

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

## VA 1391-L Summary Page

### A. Lease Project Description

A1. PROJECT DESCRIPTION	
[Enter Project Description]	

### B. Information Developed During the Implementation Planning Process

B1. SUMMARY LEASE INFORMATION	
Lease Type	
Existing NUSF	
Proposed NUSF <sup>1</sup>	
Expansion/Reduction NUSF:	
FTE	
Existing NUSF per FTE	
Proposed NUSF per FTE	
FY31 Projected Enrollees <sup>2</sup> (10 Years)	
Expiration Dates of Existing Leases <sup>3</sup>	
Current Total Annual Cost <sup>4</sup>	
Proposed Delineated Area	<b>North:</b> <b>East:</b> <b>South:</b> <b>West:</b>
Congressional District(s)	
Proposed Number of Parking Spaces <sup>5</sup>	
<sup>1</sup> As VA continues the modernization of its leasing program, the intent is for all acquisitions utilizing the Request for Lease Proposals (RLP) method to use a square footage metric better aligned with industry standards. The ABOA SF estimate will be finalized during pre-design. <sup>2</sup> Data reflects the <b>VISN XX, Central Market</b> . <sup>3</sup> VA will coordinate with GSA to execute such interim leasing actions as are necessary to ensure continued housing of VA services prior to the effective date of the new lease. It is in the best interest of the Government to avert the financial risk of holdover tenancy. <sup>4</sup> Total Annual Cost includes unserviced annual rent and operating expenses. <sup>5</sup> VA may pursue structured parking within the lease, instead of surface parking, during lease execution depending on land parcel availability.	

### C. Information Developed Post-Implementation Planning

C1. BUDGET INFORMATION	
Budgetary Scoring	XX.XX%
Estimated Maximum Lease Term	20 years
Proposed Unserved Annual Rental Rate <sup>1</sup>	\$
Proposed Total Unserved Annual Rent	\$
Medical and Other Related Alterations (Lump Sum Payment) <sup>2</sup>	\$
<b>Total Lease Contract Value<sup>3</sup></b>	<b>\$</b>

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<sup>1</sup>Estimated Annual Unserviced Rental Rate includes Base/NNN rent, real estate taxes, insurance, maintenance and repair reserves, and management fees. This estimate may be escalated by 2.1 percent annually to the effective date of the lease to account for inflation. The proposed rental rate is unserviced (taxes, insurance, management, and maintenance and repair reserves included); however, the lease contract may include operating expenses paid by the lessor. VA will conduct a competitive procurement and negotiate with offerors to ensure that lease award is made in the best interest of the Government.

<sup>2</sup>Represents an estimated lump sum payment to the lessor for the purchase and installation of build-out requirements (tenant improvements) not included in the annual rent. Actual lump sum amount may vary based on offers received.

<sup>3</sup>Total Lease Contract Value is the sum of total unserviced annual rent and medical and other related alterations. (ORP to provide official definition)

C2. BUDGET AUTHORITY (\$000)				
	Lease Term	Request	Medical and Other Related Alterations	Unserviced Annual Rent
Budget Authority	Up to 20 years	Not Required - Mid-level Lease	\$X,XXX	\$X,XXX

### D. Information Developed to Prepare for Lease Execution

D1. EXECUTION PLANNING INFORMATION	
Date of Acquisition Plan	MM/DD/YYYY
Budgetary Scoring	XX.XX%

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

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### E. Supporting Budget Justification Data

E1. DEMOGRAPHIC DATA*					
	2021 Actual	2026 Projected	2031 Projected	2041 Projected	Change (2021 – 2041)
Veteran Population	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	X.X%
Enrollees	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	X.X%
*Data reflects the VISN 17, Central Market.					
E2. WORKLOAD*					
	2021 Actual	2026 Projected	2031 Projected	2041 Projected	Change (2021 – 2041)
Ambulatory Procedures	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	-XX.X%
Ambulatory Services	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	-XX.X%
Mental Health Stops	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	-XX.X%
Mental Health Services	XXX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	-XX.X%
Acute Inpatient Beds	XX	XX	XX	XX	-XX.X%
Acute Mental Health Beds	XX	XX	XX	XX	-XX.X%
*Data reflects the VISN 17, Central Market, and excludes Pharmacy and Laboratory and Pathology stops.					
E3. JUSTIFICATION FOR CHANGES					
<b>Scope Changes:</b> [Enter Justification for Scope Changes if applicable]					
<b>Budget Changes:</b> [Enter Justification for Budget Changes if applicable]					
<b>Schedule Changes:</b> [Enter Justification for Schedule Changes if applicable]					
E4. PROJECT JUSTIFICATION					
[Enter Project Justification]					
E5. ANALYSIS OF BENEFITS/IMPACT IF NOT FUNDED					
[Enter Analysis of Benefits/Impact if not Funded]					
E6. SCHEDULE*					
Milestone	Schedule		Baseline Estimated Date	Current Estimated Date	
<b>Award Lease</b>	XX months after requirement finalization		Month YYYY	Month YYYY	
<b>Complete Construction</b>	XX months after lease award		Month YYYY	Month YYYY	
<b>Activation/Occupancy</b>	XX months after construction		Month YYYY	Month YYYY	
*For leases with an annual unserved rent exceeding the GSA prospectus threshold, the schedule above is dependent on passage of committee resolutions by the House Committees on Veterans' Affairs and Transportation and Infrastructure and the Senate Committees on Veterans' Affairs and Environment and Public Works.					
E7. ANALYSIS OF ALTERNATIVES (MAJOR AND MID-LEVEL LEASES ONLY)					
<b>Status Quo:</b> [Enter Status Quo description]					
<b>Alternative 1: Lease (Preferred Alternative)</b> [Enter Alternative 1 description]					

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**Alternative 2: New Construction**  
[Enter Alternative 2 description]

**Alternative 3: Renovation**  
[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]

E8. ANALYSIS OF ALTERNATIVES (MAJOR AND MID-LEVEL LEASES ONLY) – 30-YEAR COSTS IN DISCOUNTED DOLLARS (\$000)							
	Acquisition*	Ancillary Services**	Equipment and Other Items	Total Life Cycle	Total # of FTEE	Net New FTEE	Net Present Value
Status Quo	0	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	XXX	N/A	N/A
Lease	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	XXX	XX	\$XXX,XXX
New Construction	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	XXX	XX	\$XXX,XXX
Renovation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Contract Out	\$XXX,XXX	\$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	N/A
VA/DOD Collaboration	N/A	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	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 included in Project Definition)

E9. ADDITIONAL INFORMATION
N/A

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## F. 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.*

F1. SPACE CHANGES (NUSF) 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			
<b>Total</b>			

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

F2. 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.

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**F3. BED COUNT CHANGES (INPATIENT PROJECTS) IN SUPPORT OF CPRMP REQUEST**

Bed Categories	SCIP Baseline	Latest Externally Communicated Baseline	Project Total Post-Requested Changes
Inpatient Medical			
Inpatient Surgical			
Acute Inpatient Mental Health			
Blind Rehab			
CLC/Hospice			
Residential Rehab Mental Health			
Spinal Cord			
Polytrauma			
Hotel			
<b>Total</b>			

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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## G. Attachments

### G1. Implementation Planning Output

<ul style="list-style-type: none"> <li>I. Service Delivery Plan</li> <li>II. Gap Mitigation Plan</li> <li>III. Functional Program</li> <li>IV. Project Definition</li> </ul>	
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### G2. Attachments to Support Budget Submission and Lease Execution Planning Summary

<ul style="list-style-type: none"> <li>I. Acquisition Plan</li> <li>II. Pre-Procurement Scoring Report</li> </ul>	
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### G3. GREX Requirements for GSA Delegation (Post-SCIP)

<ul style="list-style-type: none"> <li>I. Acquisition Plan</li> <li>II. Market Research</li> <li>III. Agency Labor Cost Worksheet</li> <li>IV. Rural Development Act</li> <li>V. FEMA Floodplain Map</li> <li>VI. Delineated Map</li> <li>VII. Original Lease/SF2</li> <li>VIII. Needs Assessment Questionnaire</li> </ul>	
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