

1. ADMINISTRATION VA	FY 20XX CONSTRUCTION PROJECT DATA	2. DATA AS OF Month DD, YYYY	3. VERSION # X
4. LOCATION Alameda, CA	5. PROJECT TITLE Community Based Outpatient Clinic	6. TOTAL ESTIMATED COST (\$000) \$XXX,XXX	7. PRIORITY SCORE FY ASSIGNED 0.XXXX FY 20XX

## VA 1391-C Summary Page

### A. Construction Project Description

A1. PROJECT DESCRIPTION
[Enter Project Description]

### B. Summary Project Information

B1. BUDGET AUTHORITY (\$000)						
	Prior Years	BY – 2	BY – 1	BY	Future Year(s)	Total Estimated Cost
FY 20XX Budget	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX
FY 20XX Budget	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX
C2. PROJECT COST AND SCHEDULE DATA BY PHASE						
Budget Request Year	Phase	Original Request (\$000)	Updated Request (\$000)	Original Estimated Completion Date	Updated Estimated Completed Date	
20XX	Design	XX,XXX	XX,XXX			Detailed Schedule Information Provided in Section #21 Below
20XX	Phase I – Site Work, Off-Site Utilities, and Wetlands Mitigation	XX,XXX	XX,XXX			
20XX	Phase I – Columbarium, Site Work, Off-Site Utilities, and Wetlands Mitigation	XX,XXX	XX,XXX			
20XX	Phase II – Community Based Outpatient Clinic	XX,XXX	XX,XXX			
20XX	Phase III – Conservation Management Office, Landscaping, Parking, and Completion of Columbarium	XX,XXX	XX,XXX			
	<b>Total Estimated Cost</b>	<b>\$ XXX,XXX</b>	<b>\$ XXX,XXX</b>			

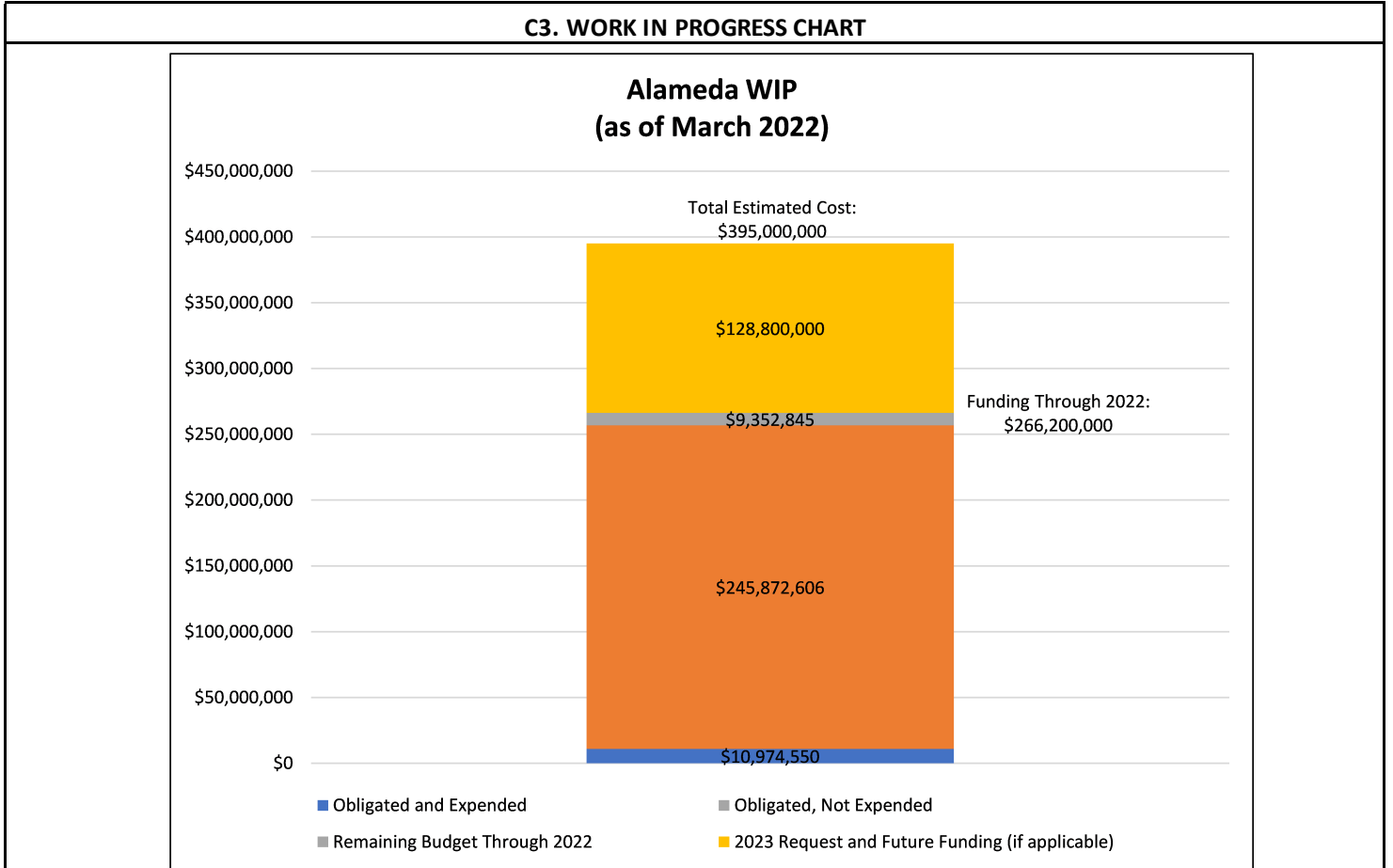
Note: Full VA 1391-C Summary Page included as Attachment I of the VA 1391 Package

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### C. Supporting Budget Justification Data

C1. DEMOGRAPHIC DATA*					
	2021 Actual	2026 Projected	2031 Projected	2041 Projected	Change (2021 – 2041)
Veteran Population	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	-XX.X%
Enrollees	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	-XX.X%
<sup>1</sup> Data reflects the VISN XX, North Valley Market. <sup>2</sup> Data for national cemetery only.					
C2. WORKLOAD*					
	2021 Actual	2026 Projected	2031 Projected	2041 Projected	Change (2021 – 2041)
Ambulatory Procedures <sup>1</sup>	XXX	XXX	XXX	XXX	XX.X%
Ambulatory Services <sup>1</sup>	XXX	XXX	XXX	XXX	XX.X%
Mental Health Stops <sup>1</sup>	XXX	XXX	XXX	XXX	XX.X%
Mental Health Services <sup>1</sup>	XXX	XXX	XXX	XXX	XX.X%
Acute Inpatient Beds <sup>1</sup>	XXX	XXX	XXX	XXX	XX.X%
Acute Mental Health Beds <sup>1</sup>	XXX	XXX	XXX	XXX	XX.X%
Annual Interments <sup>2</sup>	Planned Opening September 2022				
Cumulative Gravesites <sup>2</sup>					
Cumulative Interments <sup>2</sup>					
<sup>1</sup> Data reflects the VISN XX, North Valley Market, and excludes Pharmacy and Laboratory and Pathology stops. <sup>2</sup> Data for national cemetery only.					

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**C4. JUSTIFICATION FOR CHANGES**

**Scope Changes:**  
[Enter Justification for Scope Changes if applicable]

**Budget Changes:**  
[Enter Justification for Budget Changes if applicable]

**Schedule Changes:**  
[Enter Justification for Schedule Changes if applicable]

**C5. PROJECT JUSTIFICATION**

[Enter Project Justification]

**C6. ANALYSIS OF BENEFITS/IMPACT IF NOT FUNDED**

[Enter Analysis of Benefits/Impact if not Funded]

**C7. SCHEDULE**

ITEM	DATE
Phase I – Wetlands	
Design Start	XX/XX/XXXX

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Date 35% Complete	XX/XX/XXXX
Award Construction Documents	XX/XX/XXXX
Design Complete	XX/XX/XXXX
Award Construction Contract	XX/XX/XXXX
Date Used for Escalation	XX/XX/XXXX
<b>Phase II – Site Work and Columbarium</b>	
Design Start	XX/XX/XXXX
Date 35% Complete	XX/XX/XXXX
Award Construction Documents	XX/XX/XXXX
Design Complete	XX/XX/XXXX
Award Construction Contract	XX/XX/XXXX
Construction Completion	XX/XX/XXXX
<b>Phase III – Utilities</b>	
Design Start	XX/XX/XXXX
Date 35% Complete	XX/XX/XXXX
Award Construction Documents	XX/XX/XXXX
Design Complete	XX/XX/XXXX
Award Construction Contract	XX/XX/XXXX
Construction Completion	XX/XX/XXXX

**C8. DESIGN CONTRACT TYPE**

Firm, Fixed Price

**C9. ANALYSIS OF ALTERNATIVES**

**Status Quo:**

[Enter Status Quo description]

**Alternative 1: New Construction (Preferred Alternative)**

[Enter Alternative 1 description]

**Alternative 2: Renovation**

[Enter Alternative 2 description]

**Alternative 3: Lease**

[Enter Alternative 3 description]

**Alternative 4: Contract Out**

[Enter Alternative 4 description]

**Alternative 5: Acquisition of an Existing Facility through Purchase**

[Enter Alternative 5 description]

**Alternative 6: Collaboration with DoD for a Joint Project**

[Enter Alternative 6 description]

**C10. ANALYSIS OF ALTERNATIVES – 30-YEAR COSTS IN DISCOUNTED DOLLARS (\$000)**

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	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE
Status Quo	0	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	XXX	N/A
New Construction	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	XXX	XX
Renovation	N/A	N/A	N/A	N/A	N/A	N/A
Lease	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	XXX	XX
Contract Out	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	XXX	(XXX)
Acquire an Existing Facility	N/A	N/A	N/A	N/A	N/A	N/A
VA/DOD Collaboration	N/A	N/A	N/A	N/A	N/A	N/A
Other (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A

\*This is the total estimated cost for construction/renovation projects or build-out (special purpose renovations) for leases, in discounted dollars.

\*\*This is defined as operating expenses and supplies (recurring costs from the cost-effectiveness analysis template)

**C11. ADDITIONAL INFORMATION**

N/A

**D. Cost Information**

D1. DESIGN COSTS (\$000)				
ITEM	COST			
Preparation of Plans & Specifications	0			
All Other Design Costs	0			
Subtotal, Design Costs	0			
D2. CONSTRUCTION COSTS (\$000)				
ITEM	QUANTITY	UM	UNIT COST	COST
<u>Primary Facilities</u>				
New Construction	XXX,XXX	SF	XXX	XXX,XXX
Alterations	X	SF	X	X
Building Demolition	X	SF	X	X
Subtotal, Primary Facilities				XXX,XXX
<u>Supporting Facilities</u>				
Parking Structure	XXX	Spaces	X	Included Above
Total Other Costs (Utilities, etc.)				XXX,XXX
Subtotal, Supporting Facilities				XXX,XXX

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Construction Costs (Primary plus Supporting Facilities)	XXX,XXX
Escalation	XXX,XXX
Subtotal, Estimated Contract Cost	XXX,XXX
Pre-Design Development Allowance	X
Construction Contingency	XXX,XXX
Impact Costs	X
Construction Management	X
Site Acquisition	X
Utility Agreements	X
Subtotal, Construction Costs	XXX,XXX

**D3. TOTAL ESTIMATED COST (\$000)**

Design Costs (Section 15) plus Construction Costs (Section 16)	XXX,XXX
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**D4. COST OF ITEMS PROCURED THROUGH OTHER APPROPRIATIONS (\$)**

APPROPRIATION	ITEM	QUANTITY	UNIT COST	COST
N/A				

**D5. PROJECTED OPERATING COSTS IN DISCOUNTED DOLLARS (\$000)**

ITEM	CUMULATIVE PROJECT COSTS				
	Start Year 20XX*	Start Year + 5 20XX	Start Year + 10 20XX	Start Year + 20 20XX	Year 30 20XX*
Non-Recurring Costs					
- Construction Activities	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX
- Equipment	0	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX
Recurring Costs					
- Services	0	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX
- Support Services	0	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX
- Supplies	0	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX
- Personnel & Compensation	0	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX
Subtotal Recurring Costs	0	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX
TOTAL OPERATING COSTS	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX
FTEE	XXX	XXX	XXX	XXX	XXX

\*Budget fiscal year is 20XX. CEA includes 30 years from the budget fiscal year.

**D6. ANNUAL OPERATING COSTS IN CURRENT DOLLARS (\$000)**

	FTE	Project Costs	FTE	Present Facility
Non-recurring costs				
- Activation		XXX,XXX		N/A
- One-time non-recurring		XXX,XXX		N/A
Subtotal Non-recurring		XXX,XXX		N/A
Recurring Costs <sup>1</sup>				
- Ancillary Services		XXX,XXX		XXX,XXX
- Personnel Services (FTE/Costs)	XX	XXX,XXX	X,XXX	XXX,XXX
- Other Recurring		N/A		N/A
Subtotal Recurring		XXX,XXX		XXX,XXX
TOTAL OPERATING COSTS		XXX,XXX		XXX,XXX

<sup>1</sup>Operating costs recur on an annual basis for resources (including staff) necessary to support services to be provided from the space being built or remodeled.

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<sup>2</sup>Incremental operating costs are net of present facility. These are not indicative of the total operating costs for the project at completion.

**D7. OTHER COSTS**

ITEM	COST
N/A	

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### E. Capital Program Requirements Management Process (CPRMP)

*This section will be completed only if a CPRMP submission is necessary due to requested changes after SCIP Approval.*

E1. SPACE CHANGES(BGSF) IN SUPPORT OF CPRMP REQUEST			
Space Types – Enter Current and Proposed Changes by	SCIP Baseline	Latest Externally Communicated Baseline	Project Total Post-Requested Changes
Inpatient Mental Health			
CLC/Hospice			
Administration			
Research			
Support/ Infrastructure			
Ancillary/ Diagnostic			
Mental Health			
Primary Care			
Specialty Care			
Acute Inpatient Medicine & Surgery			
Acute Special Programs			
Common/Swing/ Construction			
If Change in Space, provide justification for the change. Attach additional supporting documents if needed. VHA must provide demographic information for all proposed changes.			
E2. UTILIZATION CHANGES IN SUPPORT OF CPRMP REQUEST			
Utilization Categories	SCIP Baseline	Latest Externally Communicated Baseline	Project Total Post-Requested Changes
Inpatient Medicine (BDOC)			
Inpatient Mental Health (BDOC)			
Dental Clinic (Procedures)			
Laboratory and Pathology (Clinic Stops)			
Medical & Other Non-Surg Specialties (Clinic Stops)			
Mental Health Programs (Clinic Stops)			
Primary Care-Geriatrics-Urgent Care (Clinic Stops)			
Surgical Specialties (Clinic Stops)			
Inpatient Residential Rehab Mental Health Programs (BDOC)			
Long Term Care (LTC)Non-Institutional (Clinic Stops)			
Blind Rehab (BDOC)			
Inpatient LTC (BDOC)			
Spinal Cord Injury (BDOC)			
If Change in Utilization, provide justification for the change. Attach additional supporting documents if needed. VHA must provide demographic information for all proposed changes.			
E3. BED COUNT CHANGES (INPATIENT PROJECTS) IN SUPPORT OF CPRMP REQUEST			
Bed Categories	SCIP Baseline	Latest Externally	Project Total Post-Requested Changes



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		Communicated Baseline	
Inpatient Medical			
Inpatient Surgical			
Acute Inpatient Mental Health			
Blind Rehab			
CLC/Hospice			
Residential Rehab Mental Health			
Spinal Cord			
Polytrauma			
Hotel			

If Change in Inpatient Beds, provide justification for the change. Attach additional supporting documents if needed. VHA must provide demographic and workload information for all proposed changes.

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### F. Attachments

F1. Implementation Planning Output	
I. Service Delivery Plan II. Gap Mitigation Plan III. Functional Program IV. Project Definition	

F2. Attachments for Post-SCIP/Budget Submission and Execution Planning Information	
I. Acquisition Plan II. Pre-Procurement Scoring Report	