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**Construction Activities**

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## Construction Summary of 2008 Request

A total of \$1,077,796,000 is requested for 2008 for all construction programs. New budget authority of \$727,400,000 is requested for the 2008 Construction, Major Projects appropriation; \$233,396,000 for Construction, Minor Projects appropriation; \$85,000,000 for the Grants for the Construction of State Extended Care Facilities; and \$32,000,000 for Grants for the Construction of State Veterans Cemeteries. \$45,000,000 will be reprogrammed from prior year Major construction funds and \$10,000,000 is expected to be received from the sale or reuse of VA assets for a total budgetary resource level of \$1,132,796,000.

Construction Summary of 2008 Request (dollars in thousands)				
	Construction Major	Construction Minor	Other Request	Summary Request
Veterans Health Administration	\$560,000	\$180,000	\$0	\$740,000
National Cemetery Administration	\$167,400	\$24,400	\$0	\$191,800
Veterans Benefits Administration	\$0	\$13,000	\$0	\$13,000
General Administration - Staff Offices	\$0	\$15,996	\$0	\$15,996
<b>Subtotal</b>	<b>\$727,400</b>	<b>\$233,396</b>	<b>\$0</b>	<b>\$960,796</b>
Grants for State Extended Care Facilities			\$85,000	\$85,000
Grants for State Veterans Cemeteries			\$32,000	\$32,000
<b>Total Construction, New Budget Authority</b>				<b>\$1,077,796</b>

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## *Construction – Major Projects*

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*Budget Request.....\$ 727,400,000*

### **Appropriation Language**

*For constructing, altering, extending and improving any of the facilities including parking projects under the jurisdiction or for the use of the Department of Veterans Affairs, or for any of the purposes set forth in sections 316, 2404, 2406, 8102, 8103, 8106, 8108, 8109, 8110, and 8122 of title 38, United States Code, including planning, architectural and engineering services, construction management services, maintenance or guarantee period services costs associated with equipment guarantees provided under the project, services of claims analysts, offsite utility and storm drainage system construction costs, and site acquisition, where the estimated cost of a project is more than the amount set forth in section 8104(a)(3)(A) of title 38, United States Code, or where funds for a project were made available in a previous major project appropriation, \$727,400,000, to remain available until expended, of which \$2,000,000 shall be to make reimbursements as provided in section 13 of the Contract Disputes Act of 1978 (41 U.S.C. 612) for claims paid for contract disputes: Provided, That except for advance planning activities, including needs assessments which may or may not lead to capital investments, and other capital asset management related activities, such as portfolio development and management activities, and investment strategy studies funded through the advance planning fund and the planning and design activities funded through the design fund and CARES funds, including needs assessments which may or may not lead to capital investments, none of the funds appropriated under this heading shall be used for any project which has not been reviewed by the Congress in the budgetary process: Provided further, That funds provided in this appropriation for fiscal year 2008, for each approved project (except those for CARES activities referenced above) shall be obligated: (1) by the awarding of a construction documents contract by September 30, 2008; and (2) by the awarding of a construction contract by September 30, 2009: Provided further, That the Secretary of Veterans Affairs shall promptly report in writing to the Committees on Appropriations of both Houses of Congress any approved major construction project in which obligations are not incurred within the time limitations established above.*

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## **Construction, Major Projects**

### **Program Description**

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

New budget authority of \$727,400,000 is requested for the 2008 Construction, Major, appropriation. The major construction request is for six medical facility projects in Pittsburgh, PA; Denver, CO; Orlando, FL; Las Vegas, NV; Syracuse, NY; and Lee County, FL. Funds are also requested for new cemetery projects in Columbia/Greenville-area; Sarasota-area; Jacksonville-area; Southeastern, PA; Birmingham-area; and Bakersfield-area. These six new cemeteries were identified in the National Cemetery Expansion Act of 2003 (P.L. 108-109). Funds are also requested for a gravesite expansion of the Fort Sam Houston National Cemetery. Additionally funds are provided to remove hazardous waste and asbestos from Department-owned buildings, improve facility security, reimburse Treasury's judgment fund, and to support other construction related activities.

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

CARES is a comprehensive, system-wide approach to, and ongoing process for, identifying the demand for VA care and projecting into the future the appropriate function, size and location for VA facilities. CARES planning is not simply a onetime evaluation of VA's capital infrastructure and the ideal placement of VA facilities, but was undertaken to provide a set of tools and the process to allow VA to continually plan for future resources needed to provide quality health care to veterans.

The pilot study for CARES was completed in 2001 for Network 12 (Chicago area, Wisconsin, and the Upper Peninsula of Michigan). CARES Phase 2 extended the CARES Program to all remaining networks within VHA. The CARES process is the most comprehensive assessment of VA capital infrastructure and the

demands for VA health care ever achieved. After development of sophisticated actuarial models to forecast demand for veterans' health care, calculation of the current supply and identification of current and future gaps in infrastructure capacity were made. Each VISN developed local plans to meet those anticipated future gaps in care. The Network CARES Market Plans served as the basis for the Draft National CARES Plan. In August 2003, the Draft National CARES Plan was submitted to the CARES Commission, an independent body established to review the plan, gather public and stakeholder concerns, and provide recommendations to the Secretary. The Secretary received the recommendations of the independent CARES Commission in February 2004. In May 2004, the Secretary announced his decision on CARES. The Secretary laid out in his May 2004 CARES Decision document, a blueprint for VA's future to effectively guide the Department forward. The merger of CARES into VHA's planning process is a key component of the CARES process and began with the 2005 Strategic Plan submissions.

### **CARES Business Plan Studies**

Along with previous CARES projects selected in FY 2006 and FY 2007 for implementation, there are a number of sites where further study is required to determine suitability for future health care and re-use activities. These studies will include evaluating outstanding health care issues to recommend health care delivery options, developing capital plans, as well as determining the highest and best use for unneeded VA property. Completion of the studies going into more detailed analyses (Stage 2) is anticipated by Spring 2007.

Firms have been awarded the contract to assist the Secretary in reaching final health care decisions and re-use options. CARES planning data have been updated with FY 2003 actual utilization and refinement in planning assumptions for categories of care, including long-term and mental health care. This improved data will be utilized in the validation of construction plans and the annual strategic planning process.

The following table identifies the locations being studied and their current status:

<b>Health Care, Capital Plan and Re-Use Studies</b>	<b>Comprehensive Capital Plan and Re-use Studies</b>
<p>Studies currently in Stage 2:</p> <ul style="list-style-type: none"> <li>• Boston, MA</li> </ul> <p>Completed studies:</p> <ul style="list-style-type: none"> <li>• New York, NY--Reject consolidation of 2 VAMCs</li> <li>• Louisville, KY--Study validated need for replacement hospital</li> <li>• Big Spring, TX--Keep existing service in Big Spring; use VHA planning process to explore contracting and/or expansion in market including domiciliary</li> <li>• Walla Walla, WA--Construct new ambulatory care center, contract in-patient care in community; use VHA capital planning process</li> <li>• Montgomery, AL--Maintain in-patient services; major modernization</li> <li>• Waco, TX – Retain all current services</li> <li>• Muskogee, OK--Keep facility and implement increase in psychiatric beds</li> </ul>	<p>Studies currently in Stage 2:</p> <ul style="list-style-type: none"> <li>• Canandaigua, NY</li> <li>• Lexington, KY</li> <li>• Livermore, CA</li> </ul> <p>Studies pending decision for Stage 1:</p> <ul style="list-style-type: none"> <li>• West LA, CA</li> <li>• Montrose/Castle Point, NY</li> <li>• Perry Point, MD</li> </ul> <p>Completed studies:</p> <ul style="list-style-type: none"> <li>• White City, OR--Construct new domiciliary</li> <li>• St. Albans-- Replace existing facilities with nursing home, outpatient clinics and domiciliary; VA to develop capital plan for new construction on site and a re-use plan for the campus</li> </ul> <p>Removed from the study due to damage from Hurricane Katrina:</p> <ul style="list-style-type: none"> <li>• Gulfport, MS</li> </ul>
<p><b>Financial Analysis Study</b></p>	
<ul style="list-style-type: none"> <li>• Poplar Bluff - Keep facility; is cost-effective to provide in-patient care</li> </ul>	

In Walla Walla, White City, St. Albans, Poplar Bluff and Montgomery VAMCs, capital construction proposals are being developed. For the new Louisville, VAMC, a site selection committee was established.

The current study information is available on the internet [www.va.gov/CARES](http://www.va.gov/CARES).

The goal of CARES is to enhance outpatient and inpatient care, as well as special programs such as spinal cord injury, blind rehabilitation, seriously mentally ill and long-term care through the appropriate sizing, upgrading and location of VA facilities. CARES is an ongoing process that allows VA to develop a national plan for directing resources where they are most needed preserving VA's missions and special services, while continuing to provide high quality care to veterans. The identified CARES initiatives and plans are validated and reassessed continually to ensure they reflect current VA policies and priorities and the most current enrollment and demand forecasts.

Construction projects to build new cemeteries, develop additional gravesites at existing cemeteries, acquire land, and make infrastructure improvements are critical to achieving the strategic goals and objectives of the National Cemetery Administration (NCA). These projects are funded from VA's Major and Minor Construction appropriations.

Objective 3.4 is to ensure that the burial needs of veterans and eligible family members are met. Achievement of this objective is measured by two key performance measures which are impacted by NCA's construction program. The first of these measures is the percent of veterans served by a burial option within a reasonable distance (75 miles) of their residence. The second measure is the percent of respondents who rate the quality of service provided by the national cemeteries as excellent.

Construction projects to develop new national cemeteries will provide a burial option to veterans and their families who are not currently served by a national or state veterans cemetery within a reasonable distance of their residence. Projects to keep existing national cemeteries open by developing additional gravesites and columbaria, or by acquiring additional land, prevent the loss of a burial option for veterans that currently are served by a national cemetery within a reasonable distance of their residence. Construction of committal shelters, public restrooms, and public information centers improves service to veterans and their families.

Objective 4.5 is to ensure that national cemeteries are maintained as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made. Achievement of this objective is measured by one key performance measure which is impacted by NCA's construction program. That measure is the percent of survey respondents who rate national cemetery appearance as excellent. Construction projects such as irrigation improvements, renovation of historic structures, and road resurfacing are important to maintaining our cemeteries as national shrines. In most cases, these types of projects directly impact cemetery appearance and, thereby, customer satisfaction.

## Major Construction Budgetary Highlights

Major Construction Budgetary Highlights - Summary				
2007				
	2006 Actual	Budget Estimate	Continuing Resolution <sup>1/</sup>	2008 Request <sup>2/</sup>
Appropriation (P.L. 108-447; 109-114)	\$607,100	\$399,000	\$399,000	\$782,400
Hurricane Supplemental (P.L. 109-148; 109-234)	\$953,419	\$0	\$0	\$0
Reimbursement for Lakeside/Great Lakes NCA	\$27,828	\$0	\$0	\$0
Offsetting collections non-federal sources	\$728	\$0	\$0	\$0
Reprogramming	\$0	\$0	\$0	(\$45,000)
Sale of VA assets	\$0	\$0	\$0	(\$10,000)
Impact of Continuing Resolution	\$0	\$0	(\$115,330)	\$0
Budgetary Resources	\$1,589,075	\$399,000	\$283,670	\$727,400
	\$0	\$0	\$0	\$0
Un-obligated Balance brought Forward	\$996,102	\$2,164,931	\$2,164,931	\$1,831,147
Un-obligated Balance end of year	\$2,164,931	\$1,831,147	\$1,831,147	\$1,035,879
Impact of Continuing Resolution	\$0	\$0	(\$115,330)	\$0
Total Un-obligated Balance end of year	\$2,164,931	\$1,831,147	\$1,715,817	\$1,035,879
Obligations	\$420,246	\$732,784	\$732,784	\$1,522,668
Outlays	\$237,185	\$603,390	\$603,390	\$741,030
Impact of Continuing Resolution	\$0	\$0	(\$824)	\$0
Total Outlays	\$237,185	\$603,390	\$602,566	\$741,030

1/ Pending Congressional action

2/ 2008 estimate assumes 2007 enacted VA funding levels close to those passed by the House and Senate.

<b>Major Construction Budgetary Highlights by Administration</b>	
	2008 Request <sup>1/</sup>
<b>Veterans Health Administration (VHA)</b>	
Appropriation (P.L. 108-447; 109-114)	\$615,000
Reimbursements for Lakeside	\$0
Offsetting collections non-federal sources	\$0
Hurricane Supplemental (P.L. 109-148; 109-234)	\$0
Reprogramming	(\$45,000)
Sale of VA assets	(\$10,000)
Budgetary Resources	<u>\$560,000</u>
Un-obligated Balance Brought Forward	\$1,690,537
Un-obligated Balance end of year	\$923,914
Obligations	\$1,326,623
Outlays	\$680,446
<b>National Cemetery Administration (NCA)</b>	
Appropriation (P.L. 108-447; 109-114)	\$167,400
Reimbursements for Great Lakes NCA	\$0
Offsetting collections non-federal sources	\$0
Hurricane Supplemental (P.L. 109-148; 109-234)	\$0
Budgetary Resources	\$167,400
Un-obligated Balance Brought Forward	\$103,546
Un-obligated Balance end of year	\$103,546
Obligations	\$167,400
Outlays	\$54,303
<b>General Administration - Staff Offices</b>	
Appropriation (P.L. 108-447; 109-114)	\$0
Offsetting collections non-federal sources	\$0
Hurricane Supplemental (P.L. 109-148; 109-234)	\$0
Budgetary Resources	\$0
Un-obligated Balance Brought Forward	\$33,645
Un-obligated Balance end of year	\$5,000
Obligations	\$28,645
Outlays	\$6,189
1/ 2008 estimate assumes 2007 enacted VA funding levels close to those passed by the House and Senate.	



## Summary of Budget Request (dollars in thousands)

A construction program of \$727,400,000 is requested for Construction, Major projects, in 2008 to be financed with new budget authority. A summary of the program funding level by activity follows:

	2008 Request <sup>1/</sup>
Veterans Health Administration	\$560,000
National Cemetery Administration	\$167,400
<b>Total Budget Authority</b>	<b>\$727,400</b>

1/ 2008 estimate assumes 2007 enacted VA funding levels close to those passed by the House and Senate

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## Detail of Request

(dollars in thousands)

A construction program of \$727,400,000 is requested for Construction Major Projects, in 2008 to be financed with new budget authority. A summary of the program funding by activity follows:

Major Construction Detail of Request				
Location	Description	Total Estimated Cost	Funding Through 2006	2008 Request <sup>2/</sup>
<b>Veterans Health Administration (VHA)</b>				
Pittsburgh, PA	Consolidation of Campuses	248,000	102,500	40,000
Denver, CO <sup>1/</sup>	New Medical Center Facility	646,000	55,000	61,300
Orlando, FL	New Medical Center Facility, Land Acquisition	553,900	25,000	35,000
Las Vegas, NV	New Medical Center Facility	600,400	259,000	341,400
Syracuse, NY	Spinal Cord Injury (SCI) Center	77,700	53,900	23,800
Lee County, FL	Outpatient Clinic	109,400	10,498	9,890
Advanced Planning Fund	Various Locations	40,285		40,285
Asbestos and Other Airborne Contaminates	Various Locations	3,000		3,000
BRAC Land Acquisition	Various Locations	5,000		5,000
Claims Analyses	Various Locations	2,000		2,000
Facility Security Projects	Various Locations	21,325		21,325
Facility Security General	Various Locations	0		0
Hazardous Waste Abatement	Various Locations	2,000		2,000
Judgment Fund	Various Locations	30,000		30,000
Reprogramming From Prior Year Funds		0		-45,000
Sale of VA Assets		0		-10,000
<b>Total VHA</b>		<b>2,339,010</b>	<b>505,898</b>	<b>560,000 <sup>3/</sup></b>
<b>National Cemetery Administration (NCA)</b>				
Columbia/Greenville-area National Cemetery	Phase 1 Development	19,200		19,200
Sarasota-area National Cemetery	Phase 1 Development	27,800		27,800
Jacksonville-area National Cemetery	Phase 1 Development	22,400		22,400
Southeastern, PA National Cemetery	Phase 1 Development	29,600		29,600
Birmingham-area National Cemetery	Phase 1 Development	18,500		18,500
Bakersfield-area National Cemetery	Phase 1 Development	19,500		19,500
Ft. Sam Houston National Cemetery	Gravesites Development	29,400		29,400
Advance Planning Fund	Various Stations	1,000		1,000
<b>Total NCA</b>		<b>167,400</b>		<b>167,400</b>
<b>Major Construction</b>		<b>2,506,410</b>	<b>505,898</b>	<b>727,400</b>
<small><sup>1/</sup> Pending Congressional action</small>				
<small><sup>2/</sup> 2008 estimate assumes 2007 enacted VA funding levels close to those passed by the House and Senate.</small>				
<small><sup>3/</sup> \$45 million will be reprogrammed from prior year funds; and \$10 million in expected revenue from the sale or reuse of VA assets.</small>				

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## Major Project Prospectuses Index

Location	Description	Page No.
<b>Veterans Health Administration (VHA)</b>		
Pittsburgh, PA	Consolidation of Campuses	2-15
Denver, CO	New Medical Center Facility	2-21
Orlando, FL	New Medical Center Facility, Land Acquisition	2-25
Las Vegas, NV	New Medical Center Facility	2-29
Syracuse, NY	Spinal Cord Injury (SCI) Center	2-35
Lee County, FL	Outpatient Clinic	2-39
<b>National Cemetery Administration (NCA)</b>		
Columbia/Greenville-area National Cemetery	Phase 1 Development	2-43
Sarasota-area National Cemetery	Phase 1 Development	2-49
Jacksonville-area National Cemetery	Phase 1 Development	2-55
Southeastern, PA National Cemetery	Phase 1 Development	2-61
Birmingham-area National Cemetery	Phase 1 Development	2-67
Bakersfield-area National Cemetery	Phase 1 Development	2-71
Ft. Sam Houston National Cemetery	Gravesites Development	2-77
<b>Departmental Line-Items</b>		
Advanced Planning Fund	Various Locations	2-83
Asbestos and Other Airborne Contaminates	Various Locations	2-85
BRAC Land Acquisition	Various Locations	2-87
Claims Analyses	Various Locations	2-89
Facility Security Projects	Various Locations	2-91
Hazardous Waste Abatement	Various Locations	2-93
Judgment Fund	Various Locations	2-95

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**Pittsburgh, Pennsylvania  
Consolidation of Campuses**

*Construction of an ambulatory care building at the H.J. Heinz Division.*

**I. Budget Authority**

Total Estimated Cost	Available Through 2006	2008 Request	Future Request
\$248,000,000	\$102,500,000	\$40,000,000	\$105,500,000

Total estimated cost of this project has increased due to the booming construction industry in the United States and around the world. The significant demand for contractors, labor and building materials is causing a significant increase in pricing. This is being exacerbated by the impact of higher petroleum prices on both petroleum based building products and fuel and by the impact of Katrina and the previous hurricanes of the fall of 2004.

**II. Priority Score:** FY04-03

**III. Description of Project**

The purpose of this project is to consolidate a three division health care delivery system into two divisions, to accommodate the current and projected workload in order to provide a state-of-the-art, improved care environment, while reducing operating expenses, and enhancing services. Specifically, this proposal identifies closure and divestiture / enhanced use of the Highland Drive division, a fifty-year-old campus-style facility, composed of more than 20 buildings on 169 acres. Phase 1 includes the design build of the parking structure and design of all other VHA space. Phase 2 includes construction of all remaining VHA space. Construction will take place at both the University Drive Division and the H.J. Heinz Division locations in order to relocate the current services at the Highland Drive Division. Construction at the University Drive Division will be approximately 218,000 square feet with a 474,000 square foot 1,500 car parking garage. At the H.J. Heinz Division, construction will consist of approximately 265,000 square feet.

**IV. Priorities/Deficiencies Addressed**

The existence of three facilities in near proximity (within a 7 mile area) in Pittsburgh was identified as a Capital Asset Realignment for Enhanced Services (CARES) planning initiative for VISN 4. Substantial cost savings can be achieved by eliminating the need to maintain a third facility with nearly 300,000 square feet in excess/vacant space. Closure of a division can only be accomplished with the addition of sufficient space at the remaining divisions to accommodate the present and projected workload. Both inpatient and outpatient workload levels are projected to exceed baseline volumes throughout most of the 20 year CARES planning cycle. The projected outpatient workload peaks at 43% above the

baseline remaining a minimum of 13% greater than the baseline, throughout the 20 year CARES planning cycle. Inpatient workload is projected at 18% or more above the baseline throughout the planning cycle. The operational cost savings generated through the closure of a third division will be used to support this projected increase in demand.

In contrast to the current 50 year-old campus across town, collocation of behavioral health with acute medical care and the affiliate will enhance teaching and research opportunities, and veterans' perceived quality and satisfaction will increase as they receive care in attractive, state-of-the-art facilities.

Other benefits include the elimination of the hours veterans spend waiting for parking spaces at the constrained University Drive division through the addition of above ground parking.

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

**HONOR AND MEMORIALIZE:** Consolidation of the divisions ensures provision of efficient health care by freeing a projected \$15 million annually from operational costs to invest in service delivery and management of the projected increase in demand. Veterans Affairs Pittsburgh Healthcare System (VAPHS) intends to enhance use the highland drive facility. In doing so, the new tenant will be sure to honor and memorialize veterans through process or benefit.

**PUBLIC HEALTH AND SOCIOECONOMIC:** Collocation of all research functions at a single division in close proximity to the affiliate university will result in increased collaboration, greater attractiveness to world renowned researchers, and higher volume of on-site, funded research related to veteran health. Upon completion, VA funded research will increase by 10% (\$2.5M), and 100% of researchers will be located at a single division.

## **VI. Alternatives Considered**

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

Status Quo - This is not a feasible alternative to meet future operational needs.

Alternative 1: New Construction - Nearly 455,000 square feet of new VHA space and additional parking at University Drive must be added to the two remaining divisions to fit all essential services now housed at Highland Drive. The major reason for the selection of this alternative is to improve quality and enhance services. The reduced cost of maintaining a sprawling 50 year-old facility along with the cost of redundancies inherent in operating three separate locations will



generate savings that can be reinvested into care enhancements.

Alternative 2: Lease – Close and divest all 850,000 square feet of space at the Highland Drive campus. VAPHS will continue to maintain all healthcare functions by current VA staff in leased private sector space. Administrative functions currently at the Highland Drive facility will also be housed in private, leased space. Leasing healthcare and administrative space for this length of time is more expensive than construction of new facilities. This is a low net present value alternative.

Alternative 3: Contract out (contracting out all veteran services on a fee basis arrangement) – All patient care currently housed at the Highland Drive facility would be contracted out to the community. Those services include Inpatient Psychiatry, Domiciliary, Inpatient PR RTP, Outpatient Primary and Specialty Care, Ancillary, and Diagnostics. All administrative functions would lease space in the private sector. All 850,000 square feet of space at the Highland Drive campus would be closed and divested. This alternative would prove to be very costly.

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

Education Affiliation: University of Pittsburgh

Collocating the acute/chronic behavioral care with acute medical/surgical programs improves the affiliation with the University of Pittsburgh. Collocating all acute services improves the training and rotational efficiency of residents and interns, allowing students to experience multiple aspects of care in the areas of primary, specialty, and behavioral specialists.

Department of Defense (DoD): VAPHS has the largest sharing agreement with the Department of Defense in VISN 4. A total of 50 DoD staff occupies leased space at the Highland Drive Division. A Tricare provider sharing agreement has been established through VISN 4 with Sierra Military Health Services.

State & Local Government: Pennsylvania State Veterans Home

VA Pittsburgh Healthcare System is responsible for VA oversight of the Pennsylvania Southwestern Veterans Center located in Pittsburgh adjacent to the Highland Drive Division. In addition to the oversight responsibility, VAPHS maintains an agreement with the Southwestern Veterans Center to provide medical, mental health, and allied health services.

### VIII. Demographic data

Demographic data is currently based on the recently completed CARES effort that defined market areas for VA medical facilities. VA Pittsburgh Healthcare System is located in the VISN 4 western market.

VISN 4 Western Market	2004	2014	2024	Change 2004-2024
Veteran Population	511,718	381,372	288,359	-44%
Enrollees	182,520	161,323	128,743	-29%

### IX. Workload

Workload	Current (2004)	Projected (2024)	Change 2004-2024
Authorized hospital beds	759	627	-17%
Outpatient visits	512,021	576,052	12%
Unique patients	49,085	33,869	-31%
Enrollees	161,060	112,626	-30%
Primary care stops	116,743	154,551	32%
Specialty care stops	117,449	130,276	11%
Mental health stops	87,051	93,056	7%

### X. Schedule

Complete design development	Jul-06
Award construction contract	Oct-07
Complete construction	TBD

## XI. Project Cost Summary

Demolition (0 gross square feet)	\$0
New construction (929,207 gross square feet)	\$184,447,000
Renovation (0 gross square feet)	\$0
Alterations (28,032 gross square feet)	\$4,878,000
<b>Subtotal</b>	<b>\$189,325,000</b>
Land acquisition	\$0
Pre-design development allowance	\$11,245,000
Utilities	\$12,041,000
<b>Subtotal estimated base construction costs</b>	<b>\$212,611,000</b>
Construction contingencies	\$6,559,000
Technical services	\$9,558,000
Utility Agreements	\$0
Impact costs	\$0
Construction management costs	\$0
<b>Subtotal estimated base cost</b>	<b>\$228,728,000</b>
Inflation allowance/locality adjustment	\$19,272,000
<b>Total estimated project cost</b>	<b>\$248,000,000</b>

## XII. Operating Costs

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$22,500,000	\$21,176,968
One time non-recurring cost	\$15,000,000	\$13,078,000
Total non-recurring	\$37,500,000	\$34,254,968
<b>Recurring costs</b>		
Personal services	(FTE: 2,261) \$4,901,390	(FTE: 2,400) \$5,220,555
Other recurring	\$495,391	\$584,370
Total recurring	\$5,396,781	\$5,804,925
<b>Total Operating Cost</b>	<b>\$42,896,781</b>	<b>\$40,059,893</b>

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**Denver, Colorado  
New Medical Center Facility**

*This phase provides funding for construction of an energy building and parking structure.*

**I. Budget Authority**

Total Estimated Cost	Available Through 2006	2008 Request	Future Request
\$646,000,000	\$55,000,000	\$61,300,000	\$529,700,000

Total estimated cost of this project has increased due to the booming construction industry in the United States and around the world. The significant demand for contractors, labor and building materials is causing a significant increase in pricing. This is being exacerbated by the impact of higher petroleum prices on both petroleum based building products and fuel and by the impact of Katrina and the previous hurricanes of the fall of 2004.

**II. Priority Score:** FY04-10

**III. Description of Project**

This project provides approximately 1,400,000 square feet for a facility near the University of Colorado Fitzsimons campus. The facility will accommodate the Eastern Colorado Health Care System’s tertiary, secondary and primary care functions and also presents the possibility of a joint VA/DoD presence. The project continues the positive collaboration with the University of Colorado by relocating to this new site. This phase provides funding for construction of an energy building and parking structure.

**IV. Priorities/Deficiencies Addressed**

The project addresses several problems: 1) Replaces an aging facility – the Denver medical center is over 50-years old, is inefficient, has no room for expansion, and will not support the capacity or quality of veteran care needed in the future; and 2) eliminates strained affiliation with the University Hospital/education system since the University of Colorado relocated to the site of the former Fitzsimmons Army Medical Center.

**V. Strategic Goals and Objectives**

The project supports four of VA’s goals:

**QUALITY OF LIFE:** Restore capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives. This is achieved through significantly increasing available clinical space to provide for the substantial increases in demand projected for the primary care area. Additional services will be provided, directly impacting care delivery; e. g. a 30 bed spinal cord injury unit. Care will be provided in a medical care complex with the fullest compliment

of clinical services.

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

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

**CONTRIBUTE TO PUBLIC HEALTH AND SOCIOECONOMIC WELL-BEING:** Public health and socioeconomic well-being are enhanced by research conducted by top researchers attracted by state-of-the-art research facilities. Additional research space in conjunction with the University of Colorado will enhance the quantity and quality of research conducted. Clinical education is significantly enhanced by increasing space to match clinical need and patient demand. Education given in a new and enhanced promotes excellence in training and reflects positively on the clinical community, as well as the patients.

## **VI. Alternatives Considered**

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

Status Quo – There is inadequate space, an aging facility, and the Denver VAMC is separated from the University.

Renovation – This has a higher cost, more disruption, difficult phasing, and is also separate from the University.

New Construction – This is the best approach as it provides sufficient space to meet increased demand and there would be a collocation with the University.

Lease – This option is not available in the area.

Contract out (contracting out all veteran services on a fee basis arrangement) – This option has a high cost for numerous services, subject to cancellation or change, and some services are not available in numbers needed or not available at all through contract in the Denver area.

## VII. Affiliation/Sharing Agreements - University of Colorado

### VIII. Demographic data

VISN 19 Eastern Rockies Market	2004	2014	2024	Change 2004-2024
Veteran Population	402,301	345,421	296,819	-26%
Enrollees	93,859	104,206	96,542	3%

### IX. Workload

Workload	Current (2004)	Projected (2024)	Change 2004-2024
Authorized hospital beds	156	222	42%
Ambulatory Stops	751,777	1,094,993	46%
Mental health stops	148,132	237,483	60%

### X. Schedule

Complete design development (phase 1)	May-07
Complete design development (phase 2)	Nov-07
Award construction contract (phase 1)	Sep-07
Complete construction	TBD

### XI. Project Cost Summary

Demolition (0 gross square feet)	\$0
New construction (1,293,490 gross square feet)	\$350,391,000
Renovation (0 gross square feet)	\$0
Alterations (0 gross square feet)	\$0
<b>Subtotal</b>	<b>\$350,391,000</b>
Land acquisition	\$55,000,000
Pre-design development allowance	\$14,503,000
Utilities	\$103,054,000
<b>Subtotal estimated base construction costs</b>	<b>\$522,948,000</b>
Construction contingencies	\$24,896,000
Technical services	\$52,284,000
Utility Agreements	\$5,000,000
Impact costs	\$0
Construction management costs	\$0
<b>Subtotal estimated base cost</b>	<b>\$605,128,000</b>
Inflation allowance/locality adjustment	\$40,872,000
<b>Total estimated project cost</b>	<b>\$646,000,000</b>

**XII. Operating Costs**

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



**Orlando, Florida**  
**New Medical Center Facility, Land Acquisition**

*Purchase land to construct a new VA Medical Center in Orlando, Florida.*

**I. Budget Authority**

Total Estimated Cost	Available Through 2006	2008 Request	Future Request
\$553,900,000	\$25,000,000	\$35,000,000	\$493,900,000

Total estimated cost of this project has increased due to the booming construction industry in the United States and around the world. The significant demand for contractors, labor and building materials is causing a significant increase in pricing. This is being exacerbated by the impact of higher petroleum prices on both petroleum based building products and fuel and by the impact of Katrina and the previous hurricanes of the fall of 2004.

**II. Priority Score:** FY04-12

**III. Description of Project**

This proposal provides the land acquisition for the construction of a new medical center consisting of a 134-bed hospital, a large medical clinic, 120 bed nursing home, 60 bed domiciliary, and full support services on a new site.

**IV. Priorities/Deficiencies Addressed**

This project fully resolves the CARES acute care PI gap in VISN 8 east central sub-market by increasing from 45.2% to 79.6% and also resolves CARES PI workload gaps. Outpatient stops in 2003 equaled 387,215. CARES projects these will increase to 623,082 stops in 2023, a gap of 235,867 stops. Current space is approximately 367,500 gross square feet (GSF) and the needed space is 1,150,000 GSF, a gap of 782,500 GSF.

This project resolves several distinct problematic conditions in the VISN 8 Central Market, for example existing and projected workload driven outpatient care space deficits, including space gaps in primary, specialty, ancillary/diagnostic and mental health. For the first time, VA-provided Acute Care, complex Specialty Care and advanced Ancillary/Diagnostic services will be available in East Central Florida for a currently vastly underserved group of 91,996 veteran enrollees.

In addition, the construction of a VA owned hospital in Orlando allows for appropriate inpatient workload allocation between the West and East Central Markets. In the CARES IBM model the inpatient space at Tampa that becomes available with transfer of inpatient beds to Orlando marginally reduces the

500,000 square foot negative space gap driven by workload growth in outpatient categories.

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

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

**PUBLIC HEALTH AND SOCIOECONOMIC WELL-BEING:** This project will improve the socio-economic well-being for East Central Florida veterans through the provision of government provided Inpatient Acute Care, complex Specialty Care and advanced Ancillary/Diagnostic services to almost 85,892 veterans.

**QUALITY OF LIFE:** Construction of a new VA hospital in Orlando supports VA's Strategic Goal "Quality of Life" by resolving the CARES Acute Care Planning Initiative (PI) Gap in V8 East Central Market. Currently just 45.2% of veterans residing in the area fall within VA guidelines. This project meets the goal by achieving a 79.6% access goal.

**HONOR AND MEMORIALIZE:** This project will reduce wait times in clinics. Urology, mental health, GI, speech, dermatology, pulmonary, neurology, ENT and podiatry currently exceed the 30 Day VHA goal for new patients.

## **VI. Alternatives Considered**

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

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

**Alternative 1: Construct Hospital on Greenfield Site:** Construction of a new medical center resolves space deficits, service insufficiencies, parking shortages, and accessibility limitations. New facility will provide space for VBA functions to establish one-stop-shopping for our customers.

**Alternative 2: Construct Hospital at Existing Site (Raymond Street):** This option is impractical due to lack of construction space at the existing site.

**Alternative 3: Split Site (portion remaining at existing site and portion to Greenfield site)** This option would create multiple functional and operational problems by the separation of services.

Alternative 4: Contract Out: This option displaces direct patient care of our veterans to outside entities beyond the control of VA physicians, nurses, and support services personnel. This option is considered the most expensive, the least effective in terms of management control, and the most disruptive to continuity of patient care.

### VII. Affiliation/Sharing Agreements

DoD: DoD, primarily Patrick Air Force Base, benefits through expansion of the "4th Mission" capability for DoD back-up. For the first time, this project provides a government-managed, broad spectrum of acute inpatient care services in the East Central Florida (ECF) market serving the counties of Brevard, Orange, Osceola, Seminole, Lake and Volusia.

Other Federal Agencies: Federal Emergency Management Agency, Homeland Security and the Centers for Disease Control benefit by the expanded capacity VA will provide in emergent conditions, disaster preparedness and response to epidemic disease.

### VIII. Demographic Data

Demographic data is currently based on the recently completed CARES effort that defined market areas for VA medical facilities. The Orange/Osceola (08-e-1-A), Brevard (08-e-1-B), Seminole (08-e-1-c), Volusia (08-c-1-B) and Lake (08-c-1-G) counties are located in the East-Central Florida market.

VISN 8 East-Central Florida Market	2004	2014	2024	Change 2004-2024
Veteran Population	308,254	261,510	132,164	-57%
Enrollees	101,529	102,239	91,305	10%

### IX. Workload

Workload	Current (2004)	Projected (2024)	Change 2004-2024
Authorized hospital beds	94	88	-6%
Ambulatory Stops	326,584	569,488	74%
Mental health stops	30,734	53,594	74%

### X. Schedule

Complete design development	Mar-07
Award Land Purchase	Apr-08
Complete construction	TBD

## XI. Project Cost Summary

Demolition (0 gross square feet)	\$0
New construction (1,158,298 gross square feet)	\$228,592,000
Renovation (0 gross square feet)	\$0
Alterations (0 gross square feet)	\$0
<b>Subtotal</b>	<b>\$228,592,000</b>
Land acquisition	\$30,000,000
Pre-design development allowance	\$36,144,000
Utilities	\$132,837,000
<b>Subtotal estimated base construction costs</b>	<b>\$427,573,000</b>
Construction contingencies	\$19,880,000
Technical services	\$41,747,000
Utility Agreements	\$5,000,000
Impact costs	\$0
Construction management costs	\$12,567,000
<b>Subtotal estimated base cost</b>	<b>\$506,767,000</b>
Inflation allowance/locality adjustment	\$47,133,000
<b>Total estimated project cost</b>	<b>\$553,900,000</b>

## XII. Operating Costs

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$54,000,000	\$0
One time non-recurring cost	\$22,840,000	\$0
Total non-recurring	\$76,840,000	\$0
<b>Recurring costs</b>		
personal services	(FTE: 1906) \$148,514,000	(FTE: 777) \$54,529,000
Other recurring	\$45,763,000	\$83,501,000
Total recurring	\$194,277,000	\$138,030,000
<b>Total Operating Cost</b>	<b>\$271,117,000</b>	<b>\$138,030,000</b>

**Las Vegas, Nevada  
New Medical Center Facility**

*Construct a VA Medical Center to include Ambulatory Care, Inpatient Units, Nursing Home Care Unit, Administrative functions and Veterans Benefits Offices.*

**I. Budget Authority**

Total Estimated Cost	Available Through 2006	2008 Request	Future Request
\$600,400,000	\$259,000,000	\$341,400,000	\$0

Total estimated cost of this project has increased due to the booming construction industry in the United States and around the world. The significant demand for contractors, labor and building materials is causing a significant increase in pricing. This is being exacerbated by the impact of higher petroleum prices on both petroleum based building products and fuel and by the impact of Katrina and the previous hurricanes of the fall of 2004.

**II. Priority Score:** FY05-06

**III. Description of Project**

The VA Southern Nevada Healthcare System (VASNHS), located in Las Vegas, Nevada is proposing construction of a comprehensive Medical Center Complex. This project provides up to 90 inpatient beds, a 120 bed Nursing Home Care Unit, an Ambulatory Care Center, administrative and support functions, and provides space for collocated Veterans Benefits Administration offices. The Medical Center Complex would provide a “One Stop Shopping” approach for the veteran whose healthcare needs cross the continuum of services including primary and specialty care, surgery, mental health, rehabilitation, geriatrics and extended care. The consolidation of clinical and administrative support will increase effectiveness, allow for the sharing of expertise and coordination across all levels of care, and ensure patients are provided optimum care in the most appropriate setting. The proposed facility would be appropriately sized with approximately 838,000 gross square feet. The site for the new facility has been transferred to VA from the Bureau of Land Management, Department of the Interior.

In order to improve access, maximize flexibility and reduce cost, 50% of the projected Primary Care and Mental Health workload has been removed from the space program and will be placed in multiple locations throughout the Las Vegas metropolitan area. This improves access to patients for Primary Care and allows for a scalable infrastructure to quickly adapt to anticipated changes in workload.

The project enhances the existing Federal Hospital, shared with the Air Force, through expanded capacity and increased scope of clinical services providing

both VA and DoD beneficiaries a comprehensive healthcare environment and cost effective alternative to contracted services.

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

This project addresses the existing lack of a VA inpatient facility in southern Nevada. The Las Vegas area has one of the highest growth rates in the country, with the majority of the population increase concentrated in the Las Vegas metropolitan area, with a net gain of over 6,000 new residents per month.

Current services are being provided at ten (10) different locations in the Las Vegas metropolitan area utilizing shuttle services in an attempt to meet veterans' needs. This configuration has many inefficiencies requiring duplication of staff, services and equipment to ensure continuity between facilities, increased data and telecommunication infrastructure with associated data transmission cost, lost time while traveling between sites by staff providing care at more than one location, and reduced management oversight of daily operations. The present system creates great patient inconvenience, dissatisfaction, constant utilization, and does not support increased demand for services.

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

**HONOR AND MEMORIALIZE:** The project would significantly improve the delivery of healthcare in a modern state-of-the-art facility. Continuity of care, ready access to critical services, consolidation of scarce resources and improved efficiency will be greatly enhanced. Expanded services would provide greater opportunities for sharing agreements within an already successful VA/DoD joint venture. Patient satisfaction, improved clinical outcomes, the ability to attract and retain highly qualified staff will be the result of a patient centered healthcare system. This meets the strategic objective to provide the high quality, reliable, accessible, timely, and efficient healthcare that maximizes the health and functional status for all enrolled veterans, and focuses on veterans with service connected conditions and those who may be unable to defray the cost of quality health care.

**QUALITY OF LIFE:** A state-of-the-art VA facility supports the consistent delivery of medical care. By consolidating specialty services and decentralizing primary care the facility can capitalize on both the efficiency of "One stop shopping" and ease of access. Collocation of the VBA offices at the Medical Center will support timely and accurate decisions on disability compensation claims, continuing the close working relationship of VHA and VBA at the local facility. The project provides for fully accessible facilities for handicapped patients. Through ready availability of a wide scope of services, ease of access and the ability to provide

care in the most appropriate environment, we achieve the strategic objective to maximize the physical, mental, and social functioning of veterans with disabilities.

ONE VA: The new facility allows for consolidation of services, expanded sharing with affiliations and Federal agencies, and increased educational affiliations and collocation of VHA and VBA. The collocation of VHA and VBA services allows for a team approach to meeting the needs of the veteran. The facility will be a model for the delivery of services across the continuum of care providing world-class service. Cost savings from increased operational efficiencies, reduced utilities, and reduced rents allow for focusing critical resources on the veteran.

CONTRIBUTE TO PUBLIC HEALTH AND SOCIOECONOMIC WELL-BEING: A modern building substantially improves the ability to support academic affiliations with the University of Nevada and other healthcare educational affiliates and provide space for expanded research programs. Expanded scope of services and improved diagnostic capabilities will provide multiple opportunities for expansion of educational and research activities. The facility will greatly improve the ability to support DoD during times of national emergency and become a resource to the entire community. Expanded capabilities will provide Air Force healthcare staff with a greater range of medical experiences and training opportunities. DoD patients will also gain access to complex healthcare services not currently available in Las Vegas.

ENSURE SMOOTH TRANSITION FOR VETERANS FROM ACTIVE MILITARY SERVICE TO CIVILIAN LIFE: A benefit of the joint venture is that military personnel already are accustomed to VA healthcare while still on active duty with VA and DoD staff working side by side every day. Medical records and information related to military service are readily available, easing the transition. The continued positive relationship ensures the veteran of seamless delivery of care with pre-discharge physicals, transfer of medical records, follow-up care and availability of benefits support all in the same location.

## **VI. Alternatives Considered**

The construction of a new Medical Center Complex was chosen as the preferred alternative based on the best value and alignment with VA goals. The six alternatives that were considered are:

Alternative 1: Status Quo – This is not a feasible alternative because the current outpatient clinic does not provide the needed infrastructure for the Las Vegas

workload

Alternative 2: Renovation – This is not applicable, there is no existing facility.

Alternative 3: New Construction – Medical Center Complex, single site.

Alternative 4: New Construction – Multi-site, Replacement Ambulatory Care Center, New Nursing Home Care Unit, maintain existing Inpatient services at VA/DoD Joint Venture.

Alternative 5: Lease - Expansion of current lease authority to accommodate growth. This was considered non-viable due to the cost to lease space in the community.

Alternative 6: Contract out – Fee basis veterans healthcare. This was considered non-viable due to the lack of market availability.

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

The VA Southern Nevada Healthcare System (VASNHS) is affiliated with the University of Nevada School of Medicine (UNSoM) including Resident programs for Internal Medicine, Surgery, Psychiatry, Family Practice, and rotations for Medical Specialties in Dermatology, Cardiology and Geriatrics. Currently there are 27 residents in these program areas. These programs continue to expand as the UNSoM expands its presence in Las Vegas. A Residency program is under development as a result of the opening of the University of Nevada School of Dentistry. An affiliation with the newly established Touro University School of Osteopathic Medicine is being discussed. The program is in a developmental phase; it is anticipated that VASNHS will be a major training site for Primary Care, Inpatient and Outpatient Medical Specialties.

Affiliations with the University of Nevada School of Nursing and Case Western University provide training for up to 10 Nurse Practitioner students each year. The affiliation with the Nevada State College currently provides education opportunities for 8 BSN students with 16 new students planned for the next session. VASNHS is developing a training program with the Community College of Southern Nevada for training of Licensed Practical Nurses.

VASNHS has a long-term ongoing affiliation with Southern California College of Optometry (SCCO). This full-time academic affiliation provides enhanced care to VA beneficiaries as well as advanced training to senior optometry interns. VASNHS entered into a second academic affiliation with the Illinois College of Optometry (ICO) in Chicago, IL, in 2003. This second affiliate will add two additional positions to the program, bringing the total to six. VASNHS has



completed the required self-study for the Council on Optometric Education and the VHA Office of Academic Affiliations to gain candidacy pending status for a post-graduate residency program in Ocular Disease. VASNHS has been recently received approval for an Optometry Fellowship trainee.

VASNHS Pharmacy Service currently has affiliations with Nevada College of Pharmacy, Southern California College of Pharmacy, Idaho State University College of Pharmacy, the Creighton University School of Pharmacy and Health Professionals and will be establishing a pharmacy practice residency. These programs offer up to 20 Doctor of Pharmacy students training each year. It is expected that this number will continue to increase over the next several years.

Additionally, VASNHS provides training to Associated Health Trainees in the fields of social work, nutritional medicine and radiology.

VASNHS providers and staff hold full and adjunct faculty appointments at the University of Nevada School Of Medicine, University of Nevada School of Nursing, Nevada State College, Community College of Southern Nevada, Southern California College of Optometry and the Illinois College of Optometry.

Through sharing agreements at the Mike O’Callaghan Federal Hospital, a VA/DoD Joint Venture, training and advanced care experience is provided to active duty and reserve military personnel in a wide variety of healthcare services including Intensive Care, Surgery and Clinical Support Services.

**VIII. Demographic data**

VISN 22 Southern Nevada	2004	2014	2024	Change 2004-2024
Unique Patients	37,770	-	44,469	24%
Enrollees	41,405	-	50,085	17%

**IX. Workload**

Workload	Current (2004)	Projected (2024)	Change 2004-2024
Authorized hospital beds	52	90	73%
Ambulatory Stops	126,711	105,230	-17%
Mental health stops	162,008	133,815	-21%

**X. Schedule**

Complete design development	May-07
Award Construction Contract (phase 1)	Sep-06
Award Construction Contract (phase 2)	Oct-07
Complete Construction	Dec-10

## XI. Project Cost Summary

New construction (838,300 gross square feet)	\$314,674,000
Renovation (0 gross square feet)	\$0
Alterations (0 gross square feet)	\$0
<b>Subtotal</b>	<b>\$314,674,000</b>
Land acquisition	\$0
Pre-design development allowance	\$45,167,000
Utilities	\$137,000,000
<b>Subtotal estimated base construction costs</b>	<b>\$496,841,000</b>
Construction contingencies	\$24,842,000
Technical services	\$20,000,000
Utility Agreements	\$5,000,000
Impact costs	\$0
Construction management costs	\$15,214,000
<b>Subtotal estimated base cost</b>	<b>\$561,897,000</b>
Inflation allowance/locality adjustment	\$38,503,000
<b>Total estimated project cost</b>	<b>\$600,400,000</b>

## XII. Operating Costs

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$150,000,000	\$1,076,000
One time non-recurring cost	\$25,000,000	\$1,927,000
Total non-recurring	\$175,000,000	\$3,003,000
<b>Recurring costs</b>		
Personal services	(FTE: 1500) \$138,793,200	(FTE: 957) \$55,444,000
Other recurring	\$66,763,200	\$86,567,000
Total recurring	\$205,556,400	\$142,011,000
<b>Total Operating Cost</b>	<b>\$380,556,400</b>	<b>\$145,014,000</b>

**Syracuse, New York  
Spinal Cord Injury (SCI) Center**

*Create new SCI space within the main hospital building and relocate some existing services to accommodate the enhanced SCI program.*

**I. Budget Authority**

Total Estimated Cost	Available Through 2006	2008 Request	Future Request
\$77,700,000	\$53,900,000	\$23,800,000	\$0

Total estimated cost of this project has increased due to the need for additional parking in addition to the booming construction industry in the United States and around the world. The significant demand for contractors, labor and building materials is causing a significant increase in pricing. This is being exacerbated by the impact of higher petroleum prices on both petroleum based building products and fuel and by the impact of Katrina and the previous hurricanes of the fall of 2004.

**II. Priority Score:** FY05-21

**III. Description of Project**

This project will provide space for a 30-bed Spinal Cord Injury (SCI) program in the new addition. Currently, there is no available space within the main hospital building to allow effective incorporation of SCI patients. This requires relocation of some existing functions out of the main hospital. The existing 6,000 square feet (sf) former laundry structure will be demolished to accommodate a new 6 floor building addition of approximately 21,500 GSF per floor (basement, ground, 1, 2, 3, & 4th floor levels). The addition will be configured to meet the needs of the functions displaced in the existing hospital building. The 4th floor of the existing building (36,000 SF) will be completely gutted and configured for inpatient and outpatient SCI support functions. Approximately 10,000 SF of the new structure will also be dedicated to the SCI therapeutic pool and solarium. The existing parking structure will be expanded to mitigate the loss of parking associated with the project.

**IV. Priorities/Deficiencies Addressed**

This project will resolve longstanding deficiencies in the SCI program at the Syracuse VA Medical Center (VAMC). These issues include additional needed space for patient beds and spinal cord injury rehabilitation services equipment. The new structure will also rectify current seismic structural deficiencies.

**V. Strategic Goals and Objectives**

This project supports the Department's Strategic Goals and Objectives of Quality

of Life; Ensuring Smooth Transition; and, Public Health & Socioeconomic Wellbeing by providing the VAMC with compliance in the specialized field of spinal cord injury care. The provision of a safe environment will promote high quality of life and reliable care for the benefit and well-being of our veterans. Sharing agreements already in place with Fort Drum, NY military facilities aid in ability to ensure a smooth transition from military to veteran status.

**VI. Alternatives Considered**

Four alternatives were considered: status quo; leasing for services; and contract out services were completed. The alternative of new construction has been proposed as the alternative of choice.

Status Quo - Retention of the status quo provides total failure to effectively address needed enhancements of spinal cord injury care.

Alternative 1: New construction - This option insures that the VAMC will meet the level of spinal cord injury patient care in terms of both the physical plant requirements and the services necessary to provide care for these veterans.

Alternative 2: Lease for Services- This alternative is not viable because it does not meet VA’s standards for providing SCI patient care.

Alternative 3: Contract out (contracting out all veteran services on a fee basis arrangement) - Since VA care standards require that SCI patients remain under direct VA management of their care, the only option would be to transfer all SCI care to another VAMC. This would create additional hardships upon VA patients and their families who are integral parts of the recovery process.

**VII. Affiliation/Sharing Agreements**

The State University of New York (SUNY) Upstate Medical Center is the major affiliate. Sharing agreements exist with Fort Drum, NY military programs.

**VIII. Demographic Data**

VISN 2 Central Market	2004	2014	2024	Change 2004-2024
Veteran Population	84,215	89,122	78,510	-7%
Enrollees	59,146	61,239	32,918	-46%

## IX. Workload

Workload	Current (2004)	Projected (2024)	Change 2004-2024
Authorized hospital beds	185	96	-48%
Outpatient visits	374,820	209,899	-44%
Unique patients	39,684	22,212	-44%
Enrollees	59,146	32,918	-44%
Primary care stops	121,569	69,230	-43%
Specialty care stops	300,188	219,593	-27%
Mental health stops	54,627	47,789	-13%

## X. Schedule

Complete design development	Aug-07
Award construction contract	Jun-07
Complete construction	Jun-10

## XI. Project Cost Summary

Demolition (0 gross square feet)	\$0
New construction (130,214 gross square feet)	\$45,956,000
Renovation (36,000 gross square feet)	\$4,762,500
Alterations (0 gross square feet)	\$0
<b>Subtotal</b>	<b>\$50,718,500</b>
Land acquisition	\$0
Pre-design development allowance	\$5,530,710
Utilities	\$4,787,420
<b>Subtotal estimated base construction costs</b>	<b>\$61,036,630</b>
Construction contingencies	\$3,182,662
Technical services	\$6,420,884
Utility Agreements	\$0
Impact costs	\$926,000
Construction management costs	\$1,855,704
<b>Subtotal estimated base cost</b>	<b>\$73,421,880</b>
Inflation allowance/locality adjustment	\$4,278,120
<b>Total estimated project cost</b>	<b>\$77,700,000</b>

## XII. Operating Costs

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$13,400,000	\$0
One time non-recurring cost	\$0	\$0
Total non-recurring	\$13,400,000	\$0
<b>Recurring costs</b>		
Personal services	(FTE: 102.1) \$4,400,000	(FTE: 0) \$0
Other recurring	\$0	\$0
Total recurring	\$4,400,000	\$0
<b>Total Operating Cost</b>	<b>\$17,800,000</b>	<b>\$0</b>

This is a new program and has no current recurring costs.

**Lee County, Florida  
Outpatient Clinic**

*Design of a new building for an Ambulatory Surgery/Outpatient Diagnostic Support Center.*

**I. Budget Authority**

Total Estimated Cost	Available Through 2006	2008 Request	Future Request
\$109,400,000	\$10,498,000	\$9,890,000	\$89,012,000

Total estimated cost of this project has increased due to the booming construction industry in the United States and around the world. The significant demand for contractors, labor and building materials is causing a significant increase in pricing. This is being exacerbated by the impact of higher petroleum prices on both petroleum based building products and fuel and by the impact of Katrina and the previous hurricanes of the fall of 2004.

**II. Priority Score:** FY05-26

**III. Description of Project**

This project comprises three phases - land acquisition, design and construction. Land acquisition, phase 1, was completed in September 2006, with the purchase of 30.53 acres in Lee County, FL. The current \$9.89M budget request in FY 2008 is the design, phase 2, of a new 200,000 square feet VA owned clinic. The construction phase, phase 3, will construct an Ambulatory Surgery/Outpatient Diagnostic Support Center in the Gulf, South-Submarket of VISN 8 to meet the increased demand for diagnostic procedures, ambulatory surgery, and specialty care (including mental health services); all of which are Planning Initiative (PI) gaps identified during the Capital Asset Realignment for Enhanced Services (CARES) study.

**IV. Priorities/Deficiencies Addressed**

This project will provide needed services for diagnostic procedures, ambulatory surgery, and specialty care (including mental health services) which have all been identified as service shortfalls in the CARES analysis. Present lack of services require veterans to make a 200-300 mile round trip to receive needed diagnostic tests at the Bay Pines or Tampa VAMC locations.

**V. Strategic Goals and Objectives**

**QUALITY OF LIFE:** The veteran patients' "Quality of Life" is expected to improve by providing state-of-the-art ambulatory surgical facilities. The surgical interventions provided by this facility increase the capability of veterans with disabilities. This increased functionality benefits the veterans' life and that of

their family.

HONOR AND MEMORIALIZE, CONTRIBUTE TO PUBLIC HEALTH AND SOCIOECONOMIC WELL-BEING, AND ONE VA: The “Honor & Memorialize”, “Public Health & Socioeconomic Wellbeing”, and “One VA” goals are addressed through provision of top level care, improvement of patient satisfaction, maximizing the independent functioning of veterans in the least restrictive setting, and providing VBA with additional space in the OPC location for meeting veteran’s needs.

## **VI. Alternatives Considered**

Five alternatives were considered: status quo, new construction, leases, renovation, and contract out. The alternative for new construction is the recommended alternative.

Status Quo – This is not a feasible alternative. This alternative does not meet patient care needs in the Lee County area, per CARES criteria, VA Standards of Care, or community standards of patient care. Patients now travel 260 miles roundtrip for a majority of their specialty and ancillary / diagnostics test or are sent on fee basis to local medical providers which is cost-prohibitive. Based on the current space in the Fort Myers out-patient clinic, it is impossible to meet the needs of our patients due to lack of available and adequate space, exam rooms, support staff functions, ambulatory surgery suites, testing areas (MRI, CT, etc.)

Alternative 1: New Construction– This option is the most cost effective with the most positive net present value. It corrects existing OR deficiencies, maintains access to care, reduces the projected workload gaps, and reduces patient travel time.

Alternative 2: Lease – This option is not cost effective. The cost analysis shows that this would result in a higher cost to achieve the same workload / patient care if compared to the preferred alternative.

Alternative 3: Renovation - No space exists to allow renovation.

Alternative 4: Contract out (contracting out services on a fee basis arrangement) – This option fragments the continuum of care for veterans and results in an increased reliance on operating funds.

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

Not applicable.



### VIII. Demographic data

VISN 8 Gulf South Submarket	2004	2014	2024	Change 2004-2024
Veteran Population	156,626	134,473	113,492	28%
Enrollees	42,574	46,056	40,864	4%

### IX. Workload

Workload	Current (2004)	Projected (2024)	Change 2004-2024
Authorized hospital beds	n/a	n/a	n/a
Ambulatory stops	232,831	260,275	11.8%
Mental health stops	34,645	44,037	27%

### X. Schedule

Complete design development	Oct-07
Award construction contract	TBD
Complete construction	TBD

### XI. Project Cost Summary

Demolition (0 gross square feet)	\$0
New construction (200,000 gross square feet)	\$52,164,000
Renovation (0 gross square feet)	\$0
Alterations (0 gross square feet)	\$0
<b>Subtotal</b>	<b>\$52,164,000</b>
Land acquisition	\$10,000,000
Pre-design development allowance	\$7,220,000
Utilities	\$20,028,000
<b>Subtotal estimated base construction costs</b>	<b>\$89,412,000</b>
Construction contingencies	\$3,971,000
Technical services	\$8,338,000
Utility Agreements	\$0
Impact costs	\$0
Construction management costs	\$2,399,000
<b>Subtotal estimated base cost</b>	<b>\$104,120,000</b>
Inflation allowance/locality adjustment	\$5,280,000
<b>Total estimated project cost</b>	<b>\$109,400,000</b>

## XII. Operating Costs

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

**Columbia/Greenville-area National Cemetery  
Phase 1 Development**

*Proposal is to construct a new VA National Cemetery.*

**I. Budget Authority**

Total Estimated Cost <sup>(1)</sup>	Available Through 2006	2008 Request	Future Request
\$20,838,000	\$0	\$19,200,000	\$0

<sup>1/</sup> Non-construction costs of \$1,638,000 for crypts are included in the Compensation and Pensions Appropriation.

**II. Priority Score:** FY08 - 0.630

**III. Description of Project**

This project will develop approximately 5,000 gravesites for casket interments, a 2,000 niche columbarium and 450 in-ground sites for cremated remains. To optimize the use of available land for gravesites, the project will install 4,200 pre-placed concrete crypts. This first phase will include a fast-track burial area, with temporary administrative/maintenance facilities, a temporary committal shelter, minimal roads and utilities. The fast track is expected to be open for burials in calendar year 2008. The total Phase 1 development will develop approximately 50 acres to provide for about ten years of burial capacity. In addition to the gravesite development, the construction includes access roads; an entrance area; flag/assembly area; two committal shelters; an administration building/public information center with electronic gravesite locator and public restrooms; memorial walkway/donations area; maintenance complex; road system; parking; utilities; signage; site furnishings; fencing; irrigation system; utility distribution system; environmental preservation and mitigation.

**IV. Priorities/Deficiencies Addressed**

This project will provide a burial option within a reasonable distance to over 170,000 veterans residing in and around the Columbia/Greenville area who are not currently served by a national or state veterans cemetery. The nearest open national cemetery, Florence National Cemetery, is approximately 100 miles northeast. National Cemetery Administration (NCA) data has shown that about 80 percent of persons interred in national cemeteries reside within 75 miles of the cemetery at the time of death. Construction of the new cemetery will expand delivery of a burial option to eligible veterans in the Columbia/Greenville area.

## V. Strategic Goals and Objectives

### 1) **Goal:** Honor and Serve Veterans in Life, and Memorialize Them in Death for Their Sacrifices on Behalf of the Nation.

Ensure that the burial needs of veterans and eligible family members are met.

VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in a national cemetery resided within 75 miles of a national cemetery at the time of death. This proposal to construct a new cemetery will meet the need to provide access to a burial option for the Columbia/Greenville, South Carolina area veterans and their families. It is projected that a new cemetery in this service area would accommodate over 10,000 interments through 2021.

The National Cemetery Expansion Act of 2003, Public Law 108-109, directed VA to establish six new national cemeteries no later than four years after date of enactment. Columbia/Greenville, South Carolina area was established as one of the six identified locations.

## VI. Alternatives Considered

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

Alternative 1: Status quo - No action and therefore, would not comply with the National Cemetery Expansion Act of 2003 (P.L. 108-109) leaving the 170,000 Columbia/Greenville-area veterans without a burial option within a reasonable distance of their residence.

Alternative 2: Major Construction Project - This option was selected because it meets the demand for service and consolidates all requirements in a single project.

Alternative 3: Multiple Minor Construction Projects - Funding this project through several minor construction projects, while providing the same results as the major, would require a longer timeframe at the expense of other needs throughout NCA. It would also result in the cemetery being in a constant state of disruption over many years as the smaller projects are constructed.

Alternative 4: Construct a State Veterans Cemetery - Despite being a lower cost alternative, with the land acquisition complete and current on-going design of the 60-acre state veterans cemetery at Anderson, it is unlikely the State of South Carolina would consider either acquiring more land at Anderson, or the development of another state veterans cemetery near Columbia. Currently, the State has not expressed an interest, or applied for, another state cemetery grant.

**VII. Affiliation/Sharing Agreements**

Not Applicable

**VIII. Demographic data**

	2006	2011	2016	Change 2011-2016
Annual Interments	0	768	893	16%
Cumulative Gravesites	0	2,070	5,961	188%
Estimated Veterans Deaths	0	5,019	4,815	-4%

**IX. Workload**

Not Applicable

**X. Schedule**

Complete design development	February 2008
Complete contract documents <sup>1/</sup>	December 2007
Award construction contract	May 2008
Complete construction	August 2008

<sup>1/</sup>Award of construction documents will be made prior to final completion of design to expedite cemetery opening.

## XI. Project Cost Summary

New construction (13,300 gross square feet)	\$1,740,400
<b>Subtotal</b>	<b>\$1,740,400</b>
Site work, clearing, and grubbing	\$175,000
Fast track	\$1,270,000
Site improvement (utilities, parking, road paving and landscaping)	\$4,935,000
Entrance and flag assembly area	\$190,000
Committal shelters	\$400,000
Columbarium niches (2,000)	\$800,000
Lawn crypts (installation only - 3,200)	\$640,000
Irrigation system	\$1,104,500
GPS site intergration	\$90,000
UXO Survey, SE Quadrant	\$100,000
Relocation of Wildcate Gate and Road	\$320,000
Bridge at Pond/Wetland Crossing	\$750,000
Allowance for energy saving features	\$850,000
Construction mobilization	\$400,947
Pre-design development allowance	\$1,376,585
<b>Subtotal estimated base construction costs</b>	<b>\$13,402,032</b>
<b>Total estimated base construction cost</b>	<b>\$15,142,432</b>
Technical services	\$908,546
Market condition allowance	\$984,258
Construction contingency	\$1,135,682
Construction management costs	\$454,273
Ingress, egress, utility, environmental compliance	\$550,000
<b>Subtotal estimated base costs</b>	<b>\$19,175,191</b>
Inflation allowance/locality adjustment	\$24,809
<b>Total estimated project cost</b>	<b>\$19,200,000</b>

**XII. Operating Costs**

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$1,125,000	N/A
One time non-recurring cost	\$1,638,000	N/A
Total non-recurring	\$2,763,000	N/A
<b>Recurring costs</b>		
Personal services (FTE: 10.0)	\$713,000	N/A
Other recurring	\$888,600	N/A
Total recurring	\$1,601,600	N/A
<b>Total Operating Cost</b>	<b>\$4,364,600</b>	N/A

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## Sarasota-area National Cemetery Phase 1 Development

*Proposal is to construct a new VA National Cemetery.*

### **I. Budget Authority**

Total Estimated Cost <sup>(1)</sup>	Available Through 2006	2008 Request	Future Request
\$33,728,000	\$0	\$27,800,000	\$0

<sup>1/</sup> Non-construction costs of \$5,928,000 for crypts are included in the Compensation and Pensions Appropriation.

### **II. Priority Score:** FY08 - 0.624

### **III. Description of Project**

This project will develop approximately 18,200 gravesites for casket interments, a 7,000 niche columbarium and 500 in-ground sites for cremated remains. To optimize the use of available land for gravesites, the project will install 15,200 pre-placed concrete crypts. This first phase will include a fast-track burial area, with temporary administrative/maintenance facilities, a temporary committal shelter, minimal roads, and utilities. The fast track is expected to be open for burials in calendar year 2008. The total Phase 1 development will develop approximately 60 acres to provide for about ten years of burial capacity. In addition to the gravesite development, the construction includes access roads; an entrance area; flag/assembly area; two committal shelters; an administration building/public information center with electronic gravesite locator and public restrooms; memorial walkway/donations area; maintenance complex; road system; parking; utilities; signage; site furnishings; fencing; irrigation system; utility distribution system; environmental preservation and mitigation.

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

This project will establish a dignified burial option for the over 398,000 veterans and eligible family members in the Sarasota area. These veterans do not currently have reasonable access to a national or State veterans' cemetery. The nearest open national cemetery, Florida National Cemetery, is approximately 300 miles southeast in Bushnell, Florida. National Cemetery Administration (NCA) data has shown that about 80 percent of persons interred in national cemeteries reside within 75 miles of the cemetery at the time of death. Construction of the new cemetery will expand delivery of a burial option to eligible veterans in the Sarasota area.

## V. Strategic Goals and Objectives

### 1) **Goal:** Honor and Serve Veterans in Life, and Memorialize Them in Death for Their Sacrifices on Behalf of the Nation.

Ensure that the burial needs of veterans and eligible family members are met.

VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in a national cemetery resided within 75 miles of a national cemetery at the time of death. This proposal to construct a new cemetery will meet the need to provide access to a burial option for the Sarasota, Florida area veterans and their families. It is projected that a new cemetery in this service area would accommodate over 37,000 interments through 2021.

The National Cemetery Expansion Act of 2003, Public Law 108-109, directed VA to establish six new national cemeteries no later than four years after date of enactment. Sarasota County area was established as one of the six identified locations.

## VI. Alternatives Considered

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

Alternative 1: Status quo - No action, would not comply with the National Cemetery Expansion Act of 2003 (P.L. 108-109) leaving the 398,000 Sarasota-area veterans without a burial option within a reasonable distance of their residence.

Alternative 2: Major Construction Project - This option was selected because it meets the demand for service and consolidates all requirements in a single project.

Alternative 3: Multiple Minor Construction Projects - Funding this project through multiple minor construction projects, while providing the same results as the major, would require a longer timeframe at the expense of other needs throughout NCA. It would also result in the cemetery being in a constant state of disruption over many years as the smaller projects are constructed.

Alternative 4: Construct a State Veterans' Cemetery - Despite being a lower cost alternative, it is unlikely the State of Florida would consider development of a

State veterans' cemetery near Sarasota. The State of Florida has provided over 500 acres of state land to establish and expand Florida National Cemetery. In addition, the State has not expressed an interest in, or applied for, a grant to establish a state run veterans' cemetery.

**VII. Affiliation/Sharing Agreements**

Not Applicable

**VIII. Demographic data**

	2006	2011	2016	Change 2011-2016
Annual Interments	0	2,766	3,054	10%
Cumulative Gravesites	0	7,468	21,040	182%
Estimated Veterans Deaths	0	15,286	13,781	-10%

**IX. Workload**

Not Applicable

**X. Schedule**

Complete design development	February 2008
Complete contract documents <sup>1/</sup>	December 2007
Award construction contract	May 2008
Complete construction	August 2008

<sup>1/</sup>Award of construction documents will be made prior to final completion of design to expedite cemetery opening.

## XI. Project Cost Summary

New construction (13,200 gross square feet)	\$2,177,600
<b>Subtotal</b>	<b>\$2,177,600</b>
Site work, clearing, and grubbing	\$180,000
Fast track	\$1,320,000
Site improvement (utilities, parking, road paving and landscaping)	\$6,300,000
Entrance and flag assembly area	\$190,000
Committal shelters	\$400,000
Columbarium niches (7,000)	\$2,800,000
Lawn crypts (installation only - 15,200)	\$3,040,000
Irrigation system	\$1,265,000
GPS site intergration	\$100,000
Allowance for energy saving features	\$700,000
Construction mobilization	\$554,178
Pre-design development allowance	\$1,902,678
<b>Subtotal estimated base construction costs</b>	<b>\$18,751,856</b>
<b>Total estimated base construction cost</b>	<b>\$20,929,456</b>
Technical services	\$1,255,767
Market condition allowance	\$1,360,415
Construction contingency	\$1,569,709
Construction management costs	\$627,884
Ingress, egress, utility, environmental compliance	\$2,000,000
<b>Subtotal estimated base costs</b>	<b>\$27,743,231</b>
Inflation allowance/locality adjustment	\$56,769
<b>Total estimated project cost</b>	<b>\$27,800,000</b>

## XII. Operating Costs

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$1,463,000	N/A
One time non-recurring cost	\$5,928,000	N/A
Total non-recurring	\$7,391,000	N/A
<b>Recurring costs</b>		
Personal services (FTE: 33.0)	\$2,352,900	N/A
Other recurring	\$2,602,400	N/A
Total recurring	\$4,955,300	N/A
<b>Total Operating Cost</b>	<b>\$12,346,300</b>	N/A

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**Jacksonville-area National Cemetery  
Phase 1 Development**

*Proposal is to construct a new VA National Cemetery.*

**I. Budget Authority**

Total Estimated Cost <sup>(1)</sup>	Available Through 2006	2008 Request	Future Request
\$24,935,000	\$0	\$22,400,000	\$0

<sup>1/</sup> Non-construction costs of \$2,535,000 for crypts are included in the Compensation and Pensions Appropriation.

**II. Priority Score:** FY08 - 0.618

**III. Description of Project**

This project will develop approximately 7,500 gravesites for casket interments, a 4,500 niche columbarium and 500 in-ground sites for cremated remains. To optimize the use of available land for gravesites, the project will install 6,500 pre-placed concrete crypts. This first phase will include a fast-track burial area, with temporary administrative/maintenance facilities, a temporary committal shelter, minimal roads and utilities. The fast track is expected to be open for burials in calendar year 2008. The total Phase 1 development will develop approximately 50 acres to provide for about ten years of burial capacity. In addition to the gravesite development, the construction includes access roads; an entrance area; flag/assembly area; two committal shelters; an administration building/public information center with electronic gravesite locator and public restrooms; memorial walkway/donations area; maintenance complex; road system; parking; utilities; signage; site furnishings; fencing; irrigation system; utility distribution system; environmental preservation and mitigation.

**IV. Priorities/Deficiencies Addressed**

This project will provide a burial option within a reasonable distance to over 189,000 veterans residing in and around the Jacksonville area who are not currently served by a national or state veterans cemetery. The nearest open national cemetery, Florida National Cemetery, is approximately 153 miles south. National Cemetery Administration (NCA) data has shown that about 80 percent of persons interred in national cemeteries reside within 75 miles of the cemetery at the time of death. Construction of the new cemetery will expand delivery of a burial option to eligible veterans in the Jacksonville area.

## V. Strategic Goals and Objectives

### 1) **Goal:** Honor and Serve Veterans in Life, and Memorialize Them in Death for Their Sacrifices on Behalf of the Nation.

Ensure that the burial needs of veterans and eligible family members are met.

VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in a national cemetery resided within 75 miles of a national cemetery at the time of death. This proposal to construct a new cemetery will meet the need to provide access to a burial option for the Jacksonville, Florida area veterans and their families. It is projected that a new cemetery in this service area would accommodate over 18,000 interments through 2021.

The National Cemetery Expansion Act of 2003, Public Law 108-109, directed VA to establish six new national cemeteries no later than four years after date of enactment. Jacksonville, Florida area was established as one of the six identified locations.

## VI. Alternatives Considered

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

Alternative 1: Status quo - No action, would not comply with the National Cemetery Expansion Act of 2003 (P.L. 108-109) leaving the 189,000 Jacksonville-area veterans without a burial option within a reasonable distance of their residence.

Alternative 2: Major Construction Project - This option was selected because it meets the demand for service and consolidates all requirements in a single project.

Alternative 3: Multiple Minor Construction Projects - Funding this project through several minor construction projects, while providing the same results as the major, would require a longer timeframe at the expense of other needs throughout NCA. It would also result in the cemetery being in a constant state of disruption over many years as the smaller projects are constructed.



Alternative 4: Construct a State Veterans' Cemetery - Despite being a lower cost alternative, it is unlikely the State of Florida would consider development of a State veterans' cemetery near Jacksonville. The State of Florida has provided over 500 acres of state land to establish and expand Florida National Cemetery located in Bushell, Florida. In addition, the State has not expressed an interest in, or applied for, a grant to establish a state run veterans' cemetery.

**VII. Affiliation/Sharing Agreements**

Not Applicable

**VIII. Demographic data**

	2006	2011	2016	Change 2011-2016
Annual Interments	0	1,277	1,476	16%
Cumulative Gravesites	0	3,434	9,839	187%
Estimated Veterans Deaths	0	4,272	4,189	-2%

**IX. Workload**

Not Applicable

**X. Schedule**

Complete design development	March 2008
Complete contract documents <sup>1/</sup>	January 2008
Award construction contract	June 2008
Complete construction	September 2008

<sup>1/</sup>Award of construction documents will be made prior to final completion of design to expedite cemetery opening.

## XI. Project Cost Summary

New construction (12,000 gross square feet)	\$1,997,100
<b>Subtotal</b>	<b>\$1,997,100</b>
Site work, clearing, and grubbing	\$165,000
Fast track	\$1,350,000
Site improvement (utilities, parking, road paving and landscaping)	\$5,175,000
Entrance and flag assembly area	\$190,000
Committal shelters	\$400,000
Columbarium niches (4,500)	\$1,800,000
Lawn crypts (installation only - 6,500)	\$1,300,000
Irrigation system	\$1,128,000
GPS site intergration	\$100,000
Allowance for energy saving features	\$900,000
Construction mobilization	\$435,153
Pre-design development allowance	\$1,494,025
<b>Subtotal estimated base construction costs</b>	<b>\$14,437,178</b>
<b>Total estimated base construction cost</b>	<b>\$16,434,278</b>
Technical services	\$986,057
Market condition allowance	\$1,068,228
Construction contingency	\$1,232,571
Construction management costs	\$657,371
Ingress, egress, utility, environmental compliance	\$2,000,000
<b>Subtotal estimated base costs</b>	<b>\$22,378,505</b>
Inflation allowance/locality adjustment	\$21,495
<b>Total estimated project cost</b>	<b>\$22,400,000</b>

**XII. Operating Costs**

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$1,125,000	N/A
One time non-recurring cost	\$2,535,000	N/A
Total non-recurring	\$3,660,000	N/A
<b>Recurring costs</b>		
Personal services (FTE: 21.0)	\$784,300	N/A
Other recurring	\$867,500	N/A
Total recurring	\$1,651,800	N/A
<b>Total Operating Cost</b>	<b>\$5,311,800</b>	N/A

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## Southeastern Pennsylvania National Cemetery Phase 1 Development

*Proposal is to construct a new VA National Cemetery.*

### I. Budget Authority

Total Estimated Cost <sup>(1)</sup>	Available Through 2006	2008 Request	Future Request
\$34,865,000	\$0	\$29,600,000	\$0

<sup>1/</sup> Non-construction costs of 5,265,000 for crypts are included in the Compensation and Pensions Appropriation.

**II. Priority Score:** FY08 - 0.617

### III. Description of Project

This project will develop approximately 15,500 gravesites for casket interments, a 9,500 niche columbarium and 800 in-ground sites for cremated remains. To optimize the use of available land for gravesites, the project will install 13,500 pre-placed concrete crypts. This first phase will include a fast-track burial area, with temporary administrative/maintenance facilities, a temporary committal shelter, minimal roads, and utilities. The fast track is expected to be open for burials in calendar year 2008. The total Phase 1 development will develop approximately 60 acres to provide for about ten years of burial capacity. In addition to the gravesite development, the construction includes access roads; an entrance area; flag/assembly area; three committal shelters; an administration building/public information center with electronic gravesite locator and public restrooms; memorial walkway/donations area; maintenance complex; road system; parking; utilities; signage; site furnishings; fencing; irrigation system; utility distribution system; environmental preservation and mitigation.

### IV. Priorities/Deficiencies Addressed

This project will establish a dignified burial option for the over 170,000 veterans and eligible family members in the Southeastern Pennsylvania. These veterans do not currently have reasonable access to a national or State veterans' cemetery. The nearest open veterans cemetery, Brigadier General William C. Doyle state veterans cemetery is open to New Jersey residents only. The closest national cemetery, Indiantown Gap National Cemetery is approximately 90 miles west in Annville, Pennsylvania. National Cemetery Administration (NCA) data has shown that about 80 percent of persons interred in national cemeteries reside within 75 miles of the cemetery at the time of death. Construction of the new cemetery will expand delivery of a burial option to eligible veterans in the Southeastern Pennsylvania.

## V. Strategic Goals and Objectives

- 1) **Goal:** Honor and Serve Veterans in Life, and Memorialize Them in Death for Their Sacrifices on Behalf of the Nation.

Ensure that the burial needs of veterans and eligible family members are met.

VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in a national cemetery resided within 75 miles of a national cemetery at the time of death. This proposal to construct a new cemetery will meet the need to provide access to a burial option for the Southeastern Pennsylvania area veterans and their families. It is projected that a new cemetery in this service area would accommodate over 37,000 interments through 2021.

The National Cemetery Expansion Act of 2003, Public Law 108-109, directed VA to establish six new national cemeteries no later than four years after date of enactment. Southeastern Pennsylvania was established as one of the six identified locations.

## VI. Alternatives Considered

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

Alternative 1: Status quo - No action, would not comply with the National Cemetery Expansion Act of 2003 (P.L. 108-109) leaving the 170,000 Southeastern Pennsylvania-area veterans without a burial option within a reasonable distance of their residence.

Alternative 2: Major Construction Project - This option was selected because it meets the demand for service and consolidates all requirements in a single project.

Alternative 3: Multiple Minor Construction Projects - Funding this project through several minor construction projects, while providing the same results as the major, would require a longer timeframe at the expense of other needs throughout NCA. It would also result in the cemetery being in a constant state of disruption over many years as the smaller projects are constructed.

Alternative 4: Construct a VA Funded State Veterans' Cemetery - This alternative would provide the same services available at a national cemetery. Despite being a lower cost alternative, it is unlikely the Commonwealth of Pennsylvania would consider the development of a state veterans cemetery near Southeastern Pennsylvania. The only State veterans' cemetery within the Commonwealth is located in Erie, over 400 miles northwest of Philadelphia. In addition, the Commonwealth has not expressed an interest in, or applied for, a grant to establish a state run veterans' cemetery.

**VII. Affiliation/Sharing Agreements**

Not Applicable

**VIII. Demographic data**

	2006	2011	2016	Change 2011-2016
Annual Interments	0	3,292	2,909	-12%
Cumulative Gravesites	0	8,627	21,747	152%
Estimated Veterans Deaths	0	26,047	22,593	-13%

**IX. Workload**

Not Applicable

**X. Schedule**

Complete design development	May 2008
Complete contract documents <sup>1/</sup>	March 2008
Award construction contract	August 2008
Complete construction	December 2008

<sup>1/</sup>Award of construction documents will be made prior to final completion of design to expedite cemetery opening.

## XI. Project Cost Summary

New construction (13,300 gross square feet)	\$3,150,500
<b>Subtotal</b>	<b>\$3,150,500</b>
Site work, clearing, and grubbing	\$186,000
Fast track	\$2,310,000
Site improvement (utilities, parking, road paving and landscaping)	\$6,300,000
Entrance and flag assembly area	\$190,000
Committal shelters	\$630,000
Columbarium niches (9,500)	\$3,800,000
Lawn crypts (installation only - 10,500)	\$2,100,000
Irrigation system	\$1,320,000
GPS site intergration	\$100,000
Allowance for energy saving features	\$850,000
Construction mobilization	\$628,095
Pre-design development allowance	\$2,156,460
<b>Subtotal estimated base construction costs</b>	<b>\$20,570,555</b>
<b>Total estimated base construction cost</b>	<b>\$23,721,055</b>
Technical services	\$1,423,263
Market condition allowance	\$1,541,869
Construction contingency	\$1,779,079
Construction management costs	\$711,631
Ingress, egress, utility, environmental compliance	\$400,000
<b>Subtotal estimated base costs</b>	<b>\$29,576,897</b>
Inflation allowance/locality adjustment	\$23,103
<b>Total estimated project cost</b>	<b>\$29,600,000</b>



**XII. Operating Costs**

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$1,463,000	N/A
One time non-recurring cost	\$5,265,000	N/A
Total non-recurring	\$6,728,000	N/A
<b>Recurring costs</b>		
Personal services (FTE: 36.0)	\$2,566,800	N/A
Other recurring	\$2,838,900	N/A
Total recurring	\$5,405,700	N/A
<b>Total Operating Cost</b>	<b>\$12,133,700</b>	N/A

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## Birmingham-area National Cemetery Phase 1 Development

*Proposal is to construct a new VA National Cemetery.*

### I. Budget Authority

Total Estimated Cost <sup>(1)</sup>	Available Through 2006	2008 Request	Future Request
\$20,450,000	\$0	\$18,500,000	\$0

<sup>1/</sup> Non-construction costs of \$1,950,000 for crypts are included in the Compensation and Pensions Appropriation.

### II. Priority Score: FY08 - 0.609

### III. Description of Project

This project will develop approximately 6,000 gravesites for casket interments, a 2,700 niche columbarium and 400 in-ground sites for cremated remains. To optimize the use of available land for gravesites, the project will install 5,000 pre-placed concrete crypts. This first phase will include a fast-track burial area, with temporary administrative/maintenance facilities, a temporary committal shelter, minimal roads and utilities. The fast track is expected to be open for burials in calendar year 2008. The total Phase 1 development will develop approximately 50 acres to provide for about ten years of burial capacity. In addition to the gravesite development, the construction includes access roads; an entrance area; flag/assembly area; two committal shelters; an administration building/public information center with electronic gravesite locator and public restrooms; memorial walkway/donations area; maintenance complex; road system; parking; utilities; signage; site furnishings; fencing; irrigation system; utility distribution system; environmental preservation and mitigation.

### IV. Priorities/Deficiencies Addressed

This project will provide a burial option within a reasonable distance to over 212,000 veterans residing in and around the Birmingham area who are not currently served by a national or State veterans' cemetery. The nearest open national cemetery, Fort Mitchell National Cemetery, is approximately 180 miles southeast. National Cemetery Administration (NCA) data has shown that about 80 percent of persons interred in national cemeteries reside within 75 miles of the cemetery at the time of death. Construction of the new cemetery will expand delivery of a burial option to eligible veterans in the Birmingham area.

## V. Strategic Goals and Objectives

### 1) **Goal:** Honor and Serve Veterans in Life, and Memorialize Them in Death for Their Sacrifices on Behalf of the Nation.

Ensure that the burial needs of veterans and eligible family members are met.

VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in a national cemetery resided within 75 miles of a national cemetery at the time of death. This proposal to construct a new cemetery will meet the need to provide access to a burial option for the Birmingham, Alabama area veterans and their families. It is projected that a new cemetery in this service area would accommodate over 13,000 interments through 2021.

The National Cemetery Expansion Act of 2003, Public Law 108-109, directed VA to establish six new national cemeteries no later than four years after date of enactment. Birmingham, Alabama was established as one of the six identified locations.

## VI. Alternatives Considered

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

Alternative 1: Status quo - No action, would not comply with the National Cemetery Expansion Act of 2003 (P.L. 108-109) leaving the 212,000 Birmingham-area veterans without a burial option within a reasonable distance of their residence.

Alternative 2: Major Construction Project - This option was selected because it meets the demand for service and consolidates all requirements in a single project.

Alternative 3: Multiple Minor Construction Projects - Funding this project through several minor construction projects, while providing the same results as the major, would require a longer timeframe at the expense of other needs throughout NCA. It would also result in the cemetery being in a constant state of disruption over many years as the smaller projects are constructed.

Alternative 4: Construct a State Veterans' Cemetery - Despite being a lower cost alternative, it is unlikely the State of Alabama would consider development of a state veterans cemetery near Birmingham because the State donated 280 acres in 1985 to establish Fort Mitchell National Cemetery. Currently the State has not expressed an interest in, or applied for, a grant to establish a state veterans cemetery.

**VII. Affiliation/Sharing Agreements**

Not Applicable

**VIII. Demographic data**

	2006	2011	2016	Change 2011-2016
Annual Interments	0	941	1,083	15%
Cumulative Gravesites	0	2,540	7,281	187%
Estimated Veterans Deaths	0	5,655	5,371	-5%

**IX. Workload**

Not Applicable

**X. Schedule**

Complete design development	February 2008
Complete contract documents <sup>1/</sup>	December 2007
Award construction contract	May 2008
Complete construction	August 2008

<sup>1/</sup>Award of construction documents will be made prior to final completion of design to expedite cemetery opening.

## XI. Project Cost Summary

New construction (11,800 gross square feet)	\$2,005,900
<b>Subtotal</b>	<b>\$2,005,900</b>
Site work, clearing, and grubbing	\$157,500
Fast track	\$1,155,000
Site improvement (utilities, parking, road paving and landscaping)	\$4,725,000
Entrance and flag assembly area	\$190,000
Committal shelters	\$400,000
Columbarium niches (2,700)	\$1,080,000
Lawn crypts (installation only - 4,500)	\$1,000,000
Irrigation system	\$1,057,500
GPS site intergration	\$90,000
Allowance for energy saving features	\$850,000
Construction mobilization	\$381,327
Pre-design development allowance	\$1,309,223
<b>Subtotal estimated base construction costs</b>	<b>\$12,395,550</b>
<b>Total estimated base construction cost</b>	<b>\$14,401,450</b>
Technical services	\$864,087
Market condition allowance	\$936,094
Construction contingency	\$1,080,109
Construction management costs	\$576,058
Ingress, egress, utility, environmental compliance	\$600,000
<b>Subtotal estimated base costs</b>	<b>\$18,457,798</b>
Inflation allowance/locality adjustment	\$42,202
<b>Total estimated project cost</b>	<b>\$18,500,000</b>

## XII. Operating Costs

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$1,125,000	N/A
One time non-recurring cost	\$1,950,000	N/A
Total non-recurring	\$3,075,000	N/A
<b>Recurring costs</b>		
Personal services (FTE: 11.0)	\$784,000	N/A
Other recurring	\$867,500	N/A
Total recurring	\$1,651,500	N/A
<b>Total Operating Cost</b>	<b>\$4,726,500</b>	N/A

**Bakersfield-area National Cemetery  
Phase 1 Development**

*Proposal is to construct a new VA National Cemetery.*

**I. Budget Authority**

Total Estimated Cost <sup>(1)</sup>	Available Through 2006	2008 Request	Future Request
\$21,180,000	\$0	\$19,500,000	\$0

<sup>1/</sup> Non-construction costs of \$1,680,000 for crypts are included in the Compensation and Pensions Appropriation.

**II. Priority Score:** FY08 - 0.587

**III. Description of Project**

This project will develop approximately 4,800 gravesites for casket interments, a 3,000 niche columbarium and 500 in-ground sites for cremated remains. To optimize the use of available land for gravesites, the project will install 4,000 pre-placed concrete crypts. This first phase will include a fast-track burial area, with temporary administrative/maintenance facilities, a temporary committal shelter, minimal roads, and utilities. The fast track is expected to be open for burials in calendar year 2008. The total Phase 1 development will develop approximately 50 acres to provide for about ten years of burial capacity. In addition to the gravesite development, the construction includes access roads; an entrance area; flag/assembly area; two committal shelters; an administration building/public information center with electronic gravesite locator and public restrooms; memorial walkway/donations area; maintenance complex; road system; parking; utilities; signage; site furnishings; fencing; irrigation system; utility distribution system; environmental preservation and mitigation.

**IV. Priorities/Deficiencies Addressed**

This project will establish a dignified burial option for the over 181,000 veterans and eligible family members in the Bakersfield area. These veterans do not currently have reasonable access to a national or state veterans cemetery. The nearest open national cemetery, Riverside National Cemetery, is approximately 150 miles south in Riverside, CA. National Cemetery Administration (NCA) data has shown that about 80 percent of persons interred in national cemeteries reside within 75 miles of the cemetery at the time of death. Construction of the new cemetery will expand delivery of a burial option to eligible veterans in the Bakersfield area.

## V. Strategic Goals and Objectives

- 1) **Goal:** Honor and Serve Veterans in Life, and Memorialize Them in Death for Their Sacrifices on Behalf of the Nation.

Ensure that the burial needs of veterans and eligible family members are met.

VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in a national cemetery resided within 75 miles of the national cemetery at the time of death. This proposal to construct a new cemetery will meet the need provide access to a burial option for the Bakersfield, California area veterans and their families. It is projected that a new cemetery in this service area would accommodate over 12,000 interments through 2021.

The National Cemetery Expansion Act of 2003, Public Law 108-109, directed VA to establish six new national cemeteries no later than four years after date of enactment. Bakersfield, California area was established as one of the six identified locations.

## VI. Alternatives Considered

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

Alternative 1: Status quo - No action, would not comply with the National Cemetery Expansion Act of 2003 (P.L. 108-109) leaving the 181,000 Bakersfield area veterans without a burial option within a reasonable distance of their residence.

Alternative 2: Major Construction Project - This option was selected because it meets the demand for service and consolidates all requirements in a single project.

Alternative 3: Multiple Minor Construction Projects - Funding this project through several minor construction projects, while providing the same results as the major, would require a longer timeframe at the expense of other needs throughout NCA. It would also result in the cemetery being in a constant state of disruption over many years as the smaller projects are constructed.



Alternative 4: Construct a State Veterans' Cemetery - Despite being a lower cost alternative, it is unlikely the State of California would consider development of a State veterans' cemetery near Bakersfield. Through the VA State Cemetery Grants program the State of California opened the Northern California Veterans Cemetery near Redding in December 2005. Currently the State has not expressed an interest in, or applied for, another grant.

**VII. Affiliation/Sharing Agreements**

Not Applicable

**VIII. Demographic data**

	2006	2011	2016	Change 2011-2016
Annual Interments	0	914	971	6%
Cumulative Gravesites	0	2,459	10,463	325%
Estimated Veterans Deaths	0	5,297	4,722	-11%

**IX. Workload**

Not Applicable

**X. Schedule**

Complete design development	March 2008
Complete contract documents <sup>1/</sup>	January 2008
Award construction contract	June 2008
Complete construction	September 2008

<sup>1/</sup>Award of construction documents will be made prior to final completion of design to expedite cemetery opening.

## XI. Project Cost Summary

New construction (13,300 gross square feet)	\$2,367,900
<b>Subtotal</b>	<b>\$2,367,900</b>
Site work, clearing, and grubbing	\$137,500
Fast track	\$1,196,000
Site improvement (utilities, parking, road paving and landscaping)	\$4,938,500
Entrance and flag assembly area	\$230,000
Committal shelters	\$420,000
Columbarium niches (3,000)	\$1,200,000
Lawn crypts (installation only - 4,500)	\$800,000
Irrigation system	\$1,057,500
GPS site intergration	\$90,000
Water Study/ Access	\$260,000
Allowance for energy saving features	\$900,000
Construction mobilization	\$407,922
Pre-design development allowance	\$1,400,532
<b>Subtotal estimated base construction costs</b>	<b>\$13,037,954</b>
<b>Total estimated base construction cost</b>	<b>\$15,405,854</b>
Technical services	\$924,351
Market condition allowance	\$1,001,381
Construction contingency	\$1,155,439
Construction management costs	\$462,176
Ingress, egress, utility, environmental compliance	\$500,000
<b>Subtotal estimated base costs</b>	<b>\$19,449,201</b>
Inflation allowance/locality adjustment	\$50,799
<b>Total estimated project cost</b>	<b>\$19,500,000</b>

**XII. Operating Costs**

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$1,125,000	N/A
One time non-recurring cost	\$1,680,000	N/A
Total non-recurring	\$2,805,000	N/A
<b>Recurring costs</b>		
Personal services (FTE: 11.0)	\$1,712,700	N/A
Other recurring	\$675,800	N/A
Total recurring	\$2,388,500	N/A
<b>Total Operating Cost</b>	<b>\$5,193,500</b>	N/A

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**Fort Sam Houston National Cemetery  
Gravesite Development**

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

**I. Budget Authority**

Total Estimated Cost <sup>(1)</sup>	Available Through 2006	2008 Request	Future Request
\$37,620,000 <sup>(2)</sup>	\$0	\$29,400,000	\$0

<sup>1/</sup> Non-construction costs of \$6,720,000 for crypts are included in the Compensation and Pensions Appropriation.

<sup>2/</sup> \$1,500,000 in design funds were funded in prior year.

**II. Priority Score:** FY08 – 0.596

**III. Description of Project**

This project provides for the gravesite development at the Fort Sam Houston National Cemetery serving the veteran population in southern Texas. Established in 1937 this cemetery has performed over 110,000 interments through 2006. With this burial rate Fort Sam Houston National Cemetery is projecting a depletion of casketed gravesites by 2009. This project will develop approximately 40 acres, and provide for an additional 10 years of burial capacity. This project will provide for approximately 19,000 full-casket gravesites including 16,000 pre-placed crypts, 500 in-ground gravesites for cremated remains, and 4,000 columbarium niches. Also included in this project will be infrastructure repairs and upgrades to the existing Fort Sam Houston National Cemetery as identified in the Study on Improvements to Veterans Cemeteries. These include the following improvements to the cemetery: access roads and parking; new administration building; renovation of the old administration building into public restrooms with an electronic gravesite locator; renovation of the maintenance facility; new public assembly area; roadway system and parking; site furnishings including replacement of informational signage, directories, and section markers; grading, drainage, and landscaping including repairs to the existing wall/fencing and main gate; repairs/improvements to pavements/curbs and gutters; irrigation system in the expansion and replacement/relocation of irrigation heads in existing sections; utility distribution system; equipment storage building and wash rack; environmental compliance and mitigation.

**IV. Priorities/Deficiencies Addressed**

Without this investment, the Fort Sam Houston National Cemetery will deplete its inventory of available gravesites, and the cemetery will close to first interments in 2009. Expansion of the Fort Sam Houston National Cemetery will provide for

continued access to a burial option in a national cemetery for the approximately 273,000 veterans residing in the San Antonio, Texas metropolitan area. In 2005, the Fort Sam Houston National Cemetery was ranked the 6th busiest cemetery based on interment workload. Fort Sam Houston National Cemetery conducted 2,844 interments in 2005, and has performed over 110,000 interments since opening. With an increased number of interments and cemetery visitors, demand on existing cemetery facilities and infrastructure has also increased. To optimize the use of available land for gravesites, the project will install 16,000 pre-placed concrete crypts.

## V. Strategic Goals and Objectives

### 1) **Goal:** Honor and Serve Veterans in Life, and Memorialize Them in Death for Their Sacrifices on Behalf of the Nation.

Ensure that the burial needs of veterans and eligible family members are met.

VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in a national cemetery resided within 75 miles of the national cemetery at the time of death. The Fort Sam Houston National Cemetery serves a veteran population of nearly 273,000. Gravesites and columbaria niches are expected to be depleted by 2009 closing the cemetery to first interments. This project will provide for an additional 23,500 gravesites, and help ensure that NCA can achieve its' strategic goal to provide 90 percent of veterans with access to a burial option within 75 miles of their residence.

### 2) **Goal:** Contribute to the Public Health, Emergency Management, Socioeconomic Well-Being and History of the Nation.

Objective 4.5: Ensure that national cemeteries are maintained as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made.

In the 2006 Survey of Satisfaction with National Cemeteries, the appearance of Fort Sam Houston National Cemetery was rated as excellent by 98.5 percent of respondents. Expansion of the cemetery and infrastructure improvements will improve the quality of service and help NCA attain its strategic goal of 100 percent.

## VI. Alternatives Considered

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

Alternative 1: Status quo - No action, will result in the cemetery depleting its available full casket gravesites by 2009. This will mean a loss of access to a burial option in a national or state veterans cemetery for 273,000 area veterans.

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

Alternative 3: Multiple Minor Construction Projects - While providing the same results as the major this alternative would require a longer timeframe at the expense of other needs throughout NCA. It would also result in the cemetery being in a constant state of disruption over many years as the smaller projects are constructed.

Alternative 4: Construct a State Veterans' Cemetery - A new state veterans cemetery in the San Antonio metropolitan area would duplicate infrastructure already in place at the Fort Sam Houston National Cemetery. In addition the State of Texas opened a state veterans cemetery in Killeen (150 miles north) and Mission (245 miles south) during 2006.

## VII. Affiliation/Sharing Agreements

Not Applicable

## VIII. Demographic data

	2006	2011	2016	Change 2011-2016
Annual Interments	3,732	3,783	3,714	-2%
Cumulative Gravesites	91,345	130,107	114,690	-12%
Estimated Veterans Deaths	6,491	6,526	6,381	-2%

## IX. Workload

Not Applicable

## X. Schedule

Complete design development	June 2006
Complete contract documents	July 2007
Award construction contract	March 2008
Complete construction	February 2010

## XI. Project Cost Summary

Demolition (1,000 gross square feet)	\$150,000
New construction (4,000 gross square feet)	\$759,400
Renovation (10,400 gross square feet)	\$1,140,000
<b>Subtotal</b>	<b>\$2,049,400</b>
Site work, clearing, and grubbing	\$160,000
Site improvement (utilities, parking, road paving and landscaping)	\$3,990,000
Repair entrance gate structure and flag areas	\$250,000
New assembly area	\$1,000,000
Columbarium niches (4,000)	\$1,600,000
Lawn crypts (installation only - 16,000)	\$3,200,000
Irrigation system	\$874,000
Replace/relocate irrigation heads in existing cemetery	\$875,000
Equipment washrack	\$125,000
Boundary fencing (ornamental and chain link)	\$2,228,664
Road pavement repairs/upgrades	\$5,000,000
Replace informational signs and directories	\$50,000
Replace section markers	\$116,000
GPS site intergration	\$85,000
Construction mobilization	\$827,542
Pre-design development allowance	\$2,246,754
<b>Subtotal estimated base construction costs</b>	<b>\$22,627,960</b>
<b>Total estimated base construction cost</b>	<b>\$24,677,360</b>
Market condition allowance	\$1,414,642
Construction contingency	\$1,868,302
Construction management costs	\$907,321
Ingress, egress, utility, environmental compliance	\$500,000
<b>Subtotal estimated base costs</b>	<b>\$29,367,625</b>
Inflation allowance/locality adjustment	\$32,375
<b>Total estimated project cost</b>	<b>\$29,400,000</b>



**XII. Operating Costs**

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$0	N/A
One time non-recurring cost	\$6,720,000	N/A
Total non-recurring	\$6,720,000	N/A
<b>Recurring costs</b>		
Personal services (FTE: 50.8)	\$2,832,800	\$2,678,100
Other recurring	\$497,800	\$481,400
Total recurring	\$3,330,600	\$3,159,500
<b>Total Operating Cost</b>	<b>\$10,050,600</b>	<b>\$3,159,500</b>

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**Construction, Major  
Advance Planning Fund**

**I. Budget Authority**

2008 Request Veterans Health Administration (\$000)...	\$40,285
2008 Request National Cemetery Administration (\$000) .....	\$1,000

**II. Description of Program**

This request includes \$41,285,000 in Advance Planning Funds (APF) for the Veterans Health Administration (VHA) and National Cemetery Administration (NCA).

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

In addition, VHA uses APF for assessments of health care needs, design programs, and needs assessments that may or may not lead to capital investments and other capital investment activities. Examples of capital investments and capital investment activities include portfolio development, management activities, and investment strategies. The fund can also be used to fund utilities studies and capital facility studies, develop public-private ventures (enhanced-use), prepare master facility and historic preservation plans, conduct environmental impact studies and design and construction-related research studies including post-occupancy evaluations.

Approximately four million dollars of these funds will be utilized to support efforts for reuse (CARES) and enhanced use lease activities at various VAMCs throughout VA. In addition, funds may also be used to conduct needs assessments that may or may not lead to capital investments and other capital investment activities. Examples of these activities include portfolio development, management activities, and investment strategies.

The advance planning fund request for NCA includes funds for activities such as master planning for expansion at existing national cemeteries, as well as environmental and facility condition assessments at national cemeteries.

### **III. Background/Justification**

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

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

**Construction, Major  
Asbestos and Other Airborne Contaminates**

**I. Budget Authority**

2008 Request (\$000).....	\$3,000
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**II. Description of Program**

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

**III. Background/Justification**

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

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**Construction, Major  
BRAC Land Acquisition**

**I. Budget Authority**

2008 Request (\$000).....	\$5,000
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**II. Description of Program**

The Base Realignment and Closure (BRAC) program, established under the authority of Congress, is a process resulting in the timely closure and realignment of military installations inside the United States. BRAC offers VA a unique opportunity to acquire both buildings and land that are no longer needed by DoD. In assessing its requirements, VA determined that some of these properties would assist in effectively addressing both existing and future needs for health care service delivery. All properties under consideration are at approved CARES sites.

**III. Background/Justification**

Acquiring DoD surplus land and buildings facilitates VA's ability to continue to provide world-class healthcare services. VA conducted thorough reviews and analyses of future needs for real property. This funding will allow VA to begin the transfer of property and begin reimbursing DoD at market rate. Properties currently in the process for consideration are: Jonathan Harwood Army Reserve Center, Providence, RI; Army Reserve Center, San Antonio, TX; William Herzog Memorial Army Reserve Center, Dallas, TX; Ft. Lawton Army Reserve center, Seattle, WA; Jones Hall Army Reserve Center, Mountain View, CA; Ft. McPherson Army Base, Ft McPherson, GA; Major Elbert L. Bias Army Reserve Center, Huntington, WV; Mesa Air Force Research Center, Mesa, AZ; Onizuka Air Force Station, Sunnyvale, CA; and Naval Air Station, Atlanta, GA.

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## Construction, Major Claims Analyses

### I. Budget Authority

2008 Request (\$000).....	\$2,000
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### II. Description of Program

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

### III. Background/Justification

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

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**Construction, Major  
Facility Security Projects**

**I. Budget Authority**

2008 Request (\$000).....	\$21,325
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**II. Description of Program**

This fund incorporates increased physical security protection measures, structures, and/or equipment at new projects.

**III. Background/Justification**

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

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**Construction, Major  
Hazardous Waste Abatement**

**I. Budget Authority**

2008 Request (\$000).....	\$2,000
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**II. Description of Program**

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

**III. Background/Justification**

CERCLA, as amended by the Superfund Amendments and Reauthorization Act of 1986, makes all parties who have generated hazardous substances (including pollutants and contaminants), transported such substances, or are the owners or operators of the disposal site for such substances liable for the clean up costs if such substances are released or are about to be released into the environment. Such parties are identified as potentially responsible parties and are jointly and severally liable for the costs associated with clean up of such release sites. In a situation, where joint and severable liability applies, if some PRP's become bankrupt or are otherwise exempted from liability, the remaining PRP's become liable for the full cost of clean up, regardless of the amount of substance contributed. VA, as a generator of hazardous substances, pollutants, and contaminants is subject to the assessment of clean up costs if there is a release or threatened release of such substances into the environment and VA is identified as a PRP. Such clean up costs may include, but are not limited to: 1) studies; 2) pre-and post-testing and monitoring; 3) cost of consultants, environmental specialists and certified industrial hygienists; and 4) the cost of removal and/or remediation.

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**Construction, Major  
Judgment Fund**

**I. Budgetary Resources**

2008 Request (\$000).....	\$30,000
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**II. Description of Program**

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

**III. Background/Justification**

The Judgment Fund, 31 U.S.C., Section 1304, was established by Congress to ensure a source of funds for prompt payment of legal settlements and awards. The intent of the judgment appropriation is to reimburse the Treasury for previous payments of settled claims. The Department of Veterans Affairs submits settlements to the General Accountability Office for expected payment from the Judgment Fund. VA reimburses the Treasury when funds are appropriated into the Judgment Fund. Of the \$30,000,000 request, \$10,000,000 is anticipated revenue from the sale of VA assets.

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FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>GENERAL PROJECTS</b>					
ALBANY, NY	500033	MODIFY WARDS	24,600,000	24,600,000	0
LYONS, NJ	604086	180 BED PSYCH BLDG.	37,613,594	37,602,500	11,094
MARION, IN	610090	240 BED GEROPSYCHIATRIC FACILITY	42,292,992	42,292,992	0
MIA MI, FL	546088	UTILITY PLANT & ELECTRICAL DISTRIBUTION	29,500,000	24,597,588	4,902,412
MOUNTAIN HOME, TN	621114	RELOC MED SCHOOL FUNCT/RENOV B2,3,5	46,996,250	46,356,212	640,038
MUSKOGEE, OK	623053	REPLACEMENT BED BUILDING	33,231,134	33,231,134	0
NORTH CHICAGO, IL	556056	SURGICAL SUITE / EMERGENCY V A / DOD SHARING	2,348,481	1,092,196	1,256,285
TEMPLE, TX	674064	BED REPLACEMENT BUILDING	49,697,015	49,697,015	0
TUSCALOOSA, AL	679068	NEW 270 BED PSYCH BLDG / REN B-38	43,204,977	43,204,977	0
Subtotal			309,484,444	302,673,990	6,810,454

FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>ASBESTOS ABATEMENT</b>					
ALBANY, NY	500033	MODIFY WARDS	11,272,940	11,272,940	0
ASHEVILLE, NC	637053	AMBULATORY CARE ADDITION	236,387	236,387	0
AUGUSTA(LD), GA	509069	REPLACEMENT HOSPITAL	3,057,878	3,057,878	0
BOSTON, MA	523024	AMBULATORY CARE ADDITION (PH 2)	144,630	144,630	0
BROOKLYN, NY	527027	OUTPATIENT ADDITION	364,558	364,558	0
CHICAGO(WS), IL	537406	MODERNIZE INPATIENT SPACE	301,000	273,100	27,900
CLEVELAND(WADE PARK), OH	541039	AMBULATORY CARE ADDITION/RENOVATE	80,239	80,239	0
DALLAS, TX	549085	CLINICAL ADDITION	370,302	370,302	0
DETROIT, MI	553080	REPLACEMENT/MODERNIZATION	437,711	437,711	0
DURHAM, NC	558003	RENOVATE PATIENT WARDS	100,000	0	100,000
EAST ORANGE/LYONS, NJ	561113	AMBULATORY CARE ADDITION	260,086	250,416	9,670
HAMPTON, VA	590064	AMBULATORY CARE ADDITION	220,597	220,597	0
HINES, IL	578336	BLIND/SPINAL CORD INJURY REHAB CENTER	157,000	157,000	0
HONOLULU, HI	459001	CENTER FOR THE AGING/PARKING	333,609	333,609	0
HONOLULU, HI	459002	AMBULATORY CARE/REMODEL E WING	356,511	356,511	0
INDIANAPOLIS (WTS/CSR), IN	583042	CLINICAL IMPROV./BEHAV. SCIENCE CTR	4,540,416	4,540,416	0
LEAVENWORTH, KS	686166	AMBULATORY CARE ADDITION	604,128	604,128	0
LONG BEACH, CA	600099	STRUCTURAL SEISMIC CORRECTIONS	2,688,003	2,688,003	0
LONG BEACH, CA	600401	CLINICAL CONSOLIDATION & DEMOLITION	1,860,749	1,860,749	0
LOS ANGELES, CA	691401	SEISMIC CORRECTIONS, BLDG. 500/501	75,000	9,500	65,500
LYONS, NJ	604086	180 BED PSYCH BLDG.	495,758	495,758	0
MARION, IN	610090	240 BED GEROPSYCHIATRIC FACILITY	229,469	229,469	0
MARION, IN	610136	REPLACE PSYCHIATRIC BEDS	36,832	36,832	0
MARTINEZ, CA	612095	DEMOLITION MAIN BUILDING	2,552,989	2,552,989	0
MEMPHIS, TN	614011	SEISMIC CORRECTIONS	776,059	687,551	88,508
MIAMI, FL	546088	UTILITY PLANT & ELECTRICAL DISTRIBUTION	102,000	80,000	22,000
MOUNTAIN HOME, TN	621064	BED TOWERS AND RENOVATION	441,807	441,807	0
MOUNTAIN HOME, TN	621114	RELOC MED SCHOOL FUNCT/RENOV B2,3,5	495,959	495,959	0
MURFREESBORO, TN	622127	PSYCHIATRIC PATIENT PRIVACY	252,651	252,651	0
MUSKOGEE, OK	623053	REPLACEMENT BED BUILDING	248,391	248,391	0
N. CAL. HEALTH CARE SYS., CA	612101	OUTPATIENT CLINICS/NEW BED TOWER	10,930,000	9,454,830	1,475,170
NEWINGTON, CT	627032	MEDICAL CENTER MODERNIZATION	651,968	651,968	0
NORTH CHICAGO, IL	556055	ENVIRONMENTAL IMPROVEMENTS	3,199,093	3,199,093	0
OMAHA, NE	636401	WARD RENOVATIONS FOR PATIENT PRIVACY	180,605	180,605	0
PALM BEACH COUNTY, FL	548001	NEW MEDICAL CENTER FACILITY	2,450	2,450	0
PALO ALTO(MPD), CA	640210	SEISMIC CORRECTIONS/DOM-DARU	730,964	730,964	0
PALO ALTO(MPD), CA	640403	SEISMIC CORRECTIONS- (BLDG. 324)	21,500	21,500	0
PALO ALTO(PAD), CA	640042	REP. CLIN/BED TOWER FOR SEISMIC CORR.	1,664,558	1,664,558	0
PALO ALTO(PAD), CA	640209	TRANSITIONAL BUILDINGS	1,457,533	1,457,533	0

FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>ASBESTOS ABATEMENT</b>					
PALO ALTO(PAD), CA	640413	SEISMIC CORRECTIONS, BLDG. 2	75,000	29,096	45,904
PHOENIX, AZ	644012	AMBULATORY CARE ADDITION	722,780	722,780	0
PITTSBURGH(AD), PA	646042	REPLACEMENT MEDICAL CENTER	1,266,042	1,266,042	0
PITTSBURGH(UD), PA	646400	ENVIRONMENTAL IMPROVEMENTS	894,529	894,529	0
PITTSBURGH(UD), PA	646500	MEDICAL CENTER CONSOLIDATION	896,758	795,595	101,163
SALEM, VA	658050	OUTPATIENT/CLIN/NURSING UNIT (PHASE 1A)	2,074,570	2,074,570	0
SAN DIEGO, CA	664041	NON-STRUCTURAL SEISMIC CORRECT. PH 3	2,394,032	2,394,032	0
SAN DIEGO, CA	664400	SEISMIC CORRECTIONS - BLDG. 1	12,259,100	11,642,448	616,652
SAN FRANCISCO, CA	662401	SEISMIC CORRECTIONS, BLDG. 203	2,455,300	2,163,684	291,616
SAN JUAN, PR	672045	AMBULATORY CARE ADDITION PHASE-2	309,909	309,909	0
SAN JUAN, PR	672083	SEISMIC CORRECTIONS	11,948,285	10,844,159	1,104,126
SEPULVEDA, CA	665152	SEISMIC CORRECT/CLINICAL SERVICES	4,206,784	4,206,784	0
TAMPA, FL	673410	UPGRADE ESSENTIAL ELECTRICAL DIST. SYS.	1,199,708	465,575	734,133
TEMPLE, TX	674064	BED REPLACEMENT BUILDING	342,909	342,909	0
TEMPLE/WACO, TX	674079	ASBESTOS	139,610	139,610	0
TUCSON, AZ	678154	ASBESTOS	60,000	60,000	0
TUSCALOOSA, AL	679068	NEW 270 BED PSYCH BLDG/REN B-38	974,551	974,551	0
WEST HAVEN, CT	689029	AMBULATORY CARE ADDITION	1,404,599	1,328,379	76,220
WILKES BARRE, PA	693026	AMBULATORY CARE/ENVIRONMENTAL IMPROV. UNDISTRIBUTED ASBESTOS	468,036	468,036	0
			32,453,799		32,453,799
SUBTOTAL			128,478,627	91,266,266	37,212,361

FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>CARES</b>					
ALBANY, NY	500033	MODIFY WARD	68,315	68,315	0
ANCHORAGE, AK	463500	OUTPATIENT CLINIC	75,270,000	3,314,560	71,955,441
ATLANTA, GA	508057	MODERNIZE PATIENT WARDS	20,534,000	931,602	19,602,398
BILOXI, MS	520317	RESTORATION OF HOSPITAL/CONSOLIDATION	17,500,000	0	17,500,000
CHICAGO(W5), IL	537406	MODERNIZE INPATIENT SPACE	98,500,000	90,546,215	7,953,785
CLEVELAND(WADE PARK), OH	541311	BRECKSVILLE CONSOLIDATION	102,300,000	11,977,878	90,322,122
COLUMBUS OPC, OH	757001	OUTPATIENT CLINIC	94,800,000	89,574,776	5,225,224
DENVER, CO	554501	NEW MEDICAL CENTER FACILITY	55,000,000	0	55,000,000
DES MOINES, IA	636301	EXTENDED CARE BUILDING	24,800,000	0	24,800,000
DURHAM, NC	558003	RENOVATE PATIENT WARDS	9,100,000	461,744	8,638,256
FAYETTEVILLE, AR	564302	CLINICAL ADDITION	5,800,000	0	5,800,000
GAINESVILLE, FL	573070	CORRECT PATIENT PRIVACY DEFICIENCIES	85,200,000	2,987,123	82,212,877
HINES, IL	578336	BLIND /SPINAL CORD INJURY REHAB CENTER	32,000,000	28,109,734	3,890,266
INDIANAPOLIS (TSD), IN	583401	7TH & 8TH FL WARD MODERNIZATION ADD	27,399,982	21,236,284	6,163,698
LAS VEGAS, NV	593202	NEW MEDICAL CENTER FACILITY	259,000,000	51,280,089	207,719,911
LEE COUNTY, FL	516400	OUTPATIENT CLINIC - LAND PURCHASE	10,498,000	9,950,000	548,000
LONG BEACH, CA	600402	SEISMIC CORRECTIONS /CLINICAL B-7 & 126	10,300,000	3,752,006	6,547,994
LOS ANGELES, CA	614011	SEISMIC CORRECTIONS, BLDG. 500/501	7,936,000	3,064,310	4,871,690
MEMPHIS, TN	691401	SEISMIC CORRECTIONS	19,296,500	19,296,500	0
MINNEAPOLIS, MN	618401	SCI & SCD CENTER	20,500,000	19,534,173	965,827
N. CAL. HEALTH CARE SYS., CA	612101	OUTPATIENT CLINICS/NEW BED TOWER	9,686,857	9,686,857	0
NORTH CHICAGO, IL	556056	SURGICAL SUITE/EMERGENCY VA/DOD SHARING	10,651,519	10,651,519	0
ORLANDO, FL	673950	NEW MEDICAL CENTER FACILITY	25,000,000	0	25,000,000
PALM BEACH COUNTY, FL	548001	NEW MEDICAL CENTER FACILITY	3,625,675	3,625,675	0
PALO ALTO(MPD), CA	640403	SEISMIC CORRECTIONS - (BLDG. 324)	32,934,000	31,283,737	1,650,263
PALO ALTO(PAD), CA	640413	SEISMIC CORRECTIONS, BLDG. 2	34,000,000	903,774	33,096,226
PENSACOLA, FL	520314	PENSACOLA OUTPATIENT CLINIC	55,056,000	49,574,012	5,481,988
PITTSBURGH(UD), PA	646500	CONSOLIDATION OF CAMPUSES	102,500,000	97,074,654	5,425,346
SAN ANTONIO, TX	671047	WARD UPGRADES AND EXPANSION	19,100,000	778,196	18,321,804
SAN DIEGO, CA	664400	SEISMIC CORRECTIONS - BLDG. 1	47,874,000	44,627,050	3,246,950
SAN FRANCISCO, CA	662401	SEISMIC CORRECTIONS, BLDG. 203	41,168,000	35,415,317	5,752,683
SAN JUAN, PR	672085	SEISMIC CORRECTIONS BLDG. 1	10,880,000	0	10,880,000
SYRACUSE, NY	528708	ADDITION FOR SCI CENTER	53,469,000	2,085,227	51,383,773
TAMPA, FL	673410	UPGRADE ESSENTIAL ELECTRICAL DIST. SYS.	49,000,000	2,189,885	46,810,115
TAMPA, FL	673902	SCI EXPANSION	11,407,625	10,435,000	972,625
TEMPLE, TX	674111	BLIND REHAB & PSYCHIATRIC BEDS	55,552,000	0	55,552,000
TUCSON, AZ	678155	MENTAL HEALTH CLINIC	13,300,000	12,645,004	654,996
		UNDISTRIBUTED CARES	43,736		43,736
SUBTOTAL			1,551,051,209	667,061,217	883,989,992

FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>CLAIMS ANALYST</b>					
ALBANY, NY	500033	MODIFY WARDS	122,381	122,381	0
ASHEVILLE, NC	637053	AMBULATORY CARE ADDITION	395,000	355,945	39,055
DALLAS, TX	549085	CLINICAL ADDITION	1,800,000	1,413,633	386,367
DALLAS/FORT WORTH, TX	916001	PHASE 1 DEVELOPMENT	203,660	203,660	0
DETROIT, MI	553080	REPLACEMENT/MODERNIZATION	1,805,794	1,764,726	41,068
LONG BEACH, CA	600099	STRUCTURAL SEISMIC CORRECTIONS	212,997	212,997	0
MARION, IN	610090	240 BED GEROPSYCHIATRIC FACILITY	226,253	226,253	0
MEMPHIS, TN	614011	SEISMIC CORRECTIONS	74,345	74,345	0
MOUNTAIN HOME, TN	621114	RELOC MED SCHOOL FUNCT/RENOV B2,3,5	218,332	128,358	89,974
NORTH CHICAGO, IL	556055	ENVIRONMENTAL IMPROVEMENTS	111,023	111,023	0
PALM BEACH COUNTY, FL	548001	NEW MEDICAL CENTER FACILITY	524,490	524,490	0
PALO ALTO(MPD), CA	640210	SEISMIC CORRECTIONS/DOM-DARU	15,000	15,000	0
PALO ALTO(PAD), CA	640042	REP. CLIN/ BED TOWER FOR SEISMIC CORR.	305,821	280,676	25,145
PHOENIX, AZ	644012	AMBULATORY CARE ADDITION	95,000	95,000	0
SAN JUAN, PR	672045	AMBULATORY CARE ADDITION PHASE-2	121,568	121,568	0
SAN JUAN, PR	672083	SEISMIC CORRECTIONS	17,337	17,337	0
ST.PETERSBURG(RO), FL	317007	RELOCATE R.O. TO DEPT. OWNED GROUNDS	106,992	106,992	0
TAMPA, FL	673087	SPINAL CORD INJURY/REHABILITATION	136,174	136,174	0
TEMPLE, TX	674064	BED REPLACEMENT BUILDING	83,717	83,717	0
WEST HAVEN, CT	689029	AMBULATORY CARE ADDITION	533,546	339,486	194,060
		UDISTRIBUTED CLAIMS ANALYST	4,182,576		4,182,576
SUBTOTAL			11,292,007	6,333,762	4,958,245

**CLINICAL IMPROVEMENTS**

DALLAS, TX	549031	30 BED SCI AND ENERGY CENTER	30,400,671	30,400,671	0
DANVILLE, IL	550052	EXPAND & RELOCATE PAD	3,564,017	3,564,017	0
KANSAS CITY, MO	589401	SURGICAL SUITE	12,685,929	12,584,965	100,964
SALEM, VA	658050	OUTPATIENT/CLIN/NURSING UNIT (PHASE 1A)	71,841,507	71,841,507	0
TAMPA, FL	673087	SPINAL CORD INJURY/REHABILITATION	41,219,310	41,219,310	0
SUBTOTAL			159,711,435	159,610,471	100,964

FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>PATIENT ENVIRONMENT</b>					
BALTIMORE - PERRY PT. DIV, MD	512172	80 BED PSYCHIATRIC BUILDING	15,100,000	15,009,836	90,164
LEBANON, PA	595442	RENOVATE PATIENT CARE UNITS - BLDG. 2	500,000	420,576	79,424
MARION, IN	610136	REPLACE PSYCHIATRIC BEDS	17,545,180	17,545,180	0
MURFREESBORO, TN	622127	PSYCHIATRIC PATIENT PRIVACY	14,000,000	13,816,556	183,444
OMAHA, NE	636401	WARD RENOVATIONS FOR PATIENT PRIVACY	6,801,113	6,801,113	0
PITTSBURGH(UD), PA	646400	ENVIRONMENTAL IMPROVEMENTS	15,160,629	15,160,629	0
TEMPLE/WACO, TX	674079	ENVIRONMENTAL IMPROVEMENTS	25,112,985	25,047,245	65,740
SUBTOTAL			94,219,908	93,801,136	418,772

**HAZARDOUS ABATEMENT**

ALBANY NATL. CEMETERY, NY	917001	PHASE I DEVELOPMENT (SARATOGA)	180,018	180,018	0
BOSTON, MA	523024	AMBULATORY CARE ADDITION (PH 2)	3,522,669	3,522,669	0
BROOKLYN, NY	527027	OUTPATIENT ADDITION	152,176	152,176	0
CHICAGO(W), IL	537406	MODERNIZE INPATIENT SPACE	1,355,624	1,151,202	204,422
HINES, IL	578336	BLIND/SPINAL CORD INJURY REHAB CENTER	8,000	8,000	0
LEAVENWORTH, KS	686166	AMBULATORY CARE ADDITION	41,614	41,614	0
LONG BEACH, CA	600099	STRUCTURAL SEISMIC CORRECTIONS	317,073	317,073	0
LONG BEACH, CA	600401	CLINICAL CONSOLIDATION & DEMOLITION	1,212,359	1,212,359	0
MARION, IN	610090	240 BED GEROPSYCHIATRIC FACILITY	1,024,450	1,024,450	0
MEMPHIS, TN	614011	SEISMIC CORRECTIONS	346,290	323,278	23,013
MIAMI, FL	546088	UTILITY PLANT & ELECTRICAL DISTRIBUTION	120,000	100,000	20,000
MOUNTAIN HOME, TN	621114	RELOC MED SCHOOL FUNCT/RENOV B2,3,5	54,000	54,000	0
N. CAL. HEALTH CARE SYS., CA	612101	OUTPATIENT CLINICS/NEW BED TOWER	707,000	633,464	73,536
NEW ORLEANS, LA	629401	RESTORATION/REPLACEMENT MEDICAL FACILITY	600,000	0	600,000
PALM BEACH COUNTY, FL	548001	NEW MEDICAL CENTER FACILITY	1,417,950	1,156,580	261,370
PALO ALTO(MPD), CA	640210	SEISMIC CORRECTIONS/DOM-DARU	152,196	152,196	0
PALO ALTO(MPD), CA	640403	SEISMIC CORRECTIONS - (BLDG. 324)	21,500	21,500	0
PALO ALTO(PAD), CA	640042	REP. CLIN/BED TOWER FOR SEISMIC CORR.	135,785	135,785	0
PALO ALTO(PAD), CA	640413	SEISMIC CORRECTIONS, BLDG. 2	50,000	11,284	38,716
PITTSBURGH(UD), PA	646400	ENVIRONMENTAL IMPROVEMENTS	94,000	94,000	0
PITTSBURGH(UD), PA	646500	CONSOLIDATION OF CAMPUSES	50,000	0	50,000
SAN FRANCISCO, CA	662401	SEISMIC CORRECTIONS, BLDG. 203	210,600	146,000	64,600
SAN JUAN, PR	672083	SEISMIC CORRECTIONS	11,103	11,103	0
SEPULVEDA, CA	665152	SEISMIC CORRECT/CLINICAL SERVICES	382,701	382,701	0
		UNDISTRIBUTED HAZARDOUS WASTE	4,574,999		4,574,999
SUBTOTAL			16,742,106	10,829,181	5,912,925

FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>OUTPATIENT IMPROVEMENT</b>					
ASHEVILLE, NC	637053	AMBULATORY CARE ADDITION	26,553,937	26,553,937	0
BOSTON, MA	523024	AMBULATORY CARE ADDITION (PH 2)	27,853,059	27,853,059	0
BROOKLYN, NY	527027	OUTPATIENT ADDITION	43,412,808	43,412,808	0
CLEVELAND(WAIDE PARK), OH	541039	AMBULATORY CARE ADDITION/RENOVATE	28,300,000	27,346,080	953,920
EAST ORANGE/LYONS, NJ	561113	AMBULATORY CARE ADDITION	21,100,000	19,436,073	1,663,927
HAMPTON, VA	590064	AMBULATORY CARE ADDITION	29,038,350	29,032,765	5,585
HONOLULU, HI	459002	AMBULATORY CARE/REMODEL E WING	39,053,807	39,002,918	50,890
LEAVENWORTH, KS	686166	AMBULATORY CARE ADDITION	7,309,535	7,305,974	3,561
N. CAL. HEALTH CARE SYS., CA	612101	OUTPATIENT CLINICS/NEW BED TOWER	67,113,143	65,066,517	2,046,626
PHOENIX, AZ	644012	AMBULATORY CARE ADDITION	40,808,414	37,686,856	3,121,558
SAN JUAN, PR	672045	AMBULATORY CARE ADDITION PHASE-2	33,144,760	33,140,386	4,374
TAMPA (BREVARD COUNTY), FL	673097	OUTPATIENT CLINIC	25,000,000	19,833,665	5,166,335
TUCSON, AZ	678154	AMBULATORY CARE ADDITION	25,200,000	24,917,809	282,191
WEST HAVEN, CT	689029	AMBULATORY CARE ADDITION	48,103,855	48,103,855	0
WILKES BARRE, PA	693026	AMBULATORY CARE/ENVIRONMENTAL IMPROV. UNDISTRIBUTED OUTPATIENT IMPROVEMENTS	42,015,280	42,015,280	0
			116,822		116,822
SUBTOTAL			504,123,770	490,707,981	134,157,788
<b>EMERGENCY RESPONSE</b>					
VA CENTRAL OFFICE			1,985,000	0	1,985,000
SUBTOTAL			1,985,000	0	1,985,000
<b>FACILITY SECURITY STUDIES</b>					
CLEVELAND(WAIDE PARK), OH	541311	BRECKSVILLE CONSOLIDATION	2,300,000	835,000	1,465,000
LAS VEGAS, NV	593202	NEW MEDICAL CENTER FACILITY	2,100,000	1,270,000	830,000
PITTSBURGH(UD), PA	646500	CONSOLIDATION OF CAMPUSES	3,300,000	0	3,300,000
VA CENTRAL OFFICE, DC	101726	VACO STANDARDS - VHA UNDISTRIBUTED PHYSICAL SECURITY	900,000	710,188	189,812
			6,400,000		6,400,000
SUBTOTAL			15,000,000	2,815,188	12,184,812
<b>RESEARCH</b>					
PORTLAND, OR	648073	RESEARCH ADDITION PHASE I	31,478,299	31,478,299	0
SUBTOTAL			31,478,299	31,478,299	0

FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>REPLACEMENT &amp; MODERNIZATION</b>					
ANN ARBOR, MI	506027	CLINICAL ADDITION AND RENOVATION	147,450,815	147,436,101	14,714
ATLANTA, GA	508018	CLINICAL ADDN & PARKING GARAGE	78,516,252	78,496,318	19,934
AUGUSTA(LD), GA	509069	REPLACEMENT HOSPITAL	94,372,949	94,372,949	0
DALLAS, TX	549085	CLINICAL ADDITION	115,331,202	115,331,202	0
DETROIT, MI	553080	REPLACEMENT/MODERNIZATION	263,225,214	263,225,214	0
HONOLULU, HI	459001	CENTER FOR THE AGING/PARKING	24,762,886	24,762,886	0
INDIANAPOLIS (WTS/CSR), IN	583042	CLINICAL IMPROV./BEHAV. SCIENCE CTR	87,274,951	87,274,951	0
MEMPHIS, TN	614011	SEISMIC CORRECTIONS	88,374,152	86,892,312	1,481,840
MOUNTAIN HOME, TN	621064	BED TOWERS AND RENOVATION	61,987,472	61,987,472	0
NEWINGTON, CT	627032	MEDICAL CENTER MODERNIZATION	49,788,930	49,788,930	0
NORTH CHICAGO, IL	556055	ENVIRONMENTAL IMPROVEMENTS	110,031,372	110,031,372	0
PALM BEACH COUNTY, FL	548001	NEW MEDICAL CENTER FACILITY	127,965,464	127,965,464	0
PALO ALTO(PAD), CA	640042	REP. CLIN/BED TOWER FOR SEISMIC CORR.	164,955,169	164,818,985	136,183
PITTSBURGH(AD), PA	646042	REPLACEMENT MEDICAL CENTER	72,130,989	72,130,989	0
SUBTOTAL			1,486,167,818	1,484,515,146	1,652,671
<b>NURSING HOME CARE</b>					
BONHAM, TX	522027	120 BED NURSING HOME CARE UNIT	10,153,190	10,046,520	106,670
SAN FRANCISCO, CA	662043	120 BED NHCU & PARKING STR.	12,692,636	12,692,636	0
SUBTOTAL			22,845,826	22,739,156	106,670
<b>JUDGEMENT FUND</b>					
		UNDISTRIBUTED JUDGMENT FUND	70,044		70,044
SUBTOTAL			70,044	0	70,044
<b>SEISMIC IMPROVEMENTS</b>					
LONG BEACH, CA	600099	STRUCTURAL SEISMIC CORRECTIONS	66,083,666	66,083,666	0
LONG BEACH, CA	600401	CLINICAL CONSOLIDATION & DEMOLITION	22,755,882	22,755,882	0
PALO ALTO(MPD), CA	640210	SEISMIC CORRECTIONS/ DOM-DARU	35,674,026	35,674,026	0
PALO ALTO(PAD), CA	640209	TRANSITIONAL BUILDINGS	29,173,775	29,173,775	0
SAN DIEGO, CA	664041	NON-STRUCTURAL SEISMIC CORRECT. PH 3	5,243,671	5,243,671	0
SAN JUAN, PR	672083	SEISMIC CORRECTIONS	89,391,534	87,374,682	2,016,852
SEPULVEDA, CA	665152	SEISMIC CORRECT/CLINICAL SERVICES	91,468,544	91,464,344	4,200
SUBTOTAL			339,791,100	337,770,048	2,021,052



FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>WORKING RESERVE - VHA</b>					
		UNDISTRIBUTED WORKING RESERVE VHA	973,270		973,270
SUBTOTAL			973,270	0	973,270
<b>ASSET MANAGEMENT</b>					
VARIOUS STATIONS		APF ASSET MANAGEMENT	17,767,625	15,460,984	2,306,641
VARIOUS STATIONS		UNDISTRIBUTED ASSET MANAGEMENT	67,900		67,900
SUBTOTAL			17,835,525	15,460,984	2,374,541
<b>APF/PROJECT RREALIGNMENT</b>					
		ADVANCE PLANNING MEDICAL	189,205,105	170,775,883	18,429,222
		PROJECT REALIGNMENT CARES	94,516,902	88,320,128	6,196,774
		UNDISTRIBUTED APF CARES	5,933,272		5,933,272
SUBTOTAL			289,655,279	259,096,011	30,559,268

FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>NATIONAL CEMETERIES</b>					
ALBANY NATL. CEMETERY, NY	917001	PHASE I DEVELOPMENT (SARATOGA)	14,089,753	13,912,036	177,717
ARIZONA NAT. MEMORIAL CEM, AZ	914002	GRAVESITE DEVELOPMENT	12,022,709	12,022,709	0
ATLANTA, GA	922001	NEW NATIONAL CEMETERY (GA NATL. CEM)	28,200,000	27,627,332	572,668
BARRANCAS NATL. CEMETERY, FL	828028	GRAVESITE DEVELOPMENT	11,929,000	368,307	11,560,693
CALVERTON NATL. CEMETERY, NY	805015	DEVEL OF 90,000 GRAVESITES	6,301,353	6,301,353	0
CHICAGO NATL. CEMETERY, IL	915001	ESTABLISH NATIONAL CEM (ABRAHAM LINCOLN)	19,900,000	19,884,039	15,961
CLEVELAND NATL. CEMETERY, OH	918001	PH I DEVELOPMENT (OHIO WESTERN RESERVE)	14,600,000	14,535,925	64,075
DAL/FT WORTH NAT CEM	916004	DCAA AUDITS AT DALLAS FT WORTH	6,000	0	6,000
DALLAS/FORT WORTH, TX	916001	PHASE I DEVELOPMENT	20,681,691	20,634,805	46,886
DETROIT (GREAT LAKES NAT), MI	923001	GRAVESITE DEVELOPMENT (PHASE I)	14,498,795	14,088,116	410,679
DETROIT, MI	923002	LAND PURCHASE	6,226,035	6,226,035	0
FLORIDA NATIONAL CEMETERY, FL	911010	COLUMBARIUM DEVELOPMENT	6,002,233	6,001,736	497
FLORIDA NATIONAL CEMETERY, FL	911017	GRAVESITE EXPANSION (BUSHNELL)	19,840,000	2,751,055	17,088,945
FT LOGAN NATL. CEMETERY, CO	888029	GRAVESITE DEVELOPMENT	16,100,000	15,847,160	252,840
FT. ROSECRANS NATL. CEME., CA	892019	COLUMBARIUM DEVELOPMENT	6,000,000	5,995,605	4,395
FT. ROSECRANS NATL. CEME., CA	892022	MIRAMAR ANNEX. EIS FOR NEW CEMETERY	19,450,000	0	19,450,000
FT.SAM HOUSTON NATL.CEM., TX	846021	BURIAL AREA EXPANSION	9,361,446	9,276,646	84,800
FT.SNELLING NATL.CEMETERY, MN	894032	GRAVESITE EXPANSION	24,654,000	4,254,853	20,399,147
HOUSTON NATIONAL CEMETERY, TX	851017	GRAVESITE DEVELOPMENT	9,435,203	9,435,203	0
JEFFERSON BRKS.NATL.CEM. MO	852026	GRAVESITE DEVELOPMENT	7,390,211	7,238,299	151,912
LEAVENWORTH NAT. CEMETERY, KS	897015	FACILITY RIGHT SIZING/GRAVESITE DEVELOP	11,945,000	336,366	11,608,634
MASSACHUSETTS NATL. CEME., MA	818029	COLUMBARIUM AND CEMETERY IMPROVEMENTS	9,200,000	7,857,488	1,342,512
MIAMI (SOUTH FL CEMETERY), FL	924002	NEW NATIONAL CEMETERY - LAND ACQUISITION	11,430,983	11,430,983	0
MIAMI, FL	924001	NEW NATIONAL CEMETERY	25,148,550	10,703,280	14,445,270
OKLAHOMA NATL. CEM-FT.SILL, OK	920001	GRAVESITE DEVELOPMENT	12,000,000	10,123,545	1,876,455
PITTSBURGH, PA	925001	NEW NATIONAL CEMETERY	16,293,400	15,430,909	862,491
PITTSBURGH, PA	925002	NEW NATIONAL CEMETERY - LAND ACQUISITION	4,075,837	4,075,837	0
ROCK ISLAND NATL. CEMETERY, IL	821026	BURIAL AREA EXPANSION	10,118,000	596,685	9,521,315
SACRAMENTO (VACAVILLE), CA	921001	NEW NATIONAL CEMETERY - PHASE I	21,427,000	3,348,276	18,078,724
SACRAMENTO, CA	921002	LAND ACQUISITION FOR NEW NATL. CEMETERY	6,004,643	6,004,643	0
SEATTLE NATL. CEMETERY, WA	919001	NEW CEMETERY DEVELOPMENT	11,243,708	11,243,708	1
SOUTH FLORIDA NATL. CEM, FL	101729	EA FOR NEW NATIONAL CEMETERY	0	0	0
TAHOMA NATL CEM, WA	919003	COLUMBARIUM EXPANSION & CEM IMPROV.	6,900,000	5,409,117	1,490,883
VA CENTRAL OFFICE, DC	101171	MASTER PLAN /PHASE I DEVELOP. (ALBANY)	0	0	0
WILLAMETTE NATL. CEMETERY, OR	907023	MASTER PLAN & GRAVESITE DEVELOPMENT	10,094,590	10,094,590	1
WILLAMETTE NATL. CEMETERY, OR	907030	COLUMBARIUM & CEMETERY IMPROVEMENTS	8,705,400	8,144,285	561,115
		UNDISTRIBUTED APT CEMETERY	310,260	310,260	0
		APT ON PROJECTS	28,746,610	28,317,176	429,435
		UNDISTRIBUTED CEMETERIES	41,060,156	41,060,156	0
		UNDISTRIBUTED DC DESIGN FUND (CEMETERY)	18,863,259	18,863,259	0
VARIOUS STATIONS		DESIGN FUND (WORKING DRAW) NCS	4,613,950	670,859	3,943,091
		UNDISTRIBUTED WORKING RESERVE NCA	7,501,538	7,501,538	0
SUBTOTAL			532,371,313	330,188,959	202,182,354

FY 2008 CONGRESSIONAL BUDGET  
CONSTRUCTION , MAJOR PROJECTS

LOCATION	PROJECT NUMBER	DESCRIPTION	AVAILABLE	TOTAL OBLIGATIONS	TOTAL UNOBLIGATED
<b>VETERANS BENEFITS</b>					
HOUSTON(RO), TX	362002	RELOCATE RO TO VAMC GROUNDS	11,562,251	11,562,251	0
JACKSON (RO), MS	323009	RELOCATE RO TO DEPT OWNED GROUNDS	17,181,169	17,181,169	0
MONTGOMERY (RO), AL	322002	RELOCATE R.O. TO DEPT OWNED GROUNDS	7,940,290	7,940,290	0
ST.PETERSBURG(RO), FL	317007	RELOCATE R.O. TO DEPT. OWNED GROUNDS	24,361,053	24,361,053	0
		UNDISTRIBUTED DV DESIGN FUND (REGIONAL)	2,367,084		2,367,084
		ADVANCE PLANNING FUND	3,859,588	3,841,331	18,257
		UNDISTRIBUTED APF REGIONAL	695,761		695,761
		UNDISTRIBUTED WORKING RESERVE VBA	544,971		544,971
SUBTOTAL			63,411,847	61,044,763	3,626,073
<b>STAFF OFFICE - SECURITY</b>					
VA CENTRAL OFFICE, DC	101844	NIBS IDQAE CONTRACT	1,987,000	1,973,183	13,817
SUBTOTAL			1,987,000	1,973,183	13,817
<b>HURRICANE SUPPLEMENTAL</b>					
NEW ORLEANS, LA		HURRICANE SUPPLEMENTAL	625,000,000	1,067,339	623,932,661
BILOXI, MS		HURRICANE SUPPLEMENTAL	292,500,000		292,500,000
VARIOUS		ENVIRONMENTAL CLEAN-UP	35,919,000		35,919,000
SUBTOTAL			953,419,000	1,067,339	952,351,661
<b>GRAND TOTALS</b>			<b>6,532,094,825</b>	<b>4,370,433,079</b>	<b>2,162,920,734</b>

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## *Construction – Minor Projects*

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***Budget Request.....\$233,396,000***

### **Appropriation Language**

*For constructing, altering, extending, and improving any of the facilities including parking projects under the jurisdiction or for the use of the Department of Veterans Affairs, including planning and assessments of needs which may lead to capital investments, architectural and engineering services, maintenance or guarantee period services costs associated with equipment guarantees provided under the project, services of claims analysts, offsite utility and storm drainage system construction costs, and site acquisition, or for any of the purposes set forth in sections 316, 2404, 2406, 8102, 8103, 8106, 8108, 8109, 8110, 8122, and 8162 of title 38, United States Code, where the estimated cost of a project is equal to or less than the amount set forth in section 8104(a)(3)(A) of title 38, United States Code, \$233,396,000, to remain available until expended, along with unobligated balances of previous “Construction, minor projects” appropriations which are hereby made available for any project where the estimated cost is equal to or less than the amount set forth in such section, for: (1) repairs to any of the nonmedical facilities under the jurisdiction or for the use of the Department which are necessary because of loss or damage caused by any natural disaster or catastrophe; and (2) temporary measures necessary to prevent or to minimize further loss by such causes.*

### **Minor, Program Description**

The Construction, Minor projects, appropriation provides for constructing, altering, extending and improving any VA facilities, including planning, assessment of needs, architectural and engineering services, site acquisition and disposition, where the estimated cost of a project is less than \$10,000,000 with a minor improvement component costing \$500,000 or more. These funds will enable VA to implement the CARES proposals that can be accomplished through the minor construction program.

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## Minor Construction Budgetary Highlights

Minor Construction Budgetary Highlights				
	2006 Actual	2007 Budget Estimate	2007	
			Continuing Resolution <sup>1/</sup>	2008 Request <sup>2/</sup>
Appropriation (P.L. 108-447; 109-114)	\$198,937	\$198,000	\$198,000	\$233,396
Hurricane Supplemental (P.L. 109-148)	\$34,200	\$0	\$0	\$0
Offsetting collections non-federal sources	\$0	\$0	\$0	\$0
Impact of Continuing Resolution	\$0	\$0	(\$30,000)	\$0
<b>Budget Authority</b>	<b>\$233,137</b>	<b>\$198,000</b>	<b>\$168,000</b>	<b>\$233,396</b>
Un-obligated Balance brought Forward	\$62,097	\$107,312	\$107,312	\$110,628
Un-obligated Balance end of year	\$107,312	\$110,628	\$110,628	\$110,628
Impact of Continuing Resolution	\$0	\$0	(\$30,000)	\$0
<b>Total Un-obligated Balance end of year</b>	<b>\$107,312</b>	<b>\$110,628</b>	<b>\$80,628</b>	<b>\$110,628</b>
Obligations	\$187,922	\$194,684	\$194,684	\$233,396
Outlays	\$259,427	\$226,768	\$226,768	\$198,282
Impact of Continuing Resolution	\$0	\$0	(\$5,421)	\$0
<b>Total Outlays</b>	<b>\$259,427</b>	<b>\$226,768</b>	<b>\$221,347</b>	<b>\$198,282</b>
1/ Pending Congressional action				
2/ 2008 estimate assumes 2007 enacted funding levels close to those passed by the House and Senate.				

<b>Minor Budgetary Highlights by Administration</b>	
	2008 Request <sup>1/</sup>
<b>Veterans Health Administration (VHA)</b>	
Appropriation (P.L. 108-447; 109-114)	\$180,000
Hurricane Supplemental (P.L. 109-148&234)	\$0
Offsetting collections non-federal sources	\$0
Budget Authority	\$180,000
Un-obligated Balance Brought Forward	\$92,563
Un-obligated Balance end of year	\$92,563
Obligations	\$180,000
Outlays	\$150,421
<b>National Cemetery Administration (NCA)</b>	
Appropriation (P.L. 108-447; 109-114)	\$24,400
Hurricane Supplemental (P.L. 109-148)	\$0
Offsetting collections non-federal sources	\$0
Budget Authority	\$24,400
Un-obligated Balance Brought Forward	\$11,333
Un-obligated Balance end of year	\$11,333
Obligations	\$24,400
Outlays	\$24,375
<b>Veterans Benefits Administration (VBA)</b>	
Appropriation (P.L. 108-447; 109-114)	\$13,000
Hurricane Supplemental (P.L. 109-148)	\$0
Reimbursement for Lakeside	\$0
Offsetting collections non-federal sources	\$0
Budget Authority	\$13,000
Un-obligated Balance Brought Forward	\$11,374
Un-obligated Balance end of year	\$11,374
Obligations	\$13,000
Outlays	\$14,756
<b>General Administration - Staff Offices</b>	
Appropriation (P.L. 108-447; 109-114)	\$15,996
Hurricane Supplemental (P.L. 109-148)	\$0
Offsetting collections non-federal sources	\$0
Budget Authority	\$15,996
Un-obligated Balance Brought Forward	\$1,042
Un-obligated Balance end of year	\$1,042
Obligations	\$15,996
Outlays	\$8,730
1/ 2008 estimate assumes 2007 enacted funding levels close to those passed by the House and Senate.	



## Summary of Budget Request (dollars in thousands)

A construction program of \$233,396,000 is requested for Construction, Minor projects, in 2008 to be financed with new budget authority. A summary of the program funding level by activity follows:

	2008 Request <sup>1/</sup>
Veterans Health Administration	\$180,000
National Cemetery Administration	\$24,400
Veterans Benefits Administration	\$13,000
General Administration - Staff Offices	\$15,996
<b>Total, Construction Minor Program</b>	<b>\$233,396</b>

1/ 2008 estimate assumes enacted funding levels close to those passed by the House and Senate.

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# Veterans Health Administration Minor Construction Projects

## I. Budget Authority

2008 Request (\$000).....	\$180,000
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## II. Description/Justification of Program

The minor construction program is an integral component of VHA's overall construction program and permits VA to address space and functional changes to efficiently shift treatment of patients from hospital-based to outpatient care settings; realign critical services; improve management of space including vacant and underutilized space, improve facility condition, and other actions critical to CARES implementation. Projects qualify for these funds where the estimated cost of a project is less than \$10,000,000 with a minor improvement component costing \$500,000 or more. VHA's 2008 request will address the most critical minor construction needs in the system by funding efforts such as facilitating realignments; seismic corrections; improving safety; improving access to healthcare; increasing capacity for dental services; enhancing patient privacy; improving treatment of special emphasis programs; and enhancing research capability.

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**National Cemetery Administration  
Minor Construction Projects**

**I. Budget Authority**

2008 Request (\$000).....	\$24,400
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**II. Description/Justification of Program**

NCA's 2008 minor construction request provides for gravesite expansion and columbaria projects to keep existing national cemeteries open. The minor request will also address infrastructure deficiencies and other requirements necessary to support National Cemetery operations, including repair projects identified in the Facility Condition Assessment report of the Millennium Act study on improvements to veteran's cemeteries. Projects for irrigation improvements, renovation and repair of buildings, and roadway repairs and drainage improvements are critical to serving veterans and ensuring that VA's cemeteries are maintained as national shrines. Projects will also address administrative and management functions that support cemetery operations.

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# Veterans Benefits Administration Minor Construction Projects

## I. Budget Authority

2008 Request (\$000).....	\$13,000
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## II. Description/Justification of Program

VBA's minor construction request in 2008 includes an ongoing national need for relocations, realignments, tenant improvements, repair and alteration projects totaling \$11.2 million. Also included in the request, \$1.8 million is needed as VBA's prorated share of the Department of State's Capital Security Cost Sharing program for VBA's regional office in Manila.<sup>1</sup> These projects are critical to ensuring continued world-class service delivery of benefits to veterans and their families and to the well being of Federal employees.

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

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

**I. Budget Authority**

2008 Request (\$000).....	\$15,996
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**II. Description/Justification of Program**

This program supports necessary additions, modifications and repairs to existing facilities that are estimated to cost less than \$10,000,000. Funds are used to make infrastructure repairs and enhancements to improve operations and provide an acceptable and operationally effective work environment for the Department's staff offices. Offices contained within the Central Office buildings and other VA-occupied non-patient care buildings are also included in this program.

This request also includes funding for the Lafayette Building Modernization build-out project, and the Corporate Data Center's in Hines and Philadelphia due to the reorganization of the Office of Information and Technology (OI&T).

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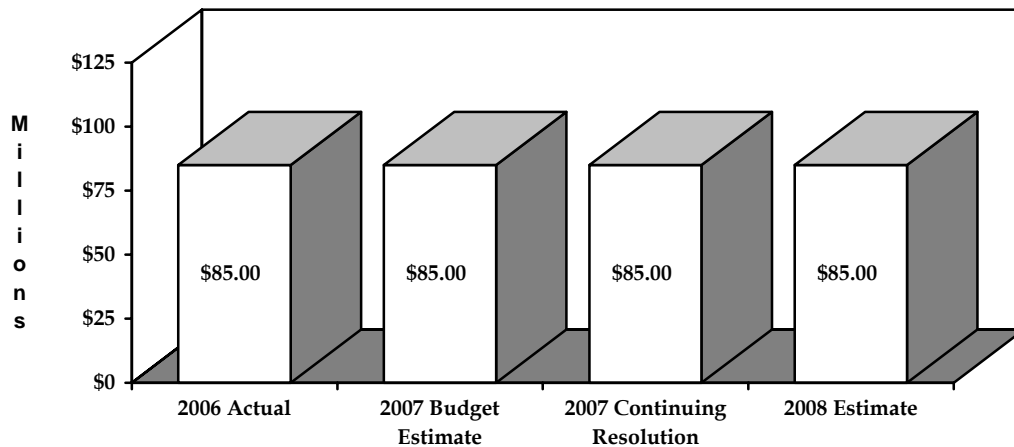
## *Grants for Construction of State Extended Care Facilities*

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

### **Appropriation Language**

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

### **Appropriation**



### **Program Description**

The grant program assists States to acquire or construct State home facilities for furnishing domiciliary or nursing home care to veterans, and to expand, remodel or alter existing buildings for furnishing domiciliary or nursing home care to veterans in State homes. This program was approved on August 19, 1964, and authorized an appropriation in 1965. At this time a grant may not exceed 65% of the total cost of the project. Public Law 95-62 authorized the VA to participate in the construction of new domiciliary as well as new nursing homes, and for sums

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

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

VA is to establish criteria for determining the relative need for additional beds on the part of a State which already has such State home beds;

- Strengthens the requirements governing award of a grant;
- Revises provisions governing the relative priority of each application (among those projects for which States have made their funding available in advance);
- Differentiates among applications for new bed construction by reference to the relative need for such beds, by assigning a higher priority to renovation projects (with a total cost exceeding \$400,000), with highest priority to renovations involving patient life or safety and by assigning second highest priority to an application from a State that has not previously applied for award of a VA construction grant or a grant for a State nursing home; and
- Establishes a "transition" rule providing that current regulations and provisions governing applications for State home grants would continue in effect with respect to applications for a limited number of projects. Those "grandfathered" projects are limited to those projects on the list of approved

- projects, established by the Secretary on October 29, 1998, for which the State had made sufficient funds available and those priority one projects on VA's FY 2000 list, approved by the Secretary on November 3, 1999, submitted by States which have not received FY 1999 grant monies and are not included in the October 29<sup>th</sup> list.

<b>Appropriation Highlights (dollars in thousands)</b>				
Description	2006 Actual	2007		2008
		Budget Estimate	Continuing Resolution 1/ Estimate 2/	
Budget Authority.....	\$85,000	\$85,000	\$85,000	\$85,000
Impact of CR.....	\$0	\$0	\$0	\$0
Obligations.....	\$87,933	\$85,000	\$83,703	\$85,000
Unobligated Balance (SOY)....	\$3,136	\$3,136	\$203	\$1,500
Unobligated Balance (EOY)...	\$203	\$3,136	\$1,500	\$1,500
Outlays.....	\$122,106	\$94,032	\$92,032	\$86,214

1/ Pending Congressional Action  
2/ The 2008 estimate assumes 2007 enacted funding close to that passed by the House and the Senate

VA is requesting \$85 million in FY 2008 funding. The 2008 budget ensures life-safety projects are not compromised. Effective August 11, 2006, regulations were adopted VA to fund a minimum of 70 percent of the annual appropriation for patient life-safety projects. The remainder of the annual appropriation will be used to support new construction projects.

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## Grants for Construction of State Veterans Cemeteries

**Budget Request.....\$32,000,000**

### Appropriation Language

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

<b>Appropriation Highlights</b> (dollars in thousands)				
	2006 Actual	2007		2008 <sup>1</sup> Estimate
		Budget Estimate	Continuing Resolution	
<b>Appropriation</b>	\$32,000	\$32,000	\$32,000	\$32,000
Impact of Continuing Resolution P.L. 109-383			-14,226	
<b>Budget authority</b>	\$32,000	\$32,000	\$17,777	\$32,000
Unobligated balances SOY (+)	\$2	\$0	\$14,226	\$0
Unobligated balances EOY (-)	-\$14,226	\$0	\$0	\$0
<b>Obligations</b>	\$17,776	\$32,000	\$32,003	\$32,000
<b>Outlays</b>	\$37,354	\$22,640	\$15,011	\$20,958

1/ The 2008 estimate assumes 2007 enacted funding close to that passed by the House and the Senate

### Program Description

Grants are provided to states for the establishment, expansion, or improvement of State veterans' cemeteries. The State veterans' cemeteries complement the national cemeteries and are a critical part of National Cemetery Administration (NCA) strategy for meeting Objective 3.4 of ensuring that the burial needs of veterans and eligible family members are met. In 2006, 22,434 veterans and eligible family members were buried in State veterans' cemeteries that have been assisted by the program.

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

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

### **Summary of Budget Request**

The National Cemetery Administration requests \$32,000,000 to fund grants for state veterans cemeteries in 2008. Grants to states play a crucial role in achieving NCA's strategic target of providing 90 percent of veterans with reasonable access to a burial option. States are planning to open 24 new state veterans cemeteries between 2007 and 2012. These new State veterans' cemeteries, along with the six new national cemeteries for which construction funds are requested in the Major Construction appropriation, will allow NCA to achieve its strategic target.



<b>Total Obligations by State</b>	
From program inception in 1980 through 2006 (dollars in thousands)	
Arizona.....	\$8,003
Arkansas.....	5,892
California .....	8,822
Colorado.....	6,007
Connecticut.....	682
Delaware .....	11,017
Georgia .....	5,290
Guam .....	5,438
Hawaii .....	14,254
Idaho .....	8,238
Illinois .....	231
Indiana.....	5,662
Kansas.....	12,749
Kentucky .....	14,610
Louisiana.....	5,621
Maine .....	8,641
Maryland.....	4,961
Massachusetts.....	19,020
Minnesota.....	3,894
Missouri.....	16,536
Montana .....	1,806
Nevada .....	14,249
New Hampshire.....	4,327
New Jersey .....	20,066
North Carolina .....	2,402
North Dakota.....	3,111
Pennsylvania .....	23
Rhode Island.....	3,148
Saipan, CNMI.....	1,667
South Carolina.....	5,184
Tennessee .....	3,905
Texas .....	16,764
Utah .....	868
Vermont .....	852
Virginia.....	8,048
Wisconsin.....	8,737
Wyoming.....	1,781
<b>Total.....</b>	<b>\$262,506</b>

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## *Major Medical Facility Project & Lease Authorizations*

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### **Introductory Statement**

The Department of Veterans Affairs requests an authorization of \$1,925,934,000 for major medical facility projects and \$4,230,000 for major medical facility leases in 2008.

Title 38, U.S.C., sections 8104(a)(2) requires statutory authorization for all major medical facility projects and major medical facility leases (including parking facilities) prior to appropriation of funds. Public Law 105-368, section 704, amended 38 U.S.C., section 8104(a)(3)(B), currently defines a "major medical facility lease" as those where the annual rent exceeds \$600,000. Projects and leases for which authorization is being requested in 2008 are shown in the chart on Page 6-2.

Title 38, U.S.C., section 8104(b) requires VA to submit a prospectus for all major medical facility construction projects and all major medical facility leases exceeding the \$600,000 threshold. The prospectuses for major medical construction projects at Atlanta, GA; Denver, CO; Las Vegas, NV; New Orleans, LA; and Palo Alto, CA are reflected on pages 6-5 through 6-32. The prospectus for the VA direct lease at Colorado Springs, CO is on page 6-33.

Public Law 107-73, Title IV section 414, requires that the Secretary submit a written report to and obtain approval within 30 days from the Committee on Appropriations of Congress prior to the use of appropriated funds for any new lease of real property exceeding \$300,000. VA considers a "new lease of real property" as one that pertains to real property that VA has never before leased, as well as succeeding or follow-up leases that have expired or will soon expire. Lease extensions, expansions, renewals, or other leases with pre-negotiated options are not considered new leases within the meaning of Public Law 107-73. There are no new notification leases over \$300,000 for FY 2008, however, if any are identified notification will be made in accordance with the law.

The Status Report for Authorized Major Medical Facility Projects and Leases (pages 6-37 through 6-38) is required under title 38 U.S.C.

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

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

## 2008 Major Medical Facility Project and Lease Authorization

Title 38, U.S.C., section 8104(a)(2), requires statutory authorization for all major medical facility construction projects and all major medical facility leases exceeding \$600,000 (including parking facilities) prior to appropriation of funds. VA is not required to request authorization for leases acquired through the General Services Administration (GSA). The table below includes all major medical facility construction projects and one major medical facility lease for which the Department is requesting authorization.

AUTHORIZATION REQUEST				
	Location		Project Description	Authorization Request (\$000)
<b>FY 2008 Major Construction Projects</b>				
1	Atlanta	GA	Modernize Patient Wards	\$20,534
2	Denver	CO	New Medical Center Facility	\$646,000
3	Las Vegas	NV	New Medical Center Facility	\$600,400
4	New Orleans	LA	Restoration/Replacement of Medical Center Facility	\$625,000
5	Palo Alto	CA	Seismic Corrections, Building 2	\$34,000
			<b>Total</b>	<b>\$1,925,934</b>
<b>FY 2008 Leases</b>				
1/	Colorado Springs	CO	Outpatient Clinic	\$4,230
			<b>Total</b>	<b>\$4,230</b>
			<b>Total Construction Projects</b>	<b>\$1,925,934</b>
			<b>Total Leases</b>	<b>\$4,230</b>

On December 22, 2006, Public Law 109-461 was enacted, providing authorization for 26 major construction projects and eight leases for 2006 and 2007. The major construction projects consisted of: extension of authorization for 17 CARES projects previously authorized under PL 108-170, 3 major medical facility projects

for 2006, five major medical facility projects for 2007, and one advance planning and design for a major medical facility. The following table provides the authorized levels by project:

FY 2006 & 2007 PROJECT AUTHORIZATION LEVELS					
	Location		Project Description	Total Est. Cost (\$000)	PL 109-461 Authorized Levels (\$000)
<b>The following projects were authorized in PL 109-461:</b>					
1	Biloxi	MS	Restoration of Hospital/Consolidation of Gulfport	\$310,000	\$310,000
2	Denver	CO	New Medical Center Facility	\$646,000	\$98,000
3	New Orleans	LA	Restoration/Replacement of Medical Center Facility	\$625,000	\$300,000
4	Charleston	SC	Replace Ralph H. Johnson VAMC with joint-use fac.	\$0	\$36,800
5	Anchorage	AK	Outpt. Clinic/Regional Office	\$75,270	\$75,270
6	Cleveland	OH	Cleveland-Brecksville Consolidation	\$102,300	\$102,300
7	Des Moines	IA	Extended Care Building	\$24,800	\$25,000
8	Durham	NC	Renovate Patient Wards	\$9,100	\$9,100
9	Gainesville	FL	Correct Pt. Privacy Deficiency	\$85,200	\$85,200
10	Indianapolis	IN	7th & 8th Fl. Wards Modernization Addition	\$27,400	\$27,400
11	Las Vegas	NV	New Medical Center Facility	\$600,400	\$406,000
12	Lee County	FL	Outpatient Clinic	\$109,400	\$65,100
13	Long Beach	CA	Seismic Corrections-Bldgs 7 &126	\$107,845	\$107,845
14	Los Angeles	CA	Seismic Corrections-Bldgs. 500 & 501	\$111,800	\$79,900
15	Orlando	FL	New Medical Center Facility	\$553,900	\$377,700
16	Pittsburgh	PA	Consolidation of Campuses	\$248,000	\$189,205
17	San Antonio	TX	Ward Upgrades and Expansion	\$19,100	\$19,100
18	San Juan	PR	Seismic Corrections-Bldg. 1	\$178,100	\$0
19	Syracuse	NY	Spinal Cord Injury (SCI) Center	\$77,700	\$77,700
20	Tampa	FL	Spinal Cord Injury (SCI) Center	\$11,407	\$7,100
21	Tampa	FL	Upgrade Essential Electrical Distribution Systems	\$49,000	\$49,000
22	Temple	TX	Blind Rehab and Psychiatric Beds	\$10,552	\$56,000
23	American Lake	WA	Seismic Corrections-NHCU & Dietetics	\$38,220	\$38,220
24	Columbia	MO	Operating Room Suite Replacement	\$25,830	\$25,830
25	Fayetteville	AR	Clinical Addition	\$65,700	\$56,163
26	Milwaukee	WI	Spinal Cord Injury (SCI) Center	\$32,500	\$32,500
27	St. Louis (JB)	MO	Medical Facility Improvements and Cemetery Expansion	\$99,000	\$69,053
<b>Total Construction Projects</b>				<b>\$4,243,524</b>	<b>\$2,725,486</b>
<b>The following leases were authorized in PL 109-461:</b>					
28	Baltimore	MD	Outpatient Clinic	\$10,908	\$10,908
29	Evansville	IL	Outpatient Clinic	\$8,989	\$8,989
30	Smith County	TX	Outpatient Clinic	\$5,093	\$5,093
31	Austin	TX	Outpatient and Specialty Care Clinic	\$6,163	\$6,163
32	Grand Rapids	MI	Outpatient Clinic	\$4,409	\$4,409
33	Las Vegas	NV	Outpatient Clinic #1-4	\$8,518	\$8,518
34	Lowell	MA	Outpatient Clinic	\$2,520	\$2,520
35	Parma	OH	Outpatient Clinic	\$5,032	\$5,032
<b>Total Leases</b>				<b>\$51,632</b>	<b>\$51,632</b>

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**Atlanta, Georgia**  
**Modernize Patient Wards**

*This project renovates three inpatient floors of the original main tower section of the Atlanta VA Medical Center.*

**I. Budget Authority**

Total Estimated Cost	Available Through 2006	2008 BA Request	Auth. Request
\$20,534,000	\$20,534,000	\$0	\$20,534,000

**II. Priority Score:** FY05-22

**III. Description of Project**

This project will renovate 3 inpatient floors to meet ADA accessibility requirements, meet women veterans needs, correct patient privacy issues, and improve staff efficiencies with improved functional layout. In addition, an enclosed connecting bridge will be built between the Medical Center and VA Regional Office building to improve access between functions.

**IV. Priorities/Deficiencies Addressed**

This project directly supports the VISN 7 CARES marketing plan by renovating, below community standards, medical inpatient wards. Improvements include the renovation of approximately 40,000 gross square feet on 2 inpatient floors (7<sup>th</sup> and 8<sup>th</sup>) and 20,000 gross square feet on the 10th floor to meet American with Disabilities Act (ADA) accessibility requirements, improve the needs of women veterans, correct patient privacy issues, and improve staff efficiencies by improving functional layout. Currently, there are no patient rooms with ADA compliant bathing and toilet facilities on these floors. The renovated space will readily accommodate the needs of our handicapped veterans by providing fully accessible bathroom, shower and toilet facilities. The project will eliminate the four bedrooms and create private and semi-private rooms. It will also update these wards to meet current criteria, improve amenities and address patient privacy concerns. Specially designed rooms will be created to meet the needs of our expanding female veteran population. Work will also address infrastructure improvements to utility systems by resolving outstanding deficiencies. These deficiencies include HVAC, plumbing, electrical and fire and safety concerns on these inpatient floors. In addition, this project will also promote the "One VA" concept by improving access, through the construction of a connecting pedestrian bridge, for veterans traveling between the VBA Regional Office building and the VA Medical Center.

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

**QUALITY OF LIFE:** This project will provide fully accessible toilet and shower facilities for handicapped patients. None of the facilities are currently handicapped or wheelchair accessible. Updating inpatient medical treatment units is conducive to maintaining a patients independent functioning. This meets the strategic objective to maximize the physical, mental, and social functioning of veterans with disabilities.

**HONOR AND MEMORIALIZE:** The renovation project will also improve healthcare delivery for more service-connected veterans. The Gains and Loss for the Atlanta VAMC shows that about 47% of our veteran enrollees are in categories 1- 4, which includes service-connected and housebound veterans. The newly renovated inpatient ward would provide acute and specialty services. Additionally, the newly renovated wards will provide more private rooms for our increasing number of female veterans. This meets the strategic objective to provide high quality, reliable, accessible, timely, and efficient healthcare that maximizes the health and functional status for all enrolled veterans, and focuses on veterans with service connected conditions and those who may be unable to defray the cost of quality health care.

## **VI. Alternatives Considered**

**Status Quo:** As the name implies, the status quo option indicates no change to the existing condition of the three patient wards involving approximately 60,000 gross square feet within the 1967 vintage main tower of the Medical Center. This would leave these wards with no ADA compliant bathing and toilet facilities. The existing 2 and 4 bed room units would remain a problem for patient privacy and could not meet the needs of our expanding female veteran population. The third option will only allow for limited correction of current deficiencies.

**Renovation:** This alternative targets the renovation of approximately 120 medical, surgery beds that are supported by the VA CARES planning model for FY 2022. These beds are located in 6 nursing units on 3 patient floors (60,000 gross sq-ft) within the 1967 vintage main tower, The scope will include updating these areas to meet the current social environment needs of our inpatients (medical and surgical), including the installation of two new elevators to improve patient access to ancillary services.

The best option is the renovation of ward space as it presents the lowest up front costs for acquisition, yet still provides the highest Net Present Value (NPV) of the construction related options.

**New Construction:** New construction would involve the building of a separate facility within the existing campus area. This new facility would require a



minimum of 80,000 SF of space in an area already filled to near capacity. The new construction would have a negative impact on parking and traffic flow for the duration of the project. The second best option is new construction; however, this option has a lower NPV.

Contract Out (contracting out all veteran services on a fee basis arrangement):  
The fourth option, contracting for Inpatient Services, exhibits the lowest NPV. The contracting of inpatient services is much more complicated, costly and has a much broader negative impact on the operation of the Medical Center. This option would basically change the mission of the Medical Center as a tertiary care facility, in that contracting inpatient beds may also mean closing all of the Intensive Care Units. Closing these units would require eliminating the Surgery program. Eliminating all patient beds and the Surgery program would obviously cause Emory University to end its affiliation with the VA. In addition, about 97% of our attending physicians, who supervise the residents and interns from Emory, have a faculty appointment at Emory. We would not be able to recruit or retain qualified physicians without the affiliation because these physicians receive monetary compensation as well as benefits from Emory. Contracting out would disrupt coordination of care and customer satisfaction would suffer. Education, and potential Research, at the Atlanta VA would no longer be a part of the Medical Center's mission.

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

The Atlanta VAMC has an active affiliation with the University of Emory Medical School and is one of the six Emory University Affiliated Hospitals. The Atlanta VA Medical Center is approved for 121.65 medical resident positions in a variety of disciplines. Last year 423 residents and 233 medical students rotated through the Atlanta VA Medical Center. The majority of physician staff at the facility has faculty appointments at Emory University. Overall, the Atlanta VAMC has affiliation agreements with 25 colleges and universities involving 29 different training programs. In 2003, 656 trainees and medical residents rotated through this facility. The Atlanta VAMC functions as the Primary Receiving Center in the VA/DoD Contingency Planning Process and as a Federal Coordinating Hospital in the National Disaster Medical System (NDMS). Services contracted through DoD sharing agreements include dental surgery with the Department of the Navy, U.S. Naval Hospital, Jacksonville, Florida, The Atlanta VAMC serves as a training site for RNs and Corpsmen for the Naval Reserves Readiness Center, Atlanta, Georgia and trains RNs, 9ICs and medics for the 3297th U.S. Army Hospital for Training Support Services, Chamblee, Georgia. The Atlanta VAMC also provides medical and dental services to active Public Health Service commissioned officers and radiological services for Fort McPherson, Atlanta, Georgia. The Atlanta VA Medical Center has a highly active, major research program that is affiliated with Emory University, and is one of the largest in the

nation. The program is fortunate to include a national VA Rehabilitation Research and Development Center, which focuses on the impact of low vision on the aging veteran; an HIV Research Center; a satellite GRECC which collaborates with the Birmingham VAMC and programs which comprise activities related to medical and clinical problems, rehabilitation medical engineering, and health services research. The research program involves over 450 projects conducted by over 125 principal investigators and total grant funding of more than \$25 million from VA and non-VA sources.

### VIII. Demographic data

Summary of what the data is based on and which market it comes from.

Complete Georgia Market	2005	2015	2025	Change 2005-2025
Veteran Population	631,873	590,826	536,992	-15%
Enrollees	161,595	192,720	186,086	15%

### IX. Workload

Workload	Current (2001)	Projected (2022)	Change 2001-2022
Authorized hospital beds	273	286	5%
Outpatient visits	498,511	841,166	69%
Unique patients	52,044	110,812	111%
Enrollees	122,419	159,114	30%
Primary care stops	132,221	279,505	111%
Specialty care stops	153,022	351,079	130%
Mental health stops	111,285	140,747	26%

X. Schedule	
Complete design development	December-05
Award contract documents	October-07
Complete construction contract	November-09

### XI. Project Cost Summary

Alterations (58,755 gross square feet)	\$9,503,000
<b>Subtotal</b>	<b>\$9,503,000</b>
Pre-design development allowance	\$1,486,000
Utilities	\$5,351,000
<b>Subtotal estimated base construction costs</b>	<b>\$16,340,000</b>
Construction contingencies	\$1,080,000
Technical services	\$1,742,000
Impact costs	\$56,000
Construction management costs	\$491,000
<b>Subtotal estimated base cost</b>	<b>\$19,709,000</b>
Inflation allowance/locality adjustment	\$825,000
<b>Total estimated project cost</b>	<b>\$20,534,000</b>

### XII. Operating Costs

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$ 1,654,761	N/A
One time non-recurring cost	\$ 500,000	N/A
Total non-recurring	\$ 2,154,761	
<b>Recurring costs</b>		
Personal services	(FTE: 104.5) \$18,810,746	(FTE: 1848) \$153,735,190
Other recurring	\$ 541,091	\$ 92,854,502
Total recurring	\$ 19,351,837	\$ 246,589,692

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**Denver, Colorado  
New Medical Center Facility**

*This phase provides funding for construction of an energy building and parking structure.*

**I. Budget Authority**

Total	Available	2008 BA	Future	Auth.
Estimated Cost	Through 2006	Request	Request	Request
\$646,000,000	\$55,000,000	\$61,300,000	\$529,700,000	\$646,000,000

Total estimated cost of this project has increased due to the booming construction industry in the United States and around the world. The significant demand for contractors, labor and building materials is causing a significant increase in pricing. This is being exacerbated by the impact of higher petroleum prices on both petroleum based building products and fuel and by the impact of Katrina and the previous hurricanes of the fall of 2004.

**II. Priority Score:** FY04-10

**III. Description of Project**

This project provides approximately 1,400,000 square feet for a facility near the University of Colorado Fitzsimons campus. The facility will accommodate the Eastern Colorado Health Care System’s tertiary, secondary and primary care functions and also presents the possibility of a joint VA/DoD presence. The project continues the positive collaboration with the University of Colorado by relocating to this new site. This phase provides funding for construction of an energy building and parking structure.

**IV. Priorities/Deficiencies Addressed**

The project addresses several problems: 1) Replaces an aging facility – the Denver medical center is over 50-years old, is inefficient, has no room for expansion, and will not support the capacity or quality of veteran care needed in the future; and 2) eliminates strained affiliation with the University Hospital/education system since the University of Colorado relocated to the site of the former Fitzsimmons Army Medical Center.

**V. Strategic Goals and Objectives**

The project supports four of VA’s goals:

**QUALITY OF LIFE:** Restore capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives. This is achieved through significantly increasing available clinical space to provide for the substantial increases in demand projected for the primary care area. Additional services will

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

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

**HONOR AND MEMORIALIZE:** Veterans are honored and served by providing care second to none in facilities second to none. Instead of a fifty plus year old building with inadequate space and failing infrastructure, veterans are served in a complex of the best facilities available.

**CONTRIBUTE TO PUBLIC HEALTH AND SOCIOECONOMIC WELL-BEING:** Public health and socioeconomic well-being are enhanced by research conducted by the best researchers attracted by the best research facilities available. Additional research space in conjunction with the University of Colorado will boost the quantity and quality of research conducted. Clinical education is significantly enhanced by adequate space to match clinical need and patient demand. Education given in a setting of the best of facilities promotes excellence in training and reflects positively on the clinical community, as well as the patients.

## **VI. Alternatives Considered**

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

Status Quo - There is inadequate space, an aging facility, and the Denver VAMC is separated from the University.

Renovation - This has a higher cost, more disruption, difficult phasing, and is also separate from the University.

New Construction - This is the best approach as it provides sufficient space to meet increased demand and there would be a collocation with the University.

Lease - This option is not available in the area.

Contract out (contracting out all veteran services on a fee basis arrangement) - This option has a high cost for numerous services, subject to cancellation or

change, and some services are not available in numbers needed or not available at all through contract in the Denver area.

**VII. Affiliation/Sharing Agreements - University of Colorado**

**VIII. Demographic data**

VISN 19 Eastern Rockies Market	2004	2014	2024	Change 2004-2024
Veteran Population	402,301	345,421	296,819	-26%
Enrollees	93,859	104,206	96,542	3%

**IX. Workload**

Workload	Current (2004)	Projected (2024)	Change 2004-2024
Authorized hospital beds	156	222	42%
Ambulatory Stops	751,777	1,094,993	46%
Mental health stops	148,132	237,483	60%

**X. Schedule**

Complete design development (phase 1)	May-07
Complete design development (phase 2)	Nov-07
Award construction contract (phase 1)	Sep-07
Complete construction	TBD

## XI. Project Cost Summary

Demolition (0 gross square feet)	\$0
New construction (1,293,490 gross square feet)	\$350,391,000
Renovation (0 gross square feet)	\$0
Alterations (0 gross square feet)	\$0
<b>Subtotal</b>	<b>\$350,391,000</b>
Land acquisition	\$55,000,000
Pre-design development allowance	\$14,503,000
Utilities	\$103,054,000
<b>Subtotal estimated base construction costs</b>	<b>\$522,948,000</b>
Construction contingencies	\$24,896,000
Technical services	\$52,284,000
Utility Agreements	\$5,000,000
Impact costs	\$0
Construction management costs	\$0
<b>Subtotal estimated base cost</b>	<b>\$605,128,000</b>
Inflation allowance/locality adjustment	\$40,872,000
<b>Total estimated project cost</b>	<b>\$646,000,000</b>

## XII. Operating Costs

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



**Las Vegas, Nevada  
New Medical Center Facility**

*This project constructs a VA Medical Center to include Ambulatory Care, Inpatient Units, Nursing Home Care Unit, Administrative functions and Veterans Benefits Offices.*

**I. Budget Authority**

Total Estimated Cost	Available Through 2006	2008 BA Request	Auth. Request
\$600,400,000	\$259,000,000	\$341,400,000	\$600,400,000

**II. Priority Score:** FY05-06

**III. Description of Project**

The VA Southern Nevada Healthcare System (VASNHS), located in Las Vegas, Nevada is proposing construction of a comprehensive Medical Center Complex. This project provides up to 90 inpatient beds, a 120 bed Nursing Home Care Unit, an Ambulatory Care Center, administrative and support functions, and provides space for collocated Veterans Benefits Administration offices. The Medical Center Complex would provide a “One Stop Shopping” approach for the veteran whose healthcare needs cross the continuum of services including primary and specialty care, surgery, mental health, rehabilitation, geriatrics and extended care. The consolidation of clinical and administrative support will increase effectiveness, allow for the sharing of expertise and coordination across all levels of care, and ensure patients are provided optimum care in the most appropriate setting. The proposed facility would be appropriately sized with approximately 838,000 gross square feet. The site for the new facility has been transferred to VA from the Bureau of Land Management, Department of the Interior.

In order to improve access, maximize flexibility and reduce cost, 50% of the projected Primary Care and Mental Health workload has been removed from the space program and will be placed in multiple locations throughout the Las Vegas metropolitan area. This improves access to patients for Primary Care and allows for a scalable infrastructure to quickly adapt to anticipated changes in workload.

The project enhances the existing Federal Hospital, shared with the Air Force, through expanded capacity and increased scope of clinical services providing both VA and DoD beneficiaries a comprehensive healthcare environment and cost effective alternative to contracted services.

**IV. Priorities/Deficiencies Addressed**

This project addresses the existing lack of a VA inpatient facility in southern Nevada. The Las Vegas area has one of the highest growth rates in the country,

with the majority of the population increase concentrated in the Las Vegas metropolitan area which has a net gain of over 6,000 new residents per month.

Current services are being provided at ten (10) different locations in the Las Vegas metropolitan area utilizing shuttle services in an attempt to meet veterans' needs. This configuration has many inefficiencies requiring duplication of staff, services and equipment to ensure continuity between facilities, increased data and telecommunication infrastructure with associated data transmission cost, lost time while traveling between sites by staff providing care at more than one location, and reduced management oversight of daily operations. The present system creates great patient inconvenience, dissatisfaction, constant utilization, and does not support increased demand for services.

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

**HONOR AND MEMORIALIZE:** The project would significantly improve the delivery of healthcare in a modern state-of-the-art facility. Continuity of care, ready access to critical services, consolidation of scarce resources and improved efficiency will be greatly enhanced. Expanded services would provide greater opportunities for sharing agreements within an already successful VA/DoD joint venture. Patient satisfaction, improved clinical outcomes, the ability to attract and retain highly qualified staff will be the result of a patient centered healthcare system. This meets the strategic objective to provide the high quality, reliable, accessible, timely, and efficient healthcare that maximizes the health and functional status for all enrolled veterans, and focuses on veterans with service connected conditions and those who may be unable to defray the cost of quality health care.

**QUALITY OF LIFE:** A state-of-the-art VA facility supports the consistent delivery of medical care. By consolidating specialty services and decentralizing primary care the facility can capitalize on both the efficiency of "One stop shopping" and ease of access. Collocation of the VBA offices at the Medical Center will support timely and accurate decisions on disability compensation claims, continuing the close working relationship of VHA and VBA at the local facility. The project provides for fully accessible facilities for handicapped patients. Through ready availability of a wide scope of services, ease of access and the ability to provide care in the most appropriate environment, we achieve the strategic objective to maximize the physical, mental, and social functioning of veterans with disabilities.

**ONE VA:** The new facility allows for consolidation of services, expanded sharing with affiliations and Federal agencies, and increased educational affiliations and

collocation of VHA and VBA. The collocation of VHA and VBA services allows for a team approach to meeting the needs of the veteran. The facility will be a model for the delivery of services across the continuum of care providing world-class service. Cost savings from increased operational efficiencies, reduced utilities, and reduced rents allow for focusing critical resources on the veteran.

**CONTRIBUTE TO PUBLIC HEALTH AND SOCIOECONOMIC WELL-BEING:** A modern building substantially improves the ability to support academic affiliations with the University of Nevada and other healthcare educational affiliates and provide space for expanded research programs. Expanded scope of services and improved diagnostic capabilities will provide multiple opportunities for expansion of educational and research activities. The facility will greatly improve the ability to support DoD during times of national emergency and become a resource to the entire community. Expanded capabilities will provide Air Force healthcare staff with a greater range of medical experiences and training opportunities. DoD patients will also gain access to complex healthcare services not currently available in Las Vegas.

**ENSURE SMOOTH TRANSITION FOR VETERANS FROM ACTIVE MILITARY SERVICE TO CIVILIAN LIFE:** A benefit of the joint venture is that military personnel already are accustomed to VA healthcare while still on active duty with VA and DoD staff working side by side every day. Medical records and information related to military service are readily available, easing the transition. The continued positive relationship ensures the veteran of seamless delivery of care with pre-discharge physicals, transfer of medical records, follow-up care and availability of benefits support all in the same location.

## **VI. Alternatives Considered**

The construction of a new Medical Center Complex was chosen as the preferred alternative based on the best value and alignment with VA goals. The six alternatives that were considered are:

Alternative 1: Status Quo – This is not a feasible alternative because the current outpatient clinic does not provide the needed infrastructure for the Las Vegas workload

Alternative 2: Renovation – This is not applicable, there is no existing facility.

Alternative 3: New Construction – Medical Center Complex, single site.

Alternative 4: New Construction – Multi-site, Replacement Ambulatory Care

Center, New Nursing Home Care Unit, maintain existing Inpatient services at VA/DoD Joint Venture.

Alternative 5: Lease - Expansion of current lease authority to accommodate growth. This was considered non-viable due to the cost to lease space in the community.

Alternative 6: Contract out - Fee basis veterans healthcare. This was considered non-viable due to the lack of market availability.

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

The VA Southern Nevada Healthcare System (VASNHS) is affiliated with the University of Nevada School of Medicine (UNSoM) including Resident programs for Internal Medicine, Surgery, Psychiatry, Family Practice, and rotations for Medical Specialties in Dermatology, Cardiology and Geriatrics. Currently there are 27 residents in these program areas. These programs continue to expand as the UNSoM expands its presence in Las Vegas. A Residency program is under development as a result of the opening of the University of Nevada School of Dentistry. An affiliation with the newly established Touro University School of Osteopathic Medicine is being discussed. The program is in a developmental phase; it is anticipated that VASNHS will be a major training site for Primary Care, Inpatient and Outpatient Medical Specialties.

Affiliations with the University of Nevada School of Nursing and Case Western University provide training for up to 10 Nurse Practitioner students each year. The affiliation with the Nevada State College currently provides education opportunities for 8 BSN students with 16 new students planned for the next session. VASNHS is developing a training program with the Community College of Southern Nevada for training of Licensed Practical Nurses.

VASNHS has a long-term ongoing affiliation with Southern California College of Optometry (SCCO). This full-time academic affiliation provides enhanced care to VA beneficiaries as well as advanced training to senior optometry interns. VASNHS entered into a second academic affiliation with the Illinois College of Optometry (ICO) in Chicago, IL, in 2003. This second affiliate will add two additional positions to the program, bringing the total to six. VASNHS has completed the required self-study for the Council on Optometric Education and the VHA Office of Academic Affiliations to gain candidacy pending status for a post-graduate residency program in Ocular Disease. VASNHS has been recently received approval for an Optometry Fellowship trainee.

VASNHS Pharmacy Service currently has affiliations with Nevada College of Pharmacy, Southern California College of Pharmacy, Idaho State University College of Pharmacy, the Creighton University School of Pharmacy and Health Professionals

and will be establishing a pharmacy practice residency. These programs offer up to 20 Doctor of Pharmacy students training each year. It is expected that this number will continue to increase over the next several years.

Additionally, VASNHS provides training to Associated Health Trainees in the fields of social work, nutritional medicine and radiology.

VASNHS providers and staff hold full and adjunct faculty appointments at the University of Nevada School Of Medicine, University of Nevada School of Nursing, Nevada State College, Community College of Southern Nevada, Southern California College of Optometry and the Illinois College of Optometry.

Through sharing agreements at the Mike O’Callaghan Federal Hospital, a VA/DoD Joint Venture, training and advanced care experience is provided to active duty and reserve military personnel in a wide variety of healthcare services including Intensive Care, Surgery and Clinical Support Services.

**VIII. Demographic data**

VISN 22 Southern Nevada	2004	2014	2024	Change 2004-2024
Unique Patients	37,770	-	44,469	24%
Enrollees	41,405	-	50,085	21%

**IX. Workload**

Workload	Current (2004)	Projected (2024)	Change 2004-2024
Authorized hospital beds	52	90	73%
Ambulatory Stops	126,711	105,230	-17%
Mental health stops	162,008	133,815	-21%

**X. Schedule**

Complete design development	May-07
Award Construction Contract, phase I	Sep-06
Award Construction Contract, phase II	Oct-07
Complete Construction	Dec-10

## XI. Project Cost Summary

New construction (838,300 gross square feet)	\$314,674,000
Renovation (0 gross square feet)	\$0
Alterations (0 gross square feet)	\$0
<b>Subtotal</b>	<b>\$314,674,000</b>
Land acquisition	\$0
Pre-design development allowance	\$45,167,000
Utilities	\$137,000,000
<b>Subtotal estimated base construction costs</b>	<b>\$496,841,000</b>
Construction contingencies	\$24,842,000
Technical services	\$20,000,000
Utility Agreements	\$5,000,000
Impact costs	\$0
Construction management costs	\$15,214,000
<b>Subtotal estimated base cost</b>	<b>\$561,897,000</b>
Inflation allowance/locality adjustment	\$38,503,000
<b>Total estimated project cost</b>	<b>\$600,400,000</b>

## XII. Operating Costs

	Project Costs	Present Facility Operating Costs
<b>Non-recurring costs</b>		
Equipment costs	\$150,000,000	\$1,076,000
One time non-recurring cost	\$25,000,000	\$1,927,000
Total non-recurring	\$175,000,000	\$3,003,000
<b>Recurring costs</b>		
Personal services	(FTE: 1500) \$138,793,200	(FTE: 957) \$55,444,000
Other recurring	\$66,763,200	\$86,567,000
Total recurring	\$205,556,400	\$142,011,000
<b>Total Operating Cost</b>	<b>\$380,556,400</b>	<b>\$145,014,000</b>

**New Orleans, Louisiana**  
**Restoration/Replacement of Medical Center Facility**

*This project replaces the existing medical center in New Orleans that sustained catastrophic damage from Hurricane Katrina.*

**I. Budget Authority**

Total Estimated Cost	Available Through 2006	2008 BA Request	Auth. Request
\$625,000,000	\$625,000,000	\$0	\$625,000,000

**II. Description of Project**

This project constructs a tertiary care medical complex to reestablish all services provided to veterans in Southeast Louisiana at the New Orleans Medical Center that existed prior to Hurricane Katrina. The complex will include 200 inpatient beds with 60 nursing home care beds. This project may also include connecting a corridor connected to the LSU (Medical Center of Louisiana) medical facility. Functions may be shared in the LSU and VA facilities, as well as the connecting corridor consistent with the New Orleans Collaborative Opportunities Study Group Report dated June 12, 2006 cited in the authorization. It will also provide an outpatient center, including primary, mental health, and specialty care; surgical capabilities; expanded treatment, diagnostic, and ancillary services; research facilities; and parking. The project will comply with all new standards for hurricane hardening and federal security requirements. This project also provides for land acquisition, if necessary.

**III. Priorities/Deficiencies Addressed**

After Hurricane Katrina, the VA Medical Center, New Orleans, was closed due to extensive damage. Since that time, community based outpatient clinics that were identified in the CARES process have been established at three different locations. From the standpoint of outpatient medical care, the above actions will accommodate the anticipated patient workload in the near term. However, inpatient care will not be available in the immediate vicinity of New Orleans until VA's Medical Center is re-established. *This is the principal issue regarding full VA recovery in the New Orleans area.*

This medical center has a critically important role in caring for patients throughout Southern Louisiana, Eastern Texas and Western Mississippi. Over 39,000 unique patients were treated in FY 2005. Pre-hurricane statistics included staffing of over 1,700 employees and 600+ volunteers, with an annual operating budget in excess of \$130 Million.

#### **IV. Strategic Goals and Objectives**

The project supports four of VA's goals:

1) Restore capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives.

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

2) Ensure a smooth transition for veterans from active military service to civilian life.

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

3) Honor and serve veterans.

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

4) Promote public health and socioeconomic well being.

The City of New Orleans suffered the loss of multiple hospitals after Hurricane



Katrina. This significantly reduced availability of medical and mental health services and the number of inpatient medical/surgical beds. Psychiatric beds in New Orleans are non-existent. This together with the stress of rebuilding homes, lives, and communities has created a serious health care crisis.

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

## **V. Alternatives to Construction Considered**

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

### **Alternative 1: Restore and Hurricane-Harden the Existing Medical Center**

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

### **Alternative 2: Renovate and Remodel the Existing Medical Center**

VA would re-establish a medical center by renovating and remodeling the current facility. The complex would be restored as per Alternative 1, but in addition deficiencies to the 1950’s era portions of the complex would also be addressed. All damage to equipment and interior finishes from the effects of very high humidity over a long period of time (mold, etc.) would be repaired to the highest degree possible. Sections of the building would be remodeled to accommodate a different modus operandi. For example as in Alternative 1 all critical and sensitive equipment would be moved to higher floors and lower floors would be used for less critical activity (parking, non critical storage, etc.). For example, the primary engineering and food service infrastructure would be placed above Katrina’s precipitated “levee break” flood level. This would involve significant revamping/renovations to the first floor level as well as the construction of a new stand-alone Engineering Utility Plant tower building, probably on the site of (a razed) Building 2 in the northwest corner of VAMC campus. However Alternative 2 could also include the addition of two more floors - this would depend on a more detailed engineering assessment.

### Alternative 3: Construction of a New Medical Center as a “Shared” Facility – Same General Area

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

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

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

### Alternative 4: Construction of a New “Stand Alone” Medical Center Hospital on Higher Ground

Under this alternative, VA would build a new complex in a location outside the flood plain. This VA Medical Center would provide all necessary services and would be a stand alone facility with no adjacent “partners”. However, affiliation would be established with other medical centers in the region to the extent possible.

## **VI. Affiliations/Sharing Agreements**

Pre-Katrina, the medical center had active medical affiliations with Louisiana State Health Sciences Center and Tulane University Health Sciences Center. In FY 05, 124 resident positions were allocated to the medical center. In total, over 500 University residents, interns, and other allied health students were trained at the medical center. There were also nursing and Department of Defense (DoD) affiliations with: Charity/Delgado, Dillard, Our Lady of Holy Cross College, LSUHSC, Loyola, University of South Alabama, University of Phoenix, University of Mobile, University of Louisiana at Lafayette, University of Southern

Mississippi, Mississippi University for Women, the 926th Air Force, the 1010th Navy, Naval Ambulatory Care Center, and the 4010th US Army Reserve Hospital.

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

**VII. Demographic Data:** Demographic data is currently based on the recently completed CARES effort that defined market areas for VA medical facilities. The Southeast Louisiana Veterans Health Care System (formerly the VA Medical Center, New Orleans, Louisiana) is located in the Central Southern market.

Market Data - Central Southern				Change
	2005	2015	2025	(2005-2025)
Veteran Population	144,768	160,909	141,004	-2.6%
Enrollees	55,455	61,324	56,042	1.1%

**VIII. Workload**

Workload			Change
	2004	Projected (2024)	(2005-2025)
Authorized hospital beds	234	200*	-14.5%
Ambulatory stops	330,533	566,163	41.61%
Mental Health stops	88,711	141,563	37.33%

\*Includes 60 NHC beds

**IX. Schedule**

Complete design development	TBD*
Award construction contract	TBD*
Complete Construction	TBD*

\* VA is currently in the planning phases of a joint venture with the State of Louisiana (Louisiana State University Health Care Services Division) and dates have not been determined.

### X. Project Cost Summary

New Construction (775,000 gross square feet @ \$231.70/sf)	\$179,568,000
Renovation (0 gross square feet)	\$0
<b>Subtotal</b>	<b>\$179,568,000</b>
Pre-design development allowance	\$43,527,000
Total other costs, Utilities, etc.	\$237,856,000
Physical Security	\$17,839,000
<b>Total estimated base construction cost</b>	<b>\$478,790,000</b>
Construction contingencies	\$23,940,000
Technical services	\$50,274,000
Impact costs	\$0
Construction management firm costs	\$14,180,000
<b>Total estimated base cost</b>	<b>\$567,184,000</b>
Inflation allowance to construction award	\$57,816,000
<b>Total estimated project cost</b>	<b>\$625,000,000</b>

**XI. Operating Costs** - These costs are preliminary costs subject to verification upon definition of shared services in the joint venture.

<b>Non-recurring costs</b>	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
Equipment Costs	\$92,000,000	\$0
One time non-recurring cost	\$53,000,000	\$0
Total non-recurring	\$145,000,000	
<b>Recurring costs</b>		
Personal services	(FTE: 1700) \$158,500,000	\$0
Other recurring	\$80,200,000	\$0
Total Recurring Cost	\$178,700,000	\$0

**Palo Alto, California**  
**Seismic Corrections Building 2**  
**80-Bed Acute Psychiatric Replacement Facility**

*Construct an acute psychiatric replacement facility for Palo Alto's seismically deficient Building 2.*

**I. Budget Authority**

Total Estimated Cost	Available Through 2006	2008 BA Request	Auth. Request
\$34,000,000	\$34,000,000	\$0	\$34,000,000

**II. Priority Score:** 0.457

**III. Description of Project**

This project will replace an obsolete, functionally deficient and seismically unsafe acute psychiatric inpatient building by constructing an 80-bed replacement facility at VA Palo Alto Health Care System's (VAPAHCS) Palo Alto Division (PAD). Upon completion of the 80-bed acute psychiatric replacement facility, Building 2 will be razed and the parcel converted to patient parking. Prior to Building 2 abatement and demolition, portions of Building 5 must be renovated to accommodate Psychology Service and other displaced programs. Landscape and exterior revisions are included with this project's scope.

**IV. Priorities/Deficiencies Addressed**

VA's Degenkolb seismic study identified VAPAHCS' Building 2 as Exceptionally High Risk [EHR] ranking as #2 and classified the building as, "Deficiency Category Rank: 1 - building in danger of collapsing." Replacing Building 2 with a smaller, more efficient, state-of-the-art 80-bed acute psychiatric inpatient treatment facility will resolve the following problems:

1. Remove an Exceptionally High Risk (EHR - #2) seismically deficient inpatient building from VHA's inventory (Safety). Target results: replace a structurally unsafe and potentially hazardous inpatient building in which patients and staff are confined within locked inpatient wards.
2. Consolidate VAPAHCS' four (4) geographically separate acute psychiatric inpatient wards into a single, state-of-the-art treatment facility. Target results: achieve \$3,273,689 in savings per year by achieving operational efficiencies and reducing duplicative functions.
3. Provide a safe environment to treat seriously and chronically mentally ill

veterans. Target results: Design an inpatient building conducive to treating patients who typically exhibit assaultive behaviors. Decompress VAPAHCS' acute psychiatric wards allowing for better management and oversight.

Today, VAPAHCS operates 92 acute psychiatric beds located on two separate divisions (Palo Alto Division and Menlo Park Division). Based on CARES acute psychiatric inpatient demand projections, VAPAHCS will require 80 acute psychiatric beds in 2022. Based on these projections, VAPAHCS appropriately sized the proposed 80-bed acute psychiatric replacement facility to meet the needs of veterans in 2022.

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

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

Based on significant structural design deficiencies, the Degenkolb seismic inventory ranked VAPAHCS' Building 2 second (2<sup>nd</sup>) out of 81 VA buildings in the Department of Veterans Affairs' Exceptionally High Risk (EHR) May 2006. These 81 buildings are typically large buildings, often bed buildings, in high seismic zones that have yet to be strengthened. Furthermore, this seismic study categorized Building 2 as, "Deficiency Category Rank: 1 - building in danger of collapsing."

Based on the magnitude of structural, mechanical, environmental and functional deficiencies, VACO's Office of Facilities Management recommended that VAPAHCS replace Building 2 with an 80-bed acute psychiatric facility.

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

In FY06, VAPAHCS provided 55 percent (25,782 Bed Days of Care [BDOC]) of VISN 21's acute psychiatric inpatient treatment. In the recent past, earthquakes in California have caused substantial damage to VA infrastructure. By replacing Building 2 with a smaller, structurally sound facility, VAPAHCS will achieve the following goals and objectives:

**QUALITY OF LIFE:** One of VHA's strategies is to, "Continuously improve the quality and safety of health care for veterans, particularly those health issues associated with military service." (VHA Strategy 1) By funding this proposal, VAPAHCS will ensure adequate acute psychiatric inpatient capacity to treat veterans who are seriously and chronically mentally ill.

**HONOR AND MEMORIALIZE:** One of VHA's strategies is to, "Provide timely and appropriate access to health care by implementing best practices." (VHA Strategy 2) To accomplish this objective, VAPAHCS will replace Building 2 with a modern 80-bed acute psychiatric facility, ensuring patient privacy, optimizing patient safety, and providing access for veterans who suffer from Axis I and Axis II mental illnesses.

**PUBLIC HEALTH & SOCIOECONOMIC WELL-BEING:** One of VHA's strategies is to, "Focus research and development on clinical and system improvements designed to enhance the health and well-being of veterans." (VHA Strategy 6.) This replacement proposal will allow VAPAHCS to continue in its efforts to replace antiquated infrastructure with facilities conducive for advancing mental health research and education.

**ONE VA:** One of VHA's strategies is to, "Promote diversity, excellence and satisfaction in the workforce, and foster a culture which encourages innovation." (VHA Strategy 4) By funding this proposal, VAPAHCS will successfully recruit and retain a talented workforce, one in which is committed to treating patients who are seriously and chronically mentally ill.

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

Five alternatives were considered: status quo, renovation, new construction, leases, and contract out. The alternative to replace Building 2 with a modern 80-bed acute psychiatric inpatient facility remains the preferred alternative.

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

- Renovation: While this option proposes to structurally retrofit Building 2, it will not specifically address existing environment of care deficiencies. This alternative does not directly address life/safety, ADA, and design deficiencies and will not enhance the delivery of care for veterans who suffer from serious or chronic mental illnesses. Furthermore, VAPAHCS will have difficulty relocating Building 2's programs to other facilities during seismic retrofit. These acute psychiatric inpatient programs would be adversely impacted during the renovation.
- New Construction: This option recommends constructing an 80-bed acute-psychiatric inpatient replacement facility at VAPAHCS' Palo Alto Division. VACO's Office of Facilities Management developed this proposal based on Building 2's extensive structural and environment of care deficiencies. This alternative will allow VAPAHCS to consolidate four acute psychiatric units, currently located within three (3) separate buildings on two (2) different divisions into a single, state-of-the-art treatment facility.
- Lease: Leasing an offsite facility for acute psychiatric inpatient programs, away from the Palo Alto Division, is not preferred based on patient acuity and lack of continuity of care.
- Contract out: This option will contract out ~37,000 acute psychiatric BDOC to the community. This option is not a viable alternative because Public Law 104-262: Veterans Healthcare Eligibility Reform Act, mandates that the VA maintain capacity for veterans who are seriously and chronically mentally ill. Furthermore, market surveys suggest that acute psychiatric inpatient capacity is generally not available in the local community.

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

VAPAHCS manages one of the largest Graduate Medical Education (GME) programs in VHA. In FY06, GME training was provided to 1,342 medical students, interns, residents and fellows from 161 academic institutions. VAPAHCS' primary academic affiliation is with the Stanford University School of Medicine (SUSOM). Following GME completion, VAPAHCS makes a rigorous effort to recruit SUSOM graduates. An antiquated environment of care makes recruitment and retention of highly qualified staff that much more difficult. Therefore, investing resources to develop a modern acute psychiatric facility will help facilitate the recruitment of physicians and other mental health professionals.



### VIII. Demographic Data

Market Data				%Change
	<u>2005</u>	<u>2015</u>	<u>2025</u>	<u>(2005-2025)</u>
Veteran Population	315,753	242,947	189,751	-40%
Enrollees	79,669	71,200	59,910	-25%

### IX. Workload

Workload			%Change
	<u>2005</u>	<u>Projected (2025)</u>	<u>(2005-2025)</u>
Mental Health beds	101	180	+79%
Ambulatory stops	542,962	635,082	+17%
Mental Health stops	29,209	41,325	+42%

### X. Schedule

Complete design development	April-05
Award construction contract	January 2008
Complete Construction	June 2010

### XI. Project Cost Summary

New Construction (75618 gross square feet)	\$17,619,000
Renovation (15,000 gross square feet)	\$1,500,000
<b>Subtotal</b>	<b>\$19,119,000</b>
Pre-design development allowance	\$1,500,000
Total other costs, Utilities, etc.	\$5,900,000
<b>Total estimated base construction cost</b>	<b>\$26,519,000</b>
Construction contingencies	\$1,989,000
Technical services	\$2,652,000
Impact costs	\$200,000
Construction management firm costs	\$800,000
Market Condition Allowance	\$1,500,000
<b>Total estimated project cost</b>	<b>\$7,141,000</b>
Inflation allowance to construction award	\$673,000
<b>Total estimated project cost</b>	<b>\$34,333,000</b>

**XII. Operating Costs**

<b>Non-recurring costs</b>	<u>Project Costs</u>	<u>Present Facility Operating Costs</u>
Equipment Costs	\$1,200,000	\$1,822,000
One time non-recurring cost	\$1,400,000	N/A
Total non-recurring	\$2,600,000	
<b>Recurring costs</b>		
Personal services	(FTE: 192) \$16,654,000	(FTE: 2,755) \$240,272,000
Other recurring	\$5,405,000	\$135,913,000
Total Recurring Cost	\$22,059,000	\$376,185,000

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

**I. Budget Authority**

Lease Through	2008 Request	2008 Auth. Request	Unserviced Annual Rent
2029	\$4,230,000	\$4,230,000	\$1,410,000

**II. Description of Project**

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

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

**III. Priorities/Deficiencies Addressed**

This project is designed to address access and capacity for Primary Care, Mental Health, Specialty Care and Ancillary and Diagnostic Services. Within the Eastern Rockies Market, the Colorado Springs Community Based Outpatient Clinic draws the majority of its workload from veterans who reside in Douglas, Elbert, El Paso, Fremont, Park and Teller Counties. The projected veteran population for these counties is expected to decrease by 10% from 103,836 in FY 2005 to 93,749 in 2013 and by 12% to the year 2023 (82,748). In FY 2005, there were 23,919 veterans enrolled from these counties. Enrollment in the year 2013 is projected to increase to a level of 27,054 and then decrease to 25,690 enrollees by the year 2023. The market share is projected to increase from its current level of 23% to 31% by the year 2023, based on recent VA Central Office projections for the Colorado Springs Community Based Outpatient Clinic, Primary and Urgent Care workload is projected to increase from 20,661 clinic stops in FY05 to 32,800 clinic stops in 2013 (59% increase) and to 38,730 clinic stops in 2023 (18% increase). Mental health

workload is projected to increase from 11,600 clinic stops in FY05 to 18,761 clinic stops in 2013 (61% increase) and to 20,826 clinic stops in 2023 (11% increase). All Ambulatory Care workload is expected to increase from 44,258 clinic stops in FY 2005 to 79,163 clinic stops in 2013 (80% increase) and to 88,696 clinic stops in 2023 (12% increase from FY05).

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

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

Status Quo, Buy, Build, Lease, and Contract were evaluated. The Lease alternative was selected because of its flexibility. It solves the current problem cost effectively without requiring major up-front capital investment, and has a low risk of undermining the utilization of existing VA owned infrastructure since it inherently limits duplication of services, is at significant distance from other VA owned facilities and is in a growing community with a large veteran population.

The "Buy" alternative burdens VA with additional owned infrastructure and little flexibility. It is also based on the premise that a suitable building would be available and that VA has the funds to buy one. Neither appears to be the case. The "Build" alternative also burdens VA with additional owned infrastructure which would eventually need expansion and then become unsuitable to the need. The flexibility to change location timely would be impaired

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

## V. Demographic Data

Market Data				%Change
	<u>2005</u>	<u>2013</u>	<u>2023</u>	<u>(2003-2023)</u>
Veteran Population	103,836	93,749	82,748	-40%
Enrollees	23,919	27,054	25,690	-25%
Clinic Stops*	44,258	79,163	88,696	-25%

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

## VI. Schedule

Award lease	October 2008
Space delivery/occupancy	September 2010

## VII. Project Cost Summary

Estimated annual cost	\$1,410,000
Current annual cost	\$421,219
Proposed rental rate	\$30/sf
Proposed leasing authority	20 years
Usable square feet to be leased	47,000
Parking spaces to be leased	188
Special purpose related improvements**	\$2,820,000

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

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

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**Status Report for Authorized Major Medical Facility Projects**  
(dollars in thousands)

Status Codes:

**CD - Construction Documents**

**NA - No Appropriation Available**

**CO - Construction**

**PC - Physically Complete**

**S/DD - Schematics/ Design Development**

Location	Description	Authorization (\$000)	Approp. Available	Status
American Lake, WA	Seismic Corrections-NHCU & Dietetics	38,220	0	S/DD
Anchorage, AK	Outpatient Clinic and Regional Office	75,270	75,270	S/DD
Atlanta, GA*	Modernize Patient Wards	20,700	20,534	CD
Biloxi, MS	Restoration of Hospital/Consolidation of Gulfport	310,000	310,000	S/DD
Chicago, IL (WS)	Modernize Inpatient Space	98,500	98,500	CO
Cleveland, OH	Cleveland-Brecksville Consolidation,	102,300	102,300	CO
Columbia, MO	Operating Room Suit Replacement	25,830	0	NA
Columbus, OH	New Patient Clinic	94,800	94,800	CO
Denver, CO*	New Medical Center Facility	98,000	55,000	S/DD
Des Moines, IA	Extended Care Building	25,000	24,800	CO
Durham, NC	Renovate Patient Wards	9,100	9,100	CD
Fayetteville, AR	Clinical Addition	56,163	5,800	S/DD
Gainesville, FL	Correct Patient Privacy	85,200	85,200	S/DD
Indianapolis, IN	7th & 8 <sup>th</sup> Floor Addition	27,400	27,400	CO
Las Vegas, NV*	New Medical Center Facility	406,000	259,000	CO
Lee County, FL	Outpatient Clinic	65,100	10,498	S/DD
Long Beach, CA	Seismic Corrections-Bldgs 7 & 126	107,845	10,300	S/DD
Los Angeles	Seismic Corrections-Bldgs. 500 & 501	79,900	7,936	CO
Memphis, TN	Modernization/Seismic	107,600	107,600	CO
Menlo Park, CA	Seismic Correct -Geropsych NH Replacement B 324	33,200	32,934	CO
Miami, FL	Utility Plant/Elect Dist	28,300	28,000	CO
Milwaukee, WI	Spinal Cord Injury (SCI) Center	32,500	0	NA
Minneapolis, MN	SCI & SCD Center	20,500	20,500	CO
N. Calif. Healthcare	Seismic Corrections/OP Facility Restoration/Replacement of Medical Center Facility	80,000	70,800	CO
New Orleans*	Surgical Suite/Emergency/DoD	300,000	625,000	S/DD
North Chicago, IL	Sharing	13,000	13,000	PC
Orlando, FL	New Medical Center Facility/Land Aqu.	377,700	25,000	S/DD
Palo Alto, CA*	Seismic Corrections-Bldg. 2	34,000	34,000	S/DD
Pensacola, FL	Pensacola OPC	55,500	55,056	CO
Pittsburgh, PA	Consolidation of Campuses	189,205	102,500	CO
San Antonio, TX	Ward Upgrades and Expansion	19,100	19,100	CD
San Diego, CA	Seismic Corrections-Bldg. 1	48,260	47,874	CO

Location	Description	Authorization (\$000)	Approp. Available	Status
San Francisco, CA	Seismic Corrections-Bldg. 203	41,500	41,168	CO
San Juan, PR	Seismic Corrections	89,000	89,000	CO
San Juan, PR	Seismic Corrections-Bldg. 1	15,000	10,880	S/DD
St Louis (JB), MO	Medical Facility Improvements and Cemetery Expansion	69,053	0	NA
Syracuse, NY	Spinal Cord Injury (SCI) Center	77,700	53,469	CD
Tampa, FL	Upgrade Essential Electrical Distribution Systems	49,000	49,000	CD
Tampa, FL	Spinal Cord Injury (SCI) Center	7,100	11,407	CO
Temple, TX	MRI and Supporting Facility	56,000	10,552	NA
Tucson, AZ	Mental Health Clinic	12,100	13,300	CO

\*This project is included in the Major Medical Facility and Lease Authorization table on page 6-2.

### Status Report for Authorized Major Medical Leases

Status Codes:

- AC - Alternatives to leased space being considered
- AP - Acquisition Process Initiated
- AR - Authorization Required
- C - Complete
- CA - Canceled
- LAP - Lease Award Pending
- LA - Lease Awarded
- OH - On Hold

Location	Description	Authorization	NUSF Space	Status
Austin, TX	Satellite Outpatient Clinic	\$6,163	85,000	AP
Baltimore, MD	Satellite Outpatient Clinic	10,908	132,300	AP
Baton Rouge, LA	Satellite Outpatient Clinic	1,800	30,000	C
Boston, MA	Satellite Outpatient Clinic	2,879	35,000	CA
Charlotte, NC	Satellite Outpatient Clinic	2,626	51,932	LA
Corpus Christi, TX	Outpatient Clinic	3,900	60,000	OH
Crown Point, IN	Outpatient Clinic	2,600	40,000	AP
Evansville, IN	Satellite Outpatient Clinic	5,032	126,600	AP
Fort Worth, TX	Outpatient Clinic	11,118	161,119	AP
Grand Rapids, MI	Satellite Outpatient Clinic	4,408	65,800	AP
Greenville, NC	Outpatient Clinic	4,096	64,000	OH
Harlingen, TX	Outpatient Clinic	1,966	30,000	LA
Jacksonville, FL	Satellite Outpatient Clinic	3,095	61,183	OH
Knoxville, TN	Outpatient Clinic	2,600	40,000	LA
Las Vegas, NV	Satellite Outpatient Clinic	8,518	109,200	AP
Lowell, MA	Satellite Outpatient Clinic	2,520	35,000	AP
Norfolk, VA	Outpatient Clinic	3,500	50,000	OH
Oakland, CA	Outpatient Clinic	4,380	60,000	AC
Oakland Park, FL	Satellite Outpatient Clinic	4,100	65,180	LA
Parma, OH	Satellite Outpatient Clinic	5,032	74,000	AP
Plano, TX	Outpatient Clinic	9,252	34,075	AC



<b>Location</b>	<b>Description</b>	<b>Authorization</b>	<b>NUSF Space</b>	<b>Status</b>
San Antonio, TX	Outpatient Clinic	4,080	60,000	C
San Diego, CA	Outpatient Clinic (North Co.)	3,203	42,700	AP
San Diego, CA	Outpatient Clinic (South Co.)	2,625	35,000	OH
Santa Maria, (Santa Barbara), CA	Outpatient Clinic	3,611	30,780	LA
Summerfield, FL	Outpatient Clinic	3,609	53,064	LAP
Toledo, OH	Outpatient Clinic	4,140	60,000	AP
Tyler, TX	Satellite Outpatient Clinic	5,093	72,760	AP
Wilmington, NC	Outpatient Clinic	4,102	62,150	AP

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## Enhanced- Use Leases

Enhanced-Use Leasing is an important component of the Department of Veterans Affairs' overall asset management program. The program is unique among Federal agencies and considered an innovative method of acquiring needed facilities, goods, and services and assists the Department in achieving its asset goals and objectives.

In return for allowing VA property to be used for non-VA uses (which must be compatible with or benefit the Department's mission) on Department-controlled land, VA can require "rent" in the form of a reduction in the cost or free use of facilities or services for VA programs, monetary payments, or other "in-kind" consideration, which in the opinion of the Secretary "enhances" a particular VA activity's mission.

The program was authorized by law in 1991 and is managed by the Office of Asset Enterprise Management in the Office of the Assistant Secretary Management. Since the program's inception, VA has awarded 48 leases (Table 1) and is actively engaged in developing approximately 37 projects (Table 2).

**Table 1: Lease Awards**

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

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

**\*Terminated Projects**

Table 2: Departmental Enhanced-Use Lease Priorities

	Project Site	Project Type
1	Albany, NY	Parking
2	Albuquerque, NM	Assisted Living
3	Battle Creek, MI	Laundry
4	Brevard, FL	Assisted Living
5	Butler, PA	Homeless Residential Program
6	Butler, PA	Hospital
7	Chillicothe, OH	Mixed Use
8	Cleveland, OH	Domiciliary
9	Columbia, SC	Mixed Use/Regional Office/Realignment
10	Dayton, OH	Senior Housing
11	Dayton, OH	Homeless Housing-Females w/Substance Abuse
12	Hines, IL	Building 51 - Assisted Living
13	Houston, TX	Clinical/Ambulatory Space
14	Lebanon, PA	Golf Course
15	Lincoln, NE	Outpatient Clinic
16	Los Angeles, CA	Regional Office Collocation
17	Marion, IL	Hotel
18	Marion, IN	Senior Housing
19	Milwaukee, IL	Mixed Use
20	Montrose, NY	Assisted Living
21	Murfreesboro, TN	Golf Course
22	Nashville, TN	Research
23	Newington, CT	Assisted Living
24	Phoenix, AZ	Child Care Development Center
25	Riverside, CA	Transitional Housing
26	Sacramento, CA	Assisted Living
27	St. Louis, IL	Parking
28	San Francisco, CA	Research
29	Sepulveda, CA	Homeless Veterans Housing
30	Solono County, CA	Water Supply & Property Development
31	Syracuse, NY	Research
32	White City, OR	Community College
33	Coatesville, PA	Energy Co-generation
34	Philadelphia, PA	Energy Co-generation
35	Pittsburgh (Aspinwall), PA	Energy Co-generation
36	Pittsburgh (UD), PA	Energy Co-generation
37	Wilkes Barre, PA	Energy Co-generation

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## U. S. Department of Veterans Affairs 5-Year Capital Plan 2007-2012

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## Legislative and Executive Requirements

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This 5-Year Capital Plan meets the following Congressional requirements:

### **FY 2007**

- Public Law 109-114, Administrative Provision, Section 211 addresses notification requirements for leases over \$300,000. At this time there are no notification leases for FY 2008. If any leases over \$300,000 are identified notification will be made in accordance with the public law.
- Conference Report 109-305 and Senate Report 109-105 direct VA to update its 5-year strategic plan for capital asset management.

### **The plan also responds to other congressional requirements:**

- United States Code Title 38, Section 8107 addresses the top-twenty medical facility projects.
- Executive Order 13327, Federal Real Property Asset Management, dated February 4, 2004.

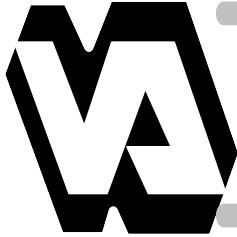
### **The plan includes information regarding other congressional requirements:**

- United States Code Title 38, Section 8104 addresses authorization requests for major medical facility projects, major construction and lease projects.<sup>1</sup>
- United States Code Title 38, Section 8104 addresses notification of intent to obligate in excess of \$500,000 for advance planning funds for Capital Asset Realignment for Enhanced Services (CARES) projects. (Projects previously authorized are exempt from this requirement.)<sup>2</sup>

<sup>1</sup>A formal legislative proposal will be submitted requesting authorization.

<sup>2</sup>Notification will be made in accordance with the public law.

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## Executive Summary

### Introduction

VA is a Cabinet-level department whose primary mission is to serve America's veterans and their families, ensuring that they receive medical care, benefits, social support, and lasting memorials. The VA consists of the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), the National Cemetery Administration (NCA), and staff offices, which provide support to the Administrations.

The Department's updated 5-year capital plan is the culmination of VA's comprehensive capital investment process. It reflects the difficult trade-offs between funding the operational expenses for existing assets, and the acquisition of new assets by the most cost-effective and beneficial means. With more than 5,000 buildings and approximately 33,000 acres of land nation-wide, it is critical VA have a systematic framework for managing its portfolio of capital assets. Using an internally developed three-layered approach, VA ensures that assets fully support the mission, vision, and goals of the Department, as well as the President's Management Agenda (PMA).

The 5-Year Capital Plan is a living document reflecting changes in the composition and alignment of assets. It describes the process, criteria and philosophy applied to acquisition management and disposal decisions, and holds these projects to pre-established goals. Through the use of a set of asset management tools such as the capital investment decision models and methodology, enhanced-use leasing authority, and the Capital Asset Management System (CAMS), VA makes sound business decisions. This plan is the central document describing the selection of the Department's key capital acquisitions using a formal executive review process developed by senior management and approved by the Secretary. Capital investments proposals above established cost thresholds, represent high risk, or are mission-critical are reviewed by executive review boards (VA Capital Investment Panel (VACIP), Enterprise Information Board (EIB), and Strategic Management Council (SMC)) and submitted to OMB each year for approval, in the form of a business case

application that meets OMB Exhibit 300 requirements. The plan contains brief descriptions and justifications of capital investment projects included in the budget, and explains how each investment assists VA in achieving our central mission – to meet veterans’ health care, benefits, and burial needs.

Once assets are executed, VA engages in active asset management by collecting, maintaining and reporting real property data, including space, condition, contract, financial and energy consumption information, in order to , monitor performance against established measures, and following its’ established asset management plan to ensure daily management decision-making leads to improved asset performance.

## **Background**

VA utilizes a multi-attribute decision hierarchy methodology to impose a disciplined approach to the decision-making and prioritization process for major capital asset investments. VA used two distinct decision models during the FY 2008 capital investment planning cycle. One was for VHA Capital Asset Realignment for Enhanced Services (CARES) projects and the other for non-CARES (VBA, NCA, and staff office) projects.

CARES is the most comprehensive analysis of VA’s health care infrastructure that has ever been conducted and the Secretary’s decision issued in May 2004 provides a 20-year blueprint for the critical modernization and realignment of VA’s health care system. This 5-year Capital Plan outlines CARES implementation and identifies priority projects that will improve the environment of care at VA medical facilities and ensure more effective operations by redirecting resources from maintenance of vacant and underused buildings and reinvesting them in veterans’ health care. A separate CARES model is employed to allow VHA CARES projects to be evaluated on criteria with greater health care specificity. The CARES capital investment decision process resulted in the identification of the highest priority CARES projects, which were subsequently approved by the Secretary. The FY 2007 - 2012 decisions are provided in Chapter 4 (VHA).

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



## Organization Structure

Internal experiences, external bodies such as the Office of Management and Budget (OMB), the Government Accountability Office (GAO), and independent consultants have validated the need for a comprehensive corporate-level capital asset management function in the Department. To meet this need, the Department created the Office of Asset Enterprise Management (OAEM) in July 2001 under the auspices of the Office of Management. In response to this new corporate perspective, the VHA developed the Capital Asset Management and Planning Service within the Office of Facilities Management. The VBA, NCA, and staff offices also established focal points of contact to work with OAEM.

In November 2002, the VA Secretary approved the Office of Management's plan to implement a major reorganization of finance, acquisition, and capital asset functions throughout VA into regional centers with clearly defined delegations of authority and increased responsibility and accountability. By combining multiple functions into a single office of business oversight and streamlining field operations to a manageable size via regional offices, VA realized significant improvements in its business activities.

## FY 2007 Capital Holdings at Start of Year

VA has a vast holding of diverse capital assets consisting of Government (VA) buildings and real estate, VA-leased buildings, and enhanced-use leases and sharing agreements pertaining to capital assets and major equipment. Assets include hospitals, clinics, cemeteries, office buildings, and medical and non-medical equipment. The number and composition of assets in the VA portfolio is being adjusted in response to the CARES decision by the Secretary. The following table summarizes VA's recent capital holdings.

**Table 1: VA Capital Asset Inventory**

VA Capital Asset Management System	VA Capital Asset Inventory										
	Owned Assets				Leased Assets			Asset-Related Agreements			
	Bldgs.	Historic Bldgs.	SF	Vacant SF	Acres	Leases	SF	Enhanced Use Leases*	Outlease ** Agreements	Sharing Agreements	Energy Conservation Measures
VHA	4,843	1,501	140,405,563	7,277,223	15,566	873	6,909,817	37	318	187	313
VBA	7	0	605,011	0	0	171	3,717,165	0	0	0	0
NCA	329	112	941,039	0	16,770	4	8,715	1	4	0	0
SO	7	1	1,592,001	0	165	33	1,745,179	2	3	0	0
<b>VA TOTALS</b>	<b>5,186</b>	<b>1,614</b>	<b>143,543,728</b>	<b>7,277,223</b>	<b>32,502</b>	<b>1,081</b>	<b>12,460,876</b>	<b>40</b>	<b>325</b>	<b>187</b>	<b>313</b>

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

Department of Veterans Affairs Office of Asset Enterprise Management

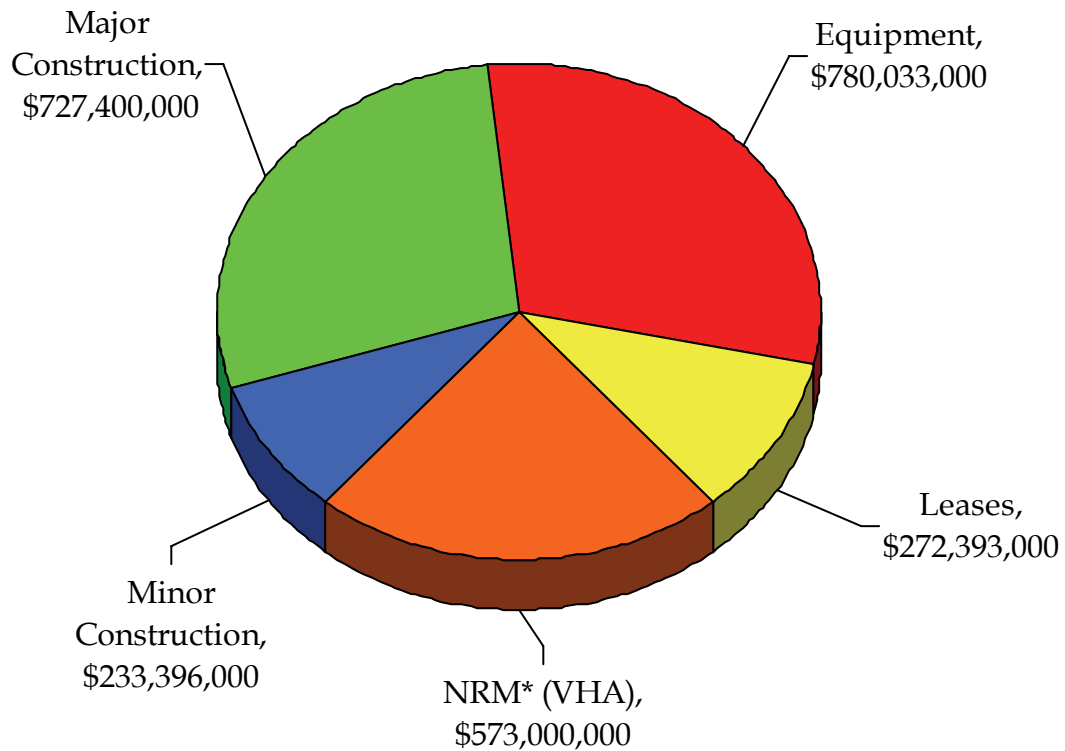
VA is committed to a comprehensive, corporate-level approach to capital asset management. This approach helps VA closely align asset decisions with its strategic goals, elevate awareness of its assets, and employ performance management techniques to monitor asset performance on a regular basis through the entire life cycle of an asset. At the core of VA's capital asset business strategy is value management - striving to return value to VA's business and managing existing value for greater return.

### VA Capital Budget Authority

VA's capital budget is composed of investments in a number of asset categories across several organizations within VA. Following is a chart depicting the breakdown by asset category. The FY 2008 VA budget includes a capital budget of \$2.2 billion.

Figure 1: FY 2008 VA Capital Budget Request

### Toal Capital Budget Request: \$2.568 billion



## **Applying the Prioritization Process to the Major Construction Budget Request**

Once the budget year's projects are prioritized a decision must be made about which projects will be included in the annual budget request. Each year projects are prioritized by:

1. Partially funded projects from previous years, in order by fiscal year and priority order
2. Newly evaluated projects from the budget year listed in priority order

With several options for total funding, the previous year's projects are chosen to be funded by priority order, then by their ability to execute within the budget year. A project may be funded out of order due to competing circumstances such as another ongoing project at the facility, which may cause unnecessary complications, or pending CARES decisions about the site that may preclude final consideration of the project. The listing then continues with the newly prioritized projects, in priority order.

The table below is the listing of projects used to develop the FY 2008 budget request. The first 10 projects listed are partially funded projects from previous years. The next two are included in the FY 2007 appropriation bill. If they are not funded in FY 2007, they are considered high priorities for FY 2008 funding consideration. The following 27 projects are the newly scored projects submitted in the FY 2008 planning cycle.

In the Selected Funding Option column six of the 10 partially funded projects from previous years are chosen for the budget request. The request for funding of San Juan, PR is deferred due to an on-going project at the facility. The funding request for Los Angeles, CA is deferred due to pending CARES decisions about that site. The last two previously funded projects were not included in this request because the level of resources available was exhausted.

**Table 2: Development of the FY 2008 Capital Project's Budget Request**

Project Location and Title	Priority #	Total Estimated Cost (\$000)	Funding To Date (\$000)	FY 2008 Budget Request (\$000)
<b>Partially Funded Projects from Prior Years</b>				
Pittsburgh, PA	FY04-03	248,000	102,500	40,000
Denver, CO	FY04-10	646,000	55,000	61,300
Orlando, FL	FY04-12	553,900	25,000	35,000
Las Vegas, NV	FY05-06	600,400	259,000	341,400
San Juan, PR	FY05-20	178,100	10,880	0
Syracuse, NY	FY05-21	77,700	53,900	23,800
Los Angeles, CA	FY05-25	111,800	7,936	0
Lee County, FL	FY05-26	109,400	10,498	9,890
Fayetteville, AR	FY06-05	65,700	5,800	0
St Louis, MO	FY07-07	99,000	7,000	0
Milwaukee, WI	FY07-01	32,500	0	0
Columbia, MO	FY07-21	25,830	0	0
<b>FY 2008 Scored Projects</b>				
Tampa, FL	1	160,000	0	0
Seattle, WA	2	37,900	0	0
Bay Pines, FL	3	137,000	0	0
Louisville, KY	4	532,100	0	0
Palo Alto, CA	5	281,200	0	0
American Lake, WA	6	49,200	0	0
Roseburg, OR	7	72,300	0	0
Dallas, TX	8	57,400	0	0
Bronx, NY	9	81,794	0	0
San Francisco, CA	10	87,000	0	0
Los Angeles, CA	11	150,500	0	0
Butler, PA	12	44,200	0	0
Seattle, WA	13	131,300	0	0
Palo Alto, CA	14	59,000	0	0
Washington, DC	15	171,794	0	0
Salisbury, NC	16	40,031	0	0
Loma Linda, CA	17	119,000	0	0
Wichita, KS	18	74,500	0	0
Fayetteville, NC	19	45,000	0	0
Columbia, SC	20	52,000	0	0
Dallas, TX	21	119,400	0	0
Birmingham, AL	22	32,300	0	0
Alameda, CA	23	50,000	0	0
Perry Point, MD	24	51,000	0	0
West Haven, CT	25	103,800	0	0
Omaha, NE	26	156,355	0	0
Asheville, NC	27	36,365	0	0
<b>Total Budget Request</b>				<b>511,390</b>

## Collaboration with the Department of Defense

Public Law 108-136, Section 583, established the Departments of Defense (DoD) and Veterans Affairs, Joint Executive Council (JEC). The JEC recommends to the Secretaries of the Departments a strategic direction for joint coordination and sharing of resources and reports annually on progress made in implementing increased coordination. The VA/DoD Construction Planning Committee (CPC), is a committee established under the JEC for the purpose of providing a

formalized structure to facilitate cooperation and collaboration in achieving an integrated approach to capital coordination that considers both short-term and long-term strategic capital issues and is mutually beneficial to both departments.

The CPC identified opportunities and challenges to capital collaborations for FY 2007 through 2011 and is working to establish overarching funding principles applicable to joint collaborations. The CPC plays an integral role in assessing DoD's excess real property identified through the Base Realignment and Closure (BRAC) program in meeting VA requirements. The CPC also serves as the clearinghouse for review of construction, leasing, and real property dispositions proposed by any element of the VA/DoD JEC structure.

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## Chapter 1

# VA's Capital Asset Management Program

### Introduction

Federal capital investment planning and decision-making has undergone profound changes during the last decade as a result of the Government Performance and Results Act (1993); Clinger-Cohen Act (1996); Federal Acquisition Streamlining Act (1994); OMB's *Capital Programming Guide* (Supplement to Part 7 of OMB Circular A-11); Executive Order 13327, Federal Real Property Asset Management; and other Federal initiatives.

VA began its pursuit of a comprehensive capital asset planning process and management strategies in earnest in 1997. VA developed a structure that facilitated a comprehensive system-wide integrated capital investment planning process. The fundamental goal of the new process was to ensure that all major capital investment proposals, including high-risk and/or mission-critical projects, were based upon sound business and economic principles; promoted the One VA vision by linking diverse but complimentary objectives; were aligned with the overall strategic goals and objectives of VA; addressed the Secretary's priorities by emphasizing program objectives in support of internal goals; and supported the President's Management Agenda.

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

## Governance

The Strategic Management Council (SMC) is the governing body within VA responsible for overseeing effective and efficient capital asset management. The SMC oversees the approval of all capital investment proposals exceeding certain thresholds, represent a high risk or high visibility, or are crosscutting. The SMC has a panel that assesses and reviews capital investment proposals; evaluates, scores, and prioritizes proposals; and makes recommendations. The table below provides the capital investment thresholds by asset category that requires SMC review.

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

Total Acquisition Costs				
Categories	VHA	VBA <sup>3</sup>	NCA	Staff Offices
Infrastructure Proposals <sup>1</sup>	\$10M	\$10M	\$10M	\$2M
Medical Equipment	\$1M/piece	N/A	N/A	N/A
Non-Medical Equipment	\$500,000/piece	\$500,000/piece	\$500,000/piece	\$500,000/piece
Information Technology: Total Acquisition Costs or Life-Cycle Costs	\$10M or \$30M	\$2M or \$6M	\$1M or \$3M	\$1M or \$3M
Leases/GSA Space Assignments	\$600,000	\$600,000	\$600,000	\$600,000
Energy Savings Performance Contracts <sup>2</sup>	\$7M/Facility or \$10M/Multiple Facilities	\$7M/Facility or \$10M/Multiple Facilities	\$7M/Facility or \$10M/Multiple Facilities	\$7M/Facility or \$10M/Multiple Facilities
Thresholds for Capital Investments Requiring Submission for Information Purposes Only				
Total Acquisition Costs				
Categories	VHA	VBA <sup>3</sup>	NCA	Staff Offices
Enhanced-Use Leases <sup>4</sup>	\$7M	\$7M	\$7M	\$7M
Enhanced Sharing Agreements <sup>5</sup>	\$7M	N/A	N/A	N/A

<sup>1</sup>Threshold includes the Construction and Medical CARE (NRM) appropriations.

<sup>2</sup>Multiple facilities means more than two facilities, with not one of the involved facilities value in the task order exceeding \$7.0M.

<sup>3</sup>Business case application required for all new regional office building (at new or existing sites) in excess of \$4.0M. These will be reviewed by the Office of Management as part of the operational budget plan approval process.

<sup>4</sup>Total value of proposal exceeds \$7.0M in NPV over the term of the proposal (both VA and developers).

<sup>5</sup>Enhanced Sharing Agreements for space will use the E-U threshold. For all other VHA categories, existing threshold will apply.

## VA Capital Investment Panel

The VA Capital Investment Panel (VACIP) was created to support the Senior Management Council (SMC) chaired by the Deputy Secretary. The VACIP's role is to assess and review capital investment proposals, evaluate, score, and prioritize proposals, and make recommendations to the SMC. Their role also includes serving as liaison between representative SMC members and the administrations, as well as assisting in improving or defending capital investment proposals during the review process. As part of the VA's capital investment and planning process, all major capital investments are evaluated using a multi-criteria decision model. As part of the process improvement activities, VA evaluates the capital decision models on an annual basis to ensure the models by which capital investments are scored reflect the current priorities and policy decisions. All major VHA projects are evaluated using the CARES decision model and all projects from VBA, NCA and staff offices are evaluated using the non-CARES decision model.



## **Monthly Performance Reviews**

The Deputy Secretary of the VA convenes a monthly meeting with senior level executives from the administrations and staff offices called the Monthly Performance Review (MPR). The MPR provides these senior level executives information on the status of VA's financial management and programs. The MPR is used as a means to create dialogue on how to improve services to veterans by highlighting successes and problem areas through performance metrics. For capital asset programs, information is provided quarterly to the MPR on Major Construction, Minor Construction, Grants for State Cemeteries, and Grants for State Extended Care. In addition, information is provided on capital assets that are operational. Performance management of operational capital assets is explained further in this chapter.

## **VA Capital Portfolio Goals**

VA's capital portfolio goals are closely aligned with the asset management core objective to provide a safe and appropriate environment for the delivery of benefits to veterans in a cost-efficient manner. The VA capital portfolio goals are based on the Department's main objective to manage assets in a way that ensures resources are maximized, assets (including VA staff and veterans) are safeguarded, and all opportunities (public, private, or a combination thereof) are fully explored. The goals also allow VA senior management to monitor the overall health of the Department's capital asset portfolio and provide for informed corporate decision-making. VA capital portfolio goals include:

### **1. VA Goal: Decrease Energy Utilization**

Decreasing the total energy consumption in VA facilities has a direct impact on reducing the overall operational costs of those facilities. To achieve this reduction in cost, VA is committed to leading the way in effectual building operations and management. VA is achieving this goal is by diverting energy where it is most needed, capturing self-generating energy sources, and by proactively upgrading systems that do not meet current standards. In addition, the baseline on how traditional facility energy consumption per gross square foot is calculated has been upgraded from the 2003 standard, to parallel those outlined in the Energy Policy Act of 2005.

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

Combining and sharing assets with other federal, state, and local organizations, departments, and agencies that embrace the mission, goals, and objectives of VA is a cost effective and viable approach to servicing our veteran's needs.

### **3. VA Goal: Increase Revenue Opportunities**

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

### **4. VA Goal: Safeguard Assets**

Safeguarding assets (including patient and employee safety) is a top priority of the Department. Decreasing the number of high-risk assets in VA's portfolio can reduce the cost of making these facilities compliant with government standards and practices. VA will reduce costs by maintaining assets that conform to safety measures.

### **5. VA Goal: Maximize Highest and Best Use**

Maximizing the highest and best use of VA assets is a combined effort of all VA organizations. VA is developing targets to balance spending distribution (e.g., new, enhancements, maintenance, research activities) to ensure portfolio management and leveraging of investments. VA will increase the number of agreements for asset exchanges (including in-kind consideration) and sales to acquire replacement property better suited to care for and improve the lives of our Nation's veterans. VA is also working to increase the total number of agreements to ensure full utilization and optimum performance of all VA assets. These agreements and programs – such as enhanced-use leasing – also contribute to increased savings and cost avoidance.

## **Federal Real Property Council**

The General Accountability Office (GAO) has considered federal real property to be a high risk area for several years. In February 2004, the President issued Executive Order 13327, Federal Real Property Asset Management. It established the Federal Real Property Council (FRPC) to develop guidance and establish asset management principles, collect specified inventory data elements, and performance measures for all federal agencies. The FRPC is composed of Senior Real Property Officers representing federal agencies and cabinet level departments and is chaired by the Office of Management and Budget (OMB). The Assistant Secretary for Management serves as VA's Senior Real Property Officer. The FRPC is also responsible for providing guidance and facilitating the implementation of agency asset management plans.

The FRPC is responsible for providing guidance and facilitating the implementation of agency asset management plans. This is accomplished

through a myriad of committees and workgroups both external and internal to the Department. Some external committees include the FRPC Asset Management Planning Committee, FRPC Performance Measures Committee, FRPC Inventory and Systems Committee and the Federal Asset Sales Committee. Membership includes federal agencies and the Office of Management and Budget.

Some internal workgroups include the Capital Asset Management System Business Group and the VHA Portfolio Workgroup. Membership includes VA administrations and staff offices; and VHA analysts and field Capital Asset Managers. These groups function as representatives for their respective administrations and work with the Office of Asset Enterprise Management to meet federal and agency performance and reporting requirements. Overall, VA portfolio performance is monitored by the VA Management Performance Review Board, chaired by the Deputy Secretary, where results are presented on a quarterly basis.

## **Federal Real Property Council Performance Metrics**

In FY 2005, VA implemented the Federal Real Property Council (FRPC) Tier 1 performance metrics and aligned them with VA corporate goals. Because much of the data needed to support the FRPC Tier 1 metrics were already embedded in the Department's predefined corporate portfolio goals, the transition from VA's corporate goals to the FRPC metrics was possible. Tier 1 metrics vary only in their broad approach to federal real property. In order to meet federal requirements and to provide VA-focused measures, the Department currently measures and maintains VA's capital portfolio goals and the FRPC Tier 1 metrics. Where there was overlap, VA goals were modified accordingly. VA has four real property metric goals and they are discussed below.

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

Decreasing unused and underutilized space is one key factor leading the President's decision to implement the Federal Real Property Asset Management Initiative. VA transitioned or modified this goal to be consistent with the following FRPC facility utilization index: Percent of Space Utilization as Compared to Overall Space (owned and direct-leased). This transition involved updating the vacant and underutilized facility baseline adjusting CAMS business rules and incorporating the FRPC definition of "ratio of occupancy to current design capacity."

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

This goal was transitioned to be consistent with the Tier 1 Annual Operating Costs measure (Ratio of Operating Costs per Gross Square Foot (GSF)). VA's CAMS tracks operating costs using many of the same cost elements the FRPC requires. These include utilities, recurring maintenance and repairs, cleaning/janitorial, and roads/grounds expenditures required to operate a facility. However, these costs are not captured at the constructed-asset level as planned by the FRPC. OMB approved a methodology for providing annual operating costs using an allocation model.

VA seeks to minimize maintenance and operation costs through increasing the efficient use of space, decreasing the number of assets that have exceeded their useful life, and by lowering costs to commercial benchmarks for operating and maintenance. By decreasing operation costs, VA will be able to reinvest much needed funds in improving services to our Nation's veterans.

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

VA performed condition assessments of all its medical facilities as part of the CARES study. These assessments include estimates of repair needs for each building. VA calculates condition index annually as the ratio of repair needs to plant replacement value. The higher the Condition Index the better the condition of the constructed asset. Condition Index helps identify assets most in need of repair and plan for upgrades or disposition. VA's Capital Asset Inventory (CAI) database includes both variables needed to provide a facility condition index score, including the facility condition assessment and the plant replacement value for each building. The Department currently conducts assessment updates one-third per year.

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

Using the OMB approved methodology, VA determines whether each asset (owned and direct leased buildings, structures, and land parcel) as mission critical; mission dependent/not critical; or not mission dependent. Mission dependency information is entered into the CAI, which feeds into CAMS for tracking and reporting purposes. Mission Dependency is determined by the FRPC Utilization Index. All VA assets that are 70-100% utilized are designated as mission critical. Assets that are 50-70% utilized are designated as mission dependent/not critical. Assets that fall below 50 percent utilized are designated as not mission dependent.

## **Real Property Scorecards**

Externally, progress on how well agencies manage their real property, and implement the elements of real property management found in the PMA are tracked quarterly via scorecards by OMB. The scorecard reflects an improvement in both current status in how VA manages its real property, and in the overall progress the Department has made in implementing the elements of real property management found in the PMA. VA is one of the leaders in real property management as it achieved a "Green" status for real property initiatives in the third quarter of FY 2006. Only two other agencies had received this real property status.

VA has also developed an internal real property scorecard that captures more detailed level data and assists the Department in making management decisions that facilitate progress on this initiative. The scorecard employs a simple grading system common today in well-run businesses: green for success, yellow for mixed results, and red for unsatisfactory.

## **Benchmarking**

A key measure of VA's success is to compare asset performance to that of the private sector via benchmark analysis. CAMS provides VA the means and data to compare certain asset expenses to industry or commercial benchmarks for its leasing and energy programs. Benchmarking is also done within VA and encompasses comparisons across fiscal years and comparisons between similar VA facilities. CAMS currently holds performance data back to FY 2004. The system provides views that compare from one year to the next. VA can analyze and report increases or decreases in costs, utilization, and other goal performance from year to year and across individual stations, networks, and at administration levels.

## **VA's Asset Management Plan**

VA's asset management plan (AMP) provides VA's overall capital asset management philosophy and fully addresses the FRPC's 10 asset management guiding principles. OMB approved the Department's Asset Management Plan in 2005. VA's asset management plan identifies and categorizes the real property assets owned, leased, or managed by VA. The plan also prioritizes the actions that need to be taken in order to improve operational management of the real property inventory. The AMP identifies portfolio goals, as well as Department short and long-term goals related to capital asset management. In addition, the asset management plan indicates how VA addresses the FRPC's 10 guiding principles, which are provided below.

1. Support Agency Mission and Strategic Goals
2. Use Public and Commercial Benchmarks and Best Practices
3. Employ Life-Cycle Cost-Benefit Analysis
4. Promote Full and Appropriate Utilization
5. Dispose of Unneeded Assets
6. Provide Appropriate Levels of Investment
7. Accurately Inventory and Describe All Assets
8. Employ Balanced Performance Measures
9. Advance Customer Satisfaction
10. Provide for Safe, Secure, and Healthy Workplace

## **VA Methodology to Capital Asset Management**

VA is committed to a comprehensive, layered corporate-level approach to capital asset management. With 5,186 buildings and 32,602 acres of land nationwide, it is critical that VA have a systematic and comprehensive framework for managing its portfolio of capital assets in order to improve our use of resources and provide more effective health care and benefits delivery for our Nation's veterans.

VA's capital asset management philosophy is grounded in a three-tiered capital asset management approach listed below.

- The first level is Corporate Portfolio Management; a global perspective to determine and maintain the optimal mix of investments needed to achieve desired VA outcomes or strategic goals, while minimizing risk and maximizing the cost-effectiveness and performance of our assets.
- The second level is Strategic Linkage; matching Department goals to investments.
- The third level is the Life Cycle Approach to capital asset management. This approach helps VA closely align asset decisions with its strategic goals, elevate awareness of its assets, and employ performance management techniques to monitor asset performance on a regular basis through the entire life cycle of an asset. Each significant capital investment is tracked through its life cycle from formulation to execution, steady-state, and disposal. Capital investments are also monitored and enhanced with a set of management tools.



## **Level One: Corporate Portfolio Management**

The VA capital portfolio management approach focuses on appropriately determining and maintaining the optimal mix of investments needed to achieve desired VA outcomes or strategic goals, while minimizing risk and maximizing the cost-effectiveness and performance of our assets. VA strives to maximize the functional and financial value of capital assets through well thought-out acquisitions, allocations, operations and dispositions.

By following this approach and utilizing tools such as a sound capital investment process (including alternatives analysis, strategic linkage, and life cycle costing), enhanced-use leasing, and VA's Capital Asset Management System (CAMS) (including performance measurement), VA is able to improve coordination and management of capital assets and provide a single consolidated view of all capital investments in the VA portfolio. These tools and initiatives assist VA in maximizing the value of its portfolio, providing balance and ensuring investments meet VA's mission and strategic goals. For example, VA's enhanced-use leasing authority allows the Department to leverage its assets and acquire facilities or obtain goods, services, or other in-kind consideration that might otherwise be unavailable or unaffordable. It also allows VA to convert underutilized property into an asset that generates revenue, achieves consolidation, or reduces costs.

Each significant capital investment is tracked through its entire life cycle: formulation, execution, steady state, and disposal. The formulation phase involves defining a specific concept or need and obtaining funding, through appropriated or non-appropriated sources, to obtain a needed capital asset. The execution phase focuses on the expenditure of the appropriations obtained in the previous phase and on the actual award of a contract through the build-out or completion of the asset. The steady-state phase involves the typical operations and maintenance of an asset through its expected life span. The disposal phase is the final stage of an asset's life cycle and involves the proper and orderly retirement and liquidation of an asset.

Investment protocols and standards have been developed to provide guidelines for each major phase/milestone in the life cycle of a capital asset. All capital assets are monitored and evaluated against a set of performance measures (including those that are underutilized and/or vacant) and capital goals to maximize highest return on the dollar to the taxpayer.

In addition, by using CAMS, VA monitors its entire capital asset portfolio, examining all significant assets at every life cycle stage, in concert with VA portfolio goals and strategic goals. The development and deployment of CAMS

has assisted VA in achieving a major milestone in transitioning from the traditional single asset management style to corporately managing our vast portfolio of holdings. Only through this corporate portfolio perspective can VA begin to achieve its overall capital asset business strategy of value management.

VA's portfolio consists of four individual asset categories. VA views these assets as a single comprehensive portfolio. At each stage of the project's life cycle, VA's corporate portfolio goals help identify deficiencies that VA can address in order to improve asset efficiency and effectiveness in delivering services to veterans. VA's asset classes include:

### **1. Buildings and Land**

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

### **2. Equipment**

- Medical Equipment: Any diagnostic or treatment modality used in the delivery of health care. This includes items such as cardiac-catheterization laboratory equipment, magnetic resonance imaging, or linear accelerators.
- Non-Medical Equipment: Non-recurring equipment items that are used by non-medical administrations or offices.

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

- Direct Lease: A contract vehicle that enables VA to become a tenant and rent space and accompanying building services for a specified period at a negotiated rate.
- GSA Space Assignment: Leased space acquired from GSA.

### **4. Agreements**

- Energy Savings Performance Contracts (ESPC): A program developed by the Department of Energy designed to reduce energy consumption and costs in federally owned and operated facilities. VA's energy conservation program features ESPC as one among a set of prioritized energy investment funding and procurement vehicles. An ESPC



contractor is competitively selected to invest its capital in a set of VA-identified energy improvements, which results in significantly reducing VA energy costs and consumption over what would have been the case had the investment not been made. VA repays project costs out of the stream of cost savings generated by the energy improvements.

- **Enhanced-Use Leasing:** Leasing underutilized VA property on a long-term basis to non-VA users for uses compatible with VA's mission. The Department is able to obtain facilities, services, money, or other in-kind consideration for VA requirements that would otherwise be unavailable or unaffordable.
- **Enhanced Sharing Agreement:** Allows individual medical facilities to contract for services with any health-care provider, or other entity or individual. These contracts can include a wide array of health care resources. There are no maximum dollar limitations for the investments.

### **Level Two: Strategic Linkage**

VA's capital asset management philosophy emphasizes ensuring capital investments fully support the agency mission and strategic goals. Capital investments must contribute to carrying out the Department's mission by filling performance gaps to meet VA's mission and strategic goals. This important linkage between capital asset investment and performance and the Department's mission and strategic goals is stressed throughout the life cycle of an investment.

VA strives to meet the needs of the Nation's veterans and their families today and tomorrow by:

- Functioning as a single, comprehensive provider of seamless service to the men and women who have served our Nation;
- Cultivating a dedicated VA workforce of highly skilled employees who understand, believe in, and take pride in our vitally important mission;
- Continuously benchmarking the quality and delivery of our service with the best in business and using innovative means and high technology to deliver world-class service; and
- Fostering partnerships with veterans' service organizations, the Department of Defense and other federal agencies, state and local

veterans organizations, and other stakeholders to leverage resources and enhance the quality of services provided to veterans.

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

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

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

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

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

**Enabling Goal** - Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance.

### **Level Three: Life Cycle Approach to Asset Management**

Many of the asset management principles to which VA adheres, and which the Federal Real Property Council (FRPC) has endorsed, are being implemented through a life cycle approach. The Department's asset management philosophy is to reduce underutilized space and the associated operating costs. The Department employs performance management techniques to monitor asset performance on a regular basis through the entire life cycle of an asset. Each significant capital investment is tracked through its entire life cycle: formulation, execution, steady state, and disposal, which are explained below.

#### **Formulation Stage**

- **Functional Development:** The functional development phase is at the operational level and may occur either at the Central Office or field level where needs are realized, gap analyses are completed, proposals are developed, and solutions are ultimately applied. In this phase, initial ideas for capital investments are developed and concept papers are completed.

Proposals undergo review first within each administration (VHA, VBA, and NCA). A decision is made whether to return the proposal for further

development, decline the proposal, or forward the proposal for higher-level consideration by the SMC.

- Technical Review: In the technical review phase, approved proposals have been developed into either planning or acquisition applications and receive technical and financial scrutiny from Department-wide councils or Administration boards, as well as initial prioritization within the owner organization.

Non-CARES proposals that do not pass a technical review are returned for further development, while proposals that do pass are forwarded to the VA Capital Investment Panel (VACIP) for strategic review. CARES proposals are reviewed by a VHA workgroup.

- Strategic Review: In the strategic review phase, proposals of all asset types, from all across the Department are reviewed. Proposals are submitted using a web-based application in CAMS. A multi-disciplinary team – the VACIP – validates and then scores the proposal applications. The scoring results in a prioritized list of investments across asset types. CARES projects are ranked based on six criteria, including service delivery enhancements; safeguarding assets (patient life safety projects); special emphasis (e.g., spinal cord injury, blindness, serious mental illness); capital asset priorities/portfolio goals; Departmental alignment (DoD collaboration and strategic alignment); and financial priorities. Non-CARES projects are scored and ranked by the VACIP, using some of the same criteria with the exception of service delivery enhancements and special emphasis criteria; however, a customer service criterion was added to the non-CARES model. Brief descriptions of the criteria utilized for both models are included in Appendix B.

A multi-attribute decision methodology, the Analytic Hierarchy Process (AHP), is used to score the proposals. It accommodates the more judgmental factors and imposes a disciplined approach to the decision-making and prioritization process. A hierarchical approach helps to structure the problem and break it down into specific components. These components are called decision criteria. Multi-attribute decision modeling is a technique that allows evaluators to consider a number of diverse criteria in reaching a decision. AHP uses a hierarchical model comprised of a goal, criteria, sub-criteria, and alternative outcomes or conditions for each problem or decision. Such models combine evaluations or decisions using both quantitative and qualitative criteria.

The VACIP uses the capital investment decision models and decision software to perform score each capital investment proposal application and evaluate investment proposals, based on the effect a particular proposal has with respect to each sub-criterion. The scores are generated by the decision software and result in a list of investments ranked in priority order. The VACIP then provides recommendations to the SMC on which projects to include in the annual budget request to OMB. The SMC recommends approval of scored proposals, and then submits them to the Secretary for final approval.

The strength of the VA capital investment planning process is that it encourages continual improvement and refinement as a response to customer needs. Along with stakeholder suggestions, veteran needs and environmental factors are monitored in order to modify the decision model to address changing needs and priorities. VA revisits its decision model and re-evaluates the criteria and sub-criteria on an annual basis to ensure the decision model is meeting these needs.

### Execution Stage

Once a project is approved by OMB and receives funding by Congress it enters the execution stage of its life cycle. Here the emphasis is on measuring planned and actual schedules (design and construction awards, and activation dates) and costs at each phase of the project's initiation. Performance indicators have been or will be developed and tracked for each type of asset.

### Steady State Stage

Once a project becomes fully functional or operational, the steady state life-cycle stage is entered. A steady state asset is no longer monitored based on its own milestones and health, but is merged into facility operations. The tracking of health in steady state is performed at the facility or station level rather than at the project level. VA's corporate portfolio goals are generally focused on the steady-state phase of capital asset life-cycle.

The two primary sources of data for VA steady-state capital assets are the Capital Asset Inventory (CAI) database (for inventory information) and VA's Financial Management System (FMS) (for financial data). CAI is operated by the VHA Office of Facilities Management, with data input and maintenance accomplished locally using desk-top web access. The database contains essential inventory information on all VA administrations. The major components of the CAI database are:

- Owned buildings

- Land
- Leases
- Major equipment
- Space Driver (space usage model)
- Facility Condition Assessment
- Historic Preservation
- Asset-based agreements such as enhanced-use leases, sharing agreements, donations, permits, licenses, energy agreements and Inter-agency agreements.
- Disposals

The other key source system for CAMS is FMS. Financial data, such as obligations and expenditures, are pulled from the FMS database. In CAMS the financial data is aggregated by cost types (e.g., operating and maintenance, leasing, energy) for specific assets. The data can also be rolled up for more general views at the local facility, region, and administration levels.

Data from CAI and FMS can be viewed in CAMS separately or in combination to track the health of steady state assets. For example, CAMS reports space utilization using CAI data. CAMS also calculates and reports costs per gross square foot using FMS and CAI data. CAI and FMS were critical in the transition to meeting Federal Real Property Council inventory reporting requirements.

### Disposal Stage

The final stage of an asset's life cycle is disposal. Public Law 108-422, signed in November 2004, authorizes VA [independent of the General Services Administration (GSA)] to dispose of real property and to deposit proceeds from the sale, transfer or exchange of VA assets into the Capital Asset Fund (CAF). The public law provides VA with much needed incentive by making it economically attractive to pursue disposal activities.

The CAF can be used for current and future disposal transactions, improvements or renovations to medical projects with an estimated cost of less than \$7 million, and/or to appropriate historic properties. The legislation also provides authority for \$10 million to capitalize the expenditure costs associated with the disposal of property such as demolition, environmental clean-up, and repair. The authority requires VA to meet all McKinney-Vento Act requirements. Additionally, VA is required to submit disposal plans to Congress annually, per Public Law 108-422 and accompanying report language. The VA disposal plan has two parts: short-term (one year) and long-term (five year). CAMS will collect this disposal information from across the capital portfolio.

VA developed a real property disposal policy, Managing Underutilized Real Property, Including Disposal (VA Directive and Handbook 7633), which provides a standard methodology and criteria for identifying appropriate underutilized assets for divestment. This policy provides procedures for appropriate management of underutilized property including the available options (or authorities) VA may use to maintain the highest and best use for its real property portfolio. When a property is proposed for disposal, other VA entities are given the opportunity to express interest in it for an alternative use.

Other disposal modalities are also evaluated in priority order including enhanced-use leasing, sharing, out-leasing, licenses, permits, easements and transfers (i.e., disposal via enhanced-use leasing authority, capital asset find, state home, and GSA authority) as well as like-kind exchanges. If none of these options prove viable, VA will make the property available for reuse by other federal agencies. If no other agency is interested, VA may utilize deconstruction, mothballing and demolition. The capability for initiating, justifying, and monitoring proposals for divestment of assets is implemented through CAMS. The disposal policy also provides guidance for navigating the complex processes of federal real property disposal. These steps include screening for homeless use, environmental and historical status evaluations, as well as various notifications to GSA and Congressional committees.

The disposal stage is not just an afterthought for the Department, as VA must include an exit strategy early in the formulation of the project and it is one of the sub-criteria found in the capital investment business model. VA has developed guidance and protocol for implementing an exit strategy that:

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

Capital investment business cases that have well thought-out, methodical exit strategies receive credit when scored by the VA Capital Investment Panel (VACIP). Achieving significant reduction in underutilized and vacant space is also one of the sub-criteria in the decision model for the Department and this can be achieved with disposal authority.



## Chapter 2 Investment Selection, Management Initiatives, Disposals & Results

### Capital Investment Selection

The CARES capital investment decision process resulted in the identification of the highest priority CARES projects approved by the Secretary. Each year projects over the asset specific thresholds (dollar amount) are reviewed and prioritized by the VA Strategic Management Council (SMC). The decision-making models for CARES and non-CARES projects are in appendix D. The following table identifies projects that were approved by the Secretary and for which funds are requested in FY 2007. The second table includes the projects for which VA is requesting funding from Congress in FY 2008. The FY 2007 projects were included in last year's 5-Year Capital Plan and are authorized under Public Law 109-461. See appendix H for a history of CARES project's funding FY 2004 - 2008.

**Table 2-1: Summary of FY 2007 CARES Capital Projects**

FY	VISN	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
2007	19	Denver	CO	New Medical Center Facility	FY05-10	\$52,000
2007	22	Long Beach	CA	Seismic Corrections-Bldgs 7 & 126	FY05-16	\$97,545
2007	12	Milwaukee	WI	Spinal Cord Injury (SCI) Center	FY07-1	\$32,500
2007	15	St. Louis (JB)	MO	Medical Facility Improvements and Cemetery Expansion	FY07-7	\$7,000
2007	20	American Lake	WA	Seismic Corrections-NHCU & Dietetics	FY07-8	\$38,220
2007	15	Columbia	MO	Operating Suite Replacement	FY07-21	\$25,830
2007		Various		Line Items		\$54,255
<b>Total 2007</b>						<b>\$307,350</b>



**Table 2-2: Summary of 2008 CARES Capital Projects**

FY	VISN	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
2008	4	Pittsburgh	PA	Consolidation of Campuses	FY04 - 3	\$40,000
2008	19	Denver	CO	New Medical Center Facility	FY04 - 10	\$61,300
2008	8	Orlando	FL	New Medical Center Facility, Land Acquisition	FY04 - 12	\$35,000
2008	22	Las Vegas	NV	New Medical Center Facility	FY05 - 6	\$341,400
2008	3	Syracuse	NY	Spinal Cord Injury Center Addition	FY05 - 21	\$23,800
2008	8	Lee County	FL	Outpatient Clinic	FY05 - 26	\$9,890
		Various		Line Items <sup>1</sup>		\$103,610
				<b>Total 2008 Budgetary Resources</b>		<b>\$615,000</b>
				Reprogramming		-45,000
				VA Asset Sales		-10,000
				<b>Total 2008 Construction Program</b>		<b>\$560,000</b>

<sup>1</sup>Includes \$10M from VA asset sales.

The non-CARES capital investment decision process resulted in the identification of the following highest priority non-CARES projects, which are reviewed each year by the SMC and approved by the Secretary. Non-CARES projects are scored using separate models for planning and acquisition applications. This results in two sets of prioritized scores, one for planning and another for acquisition applications. Planning applications are less detailed as they are conceptual in nature and do not include information such as the comprehensive cost-effectiveness and risk analysis. More detailed information is provided after the planning application is approved and the acquisition application is submitted. The following table identifies projects that were approved by the Secretary and for which funds are requested in FY 2007. The second table includes the projects for which VA is requesting funding from Congress in FY 2008. The FY 2007 projects were included in last year's 5-Year Capital Plan. See appendix I for a history of non-CARES project's funding FY 2004 - 2008.



**Table 2-3: Summary of FY 2007 Non-CARES Capital Projects**

FY	MSN	Location	Project Title - Brief Description	Priority #	Budget Request (\$000)
Planning Business Case Applications					
2007	4	Elwood	IL Abraham Lincoln National Cemetery Design Phase 2 Gravesite Expansion	1	\$1,000
2007	1	Triangle	VA Quantico National Cemetery Design Gravesite Expansion and Cemetery Improvements	2	\$1,300
Acquisition Business Case Applications					
2007	4	Holly	MI Great Lakes National Cemetery Phase 1B Development	1	\$16,900
2007	3	Dallas/Ft Worth	TX Dallas-Fort Worth National Cemetery Phase 2 Gravesite Expansion	2	\$13,000
2007	1	Schuylerville	NY Gerald B.H. Solomon Saratoga National Cemetery Phase 2 Gravesite Expansion	3	\$7,600
			<b>Total FY 2007</b>		\$39,800

**Table 2-4: Summary of FY 2008 Non-CARES Capital Projects**

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

## Management Initiatives

VA has undertaken a number of major management initiatives in order to improve and strengthen the capital asset management program. VA has integrated best practices into the fabric of the capital investment process, learning from the best planning and performance measurement found in government and

private industry. One of the main achievements was the development of the Department's first long-term capital plan, which was submitted to Congress in the summer of 2004. Along with VA's vigorous capital investment process, the Department established various tools and programs as described below that lead to more effective capital asset management.

VA continues to develop tools and processes for managing its vast capital portfolio. Three key initiatives have served VA very well, and their promise is not yet exhausted. A fourth federal initiative, Federal Asset Sales (FAS), was added in FY06. The first is the Capital Asset Management System (CAMS), which in three years has made tremendous strides in assisting all parts of the VA enterprise in monitoring their assets. Additional enhancements and functionality are constantly being tested and rolled out to leverage the investment VA has made in this enterprise system. The second major initiative is enhanced-use leasing, which fosters public-private partnerships while ensuring long-term revenue streams for the Department. Enhanced-use leasing supports community needs and job opportunities, and allows VA to transform underperforming or unutilized assets into revenue generators. For 2007, there are a number of enhanced-use leases in various stages of development. The third initiative is the VA Energy Program which promotes and supports efficient energy management and increases energy conservation. FAS is a federal initiative promoting centralized sales for personal and real property, focusing on the sales agent and reporting responsibilities. Comprehensive descriptions of these significant tools follow.

## **Capital Asset Management System**

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

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

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

CAMS allows for web-based input of concept papers, planning, and acquisition business case applications. The data is organized, analyzed, and presented to track and monitor VA's assets against performance goals within and across asset types and administrations. Crystal reports can be created, providing polished reports for viewing and presentations.

CAMS provides several outcomes that result in improved service delivery to veterans and increased financial accountability to the general public. The impact of this innovative technology:

- Integrates asset management and governance at multiple levels
- Improves financial and analytical capability
- Improves performance management
- Provides for increased and better-informed decisions
- Improves service delivery

The CAMS initiative supports the President's Management Agenda and Executive Order 13327, Federal Real Property Asset Management. CAMS has positioned VA to fully contribute to and comply with Federal Real Property Council (FRPC) guidance. The system was updated to collect and electronically report the 24 FRPC inventory data elements at the constructed asset level. The four FRPC Tier 1 performance metrics were also added to CAMS to monitor and manage VA assets.

VA's capital portfolio goals are closely tied with the asset management core objective - to provide a safe and appropriate environment for the delivery of benefits to veterans in a cost-efficient manner. In FY 2005, VA implemented the Federal Real Property Council (FRPC) Tier 1 goals and aligned VA and FRPC goals. In FY 2006, VA incorporated the additional disposal data elements required for FRPC reporting; implemented environmental and life safety performance measures to show compliance of VA buildings; and integrated Energy reporting with real property management. Disposal reports, included actual and planned assets for disposal, were generated from CAMS this year. Lastly, in FY 2006, Energy Star quarterly reporting was automated along with EPA Act 2005 Annual Energy Performance reports. This improved integration promotes consistent data and complete picture of real property performance.

Electronic reporting is also feasible and has been demonstrated. VA submitted an XML file to the General Services Administration (GSA) in FY05 and FY06, reporting FRPC requirements. In FY06, VA also submitted an electronic file for Energy Star ratings to Department of Energy (DOE) and received ratings in return. Annual Energy Consumption Reports are now created in CAMS. VA's goal is to electronically submit those in future.

CAMS is the main factor that allows VA to comply with this type and degree of asset performance measurement. VA is one of the leaders in real property management as it achieved a "Green" status for real property initiatives in the third quarter of FY 2006. Only two other agencies had received this real property status. Within VA, CAMS has already had an impact on capital asset data management. Inventories have been improved, related costs are being more accurately tracked and numerous pre-existing asset-related databases have been linked and coordinated. The CAMS process has generated a renewed focus on capital asset matters at all levels of the Department.

### Future Plans

FY 2007:

- Implement CAMS enhancements, which include data store/data warehousing and Business Intelligence capabilities
- Provide periodic CAMS training
- Achieve significant reduction in underutilized and vacant space for the Department through implementation of the disposal plans
- Develop annual call for FRPC inventory and performance measure updates
- Implement Federal Asset Sales reporting strategy for VA real property

FY 2008:

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

## Enhanced-Use Leasing Program

VA utilizes a unique capital asset management tool called enhanced-use (EU) leasing. The results of this program include significant cost savings, substantial private investment, new long-term sources of revenues as well as jobs or tax revenues for the local, state and federal sectors. EU leasing supports the President's Management Agenda by improving VA financial performance and demonstrating budget/performance integration.

Under the enhanced-use leasing authority, VA may lease land or buildings to the private sector for up to 75 years. The leased property may be developed for non-VA uses that are consistent with the mission of the Department. The leased property may be developed for non-VA and/or VA uses, and in return for the lease, the Department obtains fair value in the form of revenue, facilities, space, services, or other considerations. VA continuously explores ways of expanding the use of this integral capital asset management tool and streamlining the process. For example, in response to a recommendation by the CARES Commission, VA developed a plan to re-delegate the authority to execute smaller and less complex enhanced-use leases to the regional capital asset managers. A national contracting mechanism was put in place to provide these asset managers with the tools (e.g., financial, real estate advisement, market analysis, legal support, etc.) they need to successfully implement these leases. Other process improvements included the implementation of standardized concept plans and templates for common milestones such as public hearings and notices to Congress and the public. VA is currently performing additional studies at sites where health care delivery options have been realigned through the CARES process. These studies are evaluating outstanding health care issues, developing capital plans, and determining the highest and best use for the unneeded VA property. VA will utilize its enhanced-use lease authority to maximize the value of unneeded real property.

### Authority

The Department of Veterans Affairs uses a unique capital asset management tool called enhanced-use (EU) leasing. The authority to use this mechanism was originally enacted in 1991, under Section 8161 of Title 38, United States Code. Renewed in 2001, VA has authority to continue using this process until 2011. While this authority allows VA to lease land or buildings to both private and/or non-profit sector for up to 75 years, the use of this property must be consistent with VA's mission. Leased property may be developed for non-VA uses, and/or VA uses that will enhance the property.

Though, congress chose to exempt the EU leasing authority from an array of restrictive federal statutes to help provide flexibility in its application. VA must abide by all federal environmental laws (e.g., the National Environmental Policy Act and the National Historic Preservation Act.) VA is not required to follow typical federal acquisition rules when selecting the EU lessee, but VA must use procedures that ensure selection process integrity.

### Benefits to VA

The initial results of this program include significant cost savings. VA's EU leasing program is unlike those of traditional government, which offers little more than a revenue return in proportion to the depletion of the leased asset. VA's EU leasing program encourages innovative public/private partnerships. In return for the lease, VA must obtain fair consideration (monetary and/or in-kind) in various forms including but not limited to revenue, facilities, space, or services.

Generally, when an agency generates revenue connected to real property, proceeds must be deposited in the U.S. Treasury. Under the EU program, funds received as consideration do not have to be returned to the Treasury, but may be kept by VA. This provides incentives necessary to encourage government property managers to be creative and aggressively pursue opportunities to partner with both private and non-profit entities.

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

### Benefits to Developers and Local Community

An EU lease provides the developer (lessee) with the long-term property interest necessary to secure financing through the capital markets, and allows the developer to amortize any capital investment made to the property or facility. Although the underlying land is still federal property, the facility is subject to State and local taxes, which results in an increased tax base for the local community. This in turn, facilitates the local community's ability to provide needed services along with substantial private investment, new long-term sources of revenues for the local economy, jobs, and tax revenues for the local, state and federal sectors.



## Transparency

A key component of the EU leasing program is close coordination with and involvement of the local government and community as full partners in the development process. For example, VA must hold a public hearing at the location of any proposed EU lease to obtain veteran and local community input. VA also must provide a notice to its Congressional oversight committees prior to entering into an enhanced-use lease. Close collaboration with community leaders and interested stakeholders enables VA to address concerns early in the planning and development process.

## Project Types

VA has completed a variety of projects since the enactment of the EU leasing statute, including office buildings, parking facilities, low-cost senior housing, co-generation (heat and electricity) energy facilities, single room occupancy housing (homeless shelters), and child care and mental health centers.

VA is currently exploring ways to expand the use of this capital asset management tool in the Department and continually working to streamline the complex EU process.

## **Recent Enhanced-Use Lease Successes**

VA has completed a variety of projects since the enactment of the enhanced-use leasing statute, including office buildings, parking facilities, low-cost senior housing, co-generation energy facilities, single room occupancy housing (homeless shelters), and child care and mental health centers.

### Fort Howard, MD - Life Care Community

In the fall of 2002, Fort Howard inpatient care services were consolidated to other campuses within the VA Maryland Health Care System (VAMHS), allowing VA to transform the 100-acre campus into a Life Care Community (LCC) through an enhanced use lease. The LCC approach includes independent living, assisted living, a skilled nursing facility component, and a small community center.

On September 29, 2006, VA executed an enhanced-use lease with Fort Howard Senior Housing Associates, LLC to finance, design, and develop a continuum of senior housing totally approximately 1300 units. This supports the predominant trend in senior housing today which is to help seniors stay in one location for as long as possible - commonly referred to as aging in place. Veterans and their spouses will receive priority placement on all 1,300 units and discounts on 40%

of units. In addition, the developer will replace the current VA Outpatient clinic with a new facility, and hold 10-acres for potential future use as a Maryland State Veterans home.

Through this lease, VA will provide additional affordable housing for veterans and senior citizens in the State of Maryland, obtain a new 10,000 sq ft outpatient clinic, and eliminate current VAMHCS maintenance, repair, and utility costs associated with the Fort Howard campus. This project will save VA an estimated over \$1,500,000 in construction cost savings as well as a cost avoidance of approximately \$1,000,000 annually. The current waiting list to join the LCC is over 500 veterans.

### Leavenworth Mixed-Use Development

On August 5, 2005, VA signed an enhanced-use Lease with Eisenhower Ridge Association (ERA) to renovate 38 underutilized buildings and to adaptively reuse historic properties located on approximately 50 acres of land. This mixed-use development will provide services and accommodations relating to affordable senior housing, long-term care, transitional veterans housing with supportive services, long-term veteran housing, educational and community support facilities.

This lease will result in the reuse of buildings listed on the Federal National Register of Historic Places as well as expansion of services to veterans. The project will also result in additional land (without historical buildings) to become available to the Leavenworth National Cemetery for additional gravesites for veterans and for a columbarium.

## **Current Enhanced-Use Leasing Projects**

### Secretary's Approved Priority List

The following is a listing of the enhanced-use lease projects that have been identified as Departmental priorities by the Secretary. These projects represent concepts that will be further developed to leverage VA assets to engage private business to meet VA requirements and needs. As further analysis is conducted, projects may be added, modified or deleted from this list. There are additional projects, particularly in light of the CARES decisions, that VA continuously assesses for potential priority consideration. All of the projects listed here will require notification to Congressional oversight committees prior to entering into an enhanced-use lease.



**Table 2-5: Secretary's Approved Priority Enhanced-Use Lease Projects**

Project Site	Project Type	Project Description	Status
Albany, NY	Parking	Lease to not-for-profit corporation for construction and maintenance of a parking structure. VA will receive parking spaces for use by the VAMC on a no-cost basis.	Revising Concept Paper;
Albuquerque, NM	Assisted Living	Lease for assisted living for spinal cord injury patients; Affordable temporary lodging accommodations for out-of-town/state patients; Alzheimer's patients care center.	Preparing Concept Paper
Battle Creek, MI	Laundry	Lease to reduce laundry costs.	Negotiations ongoing
Brevard, FL	Assisted Living	Lease of donated land to establish an assisted living housing complex.	Negotiations ongoing
Butler, PA	Homeless Residential Program	Expansion of existing homeless residence dedicated to serving veterans.	NOI - internal concurrence review
Butler, PA	Hospital	Demolition of old hospital and support buildings. Construction of new hospital, cancer center, and medical office buildings.	Studies being conducted
Chillicothe, OH	Mixed Use	Multipurpose community facility	Revising Concept Paper;
Cleveland, OH	Domiciliary	Lease to provide funding for services of 120-bed domiciliary including space for VA program support and community organizations.	NOI - internal concurrence review
Columbia, SC	Mixed Use/VARO/Realignment	Lease for a mixed use residential development (multi-family, and/or institutional office related uses; possible VBA Regional Office to be relocated from leased space to the VAMC campus.	Negotiations ongoing
Dayton, OH	Senior Housing	About 55 beds of single occupancy low-income housing	Feasibility study ongoing
Dayton, OH	Homeless Residential	Women's housing for substance abuse and mental health patients	Negotiations ongoing
Ft. Howard, MD	Mission Realignment/ Continuing Care Retirement Community	Lease for development of a continuum of care (independent, assisted living, and nursing home) retirement community, as well as provision of a replacement CBOC on the vacated VA campus.	Negotiations ongoing
Hines, IL	Assisted Living #51	Create assisted living facility in existing building with non-profit partner.	Inactive
Houston, TX	Clinical /	Lease to develop clinical and	Negotiations

Project Site	Project Type	Project Description	Status
	Ambulatory Space	ambulatory space to meet needs of veterans.	ongoing
Lebanon, PA	Golf Course	Lease to township to reduce VA costs by providing golf therapy to patients.	Pending discussions
Lincoln, NE	Outpatient Clinic	Outpatient clinic	Concept Paper under review
Los Angeles, CA	VHA/VBA Collocation	VBA will exit leased space to collocate at VHA space to better provide one-stop services to veterans.	Pending CARES business study
Marion, IL	Hotel	Lease to increase access to on site hotel for veterans and families.	Feasibility study ongoing
Marion, IN	Senior Housing	Low income housing for senior and veterans	Feasibility study ongoing
Milwaukee, WI	Mixed Use	Proposed E-U lease for assisted living, retail, and entertainment development.	Negotiation ongoing
Montrose, NY	Assisted Living	Reduce maintenance and repair costs to VA while providing funding for community-based clinics and senior and assisted living housing.	Pending CARES business study
Murfreesboro, TN	Golf Course		Concept Paper under review
Nashville, TN	Research	Lease to Vanderbilt University to provide research facilities to VA.	Negotiation ongoing
Newington, CT	Assisted Living	Lease to develop assisted living facility.	Preparing Concept Paper
Phoenix, AZ	Child Care Development Center	Exit high cost leases to obtain on-site offices and child care complex for VAMC employees.	Feasibility study ongoing
Riverside, CA	Transitional Housing	Provide at least 118 beds transitional housing for homeless veterans.	Preparing Concept Paper
Sacramento, CA	Assisted Living	Lease to provide assisted living facility.	Negotiation ongoing
Saint Louis, MO	Parking	Public/private partnership to build nine-level parking deck. VA patients, visitors, employees get free parking for duration of lease.	RFP for developers issued November 2006
San Francisco, CA	Research	Lease to Northern California Institute for Research and Education (NCIRE) to develop a new research facility on the VAMC campus.	On hold
Sepulveda, CA	Homeless Veterans Housing	Lease to New Directions, Inc. (NDI) a non-profit organization, of two currently unoccupied buildings for transitional housing and ancillary services.	NOI - internal concurrence review

Project Site	Project Type	Project Description	Status
Solano County	Water Supply/Property Development	Lease of land for irrigation and development in exchange for future cemetery expansion.	Preparing Concept Paper
Syracuse, NY	Research	Lease to the State University of New York's (SUNY) Upstate Medical University and College of Environmental Science and Forestry to develop a Biotechnology Research Center.	On hold
White City, OR	Community College	VA/Community college partnership providing training through tuition vouchers for veterans and VA staff.	Pending CARES business study
Coatesville, PA; Philadelphia, PA; Pittsburgh, PA (Aspinwall); Pittsburgh, PA (Univ Drive); Wilkes-Barre, PA	Co-generation, energy savings	Potential for reducing costs and generating revenue via national cogeneration plan	Negotiations ongoing

### Awarded Enhanced-Use Leases

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

**Table 2-6: Awarded Enhanced-Use Lease Projects**

	Location		Project Type	Lease Awarded
1	Washington	DC	Child Development Center	4/20/1993
2	Houston	TX	Collocation	8/23/1993
3	West Palm Beach	FL	Public Safety Center	11/14/1994
4	West Haven*	CT	Child Development Center	12/1/1994
5	Big Spring	TX	Parking	3/8/1996
6	Indianapolis	IN	Consolidation	9/23/1996
7	Bay Pines*	FL	Child Development Center	5/22/1997
8	St. Cloud	MN	Golf Course	7/28/1997
9	Atlanta	GA	Regional Office (RO) Collocation	12/18/1997
10	Portland	OR	Single Room Occupancy (SRO)	7/14/1998
11	North Little Rock	AR	Golf Course	10/1/1998
12	Mt. Home	TN	Medical School	12/17/1998
13	Sioux Falls	SD	Parking	4/1/1999
14	Danville	IL	Senior Housing	4/27/1999
15	Mt. Home	TN	Energy	12/2/1999

	Location		Project Type	Lease Awarded
16	Indianapolis*	IN	Nursing Home	12/6/1999
17	Dallas	TX	Child Development Center	12/20/1999
18	Roseburg	OR	Single Room Occupancy (SRO)	8/1/2000
19	Salt Lake City	UT	Regional Office (RO) collocation	5/9/2001
20	Durham	NC	Mixed Use / Research	1/3/2002
21	North Chicago	IL	Medical School	4/10/2002
22	Chicago (Westside)	IL	Regional Office (RO) Collocation	4/22/2002
23	Chicago (Westside)	IL	Parking Structure	4/22/2002
24	North Chicago	IL	Energy Center Phase I	5/21/2002
25	Batavia*	NY	Single Room Occupancy (SRO)	5/24/2002
26	Chicago (Westside)	IL	Energy	8/12/2002
27	Tuscaloosa	AL	Hospice	9/19/2002
28	Barbers Point	HI	Single Room Occupancy (SRO)	3/17/2003
29	Milwaukee	WI	Regional Office (RO) Collocation	7/17/2003
30	Hines	IL	Single Room Occupancy (Building 14)	8/22/2003
31	Somerville	NJ	Mixed Use	9/5/2003
32	North Chicago	IL	Energy Center Phase II	10/29/2003
33	Mound City	IL	Interpretive/Visitor Center	11/6/2003
34	Butler	PA	Mental Health Facility	12/18/2003
35	Portland	OR	Crisis Triage Center	2/13/2004
36	Charleston/MUSC	SC	Affiliate Partnering	5/18/2004
37	Hines	IL	Single Room Occupancy SRO Phase II	7/30/2004
38	Minneapolis	MN	Credit Union	8/17/2004
39	Batavia	NY	Assisted Living	8/24/2004
40	Bedford	MA	Single Room Occupancy housing	9/10/2004
41	Hines	IL	Building 14 - Transitional Housing	11/12/2004
42	Hines	IL	Building 53 - Assisted Living	12/27/2004
43	Dayton	OH	Child Care Development Center	12/30/04
44	Dayton	OH	Housing Initiative	12/30/2004
45	Chicago (Lakeside)	IL	Realignment	1/18/2005
46	St. Cloud	MN	Homeless Housing	5/24/2005
47	Leavenworth	KS	Residential Health Care	8/5/2005
48	Minneapolis	MN	Single Room Occupancy (SRO)	9/1/2005
49	Salt Lake City II	UT	Mixed Use - Office/Retail/Restaurant	9/20/2006
50	Fort Howard	MD	Mixed Use - Senior Housing./Clinic	9/28/2006

## **Energy Initiative**

### Background

Prior to 2005, the Energy Policy Act of 1992 and several Executive Orders (EO) served as the impetus for urging the Nation's largest energy consumer, the federal government, to significantly improve its energy management. The purpose of these laws and Executive Orders was to save taxpayer dollars, encourage development of energy technologies, and reduce emissions that contribute to air pollution and global climate change.

### New Policy Landscape

On August 28, 2005, President signed the Energy Policy Act of 2005 (EPAct 2005), adding a new and stronger focus to federal agencies' efforts. The significant goals from EPAct 2005 included:

- a new goal of 2% energy consumption reduction annually from FY2006 through FY2015 (compared to a FY2003 baseline);
- metering of electricity in Federal buildings to be in place by 2012;
- renewable electricity goal of 3% of total electricity consumption for FYs 2006-2009, 5% in FYs 2010-2012, and 7.5% each fiscal year thereafter;
- new buildings to be 30% more efficient than industry standards for heating/cooling (ASHRAE 90.1-2004); and
- installing 20,000 solar photovoltaic systems on federal buildings by 2010.

Federal agency reporting on these and other EPAct 2005 requirements began in FY 2006. Previously, VA's energy reporting largely reflected VHA and some components of NCA. In FY 2004, VA began reporting Department-wide energy achievements in concert with VA's commitment to agency-wide asset and portfolio management.

The Office of Management and Budget proposed in fall 2006 a new Executive Order (EO), which would supercede and incorporate all previous EO's relating to energy, environment, and transportation. While it has not been issued as of November 2006, its issuance is expected during FY2007, and will trigger new reporting requirements.

## **Energy Conservation Program**

Efficient energy management and increased energy conservation allow more of VA's limited resources to be directed toward providing high quality services to veterans. Energy Policy (EP) Act 2005 has introduced new elements into the

goals previously established by the Greening the Government series of executive orders. In response, VA has established a Department-wide Energy Management Task Force to address EP Act 2005 and to accelerate the adoption of energy efficiency practices and prudent energy investments throughout VA.

The proposed energy management action plan authored by this new energy task force addresses VA's five major energy challenges: 1) identifying what types of energy VA uses and their associated costs; 2) optimally managing energy systems; 3) purchasing energy wisely; 4) making prudent energy investments; and 5) implementing renewable and alternative energy purchasing and projects. The plan augments and provides additional focus and impetus to VA's existing energy conservation program.

In FY 2004, VA began reporting agency-wide energy achievements in concert with VA's commitment to portfolio management. With the Department-wide energy conservation program and energy management task force in place, VA is better positioned than ever before to meet its energy challenges successfully.

In FY 2006, VA made several system changes to more precisely report energy costs and consumption to the Department of Energy. New energy-related Budget Object Codes (BOCs) were created and existing energy-related BOCs were revised to collect and report a variety of energy costs. New reporting categories were created in CAMS to separate building, non-building and total energy costs. Finally, new categories of energy consumption data were added to the VHA Support Service Center database to collect and report increased consumption details. The expanded energy data will be reported to the Department of Energy starting in FY 2007.

VA's 2008 budget includes \$25 million in Medical Care to improve the Department's ability to better manage its assets to improve energy efficiencies. These resources will be allocated in accordance with the recommendations of the VA Energy Task Force. Energy efficiencies will be accomplished by consolidating energy purchases where appropriate and making prudent investments in energy infrastructure.

#### VA Energy Program Management

The Office of Asset Enterprise Management (OAEM) continues as the lead office in all VA energy initiatives. OAEM is participating in intra-agency workgroups and related sub-group meetings including the Inter-Agency Energy Management Task Force, the Federal Energy Savings Performance Contracts (ESPCs) Steering Committee, the Federal Energy Management Advisory Committee, and several sustainability working groups. OAEM is updating the existing energy

conservation program, policies, directives, and handbooks that provide guidance on energy issues to reflect the post-EPA 2005 environment and lessons learned to date.

In FY2006, VA began an automated benchmarking process in partnership with the Energy Star program. Using online tools and computer programming, VA has implemented quarterly energy benchmarking of all its hospitals. VA will continue to conduct regional (VISN - Veterans Integrated Services Network) energy assessments in priority locations with high consumption and high-energy costs, and will pursue implementation of identified energy conservation measures (ECM). Using updated information on energy costs and contracts at major facilities, VA will conduct additional in-depth studies at selected high-potential facilities to determine whether cogeneration systems could yield significant savings. Matching facility interest with potential benefits, VA will pursue implementation of on-site renewable technologies at twenty facilities. Finally, with a DOE-approved metering plan in hand, VA will conduct a metering pilot program to test and verify its strategy for satisfying EPA 2005 electric metering requirements.

#### VA Created Department Energy Task Force

Shortly after EPA 2005 was signed into law, VA created a Department-wide Energy Management Task Force to plan for the new requirements and to accelerate the adoption of efficient energy management practices and sound investments throughout VA. The Task Force's initial work is reflected in a proposed Energy Management Action Plan that addresses VA's five main energy challenges:

- 1) Identifying what types of energy VA uses and their associated costs
- 2) Optimally managing energy systems
- 3) Purchasing energy wisely
- 4) Making prudent energy investments, and
- 5) Implementing renewable and alternative energy purchasing and projects

For each challenge, there is a working subcommittee that has already made noteworthy progress in defining the challenge, deciding how best to meet it, coordinating efforts across VA, and improving the quality of existing initiatives.

#### VA Created National Energy Acquisition Office

Accomplishment of VA's energy program will be facilitated with services provided by VA's new Cleveland-based National Energy Business Center



(NEBC), dedicated to serving all of VA's energy contracting needs, including contracting for independent energy assessments, national billing/auditing, energy savings agreements, and technical assistance.

The NEBC will continue to provide contracting and oversight services to VISNs for energy assessments (EA), implementation of identified conservation measures (ECM), and measurement and verification (M&V) of projects. The Center will also facilitate implementation of on-site renewable energy projects. Based on results of feasibility studies, VA will proceed to solicit and review proposals for sites where significant savings are projected on a national basis.

### Future Plans

FY 2007:

- Participate in interagency and intra-agency workgroups and related sub-groups
- Continue VISN-wide energy assessments in high-priority VISNs
- Conduct in-depth feasibility studies at selected high-potential facilities to determine whether cogeneration systems could yield significant savings
- Pursue implementation of on-site renewable technologies at selected high-potential facilities through site visits and feasibility studies
- Conduct a metering pilot program to test and verify its strategy for satisfying EPC Act 2005 electric metering requirements
- Contract for and implement energy conservation measures identified in energy pilot VISNs 4, 21 and 22

FY 2008:

- Continue implementation of on-site renewable energy projects
- Solicit and review proposals for cogeneration sites where significant savings are projected
- Conduct additional cogeneration feasibility studies at targeted facilities
- Implement best practices from pilot metering on a national basis
- Continue VISN-wide energy assessments in the high-priority VISNs

## **Federal Asset Sales Initiative**

### Background

Each year, the federal government sells personal and real property assets to the public, valued at billions of dollars. Currently, individual federal agencies use a variety of methods to sell these assets and provide related-asset sale information. For obvious reasons, this decentralized method is inefficient. An initiative, FAS,



was added to the President's Management Agenda (PMA) on E-GOV to address this problem and OMB and GSA subsequently moved forward as the sponsor and project lead.

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

In FY2005, there was increased focus on disposal of assets, identifying the method and value of each asset and reporting that data as part of the inventory. VA actual and planned disposals are identified in detail below. The FAS initiative intends to identify a centralized sales and reporting environment for federal real property and personal property assets. VA is among the few federal agencies with the authority to sell its real property assets independent of the General Services Administration (GSA). VA also reports asset disposals - including sales - in the annual Federal Real Property Council (FRPC) reporting requirements.

#### Current VA Environment/Process

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

Real Property - Loan Guaranty (Residential) - VA does not market properties directly through GSA and cannot do so due to contract restrictions with their loan servicing company. **VA is the sales agent for residential real property. VA listings are linked to the FAS website. No reporting of residential sales is currently provided.**

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

facility disposals are reported to the FRPC/GSA annually. **VA has responsibility for the sale of buildings and land real property. There is no link to the FAS website. Currently, there is no reporting of these sales to GSA/FAS.**

In FY2006, VA developed a Federal Asset Sales GSA Summary and VA Strategy; provided a strategy to OMB; and developed FAS implementation milestones for VA real property. VA has proposed to maintain its residential, buildings, and land real property sales authority independent of the FAS initiative. VA will continue to link residential sales to the FAS Web site. VA will comply with additional FAS reporting requirements either through electronic reporting or manual entry to the FAS database.

#### Future Plans

FY 2007:

- Real Property Residential - Develop a Sales Report (XML file) from VBA's Centralized Property Tracking System for FAS Quarterly Reporting. (3 months after publication of a federal data dictionary and 1 month after providing an XML schema for file transmission).
- Real Property Buildings and Land - Enter FAS reporting requirements into VA's Capital Asset Inventory (CAI) System and GSA's Federal Asset System as they occur. This will continue annual Federal Real Property Council (FRPC) reporting and implement quarterly Federal Asset Sales reporting. FAS data entry is dependent on the FAS database implementation schedule.

FY 2008:

- Continue annual FAS reporting as noted above.

### **Disposal Stage**

The final stage of an asset's life cycle is disposal. VA is required to submit disposal plans to Congress annually, per Public Law 108-422 and accompanying report language. The VA disposal plan has two parts: short-term (one year) and long-term (five year).

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

**Table 2-7: FY 2005 and FY 2006 Disposal Report**

Program	VISN	Building	Station Name	Disposal Modality	Disposal Complete Date
FY 2005					
NCA	1	3010	Calverton, NY	Demolition	06/27/2005
NCA	1	1101	Long Island, NY	Demolition	06/27/2005
NCA	1	3301	Loudon Park, MD	Demolition	06/27/2005
NCA	1	3001	Loudon Park, MD	Demolition	06/27/2005
NCA	1	3301	City Point, VA	Demolition	06/27/2005
NCA	1	3001	Alexandria, VA	Demolition	06/27/2005
NCA	1	3011	Calverton, NY	Demolition	06/27/2005
NCA	1	3W01	Long Island, NY	Demolition	06/27/2005
NCA	1	HA-4	Ft. Harrison, VA	Demolition	06/27/2005
NCA	1	HA-6	Ft. Harrison, VA	Demolition	06/27/2005
VHA	1	13	VACHS, West Haven	Demolition	06/01/2005
VHA	1	TR1	White River Junction	Demolition	12/01/2004
VHA	1	20T	White River Junction	Demolition	12/01/2004
VHA	1	T29	White River Junction	Demolition	12/01/2004
VHA	1	10	White River Junction	Demolition	12/01/2004
VHA	1	T44	White River Junction	Demolition	12/01/2004
VHA	5	10H	Perry Point	Demolition	12/06/2004
VHA	8	T46	Tampa	Demolition	06/01/2005
VHA	8	T45	Tampa	Demolition	06/01/2005
VHA	8	29	Tampa	Demolition	06/01/2005
VHA	8	T38	Tampa	Demolition	06/01/2005
VHA	8	T48	Tampa	Demolition	06/01/2005
VHA	8	T47	Tampa	Demolition	06/01/2005
VHA	8	T44	Tampa	Demolition	06/01/2005
VHA	9	Land (10 acres)	Murfreesboro	Transfer - State Home	09/27/2005
VHA	9	T2	Louisville	GSA Disposal	11/20/2004
VHA	12	158	Hines	Outlease	07/01/2005
VHA	15	24	Kansas City	Demolition	09/15/2005
VHA	15	T115	Marion, IL	GSA Disposal	08/26/2005
VHA	15	T112	Marion, IL	GSA Disposal	08/26/2005
VHA	16	T2	Jackson	Demolition	03/01/2005
VHA	17	1	Temple	Demolition	10/01/2004
VHA	17	22	Temple	Demolition	10/01/2004
VHA	17	18	Temple	Demolition	10/01/2004
VHA	17	17	Temple	Demolition	10/01/2004
VHA	20	T2267	Vancouver	Demolition	02/28/2005
VHA	20	T2291	Vancouver	Demolition	01/05/2005
VHA	20	T2290	Vancouver	Demolition	01/05/2005
VHA	21	T2	Fresno	Demolition	09/05/2005

Program	VISN	Building	Station Name	Disposal Modality	Disposal Complete Date
VHA	21	T1	Fresno	Demolition	08/10/2005
VHA	21	C	Reno	Donated	07/15/2005
FY 2006					
VHA	1	TR4	Providence	Demolition	05/30/2006
VHA	4	11	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	20	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	8	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	15	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	16	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	23	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	13	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	10	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	4	21	Pittsburgh, Aspinwall	Demolition	05/30/2006
VHA	5	T37	Fort Howard CBOC	EU	09/29/2006
VHA	5	ROT	Fort Howard CBOC	EU	09/29/2006
VHA	5	8	Fort Howard CBOC	EU	09/29/2006
VHA	5	37	Fort Howard CBOC	EU	09/29/2006
VHA	5	61	Fort Howard CBOC	EU	09/29/2006
VHA	5	T239	Fort Howard CBOC	EU	09/29/2006
VHA	5	T240	Fort Howard CBOC	EU	09/29/2006
VHA	5	63	Fort Howard CBOC	EU	09/29/2006
VHA	5	51	Fort Howard CBOC	EU	09/29/2006
VHA	5	57A	Fort Howard CBOC	EU	09/29/2006
VHA	5	57B	Fort Howard CBOC	EU	09/29/2006
VHA	5	59	Fort Howard CBOC	EU	09/29/2006
VHA	5	3	Fort Howard CBOC	EU	09/29/2006
VHA	5	9	Fort Howard CBOC	EU	09/29/2006
VHA	5	6	Fort Howard CBOC	EU	09/29/2006
VHA	5	14	Fort Howard CBOC	EU	09/29/2006
VHA	5	12	Fort Howard CBOC	EU	09/29/2006
VHA	5	11	Fort Howard CBOC	EU	09/29/2006
VHA	5	10	Fort Howard CBOC	EU	09/29/2006
VHA	5	13	Fort Howard CBOC	EU	09/29/2006
VHA	5	5	Fort Howard CBOC	EU	09/29/2006
VHA	5	T248	Fort Howard CBOC	EU	09/29/2006
VHA	5	T63	Fort Howard CBOC	EU	09/29/2006
VHA	5	T237	Fort Howard CBOC	EU	09/29/2006
VHA	5	T246	Fort Howard CBOC	EU	09/29/2006
VHA	5	70	Fort Howard CBOC	EU	09/29/2006
VHA	5	156	Fort Howard CBOC	EU	09/29/2006
VHA	5	16	Fort Howard CBOC	EU	09/29/2006
VHA	5	44	Fort Howard CBOC	EU	09/29/2006

<b>Program</b>	<b>VISN</b>	<b>Building</b>	<b>Station Name</b>	<b>Disposal Modality</b>	<b>Disposal Complete Date</b>
VHA	5	43	Fort Howard CBOC	EU	09/29/2006
VHA	5	228	Fort Howard CBOC	EU	09/29/2006
VHA	5	T247	Fort Howard CBOC	EU	09/29/2006
VHA	5	T244	Fort Howard CBOC	EU	09/29/2006
VHA	5	T241	Fort Howard CBOC	EU	09/29/2006
VHA	5	230	Fort Howard CBOC	EU	09/29/2006
VHA	5	226	Fort Howard CBOC	EU	09/29/2006
VHA	5	225A	Fort Howard CBOC	EU	09/29/2006
VHA	5	239	Fort Howard CBOC	EU	09/29/2006
VHA	5	237	Fort Howard CBOC	EU	09/29/2006
VHA	5	68	Fort Howard CBOC	EU	09/29/2006
VHA	5	15	Fort Howard CBOC	EU	09/29/2006
VHA	5	174	Fort Howard CBOC	EU	09/29/2006
VHA	5	64	Fort Howard CBOC	EU	09/29/2006
VHA	5	225	Fort Howard CBOC	EU	09/29/2006
VHA	5	T245	Fort Howard CBOC	EU	09/29/2006
VHA	7	133	Tuscaloosa	Demolition	10/18/2005
VHA	10	8	Chillicothe	EU	05/01/2006
VHA	10	TE	Cincinnati	Demolition	01/01/2006
VHA	11	28	Saginaw	Demolition	08/05/2006
VHA	11	27	Saginaw	Demolition	08/05/2006
VHA	12	7	Chicago, Jesse Brown	Demolition	12/31/2005
VHA	12	1	Chicago, Lakeside	Sale	10/01/2005
VHA	12	1A	Chicago, Lakeside	Sale	10/01/2005
VHA	12	7	Chicago, Lakeside	Sale	10/01/2005
VHA	12	9	Chicago, Lakeside	Sale	10/01/2005
VHA	15	T114	Marion, IL	GSA Disposal	05/20/2006
VHA	15	T113	Marion, IL	GSA Disposal	05/20/2006
VHA	19	11A	Salt Lake City	EU	09/22/2006
VHA	19	22	Salt Lake City	EU	09/22/2006
VHA	19	11	Salt Lake City	EU	09/22/2006
VHA	19	10	Salt Lake City	EU	09/22/2006
VHA	19	15	Salt Lake City	EU	09/22/2006
VHA	19	12	Salt Lake City	EU	09/22/2006
VHA	20	215	White City	Demolition	09/12/2006
VHA	20	216	White City	Demolition	09/27/2006
VHA	20	T2239	Vancouver	Demolition	01/15/2006
VHA	21	UST1	Fresno	Demolition	01/11/2006

**Table 2-8: Summary of FY 2007 Planned Disposals**

VISN	Location	Building	Description	Total GSF	Disposal Modality
1	Providence	TR6	Training Trailer	720	Demolition
2	Canandaigua	T28	Quonset Hut - Storage	960	Demolition
2	Canandaigua	T29	Quonset Hut - Storage	2,240	Demolition
2	Albany	11	VISN Garage	1,080	EU
2	Albany	35	Storage Shed	3,040	EU
4	Butler	36	Vacant Quarters	4,904	Demolition
4	Butler	43	Vacant Quarters	4,904	Demolition
6	Beckley	13	GARAGE	1,200	Demolition
10	Chillicothe	244	Stadium		EU
10	Cleveland, Brecksville	CC	Connecting Corridors	23,432	EU
10	Cleveland, Brecksville	1	Admin/Clinical	149,515	EU
10	Cleveland, Brecksville	2	MHC/Dom	116,645	EU
10	Cleveland, Brecksville	3	MHC/NHCU	48,150	EU
10	Cleveland, Brecksville	4	Homeless Domiciliary	47,845	EU
10	Cleveland, Brecksville	5	Inpatient Psych/MHC	71,225	EU
10	Cleveland, Brecksville	6	Nursing Home Care	98,406	EU
10	Cleveland, Brecksville	7	Nursing Home Care	36,827	EU
10	Cleveland, Brecksville	12B	Outside Plumbing Utilities	0	EU
10	Cleveland, Brecksville	13B	Brecksville Roads	0	EU
10	Cleveland, Brecksville	20	Chapel	6,330	EU
10	Cleveland, Brecksville	21	RMEC	16,219	EU
10	Cleveland, Brecksville	22	Gymnasium/Pool	19,952	EU
10	Cleveland, Brecksville	22B	Emergency Generators	0	EU
10	Cleveland, Brecksville	23	Nutrition/Warehouse	67,310	EU
10	Cleveland, Brecksville	23B	Fuel Storage	0	EU
10	Cleveland, Brecksville	24	Canteen/Recreation/Library	41,041	EU

VISN	Location	Building	Description	Total GSF	Disposal Modality
10	Cleveland, Brecksville	25B	Telephone System	0	EU
10	Cleveland, Brecksville	29B	Sewer Connections	0	EU
10	Cleveland, Brecksville	30B	Exterior Electricity	0	EU
10	Cleveland, Brecksville	37B	Computer Network System	0	EU
10	Cleveland, Brecksville	40	Boiler Plant	5,500	EU
10	Cleveland, Brecksville	41	Boiler Plant Machinery		EU
10	Cleveland, Brecksville	42	Furnace/Coal Storage	0	EU
10	Cleveland, Brecksville	44	Engineering Shops	7,031	EU
10	Cleveland, Brecksville	44B	Engineering Offices	511	EU
10	Cleveland, Brecksville	45	Garage/Shops	6,656	EU
10	Cleveland, Brecksville	46	Laundry	23,284	EU
10	Cleveland, Brecksville	47	Self Storage/Offices	915	EU
10	Cleveland, Brecksville	48	Gas Meter House	700	EU
10	Cleveland, Brecksville	49	Pump House	800	EU
10	Cleveland, Brecksville	52	Pavilion		EU
10	Cleveland, Brecksville	62	Quarters	1,148	EU
10	Cleveland, Brecksville	63	Quarters	820	EU
10	Cleveland, Brecksville	64	Quarters	1,194	EU
10	Cleveland, Brecksville	65	Quarters	1,000	EU
10	Cleveland, Brecksville	66	Quarters	483	EU
10	Cleveland, Brecksville	70	Eng. Maintenance Shops	3,500	EU
10	Dayton	116			Sharing, Outlease, License, Permit, Easement



VISN	Location	Building	Description	Total GSF	Disposal Modality
10	Dayton	402	Miami Valley Housing	27,151	EU
10	Dayton	400	Miller Cottage (Vacant)	39,750	EU
10	Dayton	209	11 Car Garage	2,225	Reuse by Other VA Entities
10	Dayton	210	Duplex Residence	5,760	Reuse by Other VA Entities
10	Dayton	211	Duplex Residence	5,760	Reuse by Other VA Entities
10	Dayton	212	Duplex Residence	5,760	Reuse by Other VA Entities
10	Dayton	213	Duplex Residence	5,760	Reuse by Other VA Entities
10	Dayton	214	Duplex Residence	5,760	Reuse by Other VA Entities
10	Dayton	Land	6 acres		EU
10	Dayton	120	AVHC	16,800	Sharing, Outlease, License, Permit, Easement
10	Dayton	118	Protestant Chapel	5,650	Sharing, Outlease, License, Permit, Easement
11	Battle Creek	Warehouse/ VISN 11 Laundry	6 acres	53,361	EU
11	NIHCS, Marion	1	VACANT (Ward Building)	20,287	EU
11	NIHCS, Marion	4	VACANT (Ward Building)	20,550	EU
11	NIHCS, Marion	3	VACANT (Ward Building)	20,272	EU
15	St Louis, John Cochran Division	Yeatman Parcel	2 acres		EU
15	Marion, IL	T 111	Engineering	720	GSA Disposal
16	Gulfport, MS		Gulfport Division	501,843	Sharing, Outlease, License, Permit, Easement
16	Houston		12.36 acres -corner of Holcombe & Cambridge		EU
16	Houston	111	Housekeeping Quarters	3,270	EU
16	Houston	112	Housekeeping Quarters	2,900	EU
16	Houston	113	Housekeeping Quarters	2,900	EU



VISN	Location	Building	Description	Total GSF	Disposal Modality
17	Temple (Marlin)		Medical Center	207,848	Transfer - GSA Disposal Authority
18	Amarillo	T34	Facilities Management	2,841	Demolition
18	Tucson	52	Research Administration	2,520	Demolition
20	Vancouver	T2289	Plan Demolition 2006 - IRM	5,169	Demolition
20	Vancouver	T2114	Plan Demolition 2006 - Liver Lodgers	5,162	Demolition
20	Vancouver	T2107	Plan Demolition 2004 - Theater	9,724	Demolition
20	Vancouver	T2113	Plan Demolition 2004 - Liver Lodgers	5,162	Demolition
20	Vancouver	T2115	Plan Demolition 2006 - Dom Office	5,563	Demolition
20	Vancouver	T2116	Plan Demolition 2006 - Hoptel	5,225	Demolition
20	Vancouver	T2131	Plan Demolition 2006 - Vacant	5,225	Demolition
20	Vancouver	T2125	Plan Demolition 2006 - Outlease Sea Cadets	5,250	Demolition
20	Vancouver	T2126	Plan Demolition 2006 - VISN Alliance	5,250	Demolition
20	Vancouver	T2127	Plan Demolition 2006 - Transcription/Fee Basis	5,250	Demolition
20	Vancouver	T2241	Plan Demolition 2006 - ORM	4,425	Demolition
20	Vancouver	T2243	Plan Demolition 2006 - Outlease Peace Health Corp.	6,828	Demolition
20	Vancouver	T2263	Plan Demolition 2006 - CWT Storage	5,250	Demolition
20	Vancouver	T2265	Plan Demolition Records	5,250	Demolition
20	Vancouver	T2279	Vacant Chapel	4,082	Demolition
20	Vancouver	T2286	Plan Demolition 2006 - Prosthetics	6,396	Demolition
20	Vancouver	T2287	Plan Demolition 2006 - EMS Staff, Uniforms, Signs	5,139	Demolition
20	Vancouver	T2288	Plan Demolition 2006 - Storage	5,169	Demolition
20	Vancouver	COR	Plan Demolition 2006 - Connecting Corridors	10,000	Demolition
20	Roseburg	T-12	Vacant	2,112	Demolition
21	Menlo Park	324	Nursing Home	80,300	Demolition

VISN	Location	Building	Description	Total GSF	Disposal Modality
21	Reno	H	Nursing Administration	9,425	Demolition
22	Sepulveda	4	VACANT	79,312	EU
22	Sepulveda	5	VACANT	57,710	EU
22	Sepulveda	2	VACANT	131,313	Demolition

**Table 2-9: Summary of FY 2008 Planned Disposals**

VISN	Location	Building	Description	Total GSF	Disposal Modality
2	Batavia	3	Vacant	17,520	EU
4	Butler	30	Vacant Quarters	1,518	Demolition
4	Butler	31	Vacant Dom Storage	1,204	Demolition
4	Butler	32	Vacant Storage	6,968	Demolition
4	Butler	33	Vacant Quarters	4,904	Demolition
4	Pittsburgh, Aspinwall	7	Recreation	18,307	Demolition
4	Pittsburgh, Aspinwall	17	Maintenance Shops	32,303	Demolition
6	Hampton	69	Vacant Recreation/Storage	33,383	Transfer - State Home
6	Hampton	70	Vacant Psychology	33,791	Transfer - State Home
6	Hampton	72	Vacant Research	14,668	Transfer - State Home
10	Chillicothe	42	Engineering Shop	800	Demolition
10	Cincinnati, Fort Thomas	1	Quarters	8,734	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	2	Quarters	4,937	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	3	Quarters	4,937	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	4	Quarters	4,937	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	5	Quarters	4,937	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	6	Quarters	5,058	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	7	Quarters	5,055	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	8	Quarters	4,937	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	9	Quarters	4,937	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	30	Quarters	6,485	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	31	Quarters	6,485	Transfer - Capital Asset Fund

VISN	Location	Building	Description	Total GSF	Disposal Modality
10	Cincinnati, Fort Thomas	32	Quarters	4,300	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	33	Quarters	4,300	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	34	Quarters	4,300	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	35	Quarters	4,300	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	86	Garage	800	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	146	Garage	700	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas	147	Garage	700	Transfer - Capital Asset Fund
10	Cincinnati, Fort Thomas		Quarters and Land		Transfer - Capital Asset Fund
12	Milwaukee	1	Service Offices (Dom. Administration)	17,600	EU
12	Milwaukee	2	Vacant (Dom./Main Mess)	133,730	EU
12	Milwaukee	3	Vacant Wadsworth Library	9,010	EU
12	Milwaukee	6	Vacant Bldg. 6	130,375	EU
12	Milwaukee	12	Vacant Chapel	24,526	EU
12	Milwaukee	41	Vacant Ward Memorial Theater	21,986	EU
12	Milwaukee		Excess Land		EU
20	American Lake	2	NHCU	70,000	Deconstruction
20	Roseburg	T-3	Vacant	2,077	Demolition
20	White City	217	B- RRTP	18,308	Deconstruction
21	NCHCS, Martinez	AB3	Clinical Service Administration	4,320	Demolition

## Real Property Performance Results

As noted in the Chapter 1, VA regularly monitors real property performance and reports to the Office of Management and Budget on Federal Real Property Council Tier 1 Measures. VA reports energy consumption to the Department of Energy. The table below reflects the level of change in each performance area from the baseline years.

**Table 2-10: Real Property Performance Results**

Organization/Program/Measure (Key Measures in Bold)	Results				Targets		Strategic Target
	2003	2004	2005	2006	2007 (Final)	2008 (Initial)	
Percent of space utilization as compared to overall space (owned and direct-leased)	N/A	80% Baseline	98%	100%	95%	<b>95%</b>	95%
Percent Condition Index (owned buildings)	N/A	N/A	82% Baseline	79%	84%	<b>85%</b>	87%
Ratio of non-mission dependent assets to total assets	N/A	N/A	22% Baseline	15%	16%	<b>13%</b>	10%
Ratio of operating costs per gross square foot (GSF)	N/A	\$4.52	\$4.85	\$5.59	\$4.52	<b>\$4.52</b>	\$4.52
Cumulative percentage decrease in facility traditional energy consumption per gross square foot from the 2003 baseline	Baseline	N/A	N/A	*2%	4%	<b>6%</b>	20%

Utilization

VA's FY 2004 baseline performance is 80%; FY 2006 performance was 100%, exceeding the target of 95% by 2010. VA changes that resulted in improved utilization of space are:

- VA out-leased 5.2 million square feet in 2006
- VA generated annual recurring revenue in excess of \$900,000 in FY 2005 and \$1.2M in FY 2006
- VA generated one-time payments of \$28M in 2005 and \$22.5M in 2006
- VA reduced vacant space by 15% or 1,301,305 SF between 2004 and 2005 (Vacant space went up slightly (4%) in FY 2006)

Condition

VA's FY 2005 baseline performance is 82%; FY06 performance was 79%, with a target of 87% by 2010. Condition Upgrades are pursued through projects/investments as follows:

- Major (FY06 \$532M CARES)
- Minor (FY06 \$155M CARES)
- Non-recurring Maintenance (FY06 \$493M)

### Mission Dependency

VA's FY 2005 baseline performance is 22%; FY 2006 performance was 15%, on track with the target of 10% by 2010. VA changes that resulted in a decrease in non-mission dependent assets are:

- In FY 2006, VA disposed of 6 buildings (658,182 GSF) via sales, 19 buildings (124,946 GSF) via demolition and 52 buildings (400,609 GSF) via enhanced-use leasing
- VA completed 12 disposals in FY 2004 and 29 disposals in FY 2005

### Operating Cost

VA's FY 2004 baseline performance is \$4.52 per GSF. For FY 2006, VA's GSF was \$5.59, and has a target of \$4.52 GSF by 2010.

In FY 2006, VA reduced over 4 million square feet of underutilized assets through disposals, functional consolidations, and improved planning. Overall, VA's space requirements exceed the space currently available. VA continues to assess current and future real property needs through these management initiatives and tools to ensure the Department meets its infrastructure requirements in a cost effective manner.

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## Chapter 3

# Collaboration with the Department of Defense

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### Introduction

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

The President established a task force to identify the forces that present challenges to cooperation. The President's Task Force to Improve Health Care for Our Nation's Veterans was established by Executive Order 13214 on May 28, 2001. To formalize this goal and institutionalize collaboration between Departments, the President made "Coordination of Veterans Affairs and Defense Programs and Systems" one of the 15 management initiatives in the President's Management Agenda. The Task Force was charged with identifying opportunities for improved coordination between the two departments as well as barriers and challenges that impede VA/DoD coordination. The Task Force completed its work and submitted the final report to the President in May 2003. In pursuit of the President's Management Agenda and in concert with the Task Force's organizing principles, the VA/DoD Construction Planning Committee (CPC) was created under the VA/DoD Joint Executive Council (JEC). The CPC was established to provide formalized structure to facilitate cooperation and collaboration in achieving an integrated approach to capital coordination that considers both short-term and long-term strategic capital issues and is mutually beneficial to both departments. The primary focus of this group is to ensure collaborative opportunities for joint capital asset planning are maximized. The CPC also serves as the clearinghouse for the final review of all joint capital asset initiatives submitted by any element of the JEC. The CPC is comprised of individuals with comprehensive knowledge of relevant policy issues within their respective agencies with regard to capital asset planning, investment, and management.

The CPC identified opportunities and challenges to capital collaborations for FY 2006 through 2010 and is working to establish overarching funding principles applicable to joint collaborations. The CPC assesses DoD's excess real property identified through the Base Realignment and Closure (BRAC) program in

meeting VA requirements. The CPC also serves as the clearinghouse for review of construction, leasing, and real property dispositions proposed by any element of the VA/DoD JEC structure.

## VA/DoD Joint Strategic Plan

Goal 5, efficiency of operations, of the VA/DoD Joint Strategic Plan targets the improvement of management of capital assets, procurement, logistics, financial transactions, and human resources. Objective 5.1 specifically addresses the CPC's need to identify collaborative construction initiatives and pilot a core group on three sites identified through the CARES and BRAC processes. This core group will facilitate the successful formulation of three major initiatives.

## VA/DoD Collaborative Projects

The following project for FY 2007 involves major collaborative efforts with the Department of Defense.

**Table 3-1: VA/DoD Major Construction Project - Biloxi, Mississippi**

Location	Budget Authority (\$000)
Biloxi, MS (Major Construction)	\$310,000*

\*The project received \$17.5 million in budget authority for design, and an additional \$292.5 million in FY 2006 as emergency supplemental appropriations under Public Law 109-148.

This project will be comprised of the following elements:

- New mental health clinical addition
- New blind rehabilitation center
- Enhanced-use lease of 90 acres at the Gulfport Division
- Comprehensive inpatient mental health services to all DoD facilities on the Gulf Coast including Keesler, Pensacola, Tyndall, and Eglin.

**Table 3-2: VA/DoD Major Construction Project - Las Vegas, Nevada**

Location	Budget Authority (\$000)
Las Vegas, NV (Major Construction)	\$600,400*

\*This project received \$60M in FY 2004 and \$199M in FY 2006, and requires an additional \$341.4M in FY 2008 budget authority to complete construction, with a total estimated cost of approximately \$600.4M.



This project will be comprised of the following elements:

- 90 inpatient beds
- 120 Bed Nursing Home Care Unit
- Ambulatory care center
- Administrative and support functions y care center
- Veterans Benefits Administrative offices

In addition, VA and DoD are continuing to work on previously funded major construction projects at Pensacola, FL; Denver, CO; and Anchorage, AK; as well as several minor construction projects to establish Community Based Outpatient Clinics.

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

### Community Based Outpatient Clinics

Each CBOC business plan submitted for consideration to establish a new CBOC includes an assessment of DoD collaborative opportunities. DoD is one of the national criteria elements used to evaluate and score CBOC's. In FY 2006 VA identified the following CBOC collaborative opportunities:

- The CBOCs identified are within the CARES framework:
  1. CBOC: Charleston Naval Hospital, SC (Goose Creek)
  2. CBOC: NE Bexar, (San Antonio) TX, with USAF
  3. CBOC: Fort Buchanan, PR (Potential land use)
  4. CBOC: Fort Meade

### Minor Construction Program

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

In FY 2007 VA identified the following Minor Construction Project Collaborations:

- Baltimore, MD: Fort Meade CBOC
- Martinsburg, WV: Fort Detrick CBOC
- Honolulu, HI: Guam Hospital and VA CBOC
- Hilo, HI: PTSD Residential Rehabilitation Program Relocation

## **Summary for VA/DoD Collaboration**

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



## Chapter 4 Veterans Health Administration

### Linkage to VA's Strategic Goals

VA will remain a national, integrated system of health care delivery, increasingly characterized by a shift from provider and facility-centered health care to patient-centered health care that is driven by data and medical evidence.

By focusing on providing services that are uniquely related to veterans' health or special needs, VA will provide comprehensive services to an expanding patient base, including a broad range of primary, secondary, and tertiary care. To achieve these service delivery goals, VA-owned capital assets must be enhanced, maintained, safeguarded, and strategically managed. VA's strategic planning effort "Capital Asset Realignment for Enhanced Services (CARES)" provided the foundation for planning and prioritizing these endeavors. CARES is the most comprehensive analysis of VA's health care infrastructure that has ever been conducted and the Secretary's decision issued in May 2004 provides a 20-year blueprint for the critical modernization and realignment of VA's health care system. This 5-year Capital Plan outlines CARES implementation and identifies priority projects that will improve the environment of care at VA medical facilities and ensure more effective operations by redirecting resources from maintenance of vacant and underused buildings and reinvesting them in veterans' health care. The projects that received the highest priority ranking were those which best reflected the goals and mission contained in VA's Strategic Plan and the Veteran's Health Administration's goals as described below:

### Scoring and Prioritizing CARES Projects

The FY 2008 capital investment process for major medical facilities builds upon previous years' efforts, which prioritized and ranked CARES projects in order to assist the Secretary in determining the projects that VA would request for FY 2008 funding. During this process, over 50 CARES concept papers and business case applications were evaluated based on criteria approved by the Secretary.

The projects not selected for FY 2007 funding were reviewed by the Department for FY 2008 consideration. The current FY 2008 list of projects includes those previously selected, high-priority projects that are split funded (phased), along with other highly scored projects.

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

Provided on the following pages is the summary and detailed project information of VA's major capital investment priorities for FY 2007 and FY 2008. In accordance with section 8107 U.S.C. 38, the list of the top-twenty major medical facility projects considered for FY 2008 is also included (page 7-88). VA continues to anticipate that to implement the CARES recommendations will require additional investment of approximately 1 billion dollars per year in major construction over the next several years in order to improve VA's infrastructure and enhance veterans' access to care.

## **CARES Business Plan Studies**

Along with previous CARES projects selected in FY 2006 and FY 2007 for implementation, there are a number of sites where further study is required to determine suitability for future health care and re-use activities. These studies will include evaluating outstanding health care issues to recommend health care delivery options, developing capital plans, as well as determining the highest and best use for unneeded VA property. Completion of the studies going into more detailed analyses (Stage 2) is anticipated by Spring 2007.

Firms have been awarded the contract to assist the Secretary in reaching final health care decisions and re-use options. CARES planning data have been updated with FY 2003 actual utilization and refinement in planning assumptions for categories of care, including long-term and mental health care. This improved data will be utilized in the validation of construction plans and the annual strategic planning process.

The following table identifies the locations being studied and their current status:

**Table 4-1: Status of CARES Business Plan Studies**

<b><u>Health Care, Capital Plan and Re-Use Studies</u></b>	<b><u>Comprehensive Capital Plan and Re-use Studies</u></b>
<p>Studies currently in Stage 2:</p> <ul style="list-style-type: none"> <li>• Boston, MA</li> </ul> <p>Completed studies:</p> <ul style="list-style-type: none"> <li>•New York, NY--Reject consolidation of 2 VAMCs</li> <li>•Louisville, KY--Study validated need for replacement hospital</li> <li>•Big Spring, TX--Keep existing service in Big Spring; use VHA planning process to explore contracting and/or expansion in market including domiciliary</li> <li>•Walla Walla, WA--Construct new ambulatory care center, contract in-patient care in community; use VHA capital planning process</li> <li>•Montgomery, AL--Maintain in-patient services; major modernization</li> <li>•Waco, TX – Retain all current services</li> <li>•Muskogee, OK--Keep facility and implement increase in psychiatric beds</li> </ul>	<p>Studies currently in Stage 2:</p> <ul style="list-style-type: none"> <li>• Canandaigua, NY</li> <li>• Lexington, KY</li> <li>• Livermore, CA</li> </ul> <p>Studies pending decision for Stage 1:</p> <ul style="list-style-type: none"> <li>• West LA, CA</li> <li>• Montrose/Castle Point, NY</li> <li>• Perry Point, MD</li> </ul> <p>Completed studies:</p> <ul style="list-style-type: none"> <li>•White City, OR--Construct new domiciliary</li> <li>•St. Albans-- Replace existing facilities with nursing home, outpatient clinics and domiciliary; VA to develop capital plan for new construction on site and a re-use plan for the campus</li> </ul> <p>Removed from the study due to damage from Hurricane Katrina:</p> <ul style="list-style-type: none"> <li>•Gulfport, MS</li> </ul>
<p><b><u>Financial Analysis Study</u></b></p>	
<ul style="list-style-type: none"> <li>• Poplar Bluff - Keep facility; is cost-effective to provide in-patient care</li> </ul>	

In Poplar Bluff, Walla Walla, White City, St. Albans, and Montgomery VAMCs, capital construction proposals are being developed. For the new Louisville, VAMC, a site selection committee was established.

The current study information is available on the internet at [www.va.gov/CARES](http://www.va.gov/CARES).

### **FY 2007 and 2008 VHA Major Construction Summary Project Information**

The following page shows the capital requirements needed to implement CARES for FY 2007 through 2008. The projects were identified through the CARES planning process in order to meet the challenges of the provision of veterans' health care in the 21st century. All projects are subject to annual re-evaluation, prior to release of the budget submission and updated 5-year capital plan.

**Table 4-2: Summary of FY 2007 CARES Major Construction Capital Projects**

FY	VISN	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
2007	19	Denver	CO	New Medical Center Facility	FY05-10	\$52,000
2007	22	Long Beach	CA	Seismic Corrections-Bldgs 7 & 126	FY05-16	\$97,545
2007	12	Milwaukee	WI	Spinal Cord Injury (SCI) Center	FY07-1	\$32,500
2007	15	St. Louis (JB)	MO	Medical Facility Improvements and Cemetery Expansion	FY07-7	\$7,000
2007	20	American Lake	WA	Seismic Corrections-NHCU & Dietetics	FY07-8	\$38,220
2007	15	Columbia	MO	Operating Suite Replacement	FY07-21	\$25,830
2007		Various		Line Items		\$54,255
				<b>Total 2007</b>		<b>\$307,350</b>

**Table 4-3: Summary of FY 2008 CARES Major Construction Capital Projects**

FY	VISN	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
2008	4	Pittsburgh	PA	Consolidation of Campuses	FY04 - 3	\$40,000
2008	19	Denver	CO	New Medical Center Facility	FY04 - 10	\$61,300
2008	8	Orlando	FL	New Medical Center Facility, Land Acquisition	FY04 - 12	\$35,000
2008	22	Las Vegas	NV	New Medical Center Facility	FY05 - 6	\$341,400
2008	3	Syracuse	NY	Spinal Cord Injury Center Addition	FY05 - 21	\$23,800
2008	8	Lee County	FL	Outpatient Clinic	FY05 - 26	\$9,890
		Various		Line Items <sup>1</sup>		\$103,610
				<b>Total 2008 Budgetary Resources</b>		<b>\$615,000</b>
				Reprogramming		-45,000
				VA Asset Sales		-10,000
				<b>Total 2008 Construction Program</b>		<b>\$560,000</b>

<sup>1</sup>Includes \$10M from the sale or reuse of VA assets.

**Table 4-4: FY 2006 Hurricane Supplemental Major Construction Projects**

VISN	Location		Project Title - Brief Description	FY 2006 Budget Authority (\$000)
The amounts below were appropriated in public law 109-148, signed December 30, 2005.				
16	Biloxi	MS	Restoration of Hospital/Consolidation of Gulfport	\$292,500
16	New Orleans	LA	Restoration/Replacement of Medical Center Facility	\$75,000
The amount below was appropriated in public law 109-234, signed June 15, 2006.				
16	New Orleans	LA	Restoration/Replacement of Medical Center Facility	\$550,000
16	Gulfport	LA	Environmental Cleanup for the Gulfport Region	\$35,919

### **FY 2007 and 2008 VHA Detailed Major Construction Project Information**

VA, as well as other federal and state and local public agencies, has experienced significant increases in construction costs over the last three years. Our FY 2008 budget reflects the most updated costs for major initiatives within our capital program. Significant economic activity, both internationally and domestically, have and will continue to contribute to the increased costs of construction. These pressures fueled by an ever increasing demand for contractors, labor and building materials are causing a significant increase in construction pricing both in the United States and throughout the world. This is being exacerbated by the impact of higher petroleum prices on both petroleum based building products and fuel and by the impact of Katrina and the previous hurricanes of the fall of 2004. VA is taking all possible steps to ensure that VA major capital initiatives are estimated as accurately as possible and continue to address veterans facilities needs.

## FY 2007 Projects

<b>Project Location</b>	<b>Denver, CO</b>
<b>Planned Project Name</b>	<b>New Medical Center Facility</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$52,000
<b>Total Acquisition Cost (\$000)</b>	\$646,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

### Project Description

This project received \$30M in FY 2004 budget authority, \$25M in a reprogramming action in FY 2006, and requires \$52M in FY 2007 budget authority for design, with a total acquisition cost of approximately \$646M. The project provides approximately 1,400,000 square feet for a facility near the University of Colorado Fitzsimons campus. The facility will accommodate the Eastern Colorado HCS tertiary, secondary and primary care functions and also presents the possibility of a joint VA/DoD presence. The project continues positive collaboration with the University of Colorado by relocating to this new site.

<b>Project Location</b>	<b>Long Beach, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections to Buildings 7 &amp; 126</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$97,550
<b>Total Acquisition Cost (\$000)</b>	\$107,845
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

### Project Description

This project received \$10.3M in FY 2004 budget authority for design and requires \$97.55M in FY 2007 budget authority to complete the project, with a total acquisition cost of approximately \$107.9M. The VA Long Beach Healthcare System (VALBHS) is proposing a major construction project for the modernization, demolition and seismic upgrade of facilities. Increasing the efficiency of traffic flow and parking will be a high priority included in the site plan. A security plan will also be implemented during the design phase. This project includes the construction of a new and efficient space for those administrative and support services affected by the demolition of seismically deficient buildings 2, 4, 8, 11 and T162. These buildings contain crucial core support functions: Bldg. 2- Ear, Nose & Throat (ENT), Audiology, Main Library, Chapel, Canteen/Cafeteria, Bldg. 4- Fiscal, Material Management, Equal Employment Opportunity (EEO) & Labor Relations, Human Resources and



Credit Union, Bldg. 8- Education, Medical & Surgical Support Offices, Building 11- Employees Education Service (EES) and T162 - Employee Health, TRICARE & Indian Health Clinics and the Veterans Integrated Service Network (VISN 22) Director's and Support Offices. Building 7 will be seismically upgraded and modernized or demolished, rebuilt and expanded as new clinical space based on the consultants' findings. Building 7 was evaluated and deemed essential and placed on the VA national "Exceptionally High Risk" list as seismically deficient (VA Seismic Inventory, Phase 4, EHR Ranked List, October 2003 update). Buildings 2, 4, 8 and 11 are of the same 1943 vintage and design.

Specifically, this project will either renovate and seismically upgrade existing Building 7 (36,000 gsf) and add 24,000 gsf to building 7 or demolish and rebuild to the size of 73,600 gsf of clinic space and will consolidate multiple specialty medical and surgical outpatient clinics and pharmacy to prepare for future outpatient demand as demonstrated in CARES. The project will demolish approximately 214,000 gsf of seismically deficient and deteriorated inefficient spaces of Buildings 2, 4, 8, 11 and T162 and consolidate services in a new administrative, research administration, and support services building (approximately 137,000 gsf).

In conjunction, the project will construct a 54,000 gsf 24-bed Blind Rehabilitation Center (as demonstrated in the CARES model) to serve all of the Southwestern part of the United States blind veteran population. Comprehensive rehabilitation services at VALBHS will be consolidated and placed physically adjacent to the SCI Building in order to improve efficiencies and increase productivity. All new construction shall be connected to Buildings 7 and 126OP, connected to the core patient tower building 126 and the new proposed Blind Rehabilitation Center.

<b>Project Location</b>	<b>Milwaukee, WI</b>
<b>Planned Project Name</b>	<b>Spinal Cord Injury (SCI) Center</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$32,500
<b>Total Acquisition Cost (\$000)</b>	\$32,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Not Funded

### **Project Description**

This project requires \$32.5M in FY 2007 budget authority to complete construction. The Spinal Cord Injury (SCI) Outpatient and Inpatient Center construction project will create a 63,100 gsf building to include 38 patient beds. The purpose of this project is to develop a new geographic base for the Spinal Cord Injury Center at the Milwaukee VA Medical Center. This is a part of the comprehensive Center of Excellence for the physically challenged. This project is

designed to improve patient care, maximize patient services and quality of life (including accessibility, privacy, and independence). The project will aim to improve efficiency of hospital staff, particularly nurses and therapists, and to more efficiently utilize scarce resources. The project will also meet the demands for the SCI physical therapy, recreational therapy, GU clinic, kitchen and all administrative and support space in accordance with the VA criteria and will meet the requirements in the VA SCI Design Guide.

<b>Project Location</b>	<b>St. Louis (JB), MO</b>
<b>Planned Project Name</b>	<b>Medical Facility Improvements and Cemetery Expansion</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$7,000
<b>Total Acquisition Cost (\$000)</b>	\$99,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Not Funded

### **Project Description**

This project requires \$7M in FY 2007 budget authority for design, with a total project cost of approximately \$99M. This project will renovate underutilized vacant space located on the Jefferson Barracks (JB) Campus, VA Medical Center (VAMC) St. Louis, MO., and at the same time provide land for expansion of the Jefferson Barracks National Cemetery. This project will decrease the amount of infrastructure maintained and operated by the Veterans Health Administration (VHA) by 150,400 gross square feet (gsf) through the demolition of fourteen underutilized buildings (150,400gsf) adjacent to the cemetery. It will renovate or replace B-50, whichever is found to be most cost effective, (102,000gsf) as follows: to relocate all Clinics from B-1; for the relocation and consolidation of the VA Employee Education Service (EES). and will provide space for the National Cemetery Administration (NCA) National Training Center; provide approximately 31 acres to NCA for expansion of the Jefferson Barracks National Cemetery (without this land, the cemetery will close to first interments); replace the existing deteriorated, obsolete central boiler/chiller plant with energy efficient HVAC package systems for all remaining buildings on the JB Campus; and relocate through the construction of four buildings totaling 82,500gsf to replace four buildings scheduled for demolition. These buildings will be for a replacement patient aquatic and therapy facility (25,000gsf) for Rehabilitation Medicine; main chapel (3,500gsf); engineering shops building (30,000gsf); and consolidated warehouse (24,000gsf).

<b>Project Location</b>	<b>American Lake, WA</b>
<b>Planned Project Name</b>	<b>Seismic Correction, Nursing Home, Dietetics</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$38,220
<b>Total Acquisition Cost (\$000)</b>	\$38,220
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

### **Project Description**

This project requires \$38.22M in FY 2007 budget authority to complete construction. This project will construct a one story, 83-bed Nursing Home Care Unit (NHCU) with Alzheimer Ward, Dietetics and other associated support functions. The project is intended to improve patient and staff safety by correcting seismic, fire and life safety deficiencies. At the present time, the NHCU and its support functions are housed in buildings first constructed in 1923. Building 2 contains the NHCU and Building 3 contains the Food Service kitchen that serves the nursing units. These buildings rank on the list of seismically extremely high risk buildings. If cook-chill proves to be a cost-effective approach, the new Dietetics space would be constructed to handle both American Lake and Seattle Campuses, as well as potentially serving Madigan Army Medical Center. The project would also remove an existing high risk building (seismic) from the VA inventory.

<b>Project Location</b>	<b>Columbia, MO</b>
<b>Planned Project Name</b>	<b>Operating Suite Replacement</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$25,830
<b>Total Acquisition Cost (\$000)</b>	\$25,830
<b>Asset Type</b>	Major Construction
<b>Status</b>	Not Funded

### **Project Description**

This project requires \$25.83M in FY 2007 budget authority to complete construction. This project will construct 27,000 square feet for replacement of the Operating Room (OR) Suite and renovate 10,000 square feet of space for surgical support. The new space will consist of 2 general OR rooms, 3 Special OR rooms, clean and soiled work areas, equipment storage, clean supply storage, ambulatory surgery, and the necessary scrub areas. The renovated space for support functions will consist of the post anesthetic care unit (PACU), pre-op prep room, pre-op holding area, cystology area, and staff locker / restroom facilities. The project will correct infrastructure deficiencies with the electrical and HVAC systems identified in the Facility Condition Assessment. The project will correct

all space deficiencies which are 50% below recommended criteria. Functional deficiencies will be corrected as well, allowing increased efficiencies with OR room turnaround and increased operator utilization. Gaps in the surgical clinic stops associated with the project are projected to be at 90% in FY 2012 and 65% in FY 2022. It is expected that turnaround time for the OR rooms can be reduced from the current duration of 45 minutes to 25 minutes through proper layout and storage areas. This will allow increased utilization of the OR rooms and a reduction in the projected gap. The current OR facilities are below community standards with a cramped, open PACU that does not provide adequate patient privacy; this project will correct that. The Columbia VA is cardiac referral center for VISN 15. As a highly affiliated teaching hospital, this project will provide state-of-the-art surgical facilities in lieu of the marginally acceptable facilities that currently exist.

### **FY 2008 Projects**

<b>Project Location</b>	<b>Pittsburgh, PA</b>
<b>Planned Project Name</b>	<b>Consolidation of Campuses</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$40,000
<b>Total Acquisition Cost (\$000)</b>	\$248,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

### **Project Description**

This project received \$20M in FY 2004, \$82.5M in FY 2006, and requires an additional \$40M in FY 2008 budget authority to continue, with a total estimated cost of approximately \$248M. The purpose of this project is to consolidate a three division health care delivery system into two divisions, to accommodate the current and projected workload and to provide a state-of-the-art, improved care environment while reducing operating expenses, and enhancing services. Specifically, this proposal identifies closure and divestiture/enhanced use of the Highland Drive division, a fifty-year-old campus-style facility, composed of more than 20 buildings on 169 acres. Phase 1 included the design/build of the parking structure and design of all other VHA space. Phase 2 includes construction of all remaining VHA space.

Construction will take place at both the University Drive Division and the H.J. Heinz Division locations in order to relocate the current functions at Highland Drive Division. Construction at the University Drive Division will be approximately 218,000 square feet and a 1,500 car-parking garage. At the H.J. Heinz Division construction will consist of approximately 265,000 square feet.

<b>Project Location</b>	<b>Denver, CO</b>
<b>Planned Project Name</b>	<b>New Medical Center Facility</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$61,300
<b>Total Acquisition Cost (\$000)</b>	\$646,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

### **Project Description**

This project received \$30M in FY 2004 budget authority, \$25M in a reprogramming action in FY 2006, requests \$52M in FY 2007 budget authority for design, and requires another \$61.3M in FY 2008 budget authority to continue, with a total acquisition cost of approximately \$646M. The project provides approximately 1,400,000 square feet for a facility near the University of Colorado Fitzsimons campus. The facility will accommodate the Eastern Colorado HCS tertiary, secondary and primary care functions and also presents the possibility of a joint VA/DoD presence. The project continues positive collaboration with the University of Colorado by relocating to this new site.

<b>Project Location</b>	<b>Orlando, FL</b>
<b>Planned Project Name</b>	<b>New Medical Center Facility, Land Acquisition</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$35,000
<b>Total Acquisition Cost (\$000)</b>	\$553,900
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

### **Project Description**

This project received \$25M in FY 2004 and requires an additional \$35M in FY 2008 budget authority to purchase land, with a total estimated cost of approximately \$553.9M. This project provides the land acquisition for construction of a new medical center consisting of a 134-bed hospital, a large medical clinic, 120-bed nursing home, 60-bed domiciliary, and full support services on a new site.

<b>Project Location</b>	<b>Las Vegas, NV</b>
<b>Planned Project Name</b>	<b>New Medical Center Facility</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$341,400
<b>Total Acquisition Cost (\$000)</b>	\$600,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

### **Project Description**

This project received \$60M in FY 2004 and \$199M in FY 2006, and requires an additional \$341.4M in FY 2008 budget authority to complete construction, with a total estimated cost of approximately \$600.4M. This project will allow for construction of a comprehensive Medical Center Complex. The project would consist of up to 90 inpatient beds, a 120 bed Nursing Home Care Unit, Ambulatory Care Center, administrative and support functions and provide space for collocated Veterans Benefits Administration offices. The Medical Center Complex would provide a “One Stop Shopping” approach for the veteran whose healthcare needs cross the continuum of services including primary and specialty care, surgery, mental health, rehabilitation, geriatrics and extended care. The consolidation of clinical and administrative support will increase effectiveness, allow for the sharing of expertise and coordination across all levels of care, ensure patients are provided optimum care in the most appropriate setting. The proposed facility would be appropriately sized with approximately 838,000 square feet. The site for a new facility has been transferred to VA from the Bureau of Land Management, Department of the Interior.

In order to improve access, maximize flexibility and reduce cost, 50% of projected Primary Care and Mental Health workload has been removed from the space program and will be placed in multiple locations throughout the Las Vegas metropolitan area. This improves access to patients for Primary Care and allows for a scalable infrastructure to quickly adapt to anticipated changes in workload



<b>Project Location</b>	<b>Syracuse, NY</b>
<b>Planned Project Name</b>	<b>Spinal Cord Injury (SCI) Center</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$23,800
<b>Total Acquisition Cost (\$000)</b>	\$77,700
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction Documents

**Project Description**

This project received \$53.469M in FY 2005 and requires an additional \$23.8M in FY 2008 budget authority to continue, with a total estimated cost of approximately \$77.7M. This project will provide space for a 30-bed Spinal Cord Injury program in the addition. There is no currently available space within the main hospital building to allow effective incorporation of SCI patients. This requires relocation of some existing functions out of the main hospital. The existing 6,000 SF former laundry structure will be demolished to accommodate a new 6 floor building addition of approximately 21,500 GSF per floor (Basement, Ground, 1, 2, 3, & 4th floor levels.) The addition will be configured to meet the needs of the functions displaced in the existing hospital building. The 4th floor of the existing building (36,000 SF) will be completely gutted and configured for inpatient and outpatient SCI support functions. Approximately 10,000 SF of the new structure will also be dedicated to the SCI therapeutic pool and solarium. The existing parking structure will be expanded to mitigate the loss of parking associated with the projects.

<b>Project Location</b>	<b>Lee County, FL</b>
<b>Planned Project Name</b>	<b>Outpatient Clinic</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$9,890
<b>Total Acquisition Cost (\$000)</b>	\$109,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

**Project Description**

This project received \$6.498M in FY 2005 to acquire 30.53 acres, \$4M in a reprogramming action in FY 2006, and now requires an additional \$9.89M in FY 2008 budget authority to begin design for a new 200,000 gsf building, with a total estimated cost of approximately \$109.4M. The new building will provide an Ambulatory Surgery/Outpatient Diagnostic Support Center in the Gulf, South-Submarket of VISN 8 to meet the increased demand for diagnostic procedures, ambulatory surgery, and specialty care (including mental health services), all of which are gaps identified during the CARES study.

## FY 2009 – 2012 Potential VHA Major Construction Projects

The following projects which have been identified in the Veterans Integrated Service Networks' (VISN) capital plans will be considered for potential inclusion in future VA budget requests.

**Table 4-5: FY 2009 – 2012 Potential VHA Major Construction Projects**

VISN	Location		Project Title - Brief Description
1	Bedford	MA	Place Holder for CARES Reuse Study Results
1	Boston	MA	Place Holder for CARES Reuse Study Results
1	Brockton	MA	Place Holder for CARES Reuse Study Results
1	Brockton	MA	Spinal Cord Injury New Construction
1	Providence	RI	Specialty Clinics & Ancillary Services Addition
1	Providence	RI	Renovate HVAC System
1	Togus	ME	Specialty Care Addition
1	West Haven	CT	Clinical Ward Tower
1	West Roxbury	MA	Place Holder for CARES Reuse Study Results
2	Buffalo	NY	Remodel Wards for Patient Privacy
2	Canandaigua	NY	Replacement Facility
3	Bronx	NY	Renovate Research Building
3	Bronx	NY	New SCI Building
3	East Orange	NJ	New Clinical Addition
3	East Orange	NJ	New VBA Building
3	Montrose	NY	Psych and NHCU Integration
3	Montrose	NY	New Outpatient Building
3	New York	NY	Expand Primary Care
3	Northport	NY	Renovate Residential / Outpatient Care
3	Northport	NY	Mental Health and Research Tower
3	Northport	NY	Construct Nursing Home
3	St. Albans	NY	New Replacement Nursing Home
3	St. Albans	NY	New Primary / Specialty Care Facility
4	Butler	PA	Comprehensive Outpatient Care Clinic
4	Coatesville	PA	Inpatient, Site and Admin
4	Coatesville	PA	Dom, Rehab and Clinical Modernization
4	Lebanon	PA	Behavioral Health Center of Excellence
4	Lebanon	PA	Patient Rehab
4	Philadelphia	PA	Behavioral Health Research Building
5	Martinsburg	WV	Outpatient Improvements
5	Perry Point	MD	Replace 155-Bed NHCU
5	Washington	DC	Outpatient Clinical Addition
6	Asheville	NC	Outpatient Services Expansion
6	Beckley	WV	Beckley NHCU
6	Durham	NC	Outpatient Addition
6	Fayetteville	NC	Outpatient Addition
6	Hampton	VA	Ambulatory Care Addition Phase II



VISN	Location		Project Title - Brief Description
6	Hampton	VA	Renovate ECRC
6	Hampton	VA	Renovate SCI/D Unit
6	Salem	VA	Renovate Building 8 for Mental Health
6	Salisbury	NC	Addition for Specialty, Ancillary and Diagnostics Services
6	Richmond	VA	Outpatient Addition
7	Atlanta	GA	Clinical Addition for Specialty and Ancillary Care
7	Bessemer	AL	Bessemer OPC
7	Birmingham	AL	Outpatient Building
7	Birmingham	AL	Parking Deck
7	Birmingham	AL	Bed Tower Improvements
7	Charleston	SC	Employee Parking Deck
7	Columbia	SC	Construction of Diagnostic, Ancillary & Specialty Care
7	Huntsville	AL	Huntsville OPC
8	Bay Pines	FL	Resolve CARES Inpatient/Outpatient Deficiencies
8	Bay Pines	FL	Resolve CARES FCA Deficiencies
8	Bay Pines	FL	Resolve Hurricane and Homeland Security Deficiencies
8	Bay Pines	FL	Construct Outpatient One-Day Surgery Center
8	Miami	FL	Clinical Addition
8	Miami	FL	Add 3 Floors to Research Building 7
8	Miami	FL	Relocate Telephone Distribution System
8	Miami	FL	Construct Modular Building for Research
8	Orlando	FL	New Medical Center / Hospital
8	Tampa	FL	Tampa Polytrauma Expansion CARES Supported Bed Tower Upgrades
8	Tampa	FL	Tampa Correct CARES FCA, S&FS Identified Deficiencies
9	Louisville	KY	New Medical Center Facility
9	Louisville	KY	Patient Care Addition
10	Cleveland	OH	Establish National Computer Center
11	Battle Creek	MI	Consolidate Inpatient & Outpatient Mental Health
11	Danville	IL	Construct 120 Bed NHCU
12	Hines	IL	Acute Inpatient Bed Tower
15	Columbia	MO	Expand Ambulatory Care Addition
15	Columbia	MO	Nursing Unit Patient Privacy
15	Kansas City	MO	Ambulatory Care Addition
15	Marion	IL	Inpatient and Outpatient Clinical Addition
15	Poplar Buff	MO	New HVAC System
15	St. Louis	MO	Patient Privacy, Acute Medicine/Surgical Pts. JC
15	Wichita	KS	Medicine/Surgical Bed Modernization \$ Ambulatory Care Expansion
15	Wichita	KS	Clinical/ Ancillary Addition
16	Houston	TX	New Clinical & Research Addition
16	Jackson	MS	New SCI/D Center
16	Muskogee	OK	New Parking Structure
16	Shreveport	LA	New Clinical Addition
17	Collin County	TX	Plano TX TriCounty CBOC
17	Dallas	TX	Long Term SCI Unit
17	Dallas	TX	Clinical Expansion

VISN	Location		Project Title - Brief Description
17	San Antonio	TX	Expand Nursing Home
17	Temple	TX	Clinical Replacement
17	Waco	TX	Outpatient Clinic Consolidation
18	Albuquerque	NM	Construct Outpatient and Clinical Building
18	Albuquerque	NM	Construct Mental Health Building
18	Albuquerque	NM	Correct Seismic Deficiencies Buildings 1, 3, 10, 11
18	Phoenix	AZ	Critical Inpatient / Outpatient Renovations and Expansions
18	Prescott	AZ	Correct Seismic Deficiencies Building 107
18	Tucson	AZ	Specialty Care, Imaging and Diagnostic Outpatient Bldg
19	Denver	CO	New Federal Medical Facility
19	Fort Harrison	MT	Seismic Corrections B-154
20	American Lake	WA	Correct Seismic Deficiencies Building 81
20	Fort Lawton	WA	Purchase Ft. Lawton Army Reserve Center
20	Portland	OR	Correct Seismic Deficiencies Bldg 100 and 101
20	Roseburg	OR	Build Government Owned Eugene Clinic
20	Roseburg	OR	B2 Seismic Upgrade
20	Roseburg	OR	B1 Seismic Upgrade
20	Seattle	WA	Correct Seismic Deficiencies B100 Nursing Tower
20	Seattle	WA	B101 Mental Health Building
20	Seattle	WA	B100 Floors 3 & 4
20	Walla Walla	WA	Renovate Building 74 for Specialty & Ancillary Services
21	Alameda	CA	Northern Alameda County OPC
21	Central Valley	CA	Central Valley OPC & NHCUC
21	East Bay	CA	East Bay OPC
21	Fresno	CA	Outpatient Clinic Addition
21	Menlo Park	CA	Mental Health Center, Bldg 321 Modular Replacement
21	Monterrey	CA	VA / DoD Ambulatory Care Center
21	Palo Alto	CA	Ambulatory Care & Research Replacement Center
21	Palo Alto	CA	SCI and Bldg 6 Seismic Correction and Admin Replacement
21	San Francisco	CA	Seismic Retrofit/Replacement Buildings 1, 6, 8, 12
21	San Francisco	CA	Improve Campus Accessibility
21	San Francisco	CA	Construct New Research Building and Parking Garage
22	Loma Linda	CA	Outpatient Clinical Building
22	Loma Linda	CA	Construct Behavioral Medicine Center
22	Long Beach	CA	Seismic Upgrade Bldgs 128 & 133
22	Long Beach	CA	Seismic Demo Bldg 2 / Construct Consolidate Clinic and Admin Bldgs
22	Long Beach	CA	Relocate Hemodialysis Bldg
22	Long Beach	CA	Research Addition
22	San Diego	CA	Research Building and Parking Garage
22	San Diego	CA	OR Renovation
22	West LA	CA	Seismic Corrections Bldg 500/501
22	West LA	CA	Seismic Correction (13 Buildings)
22	West LA	CA	B-500 Non-Structural Seismic Corrections and Clinical Services Addition / Consolidation
22	West LA	CA	Replace Sewer System Bldg 500
22	West LA	CA	Correct Electrical Deficiencies

VISN	Location		Project Title - Brief Description
22	West LA	CA	Construct Replacement NHCU
22	West LA	CA	Construct / Consolidate Research
23	Fargo	ND	Specialty Care Addition
23	Iowa City	IA	Specialty Care Addition and Parking Structure
23	Omaha	NE	Correct HVAC System and Clinical Space Deficiencies

## **FY 2007 Prioritized VHA Minor Construction Projects**

Each VA administration has developed or is in the process of developing their own policies and protocol for capital investments that do not meet current thresholds. The VA Capital Asset Management and Policy Service (CAMPS) fulfills this function for VHA in accordance with guidance provided by Department-wide policies. Based on these policies, Minor Construction projects encompass those projects with a minor improvement component of greater than \$500,000 and a total cost of up to \$10 million for FY 2007. Minor improvement is defined as space changes to Space Driver space categories and construction of new space.

This program is expected to receive \$150 million in FY 2007 from VA's appropriation to enhance the quality of care provided to veterans. In addition to the appropriation, approximately \$23 million is available from projects that are carried over from FY 2006, and approximately \$27 million is available from remaining hurricane supplemental funds. VHA will use these funds to efficiently shift the treatment of patients from hospital-based care settings to outpatient care; realign critical services; improve management of space, both vacant and underutilized; correct dysfunctional clinical adjacencies; and accommodate modern medical equipment based on the CARES National Plan. These improvements provide a maximum return on investment for the taxpayer and continue to provide high quality service to the Nation's veterans by improving access, establishing performance measures tied to clinical program priorities, and ensuring a satisfying and rewarding work environment for VA employees.

All FY 2007 minor construction projects listed below were reviewed, evaluated, scored and ranked by a Department-wide, multi-disciplinary group using the CARES decision criteria as required by Congressional language. They fully support the implementation of CARES recommendations, which is critical to demonstrate accountability to our stakeholders and Congress.

**Table 4-6: FY 2007 Prioritized VHA Minor Construction Projects**

Priority #	VISN	Location		Project Title - Brief Description	Total Estimate Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
1	20	White City	OR	Renovate Dom Bldg 217	4,953	U
2	8	Tampa	FL	TPA Mental Health Code Compliance	6,999	CI
3	6	Hampton	VA	Renovate Inpatient Psychiatry	5,668	CI
4	7	Augusta	GA	Add Inpatient Beds SCIU	5,482	U
5	21	Palo Alto	CA	Polytrauma Rehabilitation Center	6,950	CI
6	20	Portland	OR	Replace Exterior Skin B100 & B101	6,229	CI
7	21	Honolulu	HI	Hilo PRRP Relocation	5,642	U
8	22	Long Beach	CA	Seismic Upgrade Bldg 138	3,005	CI
9	20	American Lake	WA	Correct Seismic Deficiencies, B18	3,245	CI
10	15	St. Louis	MO	SCI Renovation & DOM Relocation, JB	5,379	U
11	1	Providence	RI	Research Facility and Renovations	5,984	CI
12	20	Portland	OR	Bldg T51 Seismic Upgrade	2,153	CI
13	22	Long Beach	CA	Demolish Buildings 3, 5(P), 13, 47, T162(P)	4,810	U
14	10	Cleveland	OH	Outpatient Care Additions Phase I	6,815	U
15	21	Palo Alto	CA	Exp Specialty Care, B-5	4,839	U
16	4	Coatesville	PA	Renovate Nursing Home Care Unit 59A	4,139	CI
17	10	Cleveland	OH	CARES Lab Addition/Warehouse PI (W)	6,940	U
18	4	Butler	PA	Construct Dom Research Rehab & Treatment Program	6,780	U
19	17	San Antonio	TX	Expand Specialty Clinics, Ph 2	6,999	U
20	9	Memphis	TN	IP MH Renovation Wards 1C-1D-2AD-SARR	6,167	CI
21	6	Richmond	VA	Polytrauma (TBI) and Specialty Care	5,200	U
22	3	Brooklyn	NY	OR Renovation	6,000	CI
23	7	Charleston	SC	Expand Surgical Suite Into 2-C	5,388	U
24	12	Chicago	IL	Modernize Radiology Department	5,491	CI
25	5	Baltimore	MD	Fort Meade CBOC	3,805	U
26	5	Martinsburg	WV	Fort Detrick CBOC	5,281	U
27	6	Hampton	VA	Relocate Mechanical Room	4,093	OC
28	1	Manchester	NH	Specialty Care Addition	5,117	U
29	12	Tomah	WI	Renovate 3rd Floor Bldg 408, Psychiatry	5,468	CI
30	2	Buffalo	NY	Expand PT for Cardiac Care	1,892	U
31	16	Fayetteville	AR	Expand Primary Care Building	1,925	U
32	21	Fresno	CA	OP Mental Health	4,858	CI
33	6	Durham	NC	Eye Clinic Addition	5,082	U
34	1	Togus	ME	Construct Specialty Care Clinic	1,964	U
35	19	Salt Lake City	UT	Surgery Renovation	2,882	CI
36	21	Menlo Park	CA	Seismic Corrections B 205 & B 114	6,999	CI
37	20	Boise	ID	Construction of Specialty Care Tower	5,005	U
38	12	North Chicago	IL	Modernize Psych Wards Building 131	3,640	CI
39	22	Loma Linda	CA	Remodel 2NW for Mental Health	3,220	CI
40	18	Prescott	AZ	Renovate for Acute Medical Beds	3,974	CI
41	23	Des Moines	IA	Remodel Dietetics	1,098	CI
42	10	Dayton	OH	Expand Emergency Room, B-310	2,915	U
43	1	White River Junction	VT	Specialty Care Addition	6,085	U

Priority #	VISN	Location		Project Title - Brief Description	Total Estimate Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
44	17	Dallas	TX	MRI Addition for Research	6,299	U
45	12	Tomah	WI	Renovate 2nd Floor B-408 for 26 Psych Beds	4,426	CI
46	8	Miami	FL	Renovate OR	6,995	CI
47	21	Hawaii	HI	Guam CBOC	4,312	U
48	22	Sepulveda	CA	Building 2 Demolition	4,681	U
49	8	W Palm Beach	FL	Expand ER	2,200	U
50	8	W Palm Beach	FL	Renovate 8th Floor for Specialty Care	2,750	CI
51	8	Gainesville	FL	Upgrade Electrical Distribution System	6,985	OC
52	2	Albany	NY	Consolidate Inpatient & Outpatient Pharmacies	3,839	CI
53	21	San Francisco	CA	Bldg 200 ER Expansion	4,142	U
54	5	Baltimore	MD	Outpatient Specialty Care	6,750	CI
55	6	Salisbury	NC	Consolidate Tower Specialty/Ancillary Diag, Ph 1	4,719	CI
56	20	Seattle	WA	Cath Lab/Endoscopy Suite, B100	3,401	CI
57	22	Loma Linda	CA	Modernize Veterinary Medical Unit	4,068	CI
58	6	Durham	NC	New Research Building	4,290	U
59	7	Birmingham	AL	Specialty Care Expansion	3,590	U
60	8	Bay Pines	FL	Renovate Surgical, Medical and Cardiac ICUs	2,950	U
61	15	St. Louis - JC	MO	EUL Raised Parking Decks	2,000	CI
62	17	Dallas	TX	Relocate Geropsychiatry	6,050	U
63	8	Tampa	FL	PVA Land Acquisition	3,500	U
				Total	294,507	

**Table 4-7: FY 2007 Prioritized VHA Minor Construction Projects for Hurricane Repair**

Priority #	VISN	Location		Project Title - Brief Description	Total Estimate Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
1	16	Biloxi	MS	Warehouse Space for Biloxi	6,999	U
2	16	Biloxi	MS	Hurricane Repair - Modular Bldg, Ph 1	6,999	U
3	16	Biloxi	MS	Hurricane Repair - Modular Storage	3,180	U
4	16	Biloxi	MS	Hurricane Repair - Remodel Bldg 19	6,716	U
5	16	New Orleans	LA	Hurricane Relocation to St. Johns	3,500	U
6	16	New Orleans	LA	Radiology	3,500	CI
7	16	New Orleans	LA	Pharmacy	1,500	CI
				<b>Total Hurricane Supplemental Funding Provided in P.L 109-234, transfer from Medical Services</b>	<b>32,394</b>	

<sup>1</sup>Federal Real Property Council Tier 1 measures that the project addresses:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

**Table 4-8: FY 2008 – 2012 Potential VHA Minor Construction Projects**

VISN	Location	Project Title - Brief Description
<b>2008</b>		
1	Bedford, MA	Renovate Inpatient Psychiatry
1	Bedford, MA	Expand Lab and Radiology
1	Bedford, MA	Renovate Bldg 78 for Specialty Care Clinics
1	Bedford, MA	Renovate Bldg 8
1	Bedford, MA	Renovate Bldg 19 for ARF
1	Bedford, MA	Renovate Bldg 17 Research
1	Boston, MA	Administration Renovation
1	Boston, MA	Pet CT Scan Site Prep
1	Boston, MA	Animal Research Improvements, B1-A
1	Boston, MA (JP)	Infrastructure Improvements, Ph 2
1	Brockton, MA	Primary Care Expansion
1	Brockton, MA	Dental Renovation
1	Brockton, MA	Mental Health Renovations
1	Brockton, MA	Specialty Care Expansion
1	Newington, CT	Renovate Dental/Eye Clinic/Rec Therapy
1	Providence, RI	Mental Health Building
1	Providence, RI	Rehab Ward 3 A
1	Providence, RI	Expand Pharmacy/Relocate Admin
1	Providence, RI	OR Addition
1	Providence, RI	Expand Emergency Room
1	Providence, RI	Cardiac Catheterization Site Prep
1	Providence, RI	Specialty Clinics Addition
1	Providence, RI	MRI Site Prep
1	Togus, ME	Psych Unit, B206
1	Togus, ME	Upgrade HVAC, B203/204
1	Togus, ME	Nursing Home Renovation
1	Togus, ME	MRI Site Prep
1	West Haven, CT	Specialty Care Ph I
1	West Haven, CT	ICU Step-Down Expansion
1	West Haven, CT	MRI Site Prep
1	West Haven, CT	Research Phase 3
1	West Roxbury, MA	Infrastructure Improvements Ph 2
1	West Roxbury, MA	Replacement Research Buildings
2	Albany, NY	Renovate Building 5 for Day Treatment Center
2	Albany, NY	Renovate Post Anesthesia Care Unit
2	Albany, NY	Correct Dental Clinic Deficiencies
2	Albany, NY	Ren Physical Medicine & Rehabilitation Services
2	Bath, NY	Renovate Ward 3B, 76
2	Buffalo, NY	Renovate Operating Rooms
2	Buffalo, NY	Renovate Ward 9B
2	Buffalo, NY	Expand ASU on 2nd Floor
2	Syracuse, NY	Renovate "D" Wing
3	Bronx, NY	Upgrade Emergency Electrical System
3	Bronx, NY	Expand 3rd Floor Clinics

VISN	Location	Project Title - Brief Description
3	Bronx, NY	Renovate Extended Care
3	Bronx, NY	Renovate Research, Ph 2
3	Brooklyn, NY	MRI
3	Brooklyn, NY	Electrical Service Safety upgrade
3	East Orange, NJ	Renovate Ward 6-B
3	Lyons, NJ	Demolish Vacant Bldg. 55
3	Lyons, NJ	Addition to NHCU
3	Montrose, NY	Expand OPC H-3
3	Montrose, NY	Renovate Bldg. 13
3	New York, NY	Surgery Renovation
3	New York, NY	Replace Generators
3	New York, NY	Renovate Patient Wards
3	Northport, NY	Renovate OR/update utilities & HVAC
3	Northport, NY	Renovate ICU
3	Northport, NY	Renovate Research
4	Altoona, PA	Move and Expand Rehab
4	Butler, PA	Nursing Home Care Unit
4	Clarksburg, WV	Mod Med/Surg Unit & Expand Cardiac Capacity
4	Lebanon, PA	Clinical Improvements for Radiology
4	Philadelphia, PA	Renovate 4S Specialty Clinics
4	Philadelphia, PA	Design: Renovate 2nd Floor Research
4	Pittsburgh, PA	Renovate CCU/SDU
4	Wilkes-Barre, PA	Environmental Improvements, Patient Bldg 1
4	Wilmington, DE	Expand and Consolidate Specialty Clinics
5	Baltimore, MD	Renovate Urgent Care Area
5	Baltimore, MD	Build Research Building at LR
5	Martinsburg, WV	Relocate Patient Services Center
5	Martinsburg, WV	Relocate Eye/ENT Clinics
5	Perry Point, MD	Renovate 19H Medical Units
5	Washington DC	Construct Geriatric Administrative Wing and Renovate Nursing Home Care Wards
5	Washington DC	Renovate Research Building
6	Beckley, WV	Specialty/ Ancillary Care Construction
6	Durham, NC	Ambulatory Care D Wing
6	Durham, NC	Research Building Phase II
6	Hampton, VA	Relocate B110B Mechanical Room & Switch
6	Salem, VA	Patient Dining Area for Extended Care B/2
6	Salisbury, NC	Construct Tower for Spec/ Ancillary Care Ph II
7	Atlanta, GA	Build Modular Building for Specialty Care
7	Atlanta, GA	Modular Building for Mental Health Research
7	Augusta, GA	Clinical Lab Renovation
7	Birmingham, AL	Increase Medicine Beds
7	Birmingham, AL	Clinical Improvements Southside Courtyard
7	Birmingham, AL	Modernize Research Labs
7	Charleston, SC	Patient Privacy - 4B South
7	Charleston, SC	Renovate 3-B South for Ambulatory Services
7	Charleston, SC	Expand Large Parking Deck



VISN	Location	Project Title - Brief Description
7	Columbia, SC	Renovate NHCUC, Bldg. 103, Phase 2
7	Columbia, SC	Cardiac Cath Lab Expansion
7	Columbia, SC	Renovate B9 Research Labs/animal wards
7	Dublin, GA	Nursing Home Consolidation/Reloc. PT/OT
7	Dublin, GA	IP Mental Health (Gero-Psych)
7	Tuscaloosa, AL	NHCUC Ward Improvements
7	Tuskegee, AL	Renovate B-3A- 4 for Specialty Clinics
7	Tuskegee, AL	Renovate 3B for Specialty Clinics
8	Bay Pines, FL	Construct Educ and Eye/Dialysis Treat Center
8	Bay Pines, FL	Expand Renovate B101
8	Bay Pines, FL	Research Center
8	Gainesville, FL	Install Sprinkler B1and E-Wing PH 1
8	Gainesville, FL	Construct Parking Garage
8	Miami, FL	Renovate ER/Consolidate MH Specialty Clinic
8	Miami, FL	Additional Fuel Reserve/Security Wall
8	Miami, FL	Additional Water Tank Reserves
8	Orlando, FL	Brevard Specialty Care Clinic Exp (CARES)
8	Tampa, FL	Emergency Room Phase 2 (Reno Existing)
8	Tampa, FL	Partial Resolution, Cares Specialty Care Gap
8	West Palm Beach, FL	Comprehensive Cancer Center
8	West Palm Beach, FL	Renovate Floor 8B for Specialty Care
8	West Palm Beach, FL	Mental Health Domiciliary
8	West Palm Beach, FL	Mental Health Outpatient Clinic
9	Huntington, WV	Renovate B-5 for Mental Health
9	Huntington, WV	Renovate Reserve Unit for Admin
9	Lexington, KY	Inpatient Bed Renovation
9	Lexington, KY	Construct New Floor for Research
9	Louisville, KY	Renovate SICU
9	Louisville, KY	Consolidate Laboratory Operations
9	Memphis, TN	Outpatient Mental Health Renovation
9	Memphis, TN	VMU and Research Laboratory Upgrade
9	Mountain Home, TN	Relocate Lab
9	Mountain Home, TN	Patient Privacy/Isolation
9	Nashville, TN	Primary Care
10	Cincinnati, OH	Remodel 5 South
10	Cincinnati, OH	Replace Animal Research Facility (ARF) Phase I
10	Cleveland, OH (WP)	Expand Radiology Phase 1
10	Cleveland, OH (WP)	CARES Lab Addition/Warehouse Ph II
10	Cleveland, OH (WP)	Outpatient Care Additions, Ph II
10	Cleveland, OH (WP)	Expand Research Phase 1
10	Dayton, OH	Central A/C 410
10	Dayton, OH	Consolidate Special Procedures
10	Dayton, OH	Surgery Upgrade
11	Ann Arbor, MI	Renovate 7E, 7W
11	Ann Arbor, MI	Build Research lab
11	Battle Creek, MI	NHCUC Culture Of Change Construction & Ren
11	Danville, IL	Upgrade Medical Wards, Bldg. 58



VISN	Location	Project Title - Brief Description
11	Danville, IL	Replace Boilers (3) & Controls - Boiler Plant
11	Detroit, MI	Build-out 7th Floor
11	Indianapolis, IN	Remodel 5 East for Inpatient Psych and backfill
11	Marion, IN	Clinical Services Expansion, 138-4 - Design
12	Chicago, IL (WS)	Modernize Dental Dept.
12	Chicago, IL (WS)	Renovate Rehab Medicine
12	Hines, IL	Relocate Two ORs and SPD to 2nd flr, B200
12	Hines, IL	Relocate Dental Clinic, B200
12	Hines, IL	Standby electrical Power for Animal Res, B-1
12	Madison, WI	Renovate Surgical Suites, 7A & 8A
12	Madison, WI	Renovate 3rd Floor, NHCU
12	Madison, WI	Renovate Research, 4C & Bldg. 12
12	Milwaukee, WI	Remodel OR and PACU
12	Milwaukee, WI	HVAC Research Bldg. 70
12	North Chicago, IL (D)	Modernize NHCU
15	Columbia, MO	Imaging Center Site Prep
15	Columbia, MO	Relocate ICU
15	Kansas City, MO	Renovate Inpatient Surgery
15	Kansas City, MO	Renovate 7E for Dialysis
15	Leavenworth, KS	ICU Renovation
15	Marion, IL	Site Prep for Modular Buildings
15	St. Louis, MO (JC)	Remodel Space for Clinics, B-1, JC
15	St. Louis, MO (JC)	Remodel Space for Research
15	Topeka, KS	Bldg. 3 Patient Privacy/Restroom Accessibility
16	Alexandria, LA	Renovate Bldg. 6 for Primary & Mental Health
16	Alexandria, LA	Renovate/Expand Bldg. 7 for Primary & Spec Care
16	Fayetteville, AR	Expand Psychiatry/Mental Health
16	Fayetteville, AR	Renovate Existing Psychiatry 5,206
16	Houston, TX	Physical Plant-Emergency Power
16	Houston, TX	Consolidate Imaging Services
16	Jackson, MS	Renovate 3K for MH
16	Jackson, MS	Renovate 4CN/4CS
16	Little Rock, AR	Expand Critical Care Bed Capacity
16	Little Rock, AR	Rel PC to NLR/Exp Spec
16	Muskogee, OK	Renovate Primary care to Support ACA
16	North Little Rock, AR	Consolidate NLR Pt Care Services
16	Oklahoma City, OK	Renovate Ancillary
16	Oklahoma City, OK	1st & 2nd Floor Clinic Expansion
16	Oklahoma City, OK	Renovate 5 North for Inpatient Beds
16	Shreveport, LA	Replace Bldgs 5&6 to Expand Specialty Care
16	Shreveport, LA	Renovate Kitchen
17	Dallas, TX	Upgrade Mental Health Ph 2
17	Dallas, TX	Relocate Ambulatory Care Clinics
17	Dallas, TX	Patient Privacy/Patient Safety Ph 9
17	Dallas, TX	Research Addition and Renovation Ph 1
17	San Antonio, TX	New Surgical PCU and SICU
17	Temple, TX	Replace Obsolete Clinical Support Facility

VISN	Location	Project Title - Brief Description
17	Temple, TX	MRI Complex
17	Temple, TX	Perimeter Fence & Site Access Control
18	Albuquerque, NM	Consolidate ICUs
18	Amarillo, TX	Construct New Spec and Ancill/Diagnostic Space
18	Big Spring, TX	VISN 18 Centralized MCCF Unit
18	Big Spring, TX	Renovate SPD
18	El Paso, TX	Administrative Space
18	Phoenix, AZ	Electrical Distribution System, Ph II
18	Phoenix, AZ	Emergency Back Up Power to HVAC Sys
18	Phoenix, AZ	Permanent MRI Building
18	Phoenix, AZ	Research Space Renovation
18	Prescott, AZ	Expand for SPD functions
18	Tucson, AZ	Expand OR Suite
18	Tucson, AZ	Relocate Inpatient Pharmacy
19	Ft Harrison, MT	Expand Ancillary/diagnostic care/Lab
19	Grand Junction, CO	3rd Floor Clinical/Surgical Addition
19	Salt Lake City, UT	Expand Lab Service
19	Salt Lake City, UT	Remodel Surgical Suites
19	Salt Lake City, UT	Research Relocation
19	Salt Lake City, UT	Renovate Research Labs - Building 2
19	Sheridan, WY	Chilled Water Loop Installation
19	Sheridan, WY	Restorative Care Consolidation
20	Boise, ID	Construct Parking Garage
20	Boise, ID	Construct Research Education Building
20	Portland, OR	Replace Exterior Skin B100 & B100 Phase 2
20	Roseburg, OR	Renovate for Specialty Care
20	Seattle, WA	ER Remodel
20	Seattle, WA	Ward Renovation Phase I
20	Seattle, WA	Research Addition B34/ARF Ph II
20	Seattle, WA	Seismically Upgrade Mech & Elec Equip
20	Spokane, WA	New Specialty Care & Pharmacy Building
20	Vancouver, WA	Expand Outpatient Care
20	Vancouver, WA	Renovate Bldg D11 CARS for Outpatient Functions
20	Vancouver, WA	Seismic Upgrade Bldg D7
20	White City, OR	Expand Ambulatory Care Clinic
20	White City, OR	Replace Dom Bldg. 218
20	White City, OR	Footprint Reduction 242,243,245,249,250
21	Fresno, CA	Remodel Emergency Room
21	Honolulu, HI	VA/DoD Outpatient GI Endoscopy Suite
21	Palo Alto, CA	Polytrauma Opt & Brain Injury Rehab Unit (BIRU)
21	Palo Alto, CA	Palo Alto/San Francisco Consolidate Support Center
21	Palo Alto, CA	Mental Illness Research Ed & Clinical Center (MIRECC)
21	Palo Alto, CA	Bldg 2 Seismic Correction/Demo
21	Reno, NV	Relocate & Expand OP Mental Health & Primary Care
21	Sacramento, CA	MOVE Program , B728 Rpmt
21	Sacramento, CA	Construct Displaced Parking
21	Sacramento, CA	Seismic Corrections Dental Clinic, McClellan OPC

VISN	Location	Project Title - Brief Description
21	San Francisco, CA	Bldg 209: 300 Stall Parking Addition
21	San Francisco, CA	Sausalito Research Annex
21	San Francisco, CA	Seismic Replace/Retrofit Bldgs 9, 10, 11 & 13 (EHR)
22	Loma Linda, CA	Remodel 4SW
22	Loma Linda, CA	Renovate 1st Floor for Pri/Spec Care
22	Loma Linda, CA	Consolidate Speech Pathology/ENT
22	Loma Linda, CA	Modernize VMU
22	Long Beach, CA	Demolish Various Buildings
22	Long Beach, CA	Non Structural Seismic Upgrade Bldg 138
22	San Diego, CA	Expand Specialty Clinics
22	San Diego, CA	Relocate Primary Care
22	San Diego, CA	Renovate Intermediate NHCU
22	San Diego, CA	Expand Research Labs
22	West Los Angeles, CA	Outpatient Mental Health
22	West Los Angeles, CA	Demo Various Buildings
22	West Los Angeles, CA	Building 2 Demo - Sepulveda
22	West Los Angeles, CA	Replace Bldg 300 Kitchen - Seismic Mitigation
23	Fargo, ND	Audiology/Eye/Ophthalmology
23	Fargo, ND	PM&RS Modernization
23	Fort Meade, SD	Construct Central Chiller Plant
23	Hot Springs, SD	Renovate Dom Bldg 4
23	Iowa City, IA	Renovate Floors 7 and 5W
23	Iowa City, IA	Relocate Surgical Operating Rooms
23	Iowa City, IA	Construct new research building
23	Minneapolis, MN	Renovate ER/Urgent Care
23	Omaha, NE	SPD Building Addition to OPC
23	Omaha, NE	Fourth Floor Research Addition
23	Sioux Falls, SD	New Surgery Suite and Clinical Space
23	Sioux Falls, SD	Remodel Med/Surg Units
23	St. Cloud, MN	Expand Spec Care, Bldg 1
23	St. Cloud, MN	Exp. Spec. Care, Reconfigure Support Space
23	St. Cloud, MN	Move Lab, Ren. B1E for Primary Care
<b>2009</b>		
1	Bedford, MA	Renovate Domiciliary
1	Bedford, MA	Renovate Bldg 17, 18, 70
1	Boston, MA	Cyclotron Site Prep
1	Boston, MA	Research Facility Renovation B1-A
1	Boston, MA (JP)	Infrastructure Improvements, PH 3
1	Boston, MA (JP)	Support Service Modification, Ph 2
1	Brockton, MA	Replacement Research Facility B44, B46
1	Manchester, NH	Specialty Care Renovations
1	Manchester, NH	Mental Health Additions and Improvements
1	Northampton, MA	Nursing Home Renovation and Expansion
1	Providence, RI	Rehab Medicine Addition
1	Providence, RI	Medicine Convert Space
1	Providence, RI	Renovate FIRM 6
1	Togus, ME	Hospice Unit, B207-1

VISN	Location	Project Title - Brief Description
1	Togus, ME	Private, Semi-private Baths, B200, Phase 1
1	Togus, ME	Upgrade HVAC, B209/210
1	Togus, ME	Construct 30 Bed Dom
1	West Haven, CT	Specialty Care Ph. II
1	West Haven, CT	Construct 40 Bed Dom
1	West Haven, CT	Mental Health Renovations Phase 1
1	West Roxbury, MA	Medical Nursing Unit B1-4N
1	West Roxbury, MA	Infrastructure Improvements, PH 3
1	West Roxbury, MA	EP Lab Site Prep
1	White River Junction, ME	Construct 15 Bed Substance Abuse Research Rehab
1	White River Junction, ME	MRI Site Prep
2	Albany, NY	Correct SPD Deficiencies
2	Albany, NY	Relocate Med Records & Consolidate Clinics, 1st Fl
2	Syracuse, NY	Mental Health/Psychiatry/Dental Lease Build Out
2	Syracuse, NY	Renovate for Pharmacy
3	Bronx, NY	Additional Med/Surg Unit
3	Brooklyn, NY	SPD / Central Sterile Supply Upgrade
3	Brooklyn, NY	Radiology & Clinical Lab upgrade
3	Brooklyn, NY	Bldg 4a chiller plant Seismic retrofit
3	East Orange, NJ	Renovate Ward 5-A
3	Montrose, NY	Raze Bldgs. 8,9,10,11
3	New York, NY	Renovate Medicine Wards
3	New York, NY	Renovate Research Area
3	New York, NY	Construct Research Labs
3	Northport, NY	Renovate Bldg 65
3	Northport, NY	Renovate Bldg 63 and 64
4	Altoona, PA	Exp/Imp Long Term Care
4	Butler, PA	Expand Primary Specialty Clinics
4	Clarksburg, WV	Expand Cardiodiagnostic and Interventional Radiology and Laboratory Services
4	Coatesville, PA	Reno NHCU Ward 57
4	Lebanon, PA	Ambulatory Surg Improvements
4	Lebanon, PA	Enhance Patient Access
4	Philadelphia, PA	Renovate 8th Floor Specialty Clinics
4	Philadelphia, PA	Design: Renovate Basement Research
4	Wilmington, DE	Expand and Consolidate Specialty Procedures
5	Baltimore, MD	Renovate OPC Area for Specialty Care
5	Baltimore, MD	Expand OP and Admin Space Loch Raven
5	Martinsburg, WV	Renovate Outpatient Surgery
5	Martinsburg, WV	Renovate Inpatient Units 5A & 5C
5	Perry Point, MD	Renovate 24H Inpatient Psychiatry
5	Washington DC	Renovate Pathology Lab
6	Asheville, NC	Renovate Ward 4-West
6	Asheville, NC	Renovate ER
6	Hampton, VA	Renovate SCI Unit
6	Salem, VA	Specialty Care Expansion
6	Salisbury, NC	Expand MSCU/Patient Privacy B2-3

VISN	Location	Project Title - Brief Description
6	Salisbury, NC	Site Prep for Linear Accelerator
7	Augusta, GA	Unit 3C Renovation for Specialty Clinics
7	Birmingham, AL	3rd Floor E-Wing
7	Charleston, SC	Renovate and Expand Psychiatry-Inpatient 3-A
7	Charleston, SC	New Specialty Clinic Expansion
7	Charleston, SC	Ancillary renovation on 2-D
7	Charleston, SC	Renovate 5-A South into Administration Space
7	Columbia, SC	Construct PET/CT building
7	Columbia, SC	Renovate ICU's
7	Dublin, GA	Relocate ICU
8	Bay Pines, FL	Consolidate MCCF to increase Revenue
8	Bay Pines, FL	Correct CARES FCA Life Safety Phase I
8	Bay Pines, FL	Correct IAQ and HIPAA Defic B100, Phase I
8	Gainesville, FL	Expand CTSICU
8	Gainesville, FL	Expand MICU
8	Miami, FL	Renovate NHCU - PH I
8	Miami, FL	Renovate 12AB - Patient Wards
8	Miami, FL	Relocate Telecommunication Room
8	Miami, FL	Relocate Hemodialysis
8	San Juan, PR	Radiology Retrofit
8	San Juan, PR	2nd Floor Clinical Support / ACV
8	West Palm Beach, FL	Ambulatory Procedure Center
8	West Palm Beach, FL	Expand Prosthetics Lab
9	Lexington, KY	Relocate Endoscopy/Upgrade OP Surgery
9	Lexington, KY	Renovate for Primary Care
9	Louisville, KY	Construct Parking Garage
9	Louisville, KY	Construct Radiology Addition
9	Memphis, TN	Ambulatory Surgery/Vascular Lab/Ultrasound/GI
9	Memphis, TN	Site Prep MRI
9	Nashville, TN	4North Psych Ward
9	Nashville, TN	Site Prep PET Scanner
10	Cincinnati, OH	Relocate Nursing Home from Ft. Thomas
10	Cincinnati, OH	Hemodialysis Improvements
10	Cincinnati, OH	Replace Animal Research Facility(ARF) Phase 2
10	Cleveland, OH (WP)	Expand Radiology Phase 2
10	Cleveland, OH (WP)	Expand Engineering Shops
10	Cleveland, OH (WP)	Expand Outpatient Pharmacy
10	Cleveland, OH (WP)	Expand Inpatient Pharmacy
10	Cleveland, OH (WP)	Expand Research Phase 2
10	Dayton, OH	Ward Renovations
11	Ann Arbor, MI	Renovate 6E, 6W
11	Ann Arbor, MI	Expand East Parking Structure
11	Battle Creek, MI	Demo Buildings 3, 6, 7, 13, 14
11	Danville, IL	Replace Primary Electrical Dist. Equip. (Main Sub-Station)
11	Detroit, MI	Renovate A2S, A4S
11	Indianapolis, IN	Expand Primary and Specialty Clinic - Design

VISN	Location	Project Title - Brief Description
11	Marion, IN	Demo Bldgs 19 - 22, 23, 62, 121, 122, 135 & 140
12	Chicago, IL (WS)	Expand Outpatient Primary Care Suite
12	Chicago, IL (WS)	Expand Outpatient Specialty Clinic
12	Hines, IL	Renovate 10th floor Acute Care Cardiology, B-200
12	Hines, IL	Relocate Resp. Care/sleep lab, B-200
12	Hines, IL	Relocate and Renovate Prosthetics to basement, B200
12	Hines, IL	Relocate Nuclear Medicine & Other patient Care, B200
12	Iron Mountain, MI	Expand Diagnostic Area
12	Madison, WI	Renovate Food Production
12	Milwaukee, WI	Renovate NHCU 9A
15	Kansas City, MO	MRI/PET Scan Addition
15	Kansas City, MO	Renovate/Expand Inpatient Psych
15	Leavenworth, KS	Patient Privacy Corrections
15	St. Louis, MO (JB)	Renovate/Expand Clinics, B-1
15	Topeka, KS	Specialty Care Addition
16	Fayetteville, AR	MRI Addition - 2nd Phase
16	Houston, TX	Renovate 6D
16	Jackson, MS	Renovate MICU/CCU
16	Muskogee, Ok	Convert 3rd Floor Atrium to Office
16	No. Little Rock, AR	Law Enforcement Bedrooms
16	Shreveport, LA	6N MICU Renovation
17	Dallas, TX	Med/Surg Bed Renovation
17	Dallas, TX	Convert Excess DoD space for NTHCS Mission
17	Dallas, TX	Upgrade Mental Health Ph 3
17	Dallas, TX	Fisher House
17	Dallas, TX	Research Addition and Renovation Ph 2
17	San Antonio, TX	Relocate Aging Research Lab
17	Temple, TX	On-Site Water Storage
18	Albuquerque, NM	Renovate for Mental Health
18	Big Spring, TX	Expand Dental
18	Phoenix, AZ	Renovate Inpatient Floor
18	Phoenix, AZ	Electrical Distribution System, Ph III
18	Prescott, AZ	Expand Primary Care Clinics
18	Prescott, AZ	Expand Mental Health Clinic Space
18	Tucson, AZ	Expand Outpatient Mental Health
18	Tucson, AZ	Research Wet Labs Phase 2
19	Salt Lake City, UT	Relocate Neurovirology
19	Salt Lake City, UT	Specialty Care Clinic
19	Salt Lake City, UT	Relocate Respiratory/Pulmonary Care
19	Salt Lake City, UT	Consolidate Mental Health, Bldg 3
19	Salt Lake City, UT	Specialty Care Expansion
19	Sheridan, WY	N&FS Canteen Consolidation
20	American Lake, WA	Renovate B4 Domiciliary
20	American Lake, WA	Renovate B5 Blind Rehab
20	American Lake, WA	Seismic Upgrades, HVAC and Window Replacement B8
20	Portland, OR	Renovate Bldg 104 for Spec Care
20	Portland, OR	Patient Parking Structure



VISN	Location	Project Title - Brief Description
20	Roseburg, OR	Renovate for Operative Care Clinics
20	Seattle, WA	Ward Renovation Phase II
20	Seattle, WA	Renovate Ft Lawton Army Reserve Center
20	Seattle, WA	Parking Deck
20	Spokane, WA	Construct Outpatient Mental Health Building
20	Vancouver, WA	Seismic Upgrade Boiler Plant & Ancillary Bldgs
20	White City, OR	Replace Dom Bldg. 221
21	Fresno, CA	Remodel 7-East for Specialty Clinics
21	Honolulu, HI	Parking Garage Addition
21	Palo Alto, CA	Consolidate Gero Psych/NHCU Clinical Support
21	Palo Alto, CA	Bldg 51 Rehab Research & Development (RR&D) Seismic Corrections
21	Reno, NV	Reconfigure/Expand Imaging Center
21	Sacramento, CA	Marysville CBOC, VA- IHS
21	Sacramento, CA	Emergency Room Expansion
21	San Francisco, CA	Bldg 203: Ground/First Floor Renovations
21	San Francisco, CA	New Vivarium Facility
21	San Francisco, CA	Seismic Replace Bldg 5 & Seismic Retrofit Bldg 7
22	Loma Linda, CA	Remodel 1S - NHCU
22	Long Beach, CA	Renovate Clinic/ Admin Space
22	Long Beach, CA	Install Var Freq Drive/Proportional Valves
22	San Diego, CA	Relocate Surgical Wards
22	West Los Angeles, CA	B500 Clinical Lab Renovation
22	West Los Angeles, CA	IRM Consolidation
22	West Los Angeles, CA	Relocate Hemodialysis
22	West Los Angeles, CA	B209 Research Renovation
23	Fargo, ND	Replacement Operating Rooms
23	Hot Springs, SD	Renovate Dom Bldg 5
23	Knoxville, IA	OP Renovation Bldg 1
23	Minneapolis, MN	Upgrade Hemoncology Clinic
23	Omaha, NE	Surgery (O.R.s) to 2nd Floor OPC
23	Sioux Falls, SD	Renovate Mental Health
23	Sioux Falls, SD	Remodel PT/OT
23	St. Cloud, MN	Renovate B1-2nd Fl for Spec. Care
23	St. Cloud, MN	Renovate Wards Bldg 49-1/Elev
23	St. Cloud, MN	Expand Acute Psych Beds
<b>2010</b>		
1	Bedford, MA	Renovation Outpatient Mental Health
1	Bedford, MA	Renovate Bldg 5 for Specialty Care
1	Bedford, MA	Renovate Bldg 9
1	Bedford, MA	Renovate Bldg 1
1	Boston, MA	Eye Clinic
1	Brockton, MA	New Nitrogen/Cryogenics Facility, B25
1	Manchester, NH	Ancillary/Diagnostic Renovations
1	Manchester, NH	Administration Renovation 1
1	Newington, CT	Renovate Ancillary/Diagnostic
1	Newington, CT	Expand Primary Care

VISN	Location	Project Title - Brief Description
1	Northampton, MA	Renovate Recreation Therapy
1	Northampton, MA	Rehab Medicine Renovation
1	Northampton, MA	Central Chiller Plant
1	Northampton, MA	Elevators Building 11 & 25
1	Northampton, MA	Renovate Education Space
1	Providence, RI	Renovate Dental
1	Providence, RI	Pet CT Site Prep
1	Providence, RI	Mental Health Renovations
1	Providence, RI	Expand SPD
1	Togus, ME	Private, Semi-private Baths, B200, Phase 2
1	Togus, ME	Private Baths NH Phase I
1	Togus, ME	Administration Renovation
1	Togus, ME	Substance Abuse Residential Rehab
1	Togus, ME	Construct 25 Bed Sub Abuse CWT/TR
1	West Haven, CT	Inpatient Pharmacy Renovation
1	West Haven, CT	Primary Care Renovations
1	West Roxbury, MA	Surgical Nursing Unit, B1-3N
1	West Roxbury, MA	Support Service Modification, Ph 3
1	White River Junction, ME	Specialty Care Renovations
1	White River Junction, ME	Administrative Renovations
1	White River Junction, ME	Pet Scan Site Prep
1	White River Junction, ME	Inpatient Ward Renovation
1	White River Junction, ME	Research Renovations
2	Albany, NY	Renovate Primary Care on Wing 8C
2	Albany, NY	Relocate Nuclear Medicine & 2 B Laboratory
2	Syracuse, NY	Renovate Nursing Home
2	Syracuse, NY	Renovate 7th floor
3	Bronx, NY	Expand Emergency Room
3	Bronx, NY	Renovate Research, Ph 3
3	Brooklyn, NY	15 West inpatient upgrade
3	East Orange, NJ	Renovate Primary Care
3	Montrose, NY	Renovate Nutrition and Food svc
3	New York, NY	Construct Psychiatric Wards
3	Northport, NY	Renovate/Modernize Units 23 and 34
4	Altoona, PA	Expand and Improve BH Clinic
4	Clarksburg, WV	Modernize Surgical Suite
4	Philadelphia, PA	Design: Renovate 1st floor Research
4	Pittsburgh, PA	Radiology Consolidation
4	Wilmington, DE	Renovate 5 East for Dental
5	Martinsburg, WV	Renovate Specialty Care Clinics
5	Martinsburg, WV	Renovate Inpatient Units aA & 4C
5	Perry Point, MD	Renovate 25H for Education
5	Washington DC	Renovate 3E Medicine Ward
6	Asheville, NC	Renovate Ward 5-East
6	Asheville, NC	Renovate B9 for Cancer Center
6	Richmond, VA	SCI Addition
6	Salem, VA	Geriatric Assessment



VISN	Location	Project Title - Brief Description
6	Salisbury, NC	Renovate MH for Patients Safety/Privacy B-4
7	Augusta, GA	Unit 3D Renovation
7	Birmingham, AL	Utility Plant
7	Charleston, SC	Renovate Lab area 2B
7	Columbia, SC	Renovate Bldg 22
8	Bay Pines, FL	Renovate NHCU Phase I
8	Bay Pines, FL	Renovate NHCU Phase II
8	Bay Pines, FL	Correct IAQ & HIPAA Issues B100, PH2
8	Bay Pines, FL	Renovate Research Building 23
8	Gainesville, FL	Renovate Psychiatric Ward 2A
8	Gainesville, FL	Expand Dialysis Unit
8	Gainesville, FL	Research Addition
8	Lake City, FL	Construct Supply Warehouse
8	Lake City, FL	Construct Additional Floor on Outpatient Clinic
8	Miami, FL	Renovate 4AB - Psychiatric Wards
8	Miami, FL	Renovate Dental Clinic
8	San Juan, PR	Basement and First Floor ACV System
8	San Juan, PR	South Bed Building Connections
9	Huntington, WV	Renovate B-1W, 2nd & 3rd Floors
9	Lexington, KY (C)	Relocate Specialty OP Functions
9	Louisville, KY	Consolidate Kitchens
9	Louisville, KY	Renovate 8B for Research
9	Memphis, TN	OR and Recovery
9	Nashville, TN	OP & Specialty Care Expansion
10	Dayton, OH	Primary Care Expansion
11	Danville, IL	Renovate for Specialty Care
11	Detroit, MI	Renovate B3 North
11	Indianapolis, IN	Expand ER and Backfill Clinic Space
11	Saginaw, MI	Renovate Laboratory & Microbiology
12	Hines, IL	Relocate Microbiology, B-200
12	Milwaukee, WI	Renovate Acute Care Ward 6C and 5CN
15	Kansas City, MO	Renovate Inpatient Medicine
15	Kansas City, MO	Seismic Protection
15	Leavenworth, KS	Primary Care Renovation
15	St. Louis, MO (JC)	Remodel/Expand ER, B-1
16	Alexandria, LA	Construct Education Facility
16	Fayetteville, AR	Renovate Existing Medicine and Surgery
16	Fayetteville, AR	Air Condition Kitchen
16	Houston, TX	Specialty Clinic Expansion Construction
16	Jackson, MS	Expand Linear Accelerator
16	Jackson, MS	Construct Parking Deck on West Side
16	Little Rock, AR	Exp Spec CI Space
16	Little Rock, AR	Energy Conservation
16	North Little Rock, AR	Increase Inpatient Psychiatry Capacity
16	Oklahoma City, OK	Renovate B, C, & D Mods
16	Oklahoma City, OK	Clinic Infill
16	Oklahoma City, OK	Expand Surgery

VISN	Location	Project Title - Brief Description
16	Shreveport, LA	1E Renovation
16	Shreveport, LA	Hoptel Building
17	Dallas, TX	Urgent Care Expansion and Triage Renovation
17	Dallas, TX	Upgrade Mental Health Ph 4
17	Dallas, TX	Med/Surg Bed Renovation Ph. II
17	Dallas, TX	TCU Renovation Phase 1
17	Dallas, TX	Research Addition and Renovation Ph 3
18	Big Spring, TX	Construct Domiciliary
18	Phoenix, AZ	OR Suite Update
18	Phoenix, AZ	Renovate Mental Health Floor
18	Prescott, AZ	Expand Ancillary and OT Services
18	Prescott, AZ	Expand Domiciliary Space
18	Prescott, AZ	Correct Seismic Def - B.117, B.111 & B.108
18	Tucson, AZ	Clinical Support Building
18	Tucson, AZ	Renovate for Research
19	Salt Lake City, UT	Expand SPD
19	Salt Lake City, UT	Renovate Medicine Clinics
20	American Lake, WA	Correct Seismic & Functional Def B132 Canteen
20	Anchorage, AK	Expand Surface Parking
20	Boise, ID	Renovate B.27 1st Floor
20	Boise, ID	Remodel Rehab. Medicine
20	Portland, OR	Renovate Wards to Eliminate 4 Bed Rooms
20	Portland, OR	Renovate Bldg 6 for Animal Research Facility
20	Roseburg, OR	Construct Protected Care Unit
20	Seattle, WA	Infill TCU Courtyard
20	Seattle, WA	Renovate Outpatient Pharmacy
20	Seattle, WA	Renovate West Clinic for Specialty Clinics
20	Seattle, WA	Ward Renovation Phase III
20	Seattle, WA	Renovate 6E & 6W for Inpatient Wards
20	Vancouver, WA	Renovate NHCU for Patient Privacy
20	Walla Walla, WA	Construct 30 bed NHCU
21	Fresno, CA	Geriatric Clinic Expansion
21	Honolulu, Hi	VA/DoD Research Center
21	Martinez, CA	Consolidate and Relocate Nutrition/Canteen Services
21	Palo Alto, CA	Renovate Bldg 5 (5C1) Clinics
21	Palo Alto, CA	Residential Rehab- Bldg 324 Replacement
21	Reno, NV	Upgrade & Integrate Canteen with Nutrition Service
21	Sacramento, CA	Construct Inpatient Sub-Acute Mental Health Facility
21	Sacramento, CA	Enhance Clinical Trials Facilities
21	San Francisco, CA	Bldg 203: Renovation for Specialty Clinic Expansions 1st and 2nd Floors
21	San Francisco, CA	Renovate Research Bio/Wet Labs - Bldg 2
21	San Francisco, CA	Replace Temporary Research B-16 Annex
22	Loma Linda, CA	Remodel 1SW - NHCU
22	Long Beach, CA	PET/CT Installation
22	San Diego, CA	Renovate Medical Wards
22	San Diego, CA	PALMS Renovation

VISN	Location	Project Title - Brief Description
22	Sepulveda, CA	Consolidate Research First Module
22	West Los Angeles, CA	Renovate Medicine Phase 2
22	West Los Angeles, CA	Renovate Primary/Sub-Specialty Care
22	West Los Angeles, CA	Renovate Surg. Phase 1
22	West Los Angeles, CA	Renovate Intermediate Ward (GEM)
23	Des Moines, IA	OP Surgery/OR Modernization
23	Hot Springs, SD	Renovate Dom Bldg 7
23	Hot Springs, SD	Renovate Dom Bldg 3
23	Omaha, NE	Specialty Care Construct and Renovate, Surgery
23	St. Cloud, MN	Renovate Wards B49 ph 2
23	St. Cloud, MN	Renovate Extended Care beds B50, 1
<b>2011</b>		
1	Bedford, MA	Renovate Pharmacy and Recreation Therapy
1	Bedford, MA	Renovate Bldgs 80, 81, 82
1	Bedford, MA	Renovate Research Space
1	Manchester, NH	Administration Renovation 2
1	Manchester, NH	Renovate Pharmacy, Dental
1	Newington, CT	Expand Specialty Care
1	Newington, CT	Renovate for Mental Health
1	Northampton, MA	Air Condition Buildings
1	Northampton, MA	Elevators Bldg 20
1	Togus, ME	Private Baths NH Phase 2
1	West Haven, CT	Lab Service and Support Area Renovations
1	West Haven, CT	Mental Health Renovations Phase 2
1	West Haven, CT	Blind Rehab Renovations
1	West Haven, CT	Intermediate, Nursing Home Renovation
1	West Haven, CT	Renovate Primary Care
2	Albany, NY	Construct NHCU Facility
2	Albany, NY	Renovate/Expand Emergency Department
2	Syracuse, NY	Expand Valor Inn
2	Syracuse, NY	Replace Building #2
3	Brooklyn, NY	Audiology/ Speech Pathology Renovation
3	East Orange, NY	Renovate Ward 12-A
3	Montrose, NY	Renovate Bldg 14
3	Northport, NY	Demolish Bldg. 1, 2, 18, 36, 37 Quarters
3	Northport, NY	Renovate Bldg. 20 and 17
4	Clarksburg, WV	Expand Behavioral Health Services
4	Coatesville, PA	Reno Ward B-39
4	Philadelphia, PA	Expand NHCU
4	Philadelphia, PA	Design; Renovate 5th Floor Research
4	Wilmington, DE	Renovate 2 East for Clinic Space
5	Martinsburg, WV	Renovate Dom Unit 3C
5	Perry Point, MD	Renovate 80H Outpatient Mental Health
5	Perry Point, MD	Demolish Village Houses
6	Asheville, NC	Renovate Ward 4-East
6	Hampton, VA	Renovate OR for Outpatient Surgery
6	Salem, VA	Vascular Center

VISN	Location	Project Title - Brief Description
6	Salisbury, NC	Hoptel B-21
7	Augusta, GA	9 Bed SCI Addition
7	Augusta, GA	Building Demolition
7	Birmingham, AL	Research Addition- New Construction
8	Bay Pines, FL	Correct CARES FCA Electrical Def. Phase I
8	Bay Pines, FL	Correct Life Safety Phase II
8	Gainesville, FL	Renovate B-1 Phase 1
8	Miami, FL	Renovate 5AB - Mental Health Wards
8	Miami, FL	Renovate 9AB - Nursing Patient Wards
9	Huntington, WV	Renovate B-1W, Ground & 1st Floors
9	Lexington, KY (C)	Relocate PM&RS Clinic
9	Lexington, KY (C)	Upgrade CCU, Heart Station
9	Louisville, KY	Specialty Clinics Addition
9	Louisville, KY	Renovate 9th Floor Research Labs
9	Memphis, TN	Backfill 4th Floor Shell Space
9	Murfreesboro, TN	Electrical Upgrade & Fire Alarm Ph1
10	Cleveland, OH (WP)	Expand Radiology Phase 3
12	Hines, IL	Relocate Surgery Svc. Admin to 8th fl West B200
12	Hines, IL	Relocate Surgical Outpatient to 8th East B-200
12	Milwaukee, WI	Renovate NHCU 8A
16	Fayetteville, AR	Expand Step Down Beds
16	Houston, TX	Clinical Research Expansion
17	Bonham, TX	Bonham Ambulatory Care Renovation
17	Dallas, TX	Upgrade Mental Health Ph 5
17	Dallas, TX	SCI Basement and Auditorium
18	Albuquerque, NM	Surgery Expansion
18	Amarillo, TX	Construct New Administration Building
18	Big Spring, TX	Expand Laboratory
18	Phoenix, AZ	Renovate Mental Health Floor
18	Phoenix, AZ	Renovate NHCU Floor
18	Phoenix, AZ	BRAC Fair Market Value Minor
18	Prescott, AZ	Renovate Intermediate and NHCU
19	Grand Junction	Seismic upgrade
19	Salt Lake City, UT	Kitchen Renovation
20	American Lake, WA	Expand and Resurface Parking Areas
20	American Lake, WA	Renovate B7 Inpatient Mental Health
20	American Lake, WA	Correct Accessibility Deficiencies
20	American Lake, WA	Seismic Upgrades, HVAC and Window Replacement B9
20	Roseburg, OR	Construct MRI Space
20	Seattle, WA	Renovate East Clinic for Specialty Clinics
20	Seattle, WA	Renovate Dietetics Kitchen
20	Seattle, WA	Correct Accessibility Deficiencies
20	Seattle, WA	Ward Renovation Phase IV
20	Seattle, WA	Correct Seismic & Functional Deficiencies Lodging B7
21	Martinez, CA	Consolidate Mental Health
21	Palo Alto, CA	Replace Modular Hometel
21	Palo Alto, CA	Residential Rehab- Bldg 323 Replacement

VISN	Location	Project Title - Brief Description
21	Reno, NV	Consol & Expand Special Procedures & Recovery
21	Sacramento, CA	Expand Specialty Care
21	San Francisco, CA	Bldg 8: Functional & Technical Upgrade
21	San Francisco, CA	Bldg 8: Functional & Technical Upgrade
21	San Francisco, CA	Seismic Replace B-3 & Seismic Retrofit Bldg 18
22	Greater LA, CA	Demolish Research Buildings
22	Loma Linda, CA	Remodel 1SE
22	Loma Linda, CA	Remodel 4NW - Telemetry Unit
22	San Diego, CA	Relocate SPD
22	San Diego, CA	Renovate 6N for Admin
22	West Los Angeles, CA	Pharmacy Expansion / Renovation
22	West Los Angeles, CA	Mental Health Inpatient Renovation
22	West Los Angeles, CA	Renovate Medicine Phase 3
22	West Los Angeles, CA	Renovate Surg. Phase 2
23	Des Moines, IA	Med/Surg Bed Enhancement
23	Hot Springs, SD	Renovate Dom Bldg 8
23	St. Cloud, MN	Renovate Wards, B 50-2
23	St. Cloud, MN	Renovate Wards, 51-1
23	St. Cloud, MN	Renovate Wards, B51-2
<b>2012</b>		
2	Syracuse, NY	Renovate 5 South Rehab Ward
2	Syracuse, NY	Renovate 2nd Floor @ Rome
3	Bronx, NY	Renovate Research, Ph 4
3	East Orange, NY	Renovate Ward 2-A/Surgical Support Space
4	Clarksburg, WV	Inpatient Unit Upgrade 4th Floor
4	Philadelphia, PA	Add floor to A/E Bldg
4	Philadelphia, PA	Design Additional Elevator/Stairway Research
5	Martinsburg, WV	Renovate Mental Health Clinics
5	Martinsburg, WV	50-Bed Replacement NHC Dementia Unit
5	Washington DC	Renovate 4E Medicine Ward
6	Asheville, NC	Renovate Wards 3E/3W for Backfill
6	Salisbury, NC	Renovate B-6 for Patients Activities
6	Salisbury, NC	Renovate B-15
7	Augusta, GA	Renovate Bedrooms - Patient Privacy Ph1
7	Birmingham, AL	Admin Building
8	Gainesville, FL	Install Sprinkler B1 and E-Wing PH 2
8	Miami, FL	Renovate NHCU - PH II
8	Miami, FL	Relocate Chemotherapy Center
9	Lexington, KY (C)	Pathology Renovation
9	Louisville, KY	Pharmacy & Lab Addition
9	Louisville, KY	Renovate B-12 Research
16	Fayetteville, AR	Expand Intensive Care
16	Fayetteville, AR	Construct Additional Warehouse
16	Fayetteville, AR	Renovate space Bldg 1
16	Jackson, MS	Construct Clinic/Educ Above Parking Deck
16	Little Rock, AR	Diagnostic Annex B.170
16	Little Rock, AR	PET/CT Site Prep

VISN	Location	Project Title - Brief Description
16	North Little Rock, AR	Consolidate Admin Spaces
16	Oklahoma City, OK	Renovate 5 East for Inpatient Beds
17	Bonham, TX	Ambulatory Care Renovation Ph. 2
17	Dallas, TX	Upgrade Mental Health Ph 6
18	Albuquerque, NM	renovate existing surgery suite
18	Big Spring, TX	Expand Specialty Care
18	Phoenix, AZ	Renovate / Expand Life Support Unit
18	Phoenix, AZ	Renovate NHCU Floor
18	Phoenix, AZ	Renovate Inpatient Floor
20	American Lake, WA	Correct Seismic & Functional Deficiencies B16
20	American Lake, WA	Correct Seismic & Functional Def Eng Shops
20	Roseburg, OR	Seismic Upgrade Boiler Plant, Bldg 7
20	Seattle, WA	Ambulatory Surgery Center
20	Seattle, WA	Renovate Radiology
20	Seattle, WA	Ward Renovation Phase V
20	Walla Walla, WA	Renovate B86 for Admin Services
21	Martinez, CA	Expand Primary Care
21	Menlo Park, CA	Bldgs 301 & 221 Seismic Correction
21	Reno, NV	New Education, Training & Conference Center
21	Sacramento, CA	Expand Patient Parking
21	San Francisco, CA	Bldg 1 & 200: Functional & Technical Upgrade
21	San Francisco, CA	Seismic Retrofit High Risk Bldgs - Various
22	Las Vegas, NV	Completion Items - Site
22	Las Vegas, NV	Completion Items - D&T/NHCU
22	Long Beach, CA	Install Co-gen

### VHA Medical Facility Leases (Authorization and Notification Requirements)

In the FY 2008 President's Budget the Department requests authorization for the medical facility lease below. This requires congressional authorization per Title 38, U.S.C., section 8104 (a) (2). For FY 2008 there are no leases requiring congressional notification.

**Table 4-9: Request for Congressional Authorization**

Year	VISN	Location		Project Title - Brief Description	Type	Est. Cost (\$000) <sup>1</sup>	Estimated Annual Rental Cost (\$000)
2009	19	Colorado Springs	CO	Community Based Outpatient Clinic	New	\$3,760	\$940

<sup>1</sup>Cost includes the lump sum payment for the lessor to convert the space for medical use plus the unserviced annual rent.

**Table 4-10: VHA Portfolio Inventory of Current Projects**



(Funded but not activated or in use)

Project Type	FY <sup>1</sup>	VISN	Location	Project Title - Brief Description	Total Estimated Cost (\$000)
Major	2007	8	Miami, FL	Utility Plant	\$24,420
Major	2007	21	N. California, CA	Outpatient Clinics/New Bed Bldg.	\$70,800
Major	2008	10	Columbus, OH	Outpatient Clinic	\$94,800
Major	2009	11	Indianapolis, IN	7 <sup>th</sup> & 8 <sup>th</sup> Floor Wards Modernization Addition	\$27,400
Major	2008	16	Pensacola, FL	Joint VA and Department of Navy OPC	\$55,056
Major	2008	18	Tucson, AZ	Mental Health Clinic	\$13,300
Major	2008	20	Anchorage, AK	Outpatient Clinic and Regional Office	\$75,270
Major	2008	21	Palo Alto, CA	Seismic Corrections, Bldg. 2	\$34,000
Major	2009	23	Minneapolis, MN	SCI & SCD Center	\$20,500
Major	2008	23	Des Moines, IA	Extended Care Building	\$24,800
Major	2009	6	Durham, NC	Renovate Patient Wards	\$9,100
Major	2010	7	Atlanta, GA	Modernize Patent Wards	\$20,534
Major	2010	8	Tampa, FL	Upgrade Essential Electrical Dist. Systems	\$49,000
Major	2008	8	Tampa, FL	Spinal Cord Injury Center Expansion	\$11,407
Major	2010	8	Gainesville, FL	Correct Patient Privacy Deficiency	\$85,200
Major	2010	10	Cleveland, OH	Cleveland-Brecksville Consolidation	\$102,300
Major	2009	21	Menlo Park , CA	Seismic Corrections-Geropsych Replacement Bldg 324	\$32,934
Major	2009	21	San Francisco, CA	Seismic Corrections-Building 203	\$41,168
Major	2009	22	San Diego, CA	Seismic Corrections-Building 1	\$47,874
Major	2010	3	Syracuse, NY	Spinal Cord Injury Center	\$77,700
Major	2010	4	Pittsburgh, PA	Consolidation of Campuses	\$248,000
Major	2008	17	San Antonio, TX	Ward Upgrades and Expansion	\$19,100
Major	2011	22	Las Vegas, NV	New Medical Center Facility	\$600,400
Major	TBD	8	Orlando, FL	New Medical Center Facility	\$553,900
Major	TBD	8	Lee County, FL	Outpatient Clinic	\$109,400
Major	TBD	8	San Juan, PR	Seismic Corrections-Building 1	\$178,100
Major	TBD	16	Biloxi, MS	Restoration Hospital/Consolidation Gulfport	\$310,000
Major	TBD	16	New Orleans, LA	Restoration/Replacement of Medical Center	\$625,000
Major	TBD	16	Fayetteville, AR	Clinical Addition	\$65,700
Major	TBD	17	Temple, TX	MRI and Supporting Facility	\$10,552
Major	TBD	19	Denver, CO	Replacement Medical Center Facility	\$646,000
Major	TBD	22	Long Beach, CA	Seismic Corrections-Bldgs. 7 & 126	\$107,845
Major	TBD	22	Los Angeles, CA	Seismic Corrections-Buildings 500 & 501	\$111,800
Lease	2007	22	Santa Maria, CA	Outpatient Clinic	\$3,611
Lease	2008	6	Charlotte, NC	Satellite Outpatient Clinic	\$2,626
Lease	2009	12	Crown Point, IN	Outpatient Clinic	\$2,600
Lease	2009	17	Fort Worth, TX	Tarrant County OPC (Ft. Worth CBOC #2)	\$11,118
Lease	2010	8	Jacksonville, FL	Satellite Outpatient Clinic	\$3,095
Lease	2007	9	Knoxville, TN	Outpatient Clinic	\$2,600
Lease	TBD	22	San Diego, CA	South County Outpatient Clinic	\$2,625
Lease	2009	11	Toledo, OH	Outpatient Clinic - (CBOC)	\$4,140
Lease	2009	6	Wilmington, NC	Outpatient Clinic	\$4,102
Lease	TBD	17	Corpus Christi, TX	Outpatient Clinic	\$3,900
Lease	TBD	6	Greenville, NC	Outpatient Clinic	\$4,096
Lease	2008	17	Harlingen, TX	Outpatient Clinic - (Harlingen CBOC)	\$1,966

Project Type	FY <sup>1</sup>	VISN	Location	Project Title - Brief Description	Total Estimated Cost (\$000)
Lease	TBD	6	Norfolk, VA	Outpatient Clinic	\$3,500
Lease	TBD	21	Oakland, CA	Outpatient Clinic	\$4,380
Lease	2007	17	San Antonio, TX	Outpatient Clinic - (NE Central Bexar County)	\$4,080
Lease	2009	22	San Diego, CA	North County Outpatient Clinic	\$3,203
Lease	209	8	Summerfield, FL	Marion County Outpatient Clinic	\$3,609
Lease	2010	5	Baltimore, MD	Outpatient Clinic	\$9,851
Lease	2010	17	Dallas, TX	Smith County/Tyler OPC	\$4,293
Lease	2009	15	Marion, IL	Outpatient Clinic	\$7,643

<sup>1</sup>Fiscal year project was or will be activated

## Applying the Prioritization Process to the Major Construction Budget Request

Once the budget year's projects are prioritized a decision must be made about which projects will be included in the annual budget request. Each year projects are prioritized by:

1. Partially funded projects from previous years, in order by fiscal year and priority order
2. Newly evaluated projects from the budget year listed in priority order

With several options for total funding, the previous year's projects are chosen to be funded by priority order, then by their ability to execute within the budget year. A project may be funded out of order due to competing circumstances such as another ongoing project at the facility, which may cause unnecessary complications, or pending CARES decisions about the site that may preclude final consideration of the project. The listing then continues with the newly prioritized projects, in priority order.

The table on the following page is the listing of projects used to develop the FY 2008 budget request. The first 10 projects listed are partially funded projects from previous years. The next two are included in the FY 2007 appropriation bill. If they are not funded in FY 2007, they are considered high priorities for FY 2008 funding consideration. The following 27 projects are the newly scored projects submitted in the FY 2008 planning cycle.

In the Selected Funding Option column six of the 10 partially funded projects from previous years are chosen for the budget request. The request for funding of San Juan, PR is deferred due to an on-going project at the facility. The funding request for Los Angeles, CA is deferred due to pending CARES decisions about that site. The last two previously funded projects were not included in this request because the level of resources available was exhausted.



**Table 4-11: Development of the FY 2008 Capital Project's Major Construction Budget Request**

Project Location and Title	Priority #	Total Estimated Cost (\$000)	Funding To Date (\$000)	FY 2008 Budget Request (\$000)
<b>Partially Funded Projects from Prior Years</b>				
Pittsburgh PA	FY04-03	248,000	102,500	40,000
Denver CO	FY04-10	646,000	55,000	61,300
Orlando FL	FY04-12	553,900	25,000	35,000
Las Vegas NV	FY05-06	600,400	259,000	341,400
San Juan PR	FY05-20	178,100	10,880	0
Syracuse NY	FY05-21	77,700	53,900	23,800
Los Angeles CA	FY05-25	111,800	7,936	0
Lee County FL	FY05-26	109,400	10,498	9,890
Fayetteville AR	FY06-05	65,700	5,800	0
St Louis MO	FY07-07	99,000	7,000	0
Milwaukee WI	FY07-01	32,500	0	0
Columbia MO	FY07-21	25,830	0	0
<b>FY 2008 Scored Projects</b>				
Tampa FL	1	160,000	0	0
Seattle WA	2	37,900	0	0
Bay Pines FL	3	137,000	0	0
Louisville KY	4	532,100	0	0
Palo Alto CA	5	281,200	0	0
American Lake WA	6	49,200	0	0
Roseburg OR	7	72,300	0	0
Dallas TX	8	57,400	0	0
Bronx NY	9	81,794	0	0
San Francisco CA	10	87,000	0	0
Los Angeles CA	11	150,500	0	0
Butler PA	12	44,200	0	0
Seattle WA	13	131,300	0	0
Palo Alto CA	14	59,000	0	0
Washington DC	15	171,794	0	0
Salisbury NC	16	40,031	0	0
Loma Linda CA	17	119,000	0	0
Wichita KS	18	74,500	0	0
Fayetteville NC	19	45,000	0	0
Columbia SC	20	52,000	0	0
Dallas TX	21	119,400	0	0
Birmingham AL	22	32,300	0	0
Alameda CA	23	50,000	0	0
Perry Point MD	24	51,000	0	0
West Haven CT	25	103,800	0	0
Omaha NE	26	156,355	0	0
Asheville NC	27	36,365	0	0
<b>Total Major Construction Budget Request</b>				<b>511,390</b>

## FY 2008 Top-Twenty Major Medical Facility Projects

In accordance with section 8107 of United States Code 38, below are the top-twenty medical facility projects that were considered for the FY 2008 budget. These projects were selected based on the CARES capital criteria.

**Table 4-12: FY 2008 VHA Top-Twenty Major Medical Facility Projects**

#	VISN	Location		Project Title - Brief Description	Priority Score	Estimated Cost (\$000)	Annual Cost (\$000)	Category
<b>The projects listed below were funded in phases in prior years and are therefore considered as top priority projects until funding is completed. Priority scores are from the FY 2005 cycle project scoring session.</b>								
1	4	Pittsburgh	PA	Consolidation of Campuses	.4532	\$248,000	\$5,805	General
2	19	Denver	CO	Replacement Medical Center Facility	.3424	\$646,000	\$255,701	General
3	22	Las Vegas	NV	New Medical Center Facility	.3981	\$600,400	\$142,000	General
4	8	Orlando	FL	New Medical Center Facility	.3314	\$553,900	\$138,030	General
5	8	San Juan	PR	Seismic Corrections-Bldg 1	.2888	\$178,100	\$346,906	Seismic
6	2	Syracuse	NY	Spinal Cord Injury Center	.2804	\$77,700	\$0	General
7	22	Los Angeles	CA	Seismic Corrections-Bldgs 500 & 501	.2536	\$111,800	\$460,998	Seismic
8	8	Lee County	FL	Outpatient Clinic	.2429	\$109,400	\$20,167	General
<b>The project listed below was funded in a phase in a prior year and is therefore considered as a top priority projects until funding is completed. Priority score is from the FY 2006 cycle project scoring session.</b>								
9	16	Fayetteville	AR	Clinical Addition	.2962	\$65,700	\$141,628	General
<b>The projects listed below are additional projects considered for the FY 2007 planning cycle. The priority scores are from the FY 2007 project scoring session.</b>								
10	12	Milwaukee	WI	Spinal Cord Injury Center	.4412	\$32,500	\$12,246	General
11	15	Columbia <sup>1</sup>	MO	Operating Suite Replacement	.2146	\$25,830	\$4,883	General
12	15	St. Louis	MO	Medical Center Improvements/Cemetery Expansion	.1768	\$99,000	\$3,741	General
<b>The projects listed below are additional projects considered for the FY 2008 planning cycle. The priority scores are from the FY 2008 project scoring session.</b>								
13	8	Tampa	FL	Polytrauma Expansion/Bed Tower	.6463	\$160,000	\$7,125	General
14	20	Seattle	WA	Seismic NHCU Bldg 100	.6370	\$37,900	\$200,713	Seismic
15	8	Bay Pines	FL	Inpatient/Outpatient Improvements	.5957	\$137,000	\$383,793	General
16	9	Louisville	KY	New Medical Facility - Land	.5677	\$532,100	\$157,657	General
17	21	Palo Alto	CA	Ambulatory Care Seismic	.5631	\$281,200	\$77,598	Seismic
18	20	American Lake	WA	Seismic Corrections Bldg 81	.5600	\$49,200	\$41,491	Seismic
19	20	Roseburg	OR	Mental Health Bldg 2 Seismic	.5272	\$72,300	\$18,814	Seismic
20	17	Dallas	TX	Spinal Cord Injury Center	.5160	\$57,400	\$119,470	General

<sup>1</sup>This project is considered a top priority by VHA regardless of its priority score.

**Table 4-13: Seismic/Safety Projects in Priority Order**

Location		Project Title - Brief Description	Priority Score
Seattle	WA	Seismic NHCU Bldg 100	.6370
Palo Alto	CA	Ambulatory Care Seismic	.5631
American Lake	WA	Seismic Corrections Bldg 81	.5600
Roseburg	OR	Mental Health Bldg 2 Seismic	.5272
San Juan	PR	Seismic Corrections-Bldg 1	.2888
Los Angeles	CA	Seismic Corrections-Bldgs 500 & 501	.2536

**Table 4-14: General Category Projects by Priority Score**

Location		Project Title - Brief Description	Priority Score
Tampa	FL	Polytrauma Expansion/Bed Tower	.6463
Bay Pines	FL	Inpatient/Outpatient Improvements	.5957
Louisville	KY	New Medical Facility - Land	.5677
Dallas	TX	Spinal Cord Injury Center	.5160
Pittsburgh	PA	Consolidation of Campuses	.4532
Milwaukee	WI	Spinal Cord Injury Center	.4412
Las Vegas	NV	New Medical Center Facility	.3981
Denver	CO	Replacement Medical Center Facility	.3424
Orlando	FL	New Medical Center Facility	.3314
Fayetteville	AR	Clinical Addition	.2962
Syracuse	NY	Spinal Cord Injury Center	.2804
Lee County	FL	Outpatient Clinic	.2429
Columbia <sup>1</sup>	MO	Operating Suite Replacement	.2146
St. Louis	MO	Medical Center Improvements/Cemetery Expansion	.1768

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## Chapter 5

### Veterans Benefits Administration

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#### Linkage to VA's Strategic Goals

VBA's capital investment prioritization emphasizes improving direct service to veterans, ensuring projects are related to VA strategic goals, and are based on sound business principles. Projects receiving the highest priority were those which best reflected the goals and mission contained in VA's Strategic Plan. Over-threshold projects are reviewed and approved through the VA Capital Investment process.

VA provides benefits and services to veterans and their families in a responsive, timely, and compassionate manner. The VA Claims Processing Task Force recommended actions to improve the timeliness and quality of disability compensation and pension claims decisions. As a result of implementing these actions, VA has decreased claims processing times, increased productivity, and rendered higher quality decisions, which will continue to improve service delivery in the future. VA provides a continuum of services to ensure veterans receive benefits and services based on the time they first enter service. The Benefits Delivery at Discharge (BDD) process, a collaborative effort with DoD that began in 1995, has facilitated VA's efforts to provide benefits for veterans in a more timely and accurate manner as they are discharged from service.

The strategic vision for benefits and services includes five crosscutting long-term strategies:

#### **1. Consolidation**

VA will consolidate work in locations where it can be done more efficiently. The Claims Processing Improvement (CPI) model will be used as the structural base for consolidating the compensation workload. Work will be moved to the most productive locations when there is an increase in the intake of claims at BDD sites. Efforts to consolidate the pension workload will continue. Over the last few years, VA has consolidated loan guaranty activities and education activities. In the vocational rehabilitation and employment arena, VA will work on improving access points to provide better service to veterans.

## **2. Continuum of Service Member or Veteran Attention and Oversight**

VA will provide a continuum of services, starting with establishing a service member or veteran record upon entry into service. Establishing such a record means that VA—working with DoD—will ensure that while in service, veterans have an entry physical sent to VA, and when leaving service, veterans will receive a combined discharge and VA physical. VA will also properly inform veterans of benefits they may be entitled to while in service and upon discharge from service. VA will expand outreach efforts, particularly to veterans with disabilities, through phone contact, direct mailings, and use of electronic technology. This will ensure veterans are aware of these services being provided.

## **3. Quality and Consistency**

To ensure quality and consistency, VA will take a more proactive approach by moving from conducting manual reviews to using an automated tracking system. Currently, information is compiled into databases and evaluated without regard to error trends. VA will evolve to using a more sophisticated system that detects error trends as they occur, and upon reaching a threshold level, provides a cue to implement countermeasures. VA will also develop information systems to identify training needs.

## **4. Partnerships**

VA will continue to strengthen partnerships with key stakeholders to improve the seamless delivery of benefits and services. Stakeholders include veteran service organizations, DoD, the Social Security Administration, the Department of Labor, schools, lenders, state approving agencies, and the private sector.

## **5. Automation and Innovation**

Veterans will be able to file their claims electronically and receive accurate information on the status of their claims. Data will be imaged to become part of a data-centric system, facilitating the electronic transmission of information. Automation will also facilitate the rapid exchange of information with external stakeholders and enhance the partnerships noted above.

The VBA projects on the following pages were identified through the VA capital investment process as priorities for meeting the strategic vision for benefits and services. VBA internally prioritizes potential projects on the basis of the following criteria: 1) improving veteran access; 2) improving operational efficiency; 3) reducing rent or operational costs; 4) leveraging underutilized VA assets; 5) CARES coordination; and 6) improving the employee work environment. As VBA proceeds with developing projects, market surveys and cost benefit analyses are completed before signing a new lease or agreement for space to assure best value for dollars spent.

## FY 2007 and 2008 VBA Summary Project Information

**Table 5-1: FY 2007 and 2008 VBA Summary Project Information**

FY	Area	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
2007	2	New Orleans	LA	New lease	1	\$470
2007	2	Columbia	SC	New lease	2	\$6,200
2008	1	Newark	NJ	New lease	3	\$888
<b>Total</b>						<b>\$7,558</b>

## FY 2007 and 2008 VBA Detailed Major Leases Project Information

### FY 2007 Projects

<b>Project Location</b>	New Orleans, LA
<b>Planned Project Name</b>	VARO New Orleans New GSA Lease
<b>Fiscal Year</b>	2007
<b>BA Received (\$000)</b>	\$470 (Tenant Improvements) \$1,400 rent (2008)
<b>Total Acquisition Cost (\$000)</b>	\$27,360
<b>Asset Type</b>	GSA Lease

### Project Description

The VARO New Orleans new GSA lease requires \$470,000 in FY 2007 budget authority, will provide 65,500 rentable square feet of space for the continuing requirements of the VARO, and will cost an estimated \$1.4 million in rent during 2008. VA plans for a 15-year lease. All tenant improvements will be paid with FY 2007 minor construction funds. The new lease will provide a permanent location for the VARO which has been operating out of temporary space as a result of Hurricane Katrina. The project fulfills the following goals: strategic management of human capital - employee satisfaction, increased productivity, and ability to recruit and retain qualified staff.

<b>Project Location</b>	<b>Columbia, SC</b>
<b>Planned Project Name</b>	<b>VARO Columbia New VA Lease</b>
<b>Fiscal Year</b>	2007
<b>BA Received (\$000)</b>	\$6,200
<b>Total Acquisition Cost (\$000)</b>	\$30,100
<b>Asset Type</b>	VA Lease

### **Project Description**

The VARO Columbia new VA Lease requires \$6.2 M in FY 2007 budget authority and will provide 87,000 rentable square feet of space for the continuing requirements of the VARO Columbia, SC. VA plans for a 15-year lease, with a 5-year option. All tenant improvements will be paid with FY 2007 minor construction funds. The new lease will provide improved building infrastructure and provide a safe and healthful work environment for employees and veterans. A code-compliant building designed for VBA's business needs will optimize operational efficiency and accessibility. The project fulfills the following goals: strategic management of human capital - employee satisfaction, increased productivity, and ability to recruit and retain qualified staff. The funding profile is based on a 15-year lease term.

### **FY 2008 Project**

<b>Project Location</b>	<b>Newark, NJ</b>
<b>Planned Project Name</b>	<b>VARO Newark New GSA Lease</b>
<b>Fiscal Year</b>	2008
<b>BA Received (\$000)</b>	\$888
<b>Total Acquisition Cost (\$000)</b>	\$34,680
<b>Asset Type</b>	GSA Lease

### **Project Description**

The VARO Newark GSA Lease requires \$888 K in FY 2008 budget authority and will provide a new GSA lease of 44,000 rentable square feet of space for the continuing requirements of the VARO Newark, NJ. VA plans for a 15-year lease, with a 5-year option. All tenant improvements will be paid with FY 2008 minor construction funds. The new lease will provide improved building infrastructure and provide a safe and healthful work environment for employees and veterans. A code-compliant building designed for VBA's business will optimize operational efficiency and accessibility. The project fulfills the following goals: strategic management of human capital - employee satisfaction, increased productivity, and ability to recruit and retain qualified staff. The funding profile is based on a 15-year lease term.



## **FY 2007 Prioritized VBA Minor Construction Projects**

VBA projects are initially identified at headquarters or the local Regional Office (RO). Projects exceeding \$500,000 such as co-locations, relocations, business consolidation, and renovations are developed from headquarters based on national claims processing priorities. For projects less than \$500,000 each RO prepares a list of projects and forwards them to the Area Office for approval and prioritization. The consolidated project proposals are transmitted to the Office of Facilities, Access and Administration and the Office of Field Operations for consideration. These projects proposals are subject to a thorough evaluation of all options and alternatives, economic life cycle of the asset, cost-benefit analysis, maintenance and repair costs, as well as a needs assessment. This approach provides a tactical method for applying minor construction funds. Ultimately five goals are addressed during project selection that directly relate to the effectiveness at a strategic level for the administration.

1. Improve Service to Veterans
2. Improve Operational Efficiency
3. Cost Efficiencies
4. Leverage VA Assets
5. Improve Working Environment of VA Staff

With these goals in mind, VBA also utilizes several project justification factors detailed in each proposal to prioritize funding. The justification factors include how a project relates to an approved initiative, supports VA and VBA strategic goals, improves processing and timeliness of VBA business line products, generates reductions in space, relates to relocation, and corrects a health and safety condition.

**Table 5-2: FY 2007 Prioritized VBA Minor Construction Projects**

Area	Location		Project Title - Brief Description	Priority #	Total Estimated Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
2	New Orleans	LA	Tenant improvements	1	\$420	MD, U
4	Boise	ID	New VARO	2	\$6,000	MD, U
4	Los Angeles	CA	VARO realignment	3	\$1,500	MD, U
1	New York	NY	VARO realignment	4	\$1,125	MD, U
2	Roanoke	VA	CPI realignment	5	\$680	MD, U
4	Oakland	CA	VARO realignment	6	\$1,125	MD, U
4	Manila	PI	State Department - CSCC	7	\$2,415	MD, U
VBA-Wide	All Station		Projects Under \$100K	N/A	\$1,380	MD, U, OC
VBA-Wide	All Station		Maintenance	N/A	\$2,215	MD, U, OC
VBA-Wide	All Station		Delegated Miscellaneous Authority	N/A	\$500	MD, U, OC
<b>Total</b>					<b>\$17,360</b>	

<sup>1</sup>Federal Real Property Council Tier 1 Measure the project addresses

FRPC Key:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

### **FY 2008 – 2012 Potential VBA Minor Construction Projects**

Potential minor construction projects for FY 2008 and beyond are provided in the table below. There is an ongoing nation-wide need to allocate funds for realignments, tenant improvements, repair and maintenance estimated at \$11 million annually. Priorities beyond the current budget year are based on business line requirements that may change over the course of the 5-year planning cycle.

**Table 5-3: FY 2008 – 2012 Potential VBA Minor Construction Projects**

Area	Location		Project Title - Brief Description
4	Las Vegas	NV	Realignment and modernization
4	Manila	PI	U.S. Embassy
2	Orlando	FL	VAO relocation with VHA
3	St. Louis	MO	Records Management Center - NARA compliance

**Table 5-4: FY 2007 - 2012 Minor Construction Funding Obligations**

[Department of State requires VBA to contribute to their Capital Security Cost Sharing (CSCS) Program]

Year	Area	Location		Project Title - Brief Description	Est. Cost (\$000)
2007	4	Manila	PI	U.S. Embassy (State Department CSCC)	\$2,415
2008	4	Manila	PI	U.S. Embassy (State Department CSCC)	\$1,770
2009	4	Manila	PI	U.S. Embassy (State Department CSCC)	\$2,213
<b>Total</b>					<b>\$6,398</b>

**Table 5-5: VBA Portfolio Inventory of Current Projects**

(Funded but not activated or in use)

Project Type	FY <sup>1</sup>	Area	Location		Project Title - Brief Description	Total Estimated Cost (\$000)
Minor	2007	2	St. Petersburg	FL	File Storage Addition, 30,000 gsf	\$5,401
Minor	2008	2	New Orleans	LA	Relocation	\$470
Minor	2008	4	Boise	ID	New VARO	\$6,000
Minor	2009	4	Manila	PI	U.S. Embassy	\$2,415
<b>Subtotal Minor Construction:</b>						<b>\$14,286</b>
Project Type	FY <sup>1</sup>	Area	Location		Project Title - Brief Description	Estimated Annual Rent (\$000)
Lease	2007	4	Reno	NV	New GSA Lease, 34,000 rentable sf	\$1,388
<b>Subtotal Leases:</b>						<b>\$ 1,388</b>
<b>Total:</b>						<b>\$15,674</b>

<sup>1</sup> Fiscal year project was or will be activated.

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## Chapter 6 National Cemetery Administration

### Linkage to VA's Strategic Goals

The construction program is a critical element in NCA's strategy to achieve its performance objectives.

An important objective of the Department is to ensure that the burial needs of veterans and eligible family members are met. Achievement of this objective is measured by two key performance measures that are impacted by NCA's construction program. The first one of these measures is the percent of veterans served by a burial option within a reasonable distance (75 miles) of their residence. The second measure is the percent of respondents who rate the quality of service provided by the national cemeteries as excellent.

Construction projects to develop new national cemeteries will provide a burial option to veterans and their families who are not currently served by a national or state veterans' cemetery within a reasonable distance of their residence. Projects to keep existing national cemeteries open by developing additional gravesites and columbaria, or by acquiring additional land, prevent the loss of a burial option for veterans that are currently served by a national cemetery within a reasonable distance of their residence.

Another objective of VA is to ensure that national cemeteries are maintained as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made. Achievement of this objective is measured by one key performance measure that is impacted by NCA's construction programs. That measure is the percent of respondents who rate national cemetery appearance as excellent. Construction projects such as irrigation improvements, renovation of historic structures, and road resurfacing are important to maintaining our cemeteries as national shrines. In most cases, these types of projects directly impact cemetery appearance and, thereby, customer satisfaction. NCA's capital asset portfolio also includes leased space in support of burial benefit programs administered by NCA. NCA provides headstones and markers for the graves of eligible persons in national, state, and other public cemeteries as well as private cemeteries. This contributes towards

achievement of the strategic goal to “honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.” The Nashville processing site processes applications for Government-furnished headstones and markers. This service assists NCA in achieving the objective of providing veterans and their families with timely and accurate symbolic expressions of remembrance.

In order to ensure a high-performing, well-trained workforce, the National Cemetery Administration Training Center was established. This contributes towards achievement of VA’s enabling goal to “deliver world-class service to veterans and their families through effective communication and management of people, technology, business, process, and financial resources.” The center provides employees with the training necessary to continue to provide high quality service to veterans and their families and to maintain our national cemeteries as national shrines. Initially focused on training cemetery directors and assistant directors, the new facility has expanded its classes to train foremen, equipment operators, grounds keepers, cemetery representatives, and other employees.

## **Meeting Current and Future Burial Needs**

Annual veteran deaths will peak at 683,000 in 2006, and then begin to slowly decline. However, with the opening of new national cemeteries, annual interments will increase from 97,000 in 2006 to an estimated peak of 115,000 in 2009 and then begin a gradual decline. Interments in 2012 are expected to be about 111,000, a 13 percent increase from 2006. The total number of graves maintained is also expected to increase during the planning time frame from almost 2.8 million in 2006 to over 3.2 million in 2012.

The Veterans Millennium Health Care and Benefits Act, Public Law 106-117, directed VA to contract for an independent demographic study to identify those areas of the country where veterans will not have reasonable access to a burial option in a national or state veterans’ cemetery, and the number of additional cemeteries required through 2020. Recently, the National Cemetery Expansion Act of 2003, Public Law 108-109, directed VA to establish six new national cemeteries in the areas of Bakersfield, California; Birmingham, Alabama; Columbia/Greenville, South Carolina; Jacksonville, Florida; Sarasota County, Florida; and Southeastern Pennsylvania. These six areas were identified in the demographic study.

It is also critical for VA to continue to provide service at existing national cemeteries by completing phased development projects in order to make additional gravesites or columbaria available for interments. National cemeteries

that will close due to depletion of grave space are identified to determine the feasibility of extending the service period of the cemetery by the acquisition of additional land, or by the construction of columbaria. As public acceptance of cremation as a burial option continues to grow, and demand for this alternative increases, construction of columbaria is an option to maximize service delivery. VA will continue to develop columbaria, particularly in areas where land is scarce and the demand for cremation burials is high.

In addition to building, operating, and maintaining national cemeteries, NCA administers the State Cemetery Grants Program (SCGP). The SCGP provides grants to states of up to 100 percent of the cost of establishing, expanding, or improving state veterans cemeteries, including the acquisition of initial operating equipment. These cemeteries may be located by the states in areas where there are no plans for NCA to operate and maintain a national cemetery.

The headstone or marker is a lasting memorial that serves as a focal point not only for present-day survivors, but also for future generations. In addition, it may bring a sense of closure to the grieving process to see the grave marked. The amount of time it takes to mark the grave after an interment is important to veterans and their family members. VA will continue to provide headstones and markers for the graves of eligible persons in national, state, and other public cemeteries as well as private cemeteries.

## **National Shrine Commitment**

Each national cemetery exists as a national shrine, a place of honor and memory that declares to the visitor or family member who views it, that within its majestic setting, each and every veteran may find a sense of serenity, historic sacrifice, and nobility of purpose. National cemeteries also carry expectations of appearance that set them apart from private cemeteries. VA will continue to maintain the appearance of national cemeteries as national shrines, dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made. Infrastructure projects such as irrigation improvements, renovation of historic structures, and road resurfacing are important to maintaining our cemeteries as national shrines.

The following NCA projects were identified through VA's capital investment process as priorities in meeting VA's goal of memorializing veterans in death for their sacrifices.

## Prioritization Methodology

The major construction projects are ranked through VA's capital investment process. This process ensures that all major capital investment proposals are based upon sound economic principles and are fully linked to strategic planning, budget, and performance goals.

## FY 2007 and 2008 NCA Major Construction Summary Project Information

**Table 6-1: FY 2007 NCA Major Construction Summary**

FY	MSN	Location		Project Title - Brief Description	Priority #	Budget Request (\$000)
Planning Business Case Applications						
2007	4	Elwood	IL	Abraham Lincoln National Cemetery Design Phase 2 Gravesite Expansion	1	\$1,000
2007	1	Triangle	VA	Quantico National Cemetery Design Gravesite Expansion and Cemetery Improvements	2	\$1,300
Acquisition Business Case Applications						
2007	4	Holly	MI	Great Lakes National Cemetery Phase 1B Development	1	\$16,900
2007	3	Dallas/Ft Worth	TX	Dallas-Fort Worth National Cemetery Phase 2 Gravesite Expansion	2	\$13,000
2007	1	Schuylerville	NY	Gerald B.H. Solomon Saratoga National Cemetery Phase 2 Gravesite Expansion	3	\$7,600
				<b>Total FY 2007</b>		\$39,800

**Table 6-2: FY 2008 NCA Major Construction Summary**

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



## FY 2007 and 2008 NCA Detailed Major Construction Project Information

### FY 2007

<b>Project Location</b>	Holly, MI
<b>Planned Project Name</b>	Great Lakes National Cemetery Phase 1B Development
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$16,900
<b>Total Acquisition Cost (\$000)</b>	\$16,900
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction document contract award in 2007

### Project Description

This project requires \$16.9M in FY 2007 budget authority to design, with additional non-construction costs of \$4.125M for crypts provided in the Compensation and Pension Appropriation. This proposal is the follow-on Phase 1B project and will accomplish the remaining work to complete the Phase 1 development of the Great Lakes National Cemetery for the Greater Detroit Metropolitan area as envisioned in the master plan for the 544-acre cemetery site. This project will develop approximately 30 acres and will include approximately 16,000 full casket gravesites, including 11,000 pre-placed crypts, and 7,000 columbaria niches. The project will also provide for an administration building, maintenance building, contractor storage building, roadway system and parking, site furnishings, grading, drainage, fencing and landscaping, utility distribution system, and environmental preservation and mitigation.

Completion of this project will fulfill one of the requirements of the Veterans Millennium Health Care and Benefits Act of 1999 (Public Law 106-117) requiring VA to establish six additional national cemeteries in areas for which the need for burial space is the greatest. Without this Phase 1B project, Great Lakes National Cemetery will deplete all developed gravesites by approximately 2009, cemetery personnel will continue to work out of temporary trailers, and the cemetery will not attain national shrine status.

<b>Project Location</b>	<b>Dallas-Fort Worth, TX</b>
<b>Planned Project Name</b>	<b>Dallas-Fort Worth National Cemetery Phase 2 Gravesite Expansion</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$13,000
<b>Total Acquisition Cost (\$000)</b>	\$13,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction document contract award in 2007

### **Project Description**

This project requires \$13.0M in FY 2007 budget authority, with additional non-construction cost of \$5.625M for crypts provided in the Compensation and Pension Appropriation. This project will provide for the Phase 2 gravesite expansion at the Dallas/Fort Worth National Cemetery serving the veteran population in northeastern Texas. The expansion on 30 net acres of available cemetery land will include approximately 19,900 full casket gravesites, including 15,000 pre-placed crypts, and 5,300 cremains sites, including a columbaria and in-ground sites. The project will also provide for an additional committal service shelter, and supporting infrastructure including roadway system and parking, grading, drainage, fencing and landscaping, an irrigation system, utility distribution system, mitigation of noise from an off-site shooting range, pavement, curb and gutter repair, stream bank protection and restoration, erosion control, plus wetland mitigation and preservation.

Open to burials in 2000, the Dallas-Fort Worth National Cemetery is ranked as NCA's 12<sup>th</sup> busiest cemetery. NCA's primary strategic goal is to ensure that the burial needs of veterans and eligible family members are met. The Dallas/Fort Worth National Cemetery serves a veteran population of nearly 431,000. Gravesites and columbaria niches are expected to be depleted by 2009, thereby closing the cemetery to any additional first interments. This Phase 2 project will provide for an additional 9 years of burial options in accordance with the cemetery master plan. Infrastructure improvements such as the committal service shelter will help improve the quality of service, and drainage, fencing, irrigation and landscaping will help improve the appearance of the cemetery.

<b>Project Location</b>	Schuylerville, NY
<b>Planned Project Name</b>	Gerald B.H. Solomon Saratoga National Cemetery Phase 2 Gravesite Expansion
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$7,600
<b>Total Acquisition Cost (\$000)</b>	\$7,600
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction contract award in 2007

### **Project Description**

This project requires \$7.6M in FY 2007 budget authority, with additional non-construction cost of \$1.688M for crypts provided in the Compensation and Pension Appropriation. This project will develop Phase 2 of the master plan, and provide ten additional years of burial space. The expansion on 15 acres will include approximately 5,400 full casket gravesites, including 4,500 pre-placed crypts, and 3,000 sites for cremated remains including a columbaria and in-ground sites. The project will also provide for a roadway system and parking, improvements to the existing roads and parking, expansion of the funeral cortege parking area at the main entrance, an early turnover burial section, grading, drainage, fencing and landscaping, irrigation system, and wetland preservation and mitigation.

Open to burials in 1999, the Gerald B.H. Solomon-Saratoga National Cemetery is ranked as NCA's 31<sup>st</sup> busiest cemetery. Based on burial projections and developed gravesite inventory, the cemetery is projected to deplete its' gravesite inventory in 2008, closing the cemetery to first interments. NCA's primary strategic goal is to ensure that the burial needs of veterans and eligible family members are met. This Phase 2 burial expansion will ensure that full burial options will continue for the 187,000 area veterans and their family members. Infrastructure improvements such as an additional committal service shelter and expanded parking will help improve the quality of service provided, and the cemetery's appearance will be improved by landscaping and irrigation project features.

<b>Project Location</b>	<b>Elwood, IL</b>
<b>Planned Project Name</b>	<b>Abraham Lincoln National Cemetery Design Phase 2 Gravesite Expansion</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$1,000
<b>Total Acquisition Cost (\$000)</b>	\$10,800
<b>Asset Type</b>	Major Construction
<b>Status</b>	Design contract award in 2007

### **Project Description**

This project requires \$1.0M in FY 2007 budget authority to design, with a total acquisition cost of \$10.8M. This project will provide for the gravesite expansion and cemetery improvements at the Abraham Lincoln National Cemetery serving the veteran population in northeastern Illinois, northwestern Indiana, and southeastern Wisconsin. The expansion on 20 acres of available cemetery land will include approximately 13,500 full casket gravesites, and 6,400 cremains sites, including a columbaria and in-ground sites. The project will also provide for a road system and parking, extensions and improvements to existing roads, enhanced cortege staging, grading, drainage, fencing and landscaping, an irrigation system, utility distribution system, entrance area wall and gate, pavement repairs, site furnishings, permanent public area seating, enhanced committal shelters and improved handicap access to the public information center, and wetland preservation and mitigation.

<b>Project Location</b>	<b>Triangle, VA</b>
<b>Planned Project Name</b>	<b>Quantico National Cemetery Design Gravesite Expansion and Cemetery Improvements</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$ 1,300
<b>Total Acquisition Cost (\$000)</b>	\$10,800
<b>Asset Type</b>	Major Construction
<b>Status</b>	Project deferred based on current gravesite depletion.

### **Project Description**

This project requires \$1.3M in FY 2007 budget authority to design, with a total acquisition cost of \$10.8M. This project provides for gravesite expansion and cemetery improvements at the Quantico National Cemetery serving the veteran population in the Northern Virginia - Washington DC metropolitan area. This cemetery, opened in May 1983, has 120 of the total 727 acres developed to date. This project provides for a phased gravesite expansion of an additional 10 years

of gravesite inventory. Also included in this project will be infrastructure repairs and upgrades to the existing cemetery as identified in the Study on Improvements to Veterans Cemeteries. This project will develop approximately 20 acres and will include approximately 8,600 full casket gravesites and 1,600 columbaria niches. The project will also provide for a committal service shelter, access roads, repairs to existing committal shelters, enhancements to the administration facility and parking area, repairs to the maintenance building and service area, restoration and enhancement of the main entrance, upgraded public restrooms, site furnishings, improvements to the public assembly area, security upgrades, road repair, environmental equipment was station, grading, drainage, fencing and landscaping, irrigation system and wetland preservation and mitigation.

## **FY 2008**

<b>Project Location</b>	<b>Bakersfield-area, CA</b>
<b>Planned Project Name</b>	<b>Development of New Cemetery</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$19,500
<b>Total Acquisition Cost (\$000)</b>	\$19,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Design contract award in 2007

### **Project Description**

This project provides for the establishment and development of a new national cemetery in the Bakersfield, California-area as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project requires \$19.5M in FY 2008 budget authority, with additional non-construction cost of \$1.68M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 4,800 gravesites for casketed interments, 3,500 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 50 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, two committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 181,000 veterans in the Bakersfield-area. Development of gravesites and columbaria will ensure that the Bakersfield-area National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.

<b>Project Location</b>	<b>Birmingham-area, AL</b>
<b>Planned Project Name</b>	<b>Development of New Cemetery</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$18,500
<b>Total Acquisition Cost (\$000)</b>	\$18,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Design contract award in 2007

### **Project Description**

This project provides for the establishment and development of a new national cemetery in the Birmingham, Alabama-area as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project requires \$18.5M in FY 2008 budget authority, with additional non-construction cost of \$1.95M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 6,000 gravesites for casketed interments, 3,100 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 50 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, two committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 212,000 veterans in the Birmingham-area. Development of gravesites and columbaria will ensure that the Birmingham-area National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.

<b>Project Location</b>	<b>Columbia/Greenville-area, SC</b>
<b>Planned Project Name</b>	<b>Development of New Cemetery</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$19,200
<b>Total Acquisition Cost (\$000)</b>	\$19,200
<b>Asset Type</b>	Major Construction
<b>Status</b>	Design contract award in 2007

### **Project Description**

This project provides for the establishment and development of a new national cemetery in the Columbia/Greenville, South Carolina-area as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project requires \$19.2M in FY 2008 budget authority, with additional non-construction cost of \$1.64M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 5,000 gravesites for casketed interments, 2,450 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 50 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, two committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 170,000 veterans in the Columbia/Greenville-area. Development of gravesites and columbaria will ensure that the Columbia/Greenville-area National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.



<b>Project Location</b>	<b>Jacksonville-area, FL</b>
<b>Planned Project Name</b>	<b>Development of New Cemetery</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$22,400
<b>Total Acquisition Cost (\$000)</b>	\$22,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Design contract award in 2007

### **Project Description**

This project provides for the establishment and development of a new national cemetery in the Jacksonville, Florida-area as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project requires \$22.4M in FY 2008 budget authority, with additional non-construction cost of \$2.535M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 7,500 gravesites for casketed interments, 5,000 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 50 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, two committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 189,000 veterans in the Jacksonville-area. Development of gravesites and columbaria will ensure that the Jacksonville-area National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.



<b>Project Location</b>	<b>Southeastern Pennsylvania</b>
<b>Planned Project Name</b>	<b>Development of New Cemetery</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$29,600
<b>Total Acquisition Cost (\$000)</b>	\$29,600
<b>Asset Type</b>	Major Construction
<b>Status</b>	Design contract award in 2007

### **Project Description**

This project provides for the establishment and development of a new national cemetery in the Southeastern Pennsylvania as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project requires \$29.6M in FY 2008 budget authority, with additional non-construction cost of \$5.265M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 15,500 gravesites for casketed interments, 10,300 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 60 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, three committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 170,000 veterans in the Southeastern Pennsylvania. Development of gravesites and columbaria will ensure that the Southeastern Pennsylvania National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.

<b>Project Location</b>	<b>Sarasota-area, FL</b>
<b>Planned Project Name</b>	<b>Development of New Cemetery</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$27,800
<b>Total Acquisition Cost (\$000)</b>	\$27,800
<b>Asset Type</b>	Major Construction
<b>Status</b>	Design contract award in 2007

### **Project Description**

This project provides for the establishment and development of a new national cemetery in the Sarasota County, Florida-area as directed in the National Cemetery Expansion Act of 2003 (Public Law 108-109) requiring VA to establish six additional national cemeteries within 4 years. This project requires \$27.8M in FY 2008 budget authority, with additional non-construction cost of \$5.928M for crypts provided in the Compensation and Pension Appropriation. Phase 1 of the project will contain a fast track initial burial section, development of approximately 18,200 gravesites for casketed interments, 7,500 sites for cremated remains including a columbarium and a garden for scattering of cremated remains. Approximately 60 acres are expected to be developed during this initial project. The project will provide for about 10 years of burial space and include supporting infrastructure including access roads, entrance area, administration/public information center building with electronic gravesite locator and public restrooms, maintenance complex with buildings, service yard and parking, flag/assembly area, memorial walkway/donations area, two committal shelters, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping, irrigation system, global positioning system (GPS) site integration, utility distribution systems, energy conservation features, environmental preservation and mitigation.

NCA's primary strategic goal is to ensure the burial needs of veterans are met. This investment will provide service delivery to the approximately 398,000 veterans in the Sarasota County-area. Development of gravesites and columbaria will ensure that the Sarasota County-area National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their home.

<b>Project Location</b>	<b>Ft. Sam Houston, TX</b>
<b>Planned Project Name</b>	<b>Gravesite Expansion</b>
<b>Fiscal Year</b>	FY 2008
<b>BA Requested (\$000)</b>	\$29,400
<b>Total Acquisition Cost (\$000)</b>	\$29,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction document contract awarded 2007

### **Project Description**

This project will provide for the gravesite expansion on 40 acres of the newly acquired 170 acres at the Fort Sam Houston National Cemetery serving the veteran population in southwestern Texas. This project requires \$29.4M in FY 2008 budget authority, with additional non-construction cost of \$6.72M for crypts provided in the Compensation and Pension Appropriation. The expansion will include approximately 19,000 full casket gravesites including 16,000 pre-placed lawn crypts and approximately 4,500 cremains sites, including a columbaria and in-ground sites sufficient to support a 10-year projection of burial needs. Also included in this project will be infrastructure repairs and upgrades to the existing Fort Sam Houston National Cemetery as identified in the Study on Improvements to Veterans Cemeteries. The project will also provide for access roads, new administration building, renovation of old administration building for public restrooms with an electronic gravesite locator, renovation of the maintenance facility, new public assembly area, roadway system and parking, site furnishings, grading, drainage, fencing, and landscaping including repairs to existing walls/fencing and main gate structure, repairs/ improvements to pavements, replacement of informational signage, directories, and section markers, irrigation system in new expansion area, replacement/ relocation of irrigation heads in the existing cemetery, utility distribution system, equipment storage building and wash rack, and environmental compliance and mitigation.

Fort Sam Houston National Cemetery is ranked as NCA's sixth busiest cemetery. NCA's primary strategic goal is to ensure the burial needs of veterans and eligible family members are met. Fort Sam Houston National Cemetery provides service to the approximately 273,000 veterans in the San Antonio area. Gravesites are expected to be depleted by 2009, closing the cemetery to first interments. The project will provide an additional 10 years of burial options. Infrastructure improvements such as the new administration building and renovation of the old administration building will help improve the quality of service. Drainage, fencing, irrigation and landscaping will help improve the appearance of the cemetery.

**Table 6-3: FY 2009 – 2012 Potential NCA Major Construction Projects**

MSN	Location		Project Title - Brief Description
1	Calverton	NY	Calverton National Cemetery Gravesite Expansion
1	Annville	PA	Indiantown Gap National Cemetery Gravesite Expansion
1	Bourne	MA	Massachusetts National Cemetery Gravesite Expansion
1	Triangle	VA	Quantico National Cemetery Gravesite Expansion
2	Canton	GA	Canton National Cemetery Gravesite Expansion
2	Bayamon	PR	Puerto Rico National Cemetery Gravesite Expansion
3	Houston	TX	Houston National Cemetery Gravesite Expansion
4	Elwood	IL	Abraham Lincoln National Cemetery Gravesite Expansion
4	Dayton	OH	Dayton National Cemetery Gravesite Expansion
4	Augusta	MI	Fort Custer National Cemetery Gravesite Expansion
4	Rittman	OH	Ohio Western Reserve National Cemetery Gravesite Expansion
5	Phoenix	AZ	NMCA National Cemetery Gravesite Expansion
5	Riverside	CA	Riverside National Cemetery Gravesite Expansion
5	Gustine	CA	San Joaquin Valley National Cemetery Gravesite Expansion
5	Kent	WA	Tahoma National Cemetery Gravesite Expansion
5	Portland	OR	Willamette National Cemetery Gravesite Expansion

Gravesite Expansion - Cemeteries are projected to deplete available gravesites between FY 2013 - 2017. Project planning must begin at least four years prior to the projected gravesite depletion date to ensure continuity of service to the local veteran population. The time is necessary for planning and construction. Otherwise the cemetery may close to first interments while waiting for completion of the expansion project.

### **Hurricane Supplemental for Minor Construction**

Public Law 109-148, signed December 30, 2005 provided \$1.8 million in Minor Construction funds to repair roadways and other damage to cemeteries.

## FY 2007 Prioritized NCA Minor Construction Projects

The highest priority for minor construction projects is gravesite expansion projects. Cemeteries with the earliest projected depletion date receive the highest priority. This is to prevent closure of a national cemetery ensuring that veterans are provided with continuing access to a burial option within a reasonable distance of their residence. The next priority are projects that address problems posing a safety hazard and are therefore a liability issue. The remaining projects are prioritized based on the severity of the problem being corrected, and in general, those projects which require immediate action to prevent further deterioration to cemetery assets, are put higher in the cue for repair, renovation, or rehabilitation.

**Table 6-4: FY 2007 Prioritized NCA Minor Construction Projects**

MSN	Location		Project Title - Brief Description	Priority #	Total Estimated Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
4	Abraham Lincoln	IL	Construct 2,000-Niche Columbaria	1	\$3,449	MD
2	Puerto Rico	PR	Install Pre-Placed Crypt	2	\$3,500	MD
5	Sitka	AK	Install Pre-Placed Crypts	3	\$1,500	MD
2	Beaufort	SC	Burial Area Expansion/Service Bldg/Committal Shelter	4	\$3,127	MD, CI
2	Puerto Rico	PR	Gravesite Expansion	5	\$391	MD
4	Mound City	IL	Burial Expansion	6	\$317	MD
3	Fort Gibson	OK	Gravesite Expansion and Maintenance Bldg	7	\$710	MD, CI
3	Houston	TX	Install Pre-Placed Crypts	8	\$2,700	MD
1	Quantico	VA	Gravesite Expansion and Cemetery Improvements	9	\$4,100	MD, CI
2	Florence, SC	SC	Burial Expansion	10	\$1,700	MD
5	San Joaquin Valley	CA	Install Pre-Placed Crypts	11	\$1,100	MD
2	Fort Mitchell	AL	Develop Gravesites	12	\$4,900	MD
2	Mobile	AL	Develop Burial Area	13	\$1,500	MD
2	Alexandria	LA	Correct Site Drainage	14	\$375	MD
5	San Joaquin Valley	CA	Irrigation System Rehab/Expansion	15	\$4,000	CI, OC
1	Quantico	VA	Provide "Water Availability" Payment Fee	16	\$1,100	OC, MD
0	VACO	VA	Systems Integration Center & Business Office Improvements	17	\$400	MD, OC
4	Fort Custer	MI	Repair Committal Shelter/Road, Entrance and Cortege Improvements	18	\$1,587	MD, OC, CI

4	Camp Nelson	KY	Construct Equipment and Material Storage Bldg	19	\$370	CI, OC
5	Fort Rosecrans	CA	Employee Restroom and Public Restroom	20	\$567	MD
3	Fort Logan	CO	Construct 10,000-Niche Columbaria	21	\$300	MD
5	Roseburg	OR	Construct 3,000-Niche Columbaria and Site Improvements	22	\$300	MD
5	NMCP	HI	Administration Bldg Improvements	23	\$3,851	MD, U, CI
4	Dayton	OH	Materials Bin and Storage Yard	24	\$270	CI, OC
			<b>Total</b>		\$42,114	

<sup>1</sup> Tier 1 Federal Real Property Council Tier 1 Measure that project addresses FRPC Key:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

**Table 6-5: FY 2008 – 2012 Potential NCA Minor Construction Projects**

MSN	Location		Project Title - Brief Description
1	Baltimore	MD	Environmental Equipment Wash Station
1	Baltimore	MD	Remove Stone Sidewalks - Replace with Stamped Concrete
1	Bath	NY	Construct small Public Information Center with Restrooms
1	Bath	NY	Construct Storage Bldg and Yard
1	Bath	NY	Environmental Equipment Wash Station
1	Bath	NY	Expand Admin Area
1	Bath	NY	Expand Maintenance Garage
1	Bath	NY	Resurface Roads - Entire Site - 1.3 miles
1	Beverly	NJ	Environmental Equipment Wash Station
1	Beverly	NJ	Evaluate Lodge
1	Beverly	NJ	Repair/Replace Slate Roofs - Both Maintenance Garages
1	Calverton	NY	Const 40' x 80' Pre-Fab Storage Bldg
1	Calverton	NY	Environmental Equipment Wash Station
1	Calverton	NY	Renovate Maintenance Bldg/3001 and Construct Wash Bay
1	Calverton	NY	Repair and/or Replace Roads in Oldest Sections
1	Calverton	NY	Replace Facade on Admin and Committal Bldgs
1	Calverton	NY	Replace Irrigation underground Pump Station with above ground (Phase 4 of 5)
1	Calverton	NY	Replace Irrigation underground Pump Station with above ground (Phase 5 of 5)
1	Calverton	NY	Replace Road
1	Calverton	NY	Replace Roof on Mower Shop, Cold Storage, and restrooms
1	City Point	VA	Restore Entrance and Perimeter Wall
1	Culpeper	VA	Environmental Equipment Wash Station

MSN	Location		Project Title - Brief Description
1	Culpeper	VA	Remove 495' Stone Wall - Replace with Alum WI Fence
1	Culpeper	VA	Wall Restoration [Historical]
1	Cypress Hills	NY	Drainage Correction at Union Site
1	Cypress Hills	NY	Irrigate entire 15.4 acre site
1	Cypress Hills	NY	Remove/Replace All Roads at Cypress Hills and Union Plot
1	Cypress Hills	NY	Restore/replace WI Fence and Main Gates [Historical]
1	Hampton	VA	Clean and Tuck-Pt Perimeter Walls (Hampton/ Phoebus)
1	Hampton	VA	Install French Drain System (Hampton/ Phoebus)
1	Hampton	VA	Replace Maintenance Bldg Roofs (2)
1	Indiantown Gap	PA	Const New Asphalt Service Road
1	Indiantown Gap	PA	Convert Admin Entry to Wheelchair Accessible
1	Indiantown Gap	PA	Environmental Equipment Wash Station
1	Indiantown Gap	PA	Install Sidewalk in Burial Section 12-C and 12-D
1	Indiantown Gap	PA	Recoat Roof, Re-caulk Exterior Wall Panels Service Bldg
1	Indiantown Gap	PA	Replace Glass Windows and Doors, B-1 (Admin Bldg)
1	Indiantown Gap	PA	Stone Work on west side of Administration Bldg
1	Long Island	NY	Correct Drainage- Resurface Employee/ Visitor Lots
1	Long Island	NY	Environmental Equipment Wash Station
1	Long Island	NY	Provide irrigation to cemetery
1	Long Island	NY	Repair/Replace Slate Roofs - Administration, Lodge and Restrooms Rehab
1	Massachusetts	MA	Environmental Equipment Wash Station
1	Massachusetts	MA	Renovate Columbaria and Committal Shelters
1	Massachusetts	MA	Replace/Refurbish Irrigation System, Sections 1-9
1	Philadelphia	PA	Repairs to Wall, Rostrum, Wrought Iron Fence
1	Quantico	VA	Burial Expansion and Operations Modifications
1	Quantico	VA	Environmental Equipment Wash Station
1	Quantico	VA	Irrigation System Expansion
1	Quantico	VA	Replace Roads from Rear Entrance Through Section 25
1	Quantico	VA	Systems Integration Center and Improvements
1	Richmond Complex	VA	Replace Main Flagpole at 6 Cemeteries
1	West Virginia	WV	Committal Shelter - Remove Deteriorated Flagstone and Replace with concrete
1	West Virginia	WV	Construct Storage Pole Barn
1	West Virginia	WV	Environmental Equipment Wash Station
1	West Virginia	WV	Erosion Control Enhancement
1	West Virginia	WV	Install Additional Hose Bibs - New Burial Sections
1	West Virginia	WV	Install Pre-Placed Crypts
1	West Virginia	WV	Stream Stabilization
1	Woodlawn	NY	Const Storage Barn
1	Woodlawn	NY	Construct Columbaria
1	Woodlawn	NY	Environmental Equipment Wash Station



MSN	Location		Project Title - Brief Description
2	Alexandria	LA	Reconstruct Wall Foundation
2	Alexandria	LA	Replace Fences
2	Alexandria	LA	Replace Flagpole Lights
2	Alexandria	LA	Replace site furnishings
2	Alexandria	LA	Replace Water Lines
2	Barrancas	FL	Landscape Improvements
2	Barrancas	FL	Renovate Service Bldgs
2	Barrancas	FL	Repair Cemetery Wall
2	Barrancas	FL	Replace site furnishings
2	Barrancas	FL	Replace Wrought Iron Fence
2	Barrancas	FL	Roads - Resurface and Replace
2	Baton Rouge	LA	Flagpole - Replace
2	Baton Rouge	LA	Install Landscape Buffer
2	Baton Rouge	LA	Repair wall
2	Baton Rouge	LA	Replace Road
2	Baton Rouge	LA	Replace Sidewalks
2	Baton Rouge	LA	Replace site furnishings
2	Baton Rouge	LA	Replace Trees
2	Bay Pines	FL	Alternative Water Source
2	Bay Pines	FL	Construct Admin and Maintenance Bldg
2	Bay Pines	FL	Improve Entry and General Site
2	Bay Pines	FL	Renovate Irrigation
2	Bay Pines	FL	Renovate Monument and Replace Sidewalks
2	Bay Pines	FL	Replace irrigation system in old section of cemetery
2	Bay Pines	FL	Screen Chain Link Fence
2	Beaufort	SC	Improve Site Furnishings
2	Beaufort	SC	Install Additional Irrigation
2	Beaufort	SC	Landscape Improvements
2	Beaufort	SC	Maintenance Bldg - Provide Heat
2	Beaufort	SC	Provide Electric to Committal Shelter
2	Beaufort	SC	Reconstruct Cemetery Wall
2	Beaufort	SC	Renovate Administration Bldg Electrical System
2	Beaufort	SC	Replace Doors, Maintenance Bldg
2	Beaufort	SC	Replace Flagpole and Lights
2	Beaufort	SC	Replace HVAC in Admin Bldg
2	Biloxi	MS	Committal Shelter - Provide Electric
2	Biloxi	MS	Construct new road with cul-de-sac
2	Biloxi	MS	Install Flagpole (POW/MIA)
2	Biloxi	MS	Plant Vegetative Screen along Property Line w/Keesler AFB
2	Biloxi	MS	Reconstruct existing roads; install curbing
2	Biloxi	MS	Replace Administration Bldg
2	Biloxi	MS	Resurface Roadways
2	Biloxi	MS	Upgrade Water Spigots
2	Chattanooga	TN	Construct Covered Soil Storage
2	Chattanooga	TN	Enhance Andrew's Raiders Monument
2	Chattanooga	TN	Install Irrigation



MSN	Location		Project Title - Brief Description
2	Chattanooga	TN	Install Signage System
2	Chattanooga	TN	Landscape Improvements
2	Chattanooga	TN	Relocate Overhead Utility Lines
2	Chattanooga	TN	Renovate/Replace Admin Bldg HVAC
2	Chattanooga	TN	Replace Chain link Fencing
2	Chattanooga	TN	Replace Fences
2	Chattanooga	TN	Replace Flagpole
2	Chattanooga	TN	Replace Roads
2	Chattanooga	TN	Replace Water Lines and Spigots
2	Corinth	MS	Cemetery - Replace Sidewalk
2	Corinth	MS	Construct Admin/ Maintenance Bldg
2	Corinth	MS	Construct Committal Shelter
2	Corinth	MS	Demolish Lodge
2	Corinth	MS	Demolish Maintenance Bldg
2	Corinth	MS	Install Fencing for Maintenance Yard
2	Corinth	MS	Landscape Improvements
2	Corinth	MS	Repair Roadways
2	Corinth	MS	Replace Drainage Ditch/Covers/Inlets
2	Corinth	MS	Replace Flagpole
2	Corinth	MS	Replace Irrigation System
2	Corinth	MS	Replace site furnishings
2	Danville	VA	Overall Landscape
2	Danville	VA	Replace Road
2	Danville	VA	Replace site furnishings
2	Fayetteville	AR	Expand Burial Area
2	Fayetteville	AR	Improve Water Hydrants
2	Fayetteville	AR	Install Drainage System
2	Fayetteville	AR	Install Exterior Light Fixtures on Admin Bldg
2	Fayetteville	AR	Install Fan and Taps System in Committal Shelter
2	Fayetteville	AR	Install Signage System
2	Fayetteville	AR	Landscape Improvements
2	Fayetteville	AR	Replace Flagpole
2	Fayetteville	AR	Replace security system
2	Fayetteville	AR	Replace site furnishings
2	Florence	SC	Landscape Improvements
2	Florence	SC	Renovate Irrigation
2	Florence	SC	Replace Flagpole Lights
2	Florence	SC	Replace site furnishings
2	Florida	FL	Construct Columbaria
2	Florida	FL	Construct Holding Building
2	Florida	FL	Expand Administration Bldg
2	Florida	FL	Improve Irrigation System/Pesticide Storage Bldg
2	Florida	FL	Install Horizontal Wells in Memorial Area
2	Florida	FL	Install Video Surveillance System
2	Florida	FL	Maintenance Yard - Resurface
2	Florida	FL	Pump House - Add Additional Pump
2	Florida	FL	Renovate/Automate Irrigation System

MSN	Location		Project Title - Brief Description
2	Florida	FL	Replace Admin Bldg Roof
2	Florida	FL	Replace Doors, Committal Shelter
2	Florida	FL	Replace HVAC in Maintenance Bldg
2	Florida	FL	Replace Ornamental Fence at Entrance
2	Florida	FL	Replace site furnishings
2	Florida	FL	Restroom - Construct
2	Florida	FL	Resurface Roads, Phase I
2	Florida	FL	Screen Maintenance Compound
2	Fort Mitchell	AL	Establish and Irrigate Turf
2	Fort Mitchell	AL	Install Vinyl Siding on Maintenance Bldg
2	Fort Mitchell	AL	Landscape Improvements
2	Fort Mitchell	AL	Renovate and Replace Site Furnishings
2	Fort Smith	AR	Develop Gravesites and Cemetery Expansion
2	Fort Smith	AR	Expand Break Room and Construct Wash Rack
2	Fort Smith	AR	Install Communication Between Admin/Maintenance Bldgs
2	Fort Smith	AR	Landscape Improvements/Irrigation Renovation
2	Fort Smith	AR	Replace Facility Alarm System
2	Fort Smith	AR	Replace Flagpole and Lights
2	Fort Smith	AR	Replace Irrigation System
2	Fort Smith	AR	Replace Water Spigots and Gravesite Locator Stand
2	Fort Smith	AR	Roads - Resurface and Replace
2	Fort Smith	AR	Site Survey of Cemetery
2	Knoxville	TN	Demolish Maintenance Bldg and Construct Public Restrooms
2	Knoxville	TN	Enhance Visual Separation
2	Knoxville	TN	Improve Landscape
2	Knoxville	TN	Improve Site Signage
2	Knoxville	TN	Reconstruct Cemetery Wall
2	Knoxville	TN	Replace site furnishings
2	Little Rock	AR	Correct Drainage and Erosion
2	Little Rock	AR	Improve Site Signage and Site Furnishings
2	Little Rock	AR	Install Fencing
2	Little Rock	AR	Landscape Improvements
2	Little Rock	AR	Renovate Maintenance Bldg
2	Little Rock	AR	Replace Curbs
2	Marietta	GA	Improve Site Signage and Site Furnishings
2	Marietta	GA	Lodge - Remove Asbestos
2	Marietta	GA	Relocate Assembly Area
2	Marietta	GA	Renovate Maintenance Bldg, New Restroom Bldg and Soil Storage Bldg
2	Marietta	GA	Replace Flagpole and Lights
2	Marietta	GA	Replace Roads and Storm Drainage
2	Marietta	GA	Replace Trees
2	Memphis	TN	Construct Storage Bldg and Yard
2	Memphis	TN	Demolish Lodge/Construct Restrooms and Committal Shelter

MSN	Location		Project Title - Brief Description
2	Memphis	TN	Landscape Improvements (including perimeter buffer)
2	Memphis	TN	Maintenance Bldg - Replace Overhead Doors
2	Memphis	TN	Renovate admin bldg/roof and study settlement problem
2	Memphis	TN	Renovate Monument (Illinois)
2	Memphis	TN	Repair/Replace Cemetery Roads and Curbs
2	Memphis	TN	Replace Drainage Ditch and other drainage corrections
2	Memphis	TN	Replace HVAC in Admin Bldg
2	Memphis	TN	Replace MIA flagpole
2	Memphis	TN	Replace privacy fencing
2	Memphis	TN	Replace site furnishings
2	Memphis	TN	Re-roof Maintenance Bldg
2	Mobile	AL	Add Gutters and Downspouts
2	Mobile	AL	Demolish Maintenance Bldg and Rostrum
2	Mobile	AL	Improve Landscape
2	Mobile	AL	Replace Drainage Ditch
2	Mobile	AL	Replace Roads
2	Mobile	AL	Replace site furnishings
2	Mountain Home	TN	Admin/Maintenance Bldg - Construct
2	Mountain Home	TN	Install Fuel Storage Containment Curb
2	Nashville	TN	Admin Bldg - Renovate Restroom
2	Nashville	TN	Admin Bldg - Replace Roof and Gutters
2	Nashville	TN	Cemetery - Provide Signage
2	Nashville	TN	Construct Spoilage Area
2	Nashville	TN	Demolish Lodge
2	Nashville	TN	Improve Landscape
2	Nashville	TN	Maintenance Bldg, Replace Roof
2	Nashville	TN	Reconstruct Cemetery Wall
2	Nashville	TN	Renovate Entrance
2	Nashville	TN	Renovate Monuments
2	Nashville	TN	Repair Rostrum
2	Nashville	TN	Replace Irrigation and Hydrants
2	Nashville	TN	Replace Pedestrian Bridge
2	Natchez	MS	Construct Covered Soil Storage
2	Natchez	MS	Construct Paved Road
2	Natchez	MS	Install Irrigation
2	Natchez	MS	Landscape Improvements
2	Natchez	MS	Maintain Historic Perimeter Wall
2	Natchez	MS	Replace and Refinish Steps
2	Natchez	MS	Replace Drainage Ditch
2	Natchez	MS	Replace Site Furnishings and Section Markers
2	Natchez	MS	Replace Water Lines
2	Natchez	MS	Slope Stabilization
2	New Bern	NC	Enhance Overall Landscape
2	New Bern	NC	Improve Site Furnishings

MSN	Location		Project Title - Brief Description
2	New Bern	NC	Replace Garage Door on Maintenance Bldg
2	New Bern	NC	Replace Sidewalks
2	New Bern	NC	Replace Windows in Lodge
2	New Bern	NC	Roads - Resurface
2	Port Hudson	LA	Construct Columbaria
2	Port Hudson	LA	Construct Public Information Center with Restrooms
2	Port Hudson	LA	Maintenance Bldg Expansion
2	Port Hudson	LA	Plant New Trees
2	Port Hudson	LA	Re-construct entrance road to accommodate 10 parked vehicles
2	Port Hudson	LA	Repair cemetery wall
2	Port Hudson	LA	Replace Flagpole
2	Puerto Rico	PR	Gravesite Expansion/Crypts
2	Puerto Rico	PR	Install Auto-Water Shut Off at Water Tank
2	Puerto Rico	PR	Install Carillon
2	Puerto Rico	PR	Renovate Committal Shelters (2)
2	Puerto Rico	PR	Renovate Flagpole/Assembly Area
2	Puerto Rico	PR	Renovate Main Entrance Area
2	Puerto Rico	PR	Renovate Public Restrooms
2	Puerto Rico	PR	Renovate Restroom in Admin Bldg
2	Puerto Rico	PR	Replace Chain Link Fence With Ornamental Fence
2	Puerto Rico	PR	Replace Sidewalks
2	Raleigh	NC	Construct Committal Shelter
2	Raleigh	NC	Demolish lodge
2	Raleigh	NC	Enhance Landscape
2	Raleigh	NC	Reconstruct Cemetery Wall
2	Raleigh	NC	Replace Site Furnishings
2	Raleigh	NC	Roads - Replace Curbing
2	Saint Augustine	FL	Cemetery - Replace Fence
2	Saint Augustine	FL	Improve Signage
2	Saint Augustine	FL	Renovate Maintenance Building
2	Saint Augustine	FL	Repair Rostrum and Monuments
2	Saint Augustine	FL	Replace Flagpole
2	Saint Augustine	FL	Replace Road and Walks
2	Saint Augustine	FL	Replace Site Furnishings
2	Salisbury	NC	Correct Drainage
2	Salisbury	NC	Enhance Landscape for Original Phases
2	Salisbury	NC	Improve Pedestrian Circulation
2	Salisbury	NC	Install Signage System
2	Salisbury	NC	Lodge, Replace Roof
2	Salisbury	NC	Resurface Roads
2	Salisbury	NC	Roof structure to cover spoils area
2	Wilmington	NC	Cemetery - Replace Fence
2	Wilmington	NC	Demolish Maintenance Bldg/Restrooms
2	Wilmington	NC	Lodge, Replace Roof
2	Wilmington	NC	Replace Site Furnishings
3	Black Hills	SD	Gravesite Development and Roads

MSN	Location		Project Title - Brief Description
3	Fort Bayard	NM	Replace Committal Shelter and Rostrum; Const New Admin/Maintenance Bldg; Convert Xeriscape
3	Fort Bayard	NM	Replace Shelter and Rostrum; Const New Admin/Maintenance Bldg; Convert Xeriscape
3	Fort Gibson	OK	Gravesite Expansion and Maintenance Bldg
3	Fort Gibson	OK	Maintenance Bldg/ Equip Storage Improvements
3	Fort Logan	CO	Construct columbaria
3	Fort Logan	CO	Improvements to Irrigation Ditch System
3	Fort Logan and Fort Lyon	CO	Water Rights and Delivery System
3	Fort Scott	KS	Install Irrigation System in 10 Acre Expansion
3	Fort Scott	KS	Install Irrigation System in 10 Acre Expansion
3	Houston	TX	Construct Columbaria
3	Houston	TX	Gravesite Development and Admin/Maintenance
3	Houston	TX	Install Columbaria
3	Houston	TX	Install Pre-Placed Crypts
3	Houston	TX	Road Maintenance
3	Leavenworth	KS	Road Maintenance and Admin Parking Expansion
3	Leavenworth and Fort Leavenworth	KS	Irrigation System, Entire Cemetery
3	Santa Fe	NM	Renovate Admin/Maint into Admin; Build new Maint Fac
4	Abraham Lincoln	IL	Extend Road Exit From Interment Storage Bldg.
4	Abraham Lincoln	IL	Install Columbaria
4	Abraham Lincoln	IL	Install Irrigation System in Phase 1 Burial Areas
4	Abraham Lincoln	IL	Install Pre-Placed Crypts in Sections 5/6
4	Alton	MO	Renovate Entrance
4	Camp Butler	IL	Install Fiber Optic Link
4	Camp Butler	IL	Irrigate entire cemetery (53 acres)
4	Camp Butler	IL	Replace water lines used for public flower placement and turf
4	Camp Nelson	KY	Cemetery- Renovate Entrance (Enlarge for traffic safety)
4	Camp Nelson	KY	Irrigation System, entire cemetery (30 acres)
4	Camp Nelson	KY	Land Donation Acquisition - 45 Acres Adjacent
4	Camp Nelson	KY	Maintenance Yard - Demolish Loading Dock
4	Danville	IL	Asphalt Road for Access to Burial Sections 18-20
4	Danville	IL	Construct Admin Bldg Addition
4	Danville	IL	Construct Material Storage Shelter
4	Danville	IL	Gravesite Development and Site Improvements
4	Danville	IL	Surface Drainage at Sec 23
4	Dayton	OH	Const Equip and Material Storage Bldg
4	Dayton	OH	Construct New Committal Shelter
4	Dayton	OH	Irrigate entire cemetery (100 acres)
4	Dayton	OH	Renovate Historic Guard Building and Construct columbaria
4	Fort Custer	MI	Amphitheater Assembly Area

MSN	Location		Project Title - Brief Description
4	Fort Custer	MI	Construct New Parking Lot at Maintenance Bldg
4	Fort Custer	MI	Enclose Equipment Storage
4	Fort Custer	MI	Equipment Storage Building
4	Fort Custer	MI	Memorial Path Overlook Stonewall Enhancement
4	Fort Custer	MI	New Well, Pump house and Irrigation
4	Fort Custer	MI	Renovate Honor Guard Building
4	Jefferson Barracks	MO	Admin Bldg - Replace Ceiling
4	Jefferson Barracks	MO	Asphalt Road Repair/Sealing
4	Jefferson Barracks	MO	Chapel - Replace Doors
4	Jefferson Barracks	MO	Renovate Old Maintenance Bldg/Honor Guard Area
4	Jefferson Barracks	MO	Security Camera System For Admin/Maintenance Bldgs
4	Jefferson City	MO	Maintenance Building/Public Restrooms - Renovate
4	Johnson's Island	OH	Shore Stabilization
4	Keokuk	IA	Irrigate Entire Cemetery (13 acres)
4	Keokuk	IA	Road Repairs
4	Keokuk	IA	Roads/Material Bins/Fence/Water Stations
4	Lebanon	KY	Irrigate Entire Cemetery (15 acres)
4	Marion	IN	Equip bldg, wash bay, slate roof, tuck point, roads, front entrance improvements
4	Mill Springs	KY	Irrigate Entire Cemetery (6.3 acres)
4	Mill Springs	KY	Land Donation Acquisition-12 Acres Adjacent
4	Mound City	IL	Irrigate Entire Cemetery (10 acres)
4	New Albany	IN	Replace Concrete Pavement
4	Ohio Western Reserve	OH	Install Columbaria
4	Ohio Western Reserve	OH	Install Pre-placed Crypts
4	Ohio Western Reserve	OH	Irrigation for Phase 1 Burial Areas
4	Quincy	IL	Construct Main Entrance/Riprap channel
4	Rock Island	IL	Irrigate Older Portions of Cemetery (44 acres)
4	Springfield	MO	Irrigate and Replace Old Section Water Lines
4	Wood	WI	Enhance 4 Entrances To Identify Cemetery
4	Wood	WI	Irrigate Entire Cemetery (50 acres)
4	Wood	WI	Replace Committal Shelter
4	Zachary Taylor	KY	Irrigate entire cemetery (16 acres)
4	Zachary Taylor	KY	Total Reconstruction/Cemetery Storm Sewer System
5	Eagle Point	OR	Construct Columbaria and install Pre-Placed Crypts
5	Eagle Point	OR	Develop Burials west of Riley Road; Roads; Shelter
5	Eagle Point	OR	Remodel Admin; New Maintenance Facility; Vehicle Wash Station; Fence
5	Eagle Point	OR	Repair/Replace Stone Retaining Walls
5	Fort Richardson	AK	Augment and Renovate Bldgs
5	Fort Richardson	AK	Demo, Remove and Replace Storage Shed
5	Fort Richardson	AK	Pave (Asphalt) Roadway Surface
5	Fort Richardson	AK	Pole Barn and Connex Box Storage

MSN	Location		Project Title - Brief Description
5	Fort Richardson	AK	Renovate Log Cabin to Install Kiosk
5	Fort Rosecrans	CA	City Waterline Connection
5	Fort Rosecrans	CA	Convert Admin into Public Information Center
5	Fort Rosecrans	CA	Environmental Equipment Wash Station
5	Fort Rosecrans	CA	Replace Restroom and Install Equip. Wash Station
5	Fort Rosecrans	CA	Upgrade Irrigation System
5	Golden Gate	CA	Automatic Gate System
5	Golden Gate	CA	Repair Road, Curb and Storm Drainage/Replace Site Signage
5	Golden Gate	CA	Replace Perimeter Fence
5	Los Angeles	CA	Cloister Memorial Wall Expansion
5	Los Angeles	CA	Construct Columbaria
5	Los Angeles	CA	Renovate Admin Bldg
5	Los Angeles	CA	Replace Roads and Curbs - North Section
5	Los Angeles	CA	Replace Roads and Curbs - South Section
5	Los Angeles	CA	Replace Storage Bldg
5	NMCA	AZ	Acquire 32nd Ave for FY 2007 Phase Development
5	NMCA	AZ	Improvements to Admin Building
5	NMCA	AZ	Install Pre-placed Crypts, Sec 55, 56 & 57
5	NMCP	HI	Const New Committal Shelter
5	NMCP	HI	Improvements to Mechanical Shop and Maintenance
5	NMCP	HI	Reinforce Water Tank Retaining Wall
5	NMCP	HI	Replace North Curb and Entry Road
5	NMCP	HI	Road, Curb and Gutter, and Signage Replacement
5	Prescott	AZ	Improve Road; Construct Entrance, Rostrum and Fence
5	Riverside	CA	Install Committal Shelter Drive
5	Riverside	CA	Install Marker Yard Cover
5	Riverside	CA	Parking Lot Storm Drain
5	Riverside	CA	Construct - Public Information Center, Admin Annex Parking
5	Riverside	CA	Remove 4 Irrigation Ponds
5	Riverside	CA	Sidewalks, Slabs - Demolish and Replace
5	Roseburg	OR	Replace Caretaker's Bldg
5	Roseburg	OR	Site Improvements (irrigation, restroom maintenance, fence, lights, wash station)
5	San Francisco	CA	Environmental Equipment Wash Station
5	San Francisco	CA	Road, Curb and Storm Drainage Repairs
5	San Francisco	CA	Site Improvements (Renovate Boundary Wall; Install Rostrum Slab)
5	San Joaquin Valley	CA	Improve Parking at Shelters A and B
5	San Joaquin Valley	CA	Install Photovoltaic Panels (Energy)
5	San Joaquin Valley	CA	Renovate Turf
5	San Joaquin Valley	CA	Various Infrastructure Improvements
5	Sitka	AK	Columbaria and site improvements (walkway with handicap access, drainage)
5	Willamette	OR	Install Roads, Storage Areas/Sheds, Wash Rack
5	Willamette	OR	Replace/ renovate Maintenance Bldgs



**Table 6-6: NCA Portfolio Inventory of Current Projects**  
(Funded but not activated or in use)

Project Type	FY <sup>1</sup>	MSN	Location		Project Title - Brief Description	Total Estimated Cost (\$000)
Major	2007	1	Bourne	MA	Massachusetts National Cemetery, Columbaria Expansion and Cemetery Improvements	\$9,200
Major	2007	2	Pensacola	FL	Barrancas National Cemetery, Gravesite Expansion and Cemetery Improvements	\$11,929
Major	2007	2	Bushnell	FL	Florida National Cemetery, Gravesite Expansion and Cemetery Improvements	\$19,840
Major	2007	2	Lake Worth	FL	South Florida-area National Cemetery, Phase I Development	\$23,149
Major	2007	3	Denver	CO	Fort Logan National Cemetery, Gravesite Development	\$16,100
Major	2007	4	Minneapolis	MN	Fort Snelling National Cemetery, Gravesite Expansion and Cemetery Improvements	\$24,654
Major	2008	4	Moline	IL	Rock Island National Cemetery, Gravesite Expansion and Cemetery Improvements	\$10,118
Major	2008	5	Portland	WA	Willamette National Cemetery, Columbarium and Cemetery Improvements	\$8,345
Major	2009	1	Schuylerville	NY	Gerald B.H. Solomon-Saratoga National Cemetery Gravesite Expansion	\$7,600
Major	2009	3	Dallas	TX	Dallas/Fort Worth National Cemetery Gravesite Expansion	\$13,000
Major	2010	4	Holly	MI	Great Lakes National Cemetery Gravesite Expansion	\$16,900
Major	2010	4	Leavenworth	KS	Leavenworth, Kansas, Facility Right Sizing and Gravesite Development	\$11,900
Major	2010	5	San Diego	CA	Fort Rosecrans National Cemetery Annex at Miramar	\$19,450
<b>Total Majors</b>						<b>\$192,185</b>

<sup>1</sup> Fiscal year project was or will be activated.



## FY 2007 and 2008 NCA Leases

**Table 6-7: FY 2007 and 2008 NCA Leases**

FY	MSN	Location		Project Title - Brief Description	Estimated Annual Rental Cost (\$000)
2007	2	Nashville	TN	Nashville Memorial Program Service Processing Site	\$38
2007	---	Quantico	VA	NCA Business Office	\$61
2007	4	St. Louis	MO	NCA Training Center	\$125
2007	4	Indianapolis	IN	NCA HR Office	\$40
2008	2	Nashville	TN	Nashville Memorial Program Service Processing Site	\$39
2008	---	Quantico	VA	NCA Business Office	\$61
2008	4	St. Louis	MO	NCA Training Center	\$125
2008	4	Indianapolis	IN	NCA HR Office	\$40

**Table 6-8: FY 2009 - 2012 NCA Potential Leases**

MSN	Location		Project Title - Brief Description	Estimated Annual Rental Cost (\$000)
2	Nashville	TN	Nashville Memorial Program Service Processing Site	\$38
---	Quantico	VA	NCA Business Office	\$61
4	St. Louis	MO	NCA Training Center	\$125
4	Indianapolis	IN	NCA HR Office	\$40

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## Chapter 7 Staff Offices

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### **Departmental Administration**

VA staff offices enhance the overall governance and performance of the Department by applying sound business principles and improving the integration of financial and procurement oversight, and improving accountability of VA programs and major management functions to better serve our Nation's veterans and their families.

The Department combined finance, acquisition, and capital asset functions throughout VA into regional business offices with much clearer delegations of authority and accountability. This level of oversight along with the establishment of performance metrics helps provide VA operations conformity in execution and enforce corporate discipline.

Staff offices are comprised of the Office of the Secretary, three General Operating Expense offices, and seven offices headed by an Assistant Secretary or the Inspector General, which provide Department-level policy, appropriation guidance and oversight. There are two Department-level regulatory, legal interpretive and appellate staff offices that include the following:

- The Board of Veterans' Appeals: this office conducts a VA-wide appellate program for veterans not satisfied with the original decisions on their applications for benefits.
- The General Counsel: this office serves as the Department's legal advisor.

### **Program Offices**

The following program offices are each led by an Assistant Secretary and provide Department-level administrative support to the mission, goals, and objectives of the Department of Veterans Affairs, the Executive Branch, Legislative Branch, and Judiciary Branch.

### Office of Management

The Office of Management is responsible for providing strategic and operational leadership for budget, financial management, acquisition and materiel management, and corporate management of capital assets. This office also promotes public confidence through stewardship and oversight of VA business activities ensuring their consistency with national policy, law, and regulation. The Assistant Secretary for Management also serves as the Department's Chief Financial Officer, Senior Procurement Executive, Senior Real Property Officer, and Senior Energy Official.

### Office of Congressional and Legislative Affairs

The Office of Congressional and Legislative Affairs serves as the principal point of contact between the Department and Congress and is the oversight and coordinating body for the Department's Congressional and legislative relations. The office serves in an advisory capacity to the Secretary and Deputy Secretary as well as other VA managers concerning policies, programs, and legislative matters in which Congressional committees or individual members of Congress have expressed an interest.

### Office of Public and Intergovernmental Affairs

The Office of Public and Intergovernmental Affairs has two major offices, Public Affairs and Intergovernmental Affairs. The primary mission of Public Affairs is to provide information to the Nation's veterans and their eligible dependents and survivors through news media concerning available Department benefits and programs. Intergovernmental Affairs interacts with Federal, state, and local government agencies and officials in developing and maintaining a positive and productive relationship.

### Office of Policy and Planning

The Office of Policy and Planning facilitates, coordinates and validates the Department's policy development and formulation processes; coordinates VA's strategic planning process and implementation of the Government Performance and Results Act requirements; supports the identification, development, analysis, and review of issues affecting veterans' programs; links and supplements the actuarial and quantitative analysis capabilities of VA in support of major policy inquiries; serves as VA's focal point for access to and availability of official data; coordinates the independent evaluation of VA program performance; and fosters quality management techniques and procedures throughout VA.

### Office of Human Resources and Administration

The Office of Human Resources and Administration is responsible for formulating and executing Department-level policies and programs concerning human resources management, administrative functions, labor relations, equal employment opportunity and security and law enforcement.

### Office of Operations, Security, and Preparedness

The Office of Operations, Security, and Preparedness provides management of the Department of Veterans Affairs Security and Law Enforcement as well as Emergency Management programs. All of the policy and guidance for the VA security staff and for the VA's Continuity of Operations (COOP) programs are managed through this office.

The abbreviations listed below are used in the following table which list, high priority FY 2007 and FY 2008 minor construction projects (less than \$10M) and leases and potential minors and leases for FY 2009 - 2012.

OAMM = Office of Acquisition and Materiel Management

AAC = Austin Automation Center

OGC = Office of the General Counsel

OIG = Office of the Inspector General

P&P = Policy and Planning

ADMIN = Office of Administration

ORM = Office Resolution Management

OSP = Office of Operations, Security, and Preparedness

## **FY 2007 Staff Office Detailed Major Construction Project Information**

<b>Project Location</b>	<b>Martinsburg, WV</b>
<b>Planned Project Name</b>	<b>Capital Region Data Center</b>
<b>Fiscal Year</b>	2007
<b>BA Received (\$000)</b>	\$35,000
<b>Total Acquisition Cost (\$000)</b>	\$35,000
<b>Asset Type</b>	Major Construction

### **Project Description**

This program will construct a new VA facility that will contain approximately 53,500 square feet. The building will consist of a 24,000 square foot raised floor computer facility, 21,000 square feet of office space for Information Technology contract and VA support staff, and 8,500 square feet of office and operational support space for the Office of Emergency Management combined Continuity of Operations (COOP). The project will consolidate existing data

center/computer room and support assets at 12 facilities located in Silver Spring MD; Washington DC; Kearneysville WV; and the VAMC Martinsburg WV into a single state-of-the-art facility, providing world-class support services for Enterprise level applications.

The Capital Region Data Center (CRDC) will mitigate existing material weaknesses cited in OIG report 04-00772-122 dated March 31, 2005. The CRDC also fulfills congressional legislative requirements for consolidation of critical applications by providing business continuity and continuity of operations as a result of relocating data center/computer room infrastructure and assets more than 65 miles from Washington, DC.

This facility will meet physical, environmental and information security guidelines set forth by the Department of Homeland Security (DHS), National Institute of Building Sciences (NIBS) and requisite VA policies and procedures. Establishing a CRDC will provide for the centralized management and integration of Enterprise level applications in accordance with existing Enterprise Architecture (EA) and Department of Veterans Affairs (DVA) guidelines.

## FY 2007 Staff Office Minor Construction Projects

**Table 7-1: FY 2007 Staff Office Minor Construction Projects**

Staff Office	Location		Project Description/Title	Total Estimated Cost (\$000)
OAMM	Hines	IL	Upgrade/Repair/Repl. B# 37 Parking & Roadways	1,500
OAMM	Hines	IL	Building 37 Backup Generator Expansion	500
OAMM	Hines	IL	Building 37 Roof Replacement (Phase 3)	3,760
OAMM Subtotal				5,760
AAC	Austin	TX	Misc. 999 Renovations	125
AAC	Austin	TX	Computer Rm Elect Svc Mod/Design-Build	200
AAC	Austin	TX	ACU Replacement Prep/Design-Build	135
AAC	Austin	TX	Diesel Fuel Storage System Renovation/Design-Build	250
AAC	Austin	TX	Camera Cable Replacement/Design-Build	50
AAC	Austin	TX	Conditioned Warehouse Conversion/Design-Build	80
AAC	Austin	TX	CHW & HW Relocation/Construction	115
AAC	Austin	TX	Gates 11 & 12 Security Upgrades/Design	115
AAC	Austin	TX	Roof Access Mitigation/Construction	230
Austin Subtotal				1,300

Staff Office	Location		Project Description/Title	Total Estimated Cost (\$000)
OI&T	Falling Waters	WV	Data Center Power/UPS Upgrade	351
OI&T	Falling Waters	WV	ECSIP Lab Extend Room	10
OI&T	Falling Waters	WV	ECSIP Lab Wiring	7
OI&T	Falling Waters	WV	ECSIP Lab A/C	13
OI&T	Falling Waters	WV	ECSIP Wire Closet A/C	6
OI&T	Falling Waters	WV	ECSIP Phone Extend Display	2
OI&T	Falling Waters	WV	NOC Office Space Additional Personnel	15
OI&T	Hines ANOC	WV	Alternate NOC Wiring for Systems	12
OI&T	Falling Waters	WV	NOC Space Alterations	200
OI&T	Hines	IL	Data Center Improvements	1035
OI&T	Philadelphia	PA	Data Center Improvements	68
OI&T Subtotal				1,719
ORM	Miscellaneous			50
ORM Subtotal				50
ADMIN	Washington	DC	VACO 10 <sup>th</sup> Floor Secretary Suite	300
ADMIN	Washington	DC	VACO Cable Plant	1,200
ADMIN	Washington	DC	VACO BPA's	345
ADMIN	Washington	DC	VACO Misc. Renovations	426
ADMIN	Washington	DC	Lafayette Build Out	N/A
ADMIN	Washington	DC	VACO Lobby	N/A
Admin Subtotal				2,271
GC	Dayton	OH	Remodel/Upgrade Space	135
GC	Minneapolis	MN	Door security	5
GC	Phoenix	AZ	Security Project	7
GC	Winston-Salem	NC	Construction Project	5
GC	Nashville	TN	Minor Construction	5
GC	Little Rock	AR	Office Renovation	15
GC	Miscellaneous			50
GC Subtotal				222
OIG	Bay Pines	FL	Regional Office	320
OIG	Seattle	WA	Regional Office	50
OIG	Los Angeles	CA	Regional Office	300
OIG	Washington	DC	Tech World Lab Improvements	30
OIG	Miscellaneous			67
OIG Subtotal				767
<b>Total</b>				<b>12,089</b>

## FY 2008 Potential Staff Office Minor Construction Projects

Table 7-2: FY 2008 Potential Staff Office Minor Construction Projects

Staff Office	Location		Project Description/Title	Total Estimated Cost (\$000)
OAMM	Hines (SDC)	IL	Replace A/C Building 37	1,000
OAMM	Hines (SDC)	IL	Building 37 Upgrade/Replace Elec. Transformer	500
OAMM	Hines (SDC)	IL	Building 37 Roof Replacement (Phase 3)	3,760
OAMM	Hines (SDC)	IL	F & S Requirements Upgrades	250
OAMM Subtotal				5,510
AAC	Austin	TX	Misc. 999 Renovations	125
AAC	Austin	TX	PDU Replacement Pre/Design-Build	40
AAC	Austin	TX	ACU Replacement Prep/Design-Build	125
AAC	Austin	TX	UPS & Generator #4/Design	100
AAC	Austin	TX	Operational Efficiency Mod/Design	40
AAC	Austin	TX	Gate 9 & Alley Exit Security Upgrade/Design	80
AAC	Austin	TX	Loading Dock Hardening/Construction	195
AAC	Austin	TX	Gates 11 & 12 Security Upgrades/Construction	1,130
AAC	Austin	TX	East Entr. & Optical Turnstile Prep/Construction	290
AAC	Austin	TX	Campus Access & Surveillance Mod/Des Build	395
AAC	Austin	TX	Computer Rm. Enhancements	250
Austin Subtotal				2,770
OEP	Martinsburg	WVA	Partition OSP COOP	340
OEP	Martinsburg	WVA	Miscellaneous Projects	25
OI&T	Washington	DC	VACO Cable Plant	1,200
OI&T	Hines	IL	Data Center UPS Replacement	2,600
OI&T	Hines	IL	Data Center Des/Install Facility Generators	3,000
OI&T	Hines	IL	Data Center Lighting Replacement	160
OI&T	Hines	IL	Data Center Renovate Front Lobby	101
OI&T	Hines	IL	Data Center SID Control Office Partitions	120
OI&T	Hines	IL	Data Center Perimeter Security Barricade Parkway	2,000
OI&T	Hines	IL	Data Center A/E Tier 4 Design	1,500
OI&T	Hines	IL	Data Center Warehouse Expansion	2,700
OI&T	Hines	IL	Data Center Armed Security Shacks	120
OI&T	Hines	IL	Data Center Miscellaneous Projects under \$100	230
OI&T	Philadelphia	PA	Data Center Corp. Data Ctr. Repl. Underground Diesel Tanks	120
OI&T	Philadelphia	PA	Data Center Miscellaneous Projects under \$100	185
OI&T Subtotal				14,401
ORM	Miscellaneous			26
ORM Subtotal				26
GC	Miscellaneous			50



Staff Office	Location		Project Description/Title	Total Estimated Cost (\$000)
			GC Subtotal	50
ADMIN	Washington	DC	VACO BPA's	345
ADMIN	Washington	DC	VACO Misc. Renovations	500
ADMIN	Washington	DC	Lafayette Build Mod	4,000
			ADMIN Subtotal	4,845
OIG	Los Angeles	CA	Regional Office	120
OIG	N. Virginia	VA	Regional Office	85
OIG	Seattle	WA	Regional Office	150
OIG	Atlanta,	GA	Regional Office	150
OIG	Field Misc.		Miscellaneous Projects	200
OIG	HQ Misc.		Miscellaneous Projects	100
			OIG Subtotal	805
			Total	28,407

## FY 2009-2012 Potential Staff Office Minor Construction Projects

Table 7-3: FY 2009 - 2012 Potential Staff Office Minor Construction Projects

Admin Office	Location		Project Title - Brief Description
AAC	Austin	TX	Misc Projects (Minor Renovations-3999)
AAC	Austin	TX	Replace Power Distribution Units; Design-Build
AAC	Austin	TX	Replace Computer Room Air Units; Design-Build
AAC	Austin	TX	Perimeter Gates 11 & 12 Parking Lot Mods; Construction; Phase 1 (NIBS audit Finding)
AAC	Austin	TX	Perimeter Gates 11 & 12 Access Control; Construction; Phase 2 (NIBS audit Finding)
AAC	Austin	TX	Perimeter Gates 9 & West Alley Exit; Construction; Phase 1 (NIBS audit Finding)
AAC	Austin	TX	Perimeter Gates 9 & West Alley Exit; Construction; Phase 2 (NIBS audit Finding)
AAC	Austin	TX	Perimeter Direct Impact Points; Design (NIBS audit Finding)
AAC	Austin	TX	Perimeter Direct Impact Points; Construction (NIBS audit Finding)
OI&T	Hines	IL	Upgrade Data Center
OI&T	Martinsburg	WV	Cyber Security-COOP
OI&T	Martinsburg	WV	Expand MAN
OI&T	Martinsburg	WV	Construct Computer Facility
OI&T	Philadelphia	PA	Upgrade Data Center
OI&T	Southeast		Construct Computer Facility
OI&T	Salt Lake City	UT	Construct Computer Facility
ADMIN	VACO	DC	Cable Plant Management
ADMIN	VACO	DC	Electrical, Painting BPA's
ADMIN	Washington	DC	Tech World Build Out Renovation

Admin Office	Location		Project Title - Brief Description
OAMM	Hines (SDC)	IL	Upgrade / Replace HVAC Units
OAMM	Hines (SDC)	IL	Roof Replacements - Phase 4
OAMM	Hines (SDC)	IL	Transformer
OAMM	Hines (SDC)	IL	Replace Transformers
OAMM	Hines (SDC)	IL	Parking Addition
OAMM	Hines (SDC)	IL	Upgrade Steam / Condensate Lines
OAMM	Hines (SDC)	IL	Upgrade Life Safety / Security
OIG	Washington	DC	Tech World or New Space
OIG	Los Angeles	CA	Office Space
OIG	Seattle	WA	Office Space
GC	Field Offices		Miscellaneous Projects
ORM	Hines	IL	Renovate Offices

## Staff Office Leases

**Table 7-4: FY 2007 and 2008 Staff Office Leases**

Fiscal Year	Admin Office	Location		Project Title - Brief Description	Estimated Annual Rental Cost (\$000)
2007	OIG	Kansas City	KS	Obtain New Space - KC OIG Office	\$232
2008	OIG	Seattle	WA	Obtain New Space - SE OIG Office	\$124
				<b>Total</b>	<b>\$356</b>

**Table 7-5: FY 2009 - 2012 Potential Staff Office Lease**

Fiscal Year	Admin Office	Location		Project Title - Brief Description	Estimated Annual Rental Cost (\$000)
2010	OIG	Seattle	WA	Obtain New Space - SE OIG Office	\$55
				<b>Total</b>	<b>\$55</b>



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## Chapter 8 Conclusion

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The 5-Year Capital Plan is a living document that is updated annually to reflect decisions relating to the acquisition of new assets or the retiring of existing assets. The 5-Year Capital Plan is a corporate level document describing the selection process for capital acquisitions through a formal executive review process, which utilizes criteria from VA's strategic plan. The plan addresses Congressional requirements such as authorization, notification, and other legislation requirements. The plan explains how the capital asset investment process supports VA's central mission of meeting our veterans' health care, benefits, and burial needs.

The 5-Year Capital Plan illustrates how the Department has made significant improvements in acquiring and managing its capital assets through the development of a VA-wide methodology to capital asset management. VA has 5,186 buildings and 32,602 acres of land nationwide, in addition to vast holdings of equipment and other tangible assets. By developing a VA-wide methodology, VA has implemented a process to improve the acquisition and management of assets to provide quality service to veterans through efficient and cost-effective means.

VA developed a three-tiered approach to capital asset management: (1) Corporate Portfolio Management, where a global perspective highlights the strength and weaknesses of our assets; (2) Strategic Linkage, which correlates VA's goals to its investment requests; and (3) Life Cycle Management, which incorporates management techniques and performance measures to evaluate the quality of our assets and, evaluate whether assets are meeting VA goals, and assist in the development of strategic goals.

VA undertook a number of management initiatives to strengthen its management of capital assets. VA implemented a state-of-the-art Capital Asset Management System (CAMS), which is a relational database that collects information on assets by their life cycle stage and portfolio type to monitor and analyze the performance and condition of VA assets. In addition, CAMS allows for the input of concept papers for asset funding requests.

VA utilizes a real property management tool called Enhanced-Use Leasing (EU) to reduce its underutilized and/or unneeded assets. VA may lease land or buildings to the private sector for up to 75 years. The leased property may be developed for non-VA uses that are consistent with the mission of VA, or for VA use. In return for the leased property, VA obtains fair value in the form of revenue, facilities, space, services, or other considerations. The EU program provides cost-savings, private investment, long-term sources of revenue, plus jobs and tax revenues for local, state, and federal sectors.

As a result of the Energy Policy Act of 2005, VA identified its major energy challenges and developed plans to address these challenges. VA developed new reporting measures and assessments of facility energy consumption. VA is looking to evaluate whether co-generation systems can yield savings at facilities, on-site renewable technologies, and a metering pilot program to meet the Energy Policy Act. Innovative approaches to energy management are being implemented across VA.

The President issued Executive Order 13327 in February of 2004 which created the Federal Real Property Council (FRCP), whose charter is to develop guidance, establish asset management principles, collect information on federal assets, and develop performance measures for the federal government. VA created internal work groups such as the Capital Asset Management System Business Group and the VHA Portfolio Group to meet FRCP requirements. As a result, VA has developed performance metrics meeting performance metrics established by the FRCP as well as VA specific metrics. In addition, VA submits an annual Asset Management Plan identifying priority action items to improve operational management of assets, portfolio goals (both long and short term), and how VA will address FRCP guiding principles.

The 5-Year Capital Plan serves as the blueprint for the implementation of CARES projects. CARES is an extensive evaluation of the demand for healthcare at VA facilities. CARES incorporated actuary models to forecast demand for veteran's healthcare against the gaps in existing infrastructure to meet projected demand as a basis to recommend how to transform VA to meet the future healthcare needs of veterans. CARES projects will improve the overall quality and environment of care in VA facilities by allocating resources to approved facilities to meet both current and projected demand for healthcare services.

## Appendix A - Glossary of Terms

**Alternatives** – Viable options to achieve the same programmatic goals wherever practical and more cost beneficial, including new program design or operational improvements through cross-cutting initiatives or cross-servicing prior to selecting an alternative.

**Analytic Hierarchy Process (AHP)** – A multi-attribute decision technique that is well established in operations research literature. AHP uses a hierarchical model comprised of a goal, criteria, sub-criteria, and alternative outcomes or conditions for each problem or decision. It is a general method for structuring intricate or ill-defined problems and is built around the three principles of constructing hierarchies; establishing priorities; and logical consistency.

**CARES - Capital Asset Realignment for Enhanced Services** – The CARES process integrates health care planning and capital asset realignment planning to maximize efficiency, better distribute resources and provide the best quality health care services to veterans. This analysis begins with a network level, system wide determination of the appropriate markets for planning. CARES projects are those capital investments directly related to CARES implementation that must be approved by the Secretary including major, minor and non-recurring maintenance projects.

**Cost-Benefit Analysis** – A systematic quantitative method of assessing the desirability of government projects or policies when it is important to take a long view of future effects and a broad view of possible side-effects. (OMB Circular A-94)

**Disposal Plan** – Issues to be addressed at the end of an asset's life cycle including the removal of the asset from service, planning for the transition to a replacement if required, and final removal of the asset from the agency's property inventory in a timely cost-effective manner. Disposal of complex assets or systems may involve a multi-year process requiring significant effort and funding.

**Economic Life** – The time span over which the firm expects to receive the benefits of an asset.

**Energy Savings Performance Contracts (ESPC)** – The Department of Energy developed a contract vehicle that would result in the reduction of energy consumption in federally owned and operated facilities. It is assumed that by reducing energy consumption, the demand for constructing additional generation plants will not be necessary. A typical ESPC contract consists of VA hiring a private developer who invests their capital in high-technology energy improvements, which results in VA significantly reducing energy consumption.

A significant portion of the savings is passed on to the developer in the form of annual payments, which amortizes their investment up to a period not to exceed 25 years.

**Enhanced-Use Leasing** – Leasing out underutilized VA property on a long-term basis to non-VA users for uses compatible with VA programs. The Department can obtain facilities, services, and/or money for VA requirements that would otherwise be unavailable or unaffordable.

**Federal Real Property Council (FRPC)** – The FRPC was established by the Executive Order 13327: Federal Real Property Asset Management. The FRPC develops guidance for and facilitates the implementation of agency asset management plans, establishes appropriate performance measures, and collects specific real property inventory data elements.

**Information Technology** – Any equipment or interconnected system or subsystems of equipment that are used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information by the executive agency.

**Infrastructure Projects** – Building systems, additions, new construction, renovation, parking garages, acquisitions and disposal of properties.

**Life Cycle Cost** – The overall estimated cost for a particular program alternative over the time period corresponding to the life of the program, including direct and indirect initial costs plus any periodic or continuing costs of operation and maintenance. (OMB Circular A-94)

**Maintenance and Repair Costs** – The total of labor, material, and other related costs incurred in conducting corrective and preventative maintenance and repair on a building, or on its systems and components, or both.

**Net Present Value** – The difference between the discounted present value of benefits and the discounted present value of costs. (OMB Circular A-94).

**Non-CARES** – Capital investments, and information technology projects that are not approved through the CARES process.

**Operating Cost** – The expenses incurred during the normal operation of a building or a building system, IT systems or component, including labor, materials, utilities, and other related costs.

**Output** – Information, product or procedure that is received, analyzed, and improved upon before submission or completion.

**Panel** – Refers to the Veterans Affairs Capital Investment Panel (VACIP).

**Performance Goals** – Descriptions of the milestones for each strategic goal in the strategic plan year. Performance goals also appear in the annual performance plan for the specific year covered by the performance plan as defined levels (targets) that are quantifiable and measurable.

**Performance Measures/Standards** – An indicator having a numerical target level or other measurable value, this facilitates the future assessment of efficiency, effectiveness, and results. Quantitative outputs/outcomes/results, e.g. timeliness, error and defect rates, complaints, customer satisfaction levels and responsiveness rates (cost per unit of result, service, or output), and receipt, collection and credit obligation rates.

**Projected Workload** – The estimated future workload that establishes an approved forecast target, which the proposal will satisfy, as the unmet need.

**Renovation** – The modification of an existing building or facility to include new functions and systems, or accommodate the growth of existing programs and components improving functional adjacencies and technical requirements.

**Return on Investment (ROI)** – is the percentage return that is received from each dollar invested. A positive ROI indicates that present value savings are greater than present value costs, whereas a negative ROI indicates that present value costs exceed present value savings.

**Strategic Management Council (SMC)** – The SMC identifies and manages strategic and operational issues and provides a unified approach to problem solving. The SMC, chaired by the Deputy Secretary, makes recommendations for actions and decisions to the VA Executive Board, which is chaired by the Secretary.

**Tier 1 Performance Measures** – The FRPC established the following Tier 1 performance measures: Facility Utilization Index, Facility Condition Index, Annual Facility Operating Costs, and Mission Dependency

**VA Executive Board (VAEB)** – The VAEB is chaired by the Secretary and provides him with a forum discussion with his most senior leadership before he makes ultimate decisions for the Department.

**Workload** – Expected amount of work to be performed in a set amount of time (e.g., number of exams, studies, or users and will be determined by category of investment).

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## **Appendix B - Capital Decision Criteria**

### **Departmental Alignment**

This criterion is comprised of priorities from the President's Management Agenda and Secretary's goals for improved management and performance across the Department (e.g., DoD collaboration, strategic alignment and intra-agency projects).

### **Service Delivery Enhancements (for CARES/VHA projects only)**

This criterion addresses how the capital investment meets CARES market plan implementation. It focuses requirements on improving customer service, access to quality health care, and identifying opportunities for maximizing the volume of veterans served to effectively reduce gaps in projected workloads.

### **Financial Priorities**

This criterion addresses the specific financial metrics, benefits and risks of the selected acquisition when compared to other explored alternatives (e.g., comparing the life cycle costs and net present value of leasing versus building).

### **Capital Asset Priorities/Portfolio Goals**

This criterion addresses how the capital investment meets VA's capital portfolio goals such as increasing intra- and interagency and community-based sharing and decreasing underutilized assets and operating costs while enhancing revenue opportunities.

### **Safeguard Assets**

This criterion addresses how well the capital investment results in a decrease in designated high-risk assets or increases the Department's compliance with safety, security, accessibility, and/or accreditation laws and regulations including seismic, life safety, and homeland security projects.

### **Customer Service (for non-CARES/non-VHA projects only)**

This criterion addresses the extent to which VA is providing quality customer service, which can be measured by evaluating the following criteria: Increase in New or Existing Customers, Customer Satisfaction, and Customer Access.

### **Special Emphasis**

This criterion gives preference to those capital investments that substantially support special emphasis programs and services including: spinal cord injury and disorders; blindness; traumatic brain injury; serious mental illness; prosthetics/amputation; and post-traumatic stress disorder.

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## Appendix C - References

### VA Web Sites

- VA Capital Investment Process <http://vaww.va.gov/oaem> or [www.va.gov/oaem](http://www.va.gov/oaem)
- VA Facilities Management <http://vaww.va.gov/facmgt> or <http://www.va.gov/facmgt/>

### Department-Wide Documents

- VA Capital Investment Methodology Guide <http://vaww.va.gov/oaem> or call Office of Asset Enterprise Management at (202) 273-9702
- Department of Veterans Affairs Strategic Plan FY 2006-2011 <http://www1.va.gov/op3/>
- Department Annual Performance and Accountability Report - FY 2006 <http://www.va.gov/budget/Report/default.htm>
- Department of Veterans Affairs FY 2005 Asset Management Plan <http://vaww.va.gov/oaem/PLANS/FINALAMPsigned.pdf>

### VHA

- VISN Network Plans, Office of Policy, Planning and Performance (105) <http://vaww.va.gov/vhaopp/strathom.htm>

### OMB Documents

- OMB Circular A-11, Preparation, Submission and Execution of the Budget (6/30/2006) [http://www.whitehouse.gov/omb/circulars/a11/current\\_year/a11\\_to\\_c.html](http://www.whitehouse.gov/omb/circulars/a11/current_year/a11_to_c.html)
- OMB Capital Programming Guide, Supplement to Part 7 of OMB Circular A-11 [http://www.whitehouse.gov/omb/circulars/a11/current\\_year/part7.pdf](http://www.whitehouse.gov/omb/circulars/a11/current_year/part7.pdf)

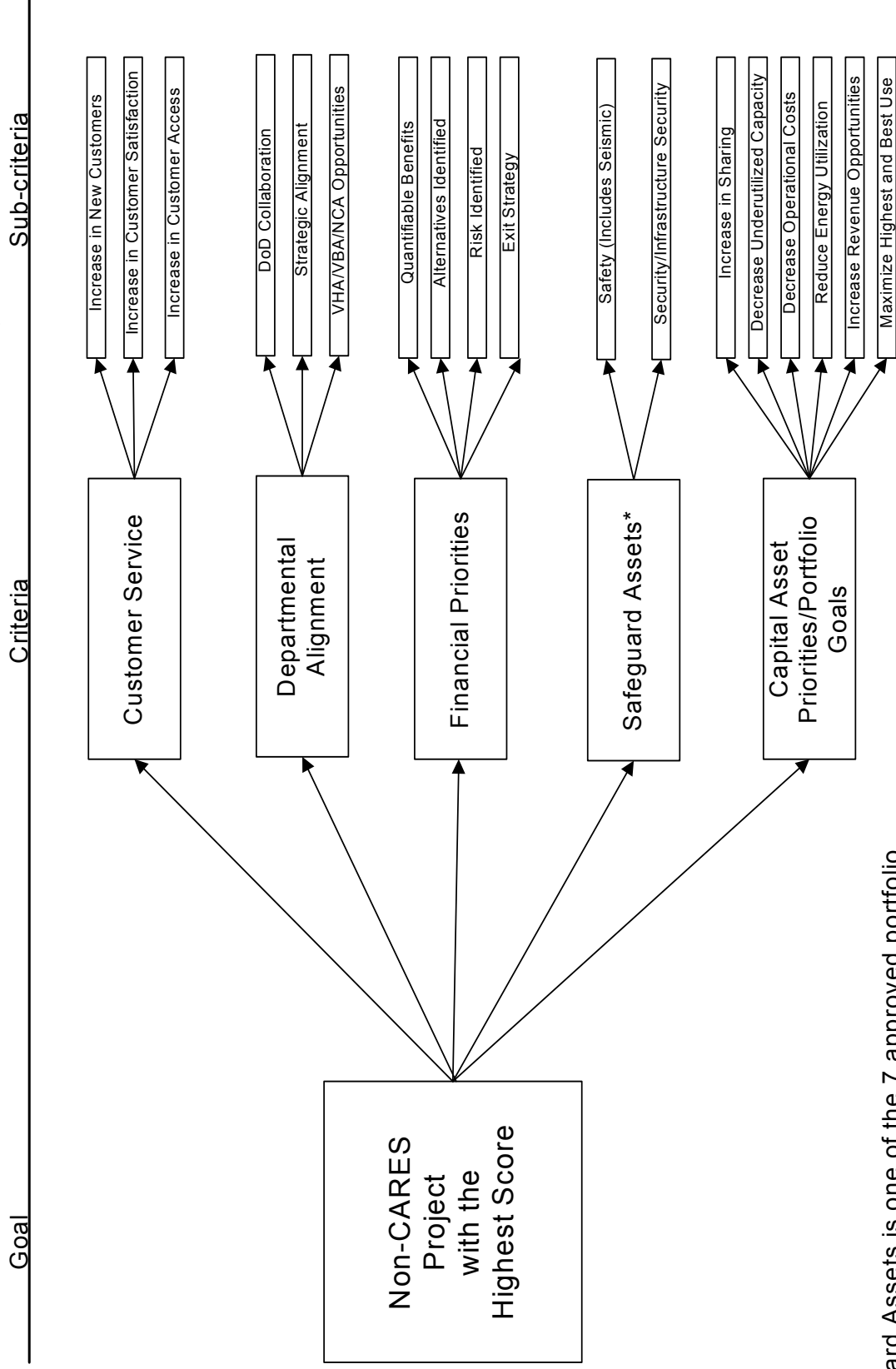
- OMB Circular A-76, Performance of Commercial Activities (5/29/2003)  
[http://www.whitehouse.gov/omb/circulars/ao76/a76\\_incl\\_tech\\_correction.pdf](http://www.whitehouse.gov/omb/circulars/ao76/a76_incl_tech_correction.pdf)
- OMB Memo M-06-08, 2006 Inventories of Commercial and Inherently Governmental Activities (3/8/2006)  
<http://www.whitehouse.gov/omb/memoranda/fy2006/m-06-08.pdf>
- OMB Circular A-94, Guidelines and Discount Rates for Benefits-Cost Analysis of Federal Programs (10/29/1992)  
<http://www.whitehouse.gov/omb/circulars/a094/a094.html>

#### **Other Federal Documents**

- President's Management Agenda -  
[http://www.whitehouse.gov/omb/budintegration/pma\\_index.html](http://www.whitehouse.gov/omb/budintegration/pma_index.html)

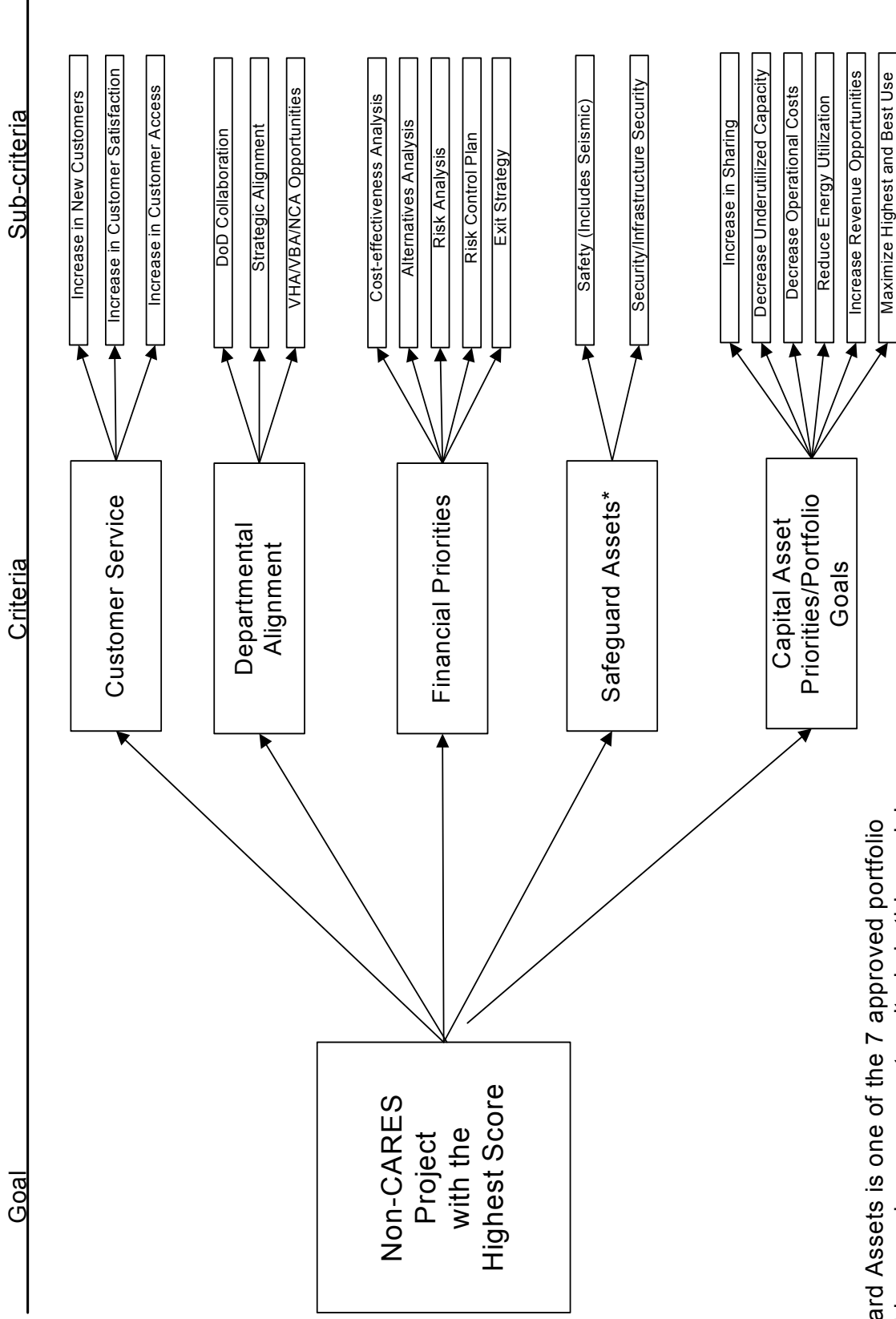
## Appendix D – Capital Investment Decision Models

### FY 2008 Non-CARES Capital Investment Decision Criteria – Planning Model



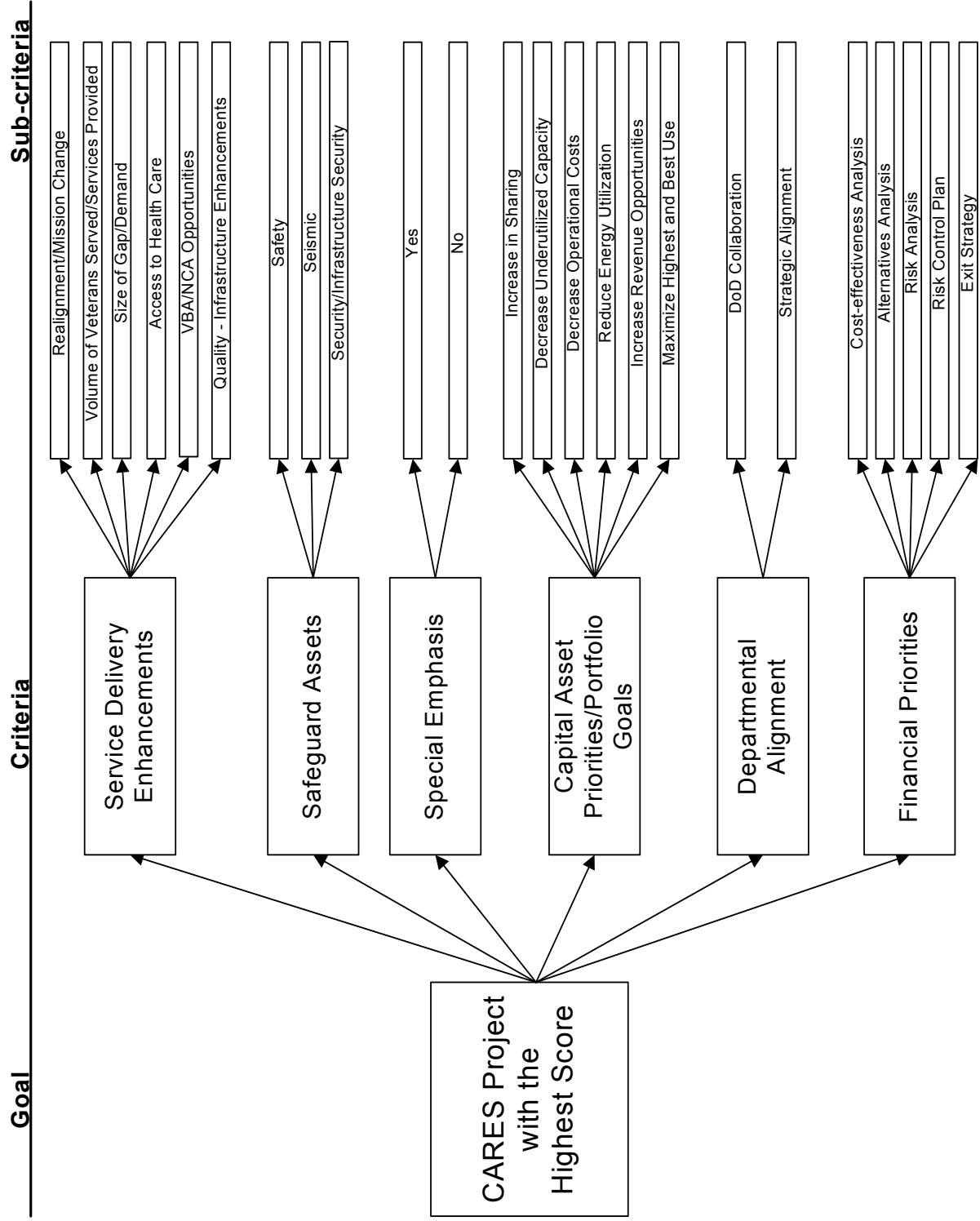
\* Safeguard Assets is one of the 7 approved portfolio goals but is scored as a separate criteria in this model.

FY 2008 Non-CARES Capital Investment Decision Criteria - Acquisition Model

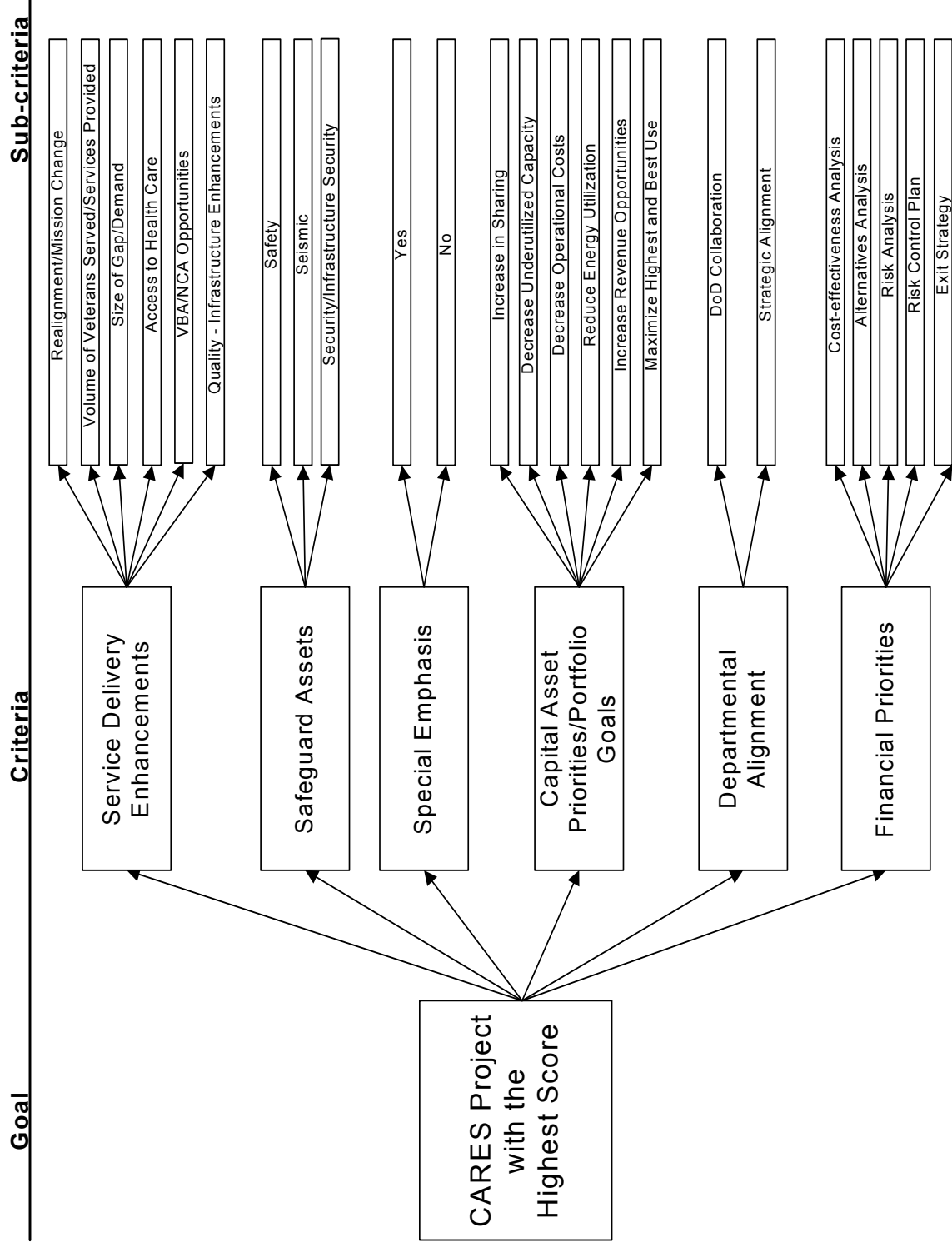


\* Safeguard Assets is one of the 7 approved portfolio goals but is scored as a separate criteria in this model.

# FY 2008 CARES Capital Investment Decision Criteria - Acquisition Model



# FY 2007 VHA Decision Criteria – Minor Projects Model





## Appendix E - FY 2007 VHA Prioritized Minor Construction Projects (Sorted by VISN)

Priority #	VISN	Location		Project Title - Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
11	1	Providence	RI	Research Facility and Renovations	5,984	CI
28	1	Manchester	NH	Specialty Care Addition	5,117	U
34	1	Togus	ME	Construct Specialty Care Clinic	1,964	U
43	1	White River Junction	VT	Specialty Care Addition	6,085	U
<b>Total</b>					<b>19,150</b>	
30	2	Buffalo	NY	Expand PT for Cardiac Care	1,892	U
52	2	Albany	NY	Consolidate Inpatient & Outpatient Pharmacies	3,839	CI
<b>Total</b>					<b>52,941</b>	
22	3	Brooklyn	NY	OR Renovation	6,000	CI
16	4	Coatesville	PA	Renovate Nursing Home Care Unit 59A	4,139	CI
18	4	Butler	PA	Construct Dom Research Rehab & Treatment Program	6,780	U
<b>Total</b>					<b>10,919</b>	
25	5	Baltimore	MD	Fort Meade CBOC	3,805	U
26	5	Martinsburg	WV	Fort Detrick CBOC	5,281	U
54	5	Baltimore	MD	Outpatient Specialty Care	6,750	CI
<b>Total</b>					<b>15,836</b>	
3	6	Hampton	VA	Renovate Inpatient Psychiatry	5,668	CI
21	6	Richmond	VA	Polytrauma (TBI) and Specialty Care	5,200	U
27	6	Hampton	VA	Relocate Mechanical Room	4,093	OC
33	6	Durham	NC	Eye Clinic Addition	5,082	U
55	6	Salisbury	NC	Consolidate Tower Specialty/ Ancillary Diag, Ph 1	4,719	CI
58	6	Durham	NC	New Research Building	4,290	U
<b>Total</b>					<b>29,052</b>	
4	7	Augusta	GA	Add Inpatient Beds SCIU	5,482	U
23	7	Charleston	SC	Expand Surgical Suite Into 2-C	5,388	U
59	7	Birmingham	AL	Specialty Care Expansion	3,590	U
<b>Total</b>					<b>14,460</b>	
2	8	Tampa	FL	TPA Mental Health Code Compliance	6,999	CI
46	8	Miami	FL	Renovate OR	6,995	CI
49	8	W Palm Beach	FL	Expand ER	2,200	U
50	8	W Palm Beach	FL	Renovate 8th Floor for Specialty Care	2,750	CI
51	8	Gainesville	FL	Upgrade Electrical Distribution System	6,985	OC
60	8	Bay Pines	FL	Renovate Surgical, Medical and Cardiac ICUs	2,950	U
63	8	Tampa	FL	PVA Land Acquisition	3,500	U
<b>Total</b>					<b>32,379</b>	
20	9	Memphis	TN	IP MH Renovation Wards 1C-1D-2AD-SARR	6,167	CI

Priority #	VISN	Location		Project Title - Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
14	10	Cleveland	OH	Outpatient Care Additions Phase I	6,815	U
17	10	Cleveland	OH	CARES Lab Addition/Warehouse PI (W)	6,940	U
42	10	Dayton	OH	Expand Emergency Room, B-310	2,915	U
<b>Total</b>					<b>16,670</b>	
24	12	Chicago	IL	Modernize Radiology Department	5,491	CI
29	12	Tomah	WI	Renovate 3rd Floor Bldg 408, Psychiatry	5,468	CI
38	12	North Chicago	IL	Modernize Psych Wards Building 131	3,640	CI
45	12	Tomah	WI	Renovate 2nd Floor B-408 for 26 Psych Beds	4,426	CI
<b>Total</b>					<b>19,025</b>	
10	15	St. Louis	MO	SCI Renovation & DOM Relocation, JB	5,379	U
61	15	St. Louis - JC	MO	EUL Raised Parking Decks	2,000	CI
<b>Total</b>					<b>7,379</b>	
31	16	Fayetteville	AR	Expand Primary Care Building	1,925	U
1*	16	Biloxi	MS	Warehouse Space for Biloxi	6,999	U
2*	16	Biloxi	MS	Hurricane Repair - Modular Bldg, Ph 1	6,999	U
3*	16	Biloxi	MS	Hurricane Repair - Modular Storage	3,180	U
4*	16	Biloxi	MS	Hurricane Repair - Remodel Bldg 19	6,716	U
5*	16	New Orleans	LA	Hurricane Relocation to St. Johns	3,500	U
6*	16	New Orleans	LA	Radiology	3,500	CI
7*	16	New Orleans	LA	Pharmacy	1,500	CI
<b>Total</b>					<b>34,319</b>	
* FY 2007 Minor Hurricane Repair Projects						
19	17	San Antonio	TX	Expand Specialty Clinics, Ph 2	6,999	U
44	17	Dallas	TX	MRI Addition for Research	6,299	U
62	17	Dallas	TX	Relocate Geropsychiatry	6,050	U
<b>Total</b>					<b>19,348</b>	
40	18	Prescott	AZ	Renovate for Acute Medical Beds	3,974	CI
35	19	Salt Lake City	UT	Surgery Renovation	2,882	CI
1	20	White City	OR	Renovate Dom Bldg 217	4,953	U
6	20	Portland	OR	Replace Exterior Skin B100 & B101	6,229	CI
9	20	American Lake	WA	Correct Seismic Deficiencies, B18	3,245	CI
12	20	Portland	OR	Bldg T51 Seismic Upgrade	2,153	CI
37	20	Boise	ID	Construction of Specialty Care Tower	5,005	U
56	20	Seattle	WA	Cath Lab/Endoscopy Suite, B100	3,401	CI
<b>Total</b>					<b>24,986</b>	
5	21	Palo Alto	CA	Polytrauma Rehabilitation Center	6,950	CI
7	21	Honolulu	HI	Hilo PRRP Relocation	5,642	U
15	21	Palo Alto	CA	Exp Specialty Care, B-5	4,839	U
32	21	Fresno	CA	OP Mental Health	4,858	CI
36	21	Menlo Park	CA	Seismic Corrections B 205 & B 114	6,999	CI
47	21	Hawaii	HI	Guam CBOC	4,312	U
53	21	San Francisco	CA	Bldg 200 ER Expansion	4,142	U
<b>Total</b>					<b>37,742</b>	

Priority #	VISN	Location		Project Title - Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
8	22	Long Beach	CA	Seismic Upgrade Bldg 138	3,005	CI
13	22	Long Beach	CA	Demolish Buildings 3, 5(P), 13, 47, T162(P)	4,810	U
39	22	Loma Linda	CA	Remodel 2NW for Mental Health	3,220	CI
48	22	Sepulveda	CA	Building 2 Demolition	4,681	U
57	22	Loma Linda	CA	Modernize Veterinary Medical Unit	4,068	CI
<b>Total</b>					<b>19,784</b>	
41	23	Des Moines	IA	Remodel Dietetics	1,098	CI

<sup>1</sup>Federal Real Property Council Tier 1 measures that the project addresses:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

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## Appendix F - FY 2007 Prioritized VHA Minor Construction Projects (Sorted by State)

Priority #	VISN	Location		Project Title - Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
59	7	Birmingham	AL	Specialty Care Expansion	3,590	U
31	16	Fayetteville	AR	Expand Primary Care Building	1,925	U
40	18	Prescott	AZ	Renovate for Acute Medical Beds	3,974	CI
5	21	Palo Alto	CA	Polytrauma Rehabilitation Center	6,950	CI
8	22	Long Beach	CA	Seismic Upgrade Bldg 138	3,005	CI
13	22	Long Beach	CA	Demolish Buildings 3, 5(P), 13, 47, T162(P)	4,810	U
15	21	Palo Alto	CA	Exp Specialty Care, B-5	4,839	U
32	21	Fresno	CA	OP Mental Health	4,858	CI
36	21	Menlo Park	CA	Seismic Corrections B 205 & B 114	6,999	CI
39	22	Loma Linda	CA	Remodel 2NW for Mental Health	3,220	CI
48	22	Sepulveda	CA	Building 2 Demolition	4,681	U
53	21	San Francisco	CA	Bldg 200 ER Expansion	4,142	U
57	22	Loma Linda	CA	Modernize Veterinary Medical Unit	4,068	CI
<b>Total</b>					<b>47,572</b>	
2	8	Tampa	FL	TPA Mental Health Code Compliance	6,999	CI
46	8	Miami	FL	Renovate OR	6,995	CI
49	8	W Palm Beach	FL	Expand ER	2,200	U
50	8	W Palm Beach	FL	Renovate 8th Floor for Specialty Care	2,750	CI
51	8	Gainesville	FL	Upgrade Electrical Distribution System	6,985	OC
60	8	Bay Pines	FL	Renovate Surgical, Medical and Cardiac ICUs	2,950	U
63	8	Tampa	FL	PVA Land Acquisition	3,500	U
<b>Total</b>					<b>32,379</b>	
4	7	Augusta	GA	Add Inpatient Beds SCIU	5,482	U
7	21	Honolulu	HI	Hilo PRRP Relocation	5,642	U
47	21	Hawaii	HI	Guam CBOC	4,312	U
<b>Total</b>					<b>9,954</b>	
41	23	Des Moines	IA	Remodel Dietetics	1,098	CI
37	20	Boise	ID	Construction of Specialty Care Tower	5,005	U
24	12	Chicago	IL	Modernize Radiology Department	5,491	CI
38	12	North Chicago	IL	Modernize Psych Wards Building 131	3,640	CI
<b>Total</b>					<b>9,131</b>	
5*	16	New Orleans	LA	Hurricane Relocation to St. Johns	3,500	U
6*	16	New Orleans	LA	Radiology	3,500	CI
7*	16	New Orleans	LA	Pharmacy	1,500	CI
<b>Total</b>					<b>8,500</b>	

Priority #	VISN	Location		Project Title - Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
25	5	Baltimore	MD	Fort Meade CBOC	3,805	U
54	5	Baltimore	MD	Outpatient Specialty Care	6,750	CI
<b>Total</b>					<b>10,555</b>	
34	1	Togus	ME	Construct Specialty Care Clinic	1,964	U
10	15	St. Louis	MO	SCI Renovation & DOM Relocation, JB	5,379	U
61	15	St. Louis - JC	MO	EUL Raised Parking Decks	2,000	CI
<b>Total</b>					<b>7,379</b>	
1*	16	Biloxi	MS	Warehouse Space for Biloxi	6,999	U
2*	16	Biloxi	MS	Hurricane Repair - Modular Bldg, Ph 1	6,999	U
3*	16	Biloxi	MS	Hurricane Repair - Modular Storage	3,180	U
4*	16	Biloxi	MS	Hurricane Repair - Remodel Bldg 19	6,716	U
<b>Total</b>					<b>23,894</b>	
33	6	Durham	NC	Eye Clinic Addition	5,082	U
55	6	Salisbury	NC	Consolidate Tower Specialty/ Ancillary Diag, Ph 1	4,719	CI
58	6	Durham	NC	New Research Building	4,290	U
<b>Total</b>					<b>14,091</b>	
28	1	Manchester	NH	Specialty Care Addition	5,117	U
22	3	Brooklyn	NY	OR Renovation	6,000	CI
30	2	Buffalo	NY	Expand PT for Cardiac Care	1,892	U
52	2	Albany	NY	Consolidate Inpatient & Outpatient Pharmacies	3,839	CI
<b>Total</b>					<b>11,731</b>	
14	10	Cleveland	OH	Outpatient Care Additions Phase I	6,815	U
17	10	Cleveland	OH	CARES Lab Addition/Warehouse PI (W)	6,940	U
42	10	Dayton	OH	Expand Emergency Room, B-310	2,915	U
<b>Total</b>					<b>16,670</b>	
1	20	White City	OR	Renovate Dom Bldg 217	4,953	U
6	20	Portland	OR	Replace Exterior Skin B100 & B101	6,229	CI
12	20	Portland	OR	Bldg T51 Seismic Upgrade	2,153	CI
<b>Total</b>					<b>13,335</b>	
16	4	Coatesville	PA	Renovate Nursing Home Care Unit 59A	4,139	CI
18	4	Butler	PA	Construct Dom Research Rehab & Treatment Program	6,780	U
<b>Total</b>					<b>10,919</b>	
11	1	Providence	RI	Research Facility and Renovations	5,984	CI
23	7	Charleston	SC	Expand Surgical Suite Into 2-C	5,388	U
20	9	Memphis	TN	IP MH Renovation Wards 1C-1D-2AD-SARR	6,167	CI
19	17	San Antonio	TX	Expand Specialty Clinics, Ph 2	6,999	U
44	17	Dallas	TX	MRI Addition for Research	6,299	U
62	17	Dallas	TX	Relocate Geropsychiatry	6,050	U
<b>Total</b>					<b>19,348</b>	

Priority #	VISN	Location		Project Title - Brief Description	Total Estimated Cost (\$000)	FRPC Tier 1 Measures <sup>1</sup>
35	19	Salt Lake City	UT	Surgery Renovation	2,882	CI
3	6	Hampton	VA	Renovate Inpatient Psychiatry	5,668	CI
21	6	Richmond	VA	Polytrauma (TBI) and Specialty Care	5,200	U
27	6	Hampton	VA	Relocate Mechanical Room	4,093	OC
<b>Total</b>					<b>14,961</b>	
43	1	White River Junction	VT	Specialty Care Addition	6,085	U
9	20	American Lake	WA	Correct Seismic Deficiencies, B18	3,245	CI
56	20	Seattle	WA	Cath Lab/Endoscopy Suite, B100	3,401	CI
<b>Total</b>					<b>6,646</b>	
29	12	Tomah	WI	Renovate 3rd Floor Bldg 408, Psychiatry	5,468	CI
45	12	Tomah	WI	Renovate 2nd Floor B-408 for 26 Psych Beds	4,426	CI
<b>Total</b>					<b>9,894</b>	
26	5	Martinsburg	WV	Fort Detrick CBOC	5,281	U

<sup>1</sup>Federal Real Property Council Tier 1 measures that the project addresses:

- Utilization = U
- Condition Index = CI
- Mission Dependency = MD
- Annual Operating Costs = OC

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## Appendix G - CARES Priority Summary

### FY 2008 VHA Major Construction Projects in Priority Order

VISN	Location		Project Title - Brief Description	Priority #
8	Tampa	FL	Polytrauma Expansion/Bed Tower	1
20	Seattle	WA	Seismic NHCU Bldg 100	2
8	Bay Pines	FL	Inpatient/Outpatient Improvements	3
9	Louisville	KY	New Medical Facility - Land	4
21	Palo Alto	CA	Ambulatory Care Seismic	5
20	American Lake	WA	Seismic Corrections Bldg 81	6
20	Roseburg	OR	Mental Health Bldg 2 Seismic	7
17	Dallas	TX	Spinal Cord Injury Center	8
3	Bronx	NY	Spinal Cord Injury Center	9
21	San Francisco	CA	Seismic Corrections Buildings 1, 6, 8, and 12	10
22	Los Angeles	CA	Seismic Corrections of 13 Buildings	11
4	Butler	PA	Outpatient Clinic	12
20	Seattle	WA	Mental Health Building 101 Seismic	13
21	Palo Alto	CA	East Bay Outpatient Clinic	14
5	Washington	DC	Outpatient Expansion	15
6	Salisbury	NC	Clinical Addition	16
22	Loma Linda	CA	Outpatient Building	17
15	Wichita	KS	Med/Surg Bed Modernization/ Ambulatory Expansion	18
6	Fayetteville	NC	Outpatient Addition	19
15	Columbia	SC	Diagnostics and Specialty Care Clinics Renovation	20
17	Dallas	TX	Clinical Expansion	21
7	Birmingham	AL	Huntsville Outpatient Clinic	22
21	Alameda	CA	Northern Alameda County Outpatient Clinic	23
5	Perry Point	MD	Nursing Home Care Unit	24
1	West Haven	CT	Clinical Ward Tower	25
23	Omaha	NE	HVAC/Clinical Deficiencies	26
6	Asheville	NC	Outpatient Expansion	27

### FY 2007 VHA Major Construction Projects in Priority Order

VISN	Location		Project Title - Brief Description	Priority #
12	Milwaukee	WI	Spinal Cord Injury (SCI) Center	1
8	Bay Pines	FL	Inpatient/Outpatient Renovation and Construction	2
17	Dallas	TX	Clinical Expansion and Renovation	3
4	Butler	PA	Outpatient Clinic and Demolition	4
21	East Bay	CA	New Outpatient Clinic	5
22	Long Beach	CA	Seismic Buildings 128 and 133	6
15	St. Louis (JB)	MO	Medical Facility Improvements and Cemetery Expansion	7
20	American Lake	WA	Seismic Corrections NHCU and	8
20	Seattle	WA	Mental Health and Research Building	9
22	Loma Linda	CA	Outpatient Clinical Building	10
3	Northport	NY	Renovate of Residential and Ambulatory Care	11
5	Washington	DC	Outpatient Clinic Expansion and Renovation	12
12	Madison	WI	Nursing Home	13
15	Kansas City	MO	Ambulatory Care Addition	14
7	Columbia	SC	Outpatient Clinic Expansion and Renovation	15
21	San Francisco	CA	Seismic Buildings 1, 6, 8, and 12	16
1	West Haven	CT	Clinical Ward Tower	17
21	North Alameda	CA	New Outpatient Clinic	18
21	Fresno	CA	Outpatient Addition	19
7	Birmingham	AL	Huntsville Outpatient Clinic	20
15	Columbia	MO	Operating Suite Replacement	21
5	Perry Point	MD	155-bed Nursing Home	22
8	Bay Pines	FL	Resolve FCA Deficiencies	23
8	Tampa	FL	Fire and Safety	24
5	Martinsburg	WV	Outpatient Improvements	25
6	Beckley	WV	Nursing Home Replacement	26

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## Appendix H – History of CARES Projects Update

Location	Project Description	Total Est. Cost (\$000)	FY 04 Actual (\$000)	FY 05 Actual <sup>1</sup> (\$000)	FY 06 Actual (\$000)	FY 07 Request (\$000)	FY 08 Request (\$000)	Future (\$000)	Estimated Completion Date	Status
American Lake	Seismic Corrections-NHCU & Dietetics	\$38,220	\$0	\$0	\$0	\$38,220	\$0	\$0	Mar 2009	S/DD
Anchorage	Outpt. Clinic/Regional Office	\$75,270	\$11,760	\$0	\$63,510	\$0	\$0	\$0	Sep 2008	S/DD
Atlanta	Modernize Patient Wards	\$20,534	\$0	\$20,534	\$0	\$0	\$0	\$0	TBD	CD
Biloxi <sup>2</sup>	Restoration of Hospital/Consolidation of Gulfport	\$310,000	\$0	\$0	\$310,000	\$0	\$0	\$0	Jan 2012	S/DD
Chicago	Modernize Inpatient Space	\$98,500	\$98,500	\$0	\$0	\$0	\$0	\$0	Sep 2007	CO
Cleveland	Cleveland-Brecksville Consolidation	\$102,300	\$15,000	\$0	\$87,300	\$0	\$0	\$0	Feb 2010	CO
Columbia	Operating Room Suite Replacement	\$25,830	\$0	\$0	\$0	\$25,830	\$0	\$0	May 2010	NA
Columbus	New Outpatient Clinic	\$94,800	\$94,800	\$0	\$0	\$0	\$0	\$0	Feb 2008	CO
Denver <sup>3</sup>	New Medical Center Facility	\$646,000	\$30,000	\$0	\$25,000	\$52,000	\$61,300	\$477,700	TBD	S/DD
Des Moines	Extended Care Building	\$24,800	\$0	\$24,800	\$0	\$0	\$0	\$0	Mar 2008	CO
Durham	Renovate Patient Wards	\$9,100	\$9,100	\$0	\$0	\$0	\$0	\$0	Dec 2008	CD
Fayetteville	Clinical Addition	\$65,700	\$0	\$0	\$5,800	\$0	\$0	\$59,900	TBD	S/DD
Gainesville	Correct Pt. Privacy Deficiency	\$85,200	\$8,800	\$0	\$76,400	\$0	\$0	\$0	Aug 2009	S/DD
Gulfport <sup>4</sup>	Environmental Cleanup	\$35,919			\$35,919			\$0	TBD	TBD
Indianapolis	7th & 8th Fl. Wards Modernization Addition	\$27,400	\$27,400	\$0	\$0	\$0	\$0	\$0	Feb 2009	CO
Las Vegas	New Medical Center Facility	\$600,400	\$60,000	\$0	\$199,000	\$0	\$341,400	\$0	Jan 2011	CO
Lee County <sup>5</sup>	Outpatient Clinic	\$109,400	\$0	\$6,498	\$4,000	\$0	\$9,890	\$89,012	TBD	S/DD
Long Beach	Seismic Corrections-Bldgs 7 & 126	\$107,845	\$10,300	\$0	\$0	\$97,545	\$0	\$0	Sep 2009	S/DD
Los Angeles	Seismic Corrections-Bldgs. 500 & 501	\$111,800	\$0	\$7,936	\$0	\$0	\$0	\$103,864	TBD	CD
Menlo Park	Seismic Corrections-Geropsych Replacement (Bldg. 324)	\$32,934	\$0	\$32,934	\$0	\$0	\$0	\$0	Dec 2008	CO
Milwaukee	Spinal Cord Injury (SCI) Center	\$32,500	\$0	\$0	\$0	\$32,500	\$0	\$0	Dec 2009	NA
Minneapolis	SCI & SCD Center	\$20,500	\$20,500	\$0	\$0	\$0	\$0	\$0	Feb 2009	CO
New Orleans <sup>6</sup>	Restoration/Replacement of Medical Center Facility	\$625,000	\$0	\$0	\$625,000	\$0	\$0	\$0	TBD	S/DD

Location	Project Description	Total Est. Cost (\$000)	FY 04 Actual (\$000)	FY 05 Actual <sup>1</sup> (\$000)	FY 06 Actual (\$000)	FY 07 Request (\$000)	FY 08 Request (\$000)	Future (\$000)	Estimated Completion Date	Status
North Chicago	Surgical Suite/Emergency DoD Sharing	\$13,000	\$13,000	\$0	\$0	\$0	\$0	\$0	Jul 2006	PC
Orlando	New Medical Center Facility	\$553,900	\$25,000	\$0	\$0	\$0	\$35,000	\$493,900	TBD	S/DD
Palo Alto	Seismic Corrections Bldg. 2	\$34,000	\$34,000	\$0	\$0	\$0	\$0	\$0	TBD	S/DD
Pensacola	Pensacola Outpatient Clinic	\$55,056	\$0	\$55,056	\$0	\$0	\$0	\$0	Sep 2007	CO
Pittsburgh	Consolidation of Campuses	\$248,000	\$20,000	\$0	\$82,500	\$0	\$40,000	\$105,500	TBD	CO
San Antonio	Ward Upgrades and Expansion	\$19,100	\$19,100	\$0	\$0	\$0	\$0	\$0	May 2010	CD
San Diego	Seismic Corrections-Bldg. 1	\$47,874	\$0	\$47,874	\$0	\$0	\$0	\$0	Aug 2008	CO
San Francisco	Seismic Corrections-Bldg. 203	\$41,168	\$0	\$41,168	\$0	\$0	\$0	\$0	Aug 2008	CO
San Juan <sup>7</sup>	Seismic Corrections-Bldg. 1	\$178,100	\$0	\$14,880	-\$4,000	\$0	\$0	\$167,220	TBD	S/DD
St. Louis (JB)	Medical Facility Improvements and Cemetery Expansion	\$99,000	\$0	\$0	\$0	\$7,000	\$0	\$92,000	TBD	NA
Syracuse	Spinal Cord Injury (SCI) Center	\$77,700	\$0	\$53,469	\$0	\$0	\$23,800	\$0	Jan 2010	CD
Tampa <sup>8</sup>	Spinal Cord Injury (SCI) Center	\$11,407	\$0	\$7,043	\$4,364	\$0	\$0	\$0	Dec 2007	CO
Tampa	Upgrade Essential Electrical Distribution Systems	\$49,000	\$49,000	\$0	\$0	\$0	\$0	\$0	Sep 2009	CD
Temple <sup>9</sup>	MRI and Supporting Facility	\$10,552	\$0	\$55,552	-\$45,000	\$0	\$0	\$0	TBD	TBD
Tucson <sup>10</sup>	Mental Health Clinic	\$13,300	\$12,100	\$0	\$1,200	\$0	\$0	\$0	Feb 2008	CO
	<b>Total</b>	<b>\$4,715,190</b>	<b>\$558,360</b>	<b>\$367,744</b>	<b>\$1,435,074</b>	<b>\$253,095</b>	<b>\$511,390</b>	<b>\$1,589,096</b>		

<sup>1</sup> FY 2005 Actual amounts reflect the FY 2005 Recission.

<sup>2</sup> This project received \$17.5 million in regular appropriations and another \$292.5 million in emergency supplemental appropriations from P.L. 109-148.

<sup>3</sup> This project received \$25 million in a reprogramming action in FY 2006.

<sup>4</sup> This project received \$35.9 million in emergency supplemental appropriations from P.L. 109-234.

<sup>5</sup> This project received \$4 million in a reprogramming action in FY 2006.

<sup>6</sup> This project was funded through two emergency supplemental appropriations: \$75 million from P.L. 109-148 and another \$550 million from P.L. 109-234.

<sup>7</sup> \$4 million was reprogrammed to fund the FY 1999 Major Construction project, New Building.

<sup>8</sup> This project received \$4.364 million in a reprogramming action in FY 2006.

<sup>9</sup> \$56 million was appropriated in FY 2005 for the Temple project. A recent CARES decision about the future of the Waco, TX facility has diminished the need for major construction activities at Temple. A reprogramming of \$45 million is requested. The remaining \$10.552 million will be used to construct an MRI and support facilities at Temple.

<sup>10</sup> This project received \$1.2 million in a reprogramming action in FY 2006.

Location	Project Description	Total Est. Cost (\$000)	FY 04 Actual (\$000)	FY 05 Actual <sup>1</sup> (\$000)	FY 06 Actual (\$000)	FY 07 Request (\$000)	FY 08 Request (\$000)	Future (\$000)	Estimated Completion Date	Status
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**Status Codes:**

- CD - Construction Documents
- CO - Construction
- S/DD - Schematics/Design Development
- NA - No Project Appropriation Available
- PC - Physically Complete

The following provides descriptions of the projects listed in the preceding table.

<b>Project Location</b>	<b>American Lake, WA</b>
<b>Planned Project Name</b>	<b>Seismic Correction, Nursing Home, Dietetics</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested(\$000)</b>	\$38,220
<b>Total Acquisition Cost (\$000)</b>	\$38,220
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

### **Project Description**

This project requires \$38.22M in FY 2007 budget authority to complete construction. This project will construct a one story, 83-bed Nursing Home Care Unit (NHCU) with Alzheimer Ward, Dietetics and other associated support functions. The project is intended to improve patient and staff safety by correcting seismic, fire and life safety deficiencies. At the present time, the NHCU and its support functions are housed in buildings first constructed in 1923. Building 2 contains the NHCU and Building 3 contains the Food Service kitchen that serves the nursing units. These buildings rank on the list of seismically extremely high risk buildings. If cook-chill proves to be a cost-effective approach, the new Dietetics space would be constructed to handle both American Lake and Seattle Campuses, as well as potentially serving Madigan Army Medical Center. The project would also remove an existing high risk (seismic) from the VA inventory.

<b>Project Location</b>	<b>Anchorage (Elmendorf AFB), AK</b>	
<b>Planned Project Name</b>	<b>Outpatient Clinic and Regional Office, Ph 2 Construction</b>	
<b>Fiscal Year</b>	FY 2004	FY 2006
<b>BA Received(\$000)</b>	\$11,760	\$63,510
<b>Total Acquisition Cost (\$000)</b>	\$75,270	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Schematics/Design Development	

### **Project Description**

This project received \$11.76M in FY 2004 for design and an additional \$63.51M in FY 2006 to complete phase 2 construction. This project has a total acquisition cost of approximately \$75.27M. This project is to construct a new Outpatient Clinic and Regional Office building adjacent to the Elmendorf Air Force Base Medical Center - a joint VA and Air Force facility. This new building will replace the current 82,000 gross square foot (gsf) leased facility for the Alaska VA Healthcare Clinic

and Regional Office with a new building of approximately 169,000 gsf. The current lease expires in 2007. This project integrates several VA functions with existing Air Force functions located at the adjacent hospital, thus reducing the overall construction size from 184,000 gsf to approximately 169,000 gsf. The new facility will provide space in a building adjacent to the current Air Force/VA hospital for collocation of medical and benefits services presently housed in leased space.

<b>Project Location</b>	<b>Atlanta, GA</b>
<b>Planned Project Name</b>	<b>Modernize Patient Wards</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received(\$000)</b>	\$20,534
<b>Total Acquisition Cost (\$000)</b>	\$20,534
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction Documents

### **Project Description**

This project received \$20.534M in FY 2005 budget authority. This project directly supports the VISN 7 CARES marketing plan by renovating existing medical inpatient wards that are below community standards. Improvements include the renovation of approximately 40,000 gross square feet on 2 inpatient floors (7th and 8th) and 20,000 gross square feet on the 10th floor to meet American with Disabilities Act (ADA) accessibility requirements, meet women veterans' needs, correct patient privacy issues, and improve staff efficiencies with improved functional layout. Work will also address infrastructure improvements to utility systems by resolving outstanding deficiencies. These deficiencies include HVAC, plumbing, electrical and fire and safety concerns on these inpatient floors. This project will also include the addition of two elevators in the main building. In addition, this project will also promote the One VA concept by improving access, through the construction of a connecting bridge, for veterans traveling between the VBA Regional Office Building and the VA Medical Center.



<b>Project Location</b>	<b>Biloxi, MS</b>
<b>Planned Project Name</b>	<b>Restoration of Hospital/Consolidation of Gulfport</b>
<b>Fiscal Year</b>	FY 2006
<b>BA Received(\$000)</b>	\$310,000
<b>Total Acquisition Cost (\$000)</b>	\$310,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

### **Project Description**

This project received \$17.5M in FY 2006 budget authority and an additional \$292.5M in budget authority in public law 109-148 the FY 2006 Emergency Supplemental, to complete construction, with an estimated total acquisition cost of approximately \$310M. This project will restore the hospital at Biloxi as a result of damage from Hurricane Katrina and consolidate and co-locate all clinical and administrative functions of a two-division medical center at the Biloxi VAMC campus. On May 7, 2004 the VA Secretary announced the Capital Asset and Realignment to Enhance Services (CARES) plan, included in this plan is the closure of the VAGCVHCS Gulfport campus and the need to build a new Blind Rehabilitation Center on the VAGCVHCS Biloxi campus. This project supports these two major CARES initiatives. This consolidation aligns itself with congressional top priority for VA construction due to the closure of the Gulfport division (campus) and achieves the objectives of CARES to realign and decrease the amount of infrastructure maintained and operated by VA by 383,868 gross square feet at Gulfport

This project will construct a new Mental Health/Clinical Addition, a new nursing home care building, a new gymnasium, an administrative building, a new police and security building, storage and CWT buildings, and various renovations to existing patient care buildings in Biloxi. This project replaces the direct-care programs at Gulfport and consolidates all services at Biloxi. This project will also accelerate the consolidation and other repairs necessitated by the damage done by Hurricane Katrina.

<b>Project Location</b>	<b>Chicago, IL</b>
<b>Planned Project Name</b>	<b>Bed Tower</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received(\$000)</b>	\$98,500
<b>Total Acquisition Cost (\$000)</b>	\$98,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

### **Project Description**

This project received \$98.5M FY 2004 budget authority. This project will consolidate the two-inpatient sites of care, Lakeside, and West Side that are located in 50-year old facilities approximately five miles apart. Construction includes a new bed tower to house all inpatient beds and operating rooms, at the West Side Division. The building will be connected to Building 1, the existing hospital where ancillary support and diagnostic functions will remain. Building 1 renovations will provide consolidated inpatient support services. The VISN 12 CARES study for veterans health care needs for 2010 and beyond determined that two separate inpatient care units so close to one another represented unnecessary duplication of services and that significant operating inefficiencies could be eliminated and cost savings achieved by consolidating inpatient care at a single site. This project will reduce operating costs for services and supplies. In addition, there will be improved patient satisfaction by providing veteran patients with a level of care that meets or exceeds community standards and cannot be provided in two separate 50-year old facilities.

<b>Project Location</b>	<b>Cleveland, OH</b>	
<b>Planned Project Name</b>	<b>Cleveland-Brecksville Consolidation, Phase 2-Construction</b>	
<b>Fiscal Year</b>	FY 2004	FY 2006
<b>BA Received(\$000)</b>	\$15,000	\$87,300
<b>Total Acquisition Cost (\$000)</b>	\$102,300	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction	

### **Project Description**

This project received \$15M in FY 2004 budget authority for design and \$87.3M in FY 2006 budget authority to complete the project, for an estimated total acquisition cost of \$102.3M. This project will consolidate and co-locate all clinical and administrative functions of a two division medical center at the Wade Park VAMC. This consolidation aligns itself as a top priority for construction due to the closure of the Brecksville VAMC and achieves the objective of CARES to realign and decrease the amount of infrastructure maintained and operated by VA by 931,454

gross square feet. This project will require new construction of 268,546 gross square feet at the Wade Park VAMC. The scope of this project includes additional chillers, emergency generators, and boilers as well as the associated incoming utility connection for the new space. Space efficiencies are gained in several ways for the aforementioned items that do not require the new construction of space: 1) There is existing space in the penthouse of the Wade Park VAMC that can accommodate the new chillers and (2) The current energy center is expandable by 1,800 square feet. This project requires the enhanced-use lease of 102 acres at the Brecksville VAMC in exchange for property adjacent to the Wade Park VAMC. Under the enhance-use lease agreement, the lessor will construct a 120-bed domiciliary, a 1,200 space parking garage, and administrative space adjacent to the Wade Park VAMC that will provide the additional infrastructure needed for the consolidation of the Brecksville VAMC at the Wade Park VAMC. The consolidation at the Wade Park Division of the Louis Stokes Cleveland VAMC will allow for the complete vacancy and closure of the Brecksville VAMC. The cost savings of this project are anticipated to exceed \$23 million annually and the quality of clinical care will be significantly enhanced to the more than 80,000 veterans that receive care at these medical centers annually. Additionally, there is the potential consolidation of VHA and VBA that will promote a One VA through efficient processing of VBA claims requiring medical support from VHA for the more than 500,000 veterans residing in Northern Ohio.

<b>Project Location</b>	<b>Columbia, MO</b>
<b>Planned Project Name</b>	<b>Operating Room Suite Replacement</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested(\$000)</b>	\$25,830
<b>Total Acquisition Cost (\$000)</b>	\$25,830
<b>Asset Type</b>	Major Construction
<b>Status</b>	Not Funded

### **Project Description**

This project requires \$25.83M in FY 2007 budget authority to complete construction. This project will construct 27,000 square feet for replacement of the Operating Room (OR) Suite and renovate 10,000 square feet of space for surgical support. The new space will consist of 2 general OR rooms, 3 Special OR rooms, clean and soiled work areas, equipment storage, clean supply storage, ambulatory surgery, and the necessary scrub areas. The renovated space for support functions will consist of the post anesthetic care unit (PACU), pre-op prep room, pre-op holding area, cystology area, and staff locker / restroom facilities. The project will correct infrastructure deficiencies with the electrical and HVAC systems identified in the Facility Condition Assessment. The project will correct all space deficiencies which are 50% below recommended criteria. Functional deficiencies will be corrected as well, allowing increased efficiencies with OR

room turnaround and increased operator utilization. Gaps in the surgical clinic stops associated with the project are projected to be at 90% in FY 2012 and 65% in FY 2022. It is expected that turnaround time for the OR rooms can be reduced from the current duration of 45 minutes to 25 minutes through proper layout and storage areas. This will allow increased utilization of the OR rooms and a reduction in the projected gap. The current OR facilities are below community standards with a cramped, open PACU that does not provide adequate patient privacy; this project will correct that. The Columbia VA is cardiac referral center for VISN 15. As a highly affiliated teaching hospital, this project will provide state-of-the-art surgical facilities in lieu of the marginally acceptable facilities that currently exist.

<b>Project Location</b>	<b>Columbus, OH</b>
<b>Planned Project Name</b>	<b>Outpatient Clinic</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received(\$000)</b>	\$94,800
<b>Total Acquisition Cost (\$000)</b>	\$94,800
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

### **Project Description**

This project received \$94.8M in FY 2004 budget authority. This project will relocate and replace the existing 118,000 square feet Chalmers P. Wylie Outpatient Clinic to the Defense Supply Center, Columbus (DSCC). Agreement has been reached with DOD to locate the new facility on a 20-acre parcel of land on the west side of the base. The project will require new construction of 295,000 square feet. The Columbus Outpatient relocated to its current location in 1995 as one of four mega-lease facilities in the VA system. The clinic was designed to support 135,000 annual visits, however greater than 208,000 visits were accomplished during FY 2003. The current size and configuration of the clinic is not sufficient to serve the growing patient demand for services and provides only limited specialty care services. The replacement facility will significantly reduce the need for veteran travel to other Network 10 VA's for ambulatory specialty and same-day surgical care, significantly improve continuity of care, increase parking from 470 to a projected 1,000 parking spaces and address 85% of the identified CARES Capacity Gaps for specialty, primary and ancillary care. Annual cost savings of 1.5 million would be realized in lease expenses for the existing clinic and off site clinical/administrative space. Access to inpatient care will be improved by establishing a contract with a local health care system. The design for the VA replacement clinic will include plans for possible future expansion to add inpatient beds if patient care demands support in future years. The primary impact of the project is establishment of new/expanded specialty care services currently unavailable in Central Ohio.

<b>Project Location</b>	<b>Denver, CO</b>			
<b>Planned Project Name</b>	<b>New Medical Center Facility</b>			
<b>Fiscal Year</b>	FY 2004	FY 2006	FY 2007	FY 2008
<b>BA Requested (\$000)</b>	\$30,000	\$25,000	\$52,000	\$61,300
<b>Total Acquisition Cost (\$000)</b>	\$646,000			
<b>Asset Type</b>	Major Construction			
<b>Status</b>	Schematics/Design Development			

### **Project Description**

This project received \$30M in FY 2004 budget authority, \$25M in a reprogramming action in FY 2006, and requires \$52M in FY 2007 budget authority for design, with a total acquisition cost of approximately \$646M. The project provides approximately 1,400,000 square feet for a facility near the University of Colorado Fitzsimons campus. The facility will accommodate the Eastern Colorado HCS tertiary, secondary and primary care functions and also presents the possibility of a joint VA/DoD presence. The project continues positive collaboration with the University of Colorado by relocating to this new site.

<b>Project Location</b>	<b>Des Moines, IA</b>
<b>Planned Project Name</b>	<b>Extended Care Building</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received(\$000)</b>	\$24,800
<b>Total Acquisition Cost (\$000)</b>	\$24,800
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

### **Project Description**

This project received \$25M in FY 2005 budget authority. This project will construct a new building of approximately 100,000 gross square feet for a 120-bed Nursing Home Care Unit (NHCU), 20-bed Rehabilitation Medicine Unit, 40-bed Domiciliary Unit, Administrative, Employee Education, Clinic and Support space at the Des Moines Division of the VA Central Iowa Health Care System. This proposal will result in the following outcomes at project completion: 1) Locate NHCU, Rehabilitation Medicine, Behavioral Disorders (SMI) and Acute Psychiatric Care Services adjacent to acute Med/Surg Beds to enhance care delivery to increasingly medically complex extended care and rehabilitation cases. 2) Enhance veteran and family access to services by establishing high demand beds in the area of highest veteran population density in the state. 3) Replace badly deteriorating and aging infrastructure at the Knoxville division of VA Central Iowa with state of the art facilities at the Des Moines campus. 4) Achieve significant operational cost reduction over the life of the project. 5) Enhance staff

education and research. 6) Consolidate all inpatient bed care services and other support functions at one location; and 7) allow divestiture of approximately 350,000 gross square feet of outdated infrastructure at the Knoxville Division.

<b>Project Location</b>	<b>Durham, NC</b>
<b>Planned Project Name</b>	<b>Renovate Patient Wards</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$9,100
<b>Total Acquisition Cost (\$000)</b>	\$9,100
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction Documents

### **Project Description**

This project received \$9.1M in FY 2004 budget authority. This project will renovate approximately 46,000 gsf of existing space on Ward 7A, Wing 7C, Ward 6A, Wing 6C, Ward 9A, Wing 9C, Ward 5B and Wing 5C. This project will renovate the last four of six outdated inpatient wards at the Durham VA Medical Center. Wards 7B and 6B are currently being designed for renovation via an approved FY 04 Minor Construction Project. Each Ward that is renovated will have 25 inpatient beds except for Ward 9A (Mental Health), which will have 30 beds. Included in the renovation will be the complete demolition of the interior walls, utilities, floor tile, doors and frames, hardware, etc. and rework of the air conditioning system. The reconfiguration of each ward layout will correct serious patient privacy and space deficiencies that have existed for many years. This project will allow for greater visibility by the nursing staff, larger patient rooms, and private or semi-private restrooms. An adequate number of private bathrooms will be constructed to address the special needs of the female veteran. This project will modernize outdated 1950's vintage wards to updated, state of the art patient wards. The project will address CARES model capacity gaps in Inpatient Medicine, Surgery, and Psychiatry.



<b>Project Location</b>	<b>Fayetteville, AR</b>
<b>Planned Project Name</b>	<b>Clinical Addition, Phase 1 Design</b>
<b>Fiscal Year</b>	FY 2006
<b>BA Received (\$000)</b>	\$5,800
<b>Total Acquisition Cost (\$000)</b>	\$65,700
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

### **Project Description**

This project received \$5.8M in FY 2006 budget authority for phase 1, design of the clinical addition, with an estimated total acquisition cost of approximately \$65.7M. The project includes the construction of a clinical addition of approximately 160,000 square feet to correct the CARES specialty gap of 168%, the CARES ancillary gap of 112% and ensure veterans have access according to VA's mandate for access to specialty care of 60 minutes drive time for urban and 90 minutes drive time for rural areas. Annual cost savings would be realized in the reduction of lease expenses for current off-site space.

Based on the CARES space and functional survey, the total square feet at VAMC Fayetteville will accommodate approximately 25,600 unique veterans. The FY 2004 projected number of unique veterans was approximately 41,000. The current CARES space and functional survey based on FY 2003 uniques reflects a gross square feet space deficit of 218,163 square feet. The CARES total space deficit for specialty care and Ancillary care in 2022 is 179,729 square feet (37,018 sq ft ancillary and 142,711 sq ft specialty). At project completion, space will be available to meet the CARES projected growth needs through 2022.

The clinical addition will help address the needs of the growing veteran population and provide a full continuum of patient-centered one-stop quality health care for primary and specialty care with supporting ancillary services. The clinical addition will add space, which will allow the enhancement of services that support both inpatient and outpatient care. Specialty services will be added or enhanced. Examples of ancillary services to be included are pharmacy, physical therapy and improved access to laboratory services.

<b>Project Location</b>	<b>Gainesville, FL</b>	
<b>Planned Project Name</b>	<b>Correct Patient Privacy Deficiencies, Ph 2 Construction</b>	
<b>Fiscal Year</b>	FY 2004	FY 2006
<b>BA Received (\$000)</b>	\$8,800	\$76,400
<b>Total Acquisition Cost (\$000)</b>	\$85,200	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Schematics/Design Development	

### **Project Description**

This project received \$8.8M in FY 2004 budget authority and \$76.4M in FY 2006 budget authority, to complete phase 2 construction, with an estimated total acquisition cost of approximately \$85.2M. The medical center, an acute care facility, was dedicated in 1967. The inpatient medical, surgical, and psychiatric wards, are as originally constructed, consisting of mostly 5-bed rooms, with some 1, 2, and 3-bed rooms, and congregate baths. The inpatient wards received a CARES functional score of 1.0, which indicates the inpatient wards are non-functional, with virtually no privacy standards being met. Accordingly, the inpatient wards are in non-compliance with the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191. Several alternatives were explored and considered as means to increase the functional score. It was determined that the most viable alternative is an approximately 242,000 gross square feet (gsf) addition to the medical center. The addition will consist of four floors, plus a basement level, with connecting corridors to the existing medical center. The addition will house 238 inpatient beds consisting of 120 medical beds, 60 surgical beds, 58 psychiatric beds, support space, and Veterans Benefits Administration (VBA) collocation. This project includes renovation of space for expansion of specialty care clinics consisting of Cardiology, Dermatology, Nephrology/Dialysis, Hematology, Otolaryngology, Audiology, Ophthalmology, Urology, Orthopedics, and Vascular Surgery. Construction of the new bed tower addition will free up the existing inpatient ward space to partially address the 144,504 dgsf specialty care space gap identified by the CARES functional space survey data. Approximately 4,000 gsf of space is also being included in the new addition for collocation of VBA. The project will correct non-functional space, patient privacy deficiencies, handicap deficiencies, and code deficiencies that currently exist in the inpatient wards.



<b>Project Location</b>	<b>Indianapolis, IN</b>
<b>Planned Project Name</b>	<b>7th &amp; 8th Floor Ward Modernization Addition</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$27,400
<b>Total Acquisition Cost (\$000)</b>	\$27,400
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

### **Project Description**

This project received \$27.4M in FY 2004 budget authority. This project will correct the multiple deficiencies that prevail on the inpatient wards/bedrooms, 23-hour observation unit, and the inpatient pharmacy. Improvements include the addition of approximately 80,000 gross square feet of space on the 7th and 8th floor of the A-wing of Building 1, along with ancillary utility support. The project replaces all medicine, surgery, and intermediate beds. It provides 52 private and 22 semi-private rooms, negative and positive isolation rooms with the appropriate anterooms, a new inpatient pharmacy, new medical education space and other support space. Within the room allotment, the project replaces 11 beds and allocates an additional 12 beds for 23-hour observation, expanding specialty outpatient capacity. The design will provide the capability for patients to be dialyzed within each patient room providing an opportunity to increase the outpatient dialysis treatment capacity within the existing unit through the elimination of the need for inpatient treatment space. Additional educational space will be added on each floor to support the teaching mission of this medical center. It will benefit medical residents, other trainees, and medical center staff by providing a place for learning, a forum for sharing information, and a location for digital capability for distance learning. These rooms will greatly improve the communication and treatment of the patients by providing space for didactic training and learning literally around the corner from the practical application of that training. Three vacated wards will be designed and backfilled through this project for outpatient primary care and specialty care space. Design of the backfill will occur during the construction of the vertical addition with backfill beginning upon activation of the new inpatient space. This will add 24,000 square feet of outpatient space, which was included as part of the VISN 11 CARES plan for the Indiana market.

<b>Project Location</b>	<b>Las Vegas, NV</b>		
<b>Planned Project Name</b>	<b>New Medical Center Facility</b>		
<b>Fiscal Year</b>	FY 2004	FY 2006	FY 2008
<b>BA Requested (\$000)</b>	\$60,000	\$199,000	\$341,400
<b>Total Acquisition Cost (\$000)</b>	\$600,400		
<b>Asset Type</b>	Major Construction		
<b>Status</b>	Construction		

### **Project Description**

This project received \$60M in FY 2004 and \$199M in FY 2006, and requires an additional \$341.4M in FY 2008 budget authority to complete construction, with a total estimated cost of approximately \$600.4M. This project will allow for construction of a comprehensive Medical Center Complex. The project would consist of up to 90 inpatient beds, a 120 bed Nursing Home Care Unit, Ambulatory Care Center, administrative and support functions and provide space for collocated Veterans Benefits Administration offices. The Medical Center Complex would provide a “One Stop Shopping” approach for the veteran whose healthcare needs cross the continuum of services including primary and specialty care, surgery, mental health, rehabilitation, geriatrics and extended care. The consolidation of clinical and administrative support will increase effectiveness, allow for the sharing of expertise and coordination across all levels of care, ensure patients are provided optimum care in the most appropriate setting. The proposed facility would be appropriately sized with approximately 838,000 square feet. The site for a new facility has been transferred to VA from the Bureau of Land Management, Department of the Interior.

In order to improve access, maximize flexibility and reduce cost, 50% of projected Primary Care and Mental Health workload has been removed from the space program and will be placed in multiple locations throughout the Las Vegas metropolitan area. This improves access to patients for Primary Care and allows for a scalable infrastructure to quickly adapt to anticipated changes in workload

<b>Project Location</b>	<b>Lee County, FL</b>		
<b>Planned Project Name</b>	<b>Outpatient Clinic</b>		
<b>Fiscal Year</b>	FY 2005	FY 2006	FY 2008
<b>BA Received (\$000)</b>	\$6,498	\$4,000	\$9,890
<b>Total Acquisition Cost (\$000)</b>	\$109,400		
<b>Asset Type</b>	Major Construction		
<b>Status</b>	Schematics/Design Development		

### **Project Description**

This project received \$6.498M in FY 2005 to acquire 30.53 acres, \$4M in a reprogramming action in FY 2006, and now requires an additional \$9.89M in FY 2008 budget authority to begin design for a new 200,000 gsf building, with a total estimated cost of approximately \$109.4M. The new building will provide an Ambulatory Surgery/Outpatient Diagnostic Support Center in the Gulf, South-Submarket of VISN 8 to meet the increased demand for diagnostic procedures, ambulatory surgery, and specialty care (including mental health services), all of which are gaps identified during the Capital Asset Realignment for Enhanced Services (CARES) study.

<b>Project Location</b>	<b>Long Beach, CA</b>	
<b>Planned Project Name</b>	<b>Seismic Corrections to Buildings 7 &amp; 126</b>	
<b>Fiscal Year</b>	FY 2004	FY 2007
<b>BA Requested (\$000)</b>	\$10,300	\$97,545
<b>Total Acquisition Cost (\$000)</b>	\$107,845	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Schematics/Design Development	

### **Project Description**

This project received \$10.3M in FY 2004 budget authority for design and requires \$97.55M in FY 2007 budget authority to complete the project, with a total acquisition cost of approximately \$107.9M. The VA Long Beach Healthcare System (VALBHS) is proposing a major construction project for the modernization, demolition and seismic upgrade of facilities. Increasing the efficiency of traffic flow and parking will be a high priority included in the site plan. A security plan will also be implemented during the design phase. This project includes the construction of a new and efficient space for those administrative and support services affected by the demolition of seismically deficient buildings 2, 4, 8, 11 and T162. These buildings contain crucial core support functions: Bldg. 2- Ear, Nose & Throat (ENT), Audiology, Main Library, Chapel, Canteen/Cafeteria, Bldg. 4- Fiscal, Material Management, Equal Employment Opportunity (EEO) & Labor Relations, Human Resources and Credit Union, Bldg. 8- Education, Medical & Surgical Support Offices, Building

11- Employees Education Service (EES) and T162 - Employee Health, TRICARE & Indian Health Clinics and the Veterans Integrated Service Network (VISN 22) Director's and Support Offices. Building 7 will be seismically upgraded and modernized or demolished, rebuilt and expanded as new clinical space based on the consultants' findings. Building 7 was evaluated and deemed essential and placed on the VA national "Exceptionally High Risk" list as seismically deficient (VA Seismic Inventory, Phase 4, EHR Ranked List, October 2003 update). Buildings 2, 4, 8 and 11 are of the same 1943 vintage and design.

Specifically, this project will either renovate and seismically upgrade existing Building 7 (36,000 gsf) and add 24,000 gsf to building 7 or demolish and rebuild to the size of 73,600 gsf of clinic space and will consolidate multiple specialty medical and surgical outpatient clinics and pharmacy to prepare for future outpatient demand as demonstrated in CARES. The project will demolish approximately 214,000 gsf of seismically deficient and deteriorated inefficient spaces of Buildings 2, 4, 8, 11 and T162 and consolidate services in a new administrative, research administration, and support services building (approx 137,000 gsf).

In conjunction, the project will construct a 54,000 gsf 24-bed Blind Rehabilitation Center (as demonstrated in the CARES model) to serve all of the Southwestern part of the United States blind veteran population. Comprehensive rehabilitation services at VALBHS will be consolidated and placed physically adjacent to the SCI Building in order to improve efficiencies and increase productivity. All new construction shall be connected to Buildings 7 and 126OP, connected to the core patient tower building 126 and the new proposed Blind Rehabilitation Center.

<b>Project Location</b>	<b>Los Angeles, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections Buildings 500 &amp; 501, Phase 1 Design</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received (\$000)</b>	\$7,936
<b>Total Acquisition Cost (\$000)</b>	\$111,800
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction Documents

### **Project Description**

This project received \$7.936M in FY 2005 budget authority to complete phase 1 design, with a total estimated acquisition cost of approximately \$111.8M. This project will seismically retrofit the largest at risk building in the VA system, currently highly ranked on the VA list of seismically exceptionally high risk buildings. Additionally, this project will perform non-structural seismic retrofit for Building 500. The Building 501 non-structural portion will address non-

compliance of pipe and equipment seismic bracing and anchoring. Building 500 is a six-story, steel braced frame building of approximately 937,000 square feet located on the main VA campus in West Los Angeles, California. The building serves as the main hospital on the campus. The structure has not been significantly modified since it was built in 1976. The seismic performance of the building was evaluated according to the requirements of the 2001 California Building Code.

<b>Project Location</b>	<b>Menlo Park, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections-Geropsychiatric Nursing Home Replacement (Bldg. 324)</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received (\$000)</b>	\$32,934
<b>Total Acquisition Cost (\$000)</b>	\$32,934
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

### **Project Description**

This project received \$32.934M in FY 2005 budget authority. This capital investment project will construct a 120-bed gero-psychiatric replacement facility of approximately 80,000 gsf at VA Palo Alto Health Care System's (VAPAHCS) Menlo Park Division (MPD). This project will replace an obsolete, functionally deficient and seismically unsafe psychiatric building, which currently operates as a 109-bed gero-psychiatric inpatient facility (Building 324 - Exceptionally High Risk [EHR]). Completion of this project will eliminate a seismically deficient facility that fails to meet current Life/Safety, ADA/Uniform Federal Accessible Standards (UFAS). VAPAHCS' Menlo Park Division is VISN 21's primary referral center for extended care and psychiatric treatment while the Palo Alto Division is one of two regional referral sites for tertiary care and acute inpatient programs such as surgery, medicine and psychiatry.

<b>Project Location</b>	<b>Milwaukee, WI</b>
<b>Planned Project Name</b>	<b>Spinal Cord Injury (SCI) Center</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Received (\$000)</b>	\$32,500
<b>Total Acquisition Cost (\$000)</b>	\$32,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Not Funded

### **Project Description**

This project requires \$32.5M in FY 2007 budget authority to complete construction. The Spinal Cord Injury Outpatient and Inpatient Center construction project will create a 63,100 gsf building to include 38 patient beds. The purpose of this project is to develop a new geographic base for the Spinal

Cord Injury Center at the Milwaukee VA Medical Center. This is a part of the comprehensive Center of Excellence for the physically challenged. This project is designed to improve patient care, maximize patient services and quality of life (including accessibility, privacy, and independence). The project will aim to improve efficiency of hospital staff, particularly nurses and therapists, and to more efficiently utilize scarce resources. The project will also meet the demands for the SCI physical therapy, recreational therapy, GU clinic, kitchen and all administrative and support space in accordance with the VA criteria and will meet the requirements in the VA SCI Design Guide.

<b>Project Location</b>	<b>Minneapolis, MN</b>
<b>Planned Project Name</b>	<b>SCI and SCD Center</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$20,500
<b>Total Acquisition Cost (\$000)</b>	\$20,500
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

### **Project Description**

This project received \$20.5M FY 2004 budget authority. This project will establish a Spinal Cord Injury/Disease (SCI/D) Center for VISN 23. It will construct a two story structure (plus basement); a 30 inpatient bed unit with Outpatient Clinics and administrative space. A connection to the main facility would be required and is planned to occur at each level of the new structure; the new SCI/D Center will have a separate street level entrance and dedicated parking. Currently, outpatient SCI exams are done in the Physical Medicine and Rehabilitation (PM&R) Exam area 2.5 days per week. With the current shortage of PM&R space, and potential expansion of the pain clinic, there would be no space to backfill once the new SCI Center is built as the current outpatient space is already utilized by PM&R. A VISN 23 SCI Center is supported by the CARES planning model and the draft national CARES plan, as well as the VHA SCI Program Office.

<b>Project Location</b>	<b>New Orleans, LA</b>
<b>Planned Project Name</b>	<b>Restoration/Replacement of Medical Center Facility</b>
<b>Fiscal Year</b>	FY 2006
<b>BA Received (\$000)</b>	\$625,000
<b>Total Acquisition Cost (\$000)</b>	\$625,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

### **Project Description**

This project received \$75M in FY 2006 budget authority in the FY 2006 Emergency Supplemental Appropriation, Public Law 109-148, and another \$550M in the FY 2006 Emergency Supplemental Appropriation, Public Law 109-234, for a total acquisition cost of approximately \$625M. This project will evaluate the damage to the New Orleans VAMC and determine the most efficient and cost effective manner to provide health care services to veterans in the New Orleans Service area. This project may also include connecting a corridor to the LSU (Medical Center of Louisiana) medical facility. Functions may be shared in the LSU and VA facilities, as well as the connecting corridor, consistent with the New Orleans Collaborative Opportunities Study Group Report, dated June 12, 2006, cited in the authorization.

<b>Project Location</b>	<b>North Chicago, IL</b>
<b>Planned Project Name</b>	<b>Joint VA and Department of Navy Medical Project</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$13,000
<b>Total Acquisition Cost (\$000)</b>	\$13,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Physically Complete

### **Project Description (Completed)**

This project received \$13M FY 2004 budget authority This project provides new surgical facilities, including operating rooms and support space, and upgraded Urgent Care/Emergency Services staffed by VA and utilized by both VA and DoD (Navy) beneficiaries. A new Operating Room Suite was constructed and the existing Post Anesthesia Recovery area was be renovated. The VISN 12 CARES review encouraged increased collaboration between the North Chicago (NC) VAMC and Naval Hospital Great Lakes. The joint Surgery and Urgent/Emergency Care units address some of the existing unnecessary duplication of services (these Federal hospitals are less than a mile apart).



Consolidating these services at a single site results in considerable savings (about \$3,600,000 a year, mostly due to the minimum staffing required at separate facilities).

This project reduces overall operating costs for VA and Navy by consolidating VA and DoD inpatient care. It utilizes vacant patient care space at the NCVAMC. Additionally, VA beneficiaries have increased access to surgical procedures closer to their homes and families.

<b>Project Location</b>	<b>Orlando, FL</b>
<b>Planned Project Name</b>	<b>New Medical Center Facility, Land Acquisition</b>
<b>Fiscal Year</b>	FY 2004      FY 2008
<b>BA Requested (\$000)</b>	\$25,000      \$35,000
<b>Total Acquisition Cost (\$000)</b>	\$553,900
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

#### **Project Description**

This project received \$25M in FY 2004 and requires an additional \$35M in FY 2008 budget authority to purchase land, with a total estimated cost of approximately \$553.9M. This project provides the land acquisition for construction of a new medical center consisting of a 134-bed hospital, a large medical clinic, 120-bed nursing home, 60-bed domiciliary, and full support services on a new site.

<b>Project Location</b>	<b>Palo Alto, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections Bldg 2</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$34,000
<b>Total Acquisition Cost (\$000)</b>	\$34,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

#### **Project Description**

This project received \$34M in FY 2004 budget authority. This project would construct an 80-bed acute inpatient psychiatric replacement facility, approximately 76,000 gsf, at VA Palo Alto Health Care System's (VAPAHCS) Palo Alto Division (PAD). It would replace an obsolete, functionally deficient and seismically unsafe inpatient psychiatric building, (building 2) which was identified as the second most seismically critical building in the system. Today, VAPAHCS maintains four separate acute inpatient psychiatric wards (92-beds), located in three separate buildings (Buildings 2, 5, and 348) on two different campuses (Palo Alto Division and Menlo Park Division). By constructing the proposed 80-bed acute psychiatric



replacement facility, VAPAHCS would successfully consolidate all four acute inpatient psychiatric wards into a single state-of-the-art treatment facility to maximize economies of scale and achieve significant operational efficiencies. Prior to construction, approximately 200 parking spaces, impacted by the proposed 80-bed facility, would be relocated to minimize the impact on patients and staff. Upon completion of the 80-bed acute psychiatric inpatient facility, VAPAHCS would relocate impacted Building 2 programs, not included in the proposed 80-bed acute psychiatric inpatient replacement facility, such as Psychology Service, Lodger Program, warehousing, research labs and ancillary services, to other PAD facilities. Impact funds are included in this CIP to renovate vacant space for these programs. Once completed, Building 2, which is 77,100 gsf, would be razed and the parcel would be converted to patient parking. This project includes Building 2 asbestos abatement and site restoration. Landscape and exterior revisions will also be required. Completion of this project would eliminate an Exceptionally High Risk (EHR) seismically deficient building that fails to meet current Life/Safety, Uniform Federal Accessible Standards (UFAS) as well as Federal and State seismic statutes.

<b>Project Location</b>	<b>Pensacola, FL - Cory Naval Air Station,</b>
<b>Planned Project Name</b>	<b>Joint VA &amp; Department of Navy Outpatient Clinic</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received (\$000)</b>	\$55,056
<b>Total Acquisition Cost (\$000)</b>	\$55,056
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

### **Project Description**

This project received \$55.056M in FY 2005 budget authority. This submission is for the replacement of the existing leased outpatient clinics in Pensacola, Florida with a joint/shared VA/DoD (Navy) outpatient clinic. The new clinic will consist of approximately 200,000 gsf and will replace the existing VA outpatient clinic (lease expiring 2006) and the Navy Corry Station Branch Clinic. CARES future workload projections for this market indicates that workload will peak in FY 2008 and will continue to remain above FY 2001 levels through FY 2022. The projected outpatient primary care gap for 2022 is 77,386, the outpatient mental health gap is 27,343, the outpatient specialty care gap is 117,498, and the outpatient ancillary/diagnostic gap is 152,941. The services to be provided in the proposed VA/DoD joint clinic include: Primary Care, Mental Health, Women's Clinic, Audiology, Optometry, Dental, Pain Clinic, Cardiology and Urology. The ancillary services including Radiology (with MRI), Laboratory and Pharmacy will be provided jointly. At this time VA has sharing agreements with DoD (Navy

Hospital) for inpatient services, emergency room services, orthopedics (including joint replacements), OB and ancillary services. VA is exploring additional sharing arrangements.

<b>Project Location</b>	<b>Pittsburgh, PA</b>		
<b>Planned Project Name</b>	<b>Consolidation of Campuses</b>		
<b>Fiscal Year</b>	FY 2004	FY 2006	FY2008
<b>BA Requested (\$000)</b>	\$20,000	\$82,500	\$40,000
<b>Total Acquisition Cost (\$000)</b>	\$248,000		
<b>Asset Type</b>	Major Construction		
<b>Status</b>	Construction		

### **Project Description**

This project received \$20M in FY 2004, \$82.5M in FY 2006, and requires an additional \$40M in FY 2008 budget authority to continue, with a total estimated cost of approximately \$248M. The purpose of this project is to consolidate a three division health care delivery system into two divisions, to accommodate the current and projected workload and to provide a state-of-the-art, improved care environment while reducing operating expenses, and enhancing services. Specifically, this proposal identifies closure and divestiture/enhanced use of the Highland Drive division, a fifty-year-old campus-style facility, composed of more than 20 buildings on 169 acres. Phase 1 included the design/build of the parking structure and design of all other VHA space. Phase 2 includes construction of all remaining VHA space.

Construction will take place at both the University Drive Division and the H.J. Heinz Division locations in order to relocate the current functions at Highland Drive Division. Construction at the University Drive Division will be approximately 218,000 square feet and a 1,500 car-parking garage. At the H.J. Heinz Division construction will consist of approximately 265,000 square feet.

<b>Project Location</b>	<b>San Antonio, TX</b>		
<b>Planned Project Name</b>	<b>Ward Upgrades and Expansion</b>		
<b>Fiscal Year</b>	FY 2004		
<b>BA Received (\$000)</b>	\$19,100		
<b>Total Acquisition Cost (\$000)</b>	\$19,100		
<b>Asset Type</b>	Major Construction		
<b>Status</b>	Construction Documents		

### **Project Description**

This project received \$19.1M in FY 2004 budget authority. This project will construct 26,000 square feet of new space and provide necessary renovations of approximately 62,800 square feet at the Audie L. Murphy Veterans Memorial

Hospital (San Antonio VAMC) to relocate 25 medical acute care beds from Kerrville VAMC and consolidate all acute care hospital beds at San Antonio. It will also increase the number of acute care medical and psychiatric detoxification beds at San Antonio VAMC by 10 beds to meet present and future inpatient gaps at the San Antonio VAMC. All nursing units will be renovated to meet current patient privacy standards and space requirements. Each bedroom will have a dedicated, handicapped accessible toilet/shower room instead of congregate bathrooms as currently exists.

<b>Project Location</b>	<b>San Diego, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections-Bldg. 1</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received (\$000)</b>	\$47,874
<b>Total Acquisition Cost (\$000)</b>	\$47,874
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

### **Project Description**

This project received \$47.874M in FY 2005 budget authority. This project will seismically strengthen the 854,900 sq-ft Medical Center (Building 1) with an integrated exterior stair and braced frame system. This system will create a structurally efficient seismic bracing solution with minimal disruption to the interior of the building and its operations. In order to install the braced frames, portions of modular building 23 and MRI building 14 will need to be demolished and reconstructed including the two-stop elevator serving building 14. This seismic upgrade will abate a significant risk to life safety and meet Department of Veterans Affairs Seismic Design Requirements (H-18-8), the California Code of Regulations, Title 24, Part 2 and California Senate Bill 1953 requirements. Asbestos abatement will be required for connections to the existing structure and abatement in the stair towers to be demolished. It is estimated \$4M in asbestos funds will be required in addition to the major construction cost.

<b>Project Location</b>	<b>San Francisco, CA</b>
<b>Planned Project Name</b>	<b>Seismic Corrections Building 203</b>
<b>Fiscal Year</b>	FY 2005
<b>BA Received (\$000)</b>	\$41,168
<b>Total Acquisition Cost (\$000)</b>	\$41,168
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction

**Project Description**

This project received \$41.168M in FY 2005 budget authority. This project will seismically retrofit Building 203, a five story, 335,000 gsf concrete structure housing all acute care beds at San Francisco VA Medical Center, to meet current VA standards for seismic safety. SFVAMC's Building 203 ranks high in the Nation in terms of the degree of seismic risk and need for retrofitting as evaluated by the consultant Degenkolb Engineers (March, 2003 Update). The project includes functional and technical improvements for patient privacy, disabled accessibility, building efficiency, and bringing the structure into compliance with current codes. These changes will meet additional goals of: providing appropriate patient privacy, increasing customer access through barrier-free facilities, an increased bed assignment flexibility, improving customer satisfaction, and improving staff satisfaction through an improved working environment. The primary goal of this project is to fulfill the VA's mandate to provide seismically safe buildings and ensure continued medical center operation after a major earthquake.

<b>Project Location</b>	<b>San Juan, PR</b>
<b>Planned Project Name</b>	<b>Seismic Corrections-Bldg. 1, Phase 1 Design</b>
<b>Fiscal Year</b>	FY 2005      FY 2006
<b>BA Received (\$000)</b>	\$14.880      -\$4,000
<b>Total Acquisition Cost (\$000)</b>	\$178,100
<b>Asset Type</b>	Major Construction
<b>Status</b>	Schematics/Design Development

**Project Description**

This project received \$14.888M in FY 2005 budget authority to complete phase 1 design and was reduced by \$4M in a reprogramming action in FY 2006, with an estimated total acquisition cost of approximately \$178.1M. This project will complete the seismic corrections in the main hospital building of the San Juan VAMC to comply with VA immediate occupancy standards. Asbestos abatement and fire protection are integral parts of the scope of the project. Building 1, the main hospital building, does not meet VA seismic standards. For a significant number of years it has been recognized in building codes and various governing agencies that Puerto Rico is in a high seismic zone, which is susceptible to a major earthquake.

Several seismic evaluations have validated these deficiencies, among them the Degenkolb Study. The project will include asbestos abatement to avoid exposure and contamination in the event of a major natural disaster and fire protection as part of the seismic retrofit. Emergency sustainability (CD-54) requirements to include emergency generator paralleling and synchronization and sewage and storage tanks to guarantee full sustenance of VAMC operations for at least 10 days following a major natural disaster will also be included in the project. The VAMC is the sole tertiary VA facility in Puerto Rico and as such, is of vital importance for the large population it serves who otherwise would have to travel to the mainland, with the closest point being 1,500 miles away. Furthermore, by being able to sustain operations after a natural disaster, the VAMC would be better prepared to respond to local and national emergencies in its role as Coordinator of the Federal Response Plan in Puerto Rico.

<b>Project Location</b>	<b>St. Louis (JB), MO</b>
<b>Planned Project Name</b>	<b>Medical Facility Improvements and Cemetery Expansion</b>
<b>Fiscal Year</b>	FY 2007
<b>BA Requested (\$000)</b>	\$7,000
<b>Total Acquisition Cost (\$000)</b>	\$99,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Not Funded

### **Project Description**

This project requires \$7M in FY 2007 budget authority for design, with a total project cost of approximately \$99M. This project will renovate underutilized vacant space located on the Jefferson Barracks (JB) Campus, VA Medical Center (VAMC) St. Louis, MO., and at the same time provide land for expansion of the Jefferson Barracks National Cemetery. This project will decrease the amount of infrastructure maintained and operated by the Veterans Health Administration (VHA) by 150,400 gross square feet (gsf) through the demolition of fourteen underutilized buildings (150,400gsf) adjacent to the cemetery. It will renovate or replace B-50, whichever is found to be most cost effective, (102,000gsf) as follows: to relocate all Clinics from B-1; for the relocation and consolidation of the VA Employee Education Service (EES). and will provide space for the National Cemetery Administration (NCA) National Training Center; provide approximately 31 acres to NCA for expansion of the Jefferson Barracks National Cemetery (without this land, the cemetery will close to first interments); replace the existing deteriorated, obsolete central boiler/chiller plant with energy efficient HVAC package systems for all remaining buildings on the JB Campus; and relocate through the construction of four buildings totaling 82,500gsf to replace four buildings scheduled for demolition. These buildings will be for a

replacement patient aquatic and therapy facility (25,000gsf) for Rehabilitation Medicine; main chapel (3,500gsf); engineering shops building (30,000gsf); and consolidated warehouse (24,000gsf).

<b>Project Location</b>	<b>Syracuse, NY</b>	
<b>Planned Project Name</b>	<b>Spinal Cord Injury (SCI) Center</b>	
<b>Fiscal Year</b>	FY 2005	FY 2008
<b>BA Requested (\$000)</b>	\$53,469	\$23,800
<b>Total Acquisition Cost (\$000)</b>	\$77,700	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction Documents	

### **Project Description**

This project received \$53.469M in FY 2005 and requires an additional \$23.8M in FY 2008 budget authority to continue, with a total estimated cost of approximately \$77.7M. This project will provide space for a 30-bed Spinal Cord Injury program in the addition. There is no currently available space within the main hospital building to allow effective incorporation of SCI patients. This requires relocation of some existing functions out of the main hospital. The existing 6,000 SF former laundry structure will be demolished to accommodate a new 6 floor building addition of approximately 21,500 GSF per floor (Basement, Ground, 1, 2, 3, & 4th floor levels.) The addition will be configured to meet the needs of the functions displaced in the existing hospital building. The 4th floor of the existing building (36,000 SF) will be completely gutted and configured for inpatient and outpatient SCI support functions. Approximately 10,000 SF of the new structure will also be dedicated to the SCI therapeutic pool and solarium. The existing parking structure will be expanded to mitigate the loss of parking associated with the projects.

<b>Project Location</b>	<b>Tampa, FL</b>	
<b>Planned Project Name</b>	<b>Spinal Cord Injury Center (SCI)</b>	
<b>Fiscal Year</b>	FY 2005	FY 2006
<b>BA Received (\$000)</b>	\$7,043	\$4,364
<b>Total Acquisition Cost (\$000)</b>	\$11,407	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction	

### **Project Description**

This project received \$7.043M in FY 2005 budget authority and \$4.364M in a reprogramming action in FY 2006, for a total estimated cost of approximately \$11.407M. This project will provide for the construction of a 30-bed, approximately 17,100 gross square footage (gsf), Spinal Cord Injury Extended Care addition at the James A. Haley Veterans' Hospital. It is a CARES, VISN 8, Central Market, and



special emphasis program gap Planning initiative. As background, Major Construction Project 673-087A, "Spinal Cord Injury Addition" was originally designed as a 100-bed project. A subsequent decision, however, reduced the project scope and deleted the originally planned 30 Extended Care Beds. The remaining 70 Acute Bed Spinal Cord Injury facility was activated in 2002. This project constructs those 30 Extended Care or LTC beds. SCI Long Term Care (LTC) patients have better outcomes under VA care, rather than in contract facilities. Few facilities will accept this category of patient as required staff ratios are high, yet reimbursement rates are barely above those for more typical patients.

<b>Project Location</b>	<b>Tampa, FL</b>
<b>Planned Project Name</b>	<b>Upgrade Essential Electrical Distribution Systems</b>
<b>Fiscal Year</b>	FY 2004
<b>BA Received (\$000)</b>	\$49,000
<b>Total Acquisition Cost (\$000)</b>	\$49,000
<b>Asset Type</b>	Major Construction
<b>Status</b>	Construction Documents

### **Project Description**

This project received \$49M in FY 2004 budget authority. This project establishes and upgrades normal, emergency and standby electrical distribution systems at the James A. Haley Veterans' Hospital, Tampa, Florida. The main campus currently comprises approximately 1.3 million square feet of air-conditioned space. This project directly addresses CARES Facility Condition Assessment (FCA) cited deficiencies, which received grades of D and F. Each system component is addressed, including: sub-stations, risers, transformers, network protectors, automatic transfer switches, bus duct or cabling distribution, circuit protective devices, panel boards and circuit breakers. Since July 1995, Tampa has experienced three major electrical-related outages. Since February 2000, there have been ten (10) unplanned electrical outages or emergent electrical shutdowns. If it were not for the fact that our new Central Energy Plant was nearly ready to be placed on line, the February 2000 shutdown would have necessitated the evacuation of all inpatients. Semi-annual preventive maintenance infrared screening of electrical switchgear and bus duct system continues to reveal potential faults with alarming frequency. The final version of the James A. Haley Veterans' Hospital Facility Condition Assessment independently corroborates the findings of VA's own professional engineers and licensed electricians.

<b>Project Location</b>	<b>Temple, TX</b>	
<b>Planned Project Name</b>	<b>MRI and Supporting Facility</b>	
<b>Fiscal Year</b>	FY 2005	FY 2006
<b>BA Received (\$000)</b>	\$55,552	-\$45,000
<b>Total Acquisition Cost (\$000)</b>	\$10,552	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	TBD	

**Project Description**

This project received \$55.552M in FY 2005 budget authority and was decreased by \$45M in a reprogramming action in FY 2006. A recent CARES decision about the future of the Waco, TX facility has diminished the need for major construction activities at Temple. The remaining \$10.552M will be used to construct an MRI and support facilities at Temple.

<b>Project Location</b>	<b>Tucson, AZ</b>	
<b>Planned Project Name</b>	<b>Mental Health Clinic</b>	
<b>Fiscal Year</b>	FY 2004	FY 2006
<b>BA Received (\$000)</b>	\$12,100	\$1,200
<b>Total Acquisition Cost (\$000)</b>	\$13,300	
<b>Asset Type</b>	Major Construction	
<b>Status</b>	Construction	

**Project Description**

This project received \$12.1M in FY 2004 budget authority and \$1.2M in a reprogramming action in FY 2006, for a total estimated cost of approximately \$13.3M. This proposal will create approximately 42,485 gross square feet (gsf) of new construction for mental health programs to be located west of the current mental health inpatient building (Bldg 67) and will enhance an associated 8,983 gsf of renovated backfill space in Building 2, allowing for a six-bed expansion of inpatient mental health facility. Completion of this project will provide appropriately sized and configured space for all outpatient mental health services that are presently scattered throughout the 116 acre campus in Buildings 2, 7, 66, and 67. This project will house the Mental Health Clinic, Drug and Alcohol Rehabilitation, Day Treatment, Vocational Rehabilitation, Seriously Chronically Mentally Ill (SMI), Post Traumatic Stress Disorder (PTSD), Family Mental Health, Biofeedback Therapy, Gero-psychiatry, Mood Disorder, Psychosis, Compensated Work Therapy (CWT), Outpatient Psychiatry Resident Program, Psychology Intern Program, Social Work Program, Women's Trauma, and the Homeless programs, as well as providing needed space for overall programmatic administrative areas for mental health. In addition, the new facility will create space to effectively continue VA-DoD sharing programs for both inpatient and outpatient mental health services.



This project will add space for two additional mental health primary care teams and allow for an expansion of telepsychiatry program, as well as permit development of a telepsychiatry center of excellence, which will enhance delivery of mental health outpatient services to our Community Based Outpatient Clinics. The new building will be located on the main campus of the Southern Arizona VA Health Care System (SAVAHCS) in Tucson, AZ. Completion of this project will address existing service gap and presently forecasted CARES service gaps of 54% in FY 2012 and 23% in FY 2022. CARES analyses indicated space deficiencies for all years through 2022. Backfill of vacated Building 2 space will include enhancement and expansion of the existing mental health inpatient activities in the adjacent Building 67, including six additional beds, group rooms, and associated necessary programmatic spaces, as well as utilization of the remaining space for other CARES identified space deficient functions.

## Appendix I – History of Non-CARES Projects Update

Project Description	Location	Total Est. Cost (\$000)	FY 2001 (\$000)	FY 2002 (\$000)	FY 2003 (\$000)	FY 2004 (\$000)	FY 2005 (\$000)	FY 2006 (\$000)	FY 2007 (\$000)	FY 2008 (\$000)	Future (\$000)	Estimated Completion Date <sup>1</sup>	Status
Abraham Lincoln NC Phase 2 Gravesite Expansion	Elwood IL	\$16,000							\$1,000		\$15,000	2010	Design contract award 2007.
Bakersfield-area NC Phase 1 Development	Bakersfield CA	\$19,500								\$19,500		2011	Design contract award 2007.
Barrancas NC Gravesite Expansion and Cemetery Improvements	Pensacola FL	\$11,929				\$11,929						2008	Design build construction contract award 2006.
Birmingham-area NC Phase 1 Development	Birmingham AL	\$18,500								\$18,500		2011	Design contract award 2007.
Calverton NC Burial Area Expansion	Calverton NY	\$1,138				\$1,138						2010	Project deferred based on current projected gravesite depletion.
Columbia/Greenville-area Phase 1 Development	Columbia SC	\$19,200								\$19,200		2011	Design contract award 2007.
Dallas/Fort Worth NC Gravesite Expansion	Dallas TX	\$14,100						\$1,100	\$13,000			2009	Construction document contract award 2007.
Florida NC Gravesite Expansion & Cemetery Improvements	Bushnell FL	\$21,340				\$1,500	\$19,840					2010	Construction contract awarded 2006.
Fort Rosecrans NC Annex at Miramar Phase 1 Development	San Diego CA	\$20,442					\$992	\$19,450				2009	Master plan award pending receipt of Navy EIS.
Fort Sam Houston NC Gravesite Development	San Antonio TX	\$30,538				\$1,138				\$29,400		2011	Construction document contract awarded 2007.
Fort Sill NC Phase 1 Development	Elgin OK	\$12,000	\$12,000								\$1,400	2004	Project complete cemetery opened May 2004.
Fort Snelling NC Gravesite Expansion	Minneapolis MN	\$24,654				\$24,654						2008	Construction contract award 2007.
Georgia NC Phase 1 Development	Canton GA	\$31,200	\$3,000	\$28,200								2007	Cemetery opened April 2006. Projected complete of Phase 1B December 2007.
Gerald B.H. Solomon Saratoga NC Gravesite Expansion	Schuylerville NY	\$8,600						\$1,000	\$7,600			2009	Construction contract award 2007.

Project Description	Location	Total Est. Cost (\$000)	FY 2001 (\$000)	FY 2002 (\$000)	FY 2003 (\$000)	FY 2004 (\$000)	FY 2005 (\$000)	FY 2006 (\$000)	FY 2007 (\$000)	FY 2008 (\$000)	Future (\$000)	Estimated Completion Date 1	Status
Great Lakes NC Development Phase 1A	Holly MI	\$8,649				\$8,649						2007	Cemetery opened October 2005
Great Lakes NC Development Phase 1B	Holly MI	\$18,650						\$1,750	\$16,900			2009	Construction document contract award.
Jacksonville-area NC Phase 1 Development	Jacksonville FL	\$22,400								\$22,400		2011	Design contract award 2007.
New National Cemetery Land Acquisition 2	Various	\$41,000						\$41,000				2006	Environmental assessments underway for selected sites. Completion 2007.
Massachusetts NC Columbarium Expansion	Bourne MA	\$9,200		\$9,200								2007	Construction contract awarded 9/2006.
NCOIA Phase 1 Development	Bridgeville PA	\$23,293	\$1,000		\$6,000	\$16,293						2008	Cemetery opened July 2005. Projected complete of phase 1B July 2008.
Quantico NC Gravesite Expansion and Cemetery Improvements	Triangle VA	\$1,300							\$1,300			2010	Project deferred based on current gravesite depletion.
Riverside NC Gravesite Expansion and Improvements	Riverside CA	\$1,388					\$1,388					2012	Based on current gravesite depletion design contract award in 2009.
Rock Island NC Burial Area Expansion	Moline IL	\$11,256				\$1,138	\$10,118					2010	Construction contract award 2007.
Sacramento Valley VA NC Phase 1 Development	Solano County CA	\$29,617	\$500	\$6,000	\$1,689		\$21,428					2009	Cemetery opened October 2006. Phase 1B construction contract award 2007.
San Joaquin Valley NC Gravesite Expansion and Improvements	Gustine CA	\$22,794					\$794				\$22,000	2011	Design document award in 2007.
Sarasota-area NC Phase 1 Development	Sarasota FL	\$27,800								\$27,800		2011	Design contract award in 2007.
South Florida NC Phase 1 Development	Palm Beach FL	\$40,649	\$15,500	\$2,000	\$23,149							2009	Phase 1 projected to open April 2007.
Southeastern PA NC Phase 1 Development	Philadelphia PA	\$29,600								\$29,600		2011	Design contract award.

Project Description	Location	Total Est. Cost (\$000)	FY 2001 (\$000)	FY 2002 (\$000)	FY 2003 (\$000)	FY 2004 (\$000)	FY 2005 (\$000)	FY 2006 (\$000)	FY 2007 (\$000)	FY 2008 (\$000)	Future (\$000)	Estimated Completion Date <sup>1</sup>	Status
Tahoma NC Columbarium Expansion	Kent WA	\$6,900		\$6,900								2006	Project Complete
Williamette NC Columbarium Expansion	Portland OR	\$8,345		\$8,345								2008	Anticipated completion Feb 2008
	<b>Total</b>	<b>\$494,234</b>	<b>\$32,000</b>	<b>\$36,200</b>	<b>\$30,838</b>	<b>\$33,136</b>	<b>\$54,560</b>	<b>\$64,300</b>	<b>\$39,800</b>	<b>\$166,400</b>	<b>\$38,400</b>		

<sup>1</sup> Dates are dependent on when appropriations are provided.

<sup>2</sup> Land acquisition for the establishment of six new national cemeteries in the following locations: Bakersfield-area, California; Birmingham-area, Alabama; Columbia/Greenville-area, South Carolina; Jacksonville-area, Florida; Sarasota County-area, Florida; and Southeastern Pennsylvania.

## Appendix J - FY 2008 - 2012 Potential Department-wide Major Construction Projects

(Sorted by State)

State	City	Project Title - Brief Description	Admin.
AL	Bessemer	Bessemer OPC	VHA
AL	Birmingham	Bed Tower Improvements	VHA
AL	Birmingham	Outpatient Building	VHA
AL	Birmingham	Parking Deck	VHA
AL	Huntsville	Huntsville OPC	VHA
AZ	Phoenix	Critical Inpatient / Outpatient Renovations and Expansions	VHA
AZ	Prescott	Correct Seismic Deficiencies Building 107	VHA
AZ	Tucson	Specialty Care, Imaging and Diagnostic Outpatient Bldg	VHA
AZ	Phoenix	NMCA National Cemetery Gravesite Expansion	NCA
CA	Alameda	Northern Alameda County OPC	VHA
CA	Central Valley	Central Valley OPC & NHCUC	VHA
CA	East Bay	East Bay OPC	VHA
CA	Fresno	Outpatient Clinic Addition	VHA
CA	Loma Linda	Construct Behavioral Medicine Center	VHA
CA	Loma Linda	Outpatient Clinical Building	VHA
CA	Long Beach	Relocate Hemodialysis Bldg	VHA
CA	Long Beach	Research Addition	VHA
CA	Long Beach	Seismic Demo Bldg 2 / Construct Consolidate Clinic and Admin Bldgs	VHA
CA	Long Beach	Seismic Upgrade Bldgs 128 & 133	VHA
CA	Menlo Park	Mental Health Center, Bldg 321 Modular Replacement	VHA
CA	Monterrey	VA / DoD Ambulatory Care Center	VHA
CA	Palo Alto	Ambulatory Care & Research Replacement Center	VHA
CA	Palo Alto	SCI and Bldg 6 Seismic Correction and Admin Replacement	VHA
CA	San Diego	OR Renovation	VHA
CA	San Diego	Research Building and Parking Garage	VHA
CA	San Francisco	Construct New Research Building and Parking Garage	VHA
CA	San Francisco	Improve Campus Accessibility	VHA
CA	San Francisco	Seismic Retrofit/Replacement Buildings 1, 6, 8, 12	VHA
CA	West LA	B-500 Non-Structural Seismic Corrections and Clinical Services Addition / Consolidation	VHA
CA	West LA	Construct / Consolidate Research	VHA
CA	West LA	Construct Replacement NHCUC	VHA
CA	West LA	Correct Electrical Deficiencies	VHA
CA	West LA	Replace Sewer System Bldg 500	VHA
CA	West LA	Seismic Correction (13 Buildings)	VHA
CA	West LA	Seismic Corrections Bldg 500/501	VHA
CA	Riverside	Riverside National Cemetery Gravesite Expansion	NCA
CA	Gustine	San Joaquin Valley National Cemetery Gravesite Expansion	NCA
CO	Denver	New Medical Center Facility	VHA
CT	West Haven	Clinical Ward Tower	VHA
DC	Washington	Outpatient Clinical Addition	VHA

State	City	Project Title - Brief Description	Admin.
FL	Bay Pines	Construct Outpatient One-Day Surgery Center	VHA
FL	Bay Pines	Resolve CARES FCA Deficiencies	VHA
FL	Bay Pines	Resolve CARES Inpatient/Outpatient Deficiencies	VHA
FL	Bay Pines	Resolve Hurricane and Homeland Security Deficiencies	VHA
FL	Lee County	Outpatient Clinic	VHA
FL	Miami	Add 3 Floors to Research Building 7	VHA
FL	Miami	Clinical Addition	VHA
FL	Miami	Construct Modular Building for Research	VHA
FL	Miami	Relocate Telephone Distribution System	VHA
FL	Orlando	New Medical Center / Hospital	VHA
FL	Orlando	New Medical Center Facility, Land Acquisition	VHA
FL	Tampa	Tampa Correct CARES FCA, S&FS Identified Deficiencies	VHA
FL	Tampa	Tampa Polytrauma Expansion CARES Supported Bed Tower Upgrades	VHA
GA	Atlanta	Clinical Addition for Specialty and Ancillary Care	VHA
GA	Canton	Canton National Cemetery Gravesite Expansion	NCA
IA	Iowa City	Specialty Care Addition and Parking Structure	VHA
IL	Danville	Construct 120 Bed NHCU	VHA
IL	Hines	Acute Inpatient Bed Tower	VHA
IL	Marion	Inpatient and Outpatient Clinical Addition	VHA
IL	Elwood	Abraham Lincoln National Cemetery Gravesite Expansion	NCA
KS	Wichita	Clinical/ Ancillary Addition	VHA
KY	Louisville	New Medical Center Facility	VHA
KY	Louisville	Patient Care Addition	VHA
LA	Shreveport	New Clinical Addition	VHA
MA	Bedford	Place Holder for CARES Reuse Study Results	VHA
MA	Boston	Place Holder for CARES Reuse Study Results	VHA
MA	Brockton	Place Holder for CARES Reuse Study Results	VHA
MA	Brockton	Spinal Cord Injury New Construction	VHA
MA	West Roxbury	Place Holder for CARES Reuse Study Results	VHA
MA	Bourne	Massachusetts National Cemetery Gravesite Expansion	NCA
MD	Perry Point	Replace 155-Bed NHCU	VHA
ME	Togus	Specialty Care Addition	VHA
MI	Battle Creek	Consolidate Inpatient & Outpatient Mental Health	VHA
MI	Augusta	Fort Custer National Cemetery Gravesite Expansion	NCA
MO	Columbia	Expand Ambulatory Care Addition	VHA
MO	Columbia	Nursing Unit Patient Privacy	VHA
MO	Kansas City	Ambulatory Care Addition	VHA
MO	Poplar Buff	New HVAC System	VHA
MO	St. Louis	Patient Privacy, Acute Medicine/Surgical Pts. JC	VHA
MS	Jackson	New SCI/D Center	VHA
MT	Fort Harrison	Seismic Corrections B-154	VHA
NC	Asheville	Outpatient Services Expansion	VHA
NC	Durham	Outpatient Addition	VHA
NC	Fayetteville	Outpatient Addition	VHA
NC	Salisbury	Addition for Specialty, Ancillary and Diagnostics Services	VHA
ND	Fargo	Specialty Care Addition	VHA

State	City	Project Title - Brief Description	Admin.
NE	Omaha	Correct HVAC System and Clinical Space Deficiencies	VHA
NJ	East Orange	New Clinical Addition	VHA
NJ	East Orange	New VBA Building	VHA
NM	Albuquerque	Construct Mental Health Building	VHA
NM	Albuquerque	Construct Outpatient and Clinical Building	VHA
NM	Albuquerque	Correct Seismic Deficiencies Buildings 1, 3, 10, 11	VHA
NV	Las Vegas	New Medical Center Facility	VHA
NY	Bronx	New SCI Building	VHA
NY	Bronx	Renovate Research Building	VHA
NY	Buffalo	Remodel Wards for Patient Privacy	VHA
NY	Canandaigua	Replacement Facility	VHA
NY	Montrose	New Outpatient Building	VHA
NY	Montrose	Psych and NHCU Integration	VHA
NY	New York	Expand Primary Care	VHA
NY	Northport	Construct Nursing Home	VHA
NY	Northport	Mental Health and Research Tower	VHA
NY	Northport	Renovate Residential / Outpatient Care	VHA
NY	St. Albans	New Primary / Specialty Care Facility	VHA
NY	St. Albans	New Replacement Nursing Home	VHA
NY	Syracuse	Spinal Cord Injury Center Addition	VHA
NY	Calverton	Calverton National Cemetery Gravesite Expansion	NCA
OH	Cleveland	Establish National Computer Center	VHA
OH	Dayton	Dayton National Cemetery Gravesite Expansion	NCA
OH	Rittman	Ohio Western Reserve National Cemetery Gravesite Expansion	NCA
OK	Muskogee	New Parking Structure	VHA
OR	Portland	Correct Seismic Deficiencies Bldg 100 and 101	VHA
OR	Roseburg	B1 Seismic Upgrade	VHA
OR	Roseburg	B2 Seismic Upgrade	VHA
OR	Roseburg	Build Government Owned Eugene Clinic	VHA
OR	Portland	Willamette National Cemetery Gravesite Expansion	NCA
PA	Butler	Comprehensive Outpatient Care Clinic	VHA
PA	Coatesville	Dom, Rehab and Clinical Modernization	VHA
PA	Coatesville	Inpatient, Site and Admin	VHA
PA	Lebanon	Behavioral Health Center of Excellence	VHA
PA	Lebanon	Patient Rehab	VHA
PA	Philadelphia	Behavioral Health Research Building	VHA
PA	Pittsburgh	Consolidation of Campuses	VHA
PA	Annville	Indiantown Gap National Cemetery Gravesite Expansion	NCA
PR	Bayamon	Puerto Rico National Cemetery Gravesite Expansion	NCA
RI	Providence	Renovate HVAC System	VHA
RI	Providence	Specialty Clinics & Ancillary Services Addition	VHA
SC	Charleston	Employee Parking Deck	VHA
SC	Columbia	Construction of Diagnostic, Ancillary & Specialty Care	VHA
TX	Collin County	Plano TX TriCounty CBOC	VHA
TX	Dallas	Clinical Expansion	VHA
TX	Dallas	Long Term SCI Unit	VHA

State	City	Project Title - Brief Description	Admin.
TX	Houston	New Clinical & Research Addition	VHA
TX	San Antonio	Expand Nursing Home	VHA
TX	Temple	Clinical Replacement	VHA
TX	Waco	Outpatient Clinic Consolidation	VHA
TX	Waco / Temple	Blind Rehabilitation & Psychiatric Beds	VHA
TX	Houston	Houston National Cemetery Gravesite Expansion	NCA
VA	Hampton	Ambulatory Care Addition Phase II	VHA
VA	Hampton	Renovate ECRC	VHA
VA	Hampton	Renovate SCI/D Unit	VHA
VA	Richmond	Outpatient Addition	VHA
VA	Salem	Renovate Building 8 for Mental Health	VHA
VA	Triangle	Quantico National Cemetery Gravesite Expansion	NCA
WA	American Lake	Correct Seismic Deficiencies Building 81	VHA
WA	Fort Lawton	Purchase Ft. Lawton Army Reserve Center	VHA
WA	Seattle	B100 Floors 3 & 4	VHA
WA	Seattle	B101 Mental Health Building	VHA
WA	Seattle	Correct Seismic Deficiencies B100 Nursing Tower	VHA
WA	Walla Walla	Renovate Building 74 for Specialty & Ancillary Services	VHA
WA	Kent	Tahoma National Cemetery Gravesite Expansion	NCA
WV	Beckley	Beckley NHCU	VHA
WV	Martinsburg	Outpatient Improvements	VHA



## Appendix K - FY 2008 - 2012 Potential Department-wide Minor Construction Projects

(Sorted by State)

State	City	Project Title - Brief Description	Admin.
	Grand Junction	Seismic upgrade	VHA
AK	Anchorage	Expand Surface Parking	VHA
AK	Fort Richardson	Augment and Renovate Bldgs	NCA
AK	Fort Richardson	Demo, Remove and Replace Storage Shed	NCA
AK	Fort Richardson	Pave (Asphalt) Roadway Surface	NCA
AK	Fort Richardson	Pole Barn and Connex Box Storage	NCA
AK	Fort Richardson	Renovate Log Cabin to Install Kiosk	NCA
AK	Sitka	Columbaria and site improvements (walkway with handicap access, drainage)	NCA
AL	Birmingham	3rd Floor E-Wing	VHA
AL	Birmingham	Admin Building	VHA
AL	Birmingham	Clinical Improvements Southside Courtyard	VHA
AL	Birmingham	Increase Medicine Beds	VHA
AL	Birmingham	Modernize Research Labs	VHA
AL	Birmingham	Research Addition- New Construction	VHA
AL	Birmingham	Utility Plant	VHA
AL	Tuscaloosa	NHCU Ward Improvements	VHA
AL	Tuskegee	Renovate 3B for Specialty Clinics	VHA
AL	Tuskegee	Renovate B-3A- 4 for Specialty Clinics	VHA
AL	Fort Mitchell	Establish and Irrigate Turf	NCA
AL	Fort Mitchell	Establish and Irrigate Turf	NCA
AL	Fort Mitchell	Install Vinyl Siding on Maintenance Bldg	NCA
AL	Fort Mitchell	Landscape Improvements	NCA
AL	Mobile	Add Gutters and Downspouts	NCA
AL	Mobile	Demolish Maintenance Bldg and Rostrum	NCA
AL	Mobile	Improve Landscape	NCA
AL	Mobile	Replace Drainage Ditch	NCA
AL	Mobile	Replace Roads	NCA
AL	Mobile	Replace site furnishings	NCA
AR	Fayetteville	Air Condition Kitchen	VHA
AR	Fayetteville	Construct Additional Warehouse	VHA
AR	Fayetteville	Expand Intensive Care	VHA
AR	Fayetteville	Expand Psychiatry/Mental Health	VHA
AR	Fayetteville	Expand Step Down Beds	VHA
AR	Fayetteville	MRI Addition - 2nd Phase	VHA
AR	Fayetteville	Renovate Existing Medicine and Surgery	VHA
AR	Fayetteville	Renovate Existing Psychiatry 5,206	VHA
AR	Fayetteville	Renovate space Bldg 1	VHA
AR	Little Rock	Diagnostic Annex B.170	VHA
AR	Little Rock	Energy Conservation	VHA
AR	Little Rock	Expand Critical Care Bed Capacity	VHA
AR	Little Rock	Expand Spec Cl Space	VHA

State	City	Project Title - Brief Description	Admin.
AR	Little Rock	PET/CT Site Prep	VHA
AR	Little Rock	Rel PC to NLR/Exp Spec	VHA
AR	North Little Rock	Law Enforcement Bedrooms	VHA
AR	North Little Rock	Consolidate Admin Spaces	VHA
AR	North Little Rock	Consolidate NLR Pt Care Services	VHA
AR	North Little Rock	Increase Inpatient Psychiatry Capacity	VHA
AR	Fayetteville	Expand Burial Area	NCA
AR	Fayetteville	Improve Water Hydrants	NCA
AR	Fayetteville	Install Drainage System	NCA
AR	Fayetteville	Install Exterior Light Fixtures on Admin Bldg	NCA
AR	Fayetteville	Install Fan and Taps System in Committal Shelter	NCA
AR	Fayetteville	Install Signage System	NCA
AR	Fayetteville	Landscape Improvements	NCA
AR	Fayetteville	Replace Flagpole	NCA
AR	Fayetteville	Replace security system	NCA
AR	Fayetteville	Replace site furnishings	NCA
AR	Fort Smith	Renovate and Replace Site Furnishings	NCA
AR	Fort Smith	Develop Gravesites and Cemetery Expansion	NCA
AR	Fort Smith	Expand Break Room and Construct Wash Rack	NCA
AR	Fort Smith	Install Communication Between Admin/Maintenance Bldgs	NCA
AR	Fort Smith	Landscape Improvements/Irrigation Renovation	NCA
AR	Fort Smith	Replace Facility Alarm System	NCA
AR	Fort Smith	Replace Flagpole and Lights	NCA
AR	Fort Smith	Replace Irrigation System	NCA
AR	Fort Smith	Replace Water Spigots and Gravesite Locator Stand	NCA
AR	Fort Smith	Roads - Resurface and Replace	NCA
AR	Fort Smith	Site Survey of Cemetery	NCA
AR	Little Rock	Correct Drainage and Erosion	NCA
AR	Little Rock	Improve Site Signage and Site Furnishings	NCA
AR	Little Rock	Install Fencing	NCA
AR	Little Rock	Landscape Improvements	NCA
AR	Little Rock	Renovate Maintenance Bldg	NCA
AR	Little Rock	Replace Curbs	NCA
AZ	Phoenix	BRAC Fair Market Value Minor	VHA
AZ	Phoenix	Electrical Distribution System, Ph II	VHA
AZ	Phoenix	Electrical Distribution System, Ph III	VHA
AZ	Phoenix	Emergency Back Up Power to HVAC Sys	VHA
AZ	Phoenix	OR Suite Update	VHA
AZ	Phoenix	Permanent MRI Building	VHA
AZ	Phoenix	Renovate / Expand Life Support Unit	VHA
AZ	Phoenix	Renovate Inpatient Floor	VHA
AZ	Phoenix	Renovate Inpatient Floor	VHA
AZ	Phoenix	Renovate Mental Health Floor	VHA
AZ	Phoenix	Renovate Mental Health Floor	VHA
AZ	Phoenix	Renovate NHCUC Floor	VHA
AZ	Phoenix	Renovate NHCUC Floor	VHA
AZ	Phoenix	Research Space Renovation	VHA

State	City	Project Title - Brief Description	Admin.
AZ	Prescott	Correct Seismic Def - B.117, B.111 & B.108	VHA
AZ	Prescott	Expand Ancillary and OT Services	VHA
AZ	Prescott	Expand Domiciliary Space	VHA
AZ	Prescott	Expand for SPD functions	VHA
AZ	Prescott	Expand Mental Health Clinic Space	VHA
AZ	Prescott	Expand Primary Care Clinics	VHA
AZ	Prescott	Renovate Intermediate and NHCU	VHA
AZ	Tucson	Clinical Support Building	VHA
AZ	Tucson	Expand OR Suite	VHA
AZ	Tucson	Expand Outpatient Mental Health	VHA
AZ	Tucson	Relocate Inpatient Pharmacy	VHA
AZ	Tucson	Renovate for Research	VHA
AZ	Tucson	Research Wet Labs Phase 2	VHA
AZ	NMCA	Acquire 32nd Ave for FY 2007 Phase Development	NCA
AZ	NMCA	Improvements to Admin Building	NCA
AZ	NMCA	Install Pre-placed Crypts, Sec 55, 56 & 57	NCA
AZ	Prescott	Improve Road; Construct Entrance, Rostrum and Fence	NCA
CA	Fresno	Geriatric Clinic Expansion	VHA
CA	Fresno	Remodel 7-East for Specialty Clinics	VHA
CA	Fresno	Remodel Emergency Room	VHA
CA	Greater LA	Demolish Research Buildings	VHA
CA	Loma Linda	Consolidate Speech Pathology/ENT	VHA
CA	Loma Linda	Modernize VMU	VHA
CA	Loma Linda	Remodel 1S - NHCU	VHA
CA	Loma Linda	Remodel 1SE	VHA
CA	Loma Linda	Remodel 1SW - NHCU	VHA
CA	Loma Linda	Remodel 4NW - Telemetry Unit	VHA
CA	Loma Linda	Remodel 4SW	VHA
CA	Loma Linda	Renovate 1st Floor for Pri/Spec Care	VHA
CA	Long Beach	Demolish Various Buildings	VHA
CA	Long Beach	Install Co-gen	VHA
CA	Long Beach	Install Var Freq Drive/Proportional Valves	VHA
CA	Long Beach	Non Structural Seismic Upgrade Bldg 138	VHA
CA	Long Beach	PET/CT Installation	VHA
CA	Long Beach	Renovate Clinic/ Admin Space	VHA
CA	Martinez	Consolidate and Relocate Nutrition/Canteen Services	VHA
CA	Martinez	Consolidate Mental Health	VHA
CA	Martinez	Expand Primary Care	VHA
CA	Menlo Park	Bldgs 301 & 221 Seismic Correction	VHA
CA	Palo Alto	Bldg 2 Seismic Correction/Demo	VHA
CA	Palo Alto	Bldg 51 Rehab Research & Development (RR&D) Seismic Corrections	VHA
CA	Palo Alto	Consolidate Gero Psych/NHCU Clinical Support	VHA
CA	Palo Alto	Mental Illness Research Ed & Clinical Center (MIRECC)	VHA
CA	Palo Alto	Palo Alto/San Francisco Consolidate Support Center	VHA
CA	Palo Alto	Polytrauma Opt & Brain Injury Rehab Unit (BIRU)	VHA
CA	Palo Alto	Renovate Bldg 5 (5C1) Clinics	VHA

State	City	Project Title - Brief Description	Admin.
CA	Palo Alto	Replace Modular Hometel	VHA
CA	Palo Alto	Residential Rehab- Bldg 323 Replacement	VHA
CA	Palo Alto	Residential Rehab- Bldg 324 Replacement	VHA
CA	Sacramento	Construct Displaced Parking	VHA
CA	Sacramento	Construct Inpatient Sub-Acute Mental Health Facility	VHA
CA	Sacramento	Emergency Room Expansion	VHA
CA	Sacramento	Enhance Clinical Trials Facilities	VHA
CA	Sacramento	Expand Patient Parking	VHA
CA	Sacramento	Expand Specialty Care	VHA
CA	Sacramento	Marysville CBOC, VA- IHS	VHA
CA	Sacramento	MOVE Program , B728 Rpmnt	VHA
CA	Sacramento	Seismic Corrections Dental Clinic, McClellan OPC	VHA
CA	San Diego	Expand Research Labs	VHA
CA	San Diego	Expand Specialty Clinics	VHA
CA	San Diego	PALMS Renovation	VHA
CA	San Diego	Relocate Primary Care	VHA
CA	San Diego	Relocate SPD	VHA
CA	San Diego	Relocate Surgical Wards	VHA
CA	San Diego	Renovate 6N for Admin	VHA
CA	San Diego	Renovate Intermediate NHCU	VHA
CA	San Diego	Renovate Medical Wards	VHA
CA	San Francisco	Bldg 1 & 200: Functional & Technical Upgrade	VHA
CA	San Francisco	Bldg 203: Ground/First Floor Renovations	VHA
CA	San Francisco	Bldg 203: Renovation for Specialty Clinic Expansions 1st and 2nd Floors	VHA
CA	San Francisco	Bldg 209: 300 Stall Parking Addition	VHA
CA	San Francisco	Bldg 8: Functional & Technical Upgrade	VHA
CA	San Francisco	Bldg 8: Functional & Technical Upgrade	VHA
CA	San Francisco	New Vivarium Facility	VHA
CA	San Francisco	Renovate Research Bio/Wet Labs - Bldg 2	VHA
CA	San Francisco	Replace Temporary Research B-16 Annex	VHA
CA	San Francisco	Sausalito Research Annex	VHA
CA	San Francisco	Seismic Replace B-3 & Seismic Retrofit Bldg 18	VHA
CA	San Francisco	Seismic Replace Bldg 5 & Seismic Retrofit Bldg 7	VHA
CA	San Francisco	Seismic Replace/Retrofit Bldgs 9, 10, 11 & 13 (EHR)	VHA
CA	San Francisco	Seismic Retrofit High Risk Bldgs - Various	VHA
CA	Sepulveda	Consolidate Research First Module	VHA
CA	West Los Angeles	B209 Research Renovation	VHA
CA	West Los Angeles	B500 Clinical Lab Renovation	VHA
CA	West Los Angeles	Building 2 Demo - Sepulveda	VHA
CA	West Los Angeles	Demo Various Buildings	VHA
CA	West Los Angeles	IRM Consolidation	VHA
CA	West Los Angeles	Mental Health Inpatient Renovation	VHA
CA	West Los Angeles	Outpatient Mental Health	VHA
CA	West Los Angeles	Pharmacy Expansion / Renovation	VHA
CA	West Los Angeles	Relocate Hemodialysis	VHA
CA	West Los Angeles	Renovate Intermediate Ward (GEM)	VHA

State	City	Project Title - Brief Description	Admin.
CA	West Los Angeles	Renovate Medicine Phase 2	VHA
CA	West Los Angeles	Renovate Medicine Phase 3	VHA
CA	West Los Angeles	Renovate Primary/Sub-Specialty Care	VHA
CA	West Los Angeles	Renovate Surg. Phase 1	VHA
CA	West Los Angeles	Renovate Surg. Phase 2	VHA
CA	West Los Angeles	Replace Bldg 300 Kitchen - Seismic Mitigation	VHA
CA	Fort Rosecrans	City Waterline Connection	NCA
CA	Fort Rosecrans	Convert Admin into Public Information Center	NCA
CA	Fort Rosecrans	Environmental Equipment Wash Station	NCA
CA	Fort Rosecrans	Replace Restroom and Install Equipment Wash Station	NCA
CA	Fort Rosecrans	Upgrade Irrigation System	NCA
CA	Golden Gate	Automatic Gate System	NCA
CA	Golden Gate	Repair Road, Curb and Storm Drainage/Replace Site Signage	NCA
CA	Golden Gate	Replace Perimeter Fence	NCA
CA	Los Angeles	Cloister Memorial Wall Expansion	NCA
CA	Los Angeles	Construct Columbaria	NCA
CA	Los Angeles	Renovate Admin Bldg	NCA
CA	Los Angeles	Replace Roads and Curbs - North Section	NCA
CA	Los Angeles	Replace Roads and Curbs - South Section	NCA
CA	Los Angeles	Replace Storage Bldg	NCA
CA	Riverside	Install Committal Shelter Drive	NCA
CA	Riverside	Install Marker Yard Cover	NCA
CA	Riverside	Parking Lot Storm Drain	NCA
CA	Riverside	Construct - Public Information Center, Admin Annex Parking	NCA
CA	Riverside	Remove 4 Irrigation Ponds	NCA
CA	Riverside	Sidewalks, Slabs - Demolish and Replace	NCA
CA	San Francisco	Environmental Equipment Wash Station	NCA
CA	San Francisco	Road, Curb and Storm Drainage Repairs	NCA
CA	San Francisco	Site Improvements (Renovate Boundary Wall; Install Rostrum Slab)	NCA
CA	San Joaquin Valley	Improve Parking at Shelters A and B	NCA
CA	San Joaquin Valley	Install Photovoltaic Panels (Energy)	NCA
CA	San Joaquin Valley	Renovate Turf	NCA
CA	San Joaquin Valley	Various Infrastructure Improvements	NCA
CA	Los Angeles	Regional Office	OIG
CA	Los Angeles	Office Space	OIG
CO	Grand Junction	3rd Floor Clinical/Surgical Addition	VHA
CO	Fort Logan	Construct columbaria	NCA
CO	Fort Logan	Improvements to Irrigation Ditch System	NCA
CO	Fort Logan and Fort Lyon	Water Rights and Delivery System	NCA
CT	Newington	Expand Primary Care	VHA
CT	Newington	Expand Specialty Care	VHA
CT	Newington	Renovate Ancillary/Diagnostic	VHA
CT	Newington	Renovate Dental/Eye Clinic/Rec Therapy	VHA
CT	Newington	Renovate for Mental Health	VHA
CT	West Haven	Blind Rehab Renovations	VHA

State	City	Project Title - Brief Description	Admin.
CT	West Haven	Construct 40 Bed Dom	VHA
CT	West Haven	ICU Step-Down Expansion	VHA
CT	West Haven	Inpatient Pharmacy Renovation	VHA
CT	West Haven	Intermediate, Nursing Home Renovation	VHA
CT	West Haven	Lab Service and Support Area Renovations	VHA
CT	West Haven	Mental Health Renovations Phase 1	VHA
CT	West Haven	Mental Health Renovations Phase 2	VHA
CT	West Haven	MRI Site Prep	VHA
CT	West Haven	Primary Care Renovations	VHA
CT	West Haven	Renovate Primary Care	VHA
CT	West Haven	Research Phase 3	VHA
CT	West Haven	Specialty Care Ph I	VHA
CT	West Haven	Specialty Care Ph. II	VHA
DC	Washington	Construct Geriatric Administrative Wing and Renovate Nursing Home Care Wards	VHA
DC	Washington	Renovate 3E Medicine Ward	VHA
DC	Washington	Renovate 4E Medicine Ward	VHA
DC	Washington	Renovate Pathology Lab	VHA
DC	Washington	Renovate Research Building	VHA
DC	Washington	VACO Cable Plant	ADMIN
DC	Washington	VACO BPA's	ADMIN
DC	Washington	VACO Misc. Renovations	ADMIN
DC	Washington	Lafayette Build Mod	ADMIN
DC	VACO	Cable Plant Management	ADMIN
DC	VACO	Electrical, Painting BPA's	ADMIN
DC	Washington	Tech World Build Out Renovation	ADMIN
DC	Washington	Tech World or New Space	OIG
DE	Wilmington	Expand and Consolidate Specialty Clinics	VHA
DE	Wilmington	Expand and Consolidate Specialty Procedures	VHA
DE	Wilmington	Renovate 2 East for Clinic Space	VHA
DE	Wilmington	Renovate 5 East for Dental	VHA
FL	Bay Pines	Consolidate MCCF to increase Revenue	VHA
FL	Bay Pines	Construct Educ and Eye/Dialysis Treat Center	VHA
FL	Bay Pines	Correct CARES FCA Electrical Def. Phase I	VHA
FL	Bay Pines	Correct CARES FCA Life Safety Phase I	VHA
FL	Bay Pines	Correct IAQ & HIPAA Issues B100, PH2	VHA
FL	Bay Pines	Correct IAQ and HIPAA Defic B100, Phase I	VHA
FL	Bay Pines	Correct Life Safety Phase II	VHA
FL	Bay Pines	Expand Renovate B101	VHA
FL	Bay Pines	Renovate NHCU Phase I	VHA
FL	Bay Pines	Renovate NHCU Phase II	VHA
FL	Bay Pines	Renovate Research Building 23	VHA
FL	Bay Pines	Research Center	VHA
FL	Gainesville	Construct Parking Garage	VHA
FL	Gainesville	Expand CTSICU	VHA
FL	Gainesville	Expand Dialysis Unit	VHA
FL	Gainesville	Expand MICU	VHA



State	City	Project Title - Brief Description	Admin.
FL	Gainesville	Install Sprinkler B1 and E-Wing PH 2	VHA
FL	Gainesville	Install Sprinkler B1and E-Wing PH 1	VHA
FL	Gainesville	Renovate B-1 Phase 1	VHA
FL	Gainesville	Renovate Psychiatric Ward 2A	VHA
FL	Gainesville	Research Addition	VHA
FL	Lake City	Construct Additional Floor on Outpatient Clinic	VHA
FL	Lake City	Construct Supply Warehouse	VHA
FL	Miami	Additional Fuel Reserve/Security Wall	VHA
FL	Miami	Additional Water Tank Reserves	VHA
FL	Miami	Relocate Chemotherapy Center	VHA
FL	Miami	Relocate Hemodialysis	VHA
FL	Miami	Relocate Telecommunication Room	VHA
FL	Miami	Renovate 12AB - Patient Wards	VHA
FL	Miami	Renovate 4AB - Psychiatric Wards	VHA
FL	Miami	Renovate 5AB - Mental Health Wards	VHA
FL	Miami	Renovate 9AB - Nursing Patient Wards	VHA
FL	Miami	Renovate Dental Clinic	VHA
FL	Miami	Renovate ER/Consolidate MH Specialty Clinic	VHA
FL	Miami	Renovate NHCU - PH I	VHA
FL	Miami	Renovate NHCU - PH II	VHA
FL	Orlando	Brevard Specialty Care Clinic Exp (CARES)	VHA
FL	Orlando	VAO relocation with VHA	VBA
FL	Tampa	Emergency Room Phase 2 (Reno Existing)	VHA
FL	Tampa	Partial Resolution, Cares Specialty Care Gap	VHA
FL	West Palm Beach	Ambulatory Procedure Center	VHA
FL	West Palm Beach	Comprehensive Cancer Center	VHA
FL	West Palm Beach	Expand Prosthetics Lab	VHA
FL	West Palm Beach	Mental Health Domiciliary	VHA
FL	West Palm Beach	Mental Health Outpatient Clinic	VHA
FL	West Palm Beach	Renovate Floor 8B for Specialty Care	VHA
FL	Barrancas	Landscape Improvements	NCA
FL	Barrancas	Renovate Service Bldgs	NCA
FL	Barrancas	Repair Cemetery Wall	NCA
FL	Barrancas	Replace site furnishings	NCA
FL	Barrancas	Replace Wrought Iron Fence	NCA
FL	Barrancas	Roads - Resurface and Replace	NCA
FL	Bay Pines	Alternative Water Source	NCA
FL	Bay Pines	Construct Admin and Maintenance Bldg	NCA
FL	Bay Pines	Improve Entry and General Site	NCA
FL	Bay Pines	Renovate Irrigation	NCA
FL	Bay Pines	Renovate Monument and Replace Sidewalks	NCA
FL	Bay Pines	Replace irrigation system in old section of cemetery	NCA
FL	Bay Pines	Screen Chain Link Fence	NCA
FL	Florida	Construct Columbaria	NCA
FL	Florida	Construct Holding Building	NCA
FL	Florida	Expand Administration Bldg	NCA
FL	Florida	Improve Irrigation System/Pesticide Storage Bldg	NCA

State	City	Project Title - Brief Description	Admin.
FL	Florida	Install Horizontal Wells in Memorial Area	NCA
FL	Florida	Install Video Surveillance System	NCA
FL	Florida	Maintenance Yard - Resurface	NCA
FL	Florida	Pump House - Add Additional Pump	NCA
FL	Florida	Renovate/Automate Irrigation System	NCA
FL	Florida	Replace Admin Bldg Roof	NCA
FL	Florida	Replace Doors, Committal Shelter	NCA
FL	Florida	Replace HVAC in Maintenance Bldg	NCA
FL	Florida	Replace Ornamental Fence at Entrance	NCA
FL	Florida	Replace site furnishings	NCA
FL	Florida	Restroom - Construct	NCA
FL	Florida	Resurface Roads, Phase I	NCA
FL	Florida	Screen Maintenance Compound	NCA
FL	Saint Augustine	Cemetery - Replace Fence	NCA
FL	Saint Augustine	Improve Signage	NCA
FL	Saint Augustine	Renovate Maintenance Building	NCA
FL	Saint Augustine	Repair Rostrum and Monuments	NCA
FL	Saint Augustine	Replace Flagpole	NCA
FL	Saint Augustine	Replace Road and Walks	NCA
FL	Saint Augustine	Replace Site Furnishings	NCA
GA	Atlanta	Build Modular Building for Specialty Care	VHA
GA	Atlanta	Modular Building for Mental Health Research	VHA
GA	Augusta	9 Bed SCI Addition	VHA
GA	Augusta	Building Demolition	VHA
GA	Augusta	Clinical Lab Renovation	VHA
GA	Augusta	Renovate Bedrooms - Patient Privacy Ph1	VHA
GA	Augusta	Unit 3C Renovation for Specialty Clinics	VHA
GA	Augusta	Unit 3D Renovation	VHA
GA	Dublin	IP Mental Health (Gero-Psych)	VHA
GA	Dublin	Nursing Home Consolidation/Reloc. PT/OT	VHA
GA	Dublin	Relocate ICU	VHA
GA	Marietta	Improve Site Signage and Site Furnishings	NCA
GA	Marietta	Lodge - Remove Asbestos	NCA
GA	Marietta	Relocate Assembly Area	NCA
GA	Marietta	Renovate Maintenance Bldg, New Restroom Bldg and Soil Storage Bldg	NCA
GA	Marietta	Replace Flagpole and Lights	NCA
GA	Marietta	Replace Roads and Storm Drainage	NCA
GA	Marietta	Replace Trees	NCA
GA	Atlanta,	Regional Office	OIG
HI	Honolulu	Parking Garage Addition	VHA
HI	Honolulu	VA/DoD Outpatient GI Endoscopy Suite	VHA
HI	Honolulu	VA/DoD Research Center	VHA
HI	NMCP	Const New Committal Shelter	NCA
HI	NMCP	Improvements to Mechanical Shop and Maintenance	NCA
HI	NMCP	Reinforce Water Tank Retaining Wall	NCA
HI	NMCP	Replace North Curb and Entry Road	NCA



State	City	Project Title - Brief Description	Admin.
HI	NMCP	Road, Curb and Gutter, and Signage Replacement	NCA
IA	Des Moines	Med/Surg Bed Enhancement	VHA
IA	Des Moines	OP Surgery/OR Modernization	VHA
IA	Iowa City	Construct new research building	VHA
IA	Iowa City	Relocate Surgical Operating Rooms	VHA
IA	Iowa City	Renovate Floors 7 and 5W	VHA
IA	Knoxville	OP Renovation Bldg 1	VHA
IA	Keokuk	Irrigate Entire Cemetery (13 acres)	NCA
IA	Keokuk	Road Repairs	NCA
IA	Keokuk	Roads/Material Bins/Fence/Water Stations	NCA
ID	Boise	Construct Parking Garage	VHA
ID	Boise	Construct Research Education Building	VHA
ID	Boise	Remodel Rehab. Medicine	VHA
ID	Boise	Renovate B.27 1st Floor	VHA
IL	Chicago (WS)	Expand Outpatient Primary Care Suite	VHA
IL	Chicago (WS)	Expand Outpatient Specialty Clinic	VHA
IL	Chicago (WS)	Modernize Dental Dept.	VHA
IL	Chicago (WS)	Renovate Rehab Medicine	VHA
IL	Danville	Renovate for Specialty Care	VHA
IL	Danville	Replace Boilers (3) & Controls - Boiler Plant	VHA
IL	Danville	Replace Primary Electrical Dist. Equip. (Main Sub-Station)	VHA
IL	Danville	Upgrade Medical Wards, Bldg. 58	VHA
IL	Hines	Relocate and Renovate Prosthetics to basement, B200	VHA
IL	Hines	Relocate Dental Clinic, B200	VHA
IL	Hines	Relocate Microbiology, B-200	VHA
IL	Hines	Relocate Nuclear Medicine & Other patient Care, B200	VHA
IL	Hines	Relocate Resp. Care/sleep lab, B-200	VHA
IL	Hines	Relocate Surgery Svc. Admin to 8th fl West B200	VHA
IL	Hines	Relocate Surgical Outpatient to 8th East B-200	VHA
IL	Hines	Relocate Two ORs and SPD to 2nd flr, B200	VHA
IL	Hines	Renovate 10th floor Acute Care Cardiology, B-200	VHA
IL	Hines	Standby electrical Power for Animal Res, B-1	VHA
IL	Marion	Site Prep for Modular Buildings	VHA
IL	North Chicago (D)	Modernize NHCU	VHA
IL	Abraham Lincoln	Extend Road Exit From Interment Storage Bldg.	NCA
IL	Abraham Lincoln	Install Columbaria	NCA
IL	Abraham Lincoln	Install Irrigation System in Phase 1 Burial Areas	NCA
IL	Abraham Lincoln	Install Pre-Placed Crypts in Sections 5/6	NCA
IL	Camp Butler	Install Fiber Optic Link	NCA
IL	Camp Butler	Irrigate entire cemetery (53 acres)	NCA
IL	Camp Butler	Replace water lines used for public flower placement and turf	NCA
IL	Danville	Asphalt Road for Access to Burial Sections 18-20	NCA
IL	Danville	Construct Admin Bldg Addition	NCA
IL	Danville	Construct Material Storage Shelter	NCA
IL	Danville	Gravesite Development and Site Improvements	NCA
IL	Danville	Surface Drainage at Sec 23	NCA

State	City	Project Title - Brief Description	Admin.
IL	Mound City	Irrigate Entire Cemetery (10 acres)	NCA
IL	Quincy	Construct Main Entrance/Riprap channel	NCA
IL	Rock Island	Irrigate Older Portions of Cemetery (44 acres)	NCA
IL	Hines (SDC)	Replace A/C Building 37	OAMM
IL	Hines (SDC)	Building 37 Upgrade/Replace Elec. Transformer	OAMM
IL	Hines (SDC)	Building 37 Roof Replacement (Phase 3)	OAMM
IL	Hines (SDC)	F & S Requirements Upgrades	OAMM
IL	Hines	Data Center UPS Replacement	OI&T
IL	Hines	Data Center Des/Install Facility Generators	OI&T
IL	Hines	Data Center Lighting Replacement	OI&T
IL	Hines	Data Center Renovate Front Lobby	OI&T
IL	Hines	Data Center SID Control Office Partitions	OI&T
IL	Hines	Data Center Perimeter Security Barricade Parkway	OI&T
IL	Hines	Data Center A/E Tier 4 Design	OI&T
IL	Hines	Data Center Warehouse Expansion	OI&T
IL	Hines	Data Center Armed Security Shacks	OI&T
IL	Hines	Data Center Miscellaneous Projects under \$100	OI&T
IL	Hines	Upgrade Data Center	OI&T
IL	Hines (SDC)	Upgrade / Replace HVAC Units	OAMM
IL	Hines (SDC)	Roof Replacements - Phase 4	OAMM
IL	Hines (SDC)	Transformer	OAMM
IL	Hines (SDC)	Replace Transformers	OAMM
IL	Hines (SDC)	Parking Addition	OAMM
IL	Hines (SDC)	Upgrade Steam / Condensate Lines	OAMM
IL	Hines (SDC)	Upgrade Life Safety / Security	OAMM
IL	Hines	Renovate Offices	ORM
IN	Indianapolis	Expand ER and Backfill Clinic Space	VHA
IN	Indianapolis	Expand Primary and Specialty Clinic - Design	VHA
IN	Indianapolis	Remodel 5 East for Inpatient Psych and backfill	VHA
IN	Marion	Clinical Services Expansion, 138-4 - Design	VHA
IN	Marion	Demo Bldgs 19 - 22, 23, 62, 121, 122, 135 & 140	VHA
IN	Marion	Equip bldg, wash bay, slate roof, tuck point, roads, front entrance improvements	NCA
IN	New Albany	Replace Concrete Pavement	NCA
KS	Leavenworth	ICU Renovation	VHA
KS	Leavenworth	Patient Privacy Corrections	VHA
KS	Leavenworth	Primary Care Renovation	VHA
KS	Topeka	Bldg. 3 Patient Privacy/Restroom Accessibility	VHA
KS	Topeka	Specialty Care Addition	VHA
KS	Fort Scott	Install Irrigation System in 10 Acre Expansion	NCA
KS	Fort Scott	Install Irrigation System in 10 Acre Expansion	NCA
KS	Leavenworth	Road Maintenance and Admin Parking Expansion	NCA
KS	Leavenworth and Fort Leavenworth	Irrigation System, Entire Cemetery	NCA
KY	Lexington	Construct New Floor for Research	VHA
KY	Lexington	Inpatient Bed Renovation	VHA
KY	Lexington	Relocate Endoscopy/Upgrade OP Surgery	VHA

State	City	Project Title - Brief Description	Admin.
KY	Lexington	Renovate for Primary Care	VHA
KY	Lexington (C)	Pathology Renovation	VHA
KY	Lexington (C)	Relocate PM&RS Clinic	VHA
KY	Lexington (C)	Relocate Specialty OP Functions	VHA
KY	Lexington (C)	Upgrade CCU, Heart Station	VHA
KY	Louisville	Consolidate Kitchens	VHA
KY	Louisville	Consolidate Laboratory Operations	VHA
KY	Louisville	Construct Parking Garage	VHA
KY	Louisville	Construct Radiology Addition	VHA
KY	Louisville	Pharmacy & Lab Addition	VHA
KY	Louisville	Renovate 8B for Research	VHA
KY	Louisville	Renovate 9th Floor Research Labs	VHA
KY	Louisville	Renovate B-12 Research	VHA
KY	Louisville	Renovate SICU	VHA
KY	Louisville	Specialty Clinics Addition	VHA
KY	Camp Nelson	Cemetery- Renovate Entrance (Enlarge for traffic safety)	NCA
KY	Camp Nelson	Irrigation System, entire cemetery (30 acres)	NCA
KY	Camp Nelson	Land Donation Acquisition - 45 Acres Adjacent	NCA
KY	Camp Nelson	Maintenance Yard - Demolish Loading Dock	NCA
KY	Lebanon	Irrigate Entire Cemetery (15 acres)	NCA
KY	Mill Springs	Irrigate Entire Cemetery (6.3 acres)	NCA
KY	Mill Springs	Land Donation Acquisition-12 Acres Adjacent	NCA
KY	Zachary Taylor	Irrigate entire cemetery (16 acres)	NCA
KY	Zachary Taylor	Total Reconstruction/ Cemetery Storm Sewer System	NCA
LA	Alexandria	Construct Education Facility	VHA
LA	Alexandria	Renovate Bldg. 6 for Primary & Mental Health	VHA
LA	Alexandria	Renovate/Expand Bldg. 7 for Primary & Spec Care	VHA
LA	Shreveport	1E Renovation	VHA
LA	Shreveport	6N MICU Renovation	VHA
LA	Shreveport	Hoptel Building	VHA
LA	Shreveport	Renovate Kitchen	VHA
LA	Shreveport	Replace Bldgs 5&6 to Expand Specialty Care	VHA
LA	Alexandria	Reconstruct Wall Foundation	NCA
LA	Alexandria	Replace Fences	NCA
LA	Alexandria	Replace Flagpole Lights	NCA
LA	Alexandria	Replace site furnishings	NCA
LA	Alexandria	Replace Water Lines	NCA
LA	Baton Rouge	Flagpole - Replace	NCA
LA	Baton Rouge	Install Landscape Buffer	NCA
LA	Baton Rouge	Repair wall	NCA
LA	Baton Rouge	Replace Road	NCA
LA	Baton Rouge	Replace Sidewalks	NCA
LA	Baton Rouge	Replace site furnishings	NCA
LA	Baton Rouge	Replace Trees	NCA
LA	Port Hudson	Construct Columbaria	NCA
LA	Port Hudson	Construct Public Information Center with Restrooms	NCA
LA	Port Hudson	Maintenance Bldg Expansion	NCA

State	City	Project Title - Brief Description	Admin.
LA	Port Hudson	Plant New Trees	NCA
LA	Port Hudson	Re-construct entrance road to accommodate 10 parked vehicles	NCA
LA	Port Hudson	Repair cemetery wall	NCA
LA	Port Hudson	Replace Flagpole	NCA
MA	Bedford	Expand Lab and Radiology	VHA
MA	Bedford	Renovate Bldg 1	VHA
MA	Bedford	Renovate Bldg 17 Research	VHA
MA	Bedford	Renovate Bldg 17, 18, 70	VHA
MA	Bedford	Renovate Bldg 19 for ARF	VHA
MA	Bedford	Renovate Bldg 5 for Specialty Care	VHA
MA	Bedford	Renovate Bldg 78 for Specialty Care Clinics	VHA
MA	Bedford	Renovate Bldg 8	VHA
MA	Bedford	Renovate Bldg 9	VHA
MA	Bedford	Renovate Bldgs 80, 81, 82	VHA
MA	Bedford	Renovate Domiciliary	VHA
MA	Bedford	Renovate Inpatient Psychiatry	VHA
MA	Bedford	Renovate Pharmacy and Recreation Therapy	VHA
MA	Bedford	Renovate Research Space	VHA
MA	Bedford	Renovation Outpatient Mental Health	VHA
MA	Boston	Administration Renovation	VHA
MA	Boston	Animal Research Improvements, B1-A	VHA
MA	Boston	Cyclotron Site Prep	VHA
MA	Boston	Eye Clinic	VHA
MA	Boston	Pet CT Scan Site Prep	VHA
MA	Boston	Research Facility Renovation B1-A	VHA
MA	Boston (JP)	Infrastructure Improvements, Ph 2	VHA
MA	Boston (JP)	Infrastructure Improvements, PH 3	VHA
MA	Boston (JP)	Support Service Modification, Ph 2	VHA
MA	Brockton	Dental Renovation	VHA
MA	Brockton	Mental Health Renovations	VHA
MA	Brockton	New Nitrogen/Cryogenics Facility, B25	VHA
MA	Brockton	Primary Care Expansion	VHA
MA	Brockton	Replacement Research Facility B44, B46	VHA
MA	Brockton	Specialty Care Expansion	VHA
MA	Northampton	Air Condition Buildings	VHA
MA	Northampton	Central Chiller Plant	VHA
MA	Northampton	Elevators Bldg 20	VHA
MA	Northampton	Elevators Building 11 & 25	VHA
MA	Northampton	Nursing Home Renovation and Expansion	VHA
MA	Northampton	Rehab Medicine Renovation	VHA
MA	Northampton	Renovate Education Space	VHA
MA	Northampton	Renovate Recreation Therapy	VHA
MA	West Roxbury	EP Lab Site Prep	VHA
MA	West Roxbury	Infrastructure Improvements Ph 2	VHA
MA	West Roxbury	Infrastructure Improvements, PH 3	VHA
MA	West Roxbury	Medical Nursing Unit B1-4N	VHA

State	City	Project Title - Brief Description	Admin.
MA	West Roxbury	Replacement Research Buildings	VHA
MA	West Roxbury	Support Service Modification, Ph 3	VHA
MA	West Roxbury	Surgical Nursing Unit, B1-3N	VHA
MA	Massachusetts	Environmental Equipment Wash Station	NCA
MA	Massachusetts	Renovate Columbaria and Committal Shelters	NCA
MA	Massachusetts	Replace/Refurbish Irrigation System, Sections 1-9	NCA
MD	Baltimore	Build Research Building at LR	VHA
MD	Baltimore	Expand OP and Admin Space Loch Raven	VHA
MD	Baltimore	Renovate OPC Area for Specialty Care	VHA
MD	Baltimore	Renovate Urgent Care Area	VHA
MD	Perry Point	Demolish Village Houses	VHA
MD	Perry Point	Renovate 19H Medical Units	VHA
MD	Perry Point	Renovate 24H Inpatient Psychiatry	VHA
MD	Perry Point	Renovate 25H for Education	VHA
MD	Perry Point	Renovate 80H Outpatient Mental Health	VHA
MD	Baltimore	Environmental Equipment Wash Station	NCA
MD	Baltimore	Remove Stone Sidewalks - Replace with Stamped Concrete	NCA
ME	Togus	Administration Renovation	VHA
ME	Togus	Construct 25 Bed Sub Abuse CWT/TR	VHA
ME	Togus	Construct 30 Bed Dom	VHA
ME	Togus	Hospice Unit, B207-1	VHA
ME	Togus	MRI Site Prep	VHA
ME	Togus	Nursing Home Renovation	VHA
ME	Togus	Private Baths NH Phase 2	VHA
ME	Togus	Private Baths NH Phase I	VHA
ME	Togus	Private, Semi-private Baths, B200, Phase 1	VHA
ME	Togus	Private, Semi-private Baths, B200, Phase 2	VHA
ME	Togus	Psych Unit, B206	VHA
ME	Togus	Substance Abuse Residential Rehab	VHA
ME	Togus	Upgrade HVAC, B203/204	VHA
ME	Togus	Upgrade HVAC, B209/210	VHA
ME	White River Junction	Administrative Renovations	VHA
ME	White River Junction	Construct 15 Bed Substance Abuse Research Rehab	VHA
ME	White River Junction	Inpatient Ward Renovation	VHA
ME	White River Junction	MRI Site Prep	VHA
ME	White River Junction	Pet Scan Site Prep	VHA
ME	White River Junction	Research Renovations	VHA
ME	White River Junction	Specialty Care Renovations	VHA
MI	Ann Arbor	Build Research lab	VHA
MI	Ann Arbor	Expand East Parking Structure	VHA

State	City	Project Title - Brief Description	Admin.
MI	Ann Arbor	Renovate 6E, 6W	VHA
MI	Ann Arbor	Renovate 7E, 7W	VHA
MI	Battle Creek	Demo Buildings 3, 6, 7, 13, 14	VHA
MI	Battle Creek	NHCU Culture Of Change Construction & Ren	VHA
MI	Detroit	Build-out 7th Floor	VHA
MI	Detroit	Renovate A2S, A4S	VHA
MI	Detroit	Renovate B3 North	VHA
MI	Iron Mountain	Expand Diagnostic Area	VHA
MI	Saginaw	Renovate Laboratory & Microbiology	VHA
MI	Fort Custer	Amphitheater Assembly Area	NCA
MI	Fort Custer	Construct New Parking Lot at Maintenance Bldg	NCA
MI	Fort Custer	Enclose Equipment Storage	NCA
MI	Fort Custer	Equipment Storage Building	NCA
MI	Fort Custer	Memorial Path Overlook Stonewall Enhancement	NCA
MI	Fort Custer	New Well, Pump house and Irrigation	NCA
MI	Fort Custer	Renovate Honor Guard Building	NCA
MN	Minneapolis	Renovate ER/Urgent Care	VHA
MN	Minneapolis	Upgrade Hemoncology Clinic	VHA
MN	St. Cloud	Exp. Spec. Care, Reconfigure Support Space	VHA
MN	St. Cloud	Expand Acute Psych Beds	VHA
MN	St. Cloud	Expand Spec Care, Bldg 1	VHA
MN	St. Cloud	Move Lab, Ren. B1E for Primary Care	VHA
MN	St. Cloud	Renovate B1-2nd Fl for Spec. Care	VHA
MN	St. Cloud	Renovate Extended Care beds B50, 1	VHA
MN	St. Cloud	Renovate Wards B49 ph 2	VHA
MN	St. Cloud	Renovate Wards Bldg 49-1/Elev	VHA
MN	St. Cloud	Renovate Wards, 51-1	VHA
MN	St. Cloud	Renovate Wards, B 50-2	VHA
MN	St. Cloud	Renovate Wards, B51-2	VHA
MO	Columbia	Imaging Center Site Prep	VHA
MO	Columbia	Relocate ICU	VHA
MO	Kansas City	MRI/PET Scan Addition	VHA
MO	Kansas City	Renovate 7E for Dialysis	VHA
MO	Kansas City	Renovate Inpatient Medicine	VHA
MO	Kansas City	Renovate Inpatient Surgery	VHA
MO	Kansas City	Renovate/Expand Inpatient Psych	VHA
MO	Kansas City	Seismic Protection	VHA
MO	St. Louis (JC)	Remodel Space for Clinics, B-1, JC	VHA
MO	St. Louis (JC)	Remodel Space for Research	VHA
MO	St. Louis, (JB)	Renovate/Expand Clinics, B-1	VHA
MO	St. Louis, (JC)	Remodel/Expand ER, B-1	VHA
MO	St. Louis	Records Management Center - NARA compliance	VBA
MO	Alton	Renovate Entrance	NCA
MO	Jefferson Barracks	Admin Bldg - Replace Ceiling	NCA
MO	Jefferson Barracks	Asphalt Road Repair/Sealing	NCA
MO	Jefferson Barracks	Chapel - Replace Doors	NCA
MO	Jefferson Barracks	Renovate Old Maintenance Bldg/Honor Guard Area	NCA



State	City	Project Title - Brief Description	Admin.
MO	Jefferson Barracks	Security Camera System For Admin/Maintenance Bldgs	NCA
MO	Jefferson City	Maintenance Building/Public Restrooms - Renovate	NCA
MO	Springfield	Irrigate and Replace Old Section Water Lines	NCA
MS	Jackson	Construct Clinic/Educ Above Parking Deck	VHA
MS	Jackson	Construct Parking Deck on West Side	VHA
MS	Jackson	Expand Linear Accelerator	VHA
MS	Jackson	Renovate 3K for MH	VHA
MS	Jackson	Renovate 4CN/4CS	VHA
MS	Jackson	Renovate MICU/CCU	VHA
MS	Biloxi	Committal Shelter - Provide Electric	NCA
MS	Biloxi	Construct new road with cul-de-sac	NCA
MS	Biloxi	Install Flagpole (POW/MIA)	NCA
MS	Biloxi	Plant Vegetative Screen along Property Line w/Keesler AFB	NCA
MS	Biloxi	Reconstruct existing roads; install curbing	NCA
MS	Biloxi	Replace Administration Bldg	NCA
MS	Biloxi	Resurface Roadways	NCA
MS	Biloxi	Upgrade Water Spigots	NCA
MS	Corinth	Cemetery - Replace Sidewalk	NCA
MS	Corinth	Construct Admin/ Maintenance Bldg	NCA
MS	Corinth	Construct Committal Shelter	NCA
MS	Corinth	Demolish Lodge	NCA
MS	Corinth	Demolish Maintenance Bldg	NCA
MS	Corinth	Install Fencing for Maintenance Yard	NCA
MS	Corinth	Landscape Improvements	NCA
MS	Corinth	Repair Roadways	NCA
MS	Corinth	Replace Drainage Ditch/Covers/Inlets	NCA
MS	Corinth	Replace Flagpole	NCA
MS	Corinth	Replace Irrigation System	NCA
MS	Corinth	Replace site furnishings	NCA
MS	Natchez	Construct Covered Soil Storage	NCA
MS	Natchez	Construct Paved Road	NCA
MS	Natchez	Install Irrigation	NCA
MS	Natchez	Landscape Improvements	NCA
MS	Natchez	Maintain Historic Perimeter Wall	NCA
MS	Natchez	Replace and Refinish Steps	NCA
MS	Natchez	Replace Drainage Ditch	NCA
MS	Natchez	Replace Site Furnishings and Section Markers	NCA
MS	Natchez	Replace Water Lines	NCA
MS	Natchez	Slope Stabilization	NCA
MT	Ft Harrison	Expand Ancillary/diagnostic care/Lab	VHA
NC	Asheville	Renovate B9 for Cancer Center	VHA
NC	Asheville	Renovate ER	VHA
NC	Asheville	Renovate Ward 4-East	VHA
NC	Asheville	Renovate Ward 4-West	VHA
NC	Asheville	Renovate Ward 5-East	VHA
NC	Asheville	Renovate Wards 3E/3W for Backfill	VHA
NC	Durham	Ambulatory Care D Wing	VHA

State	City	Project Title - Brief Description	Admin.
NC	Durham	Research Building Phase II	VHA
NC	Salisbury	Construct Tower for Spec/ Ancillary Care Ph II	VHA
NC	Salisbury	Expand MSCU/Patient Privacy B2-3	VHA
NC	Salisbury	Hoptel B-21	VHA
NC	Salisbury	Renovate B-15	VHA
NC	Salisbury	Renovate B-6 for Patients Activities	VHA
NC	Salisbury	Renovate MH for Patients Safety/Privacy B-4	VHA
NC	Salisbury	Site Prep for Linear Accelerator	VHA
NC	New Bern	Enhance Overall Landscape	NCA
NC	New Bern	Improve Site Furnishings	NCA
NC	New Bern	Replace Garage Door on Maintenance Bldg	NCA
NC	New Bern	Replace Sidewalks	NCA
NC	New Bern	Replace Windows in Lodge	NCA
NC	New Bern	Roads - Resurface	NCA
NC	Raleigh	Construct Committal Shelter	NCA
NC	Raleigh	Demolish lodge	NCA
NC	Raleigh	Enhance Landscape	NCA
NC	Raleigh	Reconstruct Cemetery Wall	NCA
NC	Raleigh	Replace Site Furnishings	NCA
NC	Raleigh	Roads - Replace Curbing	NCA
NC	Salisbury	Correct Drainage	NCA
NC	Salisbury	Enhance Landscape for Original Phases	NCA
NC	Salisbury	Improve Pedestrian Circulation	NCA
NC	Salisbury	Install Signage System	NCA
NC	Salisbury	Lodge, Replace Roof	NCA
NC	Salisbury	Resurface Roads	NCA
NC	Salisbury	Roof structure to cover spoils area	NCA
NC	Wilmington	Cemetery - Replace Fence	NCA
NC	Wilmington	Demolish Maintenance Bldg/Restrooms	NCA
NC	Wilmington	Lodge, Replace Roof	NCA
NC	Wilmington	Replace Site Furnishings	NCA
ND	Fargo	Audiology/Eye/Ophthalmology	VHA
ND	Fargo	PM&RS Modernization	VHA
ND	Fargo	Replacement Operating Rooms	VHA
NE	Omaha	Fourth Floor Research Addition	VHA
NE	Omaha	SPD Building Addition to OPC	VHA
NE	Omaha	Specialty Care Construct and Renovate, Surgery	VHA
NE	Omaha	Surgery (O.R.s) to 2nd Floor OPC	VHA
NH	Manchester	Administration Renovation 1	VHA
NH	Manchester	Administration Renovation 2	VHA
NH	Manchester	Ancillary/Diagnostic Renovations	VHA
NH	Manchester	Mental Health Additions and Improvements	VHA
NH	Manchester	Renovate Pharmacy, Dental	VHA
NH	Manchester	Specialty Care Renovations	VHA
NJ	East Orange	Renovate Primary Care	VHA
NJ	East Orange	Renovate Ward 5-A	VHA
NJ	East Orange	Renovate Ward 6-B	VHA



State	City	Project Title - Brief Description	Admin.
NJ	Lyons	Addition to NHCUC	VHA
NJ	Lyons	Demolish Vacant Bldg. 55	VHA
NM	Albuquerque	Consolidate ICUs	VHA
NM	Albuquerque	renovate existing surgery suite	VHA
NM	Albuquerque	Renovate for Mental Health	VHA
NM	Albuquerque	Surgery Expansion	VHA
NM	Fort Bayard	Replace Committal Shelter and Rostrum; Const New Admin/Maintenance Bldg; Convert Xeriscape	NCA
NM	Fort Bayard	Replace Shelter and Rostrum; Const New Admin/Maintenance Bldg; Convert Xeriscape	NCA
NM	Santa Fe	Renovate Admin/Maint into Admin; Build new Maint Fac	NCA
NV	Las Vegas	Completion Items - D&T/NHCUC	VHA
NV	Las Vegas	Completion Items - Site	VHA
NV	Las Vegas	Realignment and modernization	VBA
NV	Reno	Consol & Expand Special Procedures & Recovery	VHA
NV	Reno	New Education, Training & Conference Center	VHA
NV	Reno	Reconfigure/Expand Imaging Center	VHA
NV	Reno	Relocate & Expand OP Mental Health & Primary Care	VHA
NV	Reno	Upgrade & Integrate Canteen with Nutrition Service	VHA
NY	Albany	Construct NHCUC Facility	VHA
NY	Albany	Correct Dental Clinic Deficiencies	VHA
NY	Albany	Correct SPD Deficiencies	VHA
NY	Albany	Relocate Med Records & Consolidate Clinics, 1st Fl	VHA
NY	Albany	Relocate Nuclear Medicine & 2 B Laboratory	VHA
NY	Albany	Ren Physical Medicine & Rehabilitation Services	VHA
NY	Albany	Renovate Building 5 for Day Treatment Center	VHA
NY	Albany	Renovate Post Anesthesia Care Unit	VHA
NY	Albany	Renovate Primary Care on Wing 8C	VHA
NY	Albany	Renovate/Expand Emergency Department	VHA
NY	Bath	Renovate Ward 3B, 76	VHA
NY	Bronx	Additional Med/Surg Unit	VHA
NY	Bronx	Expand 3rd Floor Clinics	VHA
NY	Bronx	Expand Emergency Room	VHA
NY	Bronx	Renovate Extended Care	VHA
NY	Bronx	Renovate Research, Ph 2	VHA
NY	Bronx	Renovate Research, Ph 3	VHA
NY	Bronx	Renovate Research, Ph 4	VHA
NY	Bronx	Upgrade Emergency Electrical System	VHA
NY	Brooklyn	15 West inpatient upgrade	VHA
NY	Brooklyn	Audiology/ Speech Pathology Renovation	VHA
NY	Brooklyn	Bldg 4a chiller plant Seismic retrofit	VHA
NY	Brooklyn	Electrical Service Safety upgrade	VHA
NY	Brooklyn	MRI	VHA
NY	Brooklyn	Radiology & Clinical Lab upgrade	VHA
NY	Brooklyn	SPD / Central Sterile Supply Upgrade	VHA
NY	Buffalo	Expand ASU on 2nd Floor	VHA
NY	Buffalo	Renovate Operating Rooms	VHA

State	City	Project Title - Brief Description	Admin.
NY	Buffalo	Renovate Ward 9B	VHA
NY	East Orange	Renovate Ward 12-A	VHA
NY	East Orange	Renovate Ward 2-A/Surgical Support Space	VHA
NY	Montrose	Expand OPC H-3	VHA
NY	Montrose	Raze Bldgs. 8,9,10,11	VHA
NY	Montrose	Renovate Bldg 14	VHA
NY	Montrose	Renovate Bldg. 13	VHA
NY	Montrose	Renovate Nutrition and Food svc	VHA
NY	New York	Construct Psychiatric Wards	VHA
NY	New York	Construct Research Labs	VHA
NY	New York	Renovate Medicine Wards	VHA
NY	New York	Renovate Patient Wards	VHA
NY	New York	Renovate Research Area	VHA
NY	New York	Replace Generators	VHA
NY	New York	Surgery Renovation	VHA
NY	Northport	Demolish Bldg. 1, 2, 18, 36, 37 Quarters	VHA
NY	Northport	Renovate Bldg 63 and 64	VHA
NY	Northport	Renovate Bldg 65	VHA
NY	Northport	Renovate Bldg. 20 and 17	VHA
NY	Northport	Renovate ICU	VHA
NY	Northport	Renovate OR/update utilities & HVAC	VHA
NY	Northport	Renovate Research	VHA
NY	Northport	Renovate/Modernize Units 23 and 34	VHA
NY	Syracuse	Expand Valor Inn	VHA
NY	Syracuse	Mental Health/Psychiatry/Dental Lease Build Out	VHA
NY	Syracuse	Renovate "D" Wing	VHA
NY	Syracuse	Renovate 2nd Floor @ Rome	VHA
NY	Syracuse	Renovate 5 South Rehab Ward	VHA
NY	Syracuse	Renovate 7th floor	VHA
NY	Syracuse	Renovate for Pharmacy	VHA
NY	Syracuse	Renovate Nursing Home	VHA
NY	Syracuse	Replace Building #2	VHA
NY	Bath	Construct small Public Information Center with Restrooms	NCA
NY	Bath	Construct Storage Bldg and Yard	NCA
NY	Bath	Environmental Equipment Wash Station	NCA
NY	Bath	Expand Admin Area	NCA
NY	Bath	Expand Maintenance Garage	NCA
NY	Bath	Resurface Roads - Entire Site - 1.3 miles	NCA
NY	Beverly	Environmental Equipment Wash Station	NCA
NY	Beverly	Evaluate Lodge	NCA
NY	Beverly	Repair/Replace Slate Roofs - Both Maintenance Garages	NCA
NY	Calverton	Const 40' x 80' Pre-Fab Storage Bldg	NCA
NY	Calverton	Environmental Equipment Wash Station	NCA
NY	Calverton	Renovate Maintenance Bldg/3001 and Construct Wash Bay	NCA
NY	Calverton	Repair and/or Replace Roads in Oldest Sections	NCA
NY	Calverton	Replace Facade on Admin and Committal Bldgs	NCA

State	City	Project Title - Brief Description	Admin.
NY	Calverton	Replace Irrigation underground Pump Station with above ground (Phase 4 of 5)	NCA
NY	Calverton	Replace Irrigation underground Pump Station with above ground (Phase 5 of 5)	NCA
NY	Calverton	Replace Road	NCA
NY	Calverton	Replace Roof on Mower Shop, Cold Storage, and restrooms	NCA
NY	Cypress Hills	Drainage Correction at Union Site	NCA
NY	Cypress Hills	Irrigate entire 15.4 acre site	NCA
NY	Cypress Hills	Remove/Replace All Roads at Cypress Hills and Union Plot	NCA
NY	Cypress Hills	Restore/replace WI Fence and Main Gates [Historical]	NCA
NY	Long Island	Correct Drainage- Resurface Employee/ Visitor Lots	NCA
NY	Long Island	Environmental Equipment Wash Station	NCA
NY	Long Island	Provide irrigation to cemetery	NCA
NY	Long Island	Repair/Replace Slate Roofs - Administration, Lodge and Restrooms Rehab	NCA
NY	Woodlawn	Const Storage Barn	NCA
NY	Woodlawn	Construct Columbaria	NCA
NY	Woodlawn	Environmental Equipment Wash Station	NCA
OH	Cincinnati	Hemodialysis Improvements	VHA
OH	Cincinnati	Relocate Nursing Home from Ft. Thomas	VHA
OH	Cincinnati	Remodel 5 South	VHA
OH	Cincinnati	Replace Animal Research Facility (ARF) Phase I	VHA
OH	Cincinnati	Replace Animal Research Facility(ARF) Phase 2	VHA
OH	Cleveland (WP)	CARES Lab Addition/Warehouse Ph II	VHA
OH	Cleveland (WP)	Expand Engineering Shops	VHA
OH	Cleveland (WP)	Expand Inpatient Pharmacy	VHA
OH	Cleveland (WP)	Expand Outpatient Pharmacy	VHA
OH	Cleveland (WP)	Expand Radiology Phase 1	VHA
OH	Cleveland (WP)	Expand Radiology Phase 2	VHA
OH	Cleveland (WP)	Expand Research Phase 1	VHA
OH	Cleveland (WP)	Expand Research Phase 2	VHA
OH	Cleveland (WP)	Outpatient Care Additions, Ph II	VHA
OH	Cleveland, (WP)	Expand Radiology Phase 3	VHA
OH	Dayton	Central A/C 410	VHA
OH	Dayton	Consolidate Special Procedures	VHA
OH	Dayton	Primary Care Expansion	VHA
OH	Dayton	Surgery Upgrade	VHA
OH	Dayton	Ward Renovations	VHA
OH	Dayton	Const Equip and Material Storage Bldg	NCA
OH	Dayton	Construct New Committal Shelter	NCA
OH	Dayton	Irrigate entire cemetery (100 acres)	NCA
OH	Dayton	Renovate Historic Guard Building and Construct columbaria	NCA
OH	Johnson's Island	Shore Stabilization	NCA
OH	Ohio Western Reserve	Install Columbaria	NCA
OH	Ohio Western Reserve	Install Pre-placed Crypts	NCA

State	City	Project Title - Brief Description	Admin.
OH	Ohio Western Reserve	Irrigation for Phase 1 Burial Areas	NCA
OK	Muskogee	Convert 3rd Floor Atrium to Office	VHA
OK	Muskogee	Renovate Primary care to Support ACA	VHA
OK	Oklahoma City	1st & 2nd Floor Clinic Expansion	VHA
OK	Oklahoma City	Clinic Infill	VHA
OK	Oklahoma City	Expand Surgery	VHA
OK	Oklahoma City	Renovate 5 East for Inpatient Beds	VHA
OK	Oklahoma City	Renovate 5 North for Inpatient Beds	VHA
OK	Oklahoma City	Renovate Ancillary	VHA
OK	Oklahoma City	Renovate B, C, & D Mods	VHA
OK	Fort Gibson	Gravesite Expansion and Maintenance Bldg	NCA
OK	Fort Gibson	Maintenance Bldg/ Equip Storage Improvements	NCA
OR	Portland	Patient Parking Structure	VHA
OR	Portland	Renovate Bldg 104 for Spec Care	VHA
OR	Portland	Renovate Bldg 6 for Animal Research Facility	VHA
OR	Portland	Renovate Wards to Eliminate 4 Bed Rooms	VHA
OR	Portland	Replace Exterior Skin B100 & B100 Phase 2	VHA
OR	Roseburg	Construct MRI Space	VHA
OR	Roseburg	Construct Protected Care Unit	VHA
OR	Roseburg	Renovate for Operative Care Clinics	VHA
OR	Roseburg	Renovate for Specialty Care	VHA
OR	Roseburg	Seismic Upgrade Boiler Plant, Bldg 7	VHA
OR	White City	Expand Ambulatory Care Clinic	VHA
OR	White City	Footprint Reduction 242,243,245,249,250	VHA
OR	White City	Replace Dom Bldg. 218	VHA
OR	White City	Replace Dom Bldg. 221	VHA
OR	Eagle Point	Construct Columbaria and install Pre-Placed Crypts	NCA
OR	Eagle Point	Develop Burials west of Riley Road; Roads; Shelter	NCA
OR	Eagle Point	Remodel Admin; New Maintenance Facility; Vehicle Wash Station; Fence	NCA
OR	Eagle Point	Repair/Replace Stone Retaining Walls	NCA
OR	Roseburg	Replace Caretaker's Bldg	NCA
OR	Roseburg	Site Improvements (irrigation, restroom maintenance, fence, lights, wash station)	NCA
OR	Willamette	Install Roads, Storage Areas/Sheds, Wash Rack	NCA
OR	Willamette	Replace/ renovate Maintenance Bldgs	NCA
PA	Altoona	Exp/Imp Long Term Care	VHA
PA	Altoona	Expand and Improve BH Clinic	VHA
PA	Altoona	Move and Expand Rehab	VHA
PA	Butler	Expand Primary Specialty Clinics	VHA
PA	Butler	Nursing Home Care Unit	VHA
PA	Coatesville	Reno NHCU Ward 57	VHA
PA	Coatesville	Reno Ward B-39	VHA
PA	Lebanon	Ambulatory Surg Improvements	VHA
PA	Lebanon	Clinical Improvements for Radiology	VHA
PA	Lebanon	Enhance Patient Access	VHA

State	City	Project Title - Brief Description	Admin.
PA	Philadelphia	Add floor to A/E Bldg	VHA
PA	Philadelphia	Design Additional Elevator/Stairway Research	VHA
PA	Philadelphia	Design: Renovate 1st floor Research	VHA
PA	Philadelphia	Design: Renovate 2nd Floor Research	VHA
PA	Philadelphia	Design: Renovate Basement Research	VHA
PA	Philadelphia	Design; Renovate 5th Floor Research	VHA
PA	Philadelphia	Expand NHCU	VHA
PA	Philadelphia	Renovate 4S Specialty Clinics	VHA
PA	Philadelphia	Renovate 8th Floor Specialty Clinics	VHA
PA	Pittsburgh	Radiology Consolidation	VHA
PA	Pittsburgh	Renovate CCU/SDU	VHA
PA	Wilkes-Barre	Environmental Improvements, Patient Bldg 1	VHA
PA	Indiantown Gap	Const New Asphalt Service Road	NCA
PA	Indiantown Gap	Convert Admin Entry to Wheelchair Accessible	NCA
PA	Indiantown Gap	Environmental Equipment Wash Station	NCA
PA	Indiantown Gap	Install Sidewalk in Burial Section 12-C and 12-D	NCA
PA	Indiantown Gap	Recoat Roof, Re-caulk Exterior Wall Panels Service Bldg	NCA
PA	Indiantown Gap	Replace Glass Windows and Doors, B-1 (Admin Bldg)	NCA
PA	Indiantown Gap	Stone Work on west side of Administration Bldg	NCA
PA	Philadelphia	Repairs to Wall, Rostrum, Wrought Iron Fence	NCA
PA	Philadelphia	Data Center Corp. Data Ctr. Repl. Underground Diesel Tanks	OI&T
PA	Philadelphia	Data Center Miscellaneous Projects under \$100	OI&T
PA	Philadelphia	Upgrade Data Center	OI&T
PI	Manila	US Embassy	VBA
PR	San Juan	2nd Floor Clinical Support / ACV	VHA
PR	San Juan	Basement and First Floor ACV System	VHA
PR	San Juan	Radiology Retrofit	VHA
PR	San Juan	South Bed Building Connections	VHA
PR	Puerto Rico	Gravesite Expansion/Crypts	NCA
PR	Puerto Rico	Install Auto-Water Shut Off at Water Tank	NCA
PR	Puerto Rico	Install Carillon	NCA
PR	Puerto Rico	Renovate Committal Shelters (2)	NCA
PR	Puerto Rico	Renovate Flagpole/Assembly Area	NCA
PR	Puerto Rico	Renovate Main Entrance Area	NCA
PR	Puerto Rico	Renovate Public Restrooms	NCA
PR	Puerto Rico	Renovate Restroom in Admin Bldg	NCA
PR	Puerto Rico	Replace Chain Link Fence With Ornamental Fence	NCA
PR	Puerto Rico	Replace Sidewalks	NCA
RI	Providence	Cardiac Catheterization Site Prep	VHA
RI	Providence	Expand Emergency Room	VHA
RI	Providence	Expand Pharmacy/Relocate Admin	VHA
RI	Providence	Expand SPD	VHA
RI	Providence	Medicine Convert Space	VHA
RI	Providence	Mental Health Building	VHA
RI	Providence	Mental Health Renovations	VHA
RI	Providence	MRI Site Prep	VHA
RI	Providence	OR Addition	VHA

State	City	Project Title - Brief Description	Admin.
RI	Providence	Pet CT Site Prep	VHA
RI	Providence	Rehab Medicine Addition	VHA
RI	Providence	Rehab Ward 3 A	VHA
RI	Providence	Renovate Dental	VHA
RI	Providence	Renovate FIRM 6	VHA
RI	Providence	Specialty Clinics Addition	VHA
SC	Charleston	Ancillary renovation on 2-D	VHA
SC	Charleston	Expand Large Parking Deck	VHA
SC	Charleston	New Specialty Clinic Expansion	VHA
SC	Charleston	Patient Privacy - 4B South	VHA
SC	Charleston	Renovate 3-B South for Ambulatory Services	VHA
SC	Charleston	Renovate 5-A South into Administration Space	VHA
SC	Charleston	Renovate and Expand Psychiatry-Inpatient 3-A	VHA
SC	Charleston	Renovate Lab area 2B	VHA
SC	Columbia	Cardiac Cath Lab Expansion	VHA
SC	Columbia	Construct PET/CT building	VHA
SC	Columbia	Renovate B9 Research Labs/ animal wards	VHA
SC	Columbia	Renovate Bldg 22	VHA
SC	Columbia	Renovate ICU's	VHA
SC	Columbia	Renovate NHCU, Bldg. 103, Phase 2	VHA
SC	Beaufort	Improve Site Furnishings	NCA
SC	Beaufort	Install Additional Irrigation	NCA
SC	Beaufort	Landscape Improvements	NCA
SC	Beaufort	Maintenance Bldg - Provide Heat	NCA
SC	Beaufort	Provide Electric to Committal Shelter	NCA
SC	Beaufort	Reconstruct Cemetery Wall	NCA
SC	Beaufort	Renovate Administration Bldg Electrical System	NCA
SC	Beaufort	Replace Doors, Maintenance Bldg	NCA
SC	Beaufort	Replace Flagpole and Lights	NCA
SC	Beaufort	Replace HVAC in Admin Bldg	NCA
SC	Florence	Landscape Improvements	NCA
SC	Florence	Renovate Irrigation	NCA
SC	Florence	Replace Flagpole Lights	NCA
SC	Florence	Replace site furnishings	NCA
SD	Fort Meade	Construct Central Chiller Plant	VHA
SD	Hot Springs	Renovate Dom Bldg 3	VHA
SD	Hot Springs	Renovate Dom Bldg 4	VHA
SD	Hot Springs	Renovate Dom Bldg 5	VHA
SD	Hot Springs	Renovate Dom Bldg 7	VHA
SD	Hot Springs	Renovate Dom Bldg 8	VHA
SD	Sioux Falls	New Surgery Suite and Clinical Space	VHA
SD	Sioux Falls	Remodel Med/Surg Units	VHA
SD	Sioux Falls	Remodel PT/OT	VHA
SD	Sioux Falls	Renovate Mental Health	VHA
SD	Black Hills	Gravesite Development and Roads	NCA
TN	Memphis	Ambulatory Surgery/Vascular Lab/Ultrasound/GI	VHA
TN	Memphis	Backfill 4th Floor Shell Space	VHA



State	City	Project Title - Brief Description	Admin.
TN	Memphis	OR and Recovery	VHA
TN	Memphis	Outpatient Mental Health Renovation	VHA
TN	Memphis	Site Prep MRI	VHA
TN	Memphis	VMU and Research Laboratory Upgrade	VHA
TN	Mountain Home	Patient Privacy/Isolation	VHA
TN	Mountain Home	Relocate Lab	VHA
TN	Murfreesboro	Electrical Upgrade & Fire Alarm Ph1	VHA
TN	Nashville	4North Psych Ward	VHA
TN	Nashville	OP & Specialty Care Expansion	VHA
TN	Nashville	Primary Care	VHA
TN	Nashville	Site Prep PET Scanner	VHA
TN	Chattanooga	Construct Covered Soil Storage	NCA
TN	Chattanooga	Enhance Andrew's Raiders Monument	NCA
TN	Chattanooga	Install Irrigation	NCA
TN	Chattanooga	Install Signage System	NCA
TN	Chattanooga	Landscape Improvements	NCA
TN	Chattanooga	Relocate Overhead Utility Lines	NCA
TN	Chattanooga	Renovate/Replace Admin Bldg HVAC	NCA
TN	Chattanooga	Replace Chain link Fencing	NCA
TN	Chattanooga	Replace Fences	NCA
TN	Chattanooga	Replace Flagpole	NCA
TN	Chattanooga	Replace Roads	NCA
TN	Chattanooga	Replace Water Lines and Spigots	NCA
TN	Knoxville	Demolish Maintenance Bldg and Construct Public Restrooms	NCA
TN	Knoxville	Enhance Visual Separation	NCA
TN	Knoxville	Improve Landscape	NCA
TN	Knoxville	Improve Site Signage	NCA
TN	Knoxville	Reconstruct Cemetery Wall	NCA
TN	Knoxville	Replace site furnishings	NCA
TN	Memphis	Construct Storage Bldg and Yard	NCA
TN	Memphis	Demolish Lodge/Construct Restrooms and Committal Shelter	NCA
TN	Memphis	Landscape Improvements (including perimeter buffer)	NCA
TN	Memphis	Maintenance Bldg - Replace Overhead Doors	NCA
TN	Memphis	Renovate admin bldg/roof and study settlement problem	NCA
TN	Memphis	Renovate Monument (Illinois)	NCA
TN	Memphis	Repair/Replace Cemetery Roads and Curbs	NCA
TN	Memphis	Replace Drainage Ditch and other drainage corrections	NCA
TN	Memphis	Replace HVAC in Admin Bldg	NCA
TN	Memphis	Replace MIA flagpole	NCA
TN	Memphis	Replace privacy fencing	NCA
TN	Memphis	Replace site furnishings	NCA
TN	Memphis	Re-roof Maintenance Bldg	NCA
TN	Mountain Home	Admin/Maintenance Bldg - Construct	NCA
TN	Mountain Home	Install Fuel Storage Containment Curb	NCA
TN	Nashville	Admin Bldg - Renovate Restroom	NCA
TN	Nashville	Admin Bldg - Replace Roof and Gutters	NCA
TN	Nashville	Cemetery - Provide Signage	NCA

State	City	Project Title - Brief Description	Admin.
TN	Nashville	Construct Spoilage Area	NCA
TN	Nashville	Demolish Lodge	NCA
TN	Nashville	Improve Landscape	NCA
TN	Nashville	Maintenance Bldg, Replace Roof	NCA
TN	Nashville	Reconstruct Cemetery Wall	NCA
TN	Nashville	Renovate Entrance	NCA
TN	Nashville	Renovate Monuments	NCA
TN	Nashville	Repair Rostrum	NCA
TN	Nashville	Replace Irrigation and Hydrants	NCA
TN	Nashville	Replace Pedestrian Bridge	NCA
TX	Amarillo	Construct New Administration Building	VHA
TX	Amarillo	Construct New Spec and Ancill/Diagnostic Space	VHA
TX	Big Spring	Construct Domiciliary	VHA
TX	Big Spring	Expand Dental	VHA
TX	Big Spring	Expand Laboratory	VHA
TX	Big Spring	Expand Specialty Care	VHA
TX	Big Spring	Renovate SPD	VHA
TX	Big Spring	VISN 18 Centralized MCCF Unit	VHA
TX	Bonham	Ambulatory Care Renovation Ph. 2	VHA
TX	Bonham	Bonham Ambulatory Care Renovation	VHA
TX	Dallas	Convert Excess DoD space for NTHCS Mission	VHA
TX	Dallas	Fisher House	VHA
TX	Dallas	Med/Surg Bed Renovation	VHA
TX	Dallas	Med/Surg Bed Renovation Ph. II	VHA
TX	Dallas	Patient Privacy/Patient Safety Ph 9	VHA
TX	Dallas	Relocate Ambulatory Care Clinics	VHA
TX	Dallas	Research Addition and Renovation Ph 1	VHA
TX	Dallas	Research Addition and Renovation Ph 2	VHA
TX	Dallas	Research Addition and Renovation Ph 3	VHA
TX	Dallas	SCI Basement and Auditorium	VHA
TX	Dallas	TCU Renovation Phase 1	VHA
TX	Dallas	Upgrade Mental Health Ph 2	VHA
TX	Dallas	Upgrade Mental Health Ph 3	VHA
TX	Dallas	Upgrade Mental Health Ph 4	VHA
TX	Dallas	Upgrade Mental Health Ph 5	VHA
TX	Dallas	Upgrade Mental Health Ph 6	VHA
TX	Dallas	Urgent Care Expansion and Triage Renovation	VHA
TX	El Paso	Administrative Space	VHA
TX	Houston	Clinical Research Expansion	VHA
TX	Houston	Consolidate Imaging Services	VHA
TX	Houston	Physical Plant-Emergency Power	VHA
TX	Houston	Renovate 6D	VHA
TX	Houston	Specialty Clinic Expansion Construction	VHA
TX	San Antonio	New Surgical PCU and SICU	VHA
TX	San Antonio	Relocate Aging Research Lab	VHA
TX	Temple	MRI Complex	VHA
TX	Temple	On-Site Water Storage	VHA



State	City	Project Title - Brief Description	Admin.
TX	Temple	Perimeter Fence & Site Access Control	VHA
TX	Temple	Replace Obsolete Clinical Support Facility	VHA
TX	Houston	Construct Columbaria	NCA
TX	Houston	Gravesite Development and Admin/Maintenance	NCA
TX	Houston	Install Columbaria	NCA
TX	Houston	Install Pre-Placed Crypts	NCA
TX	Houston	Road Maintenance	NCA
TX	Austin	Misc. 999 Renovations	AAC
TX	Austin	PDU Replacement Pre/Design-Build	AAC
TX	Austin	ACU Replacement Prep/Design-Build	AAC
TX	Austin	UPS & Generator #4/Design	AAC
TX	Austin	Operational Efficiency Mod/Design	AAC
TX	Austin	Gate 9 & Alley Exit Security Upgrade/Design	AAC
TX	Austin	Loading Dock Hardening/Construction	AAC
TX	Austin	Gates 11 & 12 Security Upgrades/Construction	AAC
TX	Austin	East Entr. & Optical Turnstile Prep/Construction	AAC
TX	Austin	Campus Access & Surveillance Mod/Des Build	AAC
TX	Austin	Computer Rm. Enhancements	AAC
TX	Austin	Misc. Projects (Minor Renovations-3999)	AAC
TX	Austin	Replace Power Distribution Units; Design-Build	AAC
TX	Austin	Replace Computer Room Air Units; Design-Build	AAC
TX	Austin	Perimeter Gates 11 & 12 Parking Lot Mods; Construction; Phase 1 (NIBS audit Finding)	AAC
TX	Austin	Perimeter Gates 11 & 12 Access Control; Construction; Phase 2 (NIBS audit Finding)	AAC
TX	Austin	Perimeter Gates 9 & West Alley Exit; Construction; Phase 1 (NIBS audit Finding)	AAC
TX	Austin	Perimeter Gates 9 & West Alley Exit; Construction; Phase 2 (NIBS audit Finding)	AAC
TX	Austin	Perimeter Direct Impact Points; Design (NIBS audit Finding)	AAC
TX	Austin	Perimeter Direct Impact Points; Construction (NIBS audit Finding)	AAC
UT	Salt Lake City	Consolidate Mental Health, Bldg 3	VHA
UT	Salt Lake City	Expand Lab Service	VHA
UT	Salt Lake City	Expand SPD	VHA
UT	Salt Lake City	Kitchen Renovation	VHA
UT	Salt Lake City	Relocate Neurovirology	VHA
UT	Salt Lake City	Relocate Respiratory/Pulmonary Care	VHA
UT	Salt Lake City	Remodel Surgical Suites	VHA
UT	Salt Lake City	Renovate Medicine Clinics	VHA
UT	Salt Lake City	Renovate Research Labs - Building 2	VHA
UT	Salt Lake City	Research Relocation	VHA
UT	Salt Lake City	Specialty Care Clinic	VHA
UT	Salt Lake City	Specialty Care Expansion	VHA
UT	Salt Lake City	Construct Computer Facility	OI&T
VA	Hampton	Relocate B110B Mechanical Room & Switch	VHA
VA	Hampton	Renovate OR for Outpatient Surgery	VHA

State	City	Project Title - Brief Description	Admin.
VA	Hampton	Renovate SCI Unit	VHA
VA	Richmond	SCI Addition	VHA
VA	Salem	Geriatric Assessment	VHA
VA	Salem	Patient Dining Area for Extended Care B/2	VHA
VA	Salem	Specialty Care Expansion	VHA
VA	Salem	Vascular Center	VHA
VA	City Point	Restore Entrance and Perimeter Wall	NCA
VA	Culpeper	Environmental Equipment Wash Station	NCA
VA	Culpeper	Remove 495' Stone Wall - Replace with Alum WI Fence	NCA
VA	Culpeper	Wall Restoration [Historical]	NCA
VA	Hampton	Clean and Tuck-Pt Perimeter Walls (Hampton/ Phoebus)	NCA
VA	Hampton	Install French Drain System (Hampton/ Phoebus)	NCA
VA	Hampton	Replace Maintenance Bldg Roofs (2)	NCA
VA	Quantico	Burial Expansion and Operations Modifications	NCA
VA	Quantico	Environmental Equipment Wash Station	NCA
VA	Quantico	Irrigation System Expansion	NCA
VA	Quantico	Replace Roads from Rear Entrance Through Section 25	NCA
VA	Quantico	Systems Integration Center and Improvements	NCA
VA	Richmond	Replace Main Flagpole at 6 Cemeteries	NCA
VA	Danville	Overall Landscape	NCA
VA	Danville	Replace Road	NCA
VA	Danville	Replace site furnishings	NCA
VA	N. Virginia	Regional Office	OIG
WA	American Lake	Correct Accessibility Deficiencies	VHA
WA	American Lake	Correct Seismic & Functional Def B132 Canteen	VHA
WA	American Lake	Correct Seismic & Functional Def Eng Shops	VHA
WA	American Lake	Correct Seismic & Functional Deficiencies B16	VHA
WA	American Lake	Expand and Resurface Parking Areas	VHA
WA	American Lake	Renovate B4 Domiciliary	VHA
WA	American Lake	Renovate B5 Blind Rehab	VHA
WA	American Lake	Renovate B7 Inpatient Mental Health	VHA
WA	American Lake	Seismic Upgrades, HVAC and Window Replacement B8	VHA
WA	American Lake	Seismic Upgrades, HVAC and Window Replacement B9	VHA
WA	Seattle	Ambulatory Surgery Center	VHA
WA	Seattle	Correct Accessibility Deficiencies	VHA
WA	Seattle	Correct Seismic & Functional Deficiencies Lodging B7	VHA
WA	Seattle	ER Remodel	VHA
WA	Seattle	Infill TCU Courtyard	VHA
WA	Seattle	Parking Deck	VHA
WA	Seattle	Renovate 6E & 6W for Inpatient Wards	VHA
WA	Seattle	Renovate Dietetics Kitchen	VHA
WA	Seattle	Renovate East Clinic for Specialty Clinics	VHA
WA	Seattle	Renovate Ft Lawton Army Reserve Center	VHA
WA	Seattle	Renovate Outpatient Pharmacy	VHA
WA	Seattle	Renovate Radiology	VHA

State	City	Project Title - Brief Description	Admin.
WA	Seattle	Renovate West Clinic for Specialty Clinics	VHA
WA	Seattle	Research Addition B34/ ARF Ph II	VHA
WA	Seattle	Seismically Upgrade Mech & Elec Equip	VHA
WA	Seattle	Ward Renovation Phase I	VHA
WA	Seattle	Ward Renovation Phase II	VHA
WA	Seattle	Ward Renovation Phase III	VHA
WA	Seattle	Ward Renovation Phase IV	VHA
WA	Seattle	Ward Renovation Phase V	VHA
WA	Spokane	Construct Outpatient Mental Health Building	VHA
WA	Spokane	New Specialty Care & Pharmacy Building	VHA
WA	Vancouver	Expand Outpatient Care	VHA
WA	Vancouver	Renovate Bldg D11 CARS for Outpatient Functions	VHA
WA	Vancouver	Renovate NHCU for Patient Privacy	VHA
WA	Vancouver	Seismic Upgrade Bldg D7	VHA
WA	Vancouver	Seismic Upgrade Boiler Plant & Ancillary Bldgs	VHA
WA	Walla Walla	Construct 30 bed NHCU	VHA
WA	Walla Walla	Renovate B86 for Admin Services	VHA
WA	Seattle	Regional Office	OIG
WA	Seattle	Office Space	OIG
WI	Madison	Renovate 3rd Floor, NHCU	VHA
WI	Madison	Renovate Food Production	VHA
WI	Madison	Renovate Research, 4C & Bldg. 12	VHA
WI	Madison	Renovate Surgical Suites, 7A & 8A	VHA
WI	Milwaukee	HVAC Research Bldg. 70	VHA
WI	Milwaukee	Remodel OR and PACU	VHA
WI	Milwaukee	Renovate Acute Care Ward 6C and 5CN	VHA
WI	Milwaukee	Renovate NHCU 8A	VHA
WI	Milwaukee	Renovate NHCU 9A	VHA
WI	Wood	Enhance 4 Entrances To Identify Cemetery	NCA
WI	Wood	Irrigate Entire Cemetery (50 acres)	NCA
WI	Wood	Replace Committal Shelter	NCA
WV	Beckley	Specialty/ Ancillary Care Construction	VHA
WV	Clarksburg	Expand Behavioral Health Services	VHA
WV	Clarksburg	Expand Cardiologic and Interventional Radiology and Laboratory Services	VHA
WV	Clarksburg	Inpatient Unit Upgrade 4th Floor	VHA
WV	Clarksburg	Mod Med/Surg Unit & Expand Cardiac Capacity	VHA
WV	Clarksburg	Modernize Surgical Suite	VHA
WV	Huntington	Renovate B-1W, 2nd & 3rd Floors	VHA
WV	Huntington	Renovate B-1W, Ground & 1st Floors	VHA
WV	Huntington	Renovate B-5 for Mental Health	VHA
WV	Huntington	Renovate Reserve Unit for Admin	VHA
WV	Martinsburg	50-Bed Replacement NHC Dementia Unit	VHA
WV	Martinsburg	Relocate Eye/ENT Clinics	VHA
WV	Martinsburg	Relocate Patient Services Center	VHA
WV	Martinsburg	Renovate Dom Unit 3C	VHA
WV	Martinsburg	Renovate Inpatient Units 5A & 5C	VHA

State	City	Project Title - Brief Description	Admin.
WV	Martinsburg	Renovate Inpatient Units 4A & 4C	VHA
WV	Martinsburg	Renovate Mental Health Clinics	VHA
WV	Martinsburg	Renovate Outpatient Surgery	VHA
WV	Martinsburg	Renovate Specialty Care Clinics	VHA
WV	West Virginia	Committal Shelter - Remove Deteriorated Flagstone and Replace with concrete	NCA
WV	West Virginia	Construct Storage Pole Barn	NCA
WV	West Virginia	Environmental Equipment Wash Station	NCA
WV	West Virginia	Erosion Control Enhancement	NCA
WV	West Virginia	Install Additional Hose Bibs - New Burial Sections	NCA
WV	West Virginia	Install Pre-Placed Crypts	NCA
WV	West Virginia	Stream Stabilization	NCA
WV	Martinsburg	Cyber Security-COOP	OI&T
WV	Martinsburg	Expand MAN	OI&T
WV	Martinsburg	Construct Computer Facility	OI&T
WV	Martinsburg	Partition OSP COOP	OEP
WV	Martinsburg	Miscellaneous Projects	OEP
WY	Sheridan	Chilled Water Loop Installation	VHA
WY	Sheridan	N&FS Canteen Consolidation	VHA
WY	Sheridan	Restorative Care Consolidation	VHA
	Various	Miscellaneous	ORM
	Various	Miscellaneous	GC
	Field Misc.	Miscellaneous Projects	OIG
	HQ Misc.	Miscellaneous Projects	OIG
	Southeast	Construct Computer Facility	OI&T
	Field Offices	Miscellaneous Projects	GC