

Project 515-23-600

Create Market Capital Assets Master Plan - Michigan

Non-Recurring Maintenance Project Study Scope of Work

1. GENERAL INTENT: The Contractor (herein referred to as “A/E”) shall provide Architect/Engineer (A/E) services to create a market capital assets master plan (herein referred to as “master plan”) to facilitate the delivery of VA healthcare services in optimized and modernized facilities. The master plan shall consist of a comprehensive schedule of capital projects over a period of ten Federal fiscal years composed of detailed operating plans for the first five years and generalized plans for the last five years for each of the VA Healthcare Systems (VAHCSs) listed in Attachment A. The master plan will propose necessary infrastructure improvements, site preparation work for medical equipment installations, space renovations/additions and leases to support the services provided at each VAHCS as assigned by Veterans Integrated Service Network 10 (VISN 10).

2. DEFINITIONS:

a. Asset and Infrastructure Review (AIR) - An initiative to study the current and future healthcare needs of Veterans across America, and to evaluate VA’s healthcare infrastructure to ensure VA is ready and able to continue to provide Veterans with world-class access and outcomes. The AIR consists of three parts: market assessments, development of recommendations, and review/approval of recommendations by the AIR Commission, Congress and the President.

Department of Veterans Affairs, *VA Recommendations to the AIR Commission – Frequently Asked Questions*, https://www.va.gov/AIRCOMMISSIONREPORT/AIR_Commission_Report_FAQs.asp.

b. Capital Project – A project where VA acquires land for the express purpose of constructing a real property asset for VA use, where new space is constructed (either free standing or as an addition to an existing building), existing space is renovated, infrastructure is constructed or altered, site preparation is done to support medical equipment installation or space is leased. VA programs for capital projects include Major Construction, Minor Construction, Non-Recurring Maintenance (NRM), Clinical Specific Initiatives (CSI), Major Leases and Minor Leases. Each program is governed by public laws, statutes and VA/VHA policy with specific rules on what each may program is allowed to do within certain funding limits.

Veterans Health Administration, *Capital Assets Management Guidebook*, <http://vawww.hefp.va.gov/guidebooks/capital-asset-management-guidebook>

Department of Veterans Affairs, *DRAFT VA FY2022 SCIP Program Definitions - 21 Jan 2020*, <https://dvagov.sharepoint.com/:p:/r/sites/VACO2023SCIP/Shared%20Documents/Training%20Document%20s/Action%20Plan%20Training%20Documents/DRAFT%20VA%20FY2022%20SCIP%20Program%20Definitions%20-%202021%20Jan%202020.pptx?d=w7306d460ddac454189c5958accff4ff8&csf=1&web=1>,

NOTE: This is an internal VA website that is not available to the public.

38 U.S.C. § 8104, *Congressional approval of certain medical facility acquisitions*,
<https://www.govinfo.gov/content/pkg/USCODE-2020-title38/html/USCODE-2020-title38-partVI-chap81-subchapl-sec8104.htm>

VHA Directive 1002.02, *VHA Minor Construction Program*, to be dated upon publication in 2022,
<https://vaww.va.gov/vhapublications/publications.cfm?Pub=1>, NOTE: This is an internal VA website that is not available to the public.

VHA Directive 1002.1, *Non-Recurring Maintenance Program*, dated May 6, 2020,
https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=8813, NOTE: This is an internal VA website that is not available to the public.

c. Inpatient Site of Care – An inpatient site of care is a healthcare site that is geographically distinct and separate from other a VA sites of care. An inpatient care site may additionally provide outpatient care. Examples of inpatient sites of care are VA Medical Center, VA Hospital, VA Residential Care Site (i.e., stand-alone Domiciliary) and/or VA Extended Care Site (i.e., stand-alone Community Living Center [CLC]). Unless designated as a parent facility, it is under the administrative control of a VA Healthcare System.

VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, dated Dec 30, 2013,
https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=2970, NOTE: This is an internal VA website that is not available to the public.

d. Market – a group of contiguous counties featuring at least one parent facility (either VAMC or HCC) that is used for planning purposes including the projected utilization of VA services by Veteran enrollees residing in that geographic area. Markets can be further broken down into submarkets and sectors, which generally are aligned with the VAHCS providing the majority of Veteran care in the area. I can try to find a link to an official VA citation regarding markets

e. Market Area Assessment – Multi-year large-scale studies of every VA market across the country designed to understand the makeup of Veterans by healthcare needs, age, race, gender, era they served, and where they live. VA is mandated to perform these studies every four years.

Public Law 115-182, *VA MISSION Act of 2018*, <https://www.govinfo.gov/content/pkg/PLAW-115publ182/pdf/PLAW-115publ182.pdf>.

f. Outpatient Site of Care – An outpatient site of care is a healthcare site that is geographically distinct and separate from a VA inpatient site of care. No inpatient care is provided at an outpatient site of care. Examples of outpatient sites of care are Healthcare Centers, Multi-Specialty VA Clinics, Primary Care VA Clinics, and other outpatient service sites. Geographically distinct means the site has a separate and distinct physical address. Unless designated as a parent facility, it is under the administrative control of a VA Healthcare System.

VHA Directive 1229(1), *Planning and Operating Outpatient Sites of Care*, amended Oct 14, 2019,
https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=5439, NOTE: This is an internal VA website that is not available to the public.

g. Station Number – Station numbers are the official identification numbers for funding and budgetary purposes, and for describing the sphere of authority of an organizational entity designated by the Secretary of Veterans Affairs. It is VHA policy that all clinical

sites of care with a unique street address must have a unique station number. Parent facilities of a VA Healthcare System are assigned a three digit station number (example: Station 610 Northern Indiana Healthcare System – Marion VA Medical Center) and all child facilities under the system utilize the same number with the addition of alphanumeric suffix modifiers (examples: Station 610A4 Northern Indiana Healthcare System – Fort Wayne VA Medical Center and Station 610BY St Joseph County VA Clinic).

VHA Directive 1044, *Assignment and Maintenance of Station Numbers and Attributes*, dated Mar 15, 2016, https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3185, NOTE: This is an internal VA website that is not available to the public.

h. VA MISSION Act of 2018 – Officially the “John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018”, as applicable to this scope of work, Title II of the Act required that VA undertake an asset and infrastructure review (AIR).

Public Law 115-182, *VA MISSION Act of 2018*, <https://www.govinfo.gov/content/pkg/PLAW-115publ182/pdf/PLAW-115publ182.pdf>.

i. Vet Center – Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling to eligible Veterans, active duty service members, including National Guard and Reserve components, and their families. They are a component of VHAs Readjustment Counseling Service (RCS) reporting directly to the Under Secretary for Health. Vet Centers are not part of Veterans Integrated Service Networks (VISNs) despite operating within the same geographic areas, however they rely on VA Healthcare Systems (VAHCSs) for certain administrative support such as engineering services. RCS develops master plans and funds capital projects and/or leases for Vet Centers independently and coordinate with VISNs/VAHCSs for necessary support to execute them.

VHA Directive 1500(2), *Readjustment Counseling Service*, amended Dec 30, 2021, https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=9168, NOTE: This is an internal VA website that is not available to the public.

j. Veterans Affairs Clinic (VAC) – Formerly Community-Based Outpatient Clinic (CBOC), a VA Clinic is a VA-operated, VA-funded, or VA-reimbursed site of care operating under the administrative control of a VA Healthcare System and is located separate from a VA Medical Center. This is the most numerous type of outpatient site of care in VHA. A VAC can provide primary, specialty, subspecialty, mental health, or any combination of healthcare delivery services that can be appropriately provided in an outpatient setting. There are two recognized outpatient VAC classifications in VHA: Multi-Specialty VACs and Primary Care VACs.

VHA Directive 1229(1), *Planning and Operating Outpatient Sites of Care*, amended Oct 14, 2019, https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=5439, NOTE: This is an internal VA website that is not available to the public.

k. Veterans Affairs Healthcare Center (VAHCC) – A VA-owned, VA-leased, contract, or shared clinic operated at least five days per week that provides primary care, mental health care, on site specialty services, and performs ambulatory surgery and/or invasive

procedures, which may require moderate sedation or general anesthesia. A VAHCC may be designated as an ambulatory surgery clinic (ASC) if it meets the requirements of the assigned surgical complexity level and provides all associated support infrastructure, such as pharmacy, laboratory, and x-ray, to perform these healthcare services safely and effectively. A VAHCC may be the parent facility of a VA Healthcare System.

VHA Directive 1229(1), *Planning and Operating Outpatient Sites of Care*, amended Oct 14, 2019, https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=5439, NOTE: This is an internal VA website that is not available to the public.

l. Veterans Affairs Healthcare System (VAHCS) – An integrated healthcare delivery system under the direction of one administrative parent facility and comprised of multiple healthcare facilities, offering an array of healthcare services to Veterans in a defined geographic area. An objective organizational chart of how a VAHCS is structured from a reporting standpoint is included in Attachment B.

VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, dated Dec 30, 2013, https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=2970, NOTE: This is an internal VA website that is not available to the public.

m. Veterans Affairs Medical Center (VAMC) – A VA point of service that provides at least two categories of care (inpatient, outpatient, residential, or institutional extended care). Typically, a VAMC is the parent facility of a VA Healthcare System.

VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, dated Dec 30, 2013, https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=2970, NOTE: This is an internal VA website that is not available to the public.

n. Veterans Integrated Service Network (VISN) – The U.S. is divided into 18 Veterans Integrated Service Networks, or VISNs which are regional systems of care working together to better meet local healthcare needs and provides greater access to care. A VISN is composed of two or more VA Healthcare Systems.

Veterans Health Administration, *Veterans Integrated Service Network (VISNs)*, <https://www.va.gov/HEALTH/visns.asp>.

3. STATEMENT OF WORK: A/E work performed under this project shall consist of four parts.

a. Part One – Data Collection and Analysis

This part shall consist of site visits, field investigation, conduct of surveys, interviews with both internal and external stakeholders, and review of databases and reports to collect and analyze the necessary data needed to develop comprehensive capital master plans both at the system and market levels for all stations within the market.

The A/E shall at a minimum collect and review the following databases and reports:

- (1) The VA Recommendations to the AIR Commission, Volumes I, II and appendices publicly released Mar 14, 2022, as they pertain to VISN 10. List of

AIR Commission recommendations that VISN 10 will implement regardless of Congressional approval.

Sources: VISN Strategic Planner and

<https://www.va.gov/AIRCOMMISSIONREPORT/index.asp>

(2) Existing VISN strategic and master plans (capital, medical equipment, clinical and others), most current version.

Sources: VISN Strategic Planner, VISN Capital Assets Manager, VISN Healthcare Technology Management Lead and VISN Chief Supply Chain Management Officer

(3) Existing VAHCS master plans (capital, medical equipment, clinical and others), most current version. Most current version of the Enrollee Health Care Projection Model (EHCPM) report for the market.

Sources: VAHCS Facility Planner, VAHCS Chief Engineer, VAHCS Healthcare Technology Management Lead and VAHCS Chief Supply Chain Management Officer

(4) Current and next fiscal year's operating plans for capital (Major Construction, Minor Construction, Non-Recurring Maintenance [NRM], and Clinical Specific Initiatives [CSI]), leasing (Major and Minor Leases), High-Cost/High-Technology (HC/HT) equipment installation, in-house construction (such as interior finish replacement or individual office renovations) and non-capital projects (such as internal movement of clinical services not requiring renovations) within each VAHCS.

Sources: VAHCS Facility Planner, VAHCS Chief Engineer, VAHCS Healthcare Technology Management Lead

(5) Current and next two fiscal year's VISN lease operating plans for both Major and Minor Leases.

Source: VISN Capital Assets Manager

(6) List of capital and HC/HT equipment approvals for projects not yet started procurement of design, construction and/or installation and projects currently in design, construction and/or installation.

Sources: VISN Capital Assets Manager and VISN Healthcare Technology Management Lead

(7) Capital projects obligation data taken from the VHA Capital Assets Database and Projects Administration and Energy Manager staffing numbers by VAHCS and market for the prior five fiscal years as reported in the Capital Resources (CAPRES) Survey.

Source: VISN Capital Assets Manager

(8) List of current VAHCS sites of care, administrative and support locations (i.e., office space, warehouse, parking, etc.) annotated as either VA owned or leased,

along with details including, but not limited to, site/building size, age, department assignments by square footage, lease duration terms and knowledge of if services will remain in a specific location or not when a lease expires.

Sources: VAHCS Chief Engineer and VA Capital Assets Inventory (CAI) Database (<https://vaww.cai.va.gov/Default.aspx>), *NOTE: This is an internal VA website that is not available to the public.*

(9) List of Official Station Names (geographic and honorary) from the VA Site Tracking (VAST) Database for each site of care within the VAHCS.

Source: VAHCS Facility Planner and VAST Database (<https://dvagov.sharepoint.com/sites/VHAPPlanning/VAST/Pages/default.aspx>), *NOTE: This is an internal VA website that is not available to the public.*

(10) VAHCS record drawings including site boundary surveys, site plans, and utility plans. Record drawings for buildings and structures with a special emphasis on structural and building envelope sheets. Copies of the most current Statement of Conditions (SOC) drawings utilized for Joint Commission accreditation. Copies of sharing agreements and related information where VA allows third-parties use of VA owned space such as Enhanced Use Leases (EULs), outleases, permits, revocable licenses, VA/Department of Defense agreements, easements and Intra-Agency Agreements (IAAs).

Sources: VAHCS Chief Engineer and VA Capital Assets Inventory (CAI) Database (<https://vaww.cai.va.gov/Default.aspx>), *NOTE: This is an internal VA website that is not available to the public.*

(11) VAHCS most current Capital Assets Inventory (CAI) drawings and tables with department space assignments, and the most current Strategic Capital Investment Plan (SCIP) cycle gap data (space, utilization, condition, energy, functional, access, wait time and other items).

Sources: VAHCS Chief Engineer and VA Strategic Capital Investment Plan (SCIP) Automation Tool (SAT) (<http://vaww.scip.aac.dva.va.gov/>), *NOTE: This is an internal VA website that is not available to the public.*

(12) Facility Condition Assessment (FCA) Report, most current version.

Sources: VAHCS Chief Engineer and VA Capital Assets Inventory (CAI) Database (<https://vaww.cai.va.gov/Default.aspx>), *NOTE: This is an internal VA website that is not available to the public.*

(13) VAHCS work order logs and issue briefs over the last two fiscal years for emergent infrastructure issues that resulted in property damage, negative impacts to patient care or other disruptions to facility operations (such as extended utility outages). Environment of Care rounds reports over the last two fiscal years identifying infrastructure issues requiring work orders to correct.

Source: VAHCS Chief Engineer

(14) Facility Energy Conservation Measures (ECMs) Report, most current version.

Source: VAHCS Chief Engineer

(15) Facility environmental liability inventory reports (i.e., asbestos, lead, contaminated soil, etc.)

Source: VAHCS Chief Engineer

(16) VAHCS cultural and historic preservation agreements with local/state historic preservation offices, plans and facility architectural compatibility standards that impact designs for projects.

Source: VAHCS Chief Engineer

(17) VAHCS physical security assessment reports including Hazard Vulnerability Assessments (HVA reports), Modified Infrastructure Survey Tool (MIST reports) and prior VA Physical Security Design Manual/Physical Security and Resiliency Design Manual (PSDM/PSRDM) deficiencies studies. VAHCS emergency management plans including the facility Comprehensive Emergency Management Plan (CEMP) and the facility Utility Management Plan (UMP).

Source: VAHCS Chief of Police and VAHCS Chief Engineer

The A/E shall at a minimum perform the following surveys to collect necessary planning data:

(18) Physical Security and Resiliency Survey – Determination of compliance of the VAHCS's facilities with the current version of the *VA Physical Security and Resiliency Design Manual* and appendixes (<https://www.cfm.va.gov/til/dManual.asp#PSR>) including all standards and policies incorporated by reference, and Cybersecurity and Infrastructure Security Agency's (CISA) most current version of *The Risk Management Process for Federal Facilities: An Interagency Security Committee Standard* and appendixes (<https://www.cisa.gov/isc-policies-standards-best-practices>) including all standards and policies incorporated by reference. A report will be prepared documenting the physical security and resiliency designation/Facility Security Level (FSL) and the findings for each capital asset (site, utility systems, buildings, structures and "others") and leased facilities listed in the system's VA Capital Assets Inventory records against the applicable standard organized by standard and paragraph reference. If a PSRDM waiver, equivalency or abeyance is needed due to any finding, the report will annotate that for future action by the VAHCS. The report, which once completed will be marked and managed as "For Official Use Only (FOUO)" in accordance with VHA Operational Memo *Sensitive Infrastructure Data Classification – For Official Use Only (FOUO)* dated Nov 7, 2018 (https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=8949), NOTE: This is an internal VA website that is not available to the public. It will aid in the development of projects to correct the deficiencies.

(19) Seismic Hazards Survey – Preparation of Geologic Hazards and Ground Response Reports for the main building at each VAMC and VA-owned VAHCC within the market as defined in VA Handbook H-18-8 *Seismic Design Requirements* (<https://www.cfm.va.gov/til/seismic.asp>) including all standards and policies incorporated by reference. As an appendix to the report, tables shall be included listing the Seismic Site Class at each site and the Seismic Design Category for each site by building risk category within the VAHCS (owned and leased) per the American Society of Civil Engineers' most current version of *ASCE/SEI 7 Minimum Design Loads and Associated Criteria for Buildings and Other Structures*, and for each building and structure (VA owned and leased) determine the VA Facility Occupancy Category (FOC) noting the controlling occupancies within each building that control the FOC, and the Existing Facilities Performance Objective to be utilized for evaluation and retrofit as defined in H-18-8. This report will aid in the identification of any seismic retrofit requirements per *ASCE/SEI 41 Seismic Evaluation and Retrofit of Existing Buildings* for the VAHCS's buildings and structures.

(20) Stormwater Management Survey – Evaluation of the existing stormwater management and conveyance systems at each VAMC and VA-owned VAHCC within the market to determine compliance with the U.S. Environmental Protection Agency's *Technical Guidance on Implementing the Stormwater Runoff Requirements for Federal Projects under Section 438 of the Energy Independence and Security Act* (<https://www.epa.gov/nps/stormwater-management-federal-facilities-under-section-438-energy-independence-and-security-act>) and Chapter 6: *Stormwater Management* of VA PG-18-10 *Site Design Manual* (<https://www.cfm.va.gov/til/dManual/dmSite.pdf>). A report will be prepared identifying deficiencies (such as undersized/collapsed stormwater pipes, localized ponding/flooding and uncontrolled runoff conditions) to aid in the development of projects to correct the deficiencies.

(21) Site Circulation and Parking Demand Survey – Evaluation of the site circulation elements at each VAMC and VA-owned VAHCC within the market to determine their capacity to handle present-day vehicle traffic entering/exiting the site at peak times in a safe and efficient manner and the demand for parking at the site. Site circulation elements (i.e., site entrances, roads, curbs, emergency access, accessible parking spaces, etc.) shall be evaluated against the requirements of Paragraph 4.4 *Vehicle Circulation* of VA PG-18-10 *Site Design Manual* (<https://www.cfm.va.gov/til/dManual/dmSite.pdf>), the *VA Parking Design Manual and Demand Model* (<https://www.cfm.va.gov/til/dManual.asp#SITE>), and the applicable State and/or Local Department of Transportation (or equivalent) roadway geometric design standards. Parking demand shall be determined utilizing the *VA Parking Demand Model* spreadsheet with special attention paid to changes in the number of VA staff expected to continue teleworking/working remotely beyond the end of the Coronavirus Disease 2019 (COVID-19) Pandemic National Emergency. For the purpose of entering data into the model spreadsheet, VA staff teleworking/working remotely more than two days per

week/four days per two-week pay period are to be considered “Other Part-time Staff/Physicians” under the “Population Data” tab. A report will be prepared identifying deficiencies (such as roadway traffic capacity being exceeded, dangerous intersections or lack of parking accessible spaces) to aid in the development of projects to correct the deficiencies.

(22) VAHCS Naming Signage and VA Graphics Standards Survey – Evaluation of VAHCS sites (VA-owned and leased) to identify monument signage, building/structure exterior signage and miscellaneous site elements (such as water towers) that do not state the Official Station Name (either geographic or honorary) and/or are missing required VISN and VAHCS identifiers as required in Chapter 4 *Exterior Signage* of the *VA Signage Design Manual* (<https://www.cfm.va.gov/til/dManual.asp#SIGN>), and/or contain retired/incorrect/prohibited VA graphics as defined in VA Directive 0023 *Tier 1 Graphics Standards* dated May 24, 2013 (https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=695&FType=2) and VA Handbook 0023 *Tier 1 Graphics Standards, Appendix A* dated May 24, 2013 (https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=683&FType=2). A review of site wayfinding or identification of missing signage shall not be done as part of this survey. A report will be prepared containing a site plan/map annotating the location of non-compliant signage along with a photograph of the sign. VA provided photographs of signage at leased sites may be used in lieu of A/E site visits. The report will aid in the development of projects to replace the non-compliant signage.

The above databases, reports and surveys constitute the minimum level of data collection required of the A/E, but the A/E may request other reports or propose additional surveys if felt necessary to prepare the plan. Requests to perform a survey to collect data that requires additional funds shall be approved by the VISN CAM. In no circumstance will a request to perform a survey to collect information to supplement or replace data contained in the Market Area Assessment Report be entertained.

Upon completion of Part One, the A/E should have all necessary data to prepare capital master plans.

b. Part Two – Integrated Priority List (IPL) Development

This part shall consist of three subparts for the A/E to perform/lead:

(1) Subpart A involves the development of individual preliminary Integrated Priority Lists (ILPs) of projects for each VAHCS within the market that are consistent with market-level plans for healthcare services as assigned by VISN 10 and recommended by VA’s AIR Commission recommendations. The data collected in Part One forms part of the basis of IPLs and the separate projects contained therein. The planning horizon for an IPL is ten Federal fiscal years.

The IPLs shall recommend land acquisitions, new building/structure siting, renovations of existing space, site infrastructure improvements (including utilities and stormwater management), roadway and parking lot/garage changes due to traffic/parking demand, correction of current physical security and resiliency deficiencies, corrections of FCA “Top Ten” projects and FCA deficiencies with a grade of “D” or “F”, corrections of systems routinely requiring emergency work orders by VAHCS staff, implementation of ECMs, remediation of environmental liabilities and the retrofit of capital assets to mitigate seismic hazards to support the future clinical and administrative operations of each VAHCS.

Recommendations for the leasing of off-site spaces (clinical, administrative, warehouse and parking) or entering into General Services Administration (GSA) Operating Agreements (OA) for space, when renewal/renegotiation of space sharing agreements should happen, and capital projects to support the replacement of HC/HT medical equipment shall also be included in the IPL. Prior master plans, current/future year operating plans, approved but not yet started projects and ongoing projects will serve as a starting point for the created IPLs.

Interviews with key VISN and VAHCS staff shall be held by the A/E to collect information on the current and future healthcare programs for the VAHCSs, review of existing department footprints, planned moves of departments and staff, forthcoming HC/HT equipment procurement requests and pending activations of new buildings and spaces. This information will be analyzed along with the data from Part One to determine the best mix of projects to accommodate each VAHCS’s requirements with regards to the overall market-level plan and the closure of identified SCIP gaps. The A/E shall evaluate the advantages of renovation versus new construction versus lease with regard to capacity requirements. Condition of facilities to be renovated, the cost of renovations, the existing layout and functionality of existing space, physical limitations and constraints, efficiency of administrative operations, as well as the clinical adjacencies of existing departments shall be considered to both meet requirements as well as improve VAHCS operations.

A set of project data sheets shall be prepared for each proposed project organized into four lanes of effort: Space, Infrastructure, Equipment Site Preparation and Leases/OAs/Space Agreements. These lanes of efforts where possible should be able to be executed independently of each other. Each data sheet shall contain the following minimum details:

- Lane of Effort
- Integrated Priority List Sequential Number
- Project Title
- Capital Project Type
- Site Plan/Floor Plan/Map Showing Location of Project
- General Scope
- Justification

- Project Costs (Design, Commissioning, Construction or Lease Build-Out)
- Estimated project duration (in months) broken down by phase
 - Major/Minor/NRM/CSI – Design, Commissioning and Construction
 - Leases/OAs – SCIP, Procurement, Design, Construction/Activation
- Project Square Footage (Department Gross SF or Net Usable SF)
- Project Dependencies/Phasing Relationship to Other Projects
- List of Medical Equipment Required to be Procured Separately
- VA Design Standard Waivers/Abeyances/Equivalencies Needed
- List of VA National Program Office Reviews Required for the Project
- If the Project Triggers a Seismic Evaluation (New Construction or Retrofit)
- List of Other Special Investigations Required for Design

- List of Deficiency Corrections Made by the Project
 - SCIP Gap Data Changes
 - FCA Deficiency Record Number(s)
 - PSRDM Deficiency Findings
 - Stormwater Management Deficiency Findings
 - ECM(s) Implemented
 - Site Roadway Geometry Deficiency Findings
 - Parking Demand Deficiency Findings
 - Miscellaneous Findings

The project data sheets project costs shall not be adjusted for inflation/escalation at this point, but will be under Part Three.

(2) Subpart B involves the A/E proposing a sequencing of the projects for each VAHCS's individual plan to the VAHCS's Executive Leadership Team (ELT), Facility Planner and Chief Engineer. Additional VAHCS staff may be part of the sequencing proposal review at the request of the System Director. Each lane of effort will be reviewed, identifying where linkages exist between lanes if there is a dependency and/or opportunity gained between projects. Where projects for an individual VAHCS compete and/or conflict with the market-level plan for assignment of healthcare services, the A/E shall identify this for further discussion by the review team. The System Director will provide feedback on the proposed sequencing to the A/E, who in-turn shall adjust the IPL sequencing to reflect the feedback.

(3) Subpart C involves the A/E presenting each VAHCS's IPLs within the market to the VISN ELT, Strategic Planner, Capital Assets Manager and each VAHCS Director. Additional VISN and VAHCS staff may be part of the IPL reviews at the request of the Network Director. Each VAHCS IPL will be reviewed at a general level highlighting the end-state changes to each system, improvements/corrections made to SCIP gap and infrastructure deficiencies and total cost (in present day dollars) of the IPL to execute. Where competition and/or conflict remain between VAHCS projects, the A/E shall identify this for further discussion by the review team. The Network Director will make the final

decision on adjudicating these competitions and conflicts for the interested System Directors. The A/E in-turn shall make adjustments each impacted projects and obtain System Director approval of the final IPL for their respective VAHCS.

c. Part Three – Operating Plan Development

This part shall consist of three subparts for the A/E to perform/lead:

(1) Subpart A involves the development of individual preliminary Capital Operating Plans for each VAHCS within the market that are consistent with final approved IPLs from Part Two. Each year's operating plan will include projects from all four lanes of effort rather than developing individual annual operating plans for each lane. The planning horizon for the Operating Plans is ten Federal fiscal years and aligned with the project management capacity of the VAHCS.

The first five years will be detailed plans inclusive of all project types except Major Construction and Major Leases. For Minor Construction, NRM, and CSI projects, design/commissioning and construction award years will be broken out separately (except in the rare case that design and construction occur in the same year). For existing Minor Leases, the required SCIP submission year (defined as the fiscal year of lease's hard termination minus one), procurement package submission year (defined as no less than two years prior to hard termination) and tenant improvement year (defined as no less than one year prior to hard termination) will be broken out separately. For new Minor Leases, the target SCIP, procurement and design years will be broken out separately.

To establish an objective baseline across VISN 10, a project management capacity calculation for VAHCSs shall be used to determine how many projects and leases can be programmed in any given year. Baseline figures by market will be calculated using the following formulas:

$$\text{Mean Contract Capacity} = \left(\sum_{ii=1}^5 \frac{\text{FY Year } i \text{ Number of Awarded Contracts in Market}}{\text{FY Year } i \text{ CAPRES Project Admin and Energy Eng FTEE in Market}} \right) / 5 \text{ Years}$$

$$\text{Mean Funding Capacity} = \left(\sum_{ii=1}^5 \frac{\text{FY Year } i \text{ Dollar Value of Awarded Contracts in Market}}{\text{FY Year } i \text{ CAPRES Project Admin and Energy Eng FTEE in Market}} \right) / 5 \text{ Years}$$

Individual VAHCS project management capacity will then be calculated using the following formulas:

$$\text{VAHCS Contract Capacity} = (\text{Mean Contract Capacity}) \times (\text{Current FY VAHCS Project Admin and Energy Engineer Positions Authorized})$$

$$\text{VAHCS Funding Capacity} = (\text{Mean Funding Capacity}) \times (\text{Current FY VAHCS Project Engineer Positions Authorized})$$

Finally, the VAHCS Contract and Funding Capacity figures will be rounded to the nearest whole number or nearest \$10,000 to be used as the upper limits of how

many projects within each Fiscal Year a VAHCS may have on their operating plan; neither the number of projects programmed for contract award (design/commissioning, construction or lease) or their dollar value may be exceeded. The VAHCS Funding Capacity figure will increase annually for escalation at the rate determined using the RS Means Cost Index methodology detailed in the next paragraph. To account for infrequent large capital projects (such as main boiler replacements), a Minor Lease of 30,000 square feet or larger, or a large quantity of low-complexity projects (such as A/E studies, building demolitions or facility-wide interior finishes updates), VAHCS's may apply a 25% surge factor to their upper limits in the years those projects are programmed for construction/tenant improvement.

For Minor Construction projects, the project shall be placed in the VAHCS's desired fiscal years for design and construction (subject to SCIP approval and VHA funding). For NRM/CSI projects, each year's plan shall not exceed the expected budgetary figure stated in Paragraph 3, to include station-funded projects, and structured to reflect VHA Tier 1 (defined as 60% of the year's plan contract awarded no later than December 31/end of FY Quarter One) and Tier 2 (defined as 40% of the year's plan contract awarded no later than June 30/end of FY Quarter Three). For Minor Leases, the project shall be placed in the required/target fiscal years for SCIP approval, procurement package submission and lease award/tenant improvement year; build-out funding of clinical leases is provided by VISN 10, and build-out for administrative, warehouse and parking leases are funded by the VAHCS. The project data sheets project costs shall be adjusted for escalation applicable to the programmed fiscal year and quarter, utilizing the average rate of increase over the prior five years of RS Means Quarterly Construction Cost Indexes (<https://www.rsmeans.com/>), localized to the city of the VAHCS's parent facility, as the basis for calculating a future escalation rate.

The last five years will be generalized plans inclusive of all project types, except Major Construction and Major Leases, noting the target year for award of contracts (design/commissioning and construction) or the SCIP approval, package development or tenant improvement years for leases. Project data sheets will have costs adjusted for escalation applicable to the mid-point of the programmed fiscal year. Only the VAHCS Contract Capacity figure will be used to determine how many projects will be programmed, and the 25% surge factor will only apply in years with infrequent large capital projects. The intent of these generalized plans is to forecast out workload as well as serve as the basis for future master plan updates (i.e., the five years of detailed operating plans).

Major Construction and Major Leases are line item approved by Congress in the President's Budget, and centrally funded and managed by the VA Office of Construction and Facility Management (CFM). VAHCS seeking one of these two project types shall place the target SCIP submission year for the project

anywhere on their ten year operating plan. These projects do not count towards the VAHCS capacity limits.

Vet Center leases, or other leases and GSA OAs for space for VA/VHA Central Office functions operating offices within VISN 10 that require administrative support from the nearest VAHCS shall be treated as Minor Leases for the purpose of determining when to place them on the VAHCS operating plans. Estimates do not need to be prepared for these projects as the requesting VA/VHA Program Office will develop their requirements and provide funding. The placement of these projects on the operating plans is to forecast out VAHCS workload. These projects do not count towards the VAHCS capacity limits.

The renewal/renegotiation of space sharing agreements where the VAHCS is hosting an organization not under the administrative control of the VAHCS (such as a Veterans Benefit Administration office, a Veteran Service Organization, a non-VA public safety entity or a contracted eyeglasses shop) or the VAHCS has obtained use of space outside of a lease/OA with a non-VA entity (such as the U.S. Department of Defense or an academic affiliate) shall be placed on the operating plan a year before the agreement expires. The placement of these projects on the operating plans is to forecast out VAHCS workload. These projects do not count towards the VAHCS capacity limits.

(2) Subpart B involves the A/E presenting the operating plans to the VAHCS's Associate Director, Facility Planner and Chief Engineer. Additional VAHCS staff may be part of the review at the request of the System Director. Each year will be reviewed, identifying where linkages exist between projects if there is a dependency that crosses multiple years. Where projects for an individual VAHCS are creating a new or expanded market-level capacity of healthcare services other VAHCSs are reliant on per the AIR Commission recommendations or the VISN's strategic plan (such as constructing new Community Living Center beds), the A/E shall identify this to the review team for awareness. The Associate Director will provide feedback on the proposed sequencing to the A/E, who in-turn shall adjust the operating plans to reflect the feedback. Except where permitted by the surge factor, under no circumstances will additional projects above the VAHCS's capacity limits be added to any one year's operating plan.

(3) Subpart C involves the A/E presenting each VAHCS's operating plans within the market to the VISN Deputy Network Director, Strategic Planner, Capital Assets Manager and each VAHCS Associate Director. Additional VISN and VAHCS staff may be part of the market reviews at the request of the Deputy Network Director. Each VAHCS's operating plans will be reviewed at a general level highlighting the quantity of projects and value of each year's plan, a breakdown of how many projects in each lane of effort are present in each year's plan, project dependencies between years, and when AIR Commission or VISN strategic plan initiatives are executed. The Deputy Network Director shall make

a determination of each operating plan's ability to be executed by the VHACS (i.e., a realism check) and support of the VISN strategic plan. The A/E in-turn shall make adjustments to operating plans identified by the Deputy Network Director as requiring changes. Once all changes are made within the market, the A/E shall submit through the VHACS Chief Engineers the edited operating plans to the Capital Assets Manager for routing to the Deputy Network Director for final approval.

d. Part Four – Final Plan Presentations

This part shall consist of the A/E preparing two sets of presentations on the market master plans:

(1) Each VAHCS will have a briefing on their final IPL and each year's operating plans. The end-state changes to each system after five and ten years shall be highlighted using updated VAHCS site and floor plans, as well as project dependencies between annual operating plans and the identification of impacts to project sequencing that delays in execution (both contract awards and design/construction efforts) would cause. Projects addressing AIR Commission or VISN strategic plan initiatives will be noted when the VAHCS completes them. The overall quantity of projects and dollar values shall be tabulated and presented for all ten year operating plans, as well as the IPL with the difference between ILP and operation plan totals being noted. Changes in the VAHCS's space square footage figures by space category and the closure of any identified deficiencies (i.e., FCA, ECM, physical security, etc.) shall also be noted. The VAHCS ELT, Facility Planner and Chief Engineer shall be invited to the presentation at a minimum, along with the VISN Strategic Planner and Capital Assets Manager.

(2) Each market will have an awareness briefing on their each VAHCS's operating plans. The end-state changes to the market after five and ten years shall be noted using market maps and VAHCS site plans noting completed project locations. Projects addressing AIR Commission or VISN strategic plan initiatives will be highlighted when any VAHCS in the market completes them. The overall quantity of projects and dollar values shall be tabulated by VAHCS and for the market and presented for all ten year operating plans, as well as each VAHCS's IPL with the difference between ILP and operation plan totals being noted. The VISN ELT, Strategic Planner and Capital Assets Manager shall be invited to the presentation at a minimum, along with the each VAHCS ELT, Facility Planner and Chief Engineer.

The above paragraphs constitute the basic outline of the work to be accomplished and in no way comprises all the details for this project. Attachment C graphically shows the major milestones and sequencing of work performed under this master plan contract;

the A/E shall determine if and when additional milestones are required to successfully prepare the market plans. The A/E shall be solely responsible for the management, including all associated labor, equipment, materials, mailing costs, and inspection, to meet the requirements of the study project. The A/E shall further provide meeting minutes for all meetings held under this study project.

4. DESIGN CRITERIA: The VA Technical Information Library (TIL) available at <http://www.cfm.va.gov/til/index.asp> is managed by the VA Office of Construction and Facility Management and is the master repository for all VA Numbered Standards for Construction to include design and construction specifications, procedures, standard details, BIM/CAD standards, equipment guides, space planning and design guides. The documents of the TIL shall be the minimum design criteria for all VA projects performed in the construction of new facilities and the modernization, alteration, addition, or improvement of its real property.

VA additionally through the documents on the TIL has adopted the latest edition of multiple international/national codes and standards as stated in *Program guide, PG-18-3 Design and Construction Procedures, Topic 1 – Codes, Standards and Executive Orders* (<https://www.cfm.va.gov/til/cPro/cPro.pdf>).

VA and VHA policies in the form of directives, handbooks and operational memos impose additional design and/or review requirements for capital projects, which are available at <https://www.va.gov/vapubs/> and <https://vaww.va.gov/vhapublications/> (Note: This is an internal VA website that is not available to the public). These include, but are not limited to:

- a. VHA Directive 1061 Prevention of Healthcare-Associated Legionella Disease and Scald Injury from Potable Water Distribution Systems
- b. VA Directive 7700 Occupational Safety and Health
- c. VHA Directive 1028 Facility Electrical Power Systems
- d. VHA Directive 1085 Smoke-Free Policy for Patients, Visitors, Contractors, Volunteers, and Vendors at VA Health Care Facilities
- e. VHA Directive 7701 Comprehensive Occupational Safety and Health Program
- f. VHA Directive 7702 Industrial Hygiene Program and Exposure Assessment Process
- g. VHA Directive 7707 VHA Green Environmental Management System and Governing environmental Policy
- h. VHA Directive 7711 Fire Incident Reporting
- i. VHA Directive 7715 Safety and Health During Construction

PSRDM/CISA ISC Memo

<https://www.epa.gov/nps/stormwater-management-federal-facilities-under-section-438-energy-independence-and-security-act>

Where conflicts exist between VA adopted codes and standards and the documents on the TIL, the A/E shall bring this to the attention of the VA. The resolution of the conflict shall be made by the authority having jurisdiction for VA to ensure consistency department wide.

5. SUBMITTAL REQUIREMENTS: Design submittals for Minor and Non-Recurring Maintenance (NRM) projects in the VA are governed by *Program Guide, PG-18-15, Volume C - A/E Submission Instructions for Minor and NRM Construction Program*. This document is available on the TIL at <http://www.cfm.va.gov/til/aeDesSubReq.asp>.

The A/E shall deliver submittal documents that follow the iterative phase breakdown for work shown below. For the purposes of this study, the A/E shall comply with Sections I and III of PG-18-15 in their entirety except where this SOW is more specific. Section II of PG-18-15 does not apply to this study due to the lack of design effort required by the SOW.

Quality Assurance/Quality Control (QA/QC) Plan

Submit a detailed QA/QC Plan describing each step that will be taken during the development of the various phases of the study. Each step should have an appropriate space where a senior member of the firm can initial and date when the action has been completed.

The contract is 1% billable upon acceptance of the QA/QC Plan.

Study Basis (SB): Part One – Data Collection and Analysis

The Study Basis submittal is a narrative presentation of facts, sufficiently complete, to demonstrate that the project concepts are fully understood, and that subsequent study details, and their ultimate presentation in the final plans and reports, will be based on sound architectural and engineering decisions. Each VAHCS within the market shall have a SB narrative prepared, which will have attached to it all A/E developed survey reports and any results of analysis of VA provided databases and reports.

It is expected by this submittal the A/E shall have performed in addition to the tasks listed in Paragraph 3(a) the following tasks (at a minimum):

- Coordinated with VA personnel to develop a listing of all planning assumptions and constraints.
- Generated in a collaborative method with VA personnel a list of necessary interviewees to ensure that critical stakeholders are included.

- Facilitated a series of planning meetings to schedule critical stakeholder interviews to perform an analysis and determination of needs to develop the VHACS Integrated Priority Lists.

The contract is 40% billable upon acceptance of the SB Submittal.

Development of Study (DS): Part Two – IPL Development

The Development of Study submittal is a narrative presentation of facts, sufficiently complete, to demonstrate that the Study Basis results are being further developed. Each VAHCS within the market shall have a DS narrative prepared, which will have attached to it the IPL, project data sheets, any conceptual drawings needed to facilitate ease of understanding the narrative and all SB attachments.

It is expected by this submittal the A/E shall have performed in addition to the tasks listed in Paragraph 3(b) the following tasks (at a minimum):

- Identified any planned new programs for the facility and determine workload and space requirements for those new programs.
- Evaluated additional infrastructure and support services needed to support new programs.
- Utilized space projections to determine appropriate square footage needs on both the departmental and facility levels.
- Evaluated the IPL against the following metrics and provide a report to showing current and future surpluses/deficiencies not addressed by projects on the IPL:
 - Support Services
 - Mechanical, Electrical, Plumbing and Technology Infrastructure
 - Space
 - Physical Security
 - Functionality/Adjacency/Efficiency
 - Parking
- As applicable, determined future requirements for additional site land to include showing options where the best locations would be.
- As applicable, proposed scale of new and/or expanded buildings and support structures.

The contract is 65% billable upon acceptance of the SS Submittal.

Study Review (SR): Part Three – Operating Plan Development

The Study Review submittal is a narrative presentation of facts, sufficiently complete, to demonstrate that the study objectives have been integrated into the VAHCS master plans. Each VAHCS within the market shall have a SR narrative prepared, which will have attached to it the operating plans, updated project data sheets, any revised drawings needed to facilitate ease of understanding the narrative and all SB and DS attachments.

It is expected by this submittal the A/E shall have performed in addition to the tasks listed in Paragraph 3(c) the following tasks (at a minimum):

- Provided departmental footprint floor plans showing the current state, five year end state and ten year end state of the plan, as editable files and hard copies showing the department boundaries/locations in the plan, adjacency with other departments, and appropriate size of the department required (in Department Gross Square Feet or DGSF) represented by the block diagrams.
- As applicable, placed new and/or expanded buildings and structures on a site plan to show location of current and future buildings.
- Market maps showing the location of VAHCS leases in the current state, five year end state and ten year end state of the plan.

The contract is 90% billable upon acceptance of the SR Submittal.

Final Study (FS): Part Four – Final Plan Presentations

The Final Study submittal is a narrative presentation of facts, sufficiently complete, to demonstrate that any required revisions to the Study Review submittal have been completed and integrated into the VAHCS master plans and accompanies the VAHCS presentations noted in Paragraph 3(d). Each VAHCS within the market shall have a FS narrative prepared which will have attached all final versions of documents developed for the SB, DS, and SR submittals. A market-level narrative to provide additional details and information on the final market briefing will additionally be prepared.

The contract is 100% billable upon acceptance of the FS submittal.

6. DRAWING FORMAT: All drawings shall adhere to VA project software requirements for Building Information Modeling (BIM) and Computer Aided Design (CAD) available at <http://www.cfm.va.gov/til/projReg.asp>. BIM software shall be Revit 2022 or the latest version available to VISN 10 and each VAHCS.

The A/E shall provide a computer 3D model and prepare various 3D renderings to present to VA throughout the project to adequately represent architectural,

mechanical/electrical/plumbing (MEP), site conditions and other items in the study to aide with facility visualization and contractor coordination.

The project BIM model minimum requirements shall be developed to include the systems described below as they would be built, the processes of installing them and to reflect record drawing conditions. The deliverable model at the SB, DS, SR and FS study phases shall be developed to include as many of the systems described below (but not limited to) as are necessary and appropriate at that study phase.

- Architectural/Interior Design
 - Square Footage/Volume including Room Names and Numbers
 - Departmental Ownership
 - (By Common Name, Capital Asset Inventory Department Definition and Strategic Capital Investment Program Department Definition)
 - Architectural Schedules
 - Walls and Curtain Wall Sizes, Shapes, and Material Data
 - Doors
 - Windows
 - Louvers
 - Roof
 - Floors
 - Ceilings
 - Vertical Circulation
 - Architectural Specialties and Woodwork
 - Life Safety Information
 - (Fire Extinguishers, Wall Ratings, Door Ratings, Fire Protection/Alarms)
 - General Signage
 - Schedules
 - Furniture
 - Equipment
- Structural
 - Foundations
 - Shafts and Pits
- Mechanical
 - HVAC
 - Plumbing
- Electrical/Telecommunications
- Power and Lighting
- Steam Distribution
- Nurse Call System
- Asbestos/ Hazard Material Info
- Security System Information
 - (Access Controls, Security Cameras, Panic Alarms, Overhead Paging)
- Exterior Building Information
- Other Engineering Data as Required

7. SUBMITTAL FORMATS: Submittals shall be submitted in electronic format only, unless specifically required to be in hard copy format as listed below. Portable Document Format (.pdf), Microsoft Office Suite formats (.doc, .xls, and .ppt), Microsoft Project (.mpp), Moving Pictures Experts Group-4 (.mp4) and Autodesk Revit Project (.rvt) files are acceptable formats. Submittals shall additionally be compliant with Section 508 of the Rehabilitation Act (29 U.S.C. '794 d); information on the requirements for accessible media can be found at <http://www.section508.gov/>. The A/E shall be responsible for providing:

Meeting/Conference Minutes

Meeting minutes for all formal meetings and conferences held with the VA. Meeting minutes shall be submitted within seven (7) calendar days of the meeting or conference. All documents in any of the electronic formats listed above.

Site Visit Reports

Site visit reports shall be submitted within seven (7) calendar days of the visit. All documents in any of the electronic formats listed above.

Construction Cost Estimates

Construction cost estimates shall comply with *Manual for Preparation of Cost Estimates & Related Documents for VA Facilities*. This document is available on the TIL at <http://www.cfm.va.gov/cost/index.asp>. All estimates in any of the electronic formats listed above.

Quality Assurance/Quality Control (QA/QC) Plan

All documents in any of the electronic formats listed above
Two (2) paper bond sets of documents per VAHCS

Study Basis (SB)

All documents in any of the electronic formats listed above
Two (2) paper bond sets of documents per VAHCS

Development of Study (DS)

All documents in any of the electronic formats listed above
Two (2) paper bond sets of documents per VAHCS

Study Review (SR)

All documents in any of the electronic formats listed above
Two (2) paper bond sets of documents per VAHCS

Final Study (FS)

All documents in any of the electronic formats listed above
Five (5) paper bond sets of documents per VAHCS
One (1) paper bond set of documents for VISN

8. PROJECT SCHEDULE/PERIOD OF PERFORMANCE: The A/E shall perform work according to the schedule shown below.

Quality Assurance/Quality Control Plan (QA/QC) Submittal	14 calendar days after receipt of Notice to Proceed
Quality Assurance/Quality Control Plan (QA/QC) Submittal Review	14 calendar days after receipt of QA/QC Submittal
Study Basis (SB) Submittal	90 calendar days after receipt of Notice to Proceed
Study Basis (SB) Submittal Review	14 calendar days after receipt of SB Submittal
Development of Study (DS) Submittal	60 calendar days after VA acceptance of SB Submittal
Development of Study (DS) Submittal Review	14 calendar days after receipt by VA of DS Submittal
Study Review (SR) Submittal	60 calendar days after VA acceptance of DS Submittal
Study Review (SR) Submittal Review	14 calendar days after receipt by VA of SR Submittal
Final Study (FS) Submittal	30 calendar days after VA acceptance of SR Submittal
Final Study (FS) Submittal Acceptance	7 calendar days after receipt by VA of FS Submittal
<u>Study Period of Performance</u>	<u>289 calendar days</u>

9. CONTRACT OVERSIGHT: All contracts for this project shall be awarded by Network Contract Office – 10 (NCO-10); only a warranted VA Contracting Officer shall have authority to change the terms and conditions of a contract. These changes may

involve the contract award amount, contract period of performance, issuance of stop work orders and changes to the statement of work.

The NCO-10 shall designate Primary and Alternate Contracting Officer's Representatives (CORs) to monitor and manage the A/E's performance under the study project contract. The Primary COR shall be a Healthcare Engineer from the Battle Creek VAMC and the Alternate CORs shall be a Healthcare Engineer from the remaining VAHCSs in the market.

They shall have the technical knowledge required to monitor and oversee the project. This designation shall be considered equivalent to the industry standard of "Owner's Representatives". The A/E ultimately shall be responsible for any errors and omissions with the study discovered during and after the close out of the contract.

10. CONTRACT SECURITY: The information developed under this study contract shall be considered FOUO Requirements for the study.