

Volume II -HEALTH CARE FACILITIES PLANNING

PART 13 -PLANNING DOCUMENTS AND REPORTS

CHAPTER 13-1 – PROJECT SUMMARY DOCUMENT (PSD)

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TRANSMITTAL NOTICE (01/03/2022) BACKGROUND:

This issuance updates and revises Chapter 13-1 “Project Summary Document” of Part 13 "Planning Documents and Reports" in Volume II "Health Care Facilities Planning" of the Indian Health Service, Technical Handbook for Environmental Health and Engineering.

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MATERIAL TRANSMITTED

1. Volume II, Chapter 13-1

HANDBOOK MAINTENANCE

1. Replace Chapter 13-1 of Volume II on the website (IHS.gov - OEHE - handbook - volume2 Part 13 Planning Documents and Reports – 13-1 S Project Summary Document) with the pages below.

Chapter 13.1 Project Summary Document

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13.1.1 Introduction.

13.1.1.1 Purpose. The purpose of a Project Summary Document (PSD) is to provide documentation and justification for the use of funds, as well as the Scope of Work (SOW), for a specific facilities construction project. Each PSD should provide information to Indian Health Service (IHS) managers so that they can evaluate a project; make decisions regarding its viability and efficacy; and provide oversight of the distribution and use of federal funds. The PSD provides essential information to the project manager (Federal, Title I, or Title V) and other project officials (architects, engineers, planners, and contracting officers). It also may be used in compiling annual reports to IHS Headquarters, the Department of Health and Human Services (HHS), and the Congress regarding budgets, commitment of funds, and facilities construction projects.

13.1.1.2 Applicability. The projects for which a PSD should be prepared vary greatly, from minor renovation, repair, and improvement projects to expansion projects which create new space or add space to an existing facility. However, certain requirements apply to every PSD regardless of the proposed project. The preparer, recommending official, and approving official are responsible for ensuring that the completed document complies with the following:

- A PSD must be developed for any construction project with a total estimated cost of more than \$50,000;
- A PSD must be developed for any project where space will be added under 50 square feet. (Over requires a PJD);
- A PSD may not be used for a project with an estimated cost of \$3,000,000 or more, unless otherwise approved by the Director DFPC;
- A PSD may not commit the federal government to expend funds that have not been appropriated or that have been specifically appropriated for another purpose;
- A PSD may not obligate the Congress to appropriate funds; and
- A PSD must comply with all laws, regulations, guidelines, etc., that govern construction of health care delivery space, including the most recent issuance of Indian Health Service Health Facilities Planning Manual.

Constituents preparing a PSD and those reviewing/recommending it for approval should be aware of these limitations to ensure efficient processing. The PSD must comply with all

applicable laws, specifically the Indian Health Care Improvement Act, Public Law (P.L.) 94-437, which authorizes most of the IHS health facilities construction programs, and the National Environmental Policy Act (NEPA).

13.1.1.3 Background. The Indian Health Care Improvement Act, Public Law 94-437, authorizes the Indian Health Service to fund facilities design, construction, acquisition, and improvement in a variety of ways. Projects require approval at various levels before funds are expended. Justification of the proposed actions must be clearly documented to ensure that approving officials have the information needed to make decisions.

Documentation of the need for a facilities project may consist of a Program Justification Document (PJD) or a PSD. Prototypes of these documents have been developed to serve as models for document preparers. A PJD is required for all projects costing \$3,000,000 or more and for adding new space greater than 50 square feet. A PSD, which is less detailed than a PJD, is used for any project costing more than \$50,000 but less than \$3,000,000 and all projects where new space is being added up to 50 square feet. A PSD or a PJD is required only for projects involving construction, renovation, or acquisition of space. It is not required for activities, which are exclusively studies, such as site evaluations, feasibility, energy, and seismic studies, environmental audits, and Facility Condition surveys.

This Chapter of the *IHS OEHE Technical Handbook* states the purpose of the PSD and describes the prototype. An explanation of how to complete a PSD for a specific project using the prototype appears in Appendix A, beginning on page A-1.

13.1.1.4 Description of the Prototype Project Summary Document. The prototype PSD in Appendix A contains standard wording and examples of standard attachments, tables, and forms that may be used in preparing a PSD. The prototype has been designed so that a preparer may use only those sections, paragraphs, tables, forms, and attachments required by the specific project being planned. It contains recommendations to assist the preparer in selecting what is needed to complete an approvable document.

The prototype also contains a sample signature page. This page should be modified to reflect the actual line of responsibility and approval authority for allocation and expenditure of funds for a project.

The prototype cannot cover all potential situations. The preparer of the PSD should consider carefully why a PSD is necessary, who will be reviewing and approving it, and why they require the information in the PSD. The intent is to keep the PSD as short and succinct as possible, while providing the required information. PSD size is not a consideration for approval.

13.1.2 Definitions.

- (1) Construction. The erection of a building, structure or facility, including the installation of equipment, site preparation, landscaping, associated roads, parking, environmental mitigation and utilities, which provides space not previously available. It includes freestanding structures, additional wings or floors, enclosed courtyards or entryways, and any other means to provide usable program space that did not previously exist (excluding temporary facilities). Construction projects are capitalized in accordance with the accounting principles of the Federal Accounting Standards Advisory Board (FASAB). See HHS Facilities Program Manual Volume 1 Section 2-1 for additional information.
- (2) Improvements (Renovations/Alterations). Any betterment or change to an existing property to allow its continued or more efficient use within its designated purpose (Renovation), or for use for a different purpose or function (Alteration). Building improvements also include improvements to or upgrading of primary mechanical, electrical, or other building systems, and site improvements not associated with construction projects. Improvements typically increase the useful life of a facility and are capitalized against the existing property in accordance with the accounting principles of the FASAB. See HHS Facilities Program Manual Volume 1 Section 2-1 for additional information.
- (3) Maintenance. Work to keep a property, facility, and/or building system or component in a continuously usable state or condition. Maintenance may include inspection, cleaning, calibration and adjustment, lubrication and replacement of constituent parts, materials and/or sub-assemblies worn, broken, damaged or otherwise comprised. Maintenance includes routine recurring work, which is incidental to everyday operations, as well as preventive work, which is programmed at scheduled intervals, and predictive work, which is indicated by analysis. See HHS Facilities Program Manual Volume 1 Section 2-1 for additional information.
- (4) Repair. The restoration of a failed or failing primary building system or real property facility component to a condition that restores its effective use for its designated purpose. A repair does not increase the underlying value of an existing facility and is typically not capitalized. An example of a primary building system would be the structural foundation and frame, domestic waste system, or building HVAC; a real property component would be a piece of the primary building system such as a roofing system, central chiller/boiler, generator, or elevators. A failed or failing primary building system or real property component may be the result of action of the elements, fire, explosion, storm and/or other disasters, and by use near to or beyond its expected useful life or technical obsolescence. See HHS Facilities Program Manual Volume 1 Section 2-1 for additional information.

13.1.3 Preparing a Project Summary Document.

13.1.3.1 Although most reviewers of a PSD are health care and associated professionals, many will not have personal and direct knowledge of the specific facility described in a PSD or of the problems associated with operating and maintaining the facility. The PSD must present information that identifies the existing facility and programs, clarifies the problem and the issues related to it, and states the proposed solution. It must include facts, data, reasoning, and conclusions used to develop the solutions proposed. The information should be concise and to the point. Avoid lengthy and repetitive narratives. A maximum of five pages, plus appendices, is suggested. Complicated tables, extensive use of different fonts, etc., are not needed or desired. Presentation should be as simple and concise as possible, defining what, why, who, when, where and how.

This Part of the Technical Handbook and the prototype PSD in Appendix A contain recommendations that should aid in conveying the necessary information in a standard format. Chapter 3 provides some suggestions for preparing PSDs for specific types of projects (e.g., Medicare/Medicaid, Dental, etc.).

13.1.3.2 Resources for the Preparer of a Project Summary Document. What a preparer will need to complete a PSD depends on the complexity of the proposed project and on the requirements of the laws and regulations that govern expenditure of funds for it. Resources available to a preparer are summarized below:

(1) **Guidelines:** Below is a list of guidelines with which the PSD preparer should be familiar:

- The IHS Health Systems Planning (HSP) Software
- The HHS Facilities Program Manual (Volume I)
- The OEHE Technical Handbook Volume III (includes NEPA)
- The authority's standard who the facility receives its accreditation
- The *IHS Architect / Engineer Design Guide (latest addition)*, and
- Facility Guidelines Institute (FGI)
Guidelines for Design and Construction of Hospitals,
Guidelines for Design and Construction of Outpatient Facilities, and
Guidelines for Design and Construction of Residential Health, Care, and
Support Facilities.

(2) **Personnel:** Developing a project is a team effort. Some PSDs may be prepared with minimal assistance; however, even these will probably have input from people working in the same office as the preparer. Other sources of input include tribal leaders and their staff; and staff at the facility, service unit, Area, Engineering Services (ES), and Headquarters.

It is essential for IHS to ensure that tribal input is solicited and that tribal officials are kept informed of progress. For small projects, consultation with others may not be as necessary as on larger projects. However, any project that impacts program or delivery

of services, even temporarily, should involve IHS and tribal health program staff during the planning process.

Planning staff can be particularly helpful in ensuring that the proposed project complies with Area and Service Unit plans for providing services. They will often have experience applying health planning criteria and will be able to advise preparers on workload drivers, staffing, etc.

13.1.3.2 Format of the Project Summary Document. The format of the PSD is the prototype PSD in Appendix A. A project PSD should use this prototype, edited to add pertinent information and to delete all text, punctuation marks, and suggestions that do not apply to the specific situation. Each PSD must include all major section headings (i.e. those headings that include a roman numeral) in the prototype PSD. However, if a section is not pertinent to the specific project, the words "Not Applicable" shall be placed in lieu of discussion. Keeping all the major sections, even when not used, will facilitate development, review and approval actions. Text format should be kept simple. One font type (Courier 12 point), bolded, italicized, capitalized and/or underlined for effect, is all that is required.

The preparer should avoid complex word processing functions, unless using them simplifies the presentation of the document. Columnar data should be formatted either with tabs or as tables. Many sections of the prototype reference tabs that will be included in appendices. The preparer is responsible for ensuring that the information is included and organized logically. Tabs should appear in the order that they are first referenced in the body of the PSD text.

13.1.3.3 Preparing the Project Summary Document. The preparer should review the prototype in Appendix A to determine what information will be required to describe, explain and justify the proposed project. The information in brackets and bold font provides suggestions and should be replaced by the specific wording that applies to the proposed project. Wording in non-bracketed, plain font must be included in each PSD. If this wording commits the writer to include other information, that information must also be included. For example, the last sentence in the SUMMARY section of the prototype must be included. Since it commits the writer to obtaining and including maps and facility drawings as a part of TAB A, these items must be obtained and included.

Below are more detailed instructions organized sequentially from the title page through the PSD appendices (TABs).

- (1) **TITLE PAGE:** The Title Page identifies the project and its location. The prototype PSD provides a page which can be used by replacing the bracketed material with the actual facility name, project number (if applicable), location, state, etc. The titles on the signature page, table of contents, facility data sheet, and the first page of the PSD must conform with the title page.

- (2) **SIGNATURE PAGE:** The title of the PSD as it appears on the title page should appear at the top of the signature page. The signature page should contain blocks for each person responsible for preparation, review and approval of the PSD with an appropriate heading for each block. The actual number of blocks and who will sign them will depend upon the preferences of the approving official. However, it is recommended that at least the blocks appearing in the prototype be used. Each signature page must contain an approval signature block with the name and title of the approving official. By signing this document the preparer, reviewer and approving officials are indicating that the project complies with all applicable federal laws and regulations. The preparer is responsible for informing the reviewing and approving officials of any unusual or significant factors.
- (3) **TABLE OF CONTENTS:** The title of the PSD as it appears on the title page should be placed at the top of the table of contents. The table of contents should contain the headings of all major sections of the PSD as they appear in the prototype. Those sections that are not applicable to the specific project, including those sections of the appendices, shall have the letters “NA” in place of the page number.
- (4) **FACILITY DATA SHEET:** The title of the PSD as it appears on the title page should be placed at the top of the facility data sheet. The facility data sheet provides basic information about the project location that the reviewers or approving officials might need to understand the project. Information on this sheet should not be restated in the body of the PSD. For the best accuracy, please reference data from the Healthcare Facilities Data System (HFDS).
- (5) **BODY OF THE PSD:** The title of the PSD as it appears on the title page should appear at the top of the first page of text in the PSD. All major sections that are included in the prototype shall be included in each PSD. Those sections that do not apply to the specific PSD should include only the title of the section, followed by the statement, “Not Applicable,” as the body of the section.
- a. **I. SUMMARY:** The PSD should be introduced by a brief summary of the project, including the work to be accomplished and why (e.g. , “This project will add 2,000 gross square feet to house a new boiler”) and the type of funding to be used (e.g. Medicaid/Medicare, etc). The length of the summary will depend on the complexity of the project.
- However, no PSD should have a summary of greater than two paragraphs or about 150 to 200 words. The summary should not include information already provided on the facility data sheet. One sentence of the summary will state that Tab (or Appendix) A includes maps and facility drawings.
- b. **II. PROJECT SCOPE AND DESCRIPTION:** Describe the proposed work to be accomplished by the project. Include all work reflected in the cost estimate.

The description should be a fairly detailed explanation of the proposed work and should include a narrative that explains anticipated problems and their proposed solutions. Much of the information may be included in lists or tables.

The description must include a project justification that states why the work is necessary and, if appropriate, how it is linked to the Area's Health Facilities Master Plan. It should discuss how the project will meet program needs and how it will comply with legal, accreditation, and certification requirements. For example, projects using M/M funds must be tied to correcting Joint Commission deficiencies. The preparer must cite the specific Joint Commission (or other accreditation board) reference by standard clause, chapter, paragraph, etc.

- c. **III. DEFICIENCIES:** A list of deficiencies to be corrected by the project must be listed and described. The prototype recommends that the deficiencies be provided in tabular form and provides an example with four columns headed, respectively, "FEDS (Facilities Engineering Deficiency System) Number," "Description of Deficiency or Work," "Cost per FEDS," and "Current Estimated Cost" (see Exhibit 1).

EXHIBIT 1 Sample Deficiencies Table

BEMAR Items

FEDS Number	Description of Deficiency or Work	Cost per FEDS	Current Estimated Cost
Total Costs			

- d. A separate table should be provided for each category of deficiencies, i.e., Backlog of Essential Maintenance and Repair (BEMAR), The Joint Commission (JC), American Dental Association (ADA), specific Public Law requirements, etc. List only those deficiencies that the current project will address. If a deficiency could be listed under more than one category, it should be listed only once, under a category that applies to the specific situation. For example, all Medicare and Medicaid (M&M) funding must be tied to facility accreditation. If a deficiency can be listed in the BEMAR as well as the Joint Commission, listing it as Joint Commission will support the need for using M&M funds.

The "Cost per FEDS" is the estimated cost as shown in the FEDS data base. This is the amount that will be removed from the FEDS data base upon completion of the project. The "Current Estimated Cost" is the present

estimated actual cost of completing the project.

- e. **PROGRAM IMPACTS:** The prototype PSD provides a checklist for indicating the impact of the project on staffing and health programs. One of the three choices must be checked in each of the two categories. Checking certain options commits the preparer to including additional information. If staffing will be increased, a Staffing Summary must be provided in the appendices (see the sample in TAB B of the prototype PSD). If health programs are added or removed from the current services provided at the facility, a list of both current and proposed services must be included.

The PSD cannot obligate the government to provide services or staff for which funds are not available through existing appropriations or collections. If the project increases staffing or health programs, the preparer must explain how these increases will be funded within existing appropriations or collections. Changes such as these may require a PJD. The preparer shall contact DFPC to confirm if a PSD is allowed for the aforementioned changes. The official approving the PSD will be accountable for ensuring that funds are available for the proposed increases and that these funds are used in accordance with federal law and regulations.

- f. **WORKLOAD FOR EXISTING AND PLANNED SPACE:** Section V of the prototype PSD, “Workload for Existing and Planned Space,” must be completed only if the PSD will add new space, either by expanding an existing facility or constructing a new one. If space is not added, the words “Not Applicable” should be the only text under this section heading. Also, it is not necessary to include workload information if (1) existing total space is not adjusted so that any affected department gains or loses more than 10% of its pre-project space, AND (2) the project does not exceed the HSP allowance by more than 10% on a room-by-room basis.

New space is any newly constructed space. New program space is non-program space which is converted into program space.

Proposals to add space must be justified based on population, workload, and staffing statistics. This information should be provided in tabular form with columns showing the workload category, the current statistics, and the projected statistics (see Exhibit 2). Projections should be made for three years from the present or for one year after the projected completion date. List official workloads for programs affected by the project.

EXHIBIT 2 Sample Workload Table

Official Workload	Current Fiscal Year	Projected to 3 Years from Current Fiscal Year or 1 Year after Project Completion Date
Service Area User Population		
OPVs		
PCPVs		
Etc.		
Etc.		

- g. **SITE SELECTION**: Most small projects will not require a Site Selection and Evaluation Report because they occur in existing facilities, and this section will simply indicate the location of the project and reference the project site map in the appendices (TAB A).

If a site is proposed at a separate location from the existing facility (i.e., not in or adjacent to the existing facility), a Site Selection and Evaluation Report Phases I and II must be completed before the PSD is approved. (Phases I and II of the Site Selection and Evaluation Report may be combined into a single report.) This section of the PSD should state that the Site Selection and Evaluation Report has been completed and summarize its findings. The preparer will be responsible for obtaining a copy of this report and including it in the appendices.

- h. **PROJECT COSTS AND FUNDING SOURCES**: Each PSD shall be assigned a Project Number in UFMS and shall contain two tables providing information on costs and funding, one showing estimated project costs and the other showing the sources that will provide funding. Only those PSDs which demonstrate that sufficient funds are, or will be, available to meet estimated costs should be approved. In some cases, because most PSDs are approved at the Area Office level, the Area Financial Officer certifies that funds are available.

One table will be a project cost estimate (see Exhibit 3) showing the costs for design, construction, Public Law 93-638 administration, equipment and furnishings, etc. If any category is not applicable to the specific project, the estimated cost is shown as zero, and the PSD should include an explanation why funds are not necessary. The cost estimate in the prototype provides cost estimate categories for design, construction, equipment and furnishings, other, and project contingency. If the “other” category is used, a description must be provided.

An estimate of the P.L. 93-638 administrative costs should be included only if the proposed construction will be administered under a P.L. 93-638 contract. If additional categories are included in the cost estimate, they must have descriptive names that indicate the use of the funds. Terms such as “other”

and “miscellaneous” are not appropriate for category names.

EXHIBIT 3 Project Cost Estimate	
1. Design	
A/E Design Fee	\$ _____
“638” Administration (if applicable)	\$ _____
Subtotal	\$ _____
2. Construction	
A/E Const Admin/Observation	\$ _____
Building and Site Work	\$ _____
Construction Contingency	\$ _____
Subtotal	\$ _____
3. Equipment and Furnishings.....	\$ _____
4. Other (Describe)	\$ _____
5. Project Contingency	\$ _____
Total:	\$ _____

Funding sources are to be listed on a second table (see Exhibit 4). This table must list each source of funds and show the amount which each source will contribute to the project. If the project will be phased because the total estimated amount is not available to complete the project in one year, the PSD must show, either in the tables or in a statement, how each phase will be funded, indicating the fiscal year of funding. If a project will be phased over multiple years because the total estimated amount is not available to complete the project in one year, the preparer must substantiate how the funds will be provided or set aside from future appropriations, reimbursements, etc. to accomplish the proposed work. If in-house labor will be used to construct the project, indicate the amount of effort contributed.

Appropriation law and reports will restrict how funds may be used. Restrictions may be found in the laws authorizing expenditure of funds, laws and reports appropriating funds, regulations for use of funds, and guidelines for implementing various laws related to the funds. Chapter 3 of this part reviews how to address certain requirements and restrictions in the PSD. If funds are coming from other sources than those described in Chapter 3, the preparer should investigate what restrictions, requirements, etc., are imposed

by the use of these funds. Obligation of funding for the project should be in accordance with provisions of the Anti-Deficiency Act and the Federal Managers’ Financial Integrity Act. Obligation of funds when none are available is in violation of the law, and approval shall not be granted.

EXHIBIT 4 Funding Sources	
Medicare/Medicaid Collections	\$ _____
Maintenance and Improvement	\$ _____
FY XX (current or prior year funds)	\$ _____
FY XX (future year funds)	\$ _____
Total:	\$ _____

- i. **PROJECT SCHEDULE:** Each PSD must include a project schedule showing the time planned to accomplish each phase (see Exhibit 5). Most schedules will show only the estimated design and construction times and the anticipated completion date. Schedules for more complex projects may need to provide more detailed information. Projects must begin within one year from the time the PSD is approved and must be completed within five years of the approval date.

EXHIBIT 5 Sample Project Schedule	
Design.....	[3 months]
Construction	[6 months]
Estimated Date of Completion	[Date]

- j. **APPENDICES:** The appendices contain supporting information developed as separate documents. These documents include maps, plans, studies, detailed tables and charts, reports, etc., which clarify, explain, or expand on information contained in the PSD.

The appendices are organized by using tabs arranged in the order they are referenced in the body of the PSD. Thus, because the maps and facility drawings are usually first referenced in the first paragraph, they will appear in Tab A. The next reference to a tab in the body of the PSD will use Tab B, etc. A reference to each tab (i.e., “see Tab B”) must appear at least once in

the body.

Tabs are to be designated in the standard order given in the prototype PSD. If any tab does not apply to a specific project, it should be marked “Not Applicable,” so that other tabs retain their standard designations.

13.1.4 APPLYING THE PROJECT SUMMARY DOCUMENT TO SPECIFIC PROJECT TYPES

13.1.4.1 Most laws and reports authorizing or appropriating funds include language that specifies how the funds are to be used. The PSD for each project must address these unique requirements and restrictions. These guidelines are not intended to cover all contingencies or possibilities. However, a PSD must reflect the recommendations and requirements stated below in order to comply with restrictions and requirements imposed by law, regulation, and appropriation report. Further information on this subject may be found in the Technical Handbook for Healthcare Facilities titled, *Alternative Funding for Construction Projects*.

13.1.4.2 Maintenance and Improvement Funds. Each PSD for a project using Maintenance and Improvement (M&I) funds must list specific deficiencies to be corrected. Specific deficiencies must be listed in Section III of the PSD with a numerical reference to the Facilities Engineering Deficiency System (FEDS).

Each PSD must also reference the fiscal year and approved Area Facilities Engineering Program Plan (FEPP) in which the project was approved. The PSD must also explain whether IHS ES will manage the project design and construction.

The above information will help IHS managers verify the expenditure of M&I funds, and help ES managers in scheduling construction project workloads.

13.1.4.3 Medicare and Medicaid Reimbursements. Each PSD for projects using Medicare or Medicaid (M&M) funds must demonstrate that the project will correct specific Joint Commission deficiencies. The list of deficiencies in Section III of the PSD must include only items that, if not corrected, might be cited during a Joint Commission survey.

The project justification in Section II, “Project Scope and Description,” must address how the proposed project will correct the deficiencies and prepare for JCAHO accreditation. The PSD must demonstrate that all the M&M funds expended are to correct JCAHO deficiencies. M&I funds can be used to correct The Joint Commission (TJC) BEMAR deficiencies or to improve existing facilities.

13.1.4.4 Level of Need Funds (LNF). Each PSD for a project using Level of Need Funding funds must demonstrate that the funds will be expended to obtain additional program space. The description of work in Section II must state the amount of space to be constructed or otherwise acquired, and Section V, “Existing and Planned Space,” must be completed. The PSD must

indicate the amount of the Level of Need Funding used for construction or acquisition of new space. To do this, the preparer will need to break out new construction costs and show that these are equal to or greater than the Level of Need Funded amount on the Funding Sources Table.

13.1.4.6 P.L. 93-638 Health Services Carryover (HSC) Funds. Each PSD for a project using health services carryover funds must demonstrate that the funds to be used are currently available from previous years or at the end of current year P.L. 93-638 health services contracts. It also must demonstrate that the funds will be used for purchase, renovation or erection of modular buildings, or renovation of an existing facility as required to meet the needs of existing programs.

The project justification in Section II must demonstrate that the new or renovated space provided is needed to house existing, approved programs or proposed programs within existing operational funding levels. Section V, “Existing and Planned Space,” must be completed, providing a detailed comparison between HSP requirements for space and the existing space for the program. Since all funds must be previous year carry over funds that are available at the time the project is planned, the Source of Funds table in Section VII must show that all carry over funds are expended during the first funding phase. It should also show the year the funds to be used were appropriated.

13.1.4.7 Modular Dental Units Funds. Each PSD for construction of modular dental facilities must demonstrate that the funds will be used to replace and/or expand existing dental services space. It must include Section V, “Existing and Planned Space” and demonstrate that the existing space is not adequate (in space or physical condition) to deliver dental health care services. A comparison of HSP recommended space and the existing space must be included if additional space is proposed.

End of Chapter 13.1 Project Summary Document

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