CAPITAL COMMITTEE
MEETING AGENDA

December 8, 2016

3:00 PM

125 Worth Street, Room 532
5th Floor Board Room

CALL TO ORDER — Emily A. Youssouf

- ADOPTION OF MINUTES – November 3, 2016 — Emily A. Youssouf
- VICE PRESIDENT'S REPORT — Roslyn Weinstein

ACTION ITEMS

- Resolution — William Hicks

  Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals) to execute a five year revocable license agreement with River Renal Dialysis (RD) Services ("RRD") for the continued use and occupancy of 7,871 square feet of space to operate a renal dialysis center at Bellevue Hospital Center ("Bellevue") at an occupancy fee rate of $59 per square foot, or $464,389 per year to be escalated by 2.75% per year for a total occupancy fee over the five year term of $2,453,212 with utilities included.

  Vendex: Pending.

- Resolution — Wayne Zimmerman

  Authorizing the President of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals ") to execute a revocable five year license agreement with Newtown Dialysis Center, Inc., of New York (the "Licensee") for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Elmhurst (the "Facility") at an occupancy fee rate of $62 per square foot or $372,372 per year to be escalated by 2.75% per year for a total of $1,973,079 over five years.

  Vendex: Pending.

- Resolution — Ebone Carrington

  Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year revocable license agreement with Consolidated Edison Company of New York, Inc. (the "Licensee") for its continued use and occupancy of approximately 50 square feet of space for the operation of a radio communication system at Harlem Hospital Center (the "Facility") at an annual occupancy fee of $31,309 to be escalated by 3% per year for a total of $166,224 over the five year term.

  Vendex: Not required.

- Resolution Louis Iglhaut

  Authorizing the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute requirements contracts with seven (7) Architectural and Engineering (AE) consulting firms; DaSilva Architects, PC, Francis Cauffman, Inc., Gertler & Wente Architects, Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, and TPG Architecture, to provide professional AE design services; six (6) Mechanical, Engineering, and Plumbing (MEP) consulting firms; Goldman Copeland Associates, PC, Greenman- Pedersen, Inc., Jacob Feinberg Katz & Michaeli Consulting Group, LLC, Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., and R. G. Vanderweil Engineers, LLP, to provide professional MEP design services; and six (6) Local Law Inspection consulting firms; HAKS Engineers, Architects and Land Surveyors, PC, Hoffman Architects, Inc., Raman and Oudjian Engineers and Architects, PC, Ronnette Riley Architect, Superstructures Engineering + Architecture, PLLC, and Thornton Tomasetti, Inc., to provide professional Local Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities throughout the Corporation. The contracts shall be for a term of one year with two (2) one-year options for renewal, solely exercisable by the Corporation, for a cumulative amount not to exceed $15,000,000 for services provided by these consultants.

  Vendex: Pending for all consultants.

INROMATION ITEMS

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

CAPITAL COMMITTEE MEETING MINUTES

November 3, 2016

MINUTES

Capital Committee

Meeting Date:	November 3, 2016
Time:	11:00 A.M.
Location:	Board Room

Board of Directors:
Members of the Capital Committee
Gordon Campbell, Vice Chair, Acting Chairman of the Board
Josephine Bolus, RN, NP, BC
Mark Page
Emily A. Youssouf
Ramanathan Raju, MD, President

HHC Staff:
Paul Albertson – Vice President, Operations
Donald Ashkenanse – Assistant Vice President, Medical and Professional Affairs
Jeremy Berman – Deputy General Counsel, Office of Legal Affairs
Tammy Carlisle – Associate Executive Director, Corporate Planning
Daniel Collins – Director, Coney Island Hospital
Robert de Luna – Senior Director, Communications and Marketing
Jonathan Goldstein – Assistant Director, Corporate Planning
Colicia Hercules – Chief of Staff, Office of the Chairman
Louis Iglhaut – Assistant Vice President, Office of Facilities Development
Mahendranath Indar – Senior Director, Office of Facilities Development
Bridgette Ingram-Roberts – Assistant Vice President, Legislative Analysis
John Jurenko – Senior Assistant Vice President, Intergovernmental Relations
Patricia Lockhart – Secretary to the Corporation, Office of the Chairman
Denise Lyman – Director, Office of Facilities Development
Randall Mark – Chief of Staff, Office of the President
Maureen McClusky – Senior Vice President, Post-Acute Care
Sheldon McLeod – Chief Financial Officer, Kings County Hospital Center
Steven Newmark – Senior Corporate Health Project Advisor, Office of the President
Chelsea-Lyn Rudder – Director, Marketing and Communications
Salvatore Russo – General Counsel, Legal Affairs
Cyril Toussaint – Director, Office of Facilities Development
Rickie Tulloch – Senior Director, Office of Facilities Development
Roslyn Weinstein – 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 – Manager, Internal Audits

Other Attendees:
Justine DeGeorge – Office of the State Comptroller
Shaylee Wheeler – NYC Office of Management and Budget
Joni Watson – Office of the State Deputy Comptroller

CALL TO ORDER

The meeting was called to order by Gordon Campbell, Vice Chair, Acting Chairman of the Board, at 11:16 A.M.

On motion, the Committee voted to adopt the minutes of the October 13, 2016, Capital Committee meeting.

VICE PRESIDENT'S REPORT

Ms. Weinstein provided an overview of the meeting agenda. She noted that there would be a resolution discussing a project to upgrade the boiler plant at Kings County Hospital, and a request to enter into contracts with six firms for Construction Management services. There would also be one information item, an update on the Department of Health (DOH) Primary Care Expansion sites.

Ms. Weinstein advised that she would like to provide an update on Federal Emergency Management Agency (FEMA) related projects, at the January meeting, and an update on the CBRE contract transition at the December meeting.

Ms. Youssouf said she would appreciate both.

ACTION ITEMS

- Authorizing the NYC Health + Hospitals to execute a Customer Installation Commitment ("CIC") with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed $8,936,612 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Boiler Plant Upgrade (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").

Sheldon McLeod, Chief Operating Officer, Kings County Hospital Center, read the resolution into the record. Mr. McLeod was joined by Cyril Toussaint, Director, Office of Facilities Development.

Mr. Toussaint explained that the boilers in place at Kings County Hospital Center were running on a combination of Natural Gas and Number 6 fuel oil. He noted that the Department of Environmental Protection (DEP) had mandated that buildings in NYC be off Number Six (No. 6) fuel oil prompted a number of these projects throughout the system.

Mr. Toussaint explained that a waiver had allowed the continued use of the No. 6 fuel oil at this site, until March, 2019. This proposed project would allow the facility to replace five boiler burners, clean the fuel tank and move to using No. 2 fuel oil, therefor meeting DEP mandates within needed timelines. The cost is $8.9 million, $5 million from General Obligation Bonds, $3.9 ACE funding. NYPA will manage the project. Scheduled for completion by June 2018.

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 New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute a contract with the following six construction management firms: AECOM, Gilbane Building Company; HAKS; LiRo Program and Construction Management; TDX Construction Corporation; and Turner Construction to provide professional construction management services on an as-needed basis at various facilities operated by NYC Health + Hospitals. The proposed contracts shall each be for a term of one year with two one-year options to renew, solely exercisable by the NYC Health + Hospitals, for an aggregate cost of not more than $8,000,000 for all six firms over the initial and the two option terms.

Denise Lyman, Director, Office of Facilities Development, read the resolution into the record. Ms. Lyman was joined by Louis Iglhaut, Assistant Vice President, Office of Facilities Development.

Ms. Lyman explained that a monetary threshold increase had been authorized in September for the existing Construction Management contracts, as these new contracts were undergoing the Request for Proposal (RFP) and selection process. She thanked the Committee for that approval and advised that these new contracts, written after the Project Labor Agreement (PLA) was finalized, would now be executed to replace the expiring contracts.

Ms. Lyman advised that contracts would provide Construction Management Services, system wide, under a not-to-exceed threshold of $8 million, for an approximate three year term (one base year, and two one-year options to renew). Each firm committed to rates agreed upon in their contracts, and each proposal was vetted through the Office of Facilities Development.

Mark Page, asked how it would be determined which firm would be used, as needed.

Ms. Lyman explained that facilities would solicit proposals from the pool of consultants and awarded based on the best rate, for the most specific services.

Mr. Page asked if all firms must respond. Ms. Lyman said no, they are all qualified to respond but are not required to do so. Jeremy Berman, Deputy Counsel, Legal Affairs, added that a mini-RFP was conducted for individual projects/work orders, but the idea of the pre-selected contractor pool, was that they had already been vetted for service quality and committed to rates.

Mrs. Bolus asked why previous contract totals in the executive summary reflected contract amounts greater than the new contract. Ms. Lyman said those numbers reflected multiple contracts and prior experience.

Mrs. Bolus said she was familiar with Turner and surprised they didn't have a contract with us previously. Mrs. Weinstein said they had been contracted to do work in the system but not as a Requirements Contractor. Mrs. Bolus asked if there were ever firms awarded contracts that did not receive any work. Mr. Iglhuat said there are firms that receive little work, and some that build a relationship with a facility and therefor receive more regular work. Mr. Berman explained that contracts, and their subsequent work orders are registered with the New York City Comptroller's Office and they request information on solicitation and multiple proposals for larger projects.

Ms. Weinstein explained that the Requirements Contracts were used for work that needed to be completed quickly. It was preferred that projects be bid out, but when time was a factor these contracts were available.

Mrs. Bolus asked if it were possible for a Consultant to have a Requirements Contract and be awarded a project through bid. Ms. Weinstein said yes.

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.

INROMATION ITEMS

- Update: Primary Care Sites

Ms. Weinstein advised that Steven Bussey, Chief of Ambulatory Care, Office of the President, and Tamika Campbell, Director of Administrative Services, Construction and Maintenance, would be providing an update on the Department of Health (DOH) Primary Care Expansion. She noted that projects were started in March, 2016, and two sites had opened in late September.

Ms. Campbell explained that her role as Project Manager was to construct six sites, within DOH buildings, by the end of December 2016. She outlined challenges faced throughout the project, including building and constructing within someone else's structure, the Certificate of Need (CON) submission and approval process, and other necessary pre-approvals, which take time and coordination. She noted that weekly meetings were being held with City Hall, DOHMH, Gotham Health and Central Office, to keep communication flowing.

Ms. Campbell said that eight locations had originally been identified, but it was determined that only six sites would be constructed. Ms. Youssouf asked why the two sites were ruled out. Ms. Weinstein explained that there were legal issues with one of the sites, as it was determined not to be a DOHMH managed building, which presented various problems. Construction of another site was ruled out as a result of project cost and the competition in the proposed site; there were a number of other providers in the building and it was not deemed a desirable location or practical expense.

Mrs. Bolus asked if locations for the other sites had been selected and recommended that Canarsie, the Bayview Houses and the Brookline Houses be considered, as they were all underserved. Ms. Weinstein said it would be discussed with City Hall, and they would weigh in, but she would keep those locations on a list for discussion.

Ms. Campbell shared photos of the two completed sites, Crown Heights and East Tremont, and reviewed project costing. Ms. Campbell noted costs per square foot included not only design and construction, but also outfitting, contingency, and other outliers, that frequently drive up project costs on the tail end. This was done at the request of Ms. Weinstein, to provide a more accurate and through project cost. Ms. Youssouf thanked Ms. Weinstein for that.

Mr. Page asked how usage was in the new sites. Mr. Bussey said that numbers were initially down but were growing. He noted that patients were excited and utilization was expected to expand.

Mr. Page said he would be interested in seeing usage, by month, after the sites were opened. Mr. Bussey said that would indeed be tracked and he would be happy to share as the data came in.

Gordon Campbell, Acting Chairman, noted that the power point had estimated utilization for various years, and asked how that schedule worked. Mr. Bussey said outer years were based off of 2016 as year one. He said projections were based on estimated patients, neighborhood providers, and other factors.

Mrs. Bolus asked if we had seen patients moving from one site to the other. Were we poaching from our own sites. Mr. Bussey explained that the two sites that had opened were sites that had previously existed in the same location and were renovated, so it was likely that there was an existing patient population in place already. He noted that would be something to track with regards to the new sites. As noted, the disruption of service caused a slight decrease in the numbers, after opening, but they were expected to swing back.

Dr. Raju noted that the Primary Care Initiative was about providing different care and it was likely that we would at some point be shifting some patients from Ambulatory Care Services in the hospital environment to these satellite clinics. This is expected to decrease appointment time and increase access, as well provide convenient hours. It is a change in the way healthcare is being provided.

Mrs. Bolus recommended that Community Boards be involved early on in the process. Mr. Bussey agreed.

Mrs. Bolus recommended that branding include banners and signs, not just building signage. Ms. Campbell said she had driven the neighborhood and seen a number of the banners around and the team was aware that branding and publicity were important.

Mr. Bussey explained that four additional sites were expected to open by the end of the year, and the Vanderbilt site was expected to open in September, 2017. He noted that hours would be adjusted as demand was reviewed and tracked.

Ms. Youssouf asked if needs assessments were already complete. Mr. Bussey said yes, a number have been done and information is being used.

Ms. Youssouf asked for clarification that all six of these sites were in DOHMH buildings. Mr. Bussey said yes, you are correct. He noted that these weren’t the most desirable sites but this was part of a City initiative and sites were pre-identified but still vetted.

Mr. Bussey ran through the list of additional sites, and expected hours of operation and services to be provided. He noted again that all models were flexible and would be adjusted as needed.

Ms. Weinstein noted that the Brownsville site included a kitchen for educational instruction for diabetics, and that kitchen design had been so successfully done it had become a model for DOH for other sites.

Mr. Bussey explained that models were set up to project visits, but there was much competition and we were changing the way we provide services, so there should be some flexibility and the system had to stay on top of proximity, modernity, and other analyses. Quality and access were some of the biggest drivers. If patient experience is solid, then we can and will remain competitive.

Mrs. Bolus asked if all sites were on EPIC now. Mr. Bussey said no, only certain sites. Mrs. Bouls asked if that meant your patient number would change. Ms. Weinstein said individuals would be given a new medical record number, but everything would be streamlined in the new system and would eventually all tie together. You have a unique patient ID number that will track everything, she said.

Ms. Youssouf said the update was very informative and thanked the team for the hard work. She said she looked forward to hearing about the last four sites when they were opened.

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.

There being no further business, the meeting was adjourned at 12:04 P.M.

LICENSE AGREEMENT

RIVER RENAL DIALYSIS (RD) SERVICES

NYC HEALTH + HOSPITALS / BELLEVUE

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals) to execute a five year revocable license agreement with River Renal Dialysis (RD) Services ("RRD") for the continued use and occupancy of 7,871 square feet of space to operate a renal dialysis center at Bellevue Hospital Center ("Bellevue") at an occupancy fee rate of $59 per square foot, or $464,389 per year to be escalated by 2.75% per year for a total occupancy fee over the five year term of $2,453,212 with utilities included.

WHEREAS, in January 2007, the Board of Directors authorized NYC Health + Hospitals to enter into a license agreement with RRD; and

WHEREAS, RRD is an established provider of renal dialysis services in accordance with Article 28 of the New York State Public Health Law and began providing treatment to outpatients at Bellevue in August 2011; and

WHEREAS, the Licensee provides services to all patients regardless of their ability to pay and Bellevue pays for such patients at the established Medicaid rate; and

WHEREAS, RRD will continue to provide outpatient dialysis services at Bellevue and there continues to be space available to accommodate its programmatic needs; and

WHEREAS, when the Board of Directors authorized the RRD license agreement in 2007, it also authorized a renal dialysis services agreement with RRD by which RRD provides renal dialysis services to Bellevue inpatients the renewal of which agreement will be sought by separate resolution; and

WHEREAS, the Executive Director of Bellevue will be responsible for the administration of the license agreement.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a revocable license agreement with River Renal Dialysis (RD) Services for the continued use and occupancy of 7,871 square feet of space to operate a renal dialysis center at Bellevue Hospital Center at an occupancy fee rate of $59 per square foot, or $464,389 per year to be escalated by 2.75% per year for a total occupancy fee over the five year term of $2,453,212 with utilities included.

EXECUTIVE SUMMARY
BELLEVUE HOSPITAL CENTER
RIVER RENAL DIALYSIS (RD) SERVICES

OVERVIEW: The New York City Health and Hospitals Corporation ("NYC Health + Hospitals") seeks authorization from the Board of Directors to execute a revocable license agreement with River Renal Dialysis (RD) Services ("RRD") for its continued use and occupancy of space to operate a Renal Dialysis Center at Bellevue Hospital Center ("Bellevue").

NEED/
PROGRAM: RRD began providing treatments to patients at Bellevue in August 2011. RRD will continue to operate eighteen (18) hemodialysis and six (6) intermittent peritoneal stations in accordance with Article 28. RRD provides services to all patients regardless of their ability to pay, Bellevue pays for the services provided to such patients at the established Medicaid rate, however, RRD has been successful in qualifying virtually all of its patients for insurance, including Emergency Medicaid.

This is a companion agreement to a renal dialysis services agreement by which RRD provides dialysis services to Bellevue inpatients. The inpatient services are provided to Bellevue patients under the medical supervision of Bellevue physicians and nurses whereas the outpatients are provided under RRD's own Article 28 authority and medical supervision. Bellevue bills third party payers for the inpatient services whereas RRD bills third party payers for the outpatient services.

TERMS: RRD will continue to have the use and occupancy of approximately 7,871 square feet of space on the fifth floor of the Facility's bed tower at an a fair market value occupancy fee rate of $59 per square foot, or $464,389 per year to be escalated by 2.75% per year for a total occupancy fee over the five year term of $2,453,212 with utilities included. The occupancy fee is a fair market value rate. The fee under the prior term was based upon Bellevue's Institutional Cost Report ("ICR") rate.

Bellevue will provide electricity, heat, air conditioning, routine maintenance, security, and hot and cold water. RRD will be responsible for its own housekeeping and red-bag waste removal.

RRD will indemnify and hold harmless NYC Health + Hospitals and the City of New York from any and all claims arising by virtue of its use of the licensed space, and will also provide appropriate insurance naming each as additional insured parties.

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

UTILIZATION: RRD performs approximately 230 outpatient dialysis treatments per week, and the current patient census is 76 patients. 100% of RRD's patients are referred by Bellevue. There are 3 shifts a day on Monday, Wednesday, and Friday, and 2 shifts a day on Tuesday, Thursday, and Saturday.

Bellevue Dialysis

Year		Annual Occupancy Fee		Prior Term
1	$	464,389.00	$	439,989.00
2	$	477,159.70	$	439,989.00
3	$	490,281.59	$	470,686.00
4	$	503,764.33	$	470,686.00
5	$	517,617.85	$	470,686.00
total	$	2,453,212.47	$	2,292,036.00

Note: Prior term occupancy fee based on facilty's Institutional Cost Report rate

floor area = 7,871sf
escalation = 2.75%

SAVITT PARTNERS

July 21, 2016

Mr. Dion Wilson
Office of Facilities Development, Real Estate
NYC Health and Hospitals Corporation
346 Broadway, 12 West
New York, NY 10013

Re: Fair Market Value/appraisal of space within the Bellevue Hospital Center
Regarding specified space on the 5th Floor of Building H, licensed to River Renal Services, Inc., licensee
On behalf of NYC Health & Hospitals Corporation

Dear Dion:

Pursuant to your request, I visited the referenced space on Tuesday, June 21, 2016. You have asked that the fair market value/appraisal report for the property be presented in order to assess the fair market value (FMV) of the licensed space at current rates. This assessment is inclusive of the value of the tenant improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, structural repairs, etc. As the owner is designated as a not for profit (501C3) real estate taxes are not applicable, however this should also be considered when evaluating the value of the space in order to provide a comprehensive FMV. This appraisal will assess the estimated value of the now current base license fee inclusive of the tenant improvements and operating expenses. This evaluation is subject to the following:

- The unit is currently occupied and is appropriately zoned for the current use of the space.
- The licensor will occupy approximately a total of 7,871 SF as amended, within the referenced building.
- This evaluation is for the purpose of establishing the current FMV to lease/license the referenced property and considers numerous factors including but not limited to location, market conditions, market area comparables, lease terms and conditions, as well as tenant improvements.

The River Renal Services dialysis unit is located on the 5th Floor of the H Building within the Bellevue Hospital campus on First Avenue in the Kips Bay market area. It is accessible by private and public surface transportation running along First Avenue, Second Avenue, 23rd Street and 34th Street. There are a number of private parking lots located near the hospital. The complex is readily accessible by mass transit and conveniently situated off the FDR Drive with exit/entrance ramps on 23rd Street. This is a unique property within the referenced market area; however, there are numerous medical facilities, hospitals and private physician practices in the immediate area providing a benchmark for market rents. The proposal offers the licensee a full-service hospital building with amenities typically only found in hospitals and full-service medical office buildings, and not commercial properties.

Kips Bay and specifically First Avenue have numerous medical health care providers. The market conditions have been established and are readily available for comparison. Pricing for medical and laboratory spaces in this market area vary widely and range from \$42 - \$80 per RSF. This market has seen an increase in asking rents from the 2011 initial license agreement, and landlord concessions have also been reduced. Therefore, the ability to procure built out "turn-key" medical office space has experienced an increase in comprehensive expenses. For example, private physician offices in the Peter Cooper Stuyvesant Square housing complex garner rents in the range of \$46 - \$70 per RSF. Adjacent neighborhoods such as properties on Park Avenue South and Union Square have continued to garner stable and increased rents for medical space in this market. Although these areas have numerous medical sites, the lack of product, i.e. rental opportunities, has maintained a stable rental market. It is important to consider that some commercial landlords in this area consider medical use "less desirable" and would prefer typical commercial tenants. This variable is factored in this assessment as well.

Most of the opportunity for medical office space in this market is for undeveloped space; therefore, the space would require build out and a major capital expenditure by the tenant. Administrative office space is more competitive and can still achieve rents in the low to mid \$40 RSF range.

The referenced medical space consists of:

- 18 chairs for dialysis patients in 12 combined treatment rooms
- 8 offices
- 1 lounge
- 1 training room
- 1 large patient room
- 6 bathrooms (1 with shower)
- 2 nurses' stations
- 2 medical file/storage rooms
- 1 utility closet
- 1 general storage room
- 1 supply/copy room
- 1 water purification room with supply storage
- 2 clean utility rooms

The entire facility is designed and built off of a central corridor.

There are additional variables that must also be considered for this evaluation. It is apparent that proximity to the licensor's main campus is attractive. Additionally, the ability to enter into an all-inclusive transaction with no allocation for real estate taxes or other additional charges has value to the tenant/licensee. The provision of tenant services that are uncommon for non-medical facilities, i.e., 24-7 access and the provision of full time services such as HVAC and security must also be factored in this evaluation.

In addition, the licensee was provided a 5 year initial term plus an additional 5 year option which is atypical for a licensee agreement; however, it also provides the parties with a unilateral termination provision, thereby diminishing the value to the licensee.

The current use is an important factor in assessing the value. Even though the licensee improved the space, the prospective rental value to another tenant or licensee must be considered. The value of the build out for space as a Renal Dialysis facility would be between $250 - $400 per RSF with an estimated initial investment of approximately $400,000. The initial investment was negotiated as part of the licensee term and was required to upgrade the existing facility to code.

There are other factors too that the licensee must consider; limited relocation opportunities, extensive expenses to build out new space (with minimal landlord concessions) and invasive use. These variables were factored into the appraisal as well.

The method of measurement used to calculate the available square footage within the institution gives us an accurate reading, leading to a truer measurement of the useable square footage than in a traditional office space. A traditional office space generally suffers a loss factor of 30% or greater, meaning that a 7,871 SF requirement necessitates approximately 11,000 SF to achieve the same net square footage result.

This dialysis unit, however, was developed and is specific to the licensee's use, as an outpatient facility which makes it somewhat more difficult to compare to spaces found within the general community. In addition, there is little or no value placed on common areas so our evaluation only considers the space within the demised premises. Accordingly, we value the space at approximately $46/SF net of any services and any additional physical space added, to account for common area within the premises or common area needed for access to the premises.

In addition to the base rent of $46/SF, which we previously described as net, you would add in approximately $3.50/SF for utility services, as much as $5/SF for IT and telephone services depending on the level of sophistication provided, and $2.25/SF for cleaning services. In addition to these services, the tenants occupying the spaces do not have to maintain service contracts or maintenance of AC, communications or office equipment, etc. That can be value-added into the cost of the space as well. Accordingly, we value the space at a gross rent of approximately $52/SF with services provided, which would be consistent with general office tenants found within the general community.

It must be noted that the unit is 5 years old and presents in an above average condition. The infrastructure and equipment must be evaluated when determining this build out and FF&E (furniture, fixtures, and equipment) component to establish an ultimate rental value.

It has been our experience that a build out of a dialysis unit, complete with the extensive plumbing, technical equipment, maintenance and regulatory agency compliance required to provide dialysis services equates to $350/SF. This figure would be broken down to approximately $250/SF for the unit build out and approximately $100/SF for FF&E. While this sum describes the build out costs for the intended use, it also includes base building work performed to include, but not be limited to HVAC installation and equipment, electrical, plumbing and other building conditions that would be required and calculated in the total fit-out costs. On a 10 year term, fully amortized and with an interest rate factor on the money used for the build out, this comes to $20/SF for a newly constructed and equipped space. Coupled with a market rent of approximately $52/SF for the area with services and utilities, the result would be a rent of $72/SF for a built dialysis space that is operational and current to code.

Further, while this is a well-functioning dialysis unit for outpatient use, it is also a 5 year old installation with equipment of the same age. As such, the useful life of the installation has been somewhat amortized and some equipment may be in need of upgrades, repair, or significant maintenance over the next few years. Accounting for this, therefore, it would be proper to recognize that the value of this unit would be reduced by as much as $10/SF for any potential tenant or licensee, which would be charged with the obligation to further upgrade, repair, replace and maintain both the space, equipment and infrastructure. Accordingly, we place the value of this unit at approximately $62/SF for the built dialysis unit in its current condition and configuration.

In conclusion, this analysis finds that the FMV for this space has greater value than commercial opportunities within the same market district. It would be appropriate for the tenant to negotiate an escalation provision to the base rent/fee of 2.50% to 2.75% commencing in the second year of the license agreement. These would be commercially fair and reasonable terms based on the data and information assessed in this report. This appraisal also takes into consideration the comparable commercial rents within the immediate market areas specifically for medical properties, as well as for limited availability for similar sized opportunities.

In the event that I can be of any further assistance to you, please do not hesitate to call.

Thank You.

Very Truly Yours,

Michael E. Dubin
Partner

LICENSE AGREEMENT

NEWTOWN DIALYSIS CENTER, INC.

NYC HEALTH + HOSPITALS / ELMHURST

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals ") to execute a revocable five year license agreement with Newtown Dialysis Center, Inc., of New York (the "Licensee") for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Elmhurst (the "Facility") at an occupancy fee rate of $62 per square foot or $372,372 per year to be escalated by 2.75% per year for a total of $1,973,079 over five years.

WHEREAS, in July 2010, the Board of Directors authorized the President to enter into a license agreement with the Licensee to operate twenty-five hemodialysis stations; and

WHEREAS, the Facility has determined that there continues to be a need for renal dialysis services for the patient community and that the presence of an on-site provider of such services will be beneficial; and

WHEREAS, the Licensee is a provider of renal dialysis services and is licensed in accordance with Article 28 of the New York State Public Health Law; and

WHEREAS, the Licensee provides services to all patients regardless of their ability to pay and NYC Health + Hospitals pay at the established Medicaid rates for the services provided to any patient that cannot be enrolled for insurance; and

WHEREAS, the executive director of the Facility will be responsible for supervising the performance of the proposed license agreement.

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (NYC Health + Hospitals) be and hereby is authorized to execute a revocable five year license agreement with Newtown Dialysis Center, Inc., of New York for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Elmhurst at an occupancy fee rate of $62 per square foot or $372,372 per year to be escalated by 2.75% per year for a total of $1,973,079 over five years.

EXECUTIVE SUMMARY

RENAL DIALYSIS TREATMENT CENTER
NEWTOWN DIALYSIS CENTER, INC.

NYC HEALTH + HOSPITALS/ ELMHURST

OVERVIEW: The President seeks authorization from the Board of Directors to execute a five year revocable license agreement with Newtown Dialysis Center, Inc., of New York ("Newtown") to operate a renal dialysis treatment center at NYC Health + Hospitals/ Elmhurst ("Elmhurst").

NEED/
PROGRAM: Newtown is a for-profit company, based in New York and licensed by the New York State Department of Health to operate a renal dialysis center at Elmhurst. Newtown has been providing treatments at Elmhurst since 2002. Newtown operates twenty-five hemodialysis stations at which treatments are provided to outpatients. Newtown also provides instruction which gives patients the ability to perform peritoneal dialysis at home. Newtown will bill third-party insurers directly for its services. Newtown provides services to patients regardless of their ability to pay and NYC Health + Hospitals pays Newtown for any such patients that cannot be enrolled in insurance at the prevailing Medicaid rate. Newtown has been successful, however, in enrolling virtually all of its patients for Medicaid, including emergency Medicaid, coverage.

UTILIZATION: At the end of 2015 approximately 200 patients were receiving dialysis treatment at the Elmhurst site. Because Newtown operates four shifts per day between 6 AM and 11PM Monday - Saturday, it is able to provide approximately 2250 treatments each month.

TERMS: Newtown will be granted the continued use and occupy of approximately 6,006 square feet of space on the "D" wing, 7th floor of the Main Hospital building. Newtown will pay an occupancy fee of $62 per square foot, or $372,372 per year to be escalated by 2.75% per year for a total of $1,973,079 over five years. The occupancy fee is based on fair market value. Elmhurst will provide hot and cold water, electricity, heating, air conditioning, security and maintenance to the Licensed Space.

The previous rate Newtown had paid for its occupancy was at $66/ft reflecting the then prevailing Institutional Cost Report ("ICR") rate. In 2010 when the previous license was given, NYC Health + Hospitals used the ICR to fix such rates. Subsequently, on the advice of counsel, fair market value has been used instead to better comply with the Federal fraud and abuse rules governing relations between healthcare providers. The proposed FMV rate was established by NYC Health + Hospitals real estate consultant whose report is attached.

Newtown will indemnify and hold harmless the NYC Health + Hospitals and the City of New York from any and all claims arising by virtue of its use of the Licensed Space, and shall provide appropriate insurance naming the Corporation and the City of New York as additional insured parties.

The license agreement shall not exceed five years without further authorization from the Board of Directors and shall be revocable by either party on one hundred and eighty days prior notice.

Elmhurst Dialysis

Year	Annual Occupancy Fee	Prior Term
1	$ 372,372.00	$ 396,396.00
2	$ 382,612.23	$ 396,396.00
3	$ 393,134.07	$ 430,330.00
4	$ 403,945.25	$ 430,330.00
5	$ 415,053.75	$ 430,330.00
Total	$ 1,967,117.30	$ 2,083,782.00

Note: Prior term occupancy fee based on facility's Institutional Cost Report rate

floor area = 6,006sf
escalation = 2.75%

SAVITT PARTNERS

November 24, 2015

Dion Wilson
Director
Office of Facilities Development Real Estate
NYC Health and Hospitals Corporation
346 Broadway, 12 West
New York, NY 10013

Re: Appraisal of Newtown Dialysis, located within Elmhurst Hospital Center

Dear Dion,

Pursuant to your request, on Friday, April 17, 2015, I visited the referenced Renal Dialysis unit to establish the fair market value (FMV) rent of the existing dialysis unit, based on the information that you provided to me, knowledge of area rental values and the condition of the premises. The evaluation is subject to the following assumptions:

- The hospital operates a 25 chair outpatient Renal Dialysis unit
- The square footage of the unit is approximately 6,452 Gross Internal (net useable) RSF
- General medical space in the surrounding Elmhurst/Jackson Heights community leases at a rent of approximately $44 per square foot on average.

The Renal Dialysis unit is located within the Elmhurst Hospital Center, which is readily accessible by the number 7 subway "Flushing" line and by numerous bus routes running along Roosevelt Avenue and Broadway. Building parking is limited and there is surface street parking available.

The Renal Dialysis unit is located on the hospital's 7th floor, "D" Wing of the main hospital building. It consists of 6,452 gross useable square feet. For the purpose of this report, the outpatient portion and any common areas used for treatment are described. The central corridor that accesses the entire Renal Dialysis unit houses the entrance, common waiting room, staff offices, exam rooms, lockers, lounge and supplies, conference room, medical records, training classroom, and three toilets.

The outpatient dialysis center itself consists of 25 dialysis stations (chairs) and one additional toilet. There are also storage rooms, machine and mechanical rooms, and medical prep rooms. This outpatient unit is set up as an open unit and has a nurse's station. This space was built with a proper design for outpatient dialysis services and is of the correct size to maximize a unit's efficiency.

The method of measurement used to calculate the available square footage within the institution gives us an accurate reading, leading to a truer measure of the useable square footage than in a traditional office space. A traditional office space generally suffers a loss factor of 30% or greater, meaning that a 6,500 sf requirement necessitates approximately 9,000 sf to achieve the same net square footage result.

Space in medical offices found in this area typically is in or competes with retail/commercial space in residential buildings. Rents range from approximately $35 RSF - $46 RSF. The low end spectrum of the market should typically be in the older, un-renovated or minimally renovated offices or residential buildings. They would typically have been converted to small spaces found on the ground floor of residential buildings and would not provide full building services. Such offices would generally be found on side street locations. However, the size of the unit being evaluated for this report is typically not found in these buildings due to size limitations and use. Renal Dialysis is considered invasive to building systems and accordingly is not always welcomed as a tenant. Tenants may also pay a premium to Landlord for the use. The high end spectrum of the market would be in the larger and recently renovated buildings providing more services. These spaces are more limited in this location.

More commonly, the spaces would be retail spaces leased to either retail users or non-retail users taking advantage of retail street presence and increased visibility. Medical offices in these buildings would be to code, be in good to excellent condition, with enhanced plumbing, electric and HVAC systems, and in many instances would also have substantial fixture improvements within the space (millwork, plumbing fixtures and cabinetry). These building spaces, while used for medical offices, would also be quite suitable for general office and specifically retail purposes but for the specific build-out needed for medical. Retail will garner higher rents. Most medical offices, in general, unless built within the last 6-7 years or recently renovated, will not meet current ADA or other municipal code requirements, and unless nothing but a cosmetic face lift is contemplated, would require structural changes, permits, filings, etc. to meet code.

Retail space in a hospital zone typically garners a rent premium based on its proximity to a hospital. The added population and street traffic is a financial benefit most tenants of the space are willing to pay for.

This dialysis unit, however, was developed and is specific to the hospital's use, as an outpatient facility which makes it somewhat more difficult to compare to spaces found within the general community. In addition, there is little or no value placed on common areas so our evaluation only considers the space within the demised premises. Accordingly, we value the space at approx $46/sf net of any services and any additional physical space add, to account for common area within the premises or common area needed for access to the premises.

In addition to the base rent of $46, which we previously described as net, you would add in approximately $3.50/sf for utility services, as much as $5/sf for IT and telephone services depending on the level of sophistication provided, but would credit $2.25/sf for cleaning services since the tenant will be responsible for this. In addition to these services, the tenants occupying the spaces do not have to maintain service contracts or maintenance of AC, communications or office equipment etc. That can be value-added into the cost of the space as well. Accordingly, we value the space at a gross rent of approximately $52/sf with services provided, which would be consistent with general office tenants found within the general community.

It must be noted that the unit is 11 years old and presents in an above average in condition. The infrastructure and equipment must be evaluated when determining this build out and FF&E component to establish an ultimate rental value.

It has been our experience that a build out of a dialysis unit, complete with the extensive plumbing, technical equipment, maintenance and regulatory agency compliance required to provide dialysis services equates to $350 per square foot. This figure would be broken down to approximately $250/sf for the unit build out and approximately $100/sf for FF&E (furniture, fixtures, and equipment). While this sum describes the build out costs for the intended use, it also includes base building work performed to include, but not be limited to HVAC installation and equipment, electrical, plumbing and other building conditions that would be required and calculated in the total fit-out costs. On a 10 year lease, fully amortized and with an interest rate factor on the money used for the build out, this comes to $20 per square foot for a newly constructed and equipped space. Coupled with a market rent of approximately $52 per square foot for the area with services and utilities, the result would be a rent of $72 per square foot for a built dialysis space that is operational and current to code.

It is important to note, however, that while this is a well functioning dialysis unit for outpatient use, it is also a 10 year old installation with equipment of the same age. As such, the useful life of the installation has been significantly amortized and the equipment may be in need of upgrades, repair or replacement. Accounting for this, therefore, it would be proper to recognize that the value of this unit would be reduced by as much as $10 per square foot for any potential tenant or licensee, which would be charged with the obligation to upgrade, repair, replace and modernize both the space, equipment and infrastructure. Accordingly, we place the value of this unit at approximately $62 per square foot for the built dialysis unit in its current condition and configuration.

In the event I can be of any further assistance to you, please do not hesitate to call me.

Very truly yours,

Michael Dubin
Partner
Savitt Partners LLC

LICENSE AGREEMENT

CONSOLIDATED EDISON (CON ED) COMPANY OF NEW YORK, INC.

NYC HEALTH + HOSPITALS / HARLEM

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a five year revocable license agreement with Consolidated Edison Company of New York, Inc. (the “Licensee”) for its continued use and occupancy of approximately 50 square feet of space for the operation of a radio communication system at Harlem Hospital Center (the “Facility”) at an annual occupancy fee of $31,309 to be escalated by 3% per year for a total of $166,224 over the five year term.

WHEREAS, in March 2012, the Board of Directors of the Corporation authorized the President to execute a license agreement with the Licensee; 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 New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) be and hereby is authorized to execute a five year revocable license agreement with Consolidated Edison Company of New York, Inc. (the ”Licensee”) for its continued use and occupancy of approximately 50 square feet of space for the operation of a radio communication system at Harlem Hospital Center (the “Facility”) at an annual occupancy fee of $31,309 to be escalated by 3% per year for a total of $166,224 over the five year term.

EXECUTIVE SUMMARY

LICENSE AGREEMENT
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

HARLEM HOSPITAL CENTER

The New York City Health and Hospitals 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 $31,309 per year, with an annual increase of 3% on the anniversary of the commencement date for its use and occupancy of the licensed space for a total occupancy fee over the five year term of $166,224. Con Ed will be responsible for paying for electrical service. Con Ed is also 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.

Con Edison

Year		Prior Term		New Term
1	$	27,007.00	$	30,397.00
2	$	27,817.21	$	31,308.91
3	$	28,651.73	$	32,248.18
4	$	29,511.28	$	33,215.62
5	$	30,396.62	$	34,212.09
	$	143,383.83	$	161,381.80

Floor area = 50 square feet

Escalation = 3%

CONTRACT APPROVAL

ARCHITECTURAL & ENGINEERING (AE) / MECHANICAL, ELECTRICAL & PLUMBING (MEP) / LOCAL LAW 11 (LL 11) SERVICES

NYC HEALTH + HOSPITALS / SYSTEM WIDE

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with seven Architectural and Engineering ("AE") consulting firms namely DaSilva Architects, PC, Francis Cauffman, Inc., Gertler & Wente Architects, Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, and TPG Architecture, to provide professional AE design services; and with six Mechanical, Engineering, and Plumbing ("MEP") consulting firms, namely Goldman Copeland Associates, PC, Greenman- Pedersen, Inc., Jacob Feinberg Katz & Michaeli Consulting Group, LLC, Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., and R. G. Vanderweil Engineers, LLP, to provide professional MEP design services; and with six Local Law Inspection consulting firms, namely HAKS Engineers, Architects and Land Surveyors, PC, Hoffman Architects, Inc., Raman and Oudjian Engineers and Architects, PC, Ronnette Riley Architect, Superstructures Engineering + Architecture, PLLC, and Thornton Tomasetti, Inc., to provide professional Local Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities throughout the Corporation. The contracts shall be for a term of one year with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed $15,000,000 for services provided by all such consultants.

WHEREAS, NYC Health + Hospitals facilities require, from time to time, professional AE/MEP design services and Local Law 11 inspection and filing services and professional AE design services in connection with Local Law 11 compliance; and

WHEREAS, NYC Health + Hospitals has determined that the needs of its facilities for such services can best be met by utilizing outside firms, on an as-needed basis, through requirements contracts; and

WHEREAS, NYC Health + Hospitals conducted a selection process for such professional services through a Request for Proposals, and determined that these consultants' proposals best met its needs; and

WHEREAS, the monitoring of these contracts shall be under the direction of the Senior Assistant Vice President, Facilities Development.

NOW, THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute requirements contracts with seven Architectural and Engineering consulting firms, namely DaSilva Architects, PC, Francis Cauffman, Inc., Gertler & Wente Architects, Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, and TPG Architecture, to provide professional AE design services; and with six Mechanical, Engineering, and Plumbing consulting firms, namely Goldman Copeland Associates, PC, Greenman-Pedersen, Inc., Jacob Feinberg Katz & Michaeli Consulting Group, LLC, Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., and R. G. Vanderweil Engineers, LLP, to provide professional MEP design services; and with six Local Law Inspection consulting firms, namely HAKS Engineers, Architects and Land Surveyors, PC, Hoffman Architects, Inc., Raman and Oudjian Engineers and Architects, PC, Ronnette Riley Architect, Superstructures Engineering + Architecture, PLLC, and Thornton Tomasetti, Inc., to provide professional Local Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities operated by NYC Health + Hospitals. The contracts shall be for a term of one year with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed $15,000,000 for services provided by such consultants.

EXECUTIVE SUMMARY

REQUIREMENTS CONTRACTS

AE CONSULTING SERVICES
DaSilva, Francis Cauffman, Gertler Wente, Lothrop, MJCL, Perkins Eastman, TPG

MEP CONSULTING SERVICES
Goldman Copeland, Greenman-Pedersen, Jacob Feinberg, Katz & Michaeli, Kallen & Lemlson, Liro, R. G. Vanderweil

LL11 INSPECTIONS CONSULTING SERVICES
HAKS, Hoffman, Raman and Oudjian, Ronette Riley, Superstructures and Thornton Tomasetti

OVERVIEW: NYC Health + Hospitals seeks to execute nineteen requirements contracts for one year, with options to renew for two additional one-year periods, for a total cost over three years, not-to-exceed $15,000,000 to provide AE/MEP and LL11 Inspection & AE/MEP Professional Services on an as-needed basis at any facility of NYC Health + Hospitals.

NEED: The various facilities of NYC Health + Hospitals from time to time require AE/MEP and LL11 Inspection & AE/MEP Professional Services. Due to fluctuating demands and the licensing requirements for such services, NYC Health + Hospitals has determined that these needs can best be met by utilizing outside firms on an as-needed basis through requirements contracts.

New York City's "Facade Inspection Safety Program", also known as Local Law 11, requires that owners of buildings with six or more stories above an exposed basement wall inspect their exterior walls and appurtenances every 5 years. An Exterior Wall Inspector certified by the NYC Department of Buildings ("NYCDOB") must conduct this inspection and submit it for review and approval to the NYCDOB. There must be a physical inspection of at least one wall usually by a scaffold drop and all exposed walls must be inspected. The inspection report documents any conditions found and indicates if they are safe, unsafe, or safe with a repair and maintenance program. Unsafe conditions must be repaired immediately, and any condition noted as Safe with a repair and maintenance program must be remedied during the next five years in order to prevent its automatic classification as an unsafe condition during at the next inspection. The Local Law 11 consultants also assist NYCHHC in the design for repairs and maintenance of the entire building envelope including the walls, windows and roofs.

TERMS: The professional services will be provided pursuant to the terms and conditions of the requirements contracts.

COSTS: Not-to-exceed $15,000,000 over three years, for the nineteen firms.

FINANCING: Capital, pending development of specific projects to be funded by bond proceeds, expense or other funds.

TERM: Upon contract execution, a base period of one year, with an option to renew for two additional contract periods of one year each, solely at the discretion of the Corporation.

Page Two – Executive Summary
AE/MEP and LL11 Inspections & AE Professional Services

HHC EXPERIENCE:

AE FIRMS	
Consultant	Previous HHC Contracts
Da Silva Architects, PC	New Contract
Francis Cauffman, Inc.	In current pool, $633,805
Gertler & Wente Architects	New Contract
Lothrop Associates, LLP	New Contract
MJCL Architect, PLLC	In current pool, $3,187,430
Perkins Eastman Architects, DPC	In current pool, $1,361,457
TPG Architecture	New Contract

MEP FIRMS	Previous HHC Contracts
Goldman Copeland Associates	New Contract
Greenman-Pedersen, Inc.	In current pool, $1,093,465
Jacob Feinberg Katz & Michaeli Consulting Group (JFK & M)	In current pool, $419, 440 (WBE)
Kallen & Lemelson Consulting Engineers, LLP	In current pool, $2,255,251
LiRo Engineers	New Contract for MEP
R.G. Vanderweil Engineers, LLP	In current pool, $91,500

LL11 Inspection/ AE Firms	Previous HHC Contracts
HAKS Engineers, Architects, and Land Surveyors, PC	New Contract for LL 11 (MBE)
Hoffman Architects, Inc.	New Contract
Raman and Oundjian Eng. + Insp. Services, PC	In current pool, $1,105,690 (MBE)
Ronette Riley Architect	New Contract (WBE)
Superstructures Engineering + Architecture, PLLC	In current pool, $1,207,064
Thornton Tomasetti, Inc.	In current pool, $163,650

VENDEX: Pending for all consultants.

EEO: Pending for all consultants.