AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

TABLE TO PARAGRAPH (E)—ADULT DAY HEALTH CARE—Continued

Wheelchair storage	100
Kitchen	120
Janitor's closet	40
Resident laundry	125
Trash collection	60
III. Bathing and Toilet Facilities:	
(A) Private or shared facilities:	
Wheelchair facilities	25 (per fixture).
Standard facilities	15 (per fixture).
(B) Full bathroom	75

[1] The size to be determined by the Chief Consultant, Geriatrics and Extended Care, as necessary to accommodate projected patient care needs (must be justified by State in space program analysis).

(Authority: 38 U.S.C. 101, 501, 1710, 1742, 8105, 8131–8137; Sections 2, 3, 4, and 4a of the Architectural Barriers Act of 1968, as amended, Public Law 90–480, 42 U.S.C. 4151–4157)

§ 59.170 Forms.

All forms set forth in this part are available on the Internet at *http://www.va.gov/About__VA/Orgs/VHA/VHAProg.htm.*

(a) VA Form 10–0143—Department of Verterans Affairs Certification Regarding Drug-Free Workplace Requirements for Grantees Other Than Individuals.

OMB Number: 2900-0160
Estimated Burden: 5 minutes

Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS FOR GRANTEES OTHER THAN INDIVIDUALS

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 38 CFR 44, Subpart F. The regulations, published in the January 31, 1989, Federal Register (pages 4950-4952) require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see CFR Part 44, Section 44.100 through 44.420).

The grantee certifies that it will provide a drug-free workplace by:

(1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(2) Establishing a drug-free awareness program to inform employees about

(a) The dangers of drug abuse in the workplace;
(b) The grantee's policy of maintaining a drug-free workplace;
(c) Any available drug counseling, rehabilitation, and employee assistance programs; and
(d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(3) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (1);

(4) Notifying the employee in the statement required by paragraph (1) that, as a condition of employment under the grant, the employee will

(a) Abide by the terms of the statement; and
(b) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(5) Notifying the agency within ten days after receiving notice under subparagraph (4) (b) from an employee or otherwise receiving actual notice of such convictions;

(6) Taking one of the following actions, within 30 days of receiving notice under subparagraph (4) (b), with respect to any employee who is so convicted;

(a) Taking appropriate personnel action against such employee, up to and including termination; or
(b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5) and (6).

VA FORM SEP1998 (R) **10-0143** **REPRODUCE LOCALLY** JetForm

OMB Number: 2900-0188
Estimated Burden: 15 minutes

Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS FOR GRANTEES OTHER THAN INDIVIDUALS

Places of Performance: The grantee shall insert in the space provided below the site(s) for performance of work done in connection with the specific grant (street address, city, county, state, zip code)

ORGANIZATION NAME	GRANT NUMBER OR NAME
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

VA FORM SEP1998 (R) **10-0143** **REPRODUCE LOCALLY** JetForm

(b) VA Form 10–0144—Certification Regarding Lobbying.

OMB Number: 2900-0160
Estimated Burden: 5 minutes

Department of Veterans Affairs

CERTIFICATION REGARDING LOBBYING

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

This certification is made in compliance with Section 319 of Public Law 101-121; and pursuant to the Interim Final guidance published as part VII of the December 20, 1989, Federal Register (Pages 57306-52332).

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certified, to the best of their knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Forms-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

SIGNATURE OF CERTIFYING OFFICIAL	DATE
NAME AND TITLE OF CERTIFYING OFFICIAL	PROJECT (FAI NUMBER)
NAME AND ADDRESS OF STATE AGENCY	

VA FORM SEP1999 (R) **10-0144** **REPRODUCE LOCALLY**

(c) VA Form 10–0148a—Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (To be signed by Contractor(s)).

Department of Veterans Affairs

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions
(To be signed by Contractor(s))

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 38 CFR Part 44.510. Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 191600-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name PR/Award Number of Project Name

Name and Title of Authorized Representative

Signature Date

Title 38 CFR 44.510(b)

VA FORM MAR 2001 **10-0148a**

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of act upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available, remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to which this proposal is submitted it any any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "participant," "person," "primary covered transaction," "principle," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(d) VA Form 10–0148b—CERTIFICATION OF STATE MATCHING FUNDS TO QUALIFY FOR GROUP 1 ON THE PRIORITY LIST.

Department of Veterans Affairs

CERTIFICATION OF STATE MATCHING FUNDS TO QUALIFY FOR GROUP 1 ON THE PRIORITY LIST

I certify that the total (35%) State matching funds in the amount of $ _____

is now available, or will be available by August 15, 20 ___, for the proposed State home

project, FAI# _____. These State funds will remain available until _____

No further State action, other than administrative, is required to make these fund available.

_____	_____	_____
Type Name and Title of Authorized State Budget Official	Signature	Date

Enclosure: Copy of Act, as approved by the Governor, authorizing the project and making available the State's 35 percent matching funds for the project. (If the State has not appropriated the State matching funds, then, sufficient documentation must be provided to show that the State has available the State has matching funds for the project.)

Title 38 USC 8135 (B) (2) (A)
Title 38 CFR 59.40

VA FORM MAR 2001 **10-0148b**

(e) VA Form 10–0148c—Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions.

Department of Veterans Affairs

Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 38 CFR Part 44, Section 44.510, Participants' responsibilities

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statues or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name PR/Award Number of Project Name

Name and Title of Authorized Representative

Signature Date

VA FROM MAR 2001 **10-0148c**

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered tranaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted it at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal" "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtain a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lwer tier covered transactions and in all solications for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

(f) VA Form 10–0148d—CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS STATE HOME CONSTRUCTION GRANT.

Department of Veterans Affairs

CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS STATE HOME CONSTRUCTION GRANT

I certify that to the best of my knowledge and belief all Federal requirements: (1) outlined in 38 Code of federal Regulations Part 59 as they pertain to this State home project; (2) assurances outlined in SF 424D; and (3) all mandatory comments resulting from the design development review by the U.S. Department of Veterans Affairs (VA) have been incorporated into construction contact(s) for this State Veterans home project to be located at _____

_____,

project FAI# _____

Type Name and Title of Authorized State Official	Signature	Date

Title 38 CFR Part 59

VA FORM MAR 2001 **10-0148d**

(g) VA Form 10–0388—DOCUMENTS AND INFORMATION REQUIRED FOR STATE HOME CONSTRUCTION AND ACQUISITION GRANTS.

Department of Veterans Affairs

DOCUMENTS AND INFORMATION REQUIRED FOR STATE HOME CONSTRUCTION AND ACQUISITION GRANTS

INITIAL APPLICATION

NOTE: An initial application should be submitted to the Chief Consultant, Geriatrics and Extended Care (114) by April 15, if the State wishes consideration of an initial application for placement on the priority list for the next fiscal year.

1. TYPE OF GRANT APPLIED FOR:
   ☐ ACQUISITION ☐ CONSTRUCTION

2. DOCUMENTATION THAT THE SITE OF THE PROJECT IS IN REASONABLE PROXIMITY TO A SUFFICIENT CONCENTRATION AND POPULATION OF VETERANS THAT ARE 65 YEARS OF AGE AND OLDER AND THAT THERE IS A REASONABLE BASIS TO CONCLUDE THAT THE FACILITY WHEN COMPLETE WILL BE FULLY OCCUPIED.

3. APPLICANT'S RECOMMENDATION AS TO THE PRIORITY, ANY SUBPRIORITY, AND ANY FURTHER PRIORITY FOR PURPOSES OF PLACING THE PROJECT ON THE PRIORITY LIST FOR THE NEXT FISCAL YEAR *(see 38 CFR s 59.50).*

4. STANDARD FORM (SF) 424, "APPLICATION FOR FEDERAL ASSISTANCE" *(mark the box labeled "pre-application" and submit the information requested for a "preapplication")*; SF 424C, "BUDGET INFORMATION-CONSTRUCTION PROGRAMS"; SF 424D, "ASSURANCES-CONSTRUCTION PROGRAMS" AND A DESCRIPTION AND SCOPE OF THE PROJECT. *(Original and one copy required.)*

5. ON SF 424C INCLUDE:

   (1) COST ESTIMATE FOR EQUIPMENT NOT INCLUDED IN THE CONSTRUCTION CONTRACT (*Not to exceed 10 percent of the construction costs)* AND

   (2) CONTINGENCY COST ESTIMATE *(not to exceed 5 percent of the estimated cost of project for new construction or 8 percent for remodeling projects).*

6. PROJECT SITE DESCRIPTION, INCLUDING COUNTY LOCATION.

7. GOVERNOR'S LETTER OR A LETTER FROM THE AGENCY AUTHORIZED BY THE GOVERNOR WITH PROGRAM OVERSIGHT DESIGNATING THE STATE REPRESENTATIVE AND INFORMATION THAT WILL PERMIT VA TO CONTACT THE STATE REPRESENTATIVE. THE STATE REPRESENTATIVE MUST NOTIFY THE CHIEF CONSULTANT (114), IMMEDIATELY OF ANY CHANGES IN WHO THE STATE REPRESENTATIVE IS AND HOW TO REACH HIM OR HER.

8. NEEDS ASSESSMENT*(if adding or replacing nursing home or domiciliary beds).* INCLUDE THE FOLLOWING DOCUMENTS AND SUPPORTING JUSTIFICATIONS:

   (A) DEMOGRAPHIC CHARACTERISTICS OF THE VETERAN POPULATION OF THE PROPOSED CATCHMENT AREA;

   (B) AVAILABILITY OF BEDS IF GREAT TRAVEL DISTANCES *(over two hours)* ARE IMPOSED ON VETERANS AND THEIR FAMILIES;

   (C) NUMBER OF VA NURSING HOME AND DOMICILIARY BEDS AND THE OCCUPANCY RATE AT THOSE FACILITIES FOR THE PREVIOUS FISCAL YEAR

   (D) NUMBER OF STATE NURSING HOME AND DOMICILIARY BEDS AND THE OCCUPANCY RATE OF THOSE FACILITIES FOR THE PREVIOUS FISCAL YEAR;

   (E) NUMBER OF COMMUNITY-BASED NURSING HOME BEDS AND THE OCCUPANCY RATE AT THOSE FACILITIES FOR THE PREVIOUS FISCAL YEAR *(must have full State certification).* THE STATE CERTIFICATION MUST AUTHORIZE APPROPRIATE LEVEL(S) OF CARE TO ALLOW VETERAN PLACEMENT IN THOSE FACILITIES.

   (F) WAITING LISTS FOR EXISTING STATE HOME PROGRAMS;

   (G) PLANS FOR ACUTE MEDICAL CARE/EMERGENCY CARE SERVICES AS MAY BE REQUIRED BY THE STATE HOME RESIDENTS AND

   (H) AVAILABILITY OF QUALIFIED MEDICAL CARE PERSONNEL TO STAFF THE PROPOSED FACILITY.

9. NEEDS ASSESSMENT *(IF NOT ADDING OR REPLACING NURSING HOME OR DOMICILIARY BEDS)* (A) REASON FOR THE PROJECT AND (B) THE SCOPE OF THE PROJECT.

10. IF A STATE PROPOSES NEW BEDS THAT EXCEED THE MAXIMUM NUMBER OF STATE HOME BEDS AS DEFINED IN 38 CFR 59.40, THE STATE MUST PROVIDE DOCUMENTATION TO JUSTIFY AN EXCEPTION ON THE BASIS OF GREAT TRAVEL DISTANCES *(greater than two hours)* BETWEEN A SIGNIFICANT POPULATION CENTER AND AN EXISTING STATE HOME. THE SECRETARY WILL CONSIDER AND APPROVE/DISAPPROVE SUCH JUSTIFICATION IN THE DETERMINATION OF THE PRIORITY OF THE INITIAL APPLICATION.

11. AUTHORIZED STATE REPRESENTATIVE'S CERTIFIED STATEMENT THAT THE LIST OF THE TOTAL NUMBER OF STATE-OPERATED NURSING HOME AND DOMICILIARY BEDS FOR VETERANS IS THE TOTAL NUMBER OF SUCH BEDS EXISTING, UNDER CONSTRUCTION, OR PENDING APPROVAL BY VA AT THE TIME OF THE INITIAL APPLICATION.

12. SCHEMATIC DRAWINGS FOR THE PROPOSED PROJECT.

13. SPACE PROGRAM ANALYSIS ON VA FORM 10-0392, "SPACE PROGRAM ANALYSIS-NURSING HOME" *(or VA Form 10-0392a, "Space Program Analysis-Adult Day Health Care")*FOR THE PROPOSED PROJECT THAT INCLUDES A LIST OF EACH ROOM OR AREA AND THE SQUARE FOOTAGE PROPOSED. THE PLAN SHOULD NOTE SPECIAL OR UNUSUAL SERVICES OR EQUIPMENT. THE INFORMATION ON VA FORM 10-0392, "SPACE PROGRAM ANALYSIS-NURSING HOME" *(or VA Form 10-0392a, "Space Program Analysis-Adult Day Health Care") should correspond with the charts contained in 38 CFR 59.140 AND 59.160.*

14. STATE APPLICATION IDENTIFIER NUMBER *(IF APPLICABLE).*

15. FIVE-YEAR CAPITAL PLAN FOR STATE'S ENTIRE STATE HOME PROGRAM, INCLUDING THE PROPOSED PROJECT.

16. FINANCIAL PLAN FOR STATE FACILITY'S FIRST THREE YEARS OF OPERATION FOLLOWING CONSTRUCTION.

17. ANY COMMENTS OR RECOMMENDATIONS MADE BY THE APPROPRIATE STATE CLEARING HOUSE PURSUANT TO POLICIES OUTLINED IN EXECUTIVE ORDER 12372, INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS (PART 40 OF THIS CHAPTER). IF THE STATE HAS NO CLEARING HOUSE, THE DESIGNATED AUTHORIZED STATE REPRESENTATIVE MUST CERTIFY COMPLIANCE WITH THIS EXECUTIVE ORDER.

I CERTIFY THAT THE INFORMATION SUBMITTED TO VA IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

SIGNATURE OF STATE REPRESENTATIVE	DATE

THE LAW PROVIDES SEVERE PENALTIES FOR WILLFUL SUBMISSION OF FALSE INFORMATION.

VA FORM JAN 2001 **10-0388**

(h) VA Form 10–0388a—ADDITIONAL DOCUMENTS AND INFORMATION REQUIRED FOR STATE HOME CONSTRUCTION AND ACQUISITION GRANTS.

Department of Veterans Affairs

ADDITIONAL DOCUMENTS AND INFORMATION REQUIRED FOR STATE HOME CONSTRUCTION AND ACQUISITION GRANTS

APPLICATION

1. THE STATE REPRESENTATIVE MUST SUBMIT THE FOLLOWING TO VA TO RECEIVE A GRANT:

(A) STANDARD FORM (SF) 424, "APPLICATION FOR FEDERAL ASSISTANCE" *(mark the box labeled "application" and submit the information requested for a "application")*; SF 424C, "BUDGET INFORMATION-CONSTRUCTION PROGRAMS"; SF 424D, "ASSURANCES-CONSTRUCTION PROGRAMS"; AND A COMPLETE DESCRIPTION AND SCOPE OF THE PROJECT. *(Original and one copy required.)*

ON FORM 424C INCLUDE:

(1) AN ESTIMATE FOR THE COST OF THE EQUIPMENT NOT INCLUDED IN THE CONSTRUCTION CONTRACT *(NOT TO EXCEED 10 PERCENT OF THE CONSTRUCTION COSTS).*

(2) A CONTINGENCY AND ESTIMATE *(NOT TO EXCEED 5 PERCENT OF THE ESTIMATED COST OF THE PROJECT FOR NEW CONSTRUCTION OR 8 PERCENT FOR REMODELING PROJECTS).*

(B) EVIDENCE OF THE STATE AUTHORIZATION OF THE PROJECT *(e.g.COPY OF THE SIGNED LEGISLATION).*

(C) EVIDENCE *(ACT, ISSUED BONDS, ETC.)* THAT THE STATE HAS ITS SHARE OF THE ESTIMATED TOTAL COSTS OF CONSTRUCTION.

(D) VA FORM 10-0148b, "CERTIFICATION OF STATE MATCHING FUNDS."

2. AN UPDATED SPACE PROGRAM ANALYSIS FOR THE PROPOSED PROJECT THAT INCLUDES A LIST OF EACH ROOM OR AREA AND THE SQUARE FOOTAGE PROPOSED. THE PLAN SHOULD NOTE SPECIAL OR UNUSUAL SERVICES OR EQUIPMENT. THE INFORMATION ON VA FORM 10-0392, "SPACE PROGRAM ANALYSIS-NURSING HOME" *(OR VA FORM 10-0392A, "SPACE PROGRAM ANALYSIS-ADULT DAY HEALTH CARE")* SHOULD CORRESPOND WITH THE CHARTS CONTAINED IN 38 CFR 59.140 AND 59.160. THIS ANALYS IS NEEDED ONLY IF THERE IS A CHANGE IN THE SPACE PROGRAM ANALYSIS THAT WAS PREVIOUSLY SUBMITTED.

3. THE STATE REPRESENTATIVE MUST SUBMIT THE FOLLOWING CERTIFICATIONS TO VA BY MARCH 15 OF EACH YEAR UNTIL THE PROJECT IS COMPLETED.

(A) VA FORM 10-0148C, "CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS FOR PRIMARY COVERED TRANSACTIONS.

(B) VA FORM 10-0143, "DEPARTMENT OF VETERANS AFFAIRS CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS FOR GRANTEES OTHER THAN INDIVIDUALS"

(C) VA FORM 10-0144, "CERTIFICATION REGARDING LOBBYING"

4. IF THE STATE IS NOTIFIED THAT FEDERAL FUNDS ARE AVAILABLE, THE STATE MUST PROVIDE THESE ITEMS;

(A) A SCHEDULE OF WHEN EACH OF THE REMAINING REQUIREMENTS TO RECEIVE A PROPOSED GRANT WILL BE MET.

(B) PHASE 1 - ENVIRONMENTAL SURVEY. SITE PLAN/MAP, SITE SURVEY, AND SOIL INVESTIGATION *(if applicable).* DESIGN DEVELOPMENT SITE PLAN. THE APPLICANT SHALL SUBMIT A SITE SURVEY WHICH HAS BEEN PERFORMED BY A LICENSED LAND SURVEYOR. A DESCRIPTION OF THE SITE SHALL BE SUBMITTED NOTING THE GENERAL CHARACTERISTICS OF THE SITE. THIS SHOULD INCLUDE SOIL REPORTS AND SPECIFICATIONS, EASEMENTS, MAIN ROADWAY APPROACHES, SURROUNDING LAND USES, AVAILABILITY OF ELECTRICITY, WATER AND SEWER LINES, AND ORIENTATION. THE DESCRIPTION SHOULD ALSO INCLUDE A MAP LOCATING THE EXISTING AND/OR NEW BUILDINGS, MAJOR ROADS, AND PUBLIC SERVICES IN THE GEOGRAPHIC AREA. ADDITIONAL SITE PLANS SHOULD SHOW ALL SITE WORK INCLUDING PROPERTY LINES, EXISTING AND NEW TOPOGRAPHY, BUILDING LOCATIONS, UTILITY DATA, AND PROPOSED GRADES, ROADS, PARKING AREAS, WALKS, LANDSCAPING, AND SITE AMENITIES.

(C) PHASE II - ENVIRONMENTAL ASSESSMENT. *(Applies only if the outside construction exceeds 75,000 gross square feet (GSF))* THE ENVIRONMENTAL DOCUMENTATION WILL REQUIRE APPROVAL BY VA BEFORE A FINAL AWARD OF A CONSTRUCTION OR ACQUISITION GRANT FOR A STATE VETERANS HOME. (SEE 26.6 OF THIS CHAPTER FOR COMPLIANCE REQUIREMENTS.) WHEN THE APPLICATION SUBMISSION REQUIRES AN ENVIRONMENTAL ASSESSMENTS, THE STATE SHALL DESCRIBE THE POSSIBLE BENEFICIAL AND/OR HARMFUL EFFECT WHICH THE PROJECT MAY HAVE ON THE FOLLOWING IMPACT CATEGORIES:

(1) TRANSPORTATION
(2) AIR QUALITY;
(3) NOISE;
(4) SOLID WASTE;
(5) UTILITIES;
(6) GEOLOGY *(soils/hydrology/flood plains);*
(7) WATER QUALITY;
(8) LAND USE;
(9) VEGETATION, WILDLIFE, AQUATIC, AND ECOLOGY/WETLANDS;
(10) ECONOMIC ACTIVITIES;
(11) CULTURAL RESOURCES;
(12) AESTHETICS;
(13) RESIDENTIAL POPULATION;

VA FORM MAR 2001 **10-0388a** *PAGE 1 OF 3*

(14) COMMUNITY SERVICES AND FACILITIES;

(15) COMMUNITY PLANS AND PROJECTS; AND

(16) OTHER

IF AN ADVERSE ENVIRONMENTAL IMPACT IS ANTICIPATED, THE ACTION TO BE TAKEN TO MINIMIZE THE IMPACT SHOULD BE EXPLAINED IN THE ENVIRONMENTAL ASSESSMENT.

IF CONSTRUCTION OUTSIDE THE WALLS OF AN EXISTING STRUCTURE WILL INVOLVE MORE THAN 75,000 GSF, THE APPLICATION SHALL INCLUDE AN ENVIRONMENTAL ASSESSMENT TO DETERMINE IF AN ENVIRONMENTAL IMPACT STATEMENT IS NECESSARY FOR COMPLIANCE WITH SECTION 102(2)(C) OF THE NATIONAL ENVIRONMENTAL POLICY ACT OF 1969. IF THE PROPOSED ACTIONS INVOLVING CONSTRUCTION OR ACQUISITION DO NOT INDIVIDUALLY OR CUMULATIVELY HAVE A SIGNIFICANT EFFECT ON THE HUMAN ENVIRONMENT OR IF THE OUTSIDE CONSTRUCTION DOES NOT EXCEED 75,000 GSF, THE APPLICANT SHALL SUBMIT A LETTER NOTING A CATEGORICAL EXCLUSION, SUBJECT TO APPROVAL BY VA.

(D) LETTER FROM THE STATE HISTORICAL PRESERVATION OFFICER (SHPO) AND SUBSEQUENT CLEARANCE FROM THE VA HISTORICAL PRESERVATION OFFICER AND A COPY FROM THE SHPO STATING WHETHER THE PROJECT AREA INCLUDES ANY PROPERTIES ON, ELIGIBLE FOR, OR LIKELY TO MEET THE CRITERIA FOR THE NATIONAL REGISTER OF HISTORIC PLACES. IF THE PROPERTY DOES, OR MAY INCLUDE, NATIONAL REGISTER QUALITY PROPERTIES, THE LETTER FROM SHPO SHOULD DISCUSS THE DETERMINATION OF EFFECT OF THE PROPOSED PROJECT ON SUCH PROPERTY.

(E) DESIGN DEVELOPMENT *(35 percent)* DRAWINGS. THE APPLICANT SHALL PROVIDE TO THE DEPARTMENT OF VETERANS AFFAIRS ONE SET OF SEPIAS AND EIGHT SETS OF PRINTS, ROLLED INDIVIDUALLY PER SET, TO EXPEDITE THE REVIEW PROCESS. PLEASE SEND DIRECTLY TO THE OFFICE OF CONSTRUCTION MANAGEMENT, FACILITIES QUALITY SERVICE (181A), WITH A COPY OF THE TRANSMITTAL LETTER TO BE CHIEF, STATE HOME CONSTRUCTION PROGRAM (114). THE DRAWINGS MUST INDICATE THE DESIGNATION OF ALL SPACES, SIZE OF AREAS AND ROOMS AND INDICATE IN OUTLINE THE FIXED AND MOVABLE EQUIPMENT AND FURNITURE. THE DRAWINGS MUST BE DRAWN AT 1/4" SCALE. BEDROOM AND TOILET LAYOUTS, SHOWING CLEARANCES AND UFAS REQUIREMENTS, SHOULD BE SHOWN 1/4" SCALE. THE TOTAL FLOOR AND ROOM AREAS SHALL BE SHOWN IN THE DRAWINGS. THE DRAWINGS MUST INCLUDE:

(1) PLAN OF ANY PROPOSED DEMOLITION WORK;

(2) A PLAN FOR EACH FLOOR. FOR RENOVATIONS, THE EXISTING CONDITIONS AND EXTENT OF NEW WORK SHOULD BE CLEARLY DELINEATED;

(3) ELEVATIONS;

(4) SECTIONS AND TYPICAL DETAILS;

(5) ROOF PLAN;

(6) FIRE PROTECTION PLANS; AND

(8) TECHNICAL ENGINEERING PLANS, INCLUDING STRUCTURAL, MECHANICAL, PLUMBING, AND ELECTRICAL DRAWINGS.

IF THE PROJECT INVOLVES ACQUISITION, OR RENOVATION, THE STATE SHOULD INCLUDE THE CURRENT AS-BUILT SITE PLAN, FLOOR PLANS AND BUILDING SECTIONS THAT SHOW THE PRESENT STATUS OF THE BUILDING AND A DESCRIPTION OF THE BUILDING'S CURRENT USE AND TYPE OF CONSTRUCTION.

(F) DESIGN DEVELOPMENT OUTLINE SPECIFICATIONS. THE STATE SHALL PROVIDE EIGHT COPIES OF OUTLINE SPECIFICATIONS WHICH SHALL INCLUDE A GENERAL DESCRIPTION OF THE PROJECT, SITE, ARCHITECTURAL, STRUCTURAL, ELECTRICAL, AND MECHANICAL SYSTEMS SUCH AS ELEVATORS, NURSES' CALL SYSTEM, AIR CONDITIONING, HEATING PLUMBING, LIGHTING, POWER, AND INTERIOR FINISHES *(floor coverings, acoustical material, and wall and ceiling finishes).*

(G) DESIGN DEVELOPMENT COST ESTIMATES. TWO COPIES OF THE UPDATED SF 424 AND SF 424C COST ESTIMATES MUST BE INCLUDED IN THE APPLICATION TO VA. ESTIMATES MUST SHOW THE ESTIMATED COST OF THE BUILDINGS OR STRUCTURES TO BE ACQUIRED OR CONSTRUCTED IN THE PROJECT. COST ESTIMATES MUST LIST THE COST OF CONSTRUCTION, CONTRACT CONTINGENCY, FIXED EQUIPMENT NOT INCLUDED IN THE CONTRACT, OTHER EQUIPMENT, ARCHITECT'S FEES, AND CONSTRUCTION SUPERVISION AND INSPECTION. THE ALLOWANCE FOR EQUIPMENT, NOT INCLUDED IN THE CONSTRUCTION CONTRACT. MUST NOT EXCEED 10 PERCENT OF THE CONSTRUCTION OR ACQUISITION CONTRACT COST. THE VA ALLOWANCE FOR CONTINGENCIES SHALL NOT EXCEED 5 PERCENT OF THE TOTAL PROJECT COST FOR NEW CONSTRUCTION OR 8 PERCENT OF THE TOTAL PROJECT COST FOR RENOVATION PROJECTS. IF THE PROJECT INVOLVES NON-FEDERAL PARTICIPATING AREAS, SUCH COSTS SHOULD BE ITEMIZED SEPARATELY.

(H) REASONABLE ASSURANCE THAT THE STATE HOME, OR ANOTHER AGENCY OR INSTRUMENTALITY OF THE STATE HAS TITLE TO THE SITE FOR THE PROJECT.

5. IF ALL REQUIREMENTS FOR A GRANT ARE NOT MET PRIOR TO THE END OF A FISCAL YEAR, A STATE MAY BE ELIGIBLE FOR A CONDITIONAL APPROVAL OF A GRANT UNDER THE PROVISIONS OF 38 CFR 59.70.

6. THE STATE REPRESENTATIVE MUST SUBMIT THE FOLLOWING BY SEPTEMBER 15:

(A) FINAL DRAWINGS AND SPECIFICATIONS *(100 PERCENT) (ONE LABELED SET OF MICROFICHE APERTURE CARDS, MICROFILM, OR COMPACT DISC/READ ONLY MEMORY (CDROM) COMPACT LASER DISC, WITH 100% CONSTRUCTION DOCUMENTS (PLANS AND SPECIFICATIONS).*

(B) ADVERTISEMENT FOR THE PROPOSED PROJECT AND REQUEST FOR BIDS.

(C) TWO COPIES OF THE ITEMIZED BID TABULATIONS.

((D) COMPLETED VA FORM 10-0148D, CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS STATE HOME CONSTRUCTION GRANT".

(E) REVISED SF 424, SF 424C BUDGET PAGES, BASED ON THE SELECTED BIDS *(including final cost for all items in the project)*.

(F) THREE SIGNED ORIGINALS OF THE MEMORANDUM OF AGREEMENT THAT INCLUDES PROVISIONS IN THE SAMPLE MEMORANDUM OF AGREEMENT VA FORM 10-5348 AS SET FORTH IN 38 CFR 59.160.

7 THE STATE REPRESENTATIVE MUST SUBMIT THE FOLLOWING TO VA PRIOR TO GRANT AWARD:

(A) VA FORM 10-0148a, "CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS *(TO BE SIGNED BY THE CONTRACTOR(S))*.

I CERTIFY THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

SIGNATURE OF STATE REPRESENTATIVE	DATE

THE LAW PROVIDES SEVERE PENALTIES FOR WILLFUL SUBMISSION OF FALSE INFORMATION.

PAGE 3 OF 3

(i) VA Form 10–0388b—DOCUMENTS/CERTIFICATIONS REQUIRED FOR STATE HOME CONSTRUCTION AND ACQUISITION GRANTS.

Department of Veterans Affairs

DOCUMENTS/CERTIFICATIONS REQUIRED FOR STATE HOME CONSTRUCTION AND ACQUISITION GRANTS

POST-GRANT REQUIREMENTS

THE STATE REPRESENTATIVE MUST SUBMIT TO VA THE FOLLOWING PRIOR TO THE FINAL PAYMENT OF GRANT FUNDS OR WHEN SPECIFIED BELOW:

(1) A SF 271, "OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS".

(2) A FINAL EQUIPMENT LIST *(prior to completion of construction)* A SEPARATE, COMPLETE ITEMIZED LIST TO INCLUDE FIXED AND OTHER EQUIPMENT *(not including equipment in the construction contract)* BY CATEGORY WITH THE COST, QUANTITY, AND PLACEMENT IN ACCORDANCE WITH THE FINAL DRAWINGS, BUT NOT INCLUDING CONSUMABLE GOODS OR OFFICE SUPPLIES. *(NOTE: if no equipment is involved in the project, a statement to that effect should be included in the request for the final architectural/engineering inspection.)* THIS EQUIPMENT LIST MUST BE APPROVED BY VA PRIOR TO FINAL CLAIM PAYMENT.

(3) A REQUEST IN WRITING FOR THE FINAL ARCHITECTURAL/ENGINEERING INSPECTION, INCLUDING THE NAME AND TELEPHONE NUMBER OF THE LOCAL POINT OF CONTACT FOR THE PROJECT.

(4) A FINAL CLAIM FOR PAYMENT ON SF 271, "OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS". ADD THE STATEMENT "IT IS HEREBY AGREED THAT THE MONETARY COMMITMENT OF THE FEDERAL GOVERNMENT WILL HAVE BEEN MET AND THE PROJECT WILL BE CONSIDERED TERMINATED UPON PAYMENT OF THIS VOUCHER."

(5) EVIDENCE THAT THE STATE HAS MET ITS RESPONSIBILITY FOR AN AUDIT UNDER THE SINGLE AUDIT ACT OF 1984 AND 59.124 OF THIS PART, IF APPLICABLE.

I CERTIFY THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

SIGNATURE OF STATE REPRESENTATIVE	DATE

THE LAW PROVIDES SEVERE PENALTIES FOR WILLFUL SUBMISSION OF FALSE INFORMATION.

VA FORM MAR 2001 **10-0388b**

(j) VA Form 10–0392—STATE HOME CONSTRUCTION GRANT PROGRAM SPACE PROGRAM ANALYSIS—NURSING HOME AND DOMICILIARY.

Department of Veterans Affairs

STATE HOME CONSTRUCTION GRANT PROGRAM SPACE PROGRAM ANALYSIS - NURSING HOME AND DOMICILIARY

PROJECT LOCATION

PROJECT NAME: | FAI# | NUMBER OF BEDS IN PROJECT

1. SUPPORT FACILITIES	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
ADMINISTRATOR'S OFFICE		200	
ASST. ADMINISTRATOR		150	
MEDICAL OFFICER, DIRECTOR OF NURSING OR EQUIVALENT		150	
NURSES' OFFICE AND DICTATION AREA		120	
GENERAL ADMINISTRATION *(each office/person)*		120	
		120	
		120	
		120	
		120	
		120	
		120	
		120	
		120	
MAY INCLUDE: MEDICAL RECORDS		120	
SOCIAL SERVICES		120	
RECEPTION/INFORMATION		120	
CLERICAL STAFF (Each) #		80@	
COMPUTER AREA		40	
CONFERENCE ROOM/CONSULTATION AREA/IN-SERVICE TRAINING		500	
LOBBY/WAITING AREA		3/BED (150 min. 600	
PUBLIC TOILETS (MALE, FEMALE)		25/FIXTURE	
PHARMACY	AR	AS REQUIRED	AR
DIETETIC SERVICE	AR	AS REQUIRED	AR
DINING AREA		20/BED	
CANTEEN, RETAIL SALES		2/BED	
VENDING MACHINE		1/BED (450 max./facility)	
RESIDENTS TOILETS		25/FIXTURE	
CHILD DAYCARE	AR	AS REQUIRED	AR
MEDICAL SUPPORT (Each)		140	
		140	
		140	
STAFF OFFICES (Each)		120	
EXAM/TREATMENT (Each)		120	
FAMILY COUNSELING (Each)		120	

VA FORM MAR 2001 **10-0392** *Page 1 or 4*

1. SUPPORT FACILITIES*(Continued)*	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
BARBER AND/OR BEAUTY		140	
MAIL ROOM		120	
JANITORS CLOSET		40	
MULTIPURPOSE ROOM		15/BED	
EMPLOYEE LOCKERS #EMPL.		6/EMPLOYMENT	
LOUNGE		120	
TOILETS		25/FIXTURE	
CHAPEL		450	
PHYSICAL THERAPY		5/BED	
OFFICE, IF REQUIRED		120	
OCCUPATIONAL THERAPY		5/BED	
OFFICE, IF REQUIRED		120	
LIBRARY		1.5/BED	
BUILDING MAINTENANCE STORAGE		2.5/BED	
RESIDENT STORAGE		6/BED	
GENERAL WAREHOUSE STORAGE *(medical, dietary)*		6/BED	
GENERAL LAUNDRY	AR	AS REQUIRED	AR
SUPPORT FACILITIES SUB-TOTAL;(No "As Required" Areas)			
AS REQUIRED AREAS:	AR	AS REQUIRED	AR
2. BED UNITS			
ONE # ROOMS X @ =		150	
TWO # ROOMS X @ =		245	
LARGE 2 # ROOMS X @ = (2 Unit Max)		305	
THREE # ROOMS X @ =		370	
FOUR # ROOMS X @ =		460	
LOUNGE AREAS: RESIDENT LOUNGE W/STORAGE		8/BED	
RESIDENT QUIET ROOM		3/BED	
CLEAN UTILITY		120	
SOILED UTILITY		105	
LINEN STORAGE		150	
GENERAL STORAGE		100	
NURSES STATION, WARD SECRETARY		260	
MEDICATION ROOM		75	
EXAMINATION/TREATMENT ROOM		140	
WAITING AREA		50	
UNIT SUPPLY AND EQUIPMENT		50	
STAFF TOILET		25/FIXTURE	
STRETCHER/WHEELCHAIR STORAGE		100	
KITCHENETTE		120	

Page 2 or 4

1. SUPPORT FACILITIES *(Continued)*	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
JANITOR CLOSET		40	
RESIDENT LAUNDRY		125	
TRASH COLLECTION		60	
OTHER *(Justify)*			
UNIT SUB-TOTAL:			
TIMES NO. OF UNITS:	X		X
SUB TOTAL-ALL BED UNITS:			
3. BATHING AND TOILET FACILITIES			
A. PRIVATE OR SHARED FACILITIES			
WHEELCHAIR FACILITIES # ROOMS X @ =		25/FIXTURE	
(50% OF TOTAL, MINIMUM COMPLIANCE WITH UFAS)		25/FIXTURE	
STANDARD FACILITIES # ROOMS X @ =		15/FIXTURE	
		25/FIXTURE	
B. FULL BATHROOM			
# ROOMS X @ =		75	
		25/FIXTURE	
C. CONGREGATE BATHING FACILITIES			
FIRST TUB/SHOWER		80	
EACH ADDITIONAL FIXTURE#		25	
UNIT SUB-TOTAL:			
TIMES NO.OF UNITS:	X		X
SUB-TOTAL-ALL UNIT TOILETS			

NOTE 1: If Bed Units vary in bed numbers, program, or design, reproduce Bed Unit forms, as required (pages 2 & 3), and fill out for each

NOTE 2: Mechanical, electrical and other engineering/utility areas, in addition to engineering workshops and circulation space, are not included in the Space Analysis or the Percentage of Participation calculations.

NOTE 3: All areas not shown on this form must be justified, on a programmatic medical care or state imposed regulatory basis, in order for VA to participate in the funding of that space.

TOTALS	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
COMPREHENSIVE SUB-TOTALS			
SUPPORT FACILITIES - CRITERIA			
SUPPORT FACILITIES - AS REQUIRED	AR		AR
BED UNITS			
BATHING AND TOILET FACILITIES			
GRAND TOTALS - CRITERIA AREAS:			
GRAND TOTALS - AS REQUIRED AREAS:	AR		AR

If prepared by State:
I certify that this accurately reflects the proposed Space Program Analysis for this project

_____ _____

Page 3 or 4

COMPUTATIONS	PROPOSED BY STATE	TOTAL VA ALLOWED
ANALYSIS		
CRITERIA AREAS		
10% DEVIATION		+
AS REQUIRED AREAS	+ AR	+ AR

TOTAL STATE PROPOSED:		TOTAL VA ALLOWED:	

FORMULA FOR % OF VA PARTICIPATION:

VA ALLOWED: _____ x .65

_____ = _____%

STATE PROPOSED: _____

OFFICIAL PERCENTAGE OF VA STATE PROPOSED PARTICIPATION = _____ %

CERTIFIED _____ DATE _____

State Home Grant Program, Office of Facilities Management (181A)
811 Vermont Avenue, NW, Washington, D.C. 20420

Page 4 or 4

(k) VA Form 10–0392a—STATE HOME CONSTRUCTION GRANT PROGRAM SPACE PROGRAM ANALYSIS—ADULT DAY HEALTH CARE.

Department of Veterans Affairs

STATE HOME CONSTRUCTION GRANT PROGRAM
SPACE PROGRAM ANALYSIS - ADULT DAY HEALTH CARE

PROJECT LOCATION

PROJECT NAME: FAI# NUMBER BEDS IN PROJECT

1. SUPPORT FACILITIES	Number of Participants in Program _____	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
ADMINISTRATOR'S OFFICE			200	
ASST. ADMINISTRATOR			150	
MEDICAL OFFICER, DIRECTOR OF NURSING OR EQUIVALENT			150	
NURSES' OFFICE AND DICTATION AREA			120	
GENERAL ADMINISTRATION *(each office/person)*			120	
			120	
			120	
			120	
			120	
			120	
			120	
			120	
			120	
MAY INCLUDE: MEDICAL RECORDS			120	
SOCIAL SERVICES			120	
RECEPTION/INFORMATION			120	
CLERICAL STAFF (Each) #			80@	
COMPUTER AREA			40	
CONFERENCE ROOM/CONSULTATION AREA/IN-SERVICE TRAINING			500	
LOBBY/WAITING AREA			3/PARTICIPANT (150 min. 600	
PUBLIC TOILETS (MALE, FEMALE)			25/FIXTURE	
DIETETIC SERVICE		AR	AS REQUIRED	AR
DINING AREA			20/PARTICIPANT	
CANTEEN, RETAIL SALES			2/PARTICIPANT	
VENDING MACHINE			1/PARTICIPANT	
PARTICIPANTS TOILETS			25/FIXTURE	
MEDICAL SUPPORT (Each)			140@	
			140	
			140	
			140	
			140	
			140	
MAIL ROOM			120	
JANITORS CLOSET			40	

VA FORM MAR 2001 **10-0392a** *Page 1 of 3*

1. SUPPORT FACILITIES*(Continued)*	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
MULTIPURPOSE ROOM		15/PARTICIPANT	
EMPLOYEE LOCKERS #EMPL.		6/EMPL.	
LOUNGE		120	
TOILETS		25/FIXTURE	
PHYSICAL THERAPY		5/PARTICIPANT	
OFFICE, IF REQUIRED		120	
OCCUPATIONAL THERAPY		5/PARTICIPANT	
OFFICE, IF REQUIRED		120	
LIBRARY		1.5/PARTICIPANT	
BUILDING MAINTENANCE STORAGE		2.5/PARTICIPANT	
RESIDENT STORAGE		6/PARTICIPANT	
GENERAL WAREHOUSE STORAGE *(medical, dietary)*	AR	6/PARTICIPANT	AR
GENERAL LAUNDRY		AS REQUIRED	
SUPPORT FACILITIES SUB-TOTAL;(No "As Required" Areas)			
AS REQUIRED AREAS:	AR	AS REQUIRED	AR
2. OTHER AREAS			
RESIDENT QUIET ROOM		3/PARTICIPANT	
CLEAN UTILITY		120	
SOILED UTILITY		105	
LINEN STORAGE		150	
GENERAL STORAGE		100	
NURSES STATION, WARD SECRETARY		260	
MEDICATION ROOM		75	
EXAMINATION/TREATMENT ROOM		140	
WAITING AREA		50	
PROGRAM SUPPLY AND EQUIPMENT		50	
STAFF TOILET		25/FIXTURE	
STRETCHER/WHEELCHAIR STORAGE		100	
KITCHENETTE		120	
JANITOR CLOSET		40	
RESIDENT LAUNDRY		120	
TRASH COLLECTION		60	
OTHER *(Justify)*			
UNIT SUB-TOTAL:			
TIMES NO. UNITS:	**X**		**X**
SUB TOTAL:			

Page 2 of 3

3. BATHING AND TOILET FACILITIES	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
A. PRIVATE OF SHARED FACILITIES			
WHEELCHAIR FACILITIES # ROOMS X @ =		25/FIXTURE	
(50% OF TOTAL, MINIMUM COMPLIANCE WITH UFAS)		25/FIXTURE	
STANDARD FACILITIES # ROOMS X @ =		15/FIXTURE	
		25/FIXTURE	
FULL BATHROOM # ROOMS X @ =		75	
		25/FIXTURE	
CONGREGATE BATHING FACILITIES - FIRST TUB/SHOWER		80	
EACH ADDITIONAL FIXTURE #		25	
UNIT SUB-TOTAL:			
TIMES NO. OF UNITS:	X		X
SUB-TOTAL - ALL UNIT TOILETS			

NOTE 1: *Mechanical, electrical and other engineering/utility areas, in addition to engineering workshops and circulation space, are not included in the Space Analysis or the Percentage of Participation calculations.*

NOTE 2: *All areas not shown on this form must be justified, on a programmatic medical care or state imposed regulatory basis, in order for VA to participate in the funding of that space.*

TOTALS	PROPOSED BY STATE		TOTAL VA ALLOWED
COMPREHENSIVE SUB-TOTALS			
SUPPORT FACILITIES - CRITERIA			
SUPPORT FACILITIES - AS REQUIRED	AR		AR
BATHING AND TOILET FACILITIES			
GRAND TOTALS - CRITERIA AREAS:			
GRAND TOTALS - AS REQUIRED AREAS:	AR		AR

If prepared by State:
I certify that this accurately reflects the proposed Space Program Analysis for this project:

_____ *Signature* _____ *Date*

COMPUTATIONS	PROPOSED BY STATE	ALLOWED BY VA
ANALYSIS		
CRITERIA AREAS		
10% DEVIATION		+
AS REQUIRED AREAS	+	+
TOTAL STATE PROPOSED:	**TOTAL VA ALLOWED:**	

FORMULA FOR % OF VA PARTICIPATION:

VA ALLOWED: _____ **x .65**

_____ = _____ %

STATE PROPOSED: _____

OFFICIAL PERCENTAGE OF VA PARTICIPATION = _____ %

CERTIFIED _____ DATE _____

State Home Grant Program, Office of Facilities Management (181A)
811 Vermont Avenue, NW, Washington, D.C. 20420

Page 3 of 3

(l) VA Form 10–5348—SAMPLE MEMORANDUM OF AGREEMENT.

Department of Veterans Affairs

SAMPLE MEMORANDUM OF AGREEMENT
(NOTE: ***Contact Chief Consultant (114) for Electronic Version)***

Memorandum of Agreement for a Grant
to Construct or Acquire a State Veterans Home

This Memorandum of Agreement is hereby made by and between
The Department of Veterans Affairs (VA)
810 Vermont Avenue, NW, Washington, D.C. 20420, and

_____

_____

_____ has submitted to VA an application for a grant to (construct, acquire) a (nursing home, domiciliary, adult day healthcare) facility for veterans in _____ (Federal Application Identifier: FAI) for this project is _____. The parties agree that this application meets the requirements of Federal Law for this grant. The estimated total cost of (construction and/or acquisition), including equipment, in which VA will participate, is $ _____. The VA grant will total up to $ _____ , but will not exceed sixty-five(65) percent of the actual cost of (construction, acquisition) as determined by the final audit. In consideration of the foregoing, the parties hereto mutually agree as follows:

(1) _____ certifies that the plans and specifications included in the application meet all applicable Federal requirements.

(2) _____ agrees that it will (construct, acquire) the facility, (a description of the project, including number of beds are added or replaced), to be completed in accordance with the documentation submitted by the State.

(3) _____ agrees to comply strictly with the assurances contained in the documentation submitted.

(4) _____ agrees to enter into a contract to (construct, acquire) (a description of the project, including number of beds are added or replaced), within 90 days of the date on which both parties have signed this agreement.

(5) _____ agrees to periodically inspect the project and certify to the Chief Consultant for Geriatrics and Extended Care Strategic Healthcare Group, 810 Vermont Avenue, NW, Washington, D.C. 20420, for payment of such sums which it deems are payable by VA.

(6) _____ agrees to furnish any additional State funds needed to complete the project.

(7) _____ agrees that, upon completion of the project, it will provide adequate financial support to maintain and operate the facility.

(8) _____ agrees that following completion of the project, it will open at least eight beds per month until the project area is filled.

(9) _____ agrees that it will use the facilities principally to furnish veterans (nursing home care, domiciliary care, adult day health care) and that not more than 25 percent of the bed occupancy at any one time will consist of residents who are not receiving such level of care as veterans.

(10) _____ agrees that it will operate and maintain the facility in conformance with State standards and with all applicable State and local laws, codes, regulations and ordinances, and in conformance with the standards prescribed by VA.

(11) _____ agrees that it will make such reports in such form and containing such information as the Secretary may from time to time reasonably require, and give the Secretary, upon demand, access to the records upon which such information is based.

The Secretary of the Department of Veterans Affairs hereby approves the project. After _____ certifies its (construction, acquisition) costs as set forth in paragraph (5) above, the Secretary agrees to make partial payments of the grant to cover the costs certified. VA payments will be limited to the unpaid obligated balance of the grant for actual incurred costs for this project.

This grant is subject to the recapture provisions stated in 38 CFR 59.110.

IN WITNESS WHEREOF, the parties have hereunto affixed their signature on the dates indicated

_____

_____
State Representative Date

_____
Secretary of the Department of Veterans Affairs Date

VA FROM MAR 2001 **10-5348**

(m) Standard Form 271—OUTLAY REPORT AND REGUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS.

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS (*See instructions on back*)	Approved by Office of Management and Budget, No. 80–R0181	PAGE OF PAGES
	1. TYPE OF REQUEST ☐ FINAL ☐ PARTIAL	2. BASIS OF REQUEST ☐ CASH ☐ ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY	5. PARTIAL PAYMENT REQUEST NO.
6. EMPLOYER IDENTIFICATION NUMBER / 7. RECIPIENT ACCOUNT OR OTHER IDENTIFYING NUMBER	PERIOD COVERED BY THIS REPORT	
	FROM (*Month, day, year*)	TO (*Month, day, year*)
9. RECIPIENT ORGANIZATION *Name* : *No. and Street* : *City, State and ZIP Code* :	10. PAYEE (*Where check should be sent if different than item 9*) *Name* : *No. and Street* : *City, Street and ZIP Code* :	

11. STATUS OF FUNDS

CLASSIFICATION	PROGRAMS—FUNCTIONS—ACTIVITIES (a)	(b)	(c)	TOTAL
a. Administrative expense	$	$	$	$
b. Preliminary expense				
c. Land, structures, right-of-way				
d. Architectural engineering basic fees				
e. Other architectural engineering fees				
f. Project inspection fees				
g. Land development				
h. Relocation expense				
i. Relocation payments to individuals and businesses				
j. Demolition and removal				
k. Construction and project improvement cost				
l. Equipment				
m. Miscellaneous cost				
n. Total cumulative to date (sum of lines a thru m)				
o. Deductions for program income				
p. Net cumulative to date (Line n minus line o)				
q. Federal share to date				
r. Rehabilitation grants (100% reimbursement)				
s. Total Federal share (sum of lines q and r)				
t. Federal payments previously requested				
u. Amount requested for reimbursement	$	$	$	$
v. Percentage of physical completion of project	%	%	%	%

12. CERTIFICATION			
I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.	a. RECIPIENT	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED
		TYPED OR PRINTED NAME AND TITLE	TELEPHONE (*Area code, number and extension*)
	b. Representative certifying to line 11v.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE SIGNED
		TYPED OR PRINTED NAME AND TITLE	TELEPHONE (*Area code number and extension*)

271–102

STANDARD FORM 271 (7–76)
Prescribed by Office of Management and Budget
Cir. No. A–110

INSTRUCTIONS

Please type or print legibly. Items 3, 4, 5, 8, 9, 10, 11s, and 11v are self-explanatory; specific instructions for other items are as follows:

Item	*Entry*
1	Mark the appropriate box. If the request is final, the amounts billed should represent the final cost of the project.
2	Show whether amounts are computed on an accrued expenditure or cash disbursement basis.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service [or FICE (institution) code if requested by the Federal agency].
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.
11	The purpose of vertical columns (a) through (c) is to provide space for separate cost breakdowns when a large project has been planned and budgeted by program, function or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. All amounts are reported on a cumulative basis.
11a	Enter amounts expended for such items as travel, legal fees, rental, of vehicles and any other administrative expenses. Include the amount of interest expense when authorized by program legislation. Also show the amount of interest expense on a separate sheet.
11b	Enter amounts pertaining to the work of locating and designing, making surveys and maps, sinking test holes, and all other work required prior to actual construction.
11c	Enter all amounts directly associated with the acquisition of land, existing structures and related right-of-way.
11d	Ener basic fees for services of architectural engineers.
11e	Enter other architectural engineering services. Do not include any amounts shown on line d.
11f	Enter inspection and audit fees of construction and related programs.
11g	Enter all amounts associated with the development of land where the primary purpose of the grant is land improvement. The amount pertaining to land development normally associated with major construction should be excluded from this category and entered on line k.
11h	Enter the dollar amounts used to provide relocation advisory assistance and net costs of replacement housing (last resort). Do not include amounts needed for relocation administrative expenses; these amounts should be included in amounts shown on line a.
11i	Enter the amount of relocation payments made by the recipient to displaced persons, farms, business concerns, and nonprofit organizations.
11j	Enter gross salaries and wages of employees of the recipient and payments to third party contractors directly engaged in performing demolition or removal of structures from developed land. All proceeds from the sale of salvage or the removal of structures should be credited to this account; thereby reflecting net amounts if required by the Federal agency.
11k	Enter those amounts associated with the actual construction of, addition to, or restoration of a facility. Also, include in this category, the amounts for project improvements such as sewers, streets, landscaping, and lighting.
11l	Enter amounts for all equipment, both fixed and movable, exclusive of equipment used for construction. For example, permanently attached laboratory tables, built-in audio visual systems, movable desks, chairs, and laboratory equipment.
11m	Enter the amounts for all items not specifically mentioned above.
11n	Enter the total cumulative amount to date which should be the sum of lines a through m.
11o	Enter the total amount of program income applied to the grant or contract agreement except income included on line j. Identify on a separate sheet of paper the sources and types of the income.
11p	Enter the net cumulative amount to date which should be the amount shown on line n minus the amount on line o.
11q	Enter the Federal share of the amount shown on line p.
11r	Enter the amount of rehabilitation grant payments made to individuals when program legislation provides 100 percent payment by the Federal agency.
11t	Enter the total amount of Federal payments previously requested, if this form is used for requesting reimbursement.
11u	Enter the amount now being requested for reimbursement. This amount should be the difference between the amounts shown on lines s and t. If different, explain on a separate sheet.
12a	To be completed by the recipient official who is responsible for the operation of the program. The date should be the actual date the form is submitted to the Federal agency.
12b	To be completed by the official representative who is certifying to the percent of project completion as provided for in the terms of the grant or agreement.

STANDARD FORM 271 (7-76)

(n) Standard Form 424—APPLICATION FOR FEDERAL ASSISTANCE.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

	2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application ☐ **Construction** ☐ **Non-Construction** / Preapplication ☐ **Construction** ☐ **Non-Construction**	**3. DATE RECEIVED BY STATE**	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
Address *(give city, county, State, and zip code):*	Name and telephone number of person to be contacted on matters involving this application *(give area code)*

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):*

☐☐ – ☐☐☐☐☐☐☐

7. TYPE OF APPLICANT: *(enter appropriate letter in box)* ☐

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:

☐ **New** ☐ **Continuation** ☐ **Revision**

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other*(specify):*

_____

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

☐☐ – ☐☐☐

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):*

13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date	Ending Date	a. Applicant	b. Project

15. ESTIMATED FUNDING:

a. Federal	$ .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE _____

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ **Yes** **If "Yes," attach an explanation.** ☐ **No**

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:
1.	Self-explanatory.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).
3.	State use only (if applicable).
4.	If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
5.	Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7.	Enter the appropriate letter in the space provided.
8.	Check appropriate box and enter appropriate letter(s) in the space(s) provided: -- "New" means a new assistance award. -- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. -- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.
9.	Name of Federal agency from which assistance is being requested with this application.
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
12.	List only the largest political entities affected (e.g., State, counties, cities).
13.	Self-explanatory.
14.	List the applicant's Congressional District and any District(s) affected by the program or project.
15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

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(o) Standard Form 424C—INSTRUCTIONS FOR THE SF–424C.

OMB Approval No. 0348-0041

BUDGET INFORMATION - Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	$ .00	$ .00	$ .00
2. Land, structures, rights-of-way, appraisals, etc.	$ .00	$ .00	$ .00
3. Relocation expenses and payments	$ .00	$ .00	$ .00
4. Architectural and engineering fees	$ .00	$ .00	$ .00
5. Other architectural and engineering fees	$ .00	$ .00	$ .00
6. Project inspection fees	$ .00	$ .00	$ .00
7. Site work	$ .00	$ .00	$ .00
8. Demolition and removal	$ .00	$ .00	$ .00
9. Construction	$ .00	$ .00	$ .00
10. Equipment	$ .00	$ .00	$ .00
11. Miscellaneous	$ .00	$ .00	$ .00
12. SUBTOTAL *(sum of lines 1-11)*	$ .00	$ .00	$ .00
13. Contingencies	$ .00	$ .00	$ .00
14. SUBTOTAL	$ .00	$ .00	$ .00
15. Project (program) income	$ .00	$ .00	$ .00
16. TOTAL PROJECT COSTS *(subtract #15 from #14)*	$ .00	$ .00	$ .00
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter the resulting Federal share.	Enter eligible costs from line 16c Multiply X _____%		$ .00

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INSTRUCTIONS FOR THE SF-424C

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0041), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This sheet is to be used for the following types of applications: (1) "New" (means a new [previously unfunded] assistance award); (2) "Continuation" (means funding in a succeeding budget period which stemmed from a prior agreement to fund); and (3) "Revised" (means any changes in the Federal Government's financial obligations or contingent liability from an existing obligation). If there is no change in the award amount, there is no need to complete this form. Certain Federal agencies may require only an explanatory letter to effect minor (no cost) changes. If you have questions, please contact the Federal agency.

Column a. - If this is an application for a "New" project, enter the total estimated cost of each of the items listed on lines 1 through 16 (as applicable) under "COST CLASSIFICATION."

If this application entails a change to an existing award, enter the eligible amounts *approved under the previous award* for the items under "COST CLASSIFICATION."

Column b. - If this is an application for a "New" project, enter that portion of the cost of each item in Column a. which is *not* allowable for Federal assistance. Contact the Federal agency for assistance in determining the allowability of specific costs.

If this application entails a change to an existing award, enter the adjustment [+ or (-)] to the previously approved costs (from column a.) reflected in this application.

Column. - This is the net of lines 1 through 16 in columns "a." and "b."

Line 1 - Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government. Allowable legal costs are generally only those associated with the purchases of land which is allowable for Federal participation and certain services in support of construction of the project.

Line 2 - Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line 3 - Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

Line 4 - Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line 5 - Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line 6 - Enter estimated engineering inspection costs.

Line 7 - Enter estimated costs of site preparation and restoration which are not included in the basic construction contract.

Line 9 - Enter estimated cost of the construction contract.

Line 10 - Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line 11 - Enter estimated miscellaneous costs.

Line 12 - Total of items 1 through 11.

Line 13 - Enter estimated contingency costs. (Consult the Federal agency for the percentage of the estimated construction cost to use.)

Line 14 - Enter the total of lines 12 and 13.

Line 15 - Enter estimated program income to be earned during the grant period, e.g., salvaged materials, etc.

Line 16 - Subtract line 15 from line 14.

Line 17 - This block is for the computation of the Federal share. Multiply the total allowable project costs from line 16, column "c." by the Federal percentage share (this may be up to 100 percent; consult Federal agency for Federal percentage share) and enter the product on line 17.

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(p) Standard Form 424D—ASSURANCES—CONSTRUCTION PROGRAMS.

OMB Approval No. 0348-0042

ASSURANCES - CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property aquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.

4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.

5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.

6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

Standard Form 424D (Rev. 7-97)

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11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.

14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

SF-424D (Rev. 7-97) Back

(Authority: 38 U.S.C. 101, 501, 1710, 1742, 8105, 8131–8137; Sections 2, 3, 4, and 4a of the Architectural Barriers Act of 1968, as amended, Public Law 90–480, 42 U.S.C. 4151–4157)

PART 60—FISHER HOUSES AND OTHER TEMPORARY LODGING

Sec.
60.1 Purpose.
60.2 Definitions.
60.3 Eligible persons.
60.4 Application.
60.5 Travel.
60.6 Condition of veteran.
60.7 Duration of temporary lodging.
60.8 Lodging availability.
60.9 Decisionmaker.
60.10 Costs.

AUTHORITY: 38 U.S.C. 501, 1708.