10/29/2022

Determination of Need Program

Massachusetts Department of Public Health

250 Washington Street, Boston, MA 02108

Via email to: [DPH.DON@massmail.state.ma.us](mailto:DPH.DON@massmail.state.ma.us)

RE: Determination of Need project **BMCHS-22080908-HE**

Dear Determination of Need Program Representative:

We are writing pursuant to the provisions of 105 CMR § 100.600 - § 100.603 relative to the above-mentioned Determination of Need (DoN) project at Boston Medical Center.

We are all residents of the Commonwealth of Massachusetts and pay taxes within the Commonwealth. We hereby request recognition as an "Interested Party" and the rights associated with such a designation, including notice concerning, and participation in the review of the above-referenced DoN application. We are all members or allies of and are representing the interests of 1199 SETTJ United Health Care Workers East; none of us is acting as an agent for any other party.

(over)

The taxpayer designated to receive all correspondence relative to this request is:

Allen Jackson

l 08 Myrtle Street, 4th Floor

Quincy, MA 02171

Phone: 617-284-1123

Fax: 617-474-7150

Email: [allen.jackson@l199.org](mailto:allen.jackson@l199.org)

Please find the signature pages following.

Sincerely,

Allen Jackson

Researcher

**Signature Page for 1199 SEIU Ten Taxpayer Group re: Project BMCHS-22080908-HE**

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| --- | --- | --- |
|  | **Name (signature and printed)** | **Home Address** |
| 1. | Signature: [signature on file]  Printed Name: Kristina Copper | [address redacted] |
| 2. | Signature: [signature on file]  Printed Name: Carrie-Ann White | [address redacted] |
| 3. | Signature: [signature on file]  Printed Name: Julia Russo | [address redacted] |
| 4. | Signature: [signature on file]  Printed Name: Bridget Cleary | [address redacted] |
| 5. | Signature: [signature on file]  Printed Name: Christina LaCascia | [address redacted] |
| 6. | Signature: [signature on file]  Printed Name: Gifty Aclesa Awhaitey | [address redacted] |
| 7. | Signature: [signature on file]  Printed Name: Amanda Barrett | [address redacted] |
| 8. | Signature: [signature on file]  Printed Name: Joy Crowley RN | [address redacted] |
| 9. | Signature: [signature on file]  Printed Name: Keri Turner | [address redacted] |
| 10. | Signature: [signature on file]  Printed Name: Debbis Pachun | [address redacted] |
| 11. | Signature: [signature on file]  Printed Name: Lisa Satkevich | [address redacted] |