

**Appendix A Space Validation Form**

IHS Area: \_\_\_\_\_

**Space Validation  
 IHS-Approved Program Space**

Inclusion Criteria: Having space in use by IHS-approved health programs under PL 93-638 and primarily used by IHS-funded staff.

1)	Tribe or Tribal Organization:		
2)	Identification of building meeting inclusion criteria above (name, number, etc). Use separate form for each building.		
3)	Location of building (city, state, etc).		
4)	Ownership of building (tribe, private, other). Include lease/rental type where applicable.		
5)	Building construction type. Choose from: trailer, fire resistant, masonry with wood, wood frame.		
6)	Gross square meters of entire building.		gsm
7)	Gross square meters of actual space in use by IHS-approved health programs under PL 93-638 and primarily used by IHS-funded staff.		gsm
8)	Annual average hours of use per week by IHS-approved health programs under PL 93-638 and primarily used by IHS-funded staff.		hrs
9)	Maintenance and repair funds currently provided under contract budget, either specifically or as part of rental/lease payments.		\$
10)	Briefly describe below the health services provided under the PL 93-638 contract:		
Certified by:		Date:	
Mailing address:			
Phone with area code:		FAX number:	
E-mail address if available:			