

TO: Area Dental Officers
Area OEHE Associate Directors

FROM: Director
Division of Facilities Planning and Construction
Office of Environmental Health and Engineering
Through: Director, OEHE_____

SUBJECT: FY 2011/2010/2013 Dental Facilities Replacement

The Division of Facilities Planning and Construction (DFPC) is developing a new dental facilities new/replacement priority list for the next three fiscal years; FY 2011, 2010, and 2013. Please note that new applications are being requested and all previous applications are no longer valid and must reapply for the FY 2011 through FY 2013 funding. Please complete and submit the attached Dental Facilities Data Form for a new or replacement dental facility.

If the dental department is part of a health clinic, please limit the FEDS data request to the dental space only and not the entire health clinic. The due date for returning the signed form is **5 pm, Eastern Standard Time, Friday, June 1**. In addition, applications must show the unit will be staffed 40 hours per week, with no additional staffing requirements. Forms submitted with less than 64,000 Projected Annual Service Minutes will **not** be considered. Should the information on an application change, such as when a new or replacement unit is provided prior to funding eligibility, the application will be denied.

After June 1, the Dental Consultant, Division of Clinical and Preventive Services, and the DFPC, Office of Environmental Health and Engineering, will review and evaluate the applications and the data for scoring. Prioritization will be based on highest scores.

The dental facilities program continues to limit the number of operatories to three, four, or five. This reflects the desire to distribute the limited resources as effectively as possible. Further, the use of the following Dental Facilities Planning criteria will also continue.

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3-Year Projected Annual Service Minutes	No. Of Operatories	Average Unit Size, (GSM)
64,000 - 83,000	3	210
83,001 - 131,000	4	225
131,001 - 195,000	5	250

Dental funds will continue to be distributed in fixed amounts according to the following table.

Proposed Funding Am'ts		<u>3-Chair Unit</u>	<u>4-Chair Unit</u>	<u>5-Chair Unit</u>
FY2008	Lower 48	\$ 418,000	\$ 468,000	\$ 518,000
	Alaska +15%	\$ 480,700	\$ 538,200	\$ 595,700
FY2009	Lower 48	\$ 437,200	\$ 487,200	\$ 537,200
	Alaska +15%	\$ 502,800	\$ 560,300	\$ 617,800
FY2010	Lower 48	\$ 458,200	\$ 508,200	\$ 558,200
	Alaska +15%	\$ 526,900	\$ 584,400	\$ 641,900

These amounts reflect the national average for construction escalated to the year indicated, excluding location. These funds include design, construction, and equipment. Any and all additional costs above these limits or cost for operational items will be born by the Area or Service Unit or tribe. If a project cannot move forward for any reason, the funds must be returned to HQ, and the funds will be given to the next location on the dental priority list. Project Summary Documents (PSD) must be approved by the Area Director within **5 months** from date notified and submitted to DFPC. If DFPC does not receive an approved PSD within that time, the funds will go to the next on the list unless justification is submitted to extend beyond the time indicated.

The attached data form will be used to score and rank the applications. Please note that if by providing a dental unit will exceed the supportable space limit, the application will not be accepted for competition. The Area should make efforts to increase their supportable space before submitting the application.

The dental facilities priority list will be used for FY 2008-FY2010. Notification of awards will be determined by the amount of funds received from Congress and notification will be posted

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on the DFPC website: www.dfpc.ihs.gov.

Upon appropriation of dental facilities funds, DFPC will notify the selected Areas to prepare and submit Project Summary Documents. Release of funds to the highest priority projects is contingent upon receiving an Area approved PSD, site selection, land lease (if required), and funds request. For new sites, a Phase I/II Site Selection and Evaluation Review will be required.

If you have any questions or require further information, please contact the Dental Facilities Program Manager, Mr. Raymond P. Cooke, P.E. at (301) 443-7315.

Sincerely,

José F. Cuzme, P.E.

Attachments: IHS FY2008-2009-2010 Data Form

cc: Dental Consultant, Office of Clinical and Preventive Services

IHS FY2011-2010-2013 Data Form (For Dental Facilities ONLY)

Location: _____	Date: _____
City: _____	State: _____
Area Office: _____	Contact/Phone: _____

Service Population to be served by Dental Unit:

_____	_____	_____
Current	Population Growth Rate*	Projected 3-Year Projected
*use 2.35% per year unless otherwise justified		

Dental Operatories:	No. Operatories Facility Can Staff
Existing: _____ Requesting: _____	(Includes potential transfers w/in Area)
Required _____ (Based on HSP)	
Replacing: _____ New: _____	

Size of Existing Facility: _____ m² Age _____ Years

Nearest Alternative Facilities (**IHS/Non-IHS**) Distance: _____ kilometers

Location _____ Please check one: Air ___ Ground ___

Will the acquisition of this dental unit exceed the supportable space requirements?
 If yes for Federal ownership, then application will not be accepted for competition. Yes ___ No ___
 If yes for tribally owned, tribe(s) must maintain it with non-IHS funds and must certify commitment in the PSD.

COST TO REPAIR EXISTING DENTAL FACILITY / SPACE
 (Based upon the Facilities Engineering Deficiencies System-FEDS)
DENTAL FACILITY SPACE ONLY

FEDS Code 1 (Patient Care) \$ _____	FEDS Code 12 (Mechanical) \$ _____
FEDS Code 2 (Life Safety) \$ _____	FEDS Code 13 (Electrical) \$ _____
FEDS Code 3 (Gen. Safety) \$ _____	FEDS Code 14 (Utilities) \$ _____
FEDS Code 4 (Environ. Comp) \$ _____	FEDS Code 15 (Grounds) \$ _____
FEDS Code 5 (Program Defic) \$ _____	FEDS Code 16 (Painting) \$ _____
FEDS Code 7 (Handicapped) \$ _____	FEDS Code 17 (Roofing) \$ _____
FEDS Code 8 (Energy Cons) \$ _____	FEDS Code 18 (Seismic) \$ _____
FEDS Code 10 (Architectural) \$ _____	Total Dental FEDS Cost \$ _____
FEDS Code 11 (Structural) \$ _____	

Area Dental Officer

Date

Area OEHE Director

Date