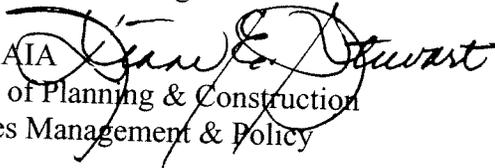




December 14, 2007

TO: Katherine Michaud  
Lead RMO Examiner – Real Property  
Office of Management and Budget

FROM: Diane E. Stewart, AIA   
Director, Division of Planning & Construction  
Office for Facilities Management & Policy

SUBJECT: Department of Health and Human Services (HHS) 1Q FY 2008  
Milestones

The purpose of this memorandum is to provide you with HHS 1Q FY 2008 Milestone deliverables in accordance with the President's Management Agenda (PMA). The Department has met all FY 1Q 2008 Real Property Management PMA Scorecard, 3-Year Timeline and Performance Agreement (i.e. PTB5) requirements and has attached the following deliverables by requirement category, to assist your review. As you will note, some of the deliverables respond to PMA, 3-Year Timeline and/or PTB4 performance measure requirements. In addition, certain 1Q deliverables were previously provided to you or will be provided to you separate from this submittal as noted below.

Please contact me on 202-205-4773 if you have any questions about the materials provided with this submission.

### 1Q FY08 PMA, PTB5 and 3-Year Timeline Scorecard Deliverables

#### **PMA Scorecard Deliverables**

- Complete all 1Q activities outlined in the 3-Year Timeline and the oversight of the HHS portfolio document. **(See Tabs A – L)**
- Finalize the Proud-to-Be V (11/15/07). E-mailed on 11/15/07.
- Submit a draft update of the three year timeline, incorporating HHS roles, responsibilities, short and medium term goals, revision for FY 08 and 09 and adding milestones for FY 10 (11/26/07). E-mailed on 11/26/07.
- Identify specific corrective actions to be taken in FY 08 by PSC to improve lease management. **(See Tab E)**
- Expand the data validation and verification plan (due 11/1/07) to address (1) actions in place to avoid repetition of 2006 errors and (2) activities that will be conducted between now and December 14<sup>th</sup>. E-mailed on 11/1/07.

- Transmit all required data, accurately and completely, to the FRPP (12/14/07). **(See Tab G)**
- Revise the data validation and verification plan to include immediate actions to be completed by HHS in advance of the December 15<sup>th</sup> submission (11/1/07). E-mailed on 11/1/07.

## **PTB5 and 3-Year Timeline Deliverables**

### **Right Workforce (Human Resource Strategy)**

- Develop an OFMP Human Resource Management Plan. Deliverable: HHS OFMP Human Resources Management Plan. **(See Tab A)**

### **Right Size (Portfolio Management)**

- Report quarterly progress toward meeting HHS FY08 disposal target. Deliverable: Status report. **(See Tab K; also included is updated FY 2007 report reflecting actual dispositions as incorporated in 11/26/07 3-Year Timeline submission.)**
- Revise 3-Year Timeline format incorporating HHS roles and responsibilities; short, medium and long term goals; and revisions for FY08 and 09 and adding milestones for FY10. Deliverable: FY 2008 Revised 3-Year Timeline; draft e-mailed 11/26/2007.
- Develop new OPDIV internal scorecard with implementation policy and guidance. Deliverable: OPDIV internal scorecard with guidance. **(See Tab B)**
- Establish semi-annual CIRB meetings to address: 1) budget including sustainment/improvement funding and other funding issues, 2) master planning to include overall management of portfolio issues. Deliverable: Policy documentation delineating the specific purpose of each meeting; establishing membership, protocols and standard agenda; and defining specific approval actions. **(See Tab D)**

### **Right Cost (Appropriate Stewardship)**

- OPDIVs submit FRPC operating cost data for FY 2007. Deliverable: ARIS input to GSA FRPP database. **(See Tab G)**

### **Right Condition (Improve Facility Condition)**

- Each landholding OPDIV must annually maintain and report a CI for each owned constructed asset that the OPDIV owns (began 1Q06 and to continue each 1Q thereafter). For purposes of determining CI, OPDIVs are required to perform a visual assessment of each owned constructed asset at a frequency of no greater than five years. In the off-years of the visual assessment cycle the CI is to be calculated by way of a desk-top assessment. Deliverable: OPDIVs enter new CI's in data system for import into ARIS and FRPP databases. OPDIV upload to ARIS and FRPP. (See **Tab G**)

### **Right Data (Improve Information Management)**

- OPDIVs certify 1) the accuracy and completeness of portfolio data in ARIS; 2) completion of the OPDIV 3-Year Timeline goals/milestones/targets. (Quarterly for Landholders/Annually 4Q for non-landholders.) Deliverable: Signed Certification Statement with required supporting documentation for data changes; and accurate, complete transmission of the ARIS database to GSA for inclusion in the FRPP December 15. (See **Tab I**)



United States Department of  
**Health & Human Services**

Federal Real Property Asset Management

**HHS OFMP Human Resources Management Plan**



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

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## **HHS OFMP Human Resource Management Plan**

### **Introduction**

The purpose of this HHS Office for Facilities Management and Policy (OFMP) Human Resource Management Plan is to identify an adequate workforce structure to lead and direct the Department in functional areas of expertise. The PMA Tiger Team identified this initiative as critical to effectively support the role of the Senior Real Property Officer (SRPO) and manage the HHS portfolio of assets. Included within this plan is the creation of a position to capture overall master planning issues for the Department.

To develop a plan, OFMP went through the following steps:

1. Reviewed professional and technical competencies addressed with current positions.
2. Assessed existing organizational structure and identified gaps that need to be addressed.
3. Updated the organizational structure.
4. Established targeted hiring actions.

### **Current Organizational Structure**

OFMP is responsible for HHS management oversight and policy development for facilities planning, design, and construction, operations and maintenance (O&M), real estate, capital program budget management, energy and environmental leadership, historic preservation, Occupational Safety and Health (OSH), and operation of the Hubert H. Humphrey (HHH) Building and oversight of HHS-occupied space in the Southwest Complex of Washington, DC. Annual HHS facility expenditures average over \$1 Billion and services are provided by more than 1,000 Civil Service and an unknown number of contractors, supporting more than 67,000 DHHS employees in more than 3,920 buildings, totaling more than 47.8 million square feet, at hundreds of sites in the continental U.S. and its territories.

In addition, OFMP, through the SRPO, has delegated authority to Chair the HHS Capital Investment Review Board which makes recommendations for strategic management of HHS real property assets to the Secretary on major facility capital investment issues.

OFMP is currently organized into three divisions: Programs, Operations and Maintenance, and Planning and Construction.



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

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## **HHS OFMP Human Resource Management Plan**

- The ***Division of Programs*** provides technical leadership and oversight of the Department's Energy, Environmental Management, Occupational Health and Safety, Historic Preservation, and Security programs.
- The ***Division of Operations and Maintenance*** manages the day to day operations and maintenance of all facilities within the Southwest complex.
- The ***Division of Planning and Construction*** provides technical leadership and oversight of the Department's facilities programs including budgeting, planning, design, construction, operations, maintenance, leasing, and real property management.

Overall there are 15 permanent employees on board within the OFMP. In addition, 7 full time contract employees directly support functions in the Divisions of Programs and Operations and Maintenance. See the attached OFMP Organization Chart.

In reviewing the current competencies within the organization, and consistent with the HHS Real Property Human Capital Management Plan dated June 26, 2006, OFMP identified the following gaps:

- 1) Expertise and leadership in Physical Security (building and personnel in the Southwest Complex)
- 2) Inadequate staffing with design and construction expertise to address the volume of projects requiring review and approval under the Department's capital investment policy
- 3) Inadequate staffing with experience in facilities program budget formulation and analysis
- 4) Lack of dedicated staff to coordinate the PMA Real Property Initiative and support real property asset management across the OPDIVs
- 5) Lack of master planning expertise.

### **Targeted Milestones for Hiring Actions**

Subject to availability of funding

1Q FY08

- Security Chief – Announcement closed October 19, 2007; interviews complete. Selection projected late 1Q08



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

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**HHS OFMP Human Resource Management Plan**

2Q FY08

- Facilities Policy and Program Specialist, Senior Leader – Announcement closed November 28, 2007. Selection projected 2Q08.
- Chief Engineer or Architect (Planning & Construction) – Announcement closed December 3, 2007. Selection projected 2Q08.
- Real Property Asset Management Program Officer – Solicitation in preparation. Selection projected late 2Q08. See attached Position Description.

3Q FY08

- Environmental & Historic Preservation Officer – Solicitation pending funding. Selection projected 3Q08.
- Master Planner/Architect – Solicitation pending funding. Selection projected late 3Q08 or early 4Q08. See attached Position Description.

4Q FY08

- Safety Officer – Solicitation pending funding. Selection projected late 4Q08.
- Senior Facilities Manager, SW Complex – Solicitation pending.

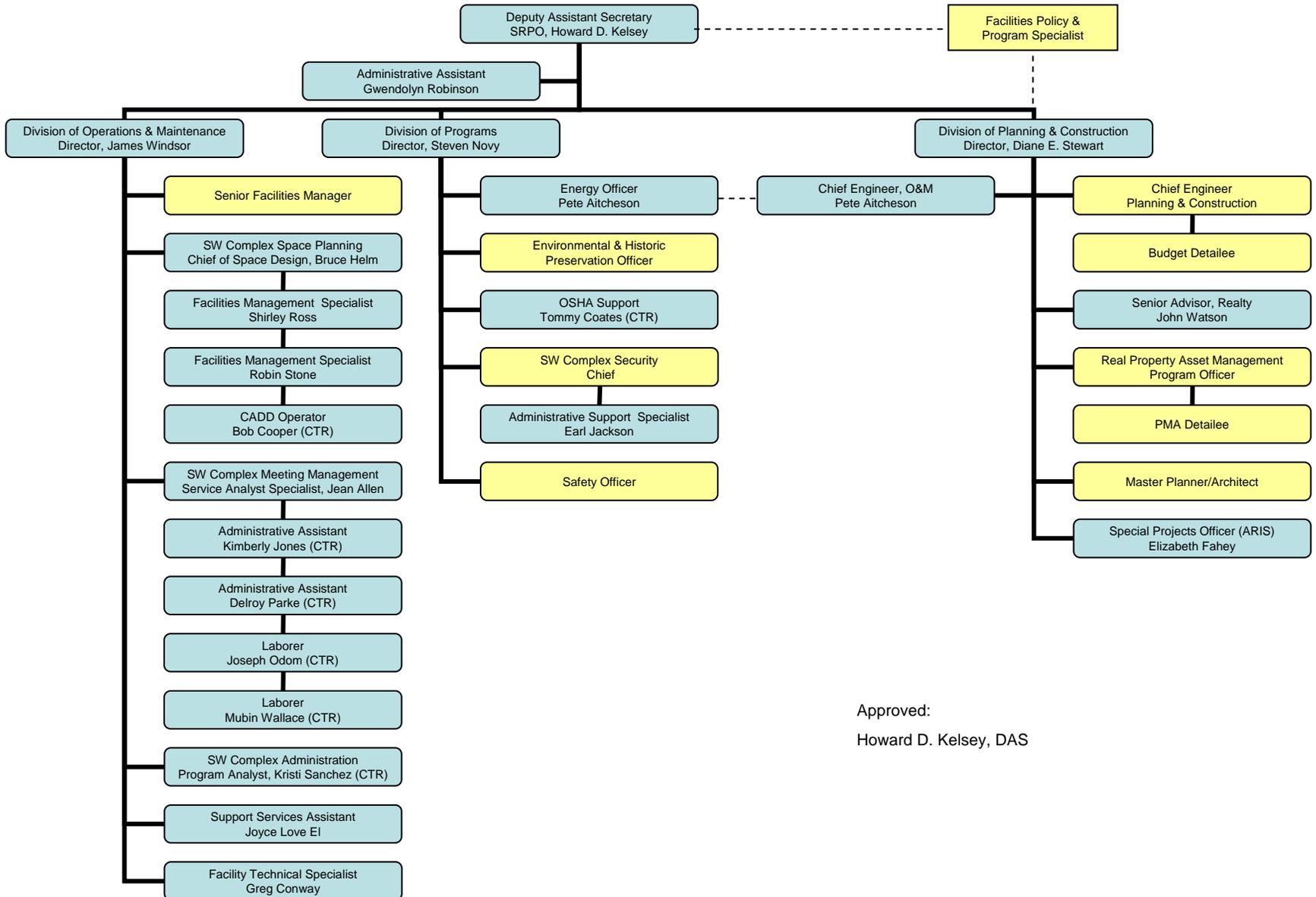
In addition to the targeted hiring actions, OFMP is in the process of soliciting detailees under the HHS CADRE program to support budget formulation and PMA activities.

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**HHS Human Resource Management Plan**

# **Attachments**

# Office for Facilities Management and Policy Organizational Chart



Approved:  
Howard D. Kelsey, DAS

**REAL PROPERTY ASSET MANAGEMENT PROGRAM MANAGER  
OFFICE FOR FACILITIES MANAGEMENT AND POLICY**

**Facility Program Officer GS-0301-14/15,  
Architect GS-0808-14/15, or  
Management and Program Analyst GS-0343-14/15**

**I. INTRODUCTION:**

This position is located in the Office for Facilities Management and Policy (OFMP), Office of the Assistant Secretary for Administration and Management (ASAM) at Department of Health and Human Services (DHHS) headquarters. OFMP is responsible for DHHS management oversight and policy development for facilities planning, design, and construction, operations and maintenance (O&M), real estate, facilities program budget oversight, and management of the Department's Real Property Asset Management Program (RAMP). This position provides for DHHS-wide functional oversight and management of the DHHS RAMP, and compliance with all requirements under the President's Management Agenda (PMA) Real Property Initiative to include leadership in portfolio and asset management policy, space utilization, leasing management, inventory reporting, sustainment and improvement activities, and asset disposition. Ensures statutory compliance, accountability, and balance across the ten Operating Divisions (OPDIVs) and the Office of the Secretary for all real property asset management activities.

Annual DHHS facility expenditures average over \$1 Billion and services are provided by more than 1,000 Civil Service and an unknown number of contractors, supporting more than 67,000 DHHS employees in more than 3,920 buildings, totaling more than 47.8 million square feet, at hundreds of sites in the U.S. and abroad. Consistent with the OFMP mission, vision, values, and functional statement to provide facilities stewardship and improve accountability, the incumbent provides expertise and leadership in right-sizing the DHHS portfolio of owned, leased and other wise managed facilities and ensuring appropriate space utilization, condition, cost levels based on Government-wide and DHHS-specific performance measures.

**II. DUTIES**

**DHHS Functional Leadership and Oversight of Real Property Asset Management Program – 50%**

Manages and conducts complex cross-cutting multi-layered, multi-functional studies, reviews and analyses in order to develop, analyze and prepare the annual update of the DHHS Real Property Asset Management Program (RAMP), DHHS 3-Year Timeline; "Proud to Be" document; performance accountability reports; internal scorecards and other documents as required. Manages DHHS portfolio right-sizing activities and serves as the Lead DHHS contact with OMB for the disposition of owned properties and the consolidation of leased space.

Manages and coordinates all DHHS RAMP Workgroups to plan and carry out a wide variety of initiatives to efficiently manage the DHHS portfolio and uses a multitude of tried and untried approaches to perform assignments related to real property asset management activities that involve programmatic and/or technical issues. Develops, issues and fosters implementation of policy, standards, guidelines, and operating procedures; and coordinates implementation of life cycle cost analyses to support better management of the DHHS portfolio.

Keeps informed on OPDIV activities, policies and decisions that have real property asset management implications. Also acts to routinely pass related technical information and facilities policy guidance and assistance to the OPDIVs.

Solves complex problems involving diverse aspects of much greater than average difficulty, as in a new program or a program that is being redefined, where procedures require frequent modification and change in order to incorporate revised theories and techniques. Modifies or adapts established methods and procedures or making significant departures from previous approaches to solve problems, revising standard methods to improve or extend administration and/or management systems; and, developing, modifying or adapting new methods to meet the requirements of particular situations.

**DHHS Support in Buildings and Facilities (B&F) Program, Budgeting, Space Management, and Operations and Maintenance Planning – 25%**

Performs various staff functions that are required to administer the overall RAMP, including site investigations and audits representing the DAS with users and advocates. Provides support in the areas of facilities planning, programming, and budgeting, and Buildings and Facilities (B&F) resources management from a DHHS-wide facilities requirements perspective. Provides assistance to the Director, Division of Planning and Construction and OPDIVS in developing properly integrated B&F budget proposals and related supporting information; in refining justifications and concepts prepared by the OPDIVS; and in developing priority listings of projects in support of the overall RAMP.

Consults on leases, inventory management and disposition of real property, and on developing and maintaining of facilities management inventories and databases. Provides financial reports and develops information for DHHS executives and the Capital Investment Review Board. Contributes to developing building management, sustainable design and best practices for the operation, design and commissioning of facilities. Performs a variety of other related duties as assigned in direct support of the overall HHS-wide facilities program activities and responsibilities.

Prepares responses to OMB and Congressional Committee questions on budget and oversight matters. Develops and coordinates resource releases along with necessary stipulations for the use of such resources by the OPDIVS.

**DHHS Functional Oversight and Management of all requirements under the PMA Real Property Initiative – 20%**

Oversees and manages the implementation of actions to ensure DHHS and OPDIV compliance with PMA, Federal Real Property Council (FRPC) and HHS specific performance measures including the implementation of corrective actions.

Assists the DAS and OPDIVS in developing budget proposals, requests, documentation, and related supporting information that fully integrate the requirements of the RAMP. Assists the DAS in responding to OMB and Congressional Committees questions on RAMP matters. Advocates appropriate B&F budget levels that support the PMA Real Property Initiative during the development and preparation of the B&F budget.

**Other Related Duties – 5%**

Performs a variety of other related duties as assigned in direct support of the DHHS facilities activities and responsibilities. Represents the Department to senior managers of GSA, OMB, and other Agencies and the private sector. Participates in OS and DHHS Continuity of Operations Planning and develops and deploys guidelines and frameworks for DHHS operational plans, business plans, strategic plans, hazard vulnerability assessments, risk mitigation strategies, hazardous materials, business continuity planning, and contingency and recovery plans.

**Factor 1**

**Knowledge Required by the Position**

Incumbent must have a broad experience and background in real property asset management. Mastery of principles and practices associated with real property asset management including acquisitions, leasing, disposals, sustainment, staffing, budgeting, operations and maintenance, commissioning, training, occupational safety, environmental safety, and physical security of facilities, equipment, and personnel assets.

Incumbent must possess a unique combination of administrative and technical skills in order to fulfill the responsibilities of the position including knowledge of the application of analytical and evaluative methods and techniques to issues or studies concerning the efficiency/effectiveness of real property asset management program operations. Must possess demonstrated skill in adapting analytical techniques and evaluation criteria to measure and improve program effectiveness and productivity.

Knowledge of and experience with medical research and healthcare delivery or similar research and operational facilities to provide effective real property asset management support. Knowledge of the major real property issues, program goals, and objectives, work processes, and administrative operations. Inherent in this is the skill to translate requirements in oral and written form into the development of policies, guidelines,

project proposals, plans, procedures, and budget requests. Also inherent is broad experience using independent judgment to arrive at sound decisions.

Incumbent must possess a complete and thorough understanding of pertinent regulations such as the Executive Orders, Federal property management regulations, Federal procurement regulations, Agency directives, and precedents applicable to real property asset management.

Ability to recognize key information, policies and decisions that must be conveyed from Department headquarters to OPDIV field organizations or vice versa so DHHS RAMP will be coordinated and integrated.

Must have skill in oral and written presentation of complex facilities engineering, organizational and funding problems to provide program visibility and support to DHHS and OPDIV senior management officials; and must have a working knowledge of windows-based software programs, such as WordPerfect, MS Word, MS Excel, MS Powerpoint and MS Outlook.

## **Factor 2 Supervisory Controls**

The incumbent reports to the Director, Division of Planning and Construction, OFMP, who assigns the area of programmatic responsibility and provides only broad Department goals, objectives and guidelines. The incumbent functions without detailed guidance and using broad knowledge and experience, exercises independent responsibility for goals, technical approaches, and general policies. This frequently involves definitive interpretation of regulations and study procedures, and the initial application of new methods. The incumbent informs the supervisor of potentially controversial issues. Recommendations and conclusions are reviewed for compatibility with Departmental goals, guidelines, and effectiveness in achieving intended objectives. The incumbent has wide latitude and responsibility for exercising judgment, administrative control, and direction of real property asset management activities, plans, and policies, and exercises total responsibility over matters within the scope of his/her activities. Work is evaluated on the basis of compliance with objectives and policies of DHHS and for adherence to administrative policy of the Department.

## **Factor 3 Guidelines**

Guidelines consist of Executive Orders, DHHS plans and objectives, Public Law, Government policies, and other similar references concerning asset management procedures and techniques. Guidelines are broad and nonspecific and require extensive employee interpretation, judgment, and ingenuity. The incumbent uses judgment and discretion in reviewing new and interpreting and revising existing policy and regulatory guidance to improve agency operations. The incumbent is recognized as the DHHS authority in the Departmental real property asset management.

In general, since medical research facilities are significantly unique in nature, specific guidelines are not available in many instances. The incumbent is required to draw on his/her own resources and the knowledge of recognized external experts in the various specialty disciplines, but ultimately must integrate inputs into effective plans and solutions to real property asset management problems and challenges. Full reliance is placed on the incumbent as a recognized authority in the overall real property asset management function for the Department.

**Factor 4  
Complexity**

The work consists of projects and studies which require analysis of interrelated issues of effectiveness, efficiency, and productivity of substantive mission-oriented programs. Decisions about how to proceed in planning, organizing and conducting studies are complicated by conflicting program goals and objectives. Established policies and procedures may require revision to assure consistency. Options, recommendations, and conclusions developed by the incumbent take into account and give appropriate weight to uncertainties about the data and other variables which affect long-range program performance.

Real property assets may have a broad range of unusual or controversial characteristics that involve a lack of guidelines, precedents, policies, or relevant data; extensive coordination and negotiation; extensive, detailed analysis, such as financial analysis of complex or unique corporations, business types, or uses; and/or innovative acquisition plans and procedures, negotiation strategies, and financial arrangements. This requires the incumbent to have a thorough knowledge and understanding of all aspects of the programs being supported, an in-depth knowledge of existing assets, and the knowledge and experience to assess facility concepts and plans.

**Factor 5  
Scope and Effect**

The work involves identifying and developing ways to resolve problems or cope with issues which directly affect the accomplishment of principal program goals and objectives and ensures continuous and effective operations of critical research, medical care, and operational facilities. Lack of facility availability (such as outages) could endanger patients and researchers and prevent use of command and control facilities in an emergency situation. The efforts of the incumbent also assure that the full benefit of the infrastructure is obtained at minimum cost. The real property asset management program is vital to the missions of DHHS, affects the work of approximately 67,000 civil service and an unknown number of contractor personnel, and affects National medical research, healthcare delivery, and operational capabilities.

**Factor 6**  
**Personal Contacts**

Contacts involve a wide variety of officials and contractors in DHHS and other Government agencies. Interacts with personnel from the project engineer and branch level at the various OPDIVs through senior officials (Assistant Secretaries and Deputy Assistant Secretaries), Office of General Counsel, and others. This may include contacts with OPDIV Directors. Due to the nature of the programs, frequent contacts are necessary with senior leaders in other Government agencies including GSA; with senior executives of private consultants and management firms; and with medical research, healthcare, safety and security experts. In addition, contact may be required with Congressional Committee or OMB staff members on specific matters.

**Factor 7**  
**Purpose of Contacts**

Contacts are necessary to provide guidance and direction; exchange information concerning the Department's facilities program; ensure the selection of the best alternatives in keeping with the rapidly changing state-of-the-art and the optimum use of funds; portray program status; persuade senior decision makers; resolve technical conflicts; and influence and control progress. Attention is directed toward building a creative alliance among Government and contractor personnel in resolving operational and managerial problems of extreme difficulty. Highly advanced programmatic guidance and information is furnished to top level Agency personnel, and as necessary, efforts are made to convince top management to pursue new approaches, invest substantial additional resources and funds, and to accept alternatives which may change major objectives. The incumbent may also be called upon to defend, negotiate and/or resolve controversial issues concerning facilities budgets, projects, programs, and activities. The incumbent negotiates with autonomous managers to achieve consensus and cooperation and works harmoniously with various diverse and autonomous organizations within the Department, other federal agencies, and the private sector.

**Factor 8**  
**Physical Demands**

The work is mostly sedentary. However, standing, walking, and stretching are required at times to inspect construction projects and existing facilities. Normal vision with the ability to distinguish colors is required. Ability to communicate by telephone is required. The ability to read and comprehend material accurately and correctly whether written, printed or electronically produced is required. The ability to verbally communicate in a clear and concise manner is required.

**Factor 9**  
**Work Environment**

The work environment is usually in an office setting. There may be occasional risk of exposure to environmental conditions during site visits, facilities

investigations and inspections of buildings being constructed or renovated, construction sites, and contractor plants that may be noisy, drafty, cold, hot, have high humidity, or contain noxious fumes from vehicles and/or equipment. Use of appropriate personal protective equipment is mandatory.

**MASTER PLANNER (Planning and Construction)  
OFFICE FOR FACILITIES MANAGEMENT AND POLICY**

**Community Planner GS-0020-14/15 or  
Architect GS-0808-14/15**

**I. INTRODUCTION:**

This position is located in the Office for Facilities Management and Policy (OFMP), Office of the Assistant Secretary for Administration and Management (ASAM) at the Department of Health and Human Services (DHHS) headquarters. OFMP is responsible for DHHS management oversight and policy development for facilities planning, design, and construction, operations and maintenance (O&M), real estate, facilities program budget oversight, and management of the Department's Real Property Asset Management Program (RAMP). This position provides for DHHS-wide functional oversight and management in overall master planning including short and long range planning, preliminary master planning, feasibility studies, and cost/benefit analyses. Ensures statutory compliance, accountability, and balance across the ten Operating Divisions (OPDIVs) and the Office of the Secretary for all master planning activities.

Annual DHHS facility expenditures average over \$1 Billion and services are provided by more than 1,000 Civil Service and an unknown number of contractors, supporting more than 67,000 DHHS employees in more than 3,920 buildings, totaling more than 47.8 million square feet, at hundreds of sites in the U.S. and abroad. Consistent with the OFMP mission, vision, values, and functional statement to provide facilities stewardship and improve accountability, the incumbent provides expertise in planning, design, and construction and ensures statutory compliance, accountability, and balance across the ten Operating Divisions (OPDIVs) and the Office of the Secretary.

**II. DUTIES**

**DHHS Functional Leadership and Oversight in Overall Master Planning—75%**

The incumbent provides leadership and oversight in master planning policy and processes associated with the issues and activities of a large, diverse agency with a healthcare and medical research mission and programs of national and international scope and impact. Effective performance of the duties and responsibilities significantly impacts research operations and healthcare delivery. The incumbent has primary responsibility for oversight of the Master Plans (including campus plans) of all HHS owned, leased or otherwise managed sites. Work includes providing master planning expertise across the Department; oversight in the short and long range planning for HHS sites and facilities; and assistance to the OPDIVs in development and implementation of master plans.

Works with senior OPDIV planners, designers, constructors, building managers, and maintenance personnel to prepare and submit facilities program plans including planning and construction budgets and addressing improvement in management and reduction in

ownership costs. The incumbent uses initiative, judgment and creativity in performance of duties.

Develops, issues, and fosters implementation of policy, standards, guidelines, and operating procedures; and advances in technology, practices, and equipment. Participates in the development of strategies, policies and procedures to address emerging facilities requirements. Fosters the use of new, more effective processes such as Construction Industry Institute (CII) best practices, applied Federal Facilities Council (FFC) research studies, and others.

Reviews and validates long range facility master planning to ensure compatibility and suitability with the R&D planning and prepares planning and budgeting guidance that is subsequently disseminated to the OPDIVS. Reviews and validates OPDIV proposals for short and long range planning, preliminary master planning and feasibility studies, and cost/benefit analyses. Evaluates alternative approaches to achieve the goals and objectives of the Master Plans.

As required/appropriate, keeps informed on OPDIV activities, policies and decisions that have facility implications. Also acts to routinely pass related facilities information and facilities policy guidance and assistance to the OPDIVS.

Validates facilities requirements and reviews the viability of concepts that have been proposed to satisfy the requirements. Reviews budget estimates, schedules, and documentation and validates related project approval documents and cost estimates. This involves consideration of roles and missions, resources available to support R&D initiatives, facility utilization data and analysis, and alternatives for meeting the requirements. This also includes assessments of potential facility closures/mothballing and the feasibility/desirability of modifications of existing facilities instead of new construction.

#### Coordination with Real Property Asset Management Program

Provides coordination and input into the overall DHHS Real Property Asset Management Program (RAMP) and the annual update of documentation to ensure appropriate right-sizing of the DHHS portfolio. Provides analyses of the disposition of owned properties and the consolidation of leased space.

#### **DHHS Support in Buildings and Facilities (B&F) Program, Real Property Management, Budgeting, Space Management, and Operations and Maintenance Planning--20%**

Performs various staff functions that are required to administer the overall facilities program, including site investigations and audits representing the DAS with users and advocates. Consults on B&F, real property management, budgeting, leases, inventory management and disposition of real property, and on developing and maintaining of facilities management inventories and databases. Provides financial reports and develops information for DHHS executives and the Capital Investment Review Board. Contributes

to developing building management, sustainable design and best practices for the operation, design and commissioning of facilities.

Prepares responses to OMB and Congressional Committee questions on budget and oversight matters. Develops and coordinates resource releases along with necessary stipulations for the use of such resources by the OPDIVS.

**Other Related Duties – 5%**

Performs a variety of other related duties as assigned in direct support of the DHHS facilities activities and responsibilities. Represents the Department to senior managers of GSA, OMB, and other Agencies, as well as the private sector. Participates in OS and DHHS Continuity of Operations Planning and develops and deploys guidelines and frameworks for DHHS operational plans, business plans, strategic plans, hazard vulnerability assessments, risk mitigation strategies, hazardous materials, business continuity planning, and contingency and recovery plans.

**Factor 1**

**Knowledge Required by the Position**

Current registration as a master planner or architect in any state or U.S. territory or possession is required. Incumbent must have broad experience and a background in master planning including facilities planning, site planning, and urban design.

Mastery of principles and practices associated with facilities planning, design, and construction including acquisitions, disposals, sustainment, resource management, organizational structure, staffing, budgeting, operations and maintenance, commissioning, training, occupational safety, environmental safety, and physical security of facilities, equipment, and personnel assets. The incumbent must possess a unique combination of administrative and technical skills in order to fulfill the responsibilities of the position. Must possess demonstrated skill in adapting analytical techniques and evaluation criteria to measure and improve program effectiveness and productivity.

Knowledge of and experience with medical research and healthcare delivery or similar research and operational facilities to provide effective facilities support. Knowledge of the major real property issues, program goals, and objectives, work processes, and administrative operations. Inherent in this is the skill to translate requirements in oral and written form into the development of policies, guidelines, project proposals, plans, procedures, and budget requests. Also inherent is broad experience using independent judgment to arrive at sound decisions.

Incumbent must possess a complete and thorough understanding of pertinent regulations such as the Executive Orders, Federal property management regulations, Federal procurement regulations, Agency directives, Fire and Safety codes, and precedents applicable to planning and development of project and overall real property asset management.

Ability to recognize key information, policies and decisions that must be conveyed from Department headquarters to OPDIV field organizations or vice versa so DHHS facility programs will be coordinated and integrated.

Must have skill in oral and written presentation of complex facilities engineering, organizational and funding problems to provide program visibility and support to DHHS and OPDIV senior management officials; and must have a working knowledge of windows-based software programs, such as WordPerfect, MS Word, MS Excel, MS Powerpoint and MS Outlook.

## **Factor 2**

### **Supervisory Controls**

The incumbent reports to the Director, Division of Planning and Construction, OFMP, who assigns the area of programmatic responsibility and provides broad Department goals, objectives and guidelines. The incumbent functions without detailed guidance and using broad knowledge and experience, exercises independent responsibility for goals, technical approaches, and general policies. This frequently involves definitive interpretation of regulations and study procedures, and the initial application of new methods. The incumbent informs the supervisor of potentially controversial issues. Recommendations and conclusions are reviewed for compatibility with Departmental goals, guidelines, and effectiveness in achieving intended objectives. The incumbent has latitude and responsibility for exercising judgment, administrative control, and direction of planning, design, and construction activities, plans, and policies, and exercises responsibility over matters within the scope of his/her activities. Work is evaluated on the basis of compliance with objectives and policies of DHHS and for adherence to administrative policy of the Department.

## **Factor 3**

### **Guidelines**

Guidelines consist of technical publications, Executive Orders, DHHS plans and objectives, Public Law, Government policies, and other similar references concerning facilities programs. Guidelines are broad and nonspecific and require extensive employee interpretation, judgment, and ingenuity. The incumbent uses expert judgment in interpreting and implementing for national, regional, and local variations and remote conditions that affect the nature of planning, design, and construction. The incumbent is recognized as the DHHS authority in the Departmental master planning.

In general, since medical research facilities are significantly unique in nature, specific guidelines are not available in many instances. The incumbent is required to draw on his/her own resources and the knowledge of recognized external experts in the various specialty disciplines, but ultimately must integrate inputs into effective plans and solutions to planning problems and challenges. Full reliance is placed on the incumbent as a recognized authority in the management of the overall planning function for the Department.

**Factor 4  
Complexity**

The work consists of projects and studies which require analysis of interrelated issues of effectiveness, efficiency, and productivity of substantive mission-oriented programs. Decisions about how to proceed in planning, organizing and conducting studies are complicated by conflicting program goals and objectives. Established policies and procedures may require revision to assure consistency. Options, recommendations, and conclusions developed by the incumbent take into account and give appropriate weight to uncertainties about the data and other variables which affect long-range program performance.

The program involves all phases of program planning, programming and implementation in an environment of changing programmatic needs and severe competition for resources. Additionally, facility programs are an aggregate of highly complex engineering systems, policy, and organizational issues, and facilities must meet stringent safety, environmental, energy and water conservation standards. In all phases, innovative management approaches must be identified and exercised in an atmosphere of substantial risk to meet requirements safely, on schedule, within budget, within scope, and to required levels of quality. This requires the incumbent to have a thorough knowledge and understanding of all aspects of the programs being supported, an in-depth knowledge of existing assets, and a planning, design, and construction background for assessing facility concepts and plans.

**Factor 5  
Scope and Effect**

The work involves identifying and developing ways to resolve problems or cope with issues which directly affect the accomplishment of principal program goals and objectives and ensures continuous and effective operations of critical research, medical care, and operational facilities. Lack of facility availability (such as outages) could endanger patients and researchers and prevent use of command and control facilities in an emergency situation. The efforts of the incumbent also assure that the full benefit of the infrastructure is obtained at minimum cost. The facilities program is vital to the missions of DHHS, affects the work of approximately 67,000 civil service and an unknown number of contractor personnel, and affects National medical research, healthcare delivery, and operational capabilities.

**Factor 6  
Personal Contacts**

Contacts involve a wide variety of officials and contractors in DHHS and other Government agencies. Interacts with personnel from the project engineer and branch level at the various OPDIVs through senior officials (Assistant Secretaries and Deputy Assistant Secretaries), Office of General Counsel, and others. This may include contacts with OPDIV Directors. Due to the nature of the programs, frequent contacts are necessary with senior leaders in other Government agencies

including GSA; with senior executives of private consultants and management firms; and with medical research, healthcare, safety and security experts. In addition, contact may be required with Congressional Committee or OMB staff members on specific matters.

#### **Factor 7**

##### **Purpose of Contacts**

Contacts are necessary to provide guidance and direction; exchange information concerning the Department's facilities program; ensure the selection of the best alternatives in keeping with the rapidly changing state-of-the-art and optimum use of funds; portray program status; persuade senior decision makers; resolve technical conflicts; and influence and control progress. Attention is directed toward building a creative alliance among Government and contractor personnel in resolving operational and managerial problems of extreme difficulty. Highly advanced programmatic guidance and information is furnished to top level Agency personnel, and as necessary, efforts are made to convince top management to pursue new approaches, invest substantial additional resources and funds, and to accept alternatives which may change major objectives. The incumbent may also be called upon to defend, negotiate and/or resolve controversial issues concerning facilities budgets, projects, programs, and activities. The incumbent negotiates with autonomous managers to achieve consensus and cooperation and works harmoniously with various diverse and autonomous organizations within the Department, other federal agencies, and the private sector.

#### **Factor 8**

##### **Physical Demands**

The work is mostly sedentary. However, standing, walking, and stretching are required at times to inspect construction projects and existing facilities. Normal vision with the ability to distinguish colors is required. Normal hearing is required. Ability to communicate by telephone is required. The ability to read and comprehend material accurately and correctly whether written, printed or electronically produced is required. The ability to verbally communicate in a clear and concise manner is required.

#### **Factor 9**

##### **Work Environment**

The work environment is usually in an office setting. There may be occasional risk of exposure to environmental conditions during site visits, facilities investigations and inspections of buildings being constructed or renovated, construction sites, and contractor plants that may be noisy, drafty, cold, hot, have high humidity, or contain noxious fumes from vehicles and/or equipment. Use of appropriate personal protective equipment is mandatory.



United States Department of  
**Health & Human Services**

**Federal Real Property Asset Management**

**Revise and Elaborate  
Methodology for Internal Scorecards**



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*



## **Revise and Elaborate Methodology for Internal Scorecards**

### **Background**

An outcome of the PMA Tiger Team efforts in the 4Q FY07 was an initiative 3.3.12 (*Oversight of the HHS Portfolio*) **Revise and Elaborate methodology for Internal Scorecards** to address one of the gaps in the oversight of the HHS Portfolio.

The SRPO, as a visible single point of authority and control at the Department level to manage the HHS portfolio of real property assets, is responsible for ensuring that OPDIVs are in compliance with the HHS policies and all other federal real property requirements whether through law, executive order or as otherwise stipulated. In order to fulfill his/her responsibilities, the method by which the SRPO can monitor and enforce these requirements is through an internal scorecard process that parallels the PMA scorecard process.

All HHS OPDIVs are issued a quarterly internal scorecard. Performance is scored by either a green, yellow, or red mark indicating successful, making progress, or unsuccessful, respectively. The SRPO will impose required corrective actions commensurate with performance. During the next quarter, the OPDIV(s) is/are required to perform to the standards set that have not been met as well as any additional measures that may have been added.

In order for the internal scorecard to be an effective, efficient, and accurate method to measure progress, it must be able to convey with clarity a level of expectation that can be defined and measured.

### **Purpose**

The purpose of initiative is to revise the current scorecard in order to meet the above standard and to make it a more effective tool by which the SRPO and the OPDIVs may work together to manage the HHS portfolio of assets.

- Identify OPDIV-specific initiatives and milestones linked to PMA, PTB and 3-Year Timeline:
  - Develop OPDIV-specific actions that demonstrate progress in achieving the initiatives and milestones;
- Evaluate current timeline for capturing progress and incorporate into overall HHS internal scorecard reviews as appropriate;
- Establish process for continuous feedback and improvement.



## **Revise and Elaborate Methodology for Internal Scorecards**

### **Results**

The efforts of revising the internal scorecard have resulted in a process that establishes a process for continuous feedback and improvement between the SRPO and the OPDIVs. It allows for evaluations capturing progress while relating to the Departmental PMA scorecard as well as the Proud-to-Be and 3-Year Timeline documents. Additionally, it allows for the SRPO in conjunction with OPDIV Facility Directors to identify OPDIV-specific actions needed to further effective and efficient management of the HHS portfolio. Attachment A, revised HHS Internal Scorecard Summary Sheet and guidelines, demonstrate the results of this effort.

The SRPO with OFMP leadership will meet with all OPDIV Facility Directors individually, land-holding and non-landholding, to review progress and update measures. This allows the SRPO to properly provide oversight of the management of the HHS portfolio and still address the unique missions and processes of each OPDIV.

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# Attachment A

**HHS Senior Real Property Officer: Howard D. Kelsey  
[OPDIV] Real Property Lead: [Enter Name]**

**President's Management Agenda - Department of Health and Human Services - OFMP  
[OPDIV] Scorecard**

Date of Review: [00/00/0000]

For Quarter: 1Q FY08

Overall Rating: Status  
Progress

**Yellow**  
**Green**

| <b>Asset Portfolio Management - Summary</b>                           |  |   |                               |                 |               |              |                        |
|---|--|---|-------------------------------|-----------------|---------------|--------------|------------------------|
|   | <b>FRPC Performance Measure</b>  | <b>Reference</b>                                | <b>Target</b>                 | <b>Actual</b>   | <b>Score</b>  | <b>Notes</b> | <b>Recommendations</b> |
| 1   | Mission Dependency Index   | 2007 3-Year Timeline, pg 90                     | 5.95%                         |                 |               |              |                        |
| 2   | Utilization  | 2007 3-Year Timeline, pg 90                     | <6.7% Over<br>5.24% Under/Not |                 |               |              |                        |
| 3   | CI   | 2007 3-Year Timeline, pg 90                     | 87%                           |                 |               |              |                        |
| 4   | Operating Costs  | 2007 3-Year Timeline, pg 90                     | \$10.51                       |                 |               |              |                        |
|   | <b>Validation / Certifications</b>   |   | <b>Target</b>                 | <b>Actual</b>   | <b>Score</b>  | <b>Notes</b> | <b>Recommendations</b> |
| 1   | Certification Statement  |   |                               |                 |               |              |                        |
|   | <b>PMA Departmental Actions</b>  |   | <b>Target</b>                 | <b>Actual</b>   | <b>Score</b>  | <b>Notes</b> | <b>Recommendations</b> |
| 1   | Complete all OPDIV milestones identified for 1Q FY 2008 in the 3-year timeline                               | Bullet #1 - 4Q Departmental Scorecard           | --                            | --              |               |              |                        |
| 2   | Implement data validation & verification process to ensure accurate upload to FRPP                           | Bullet #5 - 4Q Departmental Scorecard           | --                            | --              |               |              |                        |
| 3   | Submit annual updated 3-year timeline with revisions for FY08/09 and adding milestones for FY10              | Bullet #3 - 4Q Departmental Scorecard           | --                            | --              |               |              |                        |
| 4   | Report on leased space performance program measures  | Bullet #4 - 4Q Departmental Scorecard           | --                            | --              |               |              |                        |
| 5   | Develop template(s) to demonstrate use of inventory and performance data in day-to-day decision making       | 4Q Departmental Scorecard - Critical next steps | --                            | --              |               |              |                        |
|   | <b>Real Property Human Capital Plan</b>  |   | <b>Target</b>                 | <b>Actual</b>   | <b>Score</b>  | <b>Notes</b> | <b>Recommendations</b> |
| 1   | Guidance in Real Property Human Capital Plan is followed in hiring actions                                   | RP Human Capital Plan                           | --                            | --              |               |              |                        |
|   | <b>Workgroup Participation</b>   |   | <b>Target</b>                 | <b>Actual</b>   | <b>Score</b>  | <b>Notes</b> | <b>Recommendations</b> |
| 1   | Participation in OPDIV representative(s) for Departmental Workgroups as requested (PMA Tiger Team mandatory) | Workgroup Membership & Attendance Reports       | --                            | --              |               |              |                        |
| <b>Project Management Summary</b>                                     |  |   |                               |                 |               |              |                        |
|   | <b>Projects &gt; \$10M</b>   |   | <b>Scope</b>                  | <b>Schedule</b> | <b>Budget</b> | <b>Score</b> | <b>Notes</b>           |
| 1   |  | Project Quarterly Report                        |                               |                 |               |              |                        |
|   | <b>R&amp;I/M&amp;I Projects &gt; \$1M</b>  |   | <b>Scope</b>                  | <b>Schedule</b> | <b>Budget</b> | <b>Score</b> | <b>Notes</b>           |
| 1   |  | Project Quarterly Report                        |                               |                 |               |              |                        |
|   | <b>Repair Projects &gt; \$3M</b>   |   | <b>Scope</b>                  | <b>Schedule</b> | <b>Budget</b> | <b>Score</b> | <b>Notes</b>           |
| 1   |  | Project Quarterly Report                        |                               |                 |               |              |                        |
| <b>OPDIV Real Property Asset Management Specific Measures Summary</b> |  |   |                               |                 |               |              |                        |
|   | <b>OPDIV Specific Actions</b>  |   | <b>Target</b>                 | <b>Actual</b>   | <b>Score</b>  | <b>Notes</b> | <b>Recommendations</b> |
| 1   | Determined between OPDIV and OFMP  | [Meeting date/notes]                            |                               |                 |               |              |                        |
| 2   | Determined between OPDIV and OFMP  | [Meeting date/notes]                            |                               |                 |               |              |                        |



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

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## **HHS Internal Scorecard Guidance**

### **Background**

The Senior Real Property Officer (SRPO), as a visible single point of authority and control at the Department level to manage the HHS portfolio of real property assets, is responsible for ensuring that Operating Divisions (OPDIVs) are in compliance with the HHS policies and all other federal real property requirements whether through law, executive order or as otherwise stipulated. In order to fulfill his/her responsibilities, the method by which the SRPO can monitor and enforce these requirements is through an internal scorecard process that parallels the PMA scorecard process.

All HHS OPDIVs are issued a quarterly internal scorecard. Performance is scored by either a green, yellow, or red mark indicating successful, making progress, or unsuccessful, respectively. The SRPO will impose required corrective actions commensurate with performance. During the next quarter, the OPDIV(s) is/are required to perform to the standards set that have not been met as well as any additional measures that may have been added.

### **Process**

The HHS OPDIV internal scorecard allows for evaluations capturing progress relating to the Departmental PMA scorecard as well as the Proud-to-Be and 3-Year Timeline documents. Additionally, it allows for the SRPO in conjunction with OPDIV Facility Directors to identify OPDIV-specific actions needed to further effective and efficient management of the HHS portfolio.

The SRPO with OFMP leadership will meet with all OPDIV Facility Directors individually, land-holding and non-landholding, to review progress and update measures. This allows the SRPO to properly provide oversight of the management of the HHS portfolio and still address the unique missions and processes of each OPDIV.

The heads of OPDIV facility programs should be prepared to identify OPDIV individual targets not specifically related to any particular facility project but rather to the management of their portion of the portfolio. The SRPO may, at their option, either propose or impose specific individual requirements as required to properly manage the facility program. These goals will be identified at the bottom of the scorecard.

Scoring of elements will be determined by existing policy as established in the HHS Facilities Program Manuals I and II, or otherwise issued by OFMP and other governing bodies as applicable.



United States Department of  
**Health & Human Services**

**Federal Real Property Asset Management  
HHS Delegation of Authority to SRPO**



14 December 2007

**Office for Facilities Management and Policy**

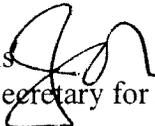
*Office of the Assistant Secretary for Administration and Management*



DEC 13 2007

MEMORANDUM

To: Howard D. Kelsey  
Deputy Assistant Secretary for Facilities Management and Policy

From: Joe W. Ellis   
Assistant Secretary for Administration and Management

Subject: Delegation of Authority to Chair the Health and Human Services (HHS)  
Capital Investment Review Board

Pursuant to the June 9, 2003 memorandum establishing the HHS Capital Investment Review Board, I hereby delegate to the Deputy Assistant Secretary for Facilities Management and Policy the authority vested in the Assistant Secretary for Administration and Management to serve as HHS Board Chair. This authority may not be re-delegated.

Exercise of this authority shall be in accordance with established Board policies, procedures, processes and guidelines contained in the June 9, 2003 implementation package and subsequent Board issuances.

This delegation is effective upon date of signature.

cc: Charles Johnson, Assistant Secretary  
for Research and Technology



United States Department of  
**Health & Human Services**

Federal Real Property Asset Management

## **Establish Annual Board Meeting For Master Plans**



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*



## **Establish Annual Board Meeting For Master Plans**

### **Background**

An outcome of the PMA Tiger Team efforts in the 4Q FY07 was initiative 3.3.7 (*Oversight of the HHS Portfolio*) **Establish Annual Board Meeting for Master Plans** to address one of the gaps identified by the Tiger Team.

Typically, the Capital Investment Review Board (Board) convenes twice a year in January and June. The January board meeting is the annual meeting to review Master Plan actions for all OPDIVs. The June board meeting is the annual meeting to discuss the OPDIV performance and budget submissions prior to the Secretary's Budget Council (SBC). Although the June board meeting has remained consistent, the January board meeting has not. It is critical that the January board meeting is re-established to further improve the SRPO's ability to oversee the HHS portfolio of assets and to improve overall management.

### **Purpose**

The purpose of initiative is to re-establish as policy the January CIRB meetings.

### **Results**

Section 1-5-20 Guidance and Information, F. HHS Capital Investment Review Board of the HHS Facilities Program Manual, Volume I (19 May 2006) has been revised to reflect the institution of this initiative (see Attachment A).

## **F. HHS CAPITAL INVESTMENT REVIEW BOARD**

1. Purpose of the Board: The HHS Facility Capital Investment Review Board (hereafter referred to as the Board) was established on June 9, 2003 to make recommendations for strategic management of HHS real property assets and to advise the Secretary, the Assistant Secretary for Administration and Management (ASAM) and the Senior Real Property Officer (SRPO) on major facility capital investment issues. The Board also advises, assists, consults with, and makes recommendations to the ASAM, the Secretary, and when appropriate the Assistant Secretary for Resources and Technology and Finance (ASRT), regarding the broad range of responsibilities.

2. Authority of the Board: The ASAM has delegated oversight authority and provides direction to all HHS Operating Divisions (OPDIVs) with facility acquisition and operation responsibilities and land acquisition authority. OMB Circular A-11, Part 7 identifies a formal capital asset management infrastructure as a best practice. It further states that “An Executive Review Committee, acting for or with the Agency Head, should be responsible for reviewing the agency’s entire capital asset portfolio on a periodic basis and making decisions on the proper composition of agency assets needed to achieve strategic goals and objectives within budget limits.” This Board will implement the responsibilities assigned the “Executive Review Committee.”

3. Board Functions: The Board provides advice and makes recommendations to the Secretary, the ASAM, the SRPO, and the ASRT on a range of issues to include: 1) the development of facility capital investment guidelines; 2) the development of guidelines to implement an investment review process that provides strategic planning for and oversight and guidance of facility investments; and 3) regular monitoring and proper management of these investments, once funded. One of the outputs of the investment review process is a regular update of HHS’ investment portfolio or plan that supports HHS strategic objectives.

Matters reviewed by the Board include but are not limited to:

- OPDIV investments that are \$10 million or more;
- All land acquisitions and master plans;
- Department-wide investments that affect multiple organizations;
- Investments that have a significant impact on a single OPDIV;
- OPDIV investments that the Office of the Secretary determines to have significant risks; high development, operating or maintenance costs; or have high public visibility;
- Major repair and improvement (alteration and renovation) projects that are \$10 million or more.

4. Board Structure: The Board will consist of all OPDIVs Heads with facility acquisition and operation responsibilities and land acquisition authority, including

the acquisition of land through donation, and STAFFDIV Heads who have oversight responsibilities that directly involve implementing facilities functions. At present these members include:

- Deputy Assistant Secretary for Facility Management and Policy (DAS OFMP) (Board Chair and SRPO), Assistant Secretary for Administration and Management (ASAM)
- Assistant Secretary for Resources and Technology (ASRT) or designee
- Assistant Secretary for Legislation or designee
- Assistant Secretary for Planning and Evaluation or designee
- CDC Director (or designee)
- FDA Commissioner (or designee)
- IHS Director (or designee)
- NIH Director (or designee) and
- Up to three at-large appointments (no term limitation), who are recommended by the ASAM and ASRT and approved by the Secretary.

5. Budget and Document Review Process: The submission of proposed projects for consideration by the Board will be properly identified and included with the Department's annual budget formulation and review process, which are presented to the Board in June of each year. The applicable OPDIV will provide the Board with those matters, as identified above, for which a funding requirement is being requested in the budget submission, including funding of studies, planning, and design for out-year projects. Documentation for projects will be provided by June 1 each year for distribution to the other Board members. Projects will be reviewed by the Board and recommendations made to the ASRT, on each project for consideration at the Secretary's Budget Council meetings.

6. Master Planning Review Process: The submission of Master Plans, proposed land acquisitions, and other planning actions, not project specific, for consideration by the Board will be presented and considered in January of each year. The applicable OPDIV will provide the Board with those matters for which clearance and/or approval is being requested. Documentation will be provided at least 3 weeks in advance of the scheduled meeting for distribution to the other Board members.

The Board may reconvene after the OMB pass-back to provide advice to the Secretary regarding the implication of OMB's recommendations. Additional meetings may be convened (in person or electronically) by the Board Chair to review the status of ongoing projects and, in unique and special cases (i.e., National emergency, Congressional mandate, etc.), or to review required out-of-cycle projects.



# United States Department of Health & Human Services

## Federal Real Property Asset Management HHS Plan to Improve Lease Management



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

**HHS Plan to Improve Lease Management**

**Background**

As part of the HHS Real Property final scorecard for the 4<sup>th</sup> quarter FY 2007, dated October 15, 2007, OMB addressed comments and corrective actions specific to lease management. OMB reminded HHS that PSC (Program Support Center) and lease management should be addressed in deliverables focusing on OPDIV activities.

The PMA Tiger Team evaluated the HHS lease portfolio based on the 2006 ARIS data and confirmed that as a percentage of HHS inventory, PSC is responsible for less than 3% of the HHS lease portfolio. Based on this initial assessment the PMA Tiger Team determined that the planned action for 1Q FY 2008, *“Identify specific corrective actions to be taken in FY 08 by PSC to improve lease management”*, should be expanded beyond PSC. Based on the upload of final 2007 data into ARIS, HHS confirmed the initial assessment of leased assets remained valid.

| <b>Department of Health &amp; Human Services<br/>FY07 Real Property Inventory, by ownership</b> |               |  |              |              |
|---|---------------|--|--------------|--------------|
|   | HHS Acquired* |  | GSA Acquired |              |
|   | Direct Lease  | Direct Owned                           | GSA Lease    | GSA Owned    |
| ACF   |               |  | 16           | 12           |
| AHRQ  |               |  | 1            | 1            |
| AoA   |               |  | 1            | 9            |
| CDC   | 7             | 275                                    | 58           | 3            |
| CMS   |               |  | 33           | 24           |
| FDA   | 4             | 92                                     | 170          | 95           |
| HRSA  |               |  | 11           | 6            |
| IHS   | 283           | 2,267                                  | 50           | 17           |
| NIH   | 60            | 299                                    | 16           |              |
| OIG   |               |  | 74           | 46           |
| OS  |               |  | 2            | 1            |
| PSC   |               |  | 15           | 15           |
| SAMHSA  |               |  | 1            |              |
|   | 354           | 2,933                                  | 448          | 229          |
|   |               | 3,287                                  |              | 677          |
|   |               | <b>Total active assets:</b>            |              | <b>3,964</b> |
|   |               | Disposed, inactive, and excess assets: |              | 331          |
|   |               | <b>Total HHS Assets:</b>               |              | <b>4,295</b> |

\*Properties reported to FRPP



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

**HHS Plan to Improve Lease Management**

**Purpose**

The Purpose of the HHS Improve Lease Management Plan is to promote efficient and economical quality work environments that adequately support mission requirements. By collecting and analyzing 2007 lease actions and information in the ARIS database HHS can make better decisions regarding lease management. The goal of the plan is to define:

1. Target specific areas that require focus in FY 2008.
2. Identify HHS and OPDIV specific corrective actions for FY 2008

**Results**

The OPDIVs submitted Real Property Lease Action Summaries for each lease action completed in FY 2007. The collected data was analyzed in detail and the conclusions drawn from the analysis are the basis for revising current policy and guidance, amending the reporting format, and enhancing management’s ability to use the collected data in daily decision making. (See Attachment A.)

Subsequent to the upload of 2007 data into ARIS, HHS did a preliminary analysis of the distribution of leased assets and the related FRPC measures. As in the table below, the data indicates 13.9% of the leased inventory is either not utilized or under utilized.

| <b>Department of Health &amp; Human Services</b>                                 |              |              |       |                |        |       |        |
|--|--------------|--------------|-------|----------------|--------|-------|--------|
| <b>FY07 Real Property Inventory - Under Utilized and Not Utilized Properties</b> |              |              |       |                |        |       |        |
| <b>Direct Leased/GSA Leased/GSA Assigned</b>                                     |              |              |       |                |        |       |        |
|  | Total Assets | Not utilized |       | Under Utilized |        | Total |        |
|  |              | #            | %     | #              | %      | #     | %      |
| ACF  | 28           |              |       | 6              | 21.4%  | 6     | 21.4%  |
| AHRQ   | 2            |              |       | 0              | 0.0%   | 0     | 0.0%   |
| AoA  | 10           |              |       | 10             | 100.0% | 10    | 100.0% |
| CDC  | 68           |              |       | 7              | 10.3%  | 7     | 10.3%  |
| CMS  | 57           | 3            | 5.3%  |                |        | 3     | 5.3%   |
| FDA  | 269          | 0            | 0.0%  | 14             | 5.2%   | 14    | 5.2%   |
| HRSA   | 17           |              |       | 16             | 94.1%  | 16    | 94.1%  |
| IHS  | 350          |              |       | 23             | 6.6%   | 23    | 6.6%   |
| NIH  | 76           | 0            | 0.0%  | 17             | 22.4%  | 17    | 22.4%  |
| OIG  | 120          | 25           | 20.8% | 22             | 18.3%  | 47    | 39.2%  |
| OS   | 3            |              |       |                |        | 0     | 0.0%   |
| PSC  | 30           |              |       |                |        | 0     | 0.0%   |
| SAMHSA   | 1            |              |       |                |        | 0     | 0.0%   |
|  | 1031         | 28           | 2.7%  | 115            | 11.2%  | 143   | 13.9%  |



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

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## **HHS Plan to Improve Lease Management**

From the 2006 data, the Tiger Team identified specific areas for improvement of lease management in FY 2008 that remain valid after our preliminary analysis of the 2007 data:

- On Not Utilized GSA Lease and GSA Owned – run the Performance Assessment Tool (PAT) to determine if we still need the facilities and if so, why.
- AoA/HRSA/ACF – Verify accurately classified assets and identify opportunities for consolidation.
- OIG – Verify accurately classified assets under “not utilized.”

Additional specific areas of improvement noted following the preliminary analysis of the 2007 ARIS data that warrant further review and analysis to determine if specific corrective actions are appropriate:

- NIH /OIG – Verify captured assets and identify opportunities for consolidation
- OIG – Verify lease commencement and expiration data.
- Reduction of the 13.9% not utilized or underutilized leased space inventory through vacation/consolidation/collocation

### **Next Steps**

The review and preliminary analysis of the 2007 ARIS data and the analysis of the 2007 lease performance data indicate specific actions HHS needs to incorporate into the 3-year time line as well as additional issues that require further exploration and analysis before specific actions can be defined.

Specific actions to be included in the 3-year time line for 2008 are:

#### **2Q FY08**

- Verify and update asset data for the OIG leased space inventory
- Run the PAT to determine if not utilized or underutilized assets are appropriate for disposal

#### **3Q FY08**

- Reduce the rate of not utilized and underutilized leased inventory from 13.9% to less than 10 %
- Implement a screening process with the goal of promoting maximum utilization through collocation/consolidation



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

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**HHS Plan to Improve Lease Management**

HHS will explore additional issues in FY 2008, as they relate to:

- Enhance and improve management of the HHS leased portfolio by incorporating lessons learned from the FY 2007 lease actions reports, by thoroughly analyzing the ARIS data and by providing a single point of authority, visibility, and control at the Department level to oversee the leased portfolio while providing management autonomy at the OPDIV level required by the diverse missions of each OPDIV.
- Ensure real property data used in analyses is complete and accurate.
- Identify specific lease performance corrective actions for individual OPDIVs.
- Issue revised policy and guidance under signature of the SRPO promoting the efficient and economical use of the Department's leased assets

OFMP will be watching closely as the recent changes in GSA delegated authorities diminish the Department's ability to acquire leased assets directly. GSA's performance can have a direct impact on time and price. Gathering and analyzing data on lease actions performed by GSA is important and we plan to use the information to strengthen a successful working relationship. By identifying best practices and sharing performance information with our GSA partner, we believe the Department's leased asset portfolio can remain high performing.

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**HHS Report on 2007 Lease Actions**

# **Attachment A**

## Report on 2007 Lease Actions

The Department of Health and Human Services, in September 2006, adopted leased space performance measures. These measures are tracked using a, “ Real Property Lease Action Summary” format. Summaries for lease and assignment actions occurring during FY 2007 have been collected and analyzed. The data includes information on lease actions performed by GSA on behalf of HHS; lease actions performed directly by HHS and GSA assignments of Federal space to HHS. The collected data involves lease and assignment actions totaling more than 1.27 million rentable square of space <sup>(1)</sup>. HHS analyzed the data with the goals of (1) measuring performance; (2) determining specific corrective actions needed; (3) enhancing/fine tuning existing performance measures; (4) identifying needed revisions to the performance measures worksheet; (5) investigating whether the data indicates standards or norms within the inventory that could be used to benchmark against FRPP data and (6) obtaining information to share as part of developing a community of practice among the HHS divisions.

The Department supports a Leased Space Performance Management Workgroup that serves as the forum for bringing the varied HHS missions together to share information and best practices in an effort to continually improve real property asset management of the Department’s leased and assigned portfolio. The Office for Facilities Management and Policy, under the Assistant Secretary for Administration and Management, sponsors the workgroup and each Division’s participation is an internal scorecard element.

Data on Eighty-nine (89) transactions was collected and analyzed, ranging in size from 97 to 171,817 rentable square feet. We looked at:

- Right sizing – was the right amount of space acquired to meet mission need and comply with HHS policy on utilization of office and related space
- Price – was space acquired below market; at market; or above market
- Time – were anticipated acquisition and construction schedules met
- Consolidation and Collocation – were these opportunities explored and was appropriate action taken; is the determination being used in planning decisions?

### Right Sizing:

Seventeen (17) actions involved spaces larger than 20,000 square feet; thirty-eight (38) actions involved spaces less than 2,500 square feet. Thirty (30) actions complied with the Department’s office space utilization policy; twenty six (26) exceeded the policy; and thirty-three (33) actions were not subject to the policy (i.e., space for fewer than 5 FTEs; lab space, parking, space being vacated, etc.).

The twenty-six (26) actions exceeding the policy were further studied. Nine (9) of these actions involve spaces occupied temporarily as part of a collocation/consolidation project. Six (6) seem to indicate a misunderstanding of the Department’s office and related spaces utilization policy; two (2) involve moves to Federal buildings; five (5) are mixed use spaces including laboratory build out; and two (2) involve resident posts required to be located at US borders.

## Report on 2007 Lease Actions

<sup>(1)</sup> FY 2007 lease action summaries were not provided by the Office of Inspector General (OIG). The Department is pursuing the OIG information and will update its analysis.

### *Opportunities:*

- (1) Reissue the Department's policy on "Maximum Utilization Rate for Office and Related Spaces" with clarifying language.
- (2) Explore collocation/consolidation possibilities.
- (3) Continue to develop utilization rate policies for special space types.

### Price:

Eighty-three (83) actions involved acquisition. Seven (7) were below market and the remaining were at market. The seven actions below market were further studied. Two (2) involve continuing occupancies where relocation to replacement space is pending; three (3) involve temporary housing where collocating the requirements resulted in discounted rent. The remaining two were GSA continued assignments where GSA indicates the renewal was below market.

### *Opportunities:*

- (1) Use the collocation examples above resulting in discounted rents as a best practice.
- (2) Continue working with GSA to ensure acquisitions are at or below market.

### Time:

For lease acquisitions, the Department compared the days anticipated to acquire the space as identified in the acquisition plan to the actual number of days the acquisition took. For lease actions that involved tenant build out, the number of days identified in the project timeline were compared to the actual number of construction days.

Twenty-six percent (26%) of lease actions exceeded the number of days identified in the acquisition plan. However, seventy percent (7%) of those were collocations where more than one property and/or more than one occupant were involved. These procurements are often more complex than single tenant occupancies.

Sixteen (16) lease actions involved tenant build out; nine (9) of them remain under construction and on schedule. Three (3) build out schedules were not met but none exceeded 30 days delay. All three were GSA new assignments.

Substantial completion and beneficial occupancy are key drivers to the payment of rent and the avoidance of double rent and other holdover expenses. In the majority of the lease actions analyzed project construction delay was not an issue. However, understanding and monitoring construction schedules is an important element in acquiring space.

## Report on 2007 Lease Actions

### Opportunities:

- (1) Continue to track acquisition and build out times. Continuing to analyze acquisition time could result in improvements in developing original timelines. Most acquisitions are through the General Services Administration so control of the timeline is second-hand. Credible data is a good tool to share with GSA at the requirements development stage when agency specific time requirements are discussed and defined.
- (2) Continue to track construction schedule performance with a goal of lessons learned.

### Consolidation and Collocation:

A key component of successful real property asset management is the efficient and cost effective use of space. Collocations and consolidations typically offer economies of scale, synergies, and result in better more efficient use of supports areas and joint use spaces.

Twenty (20) lease actions supported collocation and/or consolidation. In some instances collocation/consolidation is not consistent with requirements, i.e., Office of Criminal Investigation; lease extensions pending future consolidation/collocation; etc.

### Opportunities:

- (1) Continue to track collocations and consolidations. Share lessons learned and best practices. For example, FDA identified two (2) resident post leases; both GSA continuing assignments. FDA notes that collocation would be possible with the Customs and Border Patrol and FDA explored these options/opportunities.
- (2) The Department is committed to the efficient use of space and its Leased Space Work Group is the venue to further study and promote collocation/consolidation activities.

### Additional Opportunities:

- (1) Update the HHS Leased Space Program Performance Measures, 2006.
- (2) Enhance the HHS Real Property Lease Action Summary.
- (3) Further define the role of the Leased Space Work Group as the venue for Community of Practice.
- (4) Develop an HHS Real Property Contact list by Division to promote communications and knowledge sharing among the Divisions. Identify warranted real property contracting officers.
- (5) Update the FY 2007 leased and assigned space analysis to include data collected from the Office of Inspector General



United States Department of  
**Health & Human Services**

**Federal Real Property Asset Management  
HHS SRPO Progress Report on FRPC Targets**



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

**1Q FY 2008 HHS Performance Targets  
Land Holding OPDIV Level Progress Report**

–  
**CDC**

**Purpose – Senior Real Property Officer Progress Report**

The purpose of the Senior Real Property Officer (SRPO) HHS Performance Targets – Quarterly Progress Report presented to the OPDIVs from the SRPO is to report the Department analysis of OPDIV progress towards meeting interim Departmental goals for constructed assets based on a review of the most current data for facility condition, operating cost, and utilization data that has been uploaded from the HHS Automated Real Property Inventory System (ARIS) against established, interim HHS performance targets for these measures.

**SRPO Assessment**

The SRPO findings based on an analysis of the CDC 2007 facility condition, operating cost, and utilization data of constructed assets uploaded to the HHS ARIS as of 13 December 2007 for owned and leased properties, in relationship to the 2006, 2007, and 2008 Departmental performance measure targets are below.

| Performance Measure       | OPDIV 2006 Performance | HHS 2007 Interim Target | HHS 2008 Interim Target | OPDIV Progress |
|---------------------------|------------------------|-------------------------|-------------------------|----------------|
|                           | Actual                 |                         |                         |                |
| <b>Condition</b>          | 90.32                  | 86.8                    | 87.2                    | 88.55          |
| <b>Operating Cost</b>     | \$12.33                | \$10.60                 | \$10.50                 | \$12.04        |
| <b>Utilization</b>        | 3.55%                  | 5.36%                   | 5.24%                   | 4.80%          |
| <b>Mission Dependency</b> | 1.99%                  | 6.43%                   | 5.95%                   | 2.10%          |

CDC is the only OPDIV to exceed the Department’s 2008 interim targets for all FRPC Performance Measures except operating cost. CDC has focused on improving their facilities through new construction and by appropriately funding their Operations & Maintenance (O&M) program. To ensure continued progress towards meeting the interim HHS performance targets this information shall be used in updating the CDC sustainment and improvement plans, consideration in prioritizing OPDIV level projects on a day-to-day basis that will lead to positive results, and in formulating its FY 2010 budget to ensure the condition of the HHS portfolio of constructed assets are sustained, operating at the appropriate cost, and fully utilized.



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

**1Q FY 2008 HHS Performance Targets  
 Land Holding OPDIV Level Progress Report**

–  
**FDA**

**Purpose – Senior Real Property Officer Progress Report**

The purpose of the Senior Real Property Officer (SRPO) HHS Performance Targets – Quarterly Progress Report presented to the OPDIVs from the SRPO is to report the Department analysis of OPDIV progress towards meeting interim Departmental goals for constructed assets based on a review of the most current data for facility condition, operating cost, and utilization data that has been uploaded from the HHS Automated Real Property Inventory System (ARIS) against established, interim HHS performance targets for these measures.

**SRPO Assessment**

The SRPO findings based on an analysis of the FDA 2007 facility condition, operating cost, and utilization data of constructed assets uploaded to the HHS ARIS as of 13 December 2007 for owned and leased properties, in relationship to the 2006, 2007, and 2008 Departmental performance measure targets are below.

| Performance Measure       | OPDIV 2006 Performance | HHS 2007 Interim Target | HHS 2008 Interim Target | OPDIV Progress |
|---------------------------|------------------------|-------------------------|-------------------------|----------------|
|                           | Actual                 |                         |                         |                |
| <b>Condition</b>          | 80.96                  | 86.8                    | 87.2                    | 82.40          |
| <b>Operating Cost</b>     | \$9.07                 | \$10.60                 | \$10.50                 | \$9.10         |
| <b>Utilization</b>        | 36.7%                  | 5.36%                   | 5.24%                   | 5.30%          |
| <b>Mission Dependency</b> | 1.16%                  | 6.43%                   | 5.95%                   | 0.30%          |

FDA has taken the steps necessary to greatly improve the accuracy of their data. In 2005 they reported 13 assets to ARIS, in 2007 the number of assets reported has grown to 375. FDA has improved the accuracy of their facility condition by implementing a facility condition assessment program to more accurately quantify their Backlog of Maintenance and Repair (BMAR). FDA has met or exceeded the Department’s goals for mission dependency and utilization by more accurately characterizing their assets. FDA has, by far, improved the accuracy of their reporting more than any other HHS OPDIV. To ensure continued progress towards meeting the interim HHS performance targets this information shall be used in updating the FDA sustainment and improvement plans, consideration in prioritizing OPDIV level projects on a day-to-day basis that will lead to positive results, and in formulating its FY 2010 budget to ensure the condition of the HHS portfolio of constructed assets are sustained, operating at the appropriate cost, and fully utilized.



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

**1Q FY 2008 HHS Performance Targets  
 Land Holding OPDIV Level Progress Report**

–  
**IHS**

**Purpose – Senior Real Property Officer Progress Report**

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**SRPO Assessment**

The SRPO findings based on an analysis of the IHS 2007 facility condition, operating cost, and utilization data of constructed assets uploaded to the HHS ARIS as of 13 December 2007 for owned and leased properties, in relationship to the 2006, 2007, and 2008 Departmental performance measure targets are below.

| Performance Measure       | OPDIV 2006 Performance | HHS 2007 Interim Target | HHS 2008 Interim Target | OPDIV Progress |
|---------------------------|------------------------|-------------------------|-------------------------|----------------|
|                           | Actual                 |                         |                         |                |
| <b>Condition</b>          | 87.82                  | 86.8                    | 87.2                    | 85.96          |
| <b>Operating Cost</b>     | \$5.47                 | \$10.60                 | \$10.50                 | \$5.68         |
| <b>Utilization</b>        | 11.80%                 | 5.36%                   | 5.24%                   | 4.30%          |
| <b>Mission Dependency</b> | 5.90%                  | 6.43%                   | 5.95%                   | 4.90%          |

IHS has made major progress improving utilization and mission dependency – they have exceeded the Department’s 2008 interim target. The Operations and Maintenance (O&M) funding for IHS facilities is inadequate to achieve the Department’s goal for condition which is reflected in the decline in condition. To ensure continued progress towards meeting the interim HHS performance targets this information shall be used in updating the IHS sustainment and improvement plans, consideration in prioritizing OPDIV level projects on a day-to-day basis that will lead to positive results, and in formulating its FY 2010 budget to ensure the condition of the HHS portfolio of constructed assets are sustained, operating at the appropriate cost, and fully utilized.



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

**1Q FY 2008 HHS Performance Targets  
 Land Holding OPDIV Level Progress Report**

–  
**NIH**

**Purpose – Senior Real Property Officer Progress Report**

The purpose of the Senior Real Property Officer (SRPO) HHS Performance Targets – Quarterly Progress Report presented to the OPDIVs from the SRPO is to report the Department analysis of OPDIV progress towards meeting interim Departmental goals for constructed assets based on a review of the most current data for facility condition, operating cost, and utilization data that has been uploaded from the HHS Automated Real Property Inventory System (ARIS) against established, interim HHS performance targets for these measures.

**SRPO Assessment**

The SRPO findings based on an analysis of the NIH 2007 facility condition, operating cost, and utilization data of constructed assets uploaded to the HHS ARIS as of 13 December 2007 for owned and leased properties, in relationship to the 2006, 2007, and 2008 Departmental performance measure targets are below.

| Performance Measure       | OPDIV 2006 Performance | HHS 2007 Interim Target | HHS 2008 Interim Target | OPDIV Progress |
|---------------------------|------------------------|-------------------------|-------------------------|----------------|
|                           | Actual                 |                         |                         |                |
| <b>Condition</b>          | 87.8                   | 86.8                    | 87.2                    | 85.5           |
| <b>Operating Cost</b>     | \$12.48                | \$10.60                 | \$10.50                 | \$17.16        |
| <b>Utilization</b>        | 17.71%                 | 5.36%                   | 5.24%                   | 12.80%         |
| <b>Mission Dependency</b> | 1.99%                  | 6.43%                   | 5.95%                   | 2.00%          |

NIH has revised its condition assessment program to more accurately capture the NIH Backlog of Maintenance and Repair (BMAR). NIH has also re-assessed and improved the accuracy of the facility utilization measure coupled with 5 dispositions which has significantly improved their utilization. To ensure continued progress towards meeting the interim HHS performance targets this information shall be used in updating the NIH sustainment and improvement plans, consideration in prioritizing OPDIV level projects on a day-to-day basis that will lead to positive results, and in formulating its FY 2010 budget to ensure the condition of the HHS portfolio of constructed assets are sustained, operating at the appropriate cost, and fully utilized.



United States Department of  
**Health & Human Services**

**Federal Real Property Asset Management  
HHS FRPP Confirmation Report**



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*



|                                  |                    |                   |                  |          |   |     |
|----------------------------------|--------------------|-------------------|------------------|----------|---|-----|
| Missing Status:                  | 0                  | 0                 | 0                | 0        | 0 | N/A |
| Land:                            | 276                | 257               | 19               | 7.39 %   |   |     |
| Active:                          | 255                | 249               | 6                | 2.41 %   |   |     |
| Inactive:                        | 0                  | 0                 | 0                | N/A      |   |     |
| Excess:                          | 21                 | 8                 | 13               | 162.50 % |   |     |
| Missing Status:                  | 0                  | 0                 | 0                | N/A      |   |     |
| Structure:                       | 74                 | 75                | -1               | -1.33 %  |   |     |
| Active:                          | 71                 | 71                | 0                | 0.00 %   |   |     |
| Inactive:                        | 0                  | 0                 | 0                | N/A      |   |     |
| Excess:                          | 3                  | 4                 | -1               | -25.00 % |   |     |
| Missing Status:                  | 0                  | 0                 | 0                | N/A      |   |     |
| Number of Installation:          | 0                  | 0                 | 0                | N/A      |   |     |
| Total Acreage:                   | 6,160.821          | 5,325.657         | 835.163          | 15.68 %  |   |     |
| Total Rural Acreage:             | 4,504.906          | 4,658.714         | -153.808         | -3.30 %  |   |     |
| Total Urban Acreage:             | 1,655.915          | 666.944           | 988.971          | 148.28 % |   |     |
| Total Acreage By Legal Interest: | 6,160.821          | 5,325.657         | 835.163          | 15.68 %  |   |     |
| Owned:                           | 4,374.395          | 3,620.065         | 754.330          | 20.84 %  |   |     |
| Leased:                          | 1,786.426          | 1,705.592         | 80.833           | 4.74 %   |   |     |
| Otherwise Managed:               | 0.000              | 0.000             | 0.000            | N/A      |   |     |
| Total Square Footage:            | 33,758,975.960     | 32,790,515.310    | 968,460.650      | 2.95 %   |   |     |
| Owned:                           | 29,995,154.040     | 28,630,306.760    | 1,364,847.280    | 4.77 %   |   |     |
| Leased:                          | 3,763,821.920      | 4,160,208.550     | -396,386.630     | -9.53 %  |   |     |
| Otherwise Managed:               | 0.000              | 0.000             | 0.000            | N/A      |   |     |
| Total Value:                     | 10,509,473,372.967 | 9,867,744,843.313 | 641,728,529.654  | 6.50 %   |   |     |
| Building:                        | 10,238,454,337.637 | 9,602,740,003.833 | 635,714,333.804  | 6.62 %   |   |     |
| Land:                            | 3,289,950.000      | 0.000             | 3,289,950.000    | N/A      |   |     |
| Structure:                       | 267,729,085.330    | 265,004,839.480   | 2,724,245.850    | 1.03 %   |   |     |
| Total Annual Operating Costs:    | \$474,124,632.305  | \$391,622,061.437 | \$82,502,570.868 | 21.07 %  |   |     |
| Total Disposed Assets:           | 145                | 48                | 97               | 202.08 % |   |     |
| Building:                        | 138                | 43                | 95               | 220.93 % |   |     |

|            |   |   |   |         |
|------------|---|---|---|---------|
| Land:      | 6 | 5 | 1 | 20.00 % |
| Structure: | 1 | 0 | 1 | N/A     |

Predominant Use Summary

Summary Report

Variance Report

| Asset Type - Usage Code          | Number of Assets | Fiscal Year:2007          |                       |                  | Fiscal Year:2006         |                       |             | Variance Vari |
|----------------------------------|------------------|---------------------------|-----------------------|------------------|--------------------------|-----------------------|-------------|---------------|
|                                  |                  | Total Value               | Total Square Footage  | Total Acres      | Total Value              | Total Square Footage  | Total Acres |               |
| <b>Land</b>                      | <b>276</b>       | <b>3,289,950,000</b>      | <b>0.000</b>          | <b>6,160.821</b> | <b>0.000</b>             | <b>5,325.657</b>      | <b>19</b>   |               |
| All Other (80) :                 | 4                | 0.000                     | 0.000                 | 28.457           | 0.000                    | 25.357                | 1           |               |
| Housing (30) :                   | 13               | 0.000                     | 0.000                 | 78.028           | 0.000                    | 78.028                | 0           |               |
| Institutional (20) :             | 241              | 0.000                     | 0.000                 | 4,489.695        | 0.000                    | 4,388.362             | 11          |               |
| Office Building Locations (10) : | 11               | 0.000                     | 0.000                 | 833.910          | 0.000                    | 833.910               | 0           |               |
| Research and Development (70) :  | 6                | 3,289,950,000             | 0.000                 | 729.230          | 0.000                    | 0.000                 | 6           |               |
| Storage (40) :                   | 1                | 0.000                     | 0.000                 | 1.500            | 0.000                    | 0.000                 | 1           |               |
| <b>Building</b>                  | <b>3,096</b>     | <b>10,238,454,337.637</b> | <b>33,758,975.960</b> | <b>0.000</b>     | <b>9,602,740,003.833</b> | <b>32,790,515.310</b> | <b>71</b>   |               |
| All Other (80) :                 | 65               | 162,948,243.990           | 560,599.610           | 0.000            | 145,221,106.384          | 570,258.300           | -9          |               |
| Communications Systems (72) :    | 2                | 7,121,911.260             | 17,207.000            | 0.000            | 6,963,822.480            | 17,207.000            | 0           |               |
| Dormitories/Barracks (31) :      | 4                | 445,620.000               | 5,340.000             | 0.000            | 174,460.000              | 1,423.000             | 3           |               |
| Family Housing (30) :            | 1,498            | 202,874,087.231           | 3,588,238.590         | 0.000            | 182,218,142.584          | 3,316,386.290         | 86          |               |
| Hospital (21) :                  | 42               | 1,301,496,861.565         | 4,015,586.050         | 0.000            | 1,216,244,492.070        | 3,954,719.950         | -3          |               |
| Industrial (50) :                | 61               | 655,501,225.980           | 698,010.290           | 0.000            | 600,597,076.730          | 643,058.000           | 3           |               |
| Laboratories (74) :              | 261              | 5,946,458,375.864         | 14,733,551.700        | 0.000            | 5,626,844,413.333        | 14,491,898.990        | 2           |               |
| Office (10) :                    | 293              | 930,426,671.327           | 5,122,411.340         | 0.000            | 939,239,485.142          | 5,144,678.600         | -6          |               |
| Other Institutional Uses (29) :  | 377              | 753,483,036.646           | 3,243,574.530         | 0.000            | 620,575,034.907          | 2,857,243.030         | 11          |               |
| Service (60) :                   | 210              | 158,438,445.601           | 846,079.650           | 0.000            | 146,884,559.363          | 849,041.550           | -8          |               |
| Warehouses (41) :                | 283              | 119,259,858.173           | 928,377.200           | 0.000            | 117,777,410.840          | 944,600.600           | -8          |               |
| <b>Structure</b>                 | <b>74</b>        | <b>267,729,085.330</b>    | <b>0.000</b>          | <b>0.000</b>     | <b>265,004,839.480</b>   | <b>0.000</b>          | <b>-1</b>   |               |
| Airfield Pavements (12) :        | 12               | 951,300.000               | 0.000                 | 0.000            | 681,765.000              | 0.000                 | 1           |               |
| All Other (80) :                 | 3                | 5,972,500.000             | 0.000                 | 0.000            | 5,972,500.000            | 0.000                 | 0           |               |

|   |    |                 |       |       |    |                 |       |       |    |
|---|----|-----------------|-------|-------|----|-----------------|-------|-------|----|
| Parking Structures (66) :                                 | 10 | 148,127,125.950 | 0.000 | 0.000 | 10 | 145,580,277.600 | 0.000 | 0.000 | 0  |
| Research and Development (other than Laboratories) (70) : | 2  | 9,800,000.000   | 0.000 | 0.000 | 2  | 9,800,000.000   | 0.000 | 0.000 | 0  |
| Roads and Bridges (76) :                                  | 3  | 21,080,130.000  | 0.000 | 0.000 | 3  | 21,080,130.000  | 0.000 | 0.000 | 0  |
| Service (other than buildings) (60) :                     | 0  | 0.000           | 0.000 | 0.000 | 1  | 22,137.500      | 0.000 | 0.000 | -1 |
| Storage (other than buildings) (40) :                     | 37 | 4,531,087.500   | 0.000 | 0.000 | 38 | 4,601,087.500   | 0.000 | 0.000 | -1 |
| Utility Systems (71) :                                    | 7  | 77,266,941.880  | 0.000 | 0.000 | 7  | 77,266,941.880  | 0.000 | 0.000 | 0  |

**Disposition Summary**

**Summary Report**

**Variance Report**

| Disposition Method       | Number of Assets | Fiscal Year:2007      |                  | Fiscal Year:2006      |                  | Variance            | Disposition Value Variance % | Number of Assets Variance % | Disposition Value Variance % |
|--------------------------|------------------|-----------------------|------------------|-----------------------|------------------|---------------------|------------------------------|-----------------------------|------------------------------|
|                          |                  | Disposition Value     | Number of Assets | Disposition Value     | Number of Assets |                     |                              |                             |                              |
| <b>Total</b>             | <b>145</b>       | <b>79,504,548.249</b> | <b>48</b>        | <b>80,286,806.789</b> | <b>97</b>        | <b>-782,258.540</b> | <b>202.08 %</b>              | <b>202.08 %</b>             | <b>-0.97 %</b>               |
| Demolition (DM):         | 112              | 78,332,328.470        | 30               | 79,798,988.050        | 82               | -1,466,659.580      | 273.33 %                     | 273.33 %                    | -1.84 %                      |
| Lease Termination (LX):  | 21               | 792,639.779           | 10               | 255,680.789           | 11               | 536,958.990         | 110.00 %                     | 110.00 %                    | 210.01 %                     |
| Other (OT):              | 10               | 359,162.000           | 6                | 211,719.950           | 4                | 147,442.050         | 66.67 %                      | 66.67 %                     | 69.64 %                      |
| Sale Subcategories (SL): | 2                | 20,418.000            | 2                | 20,418.000            | 0                | 0.000               | 0.00 %                       | 0.00 %                      | 0.00 %                       |

**Comment**

Export to Excel

For questions, contact the FRPP staff at 1.866.509.1800.



United States Department of  
**Health & Human Services**

**Federal Real Property Asset Management  
HHS Status Report on FRPC Workgroups**



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

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**Status Report on FRPC Workgroups**

**Background**

An outcome of the PMA Tiger Team efforts in the 4Q FY07 was an Initiative 3.3.6 (as outlined in the *Oversight of the HHS Portfolio*; pages 21, 27 and 33) ***Standardize HHS Assumptions to Further Define FRPC Measures***. Reviewing the FRPC data it was clear that FRPC definitions were not being interpreted the same at the OPDIV level. This initiative is developed to review the definitions, evaluate existing guidance and determine what additional clarification was needed. Inherent in that analysis is the standardization of the assumptions behind the calculations for the FRPC measures. The Tiger Team identified this initiative as critical to effectively support the role of the Senior Real Property Officer (SRPO) and manage the HHS portfolio of assets.

This past quarter the O&M Workgroup and Utilization Workgroup met to further define characteristics of the Tier 1 FRPC Performance Measures.

**Purpose**

The purpose of this status report is to provide

1. Provide a progress report on the actions of the workgroups.
2. Identify workgroup priorities for FY 2008.

**Current Status**

Condition Index (CI)

The standard for calculating CI at the constructed asset level is consistent across the OPDIVs. In aggregating the overall average CI of an OPDIV, there are three methods commonly used by various entities that the O&M Workgroup discussed.

1. The Department set a standard several years ago to calculate aggregate CI using a straight average. For example, say you had 2 buildings one is a 200,000 SF facility with a PRV of \$50M and a \$5M backlog which would yield a CI of 90. Another 50,000 SF building with a PRV of \$25M and a maintenance backlog of \$5M (CI =80). The average becomes  $(90+80)/2 = 85.0$ . This was done by the Department to insure small facilities were not neglected.
2. The O&M Workgroup is proposing to change this method to a weighted average based on PRV and BMAR. This will give you a true picture of your maintenance needs for the



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**Status Report on FRPC Workgroups**

entire agency. Take the same example above:  $CI = (1 - (BMAR/PRV)) * 100 = (1 - (10M/75M)) * 100 = 86.7$ . Again this weighted average shows the true condition of all facilities combined.

3. A third method, weighted by the square footage has also been used which yields a different answer. From the example above:

$$50000 * 80 = 4,000,000$$

$$200000 * 90 = 18,000,000$$

$$22,000,000/250000 = 88.0$$

The third method overstates the CI and there is not a true picture of the OPDIV's aggregate BMAR.

The recommendations from the workgroup are as follows:

- Use method number 2 for calculation agency-wide condition indexes.
- Both owned structures and buildings should be included in the calculation.
- Do not include blanks, but do include zero's in the calculation.

O&M Cost

Not addressed this quarter.

Utilization

The Utilization Measure Workgroup has been re-evaluating and clarifying utilization rates for each of the major Building Predominant Use categories.

Offices

Based on the percent utilization breakdown shown in Table 3 of the *FRPC Real Property Inventory – User Guidance for FY 2007 Reporting for Utilization* for offices, and allowing for a 5% standard deviation in calculating square footage, HHS has set forth the following criteria for reporting utilization status in the HHS ARIS:



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

**Status Report on FRPC Workgroups**

|   |                   |
|---|-------------------|
| <b>Offices:</b>   |                   |
| <b>Over-utilized (1)</b>  | > 226 nasf/pp*    |
| <b>Utilized (2)</b>   | 226 - 161 nasf/pp |
| <b>Under-Utilized (3)</b>   | < 161 nasf/pp     |
| <b>Not Utilized (4)</b>   | 0                 |
| * The 226 nasf/pp figure does not supersede the current HHS UR Policy. Any UR that exceeds 215 nasf/pp requires clearance from the Deputy Assistant Secretary (DAS) for Facilities for owned and leased properties as outlined in the policy. |                   |

If an asset meets any of the following exceptions, it will be reported as “utilized”: fewer than five (5) occupants and/or less than 3,000 useable/rentable square feet; listed as Historic Eligible or Historic Registered; security assets (e.g. guard shacks, visitors centers) and COOP facilities.

Hospitals

At the time of the FY 2007 HHS Utilization Improvement Action Plan, HHS, at the recommendation of IHS, proposed to determine the utilization rate of its hospitals, including the inpatient and clinic components of the hospitals, by comparing required program space/existing space based on the IHS Health System Planning (HSP) process.

|                           |            |
|---------------------------|------------|
| <b>Hospitals:</b>         |            |
| <b>Over-utilized (1)</b>  | > 120%     |
| <b>Utilized (2)</b>       | 80% - 120% |
| <b>Under-Utilized (3)</b> | < 80%      |
| <b>Not Utilized (4)</b>   | 0          |

FRPC guidance states that a real property asset may have only one predominant use code, and does not allow for a mixed service health care delivery model. The IHS has 45 assets with the building predominant use classification of “Hospital”, but uses a health care system that provides for outpatient services (ambulatory care) and inpatient services (hospital or non-ambulatory care), typically both within one asset. The group did not come to a resolution on an acceptable method for determining utilization rate methodology and thus was unable to determine utilization status as it relates to the FRPC percentages. It was determined that HHS and IHS should investigate other federal agencies with hospital and clinical assets to determine standard calculation procedures at those agencies.

Warehouses



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

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**Status Report on FRPC Workgroups**

Discussions were held to delineate between warehouses, which are considered specific for operations and are typically for short-term storage, vs. "storage" which all OPDIVs consider to be for an indefinite time period. An example of a "warehouse" would be multilevel storage with more complex storage handling equipment, e.g. forklifts. An example of "storage" would be a tractor shed.

Analysis of the list of HHS Warehouses and their square footages showed a definite break in square footage at the 10,000 square foot mark. Most warehouses, by definition, would be above the 10,000 sq. ft. mark, and storage, by definition, would be below 10,000 sq. ft. Therefore, the workgroup proposed that all warehouse/storage assets under 10,000 sq. ft be considered utilized if they are used, and not utilized if not used.

Warehouses are used for short-term storage throughout the year, but may in fact have periods of time where they appear to be underutilized. A warehouse would not be considered underutilized or not utilized during a period of vacancy because the space may be held for a pending shipment.

Therefore, the most efficient way to determine utilization is through collaboration with each OPDIV Material Management (or other end user) staff, as well as through field verification wherever possible. If it is determined that the warehouse has been used to capacity at any given time in the year, it would be considered utilized. It was proposed that we simply consider these warehouses to be utilized or not utilized. However, in order to be able to utilize the ARIS data in making day-to-day business decisions, we determined that it would be more appropriate to provide data which would inform us when the capacity hit 85% so that decisions for surge storage can be made.

Therefore, the group proposes the following formula for calculating utilization of Warehouses:

*[Design Capacity (floor plate (GSF) or number of stacks facility was designed for)] x [% of space (either GSF or number of stacks) utilized] x 100.*



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

**Status Report on FRPC Workgroups**

The calculation would then be used as follows to determine utilization:

| <b>Warehouse/storage assets (over 10,000 sq. ft.):</b> |           |
|--|-----------|
| <b>Over-utilized (1)</b>                               | > 85%     |
| <b>Utilized (2)</b>                                    | 50% - 85% |
| <b>Under-Utilized (3)</b>                              | < 50%     |
| <b>Not Utilized (4)</b>                                | <10%      |

Laboratories

The group determined that utilization will be determined by the square footage ranges published in the HHS Facility Manual.

| <b>Laboratories:</b>      |                   |
|---------------------------|-------------------|
| <b>Over-utilized (1)</b>  | <200 nasf/pp      |
| <b>Utilized (2)</b>       | 200 – 460 nasf/pp |
| <b>Under-Utilized (3)</b> | > 460 nasf/pp     |
| <b>Not Utilized (4)</b>   | 0                 |

Housing

There are four basic types of HHS housing: 1) dormitory-like, 2) hotel-like, 3) apartment, and 4) stand-alone. Indian Health Service refers to their housing as family quarters. Some of the family quarters are for full time occupants while others are for transient occupants. These quarters can change from full time to transient and vice versa based on the need. FDA has visiting scientist housing in four areas of the country.

In all cases, rent is charged on housing and the funds collected are utilized to offset operations and maintenance of these facilities. The rental rates are set by OMB in A-11, and are reviewed annually.

The purpose of housing is to attract and retain highly qualified staff. All housing is for non-local residents. In the case of Indian Health, housing is a necessity because in many of their remote areas the closest housing community is 40 miles away and permanent housing cannot be built on the reservations. Also, many of the staff that utilizes housing is on temporary assignments to the area, and it is not feasible or practical for these staff to purchase housing while maintaining housing at their permanent duty station.

While some housing might be vacant at periods during the year, all OPDIVs believe that housing is critical to their mission and that this mission would be



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

**Status Report on FRPC Workgroups**

negatively impacted if they were unable to offer housing. Each OPDIV also believes that the revenue generated by housing is an incentive to keep the housing occupied to the greatest extent possible.

The Committee discussed ways to determine if housing was under or not utilized. There was a concern expressed that if we establish methodology that is too stringent it will appear that the housing is either under or not-utilized and should be targeted for disposal. IHS stated that if they disposed of any housing it would automatically revert to the Tribes, and could never be recovered for future requirements. IHS and FDA indicated that they often convert housing to other short-term needs (e.g. storage) if there is no immediate housing requirement for a particular asset. This allows the asset to remain utilized, meet a short-term requirement, and still maintain the housing for future requirements. Based on the discussion housing will be captured as follows:

| <b>Housing:</b>           |  |
|---------------------------|--|
| <b>Utilized (2)</b>       | The asset has been utilized during the course of the year.   |
| <b>Under-Utilized (3)</b> | The asset has not been used during the course of the year, but the program has a future requirement (e.g., it is in the process of obtaining budget approval for funding of the FTE which will utilize the asset.) |
| <b>Not Utilized (4)</b>   | The asset has no future requirement and the program is working toward disposal.  |

Industrial, Institutional, Service

We determined that it is not necessary to evaluate Industrial, Institutional, and Service at this time. OFMP is not aware of any FRPC initiative to have a specific measure in place for these types of buildings and these have not been measured separately in the past. All OPDIVs represented on this group did determine that we are all currently hard coding these categories as utilized if they are being used.

Mission Dependency

Not addressed this quarter.



United States Department of  
**Health & Human Services**

**Federal Real Property Asset Management  
HHS OPDIV Certification Statements**



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*

## HHS OPDIV Certification Statement

In accordance with Departmental reporting requirements that HHS OPDIV maintain a complete and accurate inventory of owned, leased and otherwise managed holdings, I certify that data regarding space occupied by CDC entered in the HHS Real Property Automated Inventory System (ARIS) is complete and accurate as of this date. I also certify that this data is used to make daily decisions on asset management actions and that all occupied space/holdings have undergone the HHS disposition decision tree process to ensure appropriate portfolio right-sizing, condition and cost requirements.

In addition, please find attached a list of all projects completed (i.e., construction, repairs and improvements) and actions taken (i.e., space consolidations and demolitions/disposals) for this quarter, and their impact on FRPC and HHS-specific performance measures.

  
\_\_\_\_\_  
Facility Directors Signature

15 Nov 2007  
Date

Attachment:

A final 2007 inventory was submitted for upload to the HHS ARIS on November 15, 2007.

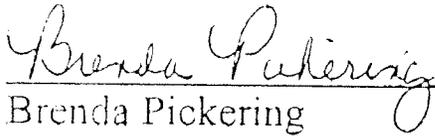
CDC has no data changes to report.



## HHS OPDIV Certification Statement

In accordance with Departmental reporting requirements that HHS OPDIVs maintain a complete and accurate inventory of owned, leased and otherwise managed holdings, I certify that data regarding space occupied by CMS entered in the HHS Automated Real Property Inventory System (ARIS) is complete and accurate as of this date. I also certify that this data is used to make daily decisions on asset management actions and that all occupied space/holdings have undergone the HHS disposition decision tree process to ensure appropriate portfolio right-sizing, condition and cost requirements.

In addition, please find attached a list of all projects completed (i.e., construction, repairs and improvements) and actions taken (i.e., space consolidations and demolitions/disposals) for this quarter and their impact on FRPC and HHS-specific performance measures.

  
\_\_\_\_\_

Brenda Pickering

Director, Administrative Services Group/OOM  
CMS

11/20/07  
Date

Attachment

## FY 08, FIRST QUARTER CERTIFICATION STATEMENT ATTACHMENT

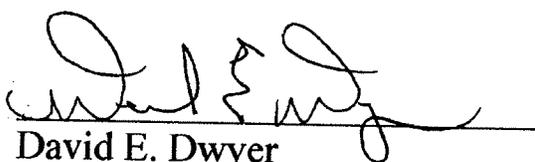
ARIS is up to date. CMS' lease actions for FY 08, 1<sup>st</sup> quarter are, as follows:

1. Capital One Center (MT5369)—OA expired 3/31/07 and GSA temporarily force moved CMS into the Great Northern Town Center (MT5514) until permanent space can be acquired—OA expires in February 2008. It appears that GSA may be able to accommodate our needs and awaiting feedback from GSA.
2. Employers Casu Bldg. (TX2291)—OA expired 9/30/2007 and the lease option was exercised. CMS acquired an additional 3,310 rentable sf in this building. Both OA's commenced on 10/1/2007 with an expiration of 9/30/2017.
3. Leo W. O'Brien Federal Building (NY0300)—OA was extended for 1 month and expires on 11/30/2007. CMS relocated to 54 State Street (AY07686) and a 120-month lease commenced on 11/8/2007.

## Revised HHS OPDIV Certification Statement

In accordance with Departmental reporting requirements that HHS OPDIVs maintain a complete and accurate inventory of owned, leased and otherwise managed holdings, I certify that data regarding space occupied by the Food and Drug Administration entered in the HHS Automated Real Property Inventory System (ARIS) is complete and accurate as of this date. I also certify that this data is used to make daily decisions on asset management actions and that all occupied space/holdings have undergone the HHS disposition decision tree process to ensure appropriate portfolio right-sizing, condition and cost requirements.

Attached is a list of all projects completed (i.e., construction, repairs and improvements) and actions taken (i.e., space consolidations and demolitions/disposals) for this quarter and their impact on FRPC and HHS-specific performance measures.



David E. Dwyer

Director

Office of Real Property Services

12-7-07

Date

Attachment

A final inventory was submitted for the HHS ARIS to Lease Harbor (Sean Black) on December 7, 2007.

| Repair/ Renovation/ Modernization Projects  |  |   |   |                                  |                            |   |                  |            |                    |            |   |
|---|--|---|---|----------------------------------|----------------------------|---|------------------|------------|--------------------|------------|---|
| Primarily to Improve Condition Index (CI) or Renovations due to Mission Necessity (4th Qtr FY 2007 - FY2010+) |  |   |   |                                  |                            |   |                  |            |                    |            |   |
| O<br>P<br>D<br>I<br>Y   | Site, Cnty, State  | Real Property Unique Identifier                       | Project Description including building name & number  | Facility Replacement Value (FRV) | Total Project Funding (\$) | Estimated Reduction in Deferred Maint backlog | Project Approval |            | Contract Documents |            | Estimated Completion  |
|   |  |   |   |                                  |                            |   | FY#s, Qtrs       | FY#s, Qtrs | FY#s, Qtrs         | FY#s, Qtrs |   |
| FDA   | JLC, Jefferson, AR   | NCTR-11   | Bldg 11 - Repair Water Tower  | \$1,992,442                      | \$148,000                  | \$148,000                                     | FY07,Q1          | FY07,Q2    | FY07,Q4            | FY08,Q3    | The estimated completion date has been changed to FY08, Q3 from FY08 Q1. This project was delayed because the repairs need to be performed when the water use is low. |
| FDA   | WEAC, Winchester, MA   | WEAC  | Main Laboratory - Training/Meeting Room - HVAC System Replacement   | \$11,512,100                     | \$25,000                   | \$25,000                                      | FY07,Q3          | FY07,Q4    | FY07,Q4            | FY08,Q1    | This project was completed resulting in a decrease in the backlog of maintenance and repair and helped improve the FCI.   |
| FDA   | WEAC, Winchester, MA   | WEAC  | Main Laboratory - Two to three Laboratory Rooms - HVAC System Replacement   | \$11,512,100                     | \$15,000                   | \$15,000                                      | FY07,Q3          | FY07,Q4    | FY07,Q4            | FY08,Q1    | This project was completed resulting in a decrease in the backlog of maintenance and repair and helped improve the FCI.   |
| FDA   | All FDA Owned and Delegated Assets (except for Davisville, RD) | DI, WEAC, MOD1, MOD2, BRF, IRV, NCTR, DO-ATL & RL, SE | Facility Condition Assessments for FDA Owned and Delegated Facilities (Dauphin Island, WEAC, MOD1, MOD2, Beltsville Research Facility, Irvine, NCTR, and Atlanta) | \$0                              | \$406,000                  | NA  | FY07,Q4          | FY07,Q4    | FY08,Q2            | FY08,Q4    | The contract award has been changed from FY 08, Q1 to FY08, Q2. The award date is expected to occur in January 2008.  |
| FDA   | MRC, Laurel, MD  | MOD1  | MOD1 - Miscellaneous FCI-related Repairs  | \$63,546,000                     | \$1,400,000                | \$1,000,000                                   | FY08,Q2          | FY08,Q3    | FY08,Q4            | FY09,Q3    | The project approval has been changed from FY08, Q1 to FY08 Q2 due to the CR.   |
| FDA   | SUN-DO, San Juan, PR   | SUN-DO  | Campus - Miscellaneous FCI Repairs  | \$0                              | \$400,000                  | \$400,000                                     | FY08,Q2          | FY08,Q3    | FY08,Q4            | FY09,Q3    | Project Approval date moved from FY08 Q1 to FY08 Q2. The scope is in the development process.   |
| <b>FDA Total</b>  |  |   |   |                                  | \$2,394,000                | \$1,588,000                                   |                  |            |                    |            |   |
| <b>Grand Total</b>  |  |   |   |                                  | \$2,394,000                | \$1,588,000                                   |                  |            |                    |            |   |

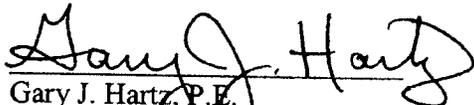
**Table #. Disposal (by excess) Projects by Site  
(4th Qtr FY 2007 - FY2010+)**

| Q<br>P<br>D<br>I   | Site, City, State        | Real Property<br>Unique<br>Identifier | Description/<br>Installation | Building<br>Number | Facility<br>Replacement<br>Value (FRV) | GSF          | Approval to<br>Dispose |          | Turnover to<br>GSA for<br>Disposal | Status<br>(see note 1) | Annual<br>O&M<br>Cost<br>Savings  | § 227, 233, 33 |
|--|--------------------------|---------------------------------------|------------------------------|--------------------|--|--------------|------------------------|----------|------------------------------------|------------------------|---|----------------|
|  |                          |                                       |                              |                    |  |              | FY=0,Q=1               | FY=0,Q=2 |                                    |                        |   |                |
| FDA  | Davisville, Rhode Island | Bldg 336                              | Davisville Excess            | Quonset            | \$449,271                              | 4,100        | FY08,Q1                | FY09,Q4  | P                                  | \$0                    | The FDA Facility Director approved disposal of this asset with direction to begin the disposal process. |                |
| <b>FDA Total</b>   |                          |                                       |                              |                    | <b>\$449,271</b>                       | <b>4,100</b> |                        |          |                                    | <b>\$0</b>             |   |                |
| <b>Grand Total</b>   |                          |                                       |                              |                    | <b>898,542</b>                         | <b>4,100</b> |                        |          |                                    | <b>\$0</b>             |   |                |
| Note 1: STATUS = "P" for Planning; "A" for Approved; "C" for Turnover to GSA Complete & More than one may be applicable. |                          |                                       |                              |                    |  |              |                        |          |                                    |                        |   |                |

### IHS OPDIV Certification Statement

In accordance with Departmental reporting requirements that HHS OPDIVs maintain a complete and accurate inventory of owned, leased and otherwise managed holdings, I certify that the real property data regarding space controlled by the Indian Health Service entered in the HHS Automated Real Property Inventory System (ARIS) is complete and accurate as of the last update to the best of my knowledge. I also certify that real property data in the IHS Healthcare Facilities Data System (HFDS) which supplies a subset of HFDS data to ARIS is used to make daily decisions on asset management actions and that all IHS occupied space/holdings have undergone the HHS disposition decision tree process to ensure applicable portfolio right-sizing, condition and cost requirements.

In addition, please find attached a list of all projects completed (i.e., construction, repairs and improvements) and actions taken (i.e., space consolidations and demolitions/disposals) for this quarter and their impact on FRPC and HHS-specific performance measures, complete and accurate to the best of my knowledge.

  
Gary J. Hartz, P.E.  
IHS Facility Director

12/07/2007  
Date

Attachment

**Indian Health Service  
1st Quarter - FY 2008  
Actions Taken**

| OPDV | Action     | Site, City, State                              | Real Property Unique Identifier | Description/Installation | Building Number | GSF  | Facility Replacement Value (FRV) | Utilization    | Mission Dependency    | Operating Cost | CI  |
|------|------------|--|---------------------------------|--------------------------|-----------------|------|----------------------------------|----------------|-----------------------|----------------|-----|
| IHS  | Demolition | PHS Indian Hospital, SAN CARLOS, AZ            | 4144                            | 11477                    | 00240           | 1294 | \$ 110,355                       | Not Utilized   | Not Mission Dependent | \$ 2,323       | 63  |
| IHS  | Demolition | PHS Indian Hospital, SAN CARLOS, AZ            | 6628                            | 11477                    | 00394           | 1100 | \$ 93,820                        | Not Utilized   | Not Mission Dependent | \$ 1,975       | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, WINDOW ROCK, AZ | 3019                            | 11485                    | 04004           | 1064 | \$ 52,388                        | Utilized       | Mission Critical      | \$ 3,709       | 100 |
| IHS  | Demolition | PHS Indian Hospital, FT YATES, ND              | 126                             | 11524                    | T1008           | 2072 | \$ 381,830                       | n/a            | Mission Critical      | \$ 23,742      | 13  |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 275                             | 11545                    | 0N20A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 276                             | 11545                    | 0N21A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 277                             | 11545                    | 0N22A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 278                             | 11545                    | 0N23A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 279                             | 11545                    | 0N24A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 280                             | 11545                    | 0N25A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 281                             | 11545                    | 0N26A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 282                             | 11545                    | 0N27A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 283                             | 11545                    | 0N28A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 284                             | 11545                    | 0N29A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 285                             | 11545                    | 0N30A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 286                             | 11545                    | 0N31A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 287                             | 11545                    | 0N32A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Demolition | PHS Institutional Support Fac, PINE RIDGE, SD  | 288                             | 11545                    | 0N33A           | 43   | \$ 1,937                         | Not Utilized   | Mission Critical      | \$ 10          | 100 |
| IHS  | Disposal   | PHS Indian Health Center, FORT DUCHESNE, UT    | 7945                            | 11550                    | 00075           | 3196 | \$ 259,281                       | Under Utilized | Mission Critical      | \$ 26,822      | 100 |

Consolidations

**HHS LEASED SPACE -- PLANNED CONSOLIDATIONS (4th Qtr FY 2007 - FY2010+)**

(Addressing issues of "Right Size", "Right Cost", and "Right Condition" of the Inventory)

| Starting<br>FY# Qtr# | City & State | Existing # Leases | Reporting<br>OPDIV | Participant<br>Groups | Existing<br># Useable<br>Sq Ft | Consolidated<br># Useable<br>Sq Ft | Prospectus<br>Submission<br>and<br>Approval<br>FY# Qtr# | Complete<br>Lease<br>Procurement<br>Documents<br>FY# Qtr# | Lease Award<br>FY# Qtr# | Complete<br>Leasehold<br>Improvements<br>FY# Qtr# | Complete<br>Move-in<br>FY# Qtr# | Comments |
|----------------------|--------------|-------------------|--------------------|-----------------------|--------------------------------|------------------------------------|---|---|-------------------------|---|---------------------------------|----------|
|                      |              |                   |                    |                       |                                |                                    |   |   |                         |   |                                 |          |
| NONE                 |              |                   |                    |                       |                                |                                    |   |   |                         |   |                                 |          |

## HHS OPDIV Certification Statement

In accordance with Departmental reporting requirements that HHS OPDIVs maintain a complete and accurate inventory of owned, leased and otherwise managed holdings, I certify that data regarding space occupied by the National Institutes of Health entered in the HHS Automated Real Property Inventory System (ARIS) is complete and accurate as of this date. I also certify that this data is used to make daily decisions on asset management actions and that all occupied space/holdings have undergone the HHS disposition decision tree process to ensure appropriate portfolio right-sizing, condition and cost requirements.

In addition, please find attached a list of all projects completed (i.e., construction, repairs and improvements) and actions taken (i.e., space consolidations and demolitions/disposals) for this reporting period and their impact on FRPC and HHS-specific performance measures.



Facility Director's Signature

Title Director, Office of Research Facilities  
National Institutes of Health

Attachments

12/10/07

Date

Projects Completed - End of Year 2007 and 1st Quarter 2008 Submission

| Project                                     | Building | Brief Description  | Measure | Before | After |
|---|----------|--|---------|--------|-------|
| Renovate Building 431                       | FDC 431  | Building Renovation  | CI      | 89     | 94    |
| Renovate Building 571                       | FDC 571  | Building Renovation  | CI      | 93     | 97    |
| Removal of HTHW Generators and Area Repairs | RTP 105  | Equipment Removal/Repair   | CI      |        |       |
| Emergency Structure Repair                  | RTP 101  | Emergency Repair   | CI      | 99     | 99    |
| IRF at RML                                  | RML 28   | New Construction   | CI      | 91     | 92    |
| Demolish Building 14                        | RML 14   | Completion (8/31/2007) of portion of demolition of Buildings 14, 16 & 17, scheduled for completion in FY08.Q1 in HHS Three Year Timeline, September 2006 (seeattachment). (FRV= 761,800, Size=4,000 GSF) | MD      |        |       |

1. Project Name
2. Building Name (i.e. Building 100 or address)
3. Brief Description (i.e. replace roof, lease expiration...)
4. Measure - CI, Utilization, Mission Dependency (change in O & M Cost is difficult to measure on a quarterly basis)
5. Performance before project implemented
6. Performance after project implemented

Projects with Deviations

| Project                         | Building | Brief Description                           | Project Completion |         | Comment  |
|---------------------------------|----------|---|--------------------|---------|--|
|                                 |          |   | Schedule           | Current |  |
| NIEHS Clinical Research Unit    | RTP      | New Construction of a modular clinical unit | Dec-07             | Feb-08  | The units have been installed and are undergoing finishing work. Delay was due to unforeseen site conditions discovered during foundation work this fall.                              |
| Mechanical Systems Improvements | NIHBC 6B | Equipment Systems Improvement               | Nov-07             | Oct-08  | The schedule change is due to the condition of existing utilities which has slowed construction progress. More re-work of these utilities is required than was originally anticipated. |

HHS Three Year Timeline, Sept 2006

DEMOLITION PROJECTS BY SITE  
(- FY 2005 - FY2008 +)

| OPDIV       | Real Property Location (Agency, Site, City, State) | Process Description, including building name & number          | Approved to Demolish |             | Actual or Planned |             | Completion or Demolition FY (or Qtr) | Status (see note 1) | Annual (A&M Cost Savings) |
|-------------|--|--|----------------------|-------------|-------------------|-------------|--------------------------------------|---------------------|---------------------------|
|             |  |  | FY (or Qtr)          | FY (or Qtr) | FY (or Qtr)       | FY (or Qtr) |                                      |                     |                           |
| IHS         | IHS Indian Hospital, ZUNI, NM                      | 11520, building 7778   | 840                  | FY06,Q2     | FY07,Q4           | FY07,Q4     | A                                    | \$1,318             |                           |
| IHS         | IHS Indian Hospital, ZUNI, NM                      | 11520, building 7780   | 840                  | FY06,Q2     | FY07,Q4           | FY07,Q4     | A                                    | \$1,318             |                           |
| IHS         | IHS Indian Hospital, ZUNI, NM                      | 11520, building 7781   | 840                  | FY06,Q2     | FY07,Q4           | FY07,Q4     | A                                    | \$1,318             |                           |
| IHS         | IHS Indian Hospital, ZUNI, NM                      | 11520, building 7782   | 840                  | FY06,Q2     | FY07,Q4           | FY07,Q4     | A                                    | \$1,318             |                           |
| IHS         | IHS Indian Hospital, ZUNI, NM                      | 11520, building 7783   | 840                  | FY06,Q2     | FY07,Q4           | FY07,Q4     | A                                    | \$1,318             |                           |
| IHS         | IHS Indian Hospital, ZUNI, NM                      | 11520, building 7787   | 600                  | FY06,Q2     | FY07,Q4           | FY07,Q4     | A                                    | \$942               |                           |
| IHS         | IHS Indian Hospital, ZUNI, NM                      | 11520, building 8239   | 840                  | FY05,Q4     | FY07,Q4           | FY07,Q4     | A                                    | \$1,318             |                           |
| IHS         | IHS Indian Hospital, ZUNI, NM                      | 11520, building 8240   | 840                  | FY06,Q2     | FY07,Q4           | FY07,Q4     | A                                    | \$1,318             |                           |
| IHS         | PHS Indian Hospital, LAWTON, OK                    | 11533, building 424  | 2,500                | FY06,Q2     | FY07,Q4           | FY07,Q4     | A                                    | \$13,427            |                           |
| IHS         | PHS Indian Hospital-FT BELKNAP, HARLEM, MT         | 11503, building 4  | 2,576                | FY08,Q4     | FY08,Q4           | FY08,Q4     | P                                    | \$2,819             |                           |
| IHS         | No. Cheyenne Health Ctr, LAME DEER, MT             | 11504, building 2  | 185                  | FY08,Q4     | FY08,Q4           | FY08,Q4     | P                                    | \$436               |                           |
| IHS         | No. Cheyenne Health Ctr, LAME DEER, MT             | 11504, building 5  | 387                  | FY08,Q4     | FY08,Q4           | FY08,Q4     | P                                    | \$4,915             |                           |
| IHS         | PHS Institutional Support Fac, TALIHNA, OK         | 11536, building 201  | 94,774               | FY08,Q4     | FY08,Q4           | FY08,Q4     | P                                    | \$4,710             |                           |
| IHS Total   |  |  | 128,998              |             |                   |             |                                      | \$139,619           |                           |
| NIH         | Bethesda, Maryland                                 | Porter Neuroscience Research Center II, Demo Building 36       | 250,000              | FY05,Q4     | FY06,Q1           | FY07,Q1     | IP                                   | \$1,028,550         |                           |
| NIH         | Hamilton, MT                                       | Demo Buildings 14, 16, & 17 as part of RML Replacement Project | 9,495                | FY05,Q4     | FY07,Q1           | FY08,Q1     | D                                    | Not Avail           |                           |
| NIH Total   |  |  | 259,495              |             |                   |             |                                      | \$1,028,550         |                           |
| Grand Total |  |  | 1,036,434            |             |                   |             |                                      | \$11,387,833        |                           |

Note 1: STATUS = "P" for Planning, "A" for Approved, "D" for In Design, "IP" for Demolition In Progress, "C" for Demolition Complete B More than one may be applicable.  
 Note 2 (CDC): Pittsburgh bldgs 22 and 23 have been deactivated with utilities off since 1990. FPAA approved for demolition, Non-mission critical and under-utilized



United States Department of  
**Health & Human Services**

**Federal Real Property Asset Management  
Status Report on Decision Making  
and  
Demonstrating Results**



14 December 2007

**Office for Facilities Management and Policy**  
*Office of the Assistant Secretary for Administration and Management*



## **Status Report on Decision Making and Demonstrating Results**

### **Background**

“Demonstrate the use of inventory and performance data in its (HHS/OPDIV) day-to-day real property management” is a critical next step in order for the Department to upgrade to a green status in the PMA Real Property scorecard. Although each landholding OPDIV provided in detail its current capital planning process as part of the 2Q FY07 PMA submittal, the Department was unable to demonstrate results. The Tiger Team identified a need not to necessarily change the processes at each OPDIV, but rather to identify and establish standard reporting methods to supplement the processes and to demonstrate use of FRPC data in day-to-day decision making and ultimately to capture the results of those decisions. Initiative 3.3.9 (*Oversight of the HHS Portfolio*) ***Establish Standard Templates for reporting use of inventory data and performance data in day-to-day decision making for owned and leased assets*** was identified to address this gap.

The first milestone for this initiative is to form a working group to:

- Review OMB “getting to green” examples;
- Evaluate existing OPDIV Tools – identify best practices;
- Review current examples of OPDIV use of data;
- Benchmark with other federal agencies;
- Develop a “Reports Calendar” to coordinate all HHS required reports.

### **Purpose**

The purpose of this status report is to provide

1. Provide a progress report on the actions of the workgroup.
2. Provide the reports calendar (Attachment A).

### **Results**

Through consultation with the SRPO, OFMP, and the Tiger Team it was determined that the Tiger Team would address this initiative with its date certain milestones. The Tiger Team participants were expanded to include those individuals with oversight of the OPDIV database systems. With this addition, the Tiger Team is well suited with the expertise to resolve the gap in demonstrating day-to-day use and results of all FRPC measures.

The goal of the Tiger Team during the first actions is to gain a better understanding of why and what the initiative is and how current practices demonstrate compliance and non-compliance with it.



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

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**Status Report on Decision Making  
and Demonstrating Results**

As a first step the Tiger Team reviewed the OMB guidance on *Achieving Green in Federal Real Property Asset Management* (February 2006). Specifically, the section addressing daily decision making

*3. The Agency provides evidence that the inventory information is accurately maintained and used in daily decision-making*

The review of this information served to focus the group on the background and framework of the *Federal Real Property Asset Management Initiative* framework and how daily decision making fits within that framework. Understanding the background enabled the group to more effectively evaluate information provided for review and discussion.

After a review of processes and procedures from other agencies and HHS OPDIVs, the Tiger Team determined that OPDIVs are using data in daily decision making. However, the Tiger Team affirmed the demonstration of results is not evident. Although the OPDIVs have been evaluating justifications for projects prior to the implementation, the RAMP information had not been quantified in the same manner. Lack of demonstrated of results appear to be more a factor of time than process. The reviews served to emphasize the need of a standard method of documenting decisions with their associated results. Tools the OPDIVs currently are using were also shared with the Tiger Team for consideration in adopting best practices.

### **Next Steps**

The Tiger Team's next steps are to

- Take back the information they have received to date and discuss and evaluate within their own OPDIV
- Identify common threads as opportunities to standardize demonstration of use with results;
- Develop standard "template" from best practices;
- Distinguish requirements, if needed, between Department and OPDIV level projects.

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# Attachment A

## Department of HHS Report Calendar

| SRPO Roles                  |   |   |   |   |   |   |   |   |    | REPORT TITLE | PURPOSE  | Prepared by   | SENT TO | REPORTING DATE(S)                        | FORMAT   | Standard Format Exists?    |   | Standard Format Needed? |   | Approval Required | Information Only | Requirement Reference |  |
|-----------------------------|---|---|---|---|---|---|---|---|----|--------------|--|---|---------|--|--|----------------------------|---|-------------------------|---|-------------------|------------------|-----------------------|--|
| 1                           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |              |  |   |         |  |  | Y                          | N | Y                       | N |                   |                  |                       |  |
|                             |   |   |   |   |   |   |   |   |    | ◆            | OPDIV Minor Renovation Projects Report                                     | To report Minor Renovation Projects < \$1.0m not requiring an approved FPAA and funded with operating funds.                                | OPDIV   | OFMP                                     | Annual - Sep 30th  | Written Report             |   | √                       |   |                   | √                | FPM Vol. 1 2-1-30     |  |
| <b>Facilities Plan</b>      |   |   |   |   |   |   |   |   |    |              |  |   |         |  |  |                            |   |                         |   |                   |                  |                       |  |
|                             | ◆ |   |   |   |   |   |   |   |    |              | Annual Facilities Construction Plan - CI Tables                            | To identify for the benefit of all parties projects that should be constructed in the proposed budget year                                  | OPDIV   | DAS, OFMP                                | Annual - Jun 1st   | OPDIV Specific             |   | √                       |   | √                 |                  | √                     | FPM Vol. 1 2-2-30 (A)                  |
|                             | ◆ |   |   |   |   |   |   |   |    |              | Annual Facilities Construction Plan - Amendments/Modifications             | To reflect current year lump sum funded R&I / M&I projects exceeding OPDIV approval authority.  | OPDIV   | OFMP                                     | Annual - Oct 1st   | OPDIV Specific             |   |                         |   |                   |                  | √                     | FPM Vol. 1 2-2-30 (B)                  |
| <b>FPAA Reporting</b>       |   |   |   |   |   |   |   |   |    |              |  |   |         |  |  |                            |   |                         |   |                   |                  |                       |  |
|                             | ◆ |   |   |   |   |   |   |   |    | ◆            | FPAA - Budget Submission   |   | OPDIV   | OFMP                                     | Annual - Draft due Jun 1st<br>Final - Aug (date varies)            | HHS Form 300               | √ |                         |   |                   | √                |                       | FPM Vol. 1 2-3-30                      |
|                             | ◆ |   |   |   |   |   |   |   |    | ◆            | FPAA - Coming Fiscal Year  | For OFMP and/or CIRB Level Approval, If Required  | OPDIV   | OFMP                                     | Annual - Aug 15th  | HHS Form 300               | √ |                         |   |                   | √                |                       | FPM Vol. 1 2-3-30                      |
|                             | ◆ |   |   |   |   |   |   |   |    | ◆            | FPAA - Current Fiscal Year   | For CIRB Level Projects to Be Approved  | OPDIV   | OFMP                                     | Annual - Draft due Jun 1st<br>Annual - Final due Aug (date varies) | HHS Form 300               | √ |                         |   |                   | √                |                       | FPM Vol. 1 2-3-30                      |
|                             | ◆ |   |   |   |   |   |   |   |    | ◆            | FPAA - R&I / M&I   | For major R&I/M&I projects requiring OFMP approval that have not submitted during the standard budget process                               | OPDIV   | OFMP                                     |  |                            | √ |                         |   |                   | √                |                       | FPM Vol. 1 2-3-30                      |
|                             | ◆ |   |   |   |   |   |   |   |    | ◆            | FPAA - Revision  | To report changes in the scope, schedule and/or budget  | OPDIV   | OFMP                                     |  | HHS Form 300               | √ |                         |   |                   | √                |                       | FPM Vol. 1 4-4-30                      |
| <b>Master Plans</b>         |   |   |   |   |   |   |   |   |    |              |  |   |         |  |  |                            |   |                         |   |                   |                  |                       |  |
|                             |   |   |   |   |   |   |   |   |    | ◆            | Draft Master Plan  | To provide required draft documentation for review at the OPDIV & HHS CIRB prior to distribution to external groups.                        | OPDIV   | OFMP                                     |  | Written Report             |   | √                       |   | √                 | √                |                       | FPM Vol 1 3-1-30                       |
|                             |   |   |   |   |   |   |   |   |    | ◆            | Final Master Plan  | To receive final Board approval after all review internal & external reviews  | OPDIV   | OFMP                                     |  | Written Report             |   | √                       |   | √                 |                  |                       | FPM Vol. 1 3-1-30                      |
|                             |   |   |   |   |   |   |   |   |    | ◆            | Value Engineering Report   | Fulfills OMB requirement that HHS maintains data on the Departmental Value Engineering program  | OPDIV   | OFMP                                     | Varies - As Applicable to HHS OFMP Approval Projects               | Outcomes/Results Report    |   | √                       |   | √                 |                  | √                     | FPM Vol. 1 3-8-30 OMB Circular A-131   |
|                             |   |   |   |   |   |   |   |   |    | ◆            | Commissioning Report   | To ass the maintenance personnel and to OPDIV in case of any questions regarding air quality & working environment                          | OPDIV   |  | Varies with Individual Projects                                    | Written Report             |   | √                       |   | √                 |                  | √                     | FPM Vol. 13-10-20 (D)                  |
| <b>Acquisition</b>          |   |   |   |   |   |   |   |   |    |              |  |   |         |  |  |                            |   |                         |   |                   |                  |                       |  |
|                             |   |   |   |   |   |   |   |   |    | ◆            | Acquisition Plan   | To facilitate attainment of the acquisition objectives  | OPDIV   | OFMP                                     | Prior to Executing Project - Included in FPAA Approval Document    | Written Report             |   |                         |   | √                 |                  |                       | FPM Vol. 1 4-1-30 FAR Part 7.105       |
|                             |   |   |   |   |   |   |   |   |    | ◆            | Bid Report for Construction Contracts                                      |   | OPDIV   | OFMP                                     | At the completion of the selection and evaluation process.         | HHS Exhibit X4-6-D         | √ |                         |   | √                 |                  | √                     | FPM Vol. 1 4-5-30                      |
|                             |   |   |   |   |   |   |   |   |    | ◆            | Post Occupancy Evaluation - Update   |   | OPDIV   | Planning Office and OPDIV Facilities Man | As Needed  | Written Report             |   | √                       | √ |                   |                  | √                     | FPM Vol. 1 5-2-30                      |
|                             | ◆ |   |   |   |   |   |   |   |    |              | Senior Real Property Officer Report (Departmental Data Upload)             | To lists and describes real property assets under the jurisdiction, custody, or control of that agency, except for                          | SRPO    | OMB/GSA                                  | Annually - during 1st Quarter, specific date may vary              | Electronic Upload          | √ |                         |   | √                 |                  | √                     | FPM Vol. 2 1-5-30                      |
|                             | ◆ |   |   |   |   |   |   |   |    |              | HHS Inventory Data (OPDIV Data Upload to HHS)                              | To report the most current asset data as of the end of the current fiscal year consistent with FRPC guidelines                              | OPDIV   | OFMP                                     | Annually - 30 days prior to established deadline (1st Quarter)     | Electronic Upload          | √ |                         |   | √                 |                  | √                     | FPM Vol. 2 2-1-30                      |
| <b>Performance Measures</b> |   |   |   |   |   |   |   |   |    |              |  |   |         |  |  |                            |   |                         |   |                   |                  |                       |  |
|                             | ◆ |   |   | ◆ |   |   |   |   |    |              | Mission Dependency Status  | To report the most current mission dependency status of an asset as of the end of the current fiscal year                                   | OPDIV   | OFMP                                     | Annually - November 15th - Part of ARIS Submission                 | included in ARIS Upload(s) | √ |                         |   | √                 |                  | √                     | FPM Vol 2 2-2-10(A) / FPM Vol 2 2-2-30 |
|                             |   |   |   |   |   |   |   |   |    |              | Condition Index  | To report the most current condition index status of an asset as of the end of the current fiscal year                                      | OPDIV   | OFMP                                     | Annually - November 15th - Part of ARIS Submission                 | included in ARIS Upload(s) | √ |                         |   | √                 |                  | √                     | FPM Vol 2 2-2-10(B) / FPM Vol 2 2-2-30 |
|                             |   |   |   |   |   |   |   |   |    |              | Facility Utilization Index   | To report the most current mission dependency status of an asset as of the end of the current fiscal year                                   | OPDIV   | OFMP                                     | Annually - November 15th - Part of ARIS Submission                 | included in ARIS Upload(s) | √ |                         |   | √                 |                  | √                     | FPM Vol 2 2-2-10(C) / FPM Vol 2 2-2-30 |
|                             |   |   |   |   |   |   |   |   |    |              | Operations and Maintenance Costs Performance Measures                      | To report the most current operations and maintenance cost data from the prior year including leased assets                                 | OPDIV   | OFMP                                     | Annually - November 15th - Part of ARIS Submission                 | included in ARIS Upload(s) | √ |                         |   | √                 |                  | √                     | FPM Vol 2 2-2-10(D) / FPM Vol 2 2-2-30 |
|                             |   |   |   |   |   |   |   |   |    |              | Construction Program Performance Measures Report - Scope, Budget, Schedule | To report final scope, schedule and budget of all HHS level approved and at completed through contract close-out for the FY just concluded. | OPDIV   | OFMP                                     | Annually - 1st Quarter   | Written Report/Final FPAA  |   | √                       | √ |                   |                  | √                     | FPM Vol 2 2-2-10(E) / FPM Vol 2 2-2-30 |

## Department of HHS Report Calendar

|                                |   |   |   |   |   |   |   |   |    | Standard<br>Format<br>Exists?                         | Standard<br>Format<br>Needed?  | Approval<br>Required<br>Information<br>Only | Requirement<br>Reference |  |                           |                   |        |   |   |   |  |
|--------------------------------|---|---|---|---|---|---|---|---|----|---|--|---|--------------------------|--|---------------------------|-------------------|--------|---|---|---|--|
| SRPO Roles                     |   |   |   |   |   |   |   |   |    |   |  |   |                          |  |                           |                   |        |   |   |   |  |
| 1                              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Y   | N  | Y   | N                        |  |                           |                   |        |   |   |   |  |
| REPORT TITLE                   |   |   |   |   |   |   |   |   |    | PURPOSE   |  |   |                          | Prepared by  | SENT TO                   | REPORTING DATE(S) | FORMAT |   |   |   |  |
|                                |   |   |   |   |   | ♦ |   |   |    | Energy Report   | To report energy consumption and cost data, and energy management activities.  | OPDIV Energy Coordinator                    | HHS Energy Officer       | Annual - TBD   | Written Report            | √                 |        | √ |   | √ | FPM Vol. 2 3-3-30                                |
|                                |   |   |   |   | ♦ |   |   |   |    | Historical Preservation Report                        | To demonstrate progress in identifying, protecting, and using historic properties in its ownership   | OPDIV                                       | OFMP                     | Every 3-Years - Aug 31st   | Written Report            | √                 |        | √ |   | √ | FPM Vol. 2 3-4-30                                |
|                                |   |   |   |   |   |   |   |   |    | Integrated Pest Mgmt Plan                             | To establish an early prevention program to eliminate and control pest infestations  | OPDIV                                       | OFMP                     | N/A  | Written Report            |                   | √      | √ |   | √ | FPM Vol. 2 3-7-30                                |
|                                |   |   |   |   |   |   |   |   |    | Space Acquisition Request                             | To request approval to acquire space including physical security information   | OPDIV                                       | OFMP                     | As Needed  | Written Memo              |                   | √      |   | √ |   | FPM Vol. 2 4-1-10                                |
|                                |   |   |   |   |   | ♦ |   |   |    | Space Budget Justification                            | To provide a justification to OMB of the agency's budget request for rent  | OPDIV                                       | OFMP                     | Annually   | Exhibit 54                |                   | √      | √ |   | √ | FPM Vol. 2 4-3-30                                |
|                                |   |   |   |   |   |   |   |   |    | Quarters - Request for Exception to OMB Circular A-45 | To demonstrate to the OMB that the application of the provisions of Circular A-45 will not result in a rental rate equivalent to the reasonable value of the quarters to the occupant. | OPDIV                                       | OFMP/OMB                 | As Needed  | Written Report            |                   | √      | √ |   | √ | FPM Vol. 2 4-4-30                                |
|                                |   |   |   |   |   |   |   |   | ♦  | Accident Report                                       | To report accidents in accordance with the DHHS Safety Management Manual the HHS Occupational Safety and Health Office   | OPDIV Safety Officer                        | HHS Safety Officer       | As Needed  | Accident Report (HHS-516) | √                 |        |   | √ |   | FPM Vol. 2 4-9-30 / HHS Safety Management Manual |
|                                |   |   |   |   |   |   |   |   | ♦  | Systems Inspections & Certification                   |  |   |                          | N/A  |                           |                   | √      |   | √ |   | FPM Vol. 2 4-10-30                               |
| <b>Excess of Real Property</b> |   |   |   |   |   |   |   |   |    |   |  |   |                          |  |                           |                   |        |   |   |   |  |
|                                |   |   |   |   |   |   |   |   | ♦  | Excess Real Property                                  | To report Excess Real Property   | OPDIV                                       | OFMP                     | 120 days in advance of the availability for transfer or disposal | GSA Form 1334             |                   |        |   |   | √ | FPM Vol. 2 5-1-10 (B1)                           |
|                                |   |   |   |   |   |   |   |   | ♦  | Excess Property                                       | To report buildings or other improvements that is excesses without the underlying land.  | OPDIV                                       | OFMP                     | As Needed  | SF 118/118A               |                   |        |   |   | √ | FPM Vol. 2 5-1-30                                |



United States Department of  
**Health & Human Services**

**Federal Real Property Asset Management**  
**HHS FY 2008 Disposition Plan - Status**



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*



## **HHS FY 2008 Disposition Plan Status**

### **Background**

As part of the HHS Real Property Management Plan 3-year Timeline approved by OMB in September 2006, HHS set Goal #2, Right Size the Portfolio. The goals are that HHS will:

- Identify and dispose of excess property
- Improve asset performance by reducing both under- and over-utilization in order to get the most out of our constructed assets
- Accomplish the above goals by linking real property utilization to the Real Property Asset Management budget decision-making process, establishing performance goals relative to utilization rates, lease consolidation, under-utilized and excess properties, and requiring the consideration of these goals in budget decision making

In accordance with the HHS Real Property Asset Management Plan, Executive Order 13327 Federal Real Property Management, and guidance from the Federal Real Property Council, HHS continues to strive for reduction of its portfolio assets that are not mission-dependent, are under-utilized, have low-condition index, high operating costs to the maximum extent possible. One method to accomplish this goal is through disposal (by demolition or excess) of unneeded facilities. Through this process HHS pursues measurable actions in order to achieve improvements in the “right-sizing” of our portfolio to better support the mission.

### **Purpose**

The purpose of the FY 2008 Property Disposition Plan Status is to report on completed FY 2008 disposals and to provide an assessment of progress toward meeting the FY 2008 disposal goal. The process serves to:

1. Provide the needed information to the Senior Real Property Officer of HHS to support the role and responsibility of overseeing the HHS real property portfolio.
2. Track progress to date of HHS actions to dispose of unneeded facilities.

### **Results**

Through Q1 FY08 and based on information received from HHS OPDIVs to date, 18 assets with an approximate FRV of \$ 872,404 and GSF of 8,264 have been disposed. The HHS goal for FY 2008 is 52 assets with an approximate FRV of \$34,957,096. The progress towards the FY 2008 goal is 34.62% for total assets and 2.50% for total FRV (See Exhibit 1.1).



**HHS FY 2008 Disposition Plan Status**

**Next Steps**

The next steps will be to:

1. Continue to monitor planned HHS disposition actions
2. Continue to use the FRPC Performance Analysis Tool (PAT) in daily decision making to evaluate assets for mission dependency, utilization, condition, and operations in order to determine candidate properties for disposition, replacement, or upgrade.

Exhibit 1.1 FY 2008 Disposition Plan Status

| <b>HHS FY 2008 Disposition Plan - Status</b>            |                  |   |                   |              |                     |
|---|------------------|---|-------------------|--------------|---------------------|
| <b>OPDIV</b>  | <b>Site</b>      | <b>Type<br/>(Disposal /<br/>Demolition)</b> | <b>FRV</b>        | <b>GSF</b>   | <b>#<br/>Assets</b> |
|   |                  |   | <b>2008</b>       | <b>2008</b>  |                     |
| IHS   | Ft. Duchesne, UT | Disposal                                    | \$ 259,281        | 3,196        | 1                   |
|   | Ft. Yates, ND    | Demolition                                  | \$ 381,830        | 2,072        | 1                   |
|   | Pine Ridge, SD   | Demolition                                  | \$ 27,118         | 602          | 14                  |
|   | San Carlos, AZ   | Demolition                                  | \$ 204,175        | 2,394        | 2                   |
|   | Window Rock, AZ  | Demolition                                  | \$ 52,388         | 1,064        | 1                   |
| <b>IHS Total</b>  |                  |   | <b>\$ 924,792</b> | <b>9,328</b> | <b>19</b>           |
| <b>Total HHS Actual Disposed Assets through 1Q FY08</b> |                  |   | <b>\$924,792</b>  | <b>9,328</b> | <b>19</b>           |
| FY 2008 Goal  |                  |   | \$ 34,957,096     | 112,440      | 52                  |
| Progress towards goal                                   |                  |   | 2.65%             | 8.30%        | 36.54%              |



United States Department of  
**Health & Human Services**

Federal Real Property Asset Management

**HHS FY 2007 Property Dispositions - Actual**



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*



## **HHS FY 2007 Property Dispositions - Actual**

### **Background**

As part of the HHS Real Property Management Plan 3-year Timeline approved by OMB in September 2006, HHS set Goal #2, Right Size the Portfolio. The goals are that HHS will:

- Identify and dispose of excess property
- Improve asset performance by reducing both under- and over-utilization in order to get the most out of our constructed assets
- Accomplish the above goals by linking real property utilization to the Real Property Asset Management budget decision-making process, establishing performance goals relative to utilization rates, lease consolidation, under-utilized and excess properties, and requiring the consideration of these goals in budget decision making

In accordance with the HHS Real Property Asset Management Plan, Executive Order 13327 Federal Real Property Management, and guidance from the Federal Real Property Council, HHS continues to strive for reduction of its portfolio assets that are not mission-dependent, are under-utilized, have low-condition index, high operating costs to the maximum extent possible. One method to accomplish this goal is through disposal (by demolition or excess) of unneeded facilities. Through this process HHS pursues measurable actions in order to achieve improvements in the “right-sizing” of our portfolio to better support the mission.

### **Purpose**

The purpose of the FY2007 Property Dispositions – Actual is to report on completed FY2007 disposals and to provide an assessment of progress toward meeting the FY2007 disposal goal. The process serves to:

1. Provide the needed information to the Senior Real Property Officer of HHS to support the role and responsibility of overseeing the HHS real property portfolio.
2. Track progress to date of HHS actions to dispose of unneeded facilities.

### **Results**

In FY 2007 HHS had a projected goal to dispose, through disposal or demolition, of 62 owned assets with an approximate FRV of \$60,084,800. With 91.94% of the planned 62 assets disposed HHS was able to exceed the FRV projected goal by 117% at a total FRV of \$130,405,283 (See Exhibit 1.1 Disposition Report). The real property program is a fluid process especially with respect to demolition and construction projects.



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**HHS FY 2007 Property Dispositions - Actual**

The majority of the changes occurred in the IHS disposition plan. IHS is in a unique position in that before IHS can dispose of a property they must consult with the tribe and offer the facilities to the Tribe for their use. This limits the IHS' ability to implement disposition actions and can change the priorities and timing of the dispositions. The remainder of changes occurred at the CDC Roybal Campus where three underperforming assets were demolished in preparation for a new laboratory facility. The demolition of these underperforming assets contributed to HHS's ability to significantly exceed the projected FRV goal.

Exhibit 1.1 Disposition Report

| <b>HHS FY 2007 Actual Dispositions</b> |                         |   |                      |                |                 |
|--|-------------------------|---|----------------------|----------------|-----------------|
| <b>OPDIV</b>                           | <b>Site</b>             | <b>Type<br/>(Disposal /<br/>Demolition)</b> | <b>FRV</b>           | <b>GSF</b>     | <b># Assets</b> |
|  |                         |   | <b>2007</b>          | <b>2007</b>    | <b>2007</b>     |
| CDC                                    | Atlanta, GA             | Demolition                                  | \$72,343,222         | 138,067        | 3               |
| <b>CDC Total</b>                       |                         |   | <b>\$72,343,222</b>  | <b>138,067</b> | <b>3</b>        |
| IHS                                    | Albuquerque, NM         | Demolition                                  | \$372,628            | 4,691          | 1               |
|  | Ft. Belknap, Harlem, MT | Demolition                                  | \$419,418            | 5,015          | 4               |
|  | Ft. Defiance, AZ        | Demolition                                  | \$1,052,163          | 10,994         | 11              |
|  | Ft. Yates, ND           | Demolition                                  | \$30,278             | 672            | 1               |
|  | Lame Deer, MT           | Demolition                                  | \$6,742              | 84             | 1               |
|  | Lawton, OK              | Demolition                                  | \$413,208            | 2,500          | 1               |
|  | Pawnee, OK              | Demolition                                  | \$10,956             | 144            | 1               |
|  | Pinon, AZ               | Demolition                                  | \$79,420             | 1,660          | 1               |
|  | Rosebud, SD             | Demolition                                  | \$43,673             | 533            | 2               |
|  | Sells, AZ               | Demolition                                  | \$428,190            | 7,732          | 8               |
|  | White Earth, MN         | Demolition                                  | \$57,699             | 670            | 1               |
|  | White River, AZ         | Demolition                                  | \$63,677             | 1,344          | 1               |
|  | Window Rock, AZ         | Demolition                                  | \$88,232             | 1,792          | 2               |
| Winnebago, NE                          | Demolition              | \$217,920                                   | 2,715                | 2              |                 |
| Zuni, NM                               | Demolition              | \$554,017                                   | 11,344               | 15             |                 |
| <b>IHS Total</b>                       |                         |   | <b>\$3,838,221</b>   | <b>51,890</b>  | <b>52</b>       |
| NIH                                    | Bethesda, MD            | Demolition                                  | \$53,492,000         | 250,000        | 1               |
|  | Hamilton, MT            | Demolition                                  | \$731,840            | 4,000          | 1               |
| <b>NIH Total</b>                       |                         |   | <b>\$54,223,840</b>  | <b>254,000</b> | <b>2</b>        |
| <b>HHS TOTAL</b>                       |                         |   | <b>\$130,405,283</b> | <b>443,957</b> | <b>57</b>       |
| Total Actual Disposed Assets FY2007    |                         |   | \$130,405,283        | 443,957        | 57              |
| FY 2007 Goal                           |                         |   | \$60,084,800         |                | 62              |
| Results                                |                         |   | 217.04%              |                | 91.94%          |



United States Department of  
**Health & Human Services**

**Federal Real Property Asset Management  
HHS Status Report on Enhanced Use Leasing**



14 December 2007

**Office for Facilities Management and Policy**

*Office of the Assistant Secretary for Administration and Management*



Real Property Asset Management  
**OVERSIGHT OF THE HHS PORTFOLIO**

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**Status Report on Enhanced Use Leasing**

**Background**

On July 19, 2006, HHS issued a report that compared existing Departmental real property authorities with those possessed by other federal agencies to determine if there existed a need for HHS to obtain increased enhanced real property authorities to better manage its real property portfolio. Agencies studied included GSA, Veterans Affairs, NASA and Military Departments of the Department of Defense. The report's findings noted that "many of the justifications, rationales, and potential benefits of Enhanced Use Leasing (EUL) are relevant to the HHS mission which requires extensive partnering with private industry and educational institutions." The report further noted that "such authority would enable HHS to better manage and receive a return on investment of the agency's real property assets."<sup>1</sup>

In this regard, the findings in the HHS report mirrored those contained in a recent GAO report in which Coast Guard officials identified EUL as a real property management tool utilized by DOD and Veterans that would enable them to better manage their real property portfolio.<sup>2</sup>

The HHS report noted that the majority of HHS properties were located in secured, campus like settings, thereby precluding the feasibility of GSA disposing of these properties to non-HHS affiliated entities. Hence, the recommendation was that HHS take steps necessary to obtain from Congress standing authority for the agency to enter into Enhanced Use Leases of its underutilized real property assets. The HHS Capital Investment Review Board approved this concept and recommended identification of a candidate property to serve as a demonstration project to better understand the benefits of this management tool.

EUL was evaluated by the PMA Tiger Team as part of the recalibration of HHS goals and milestones to better manage real property assets. Consideration was also given to whether there were HHS properties suitable for disposition under the pending real property disposal pilot which would allow for 100% recovery of disposal cost and retention of 20% of the net proceeds of sale. HHS has limited opportunities to dispose of properties to non-HHS affiliated entities because most assets are on secure, campus like

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<sup>1</sup> FY 2007 HHS Real Property Asset Management Plan, Appendix 10 – Review of HHS Enhanced Real Property Authorities, pp 19-20.

<sup>2</sup> GAO-07-658, Federal Real Property, DHS Has Made Progress, but Actions Are Needed to Address Real Property Management and Security Challenges, June 22, 2007, p 22.



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**Status Report on Enhanced Use Leasing**

settings. For that reason, the PMA Tiger Team affirmed continuance of the initiative to further explore EUL.

**Current Status**

NIH is investigating several Enhanced Use Lease Authority candidate projects. NIH reviewed the feasibility of utilizing EUL for Building 10 renovation. However, there are complexities associated with Building 10, including the fact that there are many non-severable aspects of Building 10 such as utilities. Such non-severable considerations would make administration of EUL problematic for Building 10. A more feasible project is likely to be the Northwest Child Care Center. This would be a discrete project that would be more easily administered, with clear and enforceable contractual requirements. NIH currently has a waiting list of over 1,000 children. Child care consistently rates as the key issue associated with scientific recruitment and retention challenges and is especially problematic relative to women in science. Solving this issue with EUL would avoid the need for a B&F Line Item, presently programmed for FY 2010. This would allow HHS and NIH to apply those resources to the R&I account and thus improve the Condition Index of existing facilities. An update on this proposed project will be presented to HHS during 3Q FY08.

CDC, FDA and IHS are continuing their review of eligible underutilized properties in their portfolio for candidate as additional demonstration project(s). Their findings will also be provided to HHS during 3Q FY08.