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TECHNICAL HANDBOOK FOR  
ENVIRONMENTAL HEALTH AND ENGINEERING  
VOLUME IV - REAL PROPERTY MANAGEMENT  
**PART 33 - LEASING**

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**33-3.1.1 INTRODUCTION**

**A.    PURPOSE**

This chapter explains the Lease Priority System for real property and the documents necessary to evaluate direct lease requests for new or expanded leased space requirements for IHS health care programs.

**B.    BACKGROUND**

The 1976 Indian Health Care Improvement Act (IHCIA), Public Law (P.L.) 94-437 '804) as amended (25 U.S.C. 1674) authorizes the Indian Health Service (IHS) to enter into leases with Indian tribes. There are additional authorizations in the Indian Self-determination and Educational Assistance Act (ISDEAA) (Public Law 93-638, as

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amended). Federal policy related to leasing can be found in Federal Management Regulations (FMR), '102-73 Real Estate Acquisition.

The initial IHClA authorization was promulgated as a means to improve the quality of health care provided to American Indians and Alaska Natives. Within three years of the initial enactment of the leasing authorization, more than 300 leases were in place. Of these one 20-year, full-service lease was negotiated before the IHS had asked the Congress for the funds to staff and equip its new clinic. The Senate and House Subcommittees on Appropriations concern about IHS unauthorized program expansion lead to a 12 year moratorium against any new or expanded leases without advance provision for funding for staffing and equipment cited in subsequent Appropriations Acts.

Through IHS negotiation with the Senate and House Subcommittees on Appropriations, the IHS was able to suggest the Lease Priority System (LPS) as a means to self-monitor against unauthorized program expansion through leasing. The LPS was developed in fiscal year 1991, in response to Senate Report 101-534, House Report 102-116, Conference Report 102-256, and the IHS Appropriations Act, Public Law 102-154 (October 1992). The LPS established the Leasing Priority Committee, and subsequently, the approval process incorporating this Committee was approved and adopted. As a result the restrictive language was dropped from the 1992 and subsequent Appropriations Acts.

On June 28, 1991, the Office of Environmental Health and Engineering (OEHE) issued the LPS as a supplement adjunct to the Health Facilities Construction Priority System and the Health Facilities Planning Manual. Thereby, enabling smaller facilities to be leased that would not rank on the New Construction Priority List or which the General Services Administration (GSA) could not readily provide because of the location's remoteness. Also, many of the tribal health clinics being constructed at the time measured between 14,000 and 20,000 gross square feet and IHS was not constructing anything smaller than 21,520 gross square feet (gsf) or 2,000 gross square meters (gsm).

Initially, IHS established an 11,000 gsf (1,022 gsm) limitation on proposed LPS leases. In November 1993, IHS raised the ceiling from 11,000 gsf to 21,520 gsf (2,000 gsm). The Subcommittees have not objected to the self-imposed space limitation.

With the need for new and replacement facilities greater than available construction funds, Indian tribes often offer facilities to IHS for lease. These proposals may be to replace outdated Government-owned ambulatory care facilities as well as to replace or expand offices, storage buildings, quarters, and temporary buildings. Some proposals may be to expand current leased space, while others may be to establish services where no federally-owned or GSA leased facility exists. Many proposals are for space necessary to expand IHS services

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at locations that could not be expected to receive priority ranking on the IHS Facilities Construction Priority List

The IHS authorization to lease space is fairly unique for Federal agencies, because nearly all Federal space is leased by the GSA. Although the IHCIA and the Indian Self-Determination and Education Assistance Act (ISDEAA) both include authorizing language for the IHS to enter into leases, no corresponding budget authority has ever been included in IHS appropriations bills. Thus, any new or expanded lease and staffing costs normally are paid by Service Unit and Area Offices from existing operating funds. The LPS is part of an overall planning system which includes the Area-wide Health Facilities Master Plan of each IHS Area Office.

**C. PURPOSE AND SCOPE OF THE LEASE PRIORITY SYSTEM**

The LPS is intended to assess the need to lease small health care clinic space, office space, storage space, service space, parking lots or space and other miscellaneous real property. In November 1993, the IHS imposed a space limitation for all lease proposals evaluated by the LPS Committee. The space limitation serves as an adjunct to the Health Systems Planning Methodology System by enabling smaller facilities to be leased which would not rank on the New Construction Priority List or which GSA could not readily provide because of a location's remoteness.

The Lease Priority System is limited to considering those IHS leases for which Area Offices have budgeted funding in their Direct-Leased Space Projections. Approval of unanticipated lease requirements is subject to the documented availability of funds and the merits of each request.

The IHS leases of tribally-owned and operated program space are limited by the availability of existing contract funds, and are not included in Direct-Lease Space Projection budgets.

**33-3.1.2 APPLICABILITY**

All proposals to lease new, expanded, or replacement space, as well as to renew existing agreements for IHS direct leases must be reviewed under the LPS process and approved by the IHS Lease Committee.

Leases not applicable to the LPS process include Village Built Clinic (VBC) leases, land leases, tribally-leased space leased by P.L. 93-638 contractors, and GSA-assigned space.

### **33-3.1.3 GENERAL INFORMATION ABOUT LEASES**

Federal agencies may perform for themselves all functions necessary to acquire space in buildings and land incidental thereto when independent authority has been authorized and/or specific delegation has been granted by the Administrator of General Services Administration (FMR 102-2.30(b)).

The IHS commonly leases office and parking space; hospitals (including medical clinics); storage facilities; conference and meeting space; and special purpose space.

Lease terms may vary from 180 days to 20 years, depending on the leasing authority.

Space may be leased at market rate, for no cost, or for a nominal consideration, depending up the leasing authority.

### **33-3.1.4 LEASING TERMINOLOGY, DEFINITIONS and ACRONYMS**

**Capital Lease.** A lease that meets one or more of the following criteria as defined in the Office of Management and Budget Circular A-11:

- Ownership of the asset is conveyed to the Government at the end of the lease period;
- Lease contains an option to purchase the asset;
- The lease life exceeds 75% of the asset life;
- The present value of the minimum lease payments exceed 90% of the assets fair market value at the inception of the lease; or
- The asset is constructed on Government land;
- The asset is not general purpose in nature and was built to unique Government specifications;
- There is no private sector market for the asset; or
- The Government must assume all the financial risks of ownership of the asset, even though they may not be at fault for loss of the asset.

**Direct Lease.** Leases where IHS leases directly with the lessor.

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**Federal Management Regulation (formerly Federal Property Management Regulations).** Regulations implementing the Federal Property and Administrative Services Act of 1949, as amended.

**GSF.** Gross square feet.

**GSM.** Gross square meters.

**No-cost or Nominal Lease.** Leases with Tribes or Tribal Organizations for the use of tribal land or facilities at no cost or a nominal cost (\$1/year).

**NSF.** Net square feet.

**Operating Lease.** A lease that does not meet any of the eight criteria listed for a capital lease (see capital lease definition above).

### **33-3.1.5 LEASE PRIORITY SYSTEM IMPLEMENTATION**

#### **A. PRINCIPLES**

The LPS is based on the following principles:

- Space is often needed to provide access to approved programs for IHS clients where no suitable Federal facilities exist;
- Current health program requirements should be addressed by the space requested;
- Capacity of existing owned or leased structures should be considered;
- Condition of existing owned or leased structures should be considered;
- Fully staffed (funded full time equivalents (FTEs)) programs at existing facilities needing additional space for current workloads have a priority over those involving program expansion, additional staff, and projected service populations;
- Health care delivery facilities have a higher priority than office space, storage areas, warehouses, housing, and parking facilities, etc.; and
- Area funds are available - The Area Financial Officer must certify that funds are available for their space requests.

#### **B. LEASE SPACE TYPES**

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Special and general purpose space that may be proposed for IHS to lease (permanent, no cost, and temporary), under the LPS includes:

- Program space (i.e., outpatient, dental, laboratory, pharmacy, radiology, etc.);
- Administrative space (including office areas for health professionals, community health representatives, mental health counseling, etc.);
- Housing (e.g., houses, apartments, dorms, wards) in limited circumstances;
- Parking lots;
- Storage buildings and warehouses; and
- Substance abuse and alcohol treatment facilities funded in IHS appropriations.

NOTE: Proposals to lease housing must include an approved Program Justification Document-Quarters. Also, if a rental market exists in the community, the employee/tenant should be the lessee, not the IHS.

**C. EXCLUSIONS FROM LPS PROCESS**

Certain leases are exempt from the LPS process and none of the LPS worksheets need to be prepared as provided below:

- GSA leased space assigned to IHS as the tenant (IHS can release this space with 120-days advance notification to GSA);
- No-cost land leases related to IHS-owned buildings (direct-Federal construction and facilities appropriations);
- Village Built Clinic leases ( leases not to exceed 1 year);
- Tribally-leased space, the space leased by ISDEAA contractors from 3rd party vendors (space necessary to IHS contracted programs); and
- GSA-assigned space and land leases. Requests for these leases must be processed through the Division of Facilities Operations (DFO), IHS Headquarters. They do not require any LPS forms, but must include a cover memo signed by the Area Director, a Request for Space standard form (SF-81), and the space specification worksheets. A copy of these documents is located on the Division of Facilities Operations (DFO) website; using the links under realty, click on the "Documents" link. For land leases, please include a Tribal Resolution and Project Justification Documentation along with the request.

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NOTE: IHS does not lease trailers and modular buildings. Areas should consider preparing a Program Summary Document for acquisition of additional real property should the exigency merit this action.

**D. EVALUATION PROCESS OF PROPOSED LEASES**

The DFO, Office of Environmental Health and Engineering (OEHE), will coordinate and convene the Lease Priority Committee to review and evaluate the Area proposals. The DFO will provide copies of each lease proposal to Committee members at least 5 working days before the monthly LPS Committee meeting.

Each proposal to lease space should address the following:

1. Consistency of the Service Unit and Service Area data (e.g., demographics, service populations, distances, services, etc.) with statistical data maintained in IHS Headquarters' (HQ) Division of Program Statistics.
2. The condition of the present facility and its capacity to meet current and future workloads should be described;
3. Facilities offered for lease to the IHS should be high quality, permanent structures that are suited to the employees' work functions and should be readily adapted to accommodate new work practices and strategies while minimizing expense and delay;
4. Facilities to be designated as IHS "Mission Critical" or "Essential" buildings that meet the seismic performance level of **Immediate Occupancy** should be given greater consideration than other classifications of buildings;
5. Facilities in locations where no IHS or private sector health care facility is now available should given greater consideration than locations where services are available;
6. The current and projected space requirements (projections should be for no more than 2 years in the future). The Department has an utilization limitation for office space of 215 square feet per person. For guidance on small health facilities; space requirements, see IHS Addendum to Health Systems Planning Process (HSP), a copy is located on the Division of Facilities Planning and Construction website (<http://www.dfpc.ihs.gov/>).
7. A summary of all costs associated with the lease action should be included in the proposal, i.e., rental payments, all operating, maintenance, security costs, utility costs, etc. Whether a lease is proposed for a nominal cost or for the full value of the lease will not be considered during LPS review. Costs are not a factor in evaluation of proposed leases. However, consideration will be given

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to the expenses related to utilities, maintenance, personnel, and new equipment. No lease will be approved unless funds are available to cover the costs. The Area Finance Officer must certify that funds are available; and

**E. AREA DOCUMENTATION FOR LEASE APPLICATIONS**

Each LPS proposal, unless it is a proposal to execute a lease in accordance to an approved Joint Venture Program agreement (see paragraph F on page 9), should include the appropriate documents listed below:

1. Cover memo signed by the Area Director;
2. A completed and signed Area Office Certification (See Exhibit A, "Area Office Certification"), which includes certification by the Area Financial Officer that funds for the lease are available.
3. Completed LPS Worksheet A (see Exhibit B, "Worksheet A - Proposal." **Worksheet A** includes basic lease information and will be used for developing all lease proposals.
4. Documentation indicating that the Area has coordinated with the appropriate Division of Engineering Services (DES) Warranted Lease Contracting Officer (LCO) prior to the submission to Headquarters. The LCO will advise the Area on the applicable lease regulations and Departmental policies and requirements associated with all Federal leasing actions. The Headquarters LPS Committee will not evaluate any application that has not been coordinated with the appropriate DES LCO.
5. Any of the following worksheets that apply.

**Worksheet B** (See Exhibit C, "Worksheet B - Data for Health Care") includes information for planning lease space. This information will be applied to the Health System Planning Process (HSP) to develop space requirements. It must be completed for the lease of new or expanded health clinics, stations, dental facilities, Youth Regional Treatment Centers (YRTCs), and buildings which IHS-leases but are tribally-owned and operated under ISDEAA contracts.

**Worksheet H** (See Exhibit D, "Worksheet H - Temporary Leases for Housing") is required for lease proposals for temporary housing/quarters (including house trailer lots, and house trailer pads).

**Worksheet O** (See Exhibit E, "Worksheet O - Office/Business Use Space") is submitted for any leased office or other business use space, such as, offices space for Community Health Representatives



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and IHS Business Offices. Standard Form SF-81-A, Space Requirements Worksheet may be substituted for Worksheet O.

**Worksheet P** (See Exhibit F, "Worksheet P - Parking and Garage Space") is required for lease proposals for parking lots, garage space, building sites, trailer lots, and trailer pads that are needed for program space. It shall not be used for sites for house trailers or similar quarter's buildings.

**Worksheet WS** (See Exhibit G, "Worksheet Ws - Warehouse and Storage Space") is required for lease proposals for warehouses and storage facilities.

6. GSA Standard Form SF-81, Request for Space, pages 1 and 2 (identifies space, terms, dates, approvals, budget/funding certifications, etc.);
7. Scale drawings, or blueprints;
8. Tribal resolution (ICHIA leases) or ISDEAA request when appropriate; and
9. Completed LPS worksheet related to the functional use of the space being requested (e.g., Worksheet B, H, O, P, or WS).

In addition to the worksheets, required to justify the program need (e.g., office, warehouse, clinic space), Areas should submit any other LPS Worksheets or other information to support or explain the need for the proposed program space.

EXCEPTIONS: In the event the worksheets are not adequate for the proposed lease due to building type, etc. or the proposed lease purpose and scope is unique, the Headquarters' Realty Officer should be contacted.

**F. AREA CERTIFICATION OF COMPLETION FOR JOINT VENTURE LEASES**

A proposal to execute a lease in accordance with an approved Joint Venture Program agreement will include the following:

- A cover memorandum signed by the Area Director,
- Exhibit H "Worksheet JV - Joint Venture Program Lease,"
- The approved Program Justification Document,
- The approved Program of Requirements,
- The executed Joint Venture Program Agreement,
- Documentation indicating that the Area has coordinated with the appropriate Division of Engineering Services (DES) Warranted Lease Contracting Officer (LCO) prior to the submission to Headquarters; and
- GSA Standard Form SF-81, Request for Space, pages 1 and 2.

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F. APPROVAL AUTHORITY

Approval of all LPS Lease requests rests with the Director, Division of Facilities Operations, Office of Environmental Health and Engineering, Headquarters.

**33-3.1.6 LPS COMMITTEES**

**A. AREA LPS COMMITTEE**

1. Each Area shall establish an LPS Committee to review and recommend approval of LPS lease proposals. The Area LPS Committee shall include at least:
  - Area Chief Medical Officer or Area Clinical Director, or another representative occupying a professional medical position;
  - Area Contracting Officer, or designee;
  - Area Program Planner, or designee;
  - Area Realty Management Officer (RMO);
  - Area Facilities Engineer or OEHE Associate Director;
  - Representative from the Office of Tribal Activities; and
  - Recording Secretary
  
2. Area LPS Committee procedure:
  - The Committee should establish its charter and chairperson; a minimum of four persons (excluding the recording secretary) shall constitute a quorum; the Committee shall meet monthly when there is business to act upon;
  - The material reviewed at the meeting, a summary of the deliberations, and the committee's recommendation should be submitted to the Area Director for approval or disapproval;
  - The Area Director, by signing the LPS submission is recommending approval of the request and certifying that the submission addresses the program requirements to provide access to services, that the Area Financial officer has certified that funds are available to pay lease costs, and that personnel are available to staff the proposed facility;
  - Upon the Area Director's approval, the RMO should submit one set of the LPS documents to the Division of Facilities Operations (DFO), OEHE, Headquarters (HQ) for review by the HQ Lease Priority Committee; and
  - LPS applications should be forwarded to DFO by the 15th of any month, thereby ensuring adequate time for preparing packages for

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the HQ LPS Committee review. The HQ LPS Committee meets on the 1st Thursday of the first full week of any month when there are LPS packages to act upon.

**B. HEADQUARTERS LPS COMMITTEE**

1. Headquarters LPS Committee is to review all LPS proposals. The Headquarters LPS Committee should include as core members the following:

- Representation from the Division of Regulatory and Legal Affairs;
- Representation from the Division of Program Statistics;
- Representation from the Division of Acquisition Policy;
- Representation from the Division of Facilities Planning and Construction; and
- Representation from the Division of Facilities Operations, Lead Realty Officer (1), Realty Specialist (1), and Engineer (1).

Additional members, when applicable, may include representatives from IHS Finance, Personnel, OIT, etc.

2. Headquarters LPS Committee Procedures include:

- The Committee should establish its charter and Chairperson; a minimum of 51% of the members (excluding the recording secretary) shall constitute a quorum; the charter should state that the Committee shall meet monthly when there is business to act upon;
- The material reviewed at the meeting, a summary of committee deliberations and recommendations (approval or disapproval) and a complete leasing package will be submitted to the Director, DFO for signature;
- The Director, DFO, by signing the LPS package is certifying it is accurate and complete based on the Area's overall program requirements and that it complies with all laws and orders governing space acquisition and funding requirements;
- After the Director, DFO, certifies the lease request, the HQ realty officer will submit one set of the LPS documents and cover memo to the appropriate Division of Engineering Services Lease Contracting Officer to negotiate and enter into a lease in accordance with the approved lease request.

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3. The HQ LPS Committee determinations may include:

- Approved LPS lease package - the Director, Division of Facilities Operations, signs the lease proposal approved by the LPS Committee; a memorandum approving the request is forwarded to the appropriate Division of Engineering Services for action through the Area Director. A copy is provided to the Area Realty Management Officer.
  
- Disapproved LPS lease package - the Director, Division of Facilities Operations, signs a memorandum returning the lease proposal disapproved by the LPS Committee to the Area Director; the Area is notified in writing that the lease package did not meet LPS requirements; the memorandum documenting the disapproval will cite how the proposal is deficient and advise the Area that any resubmission must address all cited deficiencies. The Area Director may resubmit the lease proposal by addressing all deficiencies cited in the memorandum. The LPS Committee will make a final determination on the resubmitted lease package and if disapproval is sustained, the Area will be notified in writing.

**33-3.1.7 LEASE PRIORITY SYSTEM PROPOSAL CERTIFICATIONS**

The Area Office Certification (See Exhibit A "Area Office Certification") with appropriate signature page(s) must be included as part of each lease proposal.

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**Exhibit A. Area Office Certification**  
**AREA OFFICE CERTIFICATION**

The following individuals have reviewed and concur that the attached LPS documents were prepared in accordance with the LPS instructions and guidance and the LPS package (SF-81, Worksheets A, scale drawings, plats, tribal resolutions, etc.) complies with the IHS Lease Priority System application process.

By signing this document, I am recommending approval of proposed lease request and upon HQ's approval, authorizing the Lease Contracting Officer on behalf of the Area to negotiate and enter into the lease agreement.

Prepared By:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

Reviewed By:

\_\_\_\_\_  
Service Unit/CEO

\_\_\_\_\_  
Date

Reviewed for Accuracy and Completeness

\_\_\_\_\_  
Area Realty Management Officer

\_\_\_\_\_  
Date

LPS package has been forwarded, reviewed and discussed with the Lease Contracting Officer's: Yes \_\_\_\_\_ No \_\_\_\_\_  
(Attached document confirming Lease Contracting Officer review)

Recommended for Approval:

\_\_\_\_\_  
Area Facilities Engineer or  
OEHE Associate Director

\_\_\_\_\_  
Date

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By signing this document, I am recommending approval of proposed lease request and upon HQ's final approval, authorizing the Lease Contracting Officer on behalf of the Area to negotiate and enter into the lease agreement.

Approved By:

\_\_\_\_\_  
Area Director

\_\_\_\_\_  
Date

Certification of Available Funds

I certify that funds in the amount of \$\_\_\_\_\_ per year are available immediately under the following IHS Appropriations: \_\_\_\_\_, CAN#\_\_\_\_\_ for this request and for the recurring lease costs (including CPI increases) for the term of the lease.

Certified By:

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Date

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**Exhibit B. Worksheet A - Proposal**

**LEASE PRIORITY SYSTEM PROPOSAL**

**WORKSHEET A** must be completed for all lease proposals.

Your completed LPS Application needs to include the following documents:

1. Cover Memo signed by the Area Director;
2. Completed LPS Worksheet A;
3. Form SF-81, Request for Space, pages 1 and 2, (identifies space, terms, dates, approvals, budget and space certifications, etc.);
4. Scale drawings or blueprints; and
5. Tribal resolution (ICHIA leases) or ISDEAA request when appropriate.

IHS AREA OFFICE: \_\_\_\_\_

SERVICE UNIT: \_\_\_\_\_





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**NOTE:** Unlike planning activity for new construction, leases are negotiated based on today's existing staffing and program needs.

Identify the net and gross square feet of current assignments by program:

Current Staffing (funded FTE's) for each program (prepare Worksheet B, too, if program is health care space):

Program Name	Existing IHS Staff	Proposed IHS Staff	Existing Contract Emp.	Proposed Contract Emp.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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EXISTING SPACE

A. Check the appropriate response. Currently, the program(s) requiring new or expanded space is housed in:

- |   |  |
|---|--|
| <input type="checkbox"/> Government-owned             | <input type="checkbox"/> GSA-assigned space          |
| <input type="checkbox"/> IHS Leased/Tribally-owned    | <input type="checkbox"/> Tribally-owned and operated |
| <input type="checkbox"/> Buy-Indian Contract          | <input type="checkbox"/> Urban Indian lease          |
| <input type="checkbox"/> Tribally-leased and operated | <input type="checkbox"/> New Program (no space)      |

B. For Government-owned, GSA-assigned, or IHS leased/tribally owned facilities complete the appropriate section below. For IHS leases of ISDEAA owned and operated facilities, skip to Section C.

Owned (answer every blank or enter N/A)

IHS Installation Name \_\_\_\_\_  
IHS Installation Number \_\_\_\_\_  
Geographical Location Code [state]-[city]-[county code] \_\_\_\_\_  
Building Number \_\_\_\_\_  
Predominant Use Category \_\_\_\_\_  
Building Gross Square Feet (end year constructed) \_\_\_\_\_  
Program Net Square Feet \_\_\_\_\_  
(Specify net, net rentable, or net usable)

Direct-Lease (answer every blank or enter N/A)

IHS Installation Name \_\_\_\_\_  
IHS Lease Number (DES#) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Lease Install # 7510 - \_\_\_\_\_ - \_\_\_\_\_  
2 digit state # (5 digit install)  
Geographical Location Code [state]-[city]-[county code] \_\_\_\_\_  
Number of Buildings under Lease \_\_\_\_\_  
Predominant Use Category \_\_\_\_\_  
Building Gross Square Feet (end year constructed) \_\_\_\_\_  
Program Net Square Feet \_\_\_\_\_  
(Specify net, net rentable, or net usable)  
Land Area \_\_\_\_\_ (Specify acres or hectares)  
Current Annual Lease Cost \_\_\_\_\_  
Initial Lease Term \_\_\_\_\_ to \_\_\_\_\_ ends(ed) \_\_\_\_\_ # years  
Current Lease Expires \_\_\_\_\_  
Option (years) \_\_\_\_\_

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GSA-Assigned (answer every blank or enter N/A)

Current GSA-assigned Location (city, state): \_\_\_\_\_  
GSA Bldg. Number \_\_\_\_\_ OAM Bill # \_\_\_\_\_  
Space Type: Office \_\_\_ Other than Office \_\_\_ [specify] \_\_\_\_\_  
Inside Parking \_\_\_\_\_ [#spaces] Outside Parking \_\_\_\_\_ [#spaces]  
Current Net Square Feet assigned \_\_\_\_\_  
Total Staff \_\_\_\_\_ Utilization Rate \_\_\_\_\_

C. For tribally-owned and operated facilities (answer every blank or enter N/A) utilized by ISDEAA programs (*information available from Area ISDEAA Contract Office*):

Location (City, State) \_\_\_\_\_  
IHS Contract/Compact Number \_\_\_\_\_

Supportable Space Allowance \_\_\_\_\_

Office \_\_\_\_\_ gross square feet  
Clinic \_\_\_\_\_ gross square feet  
Storage \_\_\_\_\_ gross square feet  
Land Area \_\_\_\_\_ [specify acres or hectares]

Annual Lease Costs \$ \_\_\_\_\_

Depreciation or Use Allowance \_\_\_\_\_

Annual Direct Costs for space paid in ISDEAA agreement \_\_\_\_\_

Annual Indirect Costs for space paid in ISDEAA Agreement \_\_\_\_\_

Current maintenance/repair (M&I) share \$ \_\_\_\_\_

Projected M&I shares \$ \_\_\_\_\_ year \_\_\_\_\_

Contractor-incurred janitorial costs \_\_\_\_\_  
(if not included in contract)

If the space is currently IHS Leased (for M/M reimbursement rates), include:

IHS Lease Number (DES#) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

IHS Lease Install # 7510 - \_\_\_\_\_ - \_\_\_\_\_  
(2 digit state #) (5 digit install)

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D. Identify the type of construction and list any code deficiencies at the existing facility (FEDS Deficiency Code Numbers 2, 3, 4, 6, 7, 8, 18, and 99).

Construction type:

(2) Life Safety Compliance

(3) General Safety

(4) Environmental Compliance

(6) Unmet Supportable Space Needs

(7) Handicapped Compliance

(8) Energy Conservation

(18) Seismic Mitigation

(99) Other

E. DRAWINGS AND/OR BLUEPRINTS

1. Attach blueprints and/or scale drawing of the existing program area(s), where applicable. Include sufficient information to determine gross building and net program areas.

2. Attach scale drawing of the proposed expansion space or replacement facility, where applicable. Include sufficient information to determine gross building and net program areas.

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F. Maximum Utilization Rate for Office and Related Space

The maximum space allowable for planning and occupancy purposes is 215 useable square feet per person on average. This total includes both office and associated storage and special space. Area's are to base the space request on its overall mission requirements and program staff grade structure. The 215 square footage maximum should not be considered the "Standard" for all lease requests.

1. What existing Area Funds are available to pay the increased lease costs?

Estimated Annual Cost\* \$ \_\_\_\_\_

\*Fully-serviced; if not, please explain here \_\_\_\_\_

\_\_\_\_\_

CAN \_\_\_\_\_

Object Class \_\_\_\_\_

2. Estimate month/year of projected occupancy:

\_\_\_\_\_

3. Is the existing space in the Area Facilities Master Plan?

\_\_\_\_\_

4. If this lease is for a newly funded program, identify authorizing legislation and funding availability/source:

Public Law \_\_\_\_\_ Section \_\_\_\_\_

Funding Source \_\_\_\_\_ Appropriations \_\_\_\_\_ Year \_\_\_\_

CAN \_\_\_\_\_ Object Class \_\_\_\_\_

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G. EXPANSION SPACE OR NEW LEASE BUILDING INFORMATION

1. When was the facility to be leased built? \_\_\_\_\_  
(Month and year of construction)
2. What is its construction type? \_\_\_\_\_  
(Permanent; temporary modular; trailer, etc.)
3. What is the general condition of the building? \_\_\_\_\_  
(New-excellent; good; fair; poor, etc.)
4. Are there environmental hazards in the building or surrounding land (vicinity)? Complete all lines below:

_____ Yes	_____ No	Asbestos
_____ Yes	_____ No	Poor quality or contaminated water
_____ Yes	_____ No	Polychlorinated biphenyls (PCBs)
_____ Yes	_____ No	Lead-based paint
_____ Yes	_____ No	Radon
_____ Yes	_____ No	Underground storage tanks
_____ Yes	_____ No	Known fuel spills
_____ Yes	_____ No	Waste dump sites
_____ Yes	_____ No	Incinerators (any type/explain)
_____ Yes	_____ No	Other(please identify)

If YES, provide additional analyses of the hazards and a discussion of the lessor's efforts/commitments to modify or reduce exposure.

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5. Is the building located in a flood plain? \_\_\_\_\_Yes \_\_\_\_\_No  
If YES, provide additional analyses of the hazards and a discussion of the lessor's efforts/commitments to modify or reduce the problem.

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6. Has a seismic evaluation been performed? \_\_\_\_\_Yes \_\_\_\_\_No

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7. Does the building meet the Interagency Committee on Seismic Safety in Construction (ICSSC) - Standards of Seismic Safety for Existing Federally Owned or Leased Buildings - RP6 performance level for the type of construction, use of the building, etc.?  
\_\_\_\_\_ Yes \_\_\_\_\_ No Explain:  
  
\_\_\_\_\_  
\_\_\_\_\_
8. Please explain how the lessor's building complies with the Americans with Disabilities Act:  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Discuss the IHS' plans, if any, to renovate the leased facility. Your narrative must include a break-out of costs for the renovation project(s) and the source(s) of funds.  
  
\_\_\_\_\_  
\_\_\_\_\_
10. Water Supply - Describe the existing or proposed water supply system  
  
\_\_\_\_\_  
\_\_\_\_\_
11. Sewage Disposal - Describe the existing or proposed water supply system  
  
\_\_\_\_\_  
\_\_\_\_\_
12. Electrical Power and Fuel - Describe the availability and adequacy of electrical power and fuels such as natural gas, fuel oil, and propane gas  
  
\_\_\_\_\_  
\_\_\_\_\_

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13. Telephone - Describe the availability and adequacy of telephone system

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14. Solid Waste Disposal and Collection - Describe the availability and adequacy of solid waste disposal and collection.

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Building Design/Requirements (complete all blank spaces or enter N/A)

YES NO

- \_\_\_\_ \_\_\_\_ 1. Is this building in full compliance with NFPA 101, Life Safety Code? (If yes, identify occupancy classification, chapter, and year of code issuance):

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YES NO

- \_\_\_\_ \_\_\_\_ 2. Is this building of mixed occupancy? (If yes, indicate all classifications and locations):

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3. Name the fire and life safety authority having jurisdiction for this building.

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YES NO

- \_\_\_\_ \_\_\_\_ 4. Have any occupancy Life Safety Code equivalencies been granted by the authority having jurisdiction or other body? (If yes, by whom?)

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\_\_\_\_\_ 5. Indicate the total number of stories in this building  
\_\_\_\_\_ # Above the level of exit discharge  
\_\_\_\_\_ # Below the level of exit discharge  
\_\_\_\_\_ # Floor occupied by the program

YES NO

\_\_\_\_\_ 6. Is this building equipped with a fire alarm system?

YES NO

\_\_\_\_\_ 7. Is there a smoke detection system?  
\_\_\_\_\_ Throughout the building?  
\_\_\_\_\_ In limited areas?

YES NO

\_\_\_\_\_ 8. Has the building been evaluated under the IHS facility condition assessment? If yes, describe on a separate page the findings and recommendations (or attach the report).

YES NO

\_\_\_\_\_ 9. Is there a plan for multi-purpose use of the requested space? If yes, identify the multi-use activities within the building and those areas used by each program, Tribally-operated, Tribal, IHS-operated; BIA programs, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES NO

\_\_\_\_\_ 10. Are other Tribal programs collocated within the same building? Explain the multi-use activities in the building and proportion of building utilized by IHS and non-IHS programs (Tribally-operated; Tribal; IHS-operated; BIA programs, etc.)

\_\_\_\_\_  
\_\_\_\_\_

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YES NO

\_\_\_\_ \_\_\_\_ 11. Is/was any of the building constructed with Economic Development or other Federal grant funds? If yes, identify the grant funding source, total building cost, amount of grant funds, gross amount of Tribe's contribution and amount of Tribal funds to be recompensed through amortized lease payments.

\_\_\_\_\_  
\_\_\_\_\_

YES NO

\_\_\_\_ \_\_\_\_ 12. Will this lease be fully-serviced? If yes, explain the level of services required including janitorial services and expected costs, anticipated utility costs, etc. expected to be performed by the Tribe from the IHS lease payment.

\_\_\_\_\_  
\_\_\_\_\_

YES NO

\_\_\_\_ \_\_\_\_ 13. If not a fully-serviced lease, does the IHS plan to provide the necessary janitorial and maintenance services itself? Please explain the source of funds, requisite staffing, and total anticipated costs for services and utilities, as appropriate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES NO

\_\_\_\_ \_\_\_\_ 14. For new space, will the IHS programs relocate from existing Government-owned, GSA-assigned, or existing leased space? Identify space/building to be vacated and any plans for back-filling or releasing the space.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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YES NO

\_\_\_\_\_ 15. Is the proposed building or portion of the building considered "Mission Critical" or "Essential" to the IHS? If yes, has a seismic evaluation been performed to ensure the building meets the "Immediate Occupancy" performance level? If no, are there plans to mitigate?

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**Exhibit C. Worksheet B - Data for Health Care**

**WORKSHEET B** must be completed for the lease of all new or expanded health clinics, stations, dental facilities, YRTC's, etc. including those buildings which are IHS-leased but tribally-owned and operated under ISDEAA contracts.

Your completed LPS Application needs to include the following documents:

1. Cover Memo signed by the Area Director;
2. Completed LPS Worksheet A;
3. Form SF-81, Request for Space, pages 1 and 2 (identifies space, terms, dates, approvals, budget and space certifications, etc.);
4. Scale drawings or blueprints;
5. Completed LPS Worksheet B to explain the functional use of the space being requested; and
6. Tribal resolution (IHICIA leases) or ISDEAA request when appropriate.

IHS AREA OFFICE: \_\_\_\_\_

SERVICE UNIT: \_\_\_\_\_

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Lease Priority System Data for Health Care Facilities

A. Overview

1. Describe the geographic area (to be) served by this facility:

Reservation Name: \_\_\_\_\_

Location: \_\_\_\_\_

Name(s) of Nearest Community(ies): \_\_\_\_\_

Facility Distance from closest health services:

\_\_\_\_\_ Distance: \_\_\_\_\_

\_\_\_\_\_ Distance: \_\_\_\_\_

IHS Services: \_\_\_\_\_ miles

IHS Contract Services: \_\_\_\_\_ miles \_\_\_\_\_ provider

Public Services: \_\_\_\_\_ miles \_\_\_\_\_ provider

Service Area (list counties): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual      Service  
Number\_      Year\_\_

User Population: \_\_\_\_\_

Primary Care Provider Visits (PCPVs): \_\_\_\_\_

Outpatient Visits: \_\_\_\_\_

Dental Service Minutes: \_\_\_\_\_

Parent Facility: \_\_\_\_\_

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2. Discuss existing programs and the alternatives to providing care at locations within 20 miles of the IHS or tribally-operated program. Include in your discussion: name(s) of the current provider(s); name of facility(ies); location(s); services provided; population(s) served; current and projected PCPVs.

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3. Discuss Contract Care funds availability:

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4. Discuss the feasibility of transporting patients to an existing IHS facility:

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B. STAFFING

List below all the funded positions who will work at the leased facility (expand as necessary)

<u>Position</u>	<u>Name</u>	<u>PCN #</u>	<u>Days/Hours</u> <u>Week/Day</u>	
Physician	_____	_____	_____	_____
	_____	_____	_____	_____
Physician Asst.	_____	_____	_____	_____
Nurse	_____	_____	_____	_____
Pharmacist	_____	_____	_____	_____
Lab. Technician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Dental Assistant	_____	_____	_____	_____
Community Health	_____	_____	_____	_____
Housekeeping	_____	_____	_____	_____
Med. Rec. Clerk	_____	_____	_____	_____
Clerk	_____	_____	_____	_____
Other, explain	_____	_____	_____	_____

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C. Existing Programs/Services

1. Discuss how the Indian population residing in this area presently receives routing outpatient services:

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2. How many registered Native American or Alaska Native users of the IHS health delivery system live in the service area?

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3. How many registered Native American or Alaska Native users of the IHS health delivery system from other service areas use this facility?

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4. What staff provides the current services?

YES	NO	
_____	_____	IHS Staff
_____	_____	ISDEAA Contract/Compact Staff
_____	_____	Buy-Indian Contract
_____	_____	Combination of above



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Discuss how current services are provided; how many IHS staff; ISDEAA staff; by other contract staff

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5. How many days per week/month are services currently provided?

\_\_\_\_\_ days/week  
\_\_\_\_\_ days/month  
\_\_\_\_\_ total days per month

D. Proposed Program Services

- | 1. Estimate the following:   | Current<br>FY_____ | Projected<br>FY_____ |
|--|--------------------|----------------------|
| Population (latest Decennial Census)   | _____              | _____                |
| Annual Dental Service Minutes  | _____              | _____                |
| Annual Outpatient Visits (OPVs)  | _____              | _____                |
| Number of Primary Care Provider Visits (PCPVs) which will be provided <u>this</u> year at this location? |                    |                      |
| _____  |                    |                      |
| _____  |                    |                      |

2. Will the Service Unit/Area commit resources for staffing and operating the facility at least two days a week (8 days/month; not less than one full day of medical services care and one full day of community health services care or two full days of medical care services)?

\_\_\_\_\_YES \_\_\_\_\_NO

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3. Discuss how the new services will be provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Discuss how the proposed leased facility will affect delivery of services at other facilities in the Service Unit/Area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Discuss how the proposed leased facility is consistent with the IHS Area Facility Master Plan (clinic space only):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. Will the proposed leased facility or portion of the facility be used for an IHS "Mission Critical" or "Essential" function (Hospital, Emergency Operations Center, Emergency Communications Center, etc.)? Will this require a modification or mitigation of the proposed facility?

\_\_\_\_\_YES \_\_\_\_\_NO

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E. CONCLUSION

1. Discuss why this facility is necessary for the IHS health care delivery system:

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2. Discuss how this facility's space requirements compare with the Health System Planning Process (HSP):

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**Exhibit D. Worksheet H - Temporary Leases for Housing**

**Worksheet H** shall be completed for requests for temporary leases of housing - proposals will not be accepted without an approved Program Justification Document for Quarters (PJD-Q). Please attach a copy of the approved PJD-Q.

Your completed LPS Application needs to include the following documents:

1. Cover Memo signed by the Area Director;
2. Completed LPS Worksheet A;
3. Form SF-81, Request for Space, pages 1 and 2, (identifies space, terms, dates, approvals, budget and space certifications, etc.);
4. Scale drawings or blueprints;
5. Complete Worksheet H for lease proposals for housing (including trailer lots, and trailer pads); and
6. Tribal resolution (ICHIA leases) or ISDEAA request when appropriate.

IHS AREA OFFICE: \_\_\_\_\_

SERVICE UNIT: \_\_\_\_\_

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1. Identify the location (site) proposed for lease:  
Nearest Town \_\_\_\_\_  
Nearest Established Community \_\_\_\_\_  
Population (2000 decennial census) \_\_\_\_\_  
State \_\_\_\_\_  
Reservation \_\_\_\_\_  
Year Housing was Constructed \_\_\_\_\_

2. Who owns the property? \_\_\_\_\_  
If not owned by a Tribe, or Tribal organization, you may request a temporary lease of up to 2,500 square feet for no longer than 1 year

3. If owned by a Tribe, or Tribal organization, is there a Tribal resolution recommending the lease? \_\_\_\_\_ Yes \_\_\_\_\_ No  
  
If yes, attach a copy of the resolution.

4. Number of current (funded FTE's) and projected staff requiring housing for each program:

Program Name	Existing IHS Staff	Proposed IHS Staff	Existing Contract Emp.	Proposed Contract Emp.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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5. How many units and what configuration (efficiency, 1 bedroom, 2 bedroom, 3 bedroom) will be leased?

	Number of Units	Square Foot Average	Average Cost per Year
Efficiency _____			
1 bedroom unit _____			
2 bedroom unit _____			
3 bedroom unit _____			
4 bedroom unit _____			

6. If lease is for a trailer lot or trailer pad, what is the surface material?

_____ yes	_____ no	Loose gravel
_____ yes	_____ no	Grass
_____ yes	_____ no	Asphalt paved
_____ yes	_____ no	Concrete

7. Are the entrance and exit areas paved?

\_\_\_\_\_ yes \_\_\_\_\_ no

8. Is area lighted at night?

\_\_\_\_\_ yes \_\_\_\_\_ no

9. Are there sidewalks and curbs and gutters?

\_\_\_\_\_ yes \_\_\_\_\_ no

10. Are there existing water/sewer hook-ups?

\_\_\_\_\_ yes \_\_\_\_\_ no

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11. Are there existing electricity hook-ups for temporary buildings?

\_\_\_\_\_ yes \_\_\_\_\_ no

12. What is the proposed least term? \_\_\_\_\_months \_\_\_\_\_years

13. What is the expected rental rate collection/reimbursement to the QR fund?

\$\_\_\_\_\_

14. What is the anticipated rental rate/month?

\$\_\_\_\_\_

15. Are maintenance and utilities included in the annual lease cost?

Maintenance \_\_\_\_\_ yes \_\_\_\_\_ no

Utilities \_\_\_\_\_ yes \_\_\_\_\_ no

If no, discuss the anticipated annual maintenance and utility costs and method of payment:

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**Exhibit E. Worksheet O - Office/Business Use Space**

**Worksheet O** should be completed for any leased office or other business use space such as that for needed Community Health Representatives and IHS Business Offices.

IHS AREA OFFICE: \_\_\_\_\_

SERVICE UNIT: \_\_\_\_\_

Your completed LPS Application needs to include the following documents:

1. Cover Memo signed by the Area Director;
2. Completed LPS Worksheet A;
3. Form SF-81, Request for Space, pages 1 and 2, (identifies space, terms, dates, approvals, budget and space certifications, etc.);
4. Scale drawings or blueprints; and
5. Complete WORKSHEET O by substituting the Standard Form SF 81A, Space Requirements Worksheet, to explain the functional use of the space required
6. Tribal resolution (ICHIA leases) or ISDEAA request when appropriate.



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**Exhibit F. Worksheet P - Parking and Garage Space**

Complete **Worksheet P** for lease proposals for parking lots, garage space, building sites, trailer lots, and trailer pads. See Worksheet H for trailer lots and pads for temporary housing.

Your completed LPS Application needs to include the following documents:

1. Cover Memo signed by the Area Director;
2. Completed LPS Worksheet A;
3. Form SF-81, Request for Space, pages 1 and 2 (identifies space, terms, dates, approvals, budget and space certifications, etc.);
4. Scale drawings or blue prints;
5. Completed LPS Worksheet P to explain the functional use of the space requested; and
6. Tribal resolution (ICHIA leases) or ISDEAA request when appropriate.

IHS AREA OFFICE: \_\_\_\_\_

SERVICE UNIT: \_\_\_\_\_

1. Identify the location (site) proposed for lease:  
Nearest City/State: \_\_\_\_\_  
Reservation: \_\_\_\_\_
2. Who owns the property? \_\_\_\_\_
3. Is the land Indian trust land? \_\_\_\_\_yes \_\_\_\_\_no
4. If owned by an Indian tribe, is there a tribal resolution? If yes, attach a copy of the resolution. \_\_\_\_\_ Yes \_\_\_\_\_ No
5. What are the dimensions of the building?  
\_\_\_\_\_ feet X \_\_\_\_\_ feet = \_\_\_\_\_Total square feet

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6. What is the surface material?

\_\_\_\_\_ yes \_\_\_\_\_ no Loose gravel  
\_\_\_\_\_ yes \_\_\_\_\_ no Grass  
\_\_\_\_\_ yes \_\_\_\_\_ no Asphalt paved  
\_\_\_\_\_ yes \_\_\_\_\_ no Concrete  
\_\_\_\_\_ yes \_\_\_\_\_ no Combination, explain

7. Are the entrance and exit areas paved?

\_\_\_\_\_ yes \_\_\_\_\_ no

8. What is the expected annual cost to lease? \$\_\_\_\_\_

9. What is the proposed lease term? \_\_\_\_\_ months \_\_\_\_\_ years

10. Are maintenance and utilities expected to be included the annual lease cost?

Maintenance \_\_\_\_\_ yes \_\_\_\_\_ no  
Utilities \_\_\_\_\_ yes \_\_\_\_\_ no

11. Will the lessor expect the IHS to make improvements to the property during the lease term? (check all that apply)

\_\_\_\_\_ yes \_\_\_\_\_ no Paving (concrete; asphalt; or gravel)  
\_\_\_\_\_ yes \_\_\_\_\_ no Ingress/egress access  
\_\_\_\_\_ yes \_\_\_\_\_ no Water/sewer hook-ups  
\_\_\_\_\_ yes \_\_\_\_\_ no Street lights and/or electricity for temporary buildings

12. Will any portion of the building house emergency vehicles? If yes, does the building meet the seismic performance level of Immediate Occupancy? If no, are there plans to modify or otherwise mitigate the deficiency?

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**Exhibit G. Worksheet WS - Warehouse and Storage Space**

Complete **Worksheet WS** for lease proposals for warehouses and storage facilities.

Your completed LPS Application needs to include the following documents:

1. Cover Memo signed by the Area Director;
2. Completed LPS Worksheet A;
3. Form SF-81, Request for Space, pages 1 and 2 (identifies space, terms, dates, approvals, budget and space certifications, etc.);
4. Scale drawings or blueprints;
5. Site plan, if a wareyard is included in the lease area;
6. Completed LPS Worksheet WS to explain the functional use of the space requested; and
7. Tribal resolution (ICHIA leases) or ISDEAA request when appropriate.

IHS AREA OFFICE: \_\_\_\_\_

SERVICE UNIT: \_\_\_\_\_

1. Where is the proposed warehouse/storage building?  
\_\_\_\_\_ [city, state]  
\_\_\_\_\_ [Reservation]
2. Who owns the building? \_\_\_\_\_  
Who owns the land (if wareyard)? \_\_\_\_\_

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3. If owned by an Indian tribe, is there a resolution recommending the lease? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, attach a copy of the resolution.

4. Please explain how the existing warehousing/storage program is operated?

\_\_\_\_\_ private contractor  
\_\_\_\_\_ ISDEAA contract or compact  
\_\_\_\_\_ IHS-operated \_\_\_\_\_ # FTEs

5. Indicate your distribution service area(s)

\_\_\_\_\_ local - specify \_\_\_\_\_  
\_\_\_\_\_ regional - specify \_\_\_\_\_  
\_\_\_\_\_ nationwide

6. Materials Management - using percentages, indicate the type of material stored. Complete each line using 0% if none of these materials are stored.

\_\_\_\_\_ %Forms and Publications  
\_\_\_\_\_ %Medical supplies  
\_\_\_\_\_ %Administrative Supplies  
\_\_\_\_\_ %Medicines/Pharmacy  
\_\_\_\_\_ %Furniture  
\_\_\_\_\_ %Electronics  
\_\_\_\_\_ %General maintenance  
\_\_\_\_\_ %Construction materials  
\_\_\_\_\_ %Hazardous Materials  
\_\_\_\_\_ %All other (if >25%, list major categories) \_\_\_\_\_

7. Where are these materials currently stored?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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8. Identify the dimensions of the proposed buildings.  
\_\_\_\_\_ gross square feet \_\_\_\_\_ net square feet
9. Identify the construction type (check one) and state the year constructed  
metal frame \_\_\_\_\_ wood \_\_\_\_\_ block \_\_\_\_\_  
other, specify \_\_\_\_\_  
Year Constructed \_\_\_\_\_
10. Special features required - check all that apply  
\_\_\_\_\_ Heated \_\_\_\_\_ special security area \_\_\_\_\_ sprinkler  
\_\_\_\_\_ A/C \_\_\_\_\_ hazardous materials \_\_\_\_\_ refrigeration  
\_\_\_\_\_ Other (specify) \_\_\_\_\_
11. Rate the general condition of the facility  
\_\_\_\_\_  
(excellent; good; fair; poor)
12. Transportation and shipping features - check all that apply  
\_\_\_\_\_ truck ramps \_\_\_\_\_ rail siding \_\_\_\_\_ loading docks
13. Are the entrance and exit areas paved? \_\_\_\_\_ yes \_\_\_\_\_ no
14. Is the area lighted at night? \_\_\_\_\_ yes \_\_\_\_\_ no

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15. Cost per Square Foot

Please indicate the *estimated* cost per square foot for space and for operations, maintenance, utilities, etc. separately.

\$\_\_\_\_\_ annual rent/space

\$\_\_\_\_\_ annual operations cost

\$\_\_\_\_\_ maintenance

\$\_\_\_\_\_ utilities

16. What is the proposed lease term?

\_\_\_\_\_ months      \_\_\_\_\_ years

17. Using percentages, indicate the type of storage available at this facility.

\_\_\_\_\_ Bin      \_\_\_\_\_ Bulk      \_\_\_\_\_ Pallets/skids      \_\_\_\_\_ Racks

Other, specify: \_\_\_\_\_

18. Is land needed for a wareyard? \_\_\_\_\_ sq.ft. area = \_\_\_\_\_ acres

Explain its purpose: \_\_\_\_\_

**Exhibit H. Worksheet JV - Joint Venture Program Lease**  
**[ ]**  
**Joint Venture Program Project**  
**At**  
**[City, State]**

*In compliance with its obligations under the attached Joint Venture Program Agreement executed on [insert date the Agreement was executed], the [insert name of the Tribe or Nation] is in compliance with its commitment to construct[name of facility] and all required quarters units at [insert city, state,]. This construction is scheduled for completion on [insert projected completion date] in accordance with the approved [insert name of the Program Justification Document] (attached) and [insert name of the Program of Requirements] (attached) and complies with all applicable codes and laws.*

*Attached are scale plan drawings of the proposed facility. The total space of the facility is \_\_\_ gross square meters (gsm) with a total leased space of \_\_\_ net square meters, (nsm) which includes/does not include [circle applicable case] tribal program space.*

*[Insert the following paragraph for all lease actions involving 5 000 nsm or more.*

*The facility meets/does not meet [circle applicable case] HHS Policy for Sustainable and High Performance Buildings. Attached is the Sustainability Checklist for Lease Properties.]*

*I certify that the Tribe is in compliance with commitments made under the Joint Venture Agreement. I recommend approving a Joint Venture Program lease and upon, HQ's approval, authorizing the Lease Contracting Officer, on behalf of the IHS, to negotiate and enter into the lease agreement for a no-cost lease with a term of 20 years.*

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[                    ]  
**Joint Venture Program Project**  
**At**  
**[City, State]**

Prepared by

Date

---

[Name of preparing Federal official]  
[Title, of the preparing Official]  
[Area] Indian Health Service

Recommended by

Date

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[Name of Area OEHE, Director]  
Director, Office of Environmental Health and Engineering  
[Area] Indian Health Service

Approved

Date

---

[Name of Area Director]  
Director, [Area] Indian Health Service

Concur

Date

---

Jose Cuzme, Director  
Division of Facilities Planning and Construction  
Office of Environmental Health and Engineering  
Indian Health Service