

CAPITAL COMMITTEE

March 1, 2012

MEETING AGENDA

2:30 p.m.

125 Worth Street,
Room 532
5th Floor Board Room

CALL TO ORDER

Emily A. Youssouf

- ADOPTION OF MINUTES February 9, 2012 Emily A. Youssouf
- ASSISTANT VICE PRESIDENT'S REPORT Alfonso C. Pistone

ACTION ITEMS

- **Work Order** George Proctor
Authorizing a work order in the amount of two hundred ninety five thousand dollars (\$295,000) to the Dormitory Authority of the State of New York (DASNY) to provide funding for investigation, reporting, and design phase engineering services required to address Local Law 11 conditions at Woodhull Medical and Mental Health Center.
- **Resolution** Iris Jimenez-Hernandez
Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation" or "Landlord") to execute a revocable license agreement with Con Edison Company of New York, Inc. (the "Licensor"), for use and occupancy of space for the operation of a radio communication system at Harlem Hospital Center (the "Facility"). Current agreement expires April 30, 2012.

INFORMATION ITEMS

- Harlem Hospital Center – Major Modernization – Status Report Denise Soares
- Goldwater North – Parking Update Dion Wilson
- EDC Update on Goldwater North Project
- DASNY Report on WMBE Statistics

- **Project Status Reports**
Central/North Brooklyn Health Network
Generations+/Northern Manhattan Health Network*
Queens Health Network*
* Network contains project(s) that require a delay report

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

Capital Committee

Meeting Date: February 9, 2012

Time: 11:00 A.M.

Location: Board Room

Board of Directors:

Members of the Capital Committee

Emily A. Youssouf, Chair

Josephine Bolus, RN

Alan D. Aviles, President

Michael A. Stocker, MD, Chairman of the Board

Jo Ivey Boufford, MD

HHC Staff:

Jawwad Ahmad – Director, Office of Facilities Development

Jeremy Berman – Deputy Counsel, Legal Affairs

Michael Buchholz – Senior Associate Executive Director, Coler-Goldwater Specialty Hospital and Nursing Facility

Deborah Cates – Chief of Staff, Office of the Chairman

Lynda Curtis – Senior Vice President, South Manhattan Health Network

Manding Darboe – Assistant Director, Office of Facilities Development

Martin Everette – Director, Affirmative Action/Equal Opportunity Employment

Rebecca Fischer – Associate Executive Director, Bellevue Hospital Center

Jonathan Goldstein – Senior Consultant, Corporate Planning

Louis Iglhaut – Associate Executive Director, Queens Hospital Center

Liny Liu – Senior Project Manager, Lincoln Medical and Mental Health Center

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

John Maher – Associate Director, Bellevue Hospital Center

Nini Mar – Director, Finance Department

Antonio Martin – Executive Vice President

Dean Moskos – Director, Office of Facilities Development

Seth Narine – Coordinating Manager, Bellevue Hospital Center

Anita O'Brien – Associate Executive Director, Harlem Hospital Center

Dean Pearce – Senior Director, Office of Facilities Development

Alfonso Pistone – Assistant Vice President, Office of Facilities Development

Marsha Powell – Director, Facilities Development

Chris Provenzano – Generations +/Northern Manhattan Health Network

Ophelia Rankine – Associate Director, Queens Hospital Center

E. Christopher Roberson – Director, Bellevue Hospital Center

Robert Rossdale – Deputy Executive Director, Queens Hospital Center

Ann Rozakis – Assistant Vice President, Labor Relations

Joe Schick – Chief Of Staff

Denise Soares – Executive Director, Harlem Hospital Center
Jonathan Streeter – Assistant Director, Communications and Marketing
Cyril Toussaint – Director, Office of Facilities Development
Manasses Williams – Director, Affirmative Action/Equal Opportunity Employment
Dion Wilson – Assistant Director, Office of Facilities Development
Elizabeth Youngbar – Assistant Director, Office of Facilities Development

Other Attendees:

David Collins – T-Mobile Northeast, LLC.
Melissa Dubowski – New York City Office of Management and Budget
Ron Geccedi – Dormitory Authority of the State of New York
Peter Jackson – Dormitory Authority of the State of New York
Dmitri Konon – New York City Economic Development Corporation
Emil Martone – New York City Economic Development Corporation
Ron Moore – Pinnacle Telecomm
Zac Smith – New York City Economic Development Corporation

CALL TO ORDER

The meeting was called to order by Emily A. Youssouf, Capital Committee Chairman, at 11:23 A.M.

On a motion by Ms. Youssouf, which was duly seconded, the Capital Committee adopted the minutes of January 12, 2012.

ASSISTANT VICE PRESIDENT'S REPORT

Alfonso Pistone, Assistant Vice President, Office of Facilities Development, advised that the meeting agenda contained five (5) action items and three (3) information items. The information items included an update of the Harlem Hospital Center Major Modernization project, an update on the progress of establishing parking arrangements at North General/Goldwater North, and a report by the Dormitory Authority of the State of New York (DASNY) on Minority and Women Business Enterprise (MWBE) statistics for the Harlem Modernization project. He advised that there are no projects in delay greater than six months, and therefore there would be no project delay reports to provide.

Mr. Pistone informed Committee members, as a follow-up to an inquiry regarding the limits of HHC's responsibilities with respect to the eventual decommissioning of the existing power plant located on the campus of Coler-Goldwater Specialty Hospital and Nursing Facility, that the Office of Legal Affairs had contacted the City's Law Department for an opinion to establish limits of that responsibility. Mr. Pistone said he would continue to keep the Committee informed on the progress of the discussion.

This concluded the Assistant Vice President's Report.

ACTION ITEMS

- **Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation" or "Licensor") to execute a revocable license agreement with Westat, Inc. (the "Licensee"), for a parcel of land for siting trailers in which the Licensee will conduct a U.S. Centers for Disease Control national health survey on the campus of Queens Hospital Center (the "Facility").**

Robert Rossdale, Deputy Executive Director, Queens Hospital Center read the resolution into the record on behalf of Ann Sullivan, MD, Senior Vice President, Queens Health Network. Mr. Rossdale was joined by Louis Ighaut, Associate Executive Director, Queens Hospital Center, Dion Wilson, Assistant Director, Office of Facilities Development, and Omar Bordatto, Westat, Inc.

Mr. Rossdale provided some details on the agreement, noting that there are 8,000 square-feet of vacant land on the Queens Hospital Center campus where Westat, Inc. would be locating their trailers, after evening out the land, and that Westat will pay \$3,000 per month for approximately three and one half (3 1/2) months. In 2007, Westat had a similar agreement at Queens Hospital Center while they performed similar studies, which Mr. Rossdale explained went well. Mr. Rossdale noted that for the facility, this agreement is a win-win.

Josephine Bolus, RN, asked about the retaining walls on a map of the site and whether those retaining walls were structurally sound. Mr. Iglhaut advised that both retaining walls are safe and are part of a brand new building.

Mrs. Bolus asked what would be located on another space located on the map. Mr. Iglhaut advised that a small, one-story, modular building would be constructed on that other site. Mrs. Bolus asked what that building would house. Mr. Iglhaut said it would hold office space for the facility, and is in no way related to the Westat agreement.

Mrs. Bolus asked about parking arrangements for Westat. Mr. Iglhaut stated that parking would be located within the boundaries indicated on the map.

Mrs. Bolus asked how many employees Westat would have on site. Mr. Bordatto advised that approximately 16 employees would be working there.

There being no 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 "Tenant" or the "Corporation") to execute a lease agreement with Dr. Mikail Kantius (the "Landlord") for space at 79-18 164th Street, Borough of Queens, to house the Women, Infants and Children Program (the "WIC Program") operated by Queens Hospital Center (the "Facility").**

Robert Rossdale, Deputy Executive Director, Queens Hospital Center read the resolution into the record on behalf of Ann Sullivan, MD, Senior Vice President, Queens Health Network. Mr. Rossdale was joined by Louis Iglhaut, Associate Executive Director, Queens Hospital Center, Ophelia Rankine, Associate Director, Queens Hospital Center, and Dion Wilson, Assistant Director, Office of Facilities Development.

Mrs. Bolus noted an error in the executive summary where the three year term is written as a five year term. Mr. Wilson clarified by explaining that the initial term of the lease is three years, but there is a single five (5) year option to renew.

Mrs. Bolus asked why the lease agreement was with a single doctor and whether he would be staying in the space for the length of the term. Mr. Wilson advised that Dr. Kantius is the owner of the building and therefore the landlord. He also noted that the lease would contain language that would allow for HHC to remain in the space even if there were a new owner.

Ms. Youssouf asked if the building were sold and the new owner wished to demolish the building where would HHC stand. Jeremy Berman, Deputy Counsel, stated that lease would not be subordinate to any other agreement and that the sale of the building would be subject to the lease. Ms. Youssouf asked if that would be true for all eight (8) years of the lease or just the initial three

year term. Mr. Berman advised that any rights that the tenant (HHC) has under the lease would be protected.

Ms. Youssouf noted that a three (3) year initial term and five (5) year option seemed unusual. Ms. Rankine advised that the initial term was due to the fact that there are three years remaining on the Request for Application (RFA). Mrs. Bolus asked why there is then a five year option. Ms. Rankine advised that the New York State Department of Health had encouraged that. Alan Aviles, President, stated that as he understood it, RFAs are usually in five year terms, and so it appeared that the initial three year term would close out the current RFA and the five year extension would allow for another full term RFA if desired. Ms. Rankine confirmed.

Ms. Youssouf asked if there was language in the lease stating that the RFA would have to be renewed in order to exercise the five year option. Mr. Wilson advised that the decision to renew would be up to HHC. Ms. Youssouf stated that if the RFA is not renewed then the agreement should dissolve. Mr. Aviles advised that the option term is exclusive to the tenant, so it is entirely HHC's decision whether to use the option.

Ms. Youssouf asked if the 2.5% escalation would continue during the five year option term. Mr. Wilson confirmed it would.

Mrs. Bolus asked if there were any known plans that the federal government would be making changes to WIC programs. Mr. Aviles said there were none that he was aware of.

Ms. Youssouf asked how many patients are typically seen. Ms. Rankine advised that the caseload has been approximately 4,500 per month, with anticipated growth to about 5,000 per month as a result of the proposed increased space.

Mrs. Bolus asked if there was a WIC program located within the facility itself. Ms. Rankine advised that there was no on-site WIC program, but this location was very close to the facility. Antonio Martin, Executive Vice President, agreed, stating that the proposed site is just down the street, on the corner.

Mrs. Bolus again asked why the lease is with a single doctor instead of just being located on the campus. Mr. Wilson advised that the doctor (Landlord) is not affiliated with the hospital and the agreement is with that landlord.

Ms. Youssouf asked what else is located in the building. Mr. Wilson said the landlord/doctor has an office on the upper floor. Ms. Youssouf asked if he was a sole practitioner. Ms. Rankine responded by advising that the landlord runs a lab on the upper floor, and does not see patients.

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 license agreement with T-Mobile Northeast, LLC, (the "Licensee"), for use and occupancy of space for the operation of a cellular communications system at Coler-Goldwater Specialty Hospital & Nursing Facility, Coler Campus (the "Facility"). Current agreement expires October 31, 2012.**

Michael Buchholz, Senior Associate Executive Director, Coler-Goldwater Specialty Hospital and Nursing Facility, read the resolution into the record on behalf of Lynda Curtis, Senior Vice President, South Manhattan Health Network, who was present at the table. Mr. Buchholz and Ms. Curtis were joined by Dion Wilson, Assistant Director, Office of Facilities Development, Christopher Roberson, Director, Bellevue Hospital Center, Ronald Moore, T-Mobile Northeast, and Dave Collins, Pinnacle Telecomm.

Mr. Buchholz advised that T-Mobile occupies 200 square-feet of space at the facility and would continue to do so under this new agreement. The occupancy fee for the new agreement is \$52,840 per year, with annual increases of four percent (4%). The first year occupancy fee under the new agreement is a four percent increase over the current rate.

There being no 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 a work order to increase the Economic Development Corporation's (EDC) work order threshold by thirty six million, five hundred thirty-five thousand, seven hundred and twenty-three dollars (\$36,535,723) to one hundred twenty eight million, four hundred forty thousand, seven hundred and seventy-nine dollars (\$128,440,779) for EDC to provide all architectural, engineering design services, pre-construction, construction, construction management and project management services necessary for the renovation of the former North General hospital building into a new Long Term Acute Care Hospital (LTACH) building.**

Michael Buchholz, Senior Associate Executive Director, Coler-Goldwater Specialty Hospital and Nursing Facility, read the resolution into the record on behalf of Lynda Curtis, Senior Vice President, South Manhattan Health Network, who was present at the table. Mr. Buchholz and Ms. Curtis were joined by Marsha Powell, Director, and Dean Moskos, Director, Office of Facilities Development, Emil Martone, Dmitri Konon, and Zac Smith, of the New York City Economic Development Corporation (EDC).

Mr. Konon began by providing an overview of the history of the Goldwater North project, and its budget variances. He advised that the land acquisition costs had been moved to the LTACH budget from the Skilled Nursing Facility (SNF) budget, and proceeded to explain why the SNF project cost slightly decreased, while the LTACH project cost slightly increased. He noted that EDC became part of the project in late 2010, when they hired the design team of Array/Geddis and the construction management team of Gilbane/McKissack to work along with EDC and HHC in

preparing estimates and furthering the project designs. Mr. Konon explained that the significant project cost increases were identified by three major categories. 1) Due Diligence: Estimates were not as thorough as necessary, which was a result of the rush in calendar 2010, prior to EDC's involvement in the project, to prepare project estimates and file the required Certificate of Need application with the New York State Department of Health. The subsequent due diligence conducted by EDC and its team resulted in the recognition of major changes with respect to mechanical systems in the existing building, as well as the need to conduct soil borings on the land where the SNF is being constructed. Mr. Konon noted that, in a typical project, if proper time is allotted, more discoveries are made and dealt with in concert with the design process, including information regarding ground conditions, or conditions within an existing building. It is not atypical that the design process changes based upon conditions revealed along the way, in which case estimates are adjusted. 2) Change in Scope: Mr. Konon explained that the bed count revisions and program revisions contributed to the change in project costs. 3) Acceleration: Mr. Konon noted that the project has been accelerated significantly in order to reach the target completion date of November 2013.

Elaborating on each of the three categories, Mr. Konon advised that to address the errors resulting from lack of due diligence, EDC and HHC - over the last year and a half, retained Turner Construction to estimate the project. Turner's estimates were almost identical to estimates provided by Gilbane/McKissack. The SNF estimates were off by a few hundred thousand dollars, and the LTACH estimates that Turner provided were slightly higher due to their concern over the condition of the mechanical systems. When due diligence was eventually performed on those mechanical systems, it was discovered that regular maintenance had been neglected and the systems were in much worse shape than originally thought. Additionally, the New York City (NYC) Office of Management and Budget (OMB) value engineered the project twice, once in early 2011 and once in late 2011, and both covered design and cost reviews. In the fall of 2011, Hunter Roberts and VJ Associates were brought in to provide additional estimates on the project, and OMB confirmed that estimates by Gilbane/McKissack were accurate. OMB reviewed the design and made suggestions, some of which the design team included. OMB also reviewed acceleration costs along with HHC, Gilbane, Hunter Roberts and VJ Associates to determine costs of acceleration. Acceleration costs, as derived through OMB review, amounted to approximately \$25 million for the project.

Some specific items that drove the cost up on the LTACH project were: that the original Certificate of Need (CON) did not include required clearances for the ventilator bed program, the most significant programmatic change in the project which resulted in increased demolition and construction work; it was determined that the Mechanical Electrical and Plumbing (MEP) systems required much more work than initially expected. Although they looked like they were maintained well, they in fact were in very poor condition, and while the maintenance team at North General made it sound as if the major systems were maintained, when investigated more fully, it was realized that the rehab work that would need was extensive.

Ms. Youssouf asked about whether the maintenance team at North General had shared records or reports with EDC/HHC and/or the rest of the team, documenting the maintenance work. Mr. Martone said no but they did provide copies of contracts with outside firms that were in place to provide maintenance work. Mrs. Bolus asked if there was any recourse for this type of situation. Mr. Pistone said no, this was done prior to HHCs acquisition.

Continuing, Mr. Konon acknowledged that various unanticipated parts of the project were not included in the original CON (2010), such as the work-around that was required as a result of the Institute of Family Health (IFH) being located on the first floor of the building. The work around added cost to the project because with the IFH still located in the space, demolition would have to be completed around them.

Ms. Youssouf asked if HHC looked into alternative locations for the IFH. Mr. Konon advised that a significant amount of time was spent looking for alternate space, but the space and the cost differential was not significant, and the IFH expressed concern with moving. He explained that IFH would be moving to their new location on 119th Street and Madison Avenue. IFH did not want to move twice for fear patients would have trouble locating them. Between the cost and location issues, no alternatives were found. Ms. Youssouf asked if the cost would be completely absorbed by HHC, and Mr. Konon said yes. Capital costs for doing the work out of sequence would be absorbed in the capital cost of the project.

Also not included in the original CON were a significant amount of soft costs for insurance bonds, attorney fees, special testing, site remediation, environmental surveying, and permitting costs. The soft costs equaled a significant amount that was not originally included but are required items, and therefore had to be added. Mr. Konon noted that it was difficult to determine whether those soft costs had been included in the original CON, possibly included in the hard costs. Ms. Youssouf asked if that was an oversight. Mr. Pistone said no, that at the time, with the information everyone had, the assumptions seemed reasonable. There was limited information.

More factors not included in the original CON were work on the elevators, roof and façade. At the time of the initial estimates, all three systems appeared to be in good condition, but it was not known that significant rehab would be needed for the elevators. Mr. Konon noted that both the roof and façade both leak. These, he advised, are conditions that were not identified because of the speed of the estimate and the lack of due diligence.

Ms. Youssouf asked that the following resolution, for the authorization of an EDC work order to increase the threshold for the SNF building be read into the record so that both work orders could be addressed together.

- **Authorizing a work order to increase the Economic Development Corporation's (EDC) work order threshold by one hundred seven million, five hundred thirty-six thousand, nine hundred eighty-nine dollars (\$107,536,989) to one hundred eighteen million, three hundred thirty-six thousand, nine hundred eighty-nine dollars (\$118,336,989) for EDC to provide all architectural, engineering design services, pre-construction, construction, construction management and project management services necessary for the construction of a New Skilled Nursing Facility (SNF) in the parking lot of the former North General hospital building.**

Before continuing the discussion Ms. Youssouf asked for clarification on the dollar amount of the work orders. She asked whether the new approval level would be \$128 million for the LTACH and \$118 million for the SNF. Mr. Pistone confirmed.

Returning to his project overview, Mr. Konon advised that comparable costs on the SNF construction were in line with two similar projects, a Veterans Affairs (VA) medical center, where hard construction costs for a skilled nursing facility located in New York, New York were quite similar, and a nursing facility in Long Island where the cost was slightly lower, the variance likely resulting simply from the added expense of constructing on a contained site in New York City rather than an open site on Long Island.

Mr. Konon stated that with regards to the SNF project the variances are a result of the same three major areas, due diligence (which HHC was unable to perform before the original CON was filed), scope changes, and acceleration.

Mrs. Bolus asked why, if the SNF is being constructed on vacant land, was due diligence not performed. Mr. Konon explained that soil borings needed to be performed and there was not enough time in the early stages of the project to complete that work, as well as environmental testing, which is also a several month process. Both were eventually completed during the Spring/Summer 2011, but it took several months to get firms on board, perform the testing and review the results.

Mrs. Bolus asked whether it would not have been better to provide that information before, possibly including a stipulation in the preliminary budget that stated that full investigation had not been completed. Mr. Aviles advised that EDC was not on the project at that time, so it was HHC who did not provide that information.

Ms. Youssouf asked whether HHC had environmental firms on contract that could perform the type of work necessary, noting that it may not have taken such a great amount of time if they were on contract and ready to perform. Mr. Pistone said that HHC did not have firms on contract that could perform that extensive type of work necessary. Ms. Youssouf asked whether soil borings could not have been performed with a firm on contract. Mr. Pistone said no, the type of work that needed to be performed had to do with sub-surface conditions. Mr. Konon confirmed and said even to mobilize a "when and where" contract, which EDC does have with Environmental firms, the soil boring contractors would most likely be sub-contracted, and the process would have remained at a 2-6 month duration from start to finish. He advised that even if a firm is on contract, the sub-contractor still must go through the City's Vendex and procurement processes. Mr. Pistone stated that while HHC does have environmental firms under requirements contracts, they typically perform asbestos removal/remediation, and not the type of work that needed to be done on this site.

Mr. Konon again stated that EDC does have that type of contractor available, but it still takes time because mobilization of different contractors takes time.

Michael Stocker, MD, stated that there were a lot of compromises when this project was initiated, and decisions were being made in an intense political environment, but acknowledged that the general intent is a good one, and it is a great opportunity for HHC. He then asked about contingency fees, noting that EDC had approximately \$32 million in contingency fees on the budget. He asked for an explanation.

Mr. Konon advised that it was based on hard construction costs only, the design contingency for both the LTACH and the SNF would be 10% each, and 15% each for construction.

It is currently approximately 11.3% on the total project budget, which includes soft costs. He stated that with design at approximately 50% complete, the contingency will likely be reduced in the future, either to be used for scope changes or for unforeseen conditions. As construction packages are procured (60-70 for the total project) if there are variances the contingency would go up or down, depending. At the end of procurement and design process, the remaining contingency would possibly be folded into construction contingency. At some point, around summer 2012, the money could be released or used somewhere. He stated that some projects carry higher contingencies so the contingency (20%) for renovations EDC is using is not too large.

Dr. Stocker asked about the land acquisition cost that had been mentioned earlier, and what that represented. That if HHC did not in fact purchase the building or the land. Mr. Buchholz advised that early in the project, in order to save cost, it was briefly considered whether or not to build the new SNF on the Coler campus on Roosevelt Island, so that funding was placed in the hospital budget to ensure that it would be available. When it was determined that the facility could not be built on the Coler campus, the new CON was completed for the new construction on the lot adjacent to the existing North General location.

Ms. Youssouf requested that EDC come back at the March 1, 2012, meeting and provide a current budget with a breakdown of what had been spent on what, and where the money was going. She stated that she understood that the project is on a tight schedule and in order to move the project forward the work orders would need to be approved, but she wanted to continue the sharing of information and be kept up to date and in the loop with regard to the project, the budget, and spent-to-date information.

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

On motion by the Chair, the Committee approved the work order with the understanding that EDC would return at the March 1, 2012, Capital Committee meeting to present a thorough outline of the project budget and spending to date.

INFORMATION ITEMS

Due to time constraints it was determined that the Harlem Hospital Center Major Modernization Status Report, Goldwater North Parking Update, and the DASNY Report on MWBE Statistics would be postponed until the March 1, 2012, Capital Committee meeting.

In response to an inquiry from Committee members at the January 12, 2012, Capital Committee meeting concerning Coler-Goldwater's transitioning planning for skilled nursing facility (SNF) residents, LaRay Brown, Senior Vice President, was asked to provide a brief report on that subject.

Ms. Brown reported that one critical aspect of the transition of Goldwater's operations from Roosevelt Island to the new Goldwater North campus was the discharge of a number of current SNF residents who could benefit from home and community-based care. She noted that there were 371 individuals who have been assessed by Coler-Goldwater staff to be candidates for non-institutional based, or community-based, long term care. Of that number, 217 (58%) were under

the age of 65 and more than 87% require some kind of mobility device. For example, she explained, 189 individuals require a wheelchair. Ms. Youssouf asked whether the residents would need supportive housing. Ms. Brown responded that many would not require supportive housing, which is defined as housing that entails on-site staff who provide services such as care coordination, meals, homemaker services, 24/7 oversight, etc. Ms. Brown went on to say that some individuals would benefit from supportive housing and she provided the example of 39 of the 371 individuals having been identified as having a serious mental illness diagnosis.

Ms. Brown continued her presentation by describing the various strategies and collaborations being pursued to obtain housing and other community resources for Coler-Goldwater residents. Specifically, she mentioned that staff have been working with the State Department of Health's Division of Long Term Care Services to enroll eligible Coler-Goldwater SNF residents into the Nursing Home Transition Demonstration program (NHTD). Participation in the NHTD program would enable individuals to access a range of support services as well as housing subsidies which can facilitate their transition from institutional settings to the community. The organization designated by SDOH to conduct assessments of candidates for the NHTD program has been working with HHC staff. Ms. Brown noted that approximately 50 Coler-Goldwater SNF residents may be eligible for this program.

Ms. Youssouf asked if the NHTD program provides housing subsidies. Ms. Brown responded in the affirmative.

Mrs. Bolus asked whether the housing subsidy was Section 8, or dependent upon Social Security income. Ms. Brown responded that an individual's income (including Social Security benefits) was included in the eligibility determination for a housing subsidy. Of the 371 individuals, 291 have Social Security; others are likely eligible and obtaining this benefit is being pursued. Ms. Bolus asked why some individuals would not have Social Security. Ms. Brown responded that some individuals who are less than 65 years old may not be eligible or some may have refused to participate in the application process. She noted that there are a variety of reasons.

Ms. Brown advised that another important aspect of the discharge transition is the development of housing on an empty parcel of land on the campus of Metropolitan Hospital Center. That parcel is located at 99th Street and 2nd Avenue. HHC is working with an experienced housing developer, the Housing Preservation Development (HPD) and the New York City Housing Authority (NYCHA) to build 171 apartments, a mix of one bedrooms and studios. She noted that these apartments will be slightly larger than what is typically designed by HPD for supportive housing, because not only are these units being designed to accommodate wheelchairs, but also because there is the possibility that some of the tenants will at some point in their community tenure, require home care services. Ms. Brown advised that financing will be provided through a combination of bond and tax credit financing, as well as grant funds. Ms. Brown noted that the State has also committed funding towards this project. Importantly, project-based Section 8 subsidy is required for these 171 units. Ms. Brown reported that the developer had recently received a letter of commitment for such from NYCHA.

Ms. Youssouf asked if 9% tax credit financing was being used. Ms. Brown responded in the affirmative.

Ms. Brown explained that 171 apartments will be considered supportive housing units. She went on to say that Metropolitan Hospital Center and HHC's Home Health agency will provide services to individuals who will reside at the 99th Street development. She noted that proximity to Metropolitan Hospital was an extremely important benefit for the tenants and not having to build service space in the building allowed for more apartments.

Ms. Brown stated that the 99th Street project and the NHTD program would address the housing needs of only some of the 371 individuals. Hence, HHC staff have been in discussions with other housing providers throughout the City concerning the availability of housing opportunities for the remaining individuals. Housing subsidies are needed for these individuals as well; and this is being discussed with NYCHA.

Ms. Youssouf asked whether these individuals would be bypassing the list of people already on the list for section 8 housing. Ms. Brown responded that this was, in fact, the dilemma.

Ms. Youssouf asked about veterans. Ms. Brown responded that a veterans housing subsidy program is available and that HHC staff has initiated discussions with the Veterans Administration.

Ms. Brown concluded her report stating that she and her staff conduct monthly calls with the State Department of Health regarding these discharge efforts. Some individuals are proving to be a challenge and HHC will continue to engage the state in assisting Coler-Goldwater in ensuring that the most appropriate transition of SNF residents occurs.

Ms. Youssouf stated that she appreciated the update, and would be looking forward to more as the process moves ahead, and that she understood the difficulty. Ms. Brown said she is aware of the level of public scrutiny that will take place regarding the placement of these individuals, and advised that HHC is working with consumer organizations and others. She added that unions have been kept apprised of the discharge process plans for Goldwater.

- **Harlem Hospital Center – Major Modernization – Status Report (deferred)**
- **Goldwater North – Parking Update (deferred)**
- **DASNY Report on MWBE Statistics (deferred)**
- **Project Status Reports**
 - North Bronx Health Network
 - South Manhattan Health Network
 - Southern Brooklyn/Staten Island Health Network
 - * Network contains project(s) that require a delay report

As stated in Mr. Pistone's AVP report, there were no projects in delay by six (6) months or more and therefore no reports to provide.

There being no further business, the meeting was adjourned at 12:34 P.M.

WORK ORDER

**DORMITORY AUTHORITY OF THE
STATE OF NEW YORK**

WOODHULL MEDICAL & MENTAL HEALTH CENTER

**NEW YORK CITY HEALTH & HOSPITALS CORPORATION
CAPITAL COMMITTEE**

<p>DORMITORY AUTHORITY OF THE STATE OF NEW YORK WORK ORDER APPROVAL</p>
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Date: March 1, 2012

In accordance with the Operating Agreement by and between HHC and the Dormitory Authority of the State of New York (DASNY), the President of HHC respectfully submits for approval by the Capital Committee the following Work Order to be issued to DASNY:

Facility: Woodhull Medical and Mental Health Center

Title: Exterior Façade Restoration: Remedial Work Pursuant to Local Law 11 of 1998

Scope: Serving as the managing agent, DASNY shall cause to be provided all investigation, reporting, architectural, engineering design services pre-construction and project management services necessary to restore the existing cor-ten weathering steel and brick façade at Woodhull Medical & Mental Health Center.

Need: Local Law 11 of 1998 requires owners of buildings greater than six (6) stories to have their buildings' exterior walls and appurtenances inspected once every five (5) years and file a technical report to the Department of Buildings. Buildings found to have deficiencies cited in such technical reports must undergo remedial work to correct such deficiencies. Woodhull Medical and Mental Health Center, is a 10-story acute care hospital, composed of brick masonry and a "cor-ten" steel curtain wall façade constructed circa 1972. Technical reports relating to the exterior of the building indicate extensive replacement and repair is required of deteriorated sealant/caulking in the joints of cor-ten steel panels. Once a proposed remedial design is complete, a request for construction related funds will be made based upon estimates that are determined from the severity of work required.

Estimate of Cost:

	<i>Previously Approved</i>	<i>Proposed</i>	<i>Preliminary Budget</i>
<i>Construction</i>	0	0	0
<i>Design</i>	0	200,000	0
<i>Other Construction Consultants</i>	0	0	0
<i>Other Project Costs</i>	0	10,000	0
<i>Furniture & Equipment</i>	0	0	0
<i>DASNY Fee</i>	0	65,000	0
<i>Contingency</i>	0	20,000	0
<i>Total</i>	\$ 0	\$ 295,000	\$ 2,000,000

Funding:

<i>HHC tax-exempt bonds</i>	0	295,000	2,000,000
<i>NYC General Obligation Bonds</i>	0	0	0
<i>Total</i>	\$ 0	\$ 295,000	\$ 2,000,000

End Date: May 2012 (Design); December 2012 (Construction)

CON: Not Required

Filed: N/A

Approval: N/A

EXECUTIVE SUMMARY

EXTERIOR FAÇADE RESTORATION: LOCAL LAW11/98 REMEDIAL WORK WOODHULL MEDICAL & MENTAL HEALTH CENTER BY DORMITORY AUTHORITY OF THE STATE OF NEW YORK

- OVERVIEW:** The President seeks authorization to execute a DASNY work order for \$295,000 to provide all investigation, reporting, architectural, engineering design services, pre-construction and project management services necessary to restore the existing cor-ten weathering steel and brick façade at Woodhull Medical & Mental Health Center.
- NEED:** Local Law 11 of 1998 requires owners of buildings greater than six (6) stories to have their buildings' exterior walls and appurtenances inspected once every five (5) years and file a technical report to the Department of Buildings. Buildings found to have deficiencies cited in such technical reports must undergo remedial work to correct such deficiencies. Woodhull Medical and Mental Health Center, is a 10-story acute care hospital, composed of brick masonry and a "cor-ten" steel curtain wall façade constructed circa 1972. Technical reports relating to the exterior of the building indicate extensive replacement and repair is required of deteriorated sealant/caulking in the joints of cor-ten steel panels. Once a proposed remedial design is complete, a request for construction related funds will be made based upon estimates that are determined from the severity of work required. An approximation of \$2 million is represented until a more detailed cost estimate is completed at the conclusion of design. Woodhull presently has deficiencies identified in cycles 4 through 7 which will be addressed by this project.
- SCOPE:** DASNY will serve as the managing agent and will cause to provide all investigation, reporting, architectural, engineering design services pre-construction and project management services necessary to restore the existing cor-ten weathering steel and brick façade to be code-compliant and to clear existing violations against Woodhull Medical & Mental Health Center relating to NYC Local Law 11 of 1998 for reporting cycles 4 through 7 for the building's exterior facade.
- TERMS:** The work order will be executed pursuant to the Operating Agreement by and between the Corporation and DASNY.
- COST:** \$295,000 is for design. Preliminary project cost is \$2,000,000 subject to adjustment after design is completed..
- FINANCING:** HHC 2010 Tax-exempt bonds for design work only.
- SCHEDULE:** HHC expects DASNY to complete the project design by May 2012.

LICENSE AGREEMENT

CONSOLIDATED EDISON COMPANY OF NEW YORK
(CON ED)

HARLEM HOSPITAL CENTER

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation" or "Landlord") to execute a revocable license agreement with Con Edison Company of New York, Inc. (the "Licensor"), for use and occupancy of space for the operation of a radio communication system at Harlem Hospital Center (the "Facility") for five years without further authorization by the Board of Directors of the Corporation.

WHEREAS, in March 2007, the Board of Directors of the Corporation authorized the President to execute a license agreement with the Licensee which by its terms expires April 30, 2012; and

WHEREAS, the Licensee, a public utility, desires to continue operating a radio communication system on the roof of the Martin Luther King Pavilion; and

WHEREAS, the Licensee's continued use of the rooftop space for this installation shall have no impact on patient or staff safety and shall not compromise Facility operations; and

WHEREAS, the Licensee's radio communications system complies with applicable federal statutes governing the emission of radio frequency signals.

NOW THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (the "Corporation" or "Licensor") be and hereby is authorized to execute a revocable license agreement with Consolidated Edison Company of New York, Inc. (the "Licensee"), for use and occupancy of space for the operation of a radio communication system at Harlem Hospital Center (the "Facility").

The Licensee shall be granted the continued use and occupancy of approximately fifty (50) square feet of space on the roof of the Martin Luther King Pavilion (the "Licensed Space") for the operation of a Radio Frequency (RF) communications system. The Licensee shall pay an occupancy fee of \$27,007 per annum with an annual increase of 3% on the anniversary of the commencement date for its use and occupancy of the Licensed Space. The Licensee shall be responsible for paying for electrical service.

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, and shall provide appropriate insurance naming the Corporation and the City of New York as additional insureds.

The License agreement shall be revocable by either party on ninety (90) days prior notice. The term of this agreement shall not exceed five (5) years without further authorization by the Board of Directors of the Corporation.

EXECUTIVE SUMMARY
LICENSE AGREEMENT
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.
HARLEM HOSPITAL CENTER

The President seeks the authorization of the Board of Directors of the Corporation to execute a revocable license agreement with Consolidated Edison Company of New York, Inc. ("Con Ed"), for its continued use and occupancy of space to operate a radio communication system at Harlem Hospital Center ("Harlem").

The radio system installed at Harlem enhances Con Ed's ability to service the local community during emergencies and scheduled service operations. The system increases data monitoring, enabling local power usage demands to be effectively transmitted to Con Ed central operations, and its improved voice channel capability allows service crews access to required resources facilitating timely service restoration.

The Con Ed radio system operates at both the 800 megahertz ("MHz") and 900 megahertz ("MHz") frequency. The 800 megahertz iDEN System is a Motorola Radio Frequency ("RF") communications system for voice communications. The 900 MHz Data System is used by Con Ed's electric system operators to monitor and control electric distribution equipment remotely.

Con Ed will be granted the continued use and occupancy of approximately fifty (50) square feet of space on the roof of the Martin Luther King Pavilion. Con Ed will pay an occupancy fee of approximately \$27,007 per annum, with an annual increase of 3% on the anniversary of the commencement date for its use and occupancy of the licensed space. Con Ed will be responsible for paying for electrical service. Con Ed is responsible for all system maintenance.

Con Ed 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, and shall provide appropriate insurance naming the Corporation and the City of New York as additional insureds.

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

ANTENNA AGREEMENTS

Facility	Licensee	Occupancy Fee (\$)	Price/Square Foot (\$)	Board Approval
Harlem	Con Edison	27,007	540	TBD
Coler	T-Mobile	52,840	264	TBD
Goldwater	T-Mobile	50,087	254	TBD
Goldwater	Sprint-Nextel	54,170	339	TBD
Lincoln	Sprint-Spectrum	80,812	269	9/2011
Coler	Sprint-Nextel	31,200	125	6/2011
Sea View	U.S. Government	7,939	52	7/2010
NCB	NYPD	waived	n/a	10/2009
Coler-Goldwater	Metro PCS	90,360	226	6/2009
Harlem	Con Edison	23,996	480	3/2007
Coney Island	U.S. Government	6,919	46	7/2007

Explanation of Charges:

Government entities typically pay lower occupancy fees for the space their antenna equipment occupies. The fees paid by private firms are heavily influenced by the degree to which the equipment will enhance system coverage in the area. Carriers are willing to pay a higher rate for those antenna sites where the installation significantly improves signal coverage.

STATUS REPORT

HARLEM MAJOR MODERNIZATION

MAJOR MODERNIZATION

**HARLEM HOSPITAL CENTER
MAJOR MODERNIZATION PROJECT**

PROJECT FACT SHEET

LOCATION: Harlem Hospital Center
506 Lenox Avenue
New York, New York 10037

DESCRIPTION: The project scope consists of the construction of a New Patient Pavilion (NPP), new Diagnostic, Treatment, Emergency and Critical Care building of approximately 195,000 square feet connecting the Martin Luther King (MLK) pavilion with the Ron Brown (RB) building. The NPP will house a new emergency department with separate walk-in and ambulance entrances, critical care, diagnostic units and fully equipped operating rooms. The modernization includes an upgrade of the existing chiller plant in the MLK Pavilion and demolition of the Old Nurses Residence (ONR) and New Nurses Residence (NNR) pavilions. The existing EMS station was demolished to accommodate construction of the NPP. Construction of a staff garage/parking facility and construction of an EMS station (differed). The conservation and relocation of WPA-era murals will also be incorporated in the project.

BUDGET:	NYC General Obligation Bonds	NPP/MLK Chiller Plant	\$ 314.2 M
	City Council/Boro. Pres./Fed. Appropriations/Donations	Mural Conservation (1)	\$ 4.2 M
	NYC General Obligation Bonds (Contaminated Soil)	NPP	\$ 3.8 M
	Subtotal New Patient Pavilion & MLK Renovation	(including CON fee)	\$ 322.1 M
	March 2009 Budget Reduction		\$ (47.1 M)
	February 2011 Budget Increase	FF&E	\$ 16.6 M
	Total Adjusted Budget		\$ 291.6 M
	February 2011 Budget Increase	WP Demo & Decanting	\$ 10.0 M
	NYC General Obligation Bonds	EMS Garage (1)(2)	\$ 4.6 M
	NYC General Obligation Bonds	Parking Garage (1)	\$ 8.4 M
	Fed. Trans. Funding (3)	Parking Garage (1)	\$ 8.0 M
	City Council and Mayoral Funding	MLK Elevators (1)	\$ 2.4 M
	Total Budget NPP, MLK Reno. & Garage		\$ 325.0 M
	Notes: (1) Separate DASNY work orders		
	(2) Project on hold		
	(3) Final funding pending DOT approval		

FINANCING: New York City General Obligation Bonds, Federal Transportation Bill funding, City Council funding and Federal Appropriations.

MANAGEMENT: DASNY & HHC

ARCHITECTS: DMJM/Harris – Demolition and utility relocations
Goshow/EverGreene – Mural removal/relocations
Desman Associates – EMS and Staff Garage
Hellmuth, Obata + Kassabaum, Inc. – New Pavilion & Martin Luther King Chiller Plant Renovations

CONSTRUCTION

MANAGERS: McKissack Group/HAKS – EMS and Staff Garage
TDX/Howell – New Pavilion

**HARLEM HOSPITAL CENTER
MAJOR MODERNIZATION PROJECT
PROJECT FACT SHEET – Page 2**

CON STATUS: OPD Demolition CON: Approved – December 2005
New Pavilion CON: Approved with contingencies – December 26, 2006

SCHEDULE: Make-Ready start: June 2005
Demolition start: October 2005
Construction completion: December 2011
Beneficial Occupancy: February 2012
Move-In: Summer 2012

AFFIRMATIVE ACTION/EEO: DASNY, on behalf of the Corporation, is fully committed to providing opportunities for M/WBE firms and workforce, and has required consultants and contractors to comply with NYS Executive Law Article 15-A and NYC Executive Order 50 requirements.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
GENERATIONS+/NORTHERN MANHATTAN HEALTH NETWORK

HARLEM HOSPITAL CENTER
MAJOR MODERNIZATION PROJECT

STATUS REPORT – FEBRUARY 2012

The following are key project activities the Corporation has completed to date:

DESIGN: Hellmuth, Obata + Kassabaum, Inc. (HOK) completed design of the New Patient Pavilion (NPP) and all construction packages have been awarded.

The Martin Luther King (MLK) pavilion renovation and infrastructure construction documents are approximately 60% complete and presently on hold due to the 30%, \$47.1 million required budget reduction.

CONSTRUCTION: Excavation/foundation work, structural steel erection, concrete placement on-deck, fireproofing, MEP rough-in, masonry walls, gypsum walls and ceilings, the special mural curtain wall, light fixtures, plumbing fixtures, wall finishes, floor leveling and pneumatic tube installations are substantially complete. HVAC systems are in the process of being commissioned. Staff orientation and familiarization walkthroughs are taking place. The WPA Murals are expected to be delivered to the site within the next two months (weather permitting) and the reinstallation/conservation is expected to be complete six months later.

The new chiller plant is complete. We have experienced some technical challenges that required additional work which is now in-progress. The major portion of this work involved the installation of an additional transformer by Con Edison (previously envisioned to be installed later for future growth however required now for redundancy), which is now complete and energized.

The elevators in the Martin Luther King (MLK) Pavilion are being modernized. All ten elevators are complete, successfully passed Department of Buildings (DOB) inspection and have been turned over to the facility.

This project includes a special community employment component and to date 217 people have been employed through the program. This has been a very successful aspect of the project and a similar program is being implemented at Columbia University and North General/Goldwater North projects.

**CONSTRUCTION
MANAGEMENT:**

McKissack/HAKS is managing the mural conservation, garage/EMS, demolition and MLK elevator renovation work. TDx/Howell is managing the construction of the New Patient Pavilion and the MLK chiller upgrade.

FINANCING:

New York City General Obligation Bonds, Federal Transportation Bill funding, City Council funding, and donations.

**ORIGINAL
BUDGET:**

\$330.3 million - all phases (excluding interest, financing, and contractor claims).

**ADJUSTED
BUDGET:**

\$325.0 million - all phases (excluding interest, financing, and contractor claims).

**HARLEM HOSPITAL CENTER
MAJOR MODERNIZATION PROJECT
STATUS REPORT – Page 2**

NPP FORECAST: \$295.8 million - NPP phase (excluding interest, financing, and contractor claims)

TOTAL PROJECT FORECAST: \$431.5 million - all phases (excluding interest, financing, and contractor claims).

TOTAL PROJECT SHORTFALL: (\$106.5) million - all phases (excluding interest, financing, and contractor claims). This is comprised of elements that have been partially funded and will not be advanced for construction until sufficient funding is obtained.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
 GENERATIONS+/NORTHERN MANHATTAN NETWORK
 HARLEM HOSPITAL CENTER
 MAJOR MODERNIZATION PROJECT
 Project NO. 13200370

BUDGET STATUS REPORT
 As of February 15, 2012
 (IN THOUSANDS OF DOLLARS)

COST CATEGORY	PROJECT CAPITAL BUDGET	DASNY MANAGED:		HHC MANAGED:		Overall Project Spending	TOTAL PROJECT FORECAST	VARIANCE (Surplus/Shortfall)
		SPENT TO DATE	FORECAST	SPENT TO DATE	FORECAST			
	(a)	(b)	(c)	(d)	(e)	(f) (b) + (d)	(g) (c) + (e)	(h) (a) - (g)
NEW PATIENT PAVILION								
Construction	199,338	135,035	183,405	18,532	18,532	153,567	201,937 ⁽¹⁾	(2,599)
Murals Removal and relocation	4,200	3,004	3,517	514	514	3,518	4,031	169
Design fees	22,712	21,472	27,976	2,465	2,465	23,937	30,441	(7,729)
Construction management fees	15,435	14,570	19,583	1,134	1,134	15,704	20,717	(5,282)
Planning & other fees	2,960	1,165	1,397	78	78	1,243	1,475	1,485
Moveable equipment, furniture & telecom	19,098	2,931	20,153	4,257	4,257	7,188	24,410	(5,312)
DASNY fees	11,393	9,280	11,393	0	0	9,280	11,393	0
Construction Contingency	15,024	0	0	0	0	0	0	15,024
SUBTOTAL	290,160	187,457	267,424	26,980	26,980	214,437	294,404	(4,244)**
NYS DOH FEES	1,412	0	0	1,412	1,412	1,412	1,412	0
SUBTOTAL	291,572	187,457	267,424	28,392	28,392	215,849	295,816	(4,244)
Emergency Vehicle Access Road			0				0	0
NPP Modernization	291,572	187,457	267,424	28,392	28,392	215,849	295,816	(4,244)

****Partial Explanation of NPP Variance
 Unanticipated Costs Related to Project**

MLK Boiler Plant Steel	\$	500
MLK Facade Work	\$	499
MLK PICU Roof Leaks	\$	304
MLK Temporary MRI (A)	\$	1,416
MLK Additional Temp. Ct	\$	862
NPP Temp. Heat 2011-20	\$	1,013
NPP Con Ed 6th Transform	\$	201
Total:	\$	4,795

(A) Cost of rental unit assumed by the project.
 (B) Cost of labor for the second year temporary heat in the NPP, which was not included in the project.

(1) DASNY Forecast includes \$3.5M projection for ONR demolition, which will be funded through the Parking Garage - Federal Transportation Bill

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
 GENERATIONS+/NORTHERN MANHATTAN NETWORK
 HARLEM HOSPITAL CENTER
 MAJOR MODERNIZATION PROJECT
 Project NO. 13200370

BUDGET STATUS REPORT
 As of February 15, 2012
 (IN THOUSANDS OF DOLLARS)

COST CATEGORY	PROJECT CAPITAL BUDGET	DASNY MANAGED:		HHC MANAGED:		Overall Project Spending	TOTAL PROJECT FORECAST	VARIANCE (Surplus/Shortfall)
		SPENT TO DATE	FORECAST	SPENT TO DATE	FORECAST			
	(a)	(b)	(c)	(d)	(e)	(f) (b) + (d)	(g) (c) + (e)	(h) (a) - (g)
PARTIALLY FUNDED/UNFUNDED								
New EMS Garage ^{(2) (3)}	4,600	269	269	0	5,200	269	5,469	(869)
Parking Garage ^{(2) (4)}	16,400	528	528	272	22,272	800	22,800	(6,400)
Elevators Upgrade - MLK Building	2,453	1,536	2,453	0	0	1,536	2,453	0
WP Decanting and Demolition ⁽⁵⁾	10,000	0	0	0	25,000	0	25,000	(15,000)
MLK Renovation and Infrastructure ⁽⁶⁾	0	0	0	0	80,000	0	80,000	(80,000)
Non-NPP Modernization Costs	33,453	2,333	3,250	272	132,472	2,605	135,722	(102,269)
Total Modernization	325,025	189,790	270,674	28,664	160,864	218,454	431,538	(106,513)

(2) Contingent upon prior completion of WP decant and demolition

(3) HHC Forecast Includes Total of \$5.2 M to Complete EMS Station as per Original Master Plan

(4) HHC Forecast Includes Total of \$22 M to Complete Garage as per Original Master Plan

(5) HHC Forecast includes \$25 M to Complete WP Decanting and Demolition as per Original Master Plan

(6) HHC Forecast Includes \$80 M to Complete MLK Renovation and Infrastructure Upgrade as per Original Master Plan, using Contractors vs. In-house Labor

Narrative: There are presently insufficient funds to proceed with any of the partially funded/unfunded projects due to construction sequencing constraints and are therefore not scheduled for construction until such time as sufficient funding is available .

(i) Of the \$33.45 million identified as partially funded/unfunded -

The sequence of the construction must be as follows:

- * Decanting and Demolition of WP building, including the relocation and renovation of new space for existing services (i.e., IT; medical records, dental clinic)
- * Construction of parking garage;
- * Integration of New EMS garage into Parking Garage.

(ii) Funds in the amount \$4.6 million reflected in the New EMS garage is FDNY restricted funding

(iii) Funds in the amount \$4.494 million are anticipated to be reallocated from the WP decanting and demolition budget line to eliminate the projected NPP Modernization deficit described above.

(iv) Funds in the amount \$8 million in the Parking Garage budget line is restricted for parking garage construction.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
GENERATIONS+/NORTHERN MANHATTAN NETWORK

**HARLEM HOSPITAL CENTER
MAJOR MODERNIZATION PROJECT
PROJECT NO. 13200372**

BUDGET STATUS REPORT
February 15, 2012
(IN THOUSANDS OF DOLLARS)

TOTAL PROJECT BUDGET

COST CATEGORY	BUDGET	FORECAST	VARIANCE
Construction (1)	199,338	201,937	(2,599)
Murals Removal and relocation (5)	4,200	4,031	169
Design fees (2)	22,712	30,441	(7,729)
Construction management fees	15,435	20,717	(5,282)
Planning & other fees (3)	2,960	1,475	1,485
Moveable equipment, furniture & telecom	19,098	24,410	(5,312)
DASNY fees	11,393	11,393	0
Construction Contingency	15,024	0	15,024
SUBTOTAL	290,160	294,404	(4,244)
NYS DOH FEES (4)	1,412	1,412	0
SUBTOTAL	291,572	295,816	(4,244)
NPP Modernization	291,572	295,816	(4,244)
New EMS Garage (4) *	4,600	5,469	(869)
Staff Parking Garage (4) **	16,400	22,800	(6,400)
Elevators Upgrade - MLK Building (4)	2,453	2,453	0
WP Decanting and Demolition	10,000	25,000	(15,000)
MLK Renovation and Infrastructure	0	80,000	(80,000)
Other Modernization Costs	33,453	135,722	(102,269)
TOTAL PROJECT BUDGET	325,025	431,538	(106,513)

Notes:

- (1) Includes design contingency.
- (2) Includes architectural and engineering design consultants.
- (3) Includes land use and environmental analysis, value engineering, equipment planning and moving.
- (4) Separate DASNY work orders.

* Project on hold.

** Modified scope. Parking accommodations currently under consideration provide for parking spaces that utilize a vehicle stacking system.

PROJECT STATUS REPORTS

Central/North Brooklyn Health Network
Generations+/Northern Manhattan Health Network
Queens Health Network

Network: CENTRAL / NORTH BROOKLYN HEALTH NETWORK

Facility: CUMBERLAND DIAGNOSTIC AND TREATMENT CENTER

Project Number	PROJECT TITLE	Project	Paid to Date	%	Construction	Projected	Forecast/	Delay	Comments

Facility: DR. SUSAN SMITH MCKINNEY NURSING AND REHABILITATION 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

Facility: EAST NEW YORK DIAGNOSTIC AND TREATMENT CENTER

Project Number	PROJECT TITLE	Project	Paid to Date	%	Construction	Projected	Forecast/	Delay	Comments

Facility: KINGS COUNTY 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
29201104	T Bldg. H2O Tank Replacement	600	0	0.00%		Dec-12	Dec-12		
29201105	Z Bldg. Roof Replacement	825	238	29.00%		Dec-12	Dec-12		

Facility: WOODHULL MEDICAL AND MENTAL HEALTH 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
48201122	Upgrade Overhead Page System	989	0	0.00%	Dec-11	Jul-12	Jul-12		
48201150	Replace Nurse Call System	774	0	0.00%	Dec-11	Sep-12	Sep-12		

Facility: HARLEM 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
13200702/03	Kountz Pavilion Renovation	13,545	6,233	46.00%	Mar-08	Apr-12	Apr-12		Remaining project components involving elevator, roof, windows and façade have been funded and are progressing. Expect completion by December 2012.
13201002	Renovation of the Alexander Hamilton Clinic	250	76	30.00%	Jul-10	Dec-12	Dec-12		Nurse Family Partnership component is complete and occupied. Remaining space is to be completed by December 2012.

Facility: LINCOLN MEDICAL AND MENTAL HEALTH 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
25200301	Emergency Room Renovation	28,275	12,630	45.00%	Apr-07	Jun-10	Dec-12	(30)	Contractors are now installing Mechanical, Electrical, and Plumbing rough-ins, and partition wall framing is progressing. Move into the first section of the Emergency Department is scheduled for Summer 2012.

Facility: MORRISANIA DIAGNOSTIC AND TREATMENT 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

Facility: RENAISSANCE HEALTHCARE NETWORK DIAGNOSTIC AND TREATMENT 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

Facility: SEGUNDO RUIZ BELVIS DIAGNOSTIC AND TREATMENT 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

* Phase I substantially completed in October 2008.

Facility: ELMHURST 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
33200801	Women's Health Center	13,352	1,906	15.00%	Sep-11	Dec-12	Dec-12		

Facility: QUEENS 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
34200970	Modernization Phase III	21,995	14,562	67.00%	Apr-09	Dec-11	Jul-12	(7)	Completion is on schedule for July 2012.

INFORMATION ITEM

DASNY REPORT ON MWBE STATISTICS

**HARLEM HOSPITAL CENTER MAJOR
MODERNIZATION PROJECT**

DORMITORY AUTHORITY - STATE OF NEW YORK

Opportunity Programs Group High Visibility Project Report

Facility Name:	Harlem Hospital Modernization Project
OPG Program Analyst:	Dennis L. Williams
Report Period:	01/31/12
Total Number of Prime Contracts:	31
Total Value of All Prime Contract Awards:	\$ 197,183,263

M/WBE Utilization	Total Number of Contracts	Prime Participation Rate	Percent Participation	Participation Rate
M/WBE Prime Contract Awards	8	25.80%	\$ 18,926,214.00	9.60%
M/WBE Subcontract/Supplier Awards	89		\$ 49,329,479.28	25.02%
M/WBE Subcontract/Supplier Awards Pending	0		-	0.00%
MBE Utilization	Total Number of Contracts		Total Value	Participation Rate
MBE Prime Contract Awards	6	19.35%	\$ 6,498,505	3.30%
MBE Subcontract/Supplier Awards	48		\$ 38,099,612	19.32%
MBE Subcontract/Supplier Awards Pending	0		-	0.00%
WBE Utilization	Total Number of Contracts		Total Value	Participation Rate
WBE Prime Contract Awards	2	6.45%	\$ 12,427,709	6.30%
WBE Subcontract/Supplier Awards	41		\$ 10,934,867	5.55%
WBE Subcontract/Supplier Awards Pending	0		-	0.00%



Harlem Hospital Center Major Modernization

