



**PRE-APPLICATION KIT**  
for the  
**JOINT VENTURE CONSTRUCTION PROGRAM**  
for  
**AMERICAN INDIANS AND ALASKA NATIVES**

**August 2019**

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



## JOINT VENTURE CONSTRUCTION PROGRAM

August 2019

### PRE-APPLICATION KIT INFORMATION

Thank you for your interest in the Joint Venture Construction Program (JVCP). Enclosed is a complete application kit for the Indian Health Service (IHS) JVCP. The selection of projects to participate in the JVCP involves (1) a two-part application phase, (2) the preparation and submission of planning documents for IHS approval, and (3) the negotiation and execution of a JVCP agreement. This application kit contains four sections: (I) Program Announcement; (II) Selection Process; (III) Application Review Process; and (IV) Application Checklist.

The Pre-Application will be used to determine if the proposed project is eligible for consideration and has the potential for successful competitive selection. The Final Application will be used by the applicants to provide documentation of their administrative and financial capabilities to accomplish the proposed JVCP project.

To be considered, applicants may submit the complete application, with all attachments electronically or hard copy by the **CLOSE OF BUSINESS on October 11, 2019**. The **Pre-Application** is to be **submitted to the IHS Area having jurisdiction** for the proposed project.

For hard copy submission (original plus two copies) mark envelopes: **"FY 2020 JVCP APPLICATION."** It is recommended that applicants obtain proof of delivery as IHS will not consider late submittals.

For electronic submission (**Preferred method**): Send the signed original (PDF files only) to the **IHS Area having jurisdiction**. Include the following in the subject line: **"FY 2020 JVCP APPLICATION"**.

For questions, please contact LCDR Omobogie Amadasu, P.E., Joint Venture Construction Program Manager, Division of Facilities Planning and Construction, Office of Environmental Health and Engineering, IHS, by email at [Omobogie.amadasu@ihs.gov](mailto:Omobogie.amadasu@ihs.gov), or by telephone at 301-443-4751. The appendix of this Application Kit contains contact information for each of the 12 IHS Areas. This pre application kit is also available for download online at <https://www.ihs.gov/dfpc/> under *Programs*, then under *Joint Venture Construction Program*.

Thank you for your interest in the Indian Health Service Joint Venture Construction Program.

Date Issued: August 13, 2019

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



## **SECTION I**

# **PROGRAM ANNOUNCEMENT for the JOINT VENTURE CONSTRUCTION PROGRAM**

Indian Health Service  
FY 2020 Joint Venture Program  
Pre-Application

Section I  
Program Announcement  
Joint Venture Construction Program  
AUGUST 2019

**ANNOUNCEMENT NO.:** JVCP-2020-01

**ANNOUNCEMENT DATE:** August 2019

**RESPONSIBLE OFFICE:** Division of Facilities Planning and Construction, Office of Environmental Health and Engineering, Indian Health Service (IHS), Department of Health and Human Services (HHS).

**PROGRAM TITLE:** Joint Venture Construction Program (JVCP), Fiscal Year 2020

**PURPOSE OF PROGRAM:** Under the JVCP, federally recognized American Indian and Alaska Native Tribes construct a Tribally-owned health care facility using non-IHS funds that meets IHS design criteria and approval. In exchange, IHS will enter into a 20 year nominal lease for the facility and request annual appropriations for the operation and maintenance of the facility during the lease period. **Additional priority is to be given to Tribes who agree to fund the initial equipment portion of the project.**

**PURPOSE OF ANNOUNCEMENT:** Announces the IHS Fiscal Year 2020 JVCP application period and the Application Kit for interested Tribes. Responding to ongoing Tribal interest and continuing Congressional program support, the IHS is initiating solicitation for new JVCP projects to participants in the program.

**NUMBER OF PROJECTS ANTICIPATED FOR SELECTION:** To be determined.

**SUMMARY:** The IHS is announcing the JVCP Solicitation, August 2019.

This Program Announcement (PA) consists of four parts:

- **PART I - PROGRAM DESCRIPTION** provides the statutory authority for the program, describes what is authorized, provides the conditions of the authorizing legislation, and identifies the program concepts and competitive selection process.
- **Part II - APPLICATION PHASE** describes the pre application phase and tentative Program Schedule.
- **Part III - EVALUATION CRITERIA FOR APPLICATIONS** provides information about how the Final Applications will be evaluated.
- **Part IV - PROJECT SELECTION** describes the completion of the prioritization process. All necessary application **forms** are to be completed by the applicant following the Application Kit instructions.

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**Section I – Program Announcement**

**APPLICATION KITS:** Application Kits will be available for distribution in August 2019. Application Kits may be obtained by downloading the document from the IHS OEHE web site at <http://www.dfpc.ihs.gov>. Click on *Programs*, then on *Joint Venture Construction Program*.

**APPLICATION DEADLINE DATES:** Pre-Applications in response to this PA are to be submitted to the local IHS Area Office by the close of business on **October 11, 2019**.

**APPLICATION RECEIPT POINT:** Pre-Applications and the corresponding Final Applications are to be **sent to the respective IHS Area that has jurisdiction** for the proposed project. See Appendix 1 of the Application Kit for IHS Area JVCP Contact information. Electronic submission (PDF) is the preferred method.

**IHS HEADQUARTERS INFORMATION CONTACT:** For further information about the JVCP, contact:

LCDR Omobogie Amadasu, P.E., Program Manager  
IHS Joint Venture Construction Program  
Division of Facilities Planning and Construction  
Indian Health Service  
TEL: 301-443-4751  
Email: Omobogie.amadasu@ihs.gov  
5600 Fishers Lane Mailstop: 10N14C  
Rockville, MD 20857

**ENGLISH LANGUAGE REQUIREMENT:** All application documents are to be in the English language.

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**Section I – Program Announcement**

**PROGRAM INFORMATION**

**PART I - JOINT VENTURE CONSTRUCTION PROGRAM (JVCP)**

Pursuant to all authorizing legislation, the IHS JVCP is being implemented as described below.

**A. STATUTORY AUTHORITY**

The statutory authority for the JVCP is contained in the Indian Health Care Improvement Act, Title III, Section 818(e), P.L. 94-437 as amended, and as codified and implemented by 18 USC 1636h(e).

**B. AUTHORIZATION**

The IHS, under the JVCP, is authorized to establish projects where American Indian and Alaska Native (AI/AN) Tribes or Tribal Organizations can construct or acquire a Tribally owned health care facility, in exchange for the IHS providing the initial equipment, then operating and maintaining the health care facility for 20 years under a no-cost lease. Additional priority is to be given to Tribes who agree to fund the equipment portion of the project.

**C. CONDITIONS OF PARTICIPATION**

The Tribe must:

- Show the administrative and financial capabilities required to complete the facility in a timely manner;
- Must expend Tribal, private, or other available non-IHS funds to complete the facility;
- Lease the Tribally-owned health care facility to the IHS for 20 years under a no-cost Government lease.

In return, during the 20-year lease period, the IHS will:

- Include in the annual appropriation request funding for supplies, staffing, operation and maintenance of the health care facility.
- Provide the initial equipment for the facility **if agreed to in the application process.**
- Request initial appropriations from Congress for an aggregate total, over one-or-more years, of 85 percent of the projected total staffing need, minus the existing staff, as determined using IHS Resource Requirements Methodology Needs Assessment (RRMNA) Criteria and the IHS approved User Population data. **The IHS makes no guarantee of when the requested resources will be appropriated. Also note that staffing in advance of the facility lease date will not be approved.**

A Tribe breaches or terminates without cause, a Joint Venture Agreements (JVA), will be liable to the U.S. Government for the amount paid by the Government.

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**D. JVCP PROGRAM CONCEPTS**

- **INITIAL ELIGIBILITY:** All Federally recognized Tribes planning to construct or acquire an inpatient or outpatient health care facility are eligible. This includes:
  - Direct Services Tribes
  - Title I or V Tribes
  - Tribal Organizations
  - All other Federally Recognized Tribes
  - Projects already listed in the IHS Construction Priority System
- **FUNDING PLANS:** In accordance with the JVA entered into by IHS and Tribes and/or Tribal Organizations, the construction schedule and the projected facility completion dates, IHS will request appropriations for additional staffing and operations of the leased health care facility. The IHS staffing and operations funding is **not to be used as collateral** in obtaining funding for facility construction.
- **ACQUISITION:** The health care facility acquired pursuant to the JVCP may be through new construction, renovation of an existing facility, or the acquisition and renovation of another suitable facility.
- **PROJECT PRIORITY:** Priority is to be given to Tribes that currently have no existing federally-owned health care facility, or have a facility listed in the IHS Health Care Facilities Construction priority system. Additional priority is to be given to Tribes who agree to fund the equipment portion of the project.
- **NO RETROACTIVE PROJECTS:** Projects already acquired by a Tribe will not be considered retroactively. A project will be disqualified if a Notice to Proceed with construction is issued prior to an executed.
- **TRIBAL ABILITIES:** The Tribe must demonstrate to the IHS their capacity to manage and fund the construction of the proposed project in a timely manner.
- **CONFORMANCE WITH IHS AREA MASTER HEALTH PLAN:** The proposed project is to be consistent with applicable Area Health Services-Facilities Master Plans.
- **PJD AND POR REQUIREMENTS:** All JVCP Projects are required to use the planning criteria specified in the IHS health facilities planning process. These include a Program Justification Document (PJD), a Program of Requirements (POR), a combined Phases I and II Site Selection and Evaluation Report, which includes full compliance with National Environmental Policy Act (NEPA) requirements, and a cost estimate in accordance with the IHS Facilities Budget Estimating System (FBES). The projected workload must be validated by the IHS data system. The IHS supported staffing requirements will be determined in accordance with the IHS Resource Requirements Methodology (RRM). The approved PJD/POR will be the basis for providing the initial equipment funding, approved space, and for requesting appropriations as required for additional staffing and operation of the health care facility under the lease.

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- **STAFF QUARTERS:** A Tribe may be required to demonstrate that adequate housing is available for the proposed required staff. IHS may request a Housing Verification Study Report (HVSR) be completed if not adequately determined in the PJD. If it is determined that staff quarters will be needed to support the health care facility, they are to be included in the planning documents as part of the project and are to be a part of the planning documents. All staff quarters approved in the planning documents are to be constructed and are to be available for use when the health care facility is ready for operation. The Tribe will be the owner of the staff quarters and responsible for all costs for their construction and the subsequent operation and maintenance. Once complete, staff quarters are to be self-supporting from revenues generated from the rental fees.
- **SUSTAINABILITY:** All JVCP facilities will comply with all requirements of the IHS Technical Handbook Chapter 33-2.4 “Lease Sustainability Requirements for GSA and IHS Direct Leases.”

**E. SELECTION AND APPROVAL PROCESS**

The selection of projects to participate in the IHS Joint Venture Construction Program (JVCP) involves (1) a **Pre-Application phase**; (2) a **Final Application phase**; (3) the preparation and submission of planning documents for IHS Headquarters approval; and (4) the negotiation and execution of a JVA.



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**PART II - APPLICATION/SELECTION PHASE**

There are two steps in the application/selection phase.

**A. PRE-APPLICATION**

The Pre-Application will be used to determine if the proposed project is eligible and is competitive for selection. Those Tribes with the top ranking projects will be requested to submit Final Applications.

**B. FINAL APPLICATION**

In the Final Application, the applicant will submit documentation of their administrative and financial capabilities to accomplish the proposed JVCP project. Selected projects from the Final-Application phase will be rank-ordered and annual project start notifications will commence.

**TENTATIVE PROGRAM SCHEDULE (please note that all dates are estimated)**

<b>Schedule Item</b>	<b>Date</b>
Issue Program Announcement	August, 2019
Application Kit available	August, 2019
Due date for Pre-Application to IHS Area	October 11, 2019
Due date for Pre-Application from IHS Area to IHS HQ	November 1, 2019
Candidates for Final Application selected and notified	November 15, 2019
Due date for Final Application to IHS Area	December 20, 2019
Due date for Final Application from IHS Area to IHS HQ	January 3, 2020
Complete evaluation of Final Applications	February, 2020
Candidates for Planning Docs Phase notified	February, 2020
Planning Documents (PJD/POR) due to IHS Area	April, 2021
SSER II approved by IHS Area with copy to IHS HQ	May, 2021
PJD and POR submitted by IHS Area to IHS HQ	May, 2021
PJD and POR approved by IHS HQ	June, 2021
Complete negotiation and execution of JVCP Agreement	To Be Determined

Note: Applicants failing to submit Planning Documents by the due date will be considered non-responsive and be disqualified for the JVCP and IHS will proceed to the next-highest ranked project.

SSER Phase II approval by IHS Area includes NEPA approval. If an Environmental Assessment (EA) is required and is not complete, the Applicant must include all environmental compliance documentation completed to date and state when the EA is expected to be approved.

**PART III - EVALUATION CRITERIA FOR APPLICATIONS**

**A. PRE-APPLICATION**

The Pre-Application submittals will be reviewed by IHS for compliance with the eligibility requirements as outlined in this document. Using the scores recorded on the JVCP Phase I Data and Computation Forms, a rank order will be established for the Pre-Applications received, and the top-ranked applicants will be invited to submit Final Applications for consideration.

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**B. FINAL APPLICATION**

An IHS/Tribal review panel will evaluate and rate all of the Final Applications using established rating factors. The applications will be rated on (1) relative need, (2) ability to fund project, (3) ability to manage project, and (4) ability to complete project on schedule.

**PART IV - PROJECT SELECTION**

Successful final applications will be prioritized as outlined in Section I, Part III.B above. As program capacity becomes available, applicants on the JVCP priority list will then be invited to commence the next phase, which includes development and completion of the planning documents



**SECTION II**  
**PRE-APPLICATION PROCESS**  
**for**  
**JOINT VENTURE CONSTRUCTION PROGRAM**

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**Section II- Pre-Application Process**

**CONTENT OF PRE-APPLICATIONS**

**PRE-APPLICATION**

The Pre-Application is to be prepared by the eligible federally recognized Indian Tribe.

Each IHS Area has a JVCP Point-of-Contact (POC) available to assist the applicant with the preparation of the Pre-Application. Appendix 1 contains the list of IHS Areas POCs.

The Pre-Application is to be submitted to the **IHS Area office having jurisdiction** for the proposed project. The Pre-Application is **due to the IHS Area Office no later than October 11, 2019**. See the Program Announcement, in Section I for details. **Electronic submission (PDF) is the preferred method.**

The IHS Area Office is responsible for reviewing and validating the Pre-Application prior to forwarding the Pre-Application to IHS Headquarters in Rockville, MD. It is highly recommended that the applicant contact the respective IHS Area Office to verify eligible User Populations and Service Areas before finalizing their Pre-Application.

**The Pre-Application is to contain, at a minimum, the following identified elements, and is to be assembled in the order shown below:**

1. **Pre-Application Cover Sheet.** The cover sheet is to identify that the document is a **Pre-Application for the Joint Venture Construction Program**, show the **name of the applying Tribe**, and reflect the **submission date**. See Exhibit I for a sample.
2. **Signature Sheet:** A signature sheet is to be signed by the Tribal leader for the proposed project. This sheet is to be signed also by the applicable IHS Area Director, recommending consideration. See Exhibit II for a sample.
3. **Table of Contents.** All pages of the Pre-Application are to be numbered. The Table of Contents is to list all sections in the Pre-Application, with the corresponding starting page numbers.
4. **Project Summary:** A two-page summary of "who-what-when-where-how-and-cost" is to be provided for the proposed project, including the project short and long term objectives.
5. **Federally Recognized Tribe Documentation:** Documentary proof that the applicant is a Federally recognized Indian Tribe or Tribal organization is to be provided. [This can be documented by providing a copy of the applicable page from the Federal Register that provides the Department of Interior, Bureau of Indian Affairs, Indian Notice, entitled "Indian Entities Recognized and Eligible to Receive Services From the United States Bureau of Indian Affairs," with the name of the applying Tribe circled and/or highlighted. (The latest Federal Register edition is Volume 79, Number 19, dated Wednesday, January 29, 2019 / Notices -- 79 FR 4749, and is included in Appendix II)
6. **Tribal Commitment:** A signed Tribal Resolution, certifying the Tribe's commitment to participate in the JVCP, with the project identified therein, is to be included. Any later significant deviation from this resolution on the e's (or Tribes') part will negate the project's participation in the JVCP.

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**Section II- Pre-Application Process**

**7. JVCP Phase I Data and Computation Form:** A completed JVCP Priority System Phase I Data and Computation Form is to be included. See Exhibit III for a copy of this form, and Exhibit IV for the form instructions.

**SECTION II EXHIBITS:**

- Exhibit I - Sample Cover Sheet
- Exhibit II - Sample of Signature Page.
- Exhibit III - JVCP Phase I Data and Computation Form.
- Exhibit IV - Instructions for JVCP Phase I Data and Computation Form

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EXHIBIT I - SAMPLE PRE-APPLICATION COVER SHEET

**A PROPOSAL TO PARTICIPATE  
IN  
INDIAN HEALTH SERVICE  
JOINT VENTURE CONSTRUCTION PROGRAM**

\*\*\*

**PRE-APPLICATION**

\* \* \* \*

[Name of Tribe]

[Name of Facility] Health Care Facility

[Location], [State]

[Month] [Day], [Year]

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EXHIBIT II - SAMPLE PRE-APPLICATION SIGNATURE PAGE

**PRE-APPLICATION  
INDIAN HEALTH SERVICE  
JOINT VENTURE CONSTRUCTION PROGRAM**

\* \* \* \*

[Name of Tribe]

[Name of Facility] Health Care Facility

[Location], [State]

**PROPOSED:**

\_\_\_\_\_  
[Name]  
[Title]  
[Name of Tribe]

\_\_\_\_\_  
[Date]

**RECOMMEND FOR CONSIDERATION:**

\_\_\_\_\_  
[Name]  
Director  
[Name] Area  
Indian Health Service

\_\_\_\_\_  
[Date]

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**EXHIBIT III - JVCP PHASE I DATA AND COMPUTATION FORM**

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**INDIAN HEALTH SERVICE, JOINT VENTURE CONSTRUCTION PROGRAM  
PHASE I DATA AND COMPUTATION FORM**

**\*\*\* TO BE VALIDATED BY IHS AREA OFFICE \*\*\***

**PART 1 - JVCP SCORE CALCULATION**



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PROJECT IDENTIFICATION			
LOCATION:	TRIBE:	IHS AREA:	DATE:
A.	Projected User Population		
B.	Required Space (OUTPATIENT)		ft <sup>2</sup>
	For User-population Range:		
	≥5,000 to ≤30,000	projected size = (9.52 ft <sup>2</sup> /person x projected user population [Line A]) + 33,570 ft <sup>2</sup> = (9.52 ft <sup>2</sup> /person x _____ [Line A] ) + 33,570 ft <sup>2</sup>	
	≥150 to ≤4,999	projected size = (13.5 ft <sup>2</sup> /person x projected user population [Line A]) + 7,500 ft <sup>2</sup> = (13.5 ft <sup>2</sup> /person x _____ [Line A] ) + 7,500 ft <sup>2</sup>	
OR			
B.	Required Space (INPATIENT)		ft <sup>2</sup>
	For User-population Range:		
	≥6,000 to ≤30,000	projected size = (11.84 ft <sup>2</sup> x projected user population [Line A]) + 45,845 ft <sup>2</sup> = (11.84 ft <sup>2</sup> /person x _____ [Line A] ) + 45,845 ft <sup>2</sup>	
C.	Total Weighted Average Facility Age [From Part 2]		
D.	Existing Health Care Facility Space		
			ft <sup>2</sup>
E.	Unit Cost to Replace = \$/ft <sup>2</sup> [Table A] x Location Factor [Table B]		\$ /ft <sup>2</sup>
F.	Cost to Repair: [Sum the FEDS costs for the FEDS Codes shown.]		\$
	#2 + #3 + #4 + #7 + #8 + #10 + #11 + #12 + #13 + #14 + #17		
	+ + + + + + + + + + +		
G.	Unit Cost to Repair = Total FEDS [Line F] ÷ Existing Space [Line D]		\$ /ft <sup>2</sup>
	= _____ ÷ _____	[Line F] [Line D]	
H.	Condition Factor = Unit Cost to Repair [Line G] ÷ Unit Cost to Replace [Line E]		
	= _____ ÷ _____	[Line G] [Line E]	
I.	Adjusted Existing Space = Existing Space [Line D] - {Age and Condition Factor (Table C) x Existing Space [Line D]}		
	= _____ - { _____ x _____ }	[Line D] (Table C) [Line D]	
	[Using Table C, enter Line H for Condition Factor, then Age of Facility to read the Age and Condition Factor.]		
J.	Urgency of Need Factor from Table D. [Using Table D, enter the value of Line B for Required Space, then the value of Line I for the Adjusted Existing Space to read the Urgency of Need Factor.]		
K.	Distance by road to the nearest Level I, II or III Emergency Room.		
			mi
L.	Isolation Factor from Table E. [Using Table E, enter Line K to read the Outpatient Isolation Factor.]		
M.	Need = 70 x Urgency of Need Factor [Line J] x Isolation Factor [Line L]		
	= 70 x _____ x _____	[Line J] [Line L]	
N.	% of Equipment Cost to be borne by the Tribe x 30		
	= 30 x _____ (Maximum Score of 30)	% of Equipment Cost (0 – 100%)	
SCORE	Joint Venture Construction Program Phase I Score = Need [Line M] + % Equipment Cost Contribution [Line N]		
	= _____ + _____	[Line M] [Line N]	

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**JVCP PHASE I DATA AND COMPUTATION FORM**

**PART 2 - WEIGHTED AVERAGE AGE OF HEALTH COMPLEX WORKSHEET**

COMPONENT BUILDING NUMBER	GROSS AREA OF BUILDING COMPONENT (ft <sup>2</sup> )		GROSS AREA OF TOTAL FACILITY (ft <sup>2</sup> )		AGE OF BUILDING COMPONENT		WEIGHTED AGE OF PORTION OF TOTAL FACILITY
		÷		X		=	
		÷		X		=	
		÷		X		=	
		÷		X		=	
		÷		X		=	
		÷		X		=	
		÷		X		=	
		÷		X		=	
		÷		X		=	
		÷		X		=	

**TOTAL WEIGHTED AVERAGE FACILITY AGE =**  
 (Enter in Part 1 Item C.)

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**EXHIBIT IV**

**INSTRUCTIONS FOR JVCP PHASE I DATA AND COMPUTATION FORM**

**INSTRUCTIONS  
FOR THE  
INDIAN HEALTH SERVICE  
JOINT VENTURE CONSTRUCTION PROGRAM  
PHASE I DATA AND COMPUTATION FORM**

Projects in the Pre-Application part of the Application Phase will be competitively selected based on the need for additional space as reflected on the IHS Joint Venture Construction Program Priority System Phase I Data and Computation Form, which is provided in Exhibit II. Instructions, by line item number, for the completion of that form are below. Supporting tables follow the instructions.

**PART 1 - JVCP SCORE CALCULATION**

**A.** Enter the total **Projected User Population**, as provided by the IHS data system. It is recommended that the Tribe contact the IHS Area Office to verify the correct User Population. For Title I/V Tribes, this is the User Population for the service area identified in their Funding Agreement.

**B.** The **Required Space** in square feet (ft<sup>2</sup>) is projected for Outpatient and/or Inpatient facilities as follows:

Facility Type	User-Population Range	Required Space (ft <sup>2</sup> )
Outpatient	≥5,000 to ≤30,000	= (9.52 ft <sup>2</sup> /person x projected user population [Line A]) + 33,570 ft <sup>2</sup>
Outpatient	≥150 to ≤4,999	= (13.5 ft <sup>2</sup> /person x projected user population [Line A]) + 7,500 ft <sup>2</sup>
Inpatient	≥6,000 to ≤~30,000	= (11.84 ft <sup>2</sup> x projected user population [Line A]) + 45,845 ft <sup>2</sup>

**C.** The **Total Weighted Average Facility Age** is calculated in Part 2 by listing each and every component building in the health care facility complex, then, calculate the weighted age as indicated in the form.

**D.** **Existing Space** is the total facility space (ft<sup>2</sup>) of all IHS health care service supported buildings as listed in the IHS Health Care Facilities Database. This includes both federally owned and IHS supported Tribally owned facilities. It does not include staff quarters.

**E.** The **Unit Cost to Replace** is calculated using the applicable health care facility unit cost value times the location factor used in the IHS Facilities Budget Estimating System. Table A contains the unit cost figures to be used. Table B contains the location factors to be used.

**F.** For the **Cost to Repair**, for projects replacing an existing health care facility: Enter the costs to correct the Facilities Engineering Deficiencies System (FEDS) codes listed in Line F, then enter the sum in the extreme right box. If FEDS costs are unavailable, use alternative cost estimates for the same categories from a condition survey. In the absence of survey data or of an existing health care facility, enter zero.

**G.** For cases where an existing health care facility applies, the **Unit Cost to Repair** equals the total FEDS [Line F] divided by the **Existing Space** [Line D]. If no health care facility exists, enter zero.

**H.** For cases where an existing health care facility applies, the **Condition Factor** equals the **Unit Cost to Repair** [Line G] divided by the **Unit Cost to Replace** [Line E]. If no health care facility exists, enter zero.

**I.** Determine the **Adjusted Existing Space** by multiplying the **Age and Condition Factor** (obtained from Table C) times the **Existing Space** [Line D] and subtracting that value from the **Existing Space** [Line D]. Using Table C, enter the **Condition Factor** [Line H], then the **Age of Facility** to read the **Age and Condition Factor**.

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- J.** Obtain the **Urgency of Need Factor** from Table D. Using Table D, enter the value of Line B for **Required Space**, then, the value of Line I for the **Adjusted Existing Space** to read the **Urgency of Need Factor**. [ALTERNATE CALCULATION FOR SMALL FACILITIES: If Line I exceeds Line B, enter zero. If Line I is less than Line B but Table D indicates zero, assign a value of 1.00 for Line J.]
- K.** For the proposed standalone health care facility, enter the road **Distance** in miles (mi) to the nearest health care facility having a level 1, 2, or 3 Emergency Room. If actual measured distances are not available, the most recent edition of the Rand McNally Road Atlas, state road map, or web-based map system such as Google Maps are to be used in determining the distances. Document the source and if maps are used, provide legible copies of the applicable map excerpts, with appropriate map source credit. For communities lacking road access of any kind, enter 150+.
- L.** Obtain the **Isolation Factor** from Table E. Using Table E, enter the value of Line K **Distance** to read the outpatient **Isolation Factor**.
- M.** To find the **Need**, multiply by 70 the **Urgency of Need Factor** [Line J] times the **Isolation Factor** [Line L].
- N.** Tribal equipment factor is the ratio of tribally funded equipment to the total equipment funds times 30.
- O.** To determine the **Joint Venture Construction Program Phase I Score**, calculate the sum of the **Need** [Line M] and the **% Equipment Funding** [Line N].

**PART 2 - WEIGHTED AVERAGE AGE OF HEALTH COMPLEX WORKSHEET**

For existing health care facilities having more than one structure/building, enter each building component, its gross area and age, then calculate the weighted age of each portion of the total facility to come up with the total weighted average facility age. Also, enter the result on Line C of Part 1.

**SECTION II TABLES.** The below listed supporting tables follow in sequence.

Table A: Current Unit Cost for Replacing Health Care Facilities

Table B: Current Location Factors

Table C: Age and Condition Factor Table

Table D: Urgency of Need Table

Table E: Isolation Factor Table

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**Section II – Pre- Application Process**

**TABLE A  
CURRENT UNIT COST FOR REPLACING HEALTH CARE FACILITIES**

The estimated base unit cost (\$ per square foot) for the construction of a health care facility is:

1. \$365.00 for an outpatient facility.
2. \$395.00 for an inpatient facility.

Estimate the planned completion year, and the mid-point year of construction and adjust the appropriate cost above by an escalation factor of 0.03 per year to the mid-point year.

The above cost does not include the cost for:

- a. A/E Design Fees
- b. A/E Fees Construction Documents
- c. Communication Design
- d. A/E Construction Administration
- e. A/E Construction Observation
- f. Demolition and abatement of existing structures
- h. Rough grading and site prep
- i. Roads and parking construction
- j. Landscaping
- k. Upgrades to utilities
- l. Design and Construction Contingencies
- g. Utilities (water, sanitary sewer, gas, power, and communications) to the building

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**Section II – Pre- Application Process**

**TABLE B CURRENT LOCATION FACTORS**

ID	IHS Area	City	Factor	Reference City	Service Unit
777487	Alaska	ANCHORAGE AK	1.3		ANCHORAGE
777996	Alaska	WASILLA AK	1.39		
777493	Alaska	FAIRBANKS AK	1.4		INTERIOR ALASKA
777498	Alaska	KENAI AK	1.41		ANCHORAGE
777497	Alaska	JUNEAU AK	1.45		MT EDGE CUMBE
777499	Alaska	KETCHIKAN AK	1.48		MT EDGE CUMBE
777500	Alaska	KODIAK AK	1.48		ANCHORAGE
777992	Alaska	HOMER AK	1.49		
777508	Alaska	SEWARD AK	1.58		ANCHORAGE
777509	Alaska	SITKA AK	1.58		MT EDGE CUMBE
777995	Alaska	TAZLINA AK	1.66		
777491	Alaska	COPPER CENTER AK	1.71		ANCHORAGE
777518	Alaska	HAINES AK	1.76		
777515	Alaska	YAKUTAT AK	1.79		ANCHORAGE
777502	Alaska	METLAKATLA AK	1.82		ANNETTE ISLAND
777503	Alaska	NINILCHIK AK	1.83		ANCHORAGE
777492	Alaska	DILLINGHAM AK	1.87		BRISTOL BAY AREA
777510	Alaska	ST. PAUL AK	2.01		ANCHORAGE
777519	Alaska	SAND POINT AK	2.13		
777512	Alaska	UNALAKLEET AK	2.13		NORTON SOUND
777513	Alaska	UNALASKA AK	2.16		ANCHORAGE
777516	Alaska	CORDOVA AK	2.17		
777511	Alaska	TANANA AK	2.22		INTERIOR ALASKA
777494	Alaska	FT. YUKON AK	2.23		INTERIOR ALASKA
777514	Alaska	VALDEZ AK	2.24		ANCHORAGE
777993	Alaska	ILIAMNA AK	2.26		
777504	Alaska	NOME AK	2.28		NORTON SOUND
777490	Alaska	BETHEL AK	2.3		YUKON KUSKOKWIM
777520	Alaska	ST MARYS AK	2.36		
777501	Alaska	KOTZEBUE AK	2.41		KOTZEBUE
777488	Alaska	ANIAK, AK	2.53		YUKON KUSKOKWIM
777496	Alaska	HOOPER BAY AK	2.56		YUKON KUSKOKWIM
777517	Alaska	EMMONAK AK	2.61		
777994	Alaska	MCGRATH AK	2.67		
777505	Alaska	NOORVIK AK	2.7		KOTZEBUE
777489	Alaska	BARROW AK	2.78		BARROW
777507	Alaska	SELAWIK AK	2.92		KOTZEBUE
777506	Alaska	SAVOONGA AK	3.44		NORTON SOUND
777495	Alaska	GAMBELL AK	3.61		NORTON SOUND
777525	Albuquerque	EL PASO TX	0.88	EL PASO, TX	YSLETA DEL SUR

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777521	Albuquerque	ALAMOGORDO NM	0.89	ALAMOGORDO, NM	MESCALERO
777529	Albuquerque	MESCALERO NM	0.89	ALAMOGORDO, NM	MESCALERO
777522	Albuquerque	ALBUQUERQUE NM	0.91	ALBUQUERQUE, NM	ALBUQUERQUE
777523	Albuquerque	CANONCITO NM	0.91	ALBUQUERQUE, NM	ACOM CAN LAG
777532	Albuquerque	SAN FIDEL NM	0.91	ALBUQUERQUE, NM	ACOMA-CANONCITO LAGUNA
777533	Albuquerque	SANTA DOMINGO PUEBLO NM	0.91	ALBUQUERQUE, NM	ALBUQUERQUE
777535	Albuquerque	SANTA ROSA NM	0.91	ALBUQUERQUE, NM	
777527	Albuquerque	IGNACIO CO	0.92	DURANGO, CO	SOUTHERN COLORADO UTE
777530	Albuquerque	PINE HILL NM	0.92	GALLUP, NM	ZUNI
777538	Albuquerque	ZUNI NM	0.92	GALLUP, NM	ZUNI
777524	Albuquerque	DULCE NM	0.96	FARMINGTON, NM	SANTA FE
777528	Albuquerque	MAGDELENA NM	0.96	MAGDALENA, NM	ALBUQUERQUE
777537	Albuquerque	TOWAOC CO	0.96	FARMINGTON, NM	SOUTHERN COLORADO UTE
777526	Albuquerque	ESPANOLA NM	0.98	SANTA FE, NM	SANTA FE
777534	Albuquerque	SANTA FE NM	0.98	SANTA FE, NM	SANTA FE
777531	Albuquerque	RED RIVER NM	1.06	TAOS, NM	SANTE FE
777536	Albuquerque	TAOS NM	1.06	TAOS, NM	SANTE FE
777569	Bemidji	WILSON MI	0.97	ESCANABA, MI	WESTERN MICHIGAN
777565	Bemidji	SUTTONS BAY MI	1.01	TRAVERSE CITY, MI	EASTERN MICHIGAN
777543	Bemidji	BRIMLEY MI	1.02	SAULT ST. MARIE	EASTERN MICHIGAN
777552	Bemidji	KINCHELOE MI	1.02	SAULT ST. MARIE	EASTERN MICHIGAN
777542	Bemidji	BOWLER WI	1.05	GREEN BAY, WI	CENTRAL WISCONSIN
777551	Bemidji	KESHENA WI	1.05	GREEN BAY, WI	CENTRAL WISCONSIN
777561	Bemidji	ONEIDA WI	1.05	GREEN BAY, WI	CENTRAL WISCONSIN
777554	Bemidji	MAUSTON WI	1.07	LA CROSSE, WI	CENTRAL WISCONSIN
777556	Bemidji	MT. PLEASANT MI	1.07	SAGINAW, MI	EASTERN MICHIGAN
777545	Bemidji	CLOQUET MN	1.08	DULUTH, MN	FOND DU LAC
777547	Bemidji	GRAND PORTAGE MN	1.08	DULUTH, MN	GRAND PORTAGE
777558	Bemidji	NETT LAKE MN	1.08	HIBBING, MN	NETT LAKE (BOIS FORTE)
777568	Bemidji	WHITE EARTH MN	1.08	MOORHEAD, MN	WHITE EARTH
777548	Bemidji	GRANITE FALLS MN	1.09	GRANITE FALLS, MN	MINNESOTA RIVER
777539	Bemidji	BARAGA MI	1.1	WATERSMEET, MI	WESTERN MICHIGAN
777541	Bemidji	BEMIDJI MN	1.1	CASS LAKE, MN	GREATER LEECH LAKE
777544	Bemidji	CASS LAKE MN	1.1	CASS LAKE, MN	LEECH LAKE

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ID	IHS Area	City	Factor	Reference City	Service Unit
777546	Bemidji	CRANDON WI	1.1	WATERSMEET, MI	NICOLET
777553	Bemidji	LAC DU FLAMBEAU WI	1.1	WATERSMEET, MI	NICOLET
777557	Bemidji	NAY-TA-WAUSH MN	1.1	CASS LAKE, MN	WHITE EARTH
777562	Bemidji	PONEMAH MN	1.1	CASS LAKE, MN	RED LAKE
777564	Bemidji	RED LAKE MN	1.1	CASS LAKE, MN	RED LAKE
777560	Bemidji	VINELAND MN	1.1	BRAINERD, MN	MILLE LACS
777566	Bemidji	WATERSMEET MI	1.1	WATERSMEET, MI	WESTERN MICHIGAN
777555	Bemidji	MORTON MN	1.13	GRANITE FALLS, MN	MINNESOTA RIVER
777563	Bemidji	PRIOR LAKE MN	1.14	ST. PAUL, MN	MINNESOTA RIVER
777567	Bemidji	WELCH MN	1.14	ST. PAUL, MN	MINNESOTA RIVER
777540	Bemidji	BAYFIELD WI	1.21	HAYWARD, WI	NORTHWESTERN WISCONSIN
777549	Bemidji	HAYWARD WI	1.21	HAYWARD, WI	NORTHWESTERN WISCONSIN
777550	Bemidji	HERTEL WI	1.21	HAYWARD, WI	NORTHWESTERN WISCONSIN
777559	Bemidji	ODANAH WI	1.21	HAYWARD, WI	NORTHWESTERN WISCONSIN
777871	Bemidji	Benzonia, MI	1.07	BENZONIA, MI	WESTERN MICHIGAN
777901	Bemidji	Morton, MN	1.13	MORTON, MI	ST. PAUL, MN
777991	Bemidji	Nekoosa, WI	1.16	Nekoosa, WI	NORTHWESTERN WISCONSIN
777941	Bemidji	Sandstone, MN	1.19	SANDSTONE, MN	FOND DU LAC
777921	Bemidji	SANDSTONE, MN	1.19	SANDSTONE, MN	GREATER LEECH LAKE
777891	Bemidji	East Jordan, MI	1.09	EAST JORDAN, MI	NICOLET
777911	Bemidji	Onamia, MN	1.17	ONOMIA, MN	GREATER LEECH LAKE
777575	Billings	FLATHEAD RESERVATION MT	0.93	MISSOULA, MT	FLATHEAD
777584	Billings	ST. IGNATIUS MT	0.93	MISSOULA, MT	FLATHEAD
777580	Billings	LAME DEER MT	0.95	SHERIDAN, WY	NORTHERN CHEYENNE
777581	Billings	LODGE GRASS MT	0.95	SHERIDAN, WY	CROW AGENCY
777570	Billings	ARAPAHOE WY	0.97	FT. WASHAKIE, WY	WIND RIVER
777571	Billings	BILLINGS MT	0.97	BILLINGS, MT	CROW
777574	Billings	CROW AGENCY MT	0.97	BILLINGS, MT	CROW AGENCY
777576	Billings	FT. WASHAKIE WY	0.97	FT. WASHAKIE, WY	WIND RIVER
777583	Billings	PRYOR MT	0.97	BILLINGS, MT	CROW
777582	Billings	POPLAR MT	1	WOLFPOINT, MT	FORT PECK
777585	Billings	WOLF POINT MT	1	WOLFPOINT, MT	FORT PECK
777573	Billings	BROWNING MT	1.01	BROWNING, MT	BLACKFEET
777579	Billings	HEART BUTTE MT	1.01	BROWNING, MT	BLACKFEET
777572	Billings	BOX ELDER MT	1.02	HAYS, MT	ROCKY BOY
777577	Billings	HARLEM MT	1.02	HAYS, MT	FORT BELKNAP
777578	Billings	HAYS MT	1.02	HAYS, MT	FORT BELKNAP
777635	California	YREKA CA	1.07	KLAMATH FALLS, OR	KARUK TIUDE
777596	California	COLEVILLE CA	1.08	CARSON CITY, NV	TOIABE
777597	California	COVELO CA	1.13	MENDOCINO CO, CA	ROUND VALLEY INDIAN HEALTH, INC.



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777632	California	UKIAH CA	1.13	MENDOCINO CO, CA	CONSOL. TRIBAL HEALTH PROJECT
777588	California	AUBURN CA	1.14	MARYSVILLE, CA	CHAPA-DE INDIAN HEALTH PROGRAM
777605	California	HIGHLAND CA	1.14	SAN BERNARDINO	
777631	California	TUOLUMNE CA	1.14	TUOLUMNE CO, CA	TUOLUMNE INDIAN HEALTH
777634	California	WILLOWS CA	1.14	YUBA CITY, CA	NORTH VALLEY
777613	California	OROVILLE CA	1.15	BUTTE CO, CA	NORTHERN VALLEY INDIAN HEALTH
777629	California	THERMAL CA	1.15	INDIO, CA	
777810	California	YOLO COUNTY CA	1.15	YOLO COUNTY, CA	
777618	California	RIVERSIDE CA	1.16	RIVERSIDE, CA	RIVERSIDE
777587	California	ALTURAS CA	1.17	MODOC COUNTY, CA	MODOC CNTY INDIAN HEALTH
777589	California	BAKERSFIELD CA	1.17	BAKERSFIELD, CA	AMER. IND. HLTH CNCL OF CNTRL CA
777602	California	FT. BIDWELL CA	1.17	MODOC COUNTY, CA	WATER MOUNTAIN
777603	California	GREENVILLE CA	1.17	SUSANVILLE, CA	CHAPA-DE
777616	California	PORTERVILLE CA	1.17	BAKERSFIELD, CA	TULE RIVER INDIAN HLTH PROJECT
777627	California	SUSANVILLE CA	1.17	SUSANVILLE, CA	LASSEN INDIAN HEALTH CENTER
777586	California	ALPINE CA	1.18	SAN DIEGO, CA	SOUTHERN INDIAN HLTH COUNCIL
777594	California	CAMPO CA	1.18	SAN DIEGO, CA	SOUTHERN IHC
777615	California	PAUMA VALLEY CA	1.18	SAN DIEGO, CA	INDIAN HEALTH COUNCIL, INC.
777620	California	SAN DIEGO CA	1.18	SAN DIEGO, CA	AA. SAN DIEGO AM. IND. HLTH CNTR
777625	California	SANTA YSABEL CA	1.18	SAN DIEGO, CA	INDIAN HEALTH C
777628	California	TEMECULA CA	1.18	SAN DIEGO, CA	RIVERSIDE
777633	California	WARNER SPRINGS CA	1.18	SAN DIEGO, CA	INDIAN HEALTH C
777591	California	BELLFLOWER CA	1.19	LOS ANGELES, CA	AMERICAN INDIAN FREE CLINIC
777601	California	FT MCARTHUR CA	1.19	LOS ANGELES, CA	
777590	California	BANNING CA	1.21	PALM SPRINGS, CA	RIVERSIDE/SAN BERNARDINO
777598	California	CRESCENT CITY CA	1.21	EUREKA, CA	UIHS-TSURAI
777599	California	EUREKA CA	1.21	EUREKA, CA	UIHS-TSURAI
777606	California	HOOPA CA	1.21	EUREKA, CA	HUPA HEALTH ASSOC., INC.
777612	California	ORLEANS CA	1.21	EUREKA, CA	KARUK TRB HP
777614	California	PALM SPRINGS CA	1.21	PALM SPRINGS, CA	RIVERSIDE
777619	California	SACRAMENTO CA	1.21	SACRAMENTO, CA	SACRAMENTO URBAN IND, HLTH.
777621	California	SAN JACINTO / HEMET CA	1.21	PALM SPRINGS, CA	
777630	California	TRINIDAD CA	1.21	EUREKA, CA	UNITED INDIAN HEALTH SERVICES
777624	California	SANTA YNEZ CA	1.22	SANTA BARBARA, CA	SANTA YNEZ INDIAN HEALTH
777607	California	KLAMATH CA	1.23	DEL NORTE CO, CA	UIHS-TSURAI
777626	California	SMITH RIVER CA	1.23	DEL NORTE CO, CA	UIHS-TSURAI
777595	California	CLOVIS CA	1.26	FRESNO, CA	CENTRAL VALLEY INDIAN HEALTH INC.

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ID	IHS Area	City	Factor	Reference City	Service Unit
777600	California	FRESNO CA	1.26	FRESNO, CA	
777609	California	LEMOORE CA	1.26	FRESNO, CA	CENTRAL VALLEY
777604	California	HAPPY CAMP CA	1.27	SISKIYOU CO, CA	KARUK TRIBAL HEALTH, INC.
777592	California	BISHOP CA	1.28	BISHOP, CA	TOIYABE INDIAN HEALTH PROJET, INC.
777608	California	LAKEPORT CA	1.28	SANTA ROSA, CA	LAKE CNTY TRIBAL HLTH
777610	California	LONE PINE CA	1.28	BISHOP, CA	TOIYABE
777623	California	SANTA ROSA CA	1.28	SANTA ROSA, CA	SONOMA COUNTY INDIAN HEALTH
777593	California	BURNEY CA	1.29	REDDING, CA	PIT RIVER HEALTH SERVICES
777617	California	REDDING CA	1.29	REDDING, CA	REDDING RANCHERIA IND. HLTH INC.
777622	California	SAN JOSE CA	1.35	SAN JOSE, CA	I.H.C. OF SANTA CLARA VALLEY, INC.
777611	California	OAKLAND CA	1.45	SAN FRANCISCO	URBAN INDIAN HEALTH BOARD
777931	Great Plains	Ft Belknap, MT	0.99	FT BELKNAP, MT	CROW
777475	Great Plains	MACY NE	0.92	SIOUX CITY, IOWA	OMAHA-WINNEBAGO
777485	Great Plains	WINNABAGO NE	0.92	SIOUX CITY, IOWA	OMAHA-WINNEBAGO
777471	Great Plains	FORT THOMPSON SD	0.94	PIERRE, SD	CROW CREEK
777474	Great Plains	LOWER BRULE SD	0.94	PIERRE, SD	LOWER BRULE
777479	Great Plains	RAPID CITY SD	0.94	RAPID CITY, SD	RAPID CITY
777468	Great Plains	ABERDEEN SD	0.95	ABERDEEN	Non Service Unit
777482	Great Plains	SISSETON SD	0.95	WATERTOWN SD	SISSETON-WAHPETON
777484	Great Plains	WAGNER SD	0.95	MITCHELL, SD	YANKTON-WAGNER
777469	Great Plains	BELCOURT ND	0.98	BELCOURT, ND	TURTLE MOUNTAIN
777472	Great Plains	FORT TOTTEN ND	0.98	BELCOURT, ND	FORT TOTTEN
777473	Great Plains	KYLE SD	1.01	KYLE, SD	PINE RIDGE
777478	Great Plains	PINE RIDGE SD	1.01	KYLE, SD	PINE RIDGE
777480	Great Plains	RED SHIRT SD	1.01	KYLE, SD	PINE RIDGE
777481	Great Plains	ROSEBUD SD	1.01	KYLE, SD	ROSEBUD
777477	Great Plains	NEW TOWN ND	1.02	MINOT, ND	FORT BERTHOLD
777483	Great Plains	TRENTON ND	1.02	WILLISTON ND	TRENTON INDIAN SERVICE AREA
777470	Great Plains	EAGLE BUTTE SD	1.06	MCLAUGHLIN, SD	CHEYENNE RIVER
777486	Great Plains	FORT YATES	1.06	MCLAUGHLIN, SD	STANDING ROCK
777476	Great Plains	MCLAUGHLIN SD	1.06	MCLAUGHLIN, SD	STANDING ROCK
777802	Nashville	JENA BAND - JENA, LA	0.82	ALEXANDRIA, LA	JENA BAND OF CHOCTAW INDIANS
777801	Nashville	TUNICA-BILOXI-MARKSVILLE,	0.82	ALEXANDRIA, LA	TUNICA-BILOXI TRIBE OF LOUISIANA
777798	Nashville	BOQUE CHITTO-PHILADELPHIA	0.86	MERIDIAN, MS	MISSISSIPPI BAND OF CHOCTAW INDIANS
777799	Nashville	CHITIMACHA-CHARENTON, LA	0.86	LAFAYETTA, LA	COUSHATTA TRIBE OF LOUISIANA
777770	Nashville	CHOCTAW, MS	0.86	MERIDIAN, MS	CHOCTAW
777796	Nashville	CONEHATTA, MS	0.86	MERIDIAN, MS	MISSISSIPPI BAND OF CHOCTAW INDIANS
777800	Nashville	COUSHATTA-ELTON, LA	0.86	LAFAYETTA, LA	COUSHATTA TRIBE OF LOUISIANA
777803	Nashville	LIVINGSTON, TX	0.86	BEAUMONT, TX	ALABAMA-COUSHATTA TRIBE OF TEXAS
777795	Nashville	REDWATER-CARTHAGE, MS	0.86	MERIDIAN, MS	MISSISSIPPI BAND OF CHOCTAW INDIANS

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777797	Nashville	TUCKER-PHILADELPHIA, MS	0.86	MERIDIAN, MS	MISSISSIPPI BAND OF CHOCTAW INDIANS
777806	Nashville	ROBBINSONVILLE, NC	0.89	KNOXVILLE, TN	EASTERN BAND OF CHEROKEE INDIANS
777805	Nashville	CREEK-ATMORE, AL	0.91	MOBILE, AL	POARCH BAND OF CREEK INDIANS
777804	Nashville	CATAWBA-ROCK HILL, SC	0.92	CHARLOTTE, NC	CATAWBA INDIAN NATION OF S. CAROLINA
777636	Nashville	CHEROKEE NC	0.94	ASHEVILLE, NC	CHEROKEE
777807	Nashville	CHEROKEE CO. MURPHY NC	0.94	CHATTANOOGA, TN	EASTERN BAND OF CHEROKEE INDIANS
777792	Nashville	IMMOKALEE, FL	0.94	FORT MYERS, FL	SEMINOLE TRIBE OF FLORIDA
777776	Nashville	Maliseet-Houlton, ME	0.94	Presque Isle, ME	Houlton Band of Maliseets Indians
777778	Nashville	MICMAC-LITTLETON, ME	0.94	PRESQUE ISLE, ME	AROOSTOOK BAND OF MICMAC INDIANS
777777	Nashville	MICMAC-PRESQUE ISLE, ME	0.94	PRESQUE ISLE, ME	AROOSTOOK BAND OF MICMAC INDIANS
777790	Nashville	HOLLYWOOD, FL	0.95	MIAMI, FL	SEMINOLE TRIBE OF FLORIDA
777794	Nashville	MICCOSUKEE VILLAGE, FL	0.97	BREVARD CO, FL	MICCOSUKEE CORPORATION
777768	Nashville	TAMA IA	0.98	CEDAR RAPIDS, IA	NON-SVC UNIT
777772	Nashville	OLD TOWN ME	0.99	BANGOR, ME	PENOBSCOT
777780	Nashville	PERRY, ME	0.99	BANGOR, ME	PASSAMAQUODDY PLEASANT POINT
777779	Nashville	PRINCTON, ME	0.99	BANGOR, ME	PASSAMAQUODDY INDIAN TOWNSHIP
777791	Nashville	BIG CYPRESS-CLEWISTON, FL	1	PALM BEACH, FL	SEMINOLE TRIBE OF FLORIDA
777793	Nashville	BRIGHTON-OKEECHOBEE	1	PALM BEACH, FL	SEMINOLE TRIBE OF FLORIDA
777784	Nashville	ST REGIS-AKWESASNE, NY	1.01	PLATTSBURGH, NY	ST. REGIS MOHAWK TRIBE
777773	Nashville	SALAMANCA NY	1.02	JAMESTOWN, NY	SENECA
777789	Nashville	BASOM, NY	1.13	BUFFALO, NY	TONAWANDA BAND OF SENECA INDIANS
777787	Nashville	BUFFALO CLINIC-BUFFALO	1.13	BUFFALO, NY	SENECA S.U.
777786	Nashville	CAYUGA-VERSILLES, NY	1.13	BUFFALO, NY	CAYUGA NATION OF INDIANS
777774	Nashville	IRVING NY	1.13	BUFFALO, NY	SENECA HL PR
777783	Nashville	ONEIDA, NY	1.13	SYRACUSE, NY	ONEIDA NATION OF NEW YORK
777785	Nashville	ONONDAGA-NEDROW, NY	1.13	SYRACUSE, NY	ONONDAGA NATION OF NEW YORK
777788	Nashville	TUSCARORA-SANBORN	1.13	BUFFALO, NY	TUSCARORA NATION OF INDIANS
777782	Nashville	MOHEGAN-UNCASVILLE, CT	1.14	HARTFORD, CT	MOHEGAN TRIBE OF INDIANS CONNECTICUT
777781	Nashville	PEQUOT-MASHANTUCKET, CT	1.14	HARTFORD, CT	MASHANTUCKET PEQUOTS TRIBAL NATION
777771	Nashville	CHARLESTOWN RI	1.15	PROVIDENCE, RI	NARRAGANSETT
777775	Nashville	AQUINNAH MA	1.27	AQUINNAH, MA	WAMPANOAGA
777961	Nashville	Neshoba, Mississippi.	0.97	NESHOBA, MS	MERIDIAN
777662	Navajo	TORREON NM	0.91	ALBUQUERQUE, NM	CROWNPOINT
777638	Navajo	CROWNPOINT NM	0.92	GALLUP, NM	CROWNPOINT
777642	Navajo	FORT DEFIANCE AZ	0.92	GALLUP, NM	FORT DEFIANCE

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777643	Navajo	FT. WINGATE NM	0.92	GALLUP, NM	GALLUP
777644	Navajo	GALLUP NM	0.92	GALLUP, NM	GALLUP
777645	Navajo	HOUCK NM	0.92	GALLUP, NM	GALLUP
777809	Navajo	Pueblo Pintado, NM	0.92	Gallup, NM	Crownpoint
777660	Navajo	TOADLENA NM	0.92	GALLUP, NM	GALLUP
777661	Navajo	TOHATCHI NM	0.92	GALLUP, NM	GALLUP
777665	Navajo	WINDOW ROCK AZ	0.92	GALLUP, NM	WINSLOW
777641	Navajo	DZILTH-NA-O-DITH-HLE NM	0.96	FARMINGTON, NM	SHIPROCK
777646	Navajo	HUERFANO NM	0.96	FARMINGTON, NM	SHIPROCK
777656	Navajo	SHIPROCK NM	0.96	FARMINGTON, NM	SHIPROCK
777637	Navajo	CHINLE AZ	1	KAYENTA, AZ	CHINLE
777647	Navajo	INSCRIPTION HOUSE AZ	1	KAYENTA, AZ	KAYENTA
777648	Navajo	KAYENTA AZ	1	KAYENTA, AZ	KAYENTA
777650	Navajo	MANY FARMS AZ	1	KAYENTA, AZ	CHINLE
777651	Navajo	PINON AZ	1	KAYENTA, AZ	CHINLE
777653	Navajo	RED MESA AZ	1	RED MESA, AZ	SHIPROCK
777654	Navajo	ROUGH ROCK AZ	1	KAYENTA, AZ	CHINLE
777655	Navajo	SANOSTEE NM	1	RED MESA, AZ	SHIPROCK
777657	Navajo	SHONTO NM	1	KAYENTA, AZ	KAYENTA
777658	Navajo	TEEC NOS POS AZ	1	RED MESA, AZ	
777663	Navajo	TSAILE AZ	1	RED MESA, AZ	TUBA CITY
777652	Navajo	RED LAKE AZ	1.02	FLAGSTAFF, AZ	
777666	Navajo	WINSLOW AZ	1.02	FLAGSTAFF, AZ	WINSLOW
777639	Navajo	DILKON AZ	1.05	KEAMS CANYON, AZ	WINSLOW
777640	Navajo	DINNEBITO AZ	1.05	TUBA CITY, AZ	WINSLOW
777649	Navajo	LOW MOUNTAIN AZ	1.05	KEAMS CANYON, AZ	CHINLE
777659	Navajo	THE GAP AZ	1.05	TUBA CITY, AZ	TUBA CITY
777664	Navajo	TUBA CITY AZ	1.05	TUBA CITY, AZ	TUBA CITY
777951	Oklahoma	Ochelata, OK	0.97	Ochelata, OK	CLAREMORE
777686	Oklahoma	MIAMI OK	0.86	BARTLESVILLE, OK	CLAREMORE
777688	Oklahoma	NOWATA OK	0.86	BARTLESVILLE, OK	CLAREMORE
777691	Oklahoma	PAWHUSKA OK	0.86	BARTLESVILLE, OK	PAWNEE
777668	Oklahoma	ANADARKO OK	0.87	LAWTON, OK	LAWTON
777672	Oklahoma	CLAREMORE OK	0.87	TULSA, OK	CLAREMORE
777679	Oklahoma	COWETA OK	0.87	TULSA, OK	CLAREMORE
777683	Oklahoma	LAWTON OK	0.87	LAWTON, OK	LAWTON
777687	Oklahoma	MUSKOGEE OK	0.87	TULSA, OK	TAHLEQUAH
777692	Oklahoma	PAWNEE OK	0.87	TULSA, OK	PAWNEE
777697	Oklahoma	SAPULPA OK	0.87	TULSA, OK	CLAREMORE
777700	Oklahoma	STROUD OK	0.87	TULSA, OK	SHAWNEE

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777704	Oklahoma	TULSA OK	0.87	TULSA, OK	URBAN HEALTH CENTERS
777678	Oklahoma	EUFULA OK	0.88	FT. SMITH, AR	TAHLEQUAH
777694	Oklahoma	POTEAU OK	0.88	FT. SMITH, AR	TAKIHINA
777696	Oklahoma	SALISAW OK	0.88	FT. SMITH, AR	TAHLEQUAH
777669	Oklahoma	ARDMORE OK	0.92	ARDMORE, OK	ADA
777675	Oklahoma	DALLAS TX	0.92	DALLAS, TX	URBAN HEALTH CENTERS
777703	Oklahoma	TISHOMINGO OK	0.92	ARDMORE, OK	ADA
777693	Oklahoma	PONCA CITY OK	0.93	ENID, OK	PAWNEE
777707	Oklahoma	WICHITA KS	0.93	WICHITA, KS	URBAN HEALTH CENTERS
777667	Oklahoma	ADA OK	0.95	NORMAN, OK	ADA
777681	Oklahoma	JAY OK	0.95	FAYETTEVILLE, AR	CLAREMORE
777684	Oklahoma	LOCUST GROVE OK	0.95	FAYETTEVILLE, AR	CLAREMORE
777689	Oklahoma	OKEMA OK	0.95	OK CITY	CLAREMORE
777690	Oklahoma	OKLAHOMA CITY OK	0.95	OK CITY	URBAN HEALTH CENTERS
777695	Oklahoma	SALINA OK	0.95	FAYETTEVILLE, AR	CLAREMORE
777698	Oklahoma	SHAWNEE OK	0.95	OK CITY	SHAWNEE
777699	Oklahoma	STILLWELL OK	0.95	FAYETTEVILLE, AR	TAHLEQUAH
777701	Oklahoma	TAHLEQUAH OK	0.95	FAYETTEVILLE, AR	TAHLEQUAH
777706	Oklahoma	WEWOKA OK	0.95	NORMAN, OK	WEWOKA
777670	Oklahoma	BROKEN BOW OK	0.96	HUGO, OK	TALIHINA
777676	Oklahoma	DURANT OK	0.96	HUGO, OK	ADA
777680	Oklahoma	HUGO OK	0.96	HUGO, OK	TALIHINA
777767	Oklahoma	IDABEL OK	0.96	HUGO, OK	TALIHINA
777685	Oklahoma	MCALESTER OK	0.96	HUGO, OK	TALIHINA
777702	Oklahoma	TALIHINA OK	0.96	HUGO, OK	TALIHINA
777679	Oklahoma	HORTON KS	1.01	ST. JOSEPH, MO	HOLTON
777671	Oklahoma	CARNEGIE OK	1.02	CLINTON, OK	LAWTON
777673	Oklahoma	CLINTON OK	1.02	CLINTON, OK	CLINTON
777674	Oklahoma	CONCHO OK	1.02	CLINTON, OK	CLINTON
777677	Oklahoma	EL RENO OK	1.02	CLINTON, OK	CLINTON
777682	Oklahoma	LAWRENCE KS	1.02	LAWRENCE, KS	HASKELL
777705	Oklahoma	WATONGA OK	1.02	CLINTON, OK	CLINTON
777971	Oklahoma	Wetumka, OK	1.01	Wetumka, Oklahoma	CLAREMORE
777716	Phoenix	KAIBAB AZ	0.93	ST. GEORGE, UT	KEAMS CANYON
777723	Phoenix	PARKER AZ	0.94	LAKE HAVASU CITY	COLORADO RIVER
777708	Phoenix	BYLAS AZ	0.95	WHITERIVER, AZ	SAN CARLOS
777709	Phoenix	CIBECUE AZ	0.95	WHITERIVER, AZ	WHITERIVER
777712	Phoenix	FT. DUCHESNE UT	0.95	FT DUCHESNE, UT	UINTHA-OURAY
777728	Phoenix	ROOSEVELT UT	0.95	FT DUCHESNE, UT	UINTAH
777730	Phoenix	SAN CARLOS AZ	0.95	WHITERIVER, AZ	SAN CARLOS
777736	Phoenix	WHITERIVER AZ	0.95	WHITERIVER, AZ	WHITERIVER
777715	Phoenix	GILA RIVER AZ	0.96	PHOENIX, AZ	
777719	Phoenix	KERWO AZ	0.96	SELLS, AZ	
777724	Phoenix	PEACH SPRINGS AZ	0.96	KINGMAN, AZ	COLORADO RIVER

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ID	IHS Area	City	Factor	Reference City	Service Unit
777725	Phoenix	PHOENIX AZ	0.96	PHOENIX, AZ	PHOENIX
777729	Phoenix	SACATON AZ	0.96	PHOENIX, AZ	SACATON
777732	Phoenix	SCOTTSDALE AZ	0.96	PHOENIX, AZ	PHOENIX
777738	Phoenix	YUMA AZ	0.96	YUMA, AZ	FORT YUMA
777711	Phoenix	FALLON NV	1.02	FALLON, NV	SCHURZ
777731	Phoenix	SCHURZ NV	1.02	FALLON, NV	SCHURZ
777735	Phoenix	SUPAI AZ	1.03	SUPAI, AZ	COLORADO RIVER
777717	Phoenix	KEAMS CANYON AZ	1.05	KEAMS CANYON, AZ	KEAMS CANYON
777718	Phoenix	KEARNS CANYON AZ	1.05	KEAMS CANYON, AZ	KEAMS CANYON
777733	Phoenix	SECOND MESA AZ	1.05	KEAMS CANYON, AZ	KEAMS CANYON
777714	Phoenix	GARDNERVILLE NV	1.08	CARSON CITY, NV	SCHURZ
777734	Phoenix	STEWART NV	1.08	CARSON CITY, NV	SCHURZ
777737	Phoenix	YERINGTON NV	1.08	CARSON CITY, NV	SCHURZ
777713	Phoenix	FT. YUMA CA	1.1	Imperial Co, CA	
777721	Phoenix	NIXON NV	1.1	RENO, NV	SCHURZ
777726	Phoenix	RENO NV	1.1	RENO, NV	SCHURZ
777739	Phoenix	WADSWORTH NV	1.1	RENO, NV	SCHURZ
777710	Phoenix	ELKO NV	1.13	ELKO, NV	OWYHEE
777727	Phoenix	RIVERSIDE CA	1.16	RIVERSIDE, CA	FORT YUMA
777720	Phoenix	MCDERMITT NV	1.2	MCDERMITT, NV	SCHURZ
777722	Phoenix	OWYHEE NV	1.2	MCDERMITT, NV	OWYHEE
777742	Portland	FORT HALL ID	0.97	POCATELLO, ID	FORT HALL
777741	Portland	BOISE ID	0.98	BOISE ID	NON-SVC UNIT
777761	Portland	BRIGHAM CITY UT	0.98	OGDEN, UT	FORT HALL
777745	Portland	LAPWAI ID	1	LEWISTON, ID	NORTHERN IDAHO
777743	Portland	KLAMATH FALLS OR	1.07	KLAMATH FALLS, OR	KLAMATH
777750	Portland	PENDLETON OR	1.1	PENDLETON, OR	UMATILLA
777753	Portland	SALEM OR	1.1	SALEM, OR	WESTERN OREGON
777755	Portland	SPOKANE WA	1.1	SPOKANE, WA	COUER D'ALENE
777760	Portland	WELLPINIT WA	1.1	SPOKANE, WA	WELLPINIT
777749	Portland	NESPELEM WA	1.11	NESPELEM, WA	COLVILLE
777758	Portland	TOPPENISH WA	1.12	YAKIMA, WA	YAKIMA
777751	Portland	PORTLAND OR	1.13	PORTLAND, OR	WESTERN OREGON
777759	Portland	WARM SPRINGS OR	1.14	BEND, OR	WARM SPRINGS
777740	Portland	BELLINGHAM WA	1.15	BELLINGHAM, WA	NORTHWEST WASHINGTON
777744	Portland	LA PUSH WA	1.15	CLALLAM CO., WA	NEAR BAY
777746	Portland	LOWER ELWAH WA	1.15	CLALLAM CO, WA	NEAR BAY
777747	Portland	LUMMI WA	1.15	BELLINGHAM, WA	NORTHWESTERN WASHINGTON
777748	Portland	NEAH BAY WA	1.15	CLALLAM CO, WA	NEAR BAY
777808	Portland	PORT ANGELES, WA	1.15	CLALLAM CO, WA	
777756	Portland	SWINOMISH WA	1.15	BELLINGHAM, WA	NORTHWESTERN WASHINGTON

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<b>ID</b>	<b>IHS Area</b>	<b>City</b>	<b>Factor</b>	<b>Reference City</b>	<b>Service Unit</b>
777757	Portland	TAHOLAH WA	1.15	CLALLAM CO, WA	TAHOLAH
777752	Portland	PUYALLUP WA	1.2	TACOMA, WA	PUYALLUP
777754	Portland	SEATTLE WA	1.21	SEATTLE, WA	PUGET SOUND
777764	Tucson	SELLS AZ	0.96	SELLS, AZ	SELLS
777762	Tucson	SAN XAVIER AZ	0.98	TUCSON, AZ	SELLS
777765	Tucson	TUCSON AZ	0.98	TUCSON, AZ	SELLS
777763	Tucson	TUCSON AZ	0.98	TUCSON, AZ	SELLS
777766	Tucson	SANTA ROSA AZ	0.96	SELLS, AZ	SELLS

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**Section II – Pre-Application Process**

**TABLE C  
AGE AND CONDITION FACTOR TABLE**

CONDITION FACTOR			Age of Facility								
			25 or less	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	60 +
1 or greater			1.00	1.05	1.15	1.29	1.43	1.57	1.71	1.85	2.00
0.95	To	0.99	0.95	1.00	1.10	1.24	1.38	1.52	1.66	1.80	1.95
0.90	To	0.94	0.90	0.95	1.05	1.19	1.33	1.47	1.61	1.75	1.90
0.85	To	0.89	0.85	0.90	1.00	1.14	1.28	1.42	1.56	1.70	1.85
0.80	To	0.84	0.80	0.85	0.95	1.09	1.23	1.37	1.51	1.65	1.80
0.75	To	0.79	0.75	0.80	0.90	1.04	1.18	1.32	1.46	1.60	1.75
0.70	To	0.74	0.70	0.75	0.85	0.99	1.13	1.27	1.41	1.55	1.70
0.65	To	0.69	0.65	0.70	0.80	0.94	1.08	1.22	1.36	1.50	1.65
0.60	To	0.64	0.60	0.65	0.75	0.89	1.03	1.17	1.31	1.45	1.60
0.55	To	0.59	0.55	0.60	0.70	0.84	0.98	1.12	1.26	1.40	1.55
0.50	To	0.54	0.50	0.55	0.65	0.79	0.93	1.07	1.21	1.35	1.50
0.45	To	0.49	0.45	0.50	0.60	0.74	0.88	1.02	1.16	1.30	1.45
0.40	To	0.44	0.40	0.45	0.55	0.69	0.83	0.97	1.11	1.25	1.40
0.35	To	0.39	0.35	0.40	0.50	0.64	0.78	0.92	1.06	1.20	1.35
0.30	To	0.34	0.30	0.35	0.45	0.59	0.73	0.87	1.01	1.15	1.30
0.25	To	0.29	0.25	0.30	0.40	0.54	0.68	0.82	0.96	1.10	1.25
0.20	To	0.24	0.20	0.25	0.35	0.49	0.63	0.77	0.91	1.05	1.20
0.15	To	0.19	0.15	0.20	0.30	0.44	0.58	0.72	0.86	1.00	1.15
0.10	To	0.14	0.10	0.15	0.25	0.39	0.53	0.67	0.81	0.95	1.10
0.01	To	0.09	0.05	0.10	0.20	0.34	0.48	0.62	0.76	0.90	1.05
0 or lower			0.00	0.05	0.15	0.29	0.43	0.57	0.71	0.85	1.00



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REQUIRED SPACE (ft <sup>2</sup> )			TABLE D. URGENCY OF NEED FACTOR																		
			Adjusted Existing Space (ft <sup>2</sup> )																		
			312,151 to more	289,991 to 312,150	269,991 to 289,990	249,991 to 269,990	229,991 to 249,990	209,991 to 229,990	189,991 to 209,990	169,991 to 189,990	149,991 to 169,990	139,991 to 149,990	129,991 to 139,990	119,991 to 129,990	109,991 to 119,990	99,991 to 109,990	95,001 to 99,990	89,991 to 95,000	85,001 to 89,990	79,991 to 85,000	75,001 to 79,990
<	10,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10,001	to 12,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12,451	to 15,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15,001	to 17,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17,501	to 20,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20,001	to 22,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22,501	to 25,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25,001	to 27,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
27,501	to 30,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30,001	to 32,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32,501	to 35,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
35,001	to 37,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
37,501	to 40,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
40,001	to 42,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
42,501	to 45,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
45,001	to 47,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
47,501	to 50,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
50,001	to 55,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
55,001	to 60,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
60,001	to 65,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
65,001	to 70,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
70,001	to 75,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
75,001	to 80,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
80,001	to 85,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.06	
85,001	to 90,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.06	1.16	
90,001	to 95,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.06	1.16	1.25	
95,001	to 100,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.05	1.15	1.24	1.32	
100,001	to 110,000	0	0	0	0	0	0	0	0	0	0	0	0	0	1.05	1.15	1.23	1.3	1.37	1.44	
110,001	to 120,000	0	0	0	0	0	0	0	0	0	0	0	0	1.04	1.22	1.29	1.35	1.42	1.48	1.55	
120,001	to 130,000	0	0	0	0	0	0	0	0	0	0	0	1.04	1.21	1.34	1.4	1.46	1.52	1.58	1.64	
130,001	to 140,000	0	0	0	0	0	0	0	0	0	0	1.04	1.2	1.33	1.44	1.5	1.55	1.61	1.66	1.72	
140,001	to 150,000	0	0	0	0	0	0	0	0	0	1.03	1.19	1.32	1.42	1.53	1.58	1.63	1.69	1.74	1.79	
150,001	to 170,000	0	0	0	0	0	0	0	0	1.19	1.3	1.4	1.49	1.59	1.68	1.73	1.78	1.82	1.87	1.93	
170,001	to 190,000	0	0	0	0	0	0	1.18	1.38	1.47	1.55	1.63	1.72	1.81	1.85	1.9	1.94	1.99	2.04		
190,001	to 210,000	0	0	0	0	0	0	1.17	1.36	1.52	1.6	1.68	1.75	1.84	1.92	1.96	2	2.05	2.09	2.14	
210,001	to 230,000	0	0	0	0	0	1.17	1.35	1.5	1.64	1.71	1.79	1.86	1.94	2.02	2.06	2.1	2.14	2.18	2.23	
230,001	to 250,000	0	0	0	0	1.16	1.34	1.48	1.62	1.75	1.81	1.88	1.95	2.03	2.1	2.14	2.18	2.23	2.27	2.31	
250,001	to 270,000	0	0	0	1.16	1.33	1.47	1.59	1.72	1.84	1.9	1.97	2.04	2.11	2.18	2.22	2.26	2.3	2.34	2.38	
270,001	to 290,000	0	0	1.16	1.33	1.46	1.57	1.69	1.8	1.92	1.99	2.05	2.12	2.18	2.25	2.29	2.33	2.37	2.41	2.45	
290,001	to 310,000	0	1.15	1.32	1.45	1.56	1.67	1.77	1.89	2	2.06	2.12	2.19	2.25	2.32	2.36	2.39	2.43	2.47	2.51	
310,001	to 350,000	1.15	1.2	1.36	1.48	1.59	1.70	1.81	1.93	2.04	2.10	2.16	2.23	2.29	2.36	2.40	2.43	2.47	2.51	2.55	
350,001	to 390,000	1.23	1.27	1.43	1.55	1.66	1.77	1.88	2.00	2.11	2.17	2.23	2.30	2.36	2.43	2.47	2.50	2.54	2.58	2.62	
390,001	to 430,000	1.30	1.34	1.49	1.62	1.73	1.84	1.95	2.07	2.18	2.25	2.31	2.38	2.44	2.51	2.55	2.58	2.62	2.65	2.69	
430,001	to 470,000	1.41	1.44	1.59	1.71	1.83	1.95	2.05	2.18	2.29	2.37	2.43	2.49	2.55	2.62	2.66	2.69	2.73	2.76	2.80	
470,001	to 510,000	1.48	1.52	1.66	1.78	1.90	2.01	2.13	2.25	2.36	2.44	2.50	2.57	2.63	2.69	2.74	2.77	2.80	2.84	2.87	
510,001	to 550,000	1.55	1.59	1.72	1.85	1.96	2.08	2.20	2.32	2.44	2.52	2.58	2.64	2.70	2.77	2.81	2.84	2.88	2.91	2.94	
550,001	to 590,000	1.62	1.66	1.79	1.91	2.03	2.15	2.27	2.39	2.51	2.59	2.66	2.72	2.78	2.84	2.89	2.92	2.95	2.98	3.02	
590,001	to 645,000	1.69	1.73	1.86	1.98	2.10	2.22	2.34	2.46	2.58	2.67	2.73	2.79	2.85	2.92	2.96	2.99	3.02	3.06	3.09	
645,001 or greater			1.76	1.80	1.92	2.04	2.17	2.29	2.41	2.53	2.66	2.75	2.81	2.87	2.93	2.99	3.04	3.07	3.10	3.13	3.16

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REQUIRED SPACE (ft <sup>2</sup> )			TABLE D. URGENCY OF NEED FACTOR																
			Adjusted existing Space (ft <sup>2</sup> )																
			69,991 to 75,000	65,001 to 69,990	59,991 to 65,000	55,001 to 59,990	49,991 to 55,000	47,501 to 49,990	45,001 to 47,500	42,501 to 45,000	39,991 to 42,500	37,501 to 39,990	35,001 to 37,500	32,491 to 35,000	30,001 to 32,490	27,501 to 30,000	25,001 to 27,500	22,491 to 25,000	19,991 to 22,490
<	10,000	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10,001	to 12,500	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
12,451	to 15,000	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
15,001	to 17,500	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17,501	to 20,000	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
20,001	to 22,500	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
22,501	to 25,000	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
25,001	to 27,500	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
27,501	to 30,000	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.20	
30,001	to 32,500	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.18	1.28	
32,501	to 35,000	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.17	1.26	1.36	
35,001	to 37,500	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.15	1.24	1.33	1.43	
37,501	to 40,000	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.14	1.23	1.31	1.40	1.49	
40,001	to 42,500	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.13	1.22	1.30	1.38	1.46	1.54	
42,501	to 45,000	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.13	1.20	1.28	1.36	1.43	1.51	1.60	
45,001	to 47,500	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	1.12	1.20	1.27	1.34	1.41	1.49	1.57	1.65	
47,501	to 50,000	0	0	0	0.00	0.00	0.00	0.00	0.00	1.11	1.19	1.26	1.33	1.39	1.46	1.54	1.61	1.69	
50,001	to 55,000	0	0	0	0.00	0.00	0.00	1.10	1.17	1.24	1.30	1.36	1.43	1.49	1.56	1.63	1.70	1.78	
55,001	to 60,000	0	0	0	0.00	1.09	1.16	1.22	1.28	1.34	1.40	1.46	1.52	1.58	1.64	1.71	1.78	1.85	
60,001	to 65,000	0	0	0	1.08	1.21	1.26	1.32	1.37	1.43	1.48	1.54	1.60	1.66	1.72	1.78	1.85	1.92	
65,001	to 70,000	0	0	1.08	1.20	1.30	1.35	1.40	1.45	1.51	1.56	1.61	1.67	1.73	1.79	1.85	1.91	1.98	
70,001	to 75,000	0	1.07	1.19	1.29	1.38	1.43	1.48	1.53	1.58	1.63	1.68	1.74	1.79	1.85	1.91	1.97	2.04	
75,001	to 80,000	1.07	1.18	1.27	1.37	1.46	1.50	1.55	1.60	1.65	1.70	1.75	1.80	1.85	1.91	1.97	2.03	2.09	
80,001	to 85,000	1.17	1.26	1.35	1.44	1.53	1.57	1.61	1.66	1.71	1.75	1.80	1.86	1.91	1.96	2.02	2.08	2.14	
85,001	to 90,000	1.25	1.34	1.42	1.50	1.59	1.63	1.67	1.72	1.76	1.81	1.86	1.91	1.96	2.01	2.07	2.12	2.18	
90,001	to 95,000	1.33	1.41	1.49	1.56	1.64	1.69	1.73	1.77	1.82	1.86	1.91	1.96	2.01	2.06	2.11	2.17	2.22	
95,001	to 100,000	1.39	1.47	1.54	1.62	1.70	1.74	1.78	1.82	1.87	1.91	1.96	2.00	2.05	2.10	2.15	2.21	2.26	
100,001	to 110,000	1.51	1.58	1.65	1.72	1.80	1.83	1.87	1.92	1.96	2.00	2.04	2.09	2.13	2.18	2.23	2.28	2.33	
110,001	to 120,000	1.61	1.67	1.74	1.81	1.88	1.92	1.96	2.00	2.04	2.08	2.12	2.16	2.21	2.25	2.30	2.35	2.40	
120,001	to 130,000	1.7	1.76	1.82	1.89	1.96	2.00	2.03	2.07	2.11	2.15	2.19	2.23	2.27	2.32	2.36	2.41	2.45	
130,001	to 140,000	1.78	1.84	1.9	1.96	2.03	2.07	2.10	2.14	2.18	2.21	2.25	2.29	2.33	2.37	2.42	2.46	2.50	
140,001	to 150,000	1.85	1.91	1.97	2.03	2.10	2.13	2.16	2.20	2.23	2.27	2.31	2.35	2.39	2.43	2.47	2.51	2.55	
150,001	to 170,000	1.98	2.03	2.09	2.15	2.21	2.24	2.27	2.31	2.34	2.38	2.41	2.45	2.48	2.52	2.56	2.59	2.63	
170,001	to 190,000	2.09	2.14	2.2	2.25	2.31	2.34	2.37	2.40	2.43	2.46	2.50	2.56	2.60	2.63	2.63	2.67	2.71	
190,001	to 210,000	2.19	2.24	2.29	2.34	2.40	2.43	2.45	2.48	2.51	2.54	2.57	2.60	2.64	2.67	2.70	2.73	2.77	
210,001	to 230,000	2.28	2.32	2.37	2.42	2.47	2.50	2.53	2.56	2.58	2.61	2.64	2.67	2.70	2.73	2.76	2.79	2.82	
230,001	to 250,000	2.35	2.4	2.45	2.49	2.54	2.57	2.59	2.62	2.65	2.67	2.70	2.73	2.76	2.79	2.81	2.84	2.87	
250,001	to 270,000	2.42	2.47	2.51	2.56	2.61	2.63	2.65	2.68	2.70	2.73	2.75	2.78	2.81	2.84	2.86	2.89	2.92	
270,001	to 290,000	2.49	2.53	2.57	2.62	2.66	2.69	2.71	2.73	2.76	2.78	2.80	2.83	2.86	2.88	2.91	2.93	2.96	
290,001	to 310,000	2.55	2.59	2.63	2.67	2.71	2.74	2.76	2.78	2.80	2.83	2.85	2.87	2.90	2.92	2.95	2.97	3.00	
310,001	to 350,000	2.59	2.63	2.66	2.70	2.74	2.77	2.79	2.81	2.83	2.86	2.88	2.90	2.93	2.95	2.98	3.00	3.03	
350,001	to 390,000	2.66	2.70	2.73	2.77	2.81	2.84	2.86	2.88	2.90	2.92	2.94	2.96	2.99	3.01	3.04	3.06	3.08	
390,001	to 430,000	2.73	2.77	2.80	2.84	2.88	2.91	2.92	2.94	2.96	2.99	3.01	3.02	3.05	3.07	3.10	3.11	3.14	
430,001	to 470,000	2.83	2.87	2.91	2.94	2.98	3.00	3.02	3.04	3.06	3.08	3.10	3.12	3.14	3.16	3.18	3.20	3.22	
470,001	to 510,000	2.91	2.94	2.98	3.01	3.04	3.07	3.09	3.11	3.12	3.14	3.16	3.18	3.20	3.22	3.24	3.26	3.28	
510,001	to 550,000	2.98	3.01	3.04	3.08	3.11	3.14	3.15	3.17	3.19	3.21	3.22	3.24	3.26	3.28	3.30	3.32	3.34	
550,001	to 590,000	3.05	3.08	3.11	3.15	3.18	3.20	3.22	3.24	3.25	3.27	3.29	3.30	3.32	3.34	3.36	3.37	3.39	
590,001	to 645,000	3.12	3.15	3.18	3.21	3.25	3.27	3.29	3.30	3.32	3.33	3.35	3.37	3.38	3.40	3.41	3.43	3.45	
645,001 or greater		3.19	3.22	3.25	3.28	3.31	3.34	3.35	3.37	3.38	3.40	3.41	3.43	3.44	3.46	3.47	3.49	3.50	



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**TABLE E**

**ISOLATION FACTOR TABLE**

<b>ROAD DISTANCE (mi)</b>	<b>OUTPATIENT ISOLATION FACTOR</b>
<b>0 - 19</b>	<b>1</b>
<b>20 - 30</b>	<b>1.05</b>
<b>31 - 40</b>	<b>1.1</b>
<b>41 - 50</b>	<b>1.15</b>
<b>51 - 60</b>	<b>1.2</b>
<b>61 - 70</b>	<b>1.25</b>
<b>71 - 80</b>	<b>1.3</b>
<b>81 - 90</b>	<b>1.35</b>
<b>91 - 100</b>	<b>1.4</b>
<b>101 - 110</b>	<b>1.45</b>
<b>111 - 120</b>	<b>1.5</b>
<b>120+</b>	<b>1.6</b>

**Indian Health Service  
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**Section II- Pre-Application Process**

**COMPLETING AND SUBMITTING THE APPLICATION**

**PREPARATION AND ASSEMBLING**

The Pre-Application is to be prepared in the English language. To facilitate review, validation and selection, prepare and submit the application conforming to the below requirements:

- a. Standard size, 8-1/2" x 11," white paper is to be used.
- b. Pre-application is to be typed, single spaced, ≥12 pt font size and printed on one side only, with black ink.
- c. All four border margins are to be one inch.
- d. All documents are to be printed on one side only, with black ink.
- e. Application documents are to be loose and not bound or stapled.
- f. The Cover Sheet should identify that the Pre-Application is for the "Joint Venture Construction Program."  
Show the name of the applying Tribe, and the submission date.
- g. All pages are to have a header or footer identifying the applicant and be consecutively numbered.
- h. The application components are to be arranged in the same sequence as listed above.
- i. Completed pre-applications must be signed by an authorized official of the applying organization.
- j. An ORIGINAL and TWO SIGNED COPIES are to be clearly marked as such and submitted. (if submitted by mail)

**SUBMITTING**

Email the completed **Pre-Application** to the IHS Area having jurisdiction for the project. Appendix 1 contains applicable emailing addresses and points of contact.

In the subject line write: "**Attention: FY 2020 JVCP PRE-APPLICATION**"

The Pre-Application is to be emailed to meet the established deadline dates. The deadline date for the Pre-Application is shown in the Program Announcement. The deadline date for the Final Application will be established and provided with the notice of acceptance of the Pre-Application.

To assist the applicant in submitting the Pre-Application for the JVCP, and to assist the review process, the applicant should prepare and submit a Checklist. See Section II for the specific requirements for each item.

For submittals by mail, send the completed Pre-Application to the IHS Area having jurisdiction for the project. Appendix 1 contains applicable mailing addresses and points of contact:

Mark on the Pre-Application envelope: "**Attention: 2020 JVCP PRE-APPLICATION**"

**PRE-APPLICATION REVIEW**

The Pre-Application will be reviewed for compliance with the requirements in Section I and II. A rank order will be established for the Pre-Applications received using the scores of the JVCP Phase I Data and Computation Forms. The top-ranked submissions will be invited to prepare and submit Final Applications.

**LATE APPLICATION**

Each part of the application will be considered to be "on time" if it is:

- a. Received by the applicable IHS Area on or before the established deadline date; or,
- b. Sent with a legible U.S. Postal Service mark dated on or before the deadline date. Private metered mail postmarks will **not** be accepted as proof of timely mailing. Late application will **not** be accepted.

**NONCONFORMING APPLICATION**

Nonconforming applications will not be accepted. An application is nonconforming if it does not meet the requirements of the Program Announcement and the submission requirements shown in this Application Kit.

**APPLICATION REVIEW**

**Indian Health Service  
FY 2020 Joint Venture Program  
Pre-Application**

**Section II- Pre-Application Process**

An application will be reviewed, evaluated and processed in accordance with the criteria and priorities established for each application part.

**UNSUCCESSFUL APPLICANT**

A written notice will be sent to the unsuccessful applicant within 30 days after the decision has been reached to not advance the project proposed in a pre-application to the Final Application phase.

**INABILITY TO AWARD**

If a selected Tribe elects not to proceed with the JVCP project, regardless of the reason, JVCP participation shall be offered to the next highest ranking applicant.

**PRIVACY ACT**

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

**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.



**SECTION III**  
**APPLICATION CHECKLIST**  
**for**  
**JOINT VENTURE CONSTRUCTION PROGRAM**

**Indian Health Service  
FY 2020 Joint Venture Program  
Pre-Application**

**Section III- Application Checklist**

**PRE-APPLICATION CHECKLIST:**

To assist the applicant in submitting the Pre-Application for the Joint Venture Construction Program, and to assist the IHS review process, the applicant should prepare and submit a Checklist. See Section II for the specific requirements for each item. The suggested contents for the checklist are on the following pages.

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
1	Pre-Application Cover Sheet			
2	Signature Sheet			
3	Table of Contents			
4	Project Summary			
5	Federally Recognized Tribe Documentation			
6	Tribal Commitment (Tribal Resolution)			
7	JVCP Phase 1 Data Form			
	<b>ATTACHMENTS:</b>			

Name of Applicant's Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of IHS Area Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of IHS HQ Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_



**Indian Health Service  
FY 2020 Joint Venture Program  
Pre-Application  
JVCP POINTS-OF-CONTACT FOR IHS AREAS**

**ALASKA AREA INDIAN HEALTH SERVICE**

CDR Hugh Denny, P.E.  
Director, Health Facilities Engineering  
4141 Ambassador Drive #300  
Anchorage, AK 99508-5928

TEL: 907-729-3623                      FAX: 907-729-5690  
E-Mail: [Hugh.Denny@ihs.gov](mailto:Hugh.Denny@ihs.gov)

**NASHVILLE AREA INDIAN HEALTH SERVICE**

CDR Allen Bollinger, P.E.  
Acting Director of Facilities Engineer (1/27/14)  
711 Stewarts Ferry Pike  
Nashville, TN 37214-2634

TEL: 615-467-1514                      FAX: 615-467-1586  
E-Mail: [allen.bollinger@ihs.gov](mailto:allen.bollinger@ihs.gov)

**ALBUQUERQUE AREA INDIAN HEALTH SERVICE**

Thomas Plummer, P.E.  
Director, Division of Health Facilities  
4101 Indian School Road NE (Suite 225)  
Albuquerque, NM 87110

TEL: 505-256-6794                      FAX:  
E-Mail: [Thomas.Plummer@ihs.gov](mailto:Thomas.Plummer@ihs.gov)

**NAVAJO AREA INDIAN HEALTH SERVICE**

CDR Candace A. Tsingine  
Acting Director, Division of Facilities Management & Engineering  
Highway 264 @ St. Michaels, P.O. Box 9020  
Window Rock, AZ 86515-9020

TEL: 928-871-1331                      FAX: 928-871-1478  
E-Mail: [candace.tsingine@ihs.gov](mailto:candace.tsingine@ihs.gov)

**BEMIDJI AREA INDIAN HEALTH SERVICE**

Todd Scofield, P.E.  
Director, Div. of Facility Management and Clinical Engineering  
Office of Environmental Health and Engineering  
522 Minnesota Avenue, NW; Room 216  
Bemidji, MN 56601-3062

TEL: 218-444-0531                      FAX: 218-444-0510  
E-Mail: [todd.scofield@ihs.gov](mailto:todd.scofield@ihs.gov)

**OKLAHOMA CITY AREA INDIAN HEALTH SERVICE**

Bobbie Gonzalez  
Acting Director, Division of Facilities Management  
701 Market Drive  
Oklahoma City, OK 73114

TEL: 405-951-3744                      FAX: 405-951-3932  
E-Mail: [bobbie.gonzalez@ihs.gov](mailto:bobbie.gonzalez@ihs.gov)

**BILLINGS AREA INDIAN HEALTH SERVICE**

CAPT Jerry Smith, P.E.  
Director, Division of Facilities Management & Engineering  
2900 Fourth Avenue North, P.O. Box 36600  
Billings, MT 59107-6600

TEL: 406-247-7091                      FAX: 406-247-7229  
E-Mail: [Jerry.Smith@ihs.gov](mailto:Jerry.Smith@ihs.gov)

**PHOENIX AREA INDIAN HEALTH SERVICE**

CAPT Steve McGovern, P.E.  
Acting Director, Division of Facilities Engineering  
Office of Environmental Health and Engineering  
40 North Central Avenue, Suite 720  
Phoenix, AZ 85004-0931

TEL: 602-364-5066                      FAX: 602-364-5057  
E-Mail: [Steve.McGovern@ihs.gov](mailto:Steve.McGovern@ihs.gov)

**CALIFORNIA AREA INDIAN HEALTH SERVICE**

CDR Paul Frazier, P.E.  
Director, Health Facilities Engineering  
John E. Moss Federal Building, 650 Capitol Mall, Suite 7-100  
Sacramento, CA 95814-4706

TEL: 916-930-3981, Extension x365      FAX: 916-930-3954  
E-Mail: [Paul.Frazier@ihs.gov](mailto:Paul.Frazier@ihs.gov)

**PORTLAND AREA INDIAN HEALTH SERVICE**

CAPT Jason Lovett, P.E.  
Director, Division of Health Facilities Engineering  
1414 N.W. Northrup Street, Suite 800  
Portland, OR 97209

TEL: 503-414-5531                      FAX: 503-414-7776  
E-Mail: [jason.lovett@ihs.gov](mailto:jason.lovett@ihs.gov)

**GREAT PLAINS AREA INDIAN HEALTH SERVICE**

Benjamin Ganje, P.E.  
Director, Division of Facilities Management  
115 Fourth Avenue, SE  
Aberdeen, SD 57401-4381

TEL: 605-605-226-7451                      FAX: 605-226-7689  
E-Mail: [Bennjamin.Ganje@ihs.gov](mailto:Bennjamin.Ganje@ihs.gov)

**TUCSON AREA INDIAN HEALTH SERVICE**

CAPT Cathie Frazier, P.E.  
Director of Sanitation Facilities Construction Branch  
7900 South "J" Stock Road  
Tucson, AZ 85746-7012

TEL: 520-295-5643                      FAX: 520-295-2409  
E-Mail: [cathie.frazier@ihs.gov](mailto:cathie.frazier@ihs.gov)