



**APPLICATION KIT  
for  
FISCAL YEAR 2021**

**SMALL AMBULATORY PROGRAM  
for  
AMERICAN INDIANS AND ALASKA NATIVES**

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



**FISCAL YEAR 2021  
SMALL AMBULATORY PROGRAM  
APPLICATION KIT  
GENERAL INFORMATION**



Enclosed is the application kit for the Indian Health Service (IHS) fiscal year (FY) 2021 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 FY 2021 SAP application will be used: to determine eligibility; for the competitive rating; and to ranking for selection. 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.

IHS is responsible for NEPA compliance for all SAP projects. This year IHS Areas are responsible for reviewing each submitted project and estimating the cost to complete the NEPA process. If the project is awarded that estimate will be retained as a project technical support fee under the Title I 638 contract. Below is an example:

- Project is submitted to the area requesting \$1,000,000 in funding.
- Area reviews the project and estimates \$20,000 to complete the NEPA process.
- The project qualifies for award and receives \$1,020,000.
- By Title I 638 contract the Tribe receives \$1,000,000 and the Area retains \$20,000 labeled as project technical support fee.

To be considered, applicants may submit the complete application, with all attachments electronically or as a hard copy. All applications are due no later than **5:00 PM, EST, July 1, 2022**. Late applications will not be considered. Applications first must be submitted to the **applicable IHS Area for conditional approval** and then 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 CDR Omobogie Amadasu, PE, at [Omobogie.amadasu@ihs.gov](mailto:Omobogie.amadasu@ihs.gov) or 301-443-4751.

Submissions by mail require one original copy only. It is recommended that applicants obtain proof of delivery as late applications will not be considered. 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 2021 SAP APPLICATION."**

Electronic submissions (**Preferred method**): Will consist of two parts.

Part 1: Navigate to the web address (<http://new.grantreviewinfo.net/content/2021-IHS-SAP-RequestOnlineAccess>) and submit Sections A and B by completing the web based form.

Part 2: Complete Section C with signatures, convert/scan to PDF and send to the email address ([IHSSapApplications@ihs.gov](mailto:IHSSapApplications@ihs.gov)). Include the following in the subject line: **"FY 2021 SAP APPLICATION: (insert Tribe name)"**.

This application is now a fillable PDF form. Please use this form as a draft when preparing your application.

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

Date Issued (*mm/dd/yyyy*):

James Ludington P.E. Director,  
Office of Environmental Health and Engineering

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### **FISCAL YEAR 2021**

### **SMALL AMBULATORY PROGRAM**

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# **SECTION I**

**PROGRAM  
ANNOUNCEMENT**

**for**

**FISCAL YEAR 2021**

**SMALL AMBULATORY PROGRAM**

**SECTION I**  
**PROGRAM ANNOUNCEMENT**  
**APPLICATION KIT**  
**FISCAL YEAR 2021**  
**SMALL AMBULATORY PROGRAM**

**ANNOUNCEMENT NO.:** SAP-2021-01

**ANNOUNCEMENT DATE (mm/dd/yyyy):** 03/15/2022

**PURPOSE OF ANNOUNCEMENT:** This announcement provides notice of the availability of funds for the Indian Health Service (IHS) Fiscal Year (FY) 2021 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 2021 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 2021 SAP - FEDERAL FUNDS AVAILABLE:** \$24,014,200 total funds. \$19,014,200 for small applicants (Service Unit MSS < 100,000 ft<sup>2</sup>). \$5,000,000 for large applicants (Service Unit MSS > 100,000 ft<sup>2</sup>). Individual Awards are limited to a maximum of \$2,000,000.

**NUMBER OF AWARDS ANTICIPATED:** The number of granted awards under the FY 2021 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. Unsuccessful applications submitted under the FY 2020 notice will be considered upon written approval from the T/TO. 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.

## **SECTION I - PROGRAM ANNOUNCEMENT - FY2021 SAP APPLICATION KIT**

### **APPLICATION KITS:**

**Small Ambulatory Program Application Kit** 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 their respective IHS Area, subject to available resources. Appendix 1 contains a list of all IHS Area SAP Points-of-Contact.

Application Kits in Adobe PDF format can be downloaded on or after March 23, 2022 from: <https://www.ihs.gov/dfpc/> (IHS Division of Facilities Planning and Construction). If internet access is not available, a copy of the Application Kit can be requested from the SAP IHS Headquarters Program Manager.

### **APPLICATION DEADLINE:**

It is encouraged applications are submitted to the applicable IHS Area by **May 15, 2022**. Complete applications must be received by **DFPC 5:00 PM EST, July 01, 2022**. Then deadline details are shown in the FY 2021 SAP Application Kit.

### **APPLICATION RECEIPT POINT:**

Applications will be received either as “hard copies” by regular mail or online.

To submit online (**preferred method**):

1. Complete Sections A and B through the Grant Solutions ARM portal  
<http://new.grantreviewinfo.net/content/2021-IHS-SAP-RequestOnlineAccess>
2. Send a signed Section C as PDF to [IHSSapApplications@ihs.gov](mailto:IHSSapApplications@ihs.gov) please write in the subject line “**FY 2021 SAP APPLICATION: (insert Tribe name).**”
3. Email a carbon copy (CC) to the responsible IHS Area Point of Contact.
4. Please note application files bigger than 20 Megabytes (20MB) may need to be sent in parts. Please label each part accordingly.

To submit by mail:

1. Complete the all sections of the application kit.
2. Please label the mail application envelope with “**FY 2021 SAP APPLICATION.**”
3. Mail one completed application signed to:

**Division of Facilities Planning and Construction  
Office of Environmental Health and Engineering  
ATTN: SAP Contact  
Indian Health Service  
U.S. Department of Health and Human Services  
5600 Fishers Lane  
Mailstop: 10N14C Rockville, MD 20857**

## **SECTION I - PROGRAM ANNOUNCEMENT - FY2021 SAP APPLICATION KIT**

### **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  
Rockville, MD 20857

#### **IHS Headquarters SAP Contact:**

CDR Omobogie Amadasu, P.E.  
Program Manager  
Small Ambulatory Program  
E-Mail Address: [omobogie.amadasu@ihs.gov](mailto:omobogie.amadasu@ihs.gov), Telephone: 301-443-4751  
**(Do not submit applications to the SAP Contact/ Program Manager)**

#### **IHS Area Contacts:**

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

**ENGLISH LANGUAGE REQUIREMENT:** Applications must be in the English language.

**PROGRAM IMPLEMENTATION:** Pursuant to the authorizing legislation, the FY 2021 SAP is being implemented using funds appropriated in FY 2021, as described below.

**STATUTORY AUTHORITY:** The statutory authority for FY 2021 SAP project awards is in the Indian Health Care Improvement Act (IHCIA), 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 2021 SAP, funding may be provided, after competitive selections, to Tribes or Tribal Organizations (T/TO)s 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.
- 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.

## SECTION I - PROGRAM ANNOUNCEMENT - FY2021 SAP APPLICATION KIT

- 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 T/TO has awarded a construction contract and issued a Notice to Proceed for on-site work before a SAP award is made. However, planning and/or design may be complete.
- 7) Awards will be made through hybrid SAP construction contracts, 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 that a SAP award cannot being a part of any other P.L. 93-638 Construction Management Services contract.]
- 8) Environmental Review Process. [The SAP projects are subject to the requirements of all Federal environmental laws which include but is not limited to, the National Environmental Policy Act (NEPA), the National Historic Preservation Act (NHPA), the Endangered Species Act and all other applicable statutes. 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 and prior to construction if planning and/or design has been completed prior to SAP award, so the designated IHS Area NEPA official can perform any necessary compliance requirements. This includes a determination under NEPA, concurrence with the State Historic Preservation Officer (SHPO) or Tribal Historic Preservation Officer (THPO), and the U.S. Fish and Wildlife Service, if required]. **Note that the SAP program is a Title I PL 94-638 program and so, even if a Tribe is normally compacted, NEPA and related requirements are an IHS responsibility under SAP.**
- 9) No other 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 costs over and above the IHS SAP award.
- 10) 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.
- 11) At no time during or after construction will the IHS have any rights or title to any real or personal property acquired as a part of the construction contract.
- 12) Awards will occur after the awardee provides documentation that funds are available to complete the entire proposed project. **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.**

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<sup>1</sup> Apart from a hospital is defined as the proposed project must not be contiguous or immediately adjacent to a hospital.

## SECTION I - PROGRAM ANNOUNCEMENT - FY2021 SAP APPLICATION KIT

### 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 2021 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
  - Was not originally owned or constructed by the IHS and transferred to the Tribe.
- 2) If the 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.<sup>1</sup>
- 3) The proposed project must not have received any funding already under Section 301 or Section 307 of P.L. 94-437.<sup>2</sup>
- 4) Upon completion of the proposed project, the health care facility will<sup>3</sup>:
  - Serve no less than 500 eligible Indians annually; **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.
- 5) Applicants must be able to provide reasonable assurances, that upon completion of the proposed project, the applicant will:
  - Have adequate financial support to provide the proposed health care services;
  - 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, per Federal Law without diminishing the quality or quantity of services 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 T/TO's financial management systems must meet the requirements of 25 CFR Parts 900.44 and 900.45. To be in compliance, the Single-Agency Audits 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.

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<sup>2</sup> This is defined that the project has not received any funding already under Section 301 of P.L. 94-437, for 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.

<sup>3</sup> Not applicable to a T/TO, whose Tribal government offices are located on an island. 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. The phrase "not less than 2,000" relates to the IHS Service Population. The Service Population is an approximate measure of the potential eligible Indians in a service area determined by the census population.

## SECTION I - PROGRAM ANNOUNCEMENT - FY2021 SAP APPLICATION KIT

### **APPLICATION:**

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

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.

### **Applicants are required to use HSP**

Access to the Health Systems Planning (HSP) software is needed to calculate required application data. T/TOs are encouraged to create their own login and use the software.

To create an account navigate to <https://hsp.ihs.gov> and click the button Log in Here, and click the hyper link "Click Here to Request Access to this System".

The SAP Program manager will provide a training on how to use HSP to complete your SAP application on March 29th 2022. This training will be free and open to all who are interested. To attend, please click the Skype link below.

<https://join.ihs.gov/meeting/omobogie.amadasu/6RCZVTR1>

If you do not have access to a computer to access the training, please contact the SAP program manager.

**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, eligible applications will be reviewed, evaluated, rated and ranked for selection through an objective review process, using an Objective Review Team (ORT) that will evaluate applications with the following 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.

## SECTION I - PROGRAM ANNOUNCEMENT - FY2021 SAP APPLICATION KIT

**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 2021 SAP is:

- Application Kit issued	March 15, 2022
- Application Kit available on web sites:	March 23, 2022
- Preferred due date to applicable IHS Area for review/approval	May 15, 2022
- Due date for Application, (With IHS Area approval letter)	<b>July 1, 2022</b>
- Complete eligibility determination, (HQ Review)	August 31, 2022
- Complete rating and ranking:	November 1, 2022
- Final selection:	December 1, 2022
- Notice of selections issued:	January 3, 2023
- Complete contract awards:	February 15, 2023

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



James Ludington, P.E.

Director, Office of Environmental Health and Engineering, Indian Health Service

# **SECTION II**

**APPLICATION INFORMATION,  
SELECTION CRITERIA, and AWARD  
PROCESSES**

**for**

**FISCAL YEAR 2021**

**SMALL AMBULATORY PROGRAM**

**SECTION II**  
**APPLICATION, SELECTION, AND AWARD PROCESSES**  
**APPLICATION KIT**  
**FISCAL YEAR 2021**  
**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.

Technical assistance may be requested from the applicant's respective IHS Area, subject to available resources. Appendix 1 has a list of 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**

(For section C only if submitting by mail)

Avoid the use of jargon and acronyms. Electronic submissions once printed should match the guidelines. To facilitate review, validation, rating, ranking and selection, both parts of the application, with all required attachments, are to be prepared and submitted conforming to the below requirements:

1. Be written in the English language;
2. Be on standard 8-1/2" x 11" size paper;
3. Be printed in 12 point size, black font;
4. Be printed in a regular font style (Arial, Calibri, New Times Roman, etc.);
5. Have one-inch margins on all four sides;
6. Be printed on one side only;
7. Be **Loose** and **not bound** nor **stapled** (Hard copy only);
8. Have a header identifying the name of the applicant;
9. Have consecutively numbered pages with the numbers shown in the footer;
10. Be signed by the authorized official of the Tribe or Tribal Organization's (T/TO).
11. Have a Cover Sheet entitled "**FISCAL YEAR 2021 Small Ambulatory Program,**" followed by the applying T/TO's name and the submission date;
12. Spell out all Acronyms the first time they are used in Application;
13. Define all Abbreviations first time they are used or within a table in Application.
14. Use consistent units (US Customary Standard) and consistent abbreviations.
15. Application is not to exceed 75 total pages.
16. Electronic application submittals larger than 20MB may require to be sent via multiple emails. In the subject line please enter **FY 2021 SAP APPLICATION (insert Tribe name) – 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 (**Preferred online**)
  - b. Section B – Applicant’s Eligibility Determination (**Preferred online**)
  - 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

For FY 2021 the SAP application is now available in a fillable PDF Form. This form may be used as a tool before submitting online.

**C. MAILING OR DELIVERY.**

Using either the U.S. Postal Service or a commercial delivery service, send one completed signed application, with attachments to:

**FY 2021 SAP APPLICATION**

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 2021 SAP APPLICATION"**

For electronic submissions, e-mail a PDF copy (only Section C and attachments if submitting Sections A and B by online portal) and the fillable PDF of the signed original application (digital signatures are allowed) to the IHS Headquarters using the email address [IHSSapApplications@ihs.gov](mailto:IHSSapApplications@ihs.gov) and the applicable Area SAP Contact. Include **"FY 2021 SAP APPLICATION (insert Tribe Name)" in the subject line**. Electronic application submittals larger than 20MB may require to be sent via multiple emails. In the subject line please enter **FY 2021 SAP APPLICATION (insert Tribe name) – Part (#)**. The option to submit the fillable PDF Form by email is allowed but not preferred. Also note that digital signatures are acceptable.

**D. APPLICATION DEADLINE.** Complete applications must be received to IHS Headquarters DFPC by **July 01, 2022 5:00pm EST**, the deadline shown in the FY 2020 SAP Program Announcement.

**E. LATE APPLICATION.** The application will be considered to be "on time" if it is received, by the IHS Headquarters DFPC on or before the established deadline date and time by e-mail or postmarked regular mail. The applicant, if using the U.S. Postal Service, should request a legibly dated U.S. Postal Service postmark on the envelope, and/or receipt. 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 found as non-conforming if it fails to meet the Application Kit submission, or the SAP eligibility, requirements. Non-conforming applications will not be processed further.

**G. PRIVACY ACT.** The Privacy Act of 1974 (5 U.S.C. § 552a), with certain exceptions, permits individuals 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.

**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, user population, 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. 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 T/TO providing health care services for more than 1 Federally recognized Tribe, additional documentation is to be provided to show the legal tie with the 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.
  - c. **Validation of User Population Report.** The IHS Area is to validate the Health Systems Planning (HSP) user population report for “Population Certifications” Item 7 and Section B – Applicant’s Eligibility Determination.
  - d. **Validation of Service Unit and Maximum Supportable Space.** The IHS Area is to validate the Service Unit of the proposal and corresponding Maximum Supportable Space (MSS). Then the IHS Area is classify the project as either large (If  $MSS \geq 100,000 \text{ ft}^2$ ) or small (If  $MSS < 100,000 \text{ ft}^2$ ).
- 3. Certification Endorsement.** The IHS Area is to provide an endorsement letter, which includes the Area Point of Contact for NEPA compliance and the estimate to complete the NEPA process. If no project technical support fee is required please state this in the endorsement letter. Also the endorsement letter should certify that the proposed project has been reviewed by the Area, and 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 is to include appropriate comments about the application and a recommendation whether the Area supports the project as presented in the application. In this endorsement letter the Area must provide a Point of Contact for NEPA compliance.
- 4. Retention of Application Copy.** The copy of the Application 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, 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.**

Conforming eligible application will be evaluated, rated and ranked for selection by an Objective Review Team (ORT). The rankings will be categorized by size. 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 T/TOs. The ORT members will be asked to recuse themselves from rating if they have any ties with the applying T/TOs or if there may be any appearance of a conflict of interest. To protect the process confidentially, the names of ORT members and their results will be released only to the selecting officials.

The Application will be reviewed and evaluated to determine the applicant's ability to accomplish the proposed project and will be scored according to the evaluation criteria contained in the four rating factors 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**, the applicant's capability to provide the necessary health care services for the user population after construction is completed will be evaluated by the ORT.

##### **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 to determine the applicant's willingness 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**

Prior to award the IHS Area(s) must provide a memo to the SAP Project Manager the current status of NEPA. Without this memo an award cannot be made. 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 size categorization will remain until all projects have been funded under that specific size. If funds still remain they will be used to fund the remaining projects under the other categorization. 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 by IHS Division of Engineering Services (DES) 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.

Any questions about the award process please contact DES Chief of OEHE Acquisitions Melissa Warmath. Email: [Melissa.Warmath@ihs.gov](mailto:Melissa.Warmath@ihs.gov).  
Office: 214-767-3517

# **SECTION III**

**APPLICATION**

**for**

**FISCAL YEAR 2021**

**SMALL AMBULATORY PROGRAM**

**SECTION III  
APPLICATION KIT  
FISCAL YEAR 2021  
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 2021 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**

**To complete online (preferred):**

<http://new.grantreviewinfo.net/content/2021-IHS-SAP-RequestOnlineAccess>

1. **Date of Application Submission (mm/dd/yyyy):**
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.]

Full Name:  Telephone Number:

Full Address:

E-mail address of Tribe or Tribal Organization:

**a. Tribal/Tribal Organization Leader**

Full Name:  Position Title:

Full Address:

Telephone number:  Fax Telephone Number:

E-mail address:

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.

Full Name:  Position Title:

Full Address:

Telephone number:

E-mail address:

b. Contact and responsible official for executing the project through selection, award, design and construction. (Confirm this matches the attached Tribal Resolution)

Full Name:  Position Title:

Full Address:

Telephone number:  Fax Telephone Number:

E-mail address:

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.]

Location:

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

EIN:

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.]

DUNS:

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>.

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

District:

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

District:

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.]

☐ I AGREE    ☐ I DISAGREE

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.

Does the Tribe agree to provide IHS a Financial Status Report Standard Form (SF) 425?

☐ YES ☐ NO

17. **No Additional Funding Allowed Acknowledgement.** [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. Applicant continues to be eligible for future program increases as provided by law.]

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.

☐ I ACKNOWLEDGE ☐ I DO NOT ACKNOWLEDGE

18. **Statement about Construction Management Contract.**<sup>4</sup> 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".

Does the Tribe or Tribal Organization have construction management services (CMS) related to this project?

☐ YES ☐ NO

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;"

☐ WILL RECORD ☐ WILL NOT RECORD

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<sup>4</sup> 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;  
☐ WILL COMPLY   ☐ WILL NOT COMPLY
- 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  
☐ WILL COMPLY   ☐ WILL NOT COMPLY
- 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;  
☐ WILL COMPLY   ☐ WILL NOT COMPLY
- 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;  
☐ WILL COMPLY   ☐ WILL NOT COMPLY
- f. "The Tribe will comply with all applicable Federal environmental laws, regulations and Executive Orders;"  
☐ WILL COMPLY   ☐ WILL NOT COMPLY
- 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;"  
☐ WILL COMPLY   ☐ WILL NOT COMPLY
- 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.)."  
☐ WILL COMPLY   ☐ WILL NOT COMPLY

## Section B – Applicant’s Eligibility Determination

To complete online (preferred):

<http://new.grantreviewinfo.net/content/2021-IHS-SAP-RequestOnlineAccess>

[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.]

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.]

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 the user population report from the Health Systems Planning (HSP) software <https://hsp.ihs.gov/> with the application. Please set the projection year to **2032**.

[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 is based upon the results from the HSP software. Please attached the building summary area report to confirm the capacity certification.

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 (**Summary of findings page only**), 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 without an explanation or supporting information.]
- 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 without an explanation or supporting information.]  
[If NO, proceed.]  
[If the answers to the 2 above questions are such that the applicant is eligible, document the responses by providing:
- a. In Application Attachment B, a copy of the auditor's summary of findings for the same audit; and in Application Attachment C, a copy of the Tribe's latest Balance Sheet.]
  - b. Any other supporting information, actions, or plans that would mitigate risks to successful completion of the project.
  - c. Please do not submit the entire Audit Report
11. **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 PL 93-638 construction contract for administration, planning, design and/or construction of the SAP project, as applicable.
  - d. Name and title of T/TO 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)}] **(Items a through d must be clear on the Tribal Resolution. Missing language will cause point deductions/ removal from consideration)**

## **Section C – Technical Proposal** (Complete and submit by email (PDF) or regular mail)

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. Also Show the location of the nearest hospital available to serve the eligible population.]
3. **Type of Project.** [Show which of the following four types of projects that applies:
  - (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, explain 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
  - (a) Project Management Plan and (b) 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/activities).
  - 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 funding<sup>5</sup>; 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.]

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<sup>5</sup> 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 ft <sup>2</sup>																																																	
B.	Projected User-Population (from 7b)																																																	
C.	Suggested size of Health Care Facility ft <sup>2</sup> (From Health Systems Planning (HSP) Software: <a href="https://hsp.ihs.gov/">https://hsp.ihs.gov/</a> ) (From the Building Summary Area input the Building Gross Square Feet Value)																																																	
D.	Percent of Size Needed = $100 \times \{\text{Suggested Size (Line C)} - \text{Existing Space (Line A)}\} / \text{Suggested Size (Line C)}$																																																	
E.	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 15%;">AGE (YEARS)</th> <th style="width: 12.5%;">≤ 9</th> <th style="width: 12.5%;">10–14</th> <th style="width: 12.5%;">15–19</th> <th style="width: 12.5%;">20–24</th> <th style="width: 12.5%;">25–29</th> <th style="width: 12.5%;">&gt;30</th> </tr> <tr> <th>AGE FACTOR</th> <td>0.75</td> <td>0.8</td> <td>0.85</td> <td>0.9</td> <td>0.95</td> <td>1.0</td> </tr> </table> </div> <div style="flex: 0.1; text-align: center; padding: 0 10px;">Age Factor</div> </div>	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																																			
AGE (YEARS)	≤ 9	10–14	15–19	20–24	25–29	>30																																												
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F.	<div style="display: flex;"> <div style="flex: 1;"> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th rowspan="2" style="width: 35%;">CATEGORY</th> <th colspan="3">CONDITION RATING AND POINTS</th> <th rowspan="2">SCORE</th> </tr> <tr> <th style="width: 15%;">GOOD</th> <th style="width: 15%;">FAIR</th> <th style="width: 15%;">POOR</th> </tr> <tr><td>Structural</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Mechanical</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Electrical</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Fire &amp; Life Safety</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Floor Plan (functional layout)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Energy Management</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Handicap Access</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr> <td colspan="4"><b>TOTAL</b></td> <td></td> </tr> </table> </div> <div style="flex: 0.1; padding: 5px;"> <p><b>GOOD:</b> Meets applicable codes and requires only normal maintenance.</p> <p><b>FAIR:</b> Needs minor repairs to raise condition to GOOD. Estimated cost is &lt;10% of replacement cost.</p> <p><b>POOR:</b> Needs extensive repairs and major components replaced to raise condition to GOOD. Estimated cost &gt;10% of replacement cost.</p> </div> </div>	CATEGORY	CONDITION RATING AND POINTS			SCORE	GOOD	FAIR	POOR	Structural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fire & Life Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Floor Plan (functional layout)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Energy Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Handicap Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>TOTAL</b>					
CATEGORY	CONDITION RATING AND POINTS			SCORE																																														
	GOOD	FAIR	POOR																																															
Structural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																															
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Handicap Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																															
<b>TOTAL</b>																																																		
G.	<b>Need Score</b> = $0.4 \times \% \text{ of size Needed (Line D)} \times \text{Age Factor (Line E)} \times [\text{Condition Factor (Line F)} / 24]$ (Do not change the value of Line D to a decimal) [Value should be between 0 and 40]																																																	
<b>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.</b>																																																		
H.	<div style="display: flex;"> <div style="flex: 1;"> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 15%;">CLOSEST HOSPITAL</th> <th style="width: 12.5%;">≤ 10 km ≤ 6 miles</th> <th style="width: 12.5%;">11–20 km 7–12 miles</th> <th style="width: 12.5%;">21–30 km 13–18 miles</th> <th style="width: 12.5%;">31–40 km 19–25 miles</th> <th style="width: 12.5%;">41–49 km 26–30 miles</th> <th style="width: 12.5%;">≥ 50 km ≥ 31 miles</th> </tr> <tr> <th>DISTANCE FACTOR</th> <td>0.10</td> <td>0.30</td> <td>0.50</td> <td>0.70</td> <td>0.90</td> <td>1.00</td> </tr> </table> </div> </div>	CLOSEST HOSPITAL	≤ 10 km ≤ 6 miles	11–20 km 7–12 miles	21–30 km 13–18 miles	31–40 km 19–25 miles	41–49 km 26–30 miles	≥ 50 km ≥ 31 miles	DISTANCE FACTOR	0.10	0.30	0.50	0.70	0.90	1.00																																			
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DISTANCE FACTOR	0.10	0.30	0.50	0.70	0.90	1.00																																												
I.	Adjusted Need for Project Score = Need for Project Score × Distance Factor (Line H) <b>ONLY FOR HOSPITALS, URGENT CARE CENTERS OR EMERGENCY ROOM PROJECTS</b>																																																	

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**DEFINITIONS for Need for Project Calculation**

**Existing size of health care facility:** The size, in gross square feet (ft<sup>2</sup>), 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.

**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 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 user population reflected using HSP (<https://hsp.ihs.gov>), 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:** 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. **Project cannot be located on a hospital campus.** 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.]

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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
- G. HSP Generated User Population Report (Tribe or Area must provide)
- H. HSP Generated Building Summary Area (Tribe or Area must provide)

# **Section I**

## **PROGRAM ANNOUNCEMENT**

**FY 2021**

**Small Ambulatory Program**

## **Section II**

# **APPLICATION, SELECTION, and AWARD PROCESSES**

**FY 2021  
Small Ambulatory Program**

# **Section III**

## **APPLICATION**

**FY 2021**

### **Small Ambulatory Program**

[Without Application Attachments A, B, and C]

# **SECTION IV**

## **APPLICATION CHECKLIST**

**for**

**FISCAL YEAR 2021**

**SMALL AMBULATORY PROGRAM**

## SECTION IV - APPLICATION CHECKLIST – FY 2021 SAP APPLICATION KIT

To assist the applicant in submitting the Application for the FY 2021 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.

### APPLICATION CHECKLIST:

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
	<b>PROGRAM APPLICATION</b>			
	Application Cover Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Table of Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Section A - Applicant's Administrative Information (Check off if completed online)</b>			
1.	Date of Application Submission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Applicant's Project Control Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Descriptive Title of Applicant's Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Amount of Federal Assistance Requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Total Estimated Project Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Percentage of Total Project Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Applicant's name, address, telephone number, and "e-mail address"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Full name, position title, address, telephone number, and "e-mail" address of applicant's designated officials authorized by applicant's governing body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	General Location of Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Applicant's Federal Employer Identification Number (EIN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Data Universal Number System (DUNS) Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Current registration in SAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Congressional District of Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Congressional District of Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	The SAP Award Not Part of Any Other Contract Acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Agreement Statement for Post contract Award Tribal Project Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	No Additional Funding Allowed Acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Statement about Construction Management Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Assurances for Contract Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Section B - Applicant's Eligibility Determination</b>			
1.	Federally Recognized Tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Different Legal Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Status of Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Current Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Location in Relationship to a Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Non-Receipt of Prior Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Population Certifications <b>(FROM HSP)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Capacity Certification <b>(FROM HSP)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Program Assurances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Financial Management Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Tribal Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Section C - Technical Proposal</b>			
1.	Project Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION IV - APPLICATION CHECKLIST – FY 2021 SAP APPLICATION KIT

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
2.	Location of Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Type of Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Description of Health Care Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Description of Proposed Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Project Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6(a)	Project Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6(a)(1)	Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6(a)(2)	Performance Period for Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6(a)(3)	National Environmental Protection Act (NEPA) Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6(a)(4)	Quality Control Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6(a)(5)	Design Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6(a)(6)	Subcontracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6(b)	Project Financial Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6(b)(1)	Funding Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6(b)(2)	Advance Payment Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Need for Project Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Delivery Capability Brief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Construction Capability Brief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Applicant Financial Contribution Brief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section B - Applicant's Eligibility Determination</b>				
A	Copy of Auditor's Summary of Findings of last Single Agency Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Tribe's Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Tribal Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Location and Site Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Space List & Floor Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Project Administration Organization Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Applicable IHS Area Approval Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Application Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After</b> Applicable IHS Area review and approval: Mail one original copy to IHS Headquarters, with envelope marked: FY 2021 SAP APPLICATION OR (Preferred) Email one scanned original PDF document to IHS Headquarters <a href="mailto:IHSSapapplications@ihs.gov">IHSSapapplications@ihs.gov</a> Include the following in the subject line: <b>"FY 2021 SAP APPLICATION: (insert Tribe name)"</b> .				

Name of applicant's preparer:  Date (mm/dd/yyyy):

Name of IHS Area Reviewer:  Date (mm/dd/yyyy):

Name of IHS HQ Reviewer:  Date (mm/dd/yyyy):

## APPENDIX 1

### LIST OF IHS AREA SAP POINTS-OF-CONTACT

#### **GREAT PLAINS AREA INDIAN HEALTH SERVICE**

CAPT Brent Rohlf P.E.  
Director, Office of Environmental Health and Engineering  
115 Fourth Avenue, SE  
Aberdeen, SD 57401-4381  
TEL: 605-226-7510  
E-Mail: [Brent.Rohlf@ihs.gov](mailto:Brent.Rohlf@ihs.gov)

#### **ALASKA AREA INDIAN HEALTH SERVICE**

CAPT Hugh Denny, P.E.  
Director, Health Facilities  
4141 Ambassador Drive #300  
Anchorage, AK 99508-5928  
TEL: 907-729-3623  
E-Mail: [Hugh.Denny@ihs.gov](mailto:Hugh.Denny@ihs.gov)

#### **ALBUQUERQUE AREA INDIAN HEALTH SERVICE**

Chris Bradley P.E.  
Director, Office of Environmental Health and Engineering  
5300 Homestead Road, NE  
Albuquerque, NM 87110-1293  
TEL: 505-248-4275  
E-Mail: [Chris.Bradley@ihs.gov](mailto:Chris.Bradley@ihs.gov)

#### **BEMIDJI AREA INDIAN HEALTH SERVICE**

CDR Craig Morin P.E.  
Director, Office of Environmental Health and Engineering  
522 Minnesota Avenue, NW  
Bemidji, MN 56601-3062  
TEL: 218-444-0503  
E-Mail: [Craig.Morin@ihs.gov](mailto:Craig.Morin@ihs.gov)

#### **BILLINGS AREA INDIAN HEALTH SERVICE**

CDR Greg Ault P.E.  
Director, Office of Environmental Health and Engineering  
2900 Fourth Avenue North, P.O. Box 36600  
Billings, MT 59107-6600  
TEL: 406-247-7090 (ext. 7088)  
E-Mail: [Greg.Ault@ihs.gov](mailto:Greg.Ault@ihs.gov)

#### **CALIFORNIA AREA INDIAN HEALTH SERVICE**

CAPT Jonathan Rash (Acting OEHE Director)  
Director, Office of Environmental Health and Engineering  
John E. Moss Federal Building, 650 Capitol Mall, Suite 7-100  
Sacramento, CA 95814-4706  
TEL: 906-930-3981, Extension 399  
E-Mail: [Jonathan.Rash@ihs.gov](mailto:Jonathan.Rash@ihs.gov)

#### **NASHVILLE AREA INDIAN HEALTH SERVICE**

CDR Allen Bollinger P.E.  
Director, Health Facilities  
711 Stewarts Ferry Pike  
Nashville, TN 37214-2634  
TEL : 615-467-1514  
E-Mail: [Allen.Bollinger@ihs.gov](mailto:Allen.Bollinger@ihs.gov)

#### **NAVAJO AREA INDIAN HEALTH SERVICE**

CAPT Gordon Tsatoke  
Acting Director, Office of Environmental Health and Engineering  
Highway 264 @ St. Michaels, P.O. Box 9020  
Window Rock, AZ 86515-9020  
TEL: 928-871-1451  
E-Mail: [Gordon.Tsatoke@ihs.gov](mailto:Gordon.Tsatoke@ihs.gov)

#### **OKLAHOMA CITY AREA INDIAN HEALTH SERVICE**

CDR Joseph L Jones  
Director, Division of Facilities Management  
701 Market Drive  
Oklahoma City, OK 73114-8132  
TEL: 405-951-3744  
E-Mail: [Joseph.Jones@ihs.gov](mailto:Joseph.Jones@ihs.gov)

#### **PHOENIX AREA INDIAN HEALTH SERVICE**

Kenny Hicks  
Director, Office of Environmental Health and Engineering  
40 North Central Avenue, Suite 720  
Phoenix, AZ 85004-0931  
TEL: 602-364-5059  
E-Mail: [Kenny.Hicks@ihs.gov](mailto:Kenny.Hicks@ihs.gov)

#### **PORTLAND AREA INDIAN HEALTH SERVICE**

CAPT Marcus Martinez  
Director, Office of Environmental Health and Engineering  
1414 NW Northrup Street, Ste 800  
Portland, Oregon 97209  
TEL: 503-414-7777  
E-Mail: [Marcus.Martinez@ihs.gov](mailto:Marcus.Martinez@ihs.gov)

#### **TUCSON AREA INDIAN HEALTH SERVICE**

CAPT Cathie Frazier  
Director, Office of Environmental Health and Engineering  
7900 South "J" Stock Road  
Tucson, AZ 85746-7012  
TEL: 520-295-5643  
E-Mail: [Cathie.Frazier@ihs.gov](mailto:Cathie.Frazier@ihs.gov)