**APPENDIX 4**

**FACTOR 6 SUPPLEMENTAL DOCUMENTS**

**APPENDIX 4.1 CHI NARRATIVE**

**Lahey Hospital & Medical Center Determination of Need**

**Community Health Initiative Narrative**

1. Community Health Initiative Monies

This Determination of Need (“DoN”) Application requests approval for the replacement of two (2) linear accelerator machines and the acquisition of one (1) computed tomography machine by Lahey Hospital & Medical Center (the “Proposed Project”) for its Burlington Campus. The Maximum Capital Expenditure (“MCE”) for the Proposed Project is $30,182,667.00.

The breakdown of Community Health Initiative (“CHI”) monies for the Proposed Project is as follows, beginning with the MCE.

|  | **Total** | **Description** |
| --- | --- | --- |
| **MCE** | $30,182,667.00 |  |
| **CHI Monies** | $1,509,133.35 | (5% of Maximum Capital Expenditure) |
| **Administrative Fee** | $45,274.00 | (3% of the CHI Monies, retained by Applicant) |
| **Remaining Monies** | $1,463,859.35 | (CHI Monies minus the Administrative fee) |
| **Statewide Initiative** | $365,964.84 | (25% of remaining monies, paid to State-wide fund) |
| **Local Initiative** | $1,097,894.51 | (75% of remaining monies) |
| **Evaluation Monies** | $109,789.45 | (10% of Local Initiative Monies, retained by Applicant) |
| **CHI Monies for Local**  **Disbursement** | $988,105.06 |  |

1. Overview and Discussion of CHNA/DoN Processes

The CHI processes and community engagement for the Proposed Project will be conducted by Lahey Hospital & Medical Center (“LHMC”), a world-renowned tertiary medical center known for its innovative technology, pioneering medical treatment, and leading-edge research. LHMC includes two separate hospitals – Lahey Hospital & Medical Center, located in Burlington, and Lahey Medical Center-Peabody (LMCP) – and two licensed facilities: Lahey Hospital & Medical Center- Outpatient Rehabilitation Services at Danvers, and Lahey Outpatient Center-Lexington MRI Suite. Today, as a physician-led, nonprofit group practice, LHMC continues to put patients first, with more than 500 physicians and 5,000 nurses, therapists, and other support staff working together.

LHMC is committed to helping improve the health and wellbeing of its community through a variety of ways. These include leveraging hospital resources and creating and collaborating on programs with community organizations and stakeholders to address the unmet health needs for underserved populations. LHMC’s Community Benefits Service Area includes the nine municipalities of Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody. In order to understand the needs of the community, the Hospital conducts a CHNA in the Hospital’s Service Area every three years. The Hospital finalized its 2022 CHNA in September of 2022.

The CHNA serves to:

* Assess community health need, defined broadly to include health status and disparities, social determinants, environmental factors, and service system strengths and weaknesses;
* Engage the community, including local health departments, service providers across sectors and community residents, as well as LHMC leadership and staff; and
* Identify the leading health issues and the population segments most at-risk based on a review of the quantitative and qualitative information gathered by the assessment

LHMC utilizes a participatory, collaborative approach to carry out each CHNA and is committed to exploring health in its broadest context. The CHNA process included community listening sessions, a community health survey, focus groups and key informant interviews. LHMC staff collected information from community residents with a special focus on those not typically engaged/included in such processes, Hospital leadership, service providers, public health, public officials and other key stakeholders. Staff also analyzed quantitative and qualitative data on demographics and various social determinants of health (e.g., income, employment, transportation, education, housing, food, etc.) as well as health status and access to care and services. Throughout the CHNA process, the Hospital relies on the input and oversight of its Community Benefits Advisory Committee (“CBAC”) and key Hospital leadership. Accordingly, the CHNA report illustrates key findings of the assessment process, and explores a range of health behaviors and outcomes; social and economic issues; including the social determinants of health; health care access and gaps; and strengths of existing resources and services.

1. Advisory Committee Duties

LHMC is committed to a transparent and community engaged process with respect to its CHNA, its Implementation Strategy and this CHI. The Hospital’s CBAC membership intentionally fulfills all sector requirements outlined in the CHI guidelines and will serve as the decision-making body for this CHI. As outlined in the CBAC’s Charter, its scope of work will include:

* Assisting LHMC staff with appropriate engagement with residents from focused communities and community partners around the CHI.
* Determining the Health Priority(ies) for CHI funding based upon the needs identified in the 2022 CHNA/CHIP and in alignment with the Department of Public Health’s Health Priorities and the Executive Office of Health and Human Services’ Focus Areas.
* Selecting strategies to address the identified Health Priorities[1](#_bookmark0).
* Advising LHMC staff and leadership on the solicitation process and awardee selection.

1. Timeline for CHI Activities

The timeline for CHI activities is as follows:

* Six weeks post-approval: The CBAC will begin meeting and reviewing the 2022 CHNA to commence the process of selecting CHI Health Priorities.
* Three to four months post-approval: The CBAC will select the Health Priorities and Strategies for funding and submit to DPH the proposed Health Priorities and Strategies for approval.
* Four to five months post-approval: LHMC will convene an Allocation Committee.
* Six to eight months post-approval: The Allocation Committee advises on the funding method to use and assists with the development of parameters for funding and evaluation.
* Nine-eleven months post-approval: Funding decisions are made
* Eleven – twelve months post approval: Disbursement of funds begins.
* Thirteen months to four years post-approval: Strategies are implemented and annual evaluating occurs.
* Four - five years post-approval: Final evaluation of funded projects.

1. Administrative Monies

Applicants submitting a Tier 2 CHI are eligible to retain a three percent (3%) administrative fee. Accordingly, LHMC is requesting $45,274.00 in administrative funding. These monies will support

promotion of meetings, interpretation/translation, community engagement, stipends for community resident participation, additional staff time for these efforts.

1. Evaluation Overview

LHMC is seeking to use 10% of local CHI funding ($109,789.45) for evaluation efforts. These monies will allow LHMC to retain the expertise of the BILH Director of Evaluation and Data to develop appropriate evaluation metrics of the CHI-funded projects.

**APPENDIX 4.2**

**COMMUNITY HEALTH NEEDS ASSESSMENT**

[https://www.lahey.org/lhmc/wp-content/uploads/sites/2/2022/09/lhmc-2022-community-](https://www.lahey.org/lhmc/wp-content/uploads/sites/2/2022/09/lhmc-2022-community-health-needs-assessment-093022.pdf) [health-needs-assessment-093022.pdf](https://www.lahey.org/lhmc/wp-content/uploads/sites/2/2022/09/lhmc-2022-community-health-needs-assessment-093022.pdf)

**APPENDIX 5 NOTICE OF INTENT**





**APPENDIX 6 CHANGE IN SERVICE**

 Version 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need**

**Change in Service**

Application Number: BILH-22111512-RE

Original Application Date: 06/14/2023

**Applicant Information:**

Applicant Name: Beth Israel Lahey Health, Inc.

Contact Person: Kevin Bennett

Title: Chief Financial Officer and Executive Vice President

Phone: 7817442804

E-mail: [Kevin.Bennett@lahey.org](mailto:Kevin.Bennett@lahey.org)

**Facility:**

Complete the tables below for each facility listed in the Application Form

1 Facility Name: Lahey Hospital & Medical Center

CMS Number: 220171

Facility Type: Hospital

**Change in Service:**

2.2 Complete the chart below with existing and planned service changes. Add additional services within each grouping if applicable.

| **Add/ Del Rows** |  | **Licensed Beds** | **Operating Beds** | **Change in Number of Beds (+/-)** | | **Number of Beds After Project Completion (calculated)** | | **Patient Days** | **Patient Days** | **Occupancy Rate for Operating Beds** | | **Average Length of Stay** | **Number of Discharges** | **Number of Discharges** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Existing | Existing | Licensed | Operating | Licensed | Operating | (Current/ Actual) | Projected | Current Beds | Projected | (Days) | Actual | Projected |
|  | **Acute** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Medical/ Surgical |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Obstetrics (Maternity) |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatrics |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Neonatal Intensive Care |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | ICU/CCU/SICU |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Psychiatric** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adult |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Adolescent |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Geriatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Acute Psychiatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Chronic Disease** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Chronic Disease |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Substance Abuse** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Detoxification |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Short-term intensive |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Substance Abuse |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Skilled Nursing Facility** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Level II |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level III |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level IV |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Skilled Nursing |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |

Complete the chart below If there are changes other than those listed in table above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Add/Del Rows** | **List other services** if Changing e.g. OR, MRI, etc | **Existing Number of Units** | **Change in Number +/-** | **Proposed Number of Units** | **Existing Volume** | **Proposed Volume** |
| +/- | Mobile Computed Tomography Unit | 0 | 1 | 1 | 0 | 250 |
| +/- | HDR Procedure Room | 0 | 1 | 1 | 105 | 250 |
| +/- | Linear Accelerator | 2 | 0 | 2 | 9,120 | 9,481 |
| +/- | Radiation Oncology Exam Rooms | 8 | 3 | 11 |  |  |

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Edit document then lock file and submit. Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

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Email Submission to Determination of Need

**APPENDIX 7 ACO LETTER**



April 12, 2022 Eryn Eddy

Beth Israel Lahey Health Performance Network

109 Brookline Avenue Suite 300

Boston, MA 02118

RE: ACO LEAP Certification Dear Mrs. Eddy:

Congratulations! The Health Policy Commission (HPC) is pleased to inform you that Beth Israel Lahey Health Performance Network meets the requirements for ACO Certification under our Learning, Equity, and Patient-Centeredness (LEAP) standards. This certification is effective from January 1, 2022, through December 31, 2023.

The ACO Certification program, in alignment with other state agencies including MassHealth, is designed to accelerate care delivery transformation in Massachusetts and promote a high quality, efficient health system. ACOs participating in the program have met a set of objective criteria focused on core ACO capabilities demonstrating dedication to patient-centered care, use of evidence-based and data-driven strategies to improve care delivery, and commitment to addressing long-standing health inequities. Beth Israel Lahey Health Performance Network meets those criteria.

The HPC will promote Beth Israel Lahey Health Performance Network as a Certified ACO on our website and in our marketing and public materials. Enclosed you will find an ACO Certification logo for your organization to use in accordance with the attached Terms of Use. We hope you will use the logo on promotional materials when you highlight your ACO Certification to your patients, payers, and others.

The HPC looks forward to ongoing engagement with you over the next two years. We intend to follow up shortly to provide an overview and some reflections on what we saw in the Health Equity Responses, a new feature of the ACO Certification application this year, across the cohort of Certified ACOs. We hope your organization will find that information helpful as we all continue to explore ways to improve health equity in the Commonwealth.

Thank you for your dedication to providing accountable, coordinated health care to your patients, and to continued learning and improvement over time. If you have any questions about this letter or the ACO Certification program, please do not hesitate to contact Mike Stanek, Senior Manager, at [HPC-](mailto:HPC-Certification@mass.gov) [Certification@mass.gov](mailto:HPC-Certification@mass.gov) or (617) 757-1649.

Best wishes,

[signature on file]

David Seltz Executive Director

**APPENDIX 8 AFFILIATED PARTIES**

 draft version 3-15-2017

**Massachusetts Department of Public Health**

**Determination of Need**

**Affiliated Parties**

Application Date: 06/14/2023

Application Number: BILH-22111512-RE

**Applicant Information**

Applicant Name: Beth Israel Lahey Health, Inc.

Contact Person: Kevin Bennett

Title: Chief Financial Officer and Executive Vice President

Phone: 7817442804

E-mail: [Kevin.Bennett@lahey.org](mailto:Kevin.Bennett@lahey.org)

**Affiliated Parties**

1.9 Affiliated Parties: List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

| **Add/ Del Rows** | **Name (Last)** | **Name (First)** | **Mailing Address** | **City** | **State** | **Affiliation** | **Position with affiliated entity (or with Applicant)** | **Stock, shares, or partnership** | **Percent Equity (numbers only)** | **Convictions or violations** | **List other health care facilities affiliated with** | **Business relationship with Applicant** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | Hornidge | Ann-Ellen | 9 Wilsondale Street | Dover | MA | Beth Israel Lahey Health, Inc. | Trustee/Officer |  |  | No |  | No |
| +/- | Hao | Yvonnne | 3520 35th Street NW | Washington | DC | Beth Israel Lahey Health, Inc. | Trustee/Officer |  |  | No |  | No |
| +/- | Kimball, M.D. | Alexa | 4 Monmouth Street | Brookline | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Canepa | John | 83 Church Street | Watertown | MA | Beth Israel Lahey Health, Inc. | Trustee/Officer |  |  | No |  | No |
| +/- | Jick | Daniel J. | 15 Lawrence Road | Chestnut Hill | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Walsh | Jane | 89 Turnpike Street | North Andover | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Sullivan, M.D. | Mary Anna | 2529 Mystic Valley Parkway | Somerville | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Liesching, M.D. | Timothy | 21 Fernway | Winchester | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No | Care Dimensions | No |
| +/- | Valetta | Robert | 112 Captains Road | Mashpee | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Tabb, M.D. | Kevin | 64 Beethoven Ave. | Waban | MA | Beth Israel Lahey Health, Inc. | Trustee/Officer |  |  | No |  | Yes |
| +/- | Norman, M.D. | Nancy | 71 Alban Street | Dorchester | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Linde | Doug | One Baldwin Circle | Weston | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Gupta | Yogesh | 451 Malborough St., Unit 3E | Boston | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Grant | Tom H. | One Reach Street, #5 | Beverly | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Francisco | Betty | 137 Park Street, 37 | Dorchester | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | O'Hanley | Ronald | 27 Jackson Street, Apt. 240 | Lowell | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | McCullough, M.D. | Daniel | 900 Cummings Center | Beverly | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Hannon | Trish | 15288 Devon Green Lane | Naples | FL | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Mandell, MD | James | 47 Chatham Street | Brookline | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | McKenna | Margaret | 100 Belvidere Street | Boston | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |
| +/- | Kington, MD, PhD | Raynard S. | 189 Main Street | Andover | MA | Beth Israel Lahey Health, Inc. | Trustee |  |  | No |  | No |

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E-mail submission to Determination of Need

**APPENDIX 9 ARTICLES OF INCORPORATION**

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PD](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2018/1127/001517515/0003/201848640920_1.pdf) [F&Path=CORP\_DRIVE1/2018/1127/001517515/0003/201848640920\_1.pdf](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2018/1127/001517515/0003/201848640920_1.pdf)

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PD](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2022/0119/000000000/1391/202297128210_1.pdf) [F&Path=CORP\_DRIVE1/2022/0119/000000000/1391/202297128210\_1.pdf](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2022/0119/000000000/1391/202297128210_1.pdf)

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PD](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2019/0719/001716104/0001/201915220970_1.pdf) [F&Path=CORP\_DRIVE1/2019/0719/001716104/0001/201915220970\_1.pdf](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2019/0719/001716104/0001/201915220970_1.pdf)

**APPENDIX 10 AFFIDAVIT**

 Version: 7-6-17

****Massachusetts Department of Public Health****

****Determination of Need****

****Affidavit of Truthfulness and Compliance****

****with Law and Disclosure Form 100.405 (B)****

**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**](mailto:dph.don@state.ma.us)Include all attachments as requested.

Application Number: BILH-22111512-RE

Original Application Date: 06/14/2023

Applicant Name: Beth Israel Lahey Health, Inc.

Application Type: Hospital/Clinic Substantial Capital Expenditure

Applicant's Business Type: Corporation

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? Yes

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~~ [been informed of the contents of] 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~~ [been informed of the contents of] this application for Determination of Need including all exhibits and attachments, and ~~certify that~~ [have been informed that] 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~~ Notices of Determination of Need ~~and the terms and Conditions attached therein~~ [issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018];
11. I have ~~read~~ [been informed of the contents of] 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,
    1. 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,
    2. The Proposed Project is exempt from zoning by-laws or ordinances.

|  |
| --- |
| **Corporation**  Attach a copy of Articles of Organization/Incorporation, as amended  Kevin Tabb, MD <Signature on File> 5/10/23  CEO for Corporation: Signature: Date:  Ann-Ellen Hornidge, JD <Signature on File> 5/10/23  Board Chair for Corporation Name: Signature: Date: |

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**APPENDIX 11 FILING FEE**

Check for filing fee in the amount of $60,365.33 was sent directly to DPH.