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TECHNICAL HANDBOOK FOR ENVIRONMENTAL HEALTH AND ENGINEERING  
VOLUME III - HEALTH CARE FACILITIES DESIGN AND CONSTRUCTION  
**PART 51-2-EQUIPMENT FUNDING ALLOCATION METHODOLOGIES**

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**CHAPTER 51-2 - EQUIPMENT FUNDING ALLOCATION METHODOLOGIES**

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**51-2.1 INTRODUCTION**

**A. PURPOSE** - The purpose of this chapter is to provide guidance on the equipment funds allocation process for both Indian Health Service (IHS) and tribal programs.

**B. BACKGROUND** - In fiscal year (FY) 1995, the Congress established a new "Equipment" budget activity in the Indian Health Facilities Appropriation. Those funds were made available for two specific purposes: 1) to provide an equipment funding source for tribes that construct replacement health care facilities using non-IHS funds; and 2) to provide a clearly defined funding source to purchase medical equipment needed by existing IHS and tribal health care facilities. Two methodologies (51-2.2 - *General Equipment Funds Allocation Methodology for Tribal Replacement Facilities* and 51-2.3 - *Medical Equipment Funds Allocation Methodology for Existing IHS and Tribal Health Care Facilities*) were developed to ensure that the equipment funding is allocated fairly and in accordance with congressional intent.

Part 51-2.2 describes how tribes that build replacement facilities using non-IHS funds may request *tribal general equipment funding*. In conformance with congressional direction, funding is provided to tribes constructing new space by replacement, addition, or expansion without IHS funds. Funding is based upon relative need for equipment as it relates to the total cost of the construction. Eligible applicants will be funded on a fair share basis up to 20 percent of construction costs for outpatient facilities and 17 percent for inpatient facilities, up to \$300,000. Should funds remain after all eligible awards are made in a particular year, that year's remaining funds will be distributed on a prorated basis according to unmet need exceeding \$300,000, not to exceed the final Total Eligible Equipment Need for each project.

Part 51-2.3 describes how existing IHS and tribal facilities are provided a proportionate share of the congressionally appropriated

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funds for new/replacement *medical equipment* based on the most recent complete set of facility size and clinical workload data. Both factors are equally weighted in the allocation methodology. There is no maximum limit for this funding category.

**C. DEFINITIONS**

- Tribal General Equipment - Tribal general equipment is broadly defined as any major or minor movable durable device, machine or apparatus used in conjunction with operating a health program. Examples include sphygmomanometers, otoscopes, beds, bassinets, microscopes, centrifuges, laboratory equipment, portable whirlpool units, linen carts, patient monitoring equipment, x-ray systems, surgical instruments, various scopes, exam room equipment, automated data processing devices directly connected to or part of a medical device system, office equipment/machines, waiting room furniture, kitchen equipment, computer/IT systems, lawn care equipment, maintenance tools, etc. Tribal General Equipment *excludes* fixed equipment that is usually attached to or integral to a building's function such as elevators, utility systems, heating, ventilation, and air conditioning systems, electrical systems, walk-in refrigerators, vaults, telecommunications systems, etc.
- Medical Equipment - Medical equipment is more narrowly defined than general equipment as any major or minor movable durable device, machine, apparatus *that is solely intended for directly supporting the treatment or diagnosis of disease such as those regulated by the Food and Drug Administration*. Examples include sphygmomanometers, otoscopes, beds, bassinets, microscopes, centrifuges, laboratory equipment, portable whirlpool units, linen carts, patient monitoring equipment, x-ray systems, surgical instruments, various scopes, exam room equipment, automated data processing devices directly connected to or part of a medical device system, etc. Medical equipment excludes fixed equipment that is usually attached to or integral to a building's function such as elevators, utility systems, heating, ventilation, and air conditioning systems, electrical systems, walk-in refrigerators, vaults, telecommunication systems, and are not funded with medical equipment funds. Also, those equipment areas funded through other appropriations, such as IT networks, emergency medical service equipment, etc., are not funded from the medical equipment funding IHS budget line item.

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**51-2.2 GENERAL EQUIPMENT FUNDS ALLOCATION METHODOLOGY FOR TRIBAL REPLACEMENT FACILITIES**

**A. INTRODUCTION**

In fiscal year (FY) 1996, the Congress continued the "Equipment" budget activity in the Indian Health Facilities Appropriation. For the portion of the activity that provides resources to equip replacement health care facilities that tribes provide without Indian Health Service (IHS) funds, they directed the IHS to develop an allocation methodology that is "weighted in favor of the neediest tribes."

To accomplish that charge, IHS and tribal representatives jointly developed the Tribal General Equipment Funds (TGEF) distribution methodology, which provides funds to programs based upon replacement clinic construction costs. Under the TGEF methodology, IHS evaluates information reported by tribal applicants (Exhibit I) and verifies submitted information. Funds are not made available until IHS Area staff has received a copy of a fully executed construction contract<sup>1</sup>.

Eligible applicants will be funded on a modified prorata basis for construction of new M&I-eligible space through replacement, addition, or expansion. Eligible applicants will be funded on a fair share basis up to each program's Total Eligible Equipment Need with an initial maximum of \$300,000. Total Eligible Equipment Need is calculated based on 20 percent of non-IHS funded construction costs for outpatient facilities and 17 percent of non-IHS funded for inpatient facilities. Should funds remain after all eligible awards are made in a particular year, that year's remaining funds will be distributed on a prorated basis according to unmet need exceeding \$300,000, not to exceed the Total Eligible Equipment Need for each project. If all programs are funded up to their Total Eligible Equipment Need, excess funds will be distributed in the next funding cycle.

Tribes expanding or replacing either a leased or owned facility are eligible for tribal general equipment funds. Tribes not constructing new replacement facilities but renovating, remodeling, or rehabilitating existing space are not eligible for these funds.

**B. ELIGIBILITY GUIDELINES**

A TGEF request may be submitted for consideration for non-federally

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<sup>1</sup> In the event a tribe does not enter into a construction contract but uses other construction methods (such as force account labor), the tribe shall submit a detailed project budget, or construction cost estimate (in lieu of a construction contract) within the eligibility period to document the project construction cost. Funding will be made available after substantial construction funding has been committed. The tribe may show construction product purchase receipts to validate the commencement of the project in requesting their awarded equipment funds.

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operated programs when the following criteria are met:

- 1) Using non-IHS funds, a tribe constructs a replacement health care facility or an addition or expansion to an existing health care facility

-or-

Using non-IHS funds, a tribe enters into a lease-to-purchase agreement for a building constructed by others for the tribe in which the tribe will provide health care services;

-and-

- 2) A tribal health program enters into one of the aforementioned agreements in the federal fiscal year prior through the fiscal year following the application being submitted.

Regarding Joint Venture projects: Tribal Equipment Funds are only available to tribes for facilities constructed under the Joint Venture program if they do not meet either of the following two criteria:

- If IHS equipment funding is provided to the tribe directly from the Joint Venture Construction Program.
- If the Tribe has agreed to fund the equipment portion of a Joint Venture project in order to receive additional priority in the Joint Venture application.

#### **C. APPLICATION PROCESS**

Tribal general equipment funds may be requested by going online to <https://facilops.ihs.gov/erds> and completing a Tribal General Equipment Funds Request Data Sheet. Should a tribe not have Internet access, a tribe may submit their request using Exhibit I and forward the request to their respective Area Office. All requests must be submitted by the deadline published for each funding cycle. Applications will be accepted only if facility design has started.

#### **D. AWARD CALCULATION**

Tribal General Equipment Funding requests will be supported up to 17 percent of construction costs for inpatient facilities and up to 20 percent for outpatient facilities. Construction costs include site preparation (excluding land acquisition), on-site utilities, and building construction costs. Architectural/engineering fees and movable equipment costs (furnishings, office, information technology, telecommunications, and medical equipment) are NOT to be added in the

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construction cost estimate. Should a tribe purchase a building and convert the building from one occupancy type to another (i.e., warehouse occupancy to health care occupancy), the tax assessment value of the property could be added into the rehabilitation/finish out costs to determine the total construction cost to establish the basis of the equipment funds eligibility calculation.

Should a tribe use funds from IHS funding sources, or exceed the maximum supportable space limits, the equipment funding needs will be adjusted using the following factors:

1. Percent non-IHS funds used
2. Percent of space eligible (under Supportable Space Policy)

To illustrate, if a tribal construction estimate for an outpatient clinic is \$3,000,000, \$2,000,000 of which are tribal funds, the initial award is calculated as follows:

Construction Amount		Building Type (Inpatient = 17 percent, Outpatient = 20 percent)		Percent Non-IHS Funds		Percent of Space Eligible		Total Eligible Equipment Need
\$3,000,000	X	0.20	X	66.7	X	100	=	\$400,000

Since the Total Eligible Equipment Need is above the \$300,000 cap, the maximum initial award will be set at \$300,000.

$$\text{Eligible Equipment Need} = \$300,000$$

After the Eligible Equipment Requests are evaluated, all estimated awards will be added to determine the total Eligible Equipment Requests for that fiscal year. Should the total estimated awards exceed the appropriated funding level, each estimated award will be prorated to determine each applicant's initial award amount.

$$\frac{\text{Congressional Appropriation}^2}{\text{Total of all Eligible Equipment Needs}} \times \text{Individual Program's Eligible Equipment Need} = \text{Initial Award}$$

For example, if Congress appropriates \$5 million for tribal replacement facility equipment funds and the eligible funds requested total \$7.5 million (with all requests being less than or equal to \$300,000), tribes will receive 67 percent of their eligible request.

<sup>2</sup>This ratio shall have a maximum value of 1.0.

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$$\frac{\text{Equipment Funds Available}}{\text{Total Equipment Funds Requests}} \times \text{Eligible Equipment Need} = \text{Initial Award}$$
$$\frac{\$5,000,000}{\$7,500,000} \times \$300,000 = \$200,000$$

Programs will be funded up to the maximum supportable space limits not to exceed applicable funding limits. Program space over the maximum supportable space limits at the time of application will not be considered for tribal equipment funding.

**E. DISTRIBUTION OF FUNDS**

Once a construction contract has been awarded, the actual construction contract award amount will be compared to the initial construction cost estimate. If the actual contract amount is higher than the initially estimated amount, the program will be awarded the initial award amount. If the actual construction contract award amount is lower than the initially estimated contract amount, the final award amount will be recalculated using the new construction cost amount in the formulas above and will be reduced accordingly.

When a program is determined eligible to receive general equipment funding, that program will have through the end of the following fiscal year (fiscal year of award plus one year) to submit a copy of a construction contract<sup>3</sup> and request transfer of the equipment funds. For example, if a tribe is awarded funds in the 2015 cycle, they will have until the 2017 cycle begins to submit a copy of the construction contract.

Funds will be released for equipment only after a copy of the fully executed construction contract has been received by the applicant's respective IHS Area Office. Tribes will be awarded funds only once for each construction project (i.e., for each construction contract signed for building new space through replacement, addition, or expansion).

Should a program not submit a copy of a construction contract by the end of the second year, the requesting program must then resubmit a new application for funding consideration in any subsequent fiscal year the program intends on signing a construction contract.

Tribes operating programs through Tribal Self-Governance Compacts will receive equipment funds through amendments to their Annual Funding Agreements. Tribes operating programs through the Indian Self-

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<sup>3</sup> In the event a tribe does not enter into a construction contract but uses other construction methods (such as force account labor), the tribe shall submit a detailed project budget, or construction cost estimate (in lieu of a construction contract) within the eligibility period to document the project construction cost; funding will be made available after substantial construction funding has been committed. The tribe may show construction product purchase receipts to validate the commencement of the project in requesting their awarded equipment funds.

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Determination and Education Assistance Act, P.L. 93-968, as amended, contracts will receive funds through contract modifications.

**F. REALLOCATION OF FUNDS**

At the end of each award cycle (fiscal year of award plus one year), undistributed funds (due to project delay, cancellation, etc.) will be reallocated and distributed proportionally among that year's other awardees who did not receive their Total Eligible Equipment Need.

If funds remain after all awardees have received their Total Eligible Equipment Need, those funds will carry forward to supplement the following year's appropriation.

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**Exhibit I - TRIBAL GENERAL EQUIPMENT FUNDS REQUEST DATA SHEET**

Project Name:	Date:	IHS Area:
Tribal Organization: Title 1 3 5 IHS-Direct(identify one) Service Area Name: Address: City: ST: Zip:	Contact Name: Address: City: ST: Zip: Phone: E-mail:	
Design Awd Date: _____ (___est.___act.)	Const. Award Date: _____ (___est.___act.)	
Building Type:    ___ Outpatient Clinic    ___ Hospital Project Type:    ___ Total Replacement    ___ Partial Replacement ___ Addition/Expansion Ownership of New Bldg: ___ Tribally Owned    ___ Tribal Lease-to-Purchase ___ Other (Explain)		
Brief Project Description: _____		
A. Total existing Service Area <sup>1</sup> program space (exclude quarters):		_____ (SM) <sup>2</sup>
B. Amount of space being vacated (and not reused this project):		_____ (SM)
C. Newly constructed replacement/expansion space (this project):		_____ (SM)
D. New Service Area <sup>1</sup> space total (A-B+C):		_____ (SM)
E. <b>Existing space being renovated (not eligible for equipment funds):</b>		_____ (SM)
F. FY 2004 Official IHS User Population for Service Area <sup>1</sup> (active).		_____ (pop)
	H. Tribes Served:	_____
G. Supportable Space for Service Area <sup>1</sup> based on (check one):		_____ (SM)
___ [User Population x 0.8] + (200 x # of Tribes) ___ HSP <sup>3</sup>		
Project Estimates (or actuals if known):		
I. Renovation cost, if any: \$ _____	L. Total project construction cost (sum of column at left):	
J. IHS funds for new space: \$ _____	\$ _____ (___ estimate ___ actual)	
K. Non-IHS funds for new space: \$ _____	Notes:	

Award is calculated using non-IHS new space cost, building type (inpatient hospital vs. outpatient clinic space), percentage of AI/AN served relative to total patient population, and percentage of supportable space.

<sup>1</sup> The most recent official UserPop should be used. Service Area is defined as the total area or population served by the Service Area or Tribal Health Department/Corporation.

<sup>2</sup>Square Feet x .0929 = Square Meters; ex: 100 SF x .0929 = 9.29 SM

<sup>3</sup>If the IHS Health Systems Planning (HSP) process is used to justify larger space than the simplified user population space calculation estimate, include a copy of the HSP summary.

*For Area Office Use Only*

Non-IHS Funds (K):	% Building Type -20% or 17%	% of Space Eligible (G-(A-B))/(C) (not to exceed 100%)	Total Equip Need (w/o \$300,00 Cap):	Eligible Equipment Funds Need (w/ \$300,000 cap)
X	X	X	=	

**Area Office Concurrence:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Area OEHE Director or designee)*



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**EXHIBIT II - TRIBAL GENERAL EQUIPMENT FUNDS REQUEST DATA SHEET - SAMPLE**

Project Name: Bear Lodge Outptnt Expsn		Date: 3/15/2015	IHS Area: Aberdeen
Tribal Organization: Healing Lodge Title 1 <u>3</u> 5 IHS Direct (identify one) Service Area Name: Rosebush Address: 123 Thorny Place City: Briar Patch ST: SD Zip: 12345		Contact Name: Tom Blackhawk Address: 123 Thorny Place City: Briar Patch ST: SD Zip: 12345 Phone: 605-226-0000 E-mail: Tom.Blackhawk@hlat.org	
Design Award Date: <b>3/30/2015</b> ( <u>  </u> est. <u>X</u> act.)		Const. Award Date: <b>3/1/2016</b> ( <u>X</u> est. <u>  </u> act.)	
Building Type: <input type="checkbox"/> <u>X</u> Outpatient Clinic <u>  </u> Hospital Project Type: <u>  </u> Total Replacement <u>X</u> Partial Replacement <u>  </u> Addition/Expansion Ownership of New Bldg: <u>X</u> Tribally Owned <u>  </u> Tribal Lease-to-Purchase <u>  </u> Other (Explain)			
Brief Project Description: See note in line "L".			
A. Total existing Service Area <sup>1</sup> program space (exclude quarters):		<b><u>5,000</u></b>	(SM)
B. Amount of space being vacated (and not reused this project):		<b><u>2,000</u></b>	(SM)
C. Newly constructed replacement/expansion space (this project):		<b><u>3,000</u></b>	(SM)
D. New Service Area <sup>1</sup> space total (A-B+C):		<b><u>6,000</u></b>	(SM)
E. <b>Existing space being renovated (not eligible for equipment funds):</b>		<b><u>2,000</u></b>	(SM)
F. FY 2014 Official IHS User Population for Service Area <sup>1</sup> (Active):		<b>14,000</b>	(pop)
H. Tribes Served:		<b>1</b>	
G. Supportable Space for Service Area <sup>1</sup> based on (check one): <u>X</u> [User Population x 0.8] + (200 x # of Tribes) <u>  </u> HSP <sup>2</sup>		<b><u>11,200</u></b>	(SM)
Project Estimates (or actuals if known):			
I. Renovation cost, if any: \$ 500,000		L. Total project construction cost (sum of column at left): \$ 3,000,000	
J. IHS funds for new space: \$ 500,000		( <u>X</u> estimate <u>  </u> actual)	
K. Non-IHS funds for new space: \$ 2,000,000		Notes: 20 new exam rooms, 1 new x-ray suite, pharmacy, waiting and med records.	

Award is calculated using non-IHS new space cost, building type (inpatient hospital vs. outpatient clinic space), percentage of AI/AN served relative to total patient population, and percentage of supportable space.

<sup>1</sup>The most recent official UserPop should be used. Service Area is defined as the total area or population served by the Service Area or Tribal Health Department/Corporation.

<sup>2</sup>If the IHS Health Systems Planning (HSP) process is used to justify larger space than the simplified user population space calculation estimate, include a copy of the HSP summary.

*For Area Office Use Only*

Non-IHS Funds (K):	% Building Type -20% or 17%	% of Space Eligible (G-(A-B))/(C) = (11,200-(5,000-2,000))/(3,000) (not to exceed 100%)	Total Equip Need (w/o \$300,00 Cap):	Eligible Equipment Funds Need (w/ \$300,000 cap)
\$2,000,000 X	20% X	100% X	= \$400,000	<b>\$300,000</b>

**Area Office Concurrence:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Area OEHE Director or designee)*

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**51-2.3 MEDICAL EQUIPMENT FUNDS ALLOCATION METHODOLOGY FOR EXISTING  
INDIAN HEALTH SERVICE AND TRIBAL FACILITIES**

**A. INTRODUCTION**

In fiscal year (FY) 1995, Congress established and funded a new "Equipment" budget activity in the Indian Health Facilities Appropriation. For the portion of the new activity that provides resources to procure medical equipment for existing health care facilities, the Congress directed the Indian Health Service (IHS) to ensure that, when the funds are distributed, tribal and IHS facilities are treated equally.

To accomplish that directive, IHS and tribal representatives jointly developed a Medical Equipment Funds Allocation Methodology for existing facilities. Under this methodology, the relative need for equipment is estimated by evaluating basic data on clinical workload and facility size, as reported by each facility to the IHS. All available funds are distributed to the Areas in proportion to total need. No funding limit is placed on the amount that any facility may receive. Areas will distribute funds in accordance with congressional intent.

These funds are for federally and tribally owned space that is used to provide healthcare services pursuant to contract or compact arrangement executed under the provisions of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended.

**B. EVALUATION SYSTEM**

The Medical Equipment Funds Allocation Methodology evaluates clinical workload and facility size data to determine each facility's relative need for equipment. The factors used to determine need are Clinical Workload Factor (CWF) and Facility Size Factor (FSF).

These factors are combined and multiplied by the amount appropriated in the current fiscal year to obtain each facility's proportionate share of available resources. The factors are combined as shown below:

$$\text{Proportionate Share of Equipment Funds} = \text{Funds Appropriated} \times \left( \frac{\text{CWF}}{2} + \frac{\text{FSF}}{2} \right)$$

where the Clinical Workload Factor and Facility Size Factor are calculated for each facility as shown below:

$$\text{CWF} = \frac{\text{Clinical Workload at Individual Facility}}{\text{Total Clinical Workload of all IHS and Tribal Facilities}}$$

and

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$$FSF = \frac{\text{Individual Facility Size}}{\text{Total Size of all IHS and Tribal Facilities}}$$

where size is the amount of facilities space (in square meters) used for health care delivery (excluding quarters). Individual facility size is limited by Maximum Supportable Space limits.

Clinical workload is calculated as follows:

$$\text{Clinical Workload} = (4 \times \text{Hospital Admissions}) + (2 \times \text{Inpatient Days}) + \text{Ambulatory Care Visits} + \frac{\text{CHAPs}}{4}$$

All workload values are those recorded for the most recent available complete approved data set and include American Indian/Alaska Native patients only. CHAPs are Community Health Aid Program visits and are relevant only to Alaska.

#### **C. ELIGIBILITY GUIDELINES**

All IHS and tribal facilities that directly deliver health care services for those calendar quarters the facility is operational may receive a proportionate share of the available medical equipment funds. To help determine eligibility, each IHS Area will request that health programs submit relevant facility data.

#### **D. APPLICATION PROCESS**

Formal applications for these funds are not required.

#### **E. DISTRIBUTION OF FUNDS**

Each IHS operated facility will receive funds through its Area Office. Tribes operating a facility through Tribal Self-Governance Compacts will receive equipment funds through amendments to their Annual Funding Agreements. Tribes operating a facility through the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, contracts will receive funds through contract modifications.