



Department of Veterans Affairs

**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

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/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 (<i>Sign in ink</i>)		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>		