TABLE 1.—*Level of operations or performance, fiscal years 1964–67*

[Dollar amounts in thousands]

Measure and unit [1]	Fiscal year 1964	Fiscal year 1965	Fiscal year 1966 estimates	Fiscal year 1967 [2] estimates
(*a*) Magnitude of the program (projects initially approved)	562	478	570	550
(*b*) Applicants or participants:				
State government agencies (projects initially approved)	36	32	40	40
Local communities or governments (projects initially approved)	216	173	220	210
Individuals or families				
Other, voluntary nonprofit (projects initially approved)	310	273	310	300
(*c*) Federal finances:				
Unobligated appropriations available [3]	$374,666	$378,642	$429,759	$452,000
Obligations incurred (final approval)	$213,351	$204,099	$247,759	$262,000
Allotments or commitments made (appropriation)	$220,000	$220,000	$258,500	$270,000
(*d*) Matching or additional expenditures (matching)	$448,827	$447,255	$525,000	$570,000
(*e*) Number of Federal employees (man-years)	221	245	289	400
(*f*) Non-Federal personnel	[4]	[4]	[4]	[4]
(*g*) Other measures of performance				

[1] See committee inquiry for definitions.
[2] President's budget.
[3] In each of the fiscal years 1963 through 1965, the Hill-Burton appropriation totaled $220,000,000. In fiscal year 1966, the appropriation was increased to $258,500,000. Under the Hill-Burton program, each year's appropriation remains available for 2 fiscal years. In other words, funds appropriated in fiscal year 1963 which remain uncommitted at the close of that fiscal year, are available for commitment during fiscal year 1964. In the above column for fiscal year 1964, the $374,666,000 in funds shown as unobligated appropriations represent funds remaining from the 1963 appropriation plus the appropriation for fiscal year 1964.
[4] Not available.

5. Estimated magnitude of program in 1970

Not answered.

6. Prospective changes in program orientation

Not answered.

7. Coordination and cooperation

The Division of Hospital and Medical Facilities has extensive working relationships with other programs throughout the Public Health Service and with other units of the Department which have responsibilities in the health or health facility construction field. The following are illustrative of the cooperative arrangements which exist:

(*a*) Within the Bureau of State Services (Community Health) continuous and close relationships are maintained with the Office of the Bureau Chief, the Office of Grants Management and other offices and Divisions with regard to program operating plans, procedures, and problems.

(*b*) With other units of the Public Health Service and Department. The Division makes a deliberate effort to bring about a consistency of policies and procedures among the several organizational units within the Public Health Service which have official responsibilities in the area of health facility construction. For example, continuous contacts are made with the Research Facilities and Resources Division of the National Institutes of Health regarding mutual problems and policies in health research facility construction. Cooperative working relationships are maintained with the National Institute of Mental Health with regard to policy determination and procedures for construction of community mental health facilities. A continuous relationship also exists between the Division and the Office of General