



**STATE HOME CONSTRUCTION GRANT PROGRAM-  
 ADULT DAY HEALTH CARE**

PROJECT LOCATION											
PROJECT NAME:			FAI#			NUMBER BEDS IN PROJECT					
1. SUPPORT FACILITIES			Number of Participants in Program			PROPOSED BY STATE		VA CRITERIA		TOTAL VA ALLOWED	
ADMINISTRATOR'S OFFICE								200			
ASST. ADMINISTRATOR								150			
MEDICAL OFFICER, DIRECTOR OF NURSING OR EQUIVALENT								150			
NURSES' OFFICE AND DICTATION AREA								120			
GENERAL ADMINISTRATION (each office/person)								120			
								120			
								120			
								120			
								120			
								120			
								120			
								120			
								120			
MAY INCLUDE: MEDICAL RECORDS								120			
SOCIAL SERVICES								120			
RECEPTION / INFORMATION								120			
CLERICAL STAFF (Each) #								80@			
COMPUTER AREA								40			
CONFERENCE ROOM / CONSULTATION AREA/IN-SERVICE TRAINING								500			
LOBBY / WAITING AREA								3/PARTICIPANT (150 min. 600			
PUBLIC TOILETS (MALE, FEMALE)								25/FIXTURE			
DIETETIC SERVICE						AR		AS REQUIRED		AR	
DINING AREA								20/PARTICIPANT			
CANTEEN, RETAIL SALES								2/PARTICIPANT			
VENDING MACHINE								1/PARTICIPANT			
PARTICIPANTS TOILETS								25/FIXTURE			
MEDICAL SUPPORT (Each)								140@			
								140			
								140			
								140			
								140			
								140			
MAIL ROOM								120			
JANITORS CLOSET								40			

1. SUPPORT FACILITIES <i>(Continued)</i>	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
MULTIPURPOSE ROOM		15/PARTICIPANT	
EMPLOYEE LOCKERS # EMPL. <input type="text"/>		6/EMPL.	
LOUNGE		120	
TOILETS		25/FIXTURE	
PHYSICAL THERAPY		5/PARTICIPANT	
OFFICE, IF REQUIRED		120	
OCCUPATIONAL THERAPY		5/PARTICIPANT	
OFFICE, IF REQUIRED		120	
LIBRARY		1.5/PARTICIPANT	
BUILDING MAINTENANCE STORAGE		2.5/PARTICIPANT	
RESIDENT STORAGE		6/PARTICIPANT	
GENERAL WAREHOUSE STORAGE <i>(medical, dietary)</i>	AR	6/PARTICIPANT	AR
GENERAL LAUNDRY		AS REQUIRED	
SUPPORT FACILITIES SUB-TOTAL; (No "As Required" Areas)			
AS REQUIRED AREAS:			
	AR	AS REQUIRED	AR
2. OTHER AREAS			
RESIDENT QUIET ROOM		3/PARTICIPANT	
CLEAN UTILITY		120	
SOILED UTILITY		105	
LINEN STORAGE		150	
GENERAL STORAGE		100	
NURSES STATION, WARD SECRETARY		260	
MEDICATION ROOM		75	
EXAMINATION/TREATMENT ROOM		140	
WAITING AREA		50	
PROGRAM SUPPLY AND EQUIPMENT		50	
STAFF TOILET		25/FIXTURE	
STRETCHER/WHEELCHAIR STORAGE		100	
KITCHENETTE		120	
JANITOR CLOSET		40	
RESIDENT LAUNDRY		120	
TRASH COLLECTION		60	
OTHER (Justify) <input type="text"/>			
UNIT SUB-TOTAL:			
TIMES NO. UNITS:			
	X		X
SUB TOTAL:			

3. BATHING AND TOILET FACILITIES						PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
A. PRIVATE OF SHARED FACILITIES								
WHEELCHAIR FACILITIES #		ROOMS X		@ =			25/FIXTURE	
(50% OF TOTAL, MINIMUM COMPLIANCE WITH UFAS)							25/FIXTURE	
STANDARD FACILITIES #		ROOMS X		@ =			15/FIXTURE	
							25/FIXTURE	
FULL BATHROOM #		ROOMS X		@ =			75	
							25/FIXTURE	
CONGREGATE BATHING FACILITIES - FIRST TUB/SHOWER							80	
EACH ADDITIONAL FIXTURE #							25	
UNIT SUB-TOTAL:								
TIMES NO. OF UNITS:						X		
SUB-TOTAL - ALL UNIT TOILETS								X
NOTE 1: 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.								
NOTE 2: 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>TOTALS</b>								
COMPREHENSIVE SUB-TOTALS						PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
SUPPORT FACILITIES - CRITERIA								
SUPPORT FACILITIES - AS REQUIRED						AR		AR
BATHING AND TOILET FACILITIES								
GRAND TOTALS - CRITERIA AREAS:								
GRAND TOTALS - AS REQUIRED AREAS:						AR		AR
If prepared by State: I certify that this accurately reflects the proposed Space Program Analysis for this project:								
Signature							Date (mm/dd/yyyy)	
COMPUTATIONS						PROPOSED BY STATE	ALLOWED BY VA	
ANALYSIS								
CRITERIA AREAS								
10% DEVIATION							+	
AS REQUIRED AREAS						+	+	
TOTAL STATE PROPOSED:						TOTAL VA ALLOWED:		
FORMULA FOR % OF VA PARTICIPATION:								
VA ALLOWED:							x 0.65	
STATE PROPOSED:							=	
OFFICIAL PERCENTAGE OF VA PARTICIPATION								%
CERTIFIED _____ Date (mm/dd/yyyy)								
State Home Grant Program, Office of Facilities Management (181A), 811 Vermont Avenue, NW, Washington, D.C. 20420								

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.