



APPLICATION KIT

for

FISCAL YEAR 2019

SMALL AMBULATORY PROGRAM

for

AMERICAN INDIANS AND ALASKA NATIVES

**Indian Health Service
Department of Health and Human Services**





FISCAL YEAR 2019 SMALL AMBULATORY PROGRAM

APPLICATION KIT GENERAL INFORMATION

Enclosed is the application kit for the Indian Health Service (IHS) fiscal year (FY) 2019 Small Ambulatory Program (SAP). This program is established under the authority of the Indian Health Care Improvement Act, Title III, Section 306, Public Law (P.L.) 94-437, as amended, as codified and implemented by [25 U.S.C. 1636](#), and as further amended by language in the FY 2009 appropriation House Report 1105, Public Law 111-8. This application kit contains four sections: (I) Program Announcement; (II) Application Format, Selection Criteria, and Award Processes; (III) Application; and (IV) Application Checklist.

The application for the FY 2019 SAP will be used to determine eligibility; then, it will be used for the competitive rating and ranking for selection. Prospective applicants should carefully review and ensure they meet the eligibility requirements in the Program Announcement prior to preparing an application. Tribes selected for award will be notified by IHS then contacted by the Division of Engineering Services (DES) to negotiate contract award. **Note: A change was made in consideration for facilities close to a hospital. The distance factor will only apply for projects proposing to renovate a hospital, urgent care center, or emergency room.**

To be considered, applicants may submit the complete application, with all attachments electronically or hard copy. All applications are due no later than **5:00PM, EST, June 28, 2019**. Late applications will not be considered. Applications must be submitted to the **applicable IHS Area for conditional approval and** to the Division of Facilities Planning and Construction (DFPC). Appendix 1 contains SAP contact information for the IHS Areas. Questions may be directed to the SAP Program Manager LCDR Omobogie Amadasu, PE. LCDR Amadasu may be reached via email: Omobogie.amadasu@ihs.gov or office number: 301-443-4751.

Hard copy (original plus two copies): It is recommended that applicants obtain proof of delivery as IHS will not consider applications not delivered prior to the designated time and place. Submit original application with **applicable IHS Area approval letter** to: Division of Facilities Planning and Construction, Indian Health Service, 5600 Fishers Lane, Mailstop: 10N14C Rockville, MD 20857. Mark envelopes: **"FY 2019 SAP APPLICATION."**

Electronically (**Preferred method**): Send the signed original (PDF files only) to the SAP Program Manager. Include the following in the subject line: **"FY 2019 SAP APPLICATION"**.

Thank you for your interest in the IHS Small Ambulatory Program.

Date Issued: April 01, 2019

Gary J. Hartz, P.E. Director,
Office of Environmental Health and Engineering

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FISCAL YEAR 2019 SMALL AMBULATORY PROGRAM

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SECTION I

PROGRAM ANNOUNCEMENT

for

FISCAL YEAR 2019

SMALL AMBULATORY PROGRAM

**SECTION I
PROGRAM ANNOUNCEMENT
APPLICATION KIT
FISCAL YEAR 2019
SMALL AMBULATORY PROGRAM**

ANNOUNCEMENT NO.: SAP-2019-01

ANNOUNCEMENT DATE: April 01, 2019

PURPOSE OF ANNOUNCEMENT: This announcement provides notice of the availability of funds for the Indian Health Service (IHS) Fiscal Year (FY) 2019 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 2019 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 2019 SAP - FEDERAL FUNDS AVAILABLE: \$15,000,000. Individual Awards are limited to a maximum of \$2,000,000.

NUMBER OF AWARDS ANTICIPATED: The number of granted awards under the FY 2019 SAP is dependent on the number of applicants and the amount of assistance requested. See the Authorization section of this announcement for the various types and the funding range authorized for this program. Awards will be made to applications submitted in response to this notice. Applications submitted under prior notices will not be considered or funded. Previously unfunded applicants may resubmit an application. 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.

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APPLICATION KITS:

Application Kits will be available on April 01, 2019 by downloading from the below identified websites on the internet:

<http://www.fbo.gov> (Federal Business Opportunities)

<https://www.ihs.gov/dfpc/> (IHS Division of Facilities Planning and Construction)

The web version of the Application Kit will NOT be interactive for electronic submission of the Application. An electronic "pdf" version of the Application Kit will be available on the website. Applications will be accepted either as "hard copies" or as a completed scanned PDF file. Electronic submission of the application is the preferred method.

If internet access is not available, a copy of the Application Kit can be requested from the SAP IHS Headquarters Program Manager.

APPLICATION DEADLINE: Applications must have an approval letter from the **applicable IHS Area**. It is encouraged applications are submitted to the applicable IHS Area by **May 31, 2019**. Complete applications must be received by **DFPC 5:00 PM EST, June 28, 2019**. Deadline details are shown in the FY 2019 SAP Application Kit.

APPLICATION RECEIPT POINT: The complete application package, with all required attachments (documentation), may be submitted as either a hard copy or an electronic file (Adobe PDF Only) via email, by delivering the application to the **IHS Headquarters SAP Contact, at the address**, shown below. Please label the regular mail application envelope with "**FY 2019 SAP APPLICATION.**" For email, submissions please write in the subject line "**FY 2019 SAP APPLICATION.**" Please note application files bigger than 20 Megabytes (20MB) will need to be sent in parts. Please label each part accordingly. Copies of the application must also be emailed to the applicable IHS Area SAP contact identified in Appendix 1.

RESPONSIBLE IHS OFFICES AND INFORMATION CONTACTS:

Responsible IHS Headquarters Office:

Division of Facilities Planning and Construction
Office of Environmental Health and Engineering
Indian Health Service
U.S. Department of Health and Human Services
5600 Fishers Lane
Mailstop: 10N14C

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Rockville, MD 20857

IHS Headquarters SAP Contact:

LCDR Omobogie Amadasu, P.E.
Program Manager
Small Ambulatory Program
E-Mail Address: omobogie.amadasu@ihs.gov, Telephone: 301-443-4751

IHS Area Contacts:

Appendix 1 contains the respective SAP points of contact for each IHS Area.

ENGLISH LANGUAGE REQUIREMENT: All documents used for this program are to be in the English language.

PROGRAM IMPLEMENTATION: Pursuant to the authorizing legislation, the IHS FY 2019 SAP is being implemented using funds appropriated in FY 2019, as herein described below.

STATUTORY AUTHORITY: The statutory authority for projects receiving awards under the FY 2019 SAP is contained in the Indian Health Care Improvement Act, Title III, Section 306, P.L. 94-437, as amended, as codified and implemented by 25 U.S.C. 1636, and as further amended by language in the FY 2009 appropriation House Report 1105, Public Law 111-8.

AUTHORIZATION AND AWARD CONDITIONS:

(1) In accordance with the statutory authorities for the FY 2019 SAP, funding may be provided, after competitive selections, to Tribes or Tribal Organizations meeting the eligibility requirements shown herein.

(2) Proposed projects are to be for ambulatory health care facilities, on municipal, private, or Tribal land, and that provide health care services to eligible Indians. Funds may be provided for the:

- construction of a new satellite facility;
- construction of a replacement facility;
- expansion of an existing facility; or
- modernization of an existing facility,

SECTION I - PROGRAM ANNOUNCEMENT - FY2019 SAP APPLICATION KIT

- (3) Funding provided under this authorization may cover up to 100 percent of the costs for the project, up to the allowed limit, shown below.
- (4) A SAP Application will not be considered if the proposed project has previously received an award for SAP funding. This does not preclude applying for a project that was not covered under the scope of a previously completed SAP project.
- (5) A SAP contract award cannot exceed \$2,000,000.
- (6) A SAP Application will not be considered if on-site construction has already begun. A SAP award will not be made if the Tribe has awarded a construction contract and issued a Notice to Proceed for on-site work before a SAP award is made. However, project planning and/or design may be complete.
- (7) 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 (as determined by the IHS) sections of 25 CFR Part 900. All contracts will be fixed-price. [Please refer to page III-3 for the required application acknowledgement about the SAP award not being a part of any other P.L. 93-638 Construction Management Services contract.]
- (8) No other source of IHS funding may be used in conjunction with the SAP project construction, except the applicant may participate in the IHS Replacement Equipment Program and receive equipment funding for the non-IHS funded portion of the SAP project. The awardee is responsible for all project costs over and above the IHS SAP award.
- (9) Funds made available under the SAP may be used as matching shares for other Federal contract or grant programs, from other than IHS, which contribute to the purposes for which a contract under the SAP is made.
- (10) At no time during construction or after completion of construction of the project, will the Federal Government have any rights or title to any real or personal property acquired as a part of the construction contract.
- (11) Awards will occur after the awardee provides documentation that funds are available to complete the entire project proposed in the SAP application. If a contract has not been awarded within a year from notice of selection for an SAP award due to unavailability of funding for the non-SAP portion of the project or other reasons; the IHS may withdraw the SAP award and offer the SAP Award to the next rank ordered application.

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APPLICANT ELIGIBILITY REQUIREMENTS:

(1) Funding, under this authority, may be provided **only** to a Federally recognized Indian Tribe or Tribal Organization, which, prior to submitting a FY 2019 SAP Application, **operates an Indian health care facility pursuant to a health care services contract or compact under** The Indian Self-Determination and Education Assistance Act, **P.L. 93-638**, when:

- the facility is not owned or constructed by the IHS; or
- the facility was not originally owned or constructed by the IHS and transferred to the Tribe.

(2) **(UPDATE):** If the ambulatory health care facility entails an Emergency Room (ER), hospital, and/or urgent care in the proposed project, it must be located apart from a hospital. ¹

(3) The proposed project must not have received any funding already under Section 301 or Section 307 of P.L. 94-437. ²

(4) Upon completion of the proposed project, the health care facility will ³:

- serve no less than 500 eligible Indians annually (Not applicable to a Tribe or Tribal Organization, whose Tribal government offices are located on an island.);

and

- provide ambulatory care in a service area (specified in the services contract entered into under the P.L. 93-638) having not less than 2,000 eligible Indians

¹ Apart from a hospital is defined that the health care facility in the proposed project must not be contiguous or immediately adjacent to a hospital.

² This is defined that the project has not received any funding already under Section 301 of P.L. 94-437, which deals with the IHS Health Facilities Construction Priority System for inpatient, outpatient, and staff quarters facilities; or with the expired Section 307, which deals with the Indian Health Care Delivery Demonstration Program. Funding has been provided to the IHS for Section 301, but no funding was ever appropriated for Section 307 before it expired.

³ For the purposes of carrying out the SAP, the condition of the authorizing legislation containing the phrase "total capacity appropriate for its projected service population" is defined to mean the IHS User Population projected to the opening year of the facility. Likewise, the phrase "no less than 500" is defined to mean that the proposed facility will serve no less than 500 active users as determined by the IHS User Population. Furthermore, the phrase "not less than 2,000" relates to the IHS Service Population. The IHS Service Population is an approximate measure of the potential eligible Indians in a service area that is determined by the census population.

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(Not applicable to a Tribe or Tribal Organization, whose Tribal government offices are located on an island.).

(5) Applicants must be able to provide reasonable assurances, that upon completion of the proposed project, the applicant will:

- have adequate financial support available for providing the services at the health care facility;
- make the health care facility available to eligible Indians without regard to ability to pay or source of payment; and
- provide services to non-eligible persons on a cost basis, in accordance with Federal Law, without diminishing the quality or quantity of services provided to eligible Indians.

(6) A need must exist for increased ambulatory health care services.

(7) The current facility must have insufficient capacity to deliver needed services.

(8) The Tribe's current financial management systems must meet the requirements of 25 CFR Parts 900.44 and 900.45. To be in compliance, the Single-Agency Audits which are provided in compliance with the 2 CFR Part 200 may not have any significant and material weaknesses or unresolved issues of fraud or improper use of previously provided Federal funds.

APPLICATION:

The Application, will be used to determine basic eligibility, for competitive rating and ranking for selection, and must be submitted in accordance with the guidelines in the Application Kit.

The application is to contain only that which is required in the guidelines and only in the detail needed for responding properly to the respective application requirement. Extra information is not required nor desired (i.e. a full business plan). Applications should not exceed 75 total pages. The application is to demonstrate project need, and the administrative and financial capabilities of the applicant in the appropriate sections.

EVALUATION AND SELECTION PROCESS: The details about the evaluation and selection processes are included in the Application Kit Section II. As part of the eligibility determination, the applicable IHS Area will review and validate the application, and will provide to the IHS Headquarters an appropriate endorsement for the proposed project. After the basic eligibility determination, each eligible application will be reviewed, evaluated, rated and ranked for selection through an objective review

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process, using an objective review team (ORT) that will evaluate each application for the following rating factors:

- Need for project. (Maximum 40 points)
- Delivery capability. (Maximum 40 points)
- Construction capability. (Maximum 15 points)
- Applicant Financial Contribution. (Maximum 5 points)

The IHS Headquarters DFPC will review the results of the ORT and make selection recommendations for final selection by the Selecting Official, the IHS Headquarters, Director, Office of Environmental Health and Engineering.

AWARD PROCESS: Hybrid construction contracts adapted for the SAP and 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(as determined by the IHS), will be used as the means of providing the Federal assistance pursuant to the SAP. Awards will be made based on the competitive selections of projects using the information contained in both parts of the application. Contracts will include: (1) the contents of the Application (2) the Program Announcement (Application Kit, Section I); (3) the Application, Selection and Award Processes (Application Kit, Section II); and (4) the Application.

APPLICATION AND AWARD PROCESS SCHEDULE: The estimated activities schedule for the FY 2019 SAP is:

- Application Kit issued	April 01, 2019
- Application Kit available on web sites:	April 01, 2019
- Preferred due date to applicable IHS Area for review and approval	May, 31, 2019
- Due date for Application, (With IHS Area approval letter)	June 28, 2019
- Complete eligibility determination, (HQ Review)	July 28, 2019
- Complete rating and ranking:	October 18, 2019
- Final selection:	December 13, 2019
- Notice of selections issued:	December 20, 2019
- Complete contract awards:	February 10, 2020

All dates after the due date for the application are tentative and are subject to change.

Gary J. Hartz, P.E.
Director
Office of Environmental Health and Engineering, Indian Health Service



SECTION II

APPLICATION INFORMATION, SELECTION CRITERIA, and AWARD PROCESSES

for

FISCAL YEAR 2019

SMALL AMBULATORY PROGRAM

**SECTION II
APPLICATION, SELECTION, AND AWARD PROCESSES
APPLICATION KIT
FISCAL YEAR 2019
SMALL AMBULATORY PROGRAM**

APPLICATION PROCESS

Small Ambulatory Program Application has three sections:

Section A - Applicant's Administrative Information;
Section B – Applicant's Eligibility Determination; and
Section C - Technical Proposal.

Sections A and B of the Program Application will be used in determining the basic eligibility and for competitive rating and ranking for selection.

Applicants may request technical assistance from the applicant's respective IHS Area, subject to available resources. Appendix 1 contains a list of applicable IHS Area SAP Points-of-Contact.

A. APPLICATION CONTENT

Application Kit Section III contains the items to be included in the application. Application Kit Section IV is a checklist of items to be in the application.

B. PREPARATION AND ASSEMBLING

The application is to be prepared in the English language. Avoid the use of jargon and acronyms. Do not use abbreviations unless they have been spelled out first in the text. Electronic submissions are to follow the paper submission guideline, hence once printed the below guideline is followed. To facilitate review, validation, rating, ranking and selection, both parts of the application, with all required attachments (documentation), are to be prepared and submitted conforming to the below requirements:

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 2019 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.
- o. Application is not to exceed 75 total pages.
- p. Electronic application submittals larger than 20MB will require to be sent via multiple emails. In the subject line please enter **FY 2019 SAP APPLICATION – Part (#)**.

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

- 1. Application Cover Sheet
- 2. Table of Contents
- 3. **SMALL AMBULATORY 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. Application Checklist

C. MAILING OR DELIVERY.

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

FY 2019 SAP APPLICATUION

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

Mail or deliver **one copy** of a signed original of the complete **Application**, with all attachments (documentation), to the respective SAP contact person in the applicable IHS Area, using the address shown in Appendix 1.

Mark both Application envelopes: **"FY 2019 SAP APPLICATION"**

For electronic submissions, e-mail a PDF scanned copy of the signed original application to the IHS Headquarters SAP Contact, LCDR Omobogie Amadasu (Email: Omobogie.amadasu@ihs.gov) and the applicable Area SAP Contact. Include **"FY 2019 SAP APPLICATION" in the subject line**. Electronic application submittals larger than 20MB will require to be sent via multiple emails. In the subject line please enter **FY 2019 SAP APPLICATION – Part (#)**.

D. APPLICATION DEADLINE. Complete applications must be received to IHS Headquarters DFPC by **June 28, 2019, 5:00pm EST**, the deadline shown in the FY 2019 SAP Program Announcement.

E. LATE APPLICATION. The application will be considered to be "on time" if it is: (1) received, by the IHS Headquarters Division of Facilities Planning and Construction, on or before the established deadline date and time by e-mail or postmarked regular mail; or, (2) has been postmarked on or before the established deadline date. The applicant, if using the U.S. Postal Service, should request a legibly dated U.S. Postal Service postmark on the envelope, and/or obtain a legibly dated receipt from the U.S. Postal Service or commercial delivery service. Private metered mail postmark will **not** be accepted as proof of timely mailing. A late application will **not** be accepted for processing.

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.

I. IHS AREA ASSISTANCE. Each IHS Area has a SAP Point-of-Contact, as listed in Appendix 1. The IHS Areas are available to assist applicants with the preparation of the Applications, as resources allow.

SELECTION PROCESS

A. IHS AREA ASSISTANCE, REVIEW AND ENDORSEMENT [Coordinate with Area and insure Area is given adequate time to review and endorse.].

- 1. Prior to submission of Application.** As specified in the application requirements, the applicant, prior to submitting its application, 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.** Using the copy of the Application provided by the applicant directly to the applicable IHS Area, the IHS Area is to review the Application to ensure correctness of the data and information with which the IHS Area is involved, 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.**]:
 - (1) Identification of parties who have executed the contract.
 - (2) Identification of period of contract.
 - (3) Identification of health care services covered by the contract.
 - (4) If the contract is with a consortium or organization who is 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.

(5) 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 an endorsement letter, which certifies that the proposed project has been reviewed by the IHS Area, and that the project is consistent with the IHS Area’s master plan for health care facilities. (If a formal master plan does not exist or is not complete for an IHS Area, this certification is to address the project’s relationship with the overall concept of operations under which the IHS Area operates with its Tribes.) This document, also, is to provide appropriate comments about the application and a recommendation whether 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 Area 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. 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.

Each conforming and eligible application will be reviewed, evaluated, rated and ranked for selection, by an Objective Review Team (ORT). The ORT will be composed of representatives from the Federal Government and Tribes. To the extent feasible, ORT members will not be associated with applying Tribes. The ORT members will be asked to excuse themselves from the processing of applications where they have any ties with the applying Tribe or if there may be any appearance of a conflict of interest. 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.

The Application will be reviewed and evaluated to determine the applicant's ability to accomplish the proposed project and will be rated and scored in accordance with the evaluation criteria contained in 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, **Section C, Item 7, Need for Project Calculation.**

2 - Delivery Capability (Maximum 40 points)

Evaluation: Application, **Section C, Item 8, Delivery Capability Brief**, will be evaluated by the ORT to determine the applicant's capability to provide the necessary ambulatory care services for the projected user population after the project construction work is completed.

3 - Construction Capability (Maximum 15 points)

Evaluation: Application, **Section C, Item 9, Construction Capability Brief**, will be evaluated by the ORT to determine to what extent the applicant has the capability to manage the proposed construction project, keeping on schedule, within the budget, with a safe operation and with good quality control.

4 - Applicant's Financial Contribution (Maximum 5 points)

Evaluation: Application, **Section C, Item 10, Applicant Financial Contribution Brief**, will be evaluated by the ORT 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.

E. SELECTION. Using the ranking results received from the ORT, final selections will be recommended by the IHS Headquarters Program Office (Division of Facilities Planning and Construction) for final selection by the Selecting Official, the IHS Headquarters, Director, Office of Environmental Health and Engineering. The scoring by the ORT is used only in the selection process.

AWARD PROCESS

Awards will be made based on the rank order of selected projects, beginning with the highest scored project, until all SAP funding is awarded. 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. The information submitted will not be maintained or released for future use in selections.

Successful applicants will be notified by an official letter from IHS Headquarters.

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 (as determined by the IHS) 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.



SECTION III

APPLICATION

for

FISCAL YEAR 2019

SMALL AMBULATORY PROGRAM

**SECTION III
APPLICATION KIT
FISCAL YEAR 2019
SMALL AMBULATORY PROGRAM**

The Program Application, will be used to determine basic eligibility and for competitive rating and ranking.

PROGRAM APPLICATION

The 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 2019 Small Ambulatory Program**, show the **name of the applying Tribe or Tribal Organization**, and reflect the **submission date**.]

Table of Contents. [All pages of the – Program Application, are to be numbered. The Table of Contents is to list all sections and items in the – Program Application, with the corresponding item numbers and starting page numbers. A maximum of 75 pages]

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. 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.** [Show the dollar amount of the estimated total cost for the project.]
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 for executing the project through selection, award, design and construction.
9. **General Location of Project.** [Provide the general location of the proposed project, such as 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 <https://www.dandb.com/free-duns-number/> or by calling 800-700-2733. [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 the SAM database. Registration can be done on-line at the Grants.gov website <https://www.grants.gov/applicants/organization-registration/step-2-register-with-sam.html>.
12. **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" program that 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, on a quarterly basis, starting within 30 days after contract award:
 - a. Financial Status Report, Standard Form (SF) 425.
 - 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.**⁴ 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.** 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 Indian 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 Indian 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

⁴ The requirement for this statement is needed to assure that the IHS is not paying the applicant for construction management services under another contract.

- 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;”
- 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 73, Number

66, dated Friday, April 4, 2008.)? _____ 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. **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.]

7. **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. 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 10 years (FY _____):

(Used in Block E, Need for project calculation, page III -12)

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 can not be less than 500 and the certified service population figure can not 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.]

8. **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 below 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.]

If Projected User-Population (x) (7b) is:		Then the IHS Suggested Ambulatory Facility Size is:	
Greater Than,	But Smaller or Equal to	Imperial Units ft ²	Metric Units m ²
500	550	4,615	430
550	600	5,330	495
600	650	6,100	567
650	700	6,930	645
700	750	7,825	725
750	800	8,775	815
800	850	9,790	910
850	900	10,860	1,010
900	950	12,000	1,115
950	1,000	13,190	1,225
1,000	1,050	14,445	1,340
1,050	1,100	15,760	1,465
1,100	1,150	17,140	1,590
1,150	1,200	18,575	1,725
1,200	1,250	20,070	1,865
1,250	1,300	21,630	2,010
1,300	1,350	23,250	2,115
1,400	5,000	$13.6(x^1) + 5,030$	$1.26(x) + 468$
5,000	14,000	$7.9(x) + 29,450$	$0.73(x) + 2,737$
14,000	17,550	$8.6(x) + 21,800$	$0.8(x) + 2,030$

1: (X) is equal to the projected user-population.

9. **Program Assurances.** Upon completion of the proposed project, the applicant assures that it will do the following:
- a. Have adequate financial support available for providing the services at the health care facility.
 - b. Make the health care facility available to eligible Indians, without regard to ability to pay or their source of payment.
 - c. When services, which are feasible and otherwise authorized, 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.]

10. **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's rating may be negatively impacted unless an explanation or supporting information is provided.]

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's rating may be negatively impacted unless an explanation or supporting information is provided..] [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.]

(3) Any other supporting information, actions, or plans that would mitigate risks to successful completion of the project.

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 true copy of an executed Tribal Resolution containing the following elements and or authorizations:

- a. Support of the SAP project and submission of application.
- b. Statement of the total amount of funds needed for the proposed project, and a breakdown of the portion to be provided by the Tribe, either from Tribal contribution or other sources, 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, as applicable.

- 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 §§ 5321(a)(1) and 5304(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.** [Show which of the following four types of projects that applies for the application:
 - (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 identify the proposed changes in programs and services that would be facilitated by accomplishing 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. If the project involves new, replacement, or expanded space, in Application Attachment F provide a space list with net areas (in square feet), 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 proposed construction work by phase; e.g., planning, design, and construction. This is to cite factors that might accelerate or decelerate the work of the proposed 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.** [Include the proposed plan to manage the proposed project, including:]
 - (1) **Organization.** [Describe the proposed organization that would manage the project. Identify key personnel and provide information about their experience and qualifications as it relates to the proposed project. Discuss the proposed administration support that would be provided for the proposed project. In Application Attachment G, provide a proposed 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 the General Provisions (provided by DES).
 - (5) **Design Reviews.** [The applicant must provide the IHS at least one opportunity to review and approve design documents at the schematic, design development, or final construction documents phases. List in the application which design phase(s) the applicant proposes the IHS to review and approve. Subject to resources availability, the IHS will consider and provide review comments for other phases of design if requested by the applicant.]
 - (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, 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 elements of the project. Also, provide the proposed sources for all funding phases, identifying if the funds are held currently by the Tribe, or planned, including anticipated financing and SAP funding. For the funding portion that has been secured, 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, but not be limited to, 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 an advance payment schedule which: 1) indicates the amount of the first payment based on the first year expected expenditure of the requested IHS SAP funding⁵; 2) the second year activities and the expected SAP funding expenditure; etc. (The IHS will make the initial advance payment within 21 calendar days after the SAP award. Subsequent annual payments will be made within 21 calendar days following the due date as negotiated in the P.L. 93-638 contract.)]

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.]

⁵ If a NEPA determination is required for the project, the first payment shall include the estimated project cost up to the start of design. The remainder of the first year funding will be provided once the NEPA determination has been made by the respective IHS Area office.

Need For Project Calculation Table:

A.	Size of Existing Health Care Facility m ² or ft ²							
B.	Projected User-Population (from 7b)							
C.	Suggested Size of Health Care Facility m ² or ft ² (From Section B, 8. Same units as A)							
D.	$\% \text{ of Size Needed} = 100 \times \{ \text{Suggested Size (Line C)} - \text{Existing Space (Line A)} \} / \text{Suggested Size (Line C)}$							
E.	Age Factor of Existing Health Care Facility							
	AGE (YEARS)	≤ 9	10 - 14	15 - 19	20 - 24	25 - 29	>30	
	AGE FACTOR	0.75	0.8	0.85	0.9	0.95	1.0	
F.	Condition Factor							
	CATEGORY			CONDITION RATING AND POINTS			Score	
				GOOD	FAIR	POOR		
	Structural			3.0	3.5	4.0		
	Mechanical			3.0	3.5	4.0		
	Electrical			3.0	3.5	4.0		
	Fire & Life Safety			3.0	3.5	4.0		
	Floor Plan (functional layout)			3.0	3.5	4.0		
	Energy Management			1.5	1.75	2.0		
	Handicap Access			1.5	1.75	2.0		
			Total					
<p>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.</p>								
G.	$\text{Need Score} = 0.4 \times \% \text{ of Size Needed (Line D)} \times \text{Age Factor (Line E)} \times [\text{Condition Factor (Line F)} / 24]$ (Do not change the value of Line D to a decimal) [Value should be between 0 and 40]							
STOP HERE! Item G is your Final Need Score. Unless the Project is a Hospital, Urgent Care Center, or Emergency Room, complete items "H" and "I" below.								
H.	Distance Factor							
	CLOSEST HOSPITAL	≤ 10 km	11 – 20 km	21 - 30 km	31 – 40 km	41 – 49 km	≥ 50 km	
		≤ 6 miles	7 - 12 miles	13 - 18 miles	19 – 25 miles	26 – 30 miles	≥ 31 miles	
DISTANCE FACTOR	0.10	0.30	0.50	0.70	0.90	1.00		
I.	$\text{Adjusted Need for Project Score} = \text{Need for Project Score (Line G)} \times \text{Distance Factor (Line H)}$ ONLY FOR HOSPITALS, URGENT CARE CENTER, OR EMERGENCY ROOM PROJECTS							

DEFINITIONS for Need for Project Calculation

Existing size of health care facility: The size, in gross square feet (ft²), of the existing health care facility being operated currently 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, is to be used. 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.

Average User Population: The Average 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 IHS user population estimates are based on data from the IHS Patient Registration System. Those registered Indian patients who had at least one direct or contract inpatient stay or outpatient visit, or a direct dental visit (as recorded in the database) during the last three years are defined as "users." 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 reflected, and document how the user population was determined. Addressing the threshold requirement to be reported in Application, Section B, Item 8.a., the user population figure to be used is that projected for the opening date of the completed project. For space planning purposes as used in Block E of the Need for Project Calculation table in, Section C, Item 7, the average user population figure to be used is that projected for three years from the anticipated opening date.

Nearest hospital (UPDATE): The hospital to be used in this calculation is a hospital that has the capacity, will accept the eligible Indians residing in the service area for the health care facility in the proposed project, and will offer ambulatory services and Level I, II, or III emergency room services. The distance factor will only for projects that plan to renovate/construct a hospital, emergency room and/or an urgent care facility. These applicants must complete items "H" and "I" on the need for project calculation table. All other projects item "G" is your final need for project score.

-
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, **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, **Section C, Item 6.(a)(2), Performance Period for Project**, tying in, but not repeating, the information provided in Application, **Section C, Item 6.(a)(1), Project Management Plan, Organization**. Discuss how the experience and qualifications documented in Application, **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, **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, **Section A, Item 4, Amount of Federal Assistance Requested; Section A, Item 6, Percentage of Total Project Cost;** and, **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 NEAR Management Report for last Single Agency Audit
- B - Copy of Auditor's Summary of Findings of last Single Agency Audit
- C - Tribe's Balance Sheet
- D - Tribal Resolution
- E - Location and Site Maps
- F - Space List and Floor Plan
- G - Project Administration Organization Chart

Section I

PROGRAM ANNOUNCENMENT

FY 2019

Small Ambulatory Program

Section II

APPLICATION, SELECTION, and AWARD PROCESSES

**FY 2019
Small Ambulatory Program**

Section III

APPLICATION

FY 2019

Small Ambulatory Program

[Without Application Attachments A, B, and C]

SECTION IV

**APPLICATION
CHECKLIST**

for

FISCAL YEAR 2019

SMALL AMBULATORY PROGRAM

**SECTION IV - APPLICATION CHECKLIST
APPLICATION KIT
FISCAL YEAR 2019
SMALL AMBULATORY PROGRAM**

To assist the applicant in submitting the Application for the FY 2019 Small Ambulatory Program, and to assist the IHS review process, the applicant should prepare and submit a Checklist for the application. See Section III for the specific requirements for each item. The suggested content for the checklist is on the following pages.

SECTION IV - APPLICATION CHECKLIST – FY 2019 SAP APPLICATION KIT

APPLICATION CHECKLIST:

ITEM NO.	ITEM	APPLICANT CHECK- OFF	IHS AREA CHECK- OFF	IHS HQ CHECK- OFF
	PROGRAM APPLICATION			
	Application Cover Sheet			
	Table of Contents			
	Section A – Applicant’s Administrative Information			
1.	Date of Application Submission			
2.	Applicant’s Project Control Number			
3.	Descriptive Title of Applicant’s Project			
4.	Amount of Federal Assistance Requested			
5.	Total Estimated Project Cost			
6.	Percentage of Total Project Cost			
7.	Full name, address, telephone number, and “e-mail” address of Applicant			
8.	Full name, position title, address, telephone number, fax telephone number, and “e-mail” address of applicant’s designated officials authorized by applicant’s governing body			
9.	General Location of Project			
10.	Applicant’s Federal Employer Identification Number (EIN)			
11.	Data Universal Number System (DUNS) Number			
12.	Current registration in SAM			
13.	Congressional District of Applicant			
14.	Congressional District of Project			
15.	The SAP Award Not Part of Any Other Contract Acknowledgement			
16.	Agreement Statement for Tribal Project Reports Required After Contract Award			
17.	No Additional Funding Allowed Acknowledgement			
18.	Statement about Construction Management Contract			
19.	Assurances for Contract Award			
	Section B – Applicant’s Eligibility Determination			
1.	Federally Recognized Tribe			
2.	Different Legal Name			
3.	Status of Project			

SECTION IV - APPLICATION CHECKLIST – FY 2019 SAP APPLICATION KIT

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
4.	Current Operation			
5.	Ownership			
6.	Location in Relationship to a Hospital			
7.	Non-Receipt of Prior Funding			
8.	Population Certifications			
9.	Capacity Certification			
10.	Program Assurances			
11.	Financial Management Systems			
12.	Tribal Resolution			
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)	National Environmental Protection Act (NEPA) Requirements			
6(a)(4)	Quality Control Procedures			
6(a)(5)	Design Reviews			
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			
8.	Delivery Capability Brief			
9.	Construction Capability Brief			
10.	Applicant Financial Contribution Brief			
11.	Signature			
Attachments				
A	Copy of NEAR Management Report for last Single Agency Audit			
B	Copy of Auditor’s Summary of Findings of last Single Agency Audit			
C	Tribe’s Balance Sheet			

SECTION IV - APPLICATION CHECKLIST – FY 2019 SAP APPLICATION KIT

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
D	Tribal Resolution			
E	Location and Site Maps			
F	Space List & Floor Plan			
G	Project Administration Organization Chart			
I	Applicable IHS Area Approval Letter			
	Application Checklist			
	<p>After Applicable IHS Area review and approval:</p> <p>Mail two originals and two signed copies to IHS Headquarters, with envelope marked: FY 2019 SAP APPLICATION</p> <p>OR</p> <p>Email one scanned original PDF document to IHS Headquarters to the SAP Program Manager with FY 2019 SAP APPLICATION in the subject line.</p>			

Name of applicant's preparer: _____ Date: _____

Name of IHS Area Reviewer: _____ Date: _____

Name of IHS HQ Reviewer: _____ Date: _____

APPENDIX 1

LIST OF IHS AREA SAP POINTS-OF-CONTACT

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