FUNDING OPPORTUNITY ANNOUNCEMENT

PROGRAM ANNOUNCEMENT
FISCAL YEAR 2017
SMALL AMBULATORY PROGRAM

ANNOUNCEMENT NO.: SAP-2017-01

ANNOUNCEMENT DATE: August 28, 2017

PURPOSE OF ANNOUNCEMENT: This announcement provides notice of the availability of funds for the Indian Health Service (IHS), Fiscal Year (FY) 2017, Small Ambulatory Program (SAP) and affords eligible Tribes or Tribal Organizations (T/TO) the opportunity to apply.

NOTE: This announcement does not constitute a notification of funds availability as defined by 25 CFR § 900.120. IHS has conducted tribal consultation in the development of the SAP Criteria and selection process, fulfilling the requirements of 25 CFR § 900.119. Selection for award of a SAP will constitute a notification of funds availability to the selected Tribe or TO and at that time a P.L. 93-638 Subpart J contract will be negotiated and awarded.

PROGRAM TITLE: Fiscal Year 2017 Small Ambulatory Program

PURPOSE OF SMALL AMBULATORY PROGRAM: The SAP awards funding on a competitive basis for qualifying projects to construct, expand, or modernize, T/TO owned, small ambulatory health care facilities that serve American Indian and Alaska Natives (AI/AN) and that are operated pursuant to a health care services contract or compact entered into under the Indian Self-Determination and Education Assistance Act, Public Law (P.L.) 93-638.

AMOUNT OF FY 2017 - FEDERAL FUNDS AVAILABLE: $5,000,000. Individual Awards are limited to $2,000,000.

NUMBER OF AWARDS ANTICIPATED: The number of awards to be made under the FY 2017 SAP is dependent on the number and type of assistance requested. The IHS estimates there will be approximately three to five (3 to 5) Awards made. Applicants should be aware that in the past the Congress has directed the IHS to use the rank-order list of an application process when funds are appropriated in immediate subsequent fiscal years so prompt awards can be made.

APPLICATION KITS:
Application Kits will be available on August 29, 2017, by downloading from the below identified websites on the internet:

http://www.fedbizopps.gov
http://www.dfpc.ihs.gov

APPLICATION DEADLINE. Complete applications must be received by IHS Headquarters by December 1, 2017. Deadline details are shown in the FY 2017 SAP Application Kit.
APPLICATION PROCESS

The Application for the FY 2017 SAP consists of two parts:

a. **Part 1 - Program Application**, which is scored and ranked for the selection process. Part 1 has three sections:
   - Section A - Applicant’s Administrative Information;
   - Section B – Applicant’s Eligibility Determination; and
   - Section C - Technical Proposal.

b. **Part 2 - Draft Contract** will be the contract used for selected SAP project awards.

Applicants may request technical assistance from their respective IHS Area, which will be provided subject to available resources.

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**PUBLIC REPORTING BURDEN FOR INFORMATION COLLECTION**

(OMB Control Number: 1076-0136)

Public reporting burden for the collection of information needed for the Application is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Indian Health Service Reports Clearance Officer, 5600 Fishers Lane, Rockville, MD 20857 marked to the Attention: PRA.

(Do not return the completed application for this program to this address.)

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**A. APPLICATION CONTENT**

Application items to be included in order with the application submission.

1. Application Cover Sheet
2. Table of Contents
3. **PART 1 – PROGRAM APPLICATION**
   a. Section A – Applicant’s Administrative Information
   b. Section B – Applicant’s Eligibility Determination
   c. Section C – Technical Proposal
   d. Signature page
   e. Attachments
      i. Copy of Auditor’s Summary of Findings of last Single Agency Audit
      ii. Tribal Resolution
      iii. Location and Site Maps
      iv. Space List and Floor Plan
      v. Project Administration Organization Chart
4. **PART 2 – DRAFT CONTRACT**
   a. Award/Contract Cover Sheet
   b. Section I Cover Sheet (Contents by IHS)
   c. Section II Cover Sheet (Contents by IHS)
d. Section III Cover Sheet (Contents by IHS)
e. Section IV Contract Attachments
   i. A – General Provisions
   ii. B – DUNS Number to facilitate payment
   iii. C – Financial Status Report Form (blank form furnished in Application Kit)
   iv. D – Tribal Quarterly Progress Report Form (blank form in Application Kit)

5. Application Checklist

B. PREPARATION AND ASSEMBLING

To facilitate review, validation, ranking and selection, both parts of the application, with all required attachments are to be prepared conforming to the requirements below.

Application package should:
   a. Be written in the English language;
   b. Be on standard 8-1/2" x 11" size paper;
   c. Be printed in 12 point size, black font;
   d. Be printed in a regular font style (Arial, Courier, Calibri, New Times Roman, etc.);
   e. Have one-inch margins on all four sides;
   f. Be printed on one side only;
   g. Be Loose and not bound nor stapled;
   h. Have a header identifying the name of the applicant;
   i. Have consecutively numbered pages with the numbers shown in the footer;
   j. Be signed by the authorized official of the Tribe or Tribal Organization’s (T/TO).
   k. Have a Cover Sheet entitled "FISCAL YEAR 2017 Small Ambulatory Program," followed by the applying T/TO’s name and the submission date;
   l. Spell out all Acronyms the first time they are used in Application;
   m. Define all Abbreviations the first time they are used or within a table in Application.
   n. Use consistent units (metric or imperial) and consistent abbreviations.

C. MAILING OR DELIVERY.

Using either the U.S. Postal Service or a commercial delivery services, mail or deliver two signed originals and two copies of the complete Application with all attachments to:

Division of Facilities Planning and Construction (DFPC)
Office of Environmental Health and Engineering (OEHE)
Indian Health Service       Mailstop: 10N14C
5600 Fishers Lane
Rockville, MD  20857

Mail or deliver one copy of the complete Application, with all attachments to the respective SAP contact person in the applicable IHS Area.

Mark both Application envelopes: "FY 2017 SAP APPLICATION"

D. APPLICATION DEADLINE. Complete applications must be received by December 1, 2017, the deadline shown in the FY 2017 SAP Program Announcement.
E. LATE APPLICATION. A late Application will **not** be accepted for processing. Applications will be considered to be "on time" if they are:
   a. Received, by the IHS Headquarters DFPC on or before the deadline date; or,
   b. Postmarked on or before the deadline date. The applicant should obtain a legibly dated receipt from the delivery service. If using the U.S. Postal Service, Applicant should request a legibly dated postmark on the envelope. Private metered mail postmarks will **not** be accepted as proof of timely mailing.

F. NON-CONFORMING APPLICATION. An application will be classified as non-conforming if it does not meet the submission requirements of the Application Kit, or does not meet the eligibility requirements for the SAP. Non-conforming applications will not be processed any further.

G. PRIVACY ACT. The Privacy Act of 1974 (5 U.S.C. § 552a), with certain exceptions, permits individuals (U.S. citizens or permanent resident aliens) to gain access to information pertaining to themselves in Federal agency records, to have a copy made of all or any part thereof, to correct or amend such records, and to permit individuals to make requests concerning what records pertaining to themselves, are collected, maintained, used or disseminated. The Act also prohibits disclosure of individual’s records without written consent, except under certain circumstances as prescribed by the Privacy Act.

H. FREEDOM OF INFORMATION ACT. The Freedom of Information Act (5 U.S.C. § 552) allows requesters to have access to Federal agency records, except those which have been exempted by the Act.

**SELECTION PROCESS**

A. IHS AREA ASSISTANCE, REVIEW AND ENDORSEMENT.

1. Prior to submission of Application. Prior to submitting an Application, the applicant is to coordinate with the applicable IHS Area to seek the required IHS prior concurrence of the statistical data and existing facilities information used in the Application. As IHS Area resources allow, the respective IHS Area is to provide appropriate assistance to the applicant for this validation process.

2. Review of submitted Application. The IHS Area is to review the Application to ensure correctness of the data and information as follows:
   a. **Validation of Existing Services Contract.** The IHS Area is to validate the existing P.L. 93-638 services contract or compact. As part of this validation, the IHS Area is to include with its endorsement, as an attachment, copies of the following identified components of the contract [**DO NOT provide** a copy of the entire contract.]:
      - Identification of parties who have executed the contract.
      - Identification of period of contract.
      - Identification of health care services covered by the contract.
• If the contract is with a consortium or organization providing health care services for more than one Federally recognized tribe or tribal organization, additional documentation is to be provided to show the legal tie with the Federally recognized tribes or tribal organizations. All of this must show a proper tie-in with the name or names shown in the Federal Register list of Federally recognized tribes.
• Signatures of parties executing the document.

b. **Validation of Facilities Information.** The IHS Area is to validate the facilities information used in the “Need for Project Calculation” in Item 7 of Section C – Technical Proposal of the Application.

3. **Certification Endorsement.** The IHS Area is to provide to IHS Headquarters an endorsement memorandum, which certifies:
   a. That the proposed project has been reviewed by the IHS Area.
   b. That the project is consistent with the IHS Area’s master plan for health care facilities or overall concept of operations.
   c. That the Area supports the project as presented in the application.

4. **Retention of Application Copy.** The copy of the Application provided by the applicant and used for the above discussed review and certification is to be retained by the IHS for future use and reference if the project is selected for an award.

B. **IHS HEADQUARTERS REVIEW OF APPLICATION.**
   1. The applicable IHS Area’s endorsement memorandum will be reviewed.
   2. The entire application will be reviewed to determine if it has been prepared in accordance with the Application Kit instructions.
   3. Part 1 – Program Application, Sections A and B, of the application will be reviewed to determine conformance with eligibility requirements.
   4. Conforming applications will be prepared for the prescribed review, evaluation, rating and ranking described below.

C. **REVIEW, EVALUATION, RATING AND RANKING.**
   1. Each conforming and eligible application will be reviewed, evaluated, rated and ranked for selection by an **Objective Review Team** (ORT).
      a. The ORT will consist of representatives from the Federal Government and tribes.
      b. To the extent feasible, ORT members will not be associated with applying tribes.
         The ORT members will recuse themselves from the rating applications where they have any ties with the applicant or if there is any appearance of a conflict of interest.
      c. To protect the confidentiality of this process, the names of ORT members and their results will be released only to the officials involved in the selecting process.
   2. Part 1 of the Application will be reviewed and evaluated to determine the applicant’s ability to accomplish the proposed project.
   3. Part 1 of the Application will be scored and ranked by the ORT in accordance with the four rating factors described below, then ranked for selection.
D. RATING FACTORS.

1. **Need for Project (Maximum 40 points)**
   Evaluation: The ORT will verify the calculated score provided in Application Part 1, Section C, Item 7, Need for Project Calculation.

2. **Delivery Capability (Maximum 40 points)**
   Evaluation: Application Part 1, Section C, Item 8, Delivery Capability Brief, will be evaluated to determine the applicant’s capability to provide the necessary ambulatory care services for the projected user-population upon project completion.

3. **Construction Capability (Maximum 15 points)**
   Evaluation: Application Part 1, Section C, Item 9, Construction Capability Brief, will be evaluated to determine the applicant’s capacity to manage the proposed construction project, on schedule, within the budget, fulfilling the scope, safely and with quality control. A schematic schedule illustrating start and finish times for design and construction must be provided for purposes of evaluation.

4. **Applicant’s Financial Contribution (Maximum 5 points)**
   Evaluation: Application Part 1, Section C, Item 10, Applicant Financial Contribution Brief, will be evaluated to determine the extent the applicant is willing to commit non-IHS resources to the project. Higher scores will be given to applicants who demonstrate the initiative to have other funds above that being received from the SAP. The amount of the contribution will not affect this score, however, secured funding will be scored higher than unsecured funding.

E. SELECTION. Final selections will be made by the Selecting Official, the IHS Headquarters, Director, Office of Environmental Health and Engineering based on the ORT ranking. The ranking by the ORT is used only in the selection process.

**AWARD PROCESS**

Awards will be made based on the rank order of selected projects until all available SAP funding is allocated. The rank order is used only for determining which projects will receive awards. Once awards are made, the scoring and ranking information has no meaning or bearing on any future actions, so this information will not be maintained or released for future use in selections.

Successful applicants will be notified by an official letter from IHS Headquarters. Only the names of applicants receiving awards will be posted on the IHS, OEHE, public website. Awards will be made through hybrid construction contracts adapted for the SAP, as administered pursuant to the conditions of The Indian Self-Determination and Education Assistance Act, P.L. 93-638, Subpart “J” and applicable sections of 25 CFR Part 900.

Discussions/negotiations will be held with selected Tribes or TOs. Partial awards may be offered to allow award amount to match available funding. Awardees will be contacted by DES to negotiate any outstanding issues and finalize the contract award document.
PART 1 – PROGRAM APPLICATION

The Part 1 – Program Application is to contain the following information and be assembled in the order shown:

Application Cover Sheet. [The cover sheet is to identify that the document is an Application for the FY 2017 Small Ambulatory Program, show the name of the applying tribe or tribal organization, and the submission date.]

Table of Contents. [All pages of the Part 1 – Program Application, are to be numbered. The Table of Contents for Part 1 is to list all sections and items in the Part 1 – Program Application, with the corresponding item numbers and starting page numbers.]

Section A – Applicant’s Administrative Information

1. Date of Application Submission.
2. Applicant’s Project Control Number. [Show any control number used by the applicant or “NOT APPLICABLE,” if that is the case with the applicant.]
3. Descriptive Title of Applicant’s Project. [Show the applicant(s) short descriptive title for the project.]
4. Amount of Federal Assistance Requested. [Show the dollar amount of Federal assistance being requested in this application, and the amount of secured Tribal funding and unsecured Tribal funding, i.e., still need grant or loan approval. Note: this amount cannot exceed $2,000,000. Also be aware that during the objective review process, the amount being contributed by the tribe affects the score of the application.]
5. Total Estimated Project Cost.
6. Percentage of Total Project Cost. [Identify the percentage of the estimated total project cost for which Federal assistance is being requested.]
7. Full name, address, telephone number, and “e-mail” address of tribe or tribal organization (Applicant). [Show the full legal name of the applicant. Show the actual street location, city, county, state and zip code. If the address for U.S. Postal Service delivery or special delivery services, such as FedEx, is different, please provide also.]
8. Full name, position title, address, telephone number, fax telephone number, and “e-mail” address of the applicant’s designated officials authorized by applicant’s governing body, as:
   a. Contact and responsible official for the application.
   b. Contact and responsible official(s) for contractual matters and for technical matters executing the project through selection, award, design and construction.
9. **Location of Project.** [Provide the location of the proposed project, including the city and state, or the name of the reservation and state.]

10. **Applicant’s Federal Employer Identification Number (EIN).** [Show the EIN as assigned by the U.S. Internal Revenue Service.]

11. **Data Universal Number System (DUNS) number.** [Provide the DUNS number that is assigned and maintained by Dun and Bradstreet Information Resources, a division of Dun and Bradstreet Corporation. The DUNS number can be obtained from the Dun and Bradstreet website at [http://www.dunandbradstreet.com](http://www.dunandbradstreet.com) or by calling 866-705-5711. The DUNS number is a nine-digit identification number which uniquely identifies business entities.]

12. **System for Award Management (SAM) Certification.** [Provide a statement that the applicant is registered in SAM. Registration can be done on-line at the SAM website [http://www.sam.gov](http://www.sam.gov). Tribes or tribal organizations may be registered already. Registration status can be verified on-line by visiting the SAM website homepage.]

13. **Congressional District of Applicant.** [This information is needed for award notifications if the project is selected.]

14. **Congressional District of Project.** [This information is needed for award notifications if the project is selected.]

15. **The SAP Award Not Part of Any Other Contract Acknowledgement.** [The applicant is to acknowledge that the P.L. 93-638 Subpart “J” construction contract that is used for SAP award will not be made part of any P.L. 93-638 Services Contract, Compact, Annual Funding Agreement, or Funding Agreement, and will NOT be subject to "Tribal Shares," since the SAP is a specifically "earmarked" for specific projects and is not discretionary. Section 505 of Title V indicates that "Tribal Shares" are to be provided for discretionary programs, excluding congressionally "earmarked" competitive programs such as the SAP.]

16. **Agreement Statement for Tribal Project Reports Required After Contract Award.** [Provide statement that the applicant agrees to provide to the IHS the following identified reports (blanks provided in Application Part 2 – Draft Contract), on a quarterly basis, starting within 30 days after contract award consistent with 25 CFR § 900.130(b)(8):

   b. Tribal Quarterly Progress Report.

17. **No Additional Funding Allowed Acknowledgement.** [The applicant is to acknowledge that the IHS will not provide additional funding for staffing and/or programs to operate the tribe’s P.L. 93-638 health services contract or compact with the IHS beyond the current funding level in the contract or compact. The applicant continues to be eligible for any future program increases as provided by law.]
18. **Statement about Construction Management Contract.** As required by 25 C.F.R. § 900.125(b)(8), provide “a statement indicating whether or not the Indian tribe or tribal organization has a construction management services (CMS) contract for CMS related to this project”.

19. **Assurances for Contract Award (25 CFR § 900.125(c)).** The applicant hereby acknowledges that the following assurances will apply if awarded a contract for SAP funding: [The applicant is to include this exact statement and these assurances in order to be awarded a contract for SAP funding, if the project is selected.]

   a. If the Tribe or tribal organization elects not to take title (pursuant to Subpart I) [25 CFR Part 900.125] to Federal property used in carrying out the contract, “The Tribe will not dispose of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. The tribe or tribal organization will record the Federal interest in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project;” and

   b. “The Tribe will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.)” which prohibits the use of lead based paint in construction or rehabilitation of residential structures;

   c. “The Tribe will comply, or already complies, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646),” which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal participation in purchases; and

   d. “Except for work performed by tribal or tribal organization employees, the Tribe will comply, as applicable, with the provisions of the Wage Rate Requirements (40 U.S.C. §§ 3141 - 3146,” for Federally assisted construction sub agreements;

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

   f. “The Tribe will comply with all applicable Federal environmental laws, regulations and Executive Orders;”

   g. “The Tribe will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting the components or potential components of the national wild and scenic rivers system;”

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1 The requirement for this statement is needed to assure that the IHS is not paying the applicant for construction management services under another contract.
h. “The Tribe will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), Executive Order 11593 (identification and preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).”

Section B – Applicant’s Eligibility Determination

[The contents of this Section are to be repeated as written, with the applicant responding where indicated. An application should be prepared and submitted only if the applicant meets all eligibility requirements.]

1. **Federally Recognized Tribe.** Is applicant included in the Federal Register that provides the Department of Interior, Bureau of Indian Affairs, Notice of Indian Entities Recognized and Eligible to Receive Services for the United States Bureau of Indian Affairs (BIA) (The latest Federal Register edition is Volume 68, Number 234, dated Friday, December 5, 2003.)? _____ YES _____ NO [If YES, proceed to next item.][If NO, the applicant is not eligible and should not proceed with the application.]

2. **Different Legal Name.** Is the legal name of the applicant other than that appearing in the Federal Register listing of eligible Indian Entities for the BIA? __ YES ___ NO [If YES, provide an explanation:__________________________________________________________________][Proceed to next item.]

3. **Status of Project.** Has on-site construction started for the project? __ YES ___ NO If on-site construction has not started, does the applicant plan to award a construction contract for on-site work prior to receipt of a SAP award if selected for an award? _____ YES _____ NO [If the answer for either question is YES, the applicant is not eligible and should not proceed with the application. If NO, proceed to next item.]

4. **Current Operation.** Does the applicant currently operate an Indian health care facility pursuant to an existing health care services Contract, Compact, Annual Funding Agreement (AFA), or Funding Agreement (FA) [referred to hereafter as contract] entered into under The Indian Self-Determination and Education Assistance Act, Public Law (P.L.) 93-638? _____ YES _____ NO [If YES, proceed to next item.][If NO, the applicant is not eligible and should not proceed with application.]

5. **Ownership.** Provide the legal name of the current owner of the health care facility being operated under the existing P.L. 93-638 services contract:________________________ _________________________________________

If the IHS is not the current owner, was this facility ever owned or constructed by the IHS? _____ YES _____ NO [If the current owner is the IHS, or if the answer is YES, applicant is not eligible for SAP.][If the current owner is not the IHS and the answer is NO, proceed to next item.]
6. **Location in Relationship to a Hospital.** Is the ambulatory health care facility in the proposed project located apart from a hospital and not on the same grounds and or campus as the hospital? ______ YES ______ NO [If YES, proceed with next item.] [If NO, the applicant is not eligible.]

7. **Non-Receipt of Prior Funding.** Has the proposed project, either the entire or a part thereof, received any prior funding under: 1) P.L. 94-437, Section 301, which deals with the IHS Health Facilities Construction Priority System for inpatient, outpatient and staff quarters facilities projects; 2) the expired P.L. 94-437, Section 307, which dealt with the Indian Health Care Delivery Demonstration Program; or 3) P.L. 94-437, Section 306, for a previous SAP award? ______ YES ______ NO [If YES, the applicant is not eligible.] [If NO, proceed with next item.]

8. **Population Certifications.** Provide (as coordinated with the applicable IHS Area, who has obtained advance certification of provided numbers from the IHS Headquarters Statistics Office) the latest IHS certified official user and service populations of eligible Indians for the service area of the proposed project. These population figures are to be projected to the planned opening fiscal year. Note, the service population figure is to be equal to or be greater than the user population figure. If partial counties, in the State in which the proposed health care facility is located, are in the official service area recognized by the IHS, show the official IHS percentages per county applicable to the proposed project.

   a. User population at projected opening (FY _____): ______________________

   b. User population at projected opening plus 3 years (FY _____): ________________

      (Used in Block B, Need for project calculation, page 17)

   c. Service population at projected opening (FY _____): ______________________

   d. Counties in Service Area (with % if applicable): ______________________

[Note, to be eligible for the SAP, the certified user population figure cannot be less than 500 and the certified service population figure cannot be less than 2,000. These thresholds are not applicable to a tribe or tribal organization who has its tribal government office located on an island. If the certified figures are less than the requirements and the applicant is not exempt, the project is not eligible for SAP funding and do not proceed.]
9. **Capacity Certification.** The IHS Recommended Ambulatory Facility Size for the projected user population from the table below is____________ft² or m². The gross size of the proposed health care facility is ________ ft² or m². [Provide a statement comparing these two figures as it relates to the project having a total capacity appropriate for the projected population]:

Based on the figures shown above, the applicant certifies that the total capacity of the proposed project will be appropriate for the projected population. ____YES ____ NO [If YES, proceed. If NO, the applicant is not eligible.]

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<th>If Projected User-Population x (8b) is:</th>
<th>Then the IHS Suggested Ambulatory Facility Size is:</th>
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10. **Program Assurances.** Upon project completion, the applicant assures the following:

a. It has adequate financial support to provide the services at the health care facility.

b. It will make the health care services available to eligible Indians, without regard to ability to pay or their source of payment.

c. When services are provided to non-eligible persons, such will be done on a cost basis, in accordance with Federal Laws, without diminishing the quality or quantity of services provided to eligible Indians.

The applicant hereby certifies the above: ____ YES ____ NO [If YES, proceed. If NO, the applicant is not eligible.]
11. **Financial Management Systems.** In order to comply with the authorizing legislation requirement and to meet the requirements of 25 CFR Parts 900.44 and 900.45 for a SAP contract award, the applicant's financial management systems have to meet minimum standards. The most recently completed Single-Agency Audit, which is provided annually by Tribes in compliance with 2 CFR 200, Subpart F, will be used to determine compliance.

Is the applicant’s latest Single-Agency Audit current in accordance with 2 CFR 200?  
___ YES  ___ NO  [If YES, proceed. If NO, the applicant is not eligible.]

Does this audit reflect any substantial unresolved significant and material weaknesses or issues of fraud or misapplication of previously provided Federal funds which would preclude an affirmation determination that the applicant’s financial management systems are in order?  
___ YES  ___ NO  [If YES, the applicant is not eligible. If NO, proceed.]  
[If the answers to the two above questions are such that the applicant is eligible, document the responses by providing:

(1) In Application Attachment A, a copy of the management report provided to the Tribe by the National External Audit Review Center, Office of Audit Services, Office of Inspector General, Department of Health and Human Services for the latest Single-Agency Audit Report;

(2) In Application Attachment B, a copy of the auditor's summary of findings for the same audit; and (3) in Application Attachment C, a copy of the Tribe’s latest Balance Sheet.]

12. **Tribal Resolution.** Does the Tribal governing body support the proposed project?  
___ YES  ___ NO  [If NO, the project is not eligible. If YES, document this statement by providing in Application Attachment D the original or certified copy of an executed Tribal Resolution containing the following elements and or authorizations:

a. Support of the SAP project and submission of application.

b. The total amount of funds needed for the proposed project, a breakdown of the portion to be provided by the tribe and the amount being requested from the SAP. All tribal funds are to be available at the time the SAP contract is awarded.

c. Authorization to enter into a P.L. 93-638 construction contract for the administration, planning, design and/or construction of the SAP project.

d. Name and position title of tribal individual authorized to sign all contractual documents.

(If a certified copy of the resolution is used, it must contain the original signature of the certifier. Where a project benefits more than one Indian tribe or tribal organization, the approval of each such tribe or tribal organization receiving benefit of the project shall be obtained through consenting tribal resolutions from each body. {Required by 25 USC 450b. (l)]]
Section C – Technical Proposal

1. Project Title.

2. Location of Project. [Provide the precise geographical location, including, as applicable, the street address, city, county, and state for the proposed health care facility project. Describe the service area for the health care facility. Provide location and site maps in Application Attachment E. These maps are to clearly show the location of the existing health care facility, any proposed new project site (including any proposed expansion at an existing site), and the service area. The location of the nearest hospital available to serve the eligible population is to be shown also.]

3. Type of Project. [List the applicable type(s) of projects]
   (a) Construction of a new satellite health care facility. (Identify the existing health care facility for which the proposed new facility will be a satellite.)
   (b) Construction of a replacement health care facility.
   (c) Expansion of an existing health care facility.
   (d) Modernization of an existing health care facility.

4. Description of Health Care Programs and Services. [Briefly describe the health care programs and services being provided at the existing health care facility and the proposed changes in programs and services that would be facilitated by the proposed project. Show how a need exists for increased ambulatory health care services, and that, currently, there is insufficient capacity to deliver needed services. For any proposed modernization projects, demonstrate how the proposed modernization work is needed to enhance the health care program.]

5. Description of Proposed Project. [Provide a summary description of the proposed construction work for the proposed project. In Application Attachment F provide a space list with net areas, and floor plan sketches depicting the proposed project, showing existing, if applicable, and the proposed changes, if project planning has advanced to a point where such exist. Include a summary of the planned scope of work for the construction and describe the proposed method for accomplishing the construction work by phase. Include an estimated number of calendar days for execution of each phase; e.g., planning, design, and construction. Cite factors that might accelerate or decelerate completing the project, tying in how the requested Federal assisted funding will assist in the accomplishment of the proposed project.]

6. Project Business Plan. [Provide a Project Business Plan that includes the proposed (1) Project Management Plan and (2) Financial Management Plan.]
   (a) Project Management Plan.
      (1) Organization. [Describe the proposed organization that would manage the project. Identify key personnel and provide information about their experience and qualifications related to the proposed project. Discuss the proposed administration support that would be provided. In Application Attachment G, provide an organization chart for the project administration.]
(2) **Performance Period for Project.** [Provide a milestone schedule of major activities by phase of the proposed project, expressed in calendar days from the date of SAP contract award. If the tribe has started the project, show the actual dates that applicable milestones were accomplished, such as project planning and/or design. (Note, if construction has started or if the applicant plans to award a construction contract for on-site work prior to the receipt of a SAP award, the project is NOT eligible for SAP award and an application should not be submitted.)]

(3) **National Environmental Protection Act (NEPA) Requirements.** [The SAP projects are subject to the requirements of NEPA. The application is to acknowledge the applicant’s responsibility for providing all necessary information and documentation to the IHS Area SAP contact person during the project planning stage or prior to construction if planning and/or design has been completed prior to SAP award, so the designated IHS Area NEPA official can make the appropriate NEPA determination.]

(4) **Quality Control Procedures.** [Provide an affirmative statement that the applicant considers the General Provisions section (which is a part of the contract that will be used to award SAP funding if the project is selected) to be a part of this application, and that the applicant will comply with the quality control items in these General Provisions. (The General Provisions are provided in Application Part 2 - Draft Contract.)]

(5) **Design Reviews.** [The applicant must provide the IHS no less than two opportunities to review and approve design documents at the schematic and final construction documents phases. IHS reviews at other stages of design shall be negotiated between the Tribe/TO and IHS during the development of the PL 93-638 Title I Subpart J construction contract. List in the application which design phase(s) the applicant proposes the IHS to review and approve beyond the two aforementioned phases.]

(6) **Subcontracts.** [Briefly describe any subcontracts the applicant anticipates to use to carry out the project. Also, include a statement that the applicant agrees to use licensed and qualified Architects and Engineers in the design and construction oversight of the project.]
(b) **Project Financial Management Plan.** [Provide financial information about the proposed project, ensuring that the information is consistent with that provided in Section III, Part 1, Section A, Items 4 and 5, including:]

(1) **Funding Plan.** [Show the estimated total project budget. This breakdown should be by project phases and show when funding is needed, or already provided, for the major project elements. List the proposed sources for all funding, identifying if the funds are held currently by the tribe, or planned, including anticipated financing and SAP funding. For the secured funding portion, ensure that the Tribal Resolution includes a certification that the funds are available and designated for the proposed SAP project. This plan will show when the receipt of planned funding is anticipated. Acknowledge that all funds needed over and above the available funding and the requested SAP funding is the responsibility of the applicant. This breakdown should include the costs for the following identified categories, and is to include all categories regardless if they have been completed or not:]

- ((a)) Administrative and legal expenses.
- ((b)) Site acquisition.
- ((c)) Planning (including NEPA determination).
- ((d)) Design.
- ((e)) Engineering services.
- ((f)) Construction inspection.
- ((g)) Site work.
- ((h)) Demolition and removal.
- ((i)) Construction.
- ((j)) Equipment.
- ((k)) Miscellaneous or other.
- ((l)) Subtotal (Sum of Items “a” thru “k”).
- ((m)) Project contingency.
- ((n)) Total project costs (Sum of Items “l” and “m”).]

(2) **Advance Payment Schedule.** [Include a proposed advance payment schedule which: 1) indicates the amount of the first payment based on the final negotiated advance payment schedule in the PL 93-638 Title I Subpart J construction contract taking into consideration the Tribe’s most recent audit, and expected expenditure of funds. Payments will be made within 21 calendar days following the achievement of milestones identified in the advance payment schedule.]
7. **Need for Project Calculation.**

**Description:** To develop a basis for a comparison of the need for all four types of construction authorized in the SAP, applicant is to perform the following calculation. This calculation considers the existing space size as related to the user population and adjusts the derived factor by the age and condition of the existing health care facility and the distance from the nearest hospital, within the definitions provided.

| A. Size of Existing Health Care Facility m² or ft² |
| B. Projected User-Population (from 8b) |
| C. Suggested Size of Health Care Facility m² or ft² (From Section B, 9. Same units as A) |
| D. % of Size Needed = 100 x (Suggested Size (Line C) – Existing Space (Line A))/ Suggested Size (Line C) |

| E. Age Factor of Existing Health Care Facility |
| AGE (YEARS) | ≤ 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 – 29 | >30 |
| AGE FACTOR | 1 | 0.95 | 0.9 | 0.85 | 0.80 | 0.75 |

| F. Condition Factor |
| CATEGORY | CONDITION RATING AND POINTS | Score |
| GOOD | FAIR | POOR |
| Structural | 4.0 | 2.0 | 1.0 |
| Mechanical | 4.0 | 2.0 | 1.0 |
| Electrical | 4.0 | 2.0 | 1.0 |
| Fire & Life Safety | 4.0 | 2.0 | 1.0 |
| Floor Plan (functional layout) | 4.0 | 2.0 | 1.0 |
| Energy Management | 2.0 | 1.0 | 0.5 |
| Handicap Access | 2.0 | 1.0 | 0.5 |

| Total | | | |

GOOD: Meets applicable codes and requires only normal maintenance.

FAIR: Needs minor repairs to raise condition to GOOD. Estimated cost is <10% of replacement cost.

POOR: Needs extensive repairs and major components replaced to raise condition to GOOD. Estimated cost > 10% of replacement cost.

| E. Need Score = % of Size Needed (Line D) x Facility Age Factor (Line E) x Condition Factor (Line F) / 24 |
| Value should be between 0 to 100 |

| G. Distance Factor |
| CLOSEST HOSPITAL | ≤ 10 km | 11 – 20 km | 21 - 30 km | 31 – 40 km | 41 – 49 km | ≥ 50 km |
| DISTANCE FACTOR | ≤ 6 miles | 7 - 12 miles | 13 - 18 miles | 19 – 25 miles | 26 – 30 miles | ≥ 31 miles |
| 0.10 | 0.30 | 0.50 | 0.70 | 0.90 | 1.00 |

| J. Adjusted Need for Project Score = Need for Project Score (Line E) x Distance Factor (Line F) |
DEFINITIONS for Need for Project Calculation

**Existing size of health care facility:** The size of the existing health care facility, in gross square meters (m²) or gross square feet (ft²), which is being operated by the applicant pursuant to an existing health care services P.L. 93-638 services contract or compact, as reflected in the official real property records. Applicant is to identify the basis of the amount of existing space reflected, including a scaled drawing of the existing facility, if such is needed to document the reported size.

**Age of existing health care facility:** The age of the existing health care facility, as reflected in official real property records is to be used. Applicant is to identify the source of the age determination.

**User-Population:** The User Population is the count of American Indian and Alaska Native people eligible for IHS services, who are residents of the service unit and have used those services at least once during the last three-year period. The user population estimates are based on data from the IHS Patient Registration System. The user population estimate system does not give credit for "users" who cross service unit boundaries. The applicant is to identify the basis of the average user population used, and document how the user population was determined. The user-population threshold eligibility requirement is based on the user-population value projected for the opening date of the completed facility as reported in Application Part 1, Section B, Item 8.c. The recommended facility size is calculated using the user-population figure that is projected for three years from the anticipated opening date as recorded in Application Part 1, Section B, Item 8.b.

**Nearest hospital:** The nearest hospital for this calculation has the capacity, will treat the user-population from the proposed facility, and offers emergency room services.

**Distance:** The distance measurement is in kilometers (km) or miles over the route taken by patients. There is no distinction whether the travel is by air, over water, or on a road.

8. **Delivery Capability Brief.** [Discuss the capability of the applicant to successfully provide ambulatory care services at the required level for the proposed user population after the construction work is completed, tying in, but not repeating, the information provided in the Application Part 1, Section C, Item 4, Description of Health Care Programs and Services. Describe how this facility and this project is part of the overall master plan for the IHS Area. Describe the organization that will be used to manage the health care facility after construction is completed. (This brief is not to exceed one typed page.)]

9. **Construction Capability Brief.** [Discuss the capability of the applicant to successfully manage and complete the proposed construction project within the milestone schedule provided in Application Part 1, Section C, Item 6.(a)(2), Performance Period for Project, tying in, but not repeating, the information provided in Application Part 1, Section C, Item 6.(a)(1), Project Management Plan, Organization. Discuss how the experience and qualifications documented in]
Application Part 1, Section C, Item 6.(a)(1), Project Management Plan, Organization, will allow for the proposed project to have effective construction management, including scheduling, cost management in accordance with the plan provided by Application Part 1, Section C, Item 6.(b), Project Financial Management Plan, safety awareness and record, quality control, and benefiting from lessons learned. (This brief is not to exceed two typed pages.)

10. Applicant Financial Contribution Brief. [Considering, but not repeating, the information provided in Application Part 1, Section A, Item 4, Amount of Federal Assistance Requested; Part 1, Section A, Item 6, Percentage of Total Project Cost; and Part 1, Section C, Item 6(b)(1), Funding Plan, discuss the amount of financial contribution proposed to be made by the applicant and other non-IHS sources. Highlight the percentage of funding that is immediately available. (This brief is not to exceed one type page.)]

11. Signature. [The Application is to be signed by the authorized representative of the applicant, who is authorized in the Tribal Resolution.]

Attachments:
A - Copy of Auditor’s Summary of Findings of last Single Agency Audit
B - Tribe’s Balance Sheet
C - Tribal Resolution
D - Location and Site Maps
E - Space List and Floor Plan
F - Project Administration Organization Chart
# PART 2 – DRAFT CONTRACT

Provided for informational purposes only.

<table>
<thead>
<tr>
<th>SMALL AMBULATORY PROGRAM</th>
<th>FISCAL YEAR 2017</th>
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<td><strong>AWARD/CONTRACT</strong></td>
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**ISSUED BY:** Division of Engineering Services  
Indian Health Service  
701 5th Avenue, Suite 1600, MS 24  
Seattle, WA 98104-7037

**DESCRIPTION OF PROJECT:**

**AUTHORITY:** Indian Health Care Improvement Act, Title III, Section 308, P.L. 94-437, as amended, as codified and implemented by 25 USC 1636, as further amended by FY 2005 and 2006 appropriations, P.L. 108-447; and The Indian Self-Determination and Education Assistance Act, P.L. 93-638, Subpart “J”, as amended.

**TOTAL AMOUNT OF CONTRACT (IHS Award Amount):**

**ACCOUNTING & APPROPRIATION DATA:**

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<td>III</td>
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</table>
| IV    | General Provisions (Contract Attachment A)  
Financial Status Report Form (Contract Attachment C)  
Tribal Quarterly Progress Report (Contract Attachment D) |

**NAME OF AUTHORIZED TRIBAL SIGNATORY:**

**NAME OF IHS CONTRACTING OFFICER:**

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**IHS FY 2017 SAP AWARD FORM**

2017 Small Ambulatory Program
Section I

PROGRAM ANNOUNCEMENT

FY 2017
Small Ambulatory Program
Section II

APPLICATION, SELECTION, and AWARD PROCESSES

FY 2017
Small Ambulatory Program
Section III

APPLICATION
PART 1

FY 2017
Small Ambulatory Program

[Without Application Attachments A, B and C]
Section IV

CONTRACT ATTACHMENTS

FY 2017
Small Ambulatory Program
General Provisions

FY 2017
Small Ambulatory Program
General Provisions

Authority. Selected applicants will be awarded a Self-Determination Construction Contract (hereafter "Contract"), entered into by the Secretary of the Department of Health and Human Services, Indian Health Service (hereafter "Secretary" or "IHS", for and on behalf of the United States, and the successful applicant, a federally recognized Indian Tribe or Tribal Organization (hereafter "Tribe"), pursuant to Title I of The Indian Self-Determination and Education Assistance Act (hereafter “ISDEAA”) (25 U.S.C. 450 et seq.) as implemented by 25 C.F.R. Part 900, Subpart J. The applicable construction provisions of Title I of the ISDEAA (25 U.S.C. 450 et seq.) and its implementing regulations at 25 C.F.R Part 900, Subpart J, are incorporated by reference in this Contract.

Conflicting Terms-Order of Precedence. Any inconsistency in this contract or between this contract and the regulation shall be resolved by giving precedence in the following order: (a) The appropriation; (b) Public Law 93-638, as amended (ISDEAA); (c) the regulation; (d) this contract including subsequent modifications; (e) contract documents, exhibits, and attachments, (f) Application Kit.

Guiding Principles. In accordance with 25 C.F.R. 900.115(c), provisions of this construction contract shall be liberally construed in favor of the contracting Tribe.

In accordance with 25 C.F.R. 900.115(a) the self-determination construction contract is a government-to-government agreement that transfers control of the construction project, including administrative functions, to the Tribe to facilitate effective and meaningful by the Tribe in planning, conducting, and administering the construction project, and so that the construction project is responsive to the true needs of the Indian community.

Type of Agreement. Contract awards will be fixed price. The IHS funding is limited to the funds awarded under the initial contract. The tribe is responsible for all costs, cost overruns and claims over and above this IHS initial contract award.

Property. The IHS will at no time during the construction, or after completion of the project, have any interest in, or title to any real or personal property acquired by the Tribe as a part of this contract.

Accountability of Funds and Management Systems. Applicant shall administer and disburse funds provided through the contract in accordance with 25 C.F.R. 900.42-45 and employ a property management system in accordance with subpart F.

The tribe will adhere to generally accepted accounting principles and applicable OMB Circulars in carrying out activities.

Payments 25 CFR 900.125(b). Upon approval of the SAP project application, the IHS will negotiate an Advance Payment Plan prior to award of the contract. The IHS will transfer the amount of the first payment to the Tribe within 21 days after the date agreed to in the Advance Payment Plan. All subsequent payments will be issued within 21 days after the date agreed to in the Advance Payment Plan, unless the Tribe is behind in their project schedule, or delinquent in submission of payment period progress reports and financial reports, or the IHS takes action to suspend or terminate the contract in accordance with Sec. 900.131(b) (11), (12), or (13).

Design and Construction Statement. Construction documents will be in accordance with the SAP application and resultant contract. The facility will be built in accordance with the construction documents produced as a part of design activities. The project documents, including plans and specifications, are hereby incorporated into this contract through this reference. Role of the Tribe (900.130) that appear to be omitted:

Record retention - Contract Closeout. Upon completion of the project, the tribe will provide to the Secretary a reproducible copy of the record plans and a contract closeout report. The closeout report will include a final narrative report and final expenditure report. The reproducible copy of the record drawings will include an electronic copy of all as-built drawing files. The Tribe will retain project records and design documents for a minimum of 3 years following completion of the contract. (25 C.F.R. 900.130 (b)(7) and (d))

Directing/coordination of subcontractors. The Tribe shall direct the work of its subcontractors so that work produced is provided in accordance with the contract budget and performance period as negotiated between and agreed to by the parties. (25 C.F.R. 900.130 (b)(4) and (c)(6))

Day to day management of activities under the contract. The Tribe shall manage or provide for the management of day-to-day activities of the contract including the issuance of construction change orders to subcontractors except that, unless the Secretary agrees, the Tribe may not issue: (25 C.F.R. 900.130 (c)(5))

- A change order to a construction subcontractor that will cause the Tribe to exceed its self-determination contract budget;
- A change order to a construction subcontractor that will cause the Tribe to exceed the performance period in its self-determination contract budget; or
- A construction subcontractor change order that is a significant departure from the scope or objective of the project.

Proposed Methods to Accommodate the Responsibilities of the Secretary provided in 25 CFR 900.131. 25 CFR 900.125(b)(3) In accordance with 25 CFR 900.115(a), the Secretary’s role in the conduct of a contracted construction project is limited to the Secretary’s responsibilities set out in 25 CFR 900.131

In carrying out the responsibilities of this section, and specifically in carrying out review, comment and approval functions under this section, the Secretary shall provide for full tribal participation in the decision-making process and shall honor tribal preferences and recommendations to the greatest extent feasible. This includes promptly notifying the Tribe of any concerns or issues in writing that may lead to disapproval, meeting with the Tribe to discuss these concerns and issues and to share relevant information and documents, and making a good faith effort to resolve all issues and concerns of the Tribe. The time allowed for Government review, comment, and approval shall be no more than 21-days per review unless a different time period is negotiated. The 21-day time period may be extended if the Tribe agrees to the extension in writing.
Disagreements over the Government’s decisions in carrying out these responsibilities shall be handled under Subpart N of the regulations governing contract disputes under the Contract Disputes Act. (25 C.F.R. 900.131(b)(1))

**Government data rights-design ownership** (if applicable). If the contracted project involves design activities, the Secretary reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish or otherwise use, for Federal government purposes: The copyright in any work developed under a contract or subcontract; and any rights of copyright to which an Indian tribe or tribal organization or a tribal subcontractor purchases ownership through this contract. (25 C.F.R. 900 (b)(5))

**National Environmental Policy Act (NEPA).** If extraordinary or exceptional circumstances involving the NEPA and related environmental considerations are encountered, or if there is any change in the project, which could change the project environmental determination, the Tribe agrees to stop construction in the area of change in the project, which could change the project environmental considerations are encountered, or if there is any exceptional circumstances involving the NEPA and related National Environmental Policy Act (NEPA).

Changes. Notification to the IHS of a change is required if the project will not be completed within the schedule identified in the contract, or there is a substantial deviation from the application or resultant contract. Notification will include a description of the change, how the change is funded, extra time required as a result of the change and signature of the authorized official of the tribe.

**Structural Integrity.** The applicant agrees to have any structural design performed by a licensed structural engineer, and meet the requirements of the latest International Building Code. The licensed structural engineer shall stamp all drawings, contract modifications, and specifications. All structural submittal reviews shall be completed by the Architect of Record and discipline specific sub-consultations. Structural inspections shall meet the requirements of the final construction documents.

**Adherence to Project Plans and Specifications.** The project final construction documents will be adhered to.

**Proper Materials and Workmanship.** The applicant will use new materials and perform work in accordance with applicable codes and industry standards as specified in the final construction documents.

**Inspection and Testing.** All required inspection and testing requirements will be performed as required by the final construction documents. Day to day inspections of work in progress will be performed by a qualified inspector of work in progress for compliance with the final construction documents.

**Health and Safety.** The Occupational Safety and Health Act will apply to the SAP project. The applicant is solely responsible for monitoring the work to ensure compliance.

**Licensed Qualified Architects and Engineers.** The applicant will subcontract with and provide the services of licensed and qualified architects, engineers, and other consultants needed to manage, inspect and accomplish the work in accordance with the final construction documents. Final construction documents and any subsequent design changes will be stamped by licensed engineers and architects licensed in the state the project is located.

**Adherence to applicable Federal, State, or tribal building codes and engineering standards.** The Indian Health Service 2016 A/E Design Guide, is to be used in the design of the project and the guide will be incorporated into all design subcontracts.

All design and construction activities performed under a subsequent contract will be completed in conformity with the most recent edition of applicable parts, provisions, or subdivisions of the codes and standards in effect at the time the contract is signed as listed herein:
- IHS A/E Design Guide list, per Section III, General Design Requirement.
- National Fire Codes.
- International Building Code (IBC).
- Uniform Plumbing Code.
- American Society of Heating, Refrigeration, and Air Conditioning Engineering.
- American Association of State Highway and Transportation Officials.

**Monitoring by IHS.** The IHS may conduct monthly on-site monitoring visits or as otherwise negotiated post-award. (25 CFR 900.131(b) (9))

The Secretary retains the right to conduct final project inspections jointly with the Tribe. If the Secretary identifies problems during final inspections, the information shall be provided to the Tribe and shall be limited to items that are materially noncompliant. (25 C.F.R 900(b)(10))

**Suspension of Work.** The Secretary can require the Tribe to suspend work under a contract in accordance with this paragraph. The Secretary may suspend work under a contract for no more than 30 days unless the Tribe has failed to correct the reason(s) for the suspension or unless the cause of the suspension cannot be resolved through either the efforts of the Secretary or the Tribe. (25 C.F.R. 900.131(11))

i. The following are reasons the Secretary may suspend work under a self-determination contract for construction:

   (A) Differing site conditions encountered during construction activities that impact health or safety or shall require an increase in the negotiated project budget;

   (B) The IHS discovers materially non-compliant work;

   (C) Funds allocated for the project that is the subject of this contract are rescinded by Congressional action;

   (D) Other Congressional actions occur that materially affect the subject matter of the contract.

ii. If the Secretary wishes to suspend the work, the Secretary shall first provide written notice and an opportunity for the Tribe to correct the problem. The Secretary may direct the Tribe to suspend temporarily work under a contract only after providing a minimum of 5 working days advance written notice to the Tribe describing the nature of the performance deficiencies or imminent safety, health or environmental issues which are the cause for suspending the work.

iii. The Tribe shall be compensated for reasonable costs, including but not limited to overhead costs, incurred due to any suspension of work that occurred through no fault of the Tribe.

iv. Disputes arising as a result of work suspension by the Secretary shall be subject to the Contract Disputes Act or any other alternative dispute resolution mechanism as agreed to by the parties and contained in the contract.
Terminations.

- The Secretary can Terminate for Cause in the event non-compliant work is not corrected through the suspension process specified in 25 C.F.R. 900.131(b)(11).

- Termination for Convenience. The Secretary retains authority to terminate the project for convenience for the following reasons: (25 C.F.R. 900.131(b)(13))
  i. Termination for convenience is requested by the Tribe;
  ii. Termination for convenience is requested by the Secretary and agreed to by the Tribe.
  iii. Funds allocated for the project that is the subject of the contract are rescinded by Congressional action.
  iv. Other Congressional actions take place that affect the subject matter of the contract.
  v. If the Secretary terminates a self-determination contract for convenience, the Secretary shall provide the Tribe 21 days advance written notice of intent to terminate a contract for convenience; or
  vi. The Tribe shall be compensated for reasonable costs incurred due to termination of the contract.

Federal Acquisition Regulations (FAR). The Self Determination Construction Contract entered into shall not be construed to be a procurement contract. However, the tribe agrees to include clauses equivalent to the following FAR clauses in their subcontracts awarded to carry out the project, as determined applicable by the tribe:

Construction Contract Clauses
52.209-6 Protecting Government’s Interest when Subcontracting with Contractors Debarred, Suspended or Proposed for Debarment
52.211-10 Commencement, Prosecution and Completion of Work
52.211-13 Time Extensions
52.222-6 Construction Wage Rate Requirements
52.222-7 Withholding of Funds
52.222-8 Payrolls and Basic Records
52.222-9 Apprentices and Trainees
52.222-10 Compliance with Copeland Act Requirements
52.222-11 Subcontracts (Labor Standards)
52.222-12 Contract Termination-Debarment
52.222-13 Compliance with Construction Wage Rate Requirements and Related Regulations
52.222-14 Disputes Concerning Labor Standards
52.222-15 Certification of Eligibility
52.228-1 Bid Guarantee
52.228-5 Insurance-Work on a Government Installation
52.228-15 Performance and Payment Bonds—Construction (subcontracts over $100,000)
52.229-4 Federal, State, and Local Taxes
52.236-2 Differing Site Conditions
52.236-3 Site Investigation and Conditions Affecting the Work
52.236-5 Material and Workmanship
52.236-6 Superintendent by the Contractor
52.236-7 Permits and Responsibilities
52.236-9 Protection of Existing Vegetation, Structures and Equipment
52.236-10 Operation and Storage Areas
52.236-11 Use and Possession Prior to Completion
52.236-12 Cleaning Up
52.236-13 Accident Prevention
52.236-14 Availability and Use of Utility Services
52.236-15 Schedules for Construction
52.236-21 Specifications and Drawings for Construction
52.242-14 Suspension of Work
52.242-13 Bankruptcy
52.243-4 Changes
52.246-12 Inspection of Construction
52.246-21 Warranty of Construction
52.249-2 Termination for Convenience of the Government (Fixed-Price)-Alternate I
52.249-10 Default (Fixed-Price Construction)

A+E Subcontract Design Clauses:
52.244-4 Subcontractors and Outside Associates and Consultants
52.236-24 Work Oversight in Architect-Engineer Contracts
52.236-25 Requirements for Registration of Designers
52.236-23 Responsibility of the Architect Engineer Contractor
52.236-22 Design within Funding Limitations

If these clauses are used in the FAR form, the tribe agrees to supersede the term Government with Tribe in all clauses and clause titles.

Use of Competitive Procurement Procedures: The applicant agrees to use competitive procedures consistent with tribal procurement policies and procedures in subcontracting any work under the awarded contract.

Performance and Payment Bonds. The Tribe agrees to secure performance and payment bonds for all subcontracts consistent with the requirements of FAR 28.103-2(b) and 28.103-3(c), and FAR subsection 28.102-3.

2 Davis Bacon Act provisions apply to other than tribes and tribal organizations.
3The tribe will need to include this clause in full text in their A+E subcontract with the A/E firm. The tribe and the A+E will agree on the design to construction amount by filling in the blank in this clause prior to signing the A+E contract.
Financial Status Report Form

[Blank is provided for future use by applicant after award has been made.]

FINANCIAL STATUS REPORT

1. Federal Agency and Organizational Element to Which Report is Submitted

2. Federal Grant or Other Identifying Number Assigned by Federal Agency

(Follow form instructions)

3. Recipient Organization (Name and complete address including Zip code)

4a. DUNS Number

4b. EIN

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)

6. Report Type
   - Quarterly
   - Semi-Annual
   - Annual
   - Final

7. Basis of Accounting
   - Cash
   - Accrual

8. Project/Grant Period (Month, Day, Year)
   - From:
   - To:

9. Reporting Period End Date (Month, Day, Year)

10. Transactions
    (Use lines a-c for single or combined multiple grant reporting)
    Federal Cash (To report multiple grants separately, also use FFR Attachment):
    a. Cash Receipts
    b. Cash Disbursements
    c. Cash on Hand (line a minus b)
    d. Federal Expenditures and Unobligated Balance:
       - Total Federal funds authorized
       - Federal share of expenditures
       - Federal share of unliquidated obligations
       - Unobligated balance of Federal funds (line d minus g)
    e. Recipient Share:
       - Total recipient share required
       - Remaining recipient share to be provided (line i minus j)
    f. Program Income:
       - Total Federal share of program income earned
       - Program income expended in accordance with the deduction alternative
       - Unexpended program income (line k minus line n or line m)

11. Indirect Expense
    - Type
    - Rate
    - Period From
    - Period To
    - Base
    - Amount Charged
    - Federal Share

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and that the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

   a. Typed or Printed Name and Title of Authorized Certifying Official
   b. Signature of Authorized Certifying Official
   c. Telephone (Area code, number, and extension)
   d. Email Address
   e. Date Report Submitted (Month, Day, Year)

14. Agency use only:

Paperwork Reduction Act
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control number. The valid OMB control number for this information collection is 0345-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments regarding the burden estimates or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0345-0061), Washington, DC 20503.
Federal Financial Report Instructions Form 425

Report Submissions
1) Recipients will be instructed by Federal agencies to submit the Federal Financial Report (FFR) to a single location, except when an automated payment management reporting system is utilized. In this case, a second submission location may be required by the agency.

If recipients need more space to support their FFRs, or FFR Attachments, they should provide supplemental pages. These additional pages must indicate the following information at the top of each page: Federal grant or other identifying number (if reporting on a single award), recipient organization, Data Universal Numbering System (DUNS) number, Employer Identification Number (EIN), and period covered by the report.

Reporting Requirements
1) The submission of interim FFRs will be on a quarterly, semi-annual, or annual basis, as directed by the Federal agency. A final FFR shall be submitted at the completion of the award agreement. The following reporting period end dates shall be used for interim reports: 3/31, 6/30, 9/30, or 12/31. For final FFRs, the reporting period end date shall be the end date of the project or grant period.
2) Quarterly and semi-annual interim reports shall be submitted no later than 30 days after the end of each reporting period. Annual reports shall be submitted no later than 90 days after the end of each reporting period. Final reports shall be submitted no later than 90 days after the project or grant period end date.

Note: For single award reporting:
1) Federal agencies may require both cash management information on lines 10(a) through 10(c) and financial status information lines 10(d) through 10(o).
2) 10(b) and 10(e) may not be the same until the final report.

Line Item Instructions for the Federal Financial Report

<table>
<thead>
<tr>
<th>FFR Number</th>
<th>Reporting Item</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cover Information</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Federal Agency and Organizational Element to Which Report is submitted</td>
<td>Enter the name of the Federal agency and organizational element identified in the award document or as instructed by the agency.</td>
</tr>
<tr>
<td>2</td>
<td>Federal Grant or Other Identifying Number Assigned by Federal Agency</td>
<td>For a single award, enter the grant number assigned to the award by the Federal agency. For multiple awards, report this information on the FFR Attachment. Do not complete this box if reporting on multiple awards.</td>
</tr>
<tr>
<td>3</td>
<td>Recipient Organization</td>
<td>Enter the name and complete address of the recipient organization including zip code.</td>
</tr>
<tr>
<td>4a</td>
<td>DUNS Number</td>
<td>Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.</td>
</tr>
<tr>
<td>4b</td>
<td>EIN</td>
<td>Enter the recipient organization’s Employer Identification Number (EIN).</td>
</tr>
<tr>
<td>5</td>
<td>Recipient Account Number or Identifying Number</td>
<td>Enter the account number or any other identifying number assigned by the recipient to the award. This number is for the recipient’s use only and is not required by the Federal agency. For multiple awards, report this information on the FFR Attachment. Do not complete this box if reporting on multiple awards.</td>
</tr>
<tr>
<td>FFR Number</td>
<td>Reporting Item</td>
<td>Instructions</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>6</td>
<td>Report Type</td>
<td>Mark appropriate box. Do not complete this box if reporting on multiple awards.</td>
</tr>
<tr>
<td>7</td>
<td>Basis of Accounting (Cash/Accrual)</td>
<td>Specify whether a cash or accrual basis was used for recording transactions related to the award(s) and for preparing this FFR. Accrual basis of accounting refers to the accounting method in which expenses are recorded when incurred. For cash basis accounting, expenses are recorded when they are paid.</td>
</tr>
<tr>
<td>8</td>
<td>Project/Grant Period, From: (Month, Day, Year)</td>
<td>Indicate the period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project period that is funded in increments or budget periods (typically annual increments). Throughout the project period, agencies often require cumulative reporting for consecutive budget periods. Under these circumstances, enter the beginning and ending dates of the project period not the budget period. Do not complete this line if reporting on multiple awards.</td>
</tr>
<tr>
<td></td>
<td>Project/Grant Period, To: (Month, Day, Year)</td>
<td>See the above instructions for “Project/Grant Period, From: (Month, Day, Year).”</td>
</tr>
<tr>
<td>9</td>
<td>Reporting Period End Date: (Month, Day, Year)</td>
<td>Enter the ending date of the reporting period. For quarterly, semi-annual, and annual interim reports, use the following reporting period end dates: 3/31, 6/30, 9/30, or 12/31. For final FFRs, the reporting period end date shall be the end date of the project or grant period.</td>
</tr>
<tr>
<td>10</td>
<td>Transactions</td>
<td>Enter cumulative amounts from date of the inception of the award through the end date of the reporting period specified in line 9. Use Lines 10a through 10c, Lines 10d through 10o, or Lines 10a through 10o, as specified by the Federal agency, when reporting on single grants. Use Line 12, Remarks, to provide any information deemed necessary to support or explain FFR data. Federal Cash (To report multiple grants, also use FFR Attachment)</td>
</tr>
<tr>
<td>10a</td>
<td>Cash Receipts</td>
<td>Enter the cumulative amount of actual cash received from the Federal agency as of the reporting period end date.</td>
</tr>
<tr>
<td>10b</td>
<td>Cash Disbursements</td>
<td>Enter the cumulative amount of Federal fund disbursements (such as cash or checks) as of the reporting period end date. Disbursements are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expenses charged to the award, and the amount of cash advances and payments made to subrecipients and contractors. For multiple grants, report each grant separately on the FFR Attachment. The sum of the cumulative cash disbursements on the FFR Attachment must equal the amount entered on Line 10b, FFR.</td>
</tr>
<tr>
<td>10c</td>
<td>Cash On Hand (Line 10a Minus Line 10b)</td>
<td>Enter the amount of Line 10a minus Line 10b. This amount represents immediate cash needs. If more than three business days of cash are on hand, the Federal agency may require an explanation on Line 12, Remarks, explaining why the drawdown was made prematurely or other reasons for the excess cash.</td>
</tr>
<tr>
<td>10d</td>
<td>Total Federal Funds Authorized</td>
<td>Enter the total Federal funds authorized as of the reporting period end date.</td>
</tr>
<tr>
<td></td>
<td><strong>Federal Expenditures and Unobligated Balance:</strong> Do not complete this section if reporting on multiple awards.</td>
<td></td>
</tr>
<tr>
<td>FFR Number</td>
<td>Reporting Item</td>
<td>Instructions</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10e</td>
<td>Federal Share of Expenditures</td>
<td>Enter the amount of Federal fund expenditures. For reports prepared on a cash basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense charged; and the amount of cash advance payments and payments made to subrecipients. For reports prepared on an accrual basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense incurred; and the net increase or decrease in the amounts owed by the recipient for (1) goods and other property received; (2) services performed by employees, contractors, subrecipients, and other payees; and (3) programs for which no current services or performance are required. Do not include program income expended in accordance with the deduction alternative, rebates, refunds, or other credits. (Program income expended in accordance with the deduction alternative should be reported separately on Line 10c.)</td>
</tr>
<tr>
<td>10f</td>
<td>Federal Share of Unliquidated Obligations</td>
<td>Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an expenditure has not yet been recorded. Enter the Federal portion of unliquidated obligations. Those obligations include direct and indirect expenses incurred but not yet paid or charged to the award, including amounts due to subrecipients and contractors. On the final report, this line should be zero unless the awarding agency has provided other instructions. Do not include any amount in Line 10f that has been reported in Line 10e. Do not include any amount in Line 10f for a future commitment of funds (such as a long-term contract) for which an obligation or expense has not been incurred.</td>
</tr>
<tr>
<td>10g</td>
<td>Total Federal Share (Sum of Lines 10e and 10f)</td>
<td>Enter the sum of Lines 10e and 10f.</td>
</tr>
<tr>
<td>10h</td>
<td>Unobligated Balance of Federal Funds (Line 10d Minus Line 10g)</td>
<td>Enter the amount of Line 10d minus Line 10g.</td>
</tr>
<tr>
<td><strong>Recipient Share:</strong></td>
<td>Do not complete this section if reporting on multiple awards.</td>
<td>Enter the total required recipient share for reporting period specified in line 9. The required recipient share should include all matching and cost sharing provided by recipients and third-party providers to meet the level required by the Federal agency. This amount should not include cost sharing and match amounts in excess of the amount required by the Federal agency (for example, cost overruns for which the recipient incurs additional expenses and, therefore, contributes a greater level of cost sharing or match than the level required by the Federal agency).</td>
</tr>
<tr>
<td>10i</td>
<td>Total Recipient Share Required</td>
<td>Enter the total required recipient share for reporting period specified in line 9. The required recipient share should include all matching and cost sharing provided by recipients and third-party providers to meet the level required by the Federal agency. This amount should not include cost sharing and match amounts in excess of the amount required by the Federal agency (for example, cost overruns for which the recipient incurs additional expenses and, therefore, contributes a greater level of cost sharing or match than the level required by the Federal agency).</td>
</tr>
<tr>
<td>10j</td>
<td>Recipient Share of Expenditures</td>
<td>Enter the recipient share of actual cash disbursements or outlays (less any rebates, refunds, or other credits) including payments to subrecipients and contractors. This amount may include the value of allowable third party in-kind contributions and recipient share of program income used to finance the non-Federal share of the project or program. Note: On the final report this line should be equal to or greater than the amount of Line 10i.</td>
</tr>
<tr>
<td>10k</td>
<td>Remaining Recipient Share to be Provided (Line 10i Minus Line 10j)</td>
<td>Enter the amount of Line 10i minus Line 10j. If recipient share in Line 10j is greater than the required match amount in Line 10i, enter zero.</td>
</tr>
<tr>
<td><strong>Program Income:</strong></td>
<td>Do not complete this section if reporting on multiple awards.</td>
<td>Enter the amount of Federal program income earned. Do not report any program income here that is being allocated as part of the recipient's cost sharing amount included in Line 10j.</td>
</tr>
<tr>
<td>10l</td>
<td>Total Federal Program Income Earned</td>
<td>Enter the amount of Federal program income earned. Do not report any program income here that is being allocated as part of the recipient's cost sharing amount included in Line 10j.</td>
</tr>
<tr>
<td>10m</td>
<td>Program Income Expended in Accordance With the Deduction Alternative</td>
<td>Enter the amount of program income that was used to reduce the Federal share of the total project costs.</td>
</tr>
<tr>
<td>10n</td>
<td>Program Income Expended in Accordance With the Addition Alternative</td>
<td>Enter the amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities.</td>
</tr>
<tr>
<td>FFR Number</td>
<td>Reporting Item</td>
<td>Instructions</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>10o</td>
<td>Unexpended Program Income (Line 10l Minus Line 10m or Line 10n)</td>
<td>Enter the amount of Line 10l minus Line 10m or Line 10n. This amount equals the program income that has been earned but not expended, as of the reporting period end date.</td>
</tr>
<tr>
<td>11</td>
<td>Indirect Expense: Complete this information only if required by the awarding agency. Enter cumulative amounts from date of the inception of the award through the end date of the reporting period specified in line 9.</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Type of Rate(s)</td>
<td>State whether indirect cost rate(s) is Provisional, Predetermined, Final, or Fixed.</td>
</tr>
<tr>
<td>11b</td>
<td>Rate</td>
<td>Enter the indirect cost rate(s) in effect during the reporting period.</td>
</tr>
<tr>
<td>11c</td>
<td>Period From; Period To</td>
<td>Enter the beginning and ending effective dates for the rate(s).</td>
</tr>
<tr>
<td>11d</td>
<td>Base</td>
<td>Enter the amount of the base against which the rate(s) was applied.</td>
</tr>
<tr>
<td>11e</td>
<td>Amount Charged</td>
<td>Enter the amount of indirect costs charged during the time period specified. (Multiply 11b. x 11d.)</td>
</tr>
<tr>
<td>11f</td>
<td>Federal Share</td>
<td>Enter the Federal share of the amount in 11e.</td>
</tr>
<tr>
<td>11g</td>
<td>Totals</td>
<td>Enter the totals for columns 11d, 11e, and 11f.</td>
</tr>
</tbody>
</table>

**Remarks, Certification, and Agency Use Only**

| 12         | Remarks | Enter any explanations or additional information required by the Federal sponsoring agency including excess cash as stated in line 10c. |
| 13a        | Typed or Printed Name and Title of Authorized Certifying Official | Enter the name and title of the authorized certifying official. |
| 13b        | Signature of Authorized Certifying Official | The authorized certifying official must sign here. |
| 13c        | Telephone (Area Code, Number and Extension) | Enter the telephone number (including area code and extension) of the individual listed in Line 13a. |
| 13d        | E-mail Address | Enter the e-mail address of the individual listed in Line 13a. |
| 13e        | Date Report Submitted (Month, Day, Year) | Enter the date the FFR is submitted to the Federal agency using the month, day, year format. |
| 14         | Agency Use Only | This section is reserved for Federal agency use. |
Tribal Quarterly Progress Report Form

[These reports will be submitted quarterly by applicants chosen for award of a P.L. 93-638 contract.]

Tribal Quarterly Progress Report

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribe:</td>
<td>Contract No:</td>
</tr>
<tr>
<td>Contract Start Date:</td>
<td>Contract Completion Date:</td>
</tr>
<tr>
<td>Project Title:</td>
<td>Report Period: ___________ through _____________.</td>
</tr>
</tbody>
</table>

Narrative Report of Current Actions & Updates

<table>
<thead>
<tr>
<th>Narrative of Work Completed this Period.</th>
<th></th>
</tr>
</thead>
</table>

Percent of work completed.

Attachment A: Updated Schedule (if changes have occurred during reporting period)
Attachment B: Financial Status Report – 425

Signature: _________________________ Date _______________
Name - Tribal Designated Official
## APPLICATION CHECKLIST

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APPLICANT CHECK-OFF</td>
</tr>
<tr>
<td><strong>PART 1 – PROGRAM APPLICATION</strong></td>
<td></td>
</tr>
<tr>
<td>Application Cover Sheet</td>
<td></td>
</tr>
<tr>
<td>Table of Contents</td>
<td></td>
</tr>
<tr>
<td><strong>Section A – Applicant's Administrative Information</strong></td>
<td></td>
</tr>
<tr>
<td>1. Date of Application Submission</td>
<td></td>
</tr>
<tr>
<td>2. Applicant's Project Control Number</td>
<td></td>
</tr>
<tr>
<td>3. Descriptive Title of Applicant's Project</td>
<td></td>
</tr>
<tr>
<td>4. Amount of Federal Assistance Requested</td>
<td></td>
</tr>
<tr>
<td>5. Total Estimated Project Cost</td>
<td></td>
</tr>
<tr>
<td>6. Federal Funding Percentage of Total Project Cost</td>
<td></td>
</tr>
<tr>
<td>7. Full name, address, telephone number, and &quot;e-mail&quot; address of Applicant</td>
<td></td>
</tr>
<tr>
<td>8. Full name, title, address, telephone number, fax number, and e-mail address of applicant's designated officials authorized by applicant's governing body</td>
<td></td>
</tr>
<tr>
<td>9. General Location of Project</td>
<td></td>
</tr>
<tr>
<td>10. Applicant's Federal Employer Identification Number (EIN)</td>
<td></td>
</tr>
<tr>
<td>11. Data Universal Number System (DUNS) Number</td>
<td></td>
</tr>
<tr>
<td>12. System for Award Management (SAM) Certification</td>
<td></td>
</tr>
<tr>
<td>13. Congressional District of Applicant</td>
<td></td>
</tr>
<tr>
<td>14. Congressional District of Project</td>
<td></td>
</tr>
<tr>
<td>15. The SAP Award Not Part of Any Other Contract Acknowledgement</td>
<td></td>
</tr>
<tr>
<td>16. Agreement Statement for Tribal Project Reports Required After Contract Award</td>
<td></td>
</tr>
<tr>
<td>17. No Additional Funding Allowed Acknowledgement</td>
<td></td>
</tr>
<tr>
<td>18. Statement about Construction Management Contract</td>
<td></td>
</tr>
<tr>
<td>19. Assurances for Contract Award</td>
<td></td>
</tr>
<tr>
<td><strong>Section B – Applicant's Eligibility Determination</strong></td>
<td></td>
</tr>
<tr>
<td>1. Federally Recognized Tribe</td>
<td></td>
</tr>
<tr>
<td>2. Different Legal Name</td>
<td></td>
</tr>
<tr>
<td>3. Status of Project</td>
<td></td>
</tr>
<tr>
<td>4. Current Operation</td>
<td></td>
</tr>
<tr>
<td>5. Ownership</td>
<td></td>
</tr>
<tr>
<td>6. Location in Relationship to a Hospital</td>
<td></td>
</tr>
<tr>
<td>7. Non-Receipt of Prior Funding</td>
<td></td>
</tr>
<tr>
<td>8. Population Certifications</td>
<td></td>
</tr>
<tr>
<td>ITEM NO.</td>
<td>ITEM</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>9.</td>
<td>Capacity Certification</td>
</tr>
<tr>
<td>10.</td>
<td>Program Assurances</td>
</tr>
<tr>
<td>11.</td>
<td>Financial Management Systems</td>
</tr>
<tr>
<td>12.</td>
<td>Tribal Resolution</td>
</tr>
</tbody>
</table>

**Section C – Technical Proposal**

1. Project Title
2. Location of Project
3. Type of Project
4. Description of Health Care Programs and Services
5. Description of Proposed Project
6. Project Business Plan
6(a) Project Management Plan
6(a)(1) Organization
6(a)(2) Performance Period for Project
6(a)(3) Compliance with National Environmental Policy Act (NEPA) Requirements
6(a)(4) Quality Control Procedures
6(a)(5) Compliance with IHS A/E Design Guide
6(a)(6) Subcontracts
6(b) Project Financial Management Plan
6(b)(1) Funding Plan
6(b)(2) Advance Payment Schedule

7. Need for Project Calculation (see SAP ranking Factors)
8. Delivery Capability Brief
9. Construction Capability Brief
10. Applicant Financial Contribution Brief
11. Signature

**Part 1 Attachments**

| A | Copy of Auditor’s Summary of Findings of last Single Agency Audit |
| B | Tribe’s Balance Sheet                                            |
| C | Tribal Resolution                                                 |
| D | Location and Site Maps                                            |
| E | Space List & Floor Plan                                           |
| F | Project Administration Organization Chart                         |

**PART 2 – DRAFT CONTRACT**

Award/Contract Cover Sheet
Section I Cover Sheet (Contents by IHS)
Section II Cover Sheet (Contents by IHS)
Section III Cover Sheet (Contents by IHS)
Section IV Cover Sheet
Attachment A Cover Sheet
Attachment A – General Provisions
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ITEM</th>
<th>APPLICANT CHECK-OFF</th>
<th>IHS AREA CHECK-OFF</th>
<th>IHS HQ CHECK-OFF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Attachment B Cover Sheet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attachment C Cover Sheet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial Status Report Form (blank form furnished in Application Kit)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attachment D Cover Sheet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tribal Quarterly Progress Report Form (blank form furnished in Application Kit)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Application Checklist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mail two originals and two signed copies to IHS Headquarters, with envelope marked: FY 2017SAP APPLICATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mail one signed copy to applicable IHS Area, with envelope marked: FY 2017SAP APPLICATION</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of applicant(s) preparer: _________________________ Date: ___________

[In regard to the OMB Public Reporting Burden for Information Collection requirement and as a check of the estimated time shown for the applicant to respond, please provide the total amount of time it took the applicant to review the application instructions, search existing data sources, gather the needed data, and complete and review the collected information shown in the application: __________ hours.]

Name of IHS Area Reviewer: _________________________ Date: ___________

Name of IHS HQ Reviewer: _________________________ Date: ___________