$ 3,664	$ 261.73	$ 3,664	$ 261.73
(24) SEIZURE & HEADACHE AGE>17 W CC	56	$ 38,356	$ 684.92	$ 47,109	$ 841.23
(25) SEIZURE & HEADACHE AGE>17 W/O CC	2	$ 1,798	$ 899.16	$ 2,569	$ 1,284.51
(28) TRAUMATIC STUPOR & COMA, COMA<1 HR AGE>17 W CC	11	$ 12,416	$ 1,128.73	$ 17,737	$ 1,612.47
(34) OTHER DISORDERS OF NERVOUS SYSTEM W CC	16	$ 11,381	$ 711.30	$ 12,183	$ 761.44
(55) MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	5	$ 2,988	$ 597.52	$ 4,268	$ 853.59
(64) EAR, NOSE, MOUTH & THROAT MALIGNANCY	20	$ 9,667	$ 483.34	$ 11,317	$ 565.85
(65) DYSEQUILIBRIUM	4	$ 1,889	$ 472.21	$ 2,698	$ 674.58
(66) EPISTAXIS	7	$ 3,565	$ 509.34	$ 8,354	$ 1,193.36
(67) EPIGLOTTITIS	3	$ 2,768	$ 922.64	$ 3,954	$ 1,318.06

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VA DATA TO BE UTILIZED

(75) MAJOR CHEST PROCEDURES	20	$ 26,972	$ 1,348.59	$ 38,531	$ 1,926.55
(76) OTHER RESP SYSTEM O.R. PROCEDURES W CC	9	$ 29,571	$ 3,285.64	$ 42,244	$ 4,693 77
(79) RESPIRATORY INFECTIONS & INFLAMMATIONS AGE>17 W CC	75	$ 37,771	$ 503.62	$ 108,750	$ 1,449.99
(82) RESPIRATORY NEOPLASMS	20	$ 9,981	$ 499.03	$ 23,936	$ 1,196.80
(85) PLEURAL EFFUSION W CC	27	$ 23,798	$ 881.41	$ 30,687	$ 1,136 55
(87) PULMONARY EDEMA & RESPIRATORY FAILURE	27	$ 22,111	$ 818.91	$ 29,220	$ 1,082.20
(88) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	163	$ 89,188	$ 547.17	$ 123,092	$ 755.17
(89) SIMPLE PNEUMONIA & PLEURISY AGE>17 W CC	132	$ 156,594	$ 1,186.31	$ 261,085	$ 1,977.91
(90) SIMPLE PNEUMONIA & PLEURISY AGE>17 W/O CC	2	$ 2,442	$ 1,220.88	$ 2,442	$ 1,220.88
(94) PNEUMOTHORAX W CC	12	$ 10,633	$ 886.08	$ 12,017	$ 1,001 44
(95) PNEUMOTHORAX W/O CC	7	$ 2,561	$ 365.81	$ 7,032	$ 1,004.51
(96) BRONCHITIS & ASTHMA AGE>17 W CC	19	$ 15,961	$ 840.04	$ 32,652	$ 1,718.53
(97) BRONCHITIS & ASTHMA AGE>17 W/O CC	2	$ 2,166	$ 1,082.91	$ 3,094	$ 1,547.01
(99) RESPIRATORY SIGNS & SYMPTOMS W CC	3	$ 2,986	$ 995.33	$ 2,986	$ 995.33
(101) OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	8	$ 5,868	$ 733.48	$ 8,383	$ 1,047.84
(102) OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	4	$ 1,900	$ 475.05	$ 2,715	$ 678.64
(104) CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH	113	$ 200,573	$ 1,774.99	$ 274,460	$ 2,428 85
(105) CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH	11	$ 34,401	$ 3,127 32	$ 34,401	$ 3,127.32
(106) CORONARY BYPASS WITH PTCA	26	$ 44,275	$ 1,702.87	$ 63,249	$ 2,432.67
(107) CORONARY BYPASS W CARDIAC CATH	303	$ 912,700	$ 3,012.21	$1,264,396	$ 4,172 92
(109) CORONARY BYPASS W/O CARDIAC CATH	129	$ 177,779	$ 1,378.13	$ 225,614	$ 1,748.95
(110) MAJOR CARDIOVASCULAR PROCEDURES W CC	64	$ 123,910	$ 1,936.09	$ 205,830	$ 3,216.10
(112) PERCUTANEOUS CARDIOVASCULAR PROCEDURES	18	$ 35,658	$ 1,981.01	$ 44,641	$ 2,480.07
(113) AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	22	$ 13,319	$ 605 43	$ 80,600	$ 3,663.63
(115) PERM PACE IMPLNT W AMI,HRT FAIL OR SHOCK OR AICD LEAD OR GEN PROC	16	$ 17,250	$ 1,078.15	$ 60,524	$ 3,782.76
(116) OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART	94	$	$	$	$

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VA DATA TO BE UTILIZED

STENT		275,111	2,926.72	446,723	4,752.37
(117) CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	27	$ 24,895	$ 922.05	$ 27,499	$ 1,018.47
(120) OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	25	$ 31,052	$ 1,242.06	$ 50,891	$ 2,035.66
(121) CIRCULATORY DISORDERS W AMI & MAJOR COMP DISCH ALIVE	86	$ 68,423	$ 1,028.18	$ 177,736	$ 2,066.70
(122) CIRCULATORY DISORDERS W AMI W/O MAJOR COMP DISCH ALIVE	87	$ 107,323	$ 1,233.60	$ 211,779	$ 2,434.24
(123) CIRCULATORY DISORDERS W AMI, EXPIRED	9	$ 14,721	$ 1,635.67	$ 32,111	$ 3,567.86
(124) CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG	124	$ 185,503	$ 1,496.00	$ 245,294	$ 1,978.18
(125) CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	89	$ 152,364	$ 1,711.96	$ 196,804	$ 2,211.28
(127) HEART FAILURE & SHOCK	160	$ 156,830	$ 980.19	$ 223,260	$ 1,395.37
(130) PERIPHERAL VASCULAR DISORDERS W CC	19	$ 14,506	$ 763.49	$ 21,148	$ 1,113.04
(131) PERIPHERAL VASCULAR DISORDERS W/O CC	10	$ 3,744	$ 374.41	$ 5,629	$ 562.91
(132) ATHEROSCLEROSIS W CC	53	$ 67,968	$ 1,282.42	$ 117,244	$ 2,212.15
(134) HYPERTENSION	7	$ 6,531	$ 932.94	$ 10,491	$ 1,498.78
(138) CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	90	$ 76,640	$ 851.56	$ 224,126	$ 2,490.29
(139) CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	15	$ 9,694	$ 646.26	$ 11,806	$ 787.08
(140) ANGINA PECTORIS	24	$ 20,014	$ 833.92	$ 38,525	$ 1,605.21
(141) SYNCOPE & COLLAPSE W CC	12	$ 11,963	$ 996.92	$ 14,351	$ 1,195.88
(142) SYNCOPE & COLLAPSE W/O CC	6	$ 6,780	$ 1,130.08	$ 7,531	$ 1,255.18
(143) CHEST PAIN	124	$ 95,025	$ 766.33	$ 187,951	$ 1,515.73
(144) OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	57	$ 44,113	$ 773.91	$ 84,046	$ 1,474.50
(145) OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	8	$ 6,662	$ 832.76	$ 8,437	$ 1,054.61
(148) MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	68	$ 96,084	$ 1,413.00	$ 127,436	$ 1,874.07
(154) STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE>17 W CC	44	$ 33,233	$ 755.31	$ 55,536	$ 1,262.17
(155) STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE>17 W/O CC	5	$ 9,410	$ 1,881.99	$ 9,410	$ 1,881.99
(157) ANAL & STOMAL PROCEDURES W CC	11	$ 4,443	$ 403.89	$ 6,347	$ 576.99
(164) APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	5	$ 12,780	$ 2,556.03	$ 12,780	$ 2,556.03

VA DATA TO BE UTILIZED

(165) APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	4	$ 6,204	$ 1,551.02	$ 6,204	$ 1,551.02
(172) DIGESTIVE MALIGNANCY W CC	6	$ 5,923	$ 987.17	$ 8,631	$ 1,438.44
(174) G.I. HEMORRHAGE W CC	106	$ 73,971	$ 697.83	$ 155,981	$ 1,471.52
(175) G.I. HEMORRHAGE W/O CC	10	$ 6,014	$ 601.43	$ 14,908	$ 1,490.75
(176) COMPLICATED PEPTIC ULCER	13	$ 19,124	$ 1,471.10	$ 28,021	$ 2,155.48
(177) UNCOMPLICATED PEPTIC ULCER W CC	11	$ 8,274	$ 752.15	$ 16,487	$ 1,498.85
(179) INFLAMMATORY BOWEL DISEASE	5	$ 4,029	$ 805.71	$ 5,755	$ 1,151.01
(180) G.I. OBSTRUCTION W CC	18	$ 14,685	$ 815.84	$ 21,447	$ 1,191.50
(182) ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE>17 W CC	56	$ 46,697	$ 833.88	$ 67,869	$ 1,211.95
(183) ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE>17 W/O CC	18	$ 11,789	$ 654.95	$ 30,512	$ 1,695.10
(185) DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE>17	15	$ 18,332	$ 1,222.15	$ 36,816	$ 2,454.40
(188) OTHER DIGESTIVE SYSTEM DIAGNOSES AGE>17 W CC	19	$ 22,118	$ 1,164.10	$ 22,118	$ 1,164.10
(189) OTHER DIGESTIVE SYSTEM DIAGNOSES AGE>17 W/O CC	5	$ 3,755	$ 751.09	$ 5,365	$ 1,072.98
(191) PANCREAS, LIVER & SHUNT PROCEDURES W CC	9	$ 36,446	$ 4,049.59	$ 36,446	$ 4,049.59
(193) BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	7	$ 18,146	$ 2,592.25	$ 18,146	$ 2,592.25
(197) CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	10	$ 25,591	$ 2,559.11	$ 25,591	$ 2,559.11
(200) HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	3	$ 5,481	$ 1,826.85	$ 7,829	$ 2,609.78
(202) CIRRHOSIS & ALCOHOLIC HEPATITIS	46	$ 42,612	$ 926.34	$ 95,221	$ 2,070.01
(203) MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	7	$ 12,072	$ 1,724.56	$ 14,694	$ 2,099.19
(204) DISORDERS OF PANCREAS EXCEPT MALIGNANCY	48	$ 31,888	$ 664.33	$ 51,108	$ 1,064.75
(205) DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	83	$ 54,115	$ 651.98	$ 75,089	$ 904.68
(207) DISORDERS OF THE BILIARY TRACT W CC	29	$ 25,564	$ 881.50	$ 39,156	$ 1,350.20
(208) DISORDERS OF THE BILIARY TRACT W/O CC	2	$ 733	$ 366.55	$ 1,759	$ 879.72
(209) MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	21	$ 18,084	$ 861.17	$ 18,084	$ 861.17
(210) HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE>17 W CC	27	$ 18,493	$ 684.92	$ 25,728	$ 952.89
(211) HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE>17 W/O CC	5	$	$	$	$

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VA DATA TO BE UTILIZED

		5,421	1,084.12	5,421	1,084.12
(216) BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	8	$ 11,866	$ 1,483.24	$ 11,866	$ 1,483.24
(219) LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE>17 W/O CC	43	$ 24,017	$ 558.54	$ 44,302	$ 1,030 28
(224) SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC	3	$ 2,731	$ 910.35	$ 3,902	$ 1,300.50
(227) SOFT TISSUE PROCEDURES W/O CC	7	$ 4,821	$ 688.74	$ 4,821	$ 688.74
(235) FRACTURES OF FEMUR	5	$ 3,911	$ 782.17	$ 4,072	$ 814.43
(243) MEDICAL BACK PROBLEMS	38	$ 24,643	$ 648.51	$ 27,590	$ 726.06
(253) FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE>17 W CC	15	$ 6,679	$ 445.29	$ 12,479	$ 831.91
(254) FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE>17 W/O CC	3	$ 2,079	$ 693.07	$ 10,907	$ 3,635.79
(256) OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	7	$ 2,618	$ 373.97	$ 3,740	$ 534.24
(263) SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	37	$ 10,144	$ 274.16	$ 10,144	$ 274.16
(270) OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	4	$ 3,716	$ 929.03	$ 5,309	$ 1,327 19
(277) CELLULITIS AGE>17 W CC	57	$ 19,954	$ 350.07	$ 46,453	$ 814.97
(278) CELLULITIS AGE>17 W/O CC	18	$ 6,169	$ 342.72	$ 10,779	$ 598.82
(280) TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE>17 W CC	3	$ 2,957	$ 985.64	$ 4,224	$ 1,408.06
(281) TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE>17 W/O CC	3	$ 1,550	$ 516.72	$ 2,979	$ 992 95
(287) SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS	3	$ 4,508	$ 1,502.64	$ 4,508	$ 1,502.64
(294) DIABETES AGE>35	43	$ 33,687	$ 783.41	$ 41,187	$ 957.83
(295) DIABETES AGE 0-35	11	$ 11,048	$ 1,004.39	$ 11,048	$ 1,004 39
(296) NUTRITIONAL & MISC METABOLIC DISORDERS AGE>17 W CC	55	$ 49,408	$ 898.33	$ 82,395	$ 1,498.08
(297) NUTRITIONAL & MISC METABOLIC DISORDERS AGE>17 W/O CC	5	$ 4,376	$ 875.20	$ 5,211	$ 1,042.26

This same sequence continues through all DRG codes

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VA DATA TO BE UTILIZED

Exhibit 7 - Baseline Utilization (workload) (outpatient = stops, inpatient = BDOC)

Market or County	Strategic Planning Category	Treating Facility	BI Fee03	BI Inhouse03	BI Total03
17-a-1-A	Nuclear Medicine	Houston, TX		3	3
17-a-1-A	Nuclear Medicine	Shreveport, LA			
17-a-1-A	Nuclear Medicine	Dallas, TX		1	1
17-a-1-A	Nuclear Medicine	San Antonio, TX	2	29	31
17-a-1-A	Nuclear Medicine	Temple, TX	9	309	318
17-a-1-A	Nuclear Medicine	El Paso, TX	1		1
17-a-1-A	Nuclear Medicine	Seattle, WA		2	2
17-a-1-A	Nuclear Medicine	Las Vegas, NV		2	2
17-a-1-A	Nuclear Medicine	Lincoln, NE		1	1
17-a-1-A	Pathology	Wichita, KS		1	1
17-a-1-A	Pathology	Alexandria, LA		25	25
17-a-1-A	Pathology	Biloxi, MS		9	9
17-a-1-A	Pathology	Fayetteville, AR		5	5
17-a-1-A	Pathology	Houston, TX	3	194	197
17-a-1-A	Pathology	Jackson, MS		7	7
17-a-1-A	Pathology	Little Rock, AR		4	4
17-a-1-A	Pathology	Muskogee, OK		8	8
17-a-1-A	Pathology	New Orleans, LA		11	11
17-a-1-A	Pathology	Oklahoma City, OK		7	7
17-a-1-A	Pathology	Shreveport, LA		21	21
17-a-1-A	Pathology	Dallas, TX		254	254
17-a-1-A	Pathology	San Antonio, TX	81	886	967
17-a-1-A	Pathology	Temple, TX	494	36,862	37,356
17-a-1-A	Pathology	Albuquerque, NM		22	22
17-a-1-A	Pathology	Amarillo, TX		59	59
17-a-1-A	Pathology	Big Spring, TX		20	20
17-a-1-A	Pathology	El Paso, TX		22	22
17-a-1-A	Pathology	Phoenix, AZ		24	24
17-a-1-A	Pathology	Prescott, AZ		15	15
17-a-1-A	Pathology	Tucson, AZ	7	36	43
17-a-1-A	Pathology	Cheyenne, WY		2	2
17-a-1-A	Radiology	Oklahoma City, OK		3	3
17-a-1-A	Radiology	Shreveport, LA		4	4

VA DATA TO BE UTILIZED

17-a-1-A	Radiology	Dallas, TX		128	128
17-a-1-A	Radiology	San Antonio, TX	7	368	375
17-a-1-A	Radiology	Temple, TX	351	7,817	8,168
17-a-1-A	Radiology	Albuquerque, NM		15	15
17-a-1-A	Radiology	Amarillo, TX	1	23	24
17-a-1-A	Radiology	Big Spring, TX		3	3
17-a-1-A	Radiology	El Paso, TX	2	8	10
17-a-1-A	Radiology	Phoenix, AZ		6	6
17-a-1-A	Radiology	Prescott, AZ		11	11
17-a-1-A	Radiology	Tucson, AZ		13	13
17-a-1-A	Radiology	Cheyenne, WY		1	1
17-a-1-A	Rehab Medicine	Oklahoma City, OK		4	4
17-a-1-A	Rehab Medicine	Shreveport, LA		6	6
17-a-1-A	Rehab Medicine	Dallas, TX		96	96
17-a-1-A	Rehab Medicine	San Antonio, TX	3	388	391
17-a-1-A	Rehab Medicine	Temple, TX	142	11,455	11,597
17-a-1-A	Rehab Medicine	Albuquerque, NM		6	6
17-a-1-A	Rehab Medicine	Amarillo, TX		14	14
17-a-1-A	Rehab Medicine	Big Spring, TX		5	5
17-a-1-A	Rehab Medicine	El Paso, TX		4	4
17-a-1-A	Rehab Medicine	Phoenix, AZ		3	3
17-a-1-A	Rehab Medicine	Prescott, AZ		1	1
17-a-1-A	Rehab Medicine	Tucson, AZ		9	9
17-a-1-A	Social Work	Little Rock, AR		1	1
17-a-1-A	Social Work	Oklahoma City, OK		1	1
17-a-1-A	Social Work	Shreveport, LA		1	1
17-a-1-A	Social Work	Dallas, TX		6	6
17-a-1-A	Social Work	San Antonio, TX		21	21
17-a-1-A	Social Work	Temple, TX		992	992
17-a-1-A	Social Work	Amarillo, TX		2	2
17-a-1-A	Social Work	Big Spring, TX		4	4
17-a-1-A	Blind Rehab	Temple, TX		109	109
17-a-1-A	Inpatient SNF/ECF (non-acute)	Baltimore, MD		1	1
17-a-1-A	Inpatient SNF/ECF (non-acute)	Richmond, VA			
17-a-1-A	Inpatient SNF/ECF (non-acute)	Dallas, TX		71	71
17-a-1-A	Inpatient SNF/ECF (non-acute)	San Antonio, TX	354	1,711	2,065
17-a-1-A	Inpatient SNF/ECF (non-acute)	Temple, TX	386	7,945	8,331

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VA DATA TO BE UTILIZED

17-a-1-A	Inpatient SNF/ECF (non-acute)	Tucson, AZ		16	16
17-a-1-A	Inpatient SNF/ECF (non-acute)	Knoxville, IA		25	25
17-a-1-A	Inpatient Maternity Deliveries	Dallas, TX			
17-a-1-A	Inpatient Maternity Deliveries	Temple, TX	7		7
17-a-1-A	Inpatient Medical	Oklahoma City, OK			
17-a-1-A	Inpatient Medical	Shreveport, LA		1	1
17-a-1-A	Inpatient Medical	Dallas, TX	5	81	86
17-a-1-A	Inpatient Medical	San Antonio, TX	34	277	311
17-a-1-A	Inpatient Medical	Temple, TX	496	2,526	3,022
17-a-1-A	Inpatient Medical	Albuquerque, NM		4	4
17-a-1-A	Inpatient Medical	Amarillo, TX		6	6
17-a-1-A	Inpatient Medical	Phoenix, AZ		19	19
17-a-1-A	Inpatient Medical	Tucson, AZ		2	2
17-a-1-A	Inpatient Medical	Cheyenne, WY		3	3
17-a-1-A	Inpatient Medical	Portland, OR		5	5
17-a-1-A	Inpatient Medical	Minneapolis, MN		18	18
17-a-1-A	Day Treatment Center	Dallas, TX			
17-a-1-A	Mental Health Clinic	Muskogee, OK		3	3
17-a-1-A	Mental Health Clinic	Oklahoma City, OK		4	4
17-a-1-A	Mental Health Clinic	Dallas, TX		53	53
17-a-1-A	Mental Health Clinic	San Antonio, TX		178	178
17-a-1-A	Mental Health Clinic	Temple, TX	40	8,085	8,125
17-a-1-A	Mental Health Clinic	Albuquerque, NM		67	67
17-a-1-A	Mental Health Clinic	Amarillo, TX		18	18
17-a-1-A	Mental Health Clinic	Big Spring, TX	1	17	18
17-a-1-A	Mental Health Clinic	El Paso, TX		9	9
17-a-1-A	Mental Health Clinic	Phoenix, AZ		7	7
17-a-1-A	Mental Health Clinic	Prescott, AZ		21	21
17-a-1-A	Mental Health Clinic	Omaha, NE			
17-a-1-A	Mental Health Clinic	Sioux Falls, SD		2	2
17-a-1-A	Mental Health Clinic	St. Cloud, MN			
17-a-1-A	Outpatient MH Program: Community MH Residential Care	Houston, TX			
17-a-1-A	Outpatient MH Program: Community MH Residential Care	San Antonio, TX			
17-a-1-A	Outpatient MH Program: Community MH Residential Care	Temple, TX		2	2
17-a-1-A	Outpatient MH Program: Community MH Residential Care	Big Spring, TX		1	1

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VA DATA TO BE UTILIZED

17-a-1-A	Outpatient MH Program: Day Treatment	Dallas, TX		6	6
17-a-1-A	Outpatient MH Program: Day Treatment	San Antonio, TX			
17-a-1-A	Outpatient MH Program: Day Treatment	Salt Lake City, UT			
17-a-1-A	Outpatient MH Program: Homeless	Buffalo, NY		4	4
17-a-1-A	Outpatient MH Program: Homeless	East Orange, NJ		1	1
17-a-1-A	Outpatient MH Program: Homeless	VA NY Harbor HCS, NY		1	1
17-a-1-A	Outpatient MH Program: Homeless	Baltimore, MD		7	7
17-a-1-A	Outpatient MH Program: Homeless	Washington, DC		1	1
17-a-1-A	Outpatient MH Program: Homeless	Birmingham, AL		1	1
17-a-1-A	Outpatient MH Program: Homeless	Columbia, SC		4	4
17-a-1-A	Outpatient MH Program: Homeless	Decatur, GA			
17-a-1-A	Outpatient MH Program: Homeless	Dayton, OH		1	1
17-a-1-A	Outpatient MH Program: Homeless	Kansas City, MO		1	1

This same sequence continues through all Sectors (or Markets), all CARES Strategic Planning Categories and all Treating Facilities

VA DATA TO BE UTILIZED

Exhibit 8 - Projected Utilization (workload) (outpatient = stops, inpatient = BDOC)						
Market or Sector	CARES Strategic Planning Categories	Treating Facility	Utilization2004	Utilization2005	Utilization2006	Utilization2007
17-a-1-A	Nuclear Medicine	Tampa, FL	6	6	6	7
17-a-1-A	Nuclear Medicine	Houston, TX	3	3	3	3
17-a-1-A	Nuclear Medicine	Shreveport, LA	3	3	3	3
17-a-1-A	Nuclear Medicine	Dallas, TX	9	9	10	10
17-a-1-A	Nuclear Medicine	San Antonio, TX	15	15	16	17
17-a-1-A	Nuclear Medicine	Temple, TX	486	515	541	573
17-a-1-A	Nuclear Medicine	Albuquerque, NM	6	6	6	7
17-a-1-A	Pathology	Decatur, GA	39	41	42	45
17-a-1-A	Pathology	Houston, TX	175	184	192	202
17-a-1-A	Pathology	Shreveport, LA	39	41	42	45
17-a-1-A	Pathology	Dallas, TX	249	262	273	288
17-a-1-A	Pathology	San Antonio, TX	965	1,015	1,057	1,115
17-a-1-A	Pathology	Temple, TX	32,324	33,994	35,430	37,377
17-a-1-A	Pathology	Amarillo, TX	35	37	39	41
17-a-1-A	Pathology	Phoenix, AZ	50	53	55	58
17-a-1-A	Radiation Therapy	Dallas, TX	211	220	228	239
17-a-1-A	Radiation Therapy	Temple, TX	653	682	707	741
17-a-1-A	Radiology	Durham, NC	15	16	17	18
17-a-1-A	Radiology	Charleston, SC	16	17	18	19
17-a-1-A	Radiology	Decatur, GA	14	15	16	17
17-a-1-A	Radiology	West Palm Beach, FL	11	12	12	13
17-a-1-A	Radiology	Alexandria, LA	11	12	12	13

bb-c

VA DATA TO BE UTILIZED

17-a-1-A	Radiology	Houston, TX	115	122	128	136
17-a-1-A	Radiology	Oklahoma City, OK	21	22	24	25
17-a-1-A	Radiology	Shreveport, LA	12	13	14	14
17-a-1-A	Radiology	Dallas, TX	193	204	214	227
17-a-1-A	Radiology	San Antonio, TX	531	562	590	625
17-a-1-A	Radiology	Temple, TX	9,437	9,992	10,492	11,114
17-a-1-A	Radiology	Albuquerque, NM	14	14	15	16
17-a-1-A	Radiology	Amarillo, TX	12	13	14	15
17-a-1-A	Radiology	Big Spring, TX	12	13	14	15
17-a-1-A	Radiology	El Paso, TX	12	13	13	14
17-a-1-A	Radiology	Phoenix, AZ	34	36	37	40
17-a-1-A	Radiology	Denver, CO	20	22	23	24
17-a-1-A	Radiology	Portland, OR	16	17	18	19
17-a-1-A	Radiology	Las Vegas, NV	11	12	12	13
17-a-1-A	Radiology	San Diego, CA	18	19	20	21
17-a-1-A	Radiology	Minneapolis, MN	15	16	17	18
17-a-1-A	Rehab Medicine	Houston, TX	10	10	10	11
17-a-1-A	Rehab Medicine	Dallas, TX	52	54	56	58
17-a-1-A	Rehab Medicine	San Antonio, TX	125	130	134	138
17-a-1-A	Rehab Medicine	Temple, TX	4,875	5,080	5,257	5,416
17-a-1-A	Social Work	Houston, TX	23	24	25	26
17-a-1-A	Social Work	Dallas, TX	4	5	5	5
17-a-1-A	Social Work	San Antonio, TX	16	17	18	19
17-a-1-A	Social Work	Temple, TX	615	650	681	716
17-a-1-A	Social Work	El Paso, TX	2	2	2	3
17-a-1-	Social Work	Manila, PI	2	2	2	3

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VA DATA TO BE UTILIZED

A						
17-a-1-A	Social Work	West Los Angeles, CA	7	7	7	8
17-a-1-A	Blind Rehab	Temple, TX	142	154	164	174
17-a-1-A	Inpatient SNF/ECF (non-acute)	Richmond, VA	4	4	5	5
17-a-1-A	Inpatient SNF/ECF (non-acute)	Dallas, TX	67	71	74	78
17-a-1-A	Inpatient SNF/ECF (non-acute)	Temple, TX	180	191	200	210
17-a-1-A	Inpatient Maternity Deliveries	Dallas, TX	21	22	22	22
17-a-1-A	Inpatient Medical	Houston, TX	99	100	101	102
17-a-1-A	Inpatient Medical	Oklahoma City, OK	23	23	24	24
17-a-1-A	Inpatient Medical	Dallas, TX	184	186	188	190
17-a-1-A	Inpatient Medical	San Antonio, TX	541	547	552	559
17-a-1-A	Inpatient Medical	Temple, TX	3,365	3,400	3,432	3,476
17-a-1-A	Inpatient Medical	Amarillo, TX	22	22	23	23
17-a-1-A	Inpatient Medical	Phoenix, AZ	6	7	7	7
17-a-1-A	Day Treatment Center	Dallas, TX	217	230	242	254
17-a-1-A	Mental Health Clinic	Baltimore, MD	12	13	14	14
17-a-1-A	Mental Health Clinic	Decatur, GA	15	16	17	18
17-a-1-A	Mental Health Clinic	Houston, TX	42	45	48	50
17-a-1-A	Mental Health Clinic	Dallas, TX	102	109	115	121
17-a-1-A	Mental Health Clinic	San Antonio, TX	206	219	231	244
17-a-1-A	Mental Health Clinic	Temple, TX	9,235	9,814	10,359	10,926
17-a-1-A	Mental Health Clinic	Albuquerque, NM	92	98	104	109
17-a-1-A	Mental Health Clinic	El Paso, TX	14	14	15	16
17-a-1-A	Mental Health Clinic	Phoenix, AZ	39	42	44	47
17-a-1-A	Mental Health Clinic	Denver, CO	47	50	53	56
17-a-1-A	Mental Health Clinic	Portland, OR	15	16	17	18

VA DATA TO BE UTILIZED

17-a-1-A	Mental Health Clinic	Spokane, WA	11	11	12	13
17-a-1-A	Mental Health Clinic	San Francisco, CA	26	27	29	30
17-a-1-A	Mental Health Clinic	Las Vegas, NV	18	19	20	22
17-a-1-A	Mental Health Clinic	San Diego, CA	16	17	18	19
17-a-1-A	Mental Health Clinic	West Los Angeles, CA	67	71	75	79
17-a-1-A	Mental Health Clinic	Minneapolis, MN	12	13	14	14
17-a-1-A	Mental Health Clinic	St. Cloud, MN	14	14	15	16
17-a-1-A	Outpatient MH Program: Community MH Residential Care	Houston, TX	7	7	7	7
17-a-1-A	Outpatient MH Program: Community MH Residential Care	San Antonio, TX	23	23	23	23
17-a-1-A	Outpatient MH Program: Community MH Residential Care	Temple, TX	174	173	175	176
17-a-1-A	Outpatient MH Program: Day Treatment	Dallas, TX	522	521	627	727
17-a-1-A	Outpatient MH Program: Day Treatment	San Antonio, TX	323	322	388	450
17-a-1-A	Outpatient MH Program: Day Treatment	Salt Lake City, UT	47	47	56	65
17-a-1-A	Outpatient MH Program: Homeless	Decatur, GA	11	12	14	15
17-a-1-A	Outpatient MH Program: Homeless	Houston, TX	21	23	26	29
17-a-1-A	Outpatient MH Program: Homeless	Little Rock, AR	4	5	5	6
17-a-1-A	Outpatient MH Program: Homeless	Shreveport, LA	2	2	3	3
17-a-1-A	Outpatient MH Program: Homeless	Dallas, TX	7	7	8	9
17-a-1-A	Outpatient MH Program: Homeless	San Antonio, TX	66	71	81	92
17-a-1-A	Outpatient MH Program: Homeless	Temple, TX	570	612	699	791
17-a-1-A	Outpatient MH Program: Homeless	Tucson, AZ	8	9	10	12
17-a-1-A	Outpatient MH Program: Homeless	Denver, CO	6	6	7	8
17-a-1-A	Outpatient MH Program: Homeless	San Francisco, CA	4	5	5	6
17-a-1-A	Outpatient MH Program: Homeless	Las Vegas, NV	8	9	10	12
17-a-1-A	Outpatient MH Program: Homeless	West Los Angeles, CA	16	17	19	22
17-a-1-	Outpatient MH Program: Mental Health Intensive Case Management	Temple, TX	533	534	660	783

VA DATA TO BE UTILIZED

A	(MHICM)					
17-a-1-A	Outpatient MH Program, Methadone Treatment	Houston, TX	91	92	128	164
17-a-1-A	Outpatient MH Program: Methadone Treatment	Dallas, TX	1,033	1,040	1,451	1,857
17-a-1-A	Outpatient MH Program: Work Therapy	Houston, TX	1,244	1,325	1,495	1,671
17-a-1-A	Outpatient MH Program: Work Therapy	Shreveport, LA	485	516	582	651
17-a-1-A	Outpatient MH Program: Work Therapy	Dallas, TX	1,217	1,296	1,462	1,634
17-a-1-A	Outpatient MH Program: Work Therapy	San Antonio, TX	157	167	189	211
17-a-1-A	Psychology	San Antonio, TX	4	5	5	5
17-a-1-A	Psychology	Temple, TX	693	736	777	819
17-a-1-A	Psychology	Big Spring, TX	5	6	6	6
17-a-1-A	Substance Abuse Clinic	Houston, TX	172	184	196	208
17-a-1-A	Substance Abuse Clinic	Dallas, TX	96	103	109	116
17-a-1-A	Substance Abuse Clinic	San Antonio, TX	181	193	206	219
17-a-1-A	Substance Abuse Clinic	Temple, TX	3,527	3,773	4,018	4,272
17-a-1-A	Observation Beds (23 hour)	Houston, TX	104	105	105	107
17-a-1-A	Observation Beds (23 hour)	Dallas, TX	5	5	5	5

This same sequence continues through all Sectors (or Markets), all CARES Strategic Planning Categories all Treating Facilities and all years

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VA DATA TO BE UTILIZED

Exhibit 9: FTE by Facitlity and by Cost Center for Central Texas Market

	(674) TEMPLE		(6749AA) TEMPLE VA FACILITY NH		(674A4) WACO		(674A5) MARLIN		(674BU) TEMPLE VA FACILITY DOM		(674BY) AUSTIN OPC		(674GA) PALESTINE CBOC	
Cost Centers	FY03	FY04	FY03	FY04	FY03	FY04	FY03	FY04	FY03	FY04	FY03	FY04	FY03	FY04
(201) Medical Service	125.4	138.5												
(202) Surgical Service	140.1	138.5												
(203) Psychiatry Service	53.6	67.0			37.6	60.8					7.0	8.2		
(204) Clinical Ambulatory Care	107.7	106.1			25.4	27.8	7.5	9.2			40.3	34.6	8.3	10.1
(205) Domiciliary Care.	28.1	28.9							18.6	18.3				
(212) Anesthesiology	15.4	15.6												
(221) Social Service	39.2	35.6												
(222) Diagnostic Radiology	64.4	62.5												
(223) Pathology and Laboratory Medicine Service	78.5	82.6			9.2	8.9					7.5	8.1		
(224) Pharmacy.	55.9	59.6			23.7	22.3					7.5	7.0		
(226) Libraries	6.7	6.0												
(241) Nursing Service	271.6	291.0	43.1	55.6	214.9	193.5								
(242) Physical, Medicine & Rehabilitation Service. Includes Incentive Therapy Program.	58.9	58.8												
(243) Nutrition and Food Service.	96.2	90.9			45.5	40.5					1.0	1.0		
(244) Chaplains.	5.6	4.8												
(245) Blind Rehabilitation.	2.7	2.5			14.3	14.4								
(247) Readjustment Counseling	5.0	5.0												
(248) Dental Service	28.2	26.7			10.7	10.0	1.3				8.0	8.1		
(272) Prosthetic Activity	15.2	16.8												
(281) Supply Processing and Distribution Section.	31.7	32.4												
(285) Ward Administration Section.	24.7	26.8			13.9	12.3								
(286) Ambulatory Care Administration	141.0	51.3				22.1						31.9		
(401) Office of Director	29.7	27.1												
(402) VISTA (Veterans Health Information Systems and Technology Architecture)	82.0	77.3												
(403) Direction and Coordination of VA Training Programs and Continuing Education Support	11.4	12.5												
(405) Voluntary Service	7.4	7.1												
(407) Security Service	35.0	34.8												
(409) Chief of Staff	9.4	8.9												

VA DATA TO BE UTILIZED

(411) Office of the Chief Medical Administration	21.0	35.4
(413) Contractual and Fee Services Section	15.6	14.1
(414) Medical Information and Records Section	48.8	49.6
(419) Quality Assurance and Case Mix Activity	21.8	21.6
(421) Fiscal.	33.2	29.1
(431) Human Resources Management.	32.5	33.8
(441) Acquisition & Materiel Management.(A&MM)	45.0	37.4
(501) Office of the Chief, Field Residential Engineering Service	6.4	6.8
(503) Facility Safety Occupational Health, and Fire Protection Engineering	11.1	11.6
(504) Project Management Engineering	8.4	9.5
(511) Plant Operations	24.8	23.7
(521) Transportation	26.5	25.2
(533) Grounds Maintenance and Other Miscellaneous Operations	15.3	14.2
(541) Recurring Maintenance and Repair for Station Approved Projects.	52.6	48.6
(542) Non-recurring Maintenance and Repair.	12.7	17.8
(551) Operating Equipment - M&R	26.1	25.6
(555) Biomedical Engineering	16.2	16.8
(561) Environmental Management Service	7.0	4.8
(562) Integrated Pest Management	1.9	1.0
(564) Environmental Sanitation	120.9	119.8
(565) Bed Service and Patients Assistance Programs	2.0	2.0
(570) Textile Care Processing	29.3	27.6
(571) Textile Management	7.4	7.7
(575) Design Management	2.0	2.0
(615) Administrative Programs	6.5	5.2
(621) Operation of Housekeeping Quarters	0.0	
(622) Operation of Non-housekeeping Quarters	0.1	
(652) Veterans Integrated Service Network (VISN) Directors Office	0.5	0.4
(660) VA/DOD Sharing Personnel.		16.5
(957) MCCF Field Stations.	34.1	35.2

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VA DATA TO BE UTILIZED

Exhibit 10 - Projected Bed Levels Based on the Mean Utilization Rate for VISNs With SCI Centers Applied to VISNs without SCI Centers.

A utilization rate of 16,215 Bed Days per 1,000 enrollees was substituted in all VISNs. This represents the average rate for VISNs

	Spinal Cord Injury Base Year FY01					Projected SCI "Users"		Bed Days Projected		Bed Levels Projected*		% Change		Mandate
VISN	Actual Admits***	Actual Bed Days	Estimated Beds *	Estimated SCI "Users"	Bed Days Per 1,000 "Users"	FY12	FY22	FY12	FY22	FY12	FY22	Base Year - 2012	Base Year - 2022	Acute Staffed Beds
1	232	7,437	24	729	16,215	901	962	14,609	15,596	47	50	96%	110%	34
2	85	1,907	6	333	16,215	361	339	5,852	5,503	19	18	207%	189%	
3	152	13,494	43	561	16,215	639	663	10,359	10,754	33	35	-23%	-20%	65
4	151	6,156	20	588	16,215	837	891	13,578	14,440	44	46	121%	135%	
5	108	5,451	18	389	16,215	607	708	9,848	11,485	32	37	81%	111%	
6	382	12,217	39	879	16,215	1,208	1,420	19,590	23,029	63	74	60%	88%	68
7	531	16,588	53	1,059	16,215	1,422	1,734	23,063	28,117	74	91	39%	70%	55
8	758	27,810	90	1,650	16,215	1,657	1,973	26,872	31,992	87	103	-3%	15%	108
9	401	14,454	47	795	16,215	920	1,077	14,922	17,470	48	56	3%	21%	60
10	251	6,978	22	640	16,215	597	675	9,677	10,941	31	35	39%	57%	32
11	153	5,221	17	581	16,215	746	855	12,102	13,864	39	45	132%	166%	
12	498	23,923	77	799	16,215	619	692	10,040	11,227	32	36	-58%	-53%	90
15	112	7,509	24	679	16,215	640	695	10,382	11,277	33	36	38%	50%	27
16	496	19,946	64	1,545	16,215	1,738	2,049	28,176	33,221	91	107	41%	67%	34
17	691	15,132	49	940	16,215	1,031	1,180	16,722	19,139	54	62	11%	26%	52
18	430	8,823	28	796	16,215	855	991	13,869	16,073	45	52	57%	82%	26
19	114	3,856	12	416	16,215	634	745	10,287	12,078	33	39	167%	213%	
20	466	8,249	27	573	16,215	1,108	1,266	17,971	20,533	58	66	118%	149%	32
21	322	12,379	40	806	16,215	889	930	14,422	15,084	46	49	17%	22%	43
22	633	26,417	85	1,168	16,215	996	1,086	16,152	17,604	52	57	-39%	-33%	98
23	161	5,070	16	739	16,215	759	834	12,307	13,528	40	44	143%	167%	
Total	7,127	249,017	803	16,665	14,943	19,168	21,767	310,801	352,955	1,001	1,137	25%	42%	824

VA DATA TO BE UTILIZED

Exhibit 11 - Projected Bed Levels Adding New Centers in VISN 16 and 22

A utilization rate of 2,839 Bed Days per 1,000 enrollees was substituted in VISN 16 and 22.
This represents the average rate for VISNs with centers, increasing projected bed levels in VISN 16 from 20 to 36 in FY12 and 21 to 37 in FY22, in VISN 22 from 17 to 24 in FY2012 and from 16 to 23 in FY2022.

	Blind Rehab Base Year FY01					Projected Legally Blind Enrollees		Bed Days Projected		Bed Levels Projected*		% Change		
VISN	Actual Admits	Actual Bed Days	Estimated Beds *	Estimated Legally Blind Enrollees	Bed Days Per 1,000 Enrollees	FY12	FY22	FY12	FY22	FY12	FY22	Base Year - 2012	Base Year - 2022	Mand Leve
1	109	3,571	12	1,808	1,975	2,380	2,197	4,700	4,339	15	14	32%	22%	
2	24	984	3	1,117	881	1,277	1,033	1,125	911	4	3	14%	-7%	
3	48	1,840	6	2,648	695	2,840	2,220	1,973	1,543	6	5	7%	-16%	
4	58	2,186	7	2,473	884	2,999	2,584	2,651	2,284	9	7	21%	5%	
5	36	1,175	4	771	1,524	1,149	1,225	1,751	1,867	6	6	49%	59%	
6	65	2,147	7	1,470	1,461	2,187	2,385	3,195	3,484	10	11	49%	62%	
7	177	5,938	19	1,726	3,441	2,630	2,977	9,050	10,243	29	33	52%	73%	
8	296	11,602	37	3,400	3,412	4,260	4,267	14,535	14,558	47	47	25%	25%	
9	85	2,858	9	1,527	1,872	2,233	2,348	4,180	4,394	13	14	46%	54%	
10	52	1,992	6	1,312	1,518	1,824	1,737	2,769	2,638	9	8	39%	32%	
11	69	2,249	7	1,443	1,558	2,086	2,046	3,251	3,189	10	10	45%	42%	
12	68	2,260	7	1,617	1,398	2,003	1,839	2,799	2,570	9	8	24%	14%	
15	39	1,380	4	1,396	989	1,767	1,666	1,747	1,648	6	5	27%	19%	
16	**132**	**4,460**	**14**	**2,743**	**2,839**	**3,910**	**4,069**	**11,100**	**11,552**	**36**	**37**	**149%**	**159%**	
17	88	2,720	9	1,242	2,190	1,809	1,969	3,961	4,313	13	14	46%	59%	
18	147	5,355	17	1,363	3,928	1,815	1,944	7,129	7,635	23	25	33%	43%	
19	82	2,837	9	780	3,638	1,109	1,217	4,036	4,426	13	14	42%	56%	
20	119	4,104	13	1,220	3,363	1,852	2,072	6,227	6,967	20	22	52%	70%	
21	93	3,860	12	1,286	3,001	1,830	1,783	5,492	5,353	18	17	42%	39%	
22	**93**	**3,738**	**12**	**1,872**	**2,839**	**2,616**	**2,563**	**7,427**	**7,276**	**24**	**23**	**99%**	**95%**	
23	39	1,286	4	1,633	787	2,048	1,970	1,613	1,551	5	5	25%	21%	
Total	1,919	68,542	221	34,847	1,967	46,621	46,111	100,710	102,740	324	331	47%	50%	
				Avg	2,104									

VA DATA TO BE UTILIZED

Exhibit 12: Uniques by Facility and Home County for Central Texas Market (FY03)

Sub-Station Name	Sub-Station ID	Home County	Uniques
VA CENTRAL TEXAS HCS	674	Unknown	55
VA CENTRAL TEXAS HCS	674	AL AUTAUGA	2
VA CENTRAL TEXAS HCS	674	AL BALDWIN	2
VA CENTRAL TEXAS HCS	674	AL CALHOUN	3
VA CENTRAL TEXAS HCS	674	AL DALE	2
VA CENTRAL TEXAS HCS	674	AL ETOWAH	1
VA CENTRAL TEXAS HCS	674	AL GENEVA	1
VA CENTRAL TEXAS HCS	674	AL HOUSTON	1
VA CENTRAL TEXAS HCS	674	AL JACKSON	2
VA CENTRAL TEXAS HCS	674	AL JEFFERSON	3
VA CENTRAL TEXAS HCS	674	AL MACON	1
VA CENTRAL TEXAS HCS	674	AL MARSHALL	2
VA CENTRAL TEXAS HCS	674	AL MOBILE	6
VA CENTRAL TEXAS HCS	674	AL MONTGOMERY	3
VA CENTRAL TEXAS HCS	674	AL MORGAN	1
VA CENTRAL TEXAS HCS	674	AL ST CLAIR	1
VA CENTRAL TEXAS HCS	674	AL TALLADEGA	1
VA CENTRAL TEXAS HCS	674	AL WALKER	1
VA CENTRAL TEXAS HCS	674	AK ANCHORAGE	1
VA CENTRAL TEXAS HCS	674	AK FAIRBANKS	1
VA CENTRAL TEXAS HCS	674	AK KETCHIKAN	1
VA CENTRAL TEXAS HCS	674	AK MATANUSKA	1
VA CENTRAL TEXAS HCS	674	AZ COCHISE	3
VA CENTRAL TEXAS HCS	674	AZ COCONINO	1
VA CENTRAL TEXAS HCS	674	AZ GILA	1
VA CENTRAL TEXAS HCS	674	AZ MARICOPA	16
VA CENTRAL TEXAS HCS	674	AZ MOHAVE	1
VA CENTRAL TEXAS HCS	674	AZ PIMA	12
VA CENTRAL TEXAS HCS	674	AZ PINAL	1
VA CENTRAL TEXAS HCS	674	AZ SANTA CRUZ	2
VA CENTRAL TEXAS HCS	674	AZ YAVAPAI	9
VA CENTRAL TEXAS HCS	674	AZ YUMA	1
VA CENTRAL TEXAS HCS	674	AR BAXTER	1

VA DATA TO BE UTILIZED

VA CENTRAL TEXAS HCS	674	AR BENTON	4
VA CENTRAL TEXAS HCS	674	AR CARROLL	1
VA CENTRAL TEXAS HCS	674	AR CRAIGHEAD	1
VA CENTRAL TEXAS HCS	674	AR CROSS	1
VA CENTRAL TEXAS HCS	674	AR FAULKNER	5
VA CENTRAL TEXAS HCS	674	AR FRANKLIN	1
VA CENTRAL TEXAS HCS	674	AR GARLAND	1
VA CENTRAL TEXAS HCS	674	AR JOHNSON	1
VA CENTRAL TEXAS HCS	674	AR LAFAYETTE	1
VA CENTRAL TEXAS HCS	674	AR LEE	1
VA CENTRAL TEXAS HCS	674	AR MILLER	1
VA CENTRAL TEXAS HCS	674	AR NEWTON	1
VA CENTRAL TEXAS HCS	674	AR POLK	1
VA CENTRAL TEXAS HCS	674	AR POPE	1
VA CENTRAL TEXAS HCS	674	AR PULASKI	12
VA CENTRAL TEXAS HCS	674	AR SALINE	2
VA CENTRAL TEXAS HCS	674	AR UNION	1
VA CENTRAL TEXAS HCS	674	AR WASHINGTON	4
VA CENTRAL TEXAS HCS	674	AR YELL	1
VA CENTRAL TEXAS HCS	674	CA ALAMEDA	2
VA CENTRAL TEXAS HCS	674	CA BUTTE	1
VA CENTRAL TEXAS HCS	674	CA CONTRA COSTA	2
VA CENTRAL TEXAS HCS	674	CA EL DORADO	2
VA CENTRAL TEXAS HCS	674	CA FRESNO	3
VA CENTRAL TEXAS HCS	674	CA HUMBOLDT	1
VA CENTRAL TEXAS HCS	674	CA IMPERIAL	1
VA CENTRAL TEXAS HCS	674	CA KERN	3
VA CENTRAL TEXAS HCS	674	CA LAKE	1
VA CENTRAL TEXAS HCS	674	CA LOS ANGELES	27
VA CENTRAL TEXAS HCS	674	CA MARIPOSA	1
VA CENTRAL TEXAS HCS	674	CA MERCED	1
VA CENTRAL TEXAS HCS	674	CA MONTEREY	3
VA CENTRAL TEXAS HCS	674	CA NAPA	1
VA CENTRAL TEXAS HCS	674	CA NEVADA	1
VA CENTRAL TEXAS HCS	674	CA ORANGE	8
VA CENTRAL TEXAS HCS	674	CA PLACER	1
VA CENTRAL TEXAS HCS	674	CA RIVERSIDE	10

VA DATA TO BE UTILIZED

VA CENTRAL TEXAS HCS	674	CA SACRAMENTO	9
VA CENTRAL TEXAS HCS	674	CA S BERNARDINO	7
VA CENTRAL TEXAS HCS	674	CA S DIEGO	13
VA CENTRAL TEXAS HCS	674	CA S FRANCISCO	2
VA CENTRAL TEXAS HCS	674	CA S MATEO	1
VA CENTRAL TEXAS HCS	674	CA SANTA CLARA	2
VA CENTRAL TEXAS HCS	674	CA SHASTA	2
VA CENTRAL TEXAS HCS	674	CA SONOMA	2
VA CENTRAL TEXAS HCS	674	CA STANISLAUS	1
VA CENTRAL TEXAS HCS	674	CA TULARE	1
VA CENTRAL TEXAS HCS	674	CA VENTURA	3
VA CENTRAL TEXAS HCS	674	CO ADAMS	1
VA CENTRAL TEXAS HCS	674	CO ARAPAHOE	2
VA CENTRAL TEXAS HCS	674	CO ARCHULETA	4
VA CENTRAL TEXAS HCS	674	CO BOULDER	1
VA CENTRAL TEXAS HCS	674	CO CUSTER	1
VA CENTRAL TEXAS HCS	674	CO DELTA	3
VA CENTRAL TEXAS HCS	674	CO DENVER	5
VA CENTRAL TEXAS HCS	674	CO EAGLE	1
VA CENTRAL TEXAS HCS	674	CO ELBERT	1
VA CENTRAL TEXAS HCS	674	CO EL PASO	5
VA CENTRAL TEXAS HCS	674	CO FREMONT	1
VA CENTRAL TEXAS HCS	674	CO GUNNISON	1
VA CENTRAL TEXAS HCS	674	CO JEFFERSON	1
VA CENTRAL TEXAS HCS	674	CO LA PLATA	3
VA CENTRAL TEXAS HCS	674	CO LARIMER	1
VA CENTRAL TEXAS HCS	674	CO PUEBLO	3
VA CENTRAL TEXAS HCS	674	CO RIO GRANDE	1
VA CENTRAL TEXAS HCS	674	CO ROUTT	1
VA CENTRAL TEXAS HCS	674	CO TELLER	1
VA CENTRAL TEXAS HCS	674	CO WELD	1
VA CENTRAL TEXAS HCS	674	CT FAIRFIELD	1
VA CENTRAL TEXAS HCS	674	CT HARTFORD	2
VA CENTRAL TEXAS HCS	674	CT LITCHFIELD	1
VA CENTRAL TEXAS HCS	674	CT NEW HAVEN	1
VA CENTRAL TEXAS HCS	674	CT NEW LONDON	1
VA CENTRAL TEXAS HCS	674	DE NEW CASTLE	3

VA DATA TO BE UTILIZED

VA CENTRAL TEXAS HCS	674	DC THE DISTRICT	1
VA CENTRAL TEXAS HCS	674	FL ALACHUA	4
VA CENTRAL TEXAS HCS	674	FL BAY	1
VA CENTRAL TEXAS HCS	674	FL BREVARD	5
VA CENTRAL TEXAS HCS	674	FL BROWARD	10
VA CENTRAL TEXAS HCS	674	FL CHARLOTTE	2
VA CENTRAL TEXAS HCS	674	FL CITRUS	1
VA CENTRAL TEXAS HCS	674	FL CLAY	5
VA CENTRAL TEXAS HCS	674	FL DADE	9
VA CENTRAL TEXAS HCS	674	FL DUVAL	2
VA CENTRAL TEXAS HCS	674	FL ESCAMBIA	6
VA CENTRAL TEXAS HCS	674	FL GILCHRIST	1

This same sequence continues through all Facilities and all Counties

VA DATA TO BE UTILIZED

EXHIBIT 13 LTC Policy Implementation VISN and Market Level Targets — Sample Data Only

VISN/ Market	Market Name	Final Revised FY05 Target	VA NHCU Actuals: VA NHCU Actual ADC FY03	VA NHCU Average Operating Beds	VA NHCU Occupancy Rate (ADC/ Oper Beds)	Potential Beds: VA NHCU Authorized vs. Operating Beds	Interned Beds Available	Actuals: Community NHC ADC	State NHC ADC	2003 Total ADC VA NHCU, Community, and State	Modeled Policy Demand (ADC) -(population based): Estimated Policy Demand FY2003	Projected Policy Demand FY2013	Gap 2003 2013	% Var 2003 2013	Projected Policy Demand FY 2023	Gap 2003 2023	% Var 2003 2023
1		608	550	731	75%	74	0			2,144	1,678	2,132	(12)	-1%	1,818	(326)	-15%
1-a	East									1,109	741	OSI will provide the projections and gaps, from the LTC model.					
	Facility A																
	Facility B	Based on location of treatment - To be developed by VISN based on 05 Strategic Guidance															
1-b	Far North									420	216						
1-c	North									401	245						
1-d	West									214	476						
2		508	411	558	74%	108	0			800	900	986	186	23%	774	(26)	-3%

Policy Demand is significantly less than the overall projection of veteran demand from the model. It reflects a national percentage of current met demand across all VISNs. By law only P1a enrollees are covered for nursing home care. Some VISNs may exceed the current policy level as in the case of VISN 1

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VA DATA TO BE UTILIZED

EXHIBIT 14 Strategic Planning Categories

1. The attached describes the categories used in the original CARES space mapping and the new space mapping in the CARES Strategic Planning categories. There are cases where we do not have space standards such as inpatient substance Abuse so for space that is mapped to inpatient psychiatry.

2. The CARES Strategic Planning categories are the basic elements of the clinical categories that the studies are to be used in conducting the studies.

S&F Inpatient Categories	Original CARES Mapping Category	New Sept 2-15, 2004 Mapping CARES Strategic Planning Categories
Inpatient Medical Care	Medicine	Medicine
Inpatient Surgical Care	Surgery	Surgery
Inpatient Neurological Care	Medicine	Medicine
Inpatient Rehabilitation Medical Care	Medicine	Medicine
Inpatient Spinal Cord Injury Care	Spinal Cord Injury	Spinal Cord Injury
Inpatient Intermediate Care	NHCU/ Intermediate Care	Intermediate Care
Inpatient Blind Rehabilitation Care	Blind Rehab	Blind Rehab
Inpatient Medical Intensive Care	Medicine	Medicine
Inpatient Coronary Intensive Care	Medicine	Medicine
Inpatient Surgical Intensive Care	Surgery	Surgery
Inpatient Mental Health & Behavioral Medicine Care	Psychiatric	Psychiatric
Inpatient Nursing Home Care	NHCU/ Intermediate Care	NHCU
23 Hour Observation/Care	Medicine	MOVED TO OUTPATIENT
Psychiatric Residential Rehabilitation (PRRTP) program	PRRTP	Psych RRTP and PTSD RRTP
Domiciliary program	Dom	Residential Rehab Treatment (Dom)
Homeless Domiciliary program	Dom	HCMI CWT/TR
Hospice/Palliative Care	NHCU/ Intermediate Care	NHCU
Respite Care program	Other	Respite Care

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VA DATA TO BE UTILIZED

Additional Subcategories broken out for Workload	Space for these subcategories included in the following CARES Strategic Planning Categories
SNF/ECF	NHCU
CWT/TR	Psych
Inpatient Sub Abuse	Psych
SARRT	Psych
STAR I, II, III	Psych

S&F Outpatient Categories	Original CARES Mapping Category	New Sept 2-15, 2004 Mapping CARES Strategic Planning Categories
Adult Day Care program	Primary/Geriatrics	May be own Category in LTC Model
Audiology program	Specialty Care	Audiology
ACS-Primary Care	Primary/Geriatrics	Primary Care
ACS-Specialty Care	Specialty Care	Specialty Care (Excl.Outpt Surgery)
ACS-Urgent Care	Primary/Geriatrics	Urgent Care
Cardiology program	Specialty Care	Cardiology
Day Hospital program	Mental Health	Day Treatment
Day Treatment Center	Mental Health	Day Treatment
Dialysis program	Specialty Care	Dialysis
Digestive Diseases/GI/Endoscopy	Specialty Care	Digestive/GI/Endoscopy
Eye Clinic	Specialty Care	Eye Clinic
EEG/Neurology program	Specialty Care	EEG/Neurology
Geriatrics	Primary/Geriatrics	Geriatrics
Home-Based Primary Care (HBPC)	Primary/Geriatrics	May be own Category in LTC Model
Mental Health Clinic	Mental Health	Mental Health Clinic
Nuclear Medicine	Ancillary/Diagnostic	Nuclear Medicine
Pathology program	Ancillary/Diagnostic	Pathology
Psychology program	Mental Health	Psychology

VA DATA TO BE UTILIZED

Pulmonary/Resp Care program	Specialty Care	Pulmonary/Resp Care program
Radiation Therapy program	Ancillary/Diagnostic	Radiation Therapy
Radiology program,	Ancillary/Diagnostic	Radiology
Rehab Medicine program	Ancillary/Diagnostic	Rehab Medicine
Social Work program	Ancillary/Diagnostic	Social Work
Substance Abuse Clinic	Mental Health	Substance Abuse Clinic
Surgical program	Specialty Care	Specialty Care (Outpt Surgery)
23 Hour Observation/Care	Medicine	23 Hour Observation

Additional Subcategories broken out for Workload	**Space for these subcategories included in the following CARES Strategic Planning Categories**
MHSDP Community MH Residential	Non-space
MHSDP Day Treatment	Day Treatment
MHSDP Homeless Program	MH Clinic
MHSDP MHICM	Mental Health Clinic
MHSDP Work Therapy	Mental Health Clinic
MHSDP Methadone Treatment	Substance Abuse Clinic
Oncology	Specialty Care (Excl.Outpt Surg)
Urology	Specialty Care (Excl.Outpt Surg)
Endocrine/Metabolic & Diabetes	Specialty Care (Excl.Outpt Surg)
Orthopedics	Specialty Care (Excl.Outpt Surg)

NOTE:
MHSDP = Mental Health Special Disabilities Program

VA DATA TO BE UTILIZED

Space Driver ID	Original CARES Mapping Category	New Sept 2, 2004 Mapping
A&MM Admin.	Admin	A&MM Admin.
A&MM Warehouse	Admin	A&MM Warehouse
Canteen service	Admin	Canteen service
Centralized Staff lockers/lounges/toilets	Admin	Centralized Staff lockers/lounges/toilets
Chaplain Service	Admin	Chaplain Service
Clinical Service Administration	Admin	Clinical Service Administration
Director's suite,	Admin	Director's suite,
Education program	Admin	Education program
Engineering Service	Admin	Engineering Service
Environmental Management service	Admin	Environmental Management service
Fiscal service	Admin	Fiscal service
Human Resource service	Admin	Human Resource service
Information Resource Management	Admin	Information Resource Management
Library Service	Admin	Library Service
Linen Service (Dispatch & Holding)	Admin	Linen Service (Dispatch & Holding)
Lobby Space	Admin	Lobby Space
Medical Administration Service (MAS)	Admin	Medical Administration Service (MAS)
Medical Media	Admin	Medical Media
Medical Research/Dev	Research	Medical Research/Dev
Nursing Service Administration	Admin	Nursing Service Administration
Nutrition/Food	Admin	Nutrition/Food
On-Call program	Admin	On-Call program
On-Site Laundry	Admin	On-Site Laundry
Police/Security service	Admin	Police/Security service
SPD service	Admin	SPD service
Veterans Assistance/Service Organizations	Admin	Veterans Assistance/Service Organizations
Voluntary service	Admin	Voluntary service
Vacant Space	Vacant	Vacant Space
Swing Space	Vacant	Swing Space
Outleased	Outleased	Outleased
Child Care	Other	Child Care
Dental program	Other	Dental program

VA DATA TO BE UTILIZED

Quarters	Other	Quarters
Credit Union	Other	Credit Union
Employee Fitness	Other	Employee Fitness
Pharmacy Program	Other	Pharmacy Program
Recreational Therapy program	Other	Recreational Therapy program
HOPTEL/Respite Care program	Other	Moved to Inpatient - Respite Care

Attachment 3

CERTIFICATE OF COMPLIANCE AND ACCEPTANCE OF DELIVERABLES

CERTIFICIATE OF COMPLIANCE AND ACCEPTANCE OF DELIVERABLES

(a) Contract No: _____

1. I hereby certify that the following items have been delivered and that they comply with all contractual specifications and requirements.

[Contractor to fill in items delivered]

_/Contractor's Signature/_____ _____
(Printed name and signature of Contractor's Project or Task Order Manager) Date

2. The items stated in Paragraph 1 above have been received and inspected. These items meet the minimum quality standards stated in the Contract. The Deliverable(s) passed inspection and acceptance on (*Insert Date*). I recommend that these deliverables be accepted in their entirety.

*/COTR's signature/*_____
(Insert COTR's Name) Date

3. The above-cited Deliverables are hereby accepted. The effective date of acceptance is (CO Insert Date). Contractor may invoice for this deliverable.

_/Contracting Officer's Signature/_____
(Insert Contracting Officer's Name) Date

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BUSINESS ASSOCIATE AGREEMENT

Whereas, I Enter name of Contractor or Other Entity (Business Associate)

Will provide/provides certain services to the Department of Veterans Affairs (VA) (Covered Entity), and, in connection with the provision of those services, the Covered Entity will disclose/discloses to Business Associate Protected Health Information (PHI) and Electronic Protected Health Information (EPHI) that is subject to protection under the regulations issued by the Department of Health and Human Services, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA); 45 CFR Parts 160 and 164, Subparts A and E, the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule"); and 45 CFR Parts 160 and 164, Subparts A and C, the Security Standard ("Security Rule"); and

Whereas, VA is a "Covered Entity" as that term is defined in the HIPAA implementing regulations, 45 CFR 160.103, and

Whereas, I Enter Name of Business Associate, as a recipient of PHI from Covered Entity, is a "Business Associate" of the Covered Entity as the term "Business Associate" is defined in the HIPAA implementing regulations, 45 CFR 160.103; and

Whereas, pursuant to the Privacy and Security Rules, all Business Associates of Covered Entities must agree in writing to certain mandatory provisions regarding the use and disclosure of PHI and EPHI; and

Whereas, the purpose of this Agreement is to comply with the requirements of the Privacy and Security Rules, including, but not limited to, the Business Associate contract requirements at 45 C.F.R. §~164.308(b), 164.314(a), 164.502(e), and 164.504(e), and as may be amended.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. Definitions. Unless otherwise provided in this Agreement, capitalized terms have the same meanings as set forth in the Privacy and Security Rules. The term "Protected Health Information" or the abbreviation "PHI" shall include the term "Electronic Protected Health information" and the abbreviation "EPHI" in this Agreement.

2. Ownership of PHI. PHI provided to Business Associate or created, gathered or received by Business Associate, its agents and subcontractors under this agreement is the property of Covered Entity.

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BUSINESS ASSOCIATE AGREEMENT

3. Scope of Use and Disclosure by Business Associate of Protected Health Information and Electronic Protected Health Information

A. Business Associate shall be permitted to make Use and Disclosure of PHI that is disclosed to it by Covered Entity, or created, gathered or received by Business Associate on behalf of Covered Entity, as necessary to perform its obligations under this Agreement, and Contractor number or agreement description provided that the Covered Entity may make such Use or Disclosure under the Privacy and Security Rules, and the Use or Disclosure complies with the Covered Entity's minimum necessary policies and procedures.

B. Unless otherwise limited herein, in addition to any other Uses and/or Disclosures permitted or authorized by this Agreement or required by law, Business Associate may:

(1) Use the PHI in its possession for its proper management and administration and to fulfill any legal responsibilities of Business Associate;

(2) Make a Disclosure of the PHI in its possession to a third party for the purpose of Business Associate's proper management and administration or to fulfill any legal responsibilities of Business Associate; provided, however, that the disclosures are Required By Law or permitted by Federal law and VA Policy and Business Associate has received from the third party written assurances that (a) the information will be held confidentially and Used or further Disclosure made only as Required By Law or for the purposes for which it was disclosed to the third party; and (b) the third party will notify the Business Associate of any instances of which it becomes aware in which the confidentiality of the information has been breached;

(3) Engage in Data Aggregation activities, consistent with the Privacy Rule; and

(4) De-identify any and all PHI created or received by Business Associate under this Agreement; provided, that the de-identification conforms to the requirements of the Privacy Rule.

4. Obligations of Business Associate. In connection with its Use and Disclosure of PHI received from Covered Entity or created, gathered or received on behalf of Covered Entity, Business Associate agrees that it will:

A. Use or make further Disclosure of PHI only as permitted or required by this Agreement or as Required By Law;

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BUSINESS ASSOCIATE AGREEMENT

B. Use reasonable and appropriate safeguards to prevent Use or Disclosure of PHI other than as provided for by this Agreement;

C. To the extent practicable, mitigate any harmful effect that is known to Business Associate of a Use or Disclosure of PHI by Business Associate in violation of this Agreement;

D. Promptly report to Covered Entity any Security Incident, or Use or Disclosure of PHI not provided for by this Agreement, of which Business Associate becomes aware;

E. Require Contractors, subcontractors or agents to whom Business Associate provides PHI to agree to the same restrictions and conditions that apply to Business Associate pursuant to this Agreement, including implementation of reasonable and appropriate safeguards to protect PHI;

F. Make available to the Secretary of Health and Human Services Business Associate's internal practices, books and records, including policies and procedures, relating to the Use or Disclosure of PHI for purposes of determining Covered Entity's compliance with the Privacy and Security Rules, subject to any applicable legal privileges;

G. If the Business Associate maintains PHI in a Designated Record Set, maintain the information necessary to document the disclosures of PHI sufficient to make an accounting of those disclosures as required under the Privacy Rule and the Privacy Act, 5 USC 552a, and within (15) days of receiving a request from Covered Entity, make available the information necessary for Covered Entity to make an accounting of Disclosures of PHI about an individual in the Designated Record Set or Covered Entity's Privacy Act System of Records;

H. If the Business Associate maintains PHI in a Designated Record Set or Privacy Act System of Records, within ten (10) days of receiving a written request from Covered Entity, make available PHI in the Designated Record Set or System of Records necessary for Covered Entity to respond to individuals' requests for access to PHI about them that is not in the possession of Covered Entity;

I. If the Business Associate maintains PHI in a Designated Record Set or Privacy Act System of Records, within fifteen (15) days of receiving a written request from Covered Entity, incorporate any amendments or corrections to the PHI in the Designated Record Set or System or Records in accordance with the Privacy Rule and Privacy Act;

J. Not make any Uses or Disclosures of PHI that Covered Entity would be prohibited from making.

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BUSINESS ASSOCIATE AGREEMENT

K. When Business Associate is uncertain whether it may make a particular Use or Disclosure of PHI in performance of this Agreement and the underlying agreement, the Business Associate will obtain the approval of the Covered Entity before making the Use or Disclosure.

L. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality and integrity, and availability of the PHI that Business Associate creates, receives, maintains, or transmits on behalf of the Covered Entity as required by the Security Rule.

M. Upon completion of the contract, the Business Associate shall return or destroy the PHI gathered, created, received or processed during the performance of this contract, and no data will be retained by the Business Associate, and any agents and subcontractors of the Business Associate. The Business Associate shall certify that all PHI has been returned to the Covered Entity or destroyed. If immediate return or destruction of all data is not possible, the Business Associate shall certify that all PHI retained will be safeguarded to prevent unauthorized Uses or Disclosures. Until **the Business Associate has completed certification, Covered Entity will withhold 15% of the final payment of the contract.**

5. Obligations of Covered Entity. Covered Entity agrees that it:

A. Has obtained, and will obtain, from Individuals any consents, authorizations and other permissions necessary or required by laws applicable to Covered Entity for Business Associate and Covered Entity to fulfill their obligations under this Agreement or the underlying agreement, Contract Number or Agreement Name to be filled in at time of award;

B. Will promptly notify Business Associate in writing of any restrictions on the Use and Disclosure of PHI about Individuals that Covered Entity has agreed to that may affect Business Associate's ability to perform its obligations under this Agreement;

C. Will promptly notify Business Associate in writing of any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes or revocation may affect Business Associate's ability to perform its obligations under this Agreement or the underlying agreement.

6. Termination.

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BUSINESS ASSOCIATE AGREEMENT

A. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

(1) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

(2) Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible;

(3) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary of Health and Human Services.

B. Automatic Termination. This Agreement will automatically terminate upon completion of the Business Associate's duties under the underlying agreement, or termination of that agreement by either party.

C. Effect of Termination.

(1) Termination of this Agreement will result in cessation of activities by the Business Associate, and any agents or subcontractors of it involving PHI under this Agreement and Contract Number or Agreement Name to be filled in at time of award

(2) Upon termination of this Agreement, Business Associate 'will return or destroy all PHI received from Covered Entity or created, gathered or received by Business Associate and its agents and subcontractors on behalf of Covered Entity under this Agreement. The Business Associate shall certify that all PHI has been returned to Covered Entity or destroyed. If immediate return or destruction of all PHI is not possible, the Contractor further certifies that any data retained will be safeguarded to prevent unauthorized Uses or Disclosures.

7. Amendment. Business Associate and Covered Entity agree to take such action as is necessary to amend this' Agreement for Covered Entity to comply with the requirements of the Privacy and Security Rules or other applicable law.

8. Survival. The obligations of Business Associate under section 6.C.(2) of this Agreement shall survive any termination of this Agreement.

BUSINESS ASSOCIATE AGREEMENT

9. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. Other Applicable Law. This Agreement does not, and is not intended to, abrogate any responsibilities of the parties under any other applicable law.

11 In the, event terms and conditions differ, the terms and conditions of the contract Contract Number or Agreement Name to be filled in at time of award shall take precedence.
(*Contract number* or *Agreement* Name *to be filled in at time of award)*

12. Effective Date. This Agreement shall be effective on Enter Date of Award

Department of Veterans Affairs **Enter name of Contractor or Other Entity**

By:		**By:**	
Name:		**Name:**	
Title:		**Title:**	
Date:		**Date:**	

EXHIBIT A

SUGGESTED CAPITAL PLAN FORMAT GENERAL CAPITAL PLAN

Facility	Department or Service Name	Type of Capital	Estimated SF	Estimated Cost	Estimated Start Year	Estimated Complete Year
		Renovation				
		Conversion				
		New construction				
		Lease				
		Outleasing				
		EU Leasing				
		Sharing				
		Demolition				
		Transfer of Prop				

EXHIBIT B

SUGGESTED CAPITAL PLAN FORMAT
COMPREHENSIVE CAPITAL PLAN

Butler - **NRM**

Parent Facility	NRM Category	Year 1	Year 2	...	...	...	Sub Total by Category
Butler	Inpatient	$149,500	$171,925	$395,427	$454,741	$522,952	**$1,694,545**
Butler	Outpatient	$747,500	$859,625	$395,427	$682,112	$1,045,905	**$3,730,569**
Butler	Infrastructure	$299,000	$343,850	$593,141	$454,741	$522,952	**$2,213,684**
Butler	Seismic	$0	$0	$0	$0	$0	**$0**
Butler	Research	$0	$0	$0	$0	$0	**$0**
Butler	Other	$299,000	$343,850	$593,141	$682,112	$522,952	**$2,441,055**
Butler Total		**$1,495,000**	**$1,719,250**	**$1,977,136**	**$2,273,706**	**$2,614,761**	**$10,079,853**

Butler - Minor

CARES Cost Scenario #	Parent Facility	Project Category	Project Number	Project Title	Description	VISN Priority by FY	Budget Year Proposed	Estimated Cost
2436	Butler	All Other	VISN 4-Butler-2005-2	NHCU 2E	Renovate NHCU 2E		2005	$3,600,000
-	Butler	All Other	VISN 4-Butler-2006-1	NHCU 3E	Renovate NHCU 3E	3	2006	$3,600,000
-	Butler	All Other	VISN 4-Butler-2007-1	Expand Primary and Specialty Care Clinics	Renovate 2W	2	2007	$3,500,000
New	Butler	All Other	VISN 4-Butler-2007-2	Dom Renovation	Dom Renovation	9	2007	$3,500,000

SAMPLE

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SUGGESTED CAPITAL PLAN FORMAT
COMPREHENSIVE CAPITAL PLAN

Butler - Major

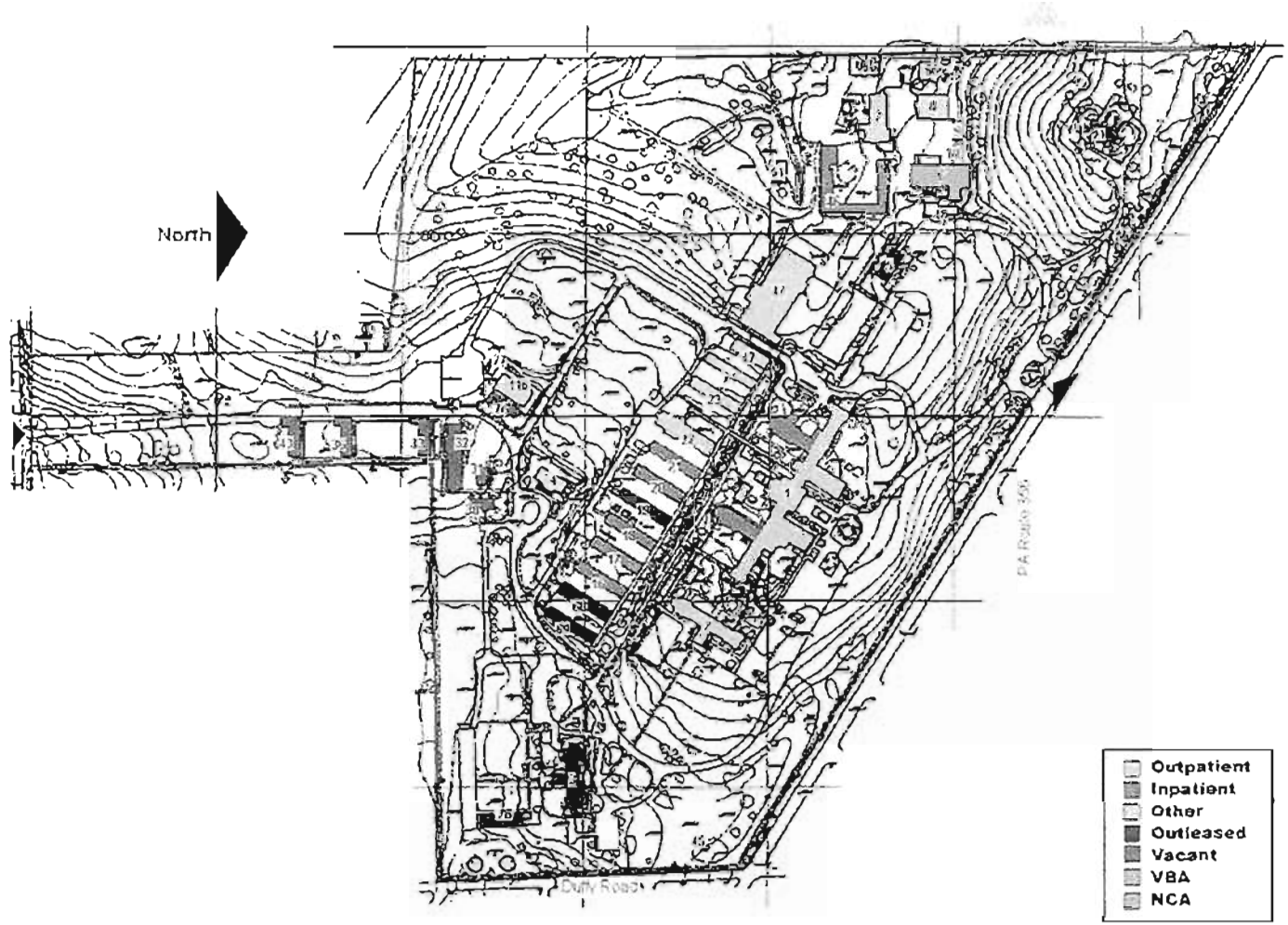
CARES Cost Scenario #	Parent Facility	Project Category	Project Number	Project Title	Description	VISN Priority by FY	Budget Year Proposed	Estimated Cost	
New	Butler	All Other	VISN 4-Butler-2005-1	100 Bed Trans Care Unit	New Major Nursing Home	2	2005	$40,000,000	

Butler - Enhanced Use

Parent Facility	VISN CARES Cost Scenario	Type of EUL space(brief description)	Net Useable Square Feet	Acres	List EUL partner	Planned Term of agreement (start and end dates)	VISN's annual projected Net Revenue	Quantified Anticipated benefit/cost avoidance, etc.
Butler	2387	Private hospital to develop VAMC property	350,000	30	Butler Memorial Hospital	2004-2022	$ 0	Sharing Inpatient Service to VA
Butler	New	Butler County to construct Psych facility on grounds	2,000	2	Butler County	2004-2022	$ 0	730 BDOC free to VA plus revenue

SAMPLE

SUGGESTED PLOT PLAN FORMAT
"BEFORE AND AFTER"
COMPREHENSIVE CAPITAL PLAN



VAMC Butler, PA

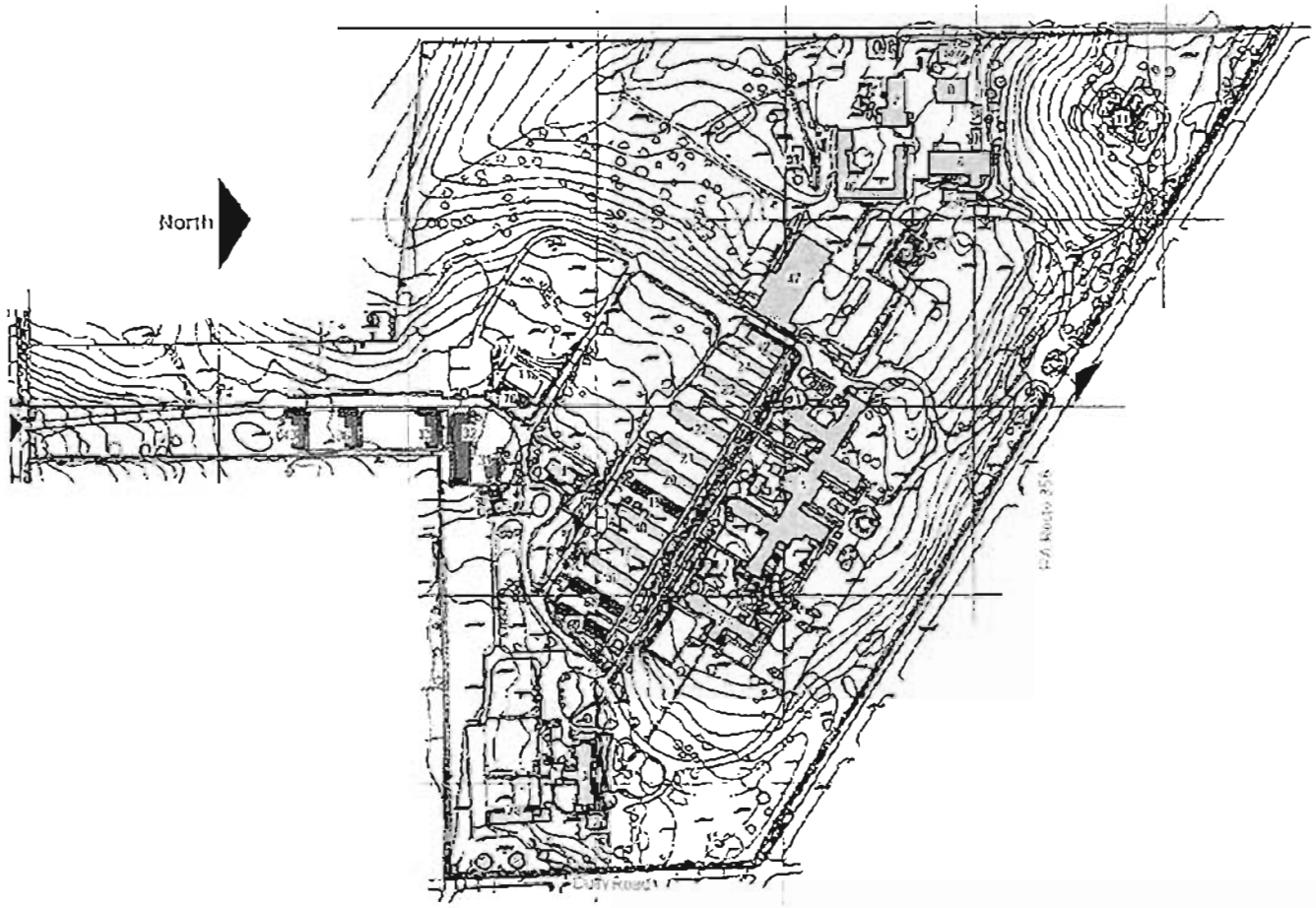
REV. 05-12-04

SAMPLE

Att-C

EXHIBIT D

DEMOLITION/DISPOSAL SITE PLANS
COMPREHENSIVE CAPITAL PLAN



SAMPLE

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EXHIBIT E

SPACE SUMMARY SAMPLE
COMPREHENSIVE CAPITAL PLAN

SPACE SUMMARY					
Department Name	**Existing Space (SF)**	**Projected Space 2012**	**Projected Space 2022**	**Space Gap 2022 +/-**	**Plans to resolve space gap:**
Primary Care					
Specialty Care					
Mental Health					
Surgery					
Residential Rehab					
Domiciliary					
Medicine					
Psychiatry					
Ancillary/Diagnostics					
Blind Rehab					
NHCU					
Spinal Cord Injury					
Research					
Department Name					
Department Name					
Etc.					
Other (leased, enhance use, shared etc)					
Vacant					
FACILITY TOTALS					

PRICEWATERHOUSECOOPERS

In Response to RFP: 776-04-241

Capital Asset Realignment for Enhanced Services (CARES) Business Plan Studies

Volume I
Technical Capability

Revised January 31, 2005

Submitted to:

Sadya M. Armstrong
Contracting Officer
Department of Veterans Affairs
Cleveland Business Center (CBC-A)
Building 3, Second Floor
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Dr. Susan Pendergrass
Director of Office of Strategic Initiatives
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Table of Contents

SECTION iii

SECTION iv

i UNDERSTANDING THE PROJECT

i.1 Introduction

"The VA healthcare system now stands at a crossroads between the medical care of the past and the great possibilities of the future."
- Secretary Principi.

Team PwC appreciates the crossroads the VA has reached, and we would be privileged to play a part in shaping the future of VA healthcare.

To do so, we must deliver no less than your full vision for the Capital Asset Realignment for Enhanced Services (CARES) business planning project. Delivering that full vision requires excellence in four areas:

- A world-class healthcare team
- A strong unbiased organization ready and able to meet CARES business planning needs
- Robust, reliable study, analysis, and planing methods
- A detailed project plan that minimizes risk

Therefore we are proposing excellence in all four areas to deliver CARES success (Figure 1). In our proposal, we demonstrate that excellence and our commitment to your vision by:

- Presenting our team's impeccable health-care credentials
- Highlighting the skilled, experienced and knowledgeable people comprising Team PwC
- Describing the field-proven discipline and rigor of our studies, analyses, and planning approach
- Displaying our program plans detailing every site, study, stakeholder interaction, and output

We've built four key cornerstones for CARES success

- A World Class Team of 5 top ranked firms, each a recognized leader in their respective fields
- An organization headed by a VA expert with 30 years of experience understanding veterans needs
- Methods and templates proven in thousands of health care settings
- An aggressive but achievable project plan that fully addresses requirements

3 CARES 113

We welcome this opportunity to help you achieve your mission and

"care for him who shall have borne the battle and for his widow and his orphan." – *Abraham Lincoln*

5 CARES 112

Figure 1. Four cornerstones of excellence deliver CARES success

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Team PwC, including Pricewaterhouse-Coopers LLP, Perkins+Will supported by Davis Langdon, Economics Research Associates, Widmeyer, and Horne Engineering, consists of partner firms with expertise in public relations, environmental planning, capital planning and reuse planning. Our team is distinguished by a strong track record of providing advisory services to U.S. healthcare providers, international experience defining and planning healthcare delivery strategy, federal experience delivering sensitive and critical programs to key stakeholders coupled with significant experience working with the VA and VHA specifically.

Team PwC brings intellectual capital from around the world to help develop solutions addressing the most complex business decisions like CARES, and a qualified and reputable team that can garner stakeholder "buy-in".

Team PwC's Qualifications

- PwC is the only "Big Four" firm with dedicated resources in health care provider planning, specifically in health care delivery assessment and planning
- Team PwC offers the VA unmatched access to industry expertise in formulating facility master plans
- Team PwC appropriately incorporates stakeholders and their concerns into the team's option development approach

CARES 105

i.2 Project Objectives

"Never before has such a comprehensive and strategic approach been taken to VA capital asset management."

– *Secretary Principi*

The CARES Decision announced on May 7th, 2004, has been adopted as VA's roadmap for bringing VA's healthcare system's facilities in line with the needs of 21st century veterans.

The CARES analyses process focuses on answering the following question:

"What is the optimal approach to provide current and projected veterans with equal to or better health care than is currently provided in terms of access, quality, and cost effectiveness, while maximizing any potential reuse of all or portions of the current real property inventory?"

Answers to this question assist the VA in achieving the Department's planned goals for 2022. The VA's objectives for 2022 outlined in Figure 2, improve access, modernize facilities and reduce financial overhead related to managing vacant space while increasing service to a larger enrollee population and maintaining or improving quality of healthcare.

The CARES Decision resulted from a multi-stage, long-term effort and identified several requirements for additional analysis at a medical center site level including:

- Further studies to support planning at locations including: Montgomery, Muskogee, Waco, New York City, Poplar Bluff, Big

CARES Drivers: Today to 2022
Predicting a 24% to 33% Veteran Population Service Increase

Improved Access

	Today	Planned 2022
Acute Care	49/77 Market Goal	73/77 Market Goal
Tertiary Care	95%	97%
Primary Care	73%	80%

Modernization

- 100 Construction projects in 37 states
- 158 existing high priority CBOCs

Vacant Space

	Today	Planned 2022
Acute Care Square Feet	8.57M	4.93M
Square Footage Cost to Maintain	$3.4B	$750M

2 CARES 012

Figure 2. The VA meets needs by expanding access and enhancing service across three key areas

Spring, and Boston

- Realignment of care provided in specific facilities including Livermore and Knoxville
- Gathering additional information before determining the best approach to ensure high quality of care
- Increased sharing with Department of Defense healthcare sites

The CARES project is fundamental to supporting the VA and the Veterans Health Administration's (VHA) transformation to a healthcare system aligned with modern delivery standards and reflective of veteran enrollee community needs.

Team PwC recognizes the VA's desire to obtain a full range of viable asset management options that:

- Maintain or improve healthcare quality
- Maintain or improve healthcare access
- Maximize reuse potential of VA owned sites
- Result in a modernized, safe healthcare delivery environment
- Result in a cost effective physical and operational configuration of VA resources

The range of options must make clear to the VA the collection of opportunities available for each medical site with substantiating research and expert recommendations.

We believe that if you want to rigorously analyze options for transforming a world-class healthcare system, you should work with a team that has experience with world-class organizations in areas that are most important to planning and executing your project objectives (Figure 3).

Team PwC is positioned to help the VA meet the CARES Business Plan Studies objectives, by combining vastly experienced team partners with a common goal: to independently discover the best range of options to provide current and projected veterans with equal to or better healthcare than is currently provided in terms of access, quality, and cost effectiveness, while maximizing any potential reuse of all or portions of the VA's current real property inventory.

Team PwC Member	CARES Objective
PricewaterhouseCoopers LLP	▪Healthcare Delivery Studies ▪Financial Analysis and Business Planning ▪Stakeholder Management ▪Risk Management ▪Implementation Planning ▪Project Management
Perkins+Will (supported by Davis Langdon)	▪Capital Planning and Capital Costing ▪Healthcare Architecture and Engineering ▪Capital Costing
Economics Research Associates	▪Economic in-depth analysis ▪Reuse planning
Widmeyer	▪Stakeholder Management ▪Communications
Horne Engineering	▪Environmental Baseline ▪Business Planning

Figure 3. The diversity of the PwC Team provides full coverage of all VHA objectives

i.3 Level of Detail

Using proven methodologies, Team PwC produces strategies, studies, recommendations and options that are detailed, comprehensive and defensible based upon detailed data analyses. Ultimately, creating business plans at a level of detail sufficient to support and provide confidence in VA decision making.

The business planning study objectives clearly require detailed analyses within each of the study areas: healthcare, reuse, capital planning and especially for the financial analyses. Team PwC understands that achieving the appropriate level of detail in the project overall is essential to gaining the confidence of stakeholders in VA's decision-making process. In specifying the level of detail required, reference points are the Phase I CARES study conducted for VISN 12, The Draft National CARES Plan, the Secretary's Decision, the Statement of Work (SOW) and the site specific information included in Attachment 1. A significant history of analysis supports the CARES process to-date, yet gaps and additional requirements are identified in the SOW specific to addressing the following points in option analysis and business planning:

- Maintains or improves quality
- Maintains or improves access
- Maximizes reuse potential of VA owned sites
- Results in a modernized, safe health care delivery environment
- Results in a cost effective physical and operational configuration of VA resources

In addition to the level of detail required to complete each study and analysis type, require focused data collection and data management. The stakeholder management process and option analysis approach interactions with the Federal Advisory Committee's (FACs) and the stakeholders proposed trace and report disagreement between the options generated and those recommended by the FACs. In order to document any differences between results of analysis and the FACs' recommendations, requires performing a detailed analysis of stakeholder and FAC inputs.

We are confident that our healthcare consultants, facility planning, capital planning and reuse experts have a wealth of experience in conducting these studies. Team PwC is familiar with the data and information requirements needed to perform the level of analysis outlined by the VA. Our study methodologies specify use of VA provided data, market and industry data. The execution of these methodologies and the reliance on data elements is covered under quality management. To the extent additional data is required to achieve the appropriate level of detail (creating defensible outcomes), data requests are submitted at the site level. In our Planning Phase master data and assumptions are specified as well. The process for drilling down and capturing the data necessary to reach the level of detail required to support methodology execution is presented in Figure 4.

It is critical that recommended options include a significant level of detail, are comprehensive in nature and are justifiable. Team PwC brings the right resources, the right methodologies and has the right experience necessary to develop detailed, defensible recommendations.

i.4 Team PwC's Approach To Integrating Multiple Data Sources

All relevant data sources are used in the option development process as detailed in our approach and methodology. Our information source approach is data rich and secure.

There is a large array of discrete data sources for the CARES project. Collecting, collating, organ-izing, cataloging, storing and managing the many sources of data are a fundamental competency of Team PwC. Key to using this data effectively is the integrating and identifying of information so it can be located and used as needed on the project. To accomplish this, we create a secure, central

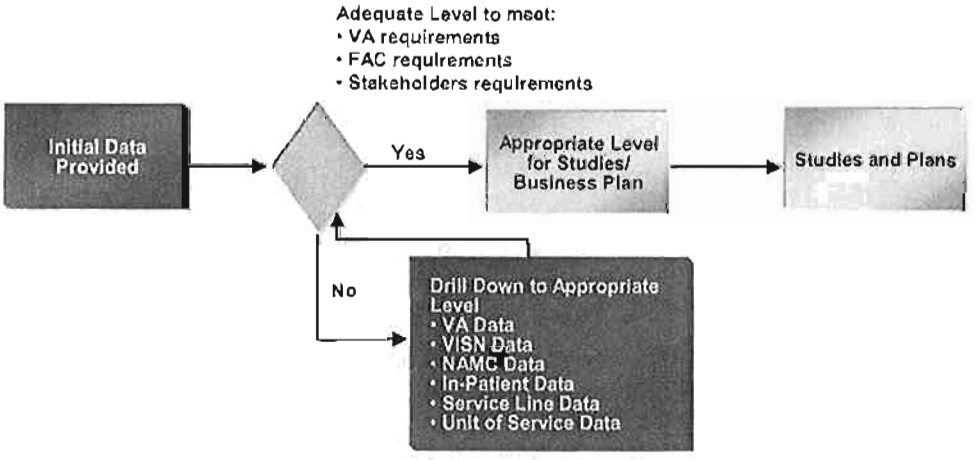

Figure 4. We provide valid and defensible option recommendations through a process the determines the appropriate level of data

repository of data and documentation, which is available to each study team, as well as a Master Data and Assumptions List (MDAL) that catalogs and indexes material. This enables efficient search, retrieval, and sourcing of data and documentation by the teams.

Initially, data sources such as the Draft National CARES Plan, standard benchmark data, other VA data, patient origin and access data, and contractor data sets are loaded and made available to Team PwC. Thereafter and on an ongoing basis, the data generated from project activities is collected and loaded. This includes communications, analysis, research, reports, etc.

Effective large scale data integration and management allows Team PwC:

- to identify any additional data sources that might be needed from the VA in a timely manner,
- to be able to cite the sources of data when used in the formulation of recommendations, and
- to use VA budget forecasting model data effectively.

Just as important, our Document and Data Management capability enables Team PwC to tag critical data and to identify information gaps.

PwC's approach and methodology is designed to consider all appropriate data sources throughout the entire project, thereby facilitating maximizing data sources and uses that contributes to the quality of project deliverables.

1.5 High Level Summary of Team PwC's Approach

Team PwC provides an integrated and fully compliant approach delivering the VA objective analysis of site options, option vetting and selection, resulting in draft business plans for each site.

Leading the VA CARES Project Team is a strong national leadership team with a dedicated project management office led by Dr. Peter Erwin, who is our single point of contact for technical communications between the COTR and Team PwC. Our project management office is responsible for distributing project information to the study team in a consistent and timely manner in accordance with our standard processes and practices.

Team PwC provides our technical approach organized as follows:

i.5.1 Management Plan. Summarizes Team PwC's management process and tools used to coordinate this effort; communication and management approach; and quality assurance process.

i.5.2 Key Stages/Sequence. Summarizes Team PwC's overall schedule, highlighting the tools for creating and managing schedules, resolving issues, and mitigating risks.

i.5.3 Key Study Elements. Summarizes Team PwC's approach to each of the key study elements and domains of activity (i.e. Healthcare Delivery, Capital Planning and Reuse Planning) and provides an overview of the Business and Implementation Planning process.

Additionally it summarizes the outputs provided during each stage of the project.

i.5.1 Management Plan

i.5.1.1. Management Tools

Team PwC's extensive knowledge of best practice management tools, experience in managing complex, multi-site projects and in-depth knowledge of the VA, provides a low risk and high value solution.

Team PwC understands the risks and management challenges in conducting projects of this type. We view disciplined and well-coordinated project management to be critically important to the success of this project. Our management team has significant experience working within the VHA and serving as Chief Counsel to the Congressional Committee on Veterans Affairs. We bring this experience and a comprehensive management approach to planning and executing the CARES project. Our past performance demonstrates that we have successfully managed initiatives of similar scale and complexity. For example:

- PwC managed 12 enterprise initiatives in 11 States for Catholic Health East
- PwC provided a Project Management Office (PMO) to transition all West Coast TRICARE enrollees to a new North Region for HealthNet Federal Services
- PwC provided a PMO for the September

Risks	Risk Value (1-5)	PwC Mitigation to Reduce Risks	Risk Value After Mitigation
Delays in obtaining data during planning phase impacts study timelines	4	▪Ongoing communication with the office of the Secretary and VA management to produce adherence to pre-established timeline	2
Validity of data or previous recommendations by Other Government Contractors is questioned	3	▪Identify data and information dependencies of each study upfront ▪Apply PwC's quality assurance standards to all inputs ▪Use the issue management process to support resolution of problems	2
Aggressive schedule to complete 18 studies	5	▪Use of an experienced project team ▪Define the critical path, baseline the schedule, identify dependencies and risks to the schedule upfront ▪Closely track activities on the critical path, and manage issues proactively	3
Decentralized study teams experience difficulties sharing information	3	▪Use of a web-based Project InVision tool ▪Project Management Office specializing in continuous reporting to ensure work by all teams is shared, lessons learned identified, and there is a consistent approach to each study	1
Review and approval process for interim deliverables is delayed	4	▪Ongoing communication with the office of the Secretary and VA management to result in adherence to pre-established timeline	2
Competing stakeholder interests make it difficult to gain consensus on recommended options	5	▪Use an experienced public relations firm to facilitate ▪Design FAC meetings to be highly collaborative ▪Use a communications and stakeholder input process which seeks views from key stakeholders prior to large group meetings and results in viable options being presented to FACs	3
Site FAC's request alternate study types and requirements resulting in increased project scope and cost	3	▪Establish change control process at the outset ▪Quickly assess the impacts of requests on project objectives, schedule and cost, and support an informed management decision	2

2 CARES 022

Figure 5. The PwC Team has the tools in place necessary to reduce risks to the CARES project

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11th Victims Compensation Fund to Department of Justice

Team PwC's quality methodology builds in quality from the beginning which encompasses all our processes throughout the entire lifecycle of deliverables and supporting materials.

Figure 5 identifies some of the potential risks to the CARES project, and the mitigating actions we have included in our management approach, which we describe in the following pages.

i.5.1.2. PwC's Approach to Project Management

PwC's approach to project management demonstrates a strong understanding of the management tools needed for successful delivery of this project. Our project lifecycle approach provides a high degree of management control and oversight of the inputs, dependencies and outputs of each phase. Figure 6 describes the benefits to the VA through better management of schedule, risk and quality.

We structure our approach in a modular fashion. Each of the processes and tools are complete within themselves. This provides us with the flexibility to structure and deploy each management tool according to the re-

Fast Facts

PwC is a market leader in project management:

- PwC is a founding member (and the only Big 4 accounting firm) of the Corporate Council of the Project Management Institute (PMI) - the world's peak professional body for Project Management
- PwC holds a position on the PMI's Credentialing Board of Directors
- PwC is recognized by Gartner for our leadership in project management. Gartner's market analysts regularly consult PwC for our knowledge of project portfolio management
- PwC has made multi-million dollar investments in developing its project management methodologies, which are aligned with leading edge methods, standards and tools from the PMI and ANSI
- PwC's methodologies truly represent global best practices. Our management tools were developed globally and are used each and every day by our project management practitioners around the world
- Our certified Project Management Professionals (PMPs) are trained and experienced in the application of project management methodologies and tools on large, complex projects
- We have experience evaluating and using over 30 project portfolio management tools on the market today, and are routinely asked by our clients to help them select the best tools

2 CARES 047

Features	Benefits
Lifecycle approach to project management	▪ Aligns management controls with the inputs, dependencies and outputs of each study phase
Modular, structured approach to project management	▪ Reduce management costs for the project, since every management activity adds value
Standardized project management processes and methodologies	▪ Higher efficiency and reduced risk
Structured risk management approach	▪ Minimize risks associated with project delays and failure to meet project objectives
Focus on quality and standards management across each study and throughout the project lifecycle	▪ Increase customer satisfaction ▪ Streamline studies and reduce rework
Disciplined approach to schedule management from the outset	▪ Increased likelihood of on-time project delivery
Best practice, commercially available software tools used to automate project management delivery	▪ More efficient management of the project lifecycle
Project Management Office staffed by certified Project Management Professionals (PMPs)	▪ Better project performance through effective and efficient application of project management best practices

CARES 045

Figure 6. PwC's project management approach provides responsive, efficient completion of the CARES project

quirements of each stage in the project.

Our focus on schedule management supports on-time assured delivery by: developing a baseline at the outset; maintaining and optimizing the schedule throughout the project lifecycle; and identifying potential resource and plan adjustments.

Our focus on risk management minimizes those factors, which may cause project delays or failure to meet objectives. We provide a set of risk management processes designed to initiate, track, escalate and resolve any risk or issue. We use the web-based Project In-Vision® tool to enable site project managers and our clients representatives to track risks from identification to risk response development and execution, as well as maintain a history of project decisions.

Our focus on quality management includes a multi-level deliverable review process to produce complete, correct, clear and useful deliverables that exceed the VA's expectations. Structured methods and templates provide the standards to minimize learning curves on each study.

i.5.1.3 Our Management Tools Follow the Project Lifecycle

The PwC Team uses a lifecycle approach to manage the project. The lifecycle approach divides the project into several phases of work (Planning and preparation; Option development, testing and short-listing; Detailed option development, testing and selection; and Finalize draft business plan), each marked by the creation of deliverables

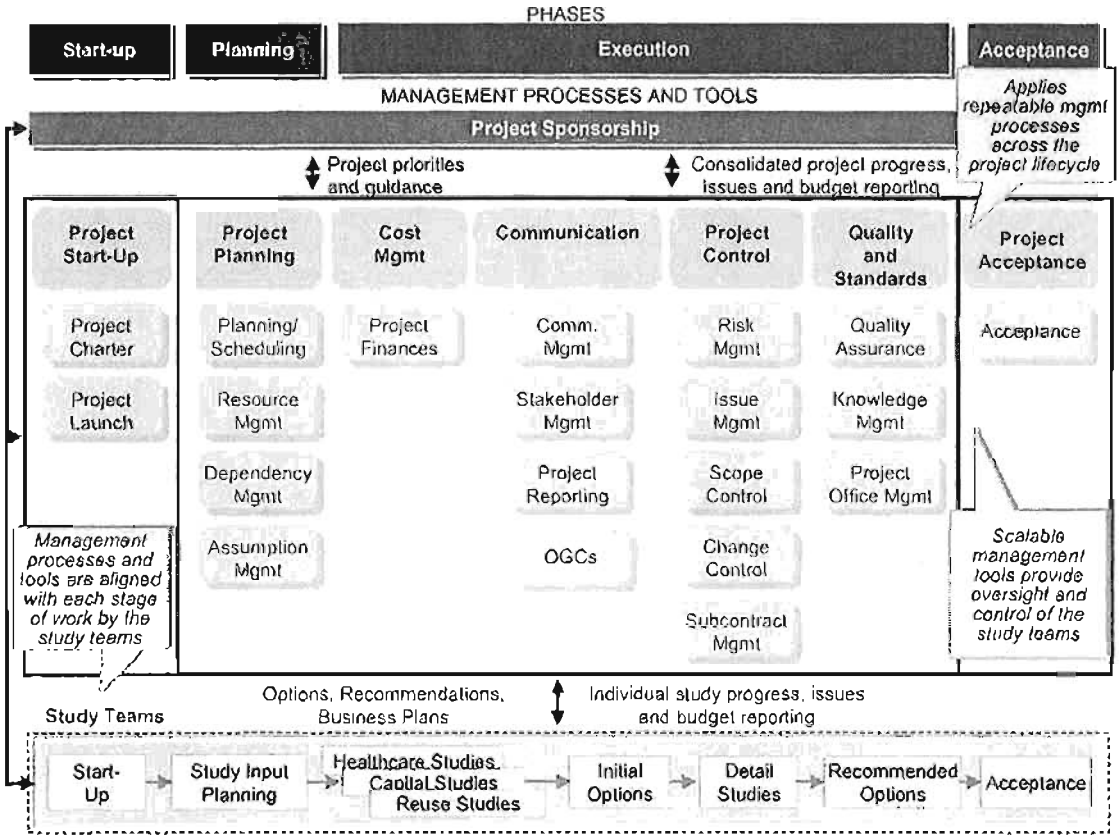

Figure 7. PwC's Management Tools effectively control each phase and activity of the project lifecycle

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(e.g., draft business plans) and their review and approval by VA management.

Figure 7, below, depicts the lifecycle approach to managing this project. Our management processes and tools align with each study phase. The benefits to the VA are:

- Strengthens linkages between the PMO and the activities of the study and site teams
- Provides a greater degree of management control and oversight over the inputs, dependencies and deliverables of the studies
- Enables PwC to tailor its management approach and tools to each distinct phase of the studies with their own inputs, dependencies and outputs; for example:
  - We use quality management during the planning and preparation phase, to review the validity of data and information gathered from previous studies
  - We use quality management during the options development phase to review each option for viability, prior to submitting to the VA and its stakeholders

Figure 7 depicts seven (7) management processes (e.g., project planning, cost manage-

Management Tools	Description	CARES Project Benefits
Project Charter	Defines the objectives, scope and deliverables of the project.	Provides strategic direction and expectations to the team
Project Launch	The project is formally commenced, relevant project management tools are selected and tailored and the project team is mobilized.	Creates momentum for the project and tailors the management approach
Planning and Scheduling	Project plans and schedules are developed and procedures established to manage the schedule	Increases likelihood of on-time delivery
Resource Management	People management structure for the project is defined and managed, including roles, responsibilities and skill requirements.	Appropriate resources are assigned and roles are clear
Dependency Management	Processes, procedures, roles and responsibilities for identifying, reporting and managing project dependencies are established.	Reduces project delays by managing dependencies on the critical path
Assumption Management	Processes, procedures, roles and responsibilities for identifying, reporting and managing project assumptions are established.	Supports identification of potential risks and impacts
Project Finances	A project finance plan is prepared and implemented to support the project plans and schedules.	Expected benefits are achieved within the specified cost constraints
Communication Management	A communications strategy and plan are prepared and implemented for all stakeholders.	Provides an efficient and effective flow of communication
Stakeholder Management Plan	Project stakeholders are identified, assessed and managed throughout the project.	Identifies the interests of stakeholders that need to taken into consideration
Project Reporting	Project monitoring and reporting processes, roles and responsibilities are defined and implemented.	Provides a high degree of management visibility into schedule, cost & risk mgmt
Risk Management	Processes, procedures, roles and responsibilities for identifying, reporting and managing project risks are established.	Provides greater certainty over the achievement of project objectives
Issue Management	Processes, procedures, roles and responsibilities for identifying, reporting and managing project issues are established.	Supports the efficient resolution of problems and enhances decision making
Scope and Change Control	Processes, procedures, roles and responsibilities for identifying, reporting and managing project change requests are established.	Expected benefits are delivered within time and cost constraints
Subcontractor Management	Processes and procedures for monitoring and overseeing the performance of subcontractors are established and implemented.	Monitors subcontractors adherance to quality and performance standards
Quality Assurance	Processes, procedures and standards to monitor the quality and consistency of deliverables are defined and implemented.	Provides a high level of customer satisfaction and mitigates risk
Knowledge and Office Management	Project information, administration and documentation procedures and systems are implemented for use by the project.	Project information is shared and retained in correct form with appropriate security
Acceptance	Administrative and contract close-out procedures are defined and implemented to formally complete the project.	Business plans are formally handed-over to the VA and documentation is secured

3 CARES 034

Figure 8. We use a comprehensive set of management tools to plan and execute the project

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ment). Each represents a group of management tools (activities and procedures) used to authorize, define, coordinate, monitor and measure progress, take corrective action, and formalize client acceptance.

i.5.1.4 PwC provides a comprehensive set of Management Tools

PwC has knowledge and experience using a complete set of management tools to provide an efficient and effective degree of management control over the studies.

Figure 8 briefly describes these tools and their benefits to the VA.

i.5.1.5 Web-enabled PMO tool

For the CARES project, we propose an off-the-shelf, web-enabled PMO tool that will provide the VA with comprehensive project planning, resource management, risk and issue management and documentation, and that is flexible to meet the VA's specific needs.

One of the PMO tools, with which we have extensive experience, is Project InVision®. Team PwC has successfully adapted this tool on numerous complex, multi-phased and multi-site projects to provide a complete project management solution. Project In-

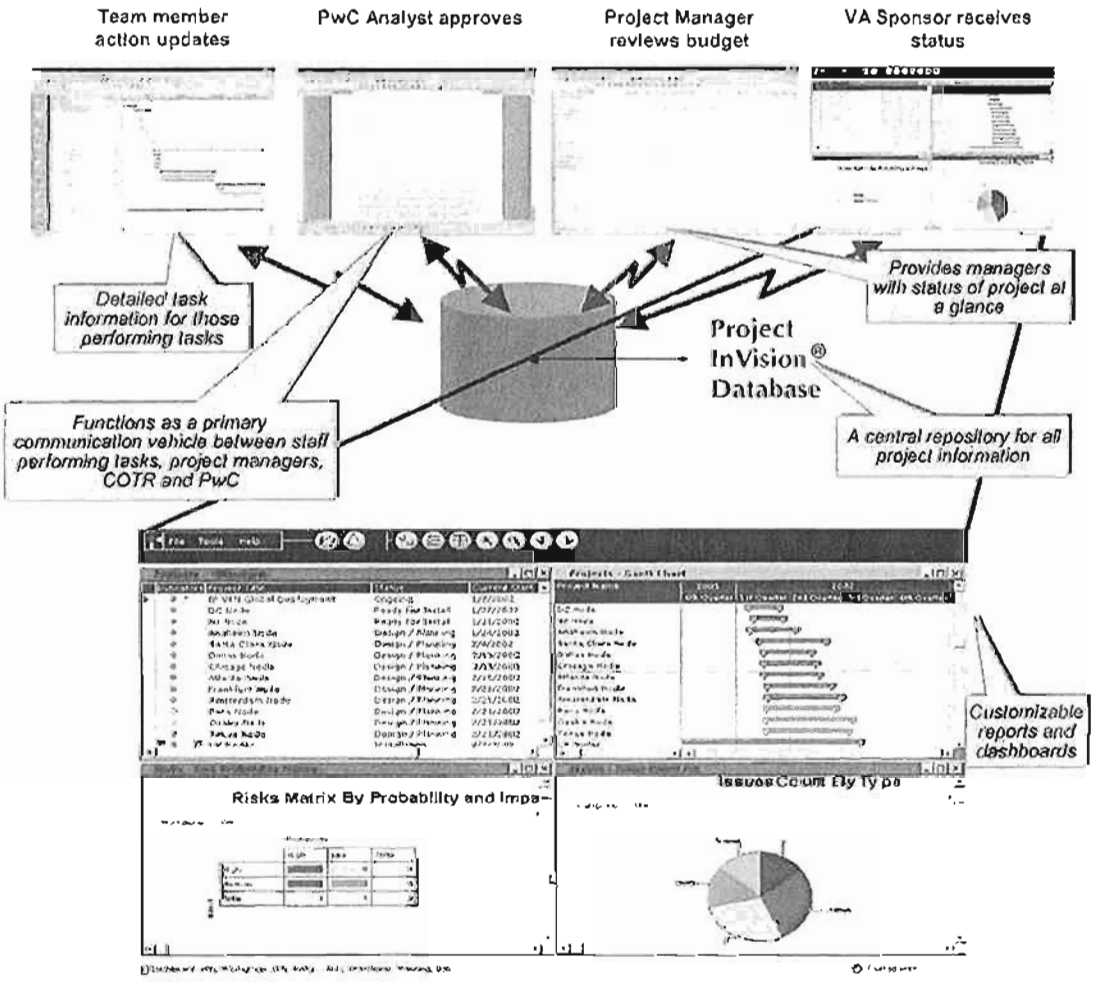

Figure 9. We use Project Invision® to efficiently manage data sharing using Dashboard Reports

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Vision®, as depicted in Figure 9 has the following characteristics:

- Central repository for all project information
- Incorporates PwC's project management best practices, which are important for driving repeatable, successful execution of each study
- Knowledge management tool that provides managers with status of studies at a glance through customizable reports and dashboards, while providing detailed task information for those performing the tasks
- Centralized approach, which is critical for implementing project standards and controls
- Primary communication vehicle between staff performing tasks, program managers, COTR and executive management
- Fully integrates with Microsoft Project
- Supports the project lifecycle, and is customizable to incorporate various study methodologies and workflows

i.5.1.6 Management Reporting Process

Figure 10 depicts our management and status reporting process. Our project baseline (WBS, schedule and BOEs for each task and subtask) represents the performance measurement baseline against which actual progress is measured. The WBS is aligned with major work streams and the teams that perform the studies. We then capture actual work, cost and schedule data in alignment with the WBS.

We use MS Project in conjunction with Project InVision® to track actual performance of tasks against the schedule. PwC's Global Financial System tracks actual costs incurred on the CARES project.

Applying this process, the PwC PMO conducts performance analysis using variance analysis of the original baseline values (planned) and actual data. Using this data, the PMO develops a complete set of detailed and summary reports, which analyze planned cost and schedule performance versus actual cost. They also schedule performance on a common quantitative basis for task level and roll-ups for the CARES project.

The team leads at each study site update schedule progress and actual costs on a

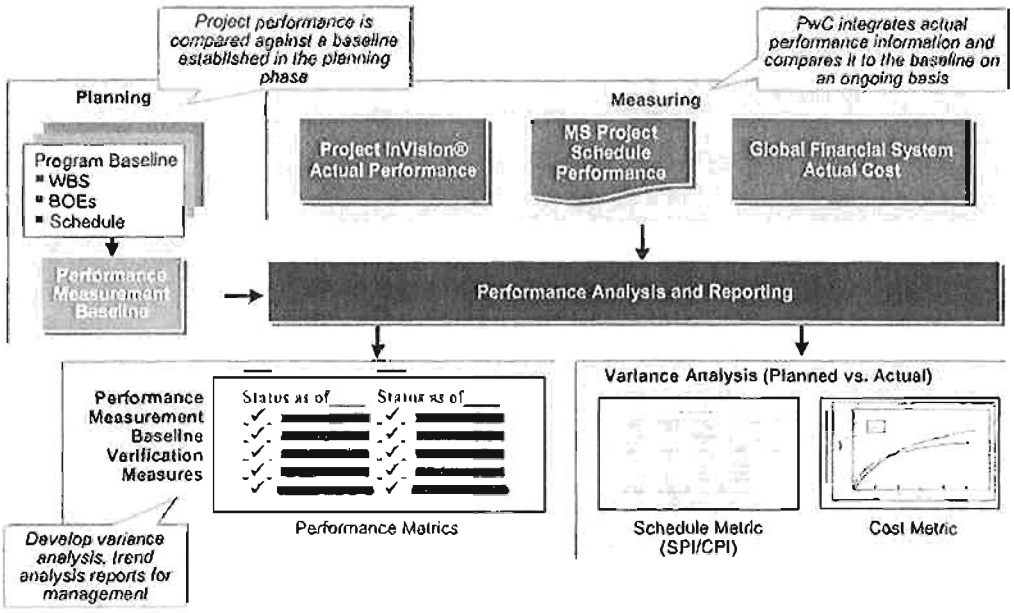

Figure 10. Management control and status reporting metrics provide accurate and timely status to support project management review and control of the program

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weekly basis. Applying this data, the PMO maintains an estimated cost to complete (ETC) for all authorized work within the scope of the project and updates the schedule for completing the remaining tasks, taking into consideration existing variances, planned corrective action and overall project schedule status.

Accurate ETCs and communication with VA management permit early management decisions that allow reallocation of resources or requirements, controlling costs and helping to complete required deliverables on time. This quantitative performance data, as well as related project status information, provides the VA with an accurate view of the status of the project and projections of future performance. This assists decision making to assess progress and exercise management control.

I.5.1.7 Communication and Management Techniques for Collaboration

Our established relationship with the VA and Team PwC's political acumen, coupled with our proven approach and methodology for stakeholder communications, enables the VA to effectively engage stakeholder audiences, resulting in better informed decisions and lower program risks.

In order for CARES to be successful, the

Select Stakeholder Concerns	Veterans	Veteran's Family Member	Veteran Service Organizations	Special Disability Organizations	Congressional Offices	Local and State Government	Employees	Unions	Educational Affiliates
Access to Healthcare	✓	✓	✓		✓				
Quality of Care	✓	✓	✓	✓	✓	✓			
Not Having a Voice in the Process	✓	✓	✓	✓	✓	✓	✓	✓	✓
Inadequate Communications	✓	✓	✓	✓	✓	✓	✓	✓	✓
How Public Hearings Locations are Selected	✓	✓			✓				
Needs of Specific Populations not being Addressed	✓	✓	✓	✓	✓	✓	✓	✓	
Disruption of Veteran's Lives	✓	✓	✓	✓					
Continuation of Service	✓	✓	✓	✓			✓	✓	✓
Inability of Family Members to Adapt to Change	✓	✓							
Detriment to Family Members Caused by Change	✓	✓							
VISN Mission Changes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disruption of Research Programs	✓	✓	✓	✓			✓	✓	✓
Impact on Community Identity			✓	✓	✓	✓	✓	✓	✓
Funding for Implementation					✓	✓			
Inadequate Option Sensitivity Analysis			✓	✓	✓	✓	✓	✓	✓
VA's Inability to Meet Demand	✓	✓	✓	✓	✓	✓	✓	✓	✓
Employees' Work at Affiliated Educational Institutions Will be Disrupted					✓	✓	✓	✓	✓

3 CARES 031

Figure 12. Our stakeholder communications approach identifies and addresses the common and unique issues of all stakeholder groups

VA needs stakeholder buy-in and support of the development of options and outcomes. It is essential for the VA to obtain stakeholder collaboration as depicted in Figure 11 and input for this sensitive, highly emotional and political initiative. The conduct of our analyses, recommendations and conclusions receives a great deal of scrutiny both in and out of the VA. For the CARES project, some of the challenges the VA faces include stakeholders' unwillingness to collaborate and stakeholders' view that the business plan studies process is inconsistent, incomplete, and/or unfair.

Stakeholders are the individuals and groups affected and/or capable of influencing the change process.

To address the wide array of internal and external stakeholders, we employ a stakeholder analysis to identify the critical concerns of all stakeholder groups. As depicted in Figure 12, common concerns of the stakeholders range from impact on healthcare services to having a voice in the CARES project evaluation process. In addition to common stakeholder groups' concerns, there are unique concerns at the individual stakeholder level. For instance, veterans' concerns may focus around the disruption of their lives, continuance of service, and the government's obligation to provide healthcare. On the other hand, VA employees may be concerned about how the CARES project impacts their jobs. Assessment of stakeholder issues is necessary to identify the range of interests. To generate the greatest support, the CARES project must consider these issues.

We have identified multiple critical success factors for effective communication with all CARES project stakeholders, which include:

- Comprehensive stakeholder inventory
- Clear understanding of stakeholder needs throughout the process
- Responsive, two-way communications that encourage input from and responds to stakeholders
- Balanced messaging around both the "what" and the "why" of change
- High level accountability for communications

Team PwC's proven approach and methodologies assist the VA with overcoming obstacles such as stakeholder concerns and frequent communication errors. VA needs a reputable partner with a proven approach to address the various stakeholder populations, manage overall stakeholder collaboration, and communications management. Team PwC has the right approach, the right expertise, and the experience to provide this level of communication strategy, planning, and support. Our approach to communication supports collaboration between stakeholders, FAC, CARES Implementation Board, and designated VHA contractors to build shared understanding and support for developing comprehensive, well-informed options. Team PwC has a proven track record because we employ project management, communication and change management techniques to drive a successful implementation of a complex and sensitive transition. A client example of our ability for fostering collaboration among stakeholders includes our work at HeathNet Federal Services. For HealthNet Federal Services, in which PwC had 10 months to transition their existing West-Coast-based TRICARE contract enrollees to the new North Region, PwC managed the overall input collaboration of a large number of stakeholders in different locales with divergent agendas. Our unifying methods (project management, communication, and change management) coupled with our proven methodology were applied consistently, built strong consensus and initiative acceptance.

Team PwC's Approach and Communication Skills

Effective communication plans employ a variety of techniques, forums and media to drive understanding and build commitment. Effective communication plans do more than broadcast information, they facilitate the change process by building awareness, understanding and buy-in. In an environment of change, communication is the currency of consensus; it is the essence of collaboration, it is the basis of CARES. Team PwC's approach to Communication is integrated with overall change management approach. The key steps of our integrated approach include:

- Assess Stakeholders
- Design Communications
- Develop Change Management Strategy and Plans
- Develop Communication and Change Management Activity
- Implement and assess communication and change management deliverables

With the changing nature of Veteran's healthcare needs, the determination of stakeholder requirements must play a critical role in the conduct of this project. The VA needs a contractor who has clear understanding of change management in order to effectively manage communications. Team PwC's extensive experience in change management and communications allows us to bring an integrated stakeholder-driven communication approach, which accelerates successful change. The significance of our comprehensive approach is that our change management methodology addresses resistance to change.

As depicted in Figure 13 (bilateral communication building blocks), the foundation of our communication approach is the strategic intent of CARES. This is defined by the mission, vision, and values of the CARES Project. At the next level, we focus on the objectives of the business plan studies' comprehensive recommendations, substantiated processes, and stakeholder buy-in. Then we incorporate the desired results into our communication approach - equal or better healthcare, improved capital use, and minimal disruption to Veterans and other stakeholders. We tailor our communication to obtain the desired stakeholder behaviors that the CARES project requires. For this effort, the desired behaviors are collaborative, unbiased, and responsive. We focus on building awareness, understanding, and stakeholder needs, to obtain buy-in and acceptance.

Client Example:

Gaining Collaboration from External Stakeholders 1998-2002:

After being charged by the U.S. Congress to identify research-proven best practices that could be implemented throughout the nation, the National Institute of Child Health and Human Development (NICHD) of the National Institute of Health (NIH) turned to Widmeyer Communications to aid in communications strategy, external relations, stakeholder engagement, expert panel management, and panel findings implementation.

Widmeyer recruited supporters and advocates from key audience demographics; secured buy-in from stakeholder representative organizations; planned and executed a national tour of regional town hall meetings; advised the expert panel on strategy, communications, and stakeholder positioning; and conducted a national outreach program to move findings into implementation while garnering acceptance by key stakeholders. The NICHD findings now stand as the research cornerstone of the No Child Left Behind Act.

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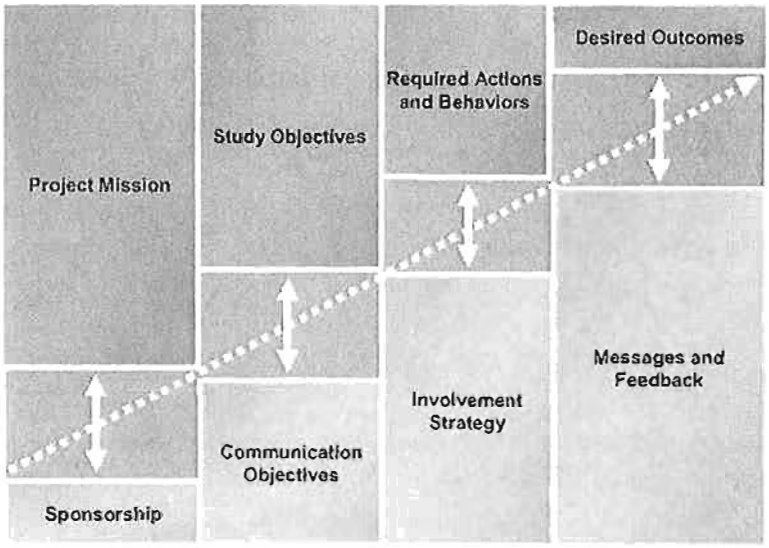

Figure 13. Our communication approach facilitates the achievement of desired outcomes because we align our strategy with CARES Project ojectives

Team PwC's collaborative communication and management skills

Supporting our proven approach and methodology, Team PwC's communication and management skills foster and sustain collaboration among stakeholders. Specifically, we will employ the following skills:

- **Communications.** Team PwC has extensive oral and written communication skills. Our clients rely on us to create and convey information to stakeholder groups. We are recognized for our ability to understand stakeholder needs and communicate pro-actively to manage their expectations and drive the change process.
- **Data Analysis.** We begin with a thorough analysis of stakeholders needs to drive effective communications strategy. Ongoing input is continuously evaluated to determine what changes may be needed to produce an effective communication plan.
- **Change Management.** We understand that change must be supported by communication and education. Our communications approach is rooted in proven change management techniques.
- **Strategic planning and analysis.** We think strategically and deliver pragmatically. We understand that a well-executed communication strategy advances the initiative and accelerates the change process.
- **Logistics.** We have the experience, resources, and capabilities to handle large-scale resource requirements
- **Project Management.** Team PwC provides resource management and overall project management skills
- **Training.** Our training approach is comprehensive, collegial, and adult learning-oriented. In FY 2002, we offered over 1,000 courses reaching 250,000 participants in over 50 countries.

Task 1: Work collaboratively with Stakeholders, Federal Advisory Committees, CARES Implementation Board and designated VHA contractors

As the primary contractor, Team PwC works with all stakeholders, FAC, CARES Implementation Board (CIB) and designated

VA contractors (OGCs) to properly leverage previous and other current efforts. This includes soliciting, analyzing, and responding to FAC and other stakeholder comments regarding planning options at all locations, including those working in collaboration with OGCs. PwC's experience working with various groups enhances the collaboration process. We develop guiding principles and procedures for collecting and disseminating information. Part of the process includes conducting regular meetings, documenting meeting results, and sharing data through various avenues. This collaboration proves invaluable because it provides for a formal exchange of information on previous CARES analysis and cross cutting issues. Other VA contractors may develop Capital Plans and/or Reuse Plans at the same or related sites. This work must be integrated in the studies. Moreover, site-specific timelines include critical interaction points with other contractors.

Specific activities for Task 1 include the following:

- Develop guiding principles and team charter development to foster collaboration
- Develop points of interaction for all stakeholders and the various phases of the projects
- Perform communication management activities including those required in conjunction with the Capital Plans and Reuse Plans developed by other VA contractors

Task 2: Manage the public meetings process, including facilitation, logistics, advertising, and transcripts

Public meetings represent the touch point of the CARES initiative to all stakeholders. The VA has the most public and formal opportunity to display the principles of communications that foster stakeholder input and build understanding and buy-in. The VA and, in some instances, stakeholders are under scrutiny at these public meetings. The VA needs a contractor who has both the ability to facilitate and manage public meetings. Team PwC is the vendor of choice because we have strong communications management skills as well as extensive experience in Public Relations, particularly dealing with sensitive topics. For this task, Team PwC organizes, plans, and coordinates the FAC public meetings and documents the views of the committees and other attendees. The VA needs an experienced team that has expertise in facilitating and supporting public meetings in a systematic, professional, and engaging way. Input from these meetings is considered in the development of options and in Team PwC recommended options.

Specific activities for Task 2 include:

- Work with VA staff to prepare FAC meetings - advertising, stakeholder lists and meeting space identification, schedule meetings
- Develop agenda and testimony
- Record meetings and prepare transcripts of meetings
- Translate information from meetings into business plan options and Team PwC recommendations.

Task 3: Manage stakeholder input collection, documentation and analysis process

Obtaining stakeholder input is essential to the success of the CARES Project. Stakeholder input documentation, analysis, and incorporation into the business plan analysis process is a key aspect of this project. Using the FAC as the primary vehicle for stakeholder input, we will use a number of techniques to obtain input from stakeholders. Techniques include, but are not limited to surveys, small focus groups, websites, mailings, public meetings, etc.

Stakeholder analysis helps answer such questions as:

- How do we sustain and leverage commitment of supporters?

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- How do we identify and develop strategies to overcome resistance?
- How are perceptions of CARES blockers influenced?
- How are CARES benefits identified and communicated to stakeholders?
- How can affected parties be involved in the business plan option development in meaningful ways, which increase its value and meets their needs and aspirations?

Specific tasks include the following:

- Initial stakeholder input for focusing the stakeholder analysis
- Stakeholder analysis, determining features for the stakeholder groups and their issues and indications of support
- Stakeholder views and impact on business plan options
- Stakeholder input collection via mail and other venues

Task 4: Manage external communications

Team PwC integrates study results and plans that provide VA decision makers and stakeholders with options for the type, size, location, and reuse potential of VA healthcare resources under study. The management of external communication is essential. CARES is a public initiative that impacts the public. Thus, the effective management of external communications is vital to the overall success of CARES. Team PwC has the experience and expertise to manage both internal and external communications for CARES. Team PwC's management of external communications, includes media relations, community relations, public information distribution and website management. In addition to maintaining the websites, we will use Team PwC's web survey data management tool to collect stakeholder input. The web survey tool focuses on stakeholder information and not the technology so that we can obtain stakeholder input more timely and ultimately obtain better results.

Specific activities for this task include:

- Process development for meeting public notice and documentation requirements
- Independent external analysis and option formulation process
- Website maintenance for each site to include study progress reports and FAC deliberations
- Providing up to four briefings at each site to other interested parties as designated by VA

Task 5: Manage FAC relationship, including briefings, feedback meetings and option formulation process

The FACs, charged with serving in an advisory capacity, are at 17/18 study sites and are used to solicit stakeholder input through public meetings, solicitation of stakeholder comments through web sites, correspondence, interviews and statements provided at the public meetings. Team PwC provides support to the FAC in the coordination of stakeholder input, analysis, and documentation. Complying with all regulatory requirements associated with FAC, we leverage FACs to seek stakeholder input at selected stages in the process, and coordinate stakeholder input from the FACs regarding planning including capital and reuse planning activities. Team PwC communicates the committees input to the VA and considers this input in the option development process. We also develop detailed reports that provide information on stakeholders concerns, proposed responses and our recommendations for addressing those concerns to minimize negative impact.

Team PwC also trains the FACs. We develop and provide training for FAC members and VHA lead staff to create an understanding of the study methodologies. Team PwC's robust learning framework focuses on using the methods that best suit identified needs. At the core of our framework is the understanding of CARES mission and challenges. Leveraging our understanding of CARE's mission and challenges allows us to tailor learning that is relevant and effective. The PwC Team specializes in customized

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training tailored to an organization's mission, objectives, and unique challenges. We combine our business expertise, and our understanding of CARE's mission to develop results-oriented outcomes, which we analyze through our rigorous evaluation process. Our training framework is an active, ongoing process rather than a one-time event.

Specific activities for this task include:

- Conduct meetings with FAC (4-5 meetings) to discuss methodology approach, input from FAC regarding initial analysis, and to seek information and advice throughout the business plan development options. The details on these meetings are discussed in Stakeholder Input sessions.
- Provide clear and well defined materials to FAC members one week in advance of meetings
- Provide monthly progress reports to FAC members (as detailed in our Project Management section i.5.1)
- Respond to FAC member's questions
- Develop mechanism and process to guarantee regular and consistent communication between FAC and Team PwC
- Communicate agreement or FAC alternative option to the Secretary and COTR
- Provide education at 17 sites for 150-250 FAC members
- Evaluate the effectiveness of training through the use of the survey and complaint feedback process
- Elicit FAC input throughout the study period

Task 6: VA Internal Communication

Team PwC is responsible for informing the VISN of Team PwC's planning progress and issues through a combination of joint meetings, FAC, and Team PwC briefings. The purpose of the PwC briefings is to share draft and final options with the VISN. Specific tasks include:

- Conduct meetings to update the VISN Director (and/or their representatives) on the progress of the studies, provide information regarding options and the stakeholder involvement process
- Provide training to local VA Staff on the tools and methodologies of the study in parallel but separately from FAC training at public meetings

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For this effort, we combine both PricewaterhouseCoopers change management, communications, and training approaches with Widmeyer's extensive experience in public relations to provide the VA with a comprehensive stakeholder involvement approach. We foster collaboration from all stakeholders, gather input and incorporate into options and recommendations. As Figure 14 depicts, PricewaterhouseCoopers focuses primarily on internal stakeholders, communication management and logistics. Widmeyer focuses primarily on external stakeholders and facilitating public meetings. A differentiating factor that Team PwC brings to the effort is our experience in this area of stakeholder collaboration. Our experience focuses on delicate, emotional initiatives like CARES.

i.5.1.8. Quality Assurance Process

We enforce consistent, high quality standards in Team PwC's service delivery to the VA by use of a quality management plan encompassing all methodologies, deliverables and tasks and applied throughout the project to establish a positive client relationship, to mitigate risk and to meet client expectations. The quality assurance plan outlines how deliverables and tasks are assessed and evaluated, the process used, roles and responsibilities associated with execution and the expected outcomes. The Quality Assurance Plan is submitted within four weeks of project inception to support achievement of expectations throughout the project delivery. The Plan serves as the roadmap for the Team PwC Quality Assurance team as well as the methodology leaders for each of the study areas.

As Figure 15 illustrates, our CARES quality management process is key to fulfilling your expectations. Accordingly, we have identified five key elements in our project quality process that contribute to day-to-day client service improvement:

- **Quality Review Plan** – We understand that each project has unique requirements. Therefore, the quality review plan is

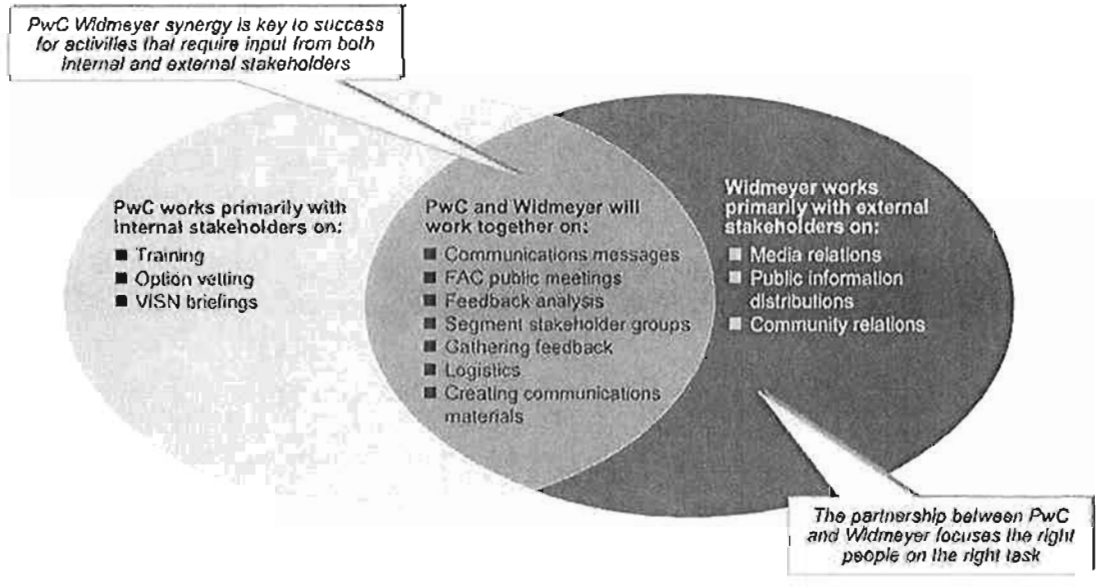

Figure 14. PwC's Internal communications specialists, coupled with Widmeyer's public relations expertise, enables the VA to manage program risks more effectively

developed at the beginning of the project to define the extent of quality reviews performed and by whom. The CARES Quality Review Plan will define reviews of work products from status reports to the major deliverables of option development and business plans. The plan also defines methodology reviews dictating data collection and analysis standards. Additionally, the plan provides guideposts for integration with Pricewaterhouse-Coopers leading practices in healthcare delivery, performance improvement and planning (see www.pwchealthcare.com for further information on thought leadership).

- **Initial Quality Review** – The initial quality review takes place early in the project to assess whether the planned project approach is sound. This review is of significant importance for application of methodologies for each study area, the financial analysis, development of implementation and transition plans, and risk assessment process. For each of these activities, data and template use is a critical assessment area.
- **Interim Quality Review** – This review is conducted over the life of the project at periods specified by the quality review plan. It covers the technical quality of work in progress, overall project status and client satisfaction.
- **Deliverable Quality Review** – The deliverables identified in the quality review plan are formally reviewed for quality and completeness prior to release to the client. These deliverables include status reports provided on a weekly basis and status reviewed weekly with the COTR, and others.
- **Final Quality Review** – This review, conducted at project close, assesses compliance with client requirements and applicable standards.

Quality deliverables are achieved by reviewing each for completeness, correctness clarity and usability. We start this multi-level review process by discussing with you the format and content for each deliverable (including analyses and business plans). The resulting format and content guidance is summarized, documented and used as the basis for preparing each deliverable. Project staff possessing appropriate technical expertise prepare the deliverables. Draft deliverables are reviewed by the Project Director for compliance with PwC standards and then provided to the VA for comments. Once deliverables meet VA expectations, they are updated and go through the remainder of our QA process before final submittal.

i.5.2 Key Stages and Sequences

i.5.2.1 Introduction

This section provides the following:

- Overall schedule for providing the VA with an objective, independent external analysis of options for each site and for option selection
- Tasks executed during the Planning Phase Overview of the site by site schedule
- Site-specific schedules and identification of schedule issues and uncertainties with suggested resolution plans

i.5.2.2 Overall Engagement Schedule

Figure 16 provides an overview of the effort Team PwC must complete during each key stage of the engagement and the timing of key meetings with the VA and the FACs at each site.

As indicated in the next few pages, Team PwC's process includes:

- Review of the Draft National CARES Plan, the CARES Commission Report, Secretary Decision and other data
- Solicitation of FAC inputs on options
- Preparation of options from all inputs and analysis of results to-date
- Presentation of proposed options to the FAC to obtain recommendations
- Assessment and integration of all inputs
- Delivery of proposed options and FAC recommendations for VA review

- Development of business plans from VA-approved options
- Provide briefing to the FAC and solicit feedback on the draft business plans

Team PwC's schedule also includes a series of meetings with both the VA and FAC immediately following the completion of detailed option development, testing and selection of recommended options during Stage II, and prior to the true start of the Draft Business Plan creation. This format provides Team PwC with the earliest access to the VA and FAC's counsel and guidance on particular issues or concerns they have with the recommended choices.

i.5.2.3 Planning Phase Schedule

Team PwC has demonstrated, world-class project management capabilities, tools and people with deep experience in helping clients respond to urgent issues and deploying significant resources into sensitive environments. To that end, Team PwC completes all of the significant activities of data collection and initial analyses, as indicated in Figure 17, within the project's Planning phase.

Team PwC considers on-time completion of these tasks critical inputs to the early work with key decision-makers in the VA, on the CIB, at each of the sites and within the CARES' FACs.

The success of the initial phase is paramount to the overall success of this engagement. As detailed in subsequent sections, Team PwC is confident in the selected management, tools, high caliber seasoned personnel and approach to enable:
Commitment to providing all resources necessary both to achieve these immediate goals and also facilitate the overall success of the project

- Commitment to providing all resources necessary both to achieve these immediate goals and also facilitate the overall success of the project
- Recognized thought leadership and advisory staff as a sounding board and to provider of additional guidance to the project team.

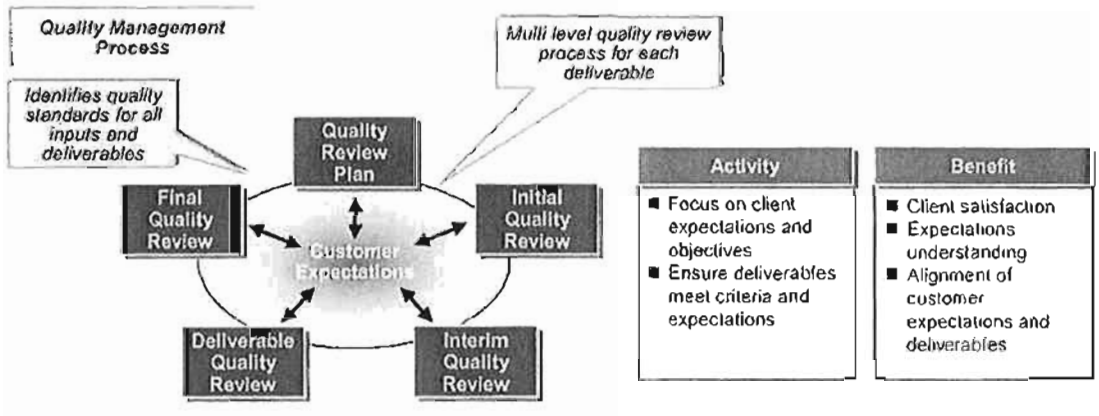

Figure 15. Our approach enables study teams to meet the VA's expectations and objectives

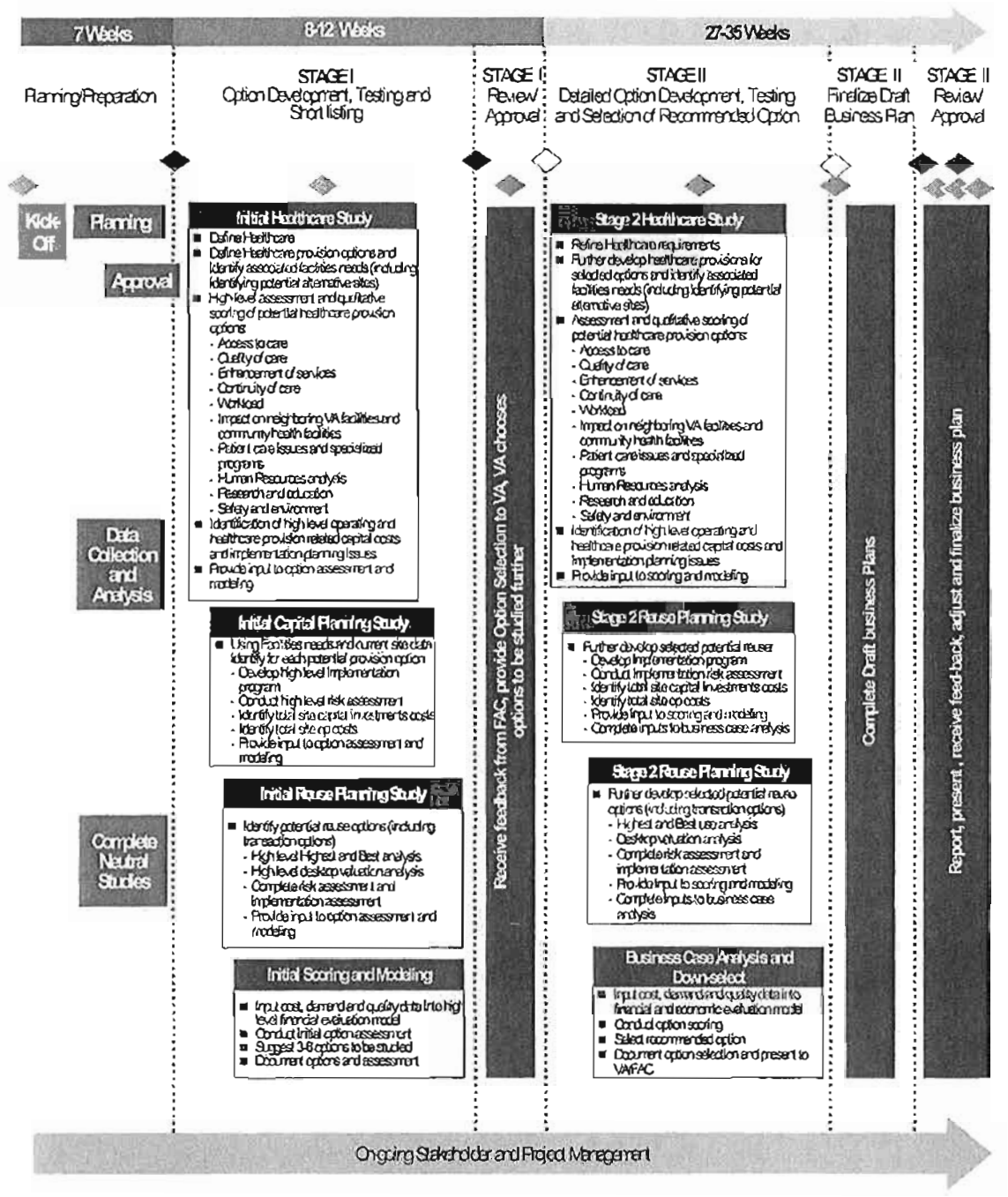

Figure 16. Team PwC overall tasking timeline illustrate our approach to effectively delivering the VA CARES project as expected

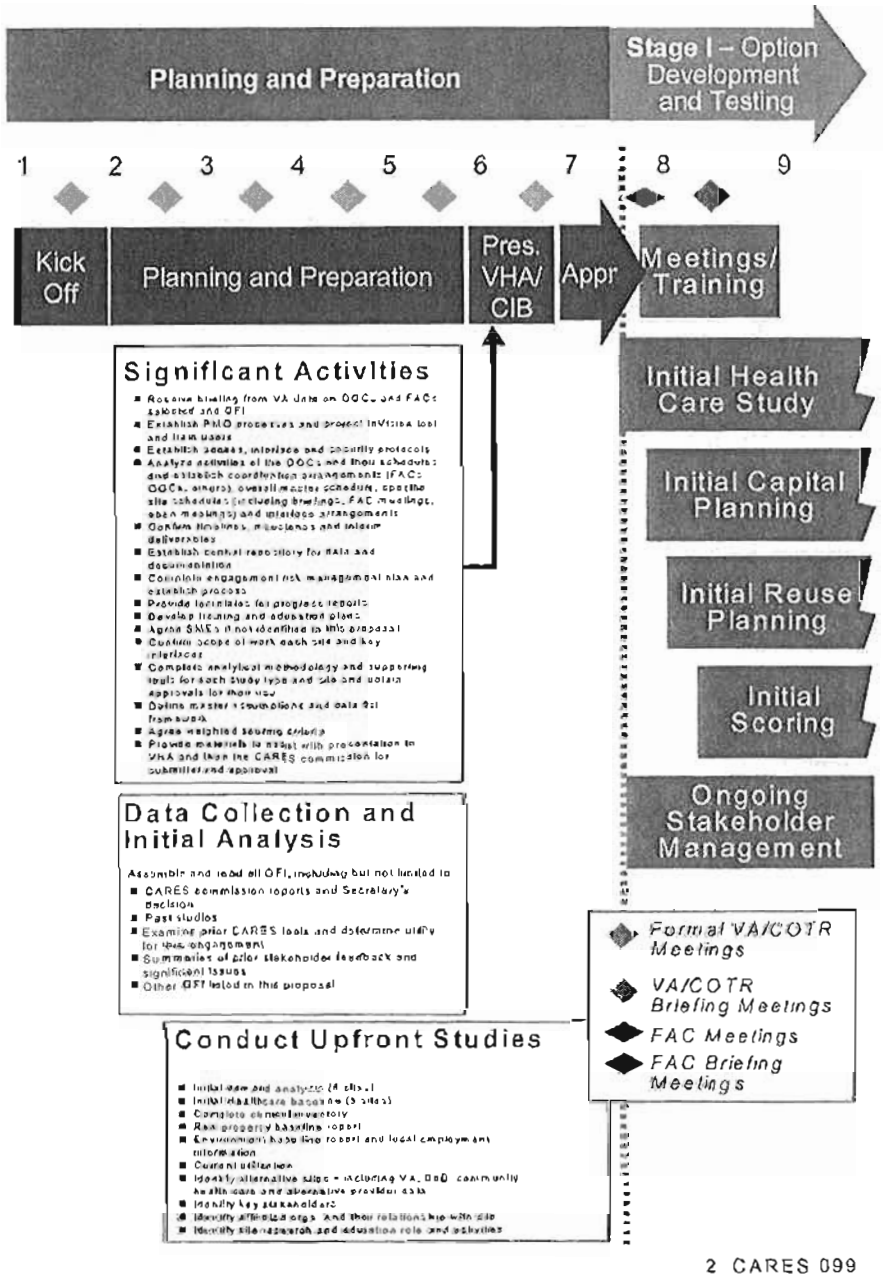

Figure 17. Rapid deployment of high quality resources and utilization of proven tools and processes, together with early completion of baseline studies will lead to low risk and high confidence and successful presentation with key decision makers

i.5.2.4 Overview of the Site-by-Site Schedule

As indicated above, Team PwC has analyzed the requirements for each site and has prepared an initial master and individual site schedules. Figure 18 summarizes the estimated longest duration to complete the required elements of the SOW at each site. Assumptions for those sites include OGC work on the critical path.

The time required for the less complex sites might substantially accelerate, yet determination of each site schedule is dependent upon the extent of stakeholder liaison required and the complexity and acceptance of decisions made to-date. Team PwC plans to revise the schedule as the COTR provides information and direction to Team PwC during the Planning phase.

Figure 19 provides an overview of the key stages and the critical path for the Stage I work at the Boston site. For the healthcare studies sites like Boston, the critical paths runs through the option definition stage during the healthcare study and then onto the other study types once the facilities required supporting each option are identified.

The output from Stage I is a summary and initial assessment of a range of potentially viable options at each site and a recommendation of which (three to six) of the options have the highest potential to meet VA objectives. In accordance with the SOW, Team PwC solicits options from the FAC upon start of this stage. At the end of this Stage Team PwC presents details of the options developed and the results of the initial assessments to the FAC for comment. These comments are combined with any comments or suggestions received from key stakeholders or the general public into the Team PwC Stage I report, which is submitted to the VA for review and approval.

Team PwC's business planning approach integrates its efforts with that of OGCs. At the onset of Stage II, Team PwC briefs the FACs on the options selected by the VA for study during Stage II, the plan for this stage and then solicits their guidance and inputs. Throughout Stage II, Team PwC solicits feedback from FACs and key stakeholders and enables, through use of a web page and other mechanisms, open communication by stakeholders and the general public of their issues and concerns.

As indicated in Figure 20, Team PwC provides a recommended option from the three to six options identified for each site using the methodology approved in the

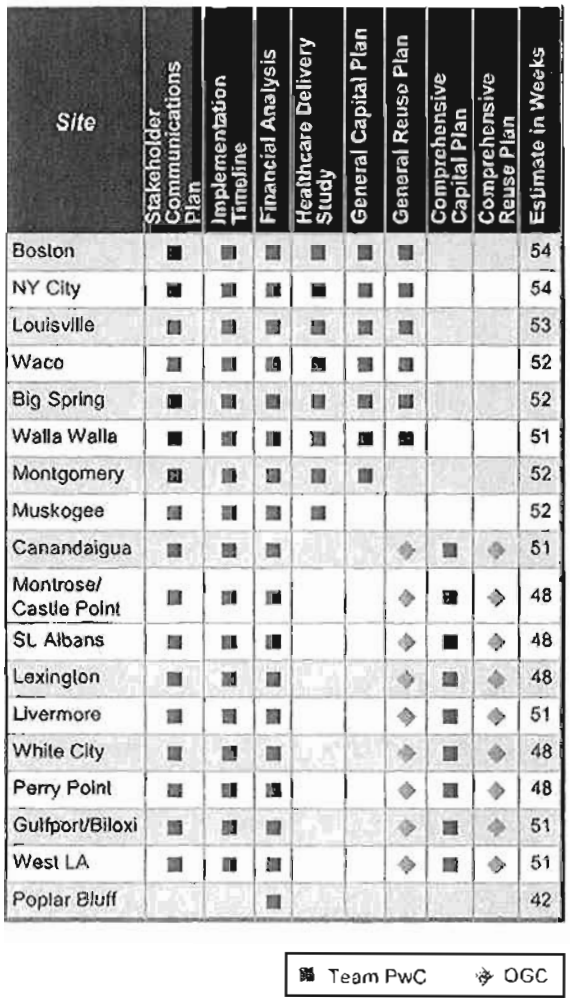

Figure 18. Estimated maximum time required to complete SOW at each site.

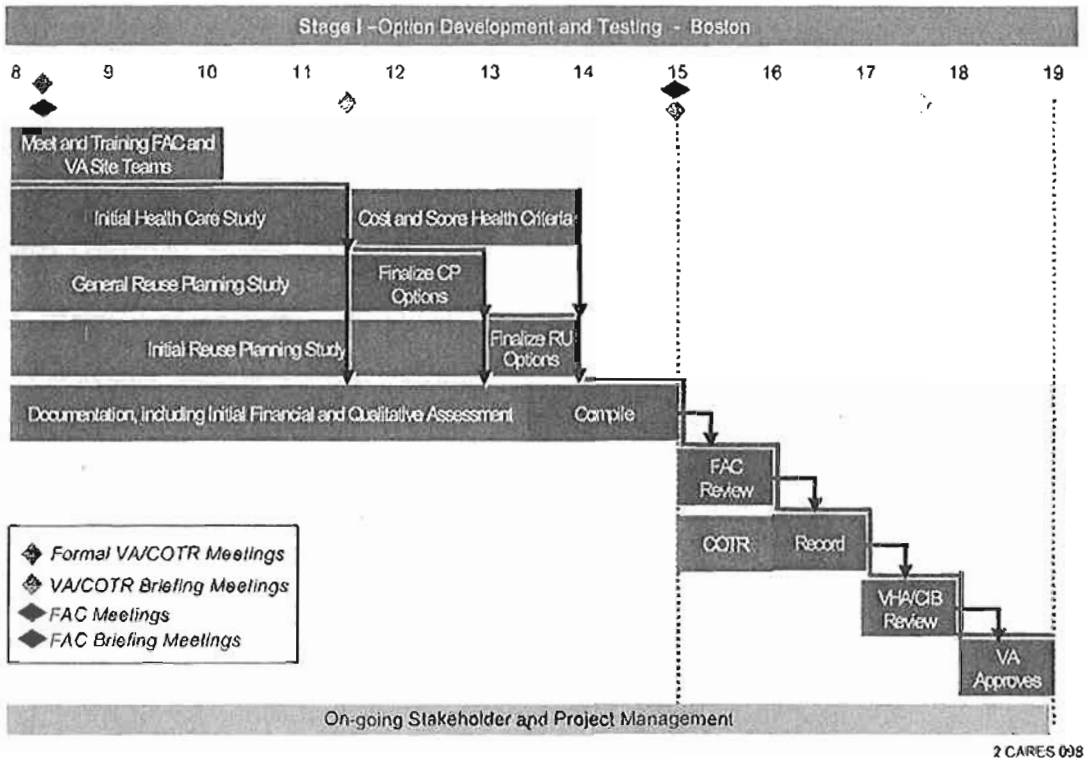

Figure 19. Example of Stage I Option development and testing process for a complex site like Boston, where critical path follows the determination of facilities required for each healthcare provision solution

Planning phase. This occurs no later than Week 35 for Boston and earlier for all other sites. Additional briefings with the FAC and COTR occur immediately following completion of the selection of the recommended option, prior to completing the draft business plan.

Figure 20 also illustrates Team PwC's sequences of presentations to the FAC for review and for incorporating Stakeholder recommendations. FAC recommendations on options that may differ from that of Team PwC's, are accompanied by an analysis as to why the FAC recommended option was not recommended. Following VA review, Team PwC may be required to brief the FAC again and solicit further comments, particularly if the VA's changes are to the recommended option. At that point, Team PwC solicits final comments from the VA and the CIB before finalizing the business plans for the site. Upon receipt of VA approval, 30 copies of the plan are produced and distributed.

i.5.2.5 Scheduling issues and plans

Team PwC's detailed plans for each site are sensitive to the workload of the VA, FAC and CIB resources by staggering requirements for their reviews and the timeliness of input from OGCs.

i.5.3 Key Study Elements

i.5.3.1 Health Care Delivery Studies

i.5.3.1.1 Overview

Team PwC has prepared a comprehensive approach to conducting healthcare delivery studies. The objective, per the SOW, is the determination of the type and volume of services needed for 2013 and 2023 and the best location for these services considering

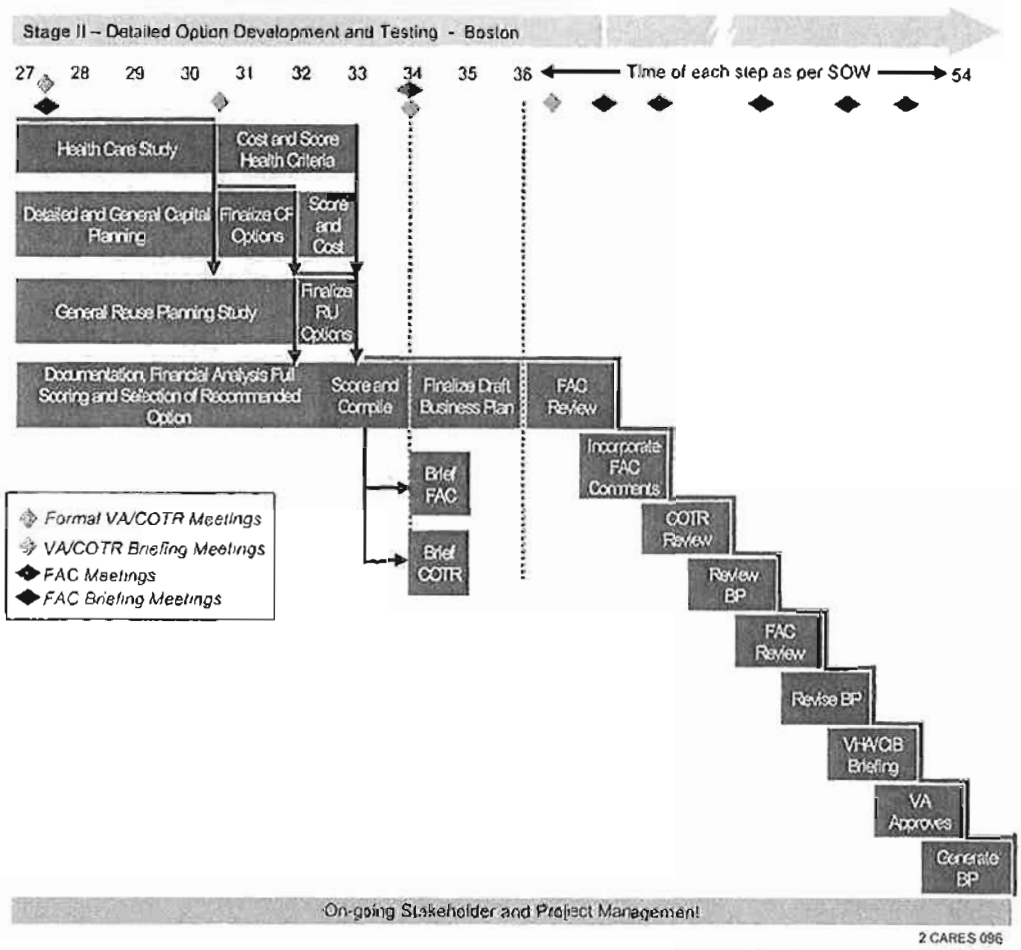

Figure 20. Shows the later stages of Stage II activities for Boston

access, cost, quality, and stakeholder input. Each healthcare delivery study involves developing key outputs from in-depth analyses of VA and industry data, stakeholder information, interactions with architects and engineers, and cost considerations. In providing a detailed overview of the analyses and tasks involved in executing healthcare delivery studies, we detail the activities at a hypothetical VA medical site as set out in Figure 21. In Figure 21, we assume the site under study has three VAMCs and the Secretary's Decision is to explore options to consolidate the three VAMCs to either one or two locations.

Team PwC's approach consists of a Planning Phase followed by Stages 1 and 2 of analyses. In our Planning Phase, we review prior studies, reports and the Secretary's Decision, perform initial analysis of Government Furnished Information (GFI), finalize the health care study methodology, study templates and obtain the VA's approval of the proposed approach, assumption sets and tools. Stage 1 and Stage 2 entail implementing our methodologies and approaches; this involves close interaction with VA decision makers,

stakeholders, and the FACs to create a range of options for each VA site. In accordance with the project master schedule we complete in Stage 1, the identification and assessment of health care needs and delivery options is based on population and veteran enrollee information. Stage I includes presentation to the VA and FACs of options short-listed for further consideration. After gaining approval of the options by the VA, Stage II focuses on refinement and development of the selected options. Refinement is based on consideration of the volume and mix of services needed and where to place those services balancing cost, quality and re-use potential.

The recommended option reflects the greatest potential to achieve the CARES objectives.

Figure 22 on the following page identifies the overall detailed process flow for each of the eight Health Care Delivery Study sites. Team PwC's methodology assumes that the VA will provide the GFI and access described below.

i.5.3.1.2 Clinical Analysis, Stage I

Key to the Clinical Analysis process is the optimization of capability-need-availability against volume-mix-location considerations. This balancing act is the healthcare providers' dilemma. In Stage I, we assemble a data foundation sufficient to support the review and evaluation of High-Level Options.

In Stage II, for the VA-approved Business Plan Options, significant additional detail and analysis provide the basis for later deliberations towards the most informed choice.

Planning Phase	Stage I	Stage II
▪Assemble and read all GFI - CARES Analyses - Marketing plans ▪Augment the GFI with either PwC proprietary or commercially available data as required and approved by the VA ▪Develop and agree with the VA and COTR on the methodologies, tools, and procedures used, where: - "Stage I" elaborates sufficient detail for the COTR, considering Team PwC analysis and stakeholder input, to narrow the field of potential Options to those that merit Business and Implementation Planning - "Stage II" fully develops the Business and Implementation Plans for COTR-directed Options, whereby the VA makes an informed and defensible choice for each site as stated in the SOW	▪Conduct agreed-upon interviews and site visits - Clinical Analysis. This will entail: • VA-suggested dimensions in the SOW (Access to Care, Quality of Care, Workload, etc.) plus two additional PwC-recommended dimensions (Future Flexibility and Innovation). • Human Resource Analysis • Research and Education Analysis • Safety and Environment Analysis ▪Align "Stage I" analyses with High-Level Options: how do each of the Stage I issues inform the choice/election of High-Level Options? ▪Output "Stage I" data to Financial Analysis ▪Facilitate presentation of High-Level Options to FACs and Stakeholders ▪Receive COTR approval for which High-Level Options will progress to Business Plan Options in Stage II.	▪Complete "Stage II" of the: ▪Conduct agreed-upon interviews and site visits - Clinical Analysis - Human Resource Analysis - Research and Education Analysis - Safety and Environment Analysis ▪Output "Stage II" data to Financial Analysis ▪Presentation of Business Plan Options to FACs and stakeholders to address: how each of the Stage II issues inform selection of the recommended option? ▪Receive COTR approval for which Business Plan Option will progress as the Recommended Option ▪Complete all study documentation

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Figure 21. We use a comprehensive set of management tools to plan and execute all stages of the project

Team PwC's approach builds upon existing VA guidelines, information, and metrics and supplements them, where available, with private sector or proprietary metrics. This practice enhances the likelihood that options meet or exceed expectations while complying with regulations. Figure 23 below focuses on the initial measurement procedures to be completed during Stage I of the Clinical Analysis.

Figure 22. Healthcare delivery study methodology applies repeatable processes for each site delivering consistent, effective and measurable results

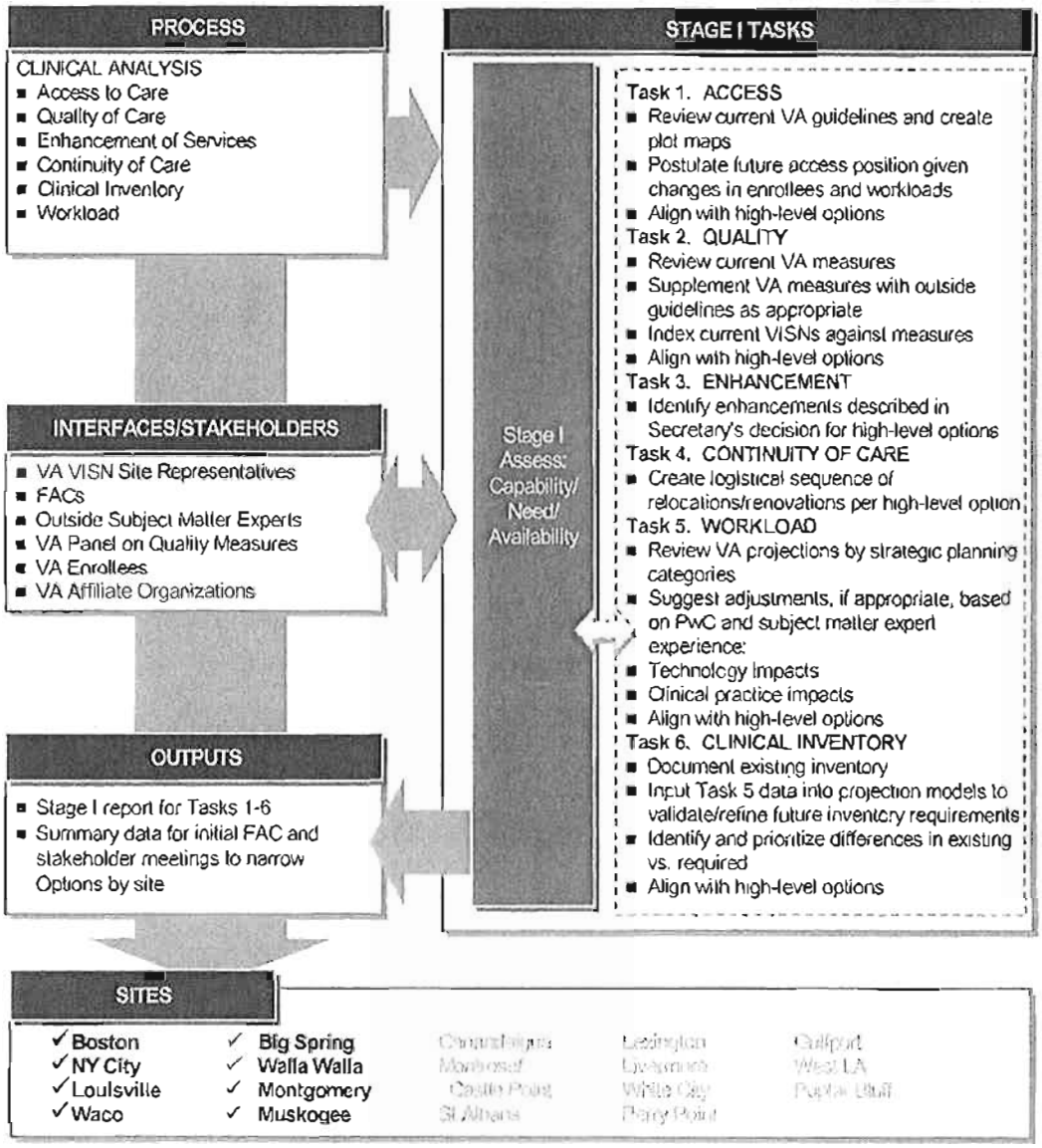

Figure 23. Stage I develops a sufficient baseline in the clinical analysis to winnow the field of high-level options

i.5.3.1.3 Clinical Analysis, Stage I

We highlight for your consideration additional detail on our approach to two of the tasks in Stage I in Figure 24: Continuity of Care and Clinical Inventory. We highlight these to provide you with an understanding of the level of detail with which we will work and the types of information we will be evaluating.

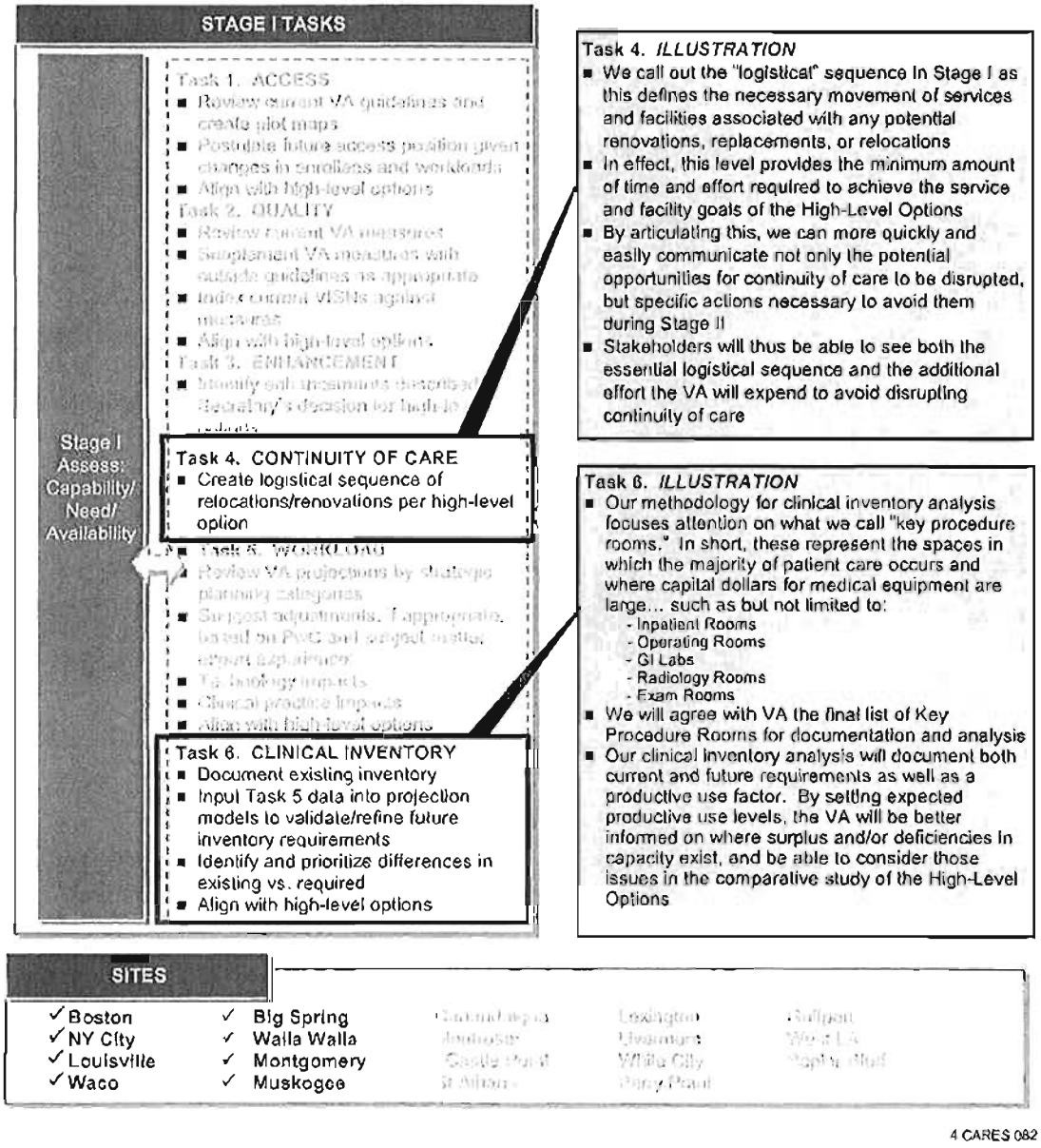

Figure 24. In Stage I, we meet VA requirements using VA approved and expected metrics augmented by Team PwC tools and experience

i.5.3.1.4 Clinical Analysis, Stage II

During Stage II, the Clinical Analysis adds essential comparative components necessary to enable an informed choice of the Business Plan Options as well as appropriate, robust, and defensible communications with stakeholders.

The black text below in Figure 25 represents analysis completed during Stage I. Analysis to be added during Stage II is highlighted in red.

As the Clinical Analysis progresses toward Business Planning, impacts of options on stakeholders and the transition from current to future state increase in criticality. In addition, as the SOW indicates, the VA intends to embrace innovation and partnerships to improve service while mitigating risk.

Accordingly, the green text in the Process and Stage II boxes in Figure 26 highlight

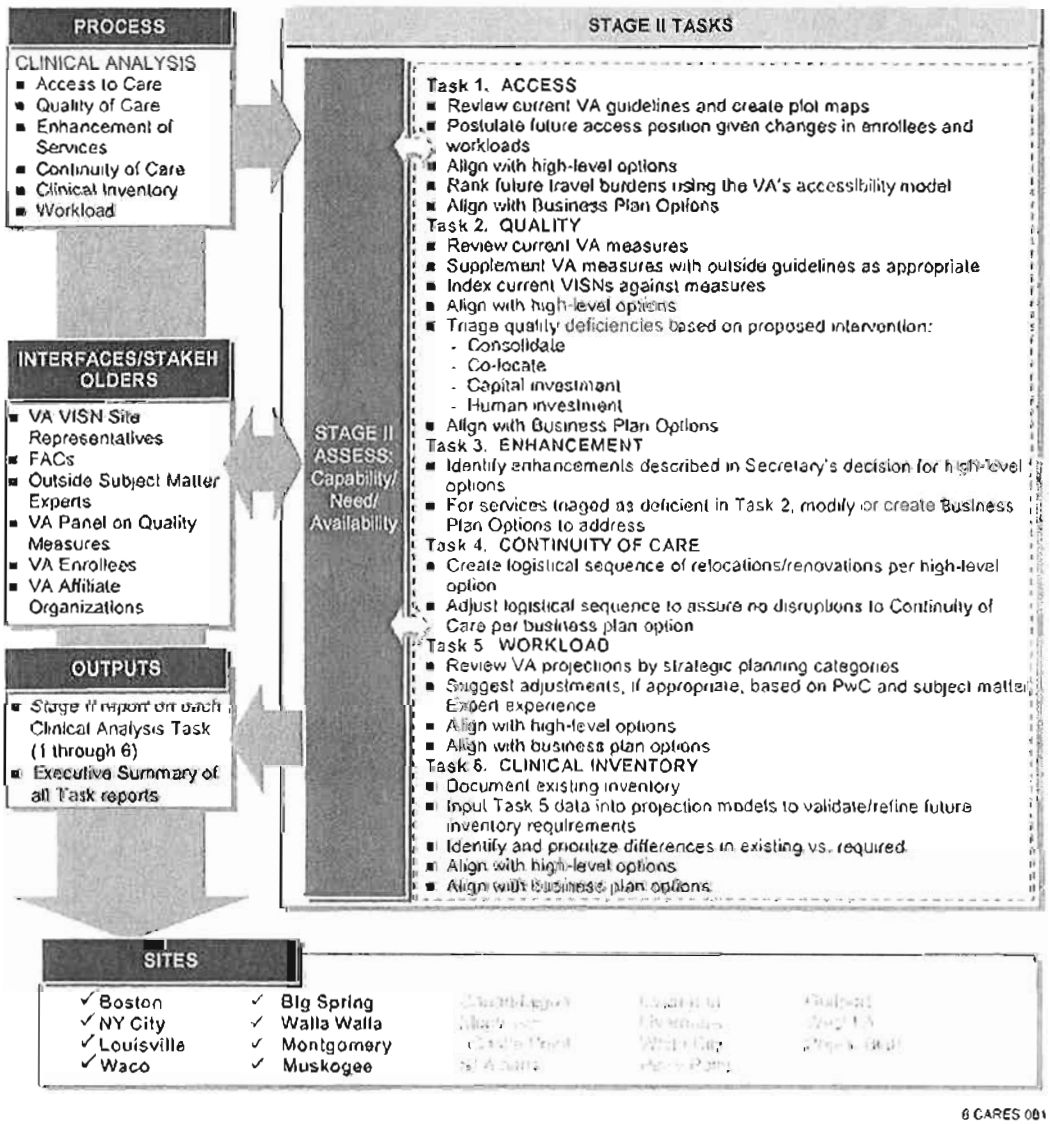

Figure 25. Healthcare delivery studies methodology for Stage II of the clinical analysis

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additional analyses of value to the VA's decision-making process.

A clear focus is on patient care issues, future flexibility (2023) and innovation. During the Stage II clinical analysis process we also identify the impacts to the community and the transition impacts to formulate the necessary strategies to make possible continuity of services. Team PwC understands the importance of managing current requirements like preserving continuity of care while considering opportunities for future flexibility based upon delivery innovation and changing enrollee requirements. We are actively involved in leading discussions on similar issues (see www.pwchealth.com.)

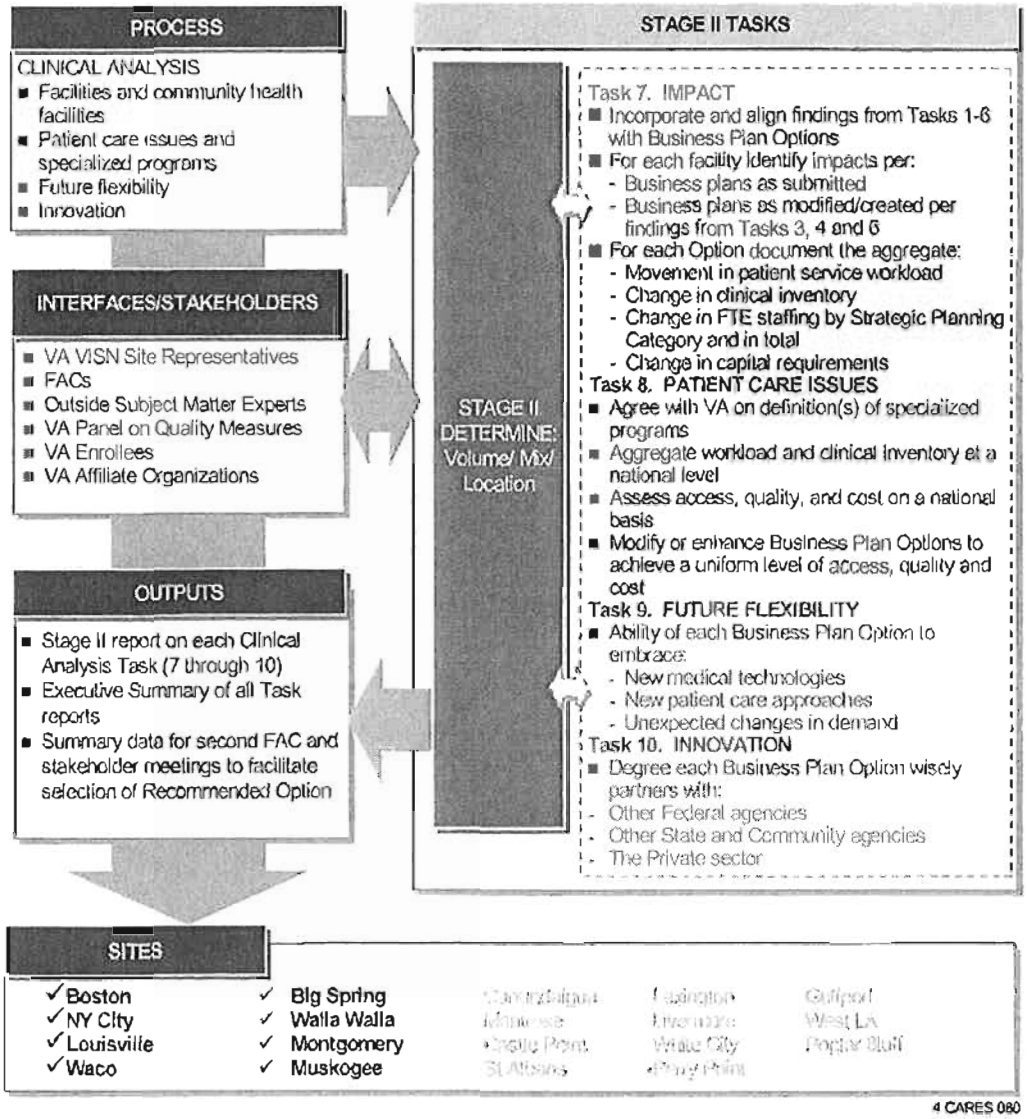

Figure 26. In Stage II we bring to bear two additional evaluative parameters unique to Team PwC and specific to the VA CARES project

i.5.3.1.5 Clinical Analysis, Stage II Detailed

We highlight for your consideration additional detail on our Stage II approach, two of the tasks in Figure 27: Continuity of Care and Clinical Inventory. As we consider these issues, input from stakeholders, especially veterans and patients is incorporated into our recommendations. The FAC meetings, discussions with VA decision-makers, and stakeholders provide such input.

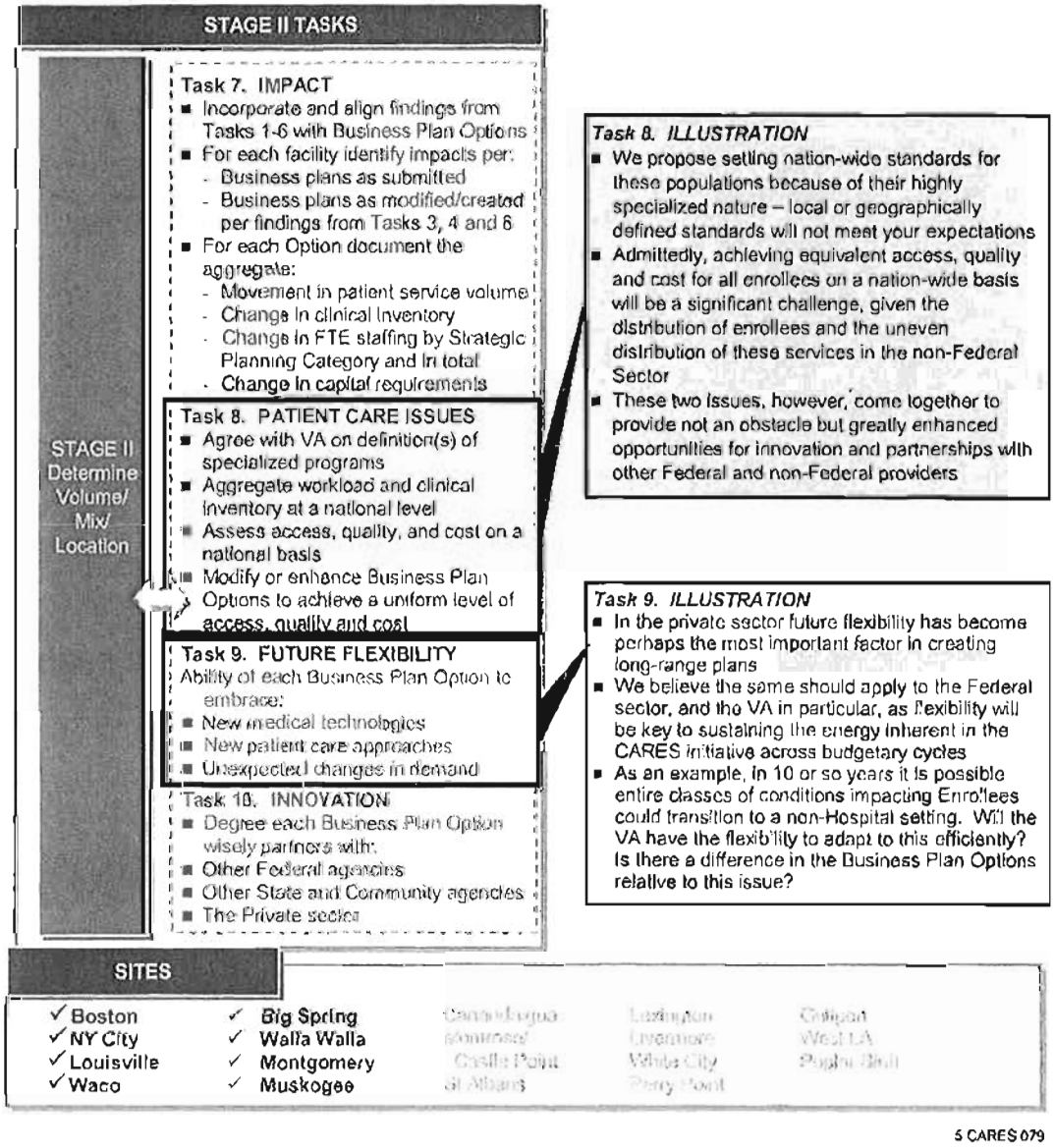

Figure 27. In Stage II we continue to meet VA requirements using VA approved and expected metrics augmented by Team PwC's tools and experience

i.5.3.1.6 Human Resource Analysis Variables

Team PwC approaches human resource analysis through evaluating variables including delivery and business strategy, cost management, employees, unions, programs and services, organizational structure, operations, and information technology in order to determine human capital requirements for maintaining the facility and financial impact. This process is depicted in Figure 28.

While Team PwC develops the clinical analysis, the human capital impact is considered and incorporated into recommendations through analysis of staffing requirements and impacts. In addition, an in-depth detailed analysis of the transition period from the current state to the recommended state is considered. Team PwC's evaluation presents various scenarios to determine the leanest staff mix required to meet the highest mission critical demand.

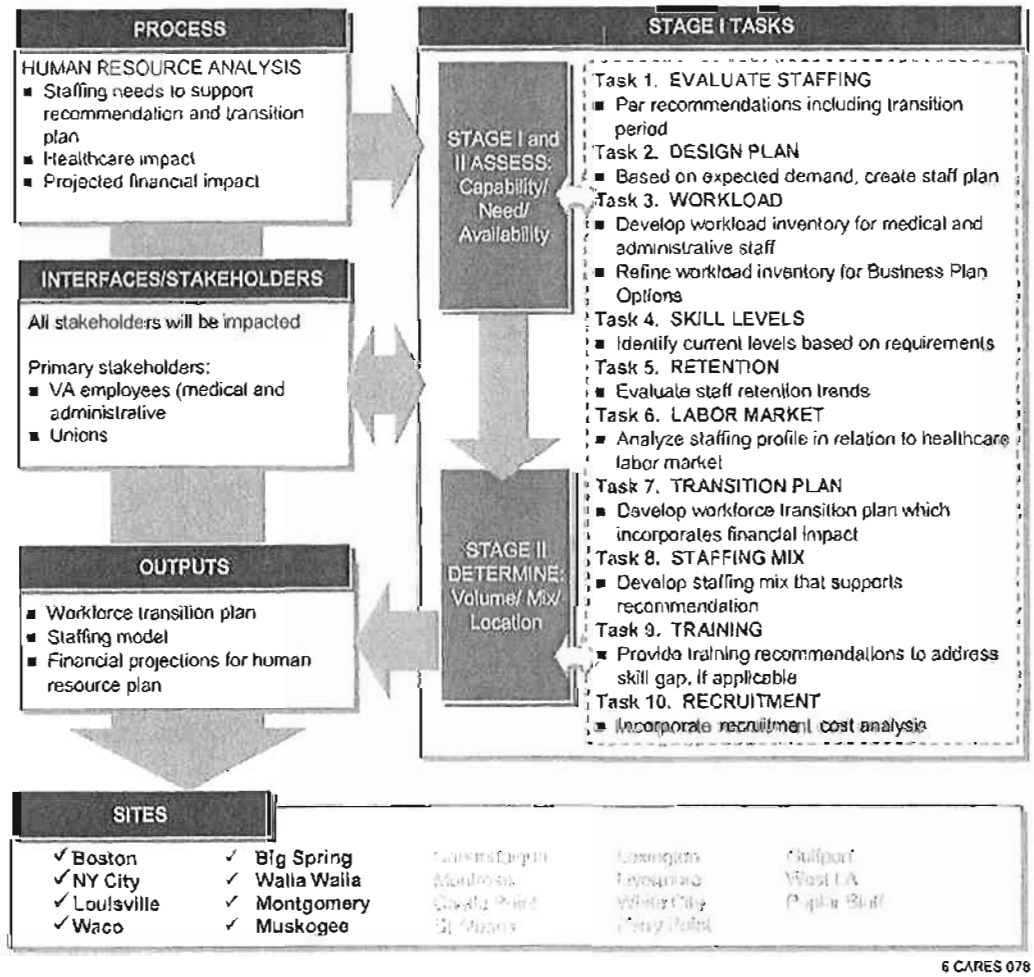

Figure 28. The Human Resources analysis captures and addresses the impacts to VA physicians and staff, informing the comparison of options

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i.5.3.1.7 Research and Education Analysis

Research and education, Figure 29, are important missions of the Veterans Administration. Since the VA supports 8800 physician residents across the US and provides approximately 9% of U.S. graduate medical education (GME), VA hospitals are an integral element of medical education and training (Source: www.va.gov, December 2004 data). VA physician faculty have affiliations with 85% of the nation's medical schools allowing physicians to hold joint appointments at an university and at the VA, and the ability to see patients at VA, supervise

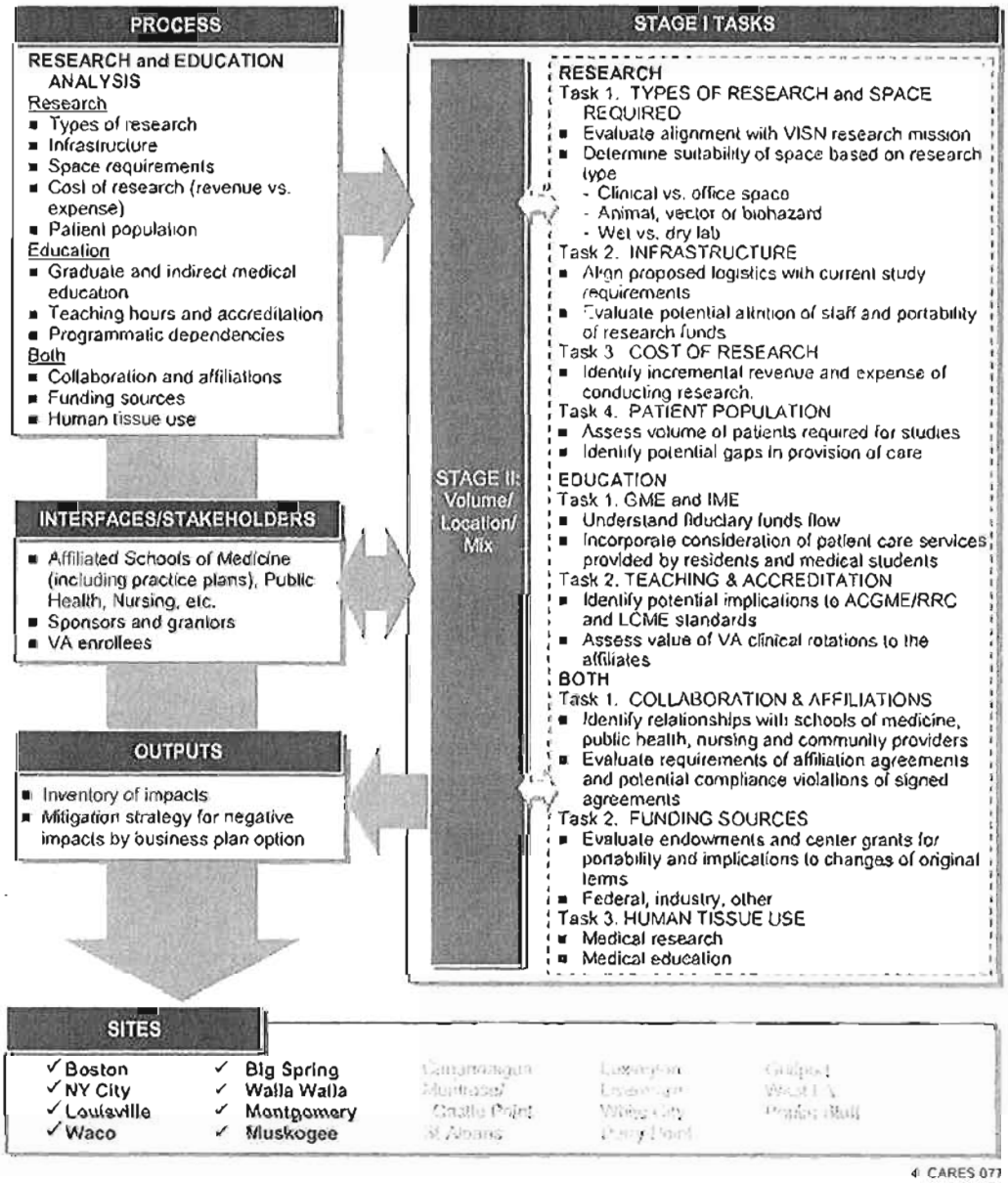

Figure 29. The Research and Education analysis both broadly and deeply respects the importance of these dimensions to the VA mission

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students and residents, and conduct research. Because of these interconnections, it is critical to consult with and consider carefully the impact of any impact on these important relationships.

While each VISN develops its own research agenda in conjunction with its VA medical centers and in collaboration with local schools of public health and medicine, it is critical to ensure that the CARES objectives at each site align with the VA's research mission areas such as alcohol and substance abuse, psychiatry, diabetes, cardiology, respiratory, oncology, and infectious disease.

Team PwC's competencies in academic and research mission issues ensure that continued success in these areas is incorporated into the plan going forward. PwC has assisted universities and academic medical centers with strategic and operational planning in a variety of ways. We have the expertise to work with your academic and community affiliates to assemble their input and understand all potential implications on these critical missions. Our extensive experience developing and assessing plans, creating business models for projects, developing academic and research plans that may include the development or revitalization of facilities, identifying funding strategies, and advisory on the inclusion and treatment of space in federal indirect cost negotiations. Within the past decade, our Academic Health System Practice has completed such projects at more than 50 colleges and universities.

Analysis for the impact of the Options of Research and Education is most robust when applied to the comparative evaluation of Business Plan Options in Stage II. Accordingly, our work on these parameters is concentrated in the Stage II timeframe.

Environmental Analysis

Environmental Options developed by Team PwC comply with existing laws, VA regulations and requirements.

The EBS I reports are completed at all sites (by either Team PwC or OGCs) using existing VA data provide a baseline for the Environment Analysis. As part of option development and scoring, Team PwC member Horne Engineering (or OGCs on those sites where OGCs conduct reuse studies) completes an assessment describing current conditions and considers how the proposed options affect the environment of site, excluding Poplar Bluff. This assessment forms part of the overall assessment of health care delivery options and involve a high-level analysis of options developed in the ensuing task. The Environment Analyses also provide inputs to both the implementation planning and risk analysis for each option at each site.

A written report is provided to identify areas surveyed, findings, suggest corrective measures, and to provide a basis for the implementation planning provided in a later task.

Outputs

Figure 30 summarizes the Outputs generated by the healthcare Delivery Studies for the eight sites in the SOW.

Outputs cross Stage I and II delivery and denote those that will provide key data for the Financial Analysis and business planning.

Output	When?	Input to Financial Analysis?	Input to Capital Planning?	Notes and Linkages to SOW Requirements
Weekly Progress Reports; FAC Presentations	Per Master Schedule	No	No	Schedule to be agreed with COTR In weekly progress reports we shall: ▪ Consult with COTR on which Subject Matter Experts are to be used; ▪ Provide lists of Subject Matter Experts consulted and reports of the consultation; ▪ Provide in the Reports and FAC Presentations summaries of the analysis which clearly present the rationale for support or rejection of Options.
Clinical Analysis: Access to Care	Stage I – Current conditions	No	No	
Clinical Analysis: Access to Care	Stage II – Options including future travel burdens	No	No	This output shall illustrate how access to care, per VA guidelines, is met or not met in the Business Plan Options.
Clinical Analysis: Quality of Care	Stage I – Current conditions	No	No	
Clinical Analysis: Quality of Care	Stage II – Proposed improvements by Business Plan Option	No	No	This output shall illustrate how quality of care is maintained or enhanced in the Business Plan Option and Recommended Option. This output shall identify opportunities to improve quality.
Clinical Analysis: Enhancement	Stage I – Secretary's Direction	Yes	Yes	
Clinical Analysis: Enhancement	Stage II – Modifications to Business Plan Options	Yes	Yes	This output shall clearly identify opportunities for enhancing services through realignment.
Clinical Analysis: Continuity of Care	Stage I – Logistical Sequence	Yes	Yes	
Clinical Analysis: Continuity of Care	Stage II – Logistical Sequence adjusted to avoid disruption	Yes	Yes	This output shall illustrate how continuity of care will not be interrupted during transition.
Clinical Analysis: Workload	Stage I and Stage II – Workloads for 2013 / 2023 by VISN by Strategic Planning Category	Yes	Yes	This output shall: ▪ Examine study site's population, service utilization, and patient origin; ▪ Determine total volume and mix of services by Strategic Planning Category, using VA methodologies as enhanced by PwC and Subject Matter Expert input; ▪ Determine placement of services balancing access, cost and quality (in collaboration with Capital Planning team); ▪ Describe array of services and quantity of workload at reorganized sites;

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Figure 30. Health care delivery studies - outputs

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Output	When?	Input to Financial Analysis?	Input to Capital Planning?	Notes
Clinical Analysis: Clinical Inventory	Stage I and Stage II – Existing inventory, gap with future requirements, priorities	Yes	Yes	This output shall review current clinical inventory and determine future clinical inventory based on workload, enhancement, access, and continuity factors.
Clinical Analysis: Impact on Neighboring Facilities	Stage II – Document aggregate impact on workload, clinical inventory, staffing, capital	Yes	Yes	This output shall identify and describe the impact of the Business Plan Options on neighboring and/or affiliate entities.
Clinical Analysis: Patient Care Issues	Stage II – Agreed definitions; nation-wide level of access, quality, cost; modified Business Plan Options	Yes	Yes	This output shall apply nation-wide standards, as agreed, to address impact on patient care and special disability programs.
Clinical Analysis: Future Flexibility	Stage II – Flexibility of Business Plan Options	No	No	
Clinical Analysis: Innovation	Stage II – Business Plan Option support for innovate approaches	Yes	Yes	
Research and Education	Stage II – Inventory of Impacts	No	No	
Research and Education	Stage II – Mitigating Strategies	Yes	Yes	This output shall describe impacts to VA support of research and medical education and provide mitigating strategies for negative impacts.
Human Resource Analysis	Stage I and II – Workforce Transition Plan	Yes	No	This output shall: ▪ Analyze labor market to address critical staffing levels; ▪ Forecast the impact on healthcare occupations; ▪ Consider changes in commuting and employee work/life balance; ▪ Examine other considerations for successful implementation.
Human Resource Analysis	Stage I and II – Staffing Model	Yes	No	This output shall assess the staffing impact for the options proposed.
Human Resource Analysis	Stage I and II – Financial Projections	Yes	No	This output shall assess the financial impact for the options proposed.
Safety and Environment Analysis	Stage II – Option Assessment	No	Yes	Inputs to the scoring process.

Figure 30. Health care delivery studies – outputs (Continued)

i.5.3.1.8 Healthcare Delivery Consulting: Costing

The operating cost analysis accounts the high-level and department/service level costs. Team PwC's methodology compares current-state healthcare delivery costs at each facility with the cost for each selected option. Figure 31 depicts the data inputs and analytical processes that develops the operating cost inputs for the financial analysis for all sites.

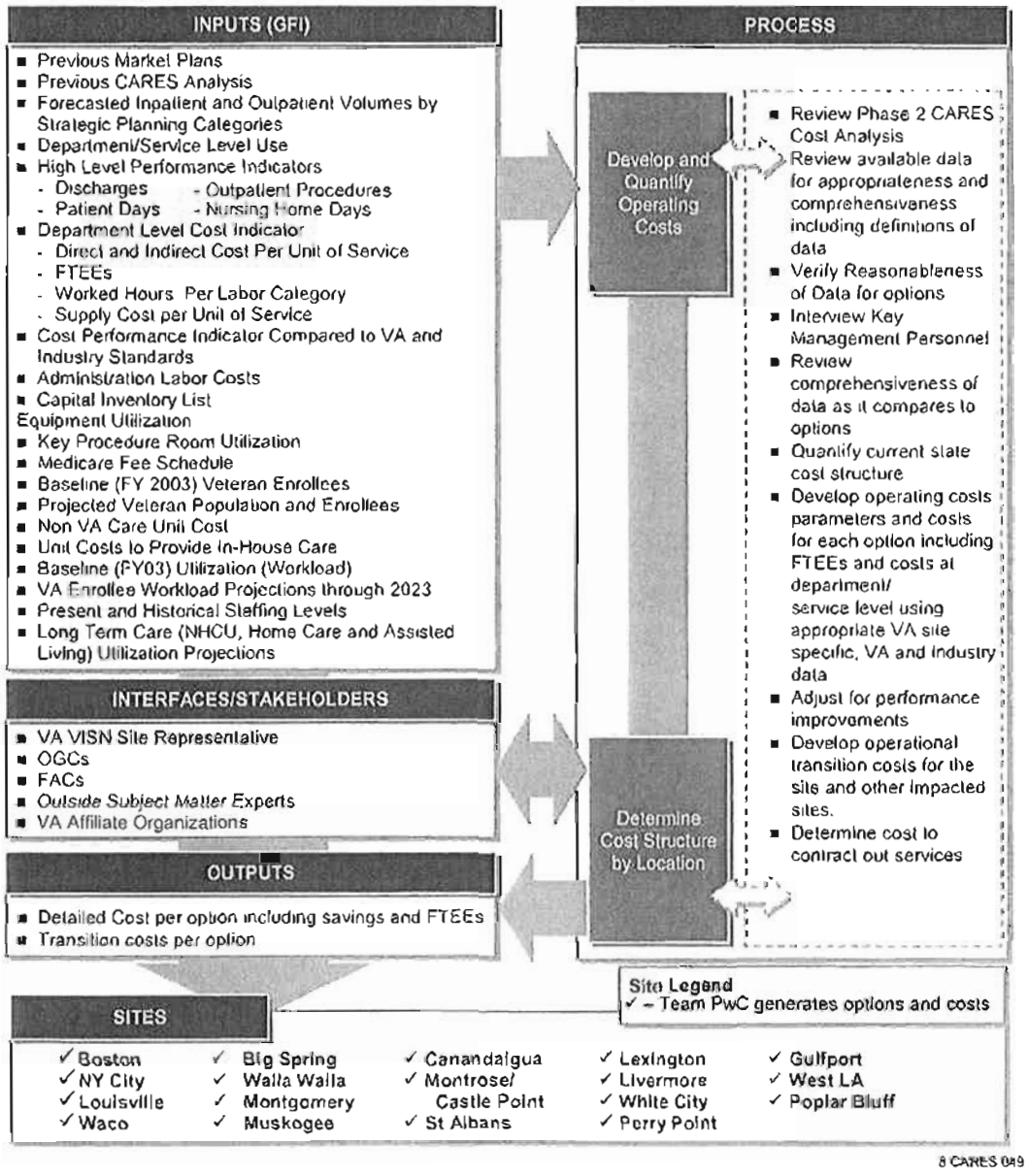

Figure 31. Healthcare delivery study methodology to apply repeatable processes for each site delivering consistent, effective and measurable results

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i.5.3.2 Capital Planning Methodology

Team PwC's Capital Planning process provides a consistent and integrated structure that meets the project goals.

Meeting objectives for modern healthcare delivery and utilizing the VA's resources appropriately demands the best configuration of capital assets. Our design approach makes the capital planning process both as effective and efficient as possible.

The Capital Planning effort leverages strategic Healthcare Delivery Study recommendations, prior site and facility studies, new planning recommendations, and input from the stakeholders and FAC for each site. Our strategic master planning approach describes general capital requirements and all funding categories through the year 2013.

For each option the capital plan recommends and explains all capital investments required, overall timeframes and sequences, and long-term strategies to improve, add, or replace facilities providing state of the art results focused on a safe environment for patients, staff and visitors alike. Our comprehensive plan provides facility information on location, appropriate size, capital investment; identifies historical properties, environment issues to be resolved, details viability and effectiveness of healthcare locations; and cites opportunities for collaboration with DoD, VBA, and NCA. Further, the capital plan presents information detailing relative condition and costs of the maintenance or realignment for each campus.

To help facilitate the Capital Planning study process, development progress concurrently proceeds in conjunction with Reuse Planning and Healthcare Studies. Leading this effort, we initiate and facilitate all communications with the FAC and other contractors capturing their inputs through the study phases.

In some cases, Team PwC coordinates activities and information with other VA contractors. This requires a degree of collaboration to achieve initial and final option recommendations.

Our team is highly qualified to handle multiple, complex campus planning studies

- Perkins+Will brings more than 65 years of healthcare expertise
- Perkins+Will is a national practice with regional offices that complement the CARES site study locations
- 92 million sq. ft. planned in the last 5 years
- 80% located in dense, urban campuses
- 85% of capital planning studies associated with academic medical center and public sector clientele

1 CARES 109

We deliver two types of capital plans: General and Comprehensive Capital Plans. Both express a long-term strategy as part of the plan narrative. Our General Plans provide a discussion overview of capital development options as part of the overall healthcare provision options development. We provide, macro square footage cost estimates for all planning activities, including patient safety and seismic corrections. Further, we list the capital requirements identifying square footage by type of space.

In the Comprehensive Plans, we achieve a finer granularity of detail by identifying capital requirements for each department, list by campus each capital project, and identify square footage.

As part of our planning process and deliverables, we provide for each campus an overall schedule for capital activities and incorporate this information into the CARES Project Master Implementation Timeline. In addition to the Capital Plans, we deliver:

- Broad block plot plans "before and after"
- Campus plot plans "before and after"
- Demolition/Divestiture plot plans
- Department space plans
- Safety and environmental assessment

i.5.3.2.1 Process and Methodology

Consistent with Team PwC's methodology, as illustrated in Figure 32, we exhibit the process flow of information. The process describes information sources and interfaces; how and whom we exchange information with; what issues might exist; and finally what results are distributed. Importantly we identify

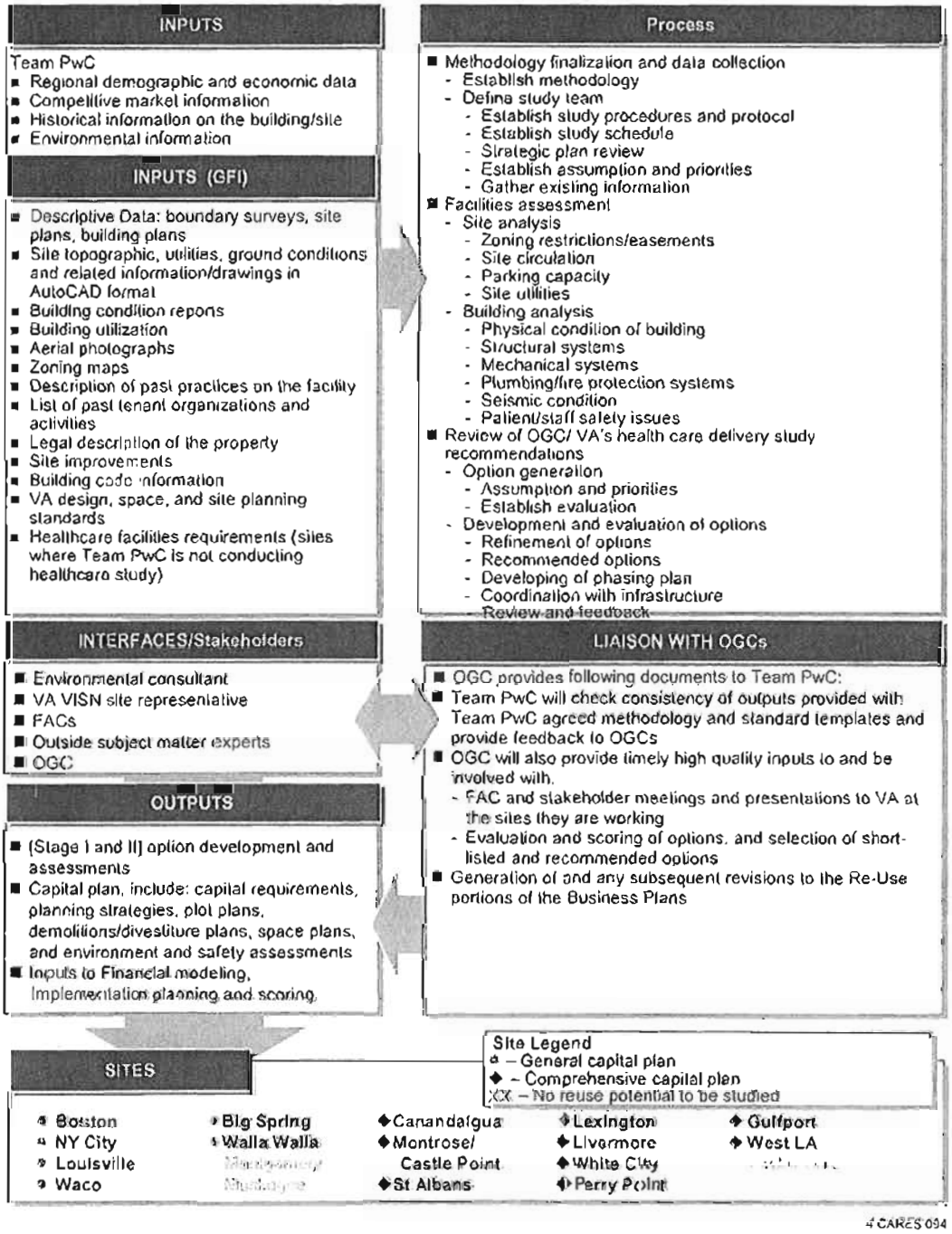

Figure 32. Our capital planning applies repeatable processes for each site delivering consistent, effective and measurable results

2 – 174

what GFI is required, as timely access to this information is critical to the success of capital planning.

Our consistent and uniform approach to each of our studies is based on proven processes. Because we employ a repeatable and measurable process, we are able to maximize process effectiveness from efforts in continuous improvement gathered from lessons learned from each site we analyze.

I.5.3.2.2 The Study Process

Applying our methodology, we engage in the capital planning study and set a course of action by defining the study team, defining a study schedule, and outlining the strategic objectives.

Next, we gather and analyze existing site, building, and environmental information and develop gap analysis. We provide information on a regular and ongoing basis to Team PwC management for further course of action.

We then perform physical site assessments and staff interviews, as scheduled and analyze the findings, and compare the results to the existing information previously provided. The physical site assessment involves site analysis, zoning, restrictions and easements, and site utilization.

With respect to the buildings we evaluate the physical condition, structural, mechanical, electrical and plumbing/fire protections systems.

From the assessment information gathered, we establish and compile a set of assumptions and assertions and with this information; we begin the process of developing and evaluating options. Next developed and documented are possible identifiable scenarios and option potentials, followed by refinement to the first set of options. Finally, we evaluate and make our initial option recommendations. Throughout our process we involve Team PwC, FAC, Stakeholders and contractors as defined by Team PwC Master Plan and Schedule.

I.5.3.2.3 Capital Planning Proposal Assumptions

To achieve the plan objective and required outcomes in Figure 33 are a set of initial capital planning assumptions that outline our understanding of the proposal requirements

Capital Planning Assumptions

- Studies created by parties other than Team PwC, all information will be provided in a consistent format requested by Team PwC in accordance with agreed upon time frames
- Studies conducted by others, information will be provided in an agreed upon format
- VA assistance will be provided at each site to coordinate logistics of data gathering, meetings and site personnel resources
- We will catalog and evaluate information pertaining to the physical, functional and spatial aspects of VA buildings
- Information gathering process entails interaction with hospital administration, department heads, and engineering/plant operations personnel, and requires departmental meetings and inspection tours of building and properties
- We will conduct building analysis to include physical condition of buildings, evaluation of structural systems, evaluation of mechanical systems, evaluation of electrical systems, evaluation of structural systems, evaluation of plumbing and fire protection
- Conduct analysis of the marketplace to help create a plan that retains the property value in the long run
- We will establish study parameters at the onset of the study
- We will define the people to be informed, the methods and tools that will be used and the frequency of communication, so appropriate information is provided at the appropriate level and time
- The electronic format for surveys and facility floor plans is assumed to be in AutoCAD 2002 or 2004 format (where available)
- We assume that each study site has up to date existing building conditions surveys and reports that will be provided and will include the following information
  - Physical condition of the building systems
  - Electrical systems Structural systems
  - Mechanical
  - Plumbing and Fire protection/suppression system
  - Seismic condition
  - Environmental condition
  - Patient/staff safety issues

2 CARES 111

Figure 33. Our initial Capital Planning Assumptions are the basis of our understanding the VA CARES Project requirements

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i.5.3.3 Reuse Planning Methodology

Team PwC's Reuse Planning methodology provides a consistent, systematic and integrated process applied across Team PwC and OGC subject matter experts (SMEs), to maximize reuse potential and also leading to a realistic assessment of the values to be captured, timing of receipts and associated risks.

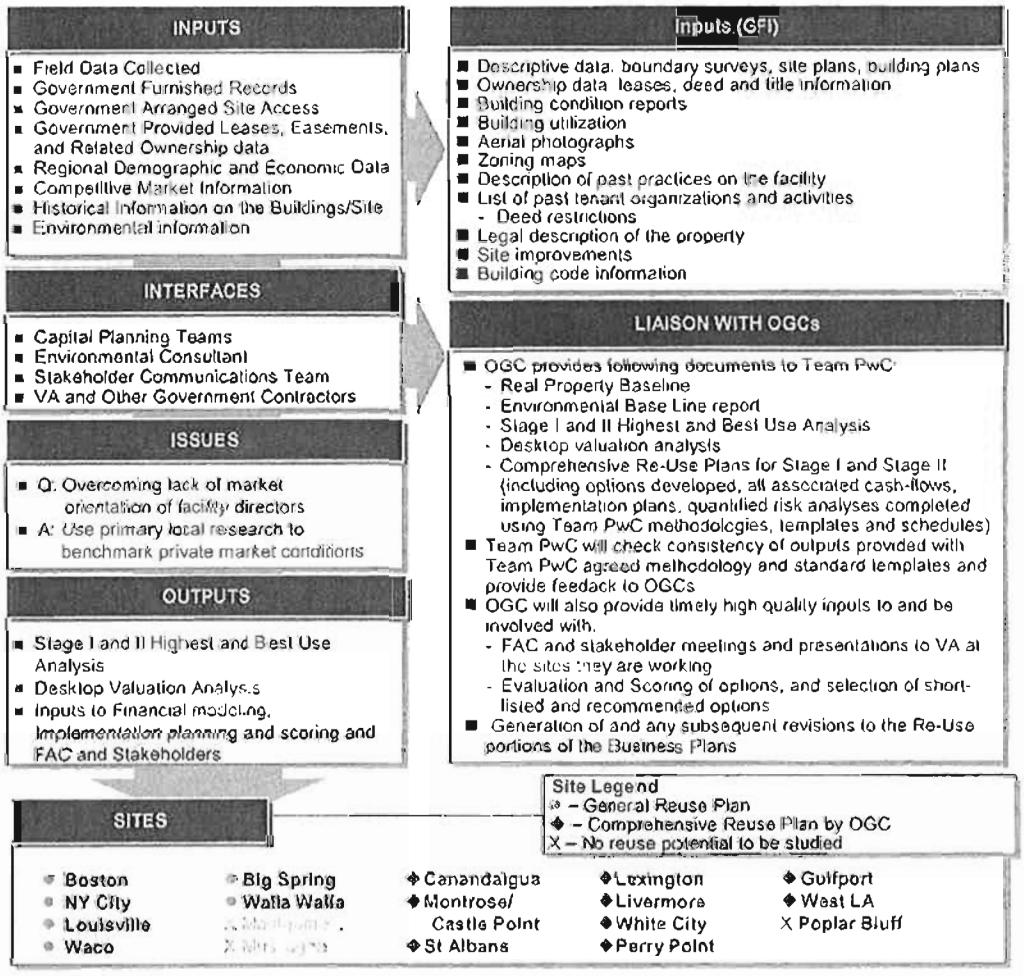
Figure 34 describes the task sequence and methodology for the General Reuse Planning Studies. A General Reuse Plan is conducted at six (6) locations where the property may not be available for a number of years, therefore a detailed analysis and real market condition assessment cannot be accomplished.

General reuse plans clarify real estate potential

- Two-stage process consistent with HAC, CPAS
- Highest and best use valuation for six locations
- Coordinated with comprehensive reuse studies

2 CARES 123

The objective of this element is to provide clear and realistic understanding of the real estate potential for each property, including an assessment of highest and best use, additional or enhanced uses at vacant or underutilized



2 CARES 121

Figure 34. Reuse Planning Apply Repeatable Processes for Each Site Delivering Consistent, Effective and Measurable Results

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locations, and the financial implications of modified use or management of these assets.

The approach is consistent with the two-stage overall process outlined for the Healthcare and the Capital Planning studies. Additionally, we expect to coordinate with the OGCs responsible for the Comprehensive Reuse Studies.

FAC and stakeholder input is obtained throughout the study period. Team PwC is responsible for all communication activities, including those required in conjunction with the Capital Plans and Reuse Plans developed by OGC at the sites listed in this Statement of Work.

Planning Phase

The initial, preparatory stage involves briefing the VA on Team PwC's detailed methodology for reuse planning and securing its agreement, together with the collection of information for each of the real property assets under review. Sources include the VA, as well as other members of the CARES team. This information includes the items listed as GFI in Figure 34 including as a minimum:

- Current descriptive data: land area and parcel description; buildings by size, function, and current utilization; condition of buildings and major systems; infrastructure description and assessment of deficiencies
- Ownership and financial data: deed and title information; current leaseholds and easements; recent patterns of capital investment; operating cost history
- Legal and regulatory context: political jurisdiction; taxation regime; land use planning and zoning framework

Based on a review of this information, we propose to visit and tour each location and interview facility managers and other key stakeholders to assess the validity of the information and to become familiar with the locations and their land use context.

Reuse team members meet with the Healthcare and Capital Planning teams at each site to determine the fundamental parameters with respect to reuse opportunities: retained facilities for VA use; facilities surplus to VA mission; timing and phasing of reconfiguration and mission-driven capital investment.

Real Property Baseline Reports together with Environmental Baseline Reports (see below) as early as possible in the engagement. These reports reflect the findings of the environmental advisors with respect to requirements and challenges of existing environmental conditions and summarize the documentation of the real property assets and identify the basic dimensions governing effective reuse will be completed. We also identify critical needed and currently missing information, as applicable.

Stage I Option Development

The initial-stage reuse planning studies incorporate the preliminary level findings of each of the other members of the CARES team and provide sufficient detail for an evaluation and priority setting review and approval stage with the FAC and VA.

This stage consists of the following key elements:

Preliminary Highest and Best Use Analysis

Coupled with the VA program requirements, this task allows us to identify the non-VA opportunities or uses appropriate to the site and facilities. A determination of appropriateness reflects physical, legal, financial, and economic criteria.

Market Overview

We recognize that the general reuse plans are to be developed for properties that may not be immediately available, and for which detailed market inputs may not be available or appropriate. However, an overview of market patterns relevant to reuse of the property helps to reveal basic opportunities and constraints and allows us to establish priorities and identify appropriate scenarios. We collect data with respect to inventory trends, absorption, rental rate patterns, development costs,

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marketing imperatives, and indicators of likely demand. Our team works with the VA to identify if there are DoD or other government users who have an interest in purchasing or collocating on a VA site.

Political and Legal Assessment

This task considers the local and regional political framework affecting potential reuse. We examine the basic land-use regulatory framework as well as potential issues specific to the jurisdiction: fiscal concerns, traffic impacts, environmental issues, and others as appropriate. We identify key constraints indicated, including an assessment of the potential for regulatory delay or risk.

Profile of Uses and Users

We identify the range of potential uses and the preliminary program requirements of each, including size, physical configuration and density, access, parking, utilities and infrastructure, supporting uses and amenities, preliminary development costs, market positioning, and other factors as appropriate.

Program Options

We array or combine the candidate uses into one or more program options that reflect highest and best use as indicated by the findings of the prior tasks. This allows the Capital Planning Advisers to "test-fit" the program on the site and to establish preliminary infrastructure and land development costs.

Desktop Valuation Analysis

At this preliminary level we first create a reuse pro forma financial analysis that establishes the basic viability of each use and of the overall development program. This consists of an initial determination of the basic real estate strategy, including potential transactional approaches as well as redevelopment. We:

- Estimate likely hard and soft costs, by category and for each use, and estimate likely unallocated infrastructure and amenity costs
- Create a schedule of potential revenues by source
- Estimate operating costs, by use; and
- Create a stabilized year cash flow pro forma to determine pre-tax net operating income and ability to support debt and equity financing

Based on the results of the Highest and Best Use study, we prepare a technical report documenting the anticipated economic characteristics of reuse options and implications for project financing, developer partner recruitment, public-sector funding requirements, and risk and provide inputs and assumptions for use in the overall financial analysis. This report provides a key input to the scoring of the preliminary options.

Stage II Option Refinement and Testing

The analyses in this Stage II reflects the review and feedback from the FAC and VA, and integrates the findings of each member of the CARES team. We build on the reuse options and scenarios identified in the initial stage for selected options and produce a refined set of deliverables. Distinctions in the second stage methodology are as follows:

- Greater reliance on primary market data, including interviews with local representatives and regional market sources and identification of comparable-asset costs and revenues
- Discussions with key regulatory stakeholders to assess the viability of changes in zoning or other regulatory shifts
- More detailed consideration of potential redevelopment or reuse incentives, including direct investment, tax credits, and similar approaches
- A multi-year cash flow pro forma financial analysis designed to evaluate prospective returns to VA and third parties, provide for various transaction structures, and easily facilitate sensitivity analysis
- An assessment of funding and financing options for the redevelopment or repositioning of the asset

Additionally, we recommend appropriate implementation strategies for the reuse plans. This includes recommended responsibilities for VA, development partners, and others as appropriate arrayed against an expected timeframe. This second stage produces a refined highest and best use analysis, desktop value analysis, and implementation assessment for the business planning team.

Environmental Baseline Study (EBS)

Figure 35 provides an overview of the EBSs, using the ASTM E1527-EE Standard Practice for Environmental Site Assessments (Phase 1), conducted at specified sites and the outputs provided. The objective is to evaluate existing environmental and safety problems already identified by the VA and apply them to potential future operations/reuse of a site. To accomplish this objective, Team PwC uses environmental specialists to review the GFI (including all information required to meet the ASTM standards) and this together with site access will be provided shortly following the kick off meeting (by week two of the project).

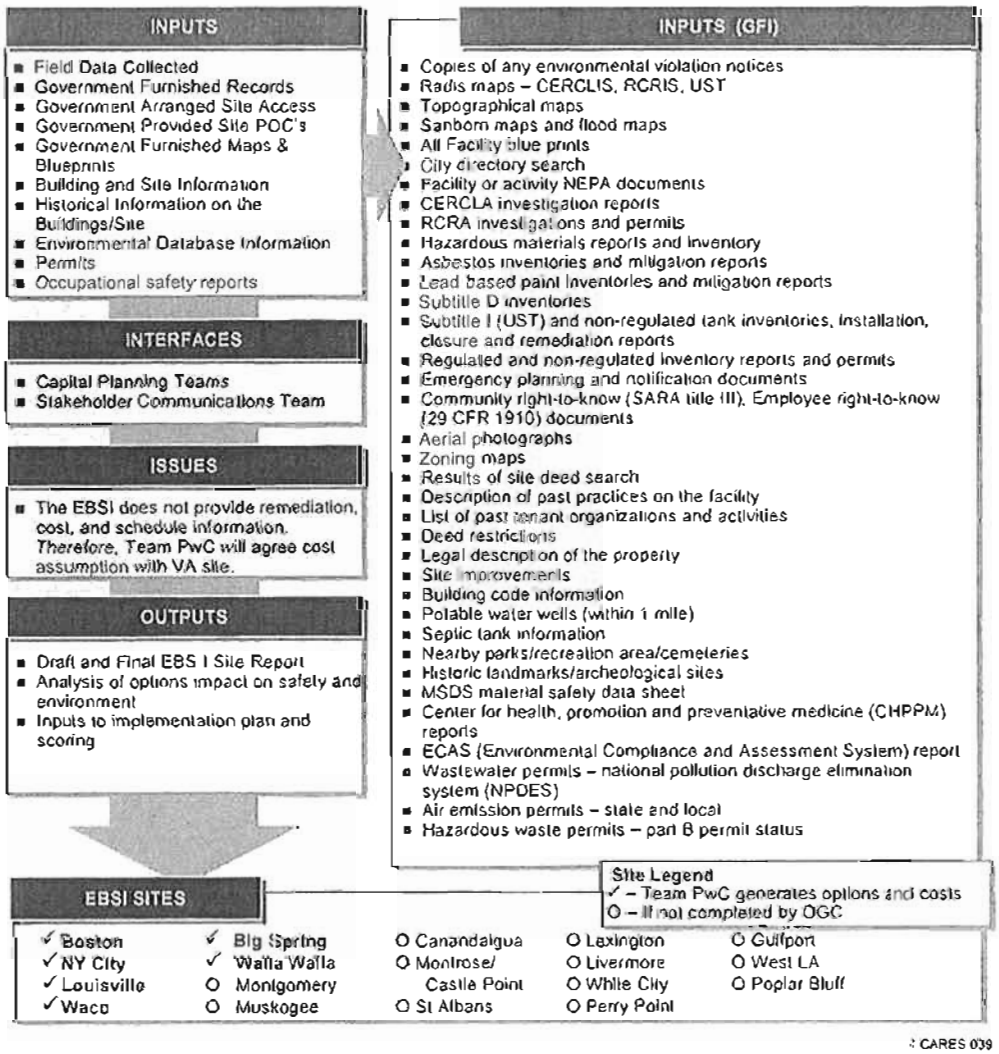

Figure 35. Environmental Safety Methodology Apply Repeatable Processes for Each Site Delivering Consistent, Effective and Measurable Results

i.5.3.4 Business And Implementation Planning

Team PwC's approach provides an objective, independent analysis supporting developing and selecting options and creating business plans through implementation planning, financial and risk analysis.

Option Evaluation Assessments

A two-step process guides option evaluation by a panel of experts. As indicated in Section i.5.2, Team PwC proposes a down selection process at Stages I and 2 of the project that ranks options based primarily on the results of quantitative and other objective tests. Team PwC understands that this approach is consistent with prior CARES studies as illustrated in Figure 36 based upon our review of the Draft CARES National Plan.

For Stage I, Team PwC's role is to develop a broad range of potentially viable options (or option archetypes) to meet the healthcare demand forecast provided by the VA; conduct initial high-level assessment of these options against key initial screening criteria; secure input and feedback from the FACs at each site on the options considered and provide the VA with a report (and presentation as necessary) to enable the VA (and the CARES Implementation Board in particular) to select a limited number of options (most likely 3-6) to be studied in State II. The development of options will draw-upon inputs and guidance from the FACs at each site and key stakeholders as indicated in the Stakeholder Management plan. As part of the Stage I report Team PwC's anticipates providing the VA with an assessment of the relative merits of the various options presented and suggestions as to which of the options are most likely to meet the VA's objectives.

Best in class process
▪ Objective independent assessment ▪ Pass/fail and quantitative measures use to rank options ▪ Qualitative/more subjective factors used to inform decision makers

CARES 126

Stage II ultimately involves Team PwC providing the VA with a recommended option and a business plan to support it. The selection of a recommended option by Team PwC will involve the use of an option scoring and ranking process that will be approved by the VA during the Planning Phase.

The recommended option selection process involves a two-step process. The first step, applies a set of "key initial screening criteria" as the basis of the assessment of whether or not a particular option has the potential to meet or exceed the CARES objectives. Team PwC considered that options must have the potential to meet or exceed key initial screening criteria basis before consideration by a second set of discriminating criteria.

Discriminating Criteria	How considered in VISN 12 Phase I study:
Health Care Quality as Measured by Access	This category focuses on 3 components of access: travel time to obtain services, a 30-day scheduling goal for primary and specialty care, and a maximum 20-minute waiting time for a patient to be seen by a clinician.
Health Care Quality as Measured by Veteran Satisfaction	This category focuses on whether an option improves the current satisfaction of patients for access to care, coordination of care, and overall satisfaction. Surveys were conducted to ascertain patient preferences so that these may be considered in option development.
Optimizing Use of Resources	This category assesses cost and revenue opportunities associated with an option. It includes five performance measures including life-cycle cost, enrollment cost, VA and community integrations, marketing access capacity, and enhanced use opportunities.
Support Other Missions of VA	This category assesses an option's impact on the following missions: research, education, one VA, and VA and Department of Defense (DoD) contingency support.
Staffing and Community Impact	This category assesses an option's impact on VA/DoD sharing and staffing and the community.

1 CARES 089

Figure 36. Discriminating criteria consistent with previous studies

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Team PwC anticipates achieving agreement with the VA at a national level during the planning phase on the processes to be used and all evaluation criteria and weightings to be used.

Team PwC assumes that the Screening Criteria are based on the performance-based objectives set for the program, namely:

- Maintains or improves quality
- Maintains or improves access
- Results in a modernized, safe healthcare delivery environment
- Compliant with existing laws, regulations, and VA requirements

In each case, PwC healthcare professionals and other subject matter experts, as necessary, will undertake an assessment of each option and provide assessments against pre-defined criteria. Such assessments are likely to involve consideration and scoring of a range of sub-factors using quantitative criteria reducing subjectivity. We define during the planning phase, as noted above, all factors, sub-factors, scoring criteria and weightings.

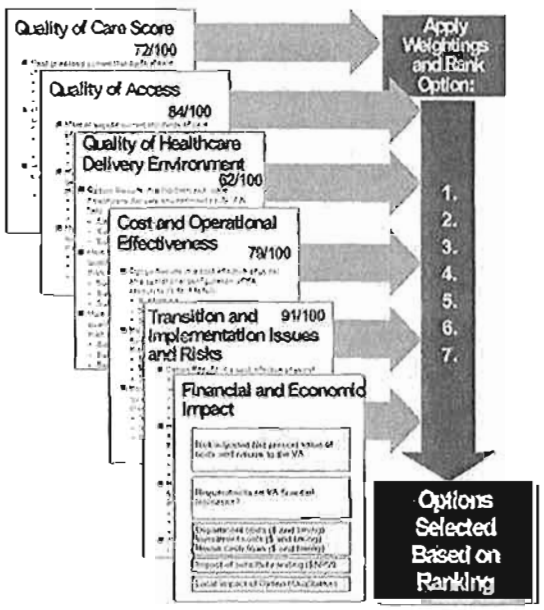
Team PwC also proposes, to use a second set of evaluation criteria called "Discriminating Criteria" to rank options.

As indicated in Figure 37 the criteria, "Optimizing Use of Resources" is expanded to include consideration of the dominantly economic objectives of the program, measured as part of the assessment of the Net Present Costs for each option in the economic and financial assessments.

Dominantly Economic Objective	How Considered
Results in a cost effective physical and operational configuration of VA resources	Estimates of the risk adjusted life cycle costs to implement each option will form the basis of the Net Present Cost of each option
Maximizes reuse potential of VA owned sites	Estimates of the amount and timing of any cash (risk adjusted) the VA could receive (or may be required to invest) from the reuse of VA owned sites and facilities, be that through disposal, lease or some other arrangement, will be included in the Net Present Cost of each option

1 CARES 090

Figure 37. Measure achievement of economic objectives



1 CARES 050

Figure 38. Option scoring and ranking process – largely objective process combines qualitative and quantitative measures to rank options in terms of how ell they meet or exceed the project's objectives

These criteria use predetermined weightings and, through the application of the discriminating criteria and sub-factors, their overall scores rank the options. External experts cannot solely set the weightings.

Weightings must incorporate the judgments of stakeholders and decision makers. Team PwC has a robust, detailed, objective approach to obtaining stakeholder input. Team PwC uses factors and weightings based on lessons learned from prior CARES studies, where appropriate guidance and procedures all ready in use in the VA for these types of decision (e.g. for use in making capital planning allocations or medical care provision choices) as well as additional factors and techniques. During the Planning phase, we:

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- Confirm the information and level assessment/guidance required by the VA for its option selection process at the end of Stage I.
- Identify and validate initial screening and discriminating criteria, sub-factors and weightings with the VA team
- Finalize absolute and discriminating criteria, sub-factors and their respective weightings with the VA.

Figure 38 is an overview of the scoring process at each stage. Team PwC has a robust financial analysis approach because it integrates costing and scoring inputs from SMEs from each of the relevant study areas into the process. The SMEs prepare the costing and assessment information forming the basis of financial analysis and supporting scoring.

Team PwC understands the need to establish and use a process that offers an objective analysis and assessment of each option's relative merits as well as the need to engage key stakeholders in the scoring process. As a result, Team PwC scores the options using a combination of SMEs drawn from within Team PwC and other SMEs as agreed by COTR. Scoring is conducted through a facilitating panel. The panel's score for a factor becomes the score used for the option with any dissenting panel votes noted. Consensus is achieved by all parties including Team PwC related to scoring for all quantitative factors (like the Net Present Cost of an option).

The process continues as follows:

- At the end of Stage I and II, meetings with the FAC occur where Team PwC offers the FAC the opportunity to review Team PwC's option assessment and to provide comments.
- At the end of Stage I, Team PwC provides the VA with option definitions, assessments and selection suggestions, along with the FAC's comments, of which three options to be studied further in Stage II for each site.
- Approximately midway through Stage II, Team PwC provides the VA and FAC with the results of additional and more detailed assessments, and recommended options for selection

As indicated in Section 1.5.2 Staging and Sequencing, PwC would refine and revise the option analysis and business plans to reflect feedback provided by the FAC and the VA.

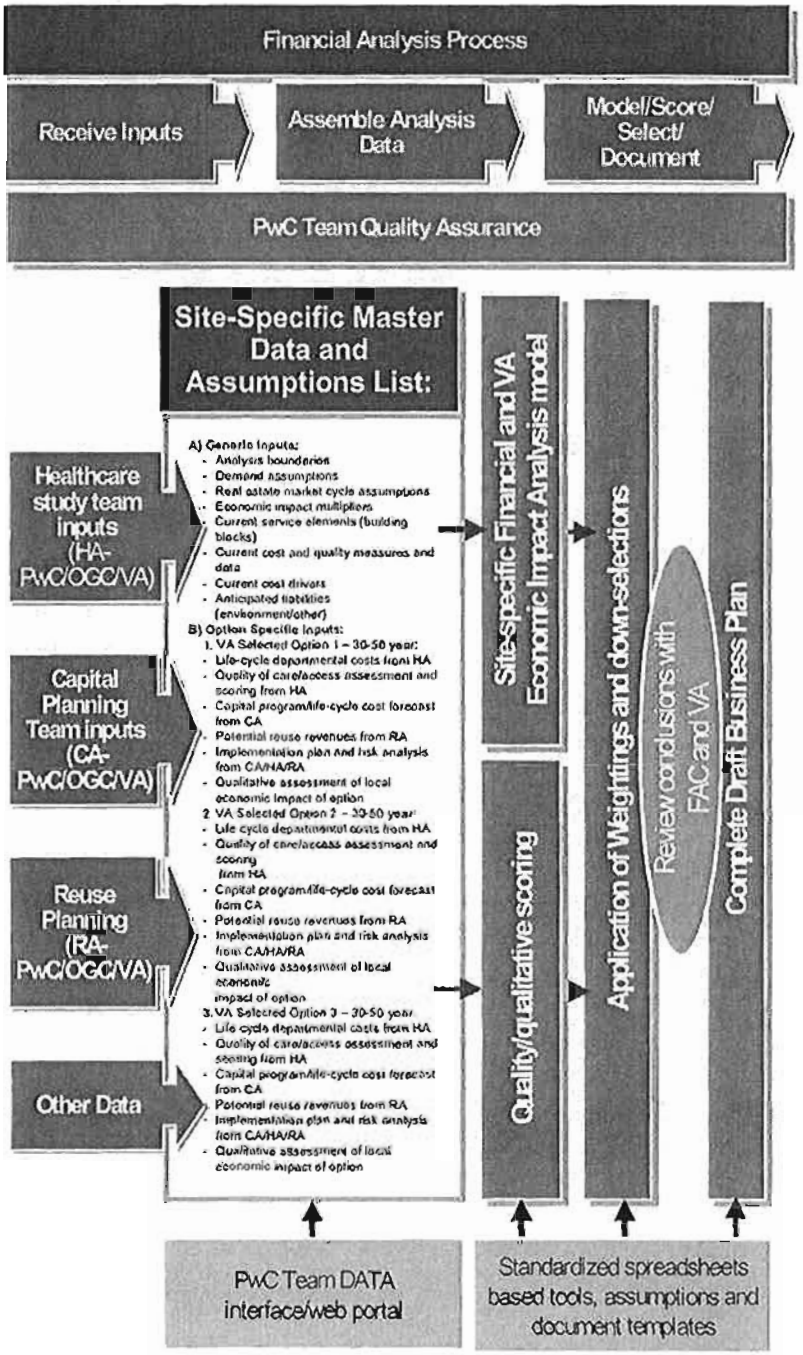
Determining the Financial and Economic Cost of Options

Figure 39 provides an overview the Financial and Economic assessment process, the elements of which are to be approved in the Planning Phase, that Team PwC uses to provide the VA with a detailed cost effectiveness financial analysis for each option selected.

These analyses use high level (Stage I) or detailed (Stage II) cost and performance data generated by the Healthcare Delivery Study (HA), Capital Planning (CA) and Reuse Planning (RA) teams as indicated in Figure 39 into a Master Data and Assumptions List (MDAL) for each Option at each site. All cost data used is to be based on either actual data, robust genuine pre-estimates from Team PwC's (or OGC's as indicated in Figure 18) knowledgebase or industry benchmark data.

Standardized spreadsheet based tools and assumptions are used where these are not replaced by more specifically detailed studies – like the comprehensive plans and more detailed departmental costings required for this SOW. Following the planning phase, Team PwC issues standardized data input templates to each site team and establishes the MDAL.

The financial analysis contains operating (recurring) costs; capital costs (non-recurring); and receipts (re-use proceeds) cash flow projections spanning a 30-year planning horizon (2003-2033). These cost projections are developed by HA, CA and RA teams in a form that allows the Financial Analysis team



5 CARES 016

Figure 39. Robust efficient process, enabled by InVision®, to ensure consistent results

(FA) to use common general assumptions (e.g. inflators); conduct sensitivity and risk testing. The level of detail is consistent with the requirements of the SOW, including:

- More specific department/service level cost analysis for healthcare provision (that builds upon the earlier CARES analyses).
- Team PwC has reviewed templates provided on www.va.gov/oaem, and has compared the Cost Effectiveness Analysis templates (particularly CEA Template 30 Year.xls) with the requirements set out in the SOW and Team PwC's methodology.

Team PwC assumes that the OGC's conducting Re-Use Studies will provide Team PwC with, amongst other things: (a) the net cash-flows associated with Re-Use Planning options, in a form consistent with Team PwC's own Re-Use Study Team's inputs and overall financial analysis, which will including options not limited to: land disposal, enhanced use leases of fully and partially vacated land and/or buildings (including surplus space within VA managed buildings), land swaps, and cost build-ups including all the costs and potential revenues associated with implementing the re-use plan option; and (b) assessments and option scoring consistent with the Team PwC approach.

Team PwC validates and expands the Office of Enterprise Asset Management's (OAEM) templates provided during the Planning phase to:

- Address multi-site solutions
- Include all issues and costs, including the transition costs across these solution sets
- Use both cost and drivers and common assumptions (such as inflators for each cost type versus a single inflation assumption)
- Facilitate the quantification of risk impacts and the generation of risk adjusted life cycle cost estimates for the baseline and alternative options
- Generate the expected level of detail including the more specific department or service level cost requested in the SOW
- Assist in the generation of key quality factors
- Provide a high level of the potential local economic impact associated with each option compared with the economic impact of the status quo.

Additionally, PwC uses specific analysis tools that function as add-ins to Excel which facilitate data exchange with other Team PwC tools. These tools support risk analysis (e.g. @risk) and scenario testing; aid the assessment of high level economic impact (e.g. IMPLAN) and, as necessary, integrate with other existing CARES or other VA tools to either streamline the process or provide a readily acceptable alternative to Team PwC-provided tools.

As part of both the Healthcare Studies and the Reuse plans, we develop (together with OGCs) "shadow-bids" as required to conform to a number of potential option elements where market indicators alone may provide misleading indicators of the cash flow impact of the option.

Enhanced Use-Leasing (EUL) and other outleasing arrangements - Unlike full sale disposal approaches, EUL approaches can result in a series of cash and in-kind over the term of the lease and may or may not result in a buyout capital receipt prior to expiry. The value extractable under such an agreement may well depend on the nature of the VA's residual use of the site or facility. Team PwC generates "Shadow Bid" models as required for significant EUL opportunities (Team PwC anticipates that the OGCs would develop similar models for the sites where they conduct Re-Use studies). Depending on the extent of historical properties on particular sites, such models may include provision for assessing the beneficial effect of historic tax

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credits and similar incentives. Members of Team PwC have recently supported bidders for EUL's on non-VA sites and have these types of tools available.

Alternative care solutions –Where long-term care is required and surplus land or facilities may be available on an existing VA site, the VA has a range of options available to meet the requirement that may include:

- Building, owning and operating a VA nursing home on the site
- Establishing a contract in the community for another party to provide a nursing home on their site
- Granting a ground lease to a Service Provider (SP) to build, "own" and partially operate a nursing home on the VA site. Sub-options include the VA continuing to provide medical and nursing care; whereas the SP manages the facility and conducts the remaining non-care services. In these cases, we use a hybrid shadow bid and operational costing model to identify the likely costs of Public Private Partnerships (P3) solutions. Similar modeling fits for cases where the VA or other federal Government users require space/facilities on particular sites.
- The outputs of the detailed cost effectiveness study include:
  - Status Quo and for each option analyzed:
  - Risk adjusted baseline life cycle costs expressed in real and nominal terms (30 years)
  - Discounted cash flows and Net Present Values (NPV) calculated in accordance with OMB Circulars A-11 & A-94
  - Expenditures by type and source
  - Department or service level costs for each significant healthcare facility
  - NPV for each option analyzed relative to the Status Quo (Baseline Costs), as well as Return On Investment (ROI) analysis, Internal Rate of Return (IRR) and payback periods for the investments by the VA in alternative options
  - All options analyzed are fully described and documented and data sources recorded in the option MDAL

As noted above, Team PwC provides initial indications of the potential economic impact on the local economy as part of the Financial and Economic assessment. We consider this particularly important in those sites where closing the site or significantly scaling back services.

Economic Impact

Health facilities directly affect the local economy by employing local residents, purchase of equipment and services from community businesses, and provision of healthcare services to local residents. There are also important indirect economic impacts. For example, each dollar spent in the community by a health facility provides income to the owners and employees of the local establishments. These owners and employees in turn spend some of their income locally, increasing the income of another group, and the effects would continue to "echo" through the local economy. This echo, or multiplier effect, means that a single dollar spent locally by a health facility means much more to the local economy than just one dollar. Team PwC uses the IMPLAN model for the analysis, which is a well-established regional input-output model commonly accepted and used by economists to address a wide range of impact topics in a given region (county, state, or national). The model is primarily based on government data sources (BEA, BLS, and Census) and is used extensively across federal, state and local governments and across all industry sectors, including healthcare. This analysis, however, is an initial indication of potential impact and a fuller and broader analysis of impact as part of an Economic Impact Assessment or State-

ment in accordance with NEPA regulation would be advisable prior to implementing any final decision.

A typical local economic analysis includes:

- Community impact
- VHA Facility impact
- Neighboring Facilities impact and sub-tier considerations including VA staffing, occupation mix and social considerations such as day-care, training, parking, etc.

Implementation Planning

As with the Financial and Economic Analysis, Team PwC coordinates and integrates the inputs of the various study teams to establish consistent implementation plans for each option considered in Stage II and in more detail for the recommended option.

Team PwC's standard implementation planning process is used to prepare brief implementation plans for each option:

- Team PwC reaches consensus with the VA on certain key assumptions, such as the timing of approval and funding decisions
- Healthcare study team conducts transition planning for healthcare delivery for each option selected and provides coordinated implementation plans
- Capital planning teams provides coordinated implementation plans for all physical infrastructure activities (approval, design, construction, commission, demolish/vacate, etc.)
- Reuse planning team provides coordinated implementation plans for all reuse options
- Team PwC's process identifies potential risks or external influences that may adversely impact the implementation and applies appropriate mitigation approaches
- Implementation plans are critical to the development of robust financial and economic assessments and to the scoring of options.
- Implementation plans are critical to the development of robust financial and economic assessments and to the scoring of opinions.

Implementation plans provide assumptions on the NEPA process timeline and, subject to the results of the studies, takes into account the need for environmental clean-up or remediation and the need to allow for complete environmental impact assessments or the longer environmental impact studies and associated public hearings.

Risk Analysis

PricewaterhouseCoopers LLP, on behalf of the Committee of Sponsoring Organizations (COSO), is the author of the leading standard for Enterprise Risk Frameworks. The COSO framework provides guidance on risk to

The VA OAEM Risk Evaluation Process
1. **Identification and scoring of the project risks:** the Office of Enterprise Asset Management risk template serves as the guide. Each identified risk needs to be scored based upon an assessment of likelihood and impact. The end result of this step is a risk score for both the proposal and each of the individual risks.
2. **Rationalization:** This step is evaluated as the Quality of Risk Analysis criterion of the Capital Investment Decision Criteria model for the 300 Acquisition applications. In completing an option analysis, the rationalization process will focus on the identification of appropriate risks from the ten categories based upon the option identified. This step provides an opportunity for the study teams to define their justifications and conclusions regarding each individual risk
3. **Establishing a control plan to mitigate associated risks:** This step is evaluated as the Quality of the Risk Control Plan criterion of the Capital Investment Decision Criteria model. This step requires the proposal team to determine risk controls based upon their available resources and identify responsible parties to achieve mitigation
These steps, deliver a complete project risk assessment, providing an overview of anticipated project risks and an approach to control impacts. The VA's VA Capital Investment Methodology Guide FY 2005 D. Risk Analysis Guide presents the tools the VA has determined are needed to accomplish this task, including a risk template and examples of risk controls

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Figure 40. Team PWC utilizes existing VA processes where possible

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Management and decision-making that is critical to the development of achievable implementation and transition plans and the development of business plans. COSO specifies a process similar to the one outlined in the OAEM Risk Analysis Guide and through the application of the risk analysis template. Additionally, COSO specifies approaches to the characterization and assessment of risk as well as alignment with objectives and controls. In the development of business plans, Team PwC's thorough risk analysis includes the ten areas specified in the Risk Analysis Guide. These ten areas include: Organization and Change Management, Business, Data/Information, Privacy, Technology, Strategy, Security, Project Resources, Project Schedules and Legal/Contracts to maximize the effective of the CARES project.

Team PwC's standard Enterprise Risk Model™ Approach is used, in conjunction with the OAEM model to provide a framework for cataloging all known risks and immediate effect analysis of any solution-wide (e.g. demand, cost inflators, economic factors, interest rates) or dependent risks (typically the timing and duration of events and activities – like when will construction start and when will the new hospital open).

As indicated in Figure 40, the risk evaluation process is composed of the three steps: identification and scoring of risks, rationalization and control.

Cost allowances for non-interdependent cost estimating type risks are built into those estimates by the relevant SMEs for each of the healthcare operating, capital planning and reuse planning costs.

Team PwC's capability within the Financial and Economic model undertakes a wider and more detailed risk impact assessment for a limited number of key risks as part of the Financial and Economic Model.

Business Planning

Team PwC's key deliverable in Stage II is a business plan with a minimum of three options and a maximum of six options at each site that describes the location of services, capital infrastructure required, and reuse potential. Our business plans provide an objective independent external analysis and option formulation process. Team PwC's business planning process incorporates financial, economic, healthcare trends and data in the development of business plans. Moreover, we include stakeholder input the development of business plans. Another key aspect of the Team PwC business plans is the inclusion of strategies for managing the transition of care, if applicable.

The business plans assess the feasibility, cost effectiveness, quality, location, and best use for property.

As CARES has a wide array of stakeholders, we provide a mechanism to incorporate the views of the various and diverse stakeholder groups. For instance, while developing the plans, we evaluate and consider the impact on VA employees while assessing the impact of another stakeholder group. Team PwC prides itself on the development of integrated business plans that leverages stakeholder input. Team PwC will develop draft business plans and present to the FAC for review and stakeholder recommendations. If Team PwC's draft plan differs from FAC recommendations, we explicitly detail how FAC information was considered and why a different option was recommended.

The business plans and subsequent presentations effectively communicate the findings of the study work to a wide range of audiences. Figure 41 provides a summary of the typical contents of the Draft Business Plan for each site. The Business Plans, together with the other outputs previously discussed are principal deliverables from the engagement. Team PwC outputs provide an objective independent external analysis and option development process. Therefore, the recommended option effectively answers the following question:

"What is the optimal approach to provide current and projected veterans with equal to or better healthcare than is currently provided in terms of access, quality, and cost effectiveness, while maximizing any potential reuse of all or portions of the current real property inventory?"

Team PwC is adept at presenting complicated and often sensitive issues and analyses to a wide range of audiences from the public of all ages and abilities to the most senior officials in the industry and government arenas. In addition to PwC's qualifications in this area, Team PwC includes a leading communications firm with significant policy and federal experience, to assist with the stakeholder management process.

As indicated in Section i.5.2 Staging and Sequencing, the results of these analyses and the output from the business and implementation planning are synthesized. This synthesis process is used to translate difficult and complex financial concepts into simple language and visuals facilitating stakeholder understanding of options for care considered; their relative merits, and the effective use of existing resources.

Key Outputs

In addition to regular progress reports provided throughout the engagement, Team PwC will provide the VA with the outputs listed in this and previous sections. Many of these outputs will be condensed into a single Business Plan for each site. Figure 41 Business plan contents provides an example contents page for one such business plan. In addition, Team PwC will conduct briefings and provide briefing materials for both its own, VA's and FAC's use and for presentation of options at stakeholder and/or FAC meetings. Figure 42 on the following pages summarizes project outputs.

Business Plan

EXECUTIVE SUMMARY
1. INTRODUCTION
2. DECISION MAKING PROCESS
   - A. Overall process: Qualitative and Quantitative factors used and Weighted Scoring factors Agreed
   - B. Consultation and approval process
   - C. Other Independent Reviews (if any)
3. SUPPLY OF HEALTHCARE SERVICES IN THE [SITE] HEALTHCARE SYSTEM
   - A. Service Delivery (HA)
   - B. Assessment of adequacy of current healthcare environment (HA)
   - C. Real Property Description (including Environmental Factors) (RA)
   - D. Other Factors
4. DEMAND FOR HEALTHCARE SERVICES (HA)
5. LONG LIST OF OPTIONS CONSIDERED
   - A. Long list of (3 min-6 max) options (high level description)
   - B. Results of Analysis of Long-listed Options (high level costing and quality scoring)
   - C. Options Shortlisted (3 max)
   - D Feedback received from FAC's and key stakeholders
5. Shortlisted SERVICE DELIVERY OPTIONS (HA)
   - A. Service Delivery Short –list selected
   - B. Analysis of Short-listed Options (description, costing, and quality scoring)
6. CAPITAL INVESTMENT REQUIREMENTS of Shortlisted Options and Analysis of Short-listed Options (high level description, costing, and scoring)
7. Shortlisted RE-USE OPPORTUNITIES
   - A. Reuse Short –list selected
   - B. Analysis of Short-listed Options (high level description, costing, and scoring)
8. SELECTION OF RECOMMENDED OPTION
   - A. Approach (Financial & Economic Analysis, Scoring, Combination)
   - B. Results of Analysis of Short-listed Options
   - C. Recommended option
   - D Feedback received from FAC and key stakeholders
9. RECOMMENDED OPTION DETAILS

APPENDICES
- Healthcare Needs and Clinical Assessment
- Detailed Options Definitions and analyses:
  - Description of healthcare solution and assessments of health care impact, human resource impact, research and education impact, safety and environment impact.
  - Capital Plans, including detailed description of location and size of retained VHA facilities and facilities needed for the delivery of accessible, cost effective quality care to veterans
  - Construction and lifecycle operating costs associated with transitions into or out of existing or new/rehabilitated VA facilities and departmental level operating costs
  - Reuse opportunities
  - Transition and Implementation plan
  - Risk Analysis
  - Financial and economic analysis
  - Option assessment evaluation
- Real Property Baseline Report
- Environmental Baseline Report
- Highest and Best use analyses, valuation and reuse plan
- Supporting documentation from Stakeholders, Affiliated organizations and FACs
- Appropriate Documentation supporting option ranking

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Figure 41. Likely contents of a draft business plan

Output Summary	
Area	**Outputs**
Project Management	Quality Assurance Plan Site-specific Timeline with milestones and designated teams Templates for Progress and Status (agreed templates) Reports Project Team Assignments Contractor Management Plan (Collaboration Plans) Certificate of Completion for each deliverable
Stakeholder Management	FAC Support and Communication Plan Training and education plans Public website identifying site study progress reports and FAC deliberations Meeting notes from at least 4 site FAC meetings Monthly updates to the site FACs FAC meeting schedules, records, agendas, and testimony schedules FAC meeting input from stakeholders Inputs to implementation plan and scoring
Capital Planning Studies	Analytical methodology (with templates and formats) General Capital Plan Comprehensive Capital Plan (includes capital requirements, planning strategies, plot plans, demolition/ divestiture plans, space plans, environmental assessment, safety assessment) Stage I,II Highest and Best Use Analysis Desktop Valuation analysis Inputs to Financial Modeling Real Property Baseline Report Inputs to implementation plan and option assessment
Reuse Planning Studies	Analytical Methodology (with templates and formats) Highest and Best Use Analysis Desktop Valuation General Reuse Plan Comprehensive Reuse Plan Inputs to Financial Modeling Inputs to implementation plan and option assessment
Environmental Studies	Draft Environmental Baseline I site report Final Environmental Baseline I site report Analysis of options impact on safety and environment Inputs to implementation plan and option assessment
Healthcare Delivery Studies	Analytical Methodology (with templates and formats) Technical reports on each process task Inventory of impacts Mitigation strategy for negative impact by business plan option Workforce transition plan Staffing model Financial projections for human resource plan Stage II report on each clinical analysis task (1-10) Executive Summary of all task reports. Summary data for second FAC and stakeholder meetings to facilitate selection of recommended option Workforce transition plan Inputs to implementation plan and scoring Detailed cost per option including savings and FTEEs Transition costs per option
Business and Implementation Planning	Scoring Methodology and Scoring Transition and Implementation Plans supporting option development Risk assessments supporting option development Financial Analysis Supporting Option Development 3-6 Site Specific Options Site Specific Option Recommendations and Final Options Business Plans

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Figure 42. We are compliant with deliverable requirements, providing them from appropriate project activities

i.6 Benefits and Innovation

We have identified opportunities for innovation increasing our capability to accelerate scheduled delivery while maintaining the highest defensibility of outputs.

A Team Supported by a Pre-Eminent Advisory Panel. To augment our team and assure that additional leading minds are made available to this engagement, we have assembled a panel of pre-eminent private consultants including academicians, legal advisors, real estate advisors, healthcare strategists and researchers who have significant experience with the Department of Veterans Affairs. This panel provides expert guidance and direction on the application of our methodology. The Advisory Panel increases Team PwC's capacity to effectively deliver through:

- Holding meetings on a regularly scheduled basis, initially addressing methodology design and data collection, and later assisting with the application of scoring techniques, issue management and stakeholder communication
- Providing an immediate ability to identify additional subject matter experts, as required, to address specific considerations in healthcare, reuse, capital planning and stakeholder management
- Increasing awareness and knowledge of stakeholder considerations and impacts on the community

A Team With the Robust Tools to Deliver Results. In addition to our team of specialists and the Advisory Board, Team PwC brings tools and methodologies central to successful project management efforts.

Project InVision® is a project management tool providing leverage of best practices across all sites. It benefits VA by:

- Increasing connectivity across the site leaders and site teams
- Providing a structured site for sharing project information and reporting progress

Team PwC benefits its clients through strong methodologies and deep experience

- In-house project management specialists have developed an airtight approach to running large-scale projects
- Robust tools and methodologies have been repeatedly tested and refined to deliver the most current management practices
- Our global network of seasoned professionals provide thought leadership and innovation to our clients

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Knowledge Exchange is an internal repository for methodologies and tools aiding projects across all of our service offerings, including healthcare practices, financial management, etc., and offers the following:

- Extensive project management techniques developed and tested by our internal experts
- Communications strategy approaches that have been central to our many change management projects

PwC's Proprietary **Global Best Practices** database gives our clients the edge, with direct access to proven business practices and benchmarking across industry lines.

- Best practices and benchmarking for over 150 critical business processes
- Assists clients in developing processes to make their projects successful

With these dynamic resources at hand, Team PwC has the support of established methodologies and lessons learned from over 125,000 seasoned professionals, world-wide. We are proud of PwC's outstanding reputation for providing thought leadership and developing effective tools that help drive our clients toward their desired outcomes. Our depth of experience in providing communications and project management assistance is what VA needs to accomplish the significant objectives of the CARES project.

ii. EXPERIENCE OF THE CONTRACTOR

ii.1 Introduction To Team PwC's Experience

The greatest demonstration of our commitment to serve the VA for executing CARES Business Plan Studies is in the team of professionals we have assembled. Our goal is to exceed your expectations with a service team to providing independent business analysis that forms the foundation for implementation decision-making.

You posed the question, "What is the optimal approach to provide current and projected veterans with equal to or better healthcare than is currently provided in terms of access, quality, and cost effectiveness, while maximizing any potential reuse of all or portions of the current real property?" PwC has selected a team representing our firm's most experienced professionals and leading industry experts in healthcare, planning, reuse and communications to answer this question. Team PwC's professionals have the diverse industry experience and functional skills required and are also people in whom you can build confidence and trust. Team PwC is positioned to provide both an independent business analysis from which you can base implementation decisions, and perform a critical analysis with heightened sensitivity to the multiple stakeholders both outside and within the government.

The most important element in ensuring that you receive proactive, value-added service is the engagement team selected. To that end, Team PwC recognizes the need for:

A Team That Understands Your Environment. Our National Project Manager, Dr Peter Erwin, has significant experience managing large, complex projects across multiple geographies. He is supported by a National Leadership Team with deep experience of the VA and its stakeholders and VA oversight groups. Our Advisory Panel includes Patrick Ryan, a former Staff Director and Chief Counsel to the Committee on Veterans Affairs in the U.S. House of Representatives. In addition, our Advisory Panel includes Tony Kushnir and Michael Simmons, each bringing significant VA experience in managing issues relevant to this effort. They will assist Team PwC's navigation through the VA, providing a deeper level of understanding of culture of the organization and sensitivities in working with multiple stakeholders both outside and within the VA.

A Team with Strong Leadership. The VA is a flagship client for PwC and we commit to serving the VA with most talented and qualified resources. We have an established quality assurance function with several leading Partners providing guidance and oversight to all project activities. This team, comprised of Paul Chrencik, Carter Pate, Peter Raymond, Bill Luallen, and Patrick Ryan, will ultimately enable all efforts to meet the VA's expectations. Paul Chrencik is the overall relationship partner for all of PwC's work with the VA. His broad-based healthcare consulting background provides a unique set of skills to assist the VA with this critical initiative Together they have more than 60 combined experience delivering solutions in healthcare and federal services. Carter serves as the Partner-in-Charge of PwC's Washington Federal Practice and is responsible for all of PwC's projects conducted for federal clients.

To support our team, we have assembled a group of professionals with significant experience in VA operations and healthcare delivery systems, healthcare policy and business planning on an international stage, real estate industry, medical teaching and training programs for interns and resident, public policy and relations. This group, formally designated as the Team PwC Advisory Panel, is charged with providing ongoing insight and feedback on project plans issues and other matters.

A Team That Has Deep Functional Expertise. Team PwC has specialty practices with extensive experience in working with complex healthcare organizations. The practices that have been chosen to serve the VA are in areas that include: Strategic Planning; Facilities Planning and Design; Care and Operations Delivery; Financial Analysis and Modeling; Research, Medical Education; Global Healthcare Trends; Healthcare Policy; and Informatics and eHospital thought leadership.

A Team with Leading Industry Specialists Our team includes leading industry specialists in architectural planning, reuse and redevelopment, and communications. These specialists have experience with working with the federal government and with the VA, and understand the critical importance of this initiative. They include: Perkins & Will, an architectural and engineering firm with a top-ranked health design practice on the leading edge operational and functional re-design issues in healthcare; Economics Research Associates (ERA), a leading consulting firm with expertise in evaluating market, economic, and financial factors associated with large scale, complex projects; and Widmeyer Communications, a full-service public relations agency providing communications solutions to leading organizations including healthcare systems and public-sector organizations focusing on public outreach programs that advance institutional interests, raise visibility and manage reputations.

ii.2 Experience of Team PwC

Team PwC has great appreciation for the complexity and scope of the Veterans Healthcare System. Providing quality, accessible healthcare services to an aging veteran population of over 7.4 million enrollees and 4.5 million patients across the United States, Puerto Rico, Philippines and Guam as depicted in Figure 43 is truly unique and a tremendous challenge. As the largest healthcare delivery network in the United States, you serve as an industry leader in operational areas such as computerized patient medical records systems and the delivery of low cost pharmaceuticals. Your commitment to delivering quality healthcare has been demonstrated in clinical care areas such as post traumatic stress syndrome and prosthetics. Your operations reach far into the commercial provider market where such programs as the VA education and research tap into some of the most dynamic healthcare organizations in the world. As Team PwC has worked with the VA in various capacities over the past 10 years, we have seen tremendous change in your structure, operations, culture and direction. From such monumental accomplishments as implementation of the CBOC initiative to the creation of the world's premier spinal cord injury center to the implementation of a patient safety program, the VA has been a significant force in not only improving the health of veterans, but also in shaping the overall healthcare industry. These changes have brought great enhancements to access, service offerings, quality and continuum of care, and the overall environment in which your employees conduct business.

Our past service delivery record and commitment to quality demonstrate our understanding of the VA

- Over 10 years of service delivery history to the VA
- Successful delivery of consulting projects for HQ and in VISNs and 40 medical centers
- Over 50 professional consultants with direct VHA project experience
- Currently performing work for the Office of Research and Development, Chief Business Office, and VISNs 4 and 6

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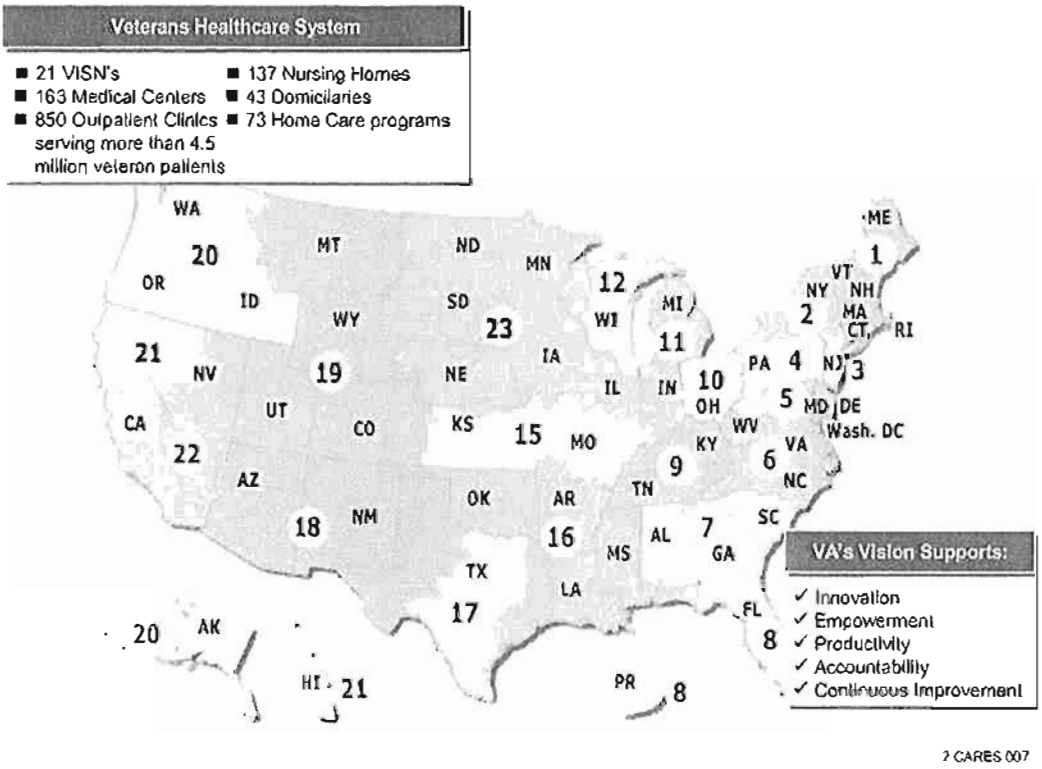

Figure 43. Our knowledge of the complexity and scope of the VA Healthcare System results in cost-effective, responsive, high-quality CARES support

Our experience brings direct benefits to the VA

Our work as depicted in Figure 44 has exposed us to the richness and inherent diversity present in a system so large in scope. We have learned first hand while working with both clinical and operational VA staffs throughout the country, that while the medical centers and CBOCs are unified in their mission, some VISNs embrace centralization and standardization while others prefer to function as an informal regional affiliation with unique policies and procedures. This work has allowed us to develop in-depth expertise in VA national policies and local idiosyncrasies that play an integral role in shaping the overall culture of the VHA system. The CARES process will support transformation of the VA healthcare system by increasing capacity to deliver through greater points of access, offering more preventative care, supporting a patient centric delivery mode and enhancing support for clinical centers of excellence.

Team PwC has delivered high quality services in a host of different consulting projects as indicated in Figure 45 that provide the foundational knowledge and experience prerequisite for the delivery of cost-effective, responsive and superior-quality CARES

support. Team PwC has significant experience evaluating veterans' access to care and quality of care through VISN level work as well as through our highly acclaimed evaluation of the VA's Cardiac Care Program. These projects have required Team PwC to use our proven methodologies to familiarize ourselves with VA databases, assimilate large volumes of data from diverse sources, and efficiently reach accurate and meaningful conclusions. In addition, Team PwC has developed effective approaches for incorporating veterans and stakeholders into decision-making processes. Team PwC's keen understanding of the diverse veteran population and the wide variety of VA system stakeholders in conjunction with our adept communication skills allows us to ensure all parties are well-served. Lastly, long-term relationships with personnel of all levels at Headquarters, VISNs and medical centers have kept us well-informed of new initiatives, trends in clinical care and operational policies and the current challenges faced by both employees and the veteran user population. Our relationships with personnel at every medical center provide critical insight to the local environment within which CARES decisions must ultimately be executed.

Office/VISN's/MC	Projects	Outcomes
VISN's 1,3,4,6,7,8,10,17,19 & 22	▪ Coding assessments ▪ Coder and physician education ▪ Revenue Cycle ▪ CBOC Initiative	▪ Improved data quality ▪ Enhanced cash flow ▪ Increased coding compliance ▪ Improved underlying processes ▪ Improved veteran access to care ▪ Enhance quality of care ▪ Increased patient safety
Chief Business Office	▪ Project Management for Development and Implementation of Revenue Office Technology Projects ▪ Payer Relations ▪ HIPAA Compliance Assistance ▪ Health Information Management Policy and Procedure Assistance	▪ Improved data quality ▪ Enhanced cash flow ▪ Increased efficiency of business processes ▪ Achieved HIPAA compliance
Office of Policy and Planning	▪ Evaluation of Cardiac Care Program	▪ Improved data quality ▪ Enhanced quality of care ▪ Improved underlying processes ▪ Increased patient safety
Office of Research and Development	▪ Defueling and Decommissioning Planning for a Nuclear Reactor at Omaha VAMC	▪ Increased operating safety and compliance ▪ Decreased operating costs

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Figure 44. We leverage our experience on other VA projects to support CARES more efficiently

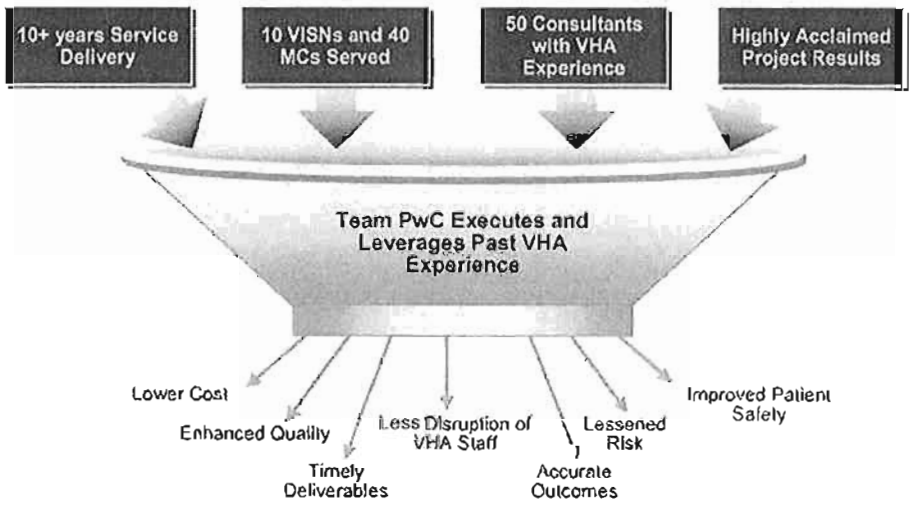

Figure 45. Team PwC's experience delivers tangible benefits to CARES project

ii.3 Experience In Master Plan Development

Team PwC brings extensive experience in master plan development as well as a long history of helping governmental clients such as the VA and DoD, healthcare providers around the globe and foreign government align their ownership and use of assets with their business needs.

Healthcare Master Planning

For over 50 years, PwC's healthcare practice has provided master planning services to the country's largest and most prestigious institutions. PwC's history and commitment to the industry allows PwC's healthcare clients to face the challenges of efficiently managing the built environment. Among the "Big Four" professional services firms, only PwC has an internal practice dedicated to Master Plan Development. PwC has assisted virtually every type and size of healthcare providers, including hospitals, and health systems, all manner of outpatient settings, medical schools and other institutional care settings. PwC provides recognized thought leadership and continuously transfers new knowledge and experience to clients around the world. There are few better examples of this leadership than PwC's work in Qatar. Team PwC member Perkins+Will is a professional practice consisting of architects, planners, interior designers, signage /

Our PwC Team membership is World Class

- Team PwC includes some of the world's leading organizations such as PwC itself and Perkins+Will engaged in Master Plan Development
- Broad experience in Master Plan Development both singularly and as part of multidisciplinary teams representing over 120 years of collective experience in healthcare master planning alone

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graphic designers and operational consultants. Founded in 1935, the firm's practice has grown and diversified over the years, with emphasis in educational, healthcare, research, and corporate/commercial work. Perkins+Will has offices in Atlanta, Boston, Chicago, Charlotte, Dallas, Los Angeles, Miami, Minneapolis, New York, Research Triangle Park and Seattle. With this regional distribution of offices, P+W is positioned to serve its clients across the country in the most responsive way.

Perkins+Will has long been recognized as one of the leading planning and design firms in the country. Perkins+Will is nationally known in the healthcare and higher education community, having extensive experience and a distinguished record in the master planning and design of university campuses, medical and academic facilities and research laboratories.

Perkins+Will's recent projects include master planning and design services for several academic institutions, academic medical centers and schools of medicine including University of Chicago, M.D. Anderson, Johns Hopkins, UCLA Health Sciences Campus, the University of Colorado Health Sciences Campus, Thomas Jefferson University, Loyola University Medical Center, Vanderbilt University, Emory University and Rush Medical Center.

A major challenge in campus master planning and design is the integration of existing campus structures, open spaces, operational services as well as the historical character and context of the campus while providing the appropriate flexibility to address future growth and changes. In response to this challenge, Perkins+Will analyzes the physical, functional and spatial aspects of its client's buildings and campuses. Perkins+Will identifies both the assets and deficiencies for the existing facilities and campus with respect to how building and site are used, the condition of the building and engineering systems, and the financial ramifications of potential solutions.

Perkins+Will's plans and designs are unique to each client's needs and activities, and are the result of a close collaboration between the client and planning/design teams. Options are explored, spaces are evaluated for highest and best use and solutions generated that accommodate the required educational and research activities. Perkins+Will's expertise enables their clients to look forward with confidence to a project that reflects careful, intelligent and thorough planning.

Advising state and local governments across the U.S. on urban development

Team PwC member, ERA, has over 40 years of economic planning experience and advises state governments throughout the U.S. on urban economics and development policy, project feasibility, public private partnerships and community economic development. Since its founding, ERA has undertaken over 15,000 engagements.

Advisory assignments on a larger scale

PwC's long-standing reputation as a quality provider of lead advisory, appraisal and portfolio management services is well-known by government agencies and global institutional clientele. PwC's scale valuation and portfolio management activities include the following examples:

- In 1999, PwC valued the whole of Department of Defense's $100 billion real property portfolio
- Over the last 3 years, PwC has helped manage the National Park Service Concession Program (NPSCP). These contracts generate over 80 percent of the NPSCP revenue and represent significant value to the NPSCP.

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Advising on major international transactions and large scale transformations

PwC Global Infrastructure, Government and Utilities (IGU) group has been repeatedly ranked the #1 independent financial advisor in the fields of project finance, privatization and public private partnerships (P3) by trade journals such as Project Finance International. Team PwC includes seasoned members of IGU. Below are representative examples of PwC's relevant experience. Others include:

- Advising the UK National Health Service on nation wide programs to contract for care through the creation of diagnostic treatment centers.
- Implementation of P3 transactions, involveing private finance of over US$2 billion, to develop for large hospital facilities in Canada, Australia, Italy, South Africa, most recently, Japan and the UK (e.g. University College London, 669 bed acute hospital).
- Provided high-level business planning assistance to the Department of Health in the United Kingdom, where Advisory Team member Simon Leary was responsible for drafting the 5-year strategic plan for the National Health Service in England.
- PwC Team member Andy Miller advised the British Army and Ministry of Defense respectively on the single focus for the Army estate and on the rationalization and redevelop of the MoD Central London estate. These programs resulted in a series of very larger estate rationalizations and recapitalization transactions including, amongst others, Allenby/Connaught ($1.8 billion) and the MoD Main building Redevelopment ($1b).

ii.4 HEALTH CARE CONSULTING

ii.4.1 Comprehensive Scope Of Relevant Experience Health care Planning

PricewaterhouseCoopers LLP is the leader in providing consulting services to the health-care industry and we posses the requisite knowledge and experience to be successful on a project of this magnitude and importance.

Healthcare is a priority service area for PwC, and we invest substantially in resources and services to meet the needs of our clients. In the U.S., we have 500 professionals dedicated to auditing healthcare clients, and 700 professionals who comprise our healthcare advisory practice. Our professionals include doctors, nurses, information management professionals and former government officials. These professionals have worked with numerous healthcare organizations nationwide and have served many of them on a continuing basis for several decades.

We deliver a wide range of industry-focused services, including healthcare planning, operations and quality improvement, project management, compliance program assistance, reimbursement consulting, National Committee for Quality Assurance (NCQA) services, Joint Commission on Accreditation of Healthcare Organizations services (JCAHO), network development, strategic plan-ing, transaction consulting, brand management and healthcare IT consulting. We serve more than 3,000 health related organizations nationwide including Temple University Health System, Stanford Medical Center, Georgetown University and Medical Center, Shands Healthcare, Saint Vincent Catholic Medical Centers of New York, Lenox Hill Hospital, Catholic Healthcare East and Catholic Health Partners.

PwC is accustomed to working with large healthcare organizations.

We provide healthcare consulting services to:

- 6 of the 10 largest healthcare systems (based on net patient revenues)
- 6 of the 10 largest healthcare systems (based on total number of acute care hospitals)
- 7 of the 10 largest for-profit healthcare systems (ranked by staffed acute-care

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beds)
- 8 of the 10 largest not-for-profit healthcare systems (ranked by staffed acute-care beds)
- 4 of the 10 largest Catholic and 3 of the 10 largest non-Catholic healthcare systems (ranked by staffed acute-care beds)

Healthcare Planning Experience

PwC is a global leader in providing strategic planning consulting services to clients. We have provided enterprise-wide strategic planning assistance to some of the largest healthcare organizations, academic medical centers, colleges, universities, and other nonprofit organizations. We leverage cross-industry experience to enhance our methods and tools that are customized for specific industry application, including healthcare. For healthcare strategic planning engagements, we differentiate our services from others by bringing an industry-informed perspective to our strategic planning approach. We rely on strategic planning professionals who truly understand the unique qualities of healthcare delivery.

Healthcare Services Planning

PwC is the only "Big Four" professional services firm to retain a practice dedicated to healthcare services planning and facility development. The roots of this practice extend back over 50 years; current leadership has been in place since 1994. Each year the practice works in the US and globally with public and private providers in three principal areas of study:
- **Products:** Which services should grow, which should be exited, and which should remain status quo? How do these products relate to community need?
- **Place:** Where are your services located within the community and within your facilities? How accessible are the facilities? Is space being used effectively? Is it adequate to meet demand?
- **Performance:** How are you performing in terms of market indicators (market share), financial indicators (profit/loss), and operating indicators (provision of service)? Are you operating efficiently? Are you meeting key stakeholder expectations (community, board, physicians, employees)?

ii.4.2 Information Requirements in Similar Projects

Our Team has 25 years of experience aligning healthcare services with population forecasting.

PwC works with clients and independent vendors of demographic information to create robust population model baselines for healthcare service alignment. We appreciate and know how to handle sensitive population data, as illustrated in the following examples:
- For a two-hospital system in central Virginia, the difference in year 2000 estimated population for one provider (based on updated 1990 census) compared with actual 2000 census was 11%. This material difference heavily affected the provider's capacity forecasts, and we quickly reassessed the population impact to adjust their capital plans accordingly.
- For a 1,000-bed county hospital in the Southwest, both the number of eligible beneficiaries by payor and the number of undocumented persons consuming services were uncertain. We worked closely with State and Federal agencies, in addition to the Consular representatives from foreign countries, to reduce the uncertainty in projecting the county's healthcare benefit-eligible population.

Analyzing current and future demand for and access to healthcare services using patient origin

Patient origin information supports an informed planning process in two significant ways:
- First, by determining where patients reside by age group and service. Aging population has shifted the demographics of core markets, with older and younger

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populations moving away from major hospital centers. Strategies for providing care must balance the critical need to capture more mobile markets without stripping the core services. For example, a community hospital in Ohio, required this balancing act when the main hospital facility embarked upon a phased relocation from its historic urban home to a new site alongside a major interstate while creating new satellite clinics.

- Secondly, patient origin influences the time required to access care for primary, secondary, and tertiary services. Multiple studies (and the VA) have developed acceptable travel time criteria for such services. For example, a central Maine hospital striving to continue community-expected service levels were compelled to establish referral and consultative relationships with a larger facility located 60 miles away.

Matching services to future demand

A good, recent example of matching services to future demand comes from 8,000 miles away.

The country of Qatar engaged PwC to help them develop a new teaching hospital to support their Weill Cornell Medical College branch campus in Doha. One of the key analysis metrics was the match of services to demand to simultaneously fulfill:

- Medical school requirements
- Existing Qatari health system capacity
- Emerging demographic trends

The selected service model filled gaps in the care continuum for women and children, populations generally underserved in the Arabian Gulf. Combined, these populations represent nearly 2/3 of the future service consumers.

Closer to home, the match of services to future demand is dramatically illustrated by the development of specialty centers, such as "Heart Hospitals" and "Birthing Centers" where demand is burgeoning and appropriate facilities are wanting.

Assessing community demand

One key demand aspect is qualitatively defining "community" rather than just "assessing" demand, which is principally a quantitative exercise.

The definition of "community" by the large county hospital described above and how the size of that community might change in the future became central to their planning. For that county hospital, as with the VA, "community" has several dimensions based on different beneficiary types. The key analytical step is personalizing the meaning and requirements of the relevant "community".

Migration patterns in defined communities have varying degrees of influence on the community hospital service demands. Such patterns include:

- Medicaid to Medicare status
- Green Card to resident
- One neighborhood to another
- One county to another
- One employer to another

Consolidating these types of community influences on service demands, we find they fall into three balancing factors: products, place, and performance. As shown in Figure 46, all three influence services planning.

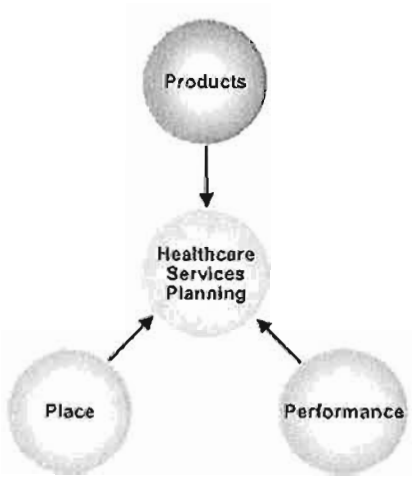
As we appreciate the CARES program size and criticality to VA future success, our entire Team is committing senior professionals who have extensive knowledge and experience in healthcare planning. For example, our CARES project team includes professionals who specialize in:

- Healthcare Services Planning
- Population Forecasting
- Analyzing Current and Future Demand
- Matching Services to Future Demand

- Assessing Community Demand

They have worked on projects of similar size and scope and are prepared to handle the physical and intellectual demands a project of this nature entails

ii.5 OPERATIONAL AND CAPITAL PLANNING



CARES 122

Figure 46. Our professionals know how to balance the critical elements of healthcare service planning to achieve comprehensive analyses

ii.5.1 Operational Planning

Team PwC assesses operations driving improvement, cost efficiencies and adding value to health care providers.

Operational planning is a methodical process of driving continuous improvement and change management throughout an organization. See Figure 47. Performance improvement philosophy reflects embedding new processes and making them become a "way of life" for our clients. Our delivery process emphasizes education and knowledge transfer, unearthing value, developing key metrics and targets, and assembling a realistic implementation plan that drives a successful initiative. Ultimately, the operational planning structure and process must capture the hearts and minds of the people who implement it and such a process demands the appropriate investment of time and resources. At PwC, the operational planning process is not a "cookbook" approach that adheres to prescribed steps with preconceived measures of success. Instead, we apply customized and flexible process that specifically addresses the issues that our clients face. We acknowledge your current individual challenges and identify future opportunities for improvement.

Operational Planning includes the following characteristics:

- **Comprehensive Approach**—incorporates diligence in the process of discovery, invests high-level implementation plan-ing

Focus on Operations	Focus on Creating Value	Re-envisioning the Health System
• What are the "best in peer class" operational opportunities within the organization and how can these be disseminated across all sites? • How does the organization further the standardization and adoption of best practice methods for key hospital processes such as recruitment/retention, supply chain, and other "standard" processes? • What are the richest sources for productivity improvement?	• What are the best practices for serving the mission enhancing access, quality and costs? • How can we help create balanced realignment plans for our hospitals?	• How can we build a flexible health system environment that shifts care to the most appropriate point of the continuum and accommodates spot labor shortages • What is the future role of information technology in maximizing productivity, throughput, and data capture? • What is the next generation of medical management to improve patient outcomes while reducing costs of care? • What future partnership and other joint ventures can be incubated?

1 CARES 074

Figure 47. Our methodical process drives continuous improvement and change management throughout the organization

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and devotes time and effort to creating value.

- **Continuous Feedback**—involves all constituents in dialogue and coordination to work across organizational and departmental boundaries to develop collaborative solutions that build stakeholder commitment.
- **Accelerated Design**—shortens traditional performance improvement initiatives by using an innovative approach that results in "speed to value" based on leveraging leading practices, templates, and methodologies for data collection
- **Business Case Development**—yields results within focused areas through the identification of distinct opportunities for improvement.
- **Tangible Tactics and Metrics**—drives results through the identification and monitoring of key performance metrics and targets.
- **Local Market Knowledge**—incorporates deep understanding of local markets and health policy to provide a realistic outlook for the future.

To further exemplify our credentials, we offer two case studies.

Case Study A. An internationally nationally renowned Academic Medical Center has been a long-standing client of PwC, and we have provided assistance with numerous projects addressing organizational and operations improvement. Our primary focus has been to develop creative strategies and approaches to reduce operational costs (i.e., supply chain, human resources, facilities, health information systems) while maintaining the institution's research and education missions.

Creative Solutions That Were Implemented/Delivered Include:

- **Restructuring ambulatory care operations**—PwC assisted the client with a complete restructuring and redesign of its ambulatory care operations. The new operations involved a consolidation of resources in financial and clinical roles and streamlining of patient and paper flow. We created all the policies and procedures, new job functions, worked with information systems to support the new processes and implemented the new operations.
- **Implementation of a new case management program**—PwC assisted the client with the implementation of a case management program to address discharge planning activity and reduction of lengths of stay and denied days. PwC assisted in the program design, developed the implementation tools and facilitated the implementation of the new program.
- **Design and Implementation of Four Off-Site Centers**—PwC assisted with the design and implementation of four Off-Site ambulatory imaging centers for the client, and assumed responsibility for developing the new center's organizational and operational plans.
- **Operational Improvement Project**—PwC identified opportunities to reduce $20 million annually in operating costs and assessed the institution's readiness to successfully compete in the highly competitive managed care environment.

Financial And Operational Results Achieved

- $20 million operating cost reduction.
- Improved process flows in ambulatory services and case management.
- Four off-site ambulatory centers operational.
- Improved physician productivity.

Case Study B. PwC assisted a 300-bed Academic Medical Center in a rapid financial turnaround providing increased stability and sustainability to the Center.

Creative Solutions That Were Implemented/Delivered

- Improved hospital revenue/receivables cycle efficiency and effectiveness, en-

hanced regulatory compliance, and increaseed revenue and accelerated cash flow;

- Assisted with information systems integration, conversions, training, planing, and testing for financial accounting, patient accounting, and materials management/procurement systems; processes for clinical, research, and academic missions involving senior management, faculty, and staff.

Financial And Operational Results Achieved

- $3.5 million in labor expense reductions.
- $4.6 million in non-labor expense reduction.
- Revenue sustained a 3%-5% improvement in cash flow.

ii.5.2 Capital Planning

Background

PwC Team member Perkins+Will (P+W) is a professional practice consisting of architects, planners, interior designers, signage/graphic designers and operational consultants. Founded in 1935, the firm's practice has grown and diversified over the years, with emphasis in educational, healthcare, research, and corporate and commercial work. Perkins+Will has national offices in Atlanta, Boston, Chicago, Charlotte, Dallas, Los Angeles, Miami, Minneapolis, New York and Research Triangle Park and Seattle. With this regional distribution of offices, P+W is better able to serve its clients across the country in the most responsive way.

Master Planning and Design for Academic Institutions

Perkins+Will has long been recognized as one of the leading planning and design firms in the country. Perkins+Will is nationally known in the healthcare and higher education community, having extensive experience and a distinguished record in the master planning and design of university campuses, medical and academic facilities and research laboratories.

Perkins+Will's recent projects include master planning and design services for several academic institutions, academic medical centers and schools of medicine including University of Chicago, M.D. Anderson, Johns Hopkins, UCLA Health Sciences Campus, the University of Colorado Health Sciences Campus, Thomas Jefferson University, Loyola University Medical Center, Vanderbilt University, Emory University and Rush Medical Center as indicated in Figure 47.

A major challenge in campus master planning and design is the integration of existing campus structures, open spaces, operational services as well as the historical character and context of the campus while providing the appropriate flexibility to address future growth and changes. In response to this challenge, Perkins+Will analyzes the physical, functional and spatial aspects of its clients' buildings and campuses. Perkins+Will identifies both the assets and deficiencies for the existing facilities and campus with respect to how building and site are used, the condition of the building and engineering systems, and the financial ramifications of potential solutions.

Perkins+Will's plan and designs are unique to each client's needs and activities, and are the result of a close collaboration between the client team and the planing/design team. Options are explored, spaces are evaluated for highest and best use, and solutions generated which accommodate the required educational and research activities. Perkins+Will expertise enables our clients to look forward with confidence to a project that reflects careful, intelligent and thorough planning.

Perkins+Will is supported by Davis Langdon, who provides the Capital Cost estimates for each site where Team PwC conducts capital planning. Davis Langdon

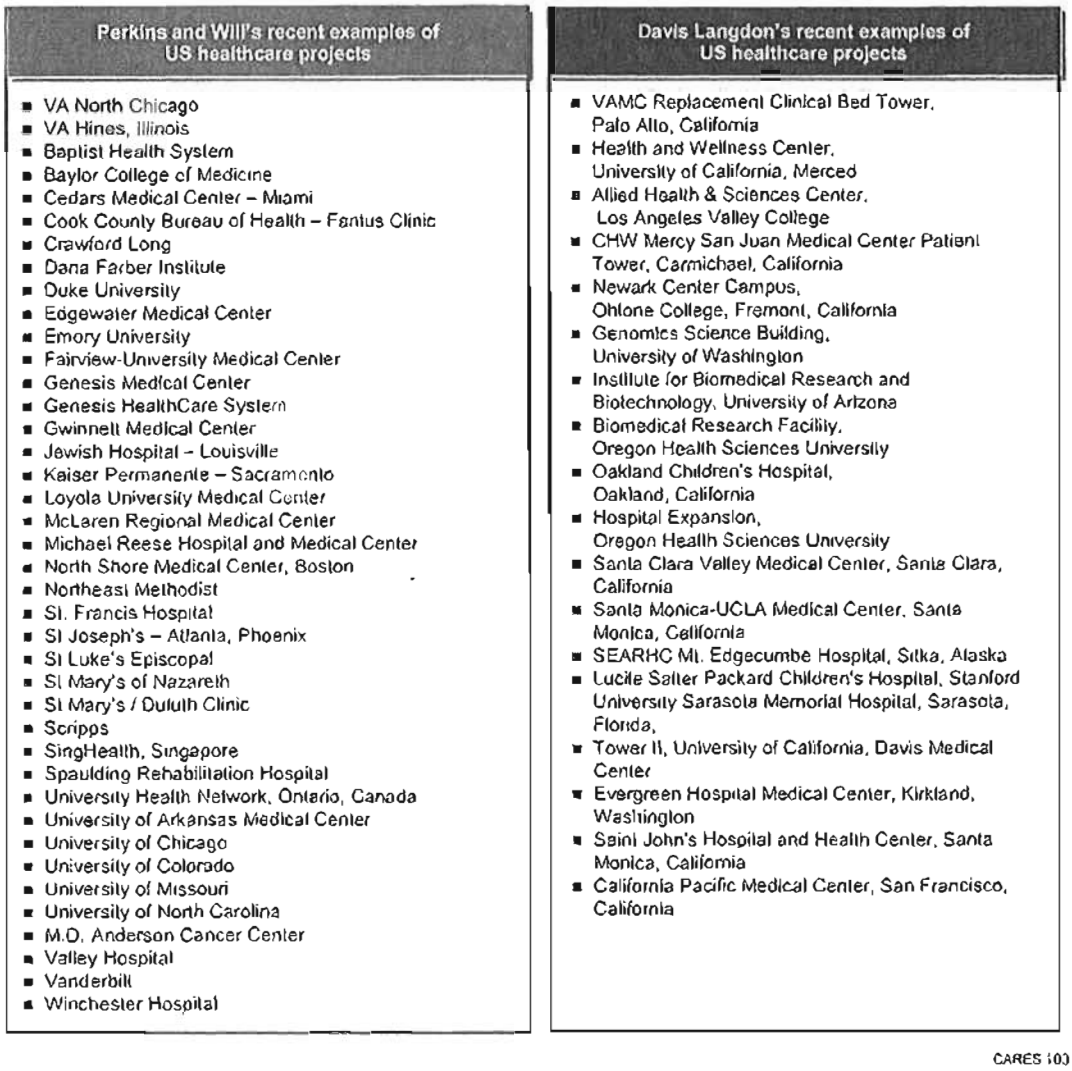

Figure 48. The combination of Perkins and Will's with Davis Langdon's healthcare experience results in a low risk to achieving CARES success

provides comprehensive construction cost planning and management services to owners, architects, government agencies and institutions. The Davis Langdon international group has some 2,350 staff in 80 offices. The firm consults with major corporations and institutions, and some of the most prestigious design firms in the world.

Davis Langdon's services include establishing construction and overall project budgets, monitoring costs and schedule throughout the design and construction phases, and managing projects as owner's representatives. Facilities manage-ment services include providing life cycle cost analyses and budgets for operation and maintenance.

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ii.5.3 Reuse Planning

Economics Research Associates (ERA), a key partner in Team PwC, provides research, analysis and strategic advice to public and private owners and managers of complex real estate assets.

ERA's work encompasses all property types and sectors. Since its founding, the firm has undertaken more than 15,000 engagements. ERA clients include public agencies, private firms and not-for-profit institutions. The firm has a professional staff of 100, with six offices in the United States. ERA specializes in market, economic and financial analysis, as it pertains to real estate and urban development. The firm maintains a state of the art GIS and commercial real estate market database.

ERA understands the public sector's policy objectives, the private sector's economic imperatives and the inherently political public decision making process. They serve all levels of government and collaborate with government staff, constituents, developers, officials and other professional services firms Their work in healthcare includes redevelopment planning for surplus assets, highest and best use studies for new greenfield sites, multi-institutional campus planning, and site selection strategies.

ERA specializes in identifying creative, realistic approaches to create value in underutilized assets. In recent years, this has meant a substantial number of assignments dealing with military installations and other federal assets. ERA has completed over 150 such engagements. They often involve multi-disciplinary teams, complex real estate challenges and multiple stakeholders.

ERA's services in these types of engagements include:

- Market and Financial Feasibility Analysis
- Economic and Fiscal Impact Assessments
- Development Programming
- Financing and Implementation Strategies
- Park, Recreation and Open Space Planning
- Redevelopment Strategies
- Specific and General Plans
- Project Packaging and Developer Recruitment
- Public Facility Planning
- Valuation and Disposition Strategies
- Transportation and Joint Development Analysis
- Economic Development Plans

ERA has completed a number of projects for the VA under their Enhanced-Use Lease (EUL) program, which identifies which types of new development and adaptive reuse would be feasible for surplus land and buildings at VA hospital sites. EUL efforts have been completed for the following campuses:

- Iron Mountain, MN – retail, housing
- Tomah WI – social and educational uses for Native Americans
- Madison, WI – parking deck to be used by the University of Wisconsin
- Milwaukee, WI – retail, office, housing and institutional
- Lakeside, IL – condo, retail, or hotel in Chicago's North Michigan Avenue area
- Westside, IL – retrofitted commercial uses in ground floor / air rights of a parking garage
- Hines, IL – social services from the surrounding communities
- Norfolk, VA – marina, office, housing, support retail.

Environmental Services For Reuse Planning

Horne Engineering is a technology, technical engineering, and business solutions company. Horne provides innovative science, engineering, business, and technology services to help clients meet goals and address challenges. They are their clients' contractor of choice because of our commitment to excellence, integrity and creative program stewardship.

Horne Engineering, a key Team PwC member, is a veteran-owned company has a national reputation and nationwide presence.

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They support the Army Corps of Engineers, Naval Facilities Engineering Command, Federal Aviation Administration (FAA) and many other federal, state, local and industrial clients. Horne's work has ranged from broad program integration support of high-profile national programs to tightly focused, technically sophisticated projects.

Horne Engineering is an entrepreneurial company made up of people with exceptional credentials and talents; the depth and breadth of experience on their collective resume is impressive. Second, Horne integrates their specialists into project-specific multidisciplinary teams, with the right blend of "know-how".

Horne Engineering specializes in partnering with their clients to evolve existing programs and implement solutions. One of their current groundbreaking engineering solutions is on the Anacostia River, one of the most polluted rivers in the U.S.

On this project, the Hazardous Substance Research Center/South and Southwest and Louisiana State University are investigating alternatives approaches to dredging with on-site and off-site treatment to deal with contaminant sediments. Horne is providing planning, characterization, engineering and design to demonstrate, on a field scale, the ability to design and construct a new solution that combines sequestration with treatment ("active capping").

Horne Engineering has approximately 200 technical staff including 25 engineers, 3 professional geologists, 28 scientists, 20 health and safety professionals, 37 project support staff and 50 field technicians. Ten of these individuals are professional engineers, and 6 have Ph.D.s, and 59 staff members have secret clearances. See Figure 49.

Environment, Safety, and Health	
Contamination Investigations and Risk Assessment and Management	NEPA Planning and Research, Analysis, and Documentation
Strategic Environmental Planning and Regulatory Compliance Assessment Systems	Integrated Natural Resource Management Planning, Documentation, and Implementation
Occupational Safety and Health	Biological Assessments, Wetland Delineations, and Watershed Management
Conservation Landscaping and Low Impact Development	Geological Investigations
Natural, Cultural, and Historic Resource Management and Conservation	Litigation Support
Pollution Prevention	Environmental Management Systems including ISO 14001
Threatened and Endangered Species Act Planning and Consultation	Geographic Information System (GIS) Supported Land-Use Planning

2 CARES 075

Figure 49. Horne Engineering is an experienced services provider with expertise in the areas that support the VA CARES Program environmental, safety, and health requirements

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ii.6 Stakeholder Management And Communications

Team PwC's comprehensive process for collecting input enables the VA to make and communicate decisions that are informed and substantiated by stakeholder opinion. We have experience managing the impact of sensitive data on stakeholder groups, which mitigates project risks.

The CARES project involves multiple stakeholder groups and faces the risk of a lack of stakeholder support which can result from stakeholders feeling uninvolved in the process or threatened by outcomes that are viewed as not meeting their needs. Successful initiatives clearly communicate goals and processes at the onset, make continual progress updates, and include stakeholder input in decision-making. Team PwC's collaborative approach and experience with stakeholder issues fosters optimal stakeholder contribution and support, which the CARES project requires.

The wide reach of the CARES initiative creates a need for attention to each stakeholder group's unique concerns and perspectives. Team PwC has the tools, methodology, and approach to collect and analyze the wide array of stakeholder views.

Team PwC's coordinated approach to collecting input across groups demonstrates our appreciation of the unique needs and opinions of each stakeholder. Our methodology centers on the proven belief that people support what they help to create. By allowing the voices to be heard of those affected by the outcomes of the CARES Project, the VA makes decisions that are substantiated by a scientific data collection method while garnering support for any changes that are made.

We manage the sensitive information inherently in the CARES program by

- Communicating a respect for all stakeholders and parties involved
- Being responsive to stakeholder concerns and questions
- Clearly separating fact from opinion on sensitive issues
- Distinguishing sensitive from non-sensitive information
- Addressing data and information in public forums
- Developing stakeholder faith in VA's commitment to listening to sensitive information presented
- Restricting access to stored data

5 CARES 027

Collecting Stakeholder Input. The gathering and consideration of stakeholder input in this scope of work is of great importance. Assessment of stakeholder input is necessary in identifying the range of interests VA needs to take into consideration, in order to generate the greatest support for decisions.

Building the trust of stakeholders is critical in collecting honest input and "buy-in" to the CARES project goals. The key to building trust lies in how we communicate with VA's stakeholders. In addition to having a clear message that is accurate and timely, addresses concerns, and elicits a response, it is critical that the stakeholders feel heard and understood. We elicit quality input through a systematic approach for collecting input, which supports our stakeholder analysis process and makes stakeholders feel that they are a part of the decision making process because recommendations are substantiated by stakeholder input data.

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Client Example:
Gathering Information from Stakeholders 2003 - Present:

In Deployment Health Clinical Centers (DHCC) effort to provide service personnel, their families, and the primary care givers needed information on military healthcare and medically unexplained symptoms, the DHCC turned to Widmeyer Communications to gather information and opinions from key stakeholders to guide product development and implementation.

Widmeyer conducted extensive dialogues with key stakeholders, soliciting specific feedback on DHCC clinical approaches; tri-service healthcare for military personnel, families, and veterans; and post-deployment healthcare needs of veterans and active duty personnel. Through stakeholder input, Widmeyer helped DHCC develop a series of informational products, including a Web site, videos, and print brochures.

3 CARES 028

We employ a process which collects a wide array of stakeholder input including surveys, web, mailings, focus groups and public meetings. The input reflects a range of opinions, ideas and concerns representative of the diverse population of VA stakeholders. Additionally, Team PwC leverages the FACs to seek stakeholder input throughout the various stages of the project. We will consider all committee input, which is advisory in nature, in our option development process. Any differences between our recommended option and the input of the committee will be addressed with the committee, the COTR and others, and ultimately the Secretary.

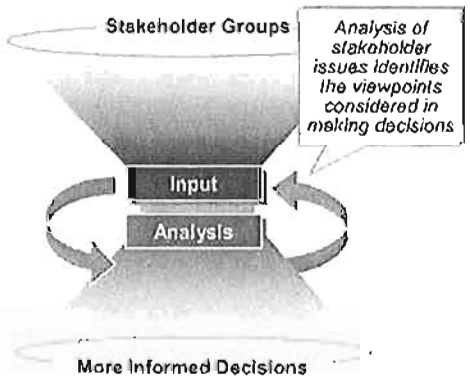
Stakeholder Analysis. Team PwC has the experience necessary to manage large quantities of data. Once data is collected, a detailed analysis is performed. The business plan incorporates this analysis in development, options and recommendations. Collecting input from all stakeholders provides comprehensive data that is analyzed in order to contribute to the final decisions. Our approach incorporates all viewpoints in a comprehensive stakeholder segmentation analysis, allowing the VA to make informed decisions based on the needs of its stakeholders.

Team PwC's approach to stakeholder analysis takes the input collected from multiple channels, compiles the data into themes and weights each theme for frequency of occurrence. The top themes, or stakeholder concerns, become options that evaluated by stakeholder groups on two criteria: degree of impact (high, medium or low) and likely reaction to the change, based on degree of perceived gain or loss.

As indicated in Figure 49, our robust analysis process will support the VA's decision making process.

This segmentation allows for a targeted approach which highlights those groups that are opposed to any change to VA operations, regardless of outcome, as well as those groups who might support the effort once their questions and concerns are addressed. By recognizing which groups need focused attention to gain their support for the initiative, as well as which groups can be counted on for backing, the VA is able to tailor its decisions to show that these concerns are accounted for in the final outcome.

Throughout the project, Team PwC fosters support through frequent communication, and by sharing information on input collection and



3 CARES 013

Figure 50. Our process to manage stakeholder input turns data into manageable information

analysis processes so that stakeholders understand how their input will affect options. Furthermore, as questions and concerns are raised through multiple communication channels, we track the comments and make adjustments throughout the project to show that stakeholders' input is valued and used. This foundation of collaboration with stakeholders leads to options substantiated by the needs and opinions of each stakeholder group, thus building support.

Our Experience. The CARES Project faces a tough challenge in building a comprehensive communications strategy which gains the support of VA's stakeholders by:

- Addressing their concerns and interests
- Obtaining input from all stakeholder groups and using this information to develop options
- Managing the relationship and communication with each stakeholder group to build confidence in the process

VA requires a contractor with proven expertise in facilitating large-scale data collection and building options that represent the needs of its stakeholders.

Team PwC has extensive experience in working with organizations, such as the VA, that have widespread influence and multiple stakeholder groups. The VA benefits from our proven methodologies for gathering and analyzing stakeholder input, which have aided our previous clients in making informed and substantiated decisions. We specialize in managing complex projects, where success depends on seamless communication and support from stakeholder groups with varied needs. Our past stakeholder management experience includes:

Managing Sensitive Information

Sensitive information brings with it inherent risks, both internal and external. To effectively manage sensitive information, identified risks must be mitigated through careful planning, a clear process, access controls and deployment of experienced professionals.

Client Example:

Gaining collaboration from external stakeholders in delicate circumstances July 2002 - Present:

After being charged by congress to manage the September 11th Victims Compensation Fund (VCF), the Department of Justice (DOJ) turned to PricewaterhouseCoopers to provide project management and claims processing services for distributing funds to victims and relatives of individuals killed or injured in the September 11th attack. Quantifying a human life in dollars and delivering those findings to victims and relatives of victims required the utmost sensitivity and communications tact. PwC opened various channels to communicate with stakeholders and enhance responsiveness with both walk-in centers and toll-free help lines for immediate assistance. A web-based Victims Claims Management System (VCMS) enabled our numerous teams to process claims in real-time and quickly meet victims' needs. Our successful support of the VCF exhibits our ability to effectively interact with stakeholder in a time-sensitive and delicate environment, under intense public scrutiny.

CARES 060

This approach requires: 1) established and public protocols for the solicitation, receipt and utilization of information; 2) defined access rights for stored data, 3) clear understanding of stakeholders and stakeholder concerns; 4) thorough review of all internal and external communications vehicles before distribution; 5) demonstration of respect and inclusion for all stakeholder audiences; 6) regular meetings between VA and stakeholder groups, as well as public forums, that address the data and information being processed by the VA; and 7) measurement of audience receptivity and appreciation of information.

Addressing VA's Concerns Regarding Sensitive Information. The issues facing VA under the CARES Project are both complex and delicate. With such a wide range of stakeholders, bringing both common and disparate concerns, the VA is faced with handling a broad range of sensitive inform-

ation – both in terms of stakeholder input and programmatic outputs.

Lending an Experienced Hand. The challenges facing VA in dealing with the sensitive information embodied as part of the CARES process requires a partner that is well-versed in managing both the risk and the organizational reputation involved. Here, information management theory is important, but experience is the true measure of success in such delicate areas.

Team PwC possesses a portfolio of experience dealing with similarly sensitive and difficult issues. Working with government entities, private-sector concerns, membership associations and not-for-profit organizations, Team PwC's internal and external communications experts have successfully navigated the challenging waters the VA will likely encounter, including:

- **Issues resulting in heightened stakeholder sensitivity and concern.** For organizations such as Federal Aviation Administration, National Association of Urban Hospitals, and the Association of Critical Access Hospitals, National Institute of Child Health and Human Development, and the U.S. Department of Labor
- **Facility relocation and consolidation issues** for organizations such as Genesis Health Ventures, Inova, MedStar Health and ZiLOG
- **Patient-related sensitivities** for organizations such as Cryptek, Howard University Hospital, Inova Health System, U.S. Department of Defense's Deployment Health Clinical Center and Washington Hospital Center
- **Issues affecting community economic development** for organizations such as Coca-Cola, Committee for Economic Development, Specialty Hospitals of America and Washington Board of Trade

Applying Team PwC's Experience to Practice. Our experiences help us establish an information management process that allows the VA to: 1) identify stakeholder targets; 2) develop necessary messages; 3) develop and disseminate appropriate communications vehicles to solicit stakeholder input; and 4) establish and maintain a review process for stakeholder engagement.

Team PwC employs its experience in handling sensitive information to build tailored processes for the VA, which eases stakeholder concerns, provides an atmosphere of inclusiveness and involvement, and effectively manages and uses the information it receives throughout the effort. We store information on a secure Project InVision portal and knowledge repository, and establish defined access privileges for each stored data type.

To this end, we implement a process that is transparent, FAC Act compliant, and multi-faceted. Our approach to information solicitation and management includes tactics such as regular public meetings, briefings to stakeholder groups, informational mailings, employee forums, status updates to stakeholders and maintenance of the VA's intranet Web site.

ii.7 DECISION SUPPORT

ii.7.1 Discerning Economic Impact

Our team of economic impact analysis professionals has the knowledge and experience necessary to determine the impact of potential realignment.

Team PwC has vast experience advising governments about community economic development, urban planning economics and development policy, project feasibility, and public-private partnerships. Our team has performed more than 15,000 projects involving economic impact. Our clients include government agencies, private

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companies and not-for-profit institutions. We understand federal policy objectives, the private sector's economic imperatives and the role of stakeholders in decision making processes.

Our clients rely upon our findings to help make key decisions and convey the economic importance of these decisions to stakeholders. They also use them to identify the economic value that changes in public policy and/or infrastructure provide to the local and regional economies.

Specific to healthcare, Team PwC has performed numerous economic impact analyses involving the various healthcare decisions on local economies, changes to federal policy and payment methods including reimbursements from Medicaid and Medicare, consolidations, etc.

In addition, Team PwC has extensive experience in discerning the economic impact of potential operational changes to the healthcare delivery system on the local and healthcare community. Examples of these economic impacts studies include:

- Numerous hospitals and/or systems contemplating mergers - subject to the rules of Hart-Scott-Rodino, closures, consolidations, certificates of public need and transitions from inpatient to outpatient care settings.
- Strategic plan for the Texas Institute of Health Policy Research - An analysis on the economic effects of healthcare on the local economy.
- Northern Virginia Healthcare Workforce Alliance – An analysis of the healthcare workforce shortage in Northern Virginia and an estimate of the impact on the Northern Virginia economy.
- Los Angeles County Waiver – Monitoring the Department of Health Services' community economic potential in relation to goals of redesigning its service delivery system, expanding medically indigent coverage, and obtaining flexibility in payment programs.

ii.7.2 Analysis Of Large Data Sets

The ability to analyze and manage data effectively, and to ensure that data is of high quality, are critical factors for project success.

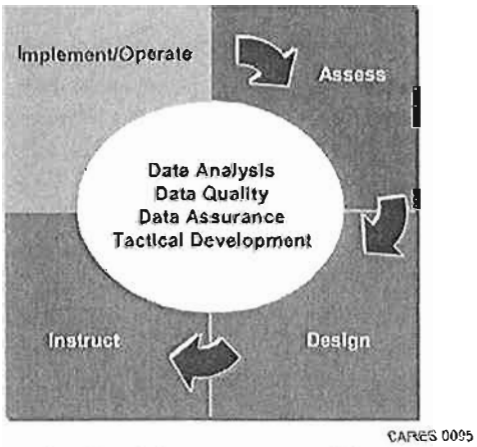

Figure 51. Our data management framework facilitates the analysis and management of large datasets

Through the CARES initiative, the Department of Veterans Affairs has committed to an approach of using available data to drive improved decision making. The ability to use this data effectively, and to ensure that data is of high quality, are critical factors for success in this initiative. Efficiently leveraging large sets of data – whether sourced from existing CARES repositories, other VA systems, independent benchmarks, or newly-created information – will underlie virtually every aspect of the overall project.

As the world's preeminent firm in providing assurance and advisory services, PwC brings a deep experience base in the area of data management, ranging from the federal government to Fortune 100 corporations. Recent work within the federal government includes engagements with the Centers for Medicare & Medicaid Services *(CMS)*,

as well as the Centers for Disease Control and Prevention (CDC).

PwC Data Management Framework. Our data management framework addresses (Figure 51) the areas of data analysis, data quality, data assurance, and tactical development. Through this framework, our team will provide the market-proven experience to facilitate analysis of large datasets and manage the overall information requirements of this initiative. We follow a process in which we assess needs, design an appropriate and effective approach, instruct the project team on successfully integrating this approach, and finally, implement/operate the process or solution.

iii KNOWLEDGE AND EXPERIENCE OF OUR PROPOSED PERSONNEL

iii.1 Introduction

Team PwC is led by a strong national leadership team whose experience in supporting the VA spans more than 30 years.

Program Management Office. Dr. Peter Erwin will serve as National Project Manager for this engagement and will lead the firm's Program Management Office (PMO). Dr. Erwin has a Ph D. in Organizational Behavior and has spent his career working through the conflicts that often arise during complex transformational initiatives such as CARES. Dr. Erwin is adept at keeping projects on track, and in realigning them when problems arise. The centralized support structure offered by a strong program management group is indispensable on a project like CARES. Dr. Erwin's team will serve as a critical link among the various study sites, providing support resources, as needed, to each site. The PMO group will support Dr Erwin to establish and execute management controls and schedules. The organizational chart in this section illustrates the full national leadership team responsible for successfully executing this project.

Advisory Panel. The Advisory Panel includes former counsel to the Committee on Veterans Affairs in the U.S. House of Representatives, as well as pre-eminent thought leaders offering impeccable healthcare and asset management credentials, deep experience, and specialized skill sets that are tailored to the CARES project. This panel of advisors includes Mr. Patrick Ryan, who served as legal counsel to the Committee on Veterans Affairs for over 20 years and as Staff Director and Chief Counsel since 2001. The panel includes Mr. Simon Leary, who has helped transform and modernize the delivery of healthcare in the UK. It also includes Dr. David Chin, a physician executive with more than 18 years of experience in managed care, hospital/physician network formation, and large medical group practices management. Dr. Chin has spent much of his career in the Boston medical market, where leading academic and teaching hospitals are at the forefront of healthcare delivery in the United States. Two partners from Patton Boggs will provide legal advice: Mr. Tony Kushnir and Mr. Michael Simmons. Both of these gentlemen have counseled the VA on "enhanced use leasing" and other asset management programs. Finally, Dr. David Blake offers strategic counsel from the perspective of medical research and academic affiliates. Members will be added to the panel as necessary, in consultation with VA's senior management.

Quality Assurance Group. This team of PwC specialists understand the vital underpinnings of the CARES project. Included in this group is Mr. Patrick Ryan. Mr. Ryan began his career as a benefits counselor to veterans and their dependents. This experience gave him firsthand insight into the critical healthcare needs facing America's veterans. He then served as a budget analyst and then staff attorney at the VA, from 1977 to 1983, provided him with an

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appreciation for the budgetary and legal constraints facing the Department.

Since 1983, Mr. Ryan has served as legal counsel to the Committee on Veterans Affairs in the U.S. House of Representatives. During this time, he has assumed progressively greater responsibilities, earning the trust of the Committee's membership, the VA, and veterans organizations alike. Most recently, Mr. Ryan has served as the Committee's Staff Director and Chief Counsel, a position he has held since 2001. During his career on Capitol Hill, Mr. Ryan has gained unrivaled experience in navigating the budgetary process and has an intimate understanding of the political and legal parameters that bound any major new VA initiative. Clearly, his experience will be an invaluable asset to the CARES project.

The Quality Assurance Group will assist Dr. Erwin in maintaining the quality of the work performed by our site teams, and will facilitate best practices sharing among the site teams. This group will be able to tap into additional PwC resources, as needed, to support the site teams. Mr. Carter Pate serves as the Partner-in-charge of PwC's Washington Federal Practice. As such, he is responsible for all of PwC's projects for federal clients. Mr. Paul Chrencik, Partner, Washington Federal Practice, serves as the Global Relationship Partner for the VA, and leads the firm's Government Healthcare Services Practice. Mr. Bill Luallen, Partner, serves both as the National Leader of the firm's Performance Improvement practice for healthcare and as the Midwest Healthcare Leader. Mr. Luallen and Mr. Chrencik will help to evaluate the healthcare delivery studies produced by the site teams. Mr. Peter Raymond, Partner, has more than 20 years of experience working with financial institutions and international development groups, and will provide financial expertise to evaluate the capital and reuse plans that the site teams produce. The national program oversight structure described above provides the centralized leadership necessary to successfully drive this project to successful, timely completion.

National functional leads will coordinate the work of the functional sub-teams at each site. Mr Ryder Smith is our Healthcare Team Lead, and will oversee and coordinate the healthcare delivery study sub-teams at each site. Mr. Smith has extensive experience in multi-site health system integration efforts. Mr. James Zajac, a Principal with Perkins+Will, will serve as the Capital Team Lead, providing similar functional oversight for the capital plans study sub-teams at each site. Patrick Phillips, President of Economics Research Associates, will serve as the Reuse Team Lead. He has 20 years of experience in the economic analysis of real estate and land use issues. Mr. Andy Miller has extensive experience in facilitating public private partnerships. He will serve as the national Financial Team Lead. Mr. Curt Cornelssen will support financial analysis as well and is backed by years of experience in real estate and asset management transaction analysis. Dr. Melissa Glynn will serve as the Implementation and Risk Management Lead. Ms. Fatimah Moody and Mr. Patrick Riccards will serve as Stakeholder Management Co-Leads. Both are adept at managing challenging stakeholder environments, and at providing the training and education necessary to transform negative preconceptions of change into positive perceptions. Finally, Ms. Barbara Walsh will serve as the Research and Education Lead, providing the perspective of the medical research and academic affiliate community.

Our plan is to dedicate a site team leader with significant experience in healthcare delivery to serve as the focal point for the eight healthcare delivery (HCD) study sites. That individual will also provide site leadership to one – but no more than three – non HCD sites. Biographical sketches are provided for these site team leads. Full

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versions of their resumes will be provided to the VA upon request. Our proposed site team leads are: Kerry Shannon, Michele Deverich, Janet Hinchcliff, Brian Matson, Paul Osborne, and Nancy Bateman along with Ryder Smith.

This structure ensures that each site team is able to execute successfully, drawing upon the support of the national oversight structure as necessary for any additional needed resources. To that end, Mr. Ryan will provide VA management with a comprehensive picture of the status of the CARES project at all times. Figure 52 summarizes the leadership roles and responsibilities below.

iii.2 Overall Resourcing

Our overall Resourcing Matrix is shown on the following page.

Leadership Roles	Responsibilities
National Project Director	▪ Dedicated manager responsible for day-to-day management of the CARES project execution ▪ Single point of contact to VA management for project status and execution
Program Management Office Lead	▪ Supports the National Project Director in establishing and executing a series of management controls and oversight over the schedule, risk management and quality assurance of the project ▪ Establishes and maintains a web-based project information system and repository for study teams ▪ Tracks and reports project performance
Advisory Panel	▪ Pre-eminent group of independent advisors with significant knowledge of the VA and technical areas ▪ Provide expert guidance and direction on the application of the study methodology, development of recommendations, stakeholder management and issue management
Quality Assurance Group	▪ Senior subject matter experts providing mentoring and consultation to the project team ▪ Active in executive oversight and quality assurance ▪ Review and approve all deliverables for completeness and quality ▪ Obtain corporate support if necessary ▪ identifies additional subject matter expertise as required to address project requirements ▪ Provides PwC corporate level accountability for project success
Stakeholder Management Lead	▪ Supports the National Project Director in planning and coordinating the stakeholder input process for the studies ▪ Manages the communication process for all stakeholders ▪ Identifies stakeholder needs and concerns and supports the VA and project leadership in developing an effective response
Financial Analysis Lead	▪ Responsible for developing and implementing consistent business case methodology for each Site ▪ Provides technical direction to study teams ▪ Responsible for the quality of study deliverables ▪ Responsible for meeting cost, schedule and performance commitments
Transition and Implementation Plan and Risk Management Lead	▪ Responsible for developing and implementing consistent implementation and risk management methodology for transitioning each Site ▪ Provides technical direction to study teams ▪ Responsible for the quality of study deliverables ▪ Responsible for meeting cost, schedule and performance commitments
Study Leads	▪ Responsible for developing and implementing consistent study methodologies across each Site ▪ Provides technical direction to study teams ▪ Responsible for the quality of study deliverables ▪ Responsible for meeting cost, schedule and performance commitments
Site Leads	▪ Coordinates the execution of studies at each site ▪ Provides a single point of contact to Site Management and the FAC ▪ Coordinates stakeholder input and communication for the Site ▪ Manages Site issues to effective resolution and escalates when appropriate ▪ Responsible for meeting cost, schedule and performance commitments

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Figure 52. Leadership roles and responsibilities – each leadership position Team PwC's organization has a well-defined responsibility and the commensurate authority to execute project tasks in accordance with the CARES Project SOW

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iii.2 Resourcing Matrix- Our overall resourcing matrix is shown below

Hours by Phase and Task	General	Boston	NYC	Louisville	Waco	Big Spring	Walla Walla	Montgomery	Muskogee	Canandaigua	Montrose	Castle Point	St Albans	Lexington	Livermore	White City	Perry Point	Gulfport	West LA	Pop. Bluff	TOTAL HRS
PLANNING PHASE	5,234	1,987	1,222	878	1,158	736	1,023	985	638	643	557	557	557	725	766	683	620	547	774	123	20,373
National Manager/PM/SM/Financial Analysis/ Q/A/ Documentation/ reporting	1,449	232	232	76	232	76	232	76	76	66	55	55	55	47	66	47	55	66	66	24	3,284
Healthcare studies	159	249	251	249	249	251	249	249	251	-	-	-	-	-	-	-	-	-	-	-	2,163
Capital planning studies	2,208	444	392	300	424	355	386	401	260	351	265	266	266	420	411	379	308	425	418	40	9,253
Reuse planning studies	857	515	347	254	254	254	255	255	50	256	270	257	257	258	290	257	257	257	200	19	5,673
STAGE I	2,441	2,751	2,461	2,071	2,540	2,196	2,268	2,236	1,561	1,027	820	789	790	1,161	1,106	943	721	1,097	1,322	311	30,521
National Manager/PM/SM/Financial Analysis/ Q/A/ Business planning/ reporting	2,483	399	399	130	399	130	399	130	130	112	94	94	94	51	112	81	94	112	112	41	5,629
Healthcare studies	53	1,170	1,163	1,150	1,150	1,163	1,150	1,150	1,163	87	43	43	50	41	70	41	50	56	43	43	9,574
Capital planning studies	-	952	690	654	842	764	574	924	261	760	583	582	596	957	867	769	525	836	1,111	220	13,315
Reuse planning studies	105	230	209	138	138	138	138	32	6	52	50	50	51	52	56	52	52	52	56	7	1,703
STAGE II	7,390	4,437	4,107	3,183	4,301	3,193	3,553	2,859	1,973	1,919	1,325	1,442	1,515	1,850	2,003	1,978	1,183	2,116	2,096	607	52,777
National Manager/PM/SM/Financial Analysis/ Q/A/ Business planning/ reporting	7,243	1,162	1,162	380	1,162	380	1,162	380	291	378	275	275	275	236	326	236	275	326	378	118	16,418
Healthcare studies	107	1,117	1,109	1,093	1,093	1,109	1,093	1,093	1,109	107	27	27	40	21	91	21	40	54	27	27	9,392
Capital planning studies	-	1,576	1,283	1,180	1,497	1,104	918	1,354	476	1,428	909	1,087	1,146	1,556	1,435	1,664	810	1,670	1,651	454	23,496
Reuse planning studies	30	582	553	450	450	400	300	57	6	56	54	54	54	56	60	56	56	56	60	7	3,472
Total Hours by Phase and task	15,256	8,675	7,771	6,073	7,987	6,324	6,896	6,080	4,170	3,628	2,451	2,269	2,862	3,736	3,775	3,604	2,523	3,920	4,192	1,040	103,671

Resourcing by Labor Category and Site	General	Boston	NYC	Louisville	Waco	Big Spring	Walla Walla	Montgomery	Muskogee	Canandaigua	Montrose	Castle Point	St Albans	Lexington	Livermore	White City	Perry Point	Gulfport	West LA	Pop. Bluff	TOTAL HRS
Partner	1,259	217	193	166	194	177	166	131	92	113	90	93	95	126	120	114	94	124	134	34	3,742
Sr Functional Specialist	2,960	365	230	186	225	116	162	197	153	172	109	129	134	176	166	171	101	176	190	41	6,160
Functional Specialist/Facilitator	1,294	95	67	51	83	70	48	92	30	55	31	43	33	55	79	68	46	81	107	39	2,521
Senior Mgr	3,654	2,393	2,041	1,901	2,089	1,919	1,786	1,607	1,212	1,191	853	955	978	1,280	1,216	1,205	857	1,286	1,416	323	30,467
Manager II	2,424	522	170	420	465	405	359	270	55	304	190	232	244	131	318	350	166	138	189	69	8,365
Manager I	3,253	48	27	54	34	27	45	54	11	50	37	39	29	42	34	22	43	91	35	10	3,052
Management Analyst	-	811	585	501	676	688	559	749	176	657	372	472	507	782	735	831	587	789	807	128	11,629
Operational Research Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Associate	7,250	858	751	731	764	761	727	770	619	256	159	178	187	249	277	223	191	344	254	48	15,539
Associate	7,200	1,613	1,540	1,411	1,490	1,416	1,365	1,344	1,231	328	183	201	216	288	330	272	212	324	312	152	21,435
Project Analyst	96	61	61	55	55	55	55	-	-	2	2	2	2	2	2	2	2	2	2	-	455
Admin Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interviewer/Documenter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Resourcing by Labor Category and Site Hours	29,410	6,863	5,597	5,406	6,114	5,717	5,182	5,093	3,583	3,122	2,026	2,344	2,434	3,271	3,269	3,339	2,076	3,414	3,686	858	103,671

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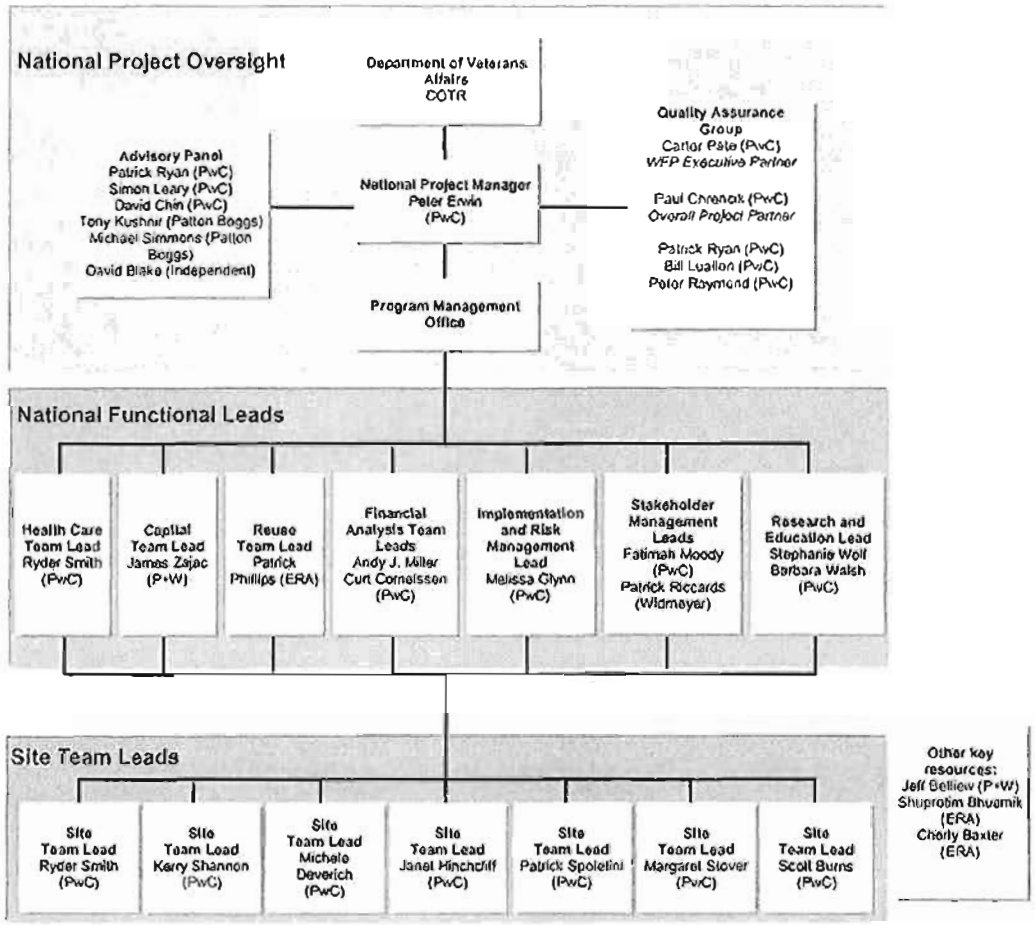
iii.3 Resumes of Key Personnel

Our organizational structure is shown in Figure 53 below. As shown on the resumes on the following pages, our key personnel have the demonstrated experience and expertise to execute the CARES project, anticipate and mitigate risks, and complete the studies on schedule to provide VA senior management with a product to support rational, implementable decision making.



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Peter J Erwin, Ph.D., PMP – National Project Manager					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
Ph.D.	1995	University of Melbourne, Australia	Management, Org. Behavior
B.S.	1990	University of Melbourne, Australia	Psychology

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

PricewaterhouseCoopers LLP, February 2001 to Present.

- Streamlined PwC's $1.6B US Tax practice's annual business planning process by four months. Authored strategic communications.
- As Project Manager, developed a knowledge management strategy for PwC's US Tax practice. Developed organizational, process and IT-enabled tools to implement the strategy.
- Served as project manager for the rollout of a new client service to help clients enhance internal risk and control procedures and comply with government legislation and SEC rules.

KPMG Consulting LLC, April 1996 to February 2001.

- Led global deployment planning for an Oracle financials implementation in four world regional offices at Visa, a premier financial services firm.
- Led the change management team on the global implementation of an end-to-end suite of Oracle business applications across the manufacturing operations of Motorola's Global Telecommunications Solutions division.
- Worked with private and government sector clients including Qantas, Energy Australia, Colonial Bank and Cable and Wireless. Led the change management and workforce transition support for several large outsourcing partnerships involving IT and operations departments. Assisted clients transition the existing in-house workforce to the outsource partner.
- Managed project performance and implementation risk across 26 different initiatives, as part of an Australian/New Zealand bank's global transformation program. Worked with human resources and corporate communications departments to assess the job changes resulting from each initiative and communicate effectively to staff.
- Corporate Reorganization, AXA France – Worked with the head office Program Manager to develop a communications and alignment plan for the integration of finance process and reporting across multiple global locations.

Arthur Anderson LLP, December 1995 to April 1996. Provided change management, performance improvement, best practice consulting and benchmarking services. Trained in action learning approaches to organization development and change management consulting.

University of Melbourne, January 1990 to December 1995. Faculty member of the Graduate School of Management and the School of Economics and Commerce. Taught graduate and post-graduate classes in organizational behavior. Presented at conferences internationally. Published in leading professional journals, including Academy of Management Proceedings, British Journal of Industrial Relations, and the Journal of Occupational & Organizational Psychology.

Patrick E. Ryan – Advisory Panel and Quality Assurance (QA) Group					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
JD	1978	Georgetown University Law Center	Law
BA	1973	University of MD, College Park	Political Science

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

PricewaterhouseCoopers LLP, October 2004 to Present. Mr. Ryan has joined PwC to further strengthen the firm's service offerings to the veterans community. He has dedicated his distinguished career to serving as a trusted advisor on veterans' issues.

Staff Director and Chief Counsel, Committee on Veterans Affairs, United States House of Representatives, 2001 to October 2004.

- Under the leadership of the Chairman, prepare and present to Members of the Committee a proposed schedule of Committee legislative and oversight activities; implement the approved schedule and revise as circumstances require.
- Advise and consult with Congressional leadership and Administration officials to achieve Committee, leadership, and Administration objectives.
- Work with constituent organizations representing over 5 million veterans seeking to influence budget and legislative agenda.
- Lead a staff of approximately 22 persons in the accomplishment of Committee objectives.

Deputy Chief Counsel, Committee on Veterans Affairs, U. S. House of Representatives, 1997 to 2000 and 1985 to 1995.

- Serve as acting chief counsel and staff director in the absence of the chief counsel. Advise staff director and committee members on legal and policy matters under the Committee's jurisdiction.
- Supervise the planning and execution of Committee hearings and the preparation of legislation and legislative reports considered and recommended by the Committee.
- Consult and negotiate with other Committees of the House and Senate on matters falling outside the Committee's exclusive jurisdiction.
- Plan and conduct negotiations concerning differing versions of legislation passed by either the House or Senate.
- Supervise preparation of the Committee's views to the Committee on the Budget and serve as liaison with Budget and Appropriation Committee staff on budget allocations and appropriations. Analyze economic effect of committee legislation and other legislation dealing with the Federal budget. Total budget authority and outlays for the veterans' portion of the budget are approximately $65 billion.

Chief Counsel and Staff Director (Minority), Committee on Veterans Affairs, U. S. House of Representatives, 1995 to 1996.

- Advise minority members on legislative and budget matters affecting veterans benefits and services provided by the United States. In consultation with the majority staff director and chief counsel, plan the legislative and oversight programs for the committee. Supervise the

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Patrick E. Ryan – Advisory Panel and Quality Assurance (QA) Group

staff of the minority.

Counsel, Subcommittee on Hospitals and Health Care, Committee on Veterans Affairs, U. S. House of Representatives, 1983 to 1985.

- Responsibilities included preparing legislative program, analyzing and recommending appropriate budget levels, and general oversight of the Veterans Health Administration. Oversight responsibilities included understanding trends in health care financing, managed treatment models, health care management theory and application including methods of controlling costs, and health care personnel compensation systems and employee discipline mechanisms. The Veterans Health Administration operates 163 medical centers and provides all modes of medical services, from readjustment counseling for emotionally disturbed Vietnam veterans to geriatric care for aging veterans. In the most recent fiscal year, over 4.7 million veterans received treatment at VA facilities.

Staff Attorney, Office of the General Counsel, Department of Veterans Affairs, 1978 to 1983.

- Specialist in administrative law matters. Responsible for drafting legislation, litigation reports and pleadings, and advice to VA officials on matters arising under various laws, including the Freedom of Information Act, the Privacy Act, and various appropriation laws. Superior performance award, 1982. Administrator's letter-writing award, 1983.

Budget Analyst, Office of the Controller, Department of Veterans Affairs, 1977 to 1978.

- Reviewed and analyzed budget estimates with respect to expenditures for major benefit programs of the VA. Forecast benefit usage and resulting outlays.

Veterans Benefits Counselor, Washington Regional Office, Department of Veterans Affairs, 1974 to 1977.

- Counseled veterans and their dependents on how to obtain benefits from the VA and other agencies.

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Simon MJ Leary – Advisory Panel					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MA	1987	Cambridge University	Economic History
N/A	1991	London Business School	Corporate Finance
N/A	2001	Wharton Business School, U. of PA	Public Company M&A

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

PricewaterhouseCoopers LLP, July 2002 to Present. On a full time secondment to the UK's Department of Health. Major duties have included:

- Contributing to the work of and now leading the Strategy Unit within the Department of Health. The most important deliverable of the last twelve months has been the co-authorship of The NHS Improvement Plan published in June 2004. This Plan sets out the strategic vision and operational priorities for the NHS over the next several years. He is now leading the new work for the Department's project "The System to 2010" developing detailed implementation plans to realize the vision set out in the Plan.
- Leading the work on making the business case within Government for the establishment of a national Commercial Directorate within the Department of Health with responsibility for managing emerging partnerships with the private sector. Work involved developing a consultation programme with over 70 major international and domestic stakeholders to assess the demand and possible functions of a Commercial Directorate. Work resulted in the appointment of the first NHS Commercial Director in July 2002. This function is now in the process of letting and/or managing contracts with a value in excess of $10 billion.

PricewaterhouseCoopers LLP, September 1998 to June 2002. On secondment to the Bangkok office. Established and managed the public sector advisory business for PwC in Thailand and Indo-China.

PricewaterhouseCoopers LLP, August 1996 to August 1998. On seondment to Kuala Lumpur office. Supported the development of an infrastructure advisory business for PwC Malaysia.

From 1989-1996 Simon specialised in public sector reform in the UK with a focus on regulatory and supply side reforms. Simon's clients included the Department of Energy (Regional Electricity Companies), Home Office (NTL and DTELS), DTI (British Technology Group), Department of Transport (Transport Research Laboratory), OPRAF (Anglia Railways), Department of the Environment (Buildings Research Establishment) and the British Museum (on a major PFI scheme).

Dr. David Chin, M.D., M.B.A. – Advisory Panel					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
A.B.	1971	Harvard College	Pre-Med
M.D.	1975	Harvard Medical School	Medicine
MBA	1980	Stanford University	Business
		Robert Wood Johnson Scholar	

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Dr. Chin is the Principal-in-charge of the Boston Health and Welfare group of the Global Healthcare Solutions practice of PwC. He is a physician executive with more than 18 years of experience in managed care, hospital/physician network formation, and large medical group practices management. His medical and senior management experience provide a unique set of skills to help organizations successfully adapt to the changing healthcare market place.

Prior to joining PwC, Dr. Chin was President of Novalis Corporation, which developed multiple HMOs on a turnkey basis for insurers, hospital systems, academic medical centers in MD, NY, OH, NC, NH, and AR. Before joining Novalis, Dr. Chin served as President and Medical Director for the Health Centers Division of the Harvard Community Health Plan, serving 310,000 members in Eastern Massachusetts. His recent projects include:

- Developed and implemented strategic plans for both teaching and community hospitals, particularly in developing managed care strategies, physician integration strategies, PHO/MSO development, utilization management under capitation, and strategic alliances/mergers with providers, purchasers, and insurers.
- Clients include Partners Healthcare System (Mass General and Brigham and Women's Hospital), Johns Hopkins Health System, University of Missouri, University of Minnesota, SUNY Syracuse, University of Michigan, Wake Forest University School of Medicine, and a National PPM Company.
- Implemented managed care purchasing strategies for multiple employers as well as providing ongoing support for annual health plan renewals. Among his clients have been Ford Motor Company, Harvard University, The Group Insurance Commission of the Commonwealth of Massachusetts, Amherst College, and Boston Medical Center.
- Helped insurers transition to managed care by improving their medical management infrastructures to close the gap between their costs of care and managed care industry benchmarks. He has reviewed and revamped the utilization and care management functions of major insurers including streamlining the organization, staff, and the information flows needed to succeed in managed care. Clients have included Highmark, Inc., Humana, Harvard Pilgrim Health Care, Anthem, Inc., and Blue Cross Blue Shield of Maine.
- Professional Affiliations include: American Board of Internal Medicine, Harvard Medical School - Instructor in Medicine, Advisory Council of the Graduate School of Business (Stanford University), and American College of Physician Executives

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Tony Kushnir – Advisory Panel						
Proposed Employee of:	*Prime*		*Sub*	X		*Patton Boggs LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
JD	1974	University of Iowa College of Law	Law
BA	1971	University of Illinois	

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Partner, Patton Boggs LLP. Tony builds and fosters innovative, public-private partnerships that encourage private sector investment in public properties and infrastructure.

Prior to joining the firm, Mr. Kushnir was the director of the Department of Veterans Affairs (VA) asset management program and was responsible for the acquisition, management, and disposal of all Department capital assets. He helped to push the development and implementation of innovative approaches for the acquisition and management of VA's capital facilities and asset management programs.

Mr. Kushnir was the architect and author of the Department's "enhanced use leasing" program, a unique program in the federal government in terms of its scope and authority. Through this program, VA has secured significant private sector investment onto VA properties for the private development and operation of cogeneration facilities, housing, office buildings, child care centers, medical office and research facilities, parking garages, and retail centers that serve both the VA and the local economy.

Since entering the private sector, Mr. Kushnir has played a pivotal role in structuring over $200 million of private investment in federal facilities and properties. In addition to the VA projects, current enhanced lease/public-private venture initiatives include efforts at NASA facilities, the Argonne National Laboratory, the Brookhaven National Laboratory, and the Army

Prior to his tenure at the VA, Mr. Kushnir served as an associate counsel to the Naval Facilities Engineering Command, where he provided a complete program of legal advice and services to the Command, the Chief of Naval Operations and constituent commands on all real estate, environmental and construction activities. Mr. Kushnir was also instrumental in securing a variety of public/private ventures for the Department of the Navy.

Previously as an attorney-advisor in the Solicitor's Office of the U.S. Department of the Interior, Mr. Kushnir provided legal counsel to the National Park Service in real property, land use and environmental matters. Before entering the federal sector, Mr. Kushnir practiced law as an assistant city attorney for Iowa City, Iowa.

Bar and Court Admissions: IA, DC, MD

Professional Affiliations: Mr. Kushnir is currently involved in teaching a training course on enhanced use leasing sponsored by the University of MD for the Department of the Air Force.

Honors and Awards: Presidential Rank Award as a Meritorious Executive, Department of Veterans Affairs (2001); Distinguished Service Award (2001); Meritorious Civilian Service Medal (1988).

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Michael Simmons – Advisory Panel					
Proposed Employee of:	*Prime*		*Sub*	X	*Patton Boggs LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
JD	1974	University of Baltimore	Law
BA	1966	University of Maryland	

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Partner, Patton Boggs LLP. Mr. Simmons helps clients structure complex financial transactions supporting innovative, public-private venture/asset management programs, focusing his efforts on loan and real estate privatization.

Prior to joining the firm, he served as counsel to the Department of Veterans Affairs (VA) privatization programs where he was the principal architect and author, within the Department's Office of General Counsel, of VA's "enhanced use leasing" program. This innovative program takes under-utilized real estate under the department's control and privatizes it through leases, for terms of up to 75 years. In exchange, private entities provide monetary reimbursement, improved space or goods and services.

In addition, Mr. Simmons was responsible for developing and implementing a unique and innovative financing structure adopted by the VA for all of its projects, where VA retains considerable involvement with the privatized activity. He structured all complex financial transactions, such as financing the projects through public bond offerings, traditional construction and take-out lending The success of the program earned Mr. Simmons the National Performance Review Award in 1995, 1999 and 2000. In the years since his involvement with the program, over $200 million of private investment has been successfully placed in VA facilities and properties, where he participated as special trust counsel and transaction counsel.

Prior to his focus on real property privatization, Mr. Simmons managed all legal aspects associated with the VA's loan asset privatization program through the securitization of mortgage loans owned by the VA. For as many as 30,000 loans annually – with total principal balances of approximately $2 billion – Mr. Simmons structured VA's legal position through his participation in the drafting of all transaction documents, including loan sale agreements, pooling and service agreements, and underwriting agreements. In total, he handled transactions involving 33 sales, with the disposal of over 300,000 loans and principal balances in excess of $22 billion. He also served as counsel to VA's home loan guaranty program and as the Department's lead attorney for bankruptcy matters involving debts owed to the VA. Representative matters include.

- Advises DOE, NASA, the Argonne National Laboratory and Brookhaven Laboratory on public/private financing issues and provides similar services to municipalities/non-profits
- Presently acts as special counsel to the VA REMIC trusts, also known as the Vinnie Mac transactions, established to privatize VA's home loan portfolio
- Serves as transaction counsel to various federally associated investment trusts in the development of co-generation facilities, office buildings, parking garages and medical research facilities

David A. Blake – Advisory Panel					
Proposed Employee of:	*Prime*		*Sub*	X	*Independent Advisor*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
BS	1963	University of Maryland	Pharmacy
Ph.D.	1966	University of Maryland	Pharmacology
	1967	National Heart Institute	Postdoctoral Fellowship

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

David A. Blake, Ph.D. has extensive experience in research and medical school management. He spent 20 years at the Johns Hopkins University School of Medicine as the Research Dean and eight years as Executive Vice Dean under Dean's Richard S. Ross and Michael M.E. Johns. He then was recruited as the research officer (Senior Vice President for Biomedical Research) at the Association of American Medical Colleges (AAMC).

For five years, Dr. Blake had been Associate Director of the Woodruff Health Sciences Center of Emory University and Vice President for Academic Health Affairs. In these roles he has had principal responsibility for guiding the development and implementation of a strategic plan for research across the Schools of Medicine, Public Health, Nursing and the Yerkes Primate Center.

David's vast experience and exposure to issues facing institutions and regional development initiatives will be used to provide you the perspective on research institutions across the nation. In addition, David's past experiences have provided a network of former colleagues and friends who are in leadership positions at many medical schools and academic health centers. This network will be used to supplement the knowledge of the PwC team and provide contacts for you to identify potential opportunities and risks on moving an academic medical campus.

Since his retirement from Emory University, Dr. Blake has been engaged as a consultant in a number of areas including:

- Recruitment consulting associated with selection of new medical school Department Chairs and other senior research personnel
- Assistance to Academic Medical Centers in strategic planning , including evaluation of current strategies and plans, suggestions for improvement
- Assessment and development of technology transfer and conflict of interest policies
- Consultative support to Deans, Vice Presidents and Department Chairs.

Recent clients have included Georgetown University Medical Center, Louisiana State University, and the Translational Genomics Research Institute in Arizona. Dr. Blake has more than 90 published journal articles.

R. Carter Pate, CPA, CFE, CIRA – Quality Assurance (QA) Group					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MA	2003	University of Texas	Accounting (Summa Cum Laude)
BS	1973	Greensboro College	Accounting

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Carter is the U.S. Managing Partner of the Washington Federal Practice and recently served as the Managing Partner of all PricewaterhouseCoopers' National and Regional Offices. Mr. Pate was a member of the ten-member U.S. Leadership Team from 1999 to 2004. He currently serves as a relationship Vice Chairman for Microsoft, SBC Communications, American Airlines, and Amoco-Phillips, as well as all government agencies.

Immediately prior to joining PricewaterhouseCoopers in 1996, Mr. Pate served as President, CEO, and a member of the Board of Directors of Sun Coast Industries, Inc., a NYSE company. Under his direction, the Company was featured in the January 16, 1995, issue of Fortune magazine as No. 7 of the "Best Performing Stocks of 1994," with a stock price increase of 103.7% during his tenure

Mr. Pate holds a Masters of Accounting from the University of Texas (Summa Cum Laude) and a Bachelor of Science in Accounting from Greensboro College, Greensboro, N.C., and is a member the Greensboro College Board of Trustees. He is a Certified Public Accountant (CPA) in Texas and Virginia; Certified Insolvency and Reorganization Accountant (CIRA); and Certified Fraud Examiner (CFE).

Mr. Pate has been featured in articles appearing in The Wall Street Journal, Forbes, USA Today, Newsweek, Dallas Morning News, Dallas Business Journal and D Magazine. He has been regularly featured on CNN, CNN-FN, CNBC, AT&T Broadband, Daily Deal, Money Talks, and other programs.

Mr. Pate's book, *The Phoenix Effect: Nine Revitalizing Strategies No Company Can Do Without*, with John Wiley & Sons, Inc., was released in March, 2002. It has since been translated into five languages.

Paul Chrencik – Quality Assurance (QA) Group					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
BS	1985	University of Maryland	Accounting

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Paul is a Partner in PwC's Washington Federal Practice and leads the firm's Government Healthcare Services Practice. He has over 17 years of experience providing audit and consulting services to healthcare providers and insurers in the government and commercial markets. Paul manages the delivery of healthcare consulting services to federal, state and local governments. Paul is PwC's Global Relationship Partner for the Department of Veterans Affairs, having served the VA account for the past six years He has overseen our service delivery to the VA for this period of time, managing numerous projects at Headquarters, VISNs, and medical centers His experience includes the following areas:

- Policy and program analysis of federal, state and local healthcare-related programs
- Medical record billing and coding
- Managed care and payor operations
- Capital investment, network expansion and feasibility studies
- Training and education programs
- Database and Web site design and development

Paul has played an instrumental role in developing PwC's compliance approach including the technology currently used on our projects as well as externally by our clients. Specific experience in healthcare compliance, operations, finance, and business development include:

- Operations improvement through TQM- and CQI-related structures
- Strong functional knowledge of operations in the areas of patient financial services, patient access, laboratory, radiology, medical records and corporate finance
- Managed care contracting, PPOs and PHO structures
- Healthcare financing arrangements such as debt offerings and commercial financing

Prior to joining HCP in October 1997, Paul provided audit and accounting assurance services to organizations in the healthcare, manufacturing and financial services industries through financial audits and financial consulting-related projects. The projects included financial statement audits, public and private offerings of debt and/or equity securities, acquisitions and due diligence reviews, and reviews of managed care and other contracting arrangements

- **Professional Affiliations and Community Service:** American Institute of Certified Public Accountants; Pennsylvania Institute of Certified Public Accountants; Appalachian Chapter of the Healthcare Financial Management Association; Healthcare Compliance Association

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G. William Luallen – Quality Assurance (QA) Group					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
B.A.		Butler University	Accounting and Bus. Administration

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Bill serves as the National Leader of the firm's Performance Improvement practice for healthcare and as the Midwest Healthcare Leader. Prior to joining PwC, Bill founded V4 Consulting. V4 was recognized as the Midwest leader for healthcare consulting initiatives, specifically a management friendly approach to accelerated performance improvement initiatives, growth initiatives, revenue cycle, managing documentation integrity, HIPAA and full scale IT. Prior to V4, Bill served 18 years with Ernst & Young in numerous leadership capacities. He led the clinical integration practice for E&Y's Healthcare consulting and prior to that, the for-profit/medical services group practice in the tax practice serving as a Partner.

- Currently leading the Performance Improvement initiatives at Temple, Bon Secours, Health Alliance Catholic Healthcare East, and Ascension
- Implementing growth strategies for providers resulting in significant market share increase
- Devising creative incentive alignment solutions between health systems, physicians, hospitals and physician networks.
- Devising joint venture opportunities for health systems and venture capital partners.
- Developed, designed and implemented over 40 integrated provider mergers, or combinations or joint operating agreements.
- Coordinating and facilitating strategic planning initiatives for significant primary care and secondary care medical practices.
- Preparing portfolio analyses and financial projections for health systems.
- Coordinating revenue enhancement methods including feeder system improvement, market positioning and acquisition, managed care analysis, revenue cycle review and satellite expansion.
- Coordinates reimbursement analyses and assists in negotiations with insurance carriers.
- Implementing performance improvement initiatives including enabling clinical based operational performance improvement techniques to decrease direct variable costs by DRG and Department level performance improvement through driving as an "economic unit."

Certifications and Professional Affiliations

- CPA certificate in Indiana
- American Institute of Certified Public Accountants
- Indiana CPA Society
- Medical Group Management Association
- Healthcare Financial Management Association

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Peter Raymond - – Quality Assurance (QA) Group					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MSFS	1990	Georgetown University	International Business
BA	1980	Union College	Political Science

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Peter is a PwC partner who has recognized expertise in infrastructure finance, foreign investment in emerging markets, joint venture and partnership arrangements and program evaluation. Mr. Raymond serves as the US leader for PwC's Infrastructure, Government & Utilities practice which provides strategic and financial advisory services to governments, investors and lenders on infrastructure financing and public/private partnerships in emerging markets. Mr. Raymond has led multiple projects providing technical assistance and training in institutional reform, public sector management, privatization, public private partnerships, surveys and evaluations. He has experience in the infrastructure, utility, government, agriculture, industry and finance sectors, and has directly relevant experience with communications initiatives. Peter's financial services expertise will be an invaluable addition to the Advisory Panel for the CARES project. Some of his projects are summarized below:

Thailand--Sector Reform and Privatization. Served as lead advisor to the Royal Thai Government under World Bank funding on the design and implementation of market liberalization reforms and infrastructure privatization.

Global Mergers, Acquisitions and Partnerships. Mr. Raymond served on Arthur Andersen's global leadership team in the evaluation of mergers, acquisitions, public private partnerships and other forms of joint ventures.

Andersen Corporate Finance, Global Mergers & Acquisitions, Partner, Global Leadership Team. Andersen's M&A Solutions was a global structure of more than 100 partners, with centers of excellence in Europe, North America and Asia, providing advisory services on all aspects of mergers, acquisitions, privatizations and public/private partnerships and joint ventures. Teams provided business planning and structuring, performance management, corporate finance, tax, legal and integration and divestiture services.

Senior Manager, Business Consulting, Office of Government Services (OGS), Washington, DC. The Office of Government Services was a newly established Business Consulting practice dedicated to delivering Andersen solutions to federal, state and local government clients. Mr. Raymond was asked to identify, develop and lead commercialization, privatization, outsourcing and related IT solutions business.

Manager, Global Infrastructure Privatization Practice, Washington, DC. The practice focused on project financing of road, rail and airport deals. Responsibilities included identifying, developing and leading engagements including structuring of consortia (legal, investment banks, specialized consultants). Project financing engagements in toll roads, rail and airport infrastructure in Canada, US, China, Korea and Latin America, including the design and financing of Canada's first ever privately financed toll road (Highway 104).

Ryder Smith – Healthcare Team Lead					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MHA	1987	The Ohio State University	Health Services Administration
BA	1985	Carleton College	English

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Ryder Smith is a Director in PwC's Healthcare Advisory Practice. His recognized areas of expertise are healthcare facilities services planning and multi-site health system integration and development. Some related examples of projects include:

- Master site planning and evaluation, service development, space programming, resource productivity analysis, and second-opinion reviews of operations and space planning materials and schematic designs for hospitals, group practices/clinics and health systems.
- Directed the development of a 10-year strategic and master facilities plan for a 600-bed, 1,200,000 ambulatory-visit academic county health system in the Southwest. Subsequently engaged to develop business plan for ambulatory components of the strategy.
- Developed a plan to physically integrate three competing hospitals into two, illustrating current and future facility and site requirements, capital requirements, and implementation plan in a three-month timeframe. Secured board approval for recommended solution.
- Directed the development of a master plan for an urban teaching hospital operating 3.2MM square feet across multiple campuses Models were developed that increased space productivity by 200%, and several office buildings were vacated for alternate use (including sale or demolition). Ten versions of the plan were prepared for the Trustees' consideration.
- Directed and worked individually with an all-client staff in the preparation of market, operational, financial, and facilities analyses to determine whether or not the clients' organization should develop a new hospital in a growing suburb.
- Directed the development of a strategic demand forecast, physician need analysis, and facility master plan for a rural health care system. As part of the scope of work analysis and recommendations related to how the system should participate in non-hospital services such as assisted and independent living were also prepared.
- Developed operating assumptions and a physical model for the integration of three major clinical service lines for four hospitals (one 700-bed adult, one 500-bed adult, one 200-bed adult, and one 300-bed childrens) as part of the merger analysis process.
- Co-directed the redesign of a 300-bed hospital's scheduling and registration processes.
- Directed the review of a major teaching hospital's patient and non-patient transportation processes. The study involved over 800 participants and detailed nearly 15,000 transportation events. Recommendations following the analysis identified potential savings of 30 to 40 percent in the transport of patients, and 10 percent in the transport of other items.
- **Professional Affiliations:** Diplomate, American College of Healthcare Executives

James E. Zajac, AIA – Capital Team Lead					
Proposed Employee of:	*Prime*		*Sub*	X	*Perkins+Will*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
BA	1966	University of Illinois	Architecture

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Principal, Perkins+Will, January 2000 to Present. Mr. Zajac has comprehensive background in architecture and construction management including programming, planning and design that spans a broad range of projects including hospital systems, higher education facilities and urban medical centers.

Director of Healthcare Marketing, 1994 to 1999. Marketing and management of healthcare projects such as Barnes-Jewish Christian Medical Center in St. Louis, MO, Northwestern Memorial Hospital in Chicago, IL, and Battle Creek Healthcare System in Battle Creek, MI.

Jeff Balliew – Capital Team					
Proposed Employee of:	*Prime*		*Sub*	X	*Perkins+Will*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
BA	1979	Texas A&M University	Environmental Design
MA	1983	Texas A&M University	Architecture

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Studio Director, Perkins+Will, February 2001 to Present.

- Tulsa Heart Hospital; North Texas Medical Center; Baton Rouge Neuromedical Hospital; Good Shepherd Medical Center; Medical Center of Lewisville

Associate, The Stichler Group, March 1997 to February 2001.

- Harris Methodist; Army Air Force Exchange Service, Lakenheath, UK

Senior Associate, Page Southerland Page, March 1996 to March 1997.

- St. Luke's Baptist Hospital; University Health Systems, San Antonio; Huguley Memorial Medical Center; Memorial Sisters of Charity

Healthcare Director, Holmes Sabatini Architects, September 1994 to March 1996.

- University Hospital, Albuquerque; Memorial Medical Center, Las Cruces, New Mexico

Principal, Carroll DuSang and Rand, August 1983 to September 1994.

- Providence Memorial Hospital; Thomason General Hospital; Medical Center Hospital; Hotel Dieu Hospital; Texas Tech School of Medicine; El Paso Cancer Treatment Center; Border Children's Health Center; Filley Retirement Complex

Patrick Phillips – Reuse Team Lead					
Proposed Employee of:	*Prime*		*Sub*	X	*Economics Research Associates*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MPL	1984	Syracuse University	
MLA	1981	State University of New York	Urban Design
BS	1979	Colorado State University	

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Patrick Phillips coordinates all aspects of ERA's organization, strategy, business development, and service delivery. After serving as managing director of ERA's Washington D.C. regional office since 1993, he was named President of the firm in January 2000.

Mr. Phillips has almost 20 years of experience in the economic analysis of real estate and land use issues. His consulting practice focuses on economic and feasibility analysis, strategic planning, and transaction-related services for real estate investors and developers, public agencies, financial institutions, universities, and non-profit organizations. His work has involved all major categories of urban land use, for such clients as the New York City Economic Development Corporation, the National Academy of Sciences, Samsung, TIAA, Alcoa, the University of Cincinnati, Forest City, Coca-Cola, MassPort, Hines, and numerous public agencies and non-profit organizations.

A recent focus is the market, economic, and financial aspects of a new generation of downtown, visitor-oriented projects that combine retail, sports, entertainment, housing, and other uses. Notable recent projects include Peabody Place in Memphis, The Banks in Cincinnati, Atlantic Station and Coca-Cola Park in Atlanta, the retail redevelopment strategy for downtown Washington DC and the Hudson Yards in Midtown Manhattan. He assisted J.C. Nichols Co./Highwoods in the successful effort to structure a public-private financing approach for the expansion and repositioning of Country Club Plaza, one of the nation's most successful and influential pedestrian-oriented retail districts

Mr. Phillips has advised numerous public-sector clients on issues related to public-private partnerships for economic development. This practice has concentrated on business development and retention and the revitalization of historic buildings, downtown areas, waterfronts, and neighborhood commercial districts. He is an expert in creative financing strategies and has analyzed tax-increment financing approaches in NYC, Houston, DC, and Atlanta.

Mr. Phillips is a frequent speaker on urban development issues, and is the author or co-author of eight books and numerous articles. He is a Trustee of the Urban Land Institute, active on ULI's Mixed-Use Council. He has also served as adjunct professor at the Berman Real Estate Institute at Johns Hopkins University, and now serves on its Advisory Board. His academic training includes a graduate degree in public management and finance from Syracuse University's Maxwell School of Citizenship and Public Affairs. Before joining ERA, he was a senior manager with the real estate consulting group of Ernst & Young, a major international professional-services firm.

Shuprotim Bhuamik – Reuse Team					
Proposed Employee of:	*Prime*		*Sub*	X	*Economic Research Associates*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MS	1994	University of Stony Brook	Economics and Econ. Development
BS	1988	Presidency College, Calcutta, India	Economics, Statistics, Mathematics

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Shuprotim has more than eight years of progressive experience in evaluating and analyzing real estate projects and economic development plans to ensure maximum economic and social returns. Currently, he is leading the ERA team that conducting a market analysis and feasibility study for redevelopment of the East River Waterfront in NYC. He is also responsibility for determining the highest and best use, as well as economic impact, for a 150 acre portion of the former Grumman site for Nassau County. Prior to joining ERA, Shuprotim was Senior VP of New York City's Economic Development Corporation. In that position, he directed a team of economists, financial analysts and researchers. Recent projects include:

- Conducted studies on a wide range of transactions to assess financial feasibility, calculate public and private returns, and propose alternative financing and implementation strategies. Presented recommendations to Deputy Mayor and senior City Hall staff on project feasibility, development strategies, and community outreach.
- As part of proposed NYC industrial policy, directed outside consultant to analyze business needs of industrial firms and city's relative competitive position. Currently, designing innovative strategies to retain high value firms using land use, incentives and workforce development tools.
- Developed a financial feasibility framework to project office, retail, and residential space demand in Lower Manhattan under different scenarios. Analysis was utilized to promote infrastructure improvements in the Mayor's Lower Manhattan Vision statement.
- Directed economic analyses of mixed-use development on Manhattan's Westside. Refined financing plans, identified new sources of revenue, and "stress-tested" model to evaluate the impacts alternative build and absorption scenarios on debt-coverage assumptions.
- Team member responsible for creating a strategic economic development blue print for NYC. Conducted off-site sessions for Deputy Mayor and City agency commissioners to discuss priorities, set strategic initiatives and establish benchmarks.
- Designed and specified a multivariate econometric model to provide forecasts on major economic and demographic variables.
- As member of Mayoral task force, supervised a comprehensive study on the city's competitiveness as a business location. Conducted economic analyses to estimate the long-term impacts of changes in the city's tax policies.

Prior to his work at EDC, Shurpotim was a Senior Budget Analyst at the New York City office of Management and Budget, and a Financial Economist for the Emerging Markets Finance Corporation in The Netherlands.

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Cheryl Baxter – Reuse Team					
Proposed Employee of:	*Prime*		*Sub*	X	*Economics Research Associates*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MS	1973	UCLA School of Management	Real Estate and Urban Land Econ.
BS	1971	UCLA	Economics

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Ms. Baxter had over two decades of experience in the conversion of former military / government facilities into civilian/commercial use. These projects have involved more than 15 bases. In addition, she has identified market-driven reuse at other surplus sites; and has defined development programs for private and public sector clients. A sample of projects follows:

Department of Veteran Affairs, Medical Centers – Ms. Baxter has identified opportunities for reuse of surplus medical-center property at nine facilities around the country.

Air Force. Ms. Baxter has been the managing partner for over 20 facilities analyses that have been prepared for the Air Force at bases around the country. The uses range from recreation, to accommodations, to quality of life facilities, to day care.

Brooks AF Base, San Antonio – Conversion of a military base to city ownership with the AF remaining as tenant. Ms. Baxter defined business/high-tech economic development reuse opportunities that tie to current AF medical / space travel research, and outlined management, marketing and land/facility conversion needs, involving a Texas A&M campus on the site.

Naval Undersea Warfare Center, New London, CT – A navy research center with a focus on submarine-related science. Ms. Baxter defined how navy skills, equipment, and telecommunications could be used in SIC research clusters and evaluated how Pfizer could fit into a conversion plan. A local university is implementing reuse concepts.

Ogden Army Depot, Ogden, Utah – A comprehensive reuse plan for a 1,400-acre army munitions facility to a multi-faceted business park. A discounted conveyance was secured from the Army Corp of Engineers and a partnership negotiated with an industrial developer.

Naval Air Warfare Center, Pennsylvania – Reuse of this Naval research and development facility that identified how Navy scientific capacities (such as global positioning) could be privatized, what regional R&D and pharmaceuticals could be attracted. She developed an incubator concept and detailed implementation strategy.

Voice of America Transmission Site, Cincinnati area – A 600+acre site that housed the radio transmission towers during the cold war. The evaluation defined industrial park, retail, and other related business opportunity.

Ms. Baxter has been a consultant for 26 years. Prior to joining ERA in 1988, she was a Vice President with Real Estate Research Corporation. She has published widely, and has been a featured speaker at the National Association of Installation Developers, discussing with base-closure impact communities approaches to reuse and revitalization.

Andrew (Andy) J. Miller – Financial Team Lead					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MBA	1988	Cranfield Business School (UK)	Strategy and Finance
M.Eng	1983	Liverpool University (UK)	Maritime Civil Engineering
Bsc	1982	University College London	Civil Engineering, Honors

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

For the last 15 years, Andy has been one of PwC's leading advisers on implementing capital projects in the real estate and aerospace and defense industries; establishing new business ventures (in particular public private partnerships); corporate and project based transactions; project finance and asset based funding for these sectors; and providing business and financial planning assistance for organizations engaged in real property market more generally. Andy has proven transaction and fund raising experience and is particularly skilled at advising on and implementing complex transactions involving multi-disciplinary teams and reporting to senior executives. Andy has particular experience of Private Public Private Partnerships through his work with government and quasi-government agencies and bidders for public private partnership projects (including enhanced use lease opportunities). He has provided strategic planning assistance to public and private sector clients seeking to implement business development strategies both within the defense, real property and public infrastructure sectors, for example: advice to DoD, UK and other national governments on the restructuring and potential privatization of elements of their industrial base and real property asset portfolios. His advisory projects have also included the set-up and funding of large international development projects; mergers and acquisitions; the acquisition and financing of international airports; the development of market entry strategies and implementation of limited recourse financing programs for project based transactions. Representative projects include:

- ***US Army PPPs for Major Installations*** – Mr. Miller lead a joint UK/US PwC team working directly for the Assistant Secretary of the Army Installations and Environment to develop a strategic plan for the transformation of whole US Army installations on Continental-USA using public private partnerships;
- ***UK Ministry of Defense (MoD) Main Building Redevelopment*** – Mr. Miller led our financial and commercial advice to the MoD on the $1b redevelopment Main Building and rationalization of associated properties in Whitehall.
- ***British Army 3rd, 4th and 5th Divisions (Allenby/Connaught)*** – Mr. Miller led our financial advisory team advising on the $1.8B project for the rationalization, refurbishment, redevelopment almost all the British Army's significant installations in and around the Salisbury Plain Training Area and the Aldershot Garrison Town.
- ***English Partnerships*** (formerly The Commission for New Towns (CNT), a very significant UK urban regeneration authority and land owner) – Mr. Miller helped create a development and financial plan for CNT's 840 acre portfolio in around Milton Keynes, specific asset and contributed to the completion of CNT's national business plan.

Curt Cornelssen – Financial Team					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
M.S.	1993	MIT	Finance, Real Estate
B.S.	1985	Cornell University	Hotel Administration

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

- Project director for National Park Service (NPS) Concession Program Business Advisory Services contract. In this role, provides advice and counsel on contract structures, investments, alternative funding strategies and regulations and policies. Currently overseeing working group at the request of the NPS Director to develop efficient business processes for implementing regulations surrounding Leasehold Surrender Interest on concession real property assets.
- Project Director for the Strategic Capital Investment Planning Model for use by the Department of Defense's Morale Welfare and Recreation Agencies. Designed a Food, Beverage and Entertainment Planning Model which has been used to identify development opportunities on military installations worldwide.
- In conjunction with the DoD, Morale Welfare and Recreation Agencies, developed analysis tools to support Non Appropriated Funding Construction Project Requests
- Worked with the Department of Defense in implementing Non-Appropriated Funding programs. Evaluated introduction of Non-Appropriated Funding ("NAFI") solutions at Yellowstone National Park and Grand Canyon National Park. Involved in establishing fee evaluation frameworks with the National Park Service and U.S. Forest Service.
- Has worked with local, state and federal agencies to identify suitable outsourcing opportunities. Focus has been on leveraging public financial resources with private sector capital, and identifying suitable private sector partners for development opportunities.
- Responsible for review of benchmarking completed as part of the financial analysis conducted for National Park Service Concession Program. Assets included campgrounds, marinas, transportation systems, lodging, retail and food and beverage outlets.
- Project Director for the National Park Service Concession Program Prospectus Development engagements. This work includes comprehensive market, financial and investment analysis for major concession facilities at multiple National Parks.
- Has testified on issues concerning the NPS Concession Program in front of Congress, the President's Office of Management and Budget, the General Accounting Office, and the Department of Interior.
- Coordinated project team at Yellowstone National Park in the assessment of Concession Facility Investments, which included comprehensive review of facility conditions and the prioritization of capital investments. Project Director for the U.S. Air Force Services Agency Temporary Lodging Facility assessment, which included facility evaluations and investment prioritization.

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Melissa Glynn, Ph.D. – Implementation and Risk Management Lead					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
Ph.D.	1998	University of Arizona	Information Systems
M.A.	1994	University of Arizona	Library and Information Science
B.A.	1991	Rutgers University	Philosophy / Art History

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

PricewaterhouseCoopers LLP, June 1998 to Present.

- Responsible for development of methodologies, staff development, and client engagement delivery of risk and compliance solutions for the Washington Federal Practice.
- Engagement leader for enterprise risk management assessments and the design and development of internal controls for several Federal agencies.
- Engagement leader for a project defueling and planning decommissioning activities for a research nuclear reactor at the Omaha Veterans Medical Center.

The Center for the Management of Information, University of Arizona, August 1993 to May 1998.

- Management of an academic research center designing and deploying real-time decision systems employing forty researchers, students and staff.
- Co-Director of a National Science Foundation Industry/University Cooperative Research Center.
- Director, Air Force Research Laboratory CABE Program focused on collaborative planning for maintenance and enhanced logistics planning.

Los Alamos National Laboratory, May 1993 to August 1993.

- Designed and developed a public access information system for environmental restoration activities.
- Redesigned the community reading room supporting public access of unclassified activities.

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Fatimah Moody – Stakeholder Management Co-Lead					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MBA	1997	Duke University	Organizational Development
BS	1990	Syracuse University	Finance/Accounting

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

PricewaterhouseCoopers LLP, August 1997 to May 2002; October 2003 and Present. Responsible for providing communication and change management consulting services for government and commercial clients. Relevant projects include the following:

- Currently assisting FAA with communication strategy and planning for Aviation Flight Standards. Conducted focus groups with various stakeholder groups. Currently developing outreach communication program for both internal and external stakeholders.
- Administrative Office of United States Federal Courts-developed communication strategy and plan for organizational restructuring project that impacted all finance and IT employees. Conducted employee "town hall" meetings, and handled communications logistics.
- District of Columbia, Office of Contracts and Procurement-provided training and communication support for the implementation of a new automated procurement process and software. Handled sensitive information with a large number of stakeholder groups.
- Trinity Health Systems-responsible for developing and implementing communication plans for the roll-out of an organization-wide learning system for leaders of the health system
- FAA-Change Management and Training Lead. Led training and change management efforts associated with implementing a Franchise Fund for FAA. The Fund is a revolving fund to finance the cost of products and services that an entity provides to its customers on a fee-for-service basis. Mapped out processes to implement to the field, designed and developed a training course, and provided change management support for the fund's implementation.
- U.S. Department of Education, Office of Bilingual Education and Minority Language Affairs (OBEMLA)-Organizational Assessment. Assisted OBLEMA in assessing the impact of the organization's reengineered workflow process. Developed job descriptions for several positions and led in the development of a leadership retreat for senior management at OBEMLA. This entailed the design, development, and delivery of senior executive sessions, including strategic planning, team building exercises, and coaching.

Howard University Hospital. Developed communication plan for employees for rolling all new annual budget process. Developed strategy and communications plan pertaining identification of new hospital facility, this involved conducted public meetings to address issues related to the new facility

AARP, April 2002 to July 2003. Served as project manager for implementing new programs and procedures for AARP to reduce cost and/or improve efficiencies. In this role, facilitated numerous senior management sessions to garner buy-in of vision of programs.

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Patrick R. Riccards – Stakeholder Management Co-Lead					
Proposed Employee of:	*Prime*		*Sub*	X	*Widmeyer Communications*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
B.A.	1995	University of Virginia	Government; Rhetoric & Communication Studies

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Widmeyer Communications, January 2002 to Present. On a full time secondment to the UK's Department of Health. Major duties have included:

- Oversee agency's integrated communications efforts, providing all practice groups with editorial, media relations, crisis communications, grassroots, marketing, internal communications, and strategic services. Serving clients in education, healthcare, workplace, technology and community engagement fields.
- Manage agency's "research-to-practice" communications efforts, providing senior counsel and strategic guidance to the federal government, not-for-profit and policy organizations, and corporate interests on research and instructional implementation issues.
- Clients include Columbia University, Cryptek, Environmental Protection Agency, Government of Hong Kong, Inova Health System, Johns Hopkins University, Loudoun Healthcare, Lumina Foundation, Multiple Myeloma Research Foundation, National Institute for Literacy, National Institute of Child Health and Human Development, Partnership for Reading, Specialty Hospitals of America, U.S. Department of Education.

Riccards Communications, August 2000 to January 2002.

- Provided senior counsel to corporate, government, and not-for-profit clients including Collaborative Communications, Inova, National Association of Elementary School Principals, National Institute of Child Health and Human Development, and the National Reading Panel

Widmeyer Communications, February 1998 to August 2000.

- Served as Director of the firm's healthcare practice. Clients included Alliance for Internet Security, College Board, FAA, HumanR, Inova, Manufacturing Skill Standards Council, MedStar Health, National Institute for Health Care Management, National Institute of Child Health and Human Development, National Pharmaceutical Council, National Quality Forum, National Reading Panel, Potomac Hospital, TruSecure, and U.S. Dept. of Labor.

Office of Representative John W. Olver (MA), January 1996 to February 1998.

- Supervised all media relations activities for congressional office

Office of U.S. Senator Bill Bradley (NJ), August 1995 to January 1996.

- Ran the day-to-day press shop for the senior senator from New Jersey

Office of U.S. Senator Robert C. Byrd, May 1993 to August 1995.

- Oversaw press operations for both the congressional and Appropriations Committee work of the Senate Appropriations Committee's senior member.

Barbara Walsh – Research and Education Lead					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MBA	1982	Georgia State University	Accounting
BA	1973	Oberlin College	French

REPRESENTATIVE/RELEVANT WORK EXPERIENCE:

Barbara Walsh is a Director with the PricewaterhouseCoopers Life Sciences academic and research services practice, resident in Atlanta, GA. In this role, she is responsible for the delivery of advisory services relating to research finance, research regulatory costing, university financial management, and research compliance to our clients.

Barbara has significant experience in the healthcare industry. She also has noteworthy experience relating to research business enterprise and compliance-related issues of research organizations in the health care industry. Recent professional experience includes the following:

- Assistance to new research institute in conceptual planning and organizational phases, including serving as interim organizational CFO, development of 5-year and 1-year financial plans, creation of operational plan for first 100 days, implementation of all financial functions, assistance in development of research administration function, assistance in negotiation of affiliation and funding agreements with various stakeholders, recruitment of scientists, acquisition of space and equipment.
- Assistance to major academic medical center in development of new budget and financial management processes and software systems to improve financial accountability and structure financial flows between School of Medicine and separate faculty practice groups.
- Assistance to major research university in negotiation of agreements with research affiliation partners, including financial analysis of alternative scenarios, benchmarking of comparative structures and preparation of presentation materials for executive management and the Board.
- Engagement to develop research affiliation agreement for University to structure research administrative interactions with separate faculty practice plan entity after spin-off
- Implementation of institutional and research compliance program for major research institution.
- Research diagnostic assessments, assessing levels of compliance with scientific and fiscal/administrative research compliance requirements and development of recommendations for improvement.

Assistance to Academic Health Centers (Georgetown University, Case Western University, George Washington University, University of Colorado System) with restructuring projects, affiliation agreement negotiations with teaching hospitals, fund flow agreements, medical education issues, research strategic planning, research management and regulatory costing.

Kerry Shannon – Site Team Lead					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
M.S.	1988	Loyola University	Industrial Relations
B.S.	1983	Northwestern University	Biology

BIOGRAPHICAL SKETCH

- National Director of PwC's Healthcare Provider Planning Practice.
- Planning for operational and/or physical integration of services among hospitals within healthcare systems. These engagements typically resulted from mergers, acquisitions or changes in utilization for particular service areas.
- Managed and performed healthcare strategic patient origin and demand, and service line studies
- Master facility and site planning for large, tertiary care facilities as well as community hospitals and health systems.

Michele Deverich – Site Team Lead					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
BS		University of Florida	

BIOGRAPHICAL SKETCH

- Michele has numerous years of experience in the healthcare management arena with specialized focus in strategic business planning and new product development for managed care organizations and academic medical centers including the VA. She managed the VISN 17 Community-Based Outpatient Center initiatives.
- Provided strategic and tactical planning to the medical system for the creation of new centers of excellence with specific focus on integrating these new programs and services into mainstream contracts with high-volume payers
- Developed, marketed and implemented new branded risk-bearing managed care products (global risk, case rates, capitated disease management programs) with area payers and self-funded employers for Johns Hopkins

Scott Burns – Site Team Lead					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
BA	1979	Purdue University	Public Administration

BIOGRAPHICAL SKETCH

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Scott Burns – Site Team Lead
• Director in PricewaterhouseCoopers' Healthcare Advisory Practice. • More than 25 years of diverse experience in health care mergers and acquisitions, strategic business planning, new business development and managed care contracting for health systems, academic medical centers, community hospitals, physician groups and health plans. • Breadth of project experience requiring analytical, strategic thinking, problem solving, project and risk management, and communication skills gained from progressive responsibility in Big 4 consulting and national health systems.

Janet Hinchcliff – Site Team Lead

Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MBA	1983	George Washington University	
BA	1978	University of Virginia, with Honors	
		MHA postgrad coursework	Postgraduate work

BIOGRAPHICAL SKETCH

- Representative clients include: Dept. of Veterans Affairs, Johns Hopkins Health System, Georgetown U. Hospital, Bon Secours Health System Inc., Inova Health System, Temple University, Northern Virginia Healthcare Workforce Alliance, MedStar, DC Health Alliance, and numerous local, state, and federal agencies.
- Extensive experience in healthcare operational redesign, market studies, demand assessments, and cost model developments including life cycle costing
- Performed enterprise wide risk assessment of a major portion of a non-profit healthcare system. Developed action steps and recommendations to help mitigate unfavorable results.
- Led national Veterans Affairs initiative to conduct performance improvement studies system-wide. Designed consistent methodology and curriculum to enhance knowledge transfer for DVA staff. Performed in-depth reviews of clinical operations.

Patrick Spoletini – Site Team Lead

Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MS	1991	Florida State University	
BA	1989	Florida State University	

BIOGRAPHICAL SKETCH

- 3rd Party Payment Recovery project for a large VA hospital network
- HIPAA Security Assessment for a large government agency located in the

Patrick Spoletini – Site Team Lead
Commonwealth of Puerto Rico • HIPAA Privacy, Security and TCI assessment, implementation and PMO project for a managed care organization located in the Southeast • Customer Service compliance risk assessment and operational improvement project for one of the nation's largest Medicare Part A contractors • Independent Review Organization (IRO) audit of a large Medicare Part B contractor as part of a Corporate Integrity Agreement with Office of Inspector General • Managed Care Contract Negotiations training for a large Puerto Rico public hospital facility • Managed Care Contract review and strategic planning initiative for the corporate division of one of the nation's largest rehabilitation services providers • Market Analysis and Contract Review for a large public hospital facility • Strategic marketing plan for a large Community hospital located in the SE • Revenue Cycle redesign and cash acceleration project for a Veterans Health Administration hospital located in the NE

Margaret Stover – Site Team Lead					
Proposed Employee of:	*Prime*	X	*Sub*		*PricewaterhouseCoopers LLP*

EDUCATION:

Degree	*Year*	*Institution*	*Major Field of Study*
MHA	1989	Duke University	
BS	1984	Mary Washington College	

BIOGRAPHICAL SKETCH

- Director with PricewaterhouseCoopers Health Sciences Practice specializing in academic medical centers and faculty practice plans.
- More than 15 years of experience in faculty group practice governance, management, operations, finance, revenue cycle, business development, compliance and customer service.
- Clients include Georgetown University Medical Center, University of Masscuetues Medical Group, San Joaquin General Hospital, St. Joseph's Medical Center and Hospital, Temple University School of Medicine, University of Connecticut School of Medicine, collaborative translational research engagement with Memorial Sloan-Kettering Cancer Center, Rockefeller University, Columbia University, New York University and the New York Academy of Science, and The Qatar Foundation.

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iv PAST PERFORMANCE

iv.1 Contract Success

Our comprehensive and field-proven study, analysis and planning strengths give us a unique appreciation for VA CARES needs.

Examining the CARES project, we considered the requirements for achieving CARES project success and found your RFP "critical elements" to be primary contributors to that success. We asked what was needed to satisfy those critical elements, and we identified the success factors listed in Figure 54 below. Assessing the capabilities needed to fulfill those success factors suggested that help in four areas would provide our Team with the comprehensive skills and experiences needed to deliver contract success in every aspect.

Our Team's skills and performance match CARES key success factors

- PricewaterhouseCoopers brings more than 25 years of healthcare study, consulting, and implementation support. PwC also has been serving Federal clients for over 85 years
- Perkins+Will's award-winning architectural and engineering skills have been proven in numerous capital planning engagements
- Economics Research Associates has performed more than 15,000 engagements providing real estate/reuse planning, analysis, and strategic advice
- Widmeyer Communications has been delivering successful stakeholder communication solutions to diverse clients for 15+ years
- Since 1990, Horne Engineering has built a strong reputation for federal, state, and local government support with innovative approaches to environmental remediation and restoration

CARES 051

The four areas were:

Capital Planning
– enhanced by Perkins+Will

Reuse Planning
– addressed by Economics Research Associates

Stakeholder Communication Management
– strengthened by Widmeyer Communications

Environmental Assessment and Planning
– answered by Horne Engineering

CARES Critical Element	Key Success Factors
Working with Community Groups	Senior talented, experienced professionals with extensive healthcare and public-interaction experience
Design, Organization, and Application of Study Methods and Templates	Disciplined approaches proven in numerous CARES-like settings to deliver meaningful, implementable results
Large-Scale Data Analysis	Automated data analysis tools and extensible software
Reuse Planning by Working with Stakeholders, etc.	Experienced reuse professionals with ability to realistically assess property and space values and options in VA VISNs
Capital Planning by Working with Stakeholders, etc.	Public-forum experience with building projects definition, strategies, analysis, approaches, and implementations
Healthcare Supply and Demand Modeling	Obtaining and validating "good" data and having relevant automated models
Converting to Comprehensive Integrated Healthcare Programs and services	Large healthcare system experience
Healthcare System Strategic Planning, Evaluation and Redesign	National and international system expertise with large systems
Diverse Locations and Large Metro Areas	Experience directing and coordinating multi-location, multi-site healthcare engagements
Key Personnel	Knowledge of VA through prior experience

3 CARES 060

Figure 54. CARES critical element success factors are key to complete project fulfillment

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iv.2 Team PwC

Our Team addresses every aspect of your CARES project with experienced, top-ranked personnel and organizations that know how to assess and deliver successful solutions satisfying healthcare needs.

Team PwC is sensitive to both your healthcare provider and veteran needs. Consequently, our CARES-responsive capabilities and performance experience come with a well-earned appreciation of the issues and concerns facing veterans seeking and receiving healthcare.

Figure 55 identifies our key team members, their roles, and performance strengths for the CARES project. In combination those field-tested strengths directly match the success factors underlying your critical elements. Therefore, you can have confidence in our ability to professionally address every CARES requirement and challenge with the requisite skills and knowledge acquired in like undertakings.

Using these skills, we protect your implementation schedule while enhancing credibility with the VA VISN organizations, the other stakeholders and potential critics.

Significantly, our entire team has faced and successfully dealt with the myriad of challenges inherent in undertakings with CARES-similar scope, impact, and involved communities. And, instead of struggling for answers as others might, we will have creative answers ready. Indeed our team knows how to structure and conduct large healthcare studies so questions don't arise – they are answered by our processes, templates, personal and interpersonal skills, talents and experience as reinforced in this past performance section of our proposal.

Teammate	Role	Performance Strengths
PricewaterhouseCooper LLP	Prime Contractor responsible for study processes, methods, templates, healthcare assessments and healthcare planning	▪ 25 years of world-wide large healthcare system experience ▪ Senior talented, experienced professionals with extensive healthcare and public interaction experience ▪ Robust, disciplined methods/templates for conducting healthcare studies ▪ Proficient in obtaining and assessing good data for use in healthcare modeling ▪ Automated data analysis tools with extensible software ▪ National and International expertise with large systems ▪ Personnel with highly relevant VA experience
Perkins+Will (Davis Longdon)	CARES architectural and engineering aspects including capital planning and costing	▪ Award winning performance (AIA Firm of the Year) ▪ More than 1,000 projects in 54 years of healthcare capital planning ▪ Extensive public forum experience with building projects definition, strategies, analysis, approaches and implementations
Economics Research Associates	Real estate analysis and options including reuse considerations and recommendations	▪ Provides research, analysis, and strategic advice to owners/managers of complex real estate assets ▪ 15,000+ engagements since company founding ▪ Special focus on approaches to create value in underutilized assets ▪ More than 150 such engagements ▪ Four specific reuse projects for Department of Veterans Affairs ▪ Experienced reuse professionals with ability to realistically assess property and space values and options
Widmeyer Communications	Stakeholder communication management	▪ National scope and experience ▪ Familiarity with, and expertise handling, diverse advocacy groups ▪ Manages communications associated with public forum gatherings
Horne Engineering	Environmental assessment and options including remediation	▪ National reputation for environmental assessment and remediation ▪ Strategic environmental planning and regulatory compliance assessment

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Figure 55. Our team's combined strengths satisfy all CARES success factors

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iv.3 Critical Elements

Our Team's past performance contracts exhibit strengths in all CARES critical elements.

Figure 56 highlights the relevance of the eight contracts we identified and briefly described in our October 18 Past Performance Information submittal as well as nine other contracts demonstrating our Team's substantial performance credentials, satisfying your critical element needs. In particular, we provide three additional PwC contracts (UK-National Health System, UK-ISTC, and Bon Secours), three additional Perkins+Will contracts (U of Colorado, UCLA, and a VA Medical Center contract), one Widmeyer contract (National Reading Panel) and two Horne Engineering contracts (FAA support plus Pueblo Chemical Environmental and Base Realignment and Closure Program Support).

In the pages following, we highlight each contract's relevance to your critical elements, and we provide their complete descriptions at the end of this Section. The contract descriptions at the back of this section are numbered so they can be referenced by number in each critical element discussion.

We sequence the critical element discussions in the same order they occur in your evaluation criteria, starting with "working with community groups" and concluding with "diverse locations and large metropolitan areas." At the conclusion of each critical element discussion is a tabulation of the contracts that demonstrate past performance. Immediately following the last critical element discussion, we describe our key personnel relationships to our past performance citations.

	Selected Past Performance Contracts																
	PricewaterhouseCoopers LLP								Perkins+Will				ERA		W	HE	
CARES Critical Elements	VISN 17	Qatar STH	CHE	HealthNet	VCF	UK-NHS	UK-ISTC	Bon Secours	Fairview/U of M	U of Colorado	UCLA	VA Medical Center	Buffalo Medical Campus	WTC	National Reading Panel	FAA	Pueblo Chem
Working with Community Groups	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Design, Organization and Application of Study Methods and Templates	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Large-scale Data Analysis	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓
Reuse Planning with Stakeholders, etc.	✓		✓			✓	✓		✓	✓	✓	✓	✓			✓	✓
Capital Planning with Stakeholders, etc.	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Healthcare Supply and Demand Modeling	✓	✓	✓			✓	✓	✓	✓	✓	✓		✓				
Converting Enrollee and User Information Into Integrated Programs and Services	✓	✓	✓	✓		✓	✓	✓	✓	✓			✓				
Healthcare System Strategic Planning, Evaluation, and Redesign	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓				
Diverse Locations and Large Metro Areas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

ERA = Economics Research Associates *W = Widmeyer Communications* *HE = Horne Engineering*

Green colored contracts provided October 18

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Figure 56. Our Team's Past Performance substantially addresses every CARES Critical Element

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iv.3.a Working With Community Groups

Our Team is sensitive to including stakeholders in needs assessment, options considerations, options scoring, and recommendations. For example, in the UK, a national program to develop independent (privatized) treatment centers (UK-ISTC – reference 7) encountered user groups and clinician stakeholders across the entire country. Those stakeholders were not always receptive to the "nationally directed" change. Therefore, careful management was required to gain stakeholder confidence so benefits from the initiative would be accepted.

Every other reference contract has some aspect of community group involvement, and in every case, effective management methods ranging from clear communications to "walk-in" centers for information discussions to web sites for instant status reporting helped to alleviate community concerns while building confidence in our honesty and even-handed treatment of the issues facing those projects.

Relevant Projects	Ref #
All cited contracts	1-17

iv.3.b Design, Organization, and Application of Study Methods and Templates

While all members of our team apply study methods and techniques using consistent processes with proven templates, PricewaterhouseCoopers is highly proficient in designing, organizing and applying healthcare study methods and templates. An example exhibiting a full range of methods and templates is the Bon Secours contract (reference 8). For Bon Secours (24 acute care hospitals, one psychiatric hospital, nine nursing care facilities along with numerous ambulatory sites) PwC was retained to improve their multi-hospital operations including determining consolidation and sharing opportunities, eliminating redundancies, reducing costs, developing service line growth, developing relevant markets, assessing physician partnering, and investigating and rating joint ventures. We accomplished these tasks using well-established PwC study methods and templates, all organized using study procedures and techniques proven in thousands of engagements.

Relevant Projects	Ref #
All except HealthNet and VCF	1-3, 6-17

iv.3.b.1 Large-scale Data Analysis

For multi-site, multi-facility, multi-location engagements, databases representing existing systems' operational and forecasted particulars can approach terabytes in volume. Additionally, such databases often exhibit inconsistent format/data types/structures with redundancies in data and data names. Properly reconciling and consolidating data is a key challenge for large studies. Fortunately, our Team has faced and met that challenge in numerous settings. A prime example is our Bon Secours contract for which we consolidated extensive data from 60 data sources. Multiple data redundancies and inaccurate data roll-ups in the source databases added to the challenge. These data issues and others were identified and managed in order to obtain the accurate data needed for the engagement.

Relevant Projects	Ref #
VISN-17	1
Catholic Health East	3
HealthNet	4
Victims Compensation Fund (VCF)	5
UK-National Health System	6
UK-ISTC	7
Bon Secours	8
Fairview/U of M	9
U of Colorado	10
UCLA	11
FAA Support	16
Pueblo Chemical Depot	17

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iv.3.b.2 Reuse Planning by Working With Stakeholders, Committees and Healthcare Delivery Staff

Effective reuse of unused or poorly used space and property is based on realistic planning that balances opportunities (defined and validated by a variety of stakeholders) with appropriate value assessments. In 11 of our past performance citations, we delivered that realism to our clients. In nine of those, the reuse planning was for healthcare institutions in settings virtually identical to your VISNs exhibiting reuse potential. Of particular note, our VISN 17, Catholic Hospital East, Fairview/U of M consolidation, University of Colorado campus relocation, UCLA consolidation, VA Medical Center improvements in New York, and Buffalo Medical Campus contracts all required multiple reuse considerations and development of viable options and recommendations. All nine citations required collaboration with stakeholders, committees, and healthcare delivery staffs to reach consensus and then gain ownership in reuse approaches and implementations. For example, in the Buffalo Medical Campus contract (reference 13), ERA worked closely with seven different medical groups as well as community, public sector and private businesses to establish the economic and real estate framework for best and highest use and optimum reuse of the properties affected by the initiative.

Relevant Projects	Ref #
VISN-17	1
Catholic Health East	3
UK-National Health System	6
UK-ISTC	7
Fairview/U of M	9
U of Colorado	10
UCLA	11
VA Medical Center	12
Buffalo Medical Campus	13
FAA Support	16
Pueblo Chemical	17

iv.3.b.3 Capital Planning by Working with Stakeholders, Committees and Healthcare Delivery Staff

The preponderance of healthcare improvement engagements plan or surface capital expenditures through the study process. In more than 1,000 healthcare related efforts by our team members, capital planning was done on nearly all with extensive stakeholder involvement. A good example is the UCLA Center for Health Sciences project where master plans were developed for consolidating two primary sites (UCLA campus and Santa Monica Medical Center campus). The master plans addressed both the size of the campus required and options for siting of new replacement facilities all coupled with capital costs and time required for phased implementation. To get to those plans, Perkins+Will involved a steering committee of 30 and a working group of 50 with regularly scheduled work sessions, retreats and decision-making sessions.

Relevant Projects	Ref #
VISN-17	1
Qatar Specialty Teaching Hospital	2
Catholic Health East	3
UK-National Health System	6
UK-ISTC	7
Bon Secours	8
Fairview/U of M	9
U of Colorado	10
UCLA	11
VA Medical Center	12
Buffalo Medical Campus	13
World Trade Center Support	14
FAA Support	16
Pueblo Chemical	17

iv.3.c Healthcare Services

Healthcare service critical elements are 1) supply and demand modeling, 2) converting to comprehensive integrated healthcare programs and services, and 3) healthcare system strategic planning, evaluation, and redesign.

iv.3.c.1 Healthcare Supply and Demand Modeling

Accurate forecasting of healthcare needs and their satisfaction (supply and demand) is often the starting point for major healthcare engagements. A prime example is our VISN 17 project that addressed the patient base of one million veterans located from Oklahoma to the Mexican border to forecast needs and VISN 17 response options. The result was a comprehensive CBOC management and expansion plan with evaluation tools to help determine optimal site models (e.g. contractor, own/build, share with DoD, etc.).

Relevant Projects	Ref #
VISN-17	1
Qatar Specialty Teaching Hospital	2
Catholic Health East	3
UK-National Health System	6
UK-ISTC	7
Bon Secours	8
Fairview/U of M	9
U of Colorado	10
UCLA	11
Buffalo Medical Campus	13

iv.3.c.2 Converting Enrollee and User Information Into Integrated Programs and Services

Following the assessment of healthcare needs and responses is application of that information to determine the best means for implementing the response. In 10 of our reference projects, enrollee and user information was converted into integrated programs and services. A ground-up implementation of such a conversion is shown in our Qatar Specialty Teaching Hospital project. We started with a vision of the service and the served, defined the delivery model, developed the clinical programs, and defined the physical facilities, communication plan and implementation plan – essentially everything required to go from concept to realization. Of note, as the hospital served a major part of the Middle-East, there were numerous stakeholder groups involved in every step of the definition, analysis, and planning.

Relevant Projects	Ref #
VISN-17	1
Qatar Specialty Teaching Hospital	2
Catholic Health East	3
HealthNet	4
UK-National Health System	6
UK-Independent Sector Treatment Ctrs	7
Bon Secours	8
Fairview/U of M	9
U of Colorado	10
Buffalo Medical Campus	13

iv.3.c.3 Healthcare System Strategic Planning, Evaluation, and Redesign

With a well-formed, complete strategy, a healthcare system can continue meeting demands without surprises and without straining allocated financial, capital and personnel resources. Members of our team have been involved in every strategic step including strategy formation, strategic planning, strategy evaluation, and system redesigns. Our UK-National Health System engagement is a prominent example. Simon Leary, a PricewaterhouseCoopers director, has been working with the UK National Health System to develop a 5+ year strategy for its entire public health network serving 52 million people. As part of that effort, Simon evaluated the financial viability of the future hospitals, reviewing the strategy to ensure capital plans were feasible within British guidelines, tax, and insolvency policies. Re-allocation of services is a strong consideration within the strategy developed and documented by Simon and one other in *"The NHS Improvement Plan,"* a national document. While other healthcare strategy engagements cited are not as sweeping in scope or impact, they generally address multi-site, multi-location settings where complex issues

necessitate multi-faceted solutions. Our Team-defined/assisted strategies provide the glue that unifies disparate healthcare resources and stakeholder interests.

Relevant Projects	Ref #
VISN-17	1
Qatar Specialty Teaching Hospital	2
Catholic Health East	3
HealthNet	4
UK-National Health System	6
UK-ISTC	7
Bon Secours	8
Fairview/U of M	9
U of Colorado	10
UCLA	11
Buffalo Medical Campus	13

iv.3.d Diverse Work Locations and Large Metropolitan Areas

As our past performance references illustrate, Team PwC conducts engagements in diverse work locations with many in large metropolitan areas. Every member of our Team has performed significant projects requiring simultaneous work – and associated direction and coordination – at multiple locations nationwide.

Relevant Projects	Ref #
All cited contracts	1-17

iv.3.e Key Personnel

Ten of those assigned to responsible CARES project positions contributed as key personnel to projects cited in our past performance. Listed below, they bring relevant knowledge, requisite skills, and field-proven experience to the CARES project.

Name/Role	Projects Supported
Dr. David Chin/Advisor	Qatar STH
Michele Deverich/Site Lead	VISN 17
Janet Hinchcliff/Site Lead	CHE, Bon Secours
Simon Leary/Advisor	UK-NHS
Bill Luallen/QA	Bon Secours
Paul Osborne/Site Lead	Bon Secours
Patrick Phillips/Reuse Lead	Buffalo Medical Campus, WTC
Patrick Riccards/Stakeholder Management	National Reading Panel
Kerry Shannon/Site Lead	Qatar STH
Ryder Smith/National HC Lead and NYC Site Lead	Qatar STH

iv.4 Past Performance Descriptions

Our 17 selected past performance contract descriptions follow and are listed below. Eight in the list (colored) were in our October 18 submittal. The other nine have basic descriptive information – title, value, contractor and project description – but no contact information. If the government desires to contact the CO or COTR on any of those nine, PwC can provide contact information on request. In the reference designators, PwC=PricewaterhouseCoopers, PW=Perkins+Will, ERA=Economics Research Associates, W=Widmeyer Communications, HE=Home Engineering.

The reference descriptions following are color-coded. Those previously submitted have a green background for their reference number while citations new in this document have a dark blue background for their reference numbers.

Relevant Projects	Ref #
VISN-17	PwC-1
Qatar Specialty Teaching Hospital	PwC-2
Catholic Health East	PwC-3
HealthNet	PwC-4
Victims Compensation Fund	PwC-5
UK-National Health System	PwC-6
UK-ISTC	PwC-7
Bon Secours	PwC-8
Fairview/U of M	PW-9
U of Colorado	PW-10
UCLA	PW-11
VA Medical Center	PW-12
Buffalo Medical Campus	ERA-13
World Trade Center Support	ERA-14
National Reading Panel	W-15
FAA Support	HE-16
Pueblo Chemical	HE-17

PRICEWATERHOUSECOOPERS

In Response to RFP: 776-04-241

Capital Asset Realignment for Enhanced Services (CARES) Business Plan Studies

Volume II
Price Proposal

October 27, 2004

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Table of Contents

1.0 INTRODUCTION

This Price Proposal provides understanding and insight into the Team PwC solution assumptions and pricing.

Team PwC has discounted its GSA Management, Organizational and Business Improvement Services (MOBIS) Schedule rates by 42.5% to offer the Department of Veterans Affairs a very competitive price for the level of effort and seniority of the team required for this high profile, most-important, and challenging study.

Team PwC analyzed and processed detailed data providing visibility into the pricing as required by the RFP. The structure of this data is consistent with the technical proposal that includes a planning phase, followed by a 2-stage process to produce appropriate health care, capital, and reuse plans, as required that support the financial analysis and ultimately the Business Plans for each site.

Project Management, Stakeholder Management, and Issue Resolution are also included in the labor estimates.

Travel and other expenses are included in this volume as a separate section. Team PwC travels to each site with specialized planning teams as required. Other expenses include production and printing of reports and meeting materials, and website development and maintenance.

Team PwC analyzed and processed detailed data for pricing

- Discounted 42.5% off MOBIS GSA rates for this high profile, most important, and challenging study
- Structure consistent with RFP including a Planning Phase and two stage process

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Specifically the Price Volume sections following this introduction are:

- Assumptions
- Labor Category Descriptions
- Labor Cost Tables
- Travel and Expense Tables
- Total Cost Summary by WBS
- Other Information

The PwC GSA MOBIS schedule is the reference for the Team PwC labor categories.

Other information includes the Representations and Certifications and any other data that is pertinent to the proposal.

PwC GSA MOBIS Schedule (Contract# GS-10F-0466N)

Labor Category	Schedule Rate (Fy 2004)	Discount	Offered Rate
Partner	$ 397.01	42.51%	$ 228.26
Sr. Functional Specialist/Facilitator	$ 350.12	42.51%	$ 201.30
Functional Specialist/Facilitator	$ 324.19	42.51%	$ 186.39
Senior Manager	$ 301.25	42.51%	$ 173.20
Manager II	$ 272.32	42.51%	$ 156.57
Manager I	$ 240.40	42.51%	$ 138.22
Management Analyst	$ 192.52	42.51%	$ 110.69
Operational Research Analyst	$ 192.52	42.51%	$ 110.69
Cost Analyst	$ 192.52	42.51%	$ 110.69
Senior Associate	$ 159.60	42.51%	$ 91.76
Associate	$ 129.68	42.51%	$ 74.56
Project Analyst	$ 101.75	42.51%	$ 58.50
Interviewer/Document Processor	$ 70.82	24.46%	$ 53.50
Administrative Support	$ 51.87	0.00%	$ 51.87

PricewaterhouseCoopers GSA schedule contains a single schedule of rates that are renegotiated annually. We will notify the contracting officer if rates change.

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2.0 PRICING ASSUMPTIONS

The following is a summary of assumptions provided in full in the Technical Volume:

- FAC Meetings occur at all sites except Poplar Bluff
- Team PwC supports all FAC Meetings to include advertising, stakeholder lists, meeting space identification, scheduling, agenda development, record meetings, prepare transcripts, incorporate information into business plans
- Team PwC assigns a Site Leader at each site
- Team PwC provides an off-the-shelf wed-enabled project management tool that provides the VA with project planning, resource management, risk and issue management and documentation control
- Team PwC Health Care Group performs full-up studies at 8 sites and supports other site studies as required
- Team PwC performs Stakeholder Communication Plans and Implementation Timelines at all sites except Poplar Bluff.
- Team PwC performs Financial Analysis at all 19 sites
- Team PwC performs General and Comprehensive Capital Plans in accordance with the RFP. In addition, these teams support the financial analysis as required
- Production of meeting materials and Business Plans is included in the price
- For studies created by parties other than Team PwC, all information will be provided in a format requested by Team PwC in accordance with agreed upon time frames
- For the above studies conducted by others, the information is provided in the same format and content as the information developed by our team
- VA assistance is provided at each site to coordinate the logistics of data gathering, meetings and site personnel resources
- Team PwC's price includes the cost of securing facilities for FAC meetings if government sites are not available. [See compliance 39]
- Team PwC catalogs and evaluates information pertaining to the physical, functional and spatial aspects of VA buildings
- Information gathering process entails interaction with hospital administration, department heads, and engineering/plant operations personnel, and requires departmental meetings and inspection tours of building and properties
- Team PwC conducts site-specific site analysis to include zoning districts, site restrictions, easements, site circulation, parking capacity, and site utilities
- Team PwC conducts building analysis to include physical condition of buildings, evaluation of structural systems, evaluation of mechanical systems, evaluation of electrical systems, evaluation of structural systems, evaluation of mechanical systems, evaluation of plumbing and fire protection
- Team PwC conducts analysis of the marketplace to help create a plan that retains the property value in the long run
- Team PwC establishes study parameters at the onset of the study
- Team PwC defines the people to be informed, methods and tools that are used and the frequency of communication, to provide information at the appropriate level
- The electronic format for surveys and facility floor plans is in Auto CADD 2002 or 2004 format
- Each study site has up-to-date existing building conditions surveys and reports that are provided and includes the following information
  - Physical condition of the building
  - Structural systems
  - Mechanical systems
  - Electrical systems
  - Plumbing and Fire protection
  - Seismic condition
  - Environmental condition
  - Patient/staff safety issues

3.0 LABOR CATEGORY DESCRIPTIONS

GSA MOBIS Labor Category	Labor Category Description
Partner	Experience of ten or more years. An advanced degree may be substituted for equivalent years of experience. Has overall responsibility for projects. Possesses expertise in change management, strategic planning, quality management, financial and administrative systems, or related fields.
Sr. Functional Specialist/ Facilitator	Experience of nine or more years. An advanced degree may be substituted for equivalent years of experience. Has overall responsibility for project management of large projects, methodology and team performance. Has five or more years of experience in a specialized field relevant to the project.
Functional Specialist/ Facilitator	Experience of eight or more years. An advanced degree may be substituted for equivalent years of experience. Has overall responsibility for project management of large projects, methodology and team performance. Experience in business systems consulting, logistics management, strategic planning, business process reengineering, change management, and/or other management or operational consulting.
Sr. Manager	Experience of six or more years. An advanced degree may be substituted for equivalent years of experience. Holds a four-year degree from an accredited college/university, or greater. Has responsibility for leading project team in large projects and overall project management for smaller projects. Experience in systems consulting, logistics management, strategic planning, business process reengineering and/or other management or operational consulting.
Manager-II	Experience of five or more years. An advanced degree may be substituted for equivalent years of experience. Holds a four-year degree from an accredited college/university, or greater. Experience in total quality management, quality assessment, change management, activity based management and/or other management or operational consulting.
Manager-I	Experience of four or more years. An advanced degree may be substituted for equivalent years of experience. Holds a four-year degree from an accredited college/university, or greater. Experience in total quality management, quality assessment, change management, activity based management and/or other management or operational consulting.
Management Analyst	Experience of three or more years. An advanced degree may be substituted for equivalent years of experience. Holds a four-year degree from an accredited college/university, or greater. Is responsible for preparing and delivering briefings, leading discussions, motivating personnel and conducting workshops and seminars. Possesses specialized knowledge, such as, analytical and evaluative methods and techniques concerning the efficiency and effectiveness of various program's operations, management practices, organizational theory and structure, as well as, database management and IT resource management/acquisition.
Operational Research Analyst	Experience of three or more years. An advanced degree may be substituted for equivalent years of experience. Holds a four-year degree from an accredited college/university, or greater. Manages and/or develops the operational training plans, operational plans, or inspection programs and a variety of administrative duties related to operations, management and mission accomplishment such as scheduling, mission planning, and training.
Cost Analyst	Experience of three or more years. An advanced degree may be substituted for equivalent years of experience. Holds a four-year degree from an accredited college/university, or greater. Reviews, analyzes and evaluates financial management processes within an organization, as well as identifies and corrects transactions. Develops and applies finance and accounting processes in order to maintain or improve the efficiency of continuing or new processes.
Senior Associate	Experience of two or more years. An advanced degree may be substituted for equivalent years of experience. Holds a four-year degree from an accredited college/university, or greater. Leads small project or task teams. Experience in business process reengineering, benchmarking, computer training, total quality management and/or other management or operational consulting.
Associate	Experience of one or more years. An advanced degree may be substituted for equivalent years of experience. Holds a four-year degree from an accredited college/university, or greater. Performs data collection, materials development roles and other tasks relevant to client projects. Experience in total quality management, benchmarking, business process reengineering and/or other management or operational consulting.
Project Analyst	No minimum requirement for experience. Holds an Associate degree from an accredited college/university. Some college level courses or technical training in a relevant field may be substituted for an Associate degree. Provides daily routine assistance to project teams in technical areas.
Administrative Support	Holds an Associate degree from an accredited college/university. Some college level courses, technical training or appropriate years of experience in a relevant field may be substituted for an Associate degree. Provides general computer, financial, editing, word-processing, graphics, and administrative support for project teams.
Interviewer/ Documenter	Holds a High School diploma, or equivalent, and some experience. Conducts telephone interviews in support of Survey Research Center projects or performs repeat document processing.

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PwC Labor Categories [Contract# GS-10F-0466N]

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TOTAL PROJECT LABOR HOURS BY TASK, SITE, AND LABOR CATEGORY

Hours by Phase and Task																				
PLANNING PHASE																				
National Manager/PM/SM/Financial Analysis/ QA/ Documentation/ reporting	1,449	232	232	76	232	76	232	76	76	66	55	55	55	47	66	47	55	66	66	24	3,284
Healthcare studies	120	295	251	249	249	251	249	249	251	-	-	-	-	-	-	-	-	-	-	-	2,163
Capital planning studies	2,808	444	392	300	424	555	306	405	260	761	266	266	266	420	411	379	308	425	418	40	9,253
Reuse planning studies	857	515	347	256	254	254	255	255	50	256	236	237	237	258	290	257	257	257	290	59	5,675
STAGE																					
National Manager/PM/SM/Financial Analysis/ QA/ Business planning/ reporting	2,483	399	399	130	399	130	399	130	130	112	94	94	94	81	112	81	94	112	112	41	5,629
Healthcare studies	53	1,170	1,163	1,150	1,150	1,163	1,150	1,150	1,163	83	43	43	50	41	70	41	50	56	43	43	9,874
Capital planning studies	-	952	690	654	842	764	574	924	261	780	383	582	596	987	867	769	525	836	1,111	220	13,315
Reuse planning studies	105	230	209	158	158	138	138	32	6	52	50	50	50	52	56	52	52	52	56	7	1,703
[illegible]																					
National Manager/PM/SM/Financial Analysis/ QA/ Business planning/ reporting	7,243	1,162	1,162	380	1,162	380	1,162	380	380	328	275	275	275	236	328	236	275	328	328	118	16,418
Healthcare studies	107	1,117	1,109	1,093	1,093	1,109	1,093	1,093	1,109	107	27	27	40	21	80	21	40	54	27	27	9,392
Capital planning studies	-	1,576	1,283	1,180	1,497	1,304	938	1,354	476	1,428	969	1,087	1,166	1,536	1,435	1,664	810	1,679	1,681	654	23,496
Reuse planning studies	30	582	553	450	450	400	400	32	6	56	54	54	54	56	60	56	56	56	60	7	3,472
[illegible]																					
Resources by Labor Category and Site																					
Partner	1,259	217	193	186	194	177	166	131	92	115	90	93	95	126	120	114	94	128	134	39	3,742
Sr. Functional Specialist	2,989	265	230	186	225	216	162	197	133	172	109	129	134	176	165	171	101	178	190	41	6,160
Functional Specialist/Facilitator	1,294	95	67	51	83	70	68	82	30	65	31	43	45	85	79	68	46	81	107	49	2,521
Senior Mgr	3,654	2,393	2,041	1,901	2,089	1,919	1,786	1,897	1,212	1,793	853	955	978	1,286	1,216	1,205	857	1,286	1,426	323	30,467
Manager II	2,424	522	470	420	485	408	359	270	86	304	190	232	244	343	318	330	166	338	389	69	8,368
Manager I	3,253	68	27	54	54	27	43	54	11	50	39	39	29	42	34	22	43	40	35	10	3,952
Management Analyst	-	811	588	501	676	668	389	749	176	637	372	472	507	782	738	831	387	789	807	128	11,021
Operational Research Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Associate	7,250	858	781	737	764	761	727	770	610	256	159	178	187	240	277	223	191	244	284	45	15,539
Associate	7,200	1,613	1,540	1,421	1,490	1,416	1,368	1,344	1,231	328	183	201	216	288	320	272	217	328	312	152	21,435
Project Analyst	96	61	61	55	55	55	55	-	-	2	2	2	2	2	2	2	2	2	2	-	458
Admin Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interviewer/Documenter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Resources by Labor Category and Site																					

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HOURS BY TASK, SITE, AND LABOR CATEGORY (1 of 2)

National Manager/PM/SME/Financial Analyst/QA/Business Planning/ Reporting																					
Partner	303	34	34	16	34	16	34	16	16	14	11	11	11	8	14	8	11	14	14	4	619
Sr. Functional Specialist	2,650	23	23	15	23	15	23	15	15	12	9	9	9	6	12	6	9	12	12	3	2,900
Functional Specialist/Facilitator	376	134	134	29	134	29	134	29	29	27	25	25	25	25	27	25	25	27	27	12	1,294
Senior Mgr	1,169	151	151	73	151	73	151	73	73	60	47	47	47	35	60	35	47	60	60	18	2,582
Manager II	250	23	23	15	23	15	23	15	15	12	9	9	9	6	12	6	9	12	12	3	500
Manager I	1,921	298	298	74	298	74	298	74	74	67	59	59	59	56	67	56	59	67	67	28	3,153
Management Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Operational Research Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Associate	2,511	631	631	176	631	176	631	176	176	155	135	135	135	123	155	123	135	155	155	61	7,202
Associate	2,895	501	501	189	501	189	501	189	189	160	131	131	131	107	160	107	131	160	160	53	7,080
Project Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Admin Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interviewer/Documenter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total National Manager/PM/SME/Financial Analyst/QA/Business planning/ reporting hours	11,075	1,795	1,795	587	1,795	587	1,795	587	587	495	425	425	425	366	495	366	425	506	506	181	25,330

Healthcare Studies																					
Partner	40	20	20	20	20	20	20	20	20	-	-	-	-	-	-	-	-	-	-	-	200
Sr. Functional Specialist	80	88	72	40	40	72	40	40	72	-	-	-	-	-	-	-	-	-	-	-	544
Functional Specialist/Facilitator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Mgr	32	791	780	780	780	780	780	780	780	46	22	22	26	20	36	20	26	30	22	22	6,577
Manager II	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manager I	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Management Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Operational Research Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Associate	48	558	553	553	553	553	553	553	553	48	12	12	18	10	38	10	18	24	12	12	9,689
Associate	80	1,125	1,098	1,098	1,098	1,098	1,098	1,098	1,098	96	36	36	46	32	76	32	46	56	36	36	9,419
Project Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Admin Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interviewer/Documenter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Healthcare Studies Hours	1,281	2,582	2,503	2,491	2,491	2,523	2,491	2,491	2,523	190	70	70	90	62	150	62	90	110	70	70	25,429

Use or disclosure of the data contained on this sheet is subject to the restriction on the title page of this proposal

HOURS BY TASK, SITE, AND LABOR CATEGORY (2 of 2)

Capital Planning Studies	Central	Boston	NYC	Louisville	Waco	Big Spring	Walla Walla	Montgomery	Muskogee	Canandaigua	Mountain Home	Castle Point	St. Albans	Lexington	Livermore	White City	Perry Point	Gulfport	West LA	Poplar Bluff	TOTAL HRS
Partner	432	122	106	90	118	101	90	111	72	109	84	87	89	120	114	108	88	122	128	39	2,329
Sr. Functional Specialist	-	177	138	146	185	144	122	157	61	172	109	129	134	176	165	171	101	178	190	41	2,716
Functional Specialist/Facilitator	-	95	67	51	83	70	48	82	30	65	31	43	45	85	79	68	46	81	107	49	1,227
Senior Mgr	648	988	811	776	564	794	661	895	369	906	602	703	722	1,024	916	943	539	1,014	1,142	227	15,691
Manager II	1,728	310	258	236	301	252	203	270	86	238	174	216	228	327	302	314	150	322	373	69	6,403
Manager I	-	48	27	54	54	27	43	54	11	50	39	39	29	42	34	22	43	40	35	10	700
Management Analyst	-	811	588	501	676	688	389	749	176	637	372	472	507	712	738	831	387	789	807	128	11,028
Operational Research Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Associate	-	142	116	94	126	123	89	132	57	115	64	83	86	137	128	120	80	127	159	36	2,013
Associate	-	280	234	187	256	224	174	234	133	226	169	162	167	249	237	234	160	266	269	116	3,952
Project Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Admin Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interviewer/Documenter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Capital Planning Studies hours	2,808	2,972	2,364	2,134	2,562	2,523	1,813	2,553	[illegible]	[illegible]	[illegible]	1,934	2,008	2,945	2,713	2,812	1,643	2,939	3,210	[illegible]	[illegible]

Reuse Planning Studies	Central	Boston	NYC	Louisville	Waco	Big Spring	Walla Walla	Montgomery	Muskogee	Canandaigua	Mountain Home	Castle Point	St. Albans	Lexington	Livermore	White City	Perry Point	Gulfport	West LA	Poplar Bluff	TOTAL HRS
Partner	168	75	67	56	56	56	56	-	-	6	6	6	6	6	6	6	6	6	6	-	594
Sr. Functional Specialist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Functional Specialist/Facilitator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Mgr	392	614	450	345	345	345	345	222	63	241	229	230	230	242	262	242	242	242	262	74	5,617
Manager II	196	212	212	184	184	156	156	-	-	16	16	16	16	16	16	16	16	16	16	-	1,460
Manager I	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100
Management Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Operational Research Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost Analyst	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Associate	-	158	112	85	85	85	85	85	-	93	83	83	83	93	113	93	93	93	113	-	1,635
Associate	40	208	298	136	136	94	96	12	-	6	3	3	3	7	7	6	6	6	7	-	984
Project Analyst	96	61	61	55	55	55	55	-	-	2	2	2	2	2	2	2	2	2	2	-	458
Admin Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interviewer/Documenter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Reuse Planning Studies Hours	[illegible]	1,328	[illegible]	861	861	791	[illegible]	319	63	364	339	[illegible]	[illegible]	366	406	[illegible]	[illegible]	368	406	[illegible]	[illegible]

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TRAVEL AND OTHER DIRECT COSTS

Breakdown of travel expenses by site (# & $)	General	Boston	NYC	Louisville	Waco	Big Spring	Wilkes-Barre	Montpelier	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	White City	Perry Point	[illegible]	[illegible]	[illegible]	TOTAL [illegible]
# Airplane Tickets	101	98	94	98	98	92	97	69	98	42	63	38	62	42	42	40	37	43	32	19	1,305
Cost Air tickets ($)	68,592	11,060	10,000	23,300	61,448	49,402	49,200	23,371	18,350	13,936	40,976	14,492	10,500	14,700	14,700	4,750	23,360	36,400	19,020	14,096	521,653
Car Hire / Taxis ($)	9,666	10,410	10,005	10,275	10,275	9,825	10,320	8,790	10,361	4,380	5,505	4,937	4,965	4,657	4,639	4,154	4,485	4,820	5,004	2,920	140,392
Other Travel ($)	6,762	4,552	4,288	4,509	4,246	4,608	4,524	4,374	4,524	2,007	1,916	2,007	2,344	2,007	2,679	1,867	1,330	1,330	1,330	770	61,974
# Per Diems	290	416	402	410	410	390	409	281	412	118	219	106	180	118	122	114	124	149	105	56	4,831
Cost Per Diems ($)	52,649	50,184	106,978	33,558	65,814	68,076	73,796	40,796	26,876	25,988	54,688	29,132	30,908	28,476	28,476	25,554	30,486	34,960	24,644	19,106	851,145
TOTAL Cost Travel	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Breakdown of ODC expenses by site ($)	General	Boston	NYC	Louisville	Waco	Big Spring	Wilkes-Barre	Montpelier	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	White City	Perry Point	[illegible]	[illegible]	[illegible]	TOTAL [illegible]
PM Project Invision tool	40,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,500
Web Portal	10,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,000
EIA data	30,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,500
Cost for meetings/venues	1,061	15,560	8,849	7,947	6,195	8,066	6,451	7,034	6,202	4,253	3,701	2,500	2,825	2,920	3,811	3,850	3,676	2,574	3,999	4,276	105,750
Reprographics for meetings/venues	58,029	23,672	23,672	21,433	21,547	18,033	15,554	18,033	6,826	14,610	14,436	14,436	14,436	23,829	16,353	16,179	14,436	24,003	24,003	3,345	386,862
Reprographics/shipping for Business Plans	197,833	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	21,981	615,479
Environmental Database Search	-	1,324	1,324	1,324	1,324	1,324	1,324	1,324	1,324	1,324	1,324	1,324	1,324	1,324	1,324	1,324	-	-	-	-	19,865
Miscellaneous Other Direct Costs	7,055	5,243	11,133	4,791	5,666	4,267	3,964	4,772	3,597	2,193	2,453	3,266	3,735	4,511	4,511	3,182	1,758	1,775	2,633	1,340	81,874
TOTAL [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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TOTAL COST SUMMARY

Price by Phase, Site and Task (S)																				
PLANNING PHASE	839,650	209,750	170,902	125,392	161,281	133,979	144,399	140,946	90,579	103,716	85,555	85,694	85,694	110,945	115,565	103,972	93,932	113,181	118,272	18,839	3,052,243
STAGE I	365,895	361,625	318,398	275,663	332,274	289,487	291,922	296,236	198,843	155,337	83,620	112,366	115,826	171,285	165,080	138,563	106,457	156,697	194,828	44,914	4,175,237
STAGE II	977,928	547,514	502,721	385,463	519,065	395,784	432,906	347,173	223,990	251,762	179,891	196,770	205,399	252,125	248,966	268,589	156,170	283,976	285,192	81,170	6,741,555
TOTAL Labor	2,183,474	1,118,889	992,021	786,518	1,012,621	819,251	869,227	784,355	513,412	510,814	349,065	394,830	406,919	534,274	529,611	511,124	355,559	553,854	598,292	144,923	13,969,034
TOTAL Cost of travel	145,690	89,445	141,033	80,528	149,915	132,815	146,182	79,742	70,277	47,603	104,103	53,249	52,639	51,238	54,867	39,106	59,661	77,510	49,998	36,892	1,662,488
TOTAL ODCs	345,008	67,781	66,959	57,476	56,713	53,672	49,275	53,144	39,931	44,362	43,895	43,508	44,301	54,566	47,981	46,517	41,551	50,333	52,616	30,941	1,290,831
TOTAL PRICE (S)																					

Use or disclosure of the data contained on this sheet is subject to the restriction on the title page of this proposal

52.212-3 OFFEROR REPRESENTATIONS AND CERTIFICATIONS--COMMERCIAL ITEMS (MAY 2004)

Offeror Representations and Certifications -- Commercial Items (May 2004)

(a) *Definitions.* As used in this provision:

"Emerging small business" means a small business concern whose size is no greater than 50 percent of the numerical size standard for the NAICS code designated.

"Forced or indentured child labor" means all work or service—

(1) Exacted from any person under the age of 18 under the menace of any penalty for its nonperformance and for which the worker does not offer himself voluntarily; or

(2) Performed by any person under the age of 18 pursuant to a contract the enforcement of which can be accomplished by process or penalties.

"Service-disabled veteran-owned small business concern"—

(1) Means a small business concern—

(i) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and

(ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

(2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).

"Small business concern" means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the criteria in 13 CFR Part 121 and size standards in this solicitation.

"Veteran-owned small business concern" means a small business concern—

(1) Not less than 51 percent of which is owned by one or more veterans(as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and

(2) The management and daily business operations of which are controlled by one or more veterans.

"Women-owned business concern" means a concern which is at least 51 percent owned by one or more women; or in the case of any publicly owned business, at least 51 percent of the its stock is owned by one or more women; and whose management and daily business operations are controlled by one or more women.

"Women-owned small business concern" means a small business concern --

(1) That is at least 51 percent owned by one or more women or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and

(2) Whose management and daily business operations are controlled by one or more women.

(b) *Taxpayer identification number (TIN) (26 U.S.C. 6109, 31 U.S.C. 7701).* (Not applicable if the offeror is required to provide this information to a central contractor registration database to be eligible for award.)

(1) All offerors must submit the information required in paragraphs (b)(3) through (b)(5) of this provision to comply with debt collection requirements of 31 U.S.C. 7701(c) and 3325(d), reporting requirements of 26 U.S.C. 6041, 6041A, and 6050M, and implementing regulations issued by the Internal Revenue Service (IRS).

(2) The TIN may be used by the government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701(c)(3)). If the resulting contract is subject to the payment reporting requirements described in FAR 4.904, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror's TIN.]

(3) *Taxpayer Identification Number (TIN).*

__ TIN: 134008324.

__ TIN has been applied for.

__ TIN is not required because:

__ Offeror is a nonresident alien, foreign corporation, or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

__ Offeror is an agency or instrumentality of a foreign government;

__Offeror is an agency or instrumentality of the Federal Government;

(4) *Type of organization.*

__ Sole proprietorship;

_X_ Partnership;

__ Corporate entity (not tax-exempt);

__ Corporate entity (tax-exempt);

__ Government entity (Federal, State, or local);

__ Foreign government;

__ International organization per 26 CFR 1.6049-4;

__ Other _____.

(5) *Common parent.*

_X_ Offeror is not owned or controlled by a common parent:

__ Name and TIN of common parent:

Name _____

TIN _____

(c) Offerors must complete the following representations when the resulting contract is to be performed in the United States or its outlying areas. Check all that apply.

(1) *Small business concern.* The offeror represents as part of its offer that it __ is, _X_ is not a small business concern.

(2) *Veteran-owned small business concern.* [*Complete only if the offeror represented itself as a small business concern in paragraph (c)(1) of this provision.*] The offeror represents as part of its offer that it __ is, __ is not a veteran-owned small business concern.

(3) *Service-disabled veteran-owned small business concern.* [*Complete only if the offeror represented itself as a veteran-owned small business concern in paragraph (c)(2) of this provision.*] The offeror represents as part of its offer that it __ is, __ is not a service-disabled veteran-owned small business concern.

(4) *Small disadvantaged business concern.* [*Complete only if the offeror represented itself as a small business concern in paragraph (c)(1) of this provision.*] The offeror represents, for general statistical purposes, that it __ is, __ is not, a small disadvantaged business concern as defined in 13 CFR 124.1002.

(5) *Women-owned small business concern.* [*Complete only if the offeror represented itself as a small business concern in paragraph (c)(1) of this provision.*] The offeror represents that it __ is, __ is not a women-owned small business concern.

Note: Complete paragraphs (c)(6) and (c)(7) only if this solicitation is expected to exceed the simplified acquisition threshold.

(6) *Women-owned business concern (other than small business concern).* [*Complete only if the offeror is a women-owned business concern and did not represent itself as a small business concern in paragraph (c)(1) of this provision.*]. The offeror represents that it __ is, a women-owned business concern.

(7) *Tie bid priority for labor surplus area concerns.* If this is an invitation for bid, small business offerors may identify the labor surplus areas in which costs to be incurred on account of manufacturing or production (by offeror or first-tier subcontractors) amount to more than 50 percent of the contract price:

_____

(8) Small Business Size for the Small Business Competitiveness Demonstration Program and for the Targeted Industry Categories under the Small Business Competitiveness Demonstration Program. *[Complete only if the offeror has represented itself to be a small business concern under the size standards for this solicitation.]*

(i) [*Complete only for solicitations indicated in an addendum as being set-aside for emerging small businesses in one of the four designated industry groups (DIGs).*] The offeror represents as part of its offer that it _ is, __is not an emerging small business.

(ii) [*Complete only for solicitations indicated in an addendum as being for one of the targeted industry categories (TICs) or four designated industry groups (DIGs).*] Offeror represents as follows:

(A) Offeror's number of employees for the past 12 months (check the Employees column if size standard stated in the solicitation is expressed in terms of number of employees); or

(B) Offeror's average annual gross revenue for the last 3 fiscal years (check the Average Annual Gross Number of Revenues column if size standard stated in the solicitation is expressed in terms of annual receipts).

(Check one of the following):

Number of Employees	Average Annual Gross Revenues
50 or fewer	$1 million or less
51-100	$1,000,001-$2 million
101-250	$2,000,001-$3.5 million
251-500	$3,500,001-$5 million
501-750	$5,000,001-$10 million
751-1,000	$10,000,001-$17 million
Over 1,000	Over $17 million

(9) [*Complete only if the solicitation contains the clause at FAR 52.219-23, Notice of Price Evaluation Adjustment for Small Disadvantaged Business Concerns, or FAR 52.219-25, Small Disadvantaged Business Participation Program—Disadvantaged Status and Reporting, and the offeror desires a benefit based on its disadvantaged status.*]

(i) *General.* The offeror represents that either—

(A) It __ is, __ is not certified by the Small Business Administration as a small disadvantaged business concern and identified, on the date of this representation, as a certified small disadvantaged business concern in the database maintained by the Small Business Administration (PRO-Net), and that no material change in disadvantaged ownership and control has occurred since its certification, and, where the concern is owned by one or more individuals claiming disadvantaged status, the net worth of each individual upon whom the certification is based does not exceed $750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); or

(B) It __has, __ has not submitted a completed application to the Small Business Administration or a Private Certifier to be certified as a small disadvantaged business concern in accordance with 13 CFR 124, Subpart B, and a decision on that application is pending, and that no material change in disadvantaged ownership and control has occurred since its application was submitted.

(ii) *Joint Ventures under the Price Evaluation Adjustment for Small Disadvantaged Business Concerns.* The offeror represents, as part of its offer, that it is a joint venture that complies with the requirements in 13 CFR 124.1002(f) and that the representation in paragraph (c)(9)(i) of this provision is accurate for the small disadvantaged business concern that is participating in the joint venture. [*The offeror shall enter the name of the small disadvantaged business concern that is participating in the joint venture:* _____.]

(10) *HUBZone small business concern.* [*Complete only if the offeror represented itself as a small business concern in paragraph (c)(1) of this provision.*] The offeror represents, as part of its offer, that--

(i) It __ is, __ is not a HUBZone small business concern listed, on the date of this representation, on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration, and no material change in ownership and control, principal office, or HUBZone employee percentage has occurred since it was certified by the Small Business Administration in accordance with 13 CFR part 126; and

(ii) It __ is, __ not a joint venture that complies with the requirements of 13 CFR part 126, and the representation in paragraph (c)(10)(i) of this provision is accurate for the HUBZone small business concern or

concerns that are participating in the joint venture. [*The offeror shall enter the name or names of the HUBZone small business concern or concerns that are participating in the joint venture:* _____.] Each HUBZone small business concern participating in the joint venture shall submit a separate signed copy of the HUBZone representation.

(d) *Representations required to implement provisions of Executive Order 11246* --

(1) Previous contracts and compliance. The offeror represents that --

(i) It _X_ has, __ has not, participated in a previous contract or subcontract subject to the Equal Opportunity clause of this solicitation; and

(ii) It _X_ has, __ has not, filed all required compliance reports.

(2) *Affirmative Action Compliance.* The offeror represents that --

(i) It _X_ has developed and has on file, __ has not developed and does not have on file, at each establishment, affirmative action programs required by rules and regulations of the Secretary of Labor (41 CFR parts 60-1 and 60-2), or

(ii) It __ has not previously had contracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor.

(e) *Certification Regarding Payments to Influence Federal Transactions (31 U.S.C. 1352).* (Applies only if the contract is expected to exceed $100,000.) By submission of its offer, the offeror certifies to the best of its knowledge and belief that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress on his or her behalf in connection with the award of any resultant contract.

(f) *Buy American Act Certificate.* (Applies only if the clause at Federal Acquisition Regulation (FAR) 52.225-1, Buy American Act – Supplies, is included in this solicitation.)

(1) The offeror certifies that each end product, except those listed in paragraph (f)(2) of this provision, is a domestic end product and that the offeror has considered components of unknown origin to have been mined, produced, or manufactured outside the United States. The offeror shall list as foreign end products those end products manufactured in the United States that do not qualify as domestic end products. The terms "component," "domestic end product," "end product," "foreign end product," and "United States" are defined in the clause of this solicitation entitled "Buy American Act—Supplies."

(2) Foreign End Products:

LINE ITEM NO.	COUNTRY OF ORIGIN

[*List as necessary*]

(3) The Government will evaluate offers in accordance with the policies and procedures of FAR Part 25.

(g)(1) *Buy American Act – Free Trade Agreements – Israeli Trade Act Certificate.* (Applies only if the clause at FAR 52.225-3, Buy American Act -- Free Trade Agreements -- Israeli Trade Act, is included in this solicitation.)

(i) The offeror certifies that each end product, except those listed in paragraph (g)(1)(ii) or (g)(1)(iii) of this provision, is a domestic end product and that the offeror has considered components of unknown origin to have been mined, produced, or manufactured outside the United States. The terms "component," "domestic end product," "end product," "foreign end product," and "United States" are defined in the clause of this solicitation entitled "Buy American Act—Free Trade Agreements—Israeli Trade Act."

(ii) The offeror certifies that the following supplies are FTA country end products or Israeli end products as defined in the clause of this solicitation entitled "Buy American Act—Free Trade Agreements—Israeli Trade Act":

FTA Country or Israeli End Products:

LINE ITEM NO.	COUNTRY OF ORIGIN

[*List as necessary*]

(iii) The offeror shall list those supplies that are foreign end products (other than those listed in paragraph (g)(1)(ii) or this provision) as defined in the clause of this solicitation entitled "Buy American Act—Free Trade Agreements—Israeli Trade Act." The offeror shall list as other foreign end products those end products manufactured in the United States that do not qualify as domestic end products.

Other Foreign End Products:

LINE ITEM NO.	COUNTRY OF ORIGIN

[*List as necessary*]

(iv) The Government will evaluate offers in accordance with the policies and procedures of FAR Part 25.

(2) *Buy American Act—Free Trade Agreements—Israeli Trade Act Certificate, Alternate I (Jan 2004).* If Alternate I to the clause at FAR 52.225-3 is included in this solicitation, substitute the following paragraph (g)(1)(ii) for paragraph (g)(1)(ii) of the basic provision:

(g)(1)(ii) The offeror certifies that the following supplies are Canadian end products as defined in the clause of this solicitation entitled "Buy American Act—Free Trade Agreements—Israeli Trade Act":

Canadian End Products:

Line Item No.:

_____

[List as necessary]

(3) *Buy American Act—Free Trade Agreements—Israeli Trade Act Certificate, Alternate II (Jan 2004).* If Alternate II to the clause at FAR 52.225-3 is included in this solicitation, substitute the following paragraph (g)(1)(ii) for paragraph (g)(1)(ii) of the basic provision:

(g)(1)(ii) The offeror certifies that the following supplies are Canadian end products or Israeli end products as defined in the clause of this solicitation entitled ``Buy American Act--Free Trade Agreements--Israeli Trade Act'':

Canadian or Israeli End Products:

Line Item No.:	Country of Origin:

[*List as necessary*]

(4) *Trade Agreements Certificate.* (Applies only if the clause at FAR 52.225-5, Trade Agreements, is included in this solicitation.)

(i) The offeror certifies that each end product, except those listed in paragraph (g)(4)(ii) of this provision, is a U.S.-made, designated country, Caribbean Basin country, or FTA country end product, as defined in the clause of this solicitation entitled "Trade Agreements."

(ii) The offeror shall list as other end products those end products that are not U.S.-made, designated country, Caribbean Basin country, or FTA country end products.

Other End Products

Line Item No.:	Country of Origin:

[*List as necessary*]

(iii) The Government will evaluate offers in accordance with the policies and procedures of FAR Part 25. For line items subject to the Trade Agreements Act, the Government will evaluate offers of U.S.-made, designated country, Caribbean Basin country, or FTA country end products without regard to the restrictions of the Buy American Act. The Government will consider for award only offers of U.S.-made, designated country, Caribbean Basin country, or FTA country end products unless the Contracting Officer determines that there are no offers for such products or that the offers for such products are insufficient to fulfill the requirements of the solicitation.

(h) *Certification Regarding Debarment, Suspension or Ineligibility for Award (Executive Order 12549).* (Applies only if the contract value is expected to exceed the simplified acquisition threshold.) The offeror certifies, to the best of its knowledge and belief, that the offeror and/or any of its principals--

(1) __ Are, _X_ are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency; and

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(2) __ Have, _X_ have not, within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, state or local government contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

(3) __ Are, _X_ are not presently indicted for, or otherwise criminally or civilly charged by a Government entity with, commission of any of these offenses.

(i) *Certification Regarding Knowledge of Child Labor for Listed End Products (Executive Order 13126). [The Contracting Officer must list in paragraph (i)(1) any end products being acquired under this solicitation that are included in the List of Products Requiring Contractor Certification as to Forced or Indentured Child Labor, unless excluded at 22.1503(b).]*

(1) Listed End Product

Listed End Product	Listed Countries of Origin:

(2) *Certification. [If the Contracting Officer has identified end products and countries of origin in paragraph (i)(1) of this provision, then the offeror must certify to either (i)(2)(i) or (i)(2)(ii) by checking the appropriate block.]*

[ ] (i) The offeror will not supply any end product listed in paragraph (i)(1) of this provision that was mined, produced, or manufactured in the corresponding country as listed for that product.

[ ] (ii) The offeror may supply an end product listed in paragraph (i)(1) of this provision that was mined, produced, or manufactured in the corresponding country as listed for that product. The offeror certifies that is has made a good faith effort to determine whether forced or indentured child labor was used to mine, produce, or manufacture any such end product furnished under this contract. On the basis of those efforts, the offeror certifies that it is not aware of any such use of child labor.

(End of Provision)

Alternate I (Apr 2002). As prescribed in 12.301(b)(2), add the following paragraph (c)(11) to the basic provision:

(11) (Complete if the offeror has represented itself as disadvantaged in paragraph (c)(4) or (c)(9) of this provision.) [*The offeror shall check the category in which its ownership falls*]:

____ Black American.

___ Hispanic American.

___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory or the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

___ Individual/concern, other than one of the preceding.

PRICEWATERHOUSECOOPERS

PricewaterhouseCoopers LLP
1301 K Street, NW
Suite 800 West
Washington DC 20005-3333
Telephone (202) 414-4487
Facsimile (813) 741-6063

December 13, 2004

Sadya M. Armstrong
Contracting Officer
Department of Veterans Affairs
Cleveland Business Center (CBC-A)
Building 3, Second Floor
10000 Brecksville Road
Brecksville, OH 44141

Ms. Armstrong:

PricewaterhouseCoopers LLP is please to submit the attached revised price proposal in connection with your request for revised final offer for solicitation 776-04-241, Capital Asset Realignment for Enhanced Services (CARES) Business Plan Studies. We have revised our original price proposal to reflect input received, as well as the templates provided.

We are looking forward to the opportunity to work with the VA in this dynamic and important project and look forward to your response. If you should you have any further questions or requests, please fell free to contact me at [redacted].

Best regards,

Paul K. Chrencik

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Directions:

Complete all tabs

MOBIS Rates:

List the MOBIS classifications that you will utilize
Include a note on any discounts that are applied

Salary Estimate

These are grouped into 4 categories: (you may add other categories if needed)

Project Management
Templates & Tool development
Healthcare Studies
Comprehensive Capital

You many add columns for additional Classification or Type of personnel
You may add lines below each item listed to provide more definition
You may have a section for each study, or you may choose to group some like studies together in the estimate

By Site

We are requesting actual names & classification to help us in the analysis
This should match the Salary Estimate

Direct Costs

You may add categories as needed

MOBIS rates

Company Name:	PricewaterhouseCoopers LLP			
		Schedule Rate		Offer
Reference	MOBIS Classification	$ per hour	Discount	$ per hour
1	Partner	$ 412.89	49.03%	$ 210.44
2	Sr. Functional Specialist	$ 364.12	49.03%	$ 185.59
3	Functional Specialist	$ 337.16	49.03%	$ 171.84
4	Senior Manager	$ 313.30	49.03%	$ 159.68
5	Manager II	$ 283.21	49.03%	$ 144.35
6	Manager I	$ 250.02	49.03%	$ 127.43
7	Management Analyst	$ 199.18	49.03%	$ 101.52
8	Operational Research Analyst	$ 199.18	49.03%	$ 101.52
9	Cost Analyst	$ 199.18	49.03%	$ 101.52
10	Senior Associate	$ 164.94	49.03%	$ 84.07
11	Associate	$ 134.87	49.03%	$ 68.74
12	Project Analyst	$ 105.82	49.03%	$ 53.93
13	Interviewer/Document Processor	$ 73.65	33.56%	$ 48.93
14	Administrative Support	$ 53.94	9.29%	$ 48.93

Discount =	49.03%

PricewaterhouseCoopers GSA schedule contains a single schedule of rates that are renegotiated annually (e.g. PwC's Mobis Rates were increased by 4% on Nov.18th 2004). We will notify the contracting officer if rates change.

COMPANY NAME = PricewaterhouseCoopers LLP

Task	Description	# of weeks	Total hrs/wk	Total hrs	# of sites	1 Partner FTEE	1 Partner $/hr	2 Sr. Functional Sp FTEE	2 $/hr	3 Functional Specialist FTEE	3 $/hr	4 Senior Manager FTEE	4 $/hr	5 Manager II FTEE	5 $/hr	6 Manager I FTEE	6 $/hr	7 Management Analyst FTEE	7 $/hr	10 Senior Associate FTEE	10 $/hr	11 Associate FTEE	11 $/hr	12 Project Analyst FTEE	12 $/hr	Total FTEE	Sub Total
Project Management																										-	$ -
	Full time manager	64	40	6,000	18	-	$210.44	-	$185.59	-	$171.84	0.9259	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	0.9259	$58.74	0.9259	$53.93	2.78	$ 564,711.31
				6,000																							$ 564,711.36
Planning & Preparation phase - including (Methodology Development, tools & templates) and initial studies										NOTE: PwC's offer includes significant data collection and analysis during this Stage, in addition to methodology development																	
	For healthcare	7	40	504	18	-	$210.44	-	$185.59	-	$171.84	1.0714	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0607	$84.07	0.7179	$58.74	-	$53.93	1.80	$ 60,914.88
	Communications	7	40	959	18	0.2199	$210.44	0.3056	$185.59	-	$171.84	0.5449	$159.68	-	$144.35	0.0983	$127.43	-	$101.52	1.2135	$84.07	1.0899	$58.74	-	$53.93	3.46	$ 105,875.14
	Business, Financial and Implementation Planning tools	7	40	338	18	-	$210.44	-	$185.59	-	$171.84	0.2923	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	0.9259	$58.74	-	$53.93	1.21	$ 30,442.72
	For Comprehensive & Gen Capital	7	40	5,155	18	1.0843	$210.44	1.5805	$185.59	-	$171.84	5.4477	$159.68	1.9276	$144.35	0.6035	$127.43	6.1910	$101.52	-	$84.07	1.3209	$58.74	-	$53.93	18.41	$ 704,918.62
	For General Reuse	7	40	1,860	18	0.8241	$210.44	-	$185.59	-	$171.84	2.4559	$159.68	0.9823	$144.35	-	$127.43	-	$101.52	1.7143	$84.07	0.8216	$58.74	0.3661	$53.93	6.65	$ 230,065.37
	Development of Comm. Website (included in Communications/Program Mgmt)	7	40	-	18	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$58.74	-	$53.93	-	$ -
	Maintenance of Comm Website (included in Communications/Program Mgmt)	7	40	-	18	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$58.74	-	$53.93	-	$ -
TOTAL Planning & Preparation phase - including (Methodology				8,829																							$1,132,207.74
Development of Healthcare Study BP's																											
List Site or Sites:	Boston																										
	Stage 1 Initial Option Development																										
	Healthcare	8	40	1,825	1	0.0013	$210.44	0.0003	$185.59	-	$171.84	2.2237	$159.68	-	$144.35	-	$127.43	-	$101.52	0.3425	$84.07	3.1332	$58.74	-	$53.93	5.70	$ 192,043.21
	General Capital	8	40	794	1	0.2316	$210.44	0.2336	$185.59	-	$171.84	0.7391	$159.68	0.3791	$144.35	0.0233	$127.43	0.8045	$101.52	-	$84.07	0.0714	$58.74	-	$53.93	2.48	$ 113,410.46
	General Reuse	8	40	164	1	0.0378	$210.44	-	$185.59	-	$171.84	0.3699	$159.68	0.0409	$144.35	-	$127.43	-	$101.52	-	$84.07	0.0347	$58.74	0.0400	$53.93	0.51	$ 24,273.53
	Stakeholder Management & Business Planning support	8	40	300	1	0.0407	$210.44	0.0644	$185.59	-	$171.84	0.1713	$159.68	-	$144.35	0.0202	$127.43	-	$101.52	0.2773	$84.07	0.3716	$58.74	-	$53.93	0.94	$ 31,213.80
	Reviews & Updates	4	40	162	1	0.0328	$210.44	0.0307	$185.59	-	$171.84	0.3678	$159.68	0.0442	$144.35	0.0046	$127.43	0.0047	$101.52	0.0652	$84.07	0.3801	$58.74	0.0042	$53.93	1.01	$ 18,896.91
	Stage 2 Business Plan Development																										
	Healthcare	16	40	1,950	1	0.0018	$210.44	0.0044	$185.59	-	$171.84	0.9854	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0528	$84.07	2.0024	$58.74	-	$53.93	3.05	$ 192,406.03
	General Capital	16	40	977	1	0.0428	$210.44	0.1804	$185.59	-	$171.84	0.4453	$159.68	0.1023	$144.35	0.0623	$127.43	0.5335	$101.52	-	$84.07	0.1597	$58.74	-	$53.93	1.53	$ 121,924.08
	General Reuse	16	40	411	7	0.0574	$210.44	-	$185.59	-	$171.84	0.1094	$159.68	0.2189	$144.35	-	$127.43	-	$101.52	-	$84.07	0.1914	$58.74	0.0656	$53.93	0.84	$ 49,806.93
	Stakeholder Management & Business Planning support	16	40	805	1	0.0546	$210.44	0.0731	$185.59	-	$171.84	0.2309	$159.68	-	$144.35	0.0271	$127.43	-	$101.52	0.3725	$84.07	0.4891	$58.74	-	$53.93	1.26	$ 53,852.87
	Reviews & Updates	19	40	592	1	0.0189	$210.44	0.0010	$185.59	-	$171.84	0.2131	$159.68	0.0386	$144.35	0.0108	$127.43	0.0642	$101.52	0.0517	$84.07	0.3432	$58.74	0.0079	$53.93	0.78	$ 84,992.50
TOTAL FOR HEALTHCARE STUDY BP				7,981																							$ 890,926.14
Development of Healthcare Study BP's																											
List Site or Sites:	New York																										
	Stage 1 Initial Option Development																										
	Healthcare	8	40	1,422	1	0.0013	$210.44	0.0093	$185.59	-	$171.84	1.8282	$159.68	-	$144.35	-	$127.43	-	$101.52	0.2865	$84.07	2.3447	$58.74	-	$53.93	4.44	$ 152,448.23
	General Capital	8	40	544	1	0.1617	$210.44	0.1670	$185.59	-	$171.84	0.4957	$159.68	0.2549	$144.35	0.0155	$127.43	0.5578	$101.52	-	$84.07	0.0478	$58.74	-	$53.93	1.70	$ 77,718.99
	General Reuse	8	40	164	1	0.0378	$210.44	-	$185.59	-	$171.84	0.3599	$159.68	0.0408	$144.35	-	$127.43	-	$101.52	-	$84.07	0.0347	$58.74	0.0400	$53.93	0.51	$ 24,273.53
	Stakeholder Management & Business Planning support	8	40	283	1	0.0320	$210.44	0.0422	$185.59	-	$171.84	0.1719	$159.68	-	$144.35	0.0202	$127.43	-	$101.52	0.2773	$84.07	0.3716	$58.74	-	$53.93	0.92	$ 29,900.44
	Reviews & Updates	4	40	128	1	0.0245	$210.44	0.0224	$185.59	-	$171.84	0.3006	$159.68	0.0311	$144.35	0.0038	$127.43	0.0587	$101.52	0.0572	$84.07	0.2946	$58.74	0.0042	$53.93	0.80	$ 14,965.33
	Stage 2 Business Plan Development																										
	Healthcare	16	40	1,495	1	0.0018	$210.44	0.0044	$185.59	-	$171.84	0.7665	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0528	$84.07	1.5211	$58.74	-	$53.93	2.24	$ 147,834.36
	General Capital	16	40	668	1	0.0294	$210.44	0.1232	$185.59	-	$171.84	0.3032	$159.68	0.0737	$144.35	0.0413	$127.43	0.3598	$101.52	-	$84.07	0.1136	$58.74	-	$53.93	1.04	$ 88,118.28
	General Reuse	16	40	411	1	0.0574	$210.44	-	$185.59	-	$171.84	0.1094	$159.68	0.2188	$144.35	-	$127.43	-	$101.52	-	$84.07	0.1914	$58.74	0.0650	$53.93	0.64	$ 49,806.93
	Stakeholder Management & Business Planning support	18	40	787	1	0.0429	$210.44	0.0567	$185.59	-	$171.84	0.2309	$159.68	-	$144.35	0.0271	$127.43	-	$101.52	0.3725	$84.07	0.4991	$58.74	-	$53.93	1.23	$ 80,324.71
	Reviews & Updates	19	40	480	1	0.0158	$210.44	0.0222	$185.59	-	$171.84	0.1684	$159.68	0.0352	$144.35	0.0082	$127.43	0.0433	$101.52	0.0512	$84.07	0.2797	$58.74	0.0078	$53.93	0.63	$ 52,297.91
TOTAL FOR HEALTHCARE STUDY BP				6,390																							$ 717,687.44
Development of Healthcare Study BP's																											
List Site or Sites:	Walla Walla																										
	Stage 1 Initial Option Development																										
	Healthcare	7	40	886	1	0.0015	$210.44	0.0038	$185.59	-	$171.84	1.2934	$159.68	-	$144.35	-	$127.43	-	$101.52	0.1626	$84.07	1.7134	$58.74	-	$53.93	3.16	$ 94,883.82
	General Capital	7	40	380	1	0.1365	$210.44	0.1380	$185.59	-	$171.84	0.3995	$159.68	0.2046	$144.35	0.0124	$127.43	0.4297	$101.52	-	$84.07	0.0412	$58.74	-	$53.93	1.38	$ 64,578.01
	General Reuse	7	40	120	1	0.0280	$210.44	-	$185.59	-	$171.84	0.8198	$159.68	0.0262	$144.35	-	$127.43	-	$101.52	-	$84.07	0.0331	$58.74	0.0213	$53.93	0.43	$ 17,935.93
	Stakeholder Management & Business Planning support	7	40	279	1	0.0227	$210.44	0.0288	$185.59	-	$171.84	0.1831	$159.68	-	$144.35	0.0217	$127.43	-	$101.52	0.2980	$84.07	0.4080	$58.74	-	$53.93	0.96	$ 28,675.94
	Reviews & Updates	4	40	87	1	0.0172	$210.44	0.0155	$185.59	-	$171.84	0.2022	$159.68	0.0212	$144.35	0.0091	$127.43	0.0086	$101.52	0.0415	$84.07	0.2023	$58.74	0.0020	$53.93	0.54	$ 10,203.88
	Stage 2 Business Plan Development																										
	Healthcare	14	40	610	1	0.0020	$210.44	0.0051	$185.59	-	$171.84	0.3710	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0604	$84.07	0.6510	$58.74	-	$53.93	1.09	$ 61,142.47
	General Capital	14	40	471	1	0.0239	$210.44	0.0984	$185.59	-	$171.84	0.2483	$159.68	0.0581	$144.35	0.0331	$127.43	0.2867	$101.52	-	$84.07	0.0919	$58.74	-	$53.93	0.84	$ 62,139.36
	General Reuse	14	40	284	1	0.0531	$210.44	-	$185.59	-	$171.84	0.1000	$159.68	0.1875	$144.35	-	$127.43	-	$101.52	-	$84.07	0.0938	$58.74	0.0719	$53.93	0.51	$ 26,139.01
	Stakeholder Management & Business Planning support	14	40	724	1	0.0305	$210.44	0.0389	$185.59	-	$171.84	0.2458	$159.68	-	$144.35	0.0292	$127.43	-	$101.52	0.4007	$84.07	0.5483	$58.74	-	$53.93	1.29	$ 71,662.30
	Reviews & Updates	19	40	292	1	0.0115	$210.44	0.0160	$185.59	-	$171.84	0.1016	$159.68	0.0258	$144.35	0.0068	$127.43	0.0302	$101.52	0.0486	$84.07	0.1457	$58.74	0.0076	$53.93	0.39	$ 30,111.48
TOTAL FOR HEALTHCARE STUDY BP				4,130																							$ 468,877.62

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COMPANY NAME = PricewaterhouseCoopers LLP					1		2		3		4		5		6		7		10		11		12			
					Partner		Sr. Functional Sp		Functional Specia		Senior Manager		Manager II		Manager I		Management Analy		Senior Associate		Associate		Project Analyst			
Task	Description	# of Weeks	Hours	# of sites	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	Total FTEE	Task Totals
Development of Healthcare Study BP's																										
List Site or Sites:	Waco																									
Stage 1 Initial Option Development																										
Healthcare		8	40	962	1	0.0013	$210.44	0.0033	$185.59	-	$171.84	1.1316	$159.68	-	$144.35	-	$127.43	-	$101.52	0.1335	$84.07	1.7367	$68.74	-	$53.93	3.01	$ 99,907.88
General Capital		8	40	875	1	0.1852	$210.44	0.1678	$185.59	-	$171.84	0.5728	$159.68	0.2556	$144.35	0.0180	$127.43	0.5381	$101.52	-	$84.07	0.0643	$68.74	-	$53.93	1.55	$ 89,202.87
General Roads		8	40	191	1	0.0292	$210.44	-	$185.59	-	$171.84	0.2955	$159.68	0.0279	$144.35	-	$127.43	-	$101.52	-	$84.07	0.0322	$68.74	0.0232	$53.93	0.41	$ 19,460.41
Stakeholder Management & Business Planning Support		8	40	277	1	0.0245	$210.44	0.0318	$185.59	-	$171.84	0.1526	$159.68	-	$144.35	0.0154	$127.43	-	$101.52	0.2965	$84.07	0.3619	$68.74	-	$53.93	0.87	$ 27,781.38
Review & Updates		4	40	105	1	0.0253	$210.44	0.0735	$185.59	-	$171.84	0.2277	$159.68	0.0340	$144.35	0.0039	$127.43	0.0672	$101.52	0.0421	$84.07	0.2300	$68.74	0.0026	$53.93	0.66	$ 12,438.56
Stage 2 Business Plan Development																										
Healthcare		14	40	804	1	0.0029	$210.44	0.0051	$185.59	-	$171.84	0.3729	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0804	$84.07	0.6385	$68.74	-	$53.93	1.08	$ 61,501.92
General Capital		14	40	779	1	0.0089	$210.44	0.1641	$185.59	-	$171.84	0.4061	$159.68	0.0980	$144.35	0.0590	$127.43	0.4783	$101.52	-	$84.07	0.1501	$68.74	-	$53.93	1.39	$ 102,770.56
General Roads		14	40	327	1	0.0531	$210.44	-	$185.59	-	$171.84	0.1000	$159.68	0.2189	$144.35	-	$127.43	-	$101.52	-	$84.07	0.1605	$68.74	0.0719	$53.93	0.58	$ 40,459.49
Stakeholder Management & Business Planning support		14	40	745	1	0.0376	$210.44	0.0487	$185.59	-	$171.84	0.2466	$159.68	-	$144.35	0.0256	$127.43	-	$101.52	0.4090	$84.07	0.5655	$68.74	-	$53.93	1.30	$ 74,578.27
Reviews & Updates		19	40	351	1	0.0139	$210.44	0.0229	$185.59	-	$171.84	0.1188	$159.68	0.0533	$144.35	0.0089	$127.43	0.0584	$101.52	0.0636	$84.07	0.1563	$68.74	0.0076	$53.93	0.46	$ 39,902.76
TOTAL FOR HEALTHCARE STUDY BP				4,905																						$ 567,993.31
Development of Healthcare Study BP's																										
List Site or Sites:	Big Spring																									
Stage 1 Initial Option Development																										
Healthcare		6	40	829	1	0.0018	$210.44	0.0044	$185.59	-	$171.84	1.5090	$159.68	-	$144.35	-	$127.43	-	$101.52	0.1780	$84.07	1.7614	$68.74	-	$53.93	3.45	$ 93,765.70
General Capital		6	40	497	1	0.1899	$210.44	0.2031	$185.59	-	$171.84	0.6109	$159.68	0.3123	$144.35	0.0191	$127.43	0.6843	$101.52	-	$84.07	0.0597	$68.74	-	$53.93	2.07	$ 71,145.83
General Roads		6	40	126	1	0.0027	$210.44	-	$185.59	-	$171.84	0.3731	$159.68	0.0280	$144.36	-	$127.43	-	$101.52	-	$84.07	0.0383	$68.74	0.0249	$53.93	0.59	$ 17,935.93
Stakeholder Management & Business Planning support		6	40	95	1	0.0265	$210.44	0.0365	$185.59	-	$171.84	0.0774	$159.68	-	$144.35	0.0055	$127.43	-	$101.52	0.0761	$84.07	0.1778	$68.74	-	$53.93	0.38	$ 10,358.21
Reviews & Updates		4	40	81	1	0.0268	$210.44	0.0193	$185.59	-	$171.84	0.2026	$159.68	0.0270	$144.35	0.0019	$127.43	0.0524	$101.52	0.0201	$84.07	0.1609	$68.74	0.0020	$53.93	0.51	$ 10,011.35
Stage 2 Business Plan Development																										
Healthcare		16	40	893	1	0.0019	$210.44	0.0044	$185.59	-	$171.84	0.3248	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0529	$84.07	0.5586	$68.74	-	$53.93	0.94	$ 81,391.30
General Capital		16	40	817	1	0.0272	$210.44	0.1138	$185.59	-	$171.84	0.2806	$159.68	0.0679	$144.35	0.0382	$127.43	0.3319	$101.52	-	$84.07	0.1051	$68.74	-	$53.93	0.89	$ 81,431.88
General Roads		16	40	284	1	0.0405	$210.44	-	$185.59	-	$171.84	0.0695	$159.68	0.1641	$144.35	-	$127.43	-	$101.52	-	$84.07	0.0920	$68.74	0.0629	$53.93	0.44	$ 38,139.01
Stakeholder Management & Business Planning support		16	40	254	1	0.0267	$210.44	0.0368	$185.59	-	$171.84	0.0729	$159.68	-	$144.35	0.0056	$127.43	-	$101.52	0.0767	$84.07	0.1787	$68.74	-	$53.93	0.40	$ 27,853.20
Reviews & Updates		19	40	251	1	0.0123	$210.44	0.0106	$185.59	-	$171.84	0.0921	$159.68	0.0279	$144.35	0.0053	$127.43	0.0599	$101.52	0.0156	$84.07	0.1112	$68.74	0.0076	$53.93	0.30	$ 29,640.74
TOTAL FOR HEALTHCARE STUDY BP				3,831																						$ 438,552.95
Development of Healthcare Study BP's																										
List Site or Sites:	Lewisville																									
Stage 1 Initial Option Development																										
Healthcare		7	40	962	1	0.0015	$210.44	0.0038	$185.59	-	$171.84	1.2834	$159.68	-	$144.35	-	$127.43	-	$101.52	0.1526	$84.07	1.9848	$68.74	-	$53.93	3.44	$ 99,907.93
General Capital		7	40	382	1	0.1369	$210.44	0.1366	$185.59	-	$171.84	0.4012	$159.68	0.2080	$144.36	0.0124	$127.43	0.4318	$101.52	-	$84.07	0.0414	$68.74	-	$53.93	1.35	$ 54,855.76
General Roads		7	40	164	1	0.0533	$210.44	-	$185.59	-	$171.84	0.3864	$159.68	0.0819	$144.35	-	$127.43	-	$101.52	-	$84.07	0.0368	$68.74	0.0265	$53.93	0.51	$ 21,633.75
Stakeholder Management & Business Planning support		7	40	95	1	0.0223	$210.44	0.0307	$185.59	-	$171.84	0.0827	$159.68	-	$144.35	0.0049	$127.43	-	$101.52	0.0969	$84.07	0.1835	$68.74	-	$53.93	0.34	$ 10,413.60
Reviews & Updates		4	40	83	1	0.0177	$210.44	0.0158	$185.59	-	$171.84	0.1975	$159.68	0.0219	$144.35	0.0016	$127.43	0.0398	$101.52	0.0202	$84.07	0.2041	$68.74	0.0024	$53.93	0.52	$ 9,832.14
Stage 2 Business Plan Development																										
Healthcare		16	40	811	1	0.0018	$210.44	0.0044	$185.59	-	$171.84	0.3260	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0529	$84.07	0.5696	$68.74	-	$53.93	0.95	$ 81,992.19
General Capital		16	40	474	1	0.0210	$210.44	0.0857	$185.59	-	$171.84	0.2203	$159.68	0.0510	$144.35	0.0291	$127.43	0.2623	$101.52	-	$84.07	0.0808	$68.74	-	$53.93	0.74	$ 62,651.09
General Roads		16	40	327	1	0.0485	$210.44	-	$185.59	-	$171.84	0.0875	$159.68	0.1914	$144.35	-	$127.43	-	$101.52	-	$84.07	0.1230	$68.74	0.0529	$53.93	0.31	$ 40,459.49
Stakeholder Management & Business Planning support		16	40	256	1	0.0262	$210.44	0.0361	$185.59	-	$171.84	0.0777	$159.68	-	$144.35	0.0057	$127.43	-	$101.52	0.0786	$84.07	0.1804	$68.74	-	$53.93	0.40	$ 27,975.13
Reviews & Updates		19	40	238	1	0.0115	$210.44	0.0153	$185.59	-	$171.84	0.0951	$159.68	0.0292	$144.36	0.0042	$127.43	0.0304	$101.52	0.0168	$84.07	0.1137	$68.74	0.0076	$53.93	0.31	$ 27,512.54
TOTAL FOR HEALTHCARE STUDY BP				3,576																						$ 417,903.03
Development of Healthcare Study BP's																										
List Site or Sites:	Montgomery																									
Stage 1 Initial Option Development																										
Healthcare		8	40	829	1	0.0013	$210.44	0.0033	$185.59	-	$171.84	1.1316	$159.68	-	$144.35	-	$127.43	-	$101.52	0.1335	$84.07	1.3211	$68.74	-	$53.93	2.59	$ 90,785.70
General Capital		8	40	585	1	0.1747	$210.44	0.1780	$185.59	-	$171.84	0.5360	$159.68	0.2769	$144.35	0.0168	$127.43	0.5380	$101.52	-	$84.07	0.0613	$68.74	-	$53.93	1.83	$ 83,712.44
General Roads		8	40	9	1	-	$210.44	-	$185.59	-	$171.84	0.0274	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	0.0010	$68.74	-	$53.93	0.03	$ 1,420.85
Stakeholder Management & Business Planning support		8	40	93	1	0.0179	$210.44	0.0246	$185.59	-	$171.84	0.0543	$159.68	-	$144.35	0.0042	$127.43	-	$101.52	0.0571	$84.07	0.1331	$68.74	-	$53.93	0.29	$ 10,071.28
Reviews & Updates		4	40	80	1	0.0204	$210.44	0.0217	$185.59	-	$171.84	0.1842	$159.68	0.0291	$144.35	0.0022	$127.43	0.0629	$101.52	0.0201	$84.07	0.1586	$68.74	-	$53.93	0.50	$ 9,737.91
Stage 2 Business Plan Development																										
Healthcare		14	40	618	1	0.0029	$210.44	0.0051	$185.59	-	$171.84	0.3710	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0804	$84.07	0.6510	$68.74	-	$53.93	1.09	$ 61,842.47
General Capital		14	40	728	1	0.0384	$210.44	0.1533	$185.59	-	$171.84	0.3853	$159.68	0.0914	$144.35	0.0514	$127.43	0.4467	$101.52	-	$84.07	0.1405	$68.74	-	$53.93	1.30	$ 96,080.97
General Roads		14	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Stakeholder Management & Business Planning support		14	40	250	1	0.0274	$210.44	0.0378	$185.59	-	$171.84	0.0833	$159.68	-	$144.35	0.0064	$127.43	-	$101.52	0.0878	$84.07	0.2043	$68.74	-	$53.93	0.45	$ 27,055.52
Reviews & Updates		19	40	227	1	0.0069	$210.44	0.0206	$185.59	-	$171.84	0.0879	$159.68	0.0095	$144.35	0.0061	$127.43	0.0470	$101.52	0.0158	$84.07	0.1848	$68.74	-	$53.93	0.30	$ 29,425.99
TOTAL FOR HEALTHCARE STUDY BP				3,612																						$ 407,166.14

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COMPANY NAME = PricewaterhouseCoopers LLP	# of weeks	[illegible]	Total hrs	# of sites	1 Partner FTEE	$/hr	2 Sr. Functional Sp FTEE	$/hr	3 Functional Specia FTEE	$/hr	4 Senior Manager FTEE	$/hr	5 Manager II FTEE	$/hr	6 Manager I FTEE	$/hr	7 Management Analy FTEE	$/hr	10 Senior Associate FTEE	$/hr	11 Associate FTEE	$/hr	12 Project Analyst FTEE	$/hr	Total FTEE	$ Total
Development of Healthcare Study BP's																										
List Site or Sites: Muskogee																										
Stage 1 Initial Option Development																										
Healthcare	6	40	829	1	0.0018	$210.44	0.0044	$185.59	-	$171.84	1.5090	$159.68	-	$144.35	-	$127.43	-	$101.52	0.1780	$84.07	1.7814	$68.74	-	$53.93	3.45	$ 90,785.70
General Capital	6	40	277	1	0.1190	$210.44	0.1110	$185.59	-	$171.84	0.3385	$159.68	0.1719	$144.35	0.0103	$127.43	0.3644	$101.52	-	$84.07	0.0351	$68.74	-	$53.93	1.15	$ 39,711.28
General Reuse	6	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Stakeholder Management & Business Planning support	6	40	44	1	0.0179	$210.44	0.0252	$185.59	-	$171.84	0.0382	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	0.1071	$68.74	-	$53.93	0.19	$ 5,291.51
Reviews & Updates	4	40	61	1	0.0109	$210.44	0.0111	$185.59	-	$171.84	0.1490	$159.68	0.0138	$144.35	0.0008	$127.43	0.0288	$101.52	0.0141	$84.07	0.1606	$68.74	-	$53.93	0.39	$ 7,145.71
Stage 2 Business Plan Development																										
Healthcare	16	40	750	1	0.0018	$210.44	0.0044	$185.59	-	$171.84	0.3246	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0528	$84.07	0.7883	$68.74	-	$53.93	1.17	$ 71,465.93
General Capital	16	40	344	1	0.0158	$210.44	0.0629	$185.59	-	$171.84	0.1565	$159.68	0.0387	$144.35	0.0207	$127.43	0.1816	$101.52	-	$84.07	0.0613	$68.74	-	$53.93	0.54	$ 43,316.16
General Reuse	16	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Stakeholder Management & Business Planning support	16	40	123	1	0.0180	$210.44	0.0254	$185.59	-	$171.84	0.0385	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	0.1099	$68.74	-	$53.93	0.19	$ 14,215.13
Reviews & Updates	19	40	174	1	0.0043	$210.44	0.0112	$185.59	-	$171.84	0.0825	$159.68	0.0047	$144.35	0.0026	$127.43	0.0218	$101.52	0.0084	$84.07	0.1154	$68.74	-	$53.93	0.23	$ 18,713.89
TOTAL FOR HEALTHCARE STUDY BP			2,602																							$ 292,625.29
Development of Comprehensive Capital & Coordinate Reuse																										
List Site or Sites: Canandaigua																										
Initial Option Development																										
Comprehensive Capital	7	40	613	1	0.2083	$210.44	0.2074	$185.59	-	$171.84	0.8428	$159.68	0.3390	$144.35	0.0195	$127.43	0.7079	$101.52	-	$84.07	0.0624	$68.74	-	$53.93	2.18	$ 87,570.58
Comprehensive Reuse	7	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Coordinate Options	7	40	211	1	0.0025	$210.44	-	$185.59	-	$171.84	0.3304	$159.68	0.0037	$144.35	-	$127.43	-	$101.52	0.0589	$84.07	0.3518	$68.74	0.0080	$53.93	0.76	$ 23,349.30
Stakeholder Management & Business Planning support	7	40	79	1	0.0145	$210.44	0.0188	$185.59	-	$171.84	0.0534	$159.68	-	$144.35	0.0044	$127.43	-	$101.52	0.0606	$84.07	0.1292	$68.74	-	$53.93	0.28	$ 8,337.20
Reviews & Updates	4	40	43	1	0.0208	$210.44	0.0209	$185.59	-	$171.84	0.0946	$159.68	0.0316	$144.35	0.0022	$127.43	0.0652	$101.52	0.0110	$84.07	0.0501	$68.74	0.0007	$53.93	0.30	$ 6,276.69
Business Plan Development																										
Comprehensive Capital	12	40	779	1	0.0423	$210.44	0.1859	$185.59	-	$171.84	0.4907	$159.68	0.1103	$144.35	0.0692	$127.43	0.5642	$101.52	-	$84.07	0.1605	$68.74	-	$53.93	1.62	$ 103,090.59
Comprehensive Reuse	12	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Coordinate Options	12	40	255	1	0.0073	$210.44	-	$185.59	-	$171.84	0.2096	$159.68	0.0146	$144.35	-	$127.43	-	$101.52	0.0631	$84.07	0.2357	$68.74	-	$53.93	0.53	$ 28,135.10
Stakeholder Management & Business Planning support	12	40	212	1	0.0227	$210.44	0.0310	$185.59	-	$171.84	0.0807	$159.68	-	$144.35	0.0069	$127.43	-	$101.52	0.0950	$84.07	0.2025	$68.74	-	$53.93	0.44	$ 22,307.08
Reviews & Updates	19	40	178	1	0.0065	$210.44	0.0196	$185.59	-	$171.84	0.0707	$159.68	0.0153	$144.35	0.0069	$127.43	0.0508	$101.52	0.0143	$84.07	0.0540	$68.74	-	$53.93	0.23	$ 21,948.63
TOTAL FOR COMPREHENSIVE CAPITAL (& coordinat			2,374	1																						$ 301,107.20
Development of Comprehensive Capital & Coordinate Reuse																										
List Site or Sites: Livermore																										
Initial Option Development																										
Comprehensive Capital	7	40	736	1	0.2492	$210.44	0.2482	$185.59	-	$171.84	0.7718	$159.68	0.4084	$144.35	0.0236	$127.43	0.8529	$101.52	-	$84.07	0.0734	$68.74	-	$53.93	2.63	$ 105,694.98
Comprehensive Reuse	7	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Coordinate Options	7	40	198	1	0.0025	$210.44	-	$185.59	-	$171.84	0.3234	$159.68	0.0037	$144.35	-	$127.43	-	$101.52	0.0442	$84.07	0.3269	$68.74	0.0080	$53.93	0.71	$ 22,117.65
Stakeholder Management & Business Planning support	7	40	89	1	0.0164	$210.44	0.0225	$185.59	-	$171.84	0.0534	$159.68	-	$144.35	0.0044	$127.43	-	$101.52	0.0606	$84.07	0.1292	$68.74	-	$53.93	0.29	$ 8,598.05
Reviews & Updates	4	40	53	1	0.0246	$210.44	0.0250	$185.59	-	$171.84	0.1056	$159.68	0.0380	$144.35	0.0025	$127.43	0.0786	$101.52	0.0097	$84.07	0.0488	$68.74	0.0007	$53.93	0.33	$ 7,147.83
Business Plan Development																										
Comprehensive Capital	12	40	939	1	0.0609	$210.44	0.2249	$185.59	-	$171.84	0.5882	$159.68	0.1341	$144.35	0.0897	$127.43	0.6832	$101.52	-	$84.07	0.1930	$68.74	-	$53.93	1.96	$ 126,177.70
Comprehensive Reuse	12	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Coordinate Options	12	40	229	1	0.0073	$210.44	-	$185.59	-	$171.84	0.1899	$159.68	0.0146	$144.35	-	$127.43	-	$101.52	0.0474	$84.07	0.2090	$68.74	-	$53.93	0.48	$ 25,873.29
Stakeholder Management & Business Planning support	12	40	216	1	0.0257	$210.44	0.0353	$185.59	-	$171.84	0.0807	$159.68	-	$144.35	0.0069	$127.43	-	$101.52	0.0950	$84.07	0.2025	$68.74	-	$53.93	0.45	$ 23,092.50
Reviews & Updates	19	40	198	1	0.0076	$210.44	0.0235	$185.59	-	$171.84	0.0785	$159.68	0.0134	$144.35	0.0082	$127.43	0.0816	$101.52	0.0128	$84.07	0.0545	$68.74	-	$53.93	0.26	$ 24,734.78
TOTAL FOR COMPREHENSIVE CAPITAL (& coordinat			2,649	1																						$ 340,334.73
Development of Comprehensive Capital & Coordinate Reuse																										
List Site or Sites: Gulfport																										
Initial Option Development																										
Comprehensive Capital	8	40	840	1	0.2479	$210.44	0.2466	$185.59	-	$171.84	0.7761	$159.68	0.4117	$144.35	0.0239	$127.43	0.8474	$101.52	-	$84.07	0.0726	$68.74	-	$53.93	2.63	$ 120,100.05
Comprehensive Reuse	8	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Coordinate Options	8	40	183	1	0.0022	$210.44	-	$185.59	-	$171.84	0.2700	$159.68	0.0032	$144.35	-	$127.43	-	$101.52	0.0259	$84.07	0.2642	$68.74	0.0070	$53.93	0.57	$ 20,734.20
Stakeholder Management & Business Planning support	8	40	84	1	0.0159	$210.44	0.0219	$185.59	-	$171.84	0.0479	$159.68	-	$144.35	0.0041	$127.43	-	$101.52	0.0557	$84.07	0.1156	$68.74	-	$53.93	0.26	$ 9,024.84
Reviews & Updates	4	40	68	1	0.0280	$210.44	0.0282	$185.59	-	$171.84	0.1162	$159.68	0.0437	$144.35	0.0028	$127.43	0.0892	$101.52	0.0068	$84.07	0.0476	$68.74	0.0007	$53.93	0.36	$ 7,887.30
Business Plan Development																										
Comprehensive Capital	13	40	1,090	1	0.0543	$210.44	0.2413	$185.59	-	$171.84	0.6283	$159.68	0.1454	$144.35	0.0994	$127.43	0.7318	$101.52	-	$84.07	0.2076	$68.74	-	$53.93	2.10	$ 144,113.85
Comprehensive Reuse	13	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Coordinate Options	13	40	204	1	0.0067	$210.44	-	$185.59	-	$171.84	0.1755	$159.68	0.0135	$144.35	-	$127.43	-	$101.52	0.0291	$84.07	0.1692	$68.74	-	$53.93	0.39	$ 23,810.27
Stakeholder Management & Business Planning support	13	40	224	1	0.0283	$210.44	0.0361	$185.59	-	$171.84	0.0793	$159.68	-	$144.35	0.0087	$127.43	-	$101.52	0.0921	$84.07	0.1909	$68.74	-	$53.93	0.43	$ 24,244.37
Reviews & Updates	19	40	217	1	0.0085	$210.44	0.0271	$185.59	-	$171.84	0.0861	$159.68	0.0155	$144.35	0.0084	$127.43	0.0715	$101.52	0.0119	$84.07	0.0564	$68.74	-	$53.93	0.29	$ 27,424.09
TOTAL FOR COMPREHENSIVE CAPITAL (& coordinat			2,901	1																						$ 377,138.20

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COMPANY NAME = PricewaterhouseCoopers LLP		Time				1		2		3		4		5		6		7		10		11		12			
						Partner		Sr. Functional Sp		Functional Specia		Senior Manager		Manager II		Manager I		Management Analy		Senior Associate		Associate		Project Analyst			
Task	Description	# of Weeks	Hours	# Hrs	# of sites	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	Total FTEE	Sub-Total
Development of Comprehensive Capital & Coordinate Reuse																											
List Site or Sites:	West LA																										
	Initial Option Development																										
	Comprehensive Capital	7	40	856	1	0.2893	$210.44	0.2931	$185.59	-	$171.84	0.9157	$159.68	0.4808	$144.35	0.0280	$127.43	1.0006	$101.52	-	$84.07	0.0942	$68.74	-	$53.93	3.09	$ 123,710.09
	Comprehensive Reuse	7	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.36	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
	Coordinate Options	7	40	170	1	0.0025	$210.44	-	$185.59	-	$171.84	0.2898	$159.68	0.0037	$144.35	-	$127.43	-	$101.52	0.0147	$84.07	0.2793	$68.74	0.0080	$53.93	0.61	$ 15,548.28
	Stakeholder Management & Business Planning support	7	40	81	1	0.0183	$210.44	0.0251	$185.59	-	$171.84	0.0534	$159.68	-	$144.35	0.0044	$127.43	-	$101.52	0.0606	$84.07	0.1292	$68.74	-	$53.93	0.29	$ 8,838.32
	Reviews & Updates	4	40	69	1	0.0286	$210.44	0.0293	$185.59	-	$171.84	0.1163	$159.68	0.0446	$144.35	0.0030	$127.43	0.0922	$101.52	0.0369	$84.07	0.0454	$68.74	0.0007	$53.93	0.37	$ 8,004.98
	Business Plan Development																										
	Comprehensive Capital	12	40	1,108	1	0.0804	$210.44	0.2687	$185.59	-	$171.84	0.6702	$159.68	0.1629	$144.35	0.0893	$127.43	0.6140	$101.52	-	$84.07	0.2318	$68.74	-	$53.93	2.31	$ 146,082.77
	Comprehensive Reuse	12	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.36	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
	Coordinate Options	12	40	181	1	0.0073	$210.44	-	$185.66	-	$171.84	0.1805	$159.68	0.0145	$144.35	-	$127.43	-	$101.52	0.0158	$84.07	0.1580	$68.74	-	$53.93	0.38	$ 21,427.63
	Stakeholder Management & Business Planning support	12	40	219	1	0.0296	$210.44	0.0350	$185.59	-	$171.84	0.0807	$159.68	-	$144.36	0.0069	$127.43	-	$101.52	0.0950	$84.07	0.2025	$68.74	-	$53.93	0.46	$ 23,743.30
	Reviews & Updates	19	40	215	1	0.0087	$210.44	0.0278	$185.59	-	$171.84	0.0843	$159.68	0.0160	$144.35	0.0096	$127.43	0.0734	$101.52	0.0100	$84.07	0.0534	$68.74	-	$53.93	0.28	$ 27,321.96
TOTAL FOR COMPREHENSIVE CAPITAL (& coordinat				2,848	1																						$ 373,875.30
Development of Comprehensive Capital & Coordinate Reuse																											
List Site or Sites:	Montrose / Castle Point																										
	Initial Option Development																										
	Comprehensive Capital	6	40	628	1	0.2684	$210.44	0.2503	$185.59	-	$171.84	0.7717	$159.68	0.3967	$144.35	0.0223	$127.43	0.9294	$101.52	-	$84.07	0.0304	$68.74	-	$53.93	2.62	$ 90,222.21
	Comprehensive Reuse	6	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
	Coordinate Options	6	40	171	1	0.0029	$210.44	-	$185.59	-	$171.84	0.3539	$159.68	0.0043	$144.36	-	$127.43	-	$101.52	0.0272	$84.07	0.3269	$68.74	0.0090	$53.93	0.71	$ 19,697.95
	Stakeholder Management & Business Planning support	6	40	69	1	0.0162	$210.44	0.0222	$185.59	-	$171.84	0.0530	$159.68	-	$144.35	0.0049	$127.43	-	$101.52	0.0671	$84.07	0.1257	$68.74	-	$53.93	0.29	$ 7,413.23
	Reviews & Updates	4	40	46	1	0.0227	$210.44	0.0215	$185.59	-	$171.84	0.0930	$159.68	0.0317	$144.35	0.0021	$127.43	0.0556	$101.52	0.0067	$84.07	0.0420	$68.74	0.0007	$53.93	0.29	$ 6,175.45
	Business Plan Development																										
	Comprehensive Capital	11	40	789	1	0.0477	$210.44	0.2022	$185.59	-	$171.84	0.5541	$159.68	0.1274	$144.35	0.0739	$127.43	0.6076	$101.52	-	$84.07	0.1842	$68.74	-	$53.93	1.79	$ 104,490.52
	Comprehensive Reuse	11	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
	Coordinate Options	11	40	181	1	0.0080	$210.44	-	$185.59	-	$171.84	0.1989	$159.68	0.0159	$144.35	-	$127.43	-	$101.52	0.0172	$84.07	0.1723	$68.74	-	$53.93	0.41	$ 21,427.03
	Stakeholder Management & Business Planning support	11	40	186	1	0.0239	$210.44	0.0325	$185.59	-	$171.84	0.0777	$159.68	-	$144.35	0.0072	$127.43	-	$101.52	0.0883	$84.07	0.1941	$68.74	-	$53.93	0.42	$ 19,914.90
	Reviews & Updates	19	40	165	1	0.0068	$210.44	0.0194	$185.59	-	$171.84	0.0695	$159.68	0.0114	$144.35	0.0067	$127.43	0.0502	$101.52	0.0096	$84.07	0.0447	$68.74	-	$53.93	0.22	$ 20,833.90
TOTAL FOR COMPREHENSIVE CAPITAL (& coordinat				2,235	1																						$ 290,175.22
Development of Comprehensive Capital & Coordinate Reuse																											
List Site or Sites:	St. Albans																										
	Initial Option Development																										
	Comprehensive Capital	6	40	351	1	0.1775	$210.44	0.1687	$185.59	-	$171.84	0.5202	$159.68	0.2678	$144.35	0.0162	$127.43	0.5551	$101.52	-	$84.07	0.0540	$68.74	-	$53.93	1.78	$ 50,398.08
	Comprehensive Reuse	5	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
	Coordinate Options	6	40	178	1	0.0035	$210.44	-	$185.59	-	$171.84	0.4308	$159.68	0.0062	$144.35	-	$127.43	-	$101.52	0.0301	$84.07	0.4069	$68.74	0.0112	$53.93	0.89	$ 20,278.84
	Stakeholder Management & Business Planning support	6	40	65	1	0.0128	$210.44	0.0172	$185.59	-	$171.84	0.0636	$159.68	-	$144.35	0.0059	$127.43	-	$101.52	0.0805	$84.07	0.1508	$68.74	-	$53.93	0.33	$ 4,782.73
	Reviews & Updates	4	40	31	1	0.0127	$210.44	0.0121	$185.59	-	$171.84	0.0668	$159.68	0.0180	$144.35	0.0014	$127.43	0.0365	$101.52	0.0073	$84.07	0.0402	$68.74	0.0007	$53.93	0.20	$ 4,076.71
	Business Plan Development																										
	Comprehensive Capital	12	40	440	1	0.0244	$210.44	0.1038	$185.59	-	$171.84	0.2897	$159.68	0.0617	$144.35	0.0385	$127.43	0.3141	$101.52	-	$84.07	0.0929	$68.74	-	$53.93	0.92	$ 68,213.03
	Comprehensive Reuse	12	40	-	1	-	$210.44	-	$185.58	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
	Coordinate Options	12	40	192	1	0.0073	$210.44	-	$185.59	-	$171.84	0.1853	$159.68	0.0146	$144.35	-	$127.43	-	$101.52	0.0231	$84.07	0.1701	$68.74	-	$53.93	0.40	$ 22,494.50
	Stakeholder Management & Business Planning support	12	40	178	1	0.0143	$210.44	0.0122	$185.59	-	$171.84	0.0712	$159.68	-	$144.35	0.0008	$127.43	-	$101.52	0.0901	$84.07	0.1688	$68.74	-	$53.93	0.37	$ 18,221.20
	Reviews & Updates	19	40	116	1	0.0041	$210.44	0.0111	$185.59	-	$171.84	0.0485	$159.68	0.0069	$144.35	0.0041	$127.43	0.0283	$101.52	0.0102	$84.07	0.0390	$68.74	-	$53.93	0.15	$ 14,132.68
TOTAL FOR COMPREHENSIVE CAPITAL (& coordinat				1,551	1																						$ 194,395.57
Development of Comprehensive Capital & Coordinate Reuse																											
List Site or Sites:	Lexington																										
	Initial Option Development																										
	Comprehensive Capital	5	40	726	1	0.3440	$210.44	0.3513	$185.59	-	$171.84	1.0826	$159.68	0.5641	$144.35	0.0325	$127.43	1.1763	$101.52	-	$84.07	0.1001	$68.74	-	$53.93	3.63	$ 103,821.70
	Comprehensive Reuse	5	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
	Coordinate Options	5	40	163	1	0.0035	$210.44	-	$185.59	-	$171.84	0.4199	$159.68	0.0052	$144.36	-	$127.43	-	$101.52	0.0174	$84.07	0.3851	$68.74	0.0112	$53.93	0.84	$ 19,383.62
	Stakeholder Management & Business Planning support	6	40	64	1	0.0220	$210.44	0.0302	$185.59	-	$171.84	0.0545	$159.68	-	$144.36	0.0059	$127.43	-	$101.52	0.0805	$84.07	0.1246	$68.74	-	$53.93	0.32	$ 7,003.48
	Reviews & Updates	4	40	60	1	0.0243	$210.44	0.0251	$185.59	-	$171.84	0.1011	$159.68	0.0376	$144.35	0.0025	$127.43	0.0774	$101.52	0.0064	$84.07	0.0400	$68.74	0.0007	$53.93	0.32	$ 6,853.10
	Business Plan Development																										
	Comprehensive Capital	12	40	833	1	0.0504	$210.44	0.2232	$185.59	-	$171.84	0.5845	$159.68	0.1349	$144.35	0.0824	$127.43	0.6753	$101.52	-	$84.07	0.1903	$68.74	-	$53.93	1.94	$ 123,450.14
	Comprehensive Reuse	12	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
	Coordinate Options	12	40	175	1	0.0073	$210.44	-	$185.59	-	$171.84	0.1769	$159.68	0.0146	$144.35	-	$127.43	-	$101.52	0.0134	$84.07	0.1519	$68.74	-	$53.93	0.36	$ 20,850.12
	Stakeholder Management & Business Planning support	12	40	171	1	0.0747	$210.44	0.0338	$185.59	-	$171.84	0.0610	$159.68	-	$144.35	0.0066	$127.43	-	$101.52	0.0901	$84.07	0.1395	$68.74	-	$53.93	0.38	$ 18,314.18
	Reviews & Updates	19	40	183	1	0.0074	$210.44	0.0232	$185.59	-	$171.84	0.0742	$159.68	0.0135	$144.35	0.0080	$127.43	0.0609	$101.52	0.0093	$84.07	0.0497	$68.74	-	$53.93	0.24	$ 23,302.05
TOTAL FOR COMPREHENSIVE CAPITAL (& coordinat				2,469	1																						$ 323,478.40

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COMPANY NAME = PricewaterhouseCoopers LLP					1		2		3		4		5		6		7		10		11		12			
					Partner		Sr. Functional Sp		Functional Specia		Senior Manager		Manager II		Manager I		Management Analy		Senior Associate		Associate		Project Analyst			
Task Description	# of weeks	hrs/wk	Total hrs	# of sites	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	FTEE	$/hr	Total FTEE	Sub Total
Development of Comprehensive Capital & Coordinate Reuse																										
List Site or Sites: White City																										
Initial Option Development																										
Comprehensive Capital	5	40	589	1	0.2803	$210.44	0.2842	$185.58	-	$171.84	0.8551	$159.68	0.4607	$144.35	0.0258	$127.43	0.9652	$101.52	-	$84.07	0.0821	$68.74	-	$53.93	2.94	$ 84,072.02
Comprehensive Reuse	5	40	-	1	-	$210.44	-	$185.58	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Coordinate Options	5	40	163	1	0.0035	$210.44	-	$185.59	-	$171.84	0.4198	$159.68	0.0052	$144.35	-	$127.43	-	$101.52	0.0174	$84.07	0.3831	$68.74	0.0112	$53.93	0.84	$ 19,383.82
Stakeholder Management & Business Planning support	5	40	58	1	0.0185	$210.44	0.0251	$185.59	-	$171.84	0.0600	$159.68	-	$144.35	0.0069	$127.43	-	$101.52	0.0336	$84.07	0.1363	$68.74	-	$53.93	0.34	$ 7,258.44
Reviews & Updates	4	40	45	1	0.0189	$210.44	0.0203	$185.59	-	$171.84	0.0878	$159.68	0.0300	$144.35	0.0021	$127.43	0.0636	$101.52	0.0073	$84.07	0.0396	$68.74	0.0007	$53.93	0.27	$ 5,827.06
Business Plan Development																										
Comprehensive Capital	13	40	741	1	0.0372	$210.44	0.1833	$185.59	-	$171.84	0.4278	$159.68	0.0986	$144.35	0.0803	$127.43	0.4945	$101.52	-	$84.07	0.1428	$68.74	-	$53.93	1.42	$ 97,981.84
Comprehensive Reuse	13	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.62	-	$84.07	-	$68.74	-	$53.93	-	$ -
Coordinate Options	13	40	176	1	0.0067	$210.44	-	$185.59	-	$171.84	0.1632	$159.68	0.0136	$144.35	-	$127.43	-	$101.52	0.0123	$84.07	0.1402	$68.74	-	$53.93	0.34	$ 20,850.12
Stakeholder Management & Business Planning support	15	40	183	1	0.0181	$210.44	0.0260	$185.59	-	$171.84	0.0623	$159.68	-	$144.35	0.0070	$127.43	-	$101.52	0.0866	$84.07	0.1408	$68.74	-	$53.93	0.35	$ 10,499.10
Reviews & Updates	19	40	157	1	0.0082	$210.44	0.0185	$185.59	-	$171.84	0.0639	$159.68	0.0110	$144.35	0.0066	$127.43	0.0483	$101.52	0.0107	$84.07	0.0414	$68.74	-	$53.93	0.21	$ 19,758.72
TOTAL FOR COMPREHENSIVE CAPITAL (& coordinat			2,124	1																						$ 274,010.90
Development of Comprehensive Capital & Coordinate Reuse																										
List Site or Sites: Perry Point																										
Initial Option Development																										
Comprehensive Capital	5	40	496	1	0.2407	$210.44	0.2402	$185.59	-	$171.84	0.7251	$159.68	0.3864	$144.35	0.0217	$127.43	0.7992	$101.52	-	$84.07	0.0714	$68.74	-	$53.93	2.48	$ 70,947.29
Comprehensive Reuse	5	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Coordinate Options	5	40	178	1	0.0035	$210.44	-	$185.59	-	$171.84	0.4309	$159.68	0.0057	$144.35	-	$127.43	-	$101.52	0.0301	$84.07	0.4069	$68.74	0.0112	$53.93	0.89	$ 20,270.64
Stakeholder Management & Business Planning support	5	40	68	1	0.0164	$210.44	0.0223	$185.59	-	$171.84	0.0636	$159.68	-	$144.35	0.0059	$127.43	-	$101.52	0.0805	$84.07	0.1508	$68.74	-	$53.93	0.34	$ 7,724.42
Reviews & Updates	4	40	39	1	0.0171	$210.44	0.0173	$185.59	-	$171.84	0.0802	$159.68	0.0254	$144.35	0.0018	$127.43	0.0526	$101.52	0.0073	$84.07	0.0414	$68.74	0.0007	$53.93	0.24	$ 5,176.30
Business Plan Development																										
Comprehensive Capital	12	40	626	1	0.0342	$210.44	0.1489	$185.59	-	$171.84	0.3960	$159.68	0.0898	$144.35	0.0550	$127.43	0.4503	$101.52	-	$84.07	0.1307	$68.74	-	$53.93	1.30	$ 82,881.82
Comprehensive Reuse	12	40	-	1	-	$210.44	-	$185.59	-	$171.84	-	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	-	$68.74	-	$53.93	-	$ -
Coordinate Options	12	40	192	1	0.0073	$210.44	-	$185.59	-	$171.84	0.1863	$159.68	0.0146	$144.35	-	$127.43	-	$101.52	0.0231	$84.07	0.1701	$68.74	-	$53.93	0.40	$ 22,494.50
Stakeholder Management & Business Planning support	12	40	182	1	0.0183	$210.44	0.0249	$185.59	-	$171.84	0.0712	$159.68	-	$144.35	0.0066	$127.43	-	$101.52	0.0901	$84.07	0.1688	$68.74	-	$53.93	0.39	$ 19,139.07
Reviews & Updates	19	40	143	1	0.0054	$210.44	0.0167	$185.58	-	$171.84	0.0589	$159.68	0.0034	$144.35	0.0056	$127.43	0.0406	$101.52	0.0102	$84.07	0.0474	$68.74	-	$53.93	0.19	$ 17,787.91
TOTAL FOR COMPREHENSIVE CAPITAL (& coordinat			1,924	1																						$ 245,830.09
Financial Plan for Poplar Bluff																										
Financial Analysis	4	40	44	1	-	$210.44	-	$185.59	-	$171.84	0.1128	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0258	$84.07	0.1366	$68.74	-	$53.93	0.28	$ 4,754.31
Stakeholder Management & Business Planning support	4	40	12	1	0.0012	$210.44	0.0017	$185.59	-	$171.84	0.0185	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	0.0528	$68.74	-	$53.93	0.07	$ 1,146.08
Reviews & Updates	4	40	3	1	0.0001	$210.44	0.0001	$185.58	-	$171.84	0.0069	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0014	$84.07	0.0101	$68.74	-	$53.93	0.02	$ 318.55
Financial Analysis	8	40	65	1	-	$210.44	-	$185.58	-	$171.84	0.0738	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0237	$84.07	0.1057	$68.74	-	$53.93	0.20	$ 6,733.62
Stakeholder Management & Business Planning support	8	40	32	1	0.0017	$210.44	0.0023	$185.59	-	$171.84	0.0248	$159.68	-	$144.35	-	$127.43	-	$101.52	-	$84.07	0.0709	$68.74	-	$53.93	0.10	$ 3,078.83
Reviews & Updates	19	40	14	1	0.0001	$210.44	0.0001	$185.59	-	$171.84	0.0059	$159.68	-	$144.35	-	$127.43	-	$101.52	0.0014	$84.07	0.0106	$68.74	-	$53.93	0.02	$ 1,401.78
TOTAL FOR Poplar Bluff			170																							$ 17,425.16
GRAND TOTAL of SALARY, OVERHEAD & PROFIT	54	40	72,753	18																					33.68	$8,049,617.85

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Hours by staff & site		Complexity Group					2				3				4						
Name	NOBIS Classification	General or SME activities	[illegible]	[illegible]	Walla Walla	Waco	Big Spring	Louisville	Montgomery	Muskogee	Canandaigua	Livermore	Gulfport	West LA	Montrose / Castle Point	St. Albans	Lexington	White City	Perry Point	[illegible]	Total
PMO Task																					
Dr Peter Erwin	Senior Manager	-	265	#	124	155	134	131	120	93	85	96	107	107	81	52	92	77	68	4	2,000
Associate	Associate	-	268	#	124	155	134	131	120	93	85	96	107	107	81	52	92	77	68	4	2,000
Project Analyst	Project Analyst	-	265	#	124	155	134	131	120	93	85	96	107	107	81	52	92	77	68	4	2,000
Stakeholder Management support and Quality Assurance Stages 1 & 2																					
Mr Patrick Ryan	Sr. Functional Specialist	-	51	#	24	29	25	25	23	18	16	18	20	20	15	10	18	15	13	1	380
Mr Simon Leary	Sr. Functional Specialist	-	5	4	2	3	3	3	2	2	2	2	2	2	2	1	2	2	1	0	40
Dr David Chin	Sr. Functional Specialist	-	5	5	5	5	5	5	5	5	-	-	-	-	-	-	-	-	-	-	40
Mr Tony Kushnir	Sr. Functional Specialist	-	5	4	2	3	3	3	2	2	2	2	2	2	2	1	2	2	1	0	40
Mr Michael Simmons	Sr. Functional Specialist	-	5	4	2	3	3	3	2	2	2	2	2	2	2	1	2	2	1	0	40
Mr Carter Pate	Partner	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mr Paul Chrencik	Partner	-	50	#	24	30	24	24	22	16	15	18	19	19	15	10	17	14	12	1	369
Mr Bill Luellen	Partner	-	2	2	2	2	2	2	2	2	-	-	-	-	-	-	-	-	-	-	16
Mr Peter Raymond	Partner	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ms Fatimah Moody	Senior Manager	-	98	#	92	94	20	21	20	-	19	19	20	19	18	18	18	21	18	-	510
Mr Patrick Riccards	Senior Manager	-	67	#	63	64	14	14	14	-	13	13	13	13	12	12	12	14	12	-	417
Manager I	Manager I	-	14	#	13	13	3	3	3	-	3	3	3	3	2	2	2	3	2	-	86
Senior Associate	Senior Associate	-	347	#	326	333	71	73	71	-	66	68	70	66	63	63	63	73	63	-	2,161
Associate	Associate	-	300	#	283	288	62	63	62	-	57	57	60	57	54	54	54	63	54	-	1,872
Financial, Risk, Business and Implementation planning support Stages 1 & 2																					
Mr Andy Miller	Snr Managers	-	-	#	25	25	14	14	14	14	10	14	14	14	7	7	5	5	9	5	198
Mr Curtis Cornelssen	Snr Managers	-	45	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	90
Dr Melissa Glynn	Snr Managers	-	10	#	8	8	8	8	8	8	8	4	4	4	6	6	4	4	4	2	116
Manager II	Manager II	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manager I	Manager I	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Associate	Senior Associate	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Associate	Associate	-	150	#	150	160	100	100	100	100	80	80	80	80	60	60	40	40	60	32	1,616
Mr Patrick Ryan-Stakeholder Management	Sr. Functional Specialist	-	16	#	7	9	8	8	7	6	5	6	6	6	5	3	6	5	4	0	120
Mr Paul Chrencik-Coordination	Partner	-	12	9	6	7	6	6	6	4	4	4	5	5	4	2	4	3	3	0	90
Ms Fatimah Moody-Stakeholder Management	Senior Manager	-	14	#	14	14	3	3	3	-	3	3	3	3	3	3	3	3	3	-	90
Mr Patrick Riccards-Stakeholder Management	Senior Manager	-	10	#	8	9	2	2	2	-	2	2	2	2	2	2	2	2	2	-	60
Manager I-Stakeholder Management/Web site	Manager I	-	17	#	16	16	3	4	3	-	3	3	3	3	3	3	3	4	3	-	105
Senior Associate-Stakeholder Management	Senior Associate	-	74	#	69	71	15	16	15	-	14	14	15	14	13	13	13	16	13	-	460
Associate-Stakeholder Management	Associate	-	77	#	72	74	16	16	16	-	15	15	15	16	14	14	14	16	14	-	480
Mr Andy Miller-Financial, Risk, Business Planning	Snr Managers	-	-	#	24	24	13	13	13	13	9	13	13	13	7	7	5	5	9	5	186
Dr Melissa Glynn-Financial, Risk, Business Planning	Snr Managers	-	10	#	8	8	8	8	8	8	8	4	4	4	6	6	4	4	4	2	112
Associate-Financial, Risk, Business Planning	Associate	-	36	#	35	35	24	24	24	24	19	19	19	19	14	14	10	10	14	8	384
Mr Ryder Smith-Healthcare	Senior Manager	-	-	#	-	-	-	-	-	-	24	-	-	-	24	24	-	-	-	-	224
Ms. Kerry Shannon-Healthcare	Senior Manager	-	128	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	128
Ms. Michele Deverich-Healthcare	Senior Manager	-	-	#	-	57	-	-	-	-	-	-	-	16	-	-	-	-	-	-	73
Ms. Janet Hinchcliff-Healthcare	Senior Manager	-	-	#	-	-	-	57	-	-	-	-	-	-	-	-	16	-	16	-	89
Mr Brian Mastson-Healthcare	Senior Manager	-	-	#	-	-	-	-	56	-	-	-	16	-	-	-	-	-	-	4	76
Mr Paul Osborne-Healthcare	Senior Manager	-	-	#	-	-	56	-	-	56	-	-	-	-	-	-	-	-	-	-	113
Ms. Nancy Bateman-Healthcare	Senior Manager	-	-	#	56	-	-	-	-	-	-	16	-	-	-	-	-	16	-	-	89
Ms. Barbara Walsh-Healthcare	Senior Manager	-	19	#	5	5	5	5	5	5	-	-	-	-	-	-	-	-	-	-	84
Ms. Ginger Parker -Healthcare	Senior Manager	-	4	4	4	4	4	4	4	4	3	3	2	1	1	1	1	1	1	1	45
Senior Associate-Healthcare	Senior Associate	-	4	4	4	4	4	4	4	4	3	3	2	1	1	1	1	1	1	1	45
Associate-Healthcare	Associate	-	16	#	9	9	9	9	9	9	5	4	3	1	1	2	1	1	2	1	102
Mr James Zajac-Capital Planning	Partner	-	-	#	-	-	-	12	-	-	-	-	-	-	-	-	21	-	-	-	32
Mr Eric Aukee-Capital Planning	Partner	-	-	#	11	-	-	-	-	-	-	21	-	25	-	-	-	17	-	-	74
Ms. Susan Neculescu-Capital Planning	Partner	-	-	#	-	-	-	-	-	-	18	-	-	-	19	11	-	-	-	-	63
Mr Jeff Ballew-Capital Planning	Partner	-	-	#	-	18	15	-	-	9	-	-	-	-	-	-	-	-	-	-	41
Mr Jim Bynum-Capital Planning	Partner	-	-	#	-	-	-	-	17	-	-	-	24	-	-	-	-	-	14	-	56
Mr Jim Rohnstock-Capital Planning	Partner	-	23	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23

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Hours by staff & site			Complexity Group #	1				2				3				4					5	
	Name	MOBIS Classification	General or SME Activities	Boston	New York	Walla Walla	Waco	Big Spring	Louisville	Montgomery	Muskogee	Canandaigua	Livermore	Gulfport	West LA	Montrose / Castle Point	St. Albans	Lexington	White City	Perry Point	Poplar Bluff	Total
Planning phase including (Methodology) Development, tools & template(s) and initial studies	Snr. Functional Specialists-Capital Planning	Sr. Functional Specialist	-	44	#	21	35	28	22	33	15	34	41	47	49	34	19	41	33	28	-	555
	Functional Specialists-Capital Planning	Functional Specialists	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Snr Managers-Capital Planning	Snr Managers	-	120	#	58	94	75	58	88	42	98	114	132	133	99	55	113	90	77	-	1,525
	Manager II-Capital Planning	Manager II	-	42	#	20	34	27	20	32	15	33	40	47	48	34	19	40	32	27	-	540
	Manager I-Capital Planning	Manager I	-	11	7	5	9	7	5	8	4	9	11	13	13	9	5	11	9	7	-	143
	Management Analyst-Capital Planning	Management Analyst	-	138	#	65	109	88	65	102	47	108	130	150	155	107	80	129	104	87	-	1,733
	Senior Associate-Capital Planning	Senior Associate	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Associate-Capital Planning	Associate	-	29	#	16	24	19	16	22	11	22	27	31	32	24	13	26	21	18	-	370
	Mr Patrick Philips-Reuse Planning	Partner	-	15	#	12	12	12	12	-	-	1	1	1	1	1	1	1	1	1	-	91
	Ms Cheryl Baxter-Reuse Planning	Snr Managers	-	27	#	21	22	21	22	-	-	4	4	4	4	4	4	4	4	4	-	172
	Ms Shuprotim Bhuamik-Reuse Planning	Manager II	-	49	#	36	42	36	42	-	-	3	3	8	3	3	3	3	3	3	-	275
	Manager I-Reuse Planning	Manager I	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Associate-Reuse Planning	Associate	-	41	#	18	27	18	27	-	-	0	0	0	0	0	0	0	0	0	-	176
	Project Analyst-Reuse Planning	Project Analyst	-	17	#	16	15	15	15	-	-	1	1	1	1	1	1	1	1	1	-	100
	Dr Yuewei Zhu, Ph.D., P.E.-Environmental	Snr Managers	-	37	#	33	33	33	37	3	-	-	-	-	-	-	-	-	-	-	-	211
	Ms Dana S. Jackson, P.G.-Environmental	Snr Managers	-	40	#	29	31	29	37	4	-	-	-	-	-	-	-	-	-	-	-	208
	Mr Kenneth Fisher, PE, CIH, CSP-Environmental	Snr Managers	-	-	#	-	-	-	-	-	-	11	11	11	11	11	11	11	11	11	-	98
	Senior Associate-Environmental	Senior Associate	-	80	#	60	60	60	80	6	-	6	6	6	6	6	6	6	6	6	-	480
	Associate-Environmental	Associate	-	8	8	8	8	8	8	1	-	1	1	1	1	1	1	1	1	1	-	55
Healthcare	Mr Ryder Smith	Senior Manager	-	-	#	-	-	-	-	-	-	137	-	-	-	137	137	-	-	-	-	1,284
	Ms. Kerry Shannon	Senior Manager	-	1,152	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,162
	Ms. Michele Deverich	Senior Manager	-	-	#	-	508	-	-	-	-	-	-	-	144	-	-	-	-	-	-	652
	Ms. Janet Hinchcliff	Senior Manager	-	-	#	-	-	-	509	-	-	-	-	-	-	-	-	145	-	145	-	798
	Mr Brian Mastson	Senior Manager	-	-	#	-	-	-	-	507	-	-	-	144	-	-	-	-	-	-	33	684
	Mr Paul Osborne	Senior Manager	-	-	#	-	-	507	-	-	507	-	-	-	-	-	-	-	-	-	-	1,014
	Ms. Nancy Bateman	Senior Manager	-	-	#	507	-	-	-	-	-	-	145	-	-	-	-	-	145	-	-	797
	Ms. Barbara Walsh	Senior Manager	-	173	#	46	45	46	46	46	46	-	-	-	-	-	-	-	-	-	-	576
	Ms. Ginger Parker	Senior Manager	-	35	#	35	35	35	35	35	35	30	22	15	18	18	12	5	5	12	8	407
	Senior Associate	Senior Associate	-	153	#	82	82	82	82	82	82	49	38	24	12	12	18	10	10	18	12	972
	Associate	Associate	-	2,550	#	938	1,010	870	1,018	878	1,038	227	206	185	167	167	178	162	162	178	510	11,885
Capital	Mr James Zajac	Partner	-	-	#	-	-	-	55	-	-	-	-	-	-	-	-	100	-	-	-	155
	Mr Eric Aukee	Partner	-	-	#	55	-	-	-	-	-	-	101	-	118	-	-	-	81	-	-	356
	Ms. Susan Neculescu	Partner	-	-	#	-	-	-	-	-	-	85	-	-	-	92	51	-	-	-	-	303
	Mr Jeff Balliew	Partner	-	-	#	-	87	70	-	-	41	-	-	-	-	-	-	-	-	-	-	199
	Mr Jim Bynum	Partner	-	-	#	-	-	-	-	82	-	-	-	116	-	-	-	-	-	69	-	267
	Mr Jim Rohnstock	Partner	-	109	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	109
	Snr. Functional Specialists	Sr. Functional Specialist	-	211	#	103	168	135	104	158	74	163	197	226	234	165	92	196	157	132	-	2,661
	Functional Specialists	Functional Specialists	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Snr Managers	Snr Managers	-	575	#	277	453	360	279	424	200	469	549	634	638	473	263	544	434	370	-	7,320
	Manager II	Manager II	-	203	#	97	162	129	98	152	72	160	184	225	231	162	90	193	153	129	-	2,590
	Manager I	Manager I	-	53	#	25	41	33	25	39	18	44	53	61	63	43	24	52	41	35	-	685
	Management Analyst	Management Analyst	-	661	#	310	521	411	312	497	225	518	626	720	741	515	289	618	497	415	-	8,319
	Senior Associate	Senior Associate	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Associate	Associate	-	141	#	71	114	92	71	107	54	106	128	148	152	113	82	127	102	87	-	1,775
Reuse	Mr Patrick Philips	Partner	-	65	#	42	44	42	44	-	-	5	5	5	5	5	5	5	5	[illegible]	-	324
	Ms Cheryl Baxter	Snr Managers	-	97	#	74	77	74	77	-	-	13	13	13	13	13	13	13	13	13	-	615
	Ms Shuprotim Bhuamik	Manager II	-	174	#	127	149	127	149	-	-	9	9	9	9	9	9	9	9	8	-	983
	Manager I	Manager I	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Associate	Associate	-	148	#	66	97	56	97	-	-	1	1	1	1	1	1	1	1	1	-	627
	Project Analyst	Project Analyst	-	61	#	52	64	52	54	-	-	2	2	2	2	2	2	2	2	2	-	356
	Dr Yuewei Zhu, Ph.D., P.E.	Snr Managers	-	53	#	47	47	47	53	5	-	-	-	-	-	-	-	-	-	-	-	307
	Ms Dana S. Jackson, P.G	Snr Managers	-	50	#	36	39	36	48	4	-	-	-	-	-	-	-	-	-	-	-	265
	Mr Kenneth Fisher, PE, CIH, CSP	Snr Managers	-	-	#	-	-	-	-	-	-	5	5	5	5	5	6	5	5	5	-	48
	Senior Associate	Senior Associate	-	-	#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Associate	Associate	-	4	4	4	4	4	4	0	-	0	0	0	0	0	0	0	0	[illegible]	-	27
		TOTAL	-	9,748	#	6,156	6,176	4,640	4,567	4,209	3,113	3,022	3,398	3,742	3,760	2,873	1,957	3,192	2,727	2,453	190	72,763

(shaded box) = coordination and site leadership only.

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COMPANY NAME = PricewaterhouseCoopers LLP

TRAVEL

Site	Avg Air fare	# of FTE trips	Type of Trip (Healthcare, Capital, Reuse, Communications, etc)	Other Travel	Ave # of days	Total
Boston	$208	24	Healthcare	$52	3	$ 19,656
NY	$200	24	Healthcare	$52	3	$ 23,496
Waco Texas	$450	24	Healthcare	$52	3	$ 21,144
Walla Walla	$700	24	Healthcare	$52	3	$ 27,792
Montgomery, AL	$375	24	Healthcare	$52	3	$ 19,920
Louisville	$200	24	Healthcare	$52	3	$ 16,584
Muskogee	$362	24	Healthcare	$52	3	$ 20,172
Big Springs TX	$345	24	Healthcare	$52	3	$ 19,848
Canadaigua, Ny	$200	10	Healthcare	$60	2	$ 5,360
Gulfport, MS	$400	10	Healthcare	$60	2	$ 7,300
Livermore, CA	$362	10	Healthcare	$60	2	$ 7,775
West LA, CA	$500	10	Healthcare	$60	2	$ 9,340
Castle Point, Ny	$700	10	Healthcare	$60	2	$ 10,360
St Albans, NY	$250	10	Healthcare	$60	2	$ 7,860
Perry Point, MD	$0	10	Healthcare	$60	2	$ 3,200
Lexington, KY	$400	10	Healthcare	$60	2	$ 7,200
White City, OR	$700	10	Healthcare	$60	2	$ 9,920
Popular Bluff, MO	$400	3	Healthcare	$120	1	$ 1,854
Washington DC	$303	90	Healthcare	$85	1	$ 48,570
Boston	$208	6	FAC/StakeHolder	$95	2	$ 4,212
NY	$200	6	FAC/StakeHolder	$95	2	$ 4,836
Waco Texas	$450	6	FAC/StakeHolder	$95	2	$ 4,944
Walla Walla	$700	6	FAC/StakeHolder	$95	2	$ 6,552
Montgomery, AL	$375	6	FAC/StakeHolder	$95	2	$ 4,590
Louisville	$200	6	FAC/StakeHolder	$95	2	$ 3,684
Big Springs TX	$345	6	FAC/StakeHolder	$95	2	$ 4,518
Canadaigua, Ny	$200	5	FAC/StakeHolder	$95	2	$ 3,030
Gulfport, MS	$400	5	FAC/StakeHolder	$95	2	$ 4,000
Livermore, CA	$362	5	FAC/StakeHolder	$95	2	$ 4,238
West LA, CA	$500	5	FAC/StakeHolder	$95	2	$ 5,020
Castle Point, Ny	$700	5	FAC/StakeHolder	$95	2	$ 5,530
St Albans, NY	$250	4	FAC/StakeHolder	$95	2	$ 3,424
Perry Point, MD	$0	4	FAC/StakeHolder	$95	2	$ 1,560
Lexington, KY	$400	4	FAC/StakeHolder	$95	2	$ 3,160
White City, OR	$700	4	FAC/StakeHolder	$95	2	$ 4,248
Montgomery, AL	$500	16	Capital Planning	$23	5	$ 17,800
Perry Point, MD	$600	10	Capital Planning	$23	4	$ 10,900
Gulfport, Miss.	$240	16	Capital Planning	$23	4	$ 12,000
Boston, MA	$0	16	Capital Planning	$23	5	$ 3,000
Louisville, KY	$250	16	Capital Planning	$23	5	$ 17,800
Lexington, KY	$640	16	Capital Planning	$23	4	$ 18,080
Washington DC	$400	30	Capital Planning	$23	2	$ 25,350
Waco, TX	$0	16	Capital Planning	$23	5	$ 9,800
Big Spring, TX	$0	24	Capital Planning	$15	5	$ 22,200
Muskogee, OK	$400	10	Capital Planning	$23	5	$ 12,625
Walla Wall, WA	$800	16	Capital Planning	$23	5	$ 24,200
Livermore, CA	$260	8	Capital Planning	$45	3	$ 8,760
White City, OR	$500	8	Capital Planning	$45	4	$ 9,280
West LA, CA	$0	16	Capital Planning	$23	2	$ 1,200
NYC, NY	$0	16	Capital Planning	$23	5	$ 3,000
Canandaigua, NY	$400	10	Capital Planning	$23	3	$ 9,175
Castle Point, NY	$0	10	Capital Planning	$27	2	$ 844
Castle Point, NY	$0	10	Capital Planning	$30	2	$ 3,604
St. Albans, NY	$0	10	Capital Planning	$24	3	$ 8,205
Boston, MA	$330	2	Capital Planning	$23	5	$ 2,385
NYC, NY	$0	1	Capital Planning	$45	5	$ 725
Louisville, KY	$700	2	Capital Planning	$23	5	$ 2,625
Waco, TX	$400	2	Capital Planning	$23	5	$ 2,025
Big Spring, TX	$550	2	Capital Planning	$27	5	$ 2,866

Walla Wall, WA	$300	2	Capital Planning	$23	5	$	2,025
Montgomery, AL	$800	2	Capital Planning	$23	5	$	2,825
Canandaigua, NY	$200	1	Capital Planning	$45	3	$	785
Castle Point, NY	$0	1	Capital Planning	$53	6	$	920
St. Albans, NY	$0	1	Capital Planning	$47	3	$	441
Lexington, KY	$700	1	Capital Planning	$63	3	$	1,338
Livermore, CA	$0	1	Capital Planning	$51	3	$	602
White City, OR	$440	1	Capital Planning	$46	4	$	1,104
Perry Point, MD	$600	1	Capital Planning	$49	4	$	1,198
Gulfport, Miss.	$700	2	Capital Planning	$23	4	$	2,380
West LA, CA	$0	1	Capital Planning	$45	3	$	180
Louisville	$450	2	ReUse Planning	$31	3	$	1,925
Boston	$450	2	ReUse Planning	$31	3	$	2,543
New York City	$450	1	ReUse Planning	$17	3	$	1,277
Waco	$650	2	ReUse Planning	$31	3	$	2,307
Walla Walla	$650	2	ReUse Planning	$31	3	$	2,001
Big Spring	$650	2	ReUse Planning	$31	3	$	2,307
Louisville	$450	1	ReUse Planning	$62	3	$	1,055
Boston	$450	1	ReUse Planning	$62	3	$	1,364
New York City	$450	1	ReUse Planning	$17	3	$	1,277
Waco	$650	1	ReUse Planning	$62	3	$	1,246
Walla Walla	$650	1	ReUse Planning	$62	3	$	1,093
Big Spring	$650	1	ReUse Planning	$62	3	$	1,246
Louisville	$450	1	ReUse Planning	$62	3	$	1,055
Boston	$450	1	ReUse Planning	$62	3	$	1,364
New York City	$450	1	ReUse Planning	$17	3	$	1,277
Waco	$650	1	ReUse Planning	$62	3	$	1,246
Walla Walla	$650	1	ReUse Planning	$62	3	$	1,093
Big Spring	$650	1	ReUse Planning	$62	3	$	1,246
Wash DC	$450	1	ReUse Planning	$25	2	$	902
Wash DC	$350	1	ReUse Planning	$25	2	$	802
Wash DC	$450	1	ReUse Planning	$25	2	$	902
Wash DC	$350	1	ReUse Planning	$25	2	$	802
Wash DC	$450	1	ReUse Planning	$25	2	$	902
Wash DC	$350	1	ReUse Planning	$25	2	$	802
Wash DC	$450	1	ReUse Planning	$25	2	$	902
Wash DC	$350	1	ReUse Planning	$25	2	$	802
Wash DC	$450	1	ReUse Planning	$25	2	$	902
Wash DC	$350	1	ReUse Planning	$25	2	$	802
Wash DC	$0	-	Mixed Local travel	$5,000	-	$	5,000
TOTAL		788.00				$	635,583

REPRODUCTION / REVIEW MATERIALS

Site	Initial Options			Final BP			Total
	# of Pages	# of Copies	Total Cost	# of Pages	# of Copies	Total Cost	
Stage I Options, Draft, Revised and Final Business Plans							
General	-	20	$ -	-	20	$ -	$ -
Boston	137	30	$ 1,988.31	258	90	$ 11,267.11	$ 13,255.42
NY	109	30	$ 1,591.46	207	90	$ 9,018.28	$ 10,609.74
Louisville	66	30	$ 960.68	125	90	$ 5,443.84	$ 6,404.52
Waco Texas	89	30	$ 1,290.66	168	90	$ 7,313.76	$ 8,604.42
Big Springs TX	69	30	$ 1,001.55	130	90	$ 5,675.45	$ 6,677.00
Montgomery, AL	73	30	$ 1,058.52	138	90	$ 5,998.28	$ 7,056.80
Walla Walla	62	30	$ 903.72	117	90	$ 5,121.07	$ 6,024.78
Muskogee	44	30	$ 633.79	82	90	$ 3,591.49	$ 4,225.29
Canadaigua, Ny	47	30	$ 685.06	89	90	$ 3,882.03	$ 4,567.10
Montrose/Castle Point	46	30	$ 664.15	86	90	$ 3,763.53	$ 4,427.68
St Albans	30	30	$ 439.34	57	90	$ 2,489.60	$ 2,928.94
Lexington, KY	51	30	$ 743.44	97	90	$ 4,212.84	$ 4,956.29
Livermore, CA	54	30	$ 779.61	101	90	$ 4,417.81	$ 5,197.43
White City, OR	43	30	$ 628.17	82	90	$ 3,559.62	$ 4,187.79
Perry Point, MD	38	30	$ 559.56	73	90	$ 3,170.86	$ 3,730.42
Gulfport, MS	60	30	$ 865.97	113	90	$ 4,907.16	$ 5,773.13
West LA, CA	60	30	$ 871.12	113	90	$ 4,936.35	$ 5,807.47
Popular Bluff	4	20	$ 35.10	21	20	$ 198.89	$ 233.99
Presentation materials for FAC's etc							
Boston	-	1	$ 2,500.00	-	2	$ 5,000.00	$ 7,500.00
NYC	-	1	$ 2,500.00	-	2	$ 5,000.00	$ 7,500.00
Louisville	-	1	$ 1,500.00	-	2	$ 3,000.00	$ 4,500.00
Waco	-	1	$ 2,500.00	-	2	$ 5,000.00	$ 7,500.00
Big Spring	-	1	$ 1,500.00	-	2	$ 3,000.00	$ 4,500.00
Walla Walla	-	1	$ 1,500.00	-	2	$ 3,000.00	$ 4,500.00
Montgomery	-	1	$ 1,500.00	-	2	$ 3,000.00	$ 4,500.00
Muskogee	-	-	$ -	-	-	$ -	$ -
Canandaigua	-	1	$ 2,000.00	-	2	$ 4,000.00	$ 6,000.00
Montrose/Castle Point	-	1	$ 1,333.33	-	2	$ 2,666.67	$ 4,000.00
St Albans	-	1	$ 2,000.00	-	2	$ 4,000.00	$ 6,000.00
Lexington	-	1	$ 2,000.00	-	2	$ 4,000.00	$ 6,000.00
Livermore	-	1	$ 2,000.00	-	2	$ 4,000.00	$ 6,000.00
White City	-	1	$ 2,000.00	-	2	$ 4,000.00	$ 6,000.00
Perry Point	-	1	$ 1,000.00	-	2	$ 2,000.00	$ 3,000.00
Gulfport	-	1	$ 2,000.00	-	2	$ 4,000.00	$ 6,000.00
West LA	-	1	$ 2,500.00	-	2	$ 5,000.00	$ 7,500.00
Poplar Bluff	-	-	$ -	-	-	$ -	$ -
Misc Reprographics & Record Docs							
Boston	-	19	$ 2,022.34	-	35	$ 3,725.36	$ 5,747.69
NYC	-	19	$ 2,022.34	-	35	$ 3,725.36	$ 5,747.69
Louisville	-	18	$ 1,942.64	-	35	$ 3,777.36	$ 5,720.00
Waco	-	19	$ 2,100.12	-	33	$ 3,647.57	$ 5,747.69
Big Spring	-	17	$ 562.31	-	35	$ 1,157.69	$ 1,720.00
Walla Walla	-	18	$ 616.83	-	33	$ 1,130.86	$ 1,747.69
Montgomery	-	19	$ 628.46	-	33	$ 1,091.54	$ 1,720.00
Muskogee	-	17	$ 425.00	-	35	$ 875.00	$ 1,300.00
Canandaigua	-	18	$ 515.70	-	31	$ 888.15	$ 1,403.85
Montrose/Castle Point	-	17	$ 1,096.10	-	30	$ 1,934.29	$ 3,030.38
St Albans	-	16	$ 561.96	-	31	$ 1,088.81	$ 1,650.77
Lexington	-	16	$ 1,923.67	-	31	$ 3,727.10	$ 5,650.77
Livermore	-	18	$ 621.66	-	31	$ 1,070.64	$ 1,692.31
White City	-	16	$ 550.26	-	32	$ 1,100.51	$ 1,650.77
Perry Point	-	16	$ 561.96	-	31	$ 1,088.81	$ 1,650.77
Gulfport	-	19	$ 2,120.66	-	32	$ 3,571.64	$ 5,692.31
West LA	-	18	$ 2,091.05	-	31	$ 3,601.26	$ 5,692.31
Poplar Bluff	-	15	$ -	-	27	$ -	$ -
Shipping and ODCs	-	881	$ 4,459.05	-	2,183	$ 25,267.95	$ 29,727.00
TOTAL	-	-	$ 70,855.67	-	-	$ 212,104.53	$ 282,960.20

Equipment & Other

Equipment (if any)	Description/Justification	# of units	Unit Cost		Total
			Unit Cost	One off	
WEB PORTAL	Requirement of SoW	1	$ -	$ 10,000.00	$ 10,000.00
PMO Tool	Integral part of Project Management	50	$ 550.80	$ 6,000.00	$ 33,540.00
EIA Tool	Data source for Economic Impact	1	$ -	$ 30,500.00	$ 30,500.00
Environmental Database Se	VA to provide data	-	$ -	$ -	$ -
Venues	VA to provide venues	-	$ -	$ -	$ -
TOTAL		-	$ -	$ -	$ 74,040.00

TOTAL ALL CATEGORIES	$ 992,583.33