Description of document:	Department of Health and Human Services (HHS) Budget Year 2025 Fleet Management Plan and Budget Narrative 2023
Requested date:	29-September-2023
Release date:	02-April-2024
Posted date:	26-August-2024
Source of document:	FOIA Request Department of Health and Human Services (HHS) Office of the Secretary (OS) Freedom of Information Act Office Hubert H. Humphrey Building, Room 729H 200 Independence Avenue, SW Washington, D.C. 20201 Submit FOIA requests to: https://requests.publiclink.hhs.gov/App/Index.aspx Fax: 202-690-8320

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Assistant Secretary for Public Affairs
Washington, D.C. 20201

HHS Case No: 2024-00396-FOIA-OS

April 2, 2024

Sent via email:

This letter is the final response to your September 29, 2023, Freedom of Information Act (FOIA) request, submitted to the General Services Administration (GSA) and assigned GSA-2023-002181. Specifically, you requested the following records: "*A copy of the most recent Fleet Management Plan for each of these agencies: Department of Agriculture, Department of Commerce, Department of Energy, Department of Health and Human Services, Department of Homeland Security, Department of Justice, Department of State, Department of the Treasury, Department of Veterans Affairs, Office of Personnel Management. GSA collects these plans for OMB Circular A-11.*"

While processing your request, GSA located **34 pages** originating within this agency. Those pages were referred to this office for a review and direct response to you. After a careful review of these pages, I am releasing **31 pages** to you in their entirety. I have found that it is reasonably foreseeable that disclosure would harm an interest protected by one or more of the exemptions to the FOIA's general rule of disclosure and/or that disclosure is prohibited by law; therefore, I am further withholding three **(3) pages** in part, with portions redacted, pursuant to Exemption 6 of the FOIA (5 U.S.C. §552 (b)(6)).

FOIA exemption (b)(6) permits a Federal agency to withhold information and records about individuals in "personnel and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." The definition of "similar files" has historically been broadly interpreted to include a wide variety of files, and the United States Supreme Court has held that Congress intended the term "similar files" to be interpreted broadly, rather than narrowly. I have analyzed these records and find they meet the threshold requirement of this exemption. Additionally, I have reviewed and weighed the public interest in disclosure of this information against the privacy interest in nondisclosure, and found that the privacy interest outweighs the public's interest in disclosure. The withheld information consist of mobile numbers.

If you believe the information withheld should not be exempt from disclosure, or this response constitutes an adverse determination, you may appeal. By filing an appeal, you preserve your rights under FOIA and give the agency a chance to review and reconsider your request and the agency's decision.

Please mark the correspondence, "Freedom of Information Act Appeal." Your appeal must be transmitted within 90 days from the date of receipt of this letter to:

William H. Holzerland
Deputy Agency Chief FOIA Officer
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Public Affairs
Email: HHS.ACFO@hhs.gov

If you would like to discuss our response before filing an appeal to attempt to resolve your dispute without going through the appeals process, you may contact the HHS FOIA Public Liaison for assistance at:

HHS FOIA/PA Public Liaison
FOI/Privacy Acts Division
Assistant Secretary for Public Affairs (ASPA)
Office of the Secretary (OS)
U.S. Department of Health and Human Services (HHS)
Telephone: (202) 690-7453
E-mail: HHS_FOIA_Public_Liaison@hhs.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov

There are no charges in this instance because the billable costs are less than our threshold of $25.

Sincerely yours,

Natasha Taylor for

Arianne Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Enclosure(s)

BUDGET YEAR 2025 FLEET MANAGEMENT PLAN AND BUDGET NARRATIVE FOR (Department of Health and Human Services)

This document provides the Budget Year 2025 Fleet Management Plan & Budget Narrative (FMP) template for use by Executive Branch fleet managers. Fleet managers should use the FMP to document the steps being taken and the challenges being encountered to optimize fleet inventory, performance, and sustainability. FMPs also satisfy the narrative requirement for OMB Circular A-11 budget submission requirements.

The FMP is a multi-year description of an agency's systematic approach to vehicle acquisition, use, replacement, and disposal to justify and control fleet size, cost, vehicle types and sizes, and other aspects of fleet operations. The plan should outline any fluctuations in vehicle demand resulting from changes in mission and organization. In addition, the plan must describe in detail an agency's strategy for achieving full compliance with current management and sustainability mandates. Furthermore, the plan must discuss how vehicle selection will achieve maximum fuel efficiency, achieve maximum greenhouse gas emission reduction, maximize tbe deployment of zero-emission vehicles, and limit motor vehicle body size, engine size, and optional equipment to what is essential to meet the agency's mission. Finally, the plan should guide the programming of funds necessary to continue fleet operations.

Instructions: Address each of the 7 sections listed below clearly and completely. Take as much space as needed. View this as your opportunity to tell your agency's fleet story, to profile your fleet operations, to explain its unique challenges, to share successes, and justify any funding requests to support your fleet. Recognize that some questions in this template are similar to those asked regarding agency Zero-emission Fleet Strategic Plan for Executive Order 14057. To reduce duplication of efforts and align fleet data reporting, your responses for each of these planning activities should be consistent. Read the introductory paragraph(s) for each section carefully and fully address each question. If something does not apply to your agency, say so; if the question misses something important that sheds light on your agency's fleet, add it. Be aware that not everyone reading your document may be a fleet expert: communicate in a clear, simple manner as if writing for the layman. Leave the questions in place along with your responses.

NOTE: Budget Year 2025 FMPs are to be submitted to the Federal Automotive Statistical Tool (FAST) by August 25, 2023, as part of FAST's A-11 budget information submission process!

BUDGET YEAR 2025 FLEET MANAGEMENT PLAN AND BUDGET NARRATIVE FOR (Department of Health and Human Services)

(A) Describe the agency mission, organization, and overview of the role of the fleet in serving agency missions.

(1) Briefly describe your agency's primary/core mission.
(2) Describe how your agency's vehicles are primarily used to support your primary/core mission(s) and describe what particular vehicle types and quantities best support your mission requirements.
(3) How has your agency's primary/core mission changed since the submission of your previous FMP? If so, how has this change impacted your agency's fleet?
(4) Describe the organizational structure and geographic dispersion of your fleet.
(5) Describe how vehicles are assigned within your agency (i.e., to individuals, to offices, by job series, to motor pools) to support your agency's mission.

ASPR

1) The mission of the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR)* is to lead the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. ASPR is currently undergoing a rebranding and will be known as The Administration for Strategic Preparedness and Response.

   * *One may be decommissioned due to structural issues.*

2) ASPR collaborates with hospitals, healthcare coalitions, biotech firms, community members, state, local, tribal, and territorial governments, and other partners across the country to improve readiness and response capabilities.

3) There have been no changes in ASPR's primary/core mission that would impact ASPR's fleet. Some of our programs have a better understanding of the importance of the reduction of fuel consumption and are researching hybrid electric vehicles (HEVs) and other lower-emission vehicles.

4) ASPR collaborates with hospitals, healthcare coalitions, biotech firms, community members, state, local, tribal, and territorial governments, and other partners across the country to improve readiness and response capabilities.

5) Vehicles are located in various locations throughout the United States at ASPR's Mission Support Centers and Regional Offices. These sites include metropolitan, rural and remote areas. All vehicles are used to conduct critical tasks in support of ASPR's mission.

ASPR utilizes specialized vehicles such as forty-three (43) reefers, six (6) base of operation trailers, two (2+) mobile veterinary clinics, eight (8) stake bodies, five (5) box vans, one (1) mobile trauma unit, as well as regular vehicles to carry out ASPR's mission.

CDC

1) CDC's mission is to work 24/7 to protect America from health, safety, and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

2) CDC increases the health security of the nation. As the nation's health protection agency, CDC saves lives and protects people from health threats. To accomplish this mission, CDC conducts critical science and provides health information that protects the nation against expensive and dangerous health threats and responds when these arise.

3) The agency's fleet is primarily utilized for staff administrative activities and public health fieldwork. Vehicles are geographically dispersed based on the program's mission requirements and fuel type. The special-purpose vehicles are located in various international locations and throughout the United States, including metropolitan, rural, and remote sites. The special-purpose conventional fuel vehicle fleet consists of nine mission-specific movers, seven heavy equipment movers, and four personnel transport vehicles.

4) CDC's fleet is primarily utilized for staff administrative activities and public health fieldwork in communities. Vehicles are geographically dispersed based on the program's mission requirements and fuel type.

5) CDC does not assign vehicles to individuals. CDC primarily uses an in-house online vehicle reservation system. This system allows employees to make vehicle reservations by submitting a request to a selected motor pool location. Reservations are received and reviewed by dispatchers, and trips are consolidated when possible. Vehicles are assigned to motor pools on significant campuses. Additionally, CDC assigns vehicles to programs and quarantine stations not located on a campus with motor pool operations. All vehicles are used to carry out some of the CDC's day-to-day activities and support critical tasks related to the agency's mission, including research, safety, and public health response.

CMS

1) The Centers for Medicare & Medicaid Services (CMS) is a federal Agency within the Department of Health and Human Services. The Agency was created in 1977 to administer the national Medicare & Medicaid programs. These programs provide health insurance benefits to millions of beneficiaries. CMS Headquarters is in Baltimore, Maryland, and bas regional and satellite offices located throughout tbe United States and

Puerto Rico. CMS has primary responsibility for the national oversight of the Medicare & Medicaid programs.

Employees routinely attend meetings and training at the Baltimore main campus, outlying buildings, Bethesda, Washington, D.C., and the local commuting area including Virginia, New Jersey, and Pennsylvania. Employees in some regions are required to conduct on-site inspections, surveys, and quality checks in outlying areas requiring reliable and quality transportation. To ensure quality transportation is available, CMS Fleet Management has established a partnership with GSA to ensure vehicles are available. We lease GSA vehicles for Headquarters and the region as necessary to complete the mission of the agency.

2) CMS has GSA leased vehicles that are used by the employees for **official government or agency business only**. These vehicles may be used for local travel to attend meetings, training, conferences, work site visits, etc. They also may be used for TDY or overnight travel. Some regions use the vehicle for home-to-work when the location is not in an area where transportation is available and the hours for the visit are outside of the normal work hours.

   The number of vehicles for each region is determined by the need, usage, and number of employees. Regions with a few employees but have a large need for travel may bave as many as 5 vehicles. These regions may require the use of home-to-work due to the location of the office and the site visits to different facilities without easy access to mass transportation. There is a total of 35 vehicles throughout the United States and Puerto Rico.

3) The type of vehicles selected for the regions are in accordance with the needs of the region. Regions which service rural areas or areas where there is typically heavy snowfall are more likely to have SUVs or vehicles with four-wheel drive due to the road conditions in areas they may need to visit. Regions that require traveling for longer distances but utilize city streets and highways may require vehicles with low gas or fuel consumption. The type of vehicle may also be determined by the need for space to be able to carry the materials and equipment needed for the mission.

4) The agency's primary/core mission has not changed. We are still responsible for the planning, coordination, and implementation of healthcare programs for the private and federally supported health-related programs within the Department of Health and Human Services. Currently, we have 35 vehicles that are disbursed throughout the country and Puerto Rico. We currently have vehicles located in Atlanta (2), Miami (2), Chicago (1), New York (5), Boston (4), Philadelphia (5), Santa Ana (2), Puerto Rico (1), Bethesda (1), DC (4) and Baltimore (8). These vehicles are available in regions that require a vehicle to complete the mission of the agency due to the area of the office or facilities they are required to visit. The use of the vehicle allows the employee to use the vehicle while conducting official government and agency business in areas where mass transportation may not be available or is limited.

5) All vehicles are assigned on an as-needed, first-come, first served bases. No one can be bumped due to position, title, or rank. Vehicles are not assigned to individuals, but only to offices or regions. They are assigned to offices to be used by all federal employees and some contractors, depending on the contract.

FDA

1) FDA regulates approximately 20 to 25 percent of the U.S. Economy and is responsible for ensuring the safety, efficacy, and/or security of human and veterinary drugs; biologics (vaccines, blood products); human tissues; medical devices; food items; tobacco products; dietary supplements; and cosmetics. FDA's functions include Pre-market product review and approval; Standard-setting; Rulemaking (formal vs. informal); Regulatory Guidance; Public education; Law Enforcement; and Litigation.

   As of 1 August 2023, the FDA fleet numbers 1,367 vehicles total, of which 1,358 are GSA-lead vehicles and 9 are agency-owned vehicles. The overwhelming numher of FDA vehicles are sedans, mini-vans, and sport-utility vehicles. The FDA fleet is dispersed nationwide, with the majority (96%) concentrated in the Office of Regulatory Affairs (ORA), which is the lead office for all agency field activities. ORA inspects regulated products and manufacturers, conducts sample analyses of regulated products, and reviews imported products offered for entry into the United States. In pursuit of its mission, ORA also works with its state, local, tribal, territorial, and foreign counterparts.

2) The vehicles within the FDA fleet are principally used for law enforcement activities (typically surveillance), to conduct site inspections, transport samples collected for further analysis at FDA labs and facilities and related functions that require motor vehicles to accomplish the mission. Additionally, vehicles in the FDA fleet are used for administrative functions such as attending meetings and trainindeliveringver mail and IT equipm,ent and alike. FDA typically determines vehicle quantities based on the numher of personnel located at each location and the missions conducted at that location requiring motor vehicles for support. Due to the various locations of the offices and the geography of those areas, certain types of vehicles are selected to meet the needs at that location. The overwhelming number of FDA vehicles are sedans, mini-vans, and sport-utility vehicles and FDA anticipates the number of SUVs to grow and replace a number of sedans and minivans as automotive manufacturers continue to reduce sedan and minivan offerings in lieu of SUVs.

3) The mission of the FDA has not changed since the submission of the previous Fleet Management Plan.

4) As a sub-Agency of the U.S. Department of Health and Human Services (HHS), the FDA is comprised of the Office of the Commissioner, several direct reporting subordinate offices including the Office of Operations (OO), several Centers, among them the Center for Biologics Evaluation and Research (CBER), the Center for Drug Evaluation and

Research (CDER), the Center for Radiological Health(CDRH), the Center for Food Safety and Nutrition (CFSAN), Center for Tobacco Products (CTP), Center for Veterinary Medicine (CVM), and the Office of Regulatory Affairs (ORA).

FDA is headquartered in White Oak, MD, and the largest concentration of FDA employees is located at the White Oak Campus and in the immediate vicinity. FDA offices are located in all 50 states and Puerto Rico. FDA also has overseas offices including China, Chile, Costa Rica, India, Mexico, Belgium, and the UK. The FDA fleet is dispersed nationwide, with the majority (96%) concentrated in the Office of Regulatory Affairs (ORA), which is the lead office for all agency field activities. The vehicles assigned to ORA, overwhelmingly sedans, mini-vans, and sport-utility vehicles, are located amongst the ORA district offices, resident posts and other facilities.

5) FDA motor vehicles are assigned to Centers/Offices/ORA District and Field Offices and not to an employee/Contractor. While vehicles are not assigned to an employee/contractor, Employees who are identified for home-to-work typically utilize the same vehicle on a regular basis. In a similar fashion for ORA's Office of Criminal Investigations (OCI), the OCI Special Agents typically utilize the same vehicle on a regular basis due to their covert/surveillance operations and related law enforcement activities.

IHS

1) The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska natives. The provision of health services to members of federally recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. The IHS is the principal federal health service delivery system for American Indians and Alaska Natives. IHS's mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives. IHS' mission – healthy communities and quality healthcare systems through strong partnerships and culturally responsive practices.

   As of July 2023, the IHS, fleet number is 1,647 vehicles in total, the number overwhelming numbers are SUVs and mini-vans. The IHS is dispersed US-wide, with the majority (98%) located at Service Units (hospitals), clinics, and field units and at certain Office of Environmental Health and Engineering sites.

2) Indian Health Service's vehicles are primarily used to provide quality health/behavioral care and its mission requirements translates into the need for a particular vehicle quantities and types to provide several different types of health/behavioral care. Indian Health Service utilizes the vehicles in meeting the mission and goals of the Indian Health Service in many various programs, which require the use of vehicles in providing home health/behavioral care, health consultation, field site reviews and inspections. The more vehicles are utilized for patient transport and for the maintenance and preservation of

clinical facilities in the aftermath of COVID-19-related illness across IHS's medical facilities.

3) IHS IHS's primary/core mission has not changed however IHS has experienced some program expansions, requiring more vehicle support for the continuing effects of COVID-19 and more Hybrid vehicles are now in service

4) The Indian Health Service can be broken down into two major categories, Headquarters Offices and Regional Offices called Areas. The Regional Offices (Area Offices), each Area Office supports a unique physical region of the United States. These Areas are Alaska Area, Albuquerque Area, Bemidji Area, Billings Area, California Area, Great Plains Area, Nashville Area, Navajo Area, Oklahoma City Area, Phoenix Area, Portland Area, and Tucson Area.

5) IHS' vehicles are assigned to offices, programs, and to motor pools.

NIH

1) NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

2) They are used by the 27 institutes and centers to support the NIH Mission.

3) No

4) The NIH primary setting is a campus-style setting located in Bethesda Md. With smaller locations in Montana and North Carolina.

5) They are assigned by IC needs. IC's request vehicles and purchase vehicles through the NIH Fleet Management Section. Vehicles are a one-for-one replacement and require a needs justification to add to their fleet.

OIG

1) As the component of the Office of Inspector General (OIG) whose primary mission is to investigate fraud, waste, and abuse, the Office of Investigations (OI) conducts criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries. Special Agents plan, coordinate and conduct investigations of criminal activities perpetrated by healthcare providers, program participants, contractors, and grantees, as well as HHS employees. OI Special Agents are sworn Federal law enforcement officers, and as such, routinely perform the following duties, among others: carrying and possessing firearms while engaged in official duties; executing warrants for arrest, search of premises, or seizure of evidence; apprehending, searching and transporting detainees and making arrangement for detention; and

participating in Secretarial protection activities. Additionally, they can be called upon to participate in disaster recovery and emergency preparedness operations, including pandemic response activities in recent years. In order to perform our mission in the most efficient means possible, OI has standardized the selection process to include compact sedans for almost all vehicle assignments (Item # 9C, equipment code 1200/ Item #9H, equipment code 1203), with a limited number of larger vehicles or 4x4 vehicles permitted when necessary to accomplish other aspects of OI's broad mission set.

The primary duty of an OI field Special Agent is to conduct criminal investigations related to Department programs in order to protect the integrity of these programs. OI conducts these investigations nationwide, including areas of the country where weather can cause treacherous driving conditions. For investigations to be uninterrupted due to weather conditions, it is essential that 4-wheel drive Sport Utility Vehicles (SUVs) be part of OI's acquisition methodology.

2) OI conducts criminal, civil and administrative investigations of fraud and misconduct related to HHS programs, operations and beneficiaries. Special Agents plan, coordinate and conduct investigations of criminal activities perpetrated by health care providers, program participants, contractors, and grantees, as well as HHS employees. OI Special Agents are sworn Federal law enforcement officers, and as such, routinely perform the following duties, among others: carrying and possessing firearms while engaged in official duties; executing warrants for arrest, search of premises, or seizure of evidence; apprehending, searching and transporting detainees and making arrangement for detention; and participating in Secretarial protection activities. Special Agents use vehicles for travel to conduct investigative activities such as interviews, service of court/legal documents, and interactions with law enforcement partners and prosecutors. In addition, the vehicles are used to transport witnesses/arrestees and conduct surveillance. Additionally, they can be called upon to participate in disaster recovery, emergency preparedness and to support ESF-13 operations. To perform our mission in the most efficient means possible, OI has standardized the selection process to include compact sedans for almost all vehicle assignments (Item # 9C, equipment code 1200, item 9H, equipment code 1203), with a limited number of larger vehicles or 4x4 vehicles permitted, when necessary, to accomplish other aspects of OI's broad mission set. Where practicable, OI leases zero-emission vehicles/hybrids; however, OI must ensure that operational security and Special Agent safety is not jeopardized due to the lack of a diverse or effective vehicle fleet mix.

The primary duty of an OI field Special Agent is to conduct criminal investigations related to Department programs in order to protect the integrity of these programs and the safety of our nation's elderly and vulnerable populations. OI conducts these investigations nationwide, including areas of the country where the weather can cause treacherous driving conditions. For investigations to be uninterrupted due to weather conditions, it is essential that 4-wheel drive Sport Utility Vehicles (SUVs) be part of OI's acquisition methodology. A mixture of different types of vehicles in the fleet is essential to maintaining OI's operational security.

3) OI's primary/core mission has not changed since the submission of our last Fleet Management Plan.

4) OIG is made up of 5 components, one of which is OI. OI is the only component within OIG that currently has a fleet program. This program is utilized as OI conducts its investigations nationwide, and its vehicle fleet is dispersed throughout the country, where the geography is varied and climates can be both extreme and treacherous.

5) OI assigns each case working Special Agent (job series 1811) a GSA-leased vehicle. With executive management approval on a case-by-case basis, regional offices can obtain a limited number of pool cars for general investigators conducting investigations and necessary field work, and for other investigative support personnel when necessary.

PSC

1) PSC Fleet mission is to provide Vehicle services to ensure Agencies are able to support their Various Missions for Health and Human Services.

2) PSC Fleet consists primarily of Hybrids/PHEV vans and sedans vehicles used for Executive Transport of OS/IOS senior staff, provide vehicles to PSC Mail Services for service throughout the DMV area, and heavy-duty trucks for moving and storage. Provide fuel-efficient vehicles to AHRQ, HRSA, and SAMHSA, in support of senior staff for Rockville/Bethesda area mission support.
3) No Change

4) Vehicles are used as the primary means of transport of mail/packages/people to and from various meetings/locations to support DHHS operations. For mail services, they require minivans/compact sedans. For OpDiv/StaffDiv vehicles, they vary from sedan/ minivans to 15-passenger vans.

5) PSC Fleet leased vehicles are assigned to Offices by Job Series and Motor Pool.

(B) Describe the agency's vehicle acquisition/replacement strategies.

(1) Describe your agency's vehicle sourcing strategy and decision process(es) for purchasing/owning vehicles versus leasing vehicles through GSA Fleet or commercially. When comparing the cost of owned vehicles to leased vehicles, you should compare all direct and indirect costs projected for the lifecycle of owned vehicles to the total lease costs over an identical lifecycle. Include a rationale for acquiring vehicles from other than the most cost-effective source. Note: Information on calculating indirect cost is contained in FMR Bulletin B-38, Indirect Costs of Motor Vehicle Fleet Operations.
(2) Describe your agency's acquisition and sourcing strategies for obtaining and incorporating zero-emission vehicles into your fleet's operations.

ASPR

1) ASPR has temporarily halted replacing vehicles based on age, mileage, and serviceability based on ORM leadership guidance. As ASPR is an emergency response organization, it has been stated that a waiver to exempt us from using AFV fuel as teams need to be able to utilize whatever type of fuel is available during any mission. In addition, LGHG vehicles and ZEVs also do not work for our mission for the same reason. However, in order to do our part in reducing our carbon footprint, many of our vehicles are larger (such as our fifteen {15} passenger vans) to accommodate bigger groups of personnel (response teams) and equipment which allows for fewer trips back and forth between locations.

2) ASPR programs see the value in obtaining ZEVs and are currently researching these vehicles for shorter trips, such as to meetings. ASPR constantly monitors changes in missions and turns in or switches out vehicles accordingly. ASPR primarily lease GSA vehicles for domestic use. Domestic agency-owned vehicles are special-purpose vehicles acquired through GSA or other federal agencies.

CDC

1) CDC primarily leases General Services Administration (GSA) vehicles for domestic use. Domestic agency-owned vehicles are special-purpose vehicles acquired through GSA or other federal agencies. CDC replaces fleet vehicles based on age, mileage, and serviceability. CDC also continuously monitors changes in daily emissions and returns or changes out vehicles accordingly.

2) CDC proposes replacing all sedans and light-duty conventional fuel vehicles with low greenhouse gas and alternative-fueled vehicles such as hybrids, electric, and/or zero-emission vehicles. The agency is applying this same effort to medium and heavy-duty vehicles based on the availability of alternative fuel at the garaged location or within proximity. This will support CDC's efforts to reach 100 percent zero-emissions vehicle acquisitions by 2035, including 100 percent zero-emission light-duty vehicle acquisitions by 2027 as part of President Biden's Executive Order 14057.

CMS

1) All vehicles used for the CMS Fleet Program are agency-leased vehicles through GSA.

2) The vehicles are acquired and maintained using the GSA vehicle standards and guidelines.

FDA

1) As a sub-Agency of HHS, FDA follows HHS guidance requiring its OPDIVs to acquire leased vehicles from the GSA because it is the most cost-effective method of leasing

vehicles. For many years FDA vehicles have been acquired solely through GSA-lease. The few agency-owned vehicles in the FDA fleet were acquired many years ago and have been retained due to their specialized nature or the nature of the mission they are currently used for. FDA is working to either retire these vehicles or transfer them to GSA by the end of FY 2025.

2) FDA is working to meet established department ZEV acquisition goals. The number of ZEVs in the FDA fleet is currently very low. FDA is focusing on acquiring Plug-in Hybrid Electric Vehicles (PHEVs) wherever possible to both meet ZEV targets and to overcome the lack of Electric Vehicle Supply Equipment (EVSE) in the greater operating areas of FDA field office locations. The only limiting factor has been the lack of an adequate number of PHEVs available from vehicle manufacturers in the past few years as replacements for existing gasoline-powered vehicles, which has forced FDA to continue to acquire vehicles utilizing gasoline or E-85 fuel.

IHS

1) As one of eleven operating divisions of HHS, the Indian Health Service vehicle sourcing strategy complies with HHS and GSA's vehicle sourcing strategy utilizing replacement based on the age and mileage of the vehicle. All replacements are for like/equivalent same class and type of vehicle. All upgrading or an addition to an existing fleet requires a justification letter for upgrading/addition.

2) Indian Health Service strives to acquire and incorporate zero-emission vehicles (ZEV) into the fleet operation. There are 105 ZEV in the most recent report. (August 2023)

NIH

1) NIH keeps its vehicle for many years beyond normal GSA replacement and we require many special types of vehicles.

2) NIH has investigated a lease verse owned arrangement but concluded with IC input that an owned fleet best suits the NIH's needs and requirements.

OIG

1) The overwhelming majority of OI's vehicles are leased through GSA. In addition to the leased vehicles, OI has several agency-owned surveillance platform vehicles as well as agency-owned vehicles acquired through GSA surplus programs and interagency exchanges. In FY24, OI will begin converting agency-owned vehicles into GSA leased vehicles when practical to eliminate high mileage vehicles in the agency-owned vehicle program.

2) In the short term, OI will procure ZEVs through the GSA leasing program for use in large metropolitan areas where infrastructure investment supports zero-emission vehicles and

sustainability and charging requirements. The long-term plan will be to continue to implement Executive Order (EO) 14057 for the entire fleet through the acquisition replacement cycle. FY25 and FY26 targets assume normal lifecycle replacements with the correct electric vehicle supply equipment infrastructure for support. For planning purposes, OIG utilizes the minimum vehicle replacement standard to forecast its projected acquisitions for targets through 2028.

PSC

1) PSC uses $468 the recommended indirect cost as a model.

2) Agency Vehicles are replaced with Mission and cost as primary factors.

(C) Describe your agency's efforts to control fleet size and cost.

(1) Discuss the basis used for your future cost projections (published inflation estimates, historical trends, flat across-the-board percentage increases, mission changes, zero-emission vehicle acquisitions, etc.).
(2) If your agency authorizes home-to-work transportation (HTW), how does your agency limit/document/monitor the impact on fleet size and additional cost of HTW? Briefly describe how additional costs are determined. Discuss whether ZEVs are used for HTW applications and if the agency provides electric vehicle supply equipment (EVSE) to employees using ZEVs for HTW.
(3) Describe your agency's efforts to encourage the use of motor pools, car sharing, shuttle buses, and other initiatives designed to reduce your motor vehicle requirements.
(4) Does your agency make use of the GSA Vehicle Dispatch & Reservation Module to help with pooling/sharing your GSA Fleet and agency-owned vehicles? This application allows users to schedule vehicle appointments, dispatch vehicles to drivers, and produce reports based on the data captured within the module.
(5) Describe your utilization criteria. Describe the decision process(es) regarding how vehicles not meeting utilization criteria are evaluated?

ASPR

1) ASPR Fleet has a "living" surplus list with vehicles that can be rotated out of the inventory based on age. We also work with our stakeholders who are interested in certain vehicles on our surplus list. If a vehicle fits their needs, an analysis is conducted to ensure a vehicle transfer is feasible.

2) Our program does not currently participate in the HTW program. All vehicles are parked in Federal facilities. ASPR employees are responsible for providing their own transportation to the workplace. Transporting an employee between home and work is not an official use of a government vehicle except as provided in CFR 102-34.225.

Personnel may be designated to take a vehicle home when incidental to official travel or designated to provide Regional Emergency Response or Preparedness activities. These personnel must be placed on official travel orders and authorized by a government vehicle.

3) During preparedness and response steady-state activities, ASPR encourages the use of motor pools, car sharing, and public transportation when applicable to the event, response or situation. Our program is actively working with our stakeholders to surplus any vehicular asset currently not being utilized. We are also looking to replace vehicles that are used for short-duration trips with hybrid vehicles for less fuel consumption.

4) No. ASPR does not use the GSA Vehicle Dispatch & Reservation Module for pooling/sharing GSA Fleet and agency-owned vehicles.

5) ASPR's Utilization Criteria are based on the HHS Logistics Management Manual (LMM), Fleet Management Replacement Guidelines (i.e Type of Vehicle, Years or Mileage). If a vehicle requires excessive repairs, for cost-effectiveness, a determination will be made to replace the vehicle prior to the vehicle's expected life span. ASPR vehicles are inspected, exercised, and maintained to ensure optimal safety and performance.

CDC

1) Future cost projection is based on price increases obtained from GSA, historical market trends, and price increases due to shortages of our desired vehicles.

2) The home-to-work (HTW) program is available for CDC personnel traveling between home and the CDC offices in Entebbe, Uganda. The assigned vehicle is required for daily mission support and not just for HTW purposes. The approval is based on a clear and present danger of CDC staff's roads and transportation requirements. CDC uses guidelines in tbe Chief of Mission policy to document/monitor the cost of HTW. Users are charged each way and pay with Embassy-issued International Cooperative Administrative Support Services (ICASS) shuttle tickets. All staff have the option to use the Embassy shuttle to and from the Embassy. CDC does not use any zero-emission vehicles for HTW.

3) To increase opportunities to decrease the fleet size, CDC promotes staff use of motor pools located on most of owned facilities to accommodate daily and travel usage. CDC also actively encourages employees to commute to work by walking, bicycling, carpooling, vanpooling, or riding mass transit.

4) CDC offers direct shuttle services from mass transit stations to some CDC campuses.

5) CDC has one program that utilizes the GSA vehicle Dispatch and Reservation Module. CDC primarily uses an in-house online vehicle reservation system. This system allows

employees to make vehicle reservations by submitting a vehicle request to a selected motor pool location. Reservations are received and reviewed by dispatchers, and trips are consolidated when possible. CDC often receives requests and accommodates other federal activities during vehicle usage while on TDY or to complete daily missions.

CMS

1) According to an Executive Order signed by the President, we are mandated to move toward 100% use of zero-emission, hybrid, and alternative fuel vehicles. This has changed the future of our fleet projections due to the cost associated with the installation of charging stations in commercial buildings, currently housing some of our vehicles. We are continuing to acquire alternative fuel and hybrid vehicles to ensure we meet the requirement.

   Our vehicles are leased via GSA. GSA has increased the cost of the surcharge for the use of alternative fuel vehicles. Speaking with the GSA Representative, we learned the monthly rates will increase due to the increase in the cost of fuel. This will increase the projected cost of the use of our vehicles.

2) As stated in the policy reference the use of home-to-work, the vehicles are only used in this capacity on a need to basis and not for the convenience of an employee. It is determined by what is most cost effective for the government. If it is determined, it is more cost effective for the employee to use the vehicle for local travel, where the employee must return to the office and home each day, the request for home-to-work is denied. If it is determined it is less costly to the government for the vehicle to be taken home and driven directly to the work site each day, the request for home-to-work can be approved. If the position is listed on the authorized list of positions, the request for the use of the vehicle for home-to-work can be granted.

   Each request is granted on a case-by-case basis. The requester must submit the justification form to the supervisor to approve and sign. This form is submitted to the regional fleet coordinator who ensures the position is on the list of positions approved by the Secretary of the agency. The employee/driver must maintain and submit information showing the cost while the vehicle was in use and include a trip log showing dates, times, mileage, gas, and maintenance receipts.

3) All our vehicles are available through a reservation system or motor pools. If we determine a vehicle is being reserved for the same day and time by different drivers going to and from the same location during the same time, we encourage those individuals to share a ride.

4) CMS does not use the GSA Vehicle Dispatch & Reservation Module. We have developed our own electronic system for reserving a vehicle which captures the information described above.

5) CMS organizations utilizing GSA-leased and agency-owned vehicles are responsible for determining their utilization criteria based on the mission requirements of that organization. This criterion may include miles traveled and/or hours in use, trips per day/week/month, and the number of passengers transported.

FDA

1) For planning purposes FDA is estimating a range of from 3% to 10% increase in cost projections yearly based on rising cost of fuel-efficient vehicles, larger vehicles, and inflation.

2) In accordance with existing HHS policy, Home-To-Work authority is approved for certain FDA "field-work" positions only. Vehicles are assigned to offices and not employees and are shared amongst those positions that are approved. Positions must be officially approved every two years by the Secretary of HHS. FDA does not currently document/monitor the additional (if any) cost of home-to-work (HTW) use of Federal vehicles. The number of ZEVs used in H-t-W is negligible as the number of ZEVs in the FDA fleet is currently very low. However, FDA is currently exploring how to support EVSE for employees using H-t-W.

3) FDA encourages alternatives to motor vehicle use wherever possible. At the FDA Headquarters at the White Oak Campus in Maryland, the location of most of the FDA workforce, a free multi-route shuttle system provides transportation to major FDA building locations and transit facilities located near FDA/HHS buildings in the area.

4) FDA does not make use of the GSA Vehicle Dispatch & Reservation Module at the agency level and does not require it amongst subordinate organizations within FDA. A number of field activities utilize some type of vehicle dispatch and reservation system, which may include the GSA Vehicle Dispatch & Reservation Module, however many smaller field organizations have found that their size and complexity of fleet operations can be managed without the use of a vehicle dispatch and reservation system. With the rollout of the new reservation module in the GSAFleet.gov application, FDA is encouraging our subordinate organizations to evaluate it for potential use.

5) FDA organizations utilizing GSA-leased and agency-owned vehicles are responsible for determining their utilization criteria based on the mission requirements of that organization. This criterion may include miles traveled and/or hours in use, trips per day/week/month, and the number of passengers transported. Criteria also may include how a vehicle is used (drive cycle):

- The tasks accomplished by a vehicle:
    - Transporting personnel
    - Conducting Inspections
    - Transporting laboratory samples/animals
    - Etc.
- How the tasks accomplished by a vehicle are performed:
    - On demand
    - Scheduled in advance
    - On-going
    - Certain days of week/certain weeks in the month/certain months each year
- How the miles driven/hours used by a vehicle are achieved:
    - Miles driven:
    - Point-to-point (shortest route)
    - Circuit route
    - Random pattern
    - Hours used:
    - Only when actually driven or actually in operation
    - From time placed into service for that duty period (shift, workday)

IHS

1) Six (6) percent increase has been used for future cost projections across the board and fuel cost. We have used a one-for-one vehicle replacement policy and do not add to our fleet unless the functional wavier provides a specific justification of why they need it.

2) Home-to-Work Transportation (HTW) additional cost has not been monitored but will start documenting and monitoring the additional cost/use of Federal vehicles. In accordance with existing HHS policy, Home-To-Work authority is approved for certain IHS "field-work" positions only. Vehicles are assigned to offices and not employees and are shared amongst those positions that are approved. Positions are officially approved every two years by the Secretary of HHS. There are no ZEV used as HTW.

3) Due to IHS facilities being in remote locations, shuttle buses are not the best option for IHS. IHS does encourage pooling and car sharing, when possible, without jeopardizing the mission.

4) No, IHS does not use the GSA Vehicle Dispatch & Reservation Module.

5) No, IHS does not make use of the GSA Vehicle Dispatch & Reservation Module to help pool/share GSA Fleet and agency-owned vehicles.

NIH

1) NIH have a one-for-one vehicle replacement policy and do not add to our fleet unless the IC provides a specific justification of why they need it.

2) The Fleet Management Section does not dictate to ICs what their budgets can support. We provide regulations and services and are paid for those services as part of a fee-for-service program.

3) The NIH is unique in that the Fleet Management Branch is fee-for-service that is sustained by costs associated with fleet operations. We provide a motor pool and a usage requirement to the ICs for needed vehicle purchases, but we only recommend those requirements.

4) This application allows users to schedule vehicle appointments, dispatch vehicles to drivers, and produce reports based on the data captured within the module.

5) N/A

OIG

1) OIG's OI uses historical trends when estimating future cost projections for the following fiscal year and applies an appropriate inflationary factor or actual lease cost increases provided by the GSA schedule. OI utilizes FAST reporting in order to assist in accurately estimating the trends of future fiscal year costs.

2) HTW is approved and validated yearly for Special Agents. Additional vehicle costs are estimated using GSA Fleet Drive Thru historical averages, staffing numbers, and future projected GSA lease costs when available. In addition, ZEVs have not been utilized for those approved for HTW and the agency does not provide EVSE to employees with HTW.

3) OI's use of pool cars is to promote sharing of vehicles within the office. Employees who are traveling to the same location for a meeting, site inspection, or training are able to either ride public transit or utilize an available pool vehicle together.

4) HHS-OIG does not utilize the GSA Vehicle Dispatch & Reservation Module.

5) N/A

PSC

1) VAM

2) N/A

3) N/A. Based on Mission which determines the number of required vehicles.

4) PSC does not make use of the GSA Vehicle Dispatch & Reservation Module to help pool/share GSA Fleet and agency-owned vehicles.

5) N/A

(D) Describe the agency's Vehicle Allocation Methodology (VAM) efforts.

NOTE: For this section, your "most recent VAM study" refers to your last comprehensive, fleet-wide study (which should be conducted at least every 5 years or when an agency mission change significantly impacts motor vehicle needs).

(1) Please provide the date of completion for your most recent VAM study and the frequency at which VAM studies are completed.
(2) Please discuss the amount of time that was needed to complete your most recent VAM study and approximately how much the study cost to implement.
(3) From your most recent VAM study, include or attach the questions used to conduct the per vehicle survey. If you have multiple VAM studies, attach the per vehicle survey most often used in your fleet.
(4) Discuss whether your VAM study identifies missions suited for ZEVs use and opportunities to replace vehicles with ZEVs.

ASPR

1) The last VAM was completed in 2018. Factors used are unknown due to personnel turnover (including retirement) and organization realignment.

2) Due to personnel turnover (including retirement) and organization realignment, ASPR Fleet will research the criteria of this study and prepare to conduct a new study in FY 2024.

3) Due to personnel turnover (including retirement) and organization realignment, ASPR Fleet will research the criteria of this study and prepare to conduct a new study in FY 2024.

4) Due to personnel turnover (including retirement) and organization realignment, ASPR Fleet will research the criteria of this study and prepare to conduct a new study in FY 2024.

CDC

1) CDC uses the template provided by HHS to conduct its VAM studies. The last VAM study was completed in 2018.

2) CDC's 2018 VAM study was completed within a three-month period.

3) The study also demonstrated low utilization in some areas and reductions in CDC's fleet. Utilization factors included:

   - Factor # 1 Mission
   - Factor # 2 Historical/Expected annual miles of use
   - Factor # 3 Historical/Expected hours of use per week per vehicle
   - Factor # 4 Ratio of employees to vehicle
   - Factor # 5 Frequency of trips per week per vehicle
   - Factor # 6 Vehicle function
   - Factor # 7 Operating terrain
   - Factor # 8 Climate
   - Factor # 9 Vehicle condition, age, and retention cycle
   - Factor # 10 Greenhouse Gas Emission (GGE) levels

4) The VAM study identified opportunities to replace vehicles with zero-emission vehicles. For those vehicles that did not meet the criteria, they are evaluated for reallocation or disposal.

CMS

1) We review the number of trips, number of users, cost, and mileage used monthly. We also consider the year of the vehicle and the cost to maintain due to the year of the vehicle and the wear and tear on the vehicle. If the vehicle is in the range to be replaced but has had very little need for maintenance, we may consider extending the lease. If the vehicle has had several issues but is not in the range for replacement, we will consider replacement, with justification.

2) We use monthly reports to determine the utilization of the vehicles. Also, we have created a form to send to the regions for their input reference the use and need for their vehicles. See attached form, "CMS Vehicle Record". This form is completed by the regions for each vehicle in their possession.

3) HHS is conducting a VAM study this year in 2023 and the results will be available for 2024.

4) HHS is conducting a VAM study this year in 2023 and the results will be available for 2024.

FDA

1) FDA is part of the HHS VAM, a department-level report, dated May 30th, 2018. This VA is current through May 30th, 2023. Please refer to that VAM for that information.

2) FDA is part of the HHS VAM, a department-level report, dated May 30th, 2018. This VA is current through May 30th, 2023. Please refer to that VAM for that information.

3) FDA is part of the HHS VAM, a department-level report, dated May 30th, 2018. This VA is current through May 30th, 2023. Please refer to that VAM for that information.

4) FDA is part of the HHS VAM, a department-level report, dated May 30th, 2018. This VA is current through May 30th, 2023. Please refer to that VAM for that information.

IHS

1) IHS VAM was conducted in February 2019 and was on schedule to meet fleet size reductions and alternative fuel increases as planned and projected by FY 2015. IHS will need to conduct a more current VAM for future reductions and alternative fuel increases for any future goals.

2) Since FY2019 had different criteria, IHS will utilize the criteria of FMR Bulletin B-43.

3) IHS' current VAM does not include EVSE data so the HHS Fleet Management Team issued a communication to all HHS OpDivs/StaffDivs, in August 2023, to perform a recent VAM study in order to streamline and unify reporting requirements, which will promote timely and accurate report submissions. This action item is aimed to help HHS, as a whole, achieve their 5-year mandated reporting on a consistent unified basis beginning FY2024.

4) As there have been new reporting requirements since FY2018, IHS' previous VAM study does not accurately identify missions suited for ZEVs use and opportunities to replace vehicles with ZEVs. As the HHS Fleet Management Team issued a communication to all HHS OpDivs/StaffDivs, in August 2023, to perform a recent VAM study in order to streamline and unify reporting requirements, PSC will ensure to include the applicable ZEV reporting data with the VAM study, beginning FY2024.

NIH

5) Annual Re-Certification of Agency-Assigned Vehicles:

   During the Annual Fleet Review, the Fleet Management Section will validate usage for agency-assigned vehicles. The following usage standards must be met to justify the re-certification of an Agency-assigned Vehicle:

- Sedans and station wagons - seven average days per month
- Light Trucks (pickups, utility vehicles, and vans) - seven average days per month
- Medium and Heavy Trucks - six average days per month

If the minimum usage standards cannot he met, utilization of daily-use rental vehicles is encouraged in lieu of agency-assigned vehicles. Specialty vehicles, (i.e., snowplows, dump trucks) are excluded from usage standards as usage for these types of vehicles is contingent on seasonal weather activity.

6) Questions for the VAM review were used from Appendix 2 of the FMR Bulletin B-43.

7) NIH's current VAM does not include EVSE data so the HHS Fleet Management Team issued a communication to all HHS OpDivs/StaffDivs, in August 2023, to perform a recent VAM study in order to streamline and unify reporting requirements, which will promote timely and accurate report submissions. This action item is aimed to help HHS, as a whole, achieve their 5-year mandated reporting on a consistent unified hasis beginning FY2024.

8) As there have been new reporting requirements since FY2018, NIH's previous VAM study does not accurately identify missions suited for ZEVs use and opportunities to replace vehicles with ZEVs. As the HHS Fleet Management Team issued a communication to all HHS OpDivs/StaffDivs, in August 2023, to perform a recent VAM study in order to streamline and unify reporting requirements, PSC will ensure to include the applicable ZEV reporting data with the VAM study, beginning FY2024.

OIG

1) Leased vehicles should typically travel 10,000 miles annually. Criteria used to justify retention of a vehicle in OI include the utilization and the law enforcement qualification/mission. Due to the travel constraints associated during the pandemic, mileage utilization in recent FYs fell below typical criteria, but this is viewed as an anomaly and not a justification to reduce overall fleet size. Generally speaking, OIG targets replacing leased vehicles in accordance with the GSA Fleet Minimum Vehicle Replacement Standards.

2) OI reviews its VAM on an annual basis and utilizes the results to validate fleet mix and size or make adjustments hased on mission requirements or budgetary considerations. As VAM studies involve data analysis, a considerable amount of time is spent pulling data and reviewing the results, and providing recommendations for consideration and decision. The overall process takes approximately one pay period, or 80 work hours, to complete.

3) From our recent VAM study, all questions from Appendix 2 of the FMR Bulletin B-43 were considered in conducting the VAM review. The question most often addressed

pertains to identifying opportunities to reduce fleet size when staffing levels change and ensuring vehicle types correspond with the various mission requirements in the organization. Additionally, routine driving conditions and special mission requirements are important considerations in our VAM.

4) In OI's submission to the ZEV strategic plan, it was noted that opportunities for ZEV procurement possibly occur in large metropolitan areas where infrastructure investment supports ZEV. Even in the largest metropolitan areas, however, lack of infrastructure and access to charging creates a concern with respect to the inability to perform OI's mission utilizing ZEVs. OI's long-term plan will be to continue to implement EO 14057 for the entire fleet through the acquisition replacement cycle.

PSC

1) PSC previous VAM was conducted in FY2018 and there has been recent discussion to implement a plan to complete yearly studies to remain in compliance with identifying future reductions and alternative fuel increases for any future goals.

2) Since FY2018 had different criteria, IHS will utilize the criteria of FMR Bulletin B-43.

3) HHS' current VAM does not include EVSE data so the HHS Fleet Management Team issued a communication to all HHS OpDivs/StaffDivs, in August 2023, to perform a recent VAM study in order to streamline and unify reporting requirements, which will promote timely and accurate report submissions. This action item is aimed to help HHS, as a whole, achieve their 5-year mandated reporting on a consistent unified basis beginning FY2024.

4) As there have been new reporting requirements since FY2018, PSC's previous VAM study does not accurately identify missions suited for ZEVs use and opportunities to replace vehicles with ZEVs. As the HHS Fleet Management Team issued a communication to all HHS OpDivs/StaffDivs, in August 2023, to perform a recent VAM study in order to streamline and unify reporting requirements, PSC will ensure to include the applicable ZEV reporting data with the VAM study, beginning FY2024.

(E) Describe your agency-wide fleet management information system.

(1) Does your agency have a fleet management information system (FMIS)?
(2) Is your agency using a commercially off-the-shelf (COTS) FMIS, personal property management system, an in-house developed system, or GSA's Federal Fleet Management System (FedFMS)? If none of these, how does your agency manage and track your fleet data?
(3) Describe the extent to which your FMIS has been implemented agency wide.
(4) Does your agency's FMIS identify and collect accurate inventory, cost, and operational data that cover the complete lifecycle of each motor vehicle (acquisition, operation, maintenance, and disposal)

(5) Can your agency's FMIS provide the information necessary to satisfy both internal and external reporting requirements? (See FMR 102-34.340)
(6) Are you able to use your agency's FMIS to monitor vehicle utilization and identify underutilized vehicles based on established utilization criteria?

ASPR

1) Yes, GSA Federal Fleet Management System (FedFMS).

2) ASPR currently uses the GSA's FedFMS, a system designed to assist in the management of federal, agency-owned vehicles. This fleet management tool allows for better control costs, establishing utilization criteria, and managing fleet resources for maximum effectiveness and efficiency.

3) At ASPR, we are working to utilize the system more effectively to ensure we meet all upcoming ALD requirements.

4) ASPR uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

5) ASPR uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

6) ASPR is able to use the information from the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles can be used to match other used criteria to monitor vehicle utilization and identify underutilized vehicles.

CDC

1) CDC currently uses the fleet management information system (FMIS) provided through GSA.

2) CDC currently uses GSA's Federal Fleet Management System (FedFMS). This system is designed to assist in the management of federal, agency-owned vehicles.

3) CDC reported all vehicles' Asset Level Data and complied with system requirements. This system integrates with other GSA systems, but not with CDC's systems.

4) This fleet management tool also allows the agency to control costs better; establish utilization criteria and manage fleet resources for maximum effectiveness and efficiency.

5) Yes, CDC is able to provide the information necessary to satisfy both internal and external reporting requirements?

6) Yes, all CDC vehicles' assets are accounted for in FedFMS (GSAFleet).

CMS

1) To collect data relating to the vehicles, we have created a reporting system used by the fleet coordinators is each region. This reporting system allows the fleet manager to collect the data from the regions monthly. When submitted to the fleet manager, the information is combined into one document showing the cost, maintenance, mileage, etc. of each vehicle. This information, along with the information in the GSA Drive-Thru, is used to ensure the uploaded information in both systems are accurate.

2) At the CMS Headquarters, we use an in-house program, Physical Access Management (PAM), and internal methods to manage our vehicles electronically. Since the regions are structured different, we must implement a system which will be good for each individual region and headquarters.

   At CMS Headquarters, PAM requires the driver or requester to electronically log in and request the vehicle. The driver can change and follow their request throughout the process until the vehicle has been approved and assigned by the fleet management team. Once the vehicle is approved, the driver/requester receives an email confirming the approval with information instructing them where to go and how to pick-up the key and vehicle. Please note, the driver/requester does not select the vehicle they wish to use. The vehicles are determined by the next vehicle available in the rotation cycle. This system ensures no vehicle is being used more than another.

   At the return of the trip, using the instructions given in PAM and by the fleet manager, the driver returns the key and trip ticket to the fleet drop-off location. The fleet manager logs into PAM to close out the use of the vehicle which puts the vehicle back into the rotation system. As stated, it is our intent to extend this system to the regions in the future but in a modified version to accommodate each region's needs.

   Currently, each region has developed their own reservation system to ensure they monitor the vehicles. At the end of the montb, a report which was created by Headquarters, is submitted to Headquarters in Baltimore showing the vehicle's use, cost, and maintenance. Once the PAM program is in place for tbe regions, it will eliminate the need for the regions to submit a monthly report because the fleet management team in Headquarters will be able to see the use of the vehicles as they are used, along with the information for each vehicle.

3) Our program, PAM, is used electronically to request, reserve, assign and update vehicle information. This information is uploaded into GSA Drive-Thru and FAST as required. As stated, we are in the process of making this agency-wide.

4) The system used at the CMS Headquarters, PAM, identifies, collects, inventories, and tracks the cost and operation of the vehicles from the date we acquire the vehicles until the date we return the vehicles to GSA. Each time the vehicle is used, the mileage and cost are updated within the system to include maintenance and other cost issues.

   Since our vehicles are leased, we are not required, nor do we have the date of disposal. We can only report the date the vehicle was turned back to GSA. Our lifecycle for each vehicle is within the standards of the GSA guidelines based on years and mileage.

5) The program used at CMS to capture the vehicle information satisfies the requirements of FMR 102-34.340. It captures the information reference inventory, cost, maintenance, operation, and use of each vehicle.

6) CMS is able to use the information from the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles can be used to match other used criteria to monitor vehicle utilization and identify underutilized vehicles.

FDA

7) Yes. FDA uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

8) Yes. FDA uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

9) All FDA fleet program elements use the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports

10) Yes. FDA uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

11) Yes. FDA uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

12) FDA is able to use the information from the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles can be used to match other used criteria to monitor vehicle utilization and identify underutilized vehicles.

IHS

1) HHS/IHS uses the GSA DriveThru and FedFMS.

2) IHS does not use any commercial off-the-shelf (COTS); GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

3) IHS is fully implemented an FMIS by using GSA's DriveThru and FedFMS.

4) Yes. IHS uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

5) Yes. IHS uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

6) Yes.

NIH

1) Yes, GSA DriveThru and GSA's Federal Fleet Management System (GSAFleet.gov) are used.

2) Sunflower and Maximo.

3) NIH uses a COTS system and we monthly load vehicle information to the department's required information system.

4) Our COTS system does.

5) Yes

6) NIH utilizes a commercial off-the-shelf (COTS) to report required ALD and other required reports.

OIG

1) N/A. HHS-OIG utilizes the GSA reporting tool GSAFleet.gov to track its inventory, cost, fuel utilization, etc. This system is populated and updated accordingly with all GSA-leased and agency-owned vehicles.

2) N/A. OI does not use a separate system for tracking vehicle-related expenses.

3) N/A. OI does not use a separate system for tracking vehicle-related expenses.

4) N/A. OI does not use a separate system for tracking vehicle-related expenses

5) N/A. OI does not use a separate system for tracking vehicle-related expenses.

6) OI does use FMIS to monitor vehicle utilization and identify underutilized vehicles based on established utilization criteria, and also reviews utilization during the FAST procedure.

PSC

1) Yes. PSC uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

2) Yes. PSC uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

3) All PSC fleet program elements use the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports

4) Yes. PSC uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

5) Yes. PSC uses the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles as the Fleet Management and Information System (FMIS) to report required ALD and other required reports.

6) PSC is able to use the information from the GSA Drive-Thru system for all GSA-leased vehicles and the Federal Fleet Management System (FedFMS) for all agency-owned vehicles can be used to match other used criteria to monitor vehicle utilization and identify underutilized vehicles.

(F) Describe how your agency justifies acquiring restricted vehicles.

(1) If your agency uses sedans larger than class III (midsize), is the justification for each such vehicle documented?
(2) Does your agency use the law enforcement (LE) vehicle classification system described in GSA Bulletin FMR B-33? If not, why not?
(3) If your agency reports limousines in its inventory, do they comply with the definition in GSA Bulletin FMR B-29?
(4) For armored vehicles, do you use the ballistic resistance classification system of National Institute of Justice (NIJ) Standard 0108.01, and restrict armor to the defined types?
(5) Are armored vehicles authorized by appropriation?

ASPR

1) ASPR uses larger class III thru class VIII vehicles when needed based on the current mission. Vehicles are placed in various locations around the USA and are used as needed per each emergency response to carry special equipment. The justification was submitted and approved prior to acquiring these vehicles from GSA and vendors.

2) ASPR does not have law enforcement vehicles in its inventory.

3) ASPR does not have limousines in its inventory.

4) ASPR does not have any ballistic resistance type of vehicles in its inventory.

5) ASPR does not have armored vehicles in its inventory.

CDC

1) CDC uses larger than class III (midsize) vehicles in locations with rough terrain and areas requiring special equipment transportation. The justification was submitted and approved before acquiring these vehicles from GSA.

2) CDC does not own or lease law enforcement vehicles or any executive fleet vehicles

3) CDC does not own or lease or limousines. CDC does not need restricted vehicles.

4) The ballistic test on CDC armored vehicles purchased before FY 17 was conducted per MIL-Std-46100 by the US Army Aberdeen Test Center. Since FY 17, the ballistic test

was conducted per National Institute of Justice (NIJ) Standard 0108.01, by the US Army Aberdeen Test Center. Ballistics Test Certification is available if needed.

5) Armored vehicles are authorized by CDC appropriation. As of FY22, all armored vehicles are now being acquired through the Department of State, which utilizes the ballistic resistance classification system of National Institute of Justice (NIJ) Standard 0108.0.

CMS

1) CMS does not have vehicles larger than class III in our inventory.

2) CMS does not have law enforcement vehicles in its inventory.

3) CMS does not have limousines in its inventory.

4) CMS does not have any ballistic resistance type of vehicles in its inventory.

5) CMS does not have armored vehicles in its inventory.

FDA

1) FDA does not have vehicles larger than class III in our inventory.

2) FDA does have law enforcement vehicles in its inventory.

3) FDA does not have limousines in its inventory.

4) FDA does not have any ballistic resistance type of vehicles in its inventory.

5) FDA does not have armored vehicles in its inventory.

IHS

1) Yes, each vehicle that is requested is documented with a Functional Waiver Request or/when Adding to Existing Fleet request to HHS.

2) IHS does not have law enforcement vehicles in its inventory.

3) IHS does not have limousines in its inventory.

4) IHS does not have any ballistic resistance type of vehicles in their inventory.

5) IHS does not have armored vehicles in its inventory.

NIH

1) NIH does have vehicles larger than class III in our inventory.

2) NIH does have law enforcement vehicles in its inventory.

3) NIH does not have limousines in its inventory.

4) NIH does not have any ballistic resistance type of vehicles in its inventory.

5) NIH does not have armored vehicles in its inventory.

OIG

1) OIG does have vehicles larger than class III in our inventory. Vehicles larger than subcompact or compact sedan size are approved at the executive level and documentation is maintained. Any upgrades to fleet mix are approved at the executive level prior to submission in the GSA ordering system.

2) OIG does have law enforcement vehicles in its inventory.

3) OI does not have any limousines or armored vehicles in its fleet.

4) OI does not have any ballistic resistance type of vehicles in its inventory.

5) OI does not have any armored vehicles in its fleet.

PSC

1) PSC does have vehicles larger than class III in our inventory.

2) PSC does have law enforcement vehicles in its inventory.

3) PSC does not have limousines in its inventory.

4) PSC does not have any ballistic resistance type of vehicles in its inventory.

5) PSC does not have armored vehicles in its inventory

(G) Summary and contact information.

(1) Who should be contacted with questions about this agency fleet plan? (Provide the name and contact information for the agency headquarters fleet manager and the person preparing this report, if different.)

(2) Indicate whether the budget office participated in the VAM and A-11 processes. (Provide the name and contact information for the budget office reviewing official.)
(3) Indicate whether the Chief Sustainability Officer (CSO) participated in the VAM, vehicle planning, and vehicle approval processes. (Provide the name and contact information for the CSO reviewing official.)

ASPR

1) Agency Fleet Plan POC

Captain Avi J. Stein
Branch Chief / Division of Logistics
O: (202) 260-6407
M: (202) 823-3252
Avi.Stein@hhs.gov
ASPRFleet@hhs.gov

Victor Harper
Division Director of Logistics
O: (202) 795-7264
M: (202) 868-9853
Victor.Harper@hhs.gov
ASPRFleet@hhs.gov

2) The budget office did not participate in the VAM and A-11 processes.

Tonya Kuhn-McClain
M: (202) 779-3984
Tonya.Kuhn-McClain@hhs.gov

3) The Chief Sustainability Officer (CSO) did not participate in the VAM, vehicle planning, and vehicle approval processes.

CDC

1) Agency Fleet Plan POC

Shirley D. Alston,
CDC Fleet Management Officer
Logistics and Property Management Services Office
Office of Safety, Security, and Asset Management (OSSAM)
Office of the Chief Operating Officer (OCOO)
ekj1@cdc.gov
404-718-1995 office
(b)(6) cell
RIGHT FAX# 404-638-5440

2) The Budget Officer did not participate in the 2018 VAM but is currently involved in the vehicle planning and approval processes.

Budget Officer/Reviewing Official

John C. Shepard
ase8@cdc.gov
ph.# 770-488-7833

3) The Chief Sustainability Officer (CSO) did not participate in the 2018 VAM but is currently involved in the vehicle planning and approval processes.

Chief Sustainability Officer/Reviewing Official
Jeffery Williams
yzw7@cdc.gov
ph.# 770-488-8089

CMS

1) Agency Fleet Plan POC

Karen Hughes
Office: (410) 786-1248
Mobile: (b)(6) *Karen.Hughes@cms.hhs.gov*

2) The budget office did not participate in the VAM and A-11 processes.

3) The Chief Sustainability Officer (CSO) did not participate in the VAM, vehicle planning, and vehicle approval processes.

FDA

1) Agency Fleet Plan POC

James I. Macko
M: (b)(6)
James.Macko@fda.hhs.gov

2) The budget office did not participate in the VAM and A-11 processes.

3) The Chief Sustainability Officer (CSO) did not participate in the VAM, vehicle planning, and vehicle approval processes.

IHS

1) Agency Fleet Plan POC

Christopher Jones **Dorothy Zurita**

Director Asset Management
O: (301) 443-1771
Christopher.Jones@ihs.gov

IHS Fleet Manager
O: 301-526-6293
Dorothy.Zurita@ihs.gov

2) The budget office did not participate in the VAM and A-11 processes.

3) The Chief Sustainability Officer (CSO) did not participate in the VAM, vehicle planning, and vehicle approval processes.

NIH

1) Agency Fleet Plan POC

Mark Minnick
NIH Fleet Manager
Minnickm@od.nih.gov
301-325-1262

Michael A. Jones
Traffic Management Specialist
Michael.Jones8@nih.gov
301-496-4512

2) Budget Office POC

Melissa McKerrow
Budget Officer
O: (301) 496-3656
Melissa.McKerrow@od.nih.gov

3) Chief Sustainability Officer POC

NIH's Chief Sustainability Officer (CSO) did participate in the VAM, vehicle planning, and vehicle approval processes.

Chief Sustainability Officer
Daniel Wheeland (NIH/OD/ORF)
Wheeland@od.nih.gov

OIG

1) Agency Fleet Plan POC

Ingrid Lynch
Director, Administrative Operations Branch
Office of Investigations
O: (469) 644-4975
Ingrid.Lynch@oig.hhs.gov

Jeff Egger
Fleet Manager, Administrative Operations Branch
Office of Investigations
O: (202) 697-1147
Jeffery.Egger@oig.hhs.gov

2) The budget office participated in the VAM and A-11 processes.

Tiffany Moore
Budget Officer
Administrative Operations Branch
Office of Investigations
O: (917) 837-2094
Tiffany.Moore@oig.hhs.gov

3) The Chief Sustainability Officer (CSO) did not participate in the VAM, vehicle planning, and vehicle approval processes.

PSC

1) Agency Fleet Plan POC

Lori Ruderman
Director, TS
O: (301) 492-4794
M: (b)(6)
Lori.Ruderman@psc.hhs.gov

Gary L. Boykin
Fleet Manager, TS FO
O: (202) 690-3911
M: (b)(6)
Gary.Boykin@psc.hhs.gov

Teresa M. Sulton
Branch Chief, TS FO
O: (202) 691-2029
M: (b)(6)
Teresa.Sulton@psc.hhs.gov

2) The budget office did not participate in the VAM and A-11 processes.

3) The Chief Sustainability Officer (CSO) did not participate in the VAM, vehicle planning, and vehicle approval processes.

Thank you for your effort in providing this information. If you have any questions, email vehicle.policy@gsa.gov.