

CALL TO ORDER

Emily A. Youssouf

- ADOPTION OF MINUTES July 9, 2015 Emily A. Youssouf
- SENIOR ASSISTANT VICE PRESIDENT'S REPORT Roslyn Weinstein

ACTION ITEMS

- **Resolution** Christopher Constantino
Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a revocable license agreement with the New York City Police Department ("NYPD" or "Licensee") for its use and occupancy of approximately seventy-five square feet of space to operate radio communications equipment at Elmhurst Hospital Center (the "Facility") with the occupancy fee waived.
- **Resolution** Jeremy Berman
Authorizing the June 2014 Resolutions of the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") by which the President of the Corporation was authorized to execute five successive one-year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of space for primary care programs located at 413 E. 120th Street, Borough of Manhattan and 114-02 Guy Brewer Boulevard, Borough of Queens administered by Metropolitan Hospital Center and Queens Hospital Center (the "Facilities") to (a) increase the occupancy fee to be paid by \$1.00 per square foot from \$23 per square foot to \$24 per square foot for a total annual occupancy cost of \$96,873 for the East 120th Street clinic and from \$24 per square foot to \$25 per square foot for a total annual occupancy cost of \$270,593 for the Guy Brewer Boulevard clinic in both cases inclusive of surcharges for electricity, air conditioning and after-hour uses; and (b) extend the authorization for the President to execute renewals for an additional year to allow for renewals through 2020.
- **Resolution** Steven Alexander
Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to approve a Capital Project for an amount not to exceed \$3,885,000 for planning, pre-construction, design, construction management and project management services necessary for the Installation of two (2) new electric air cooled chillers for Operating Rooms (the "Project") at Bellevue Hospital Center (the "Facility").
- **Resolution** Denise Soares
Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to proceed with the construction and procurement necessary for renovation of an existing 23,000 square foot space on the 13th floor in the Martin Luther King (MLK) Pavilion, to create an inpatient geriatric friendly unit at Harlem Hospital Center (the "Facility") for an amount

not-to-exceed \$3,261,000.

- **Resolution**

Dean Moskos

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to procure and outfit eighty-nine (89) ambulances in Fiscal Year 2016 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed \$34.8 million.

INFORMATION ITEMS

- **Project Status Reports**

- North Bronx Health Network

North Central Bronx Hospital – Replacement of East Entry Soffit – No delay

- South Manhattan Health Network

Bellevue Hospital Center – Elevator Controls Upgrade (C&D Building) – Five (5) month delay

Bellevue Hospital Center – Upgrade of Condensate Heat Recovery System – No delay

- Southern Brooklyn/Staten Island Health Network

Coney Island Hospital – Restoration of Pneumatic Tube System – No delay

Sea View Hospital Rehabilitation Center & Home – Install Sprinkler in the Robitzek Building – No delay

**Projects with a delay of six months or more require verbal reporting.*

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

CAPITAL COMMITTEE MEETING MINUTES

July 9, 2015

MINUTES

Capital Committee

Meeting Date: July 9, 2015

Time: 11:00 A.M.

Location: Board Room

Board of Directors:

Members of the Capital Committee

Gordon Campbell, Acting Chairman of the Board

Josephine Bolus, RN, NP, BC

Mark Page

Antonio Martin – Executive Vice President (representing Ramanathan Raju, MD, President, in a voting capacity)

HHC Staff:

Steven Alexander – Executive Director, Bellevue Hospital Center

Jeremy Berman – Deputy General Counsel, Office of Legal Affairs

Michael Buchholz – Senior Associate Executive Director, Henry J. Carter Specialty Hospital and Nursing Facility

Tammy Carlisle – Associate Executive Director, Corporate Planning

Deborah Cates – Chief of Staff, Office of the Chairman

Ricardo Corrales – Senior Associate Director, Woodhull Medical and Mental Health Center

Manding Darboe – Assistant Director, Office of Facilities Development

Louis Iglhaut – Assistant Vice President, Office of Facilities Development

Mahendranath Indar – Senior Director, Office of Facilities Development

John Jurenko – Senior Assistant Vice President, Intergovernmental Relations

Patricia Lockhart – Secretary to the Corporation, Office of the Chairman

Randall Mark – Chief of Staff

Christopher Roberson – Director, Bellevue Hospital Center

Lynnette Sainbert – Assistant Director, Office of the Chairman

Lisa Scott-McKenzie – Network Deputy Executive Director, Central/North Brooklyn Health Network

Cyril Toussaint – Director, Office of Facilities Development

L. Rickie Tulloch – Director, Office of Facilities Development

Roslyn Weinstein – Senior Assistant Vice President, President's Office

Dion Wilson – Director of Real Estate, Office of Legal Affairs

Elizabeth Youngbar – Assistant Director, Office of Facilities Development

Frank Zanghi – Audit Manager, Internal Audits

Other Attendees:

Rosemary Baughn – Chief Medical Officer, Visiting Nurse Service of New York

John Delfs – Senior Vice President, Visiting Nurse Service of New York

CALL TO ORDER

The meeting was called to order by Gordon Campbell, Acting Chairman of the Board of Directors, at 11:02 A.M.

On motion, the Committee voted to adopt the minutes of the June 11, 2015, Capital Committee meeting.

SENIOR ASSISTANT VICE PRESIDENT'S REPORT

Roslyn Weinstein, Senior Assistant Vice President, Operations, advised that the meeting agenda included three action items; a license agreement with Sirius XM Radio for authorization to continue to operate an antennae on the roof of the Henry J. Carter Specialty Hospital and Facility; a license agreement with the Visiting Nurse Service of New York for authorization to continue to occupy space at Bellevue Hospital Center; and, a request for project approval to install new permanent energy feeders at Woodhull Medical and Mental Health Center.

Ms. Weinstein provided an overview of Fiscal Year 15, highlighting positive changes in the Capital Committee process, and general accomplishments from July 2014 through June 2015. Ms. Weinstein explained that the inception of the Capital Collaborative Committee had made the capital planning process more transparent by allowing Networks to prioritize their own capital needs, and by including representatives from the Finance Department and Procurement in the entire process. She noted that a new methodology was in effect for purchase of medical equipment, which involved direct review by Procurement, which should also facilitate the process.

Ms. Weinstein advised that a decision by the Office of Legal Affairs to use Fair Market Value (FMV) rates in lieu of Institutional Cost Recovery (ICR) rates when leasing and licensing space within HHC facilities had increased revenue by an estimated \$40,000.

In summation, Ms. Weinstein reported that spending over the fiscal year included \$101,409,570 in construction and \$5,593,000 in payments for equipment purchases. She said that she believed that 99% of the projects competed were on budget and on time, and for the few that were not, the Department of Facilities Development was aware of causes, involved in solutions, and reported to the Committee ahead of time so as to minimize the number of surprises. She noted that the Corporation had also received \$5.7 million in energy funding, which would help the Corporation meet the Mayoral mandate of reducing emissions by 80% over the next 50 years. She said that she was personally proud of the work that the Capital Committee had done, with support of the Board of Directors and the facilities, but believed in continuous improvement, and therefore looked to keep the momentum going in the coming year.

Mrs. Bolus said thank you.

That concluded Ms. Weinstein's report.

ACTION ITEMS

- **Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to execute a five year revocable license agreement with Sirius XM Radio Inc.**

(the "Licensee") for its use and occupancy of 90 square feet to house roof-top communications equipment at the Henry J. Carter Specialty Hospital and Nursing Facility (the "Facility") at an occupancy fee of approximately \$23,130 or \$257.00 per square foot for year one; \$23,823 or \$264.71 per square foot for year two; \$24,823.62 or \$272.65 per square foot for year three; \$25,274.78 or \$280.83 per square foot for year four; and, \$26,033.02 or \$289.26 per square foot for year five, for a total five year occupancy fee of \$122,800.31. Annual increased rates are based on 3% escalations per year.

Michael Buchholz, Senior Associate Executive Director, Henry J. Carter Specialty Hospital and Nursing Facility, read the resolution into the record on behalf of Robert Hughes, Executive Director, Henry J. Carter Specialty Hospital and Nursing Facility.

Mrs. Bolus asked if the facility formerly known as Goldwater had moved their on-site radio station to the new Henry J. Carter facility. Mr. Buchholz stated that the resolution being presented was about antennae equipment for Sirius XM radio, and not related, but yes, the radio station had been moved.

Mark Page asked for a description of Sirius XM Radio and whether the occupancy fee was based on Fair Market Value rates. Mr. Buchholz explained that Sirius XM Radio was a satellite radio company that streamed music, news and other radio broadcasts. He said that the agreement had been inherited by HHC, as it was originally located on the North General building and that contract continued under HHC, but at a lower occupancy fee than that being presented. He advised that after the Real Estate segment of Legal Affairs had performed their reviews and HHC was officially drafting a new agreement, the fee had been increased by 43% and was now at fair market value.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

- **Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a revocable five year license agreement with Visiting Nurse Service of New York Hospice Care (the "Licensee") for its continued use and occupancy of approximately 12,420 square feet of space on the 7th Floor of the Hospital Building at Bellevue Hospital Center (the "Facility") to operate a hospice program at an annual occupancy fee of \$53.58 per square foot or \$665,436 for year one of the agreement, \$55.12 per square foot or \$684,534 for year two, \$56.70 per square foot or \$704,180 for year three, \$58.59 per square foot or \$727,630 for year four and \$59.90 per square foot or \$744,000 for year five, for a total five year occupancy fee of \$3,525,780.**

Steven Alexander, Executive Director, Bellevue Hospital Center, read the resolution into the record. Mr. Alexander was joined by John Delfs and Rosemary Baughn, Visiting Nurse Service of New York (VNSNY).

Mr. Alexander explained that the original agreement between Bellevue and VNSNY had been initiated in 2009 after the closing of Saint Vincent's Hospital. At that time VNS had to find a new partner to work with and they found that partner in Bellevue. Upon their arrival at the facility they renovated the space they occupied, and proceeded to operate a distinct Article 28 facility, providing inpatient hospice care. Mr.

Alexander noted that a number of ancillary agreements covered medical needs ranging from blood work to lab test, and those were billed to VNSNY at fee for service rates. He said that agreements were also in place to pay for television, food service, among other things. Mr. Alexander said that the Corporation historically had a good working relationship with VNSNY over the initial five (5) year term.

Gordon Campbell, Acting Chair, Board of Directors, asked that Jeremy Berman, Deputy General Counsel, provide an overview of negotiations. Mr. Berman explained that HHC's real estate consultant had provided an FMV assessment that resulted in an occupancy fee above that which was finally settled on. The FMV rate was proposed to VNS and lengthy negotiations followed. Mr. Berman noted that VNS had argued that they could only afford to pay half of the current rate that they were paying, and HHC responded that would not fall in line with fraud and abuse rules, and would therefore would be unacceptable to the Capital Committee and the Board of Directors. Ultimately a compromise was made that the rate would stay at the current rate, the prior Institutional Cost Recovery (ICR) rate, and the basis on which HHC bills Medicaid, for the initial year of the new five year term.

Mr. Berman explained that some licenses that dated back five (5) years, when ICR rates were being used, did experience a market shock, when the conversion to FMV was made.

Mr. Berman added that VNS had regular increases over the previous five (5) year term, and those increases were substantial and difficult to pay. He explained that the compromise was made to remain at the current rate for the first year of the term and provide for further increases over the remainder of the agreement, but there would be a one year holiday from any increase. He noted that VNS had expressed concern about managing the rates going forward and that either party had the right to terminate if financial obligations could not be managed. The benefit to Bellevue was deemed worthy of moving forward, with a safety net in place that termination rights can be exercised if needed.

Mr. Page asked what an Article 28 facility was. Mr. Berman explained that Article 28 was part of a public health law licensing vehicle by which hospitals and other corporate practices of medicine were authorized to operate.

Mr. Page asked if VNS was a not for profit organization. Mr. Gordon said yes.

Mr. Page advised that while he was not bothered by the compromise regarding occupancy fee for the agreement in discussion, and agreed that it was a relevant service to the public, and indeed in line with HHC's basic service goals, he remained steadfast that requiring compensation for use of space by other organizations, even when services are related to HHC goals, makes sense. He urged that decisions not be based strictly on the organizations value to HHC, as HHC was a financially stressed organization and therefore should be shown the cost of the services they provide and the cost of what a licensee (such as VNSNY) does. He expressed concern that HHC policy on such matters was confused. He reiterated that he was in favor of the service being discussed, having it co-located within the facility, and the compromise for a fee increase holiday, particularly given its relation to HHC service.

On an unrelated note, Mr. Gordon thanked Mr. Alexander for hosting a recent visit to Bellevue.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

- **Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to approve a Capital Project for an amount not-to-exceed \$8,500,000 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Installation of Permanent Emergency Power Feeders project (the "Project") at Woodhull Medical and Mental Health Center (the "Facility").**

Lisa Scott-McKenzie, Network Deputy Executive Director, Central/North Brooklyn Health Network, read the resolution into the record on behalf of George Proctor. Mrs. Scott-McKenzie was joined by Ricardo Corrales, Senior Associate Director, Woodhull Medical and Mental Health Center.

Mrs. Scott-McKenzie explained that Woodhull Medical and Mental Health Center was lucky enough to have access to tertiary emergency generators, and those generators were connected by feeder cables which had deteriorated and were in need of replacement. She advised that authorization for this project would help prevent unsafe conditions and allow the facility to better prepare for future projects and possible emergency needs.

Mr. Gordon asked how the project would be funded. Louis Iglhaut, Assistant Vice President, Office of Facilities Development, said that the project had been fully funded through the New York City Office of Management and Budget (OMB), and that funding included monies for contingency and asbestos abatement work. Mr. Iglhaut explained that existing cables were laid out on the ground, outside of the facility's boiler plant, and were therefore exposed to the outside elements and suffering. He advised that the project had only been waiting on funding from OMB, and now that the funding was in place, and a Certificate to Proceed (CP) had been issued, it would allow for moving of the conduits below ground surface, away from the elements. Mrs. Scott-McKenzie added that the cables in place ran through the facility's mechanical room, which created further vulnerability in case of emergency, and this project would also allow for that issue to be remedied.

Mr. Gordon said that it sounded like a must do project. Mrs. Scott-McKenzie said yes.

Mr. Page asked for an explanation of Mrs. Scott-McKenzie's statement about access to tertiary energy. Mrs. Scott-McKenzie said that back-up generators were a facilities first option for secondary energy, in case of emergency, and these emergency power feeders were the line of defense after that.

So they are a back-up to the back-up, asked Mr. Page. Is that common? Mrs. Scott-McKenzie said no that is not common but a number of years ago, funding from the Federal Emergency Management Agency (FEMA) had provided for the initial cabling. She noted that Woodhull Medical and Mental Health Center was a receiving facility in event of emergency and this would allow for the facility to remain on line and shelter in place if needed.

Mr. Page asked if this secondary back up would be more flood proof. Mrs. Scott McKenzie said it would be after completion of the proposed project.

Mrs. Bolus asked if this would affect patient care. Mrs. Scott-McKenzie said no, it should not.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

INFORMATION ITEMS

- **Project Status Reports**

There were no reports provided.

Ms. Weinstein advised that a ribbon cutting had been scheduled for July 15, 2015 at the Ida Israel Clinic, and members of the Board of Directors were invited to attend.

Mrs. Bolus asked that Emily Youssof, Chair of the Capital Committee, who was not in attendance, be provided with the information shared in the Senior Assistant Vice Presidents report. Ms. Weinstein said she would do that.

Mrs. Bolus asked that a summary of accomplishments by all Committees over the course of the year be shared with the full Board of Directors. Mr. Martin agreed that would be a good idea.

There being no further business, the meeting was adjourned at 11:29 A.M.

LICENSE AGREEMENT

NEW YORK CITY POLICE DEPARTMENT

ELMHURST HOSPITAL CENTER

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a revocable license agreement with the New York City Police Department ("NYPD" or "Licensee") for its use and occupancy of approximately seventy-five square feet of space to operate radio communications equipment at Elmhurst Hospital Center (the "Facility") with the occupancy fee waived.

WHEREAS, in May 2012 the Board of Directors authorized the President to enter into a license agreement with the New York City Police Department for the installation of radio communications equipment at the Facility designed to enhance the performance of its city-wide radio operations network; and

WHEREAS, the NYPD desires to install additional radio communications equipment at the Facility to further enhance the performance of its city-wide radio operations network, and the Facility has the space to accommodate the NYPD communications system; and

WHEREAS, the Licensee's radio communications system shall not compromise Facility operations, and it complies with applicable federal statutes governing the emission of radio frequency signals and, therefore, poses no health risk.

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (the "Corporation") be and hereby is authorized to execute a revocable license agreement with the New York City Police Department ("NYPD" or "Licensee") for use and occupancy of approximately seventy-five square feet of space to operate radio communications equipment at Elmhurst Hospital Center (the "Facility") with the occupancy fee waived.

EXECUTIVE SUMMARY

LICENSE AGREEMENT NEW YORK CITY POLICE DEPARTMENT ELMHURST HOSPITAL CENTER

The President of the New York City Health and Hospitals Corporation seeks authorization to execute a revocable license agreement with the New York City Police Department (“NYPD”) for use and occupancy of space to operate radio communications equipment at Elmhurst Hospital Center (“EHC”).

The NYPD currently operates radio communications equipment at EHC that supports the City’s emergency response network. NYPD will install additional radio communications equipment at the Facility to further improve the performance of this network. NYPD’s radio communications system will not compromise facility operations, and it complies with applicable federal statutes governing the emission of radio frequency signals and, therefore, poses no health risk.

The NYPD will have use and occupancy of approximately seventy-five square feet of space on the roof of the Main Building. Public safety is enhanced by the system’s operation, therefore the occupancy fee will be waived. Elmhurst Hospital Center will provide electricity to the licensed space. The operation and maintenance of the system will be the responsibility of the NYPD.

The Licensee shall be required to indemnify and hold harmless the Corporation and the City of New York from any and all claims arising out of its use of the Licensed Space.

The license agreement shall not exceed five (5) years without further authorization by the Board of Directors of the Corporation and shall be revocable by either party upon ninety (90) days written notice.

LICENSE AGREEMENT

**NEW YORK CITY
HUMAN RESOURCES ADMINISTRATION (HRA)**

**METROPOLITAN HOSPITAL CENTER
413 E. 120th STREET**

**QUEENS HOSPITAL CENTER
114-02 GUY BREWER BOULEVARD**

RESOLUTION

Amending the June 2014 Resolutions of the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") by which the President of the Corporation was authorized to execute five successive one-year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of space for primary care programs located at 413 E. 120th Street, Borough of Manhattan and 114-02 Guy Brewer Boulevard, Borough of Queens administered by Metropolitan Hospital Center and Queens Hospital Center (the "Facilities") to (a) increase the base occupancy fee to be paid by \$1.00 per square foot for a total annual occupancy cost of \$96,873 or \$35.38 per square foot for the East 120th Street clinic and for a total annual occupancy cost of \$270,593 or \$27.25 per square foot for the Guy Brewer Boulevard clinic where in both cases the total annual occupancy fees are inclusive of surcharges for electricity, air conditioning and after-hour uses; and (b) extend the authorization for the President to execute renewals for an additional year to allow for renewals through 2020.

WHEREAS, HRA manages Multi-Service Centers throughout the City that it makes available to other City agencies and not-for-profit corporations to use for the provision of community oriented services (the "MSCs") pursuant to one-year license agreements; and

WHEREAS, HRA charges users of its MSCs basic occupancy fee with additional surcharges for electricity, air conditioning and after-hours operations; and

WHEREAS, the management of the Corporation has generally sought the approval of the Corporation's Board of Directors to enter into five successive one-year license agreements for the MSC to avoid having to return for new authority each year; and

WHEREAS, in June 2014, the Board of Directors of the Corporation authorized the President to execute five successive one-year revocable license agreements with HRA allowing for the Corporation's use and occupancy of space at 413 E. 120th Street at \$23 per square foot, which, together with additional charges for electricity, air conditioning and after-hours operations resulted in a total annual occupancy cost of \$96,873; and

WHEREAS, in September 2014, the Board of Directors of the Corporation authorized the President to execute five successive one-year revocable license agreements with HRA, allowing for the Corporation's use and occupancy of space at 114-02 Guy Brewer Boulevard at \$24 per square foot, which, together with additional charges for electricity and air conditioning resulted in a total annual occupancy cost of \$270,593; and

WHEREAS, HRA has implemented a one dollar per square foot increase in the occupancy fee for all of its MSCs across the City including the two occupied by the Corporation effective July 1, 2015; and

NOW, THEREFORE, be it

RESOLVED, that the June and September 2014 Resolutions of the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") by which the President of the Corporation was authorized to execute five successive one-year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of space for primary care programs located at 413 E. 120th Street, Borough of Manhattan and 114-02 Guy Brewer Boulevard, Borough of Queens administered by Metropolitan Hospital Center and Queens Hospital Center be amended to (a) increase the base occupancy fee to be paid by \$1.00 per square foot for a total annual occupancy cost of \$96,873 or \$35.38 per square foot for the East 120th Street clinic and a total annual occupancy cost of \$270,593 or \$27.25 per square foot for the Guy Brewer Boulevard clinic where in both cases the total annual occupancy fees are inclusive of surcharges for electricity, air conditioning and after-hour uses; and (b) extend the authorization for the President to execute renewals for an additional year to allow for renewals through 2020.

EXECUTIVE SUMMARY

QUEENS HOSPITAL CENTER AND METROPOLITAN HOSPITAL CENTER NYC HUMAN RESOURCES ADMINISTRATION MULTI-SERVICE CENTERS

OVERVIEW: The President seeks authorization to execute successive one year revocable license agreements with the New York City Human Resources Administration ("HRA") for its use and occupancy of space for primary care programs located at 413 E. 120th Street, Borough of Manhattan and 114-02 Guy Brewer Boulevard, Borough of Queens administered by Metropolitan Hospital Center and Queens Hospital Center

**NEED/
PROGRAM:** In June 2014, the Board of Directors of the Corporation authorized the President to execute five successive one-year revocable license agreements with the New York City Human Resources Administration ("HRA") for use and occupancy of space at 413 E. 120th Street. In September 2014, the Board of Directors authorized the President to execute five successive one-year revocable license agreements with HRA for use and occupancy of space at 114-02 Guy Brewer Boulevard.

HRA oversees Multi-Service Centers ("MSCs") located in City-owned buildings. The MSCs are managed by non-profit organizations and space is leased to non-profit community groups who provide services which include health care, education, housing assistance, vocational training and mental health services. The Corporation operates primary care programs at the MSCs located in Queens and Manhattan.

During the use and occupancy period authorized by the Board, the Corporation executes one year occupancy agreements with HRA, effective July 1st at each of the MSC sites. If there is no increase in the occupancy fee, no further authorization from the Board is needed during the occupancy period authorized. But HRA has implemented a one dollar per square foot increase in the occupancy fee effective July 1, 2015 at each of the MSC sites occupied by the Corporation.

TERMS: The Corporation shall be granted the continued use and occupancy of space in the two HRA operated MSCs for programs managed by the Facilities. The base occupancy fee for each site shall be increased by \$1 per square foot effective July 1, 2015. The total annual occupancy costs including the increase shall be approximately \$270,593 or \$27.25 per square foot for the space at 114-02 Guy Brewer Boulevard and \$96,873 or \$35.38 per square foot for the space at 413 E. 120th Street. There will be no change in the utility surcharge or cooling season surcharge.

Page Two – Executive Summary
HRA Multi-Service Centers

	Site	Occupancy Fee (psf)	Utility Surcharge (psf)	Seasonal Cooling Charge (psf)*	Extended Hours Charge (NTE)	Floor Area (sf)	Total Occupancy Fee
New Term	114-02 Guy Brewer Blvd.	\$25	\$2	\$1	n/a	9,930	\$270,593 or \$27.25/sf
	413 E. 120 th St.	\$24	\$2	\$1	\$25,000 (per year)	2,738	\$96,873 or \$35.38/sf
	Total				\$25,000	12,668	\$367,466
Prior Term	114-02 Guy Brewer Blvd.	\$24	\$2	\$1	n/a	9,930	\$260,663
	413 E. 120 th St.	\$23	\$2	\$1	\$25,000 (per year)	2,738	\$94,135
	Total				\$25,000	12,668	\$354,798

*Seasonal Cooling Charge only applies for three months of the year

PROJECT APPROVAL

**INSTALLATION OF TWO (2) NEW ELECTRIC AIR
COOLED CHILLERS FOR OPERATING ROOMS**

BELLEVUE HOSPITAL CENTER

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to approve a Capital Project for an amount not to exceed \$3,885,000 for planning, pre-construction, design, construction management and project management services necessary for the Installation of two (2) new electric air cooled chillers for Operating Rooms (the "Project") at Bellevue Hospital Center (the "Facility").

WHEREAS, in September 2014, the City mandated a 80% reduction in greenhouse gas emissions in City-owned properties by 2050, managed by Division of Energy Management within Department of Citywide Administrative Services ("DCAS"); and

WHEREAS, in December 2009, as part of PlaNYC 2030, the City passed major legislation known as the "Greener, Greater Buildings Plan" that included more stringent code requirements; required installation of lighting upgrades and tenant meters in non-residential spaces; and required all buildings over 50,000 square feet to undertake benchmarking and audits; and implement retro-commissioning measures. Local Law 87 mandated Comprehensive Energy Audits be completed within a 10 year time frame (2013 – 2023); and

WHEREAS, the City, through DCAS, has allocated funding under the Accelerated Conservation and Efficiency ("ACE") program for improvements and upgrades to increase energy efficiency and energy cost savings at City-owned facilities in line with the PlaNYC initiative to reduce energy and greenhouse gas emissions of municipal operations 80% by 2050; and

WHEREAS, the Corporation has determined that it is necessary to address the cooling requirements of the Operating Rooms at the Facility by undertaking the project at a not-to-exceed cost of \$3,858,653, to enhance the reliability of its systems, as well as increase the comfort and safety of the Operating Room patients; and

WHEREAS, DCAS has deemed this ACE project to be eligible under the PlaNYC initiative and has allocated \$3,885,000.00 in the PlaNYC capital budget; and

WHEREAS, Kallen & Lemelson Consulting Engineers, LLP (HHC's Requirement Contractor) has demonstrated that the project will produce total annual cost savings to the Facility estimated at \$1,082,054; and

WHEREAS, the proposed new electric air cooled chillers will provide required cooling to maintain proper temperature and humidity levels which will correct existing deficiencies and conform to current codes and standards; and

WHEREAS, the overall management of the construction contract will be under the direction of the Assistant Vice President - Facilities Development.

NOW THEREFORE, be it

RESOLVED, the President of the New York City Health and Hospitals Corporation (the "Corporation") to approve a Capital Project for an amount not to exceed \$3,885,000 for planning, pre-construction, design, construction management and project management services necessary for the Installation of two (2) new electric air cooled chillers for Operating Rooms (the "Project") at Bellevue Hospital Center (the "Facility").

EXECUTIVE SUMMARY

INSTALLATION OF TWO NEW CHILLERS FOR OPERATING ROOMS BELLEVUE HOSPITAL CENTER

OVERVIEW: The Corporation is seeking to install two (2) new electric air-cooled chillers to provide cooling to the Operating Rooms at Bellevue Hospital Center. The project has been designed, estimated, and bid in accordance with the Corporation's Operating Procedure 100-5. The project cost is not-to-exceed \$3,885,000.

NEED: The Facility's existing chiller plant consists of three (3) electric chillers and one (1) steam driven turbine chiller. Currently, the Facility Operating Rooms (ORs) cooling load is 530 tons, and during the winter and intermediate seasons, cooling is required only for the ORs resulting in less than optimal part-load operation for the main chillers. Based on a Comprehensive Energy Efficiency Audit of the Facility's campus, it was recommended that the installation of two new air-cooled chillers with a capacity of 760 tons each should be used during all load conditions to provide cooling to the ORs at the Facility. The chillers will be capable to provide more efficient cooling at very low load conditions and are designed to operate at ambient temperature of 55°F. The chillers will be equipped with variable speed drive compressors.

SCOPE: The scope of work for this project includes the following:

- ❖ Purchase and installation of two (2) new air cooled chillers with total capacity of 760 tons each
- ❖ Demolition of existing chilled water supply and return piping, as required
- ❖ Installation of new chilled water circulating pumps and piping to existing air handling units (AHUs)
- ❖ Installation of new dunnage steel on roof to support new chillers
- ❖ Removal of select electrical equipment such as existing circuit breakers from inside the vault level electrical room
- ❖ Miscellaneous general construction work for cutting and patching
- ❖ Adding emergency electric power for the new chillers and pumps

COSTS: \$3,885,000

SAVINGS: This project will reduce steam energy consumption by 33,379 Mlbs (million pounds) resulting in a total estimated savings of \$1,082,054. It is estimated that this project's ROI will be 3.5 years. In addition, there will be a reduction of 1,800.66 tons of CO₂ moving the city towards its goal for the PlaNYC initiative.

FINANCING: PlaNYC Capital

SCHEDULE: This project is scheduled for completion by June 2016.

PROJECT APPROVAL

**RENOVATION OF THE
GERIATRIC CENTER OF EXCELLENCE**

HARLEM HOSPITAL CENTER

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to proceed with the construction and procurement necessary for renovation of an existing 23,000 square foot space on the 13th floor in the Martin Luther King (MLK) Pavilion, to create an inpatient geriatric friendly unit at Harlem Hospital Center (the "Facility") for an amount not-to-exceed \$3,261,000.

WHEREAS, the proposed renovation will upgrade the existing unit, bringing it to compliance with Department of Health (DOH) code and allowing it to better serve geriatric patients; and

WHEREAS, it is necessary to provide an environment that includes handicap accessible bathrooms, activity and therapy rooms along with rehabilitation rooms; and

WHEREAS, it is required by the state DOH and Center for Medicaid Services (CMS) to bring the current unit up to code by installing sprinklers, and required electrical and medical gases; and

WHEREAS, the revision of Operating Procedure 100-5 requires that construction projects with budgets of \$3 million or more shall receive approval of the Board of Directors through Capital Committee; and

WHEREAS, the proposed total project budget, inclusive of all contingencies, is estimated to be \$3.2 million; and

WHEREAS, the overall management of the construction contract will be under the direction of the Facility's Senior Associate Director, Planning and Design and the Assistant Vice President, Facilities Development at Central Office

NOW THEREFORE, be it

RESOLVED, the President of the New York City Health and Hospitals Corporation (the "Corporation") be and hereby is authorized to proceed with the construction and procurement necessary for the renovation of an existing 23,000 square foot space on the 13th floor in the Martin Luther King (MLK) Pavilion, to create an inpatient, geriatric friendly unit at Harlem Hospital Center (the "Facility") for an amount not-to-exceed \$3,261,000.

EXECUTIVE SUMMARY

HARLEM HOSPITAL CENTER RENOVATION OF 13TH FLOOR FOR INPATIENT GERIATRIC FRIENDLY UNIT

- OVERVIEW:** The Corporation is seeking to renovate the existing area of approximately 23,000 square feet of space on the 13th floor of the Martin Luther King Pavilion in order to create an inpatient geriatric friendly unit. The project will allow the unit to meet best practices for an inpatient Geriatric Unit, in addition to upgrading the Emergency Electrical System (EES) which will bring into compliance as required by the Department of Health (DOH) and the Center for Medicaid Services (CMS). The project will be designed and bid in accordance with the Corporation's Operating Procedure 100-5. The project cost will not-to-exceed \$3,261,000.
- NEED:** The proposed inpatient geriatric friendly unit, consisting of four two-bedded rooms, will be designed to meet the special needs of hospitalized adults over the age of 62.
- SCOPE:** The scope of work to execute the inpatient geriatric unit project includes:
- ❖ Minor demolition of walls to accommodate new bathrooms with safety handrails and raised toilets.
 - ❖ Demolition of ceilings to allow for sprinklers and Type 1 Emergency Electrical System (EES) installation.
 - ❖ Installation of new headwalls to accommodate required electrical and medical gases.
 - ❖ Installation of new acoustical ceilings.
 - ❖ Installation of safety handrails and signage to assist in way finding
 - ❖ Construction of new Activity Therapy/Community room and Rehabilitation gym for physical therapy.
 - ❖ Installation of multi-functional LED lighting for patient care.
 - ❖ Upgrade of the nurse call system, with enhanced functionality to alert clinical staff when patients attempts to get out of bed without assistance.
- COSTS:** \$248,992.86 annually for 20 years, which includes the principal (\$3,261,000) and debt service (\$1,718,857) at an interest rate of 4.5%.
- FINANCING:** New York City General Obligation Bonds in the City Council budget line for \$2,761,000 and the Manhattan Borough President budget line for \$500,000.
- SCHEDULE:** The project is scheduled for completion by July 2016. The Certificate of Need (CON) Application has been submitted to the DOH and is pending their approval.

**CITY-WIDE REQUIREMENTS CONTRACT
PROCUREMENT**

EIGHTY-NINE (89) AMBULANCES

FIRE DEPARTMENT OF THE CITY OF NEW YORK

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to procure and outfit eighty-nine (89) ambulances in Fiscal Year 2016 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed \$34.8 million.

WHEREAS, on January 19, 1996, the Corporation and the City of New York (the "City") executed a Memorandum of Understanding ("MOU") allowing the transfer of the Corporation's Emergency Medical Service ("EMS") ambulance and pre-hospital emergency medical service functions to the Fire Department of the City of New York ("FDNY") to be performed by FDNY for the benefit of the City; and

WHEREAS, the MOU requires that the FDNY have access to and use of the Corporation's property to the same extent that EMS had prior to the transfer; and

WHEREAS, a major portion of the Corporation's property used and maintained by the FDNY is the ambulance fleet formerly managed and operated by EMS; and

WHEREAS, to maintain an appropriate ambulance and pre-hospital emergency medical service, vehicles in the ambulance fleet must be periodically replaced when such vehicles have exceeded their useful life, requiring more than routine repairs and maintenance; and

WHEREAS, 89 vehicles out of the FDNY's active fleet of 460 ambulances have reached the end of their useful life and must be replaced at a cost not-to-exceed \$34,769,000; and

WHEREAS, the City provides the funding for ambulance replacement to the Corporation for allocation to the FDNY; and

WHEREAS, the City has allocated \$27,417,000 in Fiscal Year 2016, and \$25,386,000 in Fiscal Year 2017 in the Corporation's Capital Commitment Plan, on behalf of the FDNY for the purpose of purchasing and outfitting ambulances; and

WHEREAS, sufficient uncommitted funds are available in the Corporation's Fiscal Year 2016 Capital Commitment Plan for this purpose.

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (the "Corporation") be and is hereby authorized to procure and outfit eighty-nine (89) ambulances in FY 2016 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed \$34.8 million.

**EXECUTIVE SUMMARY
EMS AMBULANCES & INITIAL OUTFITTING EQUIPMENT
FISCAL YEAR 2016
FIRE DEPARTMENT OF THE CITY OF NEW YORK**

OVERVIEW: The Fire Department of the City of New York (“FDNY”) operates the Corporation’s Emergency Medical Service (“EMS”) program on behalf of HHC under a 1996 Memorandum of Understanding (“MOU”). The MOU requires the FDNY to operate and maintain the City’s active fleet of 460 ambulances as part of the EMS program.

As part of the MOU between the Health and Hospitals Corporation and the City of New York, the Corporation collects Medicaid funds for each fee-for-service patient that is admitted to one of its facilities including transports through EMS based on a longstanding agreement between HHC and the New York State Department of Health. Included in the Medicaid funding arrangement with the State DOH is the depreciated value of the ambulances. The Corporation, in turn, reimburses FDNY through payments on a quarterly basis for the provision of ambulance services. The reimbursement represents EMS’s pro rata share of Medicaid revenues of which depreciation on the ambulances is included.

NEED: Ambulances have an expected useful life of five (5) years and must be replaced after reaching the five-year period in order to maintain a high-performance fleet. The FDNY has advised the Corporation eighty-nine (89) ambulances have reached the end of their useful life and need to be replaced. Included in this amount are twelve (12) Hazardous Material Tactical Rescue Units (HazTac) which are larger than the 450 chassis used to construct Type 1 Ambulances. The HazTac ambulances have an increased number of compartments for the additional initial outfitting equipment required for response to specialized rescue situations, such as hazardous materials, which include hazmat monitoring equipment, hazmat suits and rescue equipment. Finally, initial equipment must be purchased to outfit the vehicles for a total acquisition cost of \$34,786,915, which includes the inspection fee and a ten percent contingency.

SCOPE: Procurement of eighty-nine (89) ambulances and initial outfitting equipment.

COST: \$34.8 million (Non-HHC funds)

FINANCING: New York City General Obligation Bonds (No debt service impact to HHC)

SCHEDULE: FDNY is expected to obtain the ambulances and complete outfitting within 12 months.

NEW AUTHORIZATION FY 2016

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit
Ambulances (Excluding Initial Equipment):							
Ambulance 4 x 4:	258,001	77	19,866,077	\$1,986,608	\$21,852,685	\$283,801	
Ambulance Rescue HazTac:	301,789	12	3,621,468	\$362,147	\$3,983,615	\$331,968	
Total Ambulances:		89	23,487,545	2,348,755	25,836,300		
							Type I Ambulances
Initial Equipment for 119 Ambulances:							
BLS Initial Equipment	50,895	60	3,053,700	\$305,370	\$3,359,070	\$55,985	\$363,869 BLS
ALS Initial Equipment	93,300	17	1,586,100	\$158,610	\$1,744,710	\$102,630	\$626,371 ALS
Rescue HazTac Initial Equipment	289,533	12	3,474,396	\$347,440	\$3,821,836	\$318,486	
Total Initial Equipment:		89	8,114,196	\$811,420	\$8,925,616		
Inspection Fee			\$25,000	\$0	\$25,000		
Total			31,626,741	3,160,174	\$34,786,915		
Total (Rounded)					\$34,787,000		
<i>BLS: Basic Life Support</i>							
<i>ALS: Advance Life Support</i>							

Past Authorizations FYs 2014, 2012 and FY 2010

FY 2014 Ambulances

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit
Ambulances (Excluding Initial Equipment):							
Ambulance F-450 4 x 2	211,624	35	7,406,840	\$740,684	\$8,147,524	\$232,786	
Ambulance F-450 4 x 4:	212,824	35	7,448,840	\$744,884	\$8,193,724	\$234,106	
Total Ambulances:		70	14,855,680	1,485,568	16,341,248		
							Type I Ambulances
Initial Equipment for 119 Ambulances:							
BLS Initial Equipment	40,272	49	1,973,328	\$197,333	\$2,170,661	\$44,299	\$277,746 BLS
ALS Initial Equipment	81,005	21	1,701,105	\$170,111	\$1,871,216	\$89,106	\$322,552 ALS
Total Initial Equipment:		70	3,674,433	\$367,443	\$4,041,876		
Inspection Fee			\$25,000		\$25,000		
Total			18,555,113	\$1,855,511	\$20,408,124		
Total (Rounded)					\$20,408,000		

FY 2013 Ambulances

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit
Ambulances (Excluding Initial Equipment):							
Ambulance F-450 4 x 2	198,879	99	19,689,021	\$1,968,902	\$21,657,923	\$218,767	
Ambulance F-450 4 x 4:	200,079	20	4,001,580	\$400,158	\$4,401,738	\$220,087	
Total Ambulances:		119	23,690,601	2,369,060	26,059,661		
							Type I Ambulances
Initial Equipment for 119 Ambulances:							
BLS Initial Equipment	38,526	79	3,043,554	\$304,355	\$3,347,909	\$42,379	\$262,466 BLS
ALS Initial Equipment	79,074	40	3,162,960	\$316,296	\$3,479,256	\$86,981	\$307,068 ALS
Total Initial Equipment:		119	6,206,514	\$620,651	\$6,827,165		
Initial Equipment for 77 Ambulances:							
BLS Initial Equipment	38,526	52	2,003,352	\$200,335	\$2,203,687	\$42,379	\$84,757 BLS
ALS Initial Equipment	79,074	25	1,976,850	\$197,685	\$2,174,535	\$86,981	\$129,360 ALS
Total Initial Equipment:		77	3,980,202	\$398,020	\$4,378,222		
Total			33,877,317	\$3,387,732	\$37,265,049		
Total (Rounded)					\$37,266,000		

* Fiscal FY13 funding rolled into FY 2014

FY 2012 Ambulances

Ambulances (Excluding Initial Equipment):							
Type I Ambulances:	160,656	80	12,852,480	\$1,285,248	\$14,137,728	\$176,722	
Total Ambulances:		80	12,852,480	\$1,285,248	\$14,137,728		
							Type I Ambulances
Initial Equipment:							
BLS Initial Equipment	22,000	60	1,320,000	\$132,000	\$1,452,000	\$24,200	\$200,922 BLS
ALS Initial Equipment	46,000	20	920,000	\$92,000	\$1,012,000	\$50,600	\$227,322 ALS
Total Initial Equipment:		80	2,240,000	\$224,000	\$2,464,000		
Total			15,092,480	\$1,509,248	\$16,601,728		
Total (Rounded)					\$16,600,000		

EQUIPMENT FOR ONE (1) FDNY RESCUE AMBULANCE

MEU ALS READY

EQUIPMENT DESCRIPTION	QTY	COST	EXT
BP UNIT - INFANT	2	\$19.00	\$38.00
BP UNIT - PEDS	2	\$19.00	\$38.00
BP UNIT - ADULT	2	\$19.00	\$38.00
BP UNIT - OBESE	2	\$22.00	\$44.00
CAN, GARBAGE	1	\$30.00	\$30.00
CASE ALS DEFIBRILLATOR	1	\$300.00	\$300.00
CHAIR, STAIR	1	\$2,700.00	\$2,700.00
CUSTOMIZATION FDNY LOGO	1	\$31.00	\$31.00
COT FOLDING	1	\$452.00	\$452.00
CUSTOMIZATION FDNY LOGO	1	\$31.00	\$31.00
Defibrillator / Monitor Kit Includes: Philips Heartstart MRx Monitor/Defibrillator Lithium Ion Battery Module Bay Analyzer/Charger for Heartstart Li-Ion Batteries Reusable NIBP Pediatric Cuff Reusable NIBP Large Adult	1	\$44,329.00	\$44,329.00
Intubation Kit Complete Includes: All Intubation Kit Items Are Stainless Steel & Reusable Laryngoscope Blade Macintosh #1 Laryngoscope Blade Macintosh #2 Laryngoscope Blade Macintosh #3 Laryngoscope Blade Macintosh #4 Laryngoscope Blade Miller #0 Laryngoscope Blade Miller #1 Laryngoscope Blade Miller #2 Laryngoscope Blade Miller #3 Laryngoscope Blade Miller #4 Laryngoscope Blade Adult Handle Laryngoscope Blade Pediatric Handle Magill Forceps Adult Magill Forceps Pediatric Kelly Clamp	2	\$500.00	\$1,000.00
MATTRESS, AMB STRETCHER	1	\$243.00	\$243.00
CUSTOMIZATION FDNY LOGO	1	\$31.00	\$31.00
OXIMETER, CARBON MONOXIDE	1	\$4,500.00	\$4,500.00
OXYGEN "D" CYL BRACKET	2	\$150.00	\$300.00
OXYGEN FLOWMETER	3	\$175.00	\$525.00
OXYGEN PRESSURE REDUCER	1	\$252.46	\$252.46
OXYGEN REGULATOR	4	\$257.28	\$1,029.12
OXYGEN MONITOR W/2' HARNESS & PLUGS	1	\$173.50	\$173.50
OXYGEN TRANSDUCER W/2' HARNESS & PLUGS	1	\$275.75	\$275.75
OXYGEN HARNESS ASSEMBLY 17' W/ PLUGS	1	\$43.50	\$43.50

EQUIPMENT FOR ONE (1) FDNY RESCUE AMBULANCE

SPLINT, TRACTION COMBO	1	\$1,200.00	\$1,200.00
CUSTOMIZATION FDNY LOGO	1	\$31.00	\$31.00
PEDIATRIC IMMOBILIZATION DEVICE	1	\$400.00	\$400.00
STEP STOOL	1	\$30.00	\$30.00
STRETCHER - RAIL	1	\$360.00	\$360.00
ANTLER ASSEMBLY FOR STRETCHER	1	\$270.00	\$270.00
FLAT HEAD POUCH FOR STRETCHER	1	\$130.00	\$130.00
STRETCHER - ROLLING	1	\$6,115.00	\$6,115.00
STRETCHER - SCOOP	1	\$766.00	\$766.00
SUCTION UNIT, CHARGING BRACKET	1	\$350.00	\$350.00
SUCTION UNIT ,PORTABLE	1	\$995.00	\$995.00
SUCTION UNIT, ON-BOARD	1	\$475.00	\$475.00
MEU TOTAL			\$67,526.33

MSU ALS READY

EQUIPMENT DESCRIPTION	QTY	COST	EXT
BACKBOARD, LONG	2	\$145.00	\$290.00
BACKBOARD, SHORT	1	\$50.00	\$50.00
BAG, WMD ANTIDOTE WITH MODULES/CASE (BAGS ONLY)	1	\$360.00	\$360.00
BAG, OXYGEN (BAG ONLY)	2	\$120.00	\$240.00
BAG, TECHNICIAN (BAG ONLY)	2	\$110.00	\$220.00
CYLINDER, OXYGEN "D" SIZE	4	\$48.00	\$192.00
CYLINDER, OXYGEN "M" SIZE	3	\$210.00	\$630.00
EXTINGUISHER, 5LB ABC FIRE WITH VEHICLE BRACKET	2	\$41.00	\$82.00
EXTRICATION DEVICE WITH CARRY CASE	2	\$170.00	\$340.00
LANTERN, LED WITH 6VOLT BATTERY	1	\$13.00	\$13.00
MAP, 5 BOROUGH	1	\$60.00	\$60.00
POUCH, EPI-PEN (POUCH ONLY)	1	\$35.00	\$35.00
SHOVEL, METAL FOLDING	1	\$22.00	\$22.00
SHOVEL, PLASTIC SNOW	1	\$20.00	\$20.00
SKED STRETCHER, YELLOW W/STRAP SET	1	\$328.00	\$328.00
SKED CASE	1	\$102.00	\$102.00
HARNES STRAPS FOR STRETCHERS	3	\$69.00	\$207.00
STRAPS, 9' 1PC FOR BOARDS	2	\$6.00	\$12.00
STRAP, 5' 2PC FOR BOARD/COT/SCOOP	12	\$6.00	\$72.00
EXTRICATION 9' STRAP, 2PC	2	\$10.00	\$20.00
TRANSLATOR, VISUAL MULTI LANGUAGE	2	\$30.00	\$60.00
TOURNIQUET WITH 1.5" BAND	2	\$30.00	\$60.00
CASE, TOURNIQUET	2	\$10.00	\$20.00
CASE, ALS DEFIBRILLATION FR (BAG ONLY)	1	\$260.00	\$260.00
BAG, DRUG (BAG ONLY)	1	\$255.00	\$255.00
BAG, TRAUMA (BAG ONLY)	1	\$135.00	\$135.00
CASE, CYANO CARRY/DRILL (BAG ONLY)	2	\$60.00	\$120.00
CASE, MINI MEDICATION (BAG ONLY)	1	\$55.00	\$55.00
CASE, MEDICATION INSERT (BAG ONLY)	3	\$90.00	\$270.00
CASE, INTUBATION ROLL (BAG ONLY)	1	\$60.00	\$60.00
MSU TOTAL			\$4,590.00

EQUIPMENT FOR ONE (1) FDNY RESCUE AMBULANCE

RADIOS	2	\$4,150.00	8,300.00
ROSETTA BOX	1	\$2,000.00	2,000.00
		TOTAL RADIOS	10,300.00

HAZMAT

PD31 METER			
CO METERS	2	\$350.00	\$700.00
RAD57	2	\$300.25	\$600.50
Thermo Fischer RadEYE GF10 EX PRD			
	1	\$4,583.00	\$4,583.00
	2	\$2,500.00	\$5,000.00
		TOTAL HAZMAT	10,883.50

MEU ALS READY	\$67,526.33
MSU ALS READY	\$4,590.00
RADIOS	10,300.00
HAZMAT	10,883.50
ALS AMB TOTAL	\$93,299.83

HAZTAC READY

DESCRIPTION

RESPIRATORY	QTY	COST	EXT
SCBA Frame	2	\$5,000.00	\$10,000.00
SCBA cylinders, 60-minute	4	\$1,800.00	\$7,200.00
Scott Epic Voice Amplifiers	2	\$424.00	\$848.00
Scott communication bracket adpt	2	\$28.00	\$56.00
Scott PAPR	2	\$700.00	\$1,400.00
Scott PAPR batteries - rotational	2	\$90.00	\$180.00
Face Piece Bag	2	\$50.00	\$100.00
Scott AV-3000 Facepiece	2	\$300.00	\$600.00
Bata boots, green chemical (Level A)	4	\$70.00	\$280.00
Boots, Orange (Level A) size 18	4	\$100.00	\$400.00
Tingley Orange Level A Boot	6	\$70.00	\$420.00
Butyl gloves /pair	6	\$25.00	\$150.00
DOT Emergency Response Book	1	\$25.00	\$25.00
Jane's Chem/Bio Handbook	1	\$75.00	\$75.00
Hazard Action Guides	1	\$50.00	\$50.00
NIOSH pocket guide	1	\$35.00	\$35.00
MSDS Pocket Dictionary	1	\$2.00	\$2.00
NYC Street Atlas	1	\$60.00	\$60.00
Thermo Fischer RadEYE GF10 EX PRD	2	\$2,600.00	\$5,200.00
Lion MT-94 L	1	\$2,223.00	\$2,223.00
Lion MT-94 XL	1	\$2,223.00	\$2,223.00
Lion MT-94 XXL	1	\$2,223.00	\$2,223.00
Lion MT-94 XXXL	1	\$2,223.00	\$2,223.00
Lion MT-94 XXXXL	2	\$2,223.00	\$4,446.00
Decon brush, 20 in.	3	\$8.00	\$24.00

EQUIPMENT FOR ONE (1) FDNY RESCUE AMBULANCE

Custodian Hydrant Wrench	1	\$500.00	\$500.00
3/4" x 50' Garden Hose	3	\$15.00	\$45.00
2-1/2" to garden hose adaptors	2	\$15.00	\$30.00
Garden Hose Nozzle	3	\$10.00	\$30.00
Garden Hose adapter 1-2	3	\$5.00	\$15.00
Shower Wand	2	\$35.00	\$70.00
Decon Buckets, 5 gal	3	\$10.00	\$30.00
Storage Cabinet (Haz-Tac)	1	\$250.00	\$250.00
Handie-Talkie radios	2	\$3,500.00	\$7,000.00
Binoculars, waterproof	1	\$160.00	\$160.00
Push to Talk Radio	2	\$750.00	\$1,500.00
Command Post Radio	1	\$10,000.00	\$10,000.00
800 MGHZ Radio-- Portable	1	\$3,500.00	\$3,500.00
DigAlert 200	1	\$465.00	\$465.00
Black Equipment Bags for CPC	4	\$45.00	\$180.00
Solvex gloves \$/pair	6	\$20.00	\$120.00
Thermo Fischer RadEYE GF10 EX PRD	2	\$2,500.00	\$5,000.00
Decon stretcher pools -RMC 3/cs	2	\$185.00	\$370.00
Big Shears	2	\$122.00	\$244.00
seatbelt cutter:	2	\$45.00	\$90.00
RAD Eye ER survey Radiological meter	4	\$2,500.00	\$10,000.00
Thermo Fischer RadEYE GF10 EX PRD	2	\$2,500.00	\$5,000.00
HazMat SKED w/ straps	2	\$325.00	\$650.00
Oximeter Kit Carbon Monoxide	1	\$4,390.00	\$4,390.00
		HAZTAC READY	\$90,082.00

RESCUE READY**DESCRIPTION**

Glidescope Video Laryngoscope	QTY	COST	EXT
Glidescope GVL 2 ea Med/Large	2	\$8,700.00	\$17,400.00
Corpsman ENT Kit	4	\$500.00	\$2,000.00
Thermal Angel Pump	2	\$125.00	\$250.00
Philips MP2 Vital Signs Monitor	3	\$750.00	\$2,250.00
MTP IV Infusion Pump	2	\$11,100.00	\$22,200.00
MTP IV Infusion Pump Case	2	\$2,700.00	\$5,400.00
EPV200 Portable Ventilator	2	\$106.00	\$212.00
Non Disposable High pressure Hose	2	\$470.00	\$940.00
Universal Flow Meters	2	\$36.00	\$72.00
Regulator w/DSS Ports	2	\$54.19	\$108.38
SCBA Regulator	2	\$110.00	\$220.00
Rescue Helmets	2	\$200.00	\$400.00
Rescue Helmet Lights	2	\$160.00	\$320.00
Rescue Gogglesw/ cover	2	\$37.00	\$74.00
Rescue Rope Gloves	2	\$75.00	\$150.00
Petzl Full Body Harness	2	\$29.00	\$58.00
Blackhawk STOMP Pack	2	\$255.00	\$510.00
Petzl Full Body Harness	2	\$250.00	\$500.00
Pneumothorax Kit	2	\$255.00	\$510.00

EQUIPMENT FOR ONE (1) FDNY RESCUE AMBULANCE

EZ IO Driver	2	\$75.00	\$150.00
Collapsible BVM	2	\$580.00	\$1,160.00
Sharps Shuttle	2	\$40.00	\$80.00
Amplified Stethoscopes	4	\$25.00	\$100.00
Soft W Tourniquet	2	\$320.00	\$640.00
Adult Stethoscope	8	\$25.00	\$200.00
Pediatric Stethoscope	2	\$15.00	\$30.00
ET Intubation Kits	2	\$15.00	\$30.00
Adult Blood Pressure Cuff	2	\$250.00	\$500.00
Pediatric Blood Pressure Cuff	2	\$16.02	\$32.04
Infant Blood Pressure Cuff	2	\$16.02	\$32.04
Big Shears	2	\$16.02	\$32.04
Bridge Securement Lanyards	2	\$75.00	\$150.00
Personal Flotation Devices	4	\$185.00	\$740.00
Pelican Case	5	\$105.00	\$525.00
Amputation Instrument kit	5	\$195.00	\$975.00
Hackzell M13 (for amputation kit)	1	\$1,000	\$1,000.00
Mustang Immersion Suit	1	\$350	\$350.00
Bariatric SKED	5	\$1,100	\$18,000.00
Confined Space SKED Orange w/ straps	2	\$500	\$500.00
Yates SPEC-PAC	2	\$700	\$700.00
Large Carabiners	2	\$1,200.00	\$1,200.00
Large Cyalume Chemlights	8	\$50.00	\$200.00
Sonosite Sonogram portable	15	\$50.00	\$2,600.00
Stryker Intracompartmental monitor	1	\$3,500.00	\$3,501.00
MCV 1000 Vent	1	\$1,000.00	\$1,000.00
Albuterol/bottle	5	\$3,600.00	\$18,000.00
Lidocaine 2%-vial	2	\$2.00	\$4.00
Lidocaine 4%-syringe	8	\$2.00	\$16.00
Sodium Bicarb Peds-vial	2	\$6.00	\$12.00
Sodium Bicarb Adult-vial	10	\$8.00	\$80.00
Calcium Gluconate-vial	2	\$11.00	\$22.00
	2	\$8.00	\$16.00
RESCUE READY			\$106,151.50

ALS AMB TOTAL	\$93,299.83
HAZTAC READY	\$90,082.00
RESCUE READY	\$106,151.50
EQUIPMENT FOR ONE (1) FDNY RESCUE AMBULANCE	\$289,533.33



FIRE DEPARTMENT

9 METROTECH CENTER

BROOKLYN, NY 11201-3857

Barry Greenspan
Director
Bureau of Fiscal Services

Room 5W-4

August 24, 2015

Roslyn Weinstein
Senior Assistant Vice President
HHC, Office of Facilities Development
55 Water Street
New York, NY 10041

Re: Request for HHC Board Resolution

Dear Ms. Weinstein:

This letter represents a formal submission, to be presented to HHC's Board of Directors at their next meeting. The FDNY hereby requests approval to purchase eighty-nine (89) ambulances of the below descriptions and quantities, plus initial equipment. Detailed initial equipment lists are attached.

	Unit Price	# of Units	Total	Contingency	Total
<u>Ambulances (Excluding Initial Equipment):</u>					
Ambulance 4 x 4:	258,001	77	19,866,077	\$1,986,608	\$21,852,685
Ambulance Rescue HazTac:	301,789	12	3,621,468	\$362,147	\$3,983,615
Total Ambulances:		89	23,487,545	2,348,755	25,836,300
<u>Initial Equipment for 89 Ambulances:</u>					
BLS Initial Equipment	50,895	60	3,053,700	\$305,370	\$3,359,070
ALS Initial Equipment	93,300	17	1,586,100	\$158,610	\$1,744,710
Rescue HazTac Initial Equipment	289,533	12	3,474,396	\$347,440	\$3,821,836
Total Initial Equipment:		89	8,114,196	\$811,420	\$8,925,616
Inspection Fee			\$25,000	\$0	\$25,000
Total			31,626,741	3,160,174	\$34,786,915
Total (Rounded)					\$34,787,000

Please be advised that the procurement process is performed in accordance with HHC's operating procedures and Procurement Policy Board rules. If you require additional information in order to secure HHC board approval, please contact me at 718/999-1221.

Thank you for your cooperation

Sincerely,

Barry Greenspan

ecl.

c: Stephen G. Rush, FDNY
James Booth, EMS
Mark Aronberg, FDNY
Patricia Mims, FDNY
Terry Fiorentino, FDNY
Dean Moskos, HHC
Jawwad Ahmad, HHC

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
AND
THE CITY OF NEW YORK
ON THE PROVISION OF AMBULANCE AND
PRE-HOSPITAL EMERGENCY MEDICAL SERVICES
BY
THE FIRE DEPARTMENT OF THE CITY OF NEW YORK
FOR THE BENEFIT OF HHC

This Memorandum of Understanding ("MOU"), is made and entered into between the New York City Health and Hospitals Corporation ("HHC") and the City of New York (the "City"), in order to effectuate the transfer of the ambulance and pre-hospital emergency medical service functions performed by the Emergency Medical Service ("EMS") of HHC to the Fire Department of the City of New York (the "FDNY") to be performed by FDNY for the benefit of HHC.

WHEREAS, the parties to this MOU recognize that the availability of high-quality ambulance and pre-hospital emergency medical services is essential to HHC, as the City's public hospital system, and to the health and welfare of all persons in the City of New York; and

WHEREAS, HHC has, until now, operated EMS, which provides ambulance, pre-hospital emergency medical and ancillary services within the City; and

WHEREAS, the personnel and staff of EMS work with great skill, dedication and commitment under difficult circumstances to provide high quality ambulance and pre-hospital emergency medical services; and

WHEREAS, FDNY has completed an operational plan for the performance by FDNY of ambulance, pre-hospital emergency medical and ancillary services now performed by EMS for HHC ; and

WHEREAS, FDNY's operational plan reflects, and the parties believe, that combining EMS's personnel with FDNY's extensive experience operating a highly successful emergency fire response system will result in more effective delivery of ambulance and pre-hospital emergency medical services within the City, benefitting both HHC and the public; and

WHEREAS, the City intends to establish a Bureau of EMS within FDNY to provide ambulance and pre-hospital emergency medical services for HHC and the public; and

WHEREAS, in light of the foregoing, the parties believe that the transfer of EMS functions to FDNY, and the provision of ambulance and emergency services by FDNY to HHC pursuant to agreement, would serve the best interests of the City, the public and HHC; and

WHEREAS, HHC, by resolution of its Board of Directors adopted October 26, 1995, authorized the transfer of functions and the execution of an MOU between the City and HHC setting forth the terms of such transfer; and

WHEREAS, the parties desire by this transfer to enhance the quality, performance and coordination of ambulance and pre-hospital emergency medical services provided within the City;

NOW, THEREFOR, HHC and the City agree as follows:

I. TRANSFER OF FUNCTIONS TO FDNY

1. The parties shall take such steps as are appropriate and necessary in accordance with § 70(2) of the Civil Service Law and this MOU, including obtaining all necessary approvals, to effectuate the transfer to FDNY of ambulance, pre-hospital emergency medical and ancillary functions performed by EMS as set forth in paragraph 6 below ("EMS services").

2. For purposes of this MOU, "transfer date" shall mean the date of the transfer of employees of HHC to FDNY pursuant to paragraph 4 of this MOU.

3. FDNY will establish a Bureau of EMS within FDNY to oversee, direct and command EMS services. The Bureau will be managed by a senior Fire Department staff chief,

the "Chief in Charge, Bureau of EMS" ("EMS Chief"). The EMS Chief or his or her designee will serve as a liaison with HHC.

II. PERSONNEL

4. As soon as practicable after the expiration of the 20-day notice period provided by § 70(2) of the Civil Service Law, the parties shall transfer from HHC to FDNY necessary permanent officers and employees currently assigned to EMS who are substantially engaged in the provision of EMS services ("HHC/EMS employees"), subject to the following:

(a). Such HHC/EMS employees will be transferred to FDNY without change in permanent civil service status, without loss of civil service seniority and with corresponding civil service titles;

(b). Such HHC/EMS employees will be appropriately oriented in relevant FDNY procedures and policies;

(c). The transfer of such HHC/EMS employees will not affect their membership in or rights with respect to the New York City Employees Retirement System.

5. Notwithstanding any other provision of this MOU, Special Officers employed by HHC who are currently assigned to EMS are not necessary officers or employees substantially engaged in the performance of the functions to be transferred, and shall not be transferred, but shall continue to be subject to the jurisdiction of HHC.

III. SERVICES BY CITY AND COMPENSATION BY HHC

6. The City agrees that, effective on the transfer date, FDNY will provide EMS services for the benefit of HHC, including but not limited to:

(a). The performance of ambulance services, directly or through other providers of ambulance services, consistent with the ambulance services provided by EMS prior to the transfer, subject to the limitation set forth in paragraph 7 below;

(b). Emergency inter-facility ambulance transportation for HHC patients to the extent provided immediately prior to the transfer date by personnel of EMS;

(c). The delivery of pre-hospital emergency medical care by qualified personnel;

(d). A central dispatching system to direct and coordinate responses to requests for emergency ambulance and medical services, which shall incorporate all ambulances operated by FDNY, as well as such voluntary and proprietary ambulances as shall choose to participate and be accepted for participation by FDNY;

(e). Any other services necessary to the performance of terms and conditions of federal or state grants, subsidies or other funding;

(f). Support, administrative and personnel services previously provided by personnel of EMS that are necessary to the provision of the services described in subparagraphs (a)-(e) above.

7. After the transfer date, HHC will continue to be responsible for non-emergency inter-facility transports consistent with current practice.

8. In consideration for the provision of EMS services by the City for the benefit of HHC, as set forth in this MOU, HHC will fund the costs of such services, as follows:

(a) HHC will fund the costs of EMS services for the balance of the City's fiscal year 1996 by means of a payment to the City in the amount of \$62 million,¹ payable in two equal installments due on April 30, 1996 and June 30, 1996.

(b) Unless the funding arrangements set forth in this subparagraph are modified pursuant to paragraphs 10 or 22 below, HHC will fund the costs of EMS services for each fiscal year after fiscal year 1996 as follows:

(i) The City shall apply \$63 million of the HHC subsidy from the City under the New York City Health and Hospitals Corporation Act (Chapter 1016 of the Laws of 1969, as amended) (the "HHC Act") to FDNY as partial payment for the EMS services to be provided by FDNY as set forth in this MOU; and

(ii) HHC, subject to paragraph 9 of this MOU, shall continue to bill for and receive directly all amounts arising from the provision of EMS services by FDNY to patients delivered to HHC hospitals, and prior to the commencement of each fiscal year, the City Budget Director and the President of HHC jointly shall project the amount of collections anticipated by HHC for that fiscal year (the "HHC Projected Collections");

(iii) The amount of the HHC Projected Collections for each fiscal year shall be paid by HHC to the City in four equal payments, subject to adjustment as provided in (iv) and (v) below, with the first three payments to be made on the last day of each of the

¹ This number assumes that the transfer date is March 1, 1996. In the event that the transfer occurs on a different date, the President of HHC and the City Budget Director jointly shall determine the appropriate amount.

first three quarters of the fiscal year, and the last payment to be made within 60 days of the end of the fiscal year;

(iv) Within 60 days of the end of each fiscal year, the City Budget Director and the President of HHC jointly shall determine the amount actually collected by HHC for that fiscal year as a result of the operations of EMS (the "HHC Actual Collections"). In the event that the HHC Actual Collections are less than the HHC Projected Collections, the amount of HHC's fourth payment to the City under (iii) above shall be reduced by such difference, provided that HHC exercised diligent efforts, as determined jointly by the City Budget Director and the President of HHC, to maximize the amount of the HHC Actual Collections. In the event that the HHC Actual Collections are in excess of the HHC Projected Collections, the amount of HHC's fourth payment to the City under (iii) above shall be increased by such excess.

(v) Notwithstanding the foregoing, in the event that the President of HHC and the City Budget Director jointly determine that as of the conclusion of the second quarter the HHC projected collections are likely to be materially in excess of the HHC Actual Collections, then the President of HHC and the City Budget Director shall agree to revise appropriately the amount of HHC's third quarter payment to the City under (iii) above.

9. As of the transfer date, the City shall be responsible for the billing and collection of all revenues arising from the provision of EMS services to non-Medicaid patients delivered to hospitals other than those operated by HHC. The revenues collected by the City during fiscal year 1996 shall be remitted to HHC; the revenues collected by the City during subsequent fiscal years shall be retained by the City. Commencing October 1, 1996, the City shall pay HHC a reasonable rate, as determined jointly by the City Budget Director and the

President of HHC, for the billing and collecting of non-Medicaid revenues for EMS services provided to patients delivered to HHC hospitals, or shall assume the responsibility for the billing and collecting of such non-Medicaid revenues. *

10. The Mayor, after consultation with HHC, may modify the funding arrangements set forth in paragraphs 8 and 9 above provided that any such modification does not result in adverse financial consequences for HHC.

11. The parties agree to cooperate with respect to grants and subsidies for EMS services from sources other than the City of New York, as follows:

(a). The parties agree to cooperate in applying for grants and subsidies currently available or which may become available from any source for EMS services, to make best efforts to obtain such funding at a level greater than or equal to the amounts now received and to employ such grants and subsidies as are awarded in a manner consistent with applicable funding conditions;

(b). As soon as practicable, HHC will identify all grants and subsidies authorized by any source for EMS services or for the benefit of EMS; HHC agrees to remit promptly to the City all monies it receives (whether before, on, or after the transfer date) on account of such grants and subsidies to the extent consistent with applicable funding conditions.

12. The City shall provide the following reports to HHC:

(a). Within ninety days after each annual anniversary of the transfer date, FDNY and the City shall report to HHC in writing concerning the services the City has provided pursuant to this MOU. Such report shall include an assessment of the effectiveness of such services, plans for appropriate improvements in such services and quantitative and descriptive information analyzing the level and nature of services.

(b). FDNY and the City will provide such additional reports as HHC reasonably requests in connection with grants, funding, billing or the implementation of this MOU.

13. HHC shall provide the following reports to the City :

(a). Cash receipt reports for EMS services, listing all revenues by source.

(b). Ambulance "drop-off" numbers to HHC hospitals and charges by HHC for:

(i). Medicare patients;

(ii). Self-pay patients;

(iii). Patients covered by third-party insurance.

(c). HHC will provide such additional reports as the City or FDNY reasonably requests in connection with grants, funding, billing or the implementation of this MOU.

IV. PROPERTY AND CONTRACTS OF HHC AND RELATED MATTERS

14. For the purpose of providing EMS services as described in this MOU, as of the transfer date FDNY shall have access to and use of HHC real property to the same extent that EMS had prior to the transfer, including but not limited to EMS stations, outposts and other facilities. In addition, as soon as practicable, HHC shall identify all real property currently used primarily by EMS and all leases or other arrangements relating to such property; the City will review such leases and arrangements and determine, in consultation with HHC, the appropriate treatment of each. Except as otherwise provided for by the parties to this MOU or in leases or other arrangements between HHC and third parties, utilities, maintenance and repairs for the EMS facilities will be provided as follows:

(a). Routine non-structural custodial maintenance of such facilities shall be performed by the City;

(b). Utilities (water, heat, electricity), as well as repairs to structures or fixtures, in facilities also used by HHC for non-EMS purposes (for example, EMS stations located in HHC hospitals) shall be the responsibility of HHC, unless the City elects to undertake the responsibility; and

(c). The City shall be responsible for utilities and repairs to structures or fixtures in other EMS facilities.

15. For the purpose of providing EMS services, as of the transfer date FDNY shall, in its discretion, have access to and use of HHC personal property to the same extent that EMS had prior to the transfer. In addition, as soon as practicable, HHC shall identify all personal property, including but not limited to vehicles and equipment, currently used primarily

by or for the benefit of EMS. In consideration for the services to be provided for the benefit of HHC by the City pursuant to this MOU, HHC shall promptly transfer its interests in such property to the City, to the extent that the City so elects. Such personal property shall, during its useful life, be used to the extent practicable for the purpose of providing ambulance and pre-hospital emergency medical services.

16. As of the transfer date, HHC shall provide to the City, to the extent that the City so elects, all goods or services to be provided under contracts, agreements and other arrangements entered into by HHC for the benefit of EMS, including but not limited to, arrangements with private ambulance services. As soon as practicable, HHC will identify all such contracts, agreements and other arrangements, and the City will review them to determine, in consultation with HHC, the appropriate treatment of each such contract, agreement and arrangement.

V. GENERAL

17. This MOU is not intended, nor shall it be construed, to create any rights or benefits in any third parties.

18. HHC and the City agree that this MOU shall be read consistently with the HHC Act, the New York City Charter and all other applicable federal, State and local laws and regulations.

19. Within a reasonable time after the transfer date, the City shall publish in the *New York Law Journal* an appropriate notice to members of the bar regarding the transfer of EMS functions from HHC to FDNY.

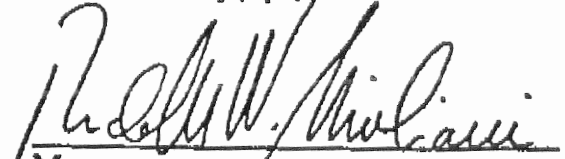
20. The parties shall cooperate: (i) in taking all actions necessary or desirable to implement this MOU, (ii) in exchanging non-privileged information and documentation

relating to EMS services, and (iii) in avoiding adverse financial consequences to either party as a result of the implementation of this MOU.

21. Any disputes between the City and HHC regarding the implementation of this MOU, including but not limited to any disputes between the City Budget Director and the President of HHC regarding payments for services, shall be finally resolved and determined by the City's First Deputy Mayor or such other Deputy Mayor who is designated to sit on HHC's Board of Directors.

22. This MOU may be amended from time to time or terminated by written agreement between the Mayor and the President of HHC.

Agreed to
As of January 19, 1996

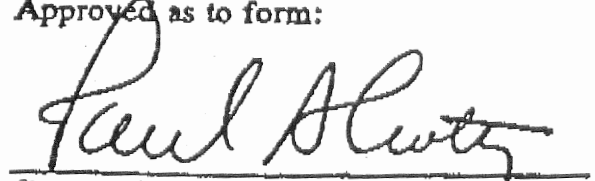


Mayor



President, New York City Health and
Hospitals Corporation

Approved as to form:



Corporation Counsel

PROJECT STATUS REPORTS

North Bronx Health Network

South Manhattan Health Network

Southern Brooklyn/Staten Island Health Network

Network: NORTH BRONX HEALTHCARE NETWORK

Facility: JACOBI MEDICAL CENTER

Project Number	PROJECT TITLE	Project Budget (\$000s)	Paid to Date (\$ 000s)	% Paid to Date	Construction Start	Projected Completion	Forecast/ Actual Completion	Delay (if any)	Comments
SAND2101	Replacement of East Entry Soffit	146	3	2.00%	May-15	Aug-15	Aug-15	0	This project will be removed after this reporting cycle.

Network: SOUTH MANHATTAN HEALTHCARE NETWORK

Facility: BELLEVUE HOSPITAL CENTER

Project Number	PROJECT TITLE	Project Budget (\$000s)	Paid to Date (\$ 000s)	% Paid to Date	Construction Start	Projected Completion	Forecast/ Actual Completion	Delay (if any)	Comments
11201101	Elevator Controls Upgrade C&D Bldg.	1,327	402	30.00%	Apr-14	Dec-14	May-15	5	Project is substantially complete and will be removed after this reporting cycle.
11201501	Upgrade of Condensate Heat Recovery System	256	5	2.00%	Jul-15	Jun-16	Jun-16	0	

Network: SOUTHERN BROOKLYN / STATEN ISLAND HEALTH NETWORK

Facility: CONEY ISALND HOSPITAL

Project Number	PROJECT TITLE	Project Budget (\$000s)	Paid to Date (\$ 000s)	% Paid to Date	Construction Start	Projected Completion	Forecast/ Actual Completion	Delay (if any)	Comments
SAND2604	Restoration of Pneumatic Tube System	725	151	21.00%	Jun-15	Oct-15	Oct-15	0	

Facility: SEA VIEW HOSPITAL REHABILITATION CENTER & HOME

Project Number	PROJECT TITLE	Project Budget (\$000s)	Paid to Date (\$ 000s)	% Paid to Date	Construction Start	Projected Completion	Forecast/ Actual Completion	Delay (if any)	Comments
75201601	Install Sprinklers in the Robitzek Building	189	0	0.00%	Sep-15	Mar-16	Mar-16	0	