

# **Procedure for HSE Approval for Property Acquisitions**

## **Procedure No. 417**

	Print Name	Title	Date
Prepared by	Jacqueline Kenny	<b>Property Manager</b>	20/06/05
Reviewed by	J.G. MacNamara	T.S.O.	20/06/05
Corporate Authorisation	J.G. MacNamara	T.S.O.	20/06/05

### INTRODUCTION

This document must be completed and provided to the HSE when a request for the acquisition of a property is made. This document is not completed and submitted to the HSE until internal approval is granted. (See Procedure 420)

Date: 20<sup>th</sup> June 2005

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#### Scope

This procedure applies to the Health Service Executive.

#### **Definitions**

WTE - Whole Time Equivalent

#### Responsibility

It is the responsibility of the Property Manager and General Manager for the service area to ensure that the document is completed satisfactorily.

#### **PROCEDURE**

- **1.0** Proposals for acquisition of property must be submitted by filling out the template document. (See Appendix 1)
- **2.0** When seeking approval for the acquisition of property, the service(s) requiring the property should be identified, and the HSE area in which they operate.
- **3.0** The title and vendor of the property should be stated along with the acquisition method and purchase price.
- **4.0** Any relevant background information should be included to assist in the approval decision e.g. information about the service, the purpose of the purchase, whether legal advise had been sought, description of the property, maps, valuation report, detailed information about the source of the funding and any other information deemed relevant.
- **5.0** A Costs section must be completed which includes information on the amount, source and date of approval for approved capital funding and approved revenue funding. Any additional capital funding, revenue funding and WTE's required for the current and next full year must be disclosed.
- **6.0** The document must then be signed off by the Property Manager and approved by the Chief Officer and National Director.

**References:** Appendix 1 – Acquisition of Property

Health Services Executive
Estates Department
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Appendices Appendix 1:

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#### **Briefing Note**

Health Service Executive			
roperty:			
Title:			
Vendor:			
HSE area:	Service Area:		
Acquisition Method:	Amount:		
- CONTROL OF THE CONT			
Background Information:			
	COSTS		
	COSTS Amount	Source	Date of Approval
Approved Capital Funding:		Source	Date of Approval
•		Source	Date of Approval
		Source	
Approved Revenue Funding:		Source	Date of Approval
Approved Revenue Funding:	Amount	Source	
Approved Revenue Funding:	Amount	Source	
Approved Revenue Funding:  Additional Capital Funding Required:  Additional Revenue Funding Required:	Amount	Source	
Approved Revenue Funding:  Additional Capital Funding Required:  Additional Revenue Funding Required:	Amount	Source	
Approved Capital Funding:  Approved Revenue Funding:  Additional Capital Funding Required:  Additional Revenue Funding Required:  Additional WTEs Required:	Amount  Current year		Next Full Year
Approved Revenue Funding:  Additional Capital Funding Required:  Additional Revenue Funding Required:  Additional WTEs Required:	Current year	Date:	Next Full Year
Approved Revenue Funding:  Additional Capital Funding Required:  Additional Revenue Funding Required:  Additional WTEs Required:  Prepared by:  Date approved by Chief Officer	Current year	Date:	Next Full Year
Approved Revenue Funding:  Additional Capital Funding Required:  Additional Revenue Funding Required:  Additional WTEs Required:  Prepared by:  Date approved by Chief Officer  Office Use:	Current year	Date:	Next Full Year
Approved Revenue Funding:  Additional Capital Funding Required:  Additional Revenue Funding Required:  Additional WTEs Required:  Prepared by:  Date approved by Chief Officer	Current year	Date:_ Decisio	Next Full Year
Approved Revenue Funding:  Additional Capital Funding Required:  Additional Revenue Funding Required:  Additional WTEs Required:  Prepared by:  Date approved by Chief Officer  Office Use:	Current year	Date:_ Decisio	Next Full Year

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