July 19, 2018



Via Email and Hand Delivery - Return Receipt Requested

Nora Mann, Esq., Program Director Determination of Need Program Department of Public Health 250 Washington Street Boston, MA 02108

Re: <u>Dana-Farber Cancer Institute, Inc. Determination of Need Application # DFCI-</u> 18060111-HE

Dear Attorney Mann:

We write to provide additional documentation for the above-captioned Determination of Need ("DoN") Application submitted to your office electronically on July 19, 2018. Please find enclosed the filing fee and the original Affidavit of Truthfulness for the Dana-Farber Cancer Institute, Inc. Determination of Need Application (Application #DFCI-18060111-HE).

We thank you for your assistance with this matter. Please do not hesitate to contact Crystal Bloom, Esq. or me if you have any questions or require additional information.

Sincerely,

Andrew S. Lenne

Enclosures

cc: R. Rodman, Esq. dph.don@state.ma.us

> Barrett & Singal One Beacon Street, Suite 1320 Boston, MA 02108-3106 T 617.598.6700 F 617.722.0276 www.barrettsingal.com



PAGE: 1 of 1

DATE: July 3, 2018 CHECK NUMBER: MANUAL AMOUNT PAID: \$349,700.00

Direct Inquiries To: 617-632-3094

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Massachusetts Department of Public Health Determination of Need Affidavit of Truthfulness and Compliance with Law and Disclosure Form 100.405(B)

ock th	e form. Print		gn and date the form. When	This document is ready to print:". T all signatures have been collected, so		
Applic	ation Numbe	er: DCFI-18060111-	HE	Original Application Date:	7/19/2018	
Applic	ant Name:	Dana-Farber Cancer Institut	e, Inc.		· · · · · ·	
Applic	ation Type:	Hospital/Clinic Substantial C	Capital Expenditure			
Applic	ant's Busine	ss Type: (Corporation	C Limited Partnership 🛛 🔿	Partnership (^ Trust (^ LLC	(Other	
is the	Applicant the	e sole member or sole sharel	holder of the Health Facility(ie	s) that are the subject of this Applica	ation? (Yes C No	
1. 2. 3. 4. 5. 6. 7, 8. 9. 10. 11.	The Applic I have read I understat I have read I have read I have sub Parties of I I have sub Parties of I I have sub Parties of I I have cau all carriers Applicant I have cau all carriers Applicant I have cau to0.405(E If subject I accordanc Pursuant I substantia previously I have read pursuant I understa pursuant otherwise Pursuant	105 CMR 100.000, the Mass and and agree to the expected this application for Determ on contained herein is accur mitted the correct Filing Fee mitted the required copies of Record and other parties as i sed, as required, notices of in or third-party administrator contracts, and with Medicar sed proper notification and and 301 CMR 11.00; will to M.G.L. c. 6D, § 13 and 958 te with 105 CMR 100.405(G); to 105 CMR 100.210(A)(3),1 c al compliance and good star <i>Hissued</i> Notices of Determin at and understand the limital ation of Need as established and that, if Approved, the Ap to 105 CMR 100.310, as well become a part of the Final / to 105 CMR 100.705(A), I cer	ember or sole shareholder of the sachusetts Determination of N and appropriate conduct of ination of Need including all ate and true; and understand it is nonrefu- of this application to the Deter- required pursuant to 105 CMR intent to be published and du- rs, public and commercial, for re and Medicaid, as required b submissions to the Secretary of be made 1f application CMR 7.00, i have submitted su- tions on solicitation of funding in 105 CMR 100.415; applicant, as Holder of the DoN, as any applicable Other Cond Action pursuant to 105 CMR 1 tify that the Applicant has Suf-	the Applicant pursuant to 105 CMR exhibits and attachments, and certify mination of Need Program, and, as a 100.405(B); oficate copies to be submitted to all the payment of health care services y 105 CMR 100.405(C), et seq.; of Environmental Affairs pursuant to ble uch Notice of Material Change to the and the Proposed Project are in mai ate, and local laws and regulations, a and Conditions-attached therein; g from the general public prior to re- shall become obligated to all Stand itions as outlined within 105 CMR 10 00.360; ficient Interest in the Site or facility; a	100.800; A that all of the 5(B); applicable, to all Parties of Record, and with which the 105 CMR HPC - in terial and s well as with all ceiving a Notice of ard Conditions 00.000 or that and	
14.	Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or, a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or, b. The Proposed Project is exempt from zoning by-laws or ordinances.					
Corp	oration:	· · ·	- - ·	- ter maar van na 20,0000 - er man n		
Attac	h a copy of A	rticles of Organization/Inco	rporation, as amended			
Laurie H. Glimcher, M.D.						
CEO for Corporation Name:		Signature:	RL+	ate		
Josh	ua Bekensteii	n	for	HERT		
Board Chair for Corporation Name:			Signature:		ate	

***issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 Affidavit of Truthfulness Dana-Farber Cancer Institute, Inc. 07/05/2018 2:21 pm

Page 1 of 2



Massachusetts Department of Public Health Determination of Need Affidavit of Truthfulness and Compliance with Law and Disclosure Form 100.405(B)

lock the	form. Print F	orm. Each person must si		x "This document is ready to print:". n all signatures have been collected, :		
Applica	ition Number:	DFCI-18060111-	HE	Original Application Date	7/19/2018	
Applica	int Name: Da	ana-Farber Cancer Institut	e, Inc.			
Applica	ition Type: [Ho	ospital/Clinic Substantial (Capital Expenditure			
Applica	ant's Business	Type: (Corporation	C Limited Partnership (Partnership С Trust СШС	C Other	
Is the A	pplicant the s	ole member or sole share	holder of the Health Facility	(ies) that are the subject of this Applic	ation? 🕝 Yes 🔿 No	
The unc	dersianed cert	lifies under the pains and	penalties of perjury:			
1,				f the Health Facility[ies] that are the si	bject of this Application;	
2.	thave raad 1	05 CMR 100.000, the Mas	sachusetts Determination o	f Need Regulation;		
3.	1 understand	l and agree to the expecte	d and appropriate conduct	of the Applicant pursuant to 105 CMF	100.800;	
4.				ll exhibits and attachments, and cettin	y that all of the	
_		contained herein is accur				
5.				fundable pursuant to 105 CMR 100.40		
6.				termination of Need Program, and, as	applicable, to all	
-			required pursuant to 105 CM	luplicate copies to be submitted to all	Portion of Pacard and	
7.				or the payment of health care services		
				by 105 CMR 100.405(C), et seq.;	with writering	
8.				y of Environmental Alfairs pursuant to	105 C MR	
0.			be made if applic			
9.					e HPC – in	
1	If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC – in accordance with 105 CMR 100.405(G);					
10.				nt and the Proposed Project are in ma	terial and	
				state, and local laws and regulations, a		
	-previously is	sued Notices of Determin	ation of Need and the term	s and Conditions attached therein;		
11.	I have read a	and understand the limita	tions on solicitation of fund	ing from the general public prior to re	ceiving a Notice of	
		on of Need as established				
12.				N, shall become obligated to all Stand		
				nditions as outlined within 105 CMR 1	00,000 or that	
			Action pursuant to 105 CMR			
13.	Pursuant to	105 CMR 100.705(A), I cer	tily that the Applicant has 5	ufficient Interest in the Site or facility;	and	
14.						
	ordinances, whether or not a special permit is required; or,					
	 a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or, 					
	b. T		empt from zoning by-laws of	or ordinances.		
Corpo	ration:					
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	a copy of vite	cies or organization and		$\Lambda I \bigcirc V$		
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CEO fo	or Corporation	Name:	signature:		are	
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	•	poration Name:	Signature:	L	ate	
**ha	ve been i	d of the contents nformed that				
*** <u>1</u> R	ssued in equilation	compliance with 1 effective Januar	05 CMR 100.00, the v 27, 2017	Massachusetts Determinat	ion of Need	

Regulation effective January 27, Affidavit of Truthfulness Dana-Farber Cancer Institute, Inc.