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

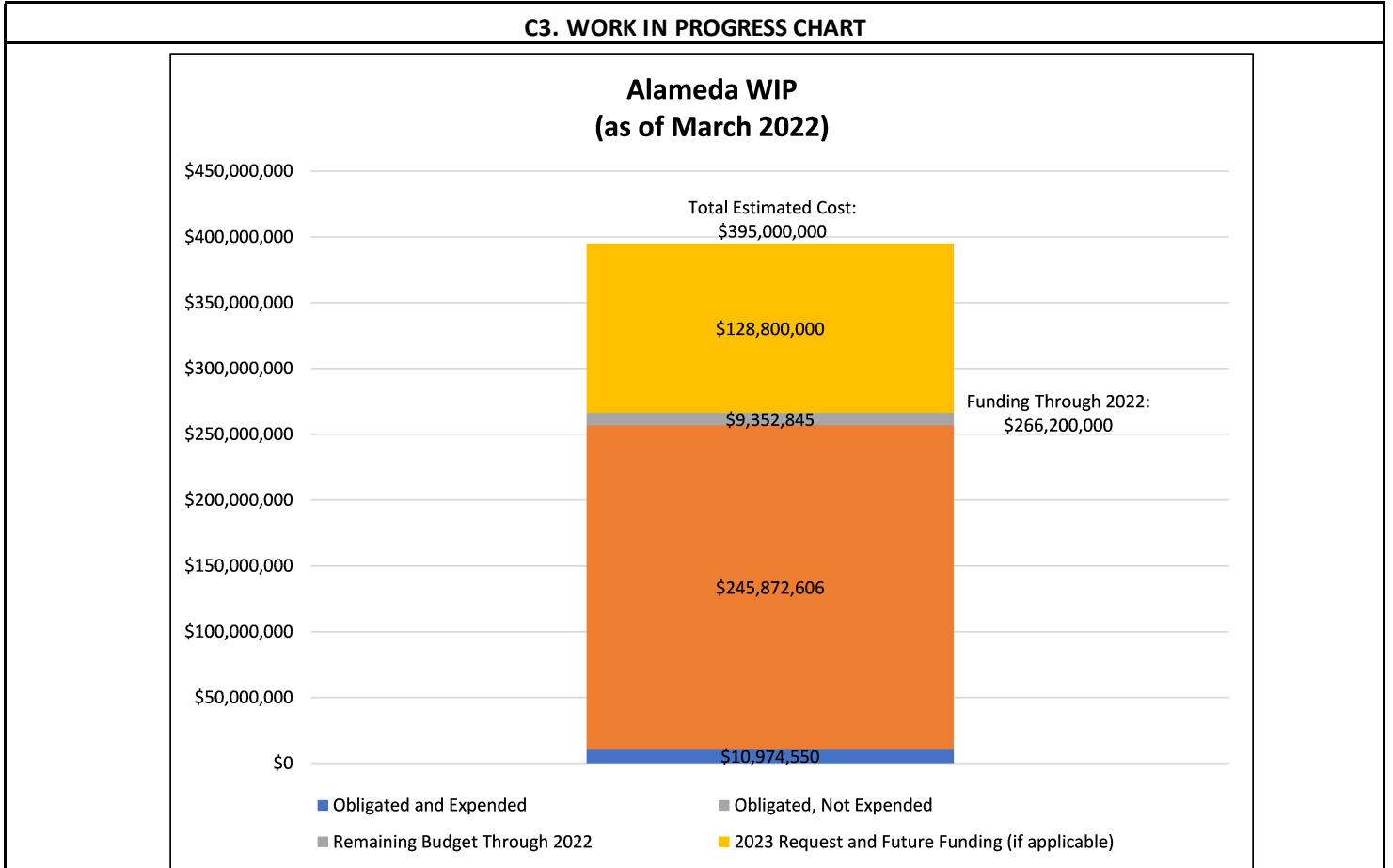| C2. PROJECT COST AND SCHEDULE DATA BY PHASE					
Budget Request Year	Phase	Original Request ($000)	Updated Request ($000)	Original Estimated Completion Date	Updated Estimated Completed Date
20XX	Design	XX,XXX	XX,XXX	Detailed Schedule Information Provided in Section #21 Below	
20XX	Phase I – Site Work, 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		
	Total Estimated Cost	$ XXX,XXX	$ XXX,XXX		

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

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

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%

[1]Data reflects the VISN XX, North Valley Market.
[2]Data for national cemetery only.

C2. WORKLOAD*					
	2021 Actual	2026 Projected	2031 Projected	2041 Projected	Change (2021 – 2041)
Ambulatory Procedures[1]	XXX	XXX	XXX	XXX	XX.X%
Ambulatory Services[1]	XXX	XXX	XXX	XXX	XX.X%
Mental Health Stops[1]	XXX	XXX	XXX	XXX	XX.X%
Mental Health Services[1]	XXX	XXX	XXX	XXX	XX.X%
Acute Inpatient Beds[1]	XXX	XXX	XXX	XXX	XX.X%
Acute Mental Health Beds[1]	XXX	XXX	XXX	XXX	XX.X%
Annual Interments[2]	Planned Opening September 2022				
Cumulative Gravesites[2]					
Cumulative Interments[2]					

[1]Data reflects the VISN XX, North Valley Market, and excludes Pharmacy and Laboratory and Pathology stops.
[2]Data for national cemetery only.

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

C3. WORK IN PROGRESS CHART

Alameda WIP (as of March 2022)

Total Estimated Cost: $395,000,000

- $128,800,000
- $9,352,845
- Funding Through 2022: $266,200,000
- $245,872,606
- $10,974,550

Legend:
- Obligated and Expended
- Obligated, Not Expended
- Remaining Budget Through 2022
- 2023 Request and Future Funding (if applicable)

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

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
Phase II – Site Work and Columbarium	
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
Phase III – Utilities	
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)

	1. ADMINISTRATION VA	FY 20XX CONSTRUCTION PROJECT DATA		2. DATA AS OF Month DD, YYYY	3. VERSION # X

1. ADMINISTRATION	FY 20XX CONSTRUCTION PROJECT DATA	2. DATA AS OF	3. VERSION #
VA		Month DD, YYYY	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

	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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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

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

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[1]				
− 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

[1]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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4. LOCATION	5. PROJECT TITLE	6. TOTAL ESTIMATED COST ($000)	7. PRIORITY SCORE FY ASSIGNED
Alameda, CA	Community Based Outpatient Clinic	$XXX,XXX	0.XXXX FY 20XX

[2]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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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

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

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

		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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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

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	