



**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. 38.CFR 59-140

| 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) | |
| | |
| 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 (<i>Justify</i>) | |
| 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 |
| | |
| SIGNATURE | DATE |
| | |
| <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> | |