

2021

# OHIO DEPARTMENT OF AGING 2023 – 2024 CAPITAL REQUEST

**HEALTHY AGING CENTER OF EXCELLENCE**  
CAPITAL BUDGET REQUEST

OHIO DEPARTMENT OF AGING



**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor  
**Ursel J. McElroy**, Director

November 05, 2021

Kim Murnieks  
Director  
Ohio Office of Budget and Management  
30 E. Broad Street, 34<sup>th</sup> Floor  
Columbus, OH 43215

Re: Fiscal Years 2023 and 2024 Capital Request: Healthy Aging Center of Excellence

Dear Director Murnieks,

The Ohio Department of Aging (ODA) is pleased to submit our capital budget request for five Healthy Aging outreach and education centers in Ohio. All centers will be equipped with age-friendly settings and advanced learning systems. Further, the centers will be supported by a multi-disciplinary team of instructors to provide essential training and community outreach anywhere in Ohio including where the need is greatest: Ohio's rural and economically challenged areas.

ODA proposes to develop an innovative statewide Healthy Aging Center of Excellence system that would be achieved through one centrally located physical site, four mobile units, all supported by subject matter experts across Ohio's aging network. Through training, certification, education, and outreach, ODA will share evidence-based best practices with providers, families, and older Ohioans. The goal of all programming is to empower older Ohioans to live longer, healthier lives.

**Progress as a state**

The capital investment requested by ODA has several pillars that will further commitments by Governor DeWine and the General Assembly to address healthcare workforce gaps. Healthy people lead to renewed communities and a thriving economy, underscoring the need for a stable caregiver network.

Nationally, and within our state, there is a shortage of available or willing workers to provide care. AARP estimates that 1.5 million family caregivers provide unpaid care for loved ones in Ohio. This assistance is valued at an estimated \$16.5 billion annually. In a recent state needs assessment, 20 percent of respondents said they provide care for someone. One in three caregivers work full time while balancing their caregiving duties. This not only strains personal and family finances, but also negatively affects Ohio's workforce.

**The impact of our investment**

The older adult population (ages 60 and older) is projected to grow considerably by 2030, exceeding three million. Between 2010 and 2050, the population of our oldest Ohioans (85+) is expected to nearly double (94.7 percent) as people are living longer (see chart below).

Ohioans by Age Groups								
Decade	60-64	65-69	70-74	75-79	80-84	85+	Total 60+ by Decade	% of increase from 2010
2010	665,409	478,864	371,370	297,519	243,833	230,429	2,287,424	18.7%
2020	802,890	673,170	519,660	335,770	225,210	257,520	2,814,220	25.0%
2030	668,520	692,540	628,440	463,640	305,950	290,990	3,050,080	21.7%
2040	600,840	571,220	524,530	473,750	362,110	389,120	2,921,570	18.6%
2050	633,900	568,490	468,600	386,590	303,460	448,740	2,809,780	

Source: Ohio Development Services Agency, Office of Research, 2018. Populations Projections: Ohio and Counties by Age and Sex

If funded, the following statewide objectives and benefits would be realized:

**Financial Impacts:**

- Decreased reliance on state-funded health care
- Reduced nursing home use and lower home health service use
- Reduced re-hospitalization
- Decreased burden of reliance on family caregivers
- Preserved generational wealth

**Health Outcomes:**

- Increased independence, happiness, and improved physical and mental health of aging Ohioans, caregivers, families, and communities
- Increased knowledge and skills for family and paid caregivers to deliver better quality care

**Workforce Expansion:**

- Increased certificate and online programming
- Enhanced training of paid caregivers in home- and community-based settings
- Improved linguistic and financial literacy
- Increased knowledge and use of community-based resources
- Increased wage growth for Ohio’s caregiving workforce

The Ohio Department of Aging is positioned to successfully implement and maintain its proposed capital project and its corresponding statewide initiatives. Thank you for your consideration of this critical request on behalf of Ohio’s older adult population.

Sincerely,

Ursel J. McElroy  
Director



# Major Project Funding Request

Value Management Framework

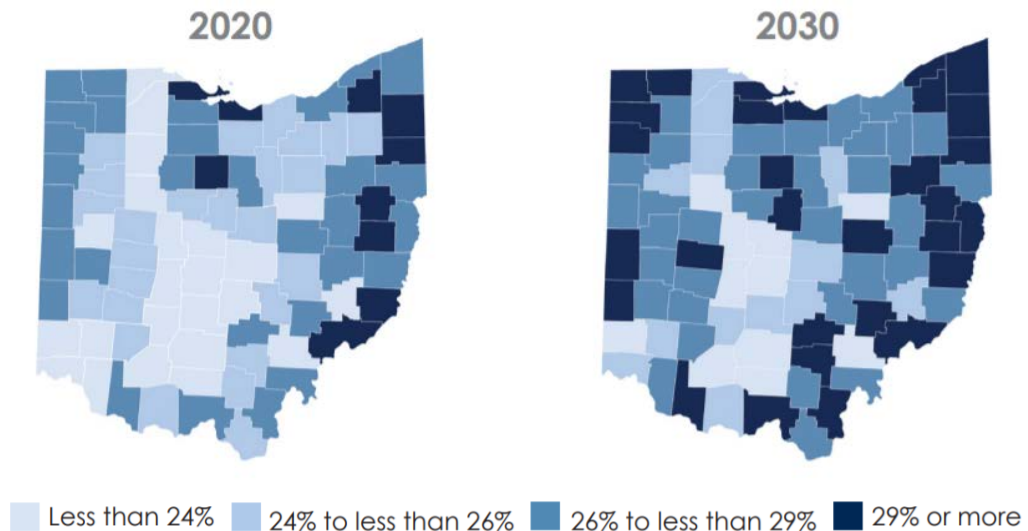
## Business Plan

<b>1.</b>	<b>General Information</b>	
√ Concept	1A. Agency Name:	Ohio Department of Aging
	1B. Agency Code:	AGE
	1C. Project Name:	Healthy Aging Center of Excellence
	1D. Executive Sponsor:	Ursel J. McElroy, Director
	1E. Project Manager:	Jennifer Carlson, Assistant Director

<b>2.</b>	<b>Project Information</b>
√ Concept √ Initiate √ Plan	<p><b><u>Overview</u></b></p> <p>The Ohio Department of Aging (ODA) seeks funds to support Ohio’s Healthy Aging Center of Excellence. These five outreach and education stations will include one centrally located office and four mobile units. All stations will be equipped with advanced learning systems and supported by multi-disciplinary experts who serve as instructors to provide flexible, convenient trainings anywhere in Ohio including where the need is greatest: Ohio’s rural and economically challenged areas.</p> <p>Through this infrastructure, the state would provide:</p> <ul style="list-style-type: none"> <li>• Digital and hands-on training for:             <ul style="list-style-type: none"> <li>• Older adults</li> <li>• Family and informal caregivers for</li> <li>• Professional service providers</li> <li>• Aging network community partners</li> </ul> </li> <li>• Caregiver curriculums including:             <ul style="list-style-type: none"> <li>• Certification for providers</li> <li>• Workforce training and recruitment</li> <li>• Skills for family caregivers</li> <li>• Assistive and adaptive technology proficiency</li> </ul> </li> <li>• Aging population opportunities for:             <ul style="list-style-type: none"> <li>• Educating on health and safety to help adults live independently longer</li> <li>• Supporting activities for healthy, independent living</li> <li>• Preventing elder fraud and abuse</li> <li>• Assisting clinical care and infection control surrounding COVID-19</li> <li>• Combatting social isolation and loneliness</li> </ul> </li> </ul> <p><b><u>Why the project is needed</u></b></p> <p>Ohio is home to 2.8 million adults over the age of 60 and has the 6th largest 65+ population in the nation. Ohio’s 60+ population is growing at a rate 28 times faster than the rest of the population. As millions “age in place,” we must provide caregivers with the right resources to support their loved ones with increasingly complex care. Further, we know that most people who reach the age of 65 as healthy adults will likely be active for 15 to 20 years beyond retirement, yet little attention is paid in state and local policy to the experienced resource this group represents. Targeted early intervention and</p>

prevention will result in significant cost avoidance for the state and create healthier economies of scale.

**Older Ohioans as percent of projected population by county, ages 60 and older**



Families: At the heart of Ohio’s aging support system are our caregivers who are spouses, family members, friends, and neighbors. The Healthy Aging Center of Excellence will equip family and formal caregivers from all backgrounds in Ohio with the knowledge and skills to implement activities to support them in their roles. All while maintaining and improving the physical, emotional, and financial health and well-being for themselves and their care recipients.

Workforce: Because of workforce shortages, some older Ohioans are on a six-month wait list for help. Without a well-equipped workforce, we risk loved ones receiving low-quality services or being forced to choose institutional care rather than living at home.

Fraud and Abuse: Elder financial exploitation, despite its wide prevalence and enormous costs to both individuals and society, has not been recognized as an urgent social problem. At the heart of this crisis are innocent older Ohioans who are unfairly and predatorily stalked by criminals due to several interrelated factors: 1) health related risks brought about by cognitive and physical changes; 2) the abundance of older adults; and 3) financial and retirement trends which shift responsibility to the elderly themselves to manage their retirement savings and investments.

Inordinate Impact on Rural and Economically Challenged Communities: The impacts of an aging community and the concurrent gaps in the direct care workforce are felt even more intensely in Ohio’s rural and economically challenged regions. The National Conference of State Legislatures says that approximately one-fifth of the nation’s population lives in rural areas, but only about 10 percent of the nation’s physicians are located there. This is one reason rural Americans have higher rates of death, disability, and chronic disease than their urban counterparts.

	<p><b><u>Problem Statement/Business Need:</u></b></p> <p>Some older adults have diligently prepared for the future – many adults have no plans or are depending on Medicare to cover their health costs. The current trends are not sustainable. The Median yearly cost of in-home care with a home health aide in 2020 was \$54,912 and the median cost for a private room in a nursing home was \$105,850. And for those who qualify for home care assistance have an average wait time of more than three-years, existing staffing shortages are confounding the problem. Further, caregivers are faced with overlapping diagnosis related to mental and physical health. And according to the AARP one in four caregivers find it difficult to take care of their own health and the same percentage report that their health has deteriorated because of caregiving. Without a well-equipped workforce, we risk loved ones receive low-quality services, or worse receiving no services at all.</p> <p>The ODA will lead a collaborative effort in strong partnership with Ohio’s unique aging network to address critical workforce needs to address our aging population’s needs.</p>
--	--

<b>3.</b>	<b>Goals and Outcomes/Benefits</b>
<ul style="list-style-type: none"> <li>√ Concept</li> <li>√ Initiate</li> <li>√ Plan</li> </ul>	<p><b><u>Goals/Objectives</u></b></p> <p>Through the proposed Healthy Aging Centers of Excellence, the State of Ohio’s capital investment enables the following societal benefits:</p> <p><b><u>Finance:</u></b></p> <ul style="list-style-type: none"> <li>• Decrease reliance on state-funded health care</li> <li>• Reduce nursing home use and lower home health service use</li> <li>• Reduce re-hospitalization</li> <li>• Decrease burden of reliance on family caregivers</li> <li>• Preserve generational wealth</li> </ul> <p><b><u>Health:</u></b></p> <ul style="list-style-type: none"> <li>• Increased independence, happiness, and physical and mental health of aging Ohioans, caregivers, families and communities</li> <li>• Increased knowledge and skills for family and formal caregivers to deliver better quality care</li> </ul> <p><b><u>Workforce:</u></b></p> <ul style="list-style-type: none"> <li>• Increased certificate and online programming</li> <li>• Enhanced training of formal caregivers in home and community-based settings</li> <li>• Improved linguistic and financial literacy</li> <li>• Increased knowledge and use of community-based resources</li> <li>• Increased wage growth for Ohio’s caregiving workforce</li> </ul> <p><b><u>Alignment of Capital Investment</u></b></p> <p>Ohio’s capital investment in the proposed Healthy Aging Center of Excellence would be leveraged with the following capital investments:</p>

**Central Training Facility**

**Capital request = \$1.73**

**million to support the following investments in FY22/23:**

- Rental of building space in State of Ohio facility
- Age-friendly furniture: conference tables, chairs, window coverings conducive to studio-like setting for digital broadcasting
- Simulation stations: areas that emulate an older Ohioan’s home such as kitchenette, bathroom, bedroom and living spaces to educate consumers on modifications to make homes safer and smarter
- Integrated Learning Equipment including: tele-learning networking gear, assistive and adaptive technologies, advanced video production, monitors, computers, cameras, microphones, tablets
- Realistic, situationally-immersive curriculum leveraging Augmented Reality (AR), Virtual Reality (VR) and 3D technologies while connecting learners to each other and to experts across all geographies

**Estimated delivery timeline:**

- 18 months to design, build, and deploy from point of funding

**Mobile Unit**

**Capital request = \$3.17 million to support the following investments in FY22/23:**

- 4 Mobile Aging Training Centers of Excellence: custom conversion of large motor vehicle, touring bus, or recreation vehicle fitted with age-friendly access
- Certification and maintenance of driver/program manager’s commercial driver’s license
- Simulation stations: areas that simulate an older Ohioan’s home such as kitchenette and living room
- Remote networking, power supply, and telelearning equipment: monitors, computers, cameras, microphones, tablets.

**Estimated delivery timeline:**

- 18 months to design, build, and deploy from point of funding

**Capital Assets/Deliverables**

- 1 training and research center of excellence office location
- 3 mobile training and research vehicles
- Furniture, fixtures and equipment contained within all locations

**Expected Outcomes/Benefits**

- Strong return on investment: studies show mobile health vans return ~\$36 for every dollar invested [Mobile Health ROI](#)
- Increased number of older Ohioans able to live independently
- Additional years of older adults living in the home and community
- Better care from loved ones and professional caregivers
  - Increased number of providers who can achieve national accreditation and quality standards
  - Less provider burnout and turnover

	<ul style="list-style-type: none"> <li>• Less loved-one burnout and poor health in their later years</li> <li>• Improved long-term care support systems planning, administration, services, case management, care coordination, staffing and service quality and capacity, regardless of payer source.</li> </ul>
--	---

<b>4.</b>	<b>Purpose of Project (Check all that apply)</b>			
√ Initiate	Major Business Project	<input checked="" type="checkbox"/>	Security	<input type="checkbox"/>
	Operational Enhancement	<input type="checkbox"/>	Infrastructure	<input type="checkbox"/>
	Automation/Efficiency	<input type="checkbox"/>	Legally Mandated/Compliance	<input type="checkbox"/>
	Constituent Services	<input checked="" type="checkbox"/>	Policy/Grant	<input type="checkbox"/>
	End of Life Replacement	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>

<b>5.</b>	<b>Type of Technology Project – N/A</b>			
√ Initiate <input type="checkbox"/> Plan	New System	<input type="checkbox"/>	Hardware - New	<input type="checkbox"/>
	System Replacement	<input type="checkbox"/>	Hardware Replacement/Upgrade	<input type="checkbox"/>
	System Upgrade (Major New Functionality)	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>

<b>6.</b>	<b>Estimated Start and End Date</b>
√ Initiate <input type="checkbox"/> Plan	Conceptualize: May 2019 - present Initiate/Plan: Jul 2022- completion

<b>7.</b>	<b>Financial Plan – Project Expenditure Summary</b>
√ Initiate (+/- 20%) <input type="checkbox"/> Plan (+/- 10%)	Please see Form C-1.

<b>8.</b>	<b>Financial Plan – Cash Flow</b>
√ Initiate (Historical) <input type="checkbox"/> Plan (Forecast)	Please see Form C-1.

<b>9.</b>	<b>Non-financial Resource Estimates</b>
√ Initiate <input type="checkbox"/> Plan	Non-financial resources will be supported through existing staff led by ODA’s Communications and Community Outreach team.

<b>10.</b>	<b>Cost Estimate Methodology</b>
√ Plan	Cost estimates are based on both historical and comparative expenditures. Comparative examinations included research of other advanced tele-training spaces and conference



	centers, as well as research of mobile education units for other demographics and programs. Detailed estimating methods were employed for some of the known design information.
--	---

<b>11.</b>	<b>Risks</b>
√ Plan	You cannot grow an economy without care workers. Doing nothing, Ohio risks healthy economic stability. Specifically, there will be accelerated premature entry into costly long-term care delivery systems.




<b>12.</b>	<b>Operations Plan</b>
√ Plan √ Build	<p>In collaboration with Job’s Ohio, the Office of Workforce Development, Ohio’s community colleges, and local workforce development programs create certificate program with career path to associate degrees.</p> <p>Expand ODA’s Work-Ready scholarship program to advance healthy aging-in-place initiatives in alignment with efforts to close the widening skills gap and keep our aging population engaged in their communities.</p> <p>ODA’s Communications and Community Outreach division oversees and executes similar projects. The capital investment will allow for the outreach and education efforts to reach more Ohioans around the state, especially in underserved and hard-to-reach locations. ODA’s Chief Communications Officer will manage the planning, scheduling, and education content of the program with support from Healthy Aging subject matter experts. Additionally, the Chief Communications Officer will manage the capital assets requested in this budget to deliver the messages and trainings with support from fiscal officers, procurement officers, and information technology staff.</p>

<b>13.</b>	<b>Management Team</b>
√ Plan	ODA’s senior leadership, led by Director Ursel J. McElroy, is committed to the success of this Initiative and has established an internal multi-disciplinary team that is overseeing and driving tasks. Leadership available to support project success includes: assistant director, chief information officer, chief fiscal officer, chief communications officer, health and wellness experts, researchers, and certified health providers.

For services that are rated or charged back to operating units:

<b>14.</b>	<b>Industry and Customer Analysis</b>
<input type="checkbox"/> Plan	N/A
<b>15.</b>	<b>Competitive Analysis</b>
<input type="checkbox"/> Plan	N/A
	<b>Additional Information</b>
	N/A

**Appendix/Supporting Documentation**

	<p><b>Market Research</b></p>
	<p>ODA’s Healthy Aging Center of Excellence will align best practices with the National Institute on Aging, Claude D. Pepper Older Americans Independence Centers. These centers serve as a resource to increase knowledge, leading to better ways to maintain or restore independence in older persons.</p> <p><a href="#">Claude D. Pepper Older Americans Independence Centers (OAICs)   National Institute on Aging (nih.gov)</a></p> <p>Other Best Practices:</p> <p><b>New Family Caregiving Institute</b> – In 2017, the Family Caregiving Institute was launched at the University of California, Davis. The goal of the institute is to leverage research and education to increase capacity for both caregivers and health care professionals to improve systems of support for family caregivers.</p> <p><b>New Center for Veteran and Caregiver Research</b> – In 2018, the VA established a Center of Excellence for Veteran and Caregiving Research. The Center will explore new ways to support family caregivers and the veterans for whom they care through evidence-based research and best practices.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">   <small>full-report-caregiving -in-the-united-states.</small> </div> <div style="text-align: center;">   <small>valuing-the-invaluabl e-2019-update-chartii</small> </div> </div> <p><b>Harvard Gazette</b> – In 2008, Harvard developed a prototype “return on investment calculator” to measure the value of prevention services. Value which is underscored by the unique role that mobile health plays reducing disparities in health outcomes, increasing access to care, and its ability to reach out to particularly vulnerable, at-risk communities.</p> <div style="text-align: center;">   <small>Mobile health van returns \$36 for every</small> </div>

	<p><b>Lean Process Improvements or Business Process Reengineering</b></p>
	<p>N/A</p>

	<p><b>Agency/Enterprise Readiness Assessment</b></p>
	<p>ODA sees no barriers to execute on the proposed project.</p>

**Capital Improvement Plan Summary Report - FY 2023-28**

Agency 3-char code	Fund Code	ALI	ALI Descr	Project Type	Priority	Service Location	FY21-22 Request	FY23-24 Plan	FY25-26 Plan
AGE	7026	C65602	Statewide Network	Healthy Aging Center of Excellence	1	89	4,882,800	80,000	0
<b>AGE - Total</b>							<b>4,882,800</b>	<b>80,000</b>	<b>0</b>

**TABLE C-1  
FISCAL YEARS 2023-2028**

**Agency Name** Aging  
**Agency Code** AGE  
**Division/Institution Name** \_\_\_\_\_  
**Fund** 7026  
**Line Item Number** C65602  
**Line Item/Project Name** Healthy Aging Training Center of Excellence

**Appropriation Requested** **FYs 23-24** **FYs 25-26** **FYs 27-28**  
(amount requested) \$4,882,800 \$80,000 \_\_\_\_\_  
**Department Priority Number** 1  
**Institution Priority Number** \_\_\_\_\_  
**County Name** Statewide  
**County Location Code** 89

**Type of Capital Improvement (Check 1 only)  
For the First Biennium that Appropriation is Requested**

New Construction.....	<input type="checkbox"/>	Equipment/Machinery.....	<input type="checkbox"/>
Basic Renovation.....	<input type="checkbox"/>	Planning.....	<input type="checkbox"/>
Site Development/Land Acquisition.....			<input type="checkbox"/>
Major Renovation.....	<input type="checkbox"/>	Subsidy Capital.....	<input type="checkbox"/>
Other (Please Explain).....	<input checked="" type="checkbox"/> Mobile Unit		

**Special Project Information (Check all that apply)  
For the First Biennium that Appropriation is Requested**

Energy Efficiency	<input type="checkbox"/>	Life & Safety	<input type="checkbox"/>
Legally Mandated	<input type="checkbox"/>	Other Funds	<input type="checkbox"/>
Community Project	<input type="checkbox"/>	Prior Funding	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	ADA	<input type="checkbox"/>

**Estimated Project Target Dates - Month/Year**

Contract Award Date Aug-22  
Construction Completion Date Feb-23  
Full Operation Date Dec-23

**Operating Impact for First Full Year of Operation**

	<b>Savings</b>	<b>Cost</b>
Personnel	_____	<u>\$429,537</u>
Maintenance/Equip.	_____	<u>\$121,500</u>
Total	<u>\$0</u>	<u>\$551,037</u>
Funding Source	_____	_____

**Increase/(Decrease) in Number of Employees**

Number of Full-Time 3  
Number of Part-Time \_\_\_\_\_

**Estimated Costs** **FYs 23-24** **FYs 25-26** **FYs 27-28**

A. Design Planning (architect, engineer)	<u>\$190,000</u>	_____	_____
B. OFCC Fees	_____	_____	_____
C. Site Acquisition number of acres _____ cost per acre _____	_____	_____	_____
D. Site Preparation	_____	_____	_____
E. Construction (gross sq. ft. _____ cost per sq. ft. \$ _____)	_____	_____	_____
F. Renovation	<u>\$1,076,000</u>	_____	_____
G. Equipment Fixed Equipment <u>\$439,800</u> Movable Equipment <u>\$3,177,000</u> <u>\$80,000</u>	_____	_____	_____
H. Other	_____	_____	_____
I. Contingency ___%	<u>\$0</u>	_____	_____
<b>TOTAL</b>	<u>\$4,882,800</u>	<u>\$80,000</u>	<u>\$0</u>

**Total Estimated Project Costs by Source of Funds**

Req. State Appropriation	<u>\$4,882,800</u>	<u>\$80,000</u>	_____
Other (Specify Sources)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

# APPENDIX F: CAPITAL FACILITIES MANAGEMENT SURVEY



**Agency:**

Please answer the following questions pertaining to your agency’s capital facilities management. You may provide answers directly on this form or on a document you create.

<p>1. Does the agency maintain a complete inventory of capital facilities?</p> <ul style="list-style-type: none"> <li>If so, how often is the inventory updated?</li> </ul> <p>Not Applicable: ODA currently owns no capital facilities.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>2. Does the inventory include information about the condition of the facilities?</p> <p>Not Applicable: ODA currently owns no capital facilities.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>3. Does the agency maintain a space utilization inventory of its facilities?</p> <ul style="list-style-type: none"> <li>If so, how often is it updated?</li> </ul> <p>Not Applicable: ODA currently owns no capital facilities.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>4. Has the agency completed a master plan for its facilities, to include program, function, and occupancy needs?</p> <ul style="list-style-type: none"> <li>If so, what is the date of this plan?</li> </ul> <p>Not Applicable: ODA currently owns no capital facilities.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

<p>5. Does the agency have pre-determined maintenance schedules for capital facilities?</p> <ul style="list-style-type: none"> <li>If so, how are such maintenance scheduled determined?</li> </ul> <p>Not Applicable: ODA currently owns no capital facilities.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>6. How consistently is capital maintenance performed according to such schedules?</p> <p>Not Applicable: ODA currently owns no capital facilities.</p>	
<p>7. Does the agency track items that could be considered deferred maintenance?</p> <ul style="list-style-type: none"> <li>If so, does the agency prepare a dollar estimate regarding the cost to perform such maintenance?</li> <li>If the agency tracks estimates of deferred maintenance, what is the current estimate of the agency's total deferred maintenance?</li> </ul> <p>Not Applicable: ODA currently owns no capital facilities.</p> <ul style="list-style-type: none"> <li>If the agency has identified deferred maintenance, what are the primary factors driving it? (e.g., lack of funding, age of facilities, etc.)</li> </ul> <p>Not Applicable: ODA currently owns no capital facilities.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>8. Does the agency conduct regular condition assessments of capital facilities?</p> <ul style="list-style-type: none"> <li>If so, who conducts condition assessments (e.g., institutional personnel, central office, contractor)?</li> </ul> <p>Not Applicable: ODA currently owns no capital facilities.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>9. How often are condition assessments done?</p> <p>Not Applicable: ODA currently owns no capital facilities.</p>	

<p>10. When undertaking a project funded with capital appropriations, does the agency use performance measures to track progress (timelines, cost)?</p> <ul style="list-style-type: none"><li>• If so, please provide a recent example.</li></ul> <p>ODA has a track record of delivering major initiatives on time, on scope and on budget. Future capital funding appropriations will include performance measure to track progress and outcomes.</p>	<p>YES <input checked="" type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
---	---