



## STATE HOME CONSTRUCTION GRANT PROGRAM SPACE PROGRAM ANALYSIS - NURSING HOME & DOMICILIARY

PROJECT LOCATION:

PROJECT NAME:  FAI#:  NUMBER OF BEDS IN PROJECT:

| 1. SUPPORT FACILITIES   | PROPOSED BY STATE           | VA CRITERIA                  | TOTAL VA ALLOWED            |
|---|-----------------------------|------------------------------|-----------------------------|
| ADMINISTRATOR' S OFFICE   | <input type="checkbox"/>    | 200                          | <input type="checkbox"/>    |
| ASST. ADMINISTRATOR   | <input type="checkbox"/>    | 150                          | <input type="checkbox"/>    |
| MEDICAL OFFICER, DIRECTOR OF NURSING OR EQUIVALENT                | <input type="checkbox"/>    | 150                          | <input type="checkbox"/>    |
| NURSES' OFFICE AND DICTATION AREA                                 | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| GENERAL ADMINISTRATION (each office/person)                       | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| <input style="width: 450px; height: 20px;" type="text"/>          | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| <input style="width: 450px; height: 20px;" type="text"/>          | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| <input style="width: 450px; height: 20px;" type="text"/>          | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| <input style="width: 450px; height: 20px;" type="text"/>          | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| <input style="width: 450px; height: 20px;" type="text"/>          | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| <input style="width: 450px; height: 20px;" type="text"/>          | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| <input style="width: 450px; height: 20px;" type="text"/>          | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| <input style="width: 450px; height: 20px;" type="text"/>          | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| MAY INCLUDE: MEDICAL RECORDS                                      | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| SOCIAL SERVICES   | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| RECEPTION / INFORMATION   | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| CLERICAL STAFF (Each) # <input style="width: 50px;" type="text"/> | <input type="checkbox"/>    | 80@                          | <input type="checkbox"/>    |
| COM PUTER A REA   | <input type="checkbox"/>    | 40                           | <input type="checkbox"/>    |
| CONFERENCE ROOM / CONSULTATION AREA / IN-SERV ICE TRAINING        | <input type="checkbox"/>    | 500                          | <input type="checkbox"/>    |
| LOBBY/WAITING AREA  | <input type="checkbox"/>    | 3/BED<br>(150 min. 600)      | <input type="checkbox"/>    |
| PUBLIC TOILETS (MALE, FEMALE)                                     | <input type="checkbox"/>    | 25/FIXTURE                   | <input type="checkbox"/>    |
| PHARMA CY   | <input type="checkbox"/> AR | AS REQUIRED                  | <input type="checkbox"/> AR |
| DIETETIC SERVICE  | <input type="checkbox"/> AR | AS REQUIRED                  | <input type="checkbox"/> AR |
| DINING AREA   | <input type="checkbox"/>    | 20/BED                       | <input type="checkbox"/>    |
| CANTEEN, RETAIL SALES   | <input type="checkbox"/>    | 2/BED                        | <input type="checkbox"/>    |
| VENDING MACHINE   | <input type="checkbox"/>    | 1/BED<br>(450 max./facility) | <input type="checkbox"/>    |
| RESIDENTS TOILETS   | <input type="checkbox"/>    | 25/FIXTURE                   | <input type="checkbox"/>    |
| CHILD DAYCARE   | <input type="checkbox"/> AR | AS REQUIRED                  | <input type="checkbox"/> AR |
| MEDICAL SUPPORT (Each)  | <input type="checkbox"/>    | 140                          | <input type="checkbox"/>    |
| <input style="width: 450px; height: 20px;" type="text"/>          | <input type="checkbox"/>    | 140                          | <input type="checkbox"/>    |
| <input style="width: 450px; height: 20px;" type="text"/>          | <input type="checkbox"/>    | 140                          | <input type="checkbox"/>    |
| STAFF OFFICES (Each)  | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| EXAM / TREATMENT (Each)   | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |
| FAMILY COUNSELING (Each)  | <input type="checkbox"/>    | 120                          | <input type="checkbox"/>    |

| 1. SUPPORT FACILITIES (Continued)  | PROPOSED BY STATE       | VA CRITERIA  | TOTAL VA ALLOWED        |
|--|-------------------------|--------------|-------------------------|
| BARBER AND / OR BEAUTY   | <input type="text"/>    | 140          | <input type="text"/>    |
| MAIL ROOM  | <input type="text"/>    | 120          | <input type="text"/>    |
| JANITORS CLOSET  | <input type="text"/>    | 40           | <input type="text"/>    |
| MULTIPURPOSE ROOM  | <input type="text"/>    | 15/BED       | <input type="text"/>    |
| EMPLOYEE LOCKERS # EMPL. <input type="text"/>  | <input type="text"/>    | 6/EMPLOYMENT | <input type="text"/>    |
| LOUNGE   | <input type="text"/>    | 120          | <input type="text"/>    |
| TOILETS  | <input type="text"/>    | 25/FIXTURE   | <input type="text"/>    |
| CHAPEL   | <input type="text"/>    | 450          | <input type="text"/>    |
| PHYSICAL THERAPY   | <input type="text"/>    | 5/BED        | <input type="text"/>    |
| OFFICE, IF REQUIRED  | <input type="text"/>    | 120          | <input type="text"/>    |
| OCCUPATIONAL THERAPY   | <input type="text"/>    | 5/BED        | <input type="text"/>    |
| OFFICE, IF REQUIRED  | <input type="text"/>    | 120          | <input type="text"/>    |
| LIBRARY  | <input type="text"/>    | 1.5/BED      | <input type="text"/>    |
| BUILDING MAINTENANCE STORAGE   | <input type="text"/>    | 2.5/BED      | <input type="text"/>    |
| RESIDENT STORAGE   | <input type="text"/>    | 6/BED        | <input type="text"/>    |
| GENERAL WAREHOUSE STORAGE (medical, dietary)   | <input type="text"/>    | 6/BED        | <input type="text"/>    |
| GENERAL LAUNDRY  | <input type="text"/> AR | AS REQUIRED  | <input type="text"/> AR |
| <b>SUPPORT FACILITIES SUB-TOTAL; (No "As Required" Areas)</b>  | <input type="text"/>    |              | <input type="text"/>    |
| <b>AS REQUIRED AREAS:</b>  | <input type="text"/> AR | AS REQUIRED  | <input type="text"/> AR |
| <b>2. BED UNITS</b>  | <input type="text"/>    |              | <input type="text"/>    |
| ONE # <input type="text"/> ROOMS X <input type="text"/> @ <input type="text"/> = <input type="text"/>                  | <input type="text"/>    | 150          | <input type="text"/>    |
| TWO # <input type="text"/> ROOMS X <input type="text"/> @ <input type="text"/> = <input type="text"/>                  | <input type="text"/>    | 245          | <input type="text"/>    |
| LARGE 2 # <input type="text"/> ROOMS X <input type="text"/> @ <input type="text"/> = (2 Unit Max) <input type="text"/> | <input type="text"/>    | 305          | <input type="text"/>    |
| THREE # <input type="text"/> ROOMS X <input type="text"/> @ <input type="text"/> = <input type="text"/>                | <input type="text"/>    | 370          | <input type="text"/>    |
| FOUR # <input type="text"/> ROOMS X <input type="text"/> @ <input type="text"/> = <input type="text"/>                 | <input type="text"/>    | 460          | <input type="text"/>    |
| LOUNGE AREAS: RESIDENT LOUNGE W /STORAGE   | <input type="text"/>    | 8/BED        | <input type="text"/>    |
| RESIDENT QUIET ROOM  | <input type="text"/>    | 3/BED        | <input type="text"/>    |
| CLEAN UTILITY  | <input type="text"/>    | 120          | <input type="text"/>    |
| SOILED UTILITY   | <input type="text"/>    | 105          | <input type="text"/>    |
| LINEN STORAGE  | <input type="text"/>    | 150          | <input type="text"/>    |
| GENERAL STORAGE  | <input type="text"/>    | 100          | <input type="text"/>    |
| NURSES STATION, WARD SECRETARY   | <input type="text"/>    | 260          | <input type="text"/>    |
| MEDICATION ROOM  | <input type="text"/>    | 75           | <input type="text"/>    |
| EXAMINATION / TREATMENT ROOM   | <input type="text"/>    | 140          | <input type="text"/>    |
| WAITING AREA   | <input type="text"/>    | 50           | <input type="text"/>    |
| UNIT SUPPLY AND EQUIPMENT  | <input type="text"/>    | 50           | <input type="text"/>    |
| STAFF TOILET   | <input type="text"/>    | 25 /FIXTURE  | <input type="text"/>    |
| STRETCHER / WHEELCHAIR STORAGE   | <input type="text"/>    | 100          | <input type="text"/>    |
| KITCHENETTE  | <input type="text"/>    | 120          | <input type="text"/>    |

| 1. SUPPORT FACILITIES (Continued)  | PROPOSED BY STATE        | VA CRITERIA        | TOTAL VA ALLOWED        |
|--|--------------------------|--------------------|-------------------------|
| JANITOR CLOSET   | <input type="text"/>     | 40                 | <input type="text"/>    |
| RESIDENT LAUNDRY   | <input type="text"/>     | 125                | <input type="text"/>    |
| TRASH COLLECTION   | <input type="text"/>     | 60                 | <input type="text"/>    |
| OTHER (Justify)  | <input type="text"/>     |                    | <input type="text"/>    |
| <b>UNIT SUB-TOTAL:</b>   | <input type="text"/>     |                    | <input type="text"/>    |
| <b>TIMES NO. OF UNITS:</b>   | X <input type="text"/>   |                    | X <input type="text"/>  |
| <b>SUB TOTAL-ALL BED UNITS:</b>  | <input type="text"/>     |                    | <input type="text"/>    |
| <b>3. BATHING AND TOILET FACILITIES</b>  | <input type="text"/>     |                    | <input type="text"/>    |
| A. PRIVATE OR SHARED FACILITIES  | <input type="text"/>     |                    | <input type="text"/>    |
| <input type="text"/>   | <input type="text"/>     |                    | <input type="text"/>    |
| WHEELCHAIR FACILITIES # <input type="text"/> ROOMS X <input type="text"/> @ = <input type="text"/>   | <input type="text"/>     | 25/FIXTURE         | <input type="text"/>    |
| (50% OF TOTAL, MINIMUM COMPLIANCE WITH UFAS)   | <input type="text"/>     | 25/FIXTURE         | <input type="text"/>    |
| STANDARD FACILITIES # <input type="text"/> ROOMS X <input type="text"/> @ = <input type="text"/>   | <input type="text"/>     | 15/FIXTURE         | <input type="text"/>    |
| <input type="text"/>   | <input type="text"/>     | 25/FIXTURE         | <input type="text"/>    |
| B. FULL BATHROOM <input type="text"/>  | <input type="text"/>     |                    | <input type="text"/>    |
| # ROOMS X @ <input type="text"/> = <input type="text"/>  | <input type="text"/>     | 75                 | <input type="text"/>    |
| <input type="text"/>   | <input type="text"/>     | 25/FIXTURE         | <input type="text"/>    |
| C. CONGREGATE BATHING FACILITIES   | <input type="text"/>     |                    | <input type="text"/>    |
| FIRST TUB/SHOWER   | <input type="text"/>     | 80                 | <input type="text"/>    |
| EACH ADDITIONAL FIXTURE#   | <input type="text"/>     | 25                 | <input type="text"/>    |
| <b>UNIT SUB-TOTAL:</b>   | <input type="text"/>     |                    | <input type="text"/>    |
| <b>TIMES NO.OF UNITS:</b>  | X <input type="text"/>   |                    | X <input type="text"/>  |
| <b>SUB-TOTAL-ALL UNIT TOILETS</b>  | <input type="text"/>     |                    | <input type="text"/>    |
| <b>NOTE 1: If Bed Units vary in bed numbers, program, or design, reproduce Bed Unit forms, as required (pages 2 &amp; 3), and fill out for each different unit type.</b>   |                          |                    |                         |
| <b>NOTE 2: Mechanical, electrical and other engineering/utility areas, in addition to engineering workshops and circulation space, are not included in the Space Analysis or the Percentage of Participation calculations.</b> |                          |                    |                         |
| <b>NOTE 3: All areas not shown on this form must be justified, on a programmatic medical care or state imposed regulatory basis, in order for VA to participate in the funding of that space.</b>                              |                          |                    |                         |
| <b>TOTALS</b>  | <b>PROPOSED BY STATE</b> | <b>VA CRITERIA</b> | <b>TOTAL VA ALLOWED</b> |
| <b>COMPREHENSIVE SUB-TOTALS</b>  | <input type="text"/>     |                    | <input type="text"/>    |
| SUPPORT FACILITIES - CRITERIA  | <input type="text"/>     |                    | <input type="text"/>    |
| SUPPORT FACILITIES - AS REQUIRED   | <input type="text"/> AR  |                    | <input type="text"/> AR |
| BED UNITS  | <input type="text"/>     |                    | <input type="text"/>    |
| BATHING AND TOILET FACILITIES  | <input type="text"/>     |                    | <input type="text"/>    |
| <b>GRAND TOTALS - CRITERIA AREAS:</b>  | <input type="text"/>     |                    | <input type="text"/>    |
| <b>GRAND TOTALS - AS REQUIRED AREAS:</b>   | <input type="text"/> AR  |                    | <input type="text"/> AR |
| If prepared by State: I certify that this accurately reflects the proposed Space Program Analysis for this project   |                          |                    |                         |
| _____  |                          | _____              |                         |
| (Signature)  |                          | (Date)             |                         |

| COMPUTATIONS      | PROPOSED BY STATE         | TOTAL VA ALLOWED          |
|-------------------|---------------------------|---------------------------|
| ANALYSIS          | <input type="text"/>      | <input type="text"/>      |
| CRITERIA AREAS    | <input type="text"/>      | <input type="text"/>      |
| 10% DEVIATION     | <input type="text"/>      | + <input type="text"/>    |
| AS REQUIRED AREAS | + <input type="text"/> AR | + <input type="text"/> AR |

TOTAL STATE PROPOSED:  TOTAL VA ALLOWED:

**FORMULA FOR % OF VA PARTICIPATION:**

VA ALLOWED:  x.65

=  %

STATE PROPOSED:

OFFICIAL PERCENTAGE OF VA STATE PROPOSED PARTICIPATION =  %

CERTIFIED \_\_\_\_\_ DATE \_\_\_\_\_

State Home Grant Program, Office of Facilities Management (181A)  
811 Vermont Avenue, NW, Washington, D.C. 20420

*(This area is intentionally left blank for additional information or calculations.)*

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. We may not collect or sponsor and you are not required to respond to, a collection unless it has a valid OMB Control Number. This collection of information is collected under the authority of 38 U.S. Code Sections 8133(a) and 8135(a). VA will use this information, along with other documents submitted by the States to determine the feasibility of the projects for VA participation, to meet VA requirements for a grant award and to rank the projects in establishing the annual fiscal year priority list. Although response is voluntary, VA will be unable to authorize a grant without a complete package. Your failure to furnish this information will have no effect on any of other benefits to which you are entitled.