



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

MAR 19 2009

PORTLAND AREA
INDIAN HEALTH SERVICE
1220 SW 3rd AVENUE, Room 476
PORTLAND, OREGON 97204

Dear Tribal Leader:

On February 25, I wrote with news related to the American Recovery and Reinvestment Act of 2009 (ARRA) as it pertains to Portland Area Indian Health Service (IHS). Under ARRA, the Portland Area IHS will receive a one-time allotment of maintenance and improvement (M&I) funds for projects at existing health care facilities. With this letter, the Portland Area IHS invites submission of your proposed projects. Enclosed you will find two documents: 1) an informational sheet referencing the documents needed to prepare your proposed project submissions; and 2) a guidance document describing the process for submitting a proposed project. Please note that proposed projects are due no later than close-of-business, Tuesday, March 24, 2009.

As noted in the guidance document, we will consider projects for maintenance and improvement of existing health care facilities operated under Self-Determination, Self-Governance or Direct Service arrangements. Projects must meet established criteria for the use of M&I funds. M&I projects may include projects to eliminate or reduce deferred maintenance and repair of health care facilities, to reduce operating costs through building efficiency improvements, or to replace aging building equipment components before they fail.

Portland Area Office staff will make themselves available to any Tribe or Service Unit who desires technical assistance preparing a project summary document for consideration. The Northwest Portland Area Indian Health Board (NPAIHB) will be making the arrangements for an informational session on preparing a proposed project for consideration under ARRA. Please watch for additional correspondence from the NPAIHB regarding this event.

For any questions you may have during the development of your project summary document, please contact CDR Mathew Martinson, Director, Division of Health Facilities Engineering, at (503) 326-3108; or email us at: recoveryact_pao@ihs.gov. You may also obtain templates and other materials needed to prepare a proposed project by emailing recoveryact_pao@ihs.gov.

Sincerely,

Roselyn Tso
Acting Area Director

For:

Enclosures (2)

Identification of Proposed Projects

American Recovery and Reinvestment Act of 2009

Portland Area Indian Health Service

March 2009

This informational sheet contains links and references to documents needed to prepare a proposed project to be considered for funding under the American Recovery and Reinvestment Act of 2009.

Document	Purpose	Availability
Guidance for Submitting a Proposed Project	Outlines process for submitting Proposed Projects.	Hardcopy provided.
<u>Chapter 73-3 OEHE Technical Handbook</u>	Provides deficiency types for documenting deficiencies.	Chapter 73-3 is available at: http://www.oehe.ihs.gov/hb/pdf/07303.pdf
<u>Chapter 70-6, OEHE Technical Handbook</u>	Provides allowable uses of M&I funding.	Chapter 70-6 is available at: http://www.oehe.ihs.gov/hb/pdf/07006.pdf
<i>Sample IHS Environmental Information and Documentation</i>	Shows a complete, sample NEPA consistent with Categorical Exclusion (CATEX) (in pdf format).	Available upon request. Email recoveryact_pao@ihs.gov
<u>IHS Environmental Review Manual</u>	Outlines complete process for compliance with NEPA.	Available at: http://www.ehsc.ihs.gov/index.cfm?module=resources (Click on "Environmental Review Manual.")
Preliminary Project Summary Document (PSD)	Provides additional information on PSD development (in pdf format).	Available upon request. Email recoveryact_pao@ihs.gov
Template 1: PSD Template 2: IHS Environmental Information and Documentation	Blank Microsoft Word templates with suggested Proposed Project format	Available upon request. Email recoveryact_pao@ihs.gov

**Guidance for Submitting a Proposed Project
The American Recovery and Reinvestment Act of 2009
Portland Area Indian Health Service
March 2009**

I. Overview

The Portland Area Indian Health Service (IHS), Office of Environmental Health and Engineering (OEHE) is now accepting submission of proposed projects to be funded by the American Recovery and Reinvestment Act of 2009 (ARRA)¹. The funding available to the Portland Area Tribes and IHS Service Units is to be used for Maintenance & Improvement (M&I)² projects.

The objective of ARRA is to stimulate the economy by funding opportunities for employment. The objective of M&I is to maintain and improve existing and eligible health care facilities throughout the Portland Area. There are no separate funds for new construction, construction project management and associated overhead or indirect costs. No new health care services staffing or program support funding is being provided or planned, and it will not be requested as part of ARRA.

The purpose of this document is to outline the Program Authority, Eligibility, Proposed Project Submittal Process and the Selection Process for projects to be considered by the Portland Area for funding under ARRA.

Please note: All preliminary Project Summary Documents, with supporting materials, must be received by close of business on Tuesday, March 24, 2009. Project Summary Documents submitted after March 24, 2009, will not be considered for funding under ARRA. Send your complete package to:

Portland Area Indian Health Service
Office of Environmental Health and Engineering
1220 SW Third Avenue, Room 476
Portland, OR 97204

II. Program Authority

The American Recovery and Reinvestment Act of 2009 (ARRA) is the authority for this program.

¹ Please note that all projects selected for funding under ARRA must also achieve National Environmental Policy Act (NEPA) compliance prior to September 30, 2009.

² The allowable uses of M&I funds are described in the OEHE Technical Handbook, Chapter 70-6.

III. Eligibility

The following summarizes the IHS program criteria for the use of M&I:

- A. Is either: a Federally recognized Indian Tribe or a duly recognized organization thereof, operating directly “Outpatient Ambulatory Health Care Facilities” under P.L. 93-638 (as amended) contract or compact agreements; or, an IHS-owned and operated health care facility.
- B. A need exists for maintenance and/or improvement of ambulatory health care facilities.
- C. The proposed project location (facility) is eligible for M&I funds in fiscal year 2009.
- D. Construction will start no later than September 30, 2009, and be completed within 24 calendar months from the date of award of a Subpart J construction contract or a Subpart N construction agreement (or, for Federal facilities, a “direct Federal” construction contract).
 1. The funds must be used only for costs of the portions of the project that will be attributable to eligible American Indians/Alaska Natives.
 2. Title for any improvements or construction of real property, which may be a result of this program, must be owned by the requesting Tribal organization or IHS.
- E. Projects must meet the eligibility conditions outlined below. (Please note: These conditions are based on established IHS guidance governing the allowable uses of M&I funds.)
 1. The project must address one or more *demonstrated deficiencies*³ in the following IHS deficiency categories (as defined in OEHE Technical Handbook, Chapter 73-3):
 - a. Patient Care
 - b. Life Safety Compliance
 - c. General Safety
 - d. Environmental Compliance
 - e. Program Improvements (i.e., improvements, without which the facility would not be accredited)
 - f. Handicapped Compliance
 - g. Energy Conservation
 - h. Architectural
 - i. Structural/Civil
 - j. Mechanical
 - k. Electrical

³ A *demonstrated deficiency* may be either 1) a deficiency that has already been entered in the FEDS database; or 2) a deficiency to be identified and described in the Preliminary PSD and added to FEDS.

- l. Utilities
 - m. Grounds
 - n. Painting
 - o. Roof
 - p. Seismic Mitigation
2. The project must not include any of the following (per the OEHE Technical Handbook, Chapter 70-6):
 - a. New facilities or facility expansions;
 - b. Additional program space;
 - c. Routine costs for operational activities (e.g., salaries or support for maintenance personnel);
 - d. Utility costs;
 - e. Rent for leased space;
 - f. Purchase and installation of communication systems, telephones, computers and associated hardware, electronic security surveillance systems, or similar equipment;
 - g. Biomedical equipment, personal property or maintenance of such equipment/property.
 3. The project must meet all Federal and Tribal regulations, and all applicable State and local legal requirements.

IV. Proposed Project Submittal Process

A. Format

For each proposed project, Portland Area Indian Health Service requests a complete package, consisting of a Preliminary Project Summary Document (PSD) (Template 1), and “Environmental Information and Documentation” (Template 2), as well as appropriate supporting documentation to support the status and the schedule of the proposed project.

Project Summary Document: Your PSD must include information demonstrating: the need for the project; your ability to accomplish the necessary project tasks; economic and other impacts, and other data necessary to review the project. For additional guidance on what information to include in your PSD, a sample PSD is available upon request. A blank PSD (Template 2) is also available by request. Your PSD should be two to three pages in length, not including supporting documents.

B. Proposed Project Review Process

This section provides information on how proposed projects will be reviewed. Please consider this information carefully as you prepare your PSD and supporting documents.

Project Competition: To ensure equitable distribution of funds, proposed projects will be competed against other proposed projects with similar-sized User Populations.

Proposed Project Review Panel: The Portland Area Facilities Advisory Committee (PAFAC) will review all proposed projects. This 10-member committee serves as an advisory group to the Area Director, providing recommendations on issues related to health care facilities and staffing.

Proposed Project Criteria: The PAFAC will apply the criteria described below during their review of each proposed project.

Criteria #1: Need for the Project

- **Impact on the health care delivery system**
Proposed projects must include a description of how the proposed project will improve the health care delivery system. Improvements to the health care delivery system may be demonstrated by a narrative description.
- **Urgency**
Proposed projects will be evaluated based on the urgency of each deficiency proposed to be corrected. Urgency may be demonstrated by describing the current condition of the deficiency needing repair.
- **Impact on annual operating cost of health care delivery**
Proposed projects must demonstrate operating cost savings for each corrective action. To demonstrate operating cost savings, describe how the project will affect operating costs after the project is complete.
- **Deficiency Type**
Proposed projects will be evaluated based on the category of deficiency to be corrected. Deficiencies categories are as follows:

Table 2. Deficiency Categories

IHS FEDS Code	Deficiency
02	Life Safety Compliance
03	General Safety
07	Handicapped Compliance
08	Energy Conservation
12	Mechanical
13	Electrical
17	Roof
01	Patient Care
05	Program Improvements

14	Utilities
18	Seismic Mitigation
11	Structural/Civil
16	Painting
10	Architectural
04	Environmental Compliance
15	Grounds

Criteria #2: Construction Readiness

Proposed projects must demonstrate how soon the proposed project will be at the stage of procurement of services. Your PSD will be evaluated under the following criteria:

- Design Activities Required
- National Environmental Policy Act (NEPA) Considerations
- Construction Schedule
- Project Risk

A sample IHS Environmental Information and Documentation form is available by request.

Table 3 outlines example considerations to determine Construction Readiness of the proposed project.

Table 3. Construction Readiness (Example Considerations)

Status of Design Activities	
	Design Activities Completed (or Scope of Work ⁴)
	Design Activities to be completed within 60-90 days
	Design Activities completed within 90-120
	Procurement of Design Services greater than 120-150 days
	Design Services Procurement/Activities greater than 150 days
Environmental Considerations	
	NEPA Documentation substantially complete ⁵
	NEPA Documentation initiated
	NEPA Documentation yet to be initiated
Construction Schedule	
	Bid Opening Complete, Construction Contract ready to award
	Bid Opening Complete, Construction Contract in 30 – 60 days
	Bid Opening within 30 – 60 days
	Bid Solicitation within 30 – 60 days
	Bid Solicitation within 60+ days
Project Risk	
	Project Scope Limited and Specific
	Project Scope requires concurrent activity by 3 trades/subcontractors
	Project Scope requires concurrent activity by more than 3 trades/subcontractors

⁴ For projects such as major mechanical equipment replacement.

⁵ Substantially complete means that the “Environmental Information and Documentation” (Template 2) has been prepared and assembled in accordance with the IHS Environmental Review Manual.

Criteria #3: Economic Impact

Proposed projects will be evaluated based on impacts to unemployment.

Criteria #4: Financial Contribution

There is no financial contribution required of any Tribe or Service Unit in order for their proposed project to be considered for ARRA funding. However, if a Tribe or Service Unit chooses to make a financial contribution to their project, which furthers the intent of ARRA, additional consideration may be given for tie-breaking purposes only.

V. Selection Process

Recommendations: After the reviewing process, the PAFAC will provide a prioritized list of recommended proposed projects to be considered for funding to the Area Director, Portland Area Indian Health Service. Upon acceptance of the recommended and prioritized list, the Area Director will forward the said list to the Director, OEHE, Indian Health Service for inclusion in the overall IHS plan.

Project Selection and Additional Notes: Once a project has been selected, it will move into “conditionally approved” status, pending completion of the IHS NEPA procedures; completion of a final Project Summary Document with a supporting Tribal resolution; and provision of any other information that may be required for transparency and accountability purposes, as stipulated by ARRA.

Note: All IHS-funded projects require compliance with the National Environmental Policy Act (NEPA). Projects with complex NEPA or environmental issues are probably not realistic for funding under ARRA.

VI. Deadline

Your PSD and supporting documentation must be received by close of business on Tuesday, March 24, 2009. Send your package to:

Portland Area Indian Health Service
Office of Environmental Health and Engineering
1220 SW Third Avenue, Room 476
Portland, OR 97204