

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

PROJECT DESCRIPTION

PROJECT LOCATION	FAI NUMBER
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**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	
ASSISTANT 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/RECEIVING/WAITING AREA	
PUBLIC TOILETS (MALE, FEMALE)	
PARTICIPANT TOILETS (MALE, FEMALE)	
DINING AREA	
MEDICAL SUPPORT (Each)	
<input style="width:100%" type="text"/>	
<input style="width:100%" type="text"/>	
JANITORS CLOSET	
MULTIPURPOSE ROOM	
EMPLOYEE LOCKERS	
EMPLOYEE LOUNGE	
EMPLOYEE TOILETS	
PHYSICAL THERAPY	
OFFICE, IF REQUIRED	
OCCUPATIONAL THERAPY	
OFFICE, IF REQUIRED	
MEDICAL/DIETARY	
BUILDING MAINTENANCE STORAGE	
RESIDENT STORAGE	
GENERAL WAREHOUSE STORAGE (medical, dietary)	
GENERAL LAUNDRY	
PARTICIPANT LAUNDRY	
TRASH COLLECTION	
PARTICIPANT QUIET ROOM	
CLEAN UTILITY	
SOILED UTILITY	

1. SUPPORT FACILITIES (Continued)	SQUARE FOOTAGE PROPOSED BY
GENERAL STORAGE	
MEDICATION ROOM	
EXAMINATION / TREATMENT ROOM	
WAITING AREA	
PROGRAM SUPPLY AND EQUIPMENT	
STAFF TOILET	
WHEELCHAIR STORAGE	
KITCHENETTE	
OTHER ( <i>Justify</i> )	
<b>GRAND TOTAL:</b>	

**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

**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.