

IHS FACILITY PROJECT APPROVAL AGREEMENT				1. Project No./ID I-139		2. Revision No.: 0	
3. Project Title: Replacement Cheyenne River Indian Health Center, Eagle Butte, South Dakota				4. Budget Year: 2006		5. Date: (mm/dd/year) 4/4/2005	
				6.a. Total HCFC Cost (\$M): \$97.35		6.b Total Project Cost (\$M) \$97.35	
7. OPDIV/Program Office: IHS, OEHE			8. Installation/Location (City & State) Cheyenne River Indian Health Center, Eagle Butte, SD				
9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Source	FY	Item	Amount	Funds Source	FY
a. Land Acquisition				a. Special Studies			
b. Design	\$3.35	HCFC	2004 *	b. Pre-Project Planning	\$0.20	HCFC	2004
c. Construction	\$83.84	HCFC	2005 *	c. Activation (include moving)			
d. Equipment	\$9.96	HCFC	2007 *	d. Special Purpose Equip.			
e. Other				e. Other			
f. Total Facility Cost Est.	\$97.15			f. Total Related Cost Est.	\$0.20		
g. Off-Site Utilities:		<input type="checkbox"/> Sufficient capacity and type of off-site utilities are available to support this project. [See comment on Sheet 2.] <input type="checkbox"/> Costs have been included in the estimate for the required off-site utilities.					
11. Category		<input type="checkbox"/> Repair <input checked="" type="checkbox"/> New Construction		<input type="checkbox"/> Maintenance <input type="checkbox"/> Temporary Construction		<input type="checkbox"/> Improvements 12. PDRI Rating: <u>433</u> out of <u>979</u> at <u>50%</u> preliminary engineering or <u> </u> % design	
Project Description (Scope/Quantity): The proposed new IHS health center in Eagle Butte, South Dakota, will provide space to support a modern and adequately staffed health care delivery program; which will improve access to the medical services needed to maintain and promote the health status and overall quality of life for the residents of the service area. The new health care facility will be a modern, technologically advanced, facility with enough space and staff to provide an expanded level of health care services specifically designed to meet the health care needs of the Cheyenne River Service Unit. In addition to the IHS programs, several tribally operated health programs will be integrated into the new facility. This will improve access to medical care as well as improve collaboration and partnership between IHS and the Cheyenne River Sioux Tribe. The planned (Cont. on Sheet 2)							
14. Justification: The existing facility does not support a modern health care delivery program. The present program is provided from a non-contiguous collection of nine buildings owned or leased by the IHS. The hospital is 43 years old. Major repairs have been made through the years. Despite these repairs, there are still almost \$1 million of deficiencies in the backlog of maintenance and repairs. Even if the deficiencies were corrected, the Eagle Butte health campus would still be a non contiguous unit, with functional limitations adversely affecting the delivery of health care. The existing facility is 4 676 GSM. The base workload for space planning reflects a user population of 7,939, 33,552 primary care provider visits, and 67,003 outpatient visits. In the project design process, the life-cycle costs for major service systems and equipment are considered in the (Cont. on page 2)							
15. Schedules (Month/Year)				16. Program Commitment Approval			
a. Studies	Start	/		Authority	Signature	Date	
	Complete	/					
b. Planning	Start	/		a. Project Manager	<i>Arthur DiPadova</i> Arthur DiPadova	4/7/05	
	Complete	4 / 2005					
c. Design	Start	10 / 2005		b. Project Director	<i>Jose F. Cuzate</i> Jose F. Cuzate, P.E., Dir., DFPC, OEHE	4/7/05	
	Complete	12 / 2006					
d. Construction	Start	3 / 2007		c. OPDIV Board Member	<i>Gary J. Hartz</i> Gary J. Hartz, P.E., Asst. Surgeon Gen. Director, OEHE, IHS	6/21/05	
	Complete	11 / 2009					
Activation	Start	12 / 2009		d. Office of the Secretary	<i>William C. Stamper</i> William C. Stamper, DAS, OFMP	7/06/05	
	Complete	3 / 2010					
f. Operational	Complete	3 / 2010					

**HHS FACILITY PROJECT APPROVAL AGREEMENT
(Continuation Sheet)**

1. Project No./ID I-139	2. Revision No.: 0
3. Project Title: Replacement Cheyenne River Indian Health Center, Eagle Butte, South Dakota	4. Budget Year: 2006
	5. Date: 4/4/2005
6.a. Total HCFC Cost (\$M): \$97.35	6.b. Total Project Cost (\$M) \$97.35

7. OPDIV/Program Office: IHS, OEHE	8. Installation/Location (City & State) Cheyenne River Indian Health Center, Eagle Butte, SD
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Project Planning Status: A PJD amendment approved on December 23, 2004, added a birthing center. This affects the PJDQ and PORQ that are being prepared for the staff quarters part of this project. The Phase II SSER and POR are being prepared.

Comment for Item 9: Line "b. Design" includes the total cost estimated for project design in multiple FYs. The FY 2004 appropriation included \$2.57 million for design and the FY 2005 appropriation included \$0.78 million to complete design. Line "c. Construction" includes the total cost estimate for project construction in multiple FYs. The FY 2005 appropriation included \$4.15 million and current plans for Requests are for the balance of construction funding to be provided in FYs 2007 and 2008. Funds estimated to be needed for the tentative number of staff quarters (final number is pending the processing and approval of the PJDQ) are included in this line item with anticipation that design-build process will be used. Anticipated outyear funding requests for construction, including equipment and staff quarters, in \$million are: FY 2007: \$44.83; and FY 2008: \$44.83. The project cost estimate has been updated and will be updated again as project planning is developed and completed. Total cost estimate includes a preliminary estimate of \$42.54 million for staff quarters.

Comment for Item "g. Off-Site Utilities:" This information will be determined in the Phase II SSER process.

Continuation Item 13: health services include a low census acute care inpatient nursing unit, emergency room, along with an expanded outpatient department, community health department, and a full array of ancillary support services. This type of a health care facility is referred to as an alternative rural hospital. The proposed 11 670 gross square meters (GSM) new health center has been planned for a projected user population of 9,972 generating 38,100 primary care provider visits and 76,086 outpatient visits. The existing facility will be disposed of in accordance with established regulations and procedures after the replacement health center is operational. The project cost estimate includes appropriate estimated costs for disposing of the existing structure. Details about the supporting staff quarters portion of the project are not available until the PJDQ is completed and approved.

Continuation Item 14: design decisions. As of date, the IHS has not performed a life-cycle cost analysis for this project. The method for the IHS to deliver health care to Indian Tribes is established by treaties and laws enacted by the Congress of the United States of America. The Snyder Act of 1921 is the legislative authority for the IHS and links the IHS services to congressional appropriations that support the IHS health care program. The IHS has the responsibility to honor and protect the inherent sovereign rights of Tribes and ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native (AI/AN) people. For the proposed health care services, the IHS has determined that the proposed replacement health center will address the health care needs of the AI/AN community in the best manner.

Comment for Item 15: Until funding is completed, schedule dates in most cases are not realistically available now. Anticipated approximate dates are shown in Item 15 for the time periods for schedule components shown below:

- a. Studies: Priority System Selection, Site Selection, Project Justification.
- b. Planning Completion: 3rd Quarter FY 2005
- c. Design: 14 months
- d. Construction: 32 months
- e. Activation: 2 to 3 months
- f. Operations: 4 months after construction completion

IHS FACILITY PROJECT APPROVAL AGREEMENT

3. Project Title: Replacement Samuel Simmonds Memorial Hospital, Barrow, Alaska	1. Project No./ID I-158	2. Revision No.: 0
	4. Budget Year: 2006	5. Date: (mm/dd/year) 4/4/2005
	6.a. Total HCFC Cost (\$M): \$136.19	6.b Total Project Cost (\$M) \$136.19

7. OPDIV/Program Office: IHS, OEHE	8. Installation/Location (City & State) Samuel Simmonds Memorial Hospital, Barrow, AK
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9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Source	FY	Item	Amount	Funds Source	FY
a. Land Acquisition	\$3.00	HCFC	2005 *	a. Special Studies			
b. Design	\$8.68	HCFC	2007	b. Pre-Project Planning	\$0.12	HCFC	2003
c. Construction	\$99.08	HCFC	2008 *	c. Activation (include moving)			
d. Equipment	\$25.31	HCFC	2008 *	d. Special Purpose Equip.			
e. Other				e. Other			
f. Total Facility Cost Est.	\$136.07			f. Total Related Cost Est.	\$0.12		

g. Off-Site Utilities:

Sufficient capacity and type of off-site utilities are available to support this project. [See comment on Sheet 2.]

Costs have been included in the estimate for the required off-site utilities.

11. Category	<input type="checkbox"/> Repair <input type="checkbox"/> Maintenance <input type="checkbox"/> Improvements <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Temporary Construction	12. PDRI Rating: <u>481</u> out of <u>966</u> at <u>30</u> % preliminary engineering or <u> </u> % design
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Project Description (Scope/Quantity):

Using funding being provided by the Denali Commission, a study will be conducted to evaluate the use of the existing structure and if additional staff quarters are needed. The replacement hospital will provide space to support a modern and adequately staffed health care delivery program, which will improve access to the medical services needed to maintain and promote the health status and overall quality of life for the residents of the Barrow Service Area. The IHS health care services for this region are provided in the Samuel Simmonds Memorial Hospital, which is operated by the Arctic Slope Native Association, Ltd., under a Public Law (P.L.) 93-638 compact, with support services being provided by the Ukepaagvik Inupiat Corporation, under a P.L. 93-638 contract. The IHS also contracts with the North Slope Borough to provide (Cont. on Sheet 2)

14. Justification:

The existing 1965 wood-framed hospital can no longer support the health care delivery needs of the AK native population in the Barrow, AK, North Slope region, is functionally inadequate, and needs major repairs to continue compliance with applicable codes and health care delivery standards. Insufficient land area is available at the existing site to allow for expansion, since saltwater lagoons bound it on two sides and community utility plant and a local road restrict expansion on the other two sides. There are no other IHS or non-IHS health care facilities within the IHS accessibility radius of one hour travel time from the Barrow health care facility. The nearest IHS alternate source for inpatient services is the Alaska Native Medical Center in Anchorage, AK, which is three hours travel time by airplane. The nearest IHS alternate source (Cont. on Sheet 2)

15. Schedules (Month/Year)			16. Program Commitment Approval		
a. Studies	Start	/	Authority	Signature	Date
	Complete	/			
b. Planning	Start	/	a. Project Manager	<i>Arthur DiPadova</i> Arthur DiPadova	4/4/05
	Complete	3 / 2005			
c. Design	Start	7 / 2007	b. Project Director	<i>Jose F. Cuzme</i> Jose F. Cuzme, P.E., Dir., DFPC, OEHE	4/4/05
	Complete	3 / 2009			
d. Construction	Start	7 / 2009	c. OPDIV Board Member	<i>Gary J. Hartz</i> for Gary J. Hartz, P.E., Asst. Surgeon Gen. Director, OEHE, IHS	6/21/05
	Complete	10 / 2013			
Activation	Start	11 / 2013	d. Office of the Secretary	<i>William C. Stamper</i> William C. Stamper, DAS, OFMP	7/6/05
	Complete	5 / 2014			
f. Operational	Complete	5 / 2014			

HHS FACILITY PROJECT APPROVAL AGREEMENT (Continuation Sheet)		1. Project No./ID I-158	2. Revision No.: 0
3. Project Title: Replacement Samuel Simmonds Memorial Hospital, Barrow, Alaska		4. Budget Year: 2006	5. Date: 4/4/2005
		6.a. Total HCFC Cost (\$M): \$136.19	6.b. Total Project Cost (\$M) \$136.19
7. OPDIV/Program Office: IHS, OEHE		8. Installation/Location (City & State) Samuel Simmonds Memorial Hospital, Barrow, AK	

Project planning status: Phases I and II SSERs and POR are being developed. Decision for additional staff quarters is pending evaluation by the Alaska Area IHS. Site acquisition authorized and partially funded in FY 2005.

Comment for Item 9: Line "a. Land Acquisition" includes the total cost estimate for the land for the project. The FY 2005 appropriation included \$2.96 million of the \$3 million estimated for land acquisition. The balance is included in the FY 2007 request. Line "c. Construction" includes the total cost estimate for the project construction in multiple FYs. Current plans for Requests are for construction funding to start in FY 2008 and complete in FY 2010. Line "d. Equipment" includes the total cost estimate for the project equipment in multiple FYs, which current plans show the Requests for equipment funding will start in FY 2008 and complete in FY 2010. Anticipated outyear funding requests for design is \$8.72 million in FY 2007, and for construction, including equipment, in \$ million are: FY 2008: \$41.5; FY 2009: \$41.5; and FY 2010: \$41.5. The project cost estimate has been updated and will be updated again as project planning is completed.

Comment for Item "g. Off-Site Utilities:" This information will be determined in the Phase II SSER process.

Continuation Item 13: community based services. The proposed new replacement hospital will have health care services for inpatient acute care nursing and labor and delivery (8 beds); endoscopy and outpatient surgery; ambulatory care; emergency and urgent care; ancillary for diagnostic imaging and laboratory; dental; optometry; audiology; physical therapy; community health including public health nursing, nutrition; health education, alcoholism, and community health representative program; environmental health; and mental health and social services. The proposed 9 326 gross square meters (GSM) replacement hospital has been planned for a projected user population of 6,142 generating 26,760 primary care provider visits and 40,167 outpatient visits. The IHS planned facility includes only IHS supported health care programs. If the study being conducted using the Denali Commission funding determines that the existing structure can be used to satisfy part of the need for the replacement hospital, appropriate renovations will be done. If the study determines that the existing structure is no longer economical to retain, the existing facility will be disposed of in accordance with established regulations.

Continuation Item 14: for ambulatory care is the Chief Andrew Isaac Health Center in Fairbanks, AK, a one and half hour airplane trip. Non Alaska Natives comprise of 20 to 30 percent of the additional workload for the IHS hospital in Barrow, AK. Since there are no other public or private health care facilities available for the North Slope, the non-Native population has no option but to use the IHS hospital in Barrow. The base workload of the existing health care facility for space planning reflects a user population of 5,568 generating 24,020 primary care provider visits and 36,054 outpatient visits, in 2 180 GSM. In the project design process, the life-cycle costs for major service systems and equipment are considered in the design decisions. As of date, the IHS has not performed a life-cycle cost analysis for this project. The method for the IHS to deliver health care to Indian Tribes is established by treaties and laws enacted by the Congress of the United States of America. The Snyder Act of 1921 is the legislative authority for the IHS and links the IHS services to congressional appropriations that support the IHS health care program. The IHS has the responsibility to honor and protect the inherent sovereign rights of Tribes and ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native (AI/AN) people. The IHS utilizes a national Health Care Facilities Priority System to determine the highest relative need for health care facilities. For those locations which are successful during this process, the determination is made that construction of a facility is the accepted alternative for health care delivery. Justification of health care services and programs are determined during the pre-project planning process by health care professionals, planners, and engineers, all who work with tribal leaders and their staff.

Comment for Item 15: Until funding is provided, schedule dates in most cases are not realistically available now. Anticipated approximate dates are shown in Item 15 for time periods for schedule components shown below:

- a. Studies: Priority System Selection, Site Selection, Project Justification.
- b-1. Planning Completion: First Quarter FY 2005
- b-2. Site Acquisition: 24 months
- c. Design: 20 months
- d. Construction: 51 months
- e. Activation: 4 to 6 months
- f. Operational: 6 months after construction completion.



HHS FACILITY PROJECT APPROVAL AGREEMENT

1. Project No./ID I-158	2. Revision No.: 1
4. Budget Year: 2006	5. Date: (mm/dd/year) 9/13/2005
6.a. Total B&F Cost (\$): \$128.18	6.b Total Project Cost \$136.15

3. Project Title:
Replacement Samuel Simmonds Memorial Hospital, Barrow, Alaska

7. OPDIV/Program Office:
IHS/OEHE

8. Installation/Location (City & State)
Barrow, Alaska

9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Sources	Fiscal Year	Item	Amount	Fund Sources	Fiscal Year
a. Land Acquisition	\$ 2.96	HCFC	2005	a. Special Studies	\$ -		
b. Design**	\$ 0.75	HCFC	2006	b. Pre-project Planning	\$ 0.12	HCFC	2003
c. Construction	\$ 98.04	HCFC	2006-2010	c. Activation (include moving)	\$ -	OPS	
d. Equipment	\$ 25.31	HCFC	2008-2010	d. Special Purpose Equipment	\$ -		
e. Other	\$ 7.97	Denali **	2004-2005	e. Other	\$ -		
f. Total Facility Cost Est.	\$ 136.03			f. Total Related Cost Est.	\$ 0.12		

g. Off-Site Utilities:

Sufficient capacity and type of off-site utilities are available to support this project.
 Costs have been included in the estimate for the required off-site utilities.

11. Category

Repair Construction
 Maintenance Temporary Construction
 Improvements

12. PDRI Rating: **320** out of 996 at **33** % preliminary engineering or _____ % design.

13. Project Description (Scope/Quantify) and Acquisition Strategy:

The proposed 9 326 gross square meters (GSM) replacement hospital has been planned for a projected user population of 6,142 generating 26,760 primary care provider visits and 40,167 outpatient visits. The replacement hospital will provide space to support a modern and adequately staffed health care delivery program, which will improve access to the medical services needed to maintain and promote the health status and overall quality of life for the residents of the Barrow Service Area. The acquisition of the replacement facility will be done under P.L. 93-638. The IHS health care services for this region are provided in the Samuel Simmonds Memorial Hospital, which is operated by the Arctic Slope Native Association, (ASNA) Ltd., under a Public Law (P.L.) 93-638 compact, with support services being provided by the Ukeagvik Inupiat Corporation, under a P.L. 93-638 contract. The IHS also contracts with the North Slope Borough to provide (Cont. on Sheet 2)

14. Justification:

The existing 1985 wood-framed hospital can no longer support the health care delivery needs of the AK native population in the Barrow, AK, North Slope region, is functionally inadequate, and needs major repairs to continue compliance with applicable codes and health care delivery standards. Insufficient land area is available at the existing site to allow for expansion, since saltwater lagoons bound it on two sides and the community utility plant and a local road restrict expansion on the other two sides. There are no other IHS or non-IHS health care facilities within the IHS accessibility radius of one hour travel time from the Barrow health care facility. The nearest IHS alternate source for inpatient services is the Alaska Native Medical Center in Anchorage, AK, which is three hours travel time by airplane. The nearest IHS alternate source (Cont. on Sheet 2)

15. Schedules (Month/Year)			16. Program Commitment Approval		
a. Studies	Start	Complete	Authority	Signature	Date
b. Planning	Start	Jun-95	a. Project Manager	<i>Arthur Di Padova</i> Arthur Di Padova	9/15/05
	Complete	Mar-05			
c. Design	Start	Oct-05	b. Project Director	<i>José F. Cuzme</i> José F. Cuzme, P.E., Dir., DFPC, OEHE	9/16/05
	Complete	Oct-07			
d. Construction	Start	May-06	c. OPDIV Board Member	<i>Gary J. Hank</i> Gary J. Hank, P.E., Asst. Surgeon Gen., Dir., OEHE	9/21/05
	Complete	Oct-11			
e. Activation	Start	May-12	e. Office of the Secretary	<i>William C. Stamper</i> William C. Stamper, OAS OFMP	9/22/05
	Complete	Jul-12			
f. Operational	Complete	Jul-12			



**HHS
FACILITY PROJECT
APPROVAL AGREEMENT**

1. Project No./ID I-158	2. Revision No.: 1
4. Budget Year: 2006	5. Date: 9/13/2005
6.a. Total B&F Cost (\$): \$128.18	6.b. Total Project Cost \$136.15

3. Project Title:
Replacement Samuel Simmonds Memorial Hospital, Barrow, Alaska

7. OPDIV/Program Office:
IHS/OEHE

8. Installation/Location (City & State)
Barrow, Alaska

Project planning status: Phases I and II SSERs and POR were approved on 3/10/05. Site acquisition authorized and funded in FY 2005.

Comment for item 9: General: The FY2006 budget includes a rescission of 0.478%. Although construction funding was provided in FY 2006 the mid-point of construction remains unchanged and the estimated construction completion date is Oct 2011. Markets have yet to adjust to higher oil/fuel prices which is expected to have a significant impact on costs. The construction schedule is not aggressive, because of the issue of getting materials to Barrow and the short construction season.

* Line "a. Land Acquisition" includes the total cost estimate for the land for the project. The FY 2005 appropriation included \$2.96 million which will cover land acquisition. Line "b. Denali Commission has provided design funds for this project. The balance is included in the FY 2006 appropriation. Line "c. Construction" includes the total cost estimate for the project in multiple FYs. Construction funding will start with FY 2006 appropriation and end in FY 2010. Line "d. Equipment" includes the total cost estimate for the project equipment in multiple FYs. Current plans show the requests for equipment funding will start in FY 2008 and end in FY 2010. Line "e ** Denali Commission provided design funds of \$2.0M in FY 2004 and \$5.97 in FY 2005.

Anticipated outyear funding requests for construction, including equipment, in \$ million are: FY 2007: \$20.32; FY 2008: \$41.46; FY 2009: \$41.46; and FY10: \$13.90. The project cost estimate has been updated and will be updated again as project planning is completed.

Continuation Item 10: Line "c" Activation costs are not part of the HCFC funds and no cost estimates are provided. Costs are covered by operation funds.

Continuation Item 13: community based services. The proposed new replacement hospital will have health care services for inpatient acute care nursing; labor and delivery (8 beds); endoscopy and outpatient surgery; ambulatory care; emergency and urgent care; ancillary for diagnostic imaging and laboratory; dental; optometry; audiology; physical therapy; community health including public health nursing, nutrition, health education, alcoholism, and community health representative program; environmental health; and mental health and social services. The IHS planned facility includes only IHS supported health care programs.

Continuation Item 14: for ambulatory care is the Chief Andrew Isaac Health Center in Fairbanks, AK, a one and half hour airplane trip. The base workload of the existing health care facility for space planning reflects a user population of 5,568 generating 24,020 primary care provider visits and 36,054 outpatient visits, in 2 180 GSM. The method for the IHS to deliver health care to Indian Tribes is established by treaties and laws enacted by the Congress of the United States of America. The Snyder Act of 1921 is the legislative authority for the IHS and links the IHS services to congressional appropriations that support the IHS health care program. Major stakeholders include all the residents of Barrow, the North Slope Borough, and the IHS.

The ASNA is not requesting staff quarters so there are no staff quarters requested in this project.

There are no private sector alternatives to health care in Barrow. The project will improve the quantity and quality by increasing access to health care. In addition, the layout of the various departments will be designed to maximize patient and staff flow efficiencies. Furthermore, this project will help meet the President's goal of reducing health disparities among minorities. In addition, the Alaska Area Master Plan supports this project.

A methodology is currently being developed for three life cycle cost options; standard construction, LEED certified, and LEED Silver.

The Facilities and Engineering Deficiencies System has identified over 95 deficiencies totaling \$9,642,000. However, this cost does not account for existing site limitations for space expansion for health care delivery. Staff cannot be added to address the workload due to space limitations.

An independent study completed in February 2005, using the Denali Commission funds, determined that the existing wood frame structure is no longer economical to retain. The existing facility will be disposed of in accordance with established regulations.



HHS FACILITY PROJECT APPROVAL AGREEMENT

1. Project No./ID I-AN5YK012H6	2. Revision No.: 0
4. Budget Year: 2006	5. Date: (mm/dd/year) 8/25/2006
6.a. Total B&F Cost (\$): \$1.46	6.b. Total Project Cost \$1.58

3. Project Title:
**Yukon-Kuskokwim Delta Regional Hospital OB Remodel
(Per Master Plan)**

7. OPDIV/Program Office:
IHS/OEHE

8. Installation/Location (City & State)
Bethel, Alaska

9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Sources	Fiscal Year	Item	Amount	Fund Sources	Fiscal Year
a. Land Acquisition	\$ -			a. Special Studies			
b. Design	\$ 0.112	M&I	FY03	b. Pre-project Planning			
c. Construction	\$ 1.349	M&I	FY05	c. Activation (include moving)			
d. Equipment	\$ 0.116	M&M	FY06	d. Special Purpose Equipment			
e. Other				e. Other			
f. Total Facility Cost Est.	\$ 1.577			f. Total Related Cost Est.	\$ -		

g. Off-Site Utilities:

Sufficient capacity and type of off-site utilities are available to support this project.

Costs have been included in the estimate for the required off-site utilities.

11. Category

Repair Construction

Maintenance Temporary Construction

Improvements

12. PDRI Rating:
160 out of 1000 at 100% design.
(136/849)

13. Project Description (Scope/Quantify) and Acquisition Strategy:

This project consists of renovation and upgrade of the obstetrics, labor, and delivery department as detailed in the Obstetrics Master Plan completed in 2003. The OB suite will have six full LDRP suites increasing labor and delivery capacity to meet current and projected needs. The project consists of the renovation of 241 square meters, roughly half of the existing space within the obstetrics department, in space that is over 25 years old and is operationally obsolete. This project will provide efficient space utilization, proper patient flow and privacy, and the functionally required for current obstetrics service delivery. Project documents are complete. The total space of the facility remains unchanged. Construction will be managed locally by YKHC utilizing a combination of direct project workforce and specialty contractors under the authority of P.L. 93-838 Self-Determination. This facility is over utilized and is mission critical.

14. Justification:

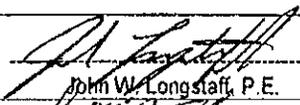
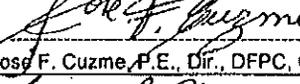
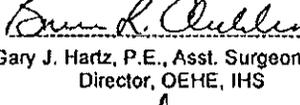
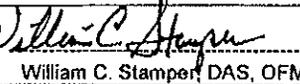
From 2002-2004 there were 1,863 pregnancies admitted to the hospital; during this time 728 were transferred off site for labor and delivery services. This project will provide significant improvements to the facility that will help to reduce the current transfer rate of nearly 40%. Since the originally planned construction of this hospital facility there have been significant changes in providing for OB services, which have migrated from a model that separated labor and delivery events, moving the patient from room to room, to one that retains patients in multi-purpose labor, delivery, recovery, post-partum (LDRP) rooms for all but emergency procedures. With the change in operating practices the originally designed spaces do not provide for adequate space, patient flow, privacy, or function. To address the space needs to gain adequate functionality for OB services, other areas within the suite, such as triage, ultrasound, charting, bathrooms, and staff support, have been considered and incorporated into the design providing a complete renovation. Space requirements are within the IHS Health System Planning criteria. The CI for this building is 91% and will be unchanged by this remodel. Operating costs will be unchanged.

15. Schedules (Month/Year)			16. Program Commitment Approval		
a. Studies	Start	-	Authority	Signature	Date
	Complete	-			
b. Planning	Start	Oct-97	a. Project Manager	<i>Arthur Di Padova</i> Arthur Di Padova	8/25/06
	Complete	Nov-03			
c. Design	Start	Dec-03	b. Project Director	<i>José F. Cuzate</i> José F. Cuzate, P.E., Dir., DFPC, OEHE	8/28/06
	Complete	Mar-04			
d. Construction	Start	Sep-06	c. OPDIV Board Member	<i>Gary J. Herz</i> Gary J. Herz, P.E., Asst. Surgeon Gen., Dir., OEHE	8/29/06
	Complete	Sep-07			
e. Activation	Start	Oct-07	e. Office of the Secretary	<i>William C. Stamper</i> William C. Stamper, WAS OFMP	9/15/06
	Complete	Nov-07			
f. Operational	Complete	Nov-07			

HHS FACILITY PROJECT APPROVAL AGREEMENT		1. Project No./ID I-AN5YK012H6	2. Revision No.: 0
		4. Budget Year: 2006	5. Date: 8/25/2006
3. Project Title: Yukon-Kuskokwim Delta Regional Hospital OB-Remodel- (Per Master Plan)		6.a. Total B&F Cost (\$): \$1.46	6.b. Total Project Cost \$1.58
		7. OPDIV/Program Office: IHS/OEHE	
		8. Installation/Location (City & State) Bethel, Alaska	

IHS FACILITY PROJECT APPROVAL AGREEMENT				1. Project No./ID I-132		2. Revision No.: 0	
3. Project Title: Replacement and Additional Staff Quarters, Fort Belknap Health Care Facility, Harlem and Hays, Montana				4. Budget Year: 2006		5. Date: (mm/dd/year) 4/6/2005	
				6.a. Total HCFC Cost (\$M): \$8.26		6.b. Total Project Cost (\$M) \$8.26	
7. OPDIV/Program Office: IHS, OEHE			8. Installation/Location (City & State) Fort Belknap Health Care Facility, Harlem and Hays, MT				
9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Source	FY	Item	Amount	Funds Source	FY
a. Land Acquisition				a. Special Studies			
b. Design				b. Pre-Project Planning			
c. Construction	\$8.26	HCFC	2005 *	c. Activation (include moving)			
d. Equipment				d. Special Purpose Equip.			
e. Other				e. Other			
f. Total Facility Cost Est.	\$8.26			f. Total Related Cost Est.	\$0.00		
g. Off-Site Utilities:		<input type="checkbox"/> Sufficient capacity and type of off-site utilities are available to support this project. [See comments on Sheet 2.] <input checked="" type="checkbox"/> Costs have been included in the estimate for the required off-site utilities.					
11. Category		<input type="checkbox"/> Repair <input type="checkbox"/> Maintenance <input type="checkbox"/> Improvements <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Temporary Construction		12. PDRI Rating: <u>371</u> out of <u>911</u> at <u>99%</u> preliminary engineering or <u> </u> % design			
Project Description (Scope/Quantity): To address the health care needs of the Fort Belknap Service Unit, in 04/1998, the IHS completed the construction of the replacement health center in Harlem, Montana (MT), and completed the construction of the satellite health center in Hays, MT, in 08/1997. In 1995, under the old method of providing staff quarters for IHS health care facilities, separate planning documents were processed and approved for the staff quarters needed to support the Fort Belknap Health Care Facility complex, which consisted of five replacement and eight additional units in Harlem, and 16 new units in Hays. These 10-year old planning documents reflected that the Harlem site would have six 3-bedroom and four 4-bedroom single family units and three 1-bedroom transient units; and that the Hays site would have five 2-bedroom, six 3-bedroom, and two 4-bedroom single family units and three 1-bedroom transient units. Each site would have two units each that will be handicapped accessible. Sufficient land (Cont. on Page 2)							
14. Justification: Based on the planning documents approved in 1995, the five units identified for replacement at the Harlem site are substandard, and are no longer available for use by IHS employees. New and additional quarters are needed since the private sector does not have readily available housing for IHS non-local employees. Minimum private housing is available in Haver, MT, which is 78 km from Harlem and 128 km from Hays. Chanuck, MT, is a limited source, which is 43 km from Harlem and 93 km from Hays. Until the IHS can provide the housing needed and authorized in the approved planning documents for this project, the IHS is providing temporary structures at each site to house the non-local employees. So, the current choices are to live in trailers or long commutes, both of which affect the recruitment and retention for these two (Cont. on Page 2)							
15. Schedules (Month/Year)				16. Program Commitment Approval			
a. Studies	Start	/		Authority	Signature	Date	
	Complete	/					
b. Planning	Start	/		a. Project Manager	<i>Arthur DiPadova</i> Arthur DiPadova	4/7/05	
	Complete	7/2005					
c. Design	Start	/		b. Project Director	<i>Jose F. Cuzme</i> Jose F. Cuzme, P.E., Dir., DFPC, OEHE	4/7/05	
	Complete	/					
d. Construction (Design-Build)	Start	4/2006		c. OPDIV Board Member	<i>Gary J. Hartz</i> Gary J. Hartz, P.E., Asst. Surgeon Gen. Director, OEHE, IHS	6/21/05	
	Complete	4/2008					
e. Activation	Start	5/2008		d. Office of the Secretary	<i>William C. Stamper</i> William C. Stamper, DAS, OFMP	7/6/05	
	Complete	6/2008					
f. Operational	Complete	6/2008					

HHS FACILITY PROJECT APPROVAL AGREEMENT (Continuation Sheet)		1. Project No./ID I-132	2. Revision No.: 0
3. Project Title: Replacement and Additional Staff Quarters, Fort Belknap Health Care Facility, Harlem and Hays, Montana		4. Budget Year: 2006	5. Date: 4/6/2005
		6.a. Total HCFC Cost (\$M): \$8.26	6.b. Total Project Cost (\$M) \$8.26
7. OPDIV/Program Office: IHS, OEHE		8. Installation/Location (City & State) Fort Belknap Health Care Facility, Harlem and Hays, MT	
<p>Project Planning Status: Since all planning documents were approved in 1995, they are being reviewed, reevaluated and updated. As required, amended PJDQ and PORQ will be prepared. The Housing Verification Survey Report (HVSF) for the two locations is being updated. Since the original housing sites are no longer available, the IHS is working with the Tribe to identify trust land which could be set-aside for this project. In turn, appropriate Site Selection and Evaluation Reports (SSER) will be prepared for the new sites. Current plans are to have all planning updates accomplished by 07/2005. Anticipate use of design-build method. Currently, the Tribe has NOT indicated any desire to do this project pursuant to their rights under Public Law 93-638, which they did do for the construction of the two health centers.</p> <p>Comment for Item 9: Line "c. Construction" includes the total cost estimate for project design-build in multiple FYs. The FY 2005 appropriation included \$4.9 million for the Harlem site, and the FY 2006 Request includes \$3.3 million to complete the project. The IHS realizes that the project budget has been locked for this project since the initial construction funding was provided in FY 2005. Accordingly, the IHS will ensure that any changes determined to be needed during the updating of the planning documents will be addressed within the original budget.</p> <p>Comment for Item "g. Off-Site Utilities:" Previously when the original planning documents were approved in 1995, the Phase II SSER confirmed that sufficient capacity and type of off-site utilities were available. This will have to be reconfirmed for the new sites when the new Phase II SSER is done. The off-site utilities cost known when the planning documents were approved in 1995 is reflected in the cost estimate, but this will have to be updated when the planning documents are updated.</p> <p>Continuation Item 13: was available at both sites when the planning documents were approved in 1995. Now, all planning documents need to be updated. See project planning status for details.</p> <p>Continuation Item 14: health centers. In the project design process, the life-cycle costs for major service systems, equipment and appliances are considered in the design decisions. As of date, the IHS has not performed a life-cycle cost analysis for this project. The IHS has the responsibility of providing adequate housing for its non-local staff when the private sector can not support the IHS needs, all pursuant to the standards provided by the Office of Management and Budget for staff quarters.</p> <p>Comment for Item 15: Until funding is complete, schedule dates in most cases are not realistically available now. Anticipated approximate dates are shown in Item 15 for the time periods for schedule components shown below:</p> <p>a. Studies: Priority System Selection, Site Selection, Project Justification. b. Planning Completion: Original: 04/28/1995; Update: 7/30/2005 c. Design: NA d. Construction: Design-Build 24 months e. Activation: 1 month or less f. Operations: Occupancy can occur within one month of construction completion</p>			

HS FACILITY PROJECT APPROVAL AGREEMENT				1. Project No./ID I-993		2. Revision No.: 0	
3. Project Title: Central/Southern California Youth Regional Treatment Center, Southern or Central California				4. Budget Year: 2006		5. Date: (mm/dd/year) 4/4/2005	
				6.a. Total HCFC Cost (\$M): \$12.49		6.b Total Project Cost (\$M) \$12.49	
7. OPDIV/Program Office: IHS, OEHE			8. Installation/Location (City & State) Central/Southern California Youth Regional Treatment Center, Southern or Central CA				
9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Source	FY	Item	Amount	Funds Source	FY
a. Land Acquisition	\$1.20	HCFC	2007	a. Special Studies			
b. Design	\$0.84	HCFC	2007	b. Pre-Project Planning	\$0.05	HCFC	2007
c. Construction	\$9.71	HCFC	2007	c. Activation (include moving)			
d. Equipment	\$0.69	HCFC	2007	d. Special Purpose Equip.			
e. Other				e. Other			
f. Total Facility Cost Est.	\$12.44			f. Total Related Cost Est.	\$0.05		
g. Off-Site Utilities:		<input type="checkbox"/> Sufficient capacity and type of off-site utilities are available to support this project. [See comment on Sheet 2.] <input type="checkbox"/> Costs have been included in the estimate for the required off-site utilities.					
11. Category		<input type="checkbox"/> Repair <input checked="" type="checkbox"/> New Construction		<input type="checkbox"/> Maintenance <input type="checkbox"/> Temporary Construction		<input type="checkbox"/> Improvements 12. PDRI Rating: <u>558</u> out of <u>905</u> at <u>50</u> % preliminary engineering or <u> </u> % design	
Project Description (Scope/Quantify): This proposed new Youth Regional Treatment Center will be located somewhere in southern or central California, on an amount of land yet to be determined. Appropriate land selection and approval and acquisition actions will be taken by the IHS Headquarters, the Department of Health and Human Services, and the Department of Justice. The new facility will have 32 beds for routine general residential treatment, six beds for a close observation unit for youth who require crisis intervention, and five family suites designed to accommodate the parents (or extended family members) with up to four children. The family suites will allow treatment of family members of the youth undergoing residential treatment. This facility will provide treatment of eligible American Indian/Alaska Native youth, ages 12 to 17, with substance abuse (Cont. on Sheet 2)							
14. Justification: This project is authorized by Section 704 of the amended Indian Health Care Improvement Act, P.L. 94-437, for the California Area IHS. There are two YRTCs authorized for the California Area IHS. This will be the first to be constructed in California. The current program is under the operation of the Southern Indian Health Council, Inc., in a 1 115 gross square meters facility constructed with tribal funds. With 20 beds, the existing facility does not have the bed capacity to meet the treatment needs for the southern California region, does not have a close observation unit, and does not have lodging for families who attend family therapy services. The existing facility is not large enough to handle the projected workload and it is not feasible for expansion.							
15. Schedules (Month/Year)				16. Program Commitment Approval			
a. Studies	Start	/		Authority	Signature	Date	
	Complete	/					
b. Planning	Start	/		a. Project Manager	 John W. Longstaff, P.E.	4/7/05	
	Complete	8 / 2007					
c. Design	Start	11 / 2007		b. Project Director	 Jose F. Cuzme, P.E., Dir., DFPC, OEHE	4/7/05	
	Complete	7 / 2008					
d. Construction	Start	10 / 2008		c. OPDIV Board Member	 Gary J. Hartz, P.E., Asst. Surgeon Gen. Director, OEHE, IHS	6/21/05	
	Complete	10 / 2009					
Activation	Start	11 / 2009		d. Office of the Secretary	 William C. Stampler, DAS, OFMP	7/6/05	
	Complete	1 / 2010					
f. Operational	Complete	1 / 2010					

HHS FACILITY PROJECT APPROVAL AGREEMENT (Continuation Sheet)		1. Project No./ID I-993	2. Revision No.: 0
3. Project Title: Central/Southern California Youth Regional Treatment Center, Southern or Central California		4. Budget Year: 2006	5. Date: 4/4/2005
		6.a. Total HCFC Cost (\$M): \$12.49	6.b. Total Project Cost (\$M) \$12.49
7. OPDIV/Program Office: IHS, OEHE	8. Installation/Location (City & State) Central/Southern California Youth Regional Treatment Center, Southern or Central CA		
<p>Project Planning Status: The FY 2005 appropriation language authorized land acquisition and directed FY 2005 reprogramming action to fund such. The Phase I Site Selection and Evaluation Report (SSER) approved February 28, 2004, will have to be redone since selected sites are no longer available. One proposed tribal site will be considered in new Phase I SSER process. Tribal approval desired for Phase I SSER proposed sites. Draft Phase II SSER to be prepared to allow start of one year site acquisition process. Phase II SSER to be completed after site acquired, then POR can be approved. This means all Phase II SSER surveys and NEPA requirements are to be addressed concurrently with site acquisition actions.</p> <p>Comment for Item 9: The project cost estimate has been updated and will be updated again as project planning is developed and completed.</p> <p>Comment for Item "g. Off-Site Utilities:" This information will be determined in the Phase II SSER process.</p> <p>Continuation Item 13: Native youth, ages 12 to 17, with substance abuse and/or dual diagnosis. Treatment includes a highly structured, culturally appropriate, therapeutic program based on an individual achievement level system. The estimated planned size for this facility is 3-948 gross square meters. The existing tribally owned facility will be returned to the Tribe.</p> <p>Comment for Item 15: Until funding is provided, schedule dates in most cases are not realistically available now. Anticipated approximate dates are shown in Item 15 for the time periods for schedule components shown below:</p> <p>a. Studies: Priority System Selection, Site Selection, Project Justification. b-1. Planning Completion: 4th Quarter FY 2007 b-2. Site Acquisition: 15 months c. Design: 8months d. Construction: 12months e. Activation: 2 to 3 months f. Operations: 3 months after construction completion</p>			

IHS FACILITY PROJECT APPROVAL AGREEMENT

3. Project Title: Northern California Youth Regional Treatment Center, Northern California	1. Project No./ID I-994	2. Revision No.: 0
	4. Budget Year: 2006	5. Date: (mm/dd/year) 4/4/2005
	6.a. Total HCFC Cost (\$M): \$12.90	6.b Total Project Cost (\$M) \$12.90

7. OPDIV/Program Office: IHS, OEHE	8. Installation/Location (City & State) Northern California Youth Regional Treatment Center, Northern CA
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9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Source	FY	Item	Amount	Funds Source	FY
a. Land Acquisition	\$1.30	HCFC	2007	a. Special Studies			
b. Design	\$0.87	HCFC	2007	b. Pre-Project Planning	\$0.05	HCFC	2007
c. Construction	\$9.95	HCFC	2007	c. Activation (include moving)			
d. Equipment	\$0.73	HCFC	2007	d. Special Purpose Equip.			
e. Other				e. Other			
f. Total Facility Cost Est.	\$12.85			f. Total Related Cost Est.	\$0.05		

g. Off-Site Utilities: Sufficient capacity and type of off-site utilities are available to support this project. [See comment on Sheet 2.]
 Costs have been included in the estimate for the required off-site utilities.

11. Category	<input type="checkbox"/> Repair	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Improvements	12. PDRI Rating: <u>544</u> out of <u>905</u> at <u>50%</u> preliminary engineering or <u> </u> % design
	<input checked="" type="checkbox"/> New Construction		<input type="checkbox"/> Temporary Construction	

13. Project Description (Scope/Quantify):
 The proposed new Youth Regional Treatment Center will be located somewhere in Sacramento, California, area on an amount of land yet to be determined. Appropriate land selection and approval and acquisition actions will be taken by the IHS Headquarters, the Department of Health and Human Services, and the Department of Justice. The new facility will have 32 beds for routine general residential treatment, six beds for a close observation unit for youth who require crisis intervention, and five family suites designed to accommodate the parents (or extended family members) with up to four children. The family suites will allow treatment of family members of the youth undergoing residential treatment. This facility will provide treatment of eligible American Indian and Alaska Native youth, ages 12 to 17, with substance abuse and/or (Cont. on Sheet 2)

14. Justification:
 This project is authorized by Section 704 of the amended Indian Health Care Improvement Act, P.L. 94-437, for the California Area IHS. There are two YRTCs authorized for the California Area IHS. This will be the second to be constructed in California. Currently, there is no YRTC facility in northern California.

15. Schedules (Month/Year)			16. Program Commitment Approval		
a. Studies	Start	/	Authority	Signature	Date
	Complete	/			
b. Planning	Start	/	a. Project Manager	<i>John W. Longstaff</i>	4/7/05
	Complete	8 / 2006		John W. Longstaff, P.E.	
c. Design	Start	1 / 2007	b. Project Director	<i>Jose F. Cuzme</i>	4/7/05
	Complete	9 / 2007		Jose F. Cuzme, P.E., Dir., OFPC, OEHE	
d. Construction	Start	12 / 2007	c. OPDIV Board Member	<i>Gary J. Hartz</i>	6/21/05
	Complete	12 / 2008			
e. Activation	Start	1 / 2009	d. Office of the Secretary	<i>William C. Stamper</i>	7/6/05
	Complete	3 / 2009			
f. Operational	Complete	3 / 2009		William C. Stamper, DAs, OFMP	

HHS FACILITY PROJECT APPROVAL AGREEMENT (Continuation Sheet)		1. Project No./ID I-994	2. Revision No.: 0
3. Project Title: Northern California Youth Regional Treatment Center, Northern California		4. Budget Year: 2006	5. Date: 4/4/2005
		6.a. Total HCFC Cost (\$M): \$12.90	6.b. Total Project Cost (\$M) \$12.90
7. OPDIV/Program Office: IHS, OEHE		8. Installation/Location (City & State) Northern California Youth Regional Treatment Center, Northern CA	

Project Planning Status: The FY 2005 appropriation language authorized land acquisition and directed FY 2005 reprogramming action to fund such. The Phase I Site Selection and Evaluation Report (SSER) was approved April 30, 2004. Tribal approval desired for Phase I SSER proposed sites. Draft Phase II SSER to be prepared to allow start of one year site acquisition process. Phase II SSER to be completed after site acquired, the POR can be approved. This means all Phase II surveys and NEPA requirements are to be addressed concurrently with site acquisition actions.

Comment for Item 9: The project cost estimate will be updated as project planning is completed.

Comment for Item "g. Offi-Site Utilities:" This information will be determined in the Phase II SSER process.

Continuation Item 13: dual diagnosis. Treatment includes a highly structured, culturally appropriate, therapeutic program based on an individual achievement level system. The estimated planned size for this facility is 3 948 gross square meters.

Comment for Item 15: Until funding is provided, schedule dates in most cases are not realistically available now. Anticipated approximate dates are shown in Item 15 for time periods for schedule components shown below:

- a. Studies: Priority System Selection, Site Selection, Project Justification.
- b-1. Planning Completion: 4th Quarter FY 2006
- b-2. Site Acquisition: 15 months
- c. Design: 8 months
- d. Construction: 12 months
- e. Activation: 2 to 3 months
- f. Operations: 3 months after construction completion.



HHS FACILITY PROJECT APPROVAL AGREEMENT

1. Project No./ID I-141	2. Revision No.: 0
4. Budget Year: 2006	5. Date: (mm/dd/year) 9/13/2005
6.a. Total B&F Cost (\$): \$108.63	6.b Total Project Cost \$108.63

3. Project Title:
Replacement Kayenta Health Center, Kayenta, AZ

7. OPDIV/Program Office:
IHS/OEHE

8. Installation/Location (City & State)
Kayenta, AZ

9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Sources	Fiscal Year	Item	Amount	Fund Sources	Fiscal Year
a. Land Acquisition	\$ -			a. Special Studies			
b. Design	\$ 4.29	HCFC	2005-2006	b. Pre-project Planning	\$ 0.06	HCFC	2004
c. Construction	\$ 92.48	HCFC	2009-2010	c. Activation (include moving)	\$ -	OPS	
d. Equipment	\$ 11.80	HCFC	2009-2010	d. Special Purpose Equipment	\$ -		
e. Other	\$ -			e. Other	\$ -		
f. Total Facility Cost Est.	\$ 108.57			f. Total Related Cost Est.	\$ 0.06		

g. Off-Site Utilities:

Sufficient capacity and type of off-site utilities are available to support this project.
 Costs have been included in the estimate for the required off-site utilities.

11. Category

Repair Construction
 Maintenance Temporary Construction
 Improvements

12. PDRI Rating: 408 out of 1000 at 50% planning. (See attached Summary Sheet.)

13. Project Description (Scope/Quantify) and Acquisition Strategy:

The proposed 14 410 gross square meters (GSM) new replacement health center has been planned for Year 2014 for a user population of 19,253 generating 53,796 primary care provider visits and 107,431 outpatient visits. It will provide space to support a modern and adequately staffed health care delivery program, which will improve access to the medical services needed to maintain and promote the health status and overall quality of life for the residents of the service area. The health care programs and services proposed for this new health center include a level III, 24-hours, 7-days per week, emergency and urgent care unit with the support of the Tribal emergency medical services (EMS), a 10-bed short stay nursing unit that provides sub-acute care, a three-bed low-risk birthing center, all of which will allow this health center to function as an IHS alternative rural hospital. Additionally, this health center will have comprehensive ambulatory care, ancillary services, preventive community health services, behavioral health services, service unit administration and facility support services. (Continued on page 2)

14. Justification:

The Navajo Area IHS Master Plan supports the existence of the Kayenta Service Unit (KSU) and the Kayenta Health Center (KHC) and this project. Existing health care services are being provided in a complex of 11 structures built from 1959 to 1988. The existing 3 220 GSM structures are functionally overcrowded and no longer support the workload needs of the KSU. The proposed project will alleviate outpatient stress from the overcrowded conditions, which adversely affects the health care delivery. For the projected workload, the existing structures are inadequate and undersized. The structural systems are uneconomical to upgrade. There is insufficient land area available at the current site for building expansion or for the proposed replacement KHC. The base workload for space planning reflects a user population of 17,796, with 41,873 primary care provider visits and 83,620 outpatient visits. The nearest alternate IHS health care facilities are located in Tuba City, AZ, and Chinle, AZ, approximately (Continued on page 2)

15. Schedules (Month/Year)			16. Program Commitment Approval		
a. Studies	Start	Complete	Authority	Signature	Date
b. Planning	Start	Jul-04	a. Project Manager	 Edward A. Cayous, P.E.	9/15/05
	Complete	Aug-05			
c. Design	Start	Jun-06	b. Project Director	 José F. Cuzme, P.E., Dir., DFPC, OEHE	9/16/05
	Complete	Dec-07			
d. Construction	Start	May-09	c. OPDIV Board Member	 Gary J. Hartz, P.E., Asst. Surgeon General Director, OEHE, IHS	9/21/05
	Complete	May-11			
e. Activation	Start	Jun-11	e. Office of the Secretary	 William C. Stamper, DAS OFMP	9/22/05
	Complete	Aug-11			
f. Operational	Complete	Aug-11			



**HHS
FACILITY PROJECT
APPROVAL AGREEMENT**

3. Project Title: Replacement Kayenta Health Center, Kayenta, AZ		1. Project No./ID I-141	2. Revision No.: 0
		4. Budget Year: 2006	5. Date: 9/13/2005
		6.a. Total B&F Cost (\$): \$108.63	6.b. Total Project Cost \$108.63
7. OPDIV/Program Office: IHS/OEHE	8. Installation/Location (City & State) Kayenta, AZ		

Project Planning Status: The PJD was approved on July 17, 2004, and the POR is being finalized pending completion of the Phase II Site Selection Report. The project also includes \$43,325,000 for construction of 129 staff quarter units (28 replacements and 101 additional).

Items 9. General: The mid-point of construction remains unchanged. The construction markets have yet to adjust to higher oil/fuel prices which is expected to have a significant impact on costs. The project cost estimate has been updated and will be updated again as project planning is completed.

Item 9. Line "a. Land Acquisition" There is no cost to IHS for the land. Line "b. The FY 2005 appropriation included \$0.43M for design of this project. The balance is included in the FY 2006 appropriation which included \$3.86M after the 0.476% rescission. Line "c. Construction and d. Equipment" includes the total cost estimate for the project in multiple FYs. Anticipated outyear funding requests for construction, including equipment, in \$millions are: FY2009: \$52.15; FY2010: \$52.12.

Item 10c : Activation costs are covered with operations (OPS) funds. There are no funds from the HCFC to perform this function.

Item 13 - Continued: With the receipt of the FY 2006 appropriation, this project will proceed with the design of the replacement health center. If the Tribe informs the IHS it does not intend to perform the design or construction of the proposed replacement facility under P.L. 93-638, then the facility will be acquired using an appropriate Direct Federal method such as design-build or design-bid-build, and the acquisition strategy submitted to the Department.

Item 14 - Continued: 125 km and 120 km away, respectively, which exceed the IHS travel criteria of 50 km. In the project design process, the life-cycle costs for major service systems and equipment will be considered in the design decisions. The IHS is in the process of performing a life-cycle cost analysis for this project. For the proposed health care services, the IHS has determined that the proposed replacement health center will address the health care needs of the AI/AN community in the best manner.

The project will improve the quantity and quality by increasing access to health care. The proposed facility will include enough exam rooms for the project population. In addition, the layout of the various departments will be designed to maximize patient and staff flow efficiencies.

The existing facility will be disposed of in accordance with established regulations and procedures after the replacement health center is operational.



HHS FACILITY PROJECT APPROVAL AGREEMENT

3. Project Title: Replacement Kayenta Health Center, Kayenta, AZ				1. Project No./ID I-141		2. Revision No.: 1																																																									
				4. Budget Year: 2008		5. Date: (mm/dd/year) 8/25/2006																																																									
7. OPDIV/Program Office: IHS/OEHE				8. Installation/Location (City & State) Kayenta, AZ																																																											
								9. Facility Cost Estimate (\$M)																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Amount</th> <th>Funds Sources</th> <th>Fiscal Year</th> </tr> </thead> <tbody> <tr> <td>a. Land Acquisition</td> <td>\$ -</td> <td></td> <td></td> </tr> <tr> <td>b. Design</td> <td>\$ 4.29</td> <td>HCFC</td> <td>2005-2006</td> </tr> <tr> <td>c. Construction</td> <td>\$ 92.48</td> <td>HCFC</td> <td>2009-2010</td> </tr> <tr> <td>d. Equipment</td> <td>\$ 11.80</td> <td>HCFC</td> <td>2009-2010</td> </tr> <tr> <td>e. Other</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Total Facility Cost Est.</td> <td>\$ 108.57</td> <td></td> <td></td> </tr> </tbody> </table>				Item	Amount	Funds Sources	Fiscal Year	a. Land Acquisition	\$ -			b. Design	\$ 4.29	HCFC	2005-2006	c. Construction	\$ 92.48	HCFC	2009-2010	d. Equipment	\$ 11.80	HCFC	2009-2010	e. Other				f. Total Facility Cost Est.	\$ 108.57			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Amount</th> <th>Fund Sources</th> <th>Fiscal Year</th> </tr> </thead> <tbody> <tr> <td>a. Special Studies</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Pre-project Planning</td> <td>\$ 0.06</td> <td>HCFC</td> <td>2004</td> </tr> <tr> <td>c. Activation (Include moving)</td> <td>\$ -</td> <td>OPS</td> <td></td> </tr> <tr> <td>d. Special Purpose Equipment</td> <td>\$ -</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$ -</td> <td></td> <td></td> </tr> <tr> <td>f. Total Related Cost Est.</td> <td>\$ 0.06</td> <td></td> <td></td> </tr> </tbody> </table>				Item	Amount	Fund Sources	Fiscal Year	a. Special Studies				b. Pre-project Planning	\$ 0.06	HCFC	2004	c. Activation (Include moving)	\$ -	OPS		d. Special Purpose Equipment	\$ -			e. Other	\$ -			f. Total Related Cost Est.	\$ 0.06		
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11. Category				<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Temporary Construction <input type="checkbox"/> Improvements		12. PDRI Rating: 408 out of 1000 at 80% planning.																																																									
13. Project Description (Scope/Quantify) and Acquisition Strategy: The base project description of the Replacement Kayenta Health Center in Kayenta, AZ has not changed. Revision 1 to the scope of this project makes the following change: this project to be designed and constructed using the Guiding Principles outlined in the January 2006 Federal Leadership in High Performance and Sustainable Buildings Memorandum of Understanding (MOU). To the extent feasible, the IHS will comply with all elements of the guiding principles. In addition, the IHS intends to pursue LEED or Green Globes certification on this project. An initial analysis estimates that the Kayenta Health Center construction cost will increase by over 1% of the total project cost to obtain certification for this project. This facility is mission critical to deliver healthcare to the Native Americans in northeast Arizona. The current utilization of the existing facility is 149%. This facility is <input checked="" type="checkbox"/> over utilized, <input type="checkbox"/> utilized, <input type="checkbox"/> under utilized. This project, replacing the existing facility, improves the utilization rate to 100% for the projected 2015 design year workloads.																																																															
14. Justification: Based on the execution of the Federal Leadership in High Performance and Sustainable Buildings MOU, the Department's goal as outlined in the draft 3-year timeline is for each OPDIV to incorporate sustainable design principles into one project by FY 2008. The IHS proposes to incorporate sustainable design principles into the Kayenta Health Center. The current Condition Index (CI) of the existing facility is 91. This project improves the CI to 100 by eliminating associated repair needs of \$246k in the existing facility.																																																															
15. Schedules (Month/Year)				16. Program Commitment Approval																																																											
a. Studies		Start		Authority	Signature	Date																																																									
		Complete																																																													
b. Planning		Start	Jul-04	a. Project Manager	 Edward A. Cayous, P.E., Program Manager	8/25/06																																																									
		Complete	Oct-06																																																												
c. Design		Start	Jan-07	b. Project Director	 José F. Cuzme, P.E. Dir., DFPC, OEHE	8/28/06																																																									
		Complete	Dec-08																																																												
d. Construction		Start	May-09	c. OPDIV Board Member	 Gary J. Hartz, P.E., Asst. Surgeon General Director, OEHE, IHS	8/29/06																																																									
		Complete	May-11																																																												
e. Activation		Start	Jun-11	e. Office of the Secretary	 William C. Stamper, DAS OFMP	9/5/06																																																									
		Complete	Aug-11																																																												
f. Operational		Complete	Aug-11																																																												



**HHS
FACILITY PROJECT
APPROVAL AGREEMENT**

1. Project No./ID I-141	2. Revision No.: 1
4. Budget Year: 2008	5. Date: 8/25/2006
6.a. Total B&F Cost (\$): \$108.63	6.b. Total Project Cost \$108.63

3. Project Title:
Replacement Kayenta Health Center, Kayenta, AZ

7. OPDIV/Program Office:
IHS/OEHE

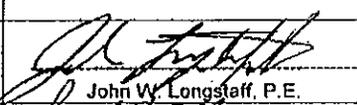
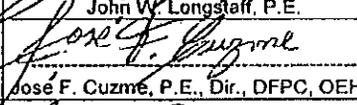
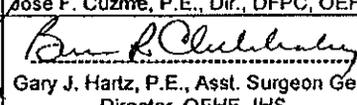
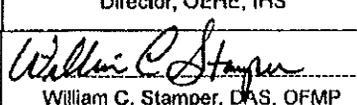
8. Installation/Location (City & State)
Kayenta, AZ

Project Planning Status: Floodplain study being conducted by contractor is scheduled to be completed in Aug 2006. POR, PORQ, and SSER Phase II will be completed once the results of the floodplain study are completed and final health services are approved.

Items 9. General: The mid-point of construction remains unchanged. The budget will not be modified to incorporate the sustainability cost until the POR is approved and the project scope is finalized.

Item 14: Overall operating cost will increase because the replacement facility will be approximately 4.5 times the size of the current facility and the new healthcare facility will meet current heating and ventilation requirements. The facility will incorporate sustainable design features, which are expected to reduce the operating cost in comparison to a healthcare facility of comparable size that delivers similar services.

Item 15: Dates for planning and design are updated to reflect current planning status. Environmental Assessment identified the need for a floodplain study. The final planning and programming documents are projected to be complete by Oct 2006 (Aug 2005), and the design start is anticipated by Jan 2007 (Jun 2006). Construction, activation and operational dates have not been impacted by the changes to the planning and design schedules.

IHS FACILITY PROJECT APPROVAL AGREEMENT				1. Project No./ID I-137		2. Revision No.: 0	
3. Project Title: Replacement Clinton Indian Health Center, Clinton, Oklahoma				4. Budget Year: 2006		5. Date: (mm/dd/year) 4/4/2005	
				6.a. Total HCFC Cost (\$M): \$20.36		6.b Total Project Cost (\$M) \$20.36	
7. OPDIV/Program Office: IHS, OEHE				8. Installation/Location (City & State) Clinton Indian Health Center, Clinton, OK			
9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Source	FY	Item	Amount	Funds Source	FY
a. Land Acquisition				a. Special Studies			
b. Design	\$1.19	HCFC	2003	b. Pre-Project Planning	\$0.04	HCFC	2002
c. Construction	\$15.24	HCFC	2003	c. Activation (include moving)			
d. Equipment	\$3.89	HCFC	2005	d. Special Purpose Equip.			
e. Other				e. Other			
f. Total Facility Cost Est.	\$20.32			f. Total Related Cost Est.	\$0.04		
g. Off-Site Utilities:		<input checked="" type="checkbox"/> Sufficient capacity and type of off-site utilities are available to support this project. <input checked="" type="checkbox"/> Costs have been included in the estimate for the required off-site utilities.					
11. Category		<input type="checkbox"/> Repair <input checked="" type="checkbox"/> New Construction		<input type="checkbox"/> Maintenance <input type="checkbox"/> Temporary Construction		<input type="checkbox"/> Improvements 12. PDRI Rating: <u>289</u> out of <u>966</u> at <u>99%</u> preliminary engineering or <u> </u> % design	
13. Project Description (Scope/Quantity): With the receipt of the FY 2005 appropriation, this project is fully funded for the replacement health center in Clinton, Oklahoma. The proposed new replacement health center will provide space to support a modern and adequately staffed health care delivery program, which will improve access to the medical services needed to maintain and promote the health status and overall quality of life for the residents of the service area. The new health center will provide basic ambulatory care and diagnostic services, including the specialty services for physical therapy, optometry, audiology, and dental, as well as, community health services programs, which will address the curative and preventive health concerns for this region. The proposed 5 294 gross square meters (GSM) new health center has been planned for a projected user population of (Cont. Sheet 2)							
14. Justification: Existing health care services are being provided in antiquated structures built in the 1930's when health care was relatively uncomplicated by today's standards. The existing 2 537 gross square meters structures are functionally overcrowded and lack the flexibility to modernize economically. The base workload for space planning reflects a user population of 3,132 and 15,834 primary care provider visits for 31,620 outpatient visits, which are being provided from a 2 537 GSM existing facility. In the project design process, the life-cycle costs for major service systems and equipment are considered in the design decisions. As of date, the IHS has not performed a life-cycle cost analysis for this project. The method for the IHS to deliver health care to Indian Tribes is established by treaties and laws enacted by the Congress (Continued on page 2)							
15. Schedules (Month/Year)				16. Program Commitment Approval			
a. Studies	Start	/		Authority	Signature	Date	
	Complete	/					
b. Planning	Start	/		a. Project Manager		4/7/05	
	Complete	7/2004					
c. Design	Start	7/2004		b. Project Director		4/7/05	
	Complete	7/2005					
d. Construction	Start	3/2005		c. OPDIV Board Member		6/21/05	
	Complete	1/2007					
Activation	Start	2/2007		d. Office of the Secretary		7/06/05	
	Complete	4/2007					
f. Operational	Complete	4/2007					

FACILITY PROJECT APPROVAL AGREEMENT (Continuation Sheet)		1. Project No./ID I-137	2. Revision No.: 0
3. Project Title: Replacement Clinton Indian Health Center, Clinton, Oklahoma		4. Budget Year: 2006	5. Date: 4/4/2005
		6.a. Total HCFC Cost (\$M): \$20.36	6.b. Total Project Cost (\$M) \$20.36
7. Activity/Program Office: DEHE		8. Installation/Location (City & State) Clinton Indian Health Center, Clinton, OK	
<p>Project Planning Status: The POR, approved on July 16, 2004, was amended on January 19, 2005, when the size was increased. The current project estimate is within the amount appropriated. Project is fully funded. The IHS space planning HSP process now reflects the corrected user population and workload for the base Year 2001 and planning Year 2014; whereas, previous HSP workload figures were based on the base Year 1997 and an erroneous planning Year.2012. The planned health care services were modified in the POR amendment to reflect the current assessed need.</p> <p>Comment for Item 9: Line "c. Construction" includes the total cost estimate for project construction in multiple FYs, with \$0.10 million appropriated in FY 2003, and the \$15.14 million balance being appropriated in FY 2005.</p> <p>Commentation Item 13: 3,631 generating 18,385 primary care provider visits and 36,715 outpatient visits. The existing facility will be disposed of in accordance with established regulations and procedures after the replacement health center is operational. The project cost estimate includes appropriate estimated costs for disposing of the existing structure. The Cheyenne-Arapaho Tribe is doing the project under an executed P.L. 93-632 contract "J" design and construction contract.</p> <p>Commentation Item 14: of the United States of America. The Snyder Act of 1921 is the legislative authority for the IHS and links the IHS services to congressional appropriations that support the IHS health care program. The IHS has the responsibility to honor and protect the inherent sovereign rights of Tribes and ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native (AI/AN) people. For the proposed health care services, the IHS has determined that the proposed replacement health center will address the health care needs of the AI/AN community in the best manner.</p> <p>Comment for Item 15: The schedule dates shown are those provided by the Tribe. The IHS estimates schedule dates based on the time periods for the components shown below:</p> <p>a. Studies: Priority System Selection, Site Selection, Project Justification. b. Planning Completion: 4th quarter FY 2004. c. Design: 12 months. d. Construction: 22 months e. Activation: 2 to 3 months f. Operations: 3 months after construction completion</p>			

IHS FACILITY PROJECT APPROVAL AGREEMENT

3. Project Title: Replacement Phoenix Indian Medical Center - Southwest Ambulatory Care Center	1. Project No./ID I-120-C	2. Revision No.: 0
	4. Budget Year: 2006	5. Date: (mm/dd/year) 4/4/2005
	6.a. Total HCFC Cost (\$M): \$27.17	6.b Total Project Cost (\$M) \$27.17

7. OPDIV/Program Office: IHS/OEHE	8. Installation/Location (City & State) Southwest Ambulatory Care Center - Phoenix Indian Medical Center, Gila River Indian Community, Komatke, AZ
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9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Source	FY	Item	Amount	Funds Source	FY
a. Land Acquisition	\$0.00			a. Special Studies			
b. Design	\$1.81	HCFC	2005 *	b. Pre-Project Planning	\$0.05	HCFC	2005
c. Construction	\$19.99	HCFC	2007	c. Activation (include moving)			
d. Equipment	\$5.32	HCFC	2007	d. Special Purpose Equip.			
e. Other				e. Other			
f. Total Facility Cost Est.	\$27.12			f. Total Related Cost Est.	\$0.05		

g. Off-Site Utilities: Sufficient capacity and type of off-site utilities are available to support this project. [See comment on Sheet 2.]
 Costs have been included in the estimate for the required off-site utilities.

11. Category	<input type="checkbox"/> Repair	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Improvements	12. PDRI Rating: <u>439</u> out of <u>966</u> at <u>40%</u> preliminary engineering or <u> </u> % design
	<input checked="" type="checkbox"/> New Construction		<input type="checkbox"/> Temporary Construction	

13. Project Description (Scope/Quantify):
 Funds in the FY 2005 appropriation will be used to complete the planning and will be available for strating design of this sub-project for the replacement Phoenix Indian Medical Center (PIMC) System. Funds in the FY 2007 request will be used to complete design and construct the facility. The Tribe has indicated that they plan to submit a letter of intent to design and construct the project pursuant to their rights under Public Law (P.L.) 93-638, Subpart "J," which means the project could be ready for construction to commence in FY 2007. Preliminary plans for the replacement PIMC System is for the Southwest Ambulatory Care Center to be one of three satellite outpatient facilities for the Phoenix Area IHS health care delivery system. A Program Justification Document (PJD) for this sub-project has been developed in accordance with the Phoenix Area Health Services Master Plan approved November 22, 2002. Preliminary planning reflects a proposed 7 413 gross (Cont. on Page 2)

14. Justification:
 The existing 1970 PIMC facility in Phoenix no longer supports workload needs of the service area. There are long waiting times to see primary care providers due to limited space being available for capacity expansion. The Phoenix Area IHS and tribes have developed a Phoenix Area Health Services Master Plan to identify the health system delivery needs for the Phoenix Metropolitan Area, which includes this proposed new satellite ambulatory care center as a component of the project to replace the existing PIMC system. This sub-project has been developed to alleviate outpatient stress and overcrowded conditions at the PIMC and in accordance with the Phoenix Area Health Services Master Plan. The base workload for space planning reflects a user population of 4,023; 8,065 primary care provider visits and 11,965 (Cont. on Page 2)

15. Schedules (Month/Year)			16. Program Commitment Approval		
a. Studies	Start	/	Authority	Signature	Date
	Complete	/			
b. Planning	Start	/	a. Project Manager	<i>Arthur DiPadova</i>	4/7/05
	Complete	11 / 2005		Arthur DiPadova	
c. Design	Start	12 / 2005	b. Project Director	<i>Jose F. Cuzme</i>	4/7/05
	Complete	11 / 2006		Jose F. Cuzme, P.E., Dir., DFPC, OEHE	
d. Construction	Start	1 / 2007	c. OPDIV Board Member	<i>Gary J. Hartz</i>	6/21/05
	Complete	1 / 2008			
Activation	Start	2 / 2008	d. Office of the Secretary	<i>William C. Stamper</i>	2/6/05
	Complete	5 / 2008			
f. Operational	Complete	5 / 2008		William C. Stamper, DAS, OFMP	

HHS FACILITY PROJECT APPROVAL AGREEMENT (Continuation Sheet)		1. Project No./ID I-120-C	2. Revision No.: 0
3. Project Title: Replacement Phoenix Indian Medical Center - Southwest Ambulatory Care Center		4. Budget Year: 2006	5. Date: 4/4/2005
		6.a. Total HCFC Cost (\$M): \$27.17	6.b. Total Project Cost (\$M) \$27.17
7. OPDIV/Program Office: IHS/OEHE		8. Installation/Location (City & State) Southwest Ambulatory Care Center - Phoenix Indian Medical Center, Gila River Indian Community, Komatke, AZ	
<p>Project Planning Status: Under the old priority system, the replacement PIMC project was placed on the IHS Inpatient Priority List in advance of the approval of the Program Justification Document (PJD), and is "grandfathered" in this status until the system PJD and those for the sub-projects are approved. Preliminary plans are for a central site in Phoenix for inpatient, outpatient and hostel, and satellite outpatient facilities in nearby southeast, southwest and northeast regions. Renovation of the existing PIMC hospital facility in Phoenix, AZ, is being considered for the central outpatient services. A PIMC System PJD is being developed in accordance with the Phoenix Area Health Services Master Plan approved November 22, 2002. For this sub-project for the Southwest Ambulatory Care Center, only the Phase I Site Selection and Evaluation Report (SSER) has been approved to date. The PJD is being processed for approval. The Phase II SSER work will commence after the PJD has been approved. Concurrently, the POR will be developed and once the Phase II SSER has been approved, the POR will be processed for approval.</p> <p>Comment for Item 9: Line "b. Design" includes the total cost estimate for project design in multiple FYs, with current plans reflecting \$1.30 million appropriated in FY 2005, and the balance of \$0.50 million in the FY 2007 Request. The project cost estimate has been updated and will be updated again as project planning is completed.</p> <p>Comment for Item "g. Off-Site Utilities:" This information will be determined in the Phase II SSER process.</p> <p>Continuation Item 13: square meters (GSM) health center based on a projected user population of 5,707 generating 22,394 primary care provider visits for 44,721 outpatient visits. The existing facility will be disposed of in accordance with established regulations.</p> <p>Continuation Item 14: outpatient visits, which are being provided from the existing 745 GSM facility. The proposed new satellite will be in addition to the existing main PIMC structure. This is a sub-project for the replacement PIMC system. In the project design process, the life-cycle costs for major service systems and equipment are considered in the design decisions. As of date, the IHS has not performed a life-cycle cost analysis for this project. The method for the IHS to deliver health care to Indian Tribes is established by treaties and laws enacted by the Congress of the United States of America. The Snyder Act of 1921 is the legislative authority for the IHS and links the IHS services to congressional appropriations that support the IHS health care program. The IHS has the responsibility to honor and protect the inherent sovereign rights of Tribes and ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native (AI/AN) people. For the proposed health care services, the IHS has determined that the proposed satellite ambulatory care center will address the health care needs of the AI/AN community in the best manner.</p> <p>Comment for Item 15: Until funding is complete, schedule dates in most cases are not realistically available now. Assuming Tribal accomplishment of the design and construction of this project under a P.L. 93-638 Subpart "J" contract, anticipated approximated dates are shown in Item 15 for the time periods for schedule components shown below. If the Tribe elects not to design and construct the project under P.L. 93-638, the project schedule will have to be adjusted for the time periods shown below for "Direct."</p> <p>a. Studies: Priority System Selection, Site Selection, Project Justification. b. Planning Completion: First Quarter FY 2005 c-1. A/E Selection: [P.L. 93-638: 1 month] [Direct: 8 months] c-2. Design: [P.L. 93-638: 11 months] [Direct: 16 months] d-1. Bidding-Contractor Selection: [P.L. 93-638: 2 months] [Direct: 3 months] d-2. Construction: [P.L. 93-638: 12 months] [Direct: 18 months] e. Activation: 2 to 3 months f. Operational: 3 months after construction completion.</p>			



**HHS
FACILITY PROJECT
APPROVAL AGREEMENT**

1. Project No./ID I-120-C	2. Revision No.: 1
4. Budget Year: 2006	5. Date: 9/13/2005
6.a. Total B&F Cost (\$): \$27.16	6.b. Total Project Cost \$27.16

3. Project Title:
Replacement Phoenix Indian Medical Center - Southwest Ambulatory Care Center

7. OPDIV/Program Office: IHS/OEHE	8. Installation/Location (City & State) Gila River Indian Community, Komatke, AZ
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Project Planning Status: The Gila River Indian Tribe is proceeding with completing the Phase II SSER and POR. Upon approval of the POR the design of this project will commence.

Comment for Item 9: Line "b. Design" includes \$1.35M (FY2005) to complete planning and design. Line "c. Construction and d. Equipment" A 0.476% rescission was applied to the FY2006 appropriation of \$8.0M yielding \$7.96M. This amount will be used to start construction. The balance of \$17.84M is requested in FY 2007. The project cost estimate has been updated and will be updated again as project planning is completed.

Continuation Item 13: A Program Justification Document (PJD) for this sub-project has been approved in accordance with the Phoenix Area Health Services Master Plan approved November 22, 2002. The existing facility will be disposed of in accordance with established regulations. A P.L. 93-638 contract has been signed for the design of this project. If the tribe informs the IHS it does not intend to perform the construction of the proposed replacement facility under P.L. 93-638, then the facility will be acquired using an appropriate Direct Federal method such as design-bid-build, and the acquisition strategy submitted to the Department.

Continuation Item 14: The proposed new satellite will be in addition to the existing main PIMC structure. This is a sub-project for the replacement PIMC system. In the project design process, the life-cycle costs for major service systems and equipment will be considered in the design decisions. As of this date, the IHS has not performed a life-cycle cost analysis for this project. For the proposed health care services, the IHS has determined that the proposed satellite ambulatory care center will address the health care needs of this community in the best manner.

IHS FACILITY PROJECT APPROVAL AGREEMENT

3. Project Title: Replacement Phoenix Indian Medical Center System - New Satellite Southeast Ambulatory Care Center	1. Project No./ID I-120-B	2. Revision No.: 0
	4. Budget Year: 2006	5. Date: (mm/dd/year) 4/4/2005
	6.a. Total HCFC Cost (\$M): \$48.32	6.b Total Project Cost (\$M) \$48.32

7. OPDIV/Program Office: IHS/OEHE	8. Installation/Location (City & State) Southeast Ambulatory Care Center - Phoenix Indian Medical Center System, Gila River Indian Community, Chandler (Upper Santan), AZ
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9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Source	FY	Item	Amount	Funds Source	FY
a. Land Acquisition	\$0.00			a. Special Studies			
b. Design	\$3.22	HCFC	2005 *	b. Pre-Project Planning	\$0.05	HCFC	2005
c. Construction	\$35.46	HCFC	2007 *	c. Activation (include moving)			
d. Equipment	\$9.59	HCFC	2007 *	d. Special Purpose Equip.			
e. Other				e. Other			
f. Total Facility Cost Est.	\$48.27			f. Total Related Cost Est.	\$0.05		

g. Off-Site Utilities: Sufficient capacity and type of off-site utilities are available to support this project. [See comment on Sheet 2.]
 Costs have been included in the estimate for the required off-site utilities.

11. Category	<input type="checkbox"/> Repair	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Improvements	12. PDRI Rating: <u>446</u> out of <u>979</u> at <u>40%</u> preliminary engineering or <u> </u> % design
	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Temporary Construction		

j. Project Description (Scope/Quantify):
 Funds in the FY 2005 appropriation will be used to complete the planning and will be available for starting design of this sub-project for the replacement Phoenix Indian Medical Center (PIMC) System. Funds in the FY 2007 request will be used to complete design and start construction. The Tribe has indicated that they are considering doing this project pursuant to their rights under Public Law (P.L.) 93-638. Preliminary plans for the replacement PIMC System is for the Southeast Ambulatory Care Center to be one of three satellite outpatient facilities for the Phoenix Area IHS health care delivery system. A Program Justification Document (PJD) for this sub-project has been developed in accordance with the Phoenix Area Health Services Master Plan approved November 22, 2002. Preliminary planning reflects a proposed 12 618 gross square meters (GSM) health center based on a projected user population of 14,369 generating 58,589 primary care provider visits and (Cont. on Page 2)

14. Justification:
 The existing 1970 PIMC facility in Phoenix no longer supports workload needs of the service area. There are long waiting times to see primary care providers due to limited space being available for capacity expansion. The Phoenix Area IHS and tribes have developed a Phoenix Area Health Services Master Plan to identify the health system delivery needs for the Phoenix Metropolitan Area, which includes this proposed new satellite ambulatory care center as a component of the project to replace the existing PIMC system. This sub-project has been developed to alleviate outpatient stress and overcrowded conditions at the PIMC and in accordance with the Phoenix Area Health Services Master Plan. There is no existing health care facility at this location to support the Year 2001 Base User Population of 10,637. This proposed (Cont. on Page 2)

15. Schedules (Month/Year)			16. Program Commitment Approval		
	Start	Complete	Authority	Signature	Date
a. Studies	/	/			
b. Planning	/		a. Project Manager	<i>Arthur DiPadova</i> Arthur DiPadova	4/7/05
	5 / 2006				
c. Design	6 / 2006		b. Project Director	<i>Jose F. Cuzme</i> Jose F. Cuzme, P.E., Dir., DFPC, OEHE	4/7/05
	7 / 2007				
d. Construction	9 / 2007		c. OPDIV Board Member	<i>Gary J. Hartz</i> Gary J. Hartz, P.E., Asst. Surgeon Gen. Director, OEHE, IHS	6/21/05
	4 / 2009				
e. Activation	5 / 2009				
	7 / 2009		d. Office of the Secretary	<i>William C. Stamper</i> William C. Stamper, DAB, OFMP	7/6/05
f. Operational	7 / 2009				

HHS FACILITY PROJECT APPROVAL AGREEMENT (Continuation Sheet)		1. Project No./ID I-120-B	2. Revision No.: 0
3. Project Title: Replacement Phoenix Indian Medical Center System - New Satellite Southeast Ambulatory Care Center		4. Budget Year: 2006	5. Date: 4/4/2005
		6.a. Total HCFC Cost (\$M): \$48.32	6.b. Total Project Cost (\$M) \$48.32
7. OIG/Program Office: DOEHE		8. Installation/Location (City & State) Southeast Ambulatory Care Center - Phoenix Indian Medical Center System, Gila River Indian Community, Chandler (Upper Santan), AZ	
<p>Project planning status: Under the old priority system, the replacement PIMC project was placed on the IHS Inpatient Priority List in advance of the approval of the Program Justification Document (PJD), and is "grandfathered" in this status until the system PJD and those for the sub-projects are approved. Preliminary plans are for a central site in Phoenix for inpatient, outpatient and hostel, and satellite outpatient facilities in nearby southwest, southwest and northeast regions. Renovation of the existing PIMC hospital facility in Phoenix, AZ, is being considered for the central outpatient services. A PIMC System PJD is being developed in accordance with the Phoenix Area Health Services Master Plan approved November 22, 2002. For this sub-project for the satellite Southeast Ambulatory Care Center, only the Phase I Site Selection and Evaluation Report (SSER) has been approved to date. The PJD is being processed for approval. The Phase II SSER work will commence after the PJD has been approved. Concurrently, the POR will be developed and once the Phase II SSER has been approved, the POR will be processed for approval.</p> <p>Comments for Item 9: Line "b. Design" includes the total cost estimate for project design in multiple FYs, with current plans reflecting \$2.54 million appropriated in FY 2005, and the balance of \$0.68 million in the FY 2007 Request. Line "c. Construction" includes the total cost estimate for project construction in multiple FYs, with current plans for Requests to include construction funding to start in FY 2007 and complete in FY 2008. Line "g. Equipment" includes the total cost estimate for project equipment in multiple FYs, with current plans for Requests to include equipment funding to start in FY 2007 and complete in FY 2008. The project cost estimate has been updated and will be updated again as project planning is completed.</p> <p>Comments for Item "g. Off-Site Utilities:" This information will be determined in the Phase II SSER process.</p> <p>Continuation for Item 13: 117,002 outpatient visits.</p> <p>Continuation for Item 14: new satellite will be in addition to the existing main PIMC structure. This is a sub-project for the replacement PIMC system. In the project design process, the life-cycle costs for major service systems and equipment are considered in the design decisions. As of date, the IHS has not performed a life-cycle cost analysis for this project. The method for the IHS to deliver health care to Indian Tribes is established by treaties and laws enacted by the Congress of the United States of America. The Snyder Act of 1921 is the legislative authority for the IHS and links the IHS services to congressional appropriations that support the IHS health care program. The IHS has the responsibility to honor and protect the inherent sovereign rights of Tribes and ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native (AI/AN) people. For the proposed health care services, the IHS has determined that the proposed satellite ambulatory care center will address the health care needs of the AI/AN community in the best manner.</p> <p>Comment for Item 15: Until funding is complete, schedule dates in most cases are not realistically available now. Assuming Tribal accomplishment of the design and construction of this project under P.L. 93-638 Subpart "J" contract, anticipated approximate dates are shown in Item 15 for the time periods for schedule components shown below: If the Tribe elects not to design and construct the project under P.L. 93-638, the project schedule will have to be adjusted for the time periods show below for "Direct."</p> <p>a. Studies: Priority System Selection, Site Selection, Project Justification b. Planning Completion: Third Quarter FY 2006 c-1. A/E Selection: [P.L. 93-638: 1 month] [Direct: 8 months] c-2. Design: [P.L. 93-638: 13 months] [Direct: 18 months] d-1. Bidding-Contractor Selection: [P.L. 93-638: 2 months] [Direct: 3 months] d-2. Construction: [P.L. 93-638: 19 months] [Direct: 25 months] e. Activation: 2 to 3 months f. Operational: 3 months after construction completion.</p>			



HHS FACILITY PROJECT APPROVAL AGREEMENT

1. Project No./ID I-121		2. Revision No.: 0			
		4. Budget Year: 2006		5. Date: (mm/dd/year) 9/13/2005	
3. Project Title: San Carlos Indian Health Service Health Center		6.a. Total B&F Cost (\$): \$115.94		6.b Total Project Cost \$115.94	

7. OPDIV/Program Office: IHS/OEHE	8. Installation/Location (City & State) San Carlos, Arizona
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9. Facility Cost Estimate (\$M)				10. Related Cost Estimate (\$M)			
Item	Amount	Funds Sources	Fiscal Year	Item	Amount	Fund Sources	Fiscal Year
a. Land Acquisition				a. Special Studies	\$ -		
b. Design	\$ 6.62	HCFC	2005-2006	b. Pre-project Planning	\$ 0.05	HCFC	2005
c. Construction	\$ 91.98	HCFC	2009/2010	c. Activation (include moving)	\$ -	OPS	
d. Equipment	\$ 17.29	HCFC	2009/2010	d. Special Purpose Equipment	\$ -		
e. Other	\$ -			e. Other	\$ -		
f. Total Facility Cost Est.	\$ 115.89			f. Total Related Cost Est.	\$ 0.05		

g. Off-Site Utilities:

Sufficient capacity and type of off-site utilities are available to support this project.

Costs have been included in the estimate for the required off-site utilities.

11. Category

Repair Construction
 Maintenance Temporary Construction
 Improvements

12. PDRI Rating: 444 out of 1000 at 30% preliminary engineering.

13. Project Description (Scope/Quantify) and Acquisition Strategy:

The proposed 16 721 square meter health center has been planned for a projected user population of 9,459 generating 64,155 primary care provider visits and 128,118 outpatient visits. The replacement facility will be a modern, technologically advanced facility with the required staff to provide an expanded level of health care services specifically designed to meet the health care needs of the San Carlos Service Unit. The facility will include eight acute care beds and two birthing beds for a total of ten beds. New services are the two-bed low risk birthing unit, physical therapy, telemedicine, podiatry, Ultra-sound, ambulatory procedures, computerized tomography (CT), and mammography. The existing services that will be continued are short stay acute care nursing, dietetics, emergency room, ambulatory care-medical care, dental clinic, pharmacy, optometry, audiology, laboratory, radiology-diagnostic imaging, health education, nutrition, mental health, social services, administration, contract health services, patient business office, quality management, (continued of Page 2)

14. Justification:

The Phoenix Area IHS Master Plan supports the San Carlos Service Unit and San Carlos Health Facility. The San Carlos Service Unit has vastly grown in such a manner that the existing space is now being used beyond its full capacity. The demand for increased ambulatory care, dental, community health services, quality assurance, patient business office, contract health care and tribal health care programs has grown to the extent that those services need to be expanded in an already crowded facility. The health care practitioners presently work with 13 exams rooms when the current workload requires 31 exam rooms. The San Carlos facility was built prior to specific services being provided including: Patient Business Office, Contract Health Care, Managed Care, Quality Assurance, and Telemedicine capacity. The existing health care facility with its current available space of 3 580 square meters is inadequate to meet the health care demands of the present and/or the projected Service Unit workload population. It is imperative that the present facility be replaced given the space deficiencies, facility age (constructed in 1962), (continued on sheet 2)

15. Schedules (Month/Year)			16. Program Commitment Approval		
a. Studies	Start	Complete	Authority	Signature	Date
b. Planning	Start	May-88	a. Project Manager	 Arthur A. Di Padova	9/15/05
	Complete	Jul-05			
c. Design	Start	Jul-06	b. Project Director	 José F. Cuzme, P.E., Dir., DFPC, OEHE	9/16/05
	Complete	Apr-08			
d. Construction	Start	Jul-09	c. OPDIV Board Member	 Gary J. Hartz, P.E., Ass. Surgeon Gen. Director, OEHE, IHS	9/16/05
	Complete	Jul-11			
e. Activation	Start	Aug-11	e. Office of the Secretary	 William C. Stamper, DAS OFMP	9/22/05
	Complete	Sep-11			
f. Operational	Complete	Sep-11			



**HHS
FACILITY PROJECT
APPROVAL AGREEMENT**

1. Project No./ID I-121	2. Revision No.: 0
4. Budget Year: 2006	5. Date: 9/13/2005
6.a. Total B&F Cost (\$): \$115.94	6.b. Total Project Cost \$115.94

3. Project Title:
San Carlos Indian Health Service Health Center

7. OPDIV/Program Office:
IHS/OEHE

8. Installation/Location (City & State)
San Carlos, Arizona

Item 9 - Continued from Page 1

General: The FY2006 budget will complete design but it also includes a rescission which is reflected in this FPAA. The budget includes \$13,420,000 for the design and construction of 43 additional staff quarters. Markets have yet to adjust to higher oil/fuel prices which is expected to have a significant impact on costs. The project cost estimate has been updated and will be updated again as project planning is completed.

Line "b. The FY 2005 appropriation included \$0.56 to complete planning and start design. A 0.476% rescission was applied to the FY2006 appropriation of \$6.139M yielding \$6.11M which will complete design. Line "c. Construction" includes the total cost estimate for the project in multiple FYs. Construction funding will start with FY 2009 appropriation and complete in FY 2010. Line "d. Equipment" includes the total cost estimate for the project equipment in multiple FYs, which current plans show the requests for equipment funding will start in FY 2009 and complete in FY 2010. Anticipated outyear funding requests for construction, including equipment, in \$ million are: FY 2009: \$54.64; FY 2010: \$54.64. The project cost estimate has been updated and will be updated again as project planning is completed.

Item 13 - Continued from Page 1

IRM site management, and central supply. Existing Tribal programs are alcohol and substance abuse, community health representatives, Tribal Department of Health and Human Services Administration (DHHS) health services, diabetes prevention, EMS, and women, infant and children (WIC). The staffing for the facility will consist of 354 approved RRMNA IHS positions and 70 Tribal employees. The Phase I Site Survey was completed 2/3/04, and the PJD and PJDQ were completed 1/31/05. The Phase II Site and POR are being prepared. With the receipt of the FY 2006 appropriation, this project will proceed with the design of the replacement health facility.

If the Tribe informs the IHS it does not intend to perform the design and construction of the proposed replacement facility under P.L. 93-638, then the facility will be acquired using an appropriate Direct Federal method such as design-bid-build or design-build, and the acquisition strategy submitted to the Department.

Item 14 - Continued from Page 1

facility deficiency reports, and continual demand of increased workload. The current population is 8,794 San Carlos Apaches. There are no IHS and one non-IHS facility which is located within the IHS radius for either inpatient or ambulatory care services. The nearest IHS alternate source of inpatient service is the Phoenix Indian Medical Center, located approximately 174 km to the west of the San Carlos Indian Hospital. The nearest non-IHS alternate source of inpatient service is in Globe, Arizona, 32 km away and can not accommodate the San Carlos workload. The site upon which the existing facility was built is inadequate for its present operations. There is no room to expand the facility to meet the current operations or to put temporary structures to support the existing programs. Site requirements for the proposed replacement facility and parking far exceed the space available at the existing site. The existing facility will be demolished when the new facility is completed. In the project design process, the life-cycle costs for major service systems and equipment will be considered in the design decisions.

The project will improve the quantity and quality by increasing access to health care. The proposed facility will include enough exam rooms for the projected population. In addition, the layout of the various departments will be designed to maximize patient and staff flow efficiencies. In addition, the Phoenix Area Master Plan supports this project.

**HHS
FACILITY PROJECT
APPROVAL AGREEMENT**

3. Project Title: Yakama Health Center Expansion & Renovation	1. Project No./ID I-PO5YA010C9	2. Revision No.: 0
	4. Budget Year: 2006	5. Date: 11/8/2006
	6.a. Total B&F Cost (\$): \$0.00	6.b. Total Project Cost \$1.03

7. OPDIV/Program Office: IHS/OEHE	8. Installation/Location (City & State) Toppenish, Washington
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Item 9: Sources of funds for this project are \$875,000 Medicaid/Medicare funds and \$150,000 from 3rd party insurance funds. The third party funds will be used for design and some construction

Phase	Design		Construction				Total
	FY 04	FY 04	FY 02	FY 03	FY 04	FY 05	
Type	3rd Party	3rd Party	M&M	M&M	M&M	M&M	
Amount (\$M)	0.04	0.11	0.15	0.15	0.3	0.275	1.025

14. Justification:

A life-cycle cost analysis was completed to determine the type of structure. The new space is storage and it was determined that a pre-engineered building would be the most economical. The mechanical systems for the building are going to be evaluated by a mechanical engineer during construction. The additional load on the existing building systems will be evaluated during design. Sustainability will be incorporated to the extent possible.

Earned Value Analysis: The project leadership team will establish a baseline on the cost and schedule for each phase; design construction, and equipment
Operating Costs: There are no enhancements to the HVAC system or the exterior walls to reduce operating costs.