



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

PROJECT DESCRIPTION	
PROJECT LOCATION	FAI NUMBER

This form is required for all new construction or general renovations that effect the square footage or floor plan of an existing home.

1. SUPPORT FACILITIES	SQUARE FOOTAGE PROPOSED BY
ADMINISTRATOR'S OFFICE	
ASSTISTANT ADMINISTRATOR	
MEDICAL OFFICER, DIRECTOR OF NURSING OR EQUIVALENT	
NURSES' OFFICE AND DICTATION AREA	
GENERAL ADMINISTRATION	
CLERICAL STAFF	
COMPUTER AREA	
CONFERENCE ROOM (CONSULTATION AREA / IN-SERVICE TRAINING)	
LOBBY/WAITING AREA	
PUBLIC TOILETS (MALE, FEMALE)	
PHARMACY	
DIETETIC SERVICE	
DINING AREA	
CANTEEN, RETAIL SALES	
MEDICAL SUPPORT (Each)	
<input style="width: 400px; height: 15px;" type="text"/>	
<input style="width: 400px; height: 15px;" type="text"/>	
BARBER AND / OR BEAUTY	
MAIL ROOM	
JANITORS CLOSET	
MULTIPURPOSE ROOM	
EMPLOYEE LOCKERS	
EMPLOYEE LOUNGE	
EMPLOYEE TOILETS	
CHAPEL	
PHYSICAL THERAPY	
OFFICE, IF REQUIRED	
OCCUPATIONAL THERAPY	
OFFICE, IF REQUIRED	
LIBRARY	
BUILDING MAINTENANCE STORAGE	
RESIDENT STORAGE	
GENERAL WAREHOUSE STORAGE (medical, dietary)	
GENERAL LAUNDRY	

1. SUPPORT FACILITIES (Continued)		SQUARE FOOTAGE PROPOSED BY
JANITOR CLOSET		
RESIDENT LAUNDRY		
TRASH COLLECTION		
OTHER (Justify)		
2. BED UNITS		
ONE: <input type="text"/> ROOMS		
TWO: <input type="text"/> ROOMS		
LARGE 2: <input type="text"/> ROOMS		
LOUNGE AREAS:		
RESIDENT QUIET ROOM		
CLEAN UTILITY		
SOILED UTILITY		
LINEN STORAGE		
GENERAL STORAGE		
MEDICATION ROOM		
EXAMINATION / TREATMENT ROOM		
WAITING AREA		
UNIT SUPPLY AND EQUIPMENT		
STAFF TOILET		
STRETCHER / WHEELCHAIR STORAGE		
KITCHENETTE		
3. BATHING AND TOILET FACILITIES		
PRIVATE OR SHARED FACILITIES		
FULL BATHROOM		
CONGREGATE BATHING FACILITIES		
TOTALS		
COMPREHENSIVE SUB-TOTALS:		
SUPPORT FACILITIES		
BED UNITS		
BATHING AND TOILET FACILITIES		
GRAND TOTAL:		
I certify that the above information submitted to VA is true and correct to the best of my knowledge and ability.		
NAME OF AUTHORIZED STATE OFFICIAL		TITLE OF AUTHORIZED STATE OFFICIAL
<input type="text"/>		<input type="text"/>
SIGNATURE		DATE
<input type="text"/>		<input type="text"/>
<p>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 2 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.</p>		