

VHA MINOR CONSTRUCTION PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides program standards and policy for managing the Minor Construction Program.

2. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Updates the responsibilities for the effective management of the Minor Construction Program (see paragraph 5).

b. Relocates previous appendices to the Minor Construction Program SharePoint.

3. RELATED ISSUES: VHA Directive 7701, Comprehensive Occupational Safety and Health (OSH) Program, dated May 5, 2017; VHA Directive 1002.1, Non-Recurring Maintenance Program, dated May 6, 2020.

4. RESPONSIBLE OFFICE: The Office of Capital Asset Management (OCAM) (19HEFF) is responsible for the content of this directive. Questions may be addressed to the Deputy Director, OCAM at VHAOCAMSAction@va.gov. Program-specific contact information can be found on the OCAM website at <http://vaww.hefp.va.gov/capital-asset-management>. **NOTE:** *This is an internal Department of Veterans Affairs (VA) website that is not available to the public.*

5. RECISSIONS: VHA Handbook 1002.02, Minor Construction, dated November 8, 2012, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of August 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Deborah E. Kramer, MS
Acting Assistant Under Secretary for Health
for Support

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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VHA MINOR CONSTRUCTION PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive states policy and responsibilities for the Minor Construction Program. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. BACKGROUND

a. The Minor Construction Program funds enhancements to VHA's capital asset real property portfolio which includes the addition of usable square footage (USF) to government-owned buildings, land acquisitions, building of parking structures or enhanced-use lease (EUL) capital contributions.

b. Funding for the Minor Construction Program is included within the Military Construction, Veterans Affairs and Related Agencies Appropriations Act along with Congressionally mandated special purpose funding.

c. Minor Construction projects are limited to \$16,000,000 (80% of the threshold amount set by 38 U.S.C. § 8104) for Total Estimated Cost (TEC): 10% is set aside for a project reserve (unforeseen conditions and other unplanned expenses that require contract modifications to perform additional work) and 10% is set aside for a program reserve (additional costs that arise following the completion of the project such as contract settlement costs and requests for equitable adjustment). The current minimum cost threshold for Major Construction projects is \$20 million as defined in 38 U.S.C. § 8104(a)(3)(A). Accordingly, the Minor Construction maximum threshold is set at \$20 million.

d. Department of Veterans Affairs (VA) medical facilities are permitted to request up to the \$16,000,000 limit for TEC. As discussed under paragraph 5, VA medical facilities may work with Veterans Integrated Services Networks (VISN) management to establish a business need, financial analysis and Risk Execution Mitigation Plan, subject to approval by the Director, VHA Office of Capital Asset Management (OCAM), to establish a TEC exceeding the 80% limit (currently \$16 million). The Risk Execution Mitigation Plan must be approved in advance of the project receiving any funding above the 80% limit. This Risk Execution Mitigation Plan process has been established to improve overall program management and address Anti-Deficiency Act concerns.

e. Planning, schedule, obligation, execution and contract acceptance are expected to be reviewed and addressed at least monthly. (See VA medical facility Chief Engineer responsibilities in paragraph 5.I.). Minor construction projects typically have Architect/Engineer (A/E) design contracts awarded in Year 1, with the construction contract for the project awarded in Year 3. Projects are required to deliver actionable construction documents within 1 year of design contract notice to proceed, and for construction to be concluded 24 months or less after construction contract notice to proceed.

f. Approval to begin the obligation process for a Minor Construction project for A/E design services, construction services or any required obligation is provided by inclusion on the VHA Approved Minor Construction Operating Plan. Minor Construction projects are allowed a maximum of 3 years from the time of approval (i.e., the project is added to the Operating Plan for design solicitation) to obligation of the construction contract. Projects exceeding this timeframe will be removed from the VHA Approved Minor Construction Operating Plan for funding.

g. The Technical Information Library (TIL) provides VA's design and construction standards and guides; it also provides cost estimating guidance. TIL is managed and updated by VA Office of Construction & Facilities Management (OCFM). See <http://www.cfm.va.gov/TIL/>.

3. DEFINITIONS

a. **Capital Asset.** A capital asset is property of any kind (real or personal) held by the Federal Government for more than 1 year. It includes all kinds of property, movable or immovable, tangible or intangible, fixed or circulating. Land and buildings, plant and machinery, permits, goodwill and tenancy rights are capital assets.

b. **Capital Asset Database.** The Capital Asset Database is the information system used to collect Minor Construction, VHA-led Seismic and Non-Recurring Maintenance (NRM) project applications, prior to project award, and to track monthly status data via the Project Tracking Reports (PTR). The Capital Asset Database is a compilation of material taken from several different VA information systems, such as VA Financial Management System and status notes in the PTR. The Capital Asset Database should not be used as a source of official documentation. The official contract file satisfies that purpose. See <https://secure.vssc.med.va.gov/CapAssets/Default.aspx>. **NOTE:** *This is an internal VA website that is site not available to the public.*

c. **Contract Acceptance.** Contract acceptance is the official contractual action that occurs after all contractual requirements are determined to have been substantially met and allows VA to take full ownership of the work.

d. **Cost Limit Increase.** A Cost Limit Increase (CLI) is a request to adjust the submitted and approved TEC of a project.

e. **Fully Functional, Stand-Alone Project.** A fully functional, stand-alone project is a project that is fully functional when completed and cannot rely on any other project for completion (Major, Seismic, Minor, NRM or Clinical Specific Initiative). Minor Construction project contracts must produce all the components required to make the space fully functional and useable when paired with Activation funding.

f. **Impact Cost.** Impact costs are items including costs associated with temporary needs created by the work during construction of a project such as space, parking or utilities required in order to complete the project with minimized impact to the operations of the VA medical facility. Impact funding cannot be used for Full Time Equivalent Employees such as direct medical staff or clinical support staff or the reimbursement or

use of local or temporary staff related to patient care due to temporary equipment relocation.

g. **Minor Construction Project.** A Minor Construction project is an independent project on land owned by the Federal Government, which increases the existing VA USF or replaces USF after the demolition of existing space. The dollar threshold for a Minor Construction project is set by 38 U.S.C. § 8104 which sets the minimum cost threshold for Major Construction projects. Minor Construction projects are solely funded with dollars appropriated through the annual Military Construction, Veterans Affairs and Related Agencies Appropriations Act. Minor Construction project approvals include funding for the addition of USF as well as the renovation of existing square footage, the acquisition of land, transactions for EULs, parking structures and demolition of Federal Government-owned buildings for the purpose of replacement.

h. **Project Certification.** Project certification is how VA medical facilities and VISNs inform OCAM that the project's design is within project scope, within approved costs and is independent of any other project or source of funding to get to completion, thereby needing construction funds to complete the designed portion of the project.

i. **Project Scope.** The project scope is a description of the purpose of the project, the project location to at least the building level, the functions to be included in the project, the amount of new and renovated square footage in building gross square footage, the square footage totals and building numbers for any buildings to be demolished, the number of parking spaces being added for parking projects, and a list of any impact costs associated with the project.

j. **Real Property.** Real property, or immovable property, is the land and all buildings, structures and objects (also called improvements or fixtures) permanently integrated with or permanently affixed to the land, including buildings, machinery, wells, dams, bridges, roads and similar items.

k. **Risk Execution Mitigation Plan.** The Risk Execution Mitigation Plan is a detailed plan for design and construction execution for large dollar value projects (TEC greater than \$16,000,000 but not to exceed \$20,000,000; refer to paragraph 2.d.). It includes background information for key personnel assigned to the project as well as organizational information regarding the current staffing levels for the Engineering Service. The purpose of this plan is to ensure that the project is completed within both the approved scope and cost limits.

l. **Total Estimated Cost.** TEC includes all funds estimated to be needed for the requirements to complete the construction project scope. It must reflect the existing and predicted market condition and inflation to the midpoint of anticipated construction. TEC must include, at a minimum:

- (1) Design cost (including escalation).
- (2) Construction costs (including escalation).

- (3) Contingency costs.
- (4) Impact costs.
- (5) Real estate acquisition and necessary fees for acquisition (if applicable).
- (6) Construction management fees (e.g., United States Army Corps of Engineers, A/E firm or other contracted entity, if applicable).
- (7) Hazardous material abatement (if necessary).
- (8) Environmental impact mitigation (if necessary).
- (9) Mitigation for impact on historic properties (if necessary).
- (10) Utilities.
- (11) Site work.
- (12) Parking (if part of the project scope).
- (13) Physical security requirements.
- (14) Sustainability measures.
- (15) Required infection prevention and control measures.
- (16) Information technology cabling.
- (17) Market conditions.
- (18) Commissioning costs (if applicable).

m. **Total Project Cost.** Total project cost (TPC) is all funds obligated for the associated requirements necessary to complete the Minor Construction project scope exclusive of Activation costs. TPC is determined at project approval and is based on the project's TEC.

n. **Usable Square Footage.** USF is fully contained or enclosed, heated and cooled floor space that is added to the clinical or administrative space of existing buildings and is provided for conducting the business of a VA medical facility. For purposes of this directive, buildings and space that contain utilities such as boiler plants, chiller plants, water filtration and treatment plants, cogeneration plants, central energy plants, elevator towers, connecting corridors, stairwells and similar areas do not constitute USF.

o. **VA Strategic Capital Investment Plan.** VA Strategic Capital Investment Plan (SCIP) is a forward-looking process to support VA's annual capital budget request to the Office of Management and Budget (OMB) and Congress. VA project approval is provided under this process; however, approval under this process does not directly

provide funding or permission to proceed with solicitation for the project. SCIP is intended to inform VA of VHA's needs in the budget planning process for future years. The SCIP approval process is communicated via memorandum from the VA Office of Asset Enterprise Management (OAEM) and is not described in this directive.

p. **VHA Approved Minor Construction Operating Plan.** The VHA Approved Minor Construction Operating Plan is the document that provides the approval authority and funding for all Minor Construction projects. The plan is published annually and updated at least semi-annually. Only projects explicitly shown on this published listing are authorized for funding.

4. POLICY

It is VHA policy that Minor Construction projects are properly planned, funded and executed in order to deliver the additional real property and renovated spaces required to meet programmatic requirements.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Director, VA Office of Construction & Facilities Management.** The Director, OCFM has assumed responsibility for providing consulting support services or technical assistance for Minor Construction project design when specially qualified, discipline-specific or engineering issues arise.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

- (1) Communicating the contents of this directive to each of the VISNs.
- (2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.
- (3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Assistant Under Secretary for Health for Support.** The Assistant Under Secretary for Health for Support is responsible for establishing policy and providing guidance and oversight as necessary to ensure the timely and successful implementation of this directive.

e. **Executive Director, VHA Healthcare Environment and Facilities Program.** The Executive Director, Healthcare Environment and Facilities Program (HEFP) is responsible for:

- (1) Overseeing OCAM.

(2) Periodically assessing the VHA Minor Construction Program for overall performance and effectiveness.

(3) Reviewing and approving the annual VHA Minor Construction Operating Plan, as well as any updates, and submitting it to the Assistant Under Secretary for Health for Support for review and approval.

(4) Consulting with the Assistant Under Secretary for Health for Support and providing recommendations regarding program improvements and compliance with this directive.

(5) Coordinating with the Assistant Under Secretary for Health for Operations, VISN Directors and VA medical facility Directors to ensure all necessary action is taken and funding is obtained to address VHA minor construction in a manner that meets the requirements of Federal, State and local statutes and regulations; applicable Executive Orders; and VA and VHA directives.

(6) Serving as Chairperson for the VHA Capital Asset Board (CAB) and approving scope changes that are 25% or greater from the original scope and all out-of-cycle SCIP requests for urgent Minor Construction projects based on the CAB's recommendations. **NOTE:** VHA CAB is a multidisciplinary advisory board focused on capital programs; it is comprised of VA and VHA program office representatives. Executive Director, HEFP manages CAB membership.

(7) Recommending audits and reviews of specific areas of this program when indicated to the Assistant Under Secretary for Health for Support.

(8) Providing or appointing a liaison from VHA to VA OAEM and VA OCFM.

f. **Executive Director, Acquisition, Technology and Logistics.** The Executive Director, Acquisition, Technology and Logistics is responsible for providing contracting support for VHA networks.

g. **Director, Office of Capital Asset Management.** The Director, OCAM is responsible for:

(1) Developing annual and multi-year VHA Minor Construction Program Operating Plans for submission to the Executive Director, HEFP; sharing the VHA Minor Construction Program Operating Plans with VHA Finance for awareness.

(2) Ensuring all Minor Construction projects shown on the annual VHA Approved Minor Construction Operating Plan have a corresponding SCIP approval and a project application entered in the Capital Asset Database. **NOTE:** By updating the approval level of the project application to "CO Design Approved" or "CO Construction Approved," the PTR is activated for tracking purposes.

(3) Developing and providing training opportunities to discuss policy, guidance, strategic direction and other topics for VISN and VA medical facility leadership, VISN

Capital Asset Manager (CAMs), VA medical facility Chief Engineers, Project Managers and other capital resources, as needed. See paragraph 6.

(4) Developing and ensuring program integrity through monthly, quarterly and annual reporting regarding financial obligations and planned quarterly contract awards to VA OAEM through the Assistant Under Secretary for Health for Support as well as conducting reviews and formal audits of the Minor Construction Program as approved by the Assistant Under Secretary for Health for Support.

(5) Reviewing and approving CLI requests that exceed the project's TEC.

(6) Consulting with the VHA Chief Strategy Office and VHA Finance Office for development of the Minor Construction Program.

(7) Ensuring VHA Minor Construction Operating Plans prioritize projects based on the greatest needs as determined by VA medical facilities and VISNs, as well as nationally determined strategic initiatives.

(8) Reviewing and approving all Transfer of Disbursing Authority (TDA) requests entered in the Project Manager Database for funding to support Minor Construction projects. **NOTE:** *The Project Manager Database system is a tool through which TDA requests are made to fund approved Minor Construction projects. TDA requests are reviewed and approved by the Director, OCAM and forwarded to OCFM, Office of Resource Management and Financial Management Service for release to the requesting VA medical facility.*

(9) Recommending reviews of specific areas of this program to the Executive Director, HEFP, when indicated.

(10) Responding to external oversight group inquiries, including those from the Office of Inspector General, Government Accountability Office and other non-VHA offices.

(11) Providing final approval on Risk Execution Mitigation Plans for project TECs that exceed \$16,000,000 submitted by the VISN CAM.

(12) Approving project scope change requests for changes greater than 10% and less than 25% of the project's TEC.

(13) Reviewing all out-of-cycle SCIP requests for urgent needs and recommending referral to VHA CAB for review and approval.

h. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Reviewing Minor Construction projects, in conjunction with the VISN CAM, prior to VISN-level approval in SCIP.

(3) Ensuring the projects submitted for inclusion on the VHA Minor Construction Operating Plan align with VHA and VISN strategic initiatives.

(4) Ensuring all CLI requests and project scope change requests are compliant with this directive and consistent with VHA strategic direction.

(5) Concurring on requests to OCAM for Risk Execution Mitigation Plans for project TECs that exceed \$16,000,000 before the VISN CAM submits requests to OCAM.

i. **Veterans Integrated Services Network Capital Asset Manager.** The VISN CAM is responsible for:

(1) Ensuring capital initiatives utilizing minor construction funds identified by VA medical facilities are supported by VISN and VA medical facility strategic plans.

(2) Reviewing Minor Construction projects, in conjunction with the VISN Director, prior to providing VISN-level approval in SCIP.

(3) Reviewing Risk Execution Mitigation Plans based on VISN-level insight for projects with a TEC equal to or greater than \$16,000,000, before they are submitted to the VISN Director for concurrence; submitting the requests to OCAM once the VISN Director concurs.

(4) Reviewing and approving the Minor Construction project application in the Capital Asset Database including ensuring project execution timeframes are compliant with this directive across VA medical facilities within the VISN, validating the project scope and validating the project TEC.

(5) Ensuring only projects included on the VHA Approved Minor Construction Operating Plan are submitted to the CO for processing.

(6) Ensuring the A/E contract and obligation, any modifications, as well as interim submissions are consistent with the approved project TEC and project scope.

(7) Ensuring the construction contract, obligation and any modifications comply with the approved project scope and TEC.

(8) Ensuring the OCAM Capital Support Engineer certifies Minor Construction projects prior to solicitation.

(9) Ensuring TDAs requested are within the approved TPC and project scope and entering them into the Project Manager Database.

(10) Establishing reliable schedules for obligations for Minor Construction projects and assuring adherence to the schedule submitted in the VHA Minor Construction Operating Plan.

(11) Submitting CLI requests to the Director, OCAM through the established process prior to the project progressing and in advance of need.

(12) Ensuring project certification memoranda (i.e., fully functional and stand-alone) are uploaded to the documentation section of the PTR in the Capital Asset Database prior to inclusion in the VHA Minor Construction Operating Plan. **NOTE:** *The PTR is part of the Capital Asset Database and is updated monthly to track the progress of Minor Construction projects.*

(13) Submitting project scope change requests to the Director, OCAM for consideration and ensuring signature approval is received from the Director, OCAM prior to any type of work proceeding in design or construction. **NOTE:** *All project scope change requests are submitted through the Capital Program Requests SharePoint portal (access restricted).*

(14) Ensuring the need for a project scope change is adequately justified and providing a written approval for all requests that are less than 10% of the project's TEC; providing OCAM a copy of the decision and uploading it to the Documentation Section of the PTR in the Capital Asset Database.

(15) Consulting with OCAM when pending claims, requests for equitable adjustments or other related actions are identified for any Minor Construction project.

j. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring VA medical facility compliance with this directive and taking corrective action when noncompliance is identified.

(2) Ensuring projects submitted for inclusion on the VHA Minor Construction Operating Plan support a VA medical facility strategic initiative.

(3) Reviewing and approving Minor Construction projects with the VA medical facility Chief Engineer prior to submission to SCIP.

(4) Reviewing and approving Risk Execution Mitigation Plans based on VA medical facility insight in collaboration with the VA medical facility Chief Engineer and CO before submission to the VISN CAM.

(5) Signing the project certification memorandum ensuring projects are fully functional and stand-alone and ensuring that projects remain within the approved project scope and cost target.

(6) Reviewing and approving all scope changes and CLIs before submitting to the VISN Director.

(7) Ensuring approved projects remain within the Minor Construction Program requirements.

(8) Ensuring the VA medical facility Chief Engineer and their staff have the resources necessary to carry out the responsibilities outlined in this directive.

(9) Establishing a project progress meeting and ensuring that Engineering, Fiscal, Contracting and other VA medical facility leadership, as necessary, meet twice a month, at a minimum, to discuss and review project progress and establish action plans for adhering to submitted schedules, project scopes and TPC.

(10) Ensuring Activation funding requirements for the Minor Construction Program are identified during the planning stage for a project. **NOTE:** *Activation funding to purchase and install building needs, as identified in the Equipment Guide List (PG-18-5) located at <https://www.cfm.va.gov/til/>, is provided from operating funds and is in addition to funds provided for design and construction.*

k. **VA Medical Facility Chief Fiscal Officer.** The VA medical facility Chief Fiscal Officer is responsible for:

(1) Ensuring all obligations for the Minor Construction Program and projects are made from Military Construction, Veterans Affairs and Related Agencies Appropriations Act funding, and that no other funding source is used in conjunction with Minor Construction projects.

(2) Providing a Subject Matter Expert (SME) for the project progress meeting which occurs twice a month (see paragraph 5.I.(9)).

(3) Ensuring projects are closed financially and capitalized appropriately, upon notification by the VA medical facility Project Engineer assigned to the project.

(4) Providing appropriate guidance and feedback for contracting and engineering staff involved in the capitalization of Minor Construction projects.

(5) Providing updated acquisition costs for buildings and structures at the time of the annual Capital Asset Inventory (CAI) update, or whenever there is a significant change in acquisition costs due to capital improvements or additions to a building or structure impacting the costs shown in CAI.

l. **VA Medical Facility Chief Engineer.** The VA medical facility Chief Engineer is responsible for:

(1) Coordinating the planning and development of Minor Construction projects which includes developing the scope of work and cost estimates, identifying potential impact costs and incorporating feedback from key stakeholders.

(2) Ensuring projects are reviewed for compliance with this directive prior to project application submission in the Capital Asset Database, prior to addition on VHA's Minor

Construction Operating Plan and prior to the solicitation process for design or construction.

(3) Ensuring Minor Construction projects are included on the VHA Approved Minor Construction Operating Plan prior to solicitation.

(4) Assigning a Project Engineer, Engineering Technician or other appropriate personnel as a Contracting Officer's Representative (COR) that has appropriate credentials, training and is competent in VA construction project management in accordance with applicable regulations, delegating daily oversight and coordination of Minor Construction projects to each assigned VA medical facility COR.

(5) Ensuring Minor Construction projects are entered into SCIP after being reviewed and approved by the VA medical facility Director.

(6) Creating and supporting a multidisciplinary, integrated project team (IPT), consisting of at least one member from the primary service associated with the Minor Construction project, an Infection Prevention Professional and all impacted services. **NOTE:** *The IPT is a group of SMEs from the end users of the project. The A/E firm and VA medical facility COR are present at IPT meetings to listen to and apply the needs of the end users to the project scope and project budget.*

(7) Ensuring the IPT is provided with appropriate information including, but not limited to, project scope and TEC to create boundaries for the project and IPT.

(8) Ensuring the safety of Veterans, visitors and staff is preserved during the construction phase.

(9) Ensuring the project progress meetings maintain the project schedule and budget, including financial close out.

(10) Ensuring an active project is established in the Capital Asset Database before funding is obligated and is consistent with the approved project scope and TEC.

(11) Initiating the project certification memorandum that documents that the project is fully functional, stand-alone and independent of any other project. **NOTE:** *Resources to assist in developing the certification memorandum are located on the Minor Construction Program SharePoint (access restricted) at <https://dvagov.sharepoint.com/sites/VACOVHADUSHOM/10NA/10NA5/CapitalPrograms/Minor/Forms/AllItems.aspx?viewid=e9df0557%2D9356%2D4f6c%2D8208%2De240614d0372&id=%2Fsites%2FVACOVHADUSHOM%2F10NA%2F10NA5%2FCapitalPrograms%2FMinor%202%2FMinor%20Directive%201002%2E02%20Implementation%20Resources>. This is an internal VA website that is not available to the public.*

(12) Ensuring the Capital Asset Database PTR is updated completely and accurately each month including uploading approved project certification memoranda and other documentation as needed.

(13) Requesting contingency funds as needed once the construction phase of the project has begun. **NOTE:** *Contingency funding is a subset of project funds estimated to cover the costs of known and identified risks or unexpected site conditions or other unforeseen costs that arise during construction of a project. All efforts should be made to determine financial risk liabilities during project planning and development. Depending on the type of construction, phasing and the impact, contingency funding is normally less than 10% of the TEC for project construction. Requests that are higher than this percentage must be detailed in the project description in the scope of work.*

(14) Developing the Risk Execution Mitigation Plans for projects with a TEC equal to or greater than \$16,000,000 in collaboration with the VA medical facility Director and the CO. **NOTE:** *Resources to assist in developing the Risk Execution Mitigation Plan are located in the Capital Asset Management Guidebook located at <http://vaww.hefp.va.gov/> and the Minor Construction Program SharePoint (access restricted) at <https://dvagov.sharepoint.com/sites/VACOVHADUSHOM/10NA/10NA5/CapitalPrograms/Minor/Forms/AllItems.aspx?viewid=e9df0557%2D9356%2D4f6c%2D8208%2De240614d0372&id=%2Fsites%2FVACOVHADUSHOM%2F10NA%2F10NA5%2FCapitalPrograms%2FMinor%20%2FMinor%20Directive%201002%2E02%20Implementation%20Resources>. These are internal VA websites that are not available to the public.*

(15) Ensuring capitalization has occurred for each phase as the Minor Construction project is placed into service, including financial close out of the obligation.

(16) Ensuring the CAI is updated to reflect new space added as a result of a Minor Construction project or changes in function that occur following renovation of space; accurately classifying buildings, structures and objects in the CAI following guidance outlined in the database instructions.

(17) Ensuring all funds remaining after a project is completed, if any, are returned to VHA Central Office through a TDA request in the Project Manager Database.

(18) Communicating to the VISN CAM planned design or construction obligations by quarter when the annual VHA Minor Construction Operating Plan is developed.

(19) Developing CLI requests and scope change memoranda and submitting them to the VA medical facility Director for review; ensuring that they are approved in advance of proceeding with contractual work and contractual modifications. **NOTE:** *Additional guidance and a sample for developing a CLI can be found in the Capital Asset Management Guidebook located at <http://vaww.hefp.va.gov/>. This is an internal VA website that is site not available to the public.*

(20) Ensuring Minor Construction project design construction documents are prepared and delivered within 12 months or less from notice to proceed.

(21) Ensuring Minor Construction project period of performance is 24 months or less from notice to proceed.

(22) Ensuring invoices from contractors are processed and paid within 14 days of receipt to avoid interest charges.

(23) Ensuring design drawings and other documents are uploaded to the Capital Asset Database for review and approval and ensuring that the OCAM Capital Support Engineer certification is completed at each phase of design award and development, and prior to the construction contract award.

(24) In coordination with the CO, ensuring contract acceptance for the work performed at the end of the design or construction phases for a Minor Construction project.

6. TRAINING

There are no formal training requirements associated with this directive. OCAM provides virtual training regularly and as needed; it is strongly recommended for all facilities management and engineering staff to ensure their knowledge of the latest VHA policy changes and requirements, including the requirements of the Minor Construction Program (e.g., fiscal regulations, definitions, implementation, program requirements, reporting and usage of funds). Training information is located at: http://raft.vssc.med.va.gov/Pages/Office_HEFP.aspx. **NOTE:** *This is an internal VA website that is not available to the public.*

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

8. REFERENCES

a. 38 U.S.C. §§ 7301(b), 8104.

b. Minor Construction Program SharePoint (restricted access). Minor Directive 1002.02 Implementation Resources. <https://dvagov.sharepoint.com/sites/VACOVHADUSHOM/10NA/10NA5/CapitalPrograms/Minor/Forms/AllItems.aspx?viewid=e9df0557%2D9356%2D4f6c%2D8208%2De240614d0372&id=%2Fsites%2FVACOVHADUSHOM%2F10NA%2F10NA5%2FCapitalPrograms%2FMinor%20%2FMinor%20Directive%201002%2E02%20Implementation%20Resources>. **NOTE:** *This is an internal VA website that is not available to the public.*

c. Capital Asset Management Guidebook; VHA Healthcare Environment and Facilities Programs (HEFP). <http://vaww.hefp.va.gov/>. **NOTE:** *This is an internal VA website that is not available to the public.*

d. Capital Asset Database (includes the Project Application and PTR). <https://secure.vssc.med.va.gov/CapAssets/Default.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

e. Capital Asset Inventory. <https://vaww.cai.va.gov/Default.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

f. VA's OCFM Technical Information Library. <http://www.cfm.va.gov/TIL/>.