

July 19, 2018

**BARRETT  
& SINGAL**

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: Dana-Farber Cancer Institute, Inc. Determination of Need Application # DFCI-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. Levine

Enclosures

cc: R. Rodman, Esq.  
[dph.don@state.ma.us](mailto:dph.don@state.ma.us)

DATE: July 3, 2018  
CHECK NUMBER: [REDACTED]  
AMOUNT PAID: \$349,700.00

Direct Inquiries To: 617-632-3094



COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF HEALTH HUMAN S  
DEPARTMENT OF PUBLIC HEALTH DETERMI  
250 WASHINGTON STREET  
BOSTON MA 02108



184510003600200379000100000000

Vendor Number: 0000001496

Invoice Date	Invoice Number	Voucher ID	Description	Gross Amount	Discount	Net Amount
7/03/18	FILINGFEE07/03/18	01770419	FILING FEE COMMUNITY HEALTH INITIATIVE (CHI)	\$349,700.00	\$0.00	\$349,700.00
			TOTALS	\$349,700.00	\$0.00	\$349,700.00

PLEASE DETACH BEFORE DEPOSITING CHECK

**DANA-FARBER** P.O. Box 479102  
CANCER INSTITUTE Brookline, MA 02447-9102

CHECK  
NUMBER [REDACTED]

50-937  
213

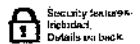
July 3, 2018

PAY TO THE ORDER OF: COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF HEALTH HUMAN S  
DEPARTMENT OF PUBLIC HEALTH DETERMI  
250 WASHINGTON STREET  
BOSTON, MA 02108

CHECK AMOUNT

\$349,700.00

EXACTLY \*\*\*\*\*349,700 DOLLARS AND 00 CENTS



Morgan Chase Bank, N.A.  
acuse, NY

*[Signature]*  
Authorized Signer



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

Version: 7-6-17

**Instructions:** Complete information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number: DCFI-18060111-HE

Original Application Date: 7/19/2018

Applicant Name: Dana-Farber Cancer Institute, Inc.

Application Type: Hospital/Clinic Substantial Capital Expenditure

Applicant's Business Type: ☒ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☐ LLC ☐ Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? ☒ Yes ☐ No

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility(ies) that are the subject of this Application;
2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and ~~certify that~~ <sup>\*\*</sup>all of the information contained herein is accurate and true;
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made if applicable
9. 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. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all ~~previously issued~~ <sup>\*\*</sup>Notices of Determination of Need ~~and the terms and conditions attached therein;~~
11. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; 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.

**Corporation:**

Attach a copy of Articles of Organization/Incorporation, as amended

Laurie H. Glimcher, M.D.

CEO for Corporation Name:

Signature:

Date

Joshua Bekenstein

Board Chair for Corporation Name:

Signature:

Date

\*been informed of the contents of  
\*\*have been informed that

\*\*\*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**  
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