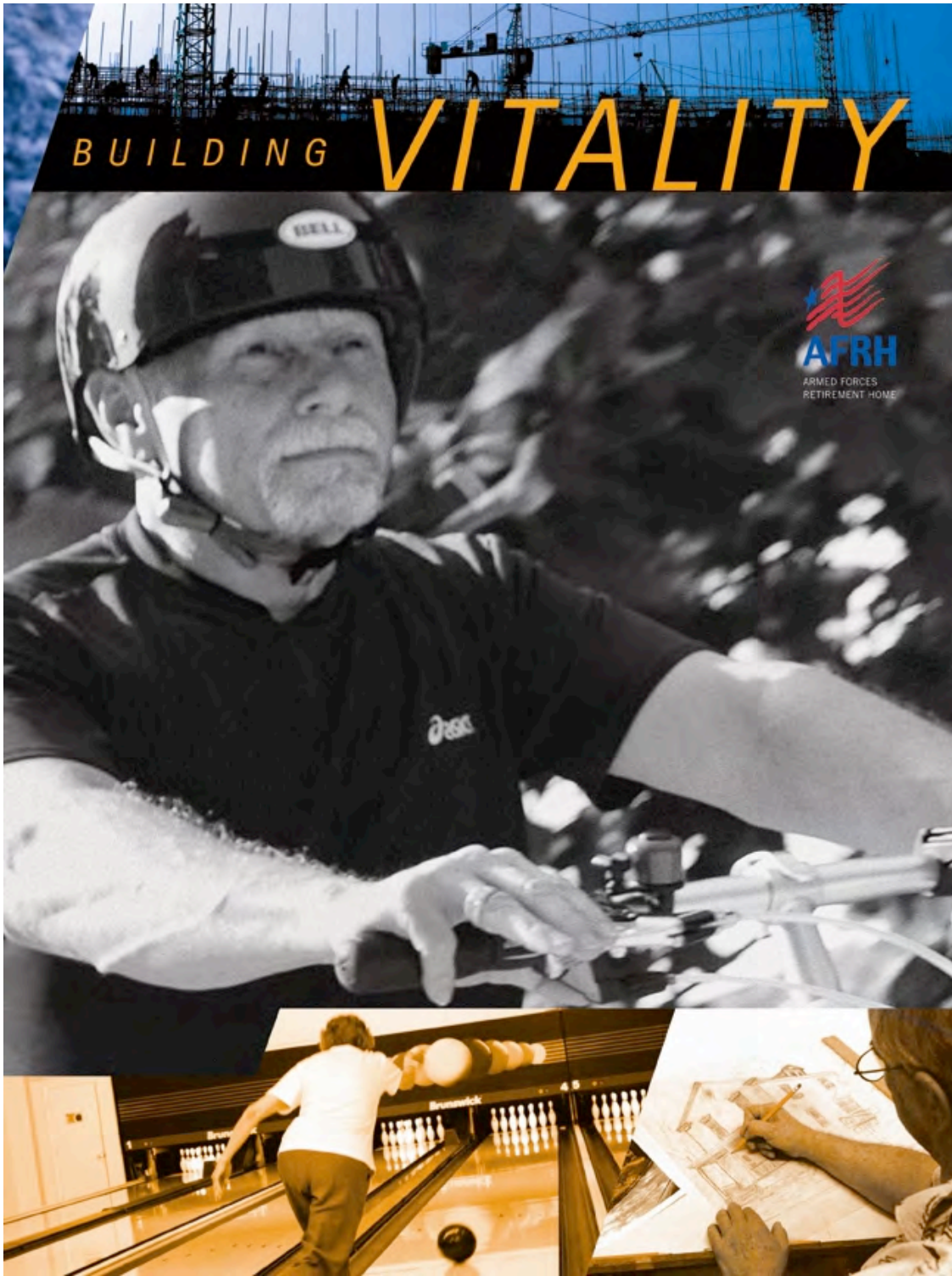


ARMED FORCE RETIREMENT HOME
FY 2009-2012
COMMUNICATIONS PLAN



JUNE 2009

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INTRODUCTION

Nearly two centuries ago, our nation made a *Promise* to safeguard its veterans as they age – as well as a Trust Fund to ensure them an affordable retirement option for years to come. For nine generations now, the Armed Forces Retirement Home (AFRH) has been haven for eligible service members in retirement. Our devoted staff serves residents with the same honor and commitment with which they served our great nation. And now, more than ever, AFRH is *Building Vitality* in new and exciting ways.

In the past 10 years, the needs of the AFRH community and the facilities to support them have shifted dramatically – requiring swift and decisive action over the next decade to accommodate both.

FY 2009 launches the Scott Project major community improvement project on our Washington campus, and continues the stand up of the Gulfport campus in Mississippi.

A communications plan to inform residents, neighbors, stakeholders, Congress, and the general public of progress and required activities is essential to ensure public confidence in the successful completion of the Gulfport Stand Up and the Washington Scott Project.

The staff of the Public Affairs Office has the chief role in executing and monitoring the Communications Plan.

OVERVIEW

PART 1 - GULFPORT STAND UP

The Armed Forces Retirement Home-Gulfport (AFRH-G) closed its doors after almost thirty years of operation in August 2005 as a result of Hurricane Katrina. Residents were evacuated from the facility and many chose to live at the AFRH-W until they could return to Gulfport.

Thanks to the support of Congress the stand up of the Gulfport campus was assured. Through two public Laws (PL 109-148 and 109-148) Congress has authorized approximately \$240 million for the rebuild of the Gulfport home. With General Services Administration (GSA) leading the task to rebuild the Gulfport Home, AFRH has been working with them in tandem throughout the entire process. The construction began in January 2008 and is on track for completion in the last quarter of Fiscal Year 2010.

Movement of residents back into the building will commence in October 2010 (FY11) in accordance with specific guidelines for determining admission priority categories for the reopening of AFRH-G.

PART 2 - WASHINGTON SCOTT PROJECT

The Washington community (AFRH-W) has endured difficult challenges in the past 10 years including the provision of emergency housing for the displaced Gulfport residents, changes in resident population expectations and deterioration of the Scott Residence. AFRH-W finds itself managing an expanding infrastructure that has become increasingly large, unwieldy and outdated for the community's needs.

Standards of healthcare have evolved, energy requirements have grown and, most recently, costs have fluctuated dramatically, especially in energy.

In the President's Budget for Fiscal Year 2009, AFRH is highlighted under "Strengthening Infrastructure for the 21st Century" by improving housing for retired veterans and design funding for our Scott Project. In FY 2008, Congress appropriated \$800,000 for a vital study to determine the long-term viability of the Trust Fund. The study, the AFRH Long Range Financial Plan (LRFP), summarizes and provides insight into a lengthy and complex process that was undertaken to anticipate and plan for the future. It will be available at www.afrh.gov after completion and submission to Congress in March 2009.

The LRFP presents an overall vision for the future for AFRH. Inherent in that vision is how to maintain Trust Fund solvency while completing building transformations at both campuses. The resulting building project at AFRH-W approved and funded is the Scott Project. Within the Scott Project are many major elements: moving Assisted Living (AL) residents from the Scott Building to LaGarde; residents moving out of Sheridan and Scott who chose to move to the new Gulfport home; all Scott residents eventually moving to Sheridan; demolition of the Scott Building; construction of a new facility to house common functions and a new healthcare center; and opening of the new facility; closure of LaGarde; and eventually the renovation of AL rooms and Independent Living (IL) rooms in Sheridan.

This project was funded with \$5 million plus during FY09 for concept and design. In the FY10 budget is a request for capital improvements out of the Trust Fund for \$72 million. GSA is AFRH's partner for the construction.

PART 3 - WASHINGTON MASTER PLAN

The National Defense Authorization Act for FY 2002 permitted AFRH through DoD to sell, lease or otherwise dispose of underutilized buildings and property. So, AFRH launched its real estate Master Plan. This Plan forms the basis of our risk management strategy.

The Washington Master Plan focus is to preserve and improve the Home for the residents and the community. At the same time the Master Plan aims to create an additional revenue stream for the Trust Fund.

The Master Plan strives for new revenue to support our resident-focused care. This will help grow the Trust Fund and give us more capital to improve the campus. The Plan seeks to attract development at a fair market value that is compatible with the AFRH Mission.

In summer 2005, an open dialogue with the residents and neighbors began. At the close of FY06, a major milestone was reached: we chose three potential developers for the first AFRH redevelopment project. In 2007, a plan contract was awarded to Crescent Resources LLC, a North Carolina-based builder, as the preferred developer for a 77-acre parcel of land. In 2008 we finally received approval from the National Capitol Planning Commission (NCPC) to move forward with the Master Plan.

We were poised to continue with GSA as our development partner. Although postured, AFRH and Crescent never reached an agreement to proceed with the development on the campus. Although market conditions were deteriorating during the course of the discussions between AFRH and Crescent Resources, LLC (April 2007

– September 2008), the cessation of negotiations was based on the inability of our respective organizations to reach agreement on several fundamental transaction-related issues related primarily to the control structure of the transaction.

PART 4 - GSA – AFRH PARTNERSHIP

GSA was designated the agent for the planning, design, and construction for AFRH-G by Congress and became fully engaged in the summer of 2006. The calendar year 2007 continued with the turnover of the facility to GSA, the designation of Jacobs Engineering as the construction manager, and the Design-Build contract awarded to Yates Construction. The detonation and demolition of the existing structure occurred in October 2007.

GSA has proceeded within budget and on schedule. Calendar year 2008 began with the removal of debris from the site and Yates began new construction. The official ground breaking ceremony attended by local, state, and Federal officials as well as former Gulfport residents took place in March 2008. The design was completed in October 2008.

In January 2009, GSA reported the Design-Build of the Main Facility was at 39.0% completed. In February 2009 Yates Construction marked the completion of the outer shell of the 660,000 gross square foot structure with a Topping Out ceremony.

Based on the successful partnership with GSA on AFRH-G, AFRH entered into a partnership with GSA for the work on AFRH-W. GSA will manage this project via its design/build project delivery methodology. After signing an MOA in August 2008, GSA proceeded to develop a project timeline. The next major step is the hiring of a bridging architect to develop these concepts into a true schematic design – and develop sufficient plans to bid out the design/build contract. The successful design/build bidder will have an architecture/engineering firm on their team whose job it will be to complete the plans for construction.

The GSA anticipates awarding the Bridging Design AE contract by June 30, 2009. Currently, GSA is on time and within budget for the Scott Project.

RESIDENTS INVOLVEMENT

(from the AFRH Chief Operating Officer, February 2009 Communicator)

“Last year Congress approved our request to withdraw \$80 million from the Trust Fund for the Scott Project. The artists’ rendition of the front cover of this issue of the Communicator gives the reader a general impression of the new atmosphere created with the removal of the current Scott building and the replacement buildings. A new complex, consisting of a two-story Health Care Center for the Long Term Care and Memory Support units and a three-story building referred to as the Commons, which will house resident program and activity spaces, administrative and support offices as well as the Wellness Center, joined by a two-story connector, is completely functional yet it does not disrupt the historical ambience of our surroundings and in fact opens our spaces breathing new life into our campus.

Over the next two months, AFRH will ask the RAC Chairman and Council members to form a committee for the Scott Project. There will also be resident focus groups formed so that all residents will have an opportunity to share their ideas and concerns. AFRH is looking forward to working with residents on this project

Construction continues to progress on schedule in Gulfport. Friday, February 27, Yates Construction, our general contractor, marks the passing of a major milestone in the construction of our new facility with the 'topping off' of our building. This event, which is similar to a ship naming and launching ceremony, recognizes the completion of the shell of our structure. The concrete on the south end of the rooftop of Pavilion C was placed earlier this week, officially completing the outer structure of the AFRH-G. Though there is still much work to do, the footprint is now in place. We look forward to following the continued progress of our Home.

In closing I encourage you stay active and get involved with our Resident Advisory Council and focus group meetings. Your input is valuable and we need everyone working together for the betterment of our Home." Timothy C. Cox, COO

COMMUNICATIONS

MANAGEMENT

The staff of the AFRH Public Affairs/Marketing manages, executes and monitors the Communications Plan. Public Affairs/Marketing also develops, implements, and evaluates all the efforts in this plan.

Key AFRH partners include the Chief Operating Officer (COO), the Deputy Chief Operating Officer/Chief Financial Officer (DCOO/CFO), Architect, Chief, Support Services (CSS), Corporate Planner and Integrator (CPI), Chief, Human Capital Officer (CHCO), AFRH-W Director, AFRH-W Service Chiefs, AFRH-W Ombudsman, members of the Resident Advisory Council (RAC), and the Corporate Planner and Integrator. AFRH-G staff will be involved once hired and on site in Gulfport.

GSA Project Manager(s) for each project manages the flow of information to AFRH and provides updates as requested.

STRATEGIES

The strategy is to engage target audiences who are interested in the AFRH or GSA's role in AFRH's new construction/capital improvement projects. This is done by providing meaningful information on a timely basis to demonstrate progress throughout the process.

Press approach will initially be to provide information to interested news media on an as requested basis, then use specific milestone events to focus and heighten news media attention.

TACTICS

Media Relations

Utilize any media to expand awareness of the new construction and how it supports AFRH and DoD Interests. Provide interested news media with facts and updates.

Internet

Use the AFRH Website (www.afrh.gov) as a compelling medium to deliver information to the press and public in a timely manner. Post updates, information sheets, notices, and releases, highlight milestones, show photos of construction process. A webcam at Gulfport allows daily review of the demolition/construction activities with a link to the Channel 99 (the AFRH in-house resident television station).

Progress Reporting

GSA and AFRH will hold meetings. GSA will provide quarterly reports. AFRH will hold events for passing information in timely increments.

GSA will make available to key AFRH staff read access to GSA's Project Information Portal. The Project Information Portal (PIP) is a nationwide system for tracking GSA PBS's capital construction program and will provide up to date progress, images, and detailed data about the project.

Special Events

Use key milestones such as agreement signings, demolition of existing building, ground breaking ceremonies, ribbon cuttings, etc. to highlight progress.

Speaking Events and Appearances

Engage key audiences with updates on the new building. Senior leaders include comments on AFRH's new building projects in speeches to identified key audiences as appropriate.

Fact Sheets

Provide press, in response to queries, with the facts of the new construction and updates on its progress.

Tools to be used to inform stakeholders and solicit feedback include:

Focus Groups

Weekly Bulletin/Plan of the Week

Communicator newspaper

Channel 99

Informal discussions

Town Hall Meetings

Mailings

News releases

Resident Advisory Council (RAC) meetings

Timing

GSA Progress Reports monthly during design and construction

AFRH weekly updates on AFRH website

DESIRED OUTCOMES

The desired outcomes of the communications efforts for AFRH are the following:

- 1) Inform stakeholders and the public
 - Exchange timely, accurate information about the status and progress of AFRH capital improvements
 - Employ multiple media outlets
 - Provide one AFRH voice
- 2) Educate stakeholders
 - Understand AFRH's vision of a Health and Wellness philosophy of aging - creating a unique community of former military, meeting their needs, and fostering their independence
 - Increase understanding of "aging in place" and Activities of Daily Living (ADL) principles
 - Gain wider acceptance of AFRH efforts in modernizing physical structures for senior living and leisure spaces
 - Understand AFRH's commitment to maintain the historical heritage in Gulfport and Washington
 - Share understanding of goals and outcomes of capital improvement projects
- 3) Include resident input
 - Elicit input for decisions on concepts, design and results of capital improvement projects
 - Open communication with two way conversations between AFRH management and residents
 - Publish progress reports, notices, fact sheets, lists of frequently asked questions with answers

- Conduct town hall meetings, focus groups, and small group interactions between AFRH and residents
 - Attend Resident Advisory Council meetings and resident sub-committee meetings to answer questions and clarify issues
- 4) Partner with GSA to a successful completion
- Increase public confidence through open reporting of GSA and AFRH activities and progress
 - Increase information flow throughout the various phases of the project and construction activities
 - Augment cooperation between GSA and AFRH through frequent updates and progress reports

MILESTONES

ACTIVITY	START/STOP/FREQUENCY
Maintain Gulfport Admissions Priority Waiting lists	September 2005 – March 2011
Maintain Washington waiting list	Ongoing
Publish Communications Plan	June 2009
Publish articles in AFRH Communicator	Monthly
Maintain updates on www.afrh.gov	Ongoing
Photograph project(s) progress	Ongoing Weekly photo update on website
Develop press releases	Quarterly and as needed
Coordinate with GSA	Ongoing
Cover key events: implosion, ground breaking, construction milestones, completion, grand opening	As needed
Cover key resident centered events: receiving room assignments, moving out, traveling, arriving, moving in	As needed
Provide video/virtual tours	May 2010 for Gulfport November 2012 for Washington
Communicate directly with Residents regarding residency and priorities of admissions	Focus Groups started for Gulfport and Washington in May 2009 with ongoing meetings monthly

PART 1 – GULFPORT STAND UP

Calendar year 2008 began with the removal of debris from the site and Yates began new construction. The official ground breaking ceremony attended by local, state, and Federal officials as well as former Gulfport residents took place in March 2008. The design was completed in October 2008.

GULFPORT UPDATE - May 2009

Design - Build - Main Facility Total Completed and Stored 56.73%.

Construction:
Estimated Construction Completion - July 2010

Structure:
Complete
Remaining concrete is exterior to the building (on-going)

Architectural:
Framing, interior and exterior metal studs (75% Complete - On Going)
Exterior waterproofing (70% Complete - On Going)
Dry-in Building (Roofing barrier lower levels - 80% Complete)
Pre-Cast Paneling (100% West Face - 45% Total)
Mechanical/Electrical/Plumbing/Fire Protection MEP Infrastructure: (On Going)
Testing of Components has begun(On-Going)

Chapel: Negotiations for Construction Contract underway. Estimated Award June 2009.

Estimated Construction Completion:
March/April 2010

Beach Access:
GSA negotiating for design/build services. Estimated Notice of Award Date June 2009

Estimated Construction Completion:
March/April 2010

In February 2009. Yates Construction marked the completion of the outer shell of the 660,000 gross square foot structure with a Topping Out ceremony. The project continues to be within budget and on schedule. GSA is committed to the successful completion of the project.

AFRH Planning

Beginning in FY09, AFRH ramped up its efforts to plan the “stand up” of the Gulfport facility. The expected occupancy schedule is a 6-month transition, commencing in the fall of 2010. From exploring needs for contracts and support services to naming physical spaces and choosing furniture and fixtures, AFRH has started the process to

move residents back to a fully functioning facility. The Trust Fund will provide about \$21 million for the stand up, which is reprogrammed funding for Gulfport.

During FY10, AFRH will be actively involved in both preparing to move former Gulfport residents back to the new facility as well as preparing the building for occupancy. For former Gulfport residents, AFRH will transport individuals and household goods from AFRH-W to AFRH-G in small groups. An extensive admission priority list is maintained at AFRH. Mailings are continuous to keep residents informed of construction progress as well as needed documentation for moving to Gulfport.

To ready the building for occupancy, AFRH will be moving forward with securing support contracts, hiring employees, and ramping up building utilities services and maintenance. Support services such as dining food services and healthcare services are also in the start up mode throughout FY10 with a fall 2010 target for full operations.

ROLES AND RESPONSIBILITIES

AFRH PAO/Marketing

Lead spokesperson
Point of contact for all questions
Maintain admission Priority Categories and waiting list
Provide information on categories and waiting list to AFRH staff preparing for resident occupancy
Conduct focus groups for Gulfport-bound residents
Coordinate all communications between AFRH staff and residents
Photograph all aspects of project (meetings, construction progress, events)
Plan and execute Grand opening media event
Coordination with GSA PAO for Press Releases

AFRH Architect

Conduct meetings to include AFRH staff in planning and decision making
Coordinates all tasks with GSA

AFRH Corporate Planner

Act as Project Manager for Gulfport Stand Up
Provide timelines, key facts, figures, and requirements regarding: resident relocation, transportation, household shipments
Provide timelines, key facts, figures, and requirements regarding any facet of Gulfport (contracts, furniture, utilities)
Receive resident names in order of moves and communicate directly thereafter with each group as received

AFRH Chief Human Capital Officer

Analyze staffing requirements
Perform all staffing transfers, hiring, downsizing, and reassignments

AFRH-W Resident Services

Provide room assignments/selection
Review and validate resident information as required for moves
Provide files for transfer to Gulfport
Provide information updates to PAO for publication and distribution
(to include furniture inventory, storage requirements, transportation)

AFRH-W Healthcare Services

Provide healthcare assessments requirements information

AFRH-W Ombudsman

Coordinate with Resident Advisory Council (RAC) and provide updates

Coordinate information needs with PAO for resident requirements

AFRH-W Resident Advisory Council (RAC)

Set up a Resident Gulfport Stand Up Committee (sub committee)

Provide participants and information for focus groups

Gulfport Stand Up Interim Resident Advisory Council (RAC)

Provides resident input regarding decision making in selection of features, timing, materials or other pertinent factors affecting moving or living in Gulfport

AFRH-G Director

Provide Gulfport status and information requirements (when hired and onsite in Gulfport about 4th quarter 2010)

AFRH-G Resident Services

Coordinate room assignments onsite

Process resident information as required for moves

Receive files in Gulfport from AFRH-W

Coordinate information needs with PAO for publication and distribution

(to include furniture inventory, storage requirements, transportation)

AFRH-G Healthcare Services

Coordinate healthcare assessments and provide updates to PAO for information distribution

GSA

Provide ongoing information to PAO for distribution regarding construction progress

Coordinate media and press releases as needed

THEMES

The new building contributes to AFRH objectives:

- Promotes Aging in Place

- Contributes to Residents' continuing Vitality

- Meets economies and efficiencies with modern cost-saving features

- Is environmentally friendly

- Provides safety and accessibility

- Provides Independent Living

- Provides Assisted Living and Memory Support

- Promotes Financial Stewardship

- Meets Residents' physical, mental and spiritual Needs

- Provides support to all residents

Key Message: Replace the damaged facility with an ADA compliant facility that complements the residents' various lifestyles, which is on-time, within budget, meets scope, is of high quality and communicates the process to stakeholders throughout the stand up effort.

STAKEHOLDERS

Residents – current, past and prospective
 AFRH staff members/contractors
 Active duty military (SeaBees, Keesler)
 VA Hospital
 State Representatives (Mississippi)
 Members of DoD and Congress
 Gulfport/Biloxi city officials
 Local community members
 Resident family members
 Volunteers
 Former AFRH-G employees/staff

TIMELINE

(All dates are subject to change, use as a guideline only to understand sequencing):

GULFPORT TIMELINE	
Sign Memorandum of Agreement	January 2007
Professional Engineering Services and CM (a) Services	March 2007
Prime Contract Solicited (Design/Build Procurement Phase (RFP/RFO))	June 2007
Prime Contract Award (Main Building to W. G. Yates Construction)	September 2007
Original Main Building Imploded	October 2007
Construction Start / Notice To Proceed	January 2008
Design Complete	October 2008
Substantial Completion (Post Award Construction Phase)	July 2010
Occupancy (Resident Commence Move-In)	October 2010
Project Close-Out Phase	November 2010
Full Occupancy	March 2011

COMMUNICATION EVALUATION

Periodic feedback will be collected from stakeholders to ensure enough information is being distributed. New questions and answers will be continually gathered and added to the list.

Routine staff meetings will address any glitches, miscommunications, wrong information, and additional data that will be needed.

POINTS OF CONTACT

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PART 2 – WASHINGTON SCOTT PROJECT

The Scott Project refers to a comprehensive multi-phase project to make needed capital improvements to the AFRH-W community facilities. AFRH serves several specifically defined categories of population (Independent Living (IL), Assisted Living (AL), and Long Term Care (LTC) (to include and Memory Support (MS)) and provides plus the amenities to Commons facilities that serve the needs of multiple populations. The Scott Project encompasses the renovation and new construction required to provide a new Healthcare Center for LTC and MS and the associated Commons spaces used by the entire population.

Existing Washington buildings are aging and need major upgrades (or replacement). Also, the LaGarde Building, which houses healthcare functions, will be closed in the near future per South Campus (Zone A) development.

The initial focus was to undertake a major renovation of the nearly 60-year-old Scott Building (totaling 355,000-square-feet). Scott currently houses resident living units and primary “common areas,” such as kitchen and dining, library, theatre, administrative offices, etc. After extensive analysis, it was determined that renovation was not feasible, due to the many obstacles associated with this massive, aging structure (E.g., inadequate room heights for healthcare functions, oversized and inefficient commons spaces, and unachievable energy conservation goals). Also, the large cost of a total renovation was estimated to be well beyond our funding allowance.

As a result, the team concluded the preferred alternative is to replace the existing Scott Building with a new, two-building facility. This new complex could accommodate “right-sized” common areas and the healthcare functions – in energy efficient structures designed to current building codes and in compliance with the latest standards and practices in senior care design. This approach also makes the best use of the Sheridan Building, which was renovated in 1998 to accommodate the projected IL and AL populations.

The anticipated new buildings, with a combined area of 188,683 square feet, are the Commons and the Healthcare Center. The Healthcare Center will accommodate LTC and MS residents in closer proximity to the IL and AL residents. This option has the advantage of drawing LTC and MS residents into the community, instead of the current setup where they are housed in the remote LaGarde Building. The new Commons will include a progressive Wellness Center (routine medical, dental and ophthalmology). This fosters the concept of “aging-in-place” by providing Assisted Daily Living (ADL) support while allowing the residents to remain independent. A proposed underground tunnel will connect the residential building with the common spaces and healthcare.

The new Commons will be located in the same general area as the current Scott Building, thus minimizing the effect of construction on the facility’s historic components. Also, the view from the Lincoln Cottage will be greatly improved due to the much lower profile of the Healthcare Center.

The implementation of this program will require several ancillary projects, such as the permanent relocation of the on-site IT Center and Scott/Sheridan chiller plant – both of which are currently housed in Scott. Also, temporary spaces will be required to maintain operations during construction – such as a dining area, wellness center

and administrative offices. These functions are all currently housed in Scott and will eventually be relocated to the new Commons.

ROLES AND RESPONSIBILITIES

AFRH PAO/Marketing

Lead spokesperson
Point of contact for all questions
Maintain admission waiting list
Provide information on waiting list to AFRH staff preparing for resident occupancy
Coordinate all communications between AFRH staff and residents
Photograph all aspects of project (meetings, construction progress, events)
Plan and execute Grand opening media event
Coordination with GSA PAO for Press Releases
Conduct focus groups for Washington residents

AFRH Architect

Coordinates all tasks with GSA during design and construction
Set up temporary dining facility
Conduct meetings to include AFRH staff in planning and decision making through design and construction

AFRH Corporate Planner

Act as Project Manager for Scott Project
Provide timelines, key facts, figures, and requirements regarding: resident relocation, staff and services relocations, (moves between Scott and Sheridan, LaGarde and the new Healthcare building)
Provide timelines, key facts, figures, and requirements regarding any facet of the Scott Project
Work with relocation of clinics (optometry, podiatry)

AFRH Chief Human Capital Officer

Analyze staffing requirements
Perform all staffing transfers, hiring, downsizing, and reassignments

AFRH-W Director

Coordinate staff and resident input to Scott Project
Arrange temporary clinic operations (dental)

AFRH-W Resident Services

Provide room assignments
Review and validate resident information as required for moves
Arrange personal goods transfers between Scott and LaGarde (ongoing),
Provide information updates to PAO for publication and distribution

AFRH-W Healthcare Services

Provide healthcare assessments requirements information on a continuous basis

AFRH-W Ombudsman

Coordinate with Resident Advisory Council (RAC) and provide updates
Coordinate information needs with PAO for resident requirements

AFRH-W Resident Advisory Council (RAC)

Set up a Resident Scott Project Committee (Master Plan sub committee + ?)

Provide information for focus groups

GSA

Provide ongoing information to AFRH Architect and PAO for distribution regarding construction progress
Coordinate media and press releases as needed

THEMES

The Scott Project is an integral part of the AFRH Strategic Plan. Based on the findings of the LRF, the transformation of the AFRH-W campus contributes to AFRH goals and objectives.

AFRH objectives for the Scott Project:

- Promotes Aging in Place
- Contributes to Residents' continuing Vitality
- Provides safety and accessibility
- Provides Independent Living
- Provides Assisted Living and Memory Support
- Promotes Financial Stewardship
- Meets Residents' physical, mental and spiritual Needs
- Provides support to all residents
- Is environmentally friendly
- Meets ADA compliant requirements
- Contain costs by using economies and efficiencies
- Create an optimum resident capacity equivalent to AFRH-Gulfport
- Reduce the AFRH-W footprint operating only buildings that are mission critical

Key messages:

Residents will continue to call AFRH-W "home" during the construction which will affect their way of life. Utmost care and consideration must be undertaken to minimize disruption of their activities and reduce inconveniences.

Modernize outdated facilities on AFRH-W by replacing them with energy efficient, ADA compliant spaces and to meet AFRH "aging in place" vision.

The Scott Project is on-time, within budget, meets scope, is of high quality and communicates its process to stakeholders throughout the entire effort.

STAKEHOLDERS

Residents – current and prospective
Resident organizations
AFRH staff members/contractors
Active duty military
Retired military
Members of DoD and Congress
District of Columbia city officials
Washington Metropolitan area community
Resident family members
Volunteers
AFRH Partners
Veteran Service Organizations (VSOs)
National Capital Planning Commission

National Trust for Historic Preservation
Other Federal agencies

TIMELINE

SCOTT PROJECT TIMELINE	
GSA Memorandum of Agreement	August 2008
Scott Project Feasibility Study	March 2009
Construction Manager (CM)-Award -CM	June 2009 - April 2013
Design Bridging A/E-Award -Design	June 2009 - May 2010
Design/Build -Award	February 2011
-Demo Scott	September 2011
-Construct	December 2012
Residents Move into new Healthcare	January 2013
Renovate Sheridan Main Floor for AL	May 2013
Residents Move into Sheridan Main Floor	June 2013

COMMUNICATIONS EVALUATION

Periodic feedback will be collected from stakeholders to ensure enough information is being distributed. New questions and answers will be continually gathered and added to the list.

Routine staff meetings will address any glitches, miscommunications, wrong information, and additional data that will be needed.

As Scott Project proceeds, this Communication Plan must be augmented with details, questions and answers that arise, and any modifications that occur.

POINTS OF CONTACT

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PART 3: WASHINGTON MASTER PLAN

ROLES AND RESPONSIBILITIES

AFRH PAO/Marketing

Lead spokesperson

Point of contact for all questions

Coordinate all communications between AFRH staff and residents

Photograph all aspects of project (meetings, construction progress, events)

Plan and execute any media events

Coordination with GSA PAO for Press Releases

Conduct focus groups for Washington residents

AFRH Architect

Coordinates all tasks with GSA during planning

Conduct meetings to include AFRH staff in planning and decision making through design and construction

THEMES

The National Defense Authorization Act for FY 2002 permitted AFRH through DoD to sell, lease or otherwise dispose of underutilized buildings and property. So, AFRH launched its real estate Master Plan. This Plan forms the basis of our risk management strategy.

The Washington Master Plan focus is to preserve and improve the Home for the residents and the community. At the same time the Master Plan aims to create an additional revenue stream for the Trust Fund.

The Master Plan strives for new revenue to support our resident-focused care. This will help grow the Trust Fund and give us more capital to improve the campus. The Plan seeks to attract development at a fair market value that is compatible with the AFRH Mission.

In summer 2005, an open dialogue with the residents and neighbors began. At the close of FY06, a major milestone was reached: we chose three potential developers for the first AFRH redevelopment project. In 2007, a plan contract was awarded to Crescent Resources LLC, a North Carolina-based builder, as the preferred developer for a 77-acre parcel of land. In 2008 we finally received approval from the National Capitol Planning Commission (NCPC) to move forward with the Master Plan.

We were poised to continue with GSA as our development partner. Although postured, AFRH and Crescent never reached an agreement to proceed with the development on the campus. Although market conditions were deteriorating during the course of the discussions between AFRH and Crescent Resources, LLC (April 2007 – September 2008), the cessation of negotiations was based on the inability of our respective organizations to reach agreement on several fundamental transaction-related issues related primarily to the control structure of the transaction.

Key messages

The Master Plan has been approved (July 08).

Due to economic conditions, implementation of the plan is being relooked.

GSA remains AFRH's partner.

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PART 4 – AFRH AND GSA PARTNERSHIP

GSA has partnered with AFRH for several years on different projects. In 2007, GSA awarded AFRH its “Customer of the Year” award for strategic real estate planning, a result of the venture between AFRH and GSA in getting approval for the Washington Master Plan.

GSA was named the lead by Congress on the Gulfport stand up. AFRH chose GSA to use its design/build methodology which has proven so successful in the Gulfport project for the Scott Project.

The purpose of the part of the communications plan is to pursue enhanced communications between GSA and AFRH. Each should work together through defined roles and responsibilities. Any communications efforts should be developed and coordinated along project timelines. It is critical to ensure an ample flow of information between staff, contractors, and oversight personnel. GSA and AFRH must coordinate time released and time sensitive news updates.

GULFPORT ROLES AND RESPONSIBILITIES

AFRH PAO/Marketing

Lead spokesperson for AFRH

Discuss benefits of Gulfport project to AFRH, analyze and evaluate program needs to advise the Project Manager and other management officials of information that should be made available to the public or approaches to take to attain goals

Coordinate all communications between AFRH staff and residents on GSA issues

Photograph all aspects of project (meetings, construction progress, events)

Plan and execute Grand opening media event

Coordinate with GSA PAO for Press Releases

AFRH Architect

Conduct meetings to include AFRH staff in planning and decision making

Coordinate all tasks with GSA

GSA

Lead spokesperson on the new AFRH-G facility

Discuss the new building requirements, the specifics of the MOA, drafting RFQ/RFP (bid package) solicitation, financial agreement with the design/builder and construction process, including timeline and milestones, and program costs

Give timely input to AFRH on monthly basis

Coordinate with Mississippi delegation and provides progress reports

Report to Congress on status of project

Coordinate with AFRH PAO for Press Releases

GULFPORT THEMES

The Gulfport stand up is on-time, within budget, meets scope, is of high quality and communicates the process to stakeholders throughout the stand up effort.

GULFPORT STAKEHOLDERS

(see Part 1 above)

GULFPORT TIMELINE

GULFPORT TIMELINE	
Sign Memorandum of Agreement	January 2007
Professional Engineering Services and CM (a) Services	March 2007
Prime Contract Solicited (Design/Build Procurement Phase (RFP/RFO))	June 2007
Prime Contract Award (Main Building to W. G. Yates Construction)	September 2007
Original Main Building Imploded	October 2007
Construction Start / Notice To Proceed	January 2008
Design Complete	October 2008
Substantial Completion (Post Award Construction Phase)	July 2010
Occupancy (Resident Commence Move-In)	October 2010
Project Close-Out Phase	November 2010
Full Independent Living Occupancy	March 2011

GULFPORT QUESTIONS & ANSWERS

Q-What is the building like?

A- GSA has a program of requirements to fulfill and building will include the following:

- a. Independent Living: 468 quarters, each 450 SF
- b. Assisted Living: 60 quarters, each 350 SF
- c. Memory Support: 24 quarters, each 350 SF
- d. Long Term Care: 24 quarters
- e. The project is designed and constructed to be safe against hurricanes up to Category 5.

Q-What name will the new building be given?

A-Current plans are for the facility to remain the AFRH-Gulfport, consistent with its sister facility AFRH-Washington.

Q-What will the new building look like?

A-Computer generated pictures are available. The building is multi-storied and there are parking areas for visitors and staff.

Q-When will GSA turn over the keys to AFRH?

A-July 2010

Q-Will the building be occupied in phases?

A- For safety reasons and cost effectiveness, GSA intends to provide to the AFRH a turn-key facility when the project is complete early 2010 and not in phases.

Q-When will the AFRH staff be hired?

A-Second quarter 2010 the first staff will be hired culminating in full staffing by October 2010.

GULFPORT COMMUNICATION EVALUATION

Periodic feedback will be collected from stakeholders to ensure enough information is being distributed. New questions and answers will be continually gathered and added to the list.

Routine staff meetings will address any glitches, miscommunications, wrong information, and additional data that will be needed.

GULFPORT POINTS OF CONTACT

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WASHINGTON SCOTT PROJECT ROLES AND RESPONSIBILITIES

AFRH PAO/Marketing

Lead spokesperson on the overall Scott Project

Provide information relating to:

- resident and staff moves, relocations, opening and closing of buildings
- overall transfers of functions
- chillers and IT
- Steam plant

- Master Plan impacts
- South Campus development

Defer to GSA on construction process
Analyze and evaluate program needs and advises GSA of approaches to take to attain program goals
Advise the GSA Project Manager and other management officials of information that should be made available to the public
Discuss Scott Project benefits to AFRH
Coordinate with GSA to clear updated information and to ensure information sharing and a common understanding
Informs GSA of media interest received

AFRH Architect

Conduct meetings to include AFRH staff in planning and decision making
Coordinate all tasks with GSA
Gather AFRH-W staff and residents for decision making requirements

AFRH-W Ombudsman

Act as a liaison with Resident Advisory Council and residents

GSA

Lead spokesperson on demolition and new AFRH construction
Provide information relating to:

- new building requirements
- specifics of the MOA
- drafting RFQ/RFP (bid packages) solicitation
- financial agreement with the design/builder and construction process
- construction timeline and milestones
- construction program costs

Defer to AFRH on the overall Scott Project
Seek AFRH guidance on program goals throughout project
Coordinate with AFRH to clear updated information and to ensure information sharing and a common understanding
Inform AFRH of media interest received
Provide monthly progress updates during design and construction

WASHINGTON SCOTT PROJECT THEMES

AFRH-W is home to those residing there and all the construction will affect their way of life. Utmost care and consideration must be undertaken to minimize disruption of their activities and reduce inconveniences.

Modernize outdated facilities on AFRH-W by replacing them with energy efficient, ADA compliant spaces equivalent to those in the newly built AFRH-Gulfport.

The Scott Project is on-time, within budget, meets scope, is of high quality and communicates its process to stakeholders throughout the entire effort.

WASHINGTON SCOTT PROJECT STAKEHOLDERS

(see Part 2 above)

WASHINGTON SCOTT PROJECT TIMELINE

	Activity	2009	2010	2011	2012	2013
a.	Complete/Reopen Gulfport Facility	■	■			
b.	Prepare Bridging Documents for Scott Project; Design for Chiller Plant / IT Center	■	■			
c.	Relocate Chiller Plant		■	■		
d.	Relocate IT Center		■	■		
e.	Prepare Temporary Dining Facility		■	■		
f.	Prepare and Relocate Temporary Wellness Center		■	■		
g.	Prepare and Relocate Admin. Offices		■	■		
h.	Evacuate Old Scott Building / Move to Gulfport		■	■		
i.	Bid and Award Design/Build Contract		■			
j.	Design Commons & Healthcare Ctr.			■		
k.	Demolish Old Scott Building			■		
l.	Construct Commons & Healthcare Ctr.			■	■	
m.	Install FF&E and Move Into New Buildings				■	■
n.	Relocate LTC and MS residents from Lagarde to new Healthcare Ctr.					■
o.	Restore Commons Areas in Sheridan					■
p.	Build-out Assisted Living Area in Sheridan					■
q.	Relocate AL residents from LaGarde to Sheridan					■
r.	Restore Commons Areas in Sherman					■

WASHINGTON SCOTT PROJECT QUESTIONS AND ANSWERS

Q: What is the Scott Project?

A-The Scott Project is a comprehensive multi-phase project to make needed capital improvements to the AFRH-Washington community facilities. Starting in FY09, this project is phased over several years.

Q-Why did AFRH decide not to renovate, but to tear down the circa 1950s Scott Building?

A-After extensive analysis, it was determined that renovation was not feasible, due to the many obstacles associated with this massive, aging structure (E.g., inadequate room heights for healthcare functions, oversized and inefficient commons

spaces, and unachievable energy conservation goals). Also, the excessive costs associated with a total renovation were not as economical as new construction.

Q-What are the potential cost savings of this new building? How are these savings achieved?

A-GSA believes potential cost savings are associated with new construction. Because disclosure of this information may be a potential negotiating point among contract bidders, it would be inappropriate to discuss until after the contracts are awarded.

Q-How is the Scott Project funded?

A-The Scott Project is funded totally from the AFRH Trust Fund.

Q-What name will the new building be given?

A-The working names for the 2 new buildings are the Commons and the Healthcare Center. No final determination has been made yet as to specific names.

Q-What will the new building look like?

A-It is too early in the process for us to have specific design proposals. The building or buildings will most likely be fewer stories than the current Scott Building. Some part of the buildings will be below the natural sloping grade as you look toward the Capitol. The view from the Lincoln Cottage will be greatly improved due to the much lower profile of the Healthcare Center.

Q-What will the new facilities have in the way of spaces and/or accommodations?

A-The anticipated new buildings, with a combined area of 188,683 square feet, are referred to as the Commons building and the Healthcare building. The Healthcare building will accommodate LTC and MS residents in closer proximity to the IL and AL residents instead of the current setup where they are housed in the remote LaGarde Building.

The new Commons will include a progressive Healthcare Center (medical, dental and ophthalmology clinics). The new Commons will be located in the same general area as the current Scott Building, thus minimizing the effect of construction on the facility's historic components.

The implementation of this program will require several ancillary projects, such as the permanent relocation of the on-site IT Center and Scott/Sheridan chiller plant – both of which are currently housed in Scott. Also, temporary spaces will be required to maintain operations during construction – such as a dining area, wellness center and administrative offices. These functions are all currently housed in Scott and will eventually be relocated to the new Commons.

WASHINGTON SCOTT PROJECT COMMUNICATION EVALUATION

Periodic feedback will be collected from stakeholders to ensure enough information is being distributed. New questions and answers will be continually gathered and added to the list.

Routine staff meetings will address any glitches, miscommunications, wrong information, and additional data that will be needed.

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APPENDIX A - QUESTIONS & ANSWERS ABOUT GULFPORT

Q-Will there be a Gulfport Resident Advisory Committee (RAC)?

A-An Interim Gulfport RAC has been selected and will function at AFRH-W regarding decisions affecting residents before the move to Gulfport. Once those residents move to Gulfport, they will become continue as the interim RAC.

Q-How do I know I am on the delayed entry list?

A- PAO is constantly in touch with those on the delayed entry list. If you have not received any correspondence in the last few months, you might not be on the list. Call 1-800-422-9988.

Q-If I am on the delayed entry list, do I have to do anything?

A-You must get a medical exam including a PPD (TB test) and a new functional assessment submitted and dated no earlier than August 2010.

Q-What are the priorities for moving into Gulfport?

A-See Fact Sheet 17A posted on www.afrh.gov.

Priority 1 includes Category 1A and Category 1B.

Category 1A includes former Gulfport residents who have resided continuously at the AFRH-W.

Category 1B includes former Gulfport residents who have resided intermittently at the AFRH-W.

Priority 2 called "Delayed Re-Entry" are former Gulfport residents who currently do not live at AFRH-W.

Priority 3 are formerly approved applicants for admission with a valid reporting date to Gulfport and who subsequently chose to live at AFRH-W.

Priority 4 is the waiting list and AFRH-W transfers prioritized by approval date.

Q-How can I confirm which priority I am?

A-Call Greg Moore at AFRH PAO at 202-730-3206.

Q-Does a former Gulfport resident need to reapply?

A-Former Gulfport residents must submit new medical exams and functional assessments. Information is available from Greg Moore at 800-422-8980.

Q-Will I be required to carry my own former military and medical information with me?

A-Any information that AFRH has on a resident will be transferred automatically. However, each resident approved for admittance should obtain all medical files from ANY providers other than AFRH, particularly VA, to take copies with them in hand. Military information will transfer. Please take any current prescriptions and medical documents that you might need on the trip.

Q-Are there any Guest Rooms at Gulfport?

A-None.

Q-What are the resident user fees?

A-Resident fees are the same for both AFRH-G and AFRH-W and will not change except for cost of living increases.

Q-How do I know what my report date is?

A-PAO/Marketing will set the reporting dates. Reporting date letters will be mailed in beginning in August 2010.

Q-If I show up early, am I allowed to come on the campus?

A –[0]Facility access will be limited to residents with current report dates and staff. Security will control access at the gate.

Q-How will I know what my transportation arrangements are?

A-AFRH will send you a questionnaire before the reporting date to ask your preferences.

Q-Will the building open in phases?

A-The first resident will not move in until the entire building is totally completed. AFRH will populate the Independent Living quarters first. Assisted Living, Long Term Care and Memory Support residents will be considered on a case by case basis.

Q-Can I move in early?

A-[0]All residents will move into Gulfport according to official report dates assigned by PAO/Marketing. No early arrivals will be processed.

Q-How many residents will move in at a time?

A-Currently, we anticipate 100 residents will move in each month beginning 1 Oct 2010 starting with Priority 1a and 1b.

Q-If I move on October 1, when will my household goods arrive?

A-The plan is that moving will take 3 days if you use AFRH provided transportation. You will be at AFRH-G one night and the next day we plan to deliver your household goods. Note that movement of household goods will be undertaken separately (by a moving company) and not on the same AFRH provided transportation that carries residents.

Q-Will AFRH pay for moves?

A-Yes, for Priority 1 only residents. AFRH will provide bus transportation for residents as well as shipment of household goods.

Q-Are there any restrictions on household goods that can be moved?

A-Yes, AFRH will not move certain items that are restricted by moving companies. The Interim Gulfport RAC will consult with AFRH and set a poundage limit.

Q-Do I need to bring furniture for my room?

A-All rooms are fully furnished (Double Bed, Night Stand, Love Seat, Chair (not recliner but not straight back), Armoire, Dresser, table/lamp by love seat, table and two chairs in kitchenette, small refrigerator). If you want a microwave, you must furnish it yourself. Currently, the decision is to have a double bed in each room. However, if you have a hospital bed or medical furniture requirement, this will be considered on a case by case basis. Contact Sheila Abarr in PAO/Marketing.

Special items such as a recliner may be shipped.

Q-Do I have the option to replace the Gulfport provided furniture with my own furniture?

A-Still to be determined. Please personalize your room. AFRH staff will work with individuals to avoid having to put items in storage.

Q-Can I mount a large screen TV on my wall in my unit?

A-Not with anything that damages the walls. Think of your room like military quarters. You move in and when you leave, it must be like you got it when you moved in.

Q-Is there a limit to the number of boxes I can move?

A-Most likely there will be a limit. The Interim Gulfport RAC will provide guidelines with AFRH.

Q-Is there a weight limit for shipping?

A-Still to be determined.

Q-Will there be beds provided for taller people?

A-The Interim Gulfport RAC will work with AFRH to try to meet needs of residents.

Q-What will be provided for my balcony?

A- AFRH will not provide furniture. However, residents will be able to have certain items on the balcony as determined by the Interim Gulfport RAC.

Q-What can go on my balcony? Can I store personal items there?

A-AFRH directives address what can be kept on the balcony and how residents must upkeep the balconies. For example, the directive already states no barbeque grills are allowed.

Q-Where can I store the personal and furniture items that don't fit into my new quarters?

A-Each resident is provided 48 cubic feet of storage in the building. Anything that does not fit in that space or other requirements will necessitate having to arrange private storage—either where you are living before coming to Gulfport or in the Gulfport local area.

Q-What do I do with my household goods that I cannot ship to Gulfport (like refrigerator, furniture)?

A-You must dispose/sell/donate/store anything you cannot take. PAO/Marketing can provide yellow pages listings of local storage areas.

Q-How long will the trip last from AFRH-W to AFRH-G?

A-Treat this like any military move. Take a suitcase with a week's worth of clothes and all your medications. PAO/Marketing will send you a list with the Reporting Letter of what to take. The plan is to be on the road for 3 days with a two night stopover. Jul 14 – how many nights on the road?

Q-Can I make prior arrangements to get my telephone and cable television hooked up before I arrive?

A-AFRH is partnering with the phone company and cable providers for onsite setup upon arrival.

Q-Will there be medical support there when I arrive?

A-Yes. The medical support will similar to what is available at AFRH-W.

Q-How will my prescriptions be handled?

A-Same as they are handled in Washington. Keesler AFB and the VA are nearby Gulfport. However, you will have to see your new medical provider to get prescriptions refilled.

Q-Will AFRH move Assisted Living residents?

A-Each resident will be reviewed on a case by case basis.

Q-What type of closets are located in each room?

A-There is 1 closet per room and one wardrobe (furniture).

Q-For the mail, will the mailbox numbers be your room number?

A-The Interim Gulfport RAC will work with AFRH on this.

Q-Will there be dental services?

A-Yes, but the provider is not decided yet.

Q-How will the mailroom be operated?

A-Not decided yet.

Q-Will Gulfport be using key cards instead of keys?

A-Yes. You will have a badge which will function as your key also.

Q-When will AFRH be moving the last former Gulfport residents?

A-The goal is to have all former Gulfport residents moved in so they can eat Thanksgiving dinner in the new building in November 2010.

Q-What can I expect when I arrive?

A-AFRH will organize a registration process where you will receive a welcome aboard package and instructions on how to get the services turned on in your quarters and how to obtain your Mississippi driver's and vehicle license registration.

Q-Will I need a new AFRH badge?

A-Yes. During the registration process at AFRH-G, you will receive an AFRH-G badge.

Q-How will rooms be assigned?

A-Category 1a and 1b will select/be assigned the room according to a procedure determined by the Interim Gulfport RAC. Priority 2 will select/be assigned a room upon arrival in Gulfport.

Q-Will I get a floor plan so I can choose my room?

A-The floor plans will be posted on the AFRH website: www.afrh.gov. The Interim Gulfport RAC will determine a procedure for viewing floor plans.

Q-When do I receive my household goods and will I have help unpacking?

A-The week you arrive. The moving company will deliver your household goods directly to your door. Volunteers will be onsite to help you when you move in.

Q-How many parking spaces are there?

A- There are 365 parking spaces under the building as well as 200 outdoor parking spots.

Q- Will there be assigned parking?

A-The designated parking will be only for those having valid handicapped stickers.

Q-Is there Recreational Vehicle parking?

A-Yes, but not in the covered parking area.

Q-What will the cap be on resident fees?

A-The resident user fee is the same for AFRH-G and AFRH-W and the cap increases only for cost of living.

Q- Will I be able to smoke in my room?

A- The entire building is smoke free. Per Federal law, you must be at least 25 feet from any building to smoke.

Q-Is there storage on my floor, other than my room?

A-Personal storage is within your room. There is a Resident Bulk storage area located on the main floor. Every resident will be assigned a personal storage unit (48 cubic feet). Any needs for additional storage must be obtained in the vicinity through retail outlets.

Q-I live at AFRH-W, do I have to pay for my move?

A-If you live at AFRH-W and are Priority 1, AFRH pays for your move. AFRH-W transfers must pay their own way.

Q-Will AFRH ship my BPV?

A-Yes. BPVs will be shipped with household goods. The moves will be door-to-door. The bus the residents ride on cannot accommodate BPVs. You may need a walker or wheel chair for the trip to Gulfport.

Q-Are there rooms for married couples? If so, how many?

A-AFRH-G has 468 Independent Living (450 square feet), 60 Assisted Living, 24 Memory Support, and 24 Long Term Care quarters. The 18 IL married quarters are larger (515 square feet) with one on each floor in each tower.

Q-Do married couples have to live together?

A-The Gulfport facility has 18 married couples rooms. It is the personal choice of residents whether to take a married couples room or 2 individual rooms. The user's fee will remain the same, regardless of the selections.

Q-What are the Independent Living rooms like on Level 2?

A-Those IL units are the same as AL units and are set up to function as AL rooms.

Q-Who pays for cable TV and telephone?

A-The hook ups are already in the room. The Interim Gulfport RAC will decide if cable payments can be taken from the Resident Fund. Prior to in-processing, you will be advised how this will work.

Q-What hook-ups are in the room for my computer?

A-AT&T is the vendor. They will install a CAT5E cable in each room. The jack will be in the wall in the living area.

Q-Can I get WIFI?

A-WIFI is only available through the CAT5E cable in the room.

Q-If I go on vacation, what do I need to do about my balcony?

A-Each resident is responsible for securing any balcony items before leaving on vacation. Directives will address this also.

Q-What about those driving from Washington to Gulfport?

A-All Priority 1a and 1b will be assigned report dates whether they are taking AFRH transportation or their own transportation.

Q-How many will travel on a bus?

A-Approximately 50 seats are available on each bus which will be a combination of mostly residents and some AFRH staff.

Q-When will I know my room number?

A-August 2010

Q-If I drive, can I get a hotel room with the group traveling on the AFRH busses?

A-Yes, AFRH will arrange rooms for drivers who closely follow the busses.

Q-How will you fill up the rooms at Gulfport?

A-The Interim Gulfport RAC will work with AFRH to get the best outcome.

Q-How many doctors and nurses will there be in Gulfport?

A-Gulfport will have the same staffing model as Washington.

Q-How many nurses are on duty after midnight?

A-At present, 1 nurse and 1 CNA are on in different shifts over 24 hours.

Q-Will there be a podiatrist on staff?

A-AFRH is working to ensure a podiatrist will be available.

Q-Where will I go if I need to be hospitalized?

A-Keesler AFB, the VA, or Gulfport Memorial

Q-What about social workers?

A-Staffed the same as Washington is now.

Q-What about required blood tests for food service workers?

A-All workers must have a health review.

Q-Will there be VA reps and DAV lawyers?

A- AFRH is working on this request.

Q-Who will be the Director?

A-The Director will be chosen through the Human Resources process.

Q-Who will be the Ombudsman? Military or civilian?

A-It is not determined yet.

Q-Will there be a definite admissions date?

A-Yes.

Q-What arrangements are being made for wheelchairs on the bus to Gulfport?

A-Wheelchairs can be stored in the storage compartment under the bus. Residents will have to negotiate the stairs into the bus.

Q-What are the names of the towers and the rooms in the new building?

A-The Interim Gulfport RAC worked with Annette Price, the Corporate Planner, to recommend names to Mr. Cox.

Residents – current, past and prospective
 AFRH staff members/contractors
 Active duty military (SeaBees, Keesler)
 VA Hospital
 State Representatives (Mississippi)
 Members of DoD and Congress
 Gulfport/Biloxi city officials
 Local community members
 Resident family members
 Volunteers
 Former AFRH-G employees/staff

TIMELINE

(All dates are subject to change, use as a guideline only to understand sequencing):

GULFPORT TIMELINE	
Sign Memorandum of Agreement	January 2007
Professional Engineering Services and CM (a) Services	March 2007
Prime Contract Solicited (Design/Build Procurement Phase (RFP/RFO))	June 2007
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Full Occupancy	March 2011

COMMUNICATION EVALUATION

Periodic feedback will be collected from stakeholders to ensure enough information is being distributed. New questions and answers will be continually gathered and added to the list.

Routine staff meetings will address any glitches, miscommunications, wrong information, and additional data that will be needed.

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PART 2 – WASHINGTON SCOTT PROJECT

The Scott Project refers to a comprehensive multi-phase project to make needed capital improvements to the AFRH-W community facilities. AFRH serves several specifically defined categories of population (Independent Living (IL), Assisted Living (AL), and Long Term Care (LTC) (to include and Memory Support (MS)) and provides plus the amenities to Commons facilities that serve the needs of multiple populations. The Scott Project encompasses the renovation and new construction required to provide a new Healthcare Center for LTC and MS and the associated Commons spaces used by the entire population.

Existing Washington buildings are aging and need major upgrades (or replacement). Also, the LaGarde Building, which houses healthcare functions, will be closed in the near future per South Campus (Zone A) development.

The initial focus was to undertake a major renovation of the nearly 60-year-old Scott Building (totaling 355,000-square-feet). Scott currently houses resident living units and primary “common areas,” such as kitchen and dining, library, theatre, administrative offices, etc. After extensive analysis, it was determined that renovation was not feasible, due to the many obstacles associated with this massive, aging structure (E.g., inadequate room heights for healthcare functions, oversized and inefficient commons spaces, and unachievable energy conservation goals). Also, the large cost of a total renovation was estimated to be well beyond our funding allowance.

As a result, the team concluded the preferred alternative is to replace the existing Scott Building with a new, two-building facility. This new complex could accommodate “right-sized” common areas and the healthcare functions – in energy efficient structures designed to current building codes and in compliance with the latest standards and practices in senior care design. This approach also makes the best use of the Sheridan Building, which was renovated in 1998 to accommodate the projected IL and AL populations.

The anticipated new buildings, with a combined area of 188,683 square feet, are the Commons and the Healthcare Center. The Healthcare Center will accommodate LTC and MS residents in closer proximity to the IL and AL residents. This option has the advantage of drawing LTC and MS residents into the community, instead of the current setup where they are housed in the remote LaGarde Building. The new Commons will include a progressive Wellness Center (routine medical, dental and ophthalmology). This fosters the concept of “aging-in-place” by providing Assisted Daily Living (ADL) support while allowing the residents to remain independent. A proposed underground tunnel will connect the residential building with the common spaces and healthcare.

The new Commons will be located in the same general area as the current Scott Building, thus minimizing the effect of construction on the facility’s historic components. Also, the view from the Lincoln Cottage will be greatly improved due to the much lower profile of the Healthcare Center.

The implementation of this program will require several ancillary projects, such as the permanent relocation of the on-site IT Center and Scott/Sheridan chiller plant – both of which are currently housed in Scott. Also, temporary spaces will be required to maintain operations during construction – such as a dining area, wellness center

and administrative offices. These functions are all currently housed in Scott and will eventually be relocated to the new Commons.

ROLES AND RESPONSIBILITIES

AFRH PAO/Marketing

Lead spokesperson
Point of contact for all questions
Maintain admission waiting list
Provide information on waiting list to AFRH staff preparing for resident occupancy
Coordinate all communications between AFRH staff and residents
Photograph all aspects of project (meetings, construction progress, events)
Plan and execute Grand opening media event
Coordination with GSA PAO for Press Releases
Conduct focus groups for Washington residents

AFRH Architect

Coordinates all tasks with GSA during design and construction
Set up temporary dining facility
Conduct meetings to include AFRH staff in planning and decision making through design and construction

AFRH Corporate Planner

Act as Project Manager for Scott Project
Provide timelines, key facts, figures, and requirements regarding: resident relocation, staff and services relocations, (moves between Scott and Sheridan, LaGarde and the new Healthcare building)
Provide timelines, key facts, figures, and requirements regarding any facet of the Scott Project
Work with relocation of clinics (optometry, podiatry)

AFRH Chief Human Capital Officer

Analyze staffing requirements
Perform all staffing transfers, hiring, downsizing, and reassignments

AFRH-W Director

Coordinate staff and resident input to Scott Project
Arrange temporary clinic operations (dental)

AFRH-W Resident Services

Provide room assignments
Review and validate resident information as required for moves
Arrange personal goods transfers between Scott and LaGarde (ongoing),
Provide information updates to PAO for publication and distribution

AFRH-W Healthcare Services

Provide healthcare assessments requirements information on a continuous basis

AFRH-W Ombudsman

Coordinate with Resident Advisory Council (RAC) and provide updates
Coordinate information needs with PAO for resident requirements

AFRH-W Resident Advisory Council (RAC)

Set up a Resident Scott Project Committee (Master Plan sub committee + ?)

Provide information for focus groups

GSA

Provide ongoing information to AFRH Architect and PAO for distribution regarding construction progress
Coordinate media and press releases as needed

THEMES

The Scott Project is an integral part of the AFRH Strategic Plan. Based on the findings of the LRF, the transformation of the AFRH-W campus contributes to AFRH goals and objectives.

AFRH objectives for the Scott Project:

- Promotes Aging in Place
- Contributes to Residents' continuing Vitality
- Provides safety and accessibility
- Provides Independent Living
- Provides Assisted Living and Memory Support
- Promotes Financial Stewardship
- Meets Residents' physical, mental and spiritual Needs
- Provides support to all residents
- Is environmentally friendly
- Meets ADA compliant requirements
- Contain costs by using economies and efficiencies
- Create an optimum resident capacity equivalent to AFRH-Gulfport
- Reduce the AFRH-W footprint operating only buildings that are mission critical

Key messages:

Residents will continue to call AFRH-W "home" during the construction which will affect their way of life. Utmost care and consideration must be undertaken to minimize disruption of their activities and reduce inconveniences.

Modernize outdated facilities on AFRH-W by replacing them with energy efficient, ADA compliant spaces and to meet AFRH "aging in place" vision.

The Scott Project is on-time, within budget, meets scope, is of high quality and communicates its process to stakeholders throughout the entire effort.

STAKEHOLDERS

Residents – current and prospective
Resident organizations
AFRH staff members/contractors
Active duty military
Retired military
Members of DoD and Congress
District of Columbia city officials
Washington Metropolitan area community
Resident family members
Volunteers
AFRH Partners
Veteran Service Organizations (VSOs)
National Capital Planning Commission

National Trust for Historic Preservation
Other Federal agencies

TIMELINE

SCOTT PROJECT TIMELINE	
GSA Memorandum of Agreement	August 2008
Scott Project Feasibility Study	March 2009
Construction Manager (CM)-Award -CM	June 2009 - April 2013
Design Bridging A/E-Award -Design	June 2009 - May 2010
Design/Build -Award	February 2011
-Demo Scott	September 2011
-Construct	December 2012
Residents Move into new Healthcare	January 2013
Renovate Sheridan Main Floor for AL	May 2013
Residents Move into Sheridan Main Floor	June 2013

COMMUNICATIONS EVALUATION

Periodic feedback will be collected from stakeholders to ensure enough information is being distributed. New questions and answers will be continually gathered and added to the list.

Routine staff meetings will address any glitches, miscommunications, wrong information, and additional data that will be needed.

As Scott Project proceeds, this Communication Plan must be augmented with details, questions and answers that arise, and any modifications that occur.

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PART 3: WASHINGTON MASTER PLAN

ROLES AND RESPONSIBILITIES

AFRH PAO/Marketing

Lead spokesperson

Point of contact for all questions

Coordinate all communications between AFRH staff and residents

Photograph all aspects of project (meetings, construction progress, events)

Plan and execute any media events

Coordination with GSA PAO for Press Releases

Conduct focus groups for Washington residents

AFRH Architect

Coordinates all tasks with GSA during planning

Conduct meetings to include AFRH staff in planning and decision making through design and construction

THEMES

The National Defense Authorization Act for FY 2002 permitted AFRH through DoD to sell, lease or otherwise dispose of underutilized buildings and property. So, AFRH launched its real estate Master Plan. This Plan forms the basis of our risk management strategy.

The Washington Master Plan focus is to preserve and improve the Home for the residents and the community. At the same time the Master Plan aims to create an additional revenue stream for the Trust Fund.

The Master Plan strives for new revenue to support our resident-focused care. This will help grow the Trust Fund and give us more capital to improve the campus. The Plan seeks to attract development at a fair market value that is compatible with the AFRH Mission.

In summer 2005, an open dialogue with the residents and neighbors began. At the close of FY06, a major milestone was reached: we chose three potential developers for the first AFRH redevelopment project. In 2007, a plan contract was awarded to Crescent Resources LLC, a North Carolina-based builder, as the preferred developer for a 77-acre parcel of land. In 2008 we finally received approval from the National Capitol Planning Commission (NCPC) to move forward with the Master Plan.

We were poised to continue with GSA as our development partner. Although postured, AFRH and Crescent never reached an agreement to proceed with the development on the campus. Although market conditions were deteriorating during the course of the discussions between AFRH and Crescent Resources, LLC (April 2007 – September 2008), the cessation of negotiations was based on the inability of our respective organizations to reach agreement on several fundamental transaction-related issues related primarily to the control structure of the transaction.

Key messages

The Master Plan has been approved (July 08).

Due to economic conditions, implementation of the plan is being relooked.

GSA remains AFRH's partner.

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PART 4 – AFRH AND GSA PARTNERSHIP

GSA has partnered with AFRH for several years on different projects. In 2007, GSA awarded AFRH its “Customer of the Year” award for strategic real estate planning, a result of the venture between AFRH and GSA in getting approval for the Washington Master Plan.

GSA was named the lead by Congress on the Gulfport stand up. AFRH chose GSA to use its design/build methodology which has proven so successful in the Gulfport project for the Scott Project.

The purpose of the part of the communications plan is to pursue enhanced communications between GSA and AFRH. Each should work together through defined roles and responsibilities. Any communications efforts should be developed and coordinated along project timelines. It is critical to ensure an ample flow of information between staff, contractors, and oversight personnel. GSA and AFRH must coordinate time released and time sensitive news updates.

GULFPORT ROLES AND RESPONSIBILITIES

AFRH PAO/Marketing

Lead spokesperson for AFRH

Discuss benefits of Gulfport project to AFRH, analyze and evaluate program needs to advise the Project Manager and other management officials of information that should be made available to the public or approaches to take to attain goals

Coordinate all communications between AFRH staff and residents on GSA issues

Photograph all aspects of project (meetings, construction progress, events)

Plan and execute Grand opening media event

Coordinate with GSA PAO for Press Releases

AFRH Architect

Conduct meetings to include AFRH staff in planning and decision making

Coordinate all tasks with GSA

GSA

Lead spokesperson on the new AFRH-G facility

Discuss the new building requirements, the specifics of the MOA, drafting RFQ/RFP (bid package) solicitation, financial agreement with the design/builder and construction process, including timeline and milestones, and program costs

Give timely input to AFRH on monthly basis

Coordinate with Mississippi delegation and provides progress reports

Report to Congress on status of project

Coordinate with AFRH PAO for Press Releases

GULFPORT THEMES

The Gulfport stand up is on-time, within budget, meets scope, is of high quality and communicates the process to stakeholders throughout the stand up effort.

GULFPORT STAKEHOLDERS

(see Part 1 above)

GULFPORT TIMELINE

GULFPORT TIMELINE	
Sign Memorandum of Agreement	January 2007
Professional Engineering Services and CM (a) Services	March 2007
Prime Contract Solicited (Design/Build Procurement Phase (RFP/RFO))	June 2007
Prime Contract Award (Main Building to W. G. Yates Construction)	September 2007
Original Main Building Imploded	October 2007
Construction Start / Notice To Proceed	January 2008
Design Complete	October 2008
Substantial Completion (Post Award Construction Phase)	July 2010
Occupancy (Resident Commence Move-In)	October 2010
Project Close-Out Phase	November 2010
Full Independent Living Occupancy	March 2011

GULFPORT QUESTIONS & ANSWERS

Q-What is the building like?

A- GSA has a program of requirements to fulfill and building will include the following:

- a. Independent Living: 468 quarters, each 450 SF
- b. Assisted Living: 60 quarters, each 350 SF
- c. Memory Support: 24 quarters, each 350 SF
- d. Long Term Care: 24 quarters
- e. The project is designed and constructed to be safe against hurricanes up to Category 5.

Q-What name will the new building be given?

A-Current plans are for the facility to remain the AFRH-Gulfport, consistent with its sister facility AFRH-Washington.

Q-What will the new building look like?

A-Computer generated pictures are available. The building is multi-storied and there are parking areas for visitors and staff.

Q-When will GSA turn over the keys to AFRH?

A-July 2010

Q-Will the building be occupied in phases?

A- For safety reasons and cost effectiveness, GSA intends to provide to the AFRH a turn-key facility when the project is complete early 2010 and not in phases.

Q-When will the AFRH staff be hired?

A-Second quarter 2010 the first staff will be hired culminating in full staffing by October 2010.

GULFPORT COMMUNICATION EVALUATION

Periodic feedback will be collected from stakeholders to ensure enough information is being distributed. New questions and answers will be continually gathered and added to the list.

Routine staff meetings will address any glitches, miscommunications, wrong information, and additional data that will be needed.

GULFPORT POINTS OF CONTACT

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WASHINGTON SCOTT PROJECT ROLES AND RESPONSIBILITIES

AFRH PAO/Marketing

Lead spokesperson on the overall Scott Project

Provide information relating to:

- resident and staff moves, relocations, opening and closing of buildings
- overall transfers of functions
- chillers and IT
- Steam plant

- Master Plan impacts
- South Campus development

Defer to GSA on construction process
Analyze and evaluate program needs and advises GSA of approaches to take to attain program goals
Advise the GSA Project Manager and other management officials of information that should be made available to the public
Discuss Scott Project benefits to AFRH
Coordinate with GSA to clear updated information and to ensure information sharing and a common understanding
Informs GSA of media interest received

AFRH Architect

Conduct meetings to include AFRH staff in planning and decision making
Coordinate all tasks with GSA
Gather AFRH-W staff and residents for decision making requirements

AFRH-W Ombudsman

Act as a liaison with Resident Advisory Council and residents

GSA

Lead spokesperson on demolition and new AFRH construction
Provide information relating to:

- new building requirements
- specifics of the MOA
- drafting RFQ/RFP (bid packages) solicitation
- financial agreement with the design/builder and construction process
- construction timeline and milestones
- construction program costs

Defer to AFRH on the overall Scott Project
Seek AFRH guidance on program goals throughout project
Coordinate with AFRH to clear updated information and to ensure information sharing and a common understanding
Inform AFRH of media interest received
Provide monthly progress updates during design and construction

WASHINGTON SCOTT PROJECT THEMES

AFRH-W is home to those residing there and all the construction will affect their way of life. Utmost care and consideration must be undertaken to minimize disruption of their activities and reduce inconveniences.

Modernize outdated facilities on AFRH-W by replacing them with energy efficient, ADA compliant spaces equivalent to those in the newly built AFRH-Gulfport.

The Scott Project is on-time, within budget, meets scope, is of high quality and communicates its process to stakeholders throughout the entire effort.

WASHINGTON SCOTT PROJECT STAKEHOLDERS

(see Part 2 above)

WASHINGTON SCOTT PROJECT TIMELINE

	Activity	2009	2010	2011	2012	2013
a.	Complete/Reopen Gulfport Facility	■	■			
b.	Prepare Bridging Documents for Scott Project; Design for Chiller Plant / IT Center	■	■			
c.	Relocate Chiller Plant		■	■		
d.	Relocate IT Center		■	■		
e.	Prepare Temporary Dining Facility		■	■		
f.	Prepare and Relocate Temporary Wellness Center		■	■		
g.	Prepare and Relocate Admin. Offices		■	■		
h.	Evacuate Old Scott Building / Move to Gulfport		■	■		
i.	Bid and Award Design/Build Contract		■			
j.	Design Commons & Healthcare Ctr.			■		
k.	Demolish Old Scott Building			■		
l.	Construct Commons & Healthcare Ctr.			■	■	
m.	Install FF&E and Move Into New Buildings				■	■
n.	Relocate LTC and MS residents from Lagarde to new Healthcare Ctr.					■
o.	Restore Commons Areas in Sheridan					■
p.	Build-out Assisted Living Area in Sheridan					■
q.	Relocate AL residents from LaGarde to Sheridan					■
r.	Restore Commons Areas in Sherman					■

WASHINGTON SCOTT PROJECT QUESTIONS AND ANSWERS

Q: What is the Scott Project?

A-The Scott Project is a comprehensive multi-phase project to make needed capital improvements to the AFRH-Washington community facilities. Starting in FY09, this project is phased over several years.

Q-Why did AFRH decide not to renovate, but to tear down the circa 1950s Scott Building?

A-After extensive analysis, it was determined that renovation was not feasible, due to the many obstacles associated with this massive, aging structure (E.g., inadequate room heights for healthcare functions, oversized and inefficient commons

spaces, and unachievable energy conservation goals). Also, the excessive costs associated with a total renovation were not as economical as new construction.

Q-What are the potential cost savings of this new building? How are these savings achieved?

A-GSA believes potential cost savings are associated with new construction. Because disclosure of this information may be a potential negotiating point among contract bidders, it would be inappropriate to discuss until after the contracts are awarded.

Q-How is the Scott Project funded?

A-The Scott Project is funded totally from the AFRH Trust Fund.

Q-What name will the new building be given?

A-The working names for the 2 new buildings are the Commons and the Healthcare Center. No final determination has been made yet as to specific names.

Q-What will the new building look like?

A-It is too early in the process for us to have specific design proposals. The building or buildings will most likely be fewer stories than the current Scott Building. Some part of the buildings will be below the natural sloping grade as you look toward the Capitol. The view from the Lincoln Cottage will be greatly improved due to the much lower profile of the Healthcare Center.

Q-What will the new facilities have in the way of spaces and/or accommodations?

A-The anticipated new buildings, with a combined area of 188,683 square feet, are referred to as the Commons building and the Healthcare building. The Healthcare building will accommodate LTC and MS residents in closer proximity to the IL and AL residents instead of the current setup where they are housed in the remote LaGarde Building.

The new Commons will include a progressive Healthcare Center (medical, dental and ophthalmology clinics). The new Commons will be located in the same general area as the current Scott Building, thus minimizing the effect of construction on the facility's historic components.

The implementation of this program will require several ancillary projects, such as the permanent relocation of the on-site IT Center and Scott/Sheridan chiller plant – both of which are currently housed in Scott. Also, temporary spaces will be required to maintain operations during construction – such as a dining area, wellness center and administrative offices. These functions are all currently housed in Scott and will eventually be relocated to the new Commons.

WASHINGTON SCOTT PROJECT COMMUNICATION EVALUATION

Periodic feedback will be collected from stakeholders to ensure enough information is being distributed. New questions and answers will be continually gathered and added to the list.

Routine staff meetings will address any glitches, miscommunications, wrong information, and additional data that will be needed.

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APPENDIX A - QUESTIONS & ANSWERS ABOUT GULFPORT

Q-Will there be a Gulfport Resident Advisory Committee (RAC)?

A-An Interim Gulfport RAC has been selected and will function at AFRH-W regarding decisions affecting residents before the move to Gulfport. Once those residents move to Gulfport, they will become continue as the interim RAC.

Q-How do I know I am on the delayed entry list?

A- PAO is constantly in touch with those on the delayed entry list. If you have not received any correspondence in the last few months, you might not be on the list. Call 1-800-422-9988.

Q-If I am on the delayed entry list, do I have to do anything?

A-You must get a medical exam including a PPD (TB test) and a new functional assessment submitted and dated no earlier than August 2010.

Q-What are the priorities for moving into Gulfport?

A-See Fact Sheet 17A posted on www.afrh.gov.

Priority 1 includes Category 1A and Category 1B.

Category 1A includes former Gulfport residents who have resided continuously at the AFRH-W.

Category 1B includes former Gulfport residents who have resided intermittently at the AFRH-W.

Priority 2 called "Delayed Re-Entry" are former Gulfport residents who currently do not live at AFRH-W.

Priority 3 are formerly approved applicants for admission with a valid reporting date to Gulfport and who subsequently chose to live at AFRH-W.

Priority 4 is the waiting list and AFRH-W transfers prioritized by approval date.

Q-How can I confirm which priority I am?

A-Call Greg Moore at AFRH PAO at 202-730-3206.

Q-Does a former Gulfport resident need to reapply?

A-Former Gulfport residents must submit new medical exams and functional assessments. Information is available from Greg Moore at 800-422-8980.

Q-Will I be required to carry my own former military and medical information with me?

A-Any information that AFRH has on a resident will be transferred automatically. However, each resident approved for admittance should obtain all medical files from ANY providers other than AFRH, particularly VA, to take copies with them in hand. Military information will transfer. Please take any current prescriptions and medical documents that you might need on the trip.

Q-Are there any Guest Rooms at Gulfport?

A-None.

Q-What are the resident user fees?

A-Resident fees are the same for both AFRH-G and AFRH-W and will not change except for cost of living increases.

Q-How do I know what my report date is?

A-PAO/Marketing will set the reporting dates. Reporting date letters will be mailed in beginning in August 2010.

Q-If I show up early, am I allowed to come on the campus?

A –[0]Facility access will be limited to residents with current report dates and staff. Security will control access at the gate.

Q-How will I know what my transportation arrangements are?

A-AFRH will send you a questionnaire before the reporting date to ask your preferences.

Q-Will the building open in phases?

A-The first resident will not move in until the entire building is totally completed. AFRH will populate the Independent Living quarters first. Assisted Living, Long Term Care and Memory Support residents will be considered on a case by case basis.

Q-Can I move in early?

A-[0]All residents will move into Gulfport according to official report dates assigned by PAO/Marketing. No early arrivals will be processed.

Q-How many residents will move in at a time?

A-Currently, we anticipate 100 residents will move in each month beginning 1 Oct 2010 starting with Priority 1a and 1b.

Q-If I move on October 1, when will my household goods arrive?

A-The plan is that moving will take 3 days if you use AFRH provided transportation. You will be at AFRH-G one night and the next day we plan to deliver your household goods. Note that movement of household goods will be undertaken separately (by a moving company) and not on the same AFRH provided transportation that carries residents.

Q-Will AFRH pay for moves?

A-Yes, for Priority 1 only residents. AFRH will provide bus transportation for residents as well as shipment of household goods.

Q-Are there any restrictions on household goods that can be moved?

A-Yes, AFRH will not move certain items that are restricted by moving companies. The Interim Gulfport RAC will consult with AFRH and set a poundage limit.

Q-Do I need to bring furniture for my room?

A-All rooms are fully furnished (Double Bed, Night Stand, Love Seat, Chair (not recliner but not straight back), Armoire, Dresser, table/lamp by love seat, table and two chairs in kitchenette, small refrigerator). If you want a microwave, you must furnish it yourself. Currently, the decision is to have a double bed in each room. However, if you have a hospital bed or medical furniture requirement, this will be considered on a case by case basis. Contact Sheila Abarr in PAO/Marketing.

Special items such as a recliner may be shipped.

Q-Do I have the option to replace the Gulfport provided furniture with my own furniture?

A-Still to be determined. Please personalize your room. AFRH staff will work with individuals to avoid having to put items in storage.

Q-Can I mount a large screen TV on my wall in my unit?

A-Not with anything that damages the walls. Think of your room like military quarters. You move in and when you leave, it must be like you got it when you moved in.

Q-Is there a limit to the number of boxes I can move?

A-Most likely there will be a limit. The Interim Gulfport RAC will provide guidelines with AFRH.

Q-Is there a weight limit for shipping?

A-Still to be determined.

Q-Will there be beds provided for taller people?

A-The Interim Gulfport RAC will work with AFRH to try to meet needs of residents.

Q-What will be provided for my balcony?

A- AFRH will not provide furniture. However, residents will be able to have certain items on the balcony as determined by the Interim Gulfport RAC.

Q-What can go on my balcony? Can I store personal items there?

A-AFRH directives address what can be kept on the balcony and how residents must upkeep the balconies. For example, the directive already states no barbeque grills are allowed.

Q-Where can I store the personal and furniture items that don't fit into my new quarters?

A-Each resident is provided 48 cubic feet of storage in the building. Anything that does not fit in that space or other requirements will necessitate having to arrange private storage—either where you are living before coming to Gulfport or in the Gulfport local area.

Q-What do I do with my household goods that I cannot ship to Gulfport (like refrigerator, furniture)?

A-You must dispose/sell/donate/store anything you cannot take. PAO/Marketing can provide yellow pages listings of local storage areas.

Q-How long will the trip last from AFRH-W to AFRH-G?

A-Treat this like any military move. Take a suitcase with a week's worth of clothes and all your medications. PAO/Marketing will send you a list with the Reporting Letter of what to take. The plan is to be on the road for 3 days with a two night stopover. Jul 14 – how many nights on the road?

Q-Can I make prior arrangements to get my telephone and cable television hooked up before I arrive?

A-AFRH is partnering with the phone company and cable providers for onsite setup upon arrival.

Q-Will there be medical support there when I arrive?

A-Yes. The medical support will similar to what is available at AFRH-W.

Q-How will my prescriptions be handled?

A-Same as they are handled in Washington. Keesler AFB and the VA are nearby Gulfport. However, you will have to see your new medical provider to get prescriptions refilled.

Q-Will AFRH move Assisted Living residents?

A-Each resident will be reviewed on a case by case basis.

Q-What type of closets are located in each room?

A-There is 1 closet per room and one wardrobe (furniture).

Q-For the mail, will the mailbox numbers be your room number?

A-The Interim Gulfport RAC will work with AFRH on this.

Q-Will there be dental services?

A-Yes, but the provider is not decided yet.

Q-How will the mailroom be operated?

A-Not decided yet.

Q-Will Gulfport be using key cards instead of keys?

A-Yes. You will have a badge which will function as your key also.

Q-When will AFRH be moving the last former Gulfport residents?

A-The goal is to have all former Gulfport residents moved in so they can eat Thanksgiving dinner in the new building in November 2010.

Q-What can I expect when I arrive?

A-AFRH will organize a registration process where you will receive a welcome aboard package and instructions on how to get the services turned on in your quarters and how to obtain your Mississippi driver's and vehicle license registration.

Q-Will I need a new AFRH badge?

A-Yes. During the registration process at AFRH-G, you will receive an AFRH-G badge.

Q-How will rooms be assigned?

A-Category 1a and 1b will select/be assigned the room according to a procedure determined by the Interim Gulfport RAC. Priority 2 will select/be assigned a room upon arrival in Gulfport.

Q-Will I get a floor plan so I can choose my room?

A-The floor plans will be posted on the AFRH website: www.afrh.gov. The Interim Gulfport RAC will determine a procedure for viewing floor plans.

Q-When do I receive my household goods and will I have help unpacking?

A-The week you arrive. The moving company will deliver your household goods directly to your door. Volunteers will be onsite to help you when you move in.

Q-How many parking spaces are there?

A- There are 365 parking spaces under the building as well as 200 outdoor parking spots.

Q- Will there be assigned parking?

A-The designated parking will be only for those having valid handicapped stickers.

Q-Is there Recreational Vehicle parking?

A-Yes, but not in the covered parking area.

Q-What will the cap be on resident fees?

A-The resident user fee is the same for AFRH-G and AFRH-W and the cap increases only for cost of living.

Q- Will I be able to smoke in my room?

A- The entire building is smoke free. Per Federal law, you must be at least 25 feet from any building to smoke.

Q-Is there storage on my floor, other than my room?

A-Personal storage is within your room. There is a Resident Bulk storage area located on the main floor. Every resident will be assigned a personal storage unit (48 cubic feet). Any needs for additional storage must be obtained in the vicinity through retail outlets.

Q-I live at AFRH-W, do I have to pay for my move?

A-If you live at AFRH-W and are Priority 1, AFRH pays for your move. AFRH-W transfers must pay their own way.

Q-Will AFRH ship my BPV?

A-Yes. BPVs will be shipped with household goods. The moves will be door-to-door. The bus the residents ride on cannot accommodate BPVs. You may need a walker or wheel chair for the trip to Gulfport.

Q-Are there rooms for married couples? If so, how many?

A-AFRH-G has 468 Independent Living (450 square feet), 60 Assisted Living, 24 Memory Support, and 24 Long Term Care quarters. The 18 IL married quarters are larger (515 square feet) with one on each floor in each tower.

Q-Do married couples have to live together?

A-The Gulfport facility has 18 married couples rooms. It is the personal choice of residents whether to take a married couples room or 2 individual rooms. The user's fee will remain the same, regardless of the selections.

Q-What are the Independent Living rooms like on Level 2?

A-Those IL units are the same as AL units and are set up to function as AL rooms.

Q-Who pays for cable TV and telephone?

A-The hook ups are already in the room. The Interim Gulfport RAC will decide if cable payments can be taken from the Resident Fund. Prior to in-processing, you will be advised how this will work.

Q-What hook-ups are in the room for my computer?

A-AT&T is the vendor. They will install a CAT5E cable in each room. The jack will be in the wall in the living area.

Q-Can I get WIFI?

A-WIFI is only available through the CAT5E cable in the room.

Q-If I go on vacation, what do I need to do about my balcony?

A-Each resident is responsible for securing any balcony items before leaving on vacation. Directives will address this also.

Q-What about those driving from Washington to Gulfport?

A-All Priority 1a and 1b will be assigned report dates whether they are taking AFRH transportation or their own transportation.

Q-How many will travel on a bus?

A-Approximately 50 seats are available on each bus which will be a combination of mostly residents and some AFRH staff.

Q-When will I know my room number?

A-August 2010

Q-If I drive, can I get a hotel room with the group traveling on the AFRH busses?

A-Yes, AFRH will arrange rooms for drivers who closely follow the busses.

Q-How will you fill up the rooms at Gulfport?

A-The Interim Gulfport RAC will work with AFRH to get the best outcome.

Q-How many doctors and nurses will there be in Gulfport?

A-Gulfport will have the same staffing model as Washington.

Q-How many nurses are on duty after midnight?

A-At present, 1 nurse and 1 CNA are on in different shifts over 24 hours.

Q-Will there be a podiatrist on staff?

A-AFRH is working to ensure a podiatrist will be available.

Q-Where will I go if I need to be hospitalized?

A-Keesler AFB, the VA, or Gulfport Memorial

Q-What about social workers?

A-Staffed the same as Washington is now.

Q-What about required blood tests for food service workers?

A-All workers must have a health review.

Q-Will there be VA reps and DAV lawyers?

A- AFRH is working on this request.

Q-Who will be the Director?

A-The Director will be chosen through the Human Resources process.

Q-Who will be the Ombudsman? Military or civilian?

A-It is not determined yet.

Q-Will there be a definite admissions date?

A-Yes.

Q-What arrangements are being made for wheelchairs on the bus to Gulfport?

A-Wheelchairs can be stored in the storage compartment under the bus. Residents will have to negotiate the stairs into the bus.

Q-What are the names of the towers and the rooms in the new building?

A-The Interim Gulfport RAC worked with Annette Price, the Corporate Planner, to recommend names to Mr. Cox.

Q-Will there be dining service before residents arrive?

A-There will be no service available due to requirements to acquire dishes and utensils and the hook-up of cooking appliances and kitchen accessories.

Q-What can I do to my room?

A-Within reason, you can decorate.

Q-Can we change rooms?

A-No. Once a room is selected, that is your assignment.

Q-Can we get outside help to clean our rooms?

A-Whatever arrangements we have in Washington, it will be the same in Gulfport.

Q-Can we have potted plants on the balcony?

A- The Interim Gulfport RAC will work with AFRH to develop a policy.

Q-Will former Gulfport employees be rehired?

A-Each person will have to apply as a new applicant and go through the Human Resources process.

Q-Will there be lounges on each floor?

A-Yes

Q-Can we get an aquarium?

A- The Interim Gulfport RAC will make this decision.

Q-What kind of tables does the dining room have?

A-All tables are square and rectangular (not round) to accommodate trays and for support if a person needs to lift up from the table (not center supported).

Q-What is being stored from the old Gulfport building?

A-All the military memorabilia and books from the library are stored safely.

Q-Will there be ice machines?

A-Requests are in for them.

Q-Are there balconies on the second floor?

A-Yes. The rooms have the glass door with access to a space equivalent to a balcony that the residents can put up chairs and sit out. However, there are no railings like the balconies on higher floors.

Q-Are there generators in case electricity is cut off?

A-Yes, with seven days sustainability. Generators are stored above the ground floor and back up generators are part of the plan.

Q-What is the address of the new facility?

A-AFRH-Gulfport retains the same address as before.

Q-Is the building on city water? What happens if the water gets contaminated?

A- Yes, the building is on city water, but the well on the grounds is functional. The system will switch if city water is shut down for any reason.

Q-What about washers and dryers?

A-Each floor has two washers and dryers.

Q-What about linens?

A-Each resident will be issued sheets, a blanket, and a pillow. After that, each resident will maintain their own linens.

Q-What can't all Priority 1 move at the same time?

A-There are over 200 of them. AFRH wants to in-process each resident completely and meet all needs of the resident moving in.

Q-What window coverings are there?

A-Window coverings (venetian blinds) and a sunscreen on each balcony will be provided.

Q-Are the doors metal?

A-No, the doors are made of wood.

Q-Is there a cabinet in the bathroom?

A-Yes, there is a medicine cabinet over the sink, but none under the sink. The reason there is no cabinet under the sink is to allow handicap accessibility. AAFES will stock supplies of items that may be useful.

Q-Is there lighting over the sink?

A-There is a large light in the center of the ceiling.

Q-Is there a safe in the room?

A-Yes, each room has a safe recessed in the closet.

Q-What about shower curtains?

A-Shower curtains will be provided.

Q-Will there be a bench in the shower?

A- No benches will be provided, but residents can add a bench if they choose.

Q-What kind of toilet does each room have?

A-The toilet is handicapped accessible height.

Q - Will residents be able to decorate their rooms?

A - Yes. Residents are encouraged to create a home-like atmosphere in their rooms and will be allowed to hang artwork, photos and personal memorabilia on the walls in their rooms.

Q-How will the mail room work?

A-The U.S. Postal Service will stuff mail boxes. AFRH will have a contract in place that services stamp purchases and package mailings.

Q-What size bed do married couples get?

A-TBD. Still looking into it. Perhaps 2 single beds that will make a King size will be provided, but that is not decided yet.

Q-Are the Post Office boxes combination locks or have keys?

A-TBD

Q-Will there be a putting green?

A-No

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Q-Will there be hobby rooms?

A-Yes

Q-Will AFRH furnish bicycles?

A-TBD

Q-How many of the new staff will be civil service and how many contractors?

A-Gulfport staffing will mirror how Washington is staffed.

APPENDIX B - QUESTIONS AND ANSWERS ABOUT SCOTT PROJECT

Q-What is the Scott Project?

A-The Scott Project is a comprehensive multi-phase project to make needed capital improvements to the AFRH-Washington community facilities. Starting in FY09, this project is phased over several years.

Scott Project includes renovating the Eagle Gate, renovating the Bowling Center, renovating the Golf Shack, changing to a keyless entry system for the Sheridan, and overall giving a facelift to the Washington campus. Another upgrade is the replacement of the kilns in the Ceramics room in late summer 2009 as well as replacement of equipment and new padding on the floor in the Fitness Center.

Q-Why did AFRH decide not to renovate, but to tear down the circa 1950s Scott Building?

A-After extensive analysis, it was determined that renovation was not feasible, due to the many obstacles associated with this massive, aging structure (E.g., inadequate room heights for healthcare functions, oversized and inefficient commons spaces, and unachievable energy conservation goals). Also, the excessive costs associated with a total renovation were not as economical as new construction.

Q-Didn't AFRH just replace the roof on the Scott Building recently?

A-Yes, the conditions were hazardous to resident so AFRH had to repair it to keep residents safe.

Q-Didn't AFRH replace the chillers in the Scott Building a few years ago?

A-Yes, About 6 years ago, the chillers were replaced. They will be relocated to the Sheridan and the new building.

Q- What are the potential cost savings of this new building? How are these savings achieved?

A- GSA believes potential cost savings are associated with new construction. Because disclosure of this information may be a potential negotiating point among contract bidders, it would be inappropriate to discuss until after the contracts are awarded.

Q-What is the timeline for this process? When will AFRH move into the new building into the Healthcare building and the Commons building?

A-January 2013

Q- How is the Scott Project funded?

A- The Scott Project is funded totally from the AFRH Trust Fund.

Q-What name will the new building be given?

A- The working names for the 2 new buildings are the Commons and the Healthcare building. No final determination has been made yet as to specific names.

Q-Will the name Scott Building be retained?

A-Not determined yet.

Q- What will the new building look like?

A- It is too early in the process for us to have specific design proposals. The building or buildings will most likely be fewer stories than the current Scott Building. Some part of the buildings will be below the natural sloping grade as you look toward the

Capitol. The view from the Lincoln Cottage will be greatly improved due to the much lower profile of the Healthcare Center.

Q- What will the new facilities have in the way of spaces and/or accommodations?

A- The anticipated new buildings, with a combined area of 188,683 square feet, are referred to as the Commons and the Healthcare building. The Healthcare building will accommodate LTC and MS residents in closer proximity to the IL and AL residents instead of the current setup where they are housed in the remote LaGarde Building.

The new Commons will include a progressive Healthcare building (medical, dental and ophthalmology clinics). The new Commons will be located in the same general area as the current Scott Building, thus minimizing the effect of construction on the facility's historic components.

The implementation of this program will require several ancillary projects, such as the permanent relocation of the on-site IT Center and Scott/Sheridan chiller plant – both of which are currently housed in Scott. Also, temporary spaces will be required to maintain operations during construction – such as a dining area, wellness center and administrative offices. These functions are all currently housed in Scott and will eventually be relocated to the new Commons.

Q- When AFRH tears down the Scott Building, then the number of resident rooms will decrease. What will be the resulting resident capacity at AFRH-W?

A- To reduce operational costs, increase efficiencies, and maintain state-of-the-art services, AFRH has determined to make AFRH-W and AFRH-G equivalent in capacity. The resulting resident capacity at AFRH-W will be 568 comprised of 450 IL, 58 AL, and 36 LTC and 24 MS. During the transition period, there will be 200 beds in LaGarde and 468 IL rooms in Sheridan.

Q-Why is AFRH reducing the number of residents at Washington?

A-Implementing the one model concept for equivalent facilities, now in Washington and Gulfport, AFRH is free to address all those eligible former military in other parts of the US which cannot be served now.

Q-If I live in Scott now, what will happen to me?

A-If you stay in AFRH-W, you will be relocated to IL in Sheridan, well in advance of the demolition (April 2011).

Q-If I am AL in Scott, where will I live?

A-If you are in AL in Scott, you will be relocated to LaGarde as rooms become available, well in advance of the demolition (April 2011).

Q-If I live in LaGarde, what is happening to LaGarde?

A-When the new Healthcare building is completed in 2013, you will be relocated from LaGarde to that new Healthcare building.

Q-What is going on Sheridan all the time during the teardown of Scott?

A-Sheridan will be the permanent location of all IL on AFRH-W. From 2011-2103, it will be the temporary location of AFRH-W administrative offices, admissions, library, 22 hour canteen, Federal Credit Union, podiatry and optometry, psychiatry, wellness satellite, business office, Ombudsman, new resident lounge, volunteer services, social workers. Sheridan will have its systems upgraded (chiller). In 2013, Sheridan will be upgraded for AL.

Q-Where will the theater be?

A-During the Scott Project, the theater will be located in Sherman annex, 1st floor. When the Commons is finished, there will be a Community Center which will be the theater.

Q-Will the school still be housed in Sherman North during the transition?

A-Yes, but the space where the Corps of Engineers are now will be vacated in January 2011.

Q-Where will dining be relocated?

A-Between 2011 and 2013, dining will be located in Sherman Annex, north side.

Q-Where will the food be prepared?

A-During the transition period, food will be prepared in LaGarde. The LaGarde kitchen will expand cooking areas and storage. Special trucks will transport the food to Sherman. Salads will be prepared in what is now the Defender's Inn. There will be 3 lines: regular, diet, and fast food.

Q-Will the dining hours stay the same?

A-Breakfast will have to be moved to start at 7 am in the Sherman to allow transportation of the food from LaGarde.

Q-Will we have a full breakfast?

A-Everything will remain the same except there will be no grill to cook eggs to order. Menus will add omelets and other egg dishes.

Q-What kind of silverware and dishes will be provided during the transition?

A-Residents will be able to eat on regular china and use silverware (not paper).

Q-What kind of connection will be provided from the Sheridan to the Sherman for residents to walk to the new dining area?

A-AFRH will build an off the ground environmentally controlled enclosed (air conditioned and heated) walkway wide enough for 2 wheelchairs to pass (with room to pass or rest). It will be about 8 feet wide. Only IL residents will use the pathway. AL and LTC residents will be housed in LaGarde and dine there.

Q-Will Lady Sheridan remain during the transition on the first floor?

A-Yes.

Q-Will Lady Sheridan remain after the transition?

A-After the transition, all rooms on the first floor will become AL.

Q-Will there be a canteen?

A-Yes, the canteen will be located next to the AAFES retail store in the Sheridan basement.

Q-Where is the Health & Wellness Center going to be located when Scott is torn down?

A-A satellite nurses' station will be in Sheridan first floor with nurses available to go to resident rooms, as needed.

Q-Where is the library?

A-The library will be co-located in the area where the Canteen will be right outside of the AAFES store. Committees will decide on themes. Groups of books by themes will be placed on different floors in the Sheridan.

Q-Where are the chaplains going?

A-Chaplains will be relocated to Stanley and Rose chapels during the construction period.

Q-Where is the Business Center going?

A-The Business Center will be relocated to Sheridan first floor.

Q-Where will the bank be?

A-AFRH is working with Bank of America right now to figure out what is best to do.

Q-Will we still have the cleaners, the Exchange, and the lounge?

A-Yes. Working with the Resident Committee, the goal is to make places easier to access and provide better service.

Q-How long is the time between vacating Scott and moving into the new buildings?

A-Scott will be demolished in FY11 and then the new buildings completed in 2013.

Q-Will we lose parking spaces?

A-Parking spaces will be relocated.

Q-Will we need additional parking spaces if LaGarde staff moves up to the upper campus?

A-The number of beds and therefore, staffing will change. Parking will be taken into consideration.

Q-Are any new admissions going to be allowed?

A-Yes, when space is available.

Q-Will my resident user fees change?

A-No, the resident user fee remains the same except when a cost of living increase is authorized by Congress.

Q-Can I move to Gulfport?

A-Yes, the waiting transfer list was started in 2003 and is continually being added to.

Q-Are the rooms at AFRH-W comparable to the rooms at AFRH-G?

A-Sheridan rooms are 250 square feet and Gulfport's rooms are 450 square feet.

Q-What are the long term plans for Sherman?

A-AFRH will maintain Sherman, but may lease parts of it.

Q-What is the future of LaGarde?

A-AFRH will mothball it until it can be leased.

Q-Will the new buildings meet the mandates for "green" environment?

A-Yes, that is part of the plans.

Q-There are a lot of veterans who could use a home like this. With 2 campuses totaling about 1100, what can AFRH do?

A-Since AFRH-W is so expensive to operate, these plans will bring the operating costs in line with Gulfport. Then AFRH could be looking for an additional site, perhaps on the other coast of the US.

Q-If you widen the tunnel, will it be two levels?

A-It cannot be two levels because of Eisenhower Road.

Q-Will the new buildings have a cleaners, a PX, a lounge?

A-The Interim Scott RAC will address all these issues with you.

Q-When would I need to move out of the Scott?

A-All residents will be relocated to the Sheridan prior to March 2011.

Q-Will help be available if I cannot move myself from Scott to Sheridan?

A-You will have to request help through Resident Services.

Q-Will I get to pick from available rooms in the Sheridan?

A-Currently there is a waiting list for Sheridan. As rooms become available, residents on the current waiting list are contacted to move.

Q-Where will movie night be held?

A-In the Sherman Building annex area.

Q-When will the dining transition to Sherman?

A-Sometime between March and June 2011.

Q-How will the construction affect parking on campus?

A-The front of the existing Scott Building and behind are affected by the construction. The Rose Chapel will be separated with special access. So any parking on the sides and rear of Scott will be blocked off.

Q-What will be the hours that construction will occur?

A-As with any large construction site, hours are typically 7 am to 6 pm, but this is still to be determined.

Q-Will our user fee go down due to the construction?

A-No. The user fee is set by Congressional Law.

Q-What measures are being taken to make this a Green project?

A-The architects are required to design for at least Silver LEED per GSA.

Q-What are they going to do about all the construction noise dust?

A-Safety is the number 1 issue. It will be noisy and dusty because it is a large construction site. The contractor will make every effort to make the area around the construction safe.

Q-Are they going to tear down the Scott or implode it?

A-It is too early to say what the contractor will propose.

Q-Who will be the contractor for the Scott project?

A- The contractor has not been selected.

Q-Will we lose any services with the project?

A-No. Services currently available will continue to be available throughout the

construction. All currently in Scott will be relocated.

Q-Where will the Wellness Center move to? Will we still have one?

A-The Wellness Center will be temporarily relocated in the Sheridan Building

Q-How much of an area will be closed off for resident use? I like my walks around campus.

A-The majority of roads and paths will be open. Only those roads and paths around the Scott Building will be fenced off.

Q-Will the Rose Chapel be affected?

A-The Rose Chapel will still be open, but with protected access.

Q-Since all the services will be up here. will we still have a shuttle bus?

A-Yes, LaGarde will be open until Sheridan can be renovated for Assisted Living. Busses will run to the pond and golf course.

Q-Will the 3rd floor of Sheridan still be for smokers?

A-Once the renovation is completed, the entire AFRH-Washington campus will become smoke-free.

Q-When the Commons is done, will everything in Sherman move there?

A-The artists, the AFRH-W Director, Safety, and Security will move to the new Commons building. The Corporate AFRH staff will remain in Sherman. Because of Sherman's historic value, we need to keep it occupied.

Q-What happens to the big paintings in the Scott Library?

A-All the paintings will be removed and stored.

Q-How can we residents make suggestions for the project?

A-The best way would be to form small teams. For example, get a Library team and decide what you want to happen while there is no single space for the library during construction.

Q-How will you disseminate information? Will there be Town Hall meetings on Scott Project?

A-The Director has been asked to discuss Scott Project during the Town Hall meetings. We will talk monthly to you residents on the committee. We will work together on any hot topics.

Q-The Sheridan only has laundry in the basement whereas Scott has a laundry on each floor. Can we make Sheridan so it has a laundry on each floor?

A-We will look into it.

Q-What is the current capacity of AFRH-W? What will the capacity at the end of the construction?

A-Now it is 1050. The ultimate goal is for 568.

Q-Does AFRH plan to coordinate any of these plans with the Lincoln Cottage?

A-There is no relationship between them and our plans. They will be part of our process.

Q-What is the size of the new building?

A-The plan is to keep it only one story above ground and to fit it into the current footprint of the existing Scott.

Q-Is it going to be easier to accommodate the needs of residents?

A-Yes. We plan to eliminate the extensive need for transportation. We will improve the quality of life for residents.

Q-Where will arts and crafts go?

A-Somewhere in the Commons, but we plan to have individual compartments like are now in Sherman.

Q-Is the top priority for admission to AFRH retirees?

A-No. Anyone who qualifies per the law can apply. COO needs to ensure there is an equal distribution among the different categories (about third each).

Q-Will there be a swimming pool?

A-The designers will look at an aqua pool or larger hot tubs, but no Olympic size swimming pool.

Q-What about the veterans from Iraq?

A-Eventually there may be more demand. Right now we are working on having 2 equal size facilities so we can reduce costs before we can grow. We are implementing our "aging in place" concepts.

Q-How long will it take to install the keyless entry system on each room?

A-Installation takes about 15 minutes. Each system is battery operated and guaranteed to operate for 1 full year.

Q-What happens if the battery is low on the keyless entry?

A-The unit starts to flash 4 yellow lights. Campus Operations will have all units on preventative maintenance so that batteries are changed before they are low.

Q-When will the installations begin?

A-Most likely in the Fall 2009.

Q-What happens if the keyless entry breaks? Does a resident have to pay for that?

A-No that is part of facilities maintenance.

Q-Will AFRH-Washington have Guest Rooms after Scott is demolished?

A-Currently, there is no space to have Guest Rooms because it would take away from the program space. AFRH is working on figuring out how to facilitate guests in the best way.

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