



DOCUMENTS AND INFORMATION REQUIRED FOR STATE HOME CONSTRUCTION AND ACQUISITION GRANTS

INITIAL APPLICATION

NOTE: An initial application should be submitted to the Chief Consultant, Geriatrics and Extended Care (114) by April 15, if the State wishes consideration of an initial application for placement on the priority list for the next fiscal year.

1. TYPE OF GRANT APPLIED FOR:

- ACQUISITION
- CONSTRUCTION

2. DOCUMENTATION THAT THE SITE OF THE PROJECT IS IN REASONABLE PROXIMITY TO A SUFFICIENT CONCENTRATION AND POPULATION OF VETERANS THAT ARE 65 YEARS OF AGE AND OLDER AND THAT THERE IS A REASONABLE BASIS TO CONCLUDE THAT THE FACILITY WHEN COMPLETE WILL BE FULLY OCCUPIED.

3. APPLICANT'S RECOMMENDATION AS TO THE PRIORITY, ANY SUBPRIORITY, AND ANY FURTHER PRIORITY FOR PURPOSES OF PLACING THE PROJECT ON THE PRIORITY LIST FOR THE NEXT FISCAL YEAR (see 38 CFR s 59.50).

4. STANDARD FORM (SF) 424, "APPLICATION FOR FEDERAL ASSISTANCE" (mark the box labeled "pre-application" and submit the information requested for a "preapplication"); SF 424C, "BUDGET INFORMATION-CONSTRUCTION PROGRAMS"; SF 424D, "ASSURANCES-CONSTRUCTION PROGRAMS" AND A DESCRIPTION AND SCOPE OF THE PROJECT. (Original and one copy required.)

5. ON SF 424C INCLUDE:

- (1) COST ESTIMATE FOR EQUIPMENT NOT INCLUDED IN THE CONSTRUCTION CONTRACT (Not to exceed 10 percent of the construction costs) AND
- (2) CONTINGENCY COST ESTIMATE (not to exceed 5 percent of the estimated cost of project for new construction or 8 percent for remodeling projects).

6. PROJECT SITE DESCRIPTION, INCLUDING COUNTY LOCATION.

7. GOVERNOR'S LETTER OR A LETTER FROM THE AGENCY AUTHORIZED BY THE GOVERNOR WITH PROGRAM OVERSIGHT DESIGNATING THE STATE REPRESENTATIVE AND INFORMATION THAT WILL PERMIT VA TO CONTACT THE STATE REPRESENTATIVE. THE STATE REPRESENTATIVE MUST NOTIFY THE CHIEF CONSULTANT (114), IMMEDIATELY OF ANY CHANGES IN WHO THE STATE REPRESENTATIVE IS AND HOW TO REACH HIM OR HER.

8. NEEDS ASSESSMENT (if adding or replacing nursing home or domiciliary beds). INCLUDE THE FOLLOWING DOCUMENTS AND SUPPORTING JUSTIFICATIONS:

- (A) DEMOGRAPHIC CHARACTERISTICS OF THE VETERAN POPULATION OF THE PROPOSED CATCHMENT AREA;
- (B) AVAILABILITY OF BEDS IF GREAT TRAVEL DISTANCES (over two hours) ARE IMPOSED ON VETERANS AND THEIR FAMILIES;
- (C) NUMBER OF VA NURSING HOME AND DOMICILIARY BEDS AND THE OCCUPANCY RATE AT THOSE FACILITIES FOR THE PREVIOUS FISCAL YEAR
- (D) NUMBER OF STATE NURSING HOME AND DOMICILIARY BEDS AND THE OCCUPANCY RATE OF THOSE FACILITIES FOR THE PREVIOUS FISCAL YEAR;
- (E) NUMBER OF COMMUNITY-BASED NURSING HOME BEDS AND THE OCCUPANCY RATE AT THOSE FACILITIES FOR THE PREVIOUS FISCAL YEAR (must have full State certification). THE STATE CERTIFICATION MUST AUTHORIZE APPROPRIATE LEVEL(S) OF CARE TO ALLOW VETERAN PLACEMENT IN THOSE FACILITIES.
- (F) WAITING LISTS FOR EXISTING STATE HOME PROGRAMS;
- (G) PLANS FOR ACUTE MEDICAL CARE/EMERGENCY CARE SERVICES AS MAY BE REQUIRED BY THE STATE HOME RESIDENTS AND
- (H) AVAILABILITY OF QUALIFIED MEDICAL CARE PERSONNEL TO STAFF THE PROPOSED FACILITY.

9. NEEDS ASSESSMENT (IF NOT ADDING OR REPLACING NURSING HOME OR DOMICILIARY BEDS) (A) REASON FOR THE PROJECT AND (B) THE SCOPE OF THE PROJECT.

10. IF A STATE PROPOSES NEW BEDS THAT EXCEED THE MAXIMUM NUMBER OF STATE HOME BEDS AS DEFINED IN 38 CFR 59.40, THE STATE MUST PROVIDE DOCUMENTATION TO JUSTIFY AN EXCEPTION ON THE BASIS OF GREAT TRAVEL DISTANCES (greater than two hours) BETWEEN A SIGNIFICANT POPULATION CENTER AND AN EXISTING STATE HOME. THE SECRETARY WILL CONSIDER AND APPROVE/DISAPPROVE SUCH JUSTIFICATION IN THE DETERMINATION OF THE PRIORITY OF THE INITIAL APPLICATION.

11. AUTHORIZED STATE REPRESENTATIVE'S CERTIFIED STATEMENT THAT THE LIST OF THE TOTAL NUMBER OF STATE-OPERATED NURSING HOME AND DOMICILIARY BEDS FOR VETERANS IS THE TOTAL NUMBER OF SUCH BEDS EXISTING, UNDER CONSTRUCTION, OR PENDING APPROVAL BY VA AT THE TIME OF THE INITIAL APPLICATION.

12. SCHEMATIC DRAWINGS FOR THE PROPOSED PROJECT.

13. SPACE PROGRAM ANALYSIS ON VA FORM 10-0392, "SPACE PROGRAM ANALYSIS-NURSING HOME" (or VA Form 10-0392a, "Space Program Analysis-Adult Day Health Care") FOR THE PROPOSED PROJECT THAT INCLUDES A LIST OF EACH ROOM OR AREA AND THE SQUARE FOOTAGE PROPOSED. THE PLAN SHOULD NOTE SPECIAL OR UNUSUAL SERVICES OR EQUIPMENT. THE INFORMATION ON VA FORM 10-0392, "SPACE PROGRAM ANALYSIS-NURSING HOME" (or VA Form 10-0392a, "Space Program Analysis-Adult Day Health Care") should correspond with the charts contained in 38 CFR 59.140 AND 59.160.

14. STATE APPLICATION IDENTIFIER NUMBER (IF APPLICABLE).

15. FIVE-YEAR CAPITAL PLAN FOR STATE'S ENTIRE STATE HOME PROGRAM, INCLUDING THE PROPOSED PROJECT.

16. FINANCIAL PLAN FOR STATE FACILITY'S FIRST THREE YEARS OF OPERATION FOLLOWING CONSTRUCTION.

17. ANY COMMENTS OR RECOMMENDATIONS MADE BY THE APPROPRIATE STATE CLEARING HOUSE PURSUANT TO POLICIES OUTLINED IN EXECUTIVE ORDER 12372, INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS (PART 40 OF THIS CHAPTER). IF THE STATE HAS NO CLEARING HOUSE, THE DESIGNATED AUTHORIZED STATE REPRESENTATIVE MUST CERTIFY COMPLIANCE WITH THIS EXECUTIVE ORDER.

I CERTIFY THAT THE INFORMATION SUBMITTED TO VA IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

SIGNATURE OF STATE REPRESENTATIVE

DATE

THE LAW PROVIDES SEVERE PENALTIES FOR WILLFUL SUBMISSION OF FALSE INFORMATION.