



DRAFT FOR PUBLIC COMMENT

Final Project Proposal to
The Asset Management Board

Public Health Campus Redevelopment Project Commonwealth of Massachusetts

**Lemuel L. Shattuck Hospital
Jamaica Plain, Massachusetts**

_____, 2021

Proposed by:

Commonwealth of Massachusetts

Executive Office of Health and Human Services
Marylou Sudders, Secretary

Department of Public Health
Monica Bharel, Commissioner

In Collaboration with

Interagency Council on Housing and Homelessness
Linn Torto, Executive Director

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I. Project Summary

Proposing Agency:

The Executive Office of Health and Human Services, through the Department of Public Health and in collaboration with the Interagency Council on Housing and Homelessness (collectively, ‘the Proposing Agencies’).

Summary Description of the Project:

The Executive Office of Health and Human Services (EOHHS), through the Department of Public Health (DPH) and in collaboration with the Interagency Council on Housing and Homelessness (ICHH), seeks approval to enter into a long-term lease with a developer/service provider for an integrated public health program of health care including public health supported services, behavioral health services, physical health services, and housing with services supports on property under the care and control of DPH on the 13-acre campus of the Lemuel L. Shattuck Hospital (“Campus”), 170 Morton Street, Jamaica Plain, Massachusetts (the “Site”). The Asset Management Board (AMB) is being asked to review and approve a long-term lease to a developer/service provider team to be selected through a competitive process. The developer/service provider team will be charged with phased redevelopment of up to the full 13± acres of the Site, in coordination with the Commonwealth.

The Lemuel L. Shattuck Hospital (Hospital) will be relocating to a new site in the South End in 2024, leaving the building 90% vacant but with critical vendor-run services remaining. Additionally, the Site is subject to public health use restrictions. In anticipation of the Hospital’s relocation, the Commonwealth led a year-long planning process which resulted in a ‘Vision Plan for the Shattuck Campus at Morton Street’ (‘Vision Plan’) supported by a Public Health Needs and Services Assessment (‘Needs Assessment’). The Vision Plan sets forth programmatic and site objectives, summarized as *“an innovative and person-centered campus designed to promote health, reduce barriers to treatment and integrate care across health care, behavioral health and housing systems, while prioritizing connections to the natural environment that are compatible with Franklin Park.”* Please refer to the link to the Vision Plan and Needs Assessment in **Attachment I**.

While the Hospital will not be relocating until 2024, a portion of the Site is already available for redevelopment and the opportunity to develop difficult-to-site Public Health Uses including Low Threshold (‘Supportive’) Housing at a location that already provides services to this population is a unique opportunity that the Proposing Agencies would like to capitalize upon quickly. Additionally, the overall Site will benefit from the identification of a redevelopment partner for the

coordination of long lead-time activities such as master site planning, including infrastructure planning, and permitting. Thus, the Proposing Agencies wish to move forward with the RFP as soon as is practical.

II. Description of Project

The Commonwealth hopes to enter into a Public-Private Partnership to provide an integrated program of health care, behavioral health, and housing services at the Site. The selected developer/service provider will partner with the Commonwealth on master site planning and permitting, and implement a phased redevelopment approach with the goal of beginning site redevelopment prior to the Hospital relocating to the South End.

Description of Transaction

This Public Health Campus Redevelopment Project (Project) is proposed to meet the following stated goals of the Commonwealth:

1. Provide stable health care and housing options for underserved populations, including the chronically homeless;
2. Provide integrated, ‘person-centered’ behavioral and physical health care and housing systems;
3. Provide substance use disorder (SUD) and mental health services that play a critical role in regional public health and treatment systems;
4. Provide safe, stable and supportive housing that contributes positively to health outcomes, and contributes to the supply of supportive housing in the region.

The proposed transaction will offer respondents the opportunity for long-term lease(s) of the property for the implementation of program and site goals. The goals above are described in more detail below under Description of Project.

Accordingly, the Proposing Agencies seek the authorization of the AMB to enter into a lease to facilitate the development of Public Health Uses including Low Threshold Housing notwithstanding the requirement of authorization by the General Court under M.G.L. c. 7C § 34. It is anticipated that the lease(s) would be for a term of up to 99 years. The Commissioner of DPH and the Secretary of EOHHS have endorsed this proposal. Please refer to Letters of Support in **Attachment II**.

Programmatic Objectives and Strategy

Prior to commencing the Vision Plan, and prior to the Commonwealth’s decision to move the Shattuck Hospital services to the South End, the Commonwealth proposed

leasing up to 2 acres of land for a term of up to 99 years for the development of Low Threshold Housing. At that point in 2018, the Commonwealth and the City of Boston envisioned the concept of siting a supportive housing development on a portion of the Campus adjacent to the Hospital. The decision to move the Commonwealth's public health hospital to the South End occurred shortly thereafter. After receiving public feedback, the Commonwealth decided to defer further planning on the supportive housing project until it concluded the broader Vision Plan to align and integrate the supportive housing initiative with the overall plans and goals for the remainder of the Site.

The Planning Principles coming out of the Vision Plan included the programmatic goal to “seek partner(s) to implement a program/service model that reduces barriers to treatment, integrates care within and across the health care and housing systems, and increases the housing supply (a minimum of 75-100 units of permanent supportive housing)”. Elements of the envisioned program/service model include:

1. Physical health and behavioral health services (substance use and mental health);
 - a. Examples of the types of services included are Medication-Assisted Treatment (MAT) programs, counseling, medical and referral services, and urgent psychiatric care;
2. Permanent supportive housing with wraparound supportive services;
 - a. Examples of wraparound services are employment support, recovery coaches, and patient navigation;
3. Other complementary uses including: vocational training, an education/employment center, a social center, a community kitchen, a wellness center, gardening, social enterprise spaces, a food pantry, or other relevant uses that reflect the Vision Plan and the Site's public health use restriction.

For RFP purposes, it is proposed that Program Goals be established and separated into the following three categories: baseline, desired, and additional, all meeting criteria for public health use.

- Baseline program elements will consist of 75 to 100 units of Supportive Housing with both common and service areas and associated parking. This is a program element with a known implementation and funding path and was reviewed by the AMB and at a Public Hearing in 2018.
- Desired program elements will consist of additional public health uses specifically cited in the Vision Plan, such as those uses and services that are currently offered on the Site by private and nonprofit vendors. These vendors and services are listed in **Attachment III**.

- Additional program elements may also be proposed by respondents, and may consist of any allowable Public Health Use.

The RFP offering will be purposely structured to allow for creativity and variability in programmatic responses. To support that objective, respondents will be allowed to propose a lease area that is up to the entirety of the Site, allowing for the possibility that the Commonwealth will retain a portion of the site for integrated planning and use.

Site Objectives and Strategy

Site Goals will follow the Planning Principles and Design Goals established in the Vision Plan. Taken together the Site Goals will support the Vision Plan's Planning Principles to:

- Integrate Shattuck campus with Franklin Park;
- Improve access to neighborhoods with public transit, bike and pedestrian options;
- Incorporate green and open space;
- Align with local and state sustainable development goals and strategies.

The lease site ("Lease Area") will be up to 13 acres located within the area ("Site") shown in **Attachment IV**. The exact location and size of the Lease Area will be determined upon further coordination with the Proposing Agencies, developer selection and negotiation of a lease. All RFP responses regardless of the proposed lease area will be required to offer a master plan site framework including major elements of circulation, parcelization, massing and open space, as well as an implementation phasing plan, that demonstrate the Planning Principles and Design Goals put forth in the Vision Plan.

Implementation Objectives and Strategy

Implementation objectives include:

- Partnering for the long-term success of the Site for the provision of Public Health services.
 - The Commonwealth will partner with a developer/service provider team with the capacity to meet public private partnership objectives for the Site and with the demonstrated ability to complete projects of similar scale and program, including programming, leasing, financing, constructing, and managing. Responses to an RFI issued by EOHHS and DPH in the Summer of 2019 provided a preview of some of the types of respondents who are likely to express interest in an RFP offering.

- Maximizing the physical utilization of the Commonwealth’s real estate assets at this location.
 - In order to encourage an ‘early start’ phase of development, the Commonwealth will identify a site area (the Early Start Area), where development will be allowed and encouraged prior to relocation of the Hospital services. Respondents will be encouraged to include the ‘Early Start Area’ within the Lease Area. The timing of the proposed RFP will also contribute to the ongoing utilization of the site.
- Implementing a redevelopment program that realizes as much of the Vision Plan as possible, includes Desired as well as Baseline program elements.
 - Allowing flexibility in the Lease Area will allow the Commonwealth to retain control over portions of the Site as needed to plan for any Desired program elements that are not included in RFP Responses.
 - The Commonwealth may also review forms of financial contribution that can help support development of Desired uses. See *Financial Feasibility* below.

Description of Asset

Lemuel L. Shattuck Hospital, 170 Morton Street, Jamaica Plain, MA



The Lemuel L. Shattuck Hospital campus land was transferred to the Commonwealth by the City of Boston in 1949 pursuant to Chapter 770 of the Acts of 1949 (the “Act”). The property was, and remains, statutorily deeded for the

purposes of the Department of Public Health, consistent with the statutory and deed use restrictions.

The campus is 13± acres containing the 428,790 s.f. hospital, parking for 572 cars, and a power plant/service building. A separate Personnel Building was demolished in 2017 and additional parking spaces were provided.

The Campus abuts 485 acres of open space in the center of Boston. Neighboring Franklin Park is part of Frederick Law Olmsted's Emerald Necklace and is Boston's largest park. It is just over ½ mile (0.6 miles) from the Forest Hills MBTA station, and is accessible by the numbers 21, 31 and 16 MBTA bus service. The location provides a unique opportunity to integrate property development with existing and additional green and open space.

The buildings on the Campus were built in the 1950s and have extensive physical plant deficiencies. Since the time when these structures were built, medical treatment delivery has significantly evolved. The Main Hospital building, which provides inpatient and outpatient medical treatment for the Department of Public Health (DPH), the Department of Mental Health (DMH), the Department of Corrections (DOC), has physical characteristics that make it cost prohibitive to renovate for continued use as a hospital. As a result, the Commonwealth is relocating most of the existing medical hospital services, including 260 inpatient beds and certain outpatient services to the South End in 2024. The former Personnel Building was demolished in 2017, and the Service Building houses not only the Campus heating plant, but also vendor-operated 24/7-hour shelter beds. In their current form, the buildings on-site are beyond their useful life, and will likely need to be demolished. In addition to the hospital's medical services, five private and nonprofit providers provide critical behavioral health and emergency shelter services to thousands of people each year. Those providers are not moving with the hospital services.

The site stretches for over a quarter mile (1,385 feet) along Morton Street (the westerly bound). The Campus boundary facing Circuit Drive extends for a similar distance of 1,350 feet (the easterly bound).

The Shattuck Campus on Morton Street is located in an "in between" area amongst several neighborhoods. The US Postal Service lists the address in Jamaica Plain. The City of Boston Planning and Development Agency places the Shattuck Campus in the Mattapan neighborhood for zoning. And, residents in other neighborhoods, such as Grove Hall and Dorchester are connected to the Shattuck. In addition, historically, the Campus has been considered a part of both the Roxbury neighborhood, and the West Roxbury neighborhood.

III. Public Purpose and Public Benefit

Public Purpose

The Public Health Campus Redevelopment project will provide for the continued utilization of the Site as a Commonwealth asset for Public Health purposes. Specific project goals are to *promote health, reduce barriers to treatment, and provide integrated care across health care, behavioral health and housing systems*, especially for underserved populations.

Public Benefit

The Public Benefit of this project will derive both from individual program elements and from their integration into a low-threshold ‘person-centered’ program of co-located services.

- Supportive Housing
- Detox and Recovery Beds
- MAT Treatment
- Mental Health Treatment & Physical Health Services

Additional public benefit will come from intentional site design that will connect the Campus to park, open space and improved transportation options, and will consider site design as an integrated aspect of and an amenity for the public health uses.

IV. Laws and Regulations to be Waived

The Proposing Agencies will be requesting that the AMB waive the following laws and regulations for this proposed transaction when the Final Project Proposal is submitted for your approval:

M.G.L. Chapter 7C, Section 33

M.G.L. Chapter 7C, Section 34

M.G.L. Chapter 7C, Section 41

M.G.L. Chapter 30, Sections 39F through 39R inclusive (but not Section 39H)

M.G.L. Chapter 149, Sections 44A through 44J inclusive, except for certification of noncollusion in contracting requirement.

810 CMR 2.06(2)(c)

810 CMR 2.06(2)(f)

M.G.L. c. 7C, § 33 – Establishes the process for the disposition of surplus Commonwealth property. This section should be waived to make clear that state and local polling is not required for this transaction.

M.G.L. c. 7C, § 34 – Establishes the process for the disposition of surplus Commonwealth property when legislative authorization exists. This section should be waived to make clear that AMB approval is in lieu of express legislative authorization for the proposed project.

M.G.L. c. 7C § 41 – Prohibits certain private uses of public land without legislative authorization. AMB approval is requested in lieu of legislative approval.

M.G.L. Chapter 30, Sections 39F through 39R inclusive (but not Section 39H)
M.G.L. Chapter 149, Sections 44A through 44J inclusive, except for certification of non-collusion in contracting requirement – These laws govern competitive procurement of construction contracts by state authorities, departments and municipalities. While a competitive process will be required, the selection will be based on factors including, but not limited to, cost of construction and therefore the public construction laws will not apply. The noncollusion in contracting requirement would not be waived, nor would any laws pertaining to the payment of prevailing wages for improvements constructed on state-owned property.

810 CMR 2.06(2)(c) (Polling Requirement – Second Sentence Only) –The first sentence of this section requires the Commissioner of DCAMM to certify receipt of an inventory of the agency’s assets and that such inventory is accurate and correct. The inventory and the Commissioner’s certification are included in this FPP as **Attachment V**. The second sentence of Section 2(c) requires the DCAMM Commissioner to also certify that the project does not conflict with the current and foreseeable needs of any agency of the Commonwealth. Since this transaction does not require state polling, the requirement in this second sentence should be waived to make it clear that the Commissioner’s certification is not required.

810 CMR 2.06(2)(f) (Independent Appraisal) – This section establishes appraisal requirements for the FPP, including an independent appraisal of the property for both the highest and best use and the proposed project use, if different, taking into consideration the terms of the proposed acquisition or disposition. Given the restrictions on the property associated with its 1949 transfer from the City of Boston as well as the nature of the proposed Project program which will require a significant amount of subsidy to implement, this standard form of appraisal requirement should be waived.

V. Alternative Disposition Process

The Proposing Agencies seek AMB authorization to lease up to 13± acres of the Lemuel L Shattuck Hospital campus for a term of up to 99 years including extension

options. A developer/lessee will be selected through a competitive RFP process. DCAMM, on behalf of the Proposing Agencies will administer the developer selection process as described below.

Competitive Selection Process

Upon AMB approval of a Final Project Proposal for this transaction, DCAMM on behalf of the Proposing Agencies, in accordance with M.G.L. Chapter 7C, will undertake the following process to select a lessee for the site:

1. Prepare RFP: DCAMM, in consultation with the Proposing Agencies, will prepare and issue an RFP to lease up to 13± acres on the Lemuel Shattuck Hospital campus. The RFP will contain site information, project objectives, program specifications, general terms of the proposed transaction, an outline of submission requirements and a description of the selection process and criteria. The RFP will specify the date, time, and place for submission of proposals.
2. Advertise RFP: The RFP will be advertised as required by law and in accordance with Chapter 7C, Section 36. The RFP will be advertised for no less than three months, giving interested parties sufficient time to prepare comprehensive proposals.
3. Receive, Evaluate, Select Proposals: Proposals will be submitted to DCAMM by a certain date and time, and at a specific location, all as specified in the RFP. Proposals will be evaluated on criteria specified in the RFP. The Commissioner of DCAMM, upon the recommendation of a designated selection committee which will include representation from EOHHS, DPH, ICHH, and DCAMM, will select the successful proposers for provisional designation. DCAMM and the Proposing Agencies reserve the right to reject all proposals.
4. Documentation: DCAMM, in consultation with EOHHS and DPH, will prepare the necessary legal documents for the lease transaction.
5. Execute Lease: DCAMM will provisionally designate a successful proposer and will execute a lease or leases which will outline the terms and conditions of the transaction. The lease negotiations will be done in consultation with the Proposing Agencies. Following designation and prior to lease execution, the designated master developer will be granted a performance period to undertake necessary due diligence.

More specific milestones and dates cannot be determined until the master developer is selected.

VI. Financial Feasibility

Private/non-profit sector participation is a key component of this project. Responses to the request for proposals are expected to come from private and non-profit organizations with prior experience and specialization in health care, behavioral health, and supportive housing. To be financially feasible, this project will rely upon a variety of public funding sources as well as, for some uses, the contribution of a land lease for nominal consideration from the Commonwealth.

Developers will be expected to submit proposals that are financially feasible and clearly define expected sources of funding. The developer who is selected through the competitive process will be responsible for obtaining project permits and approvals and identifying and securing necessary financing and funding.

For the Supportive Housing component of the program, the revenue stream to support the cost of operations is anticipated to be from the income from rental subsidies for the 75 to 100 units. Potential sources of the rental subsidy are:

- The 811 program, a Federal program that provides rental subsidies to persons with disabilities.
- Section 8 Project-based Vouchers are HUD rental subsidies that are managed by the Boston Housing Authority and DHCD.
- The Massachusetts Rental Voucher Program, the Commonwealth's rental assistance program managed by DHCD.

Even with these rental subsidies, it is anticipated that ground rent for this component of the program will need to be nominal to ensure financial feasibility. While this project is not expected to be a revenue generator for the Commonwealth, it will serve a public need in providing housing and services for a systemically underserved population. Permanent financing for the project will likely be provided through the typical sources that fund affordable housing projects in the Commonwealth. These include State subsidy sources, i.e. the Affordable Housing Trust Fund (AHT), Facilities Consolidation Fund (FCF), Housing Stabilization Funds (HSF), and the HOME Program; City of Boston funds, i.e. Neighborhood Housing Trust Funds, Housing 2030 and HOME; Low Income Housing Tax Credits; a permanent loan provided by a conventional lender, and deferred developer fee.

Sources of financing for other program elements may vary widely depending on the uses envisioned and the relationship of the developer to the end user(s) of the space. Respondents to the 2019 EOHHS and DPH RFI, for instance, included a

hospital system, community health providers, and providers of social services and housing, with some respondents interested in taking both a developer and user role and some interested in partnering to occupy space developed by others. In a survey of comparable projects in the United States and Canada undertaken as part of the Vision Plan, typical sources included equity investment from the developer/sponsor; lease commitments and the debt supported by lease revenues; low-interest ‘double-bottom line’ debt; State and Federal subsidy sources; New Market Tax Credits; and fundraising.

VII. Implementation and Performance Monitoring

Monitoring and Reporting: EOHHS and DPH, in consultation with DCAMM and in collaboration with ICHH, will assist the AMB in monitoring the performance of the proposed transaction by reporting annually to the AMB pursuant to its regulations (810 CMR 2.08).

The successful performance of this transaction can be measured objectively by the following criteria:

- The Procurement Process will yield (a) lease(s), which may include a service contract component;
- The lease will not result in windfall profits to any individual as per 810 CMR 2.02(1)(e);
- The lease will maximize the physical utilization of the Commonwealth’s real estate assets at this location.
- The project will be financially feasible over the term of the lease.

VIII. Public Participation

A public hearing was held via video conference on April 13, 2021 from 6:30 p.m. to 8:00 p.m.

Written comments and public hearing comments to be added following Public Review and Comment/Public Participation period.

IX. Statement of Agency’s Plan to Provide Ongoing Information

EOHHS has designated Monica Bharel MD, MPH, Commissioner, Department of Public Health as the agency official charged with oversight of the Shattuck Hospital at Morton Street redevelopment project implementation. Commissioner Bharel will also be charged with the responsibility of providing information to the AMB as

necessary for the Board to fulfill its role in monitoring the successful implementation of the Project.

At a minimum, Commissioner Bharel and DPH will provide AMB members with annual reports containing the following information:

- Updated reviews of progress to date on the Project measured against defined milestones;
- Explanations on any deviations from the Project plan and defined timelines;
- Identification of any required modification to the Project plan and justifications for why such changes were necessary; and
- Identification of selected contractors awarded work on the Project.

Commissioner Bharel will also be responsible for satisfying any requests for information from the AMB and for coordinating site visits as requested by Board members.

DPH will be responsible for notifying the AMB in a timely manner should any change occur in the designation of the person responsible for Project implementation.

X. Personnel and Outside Services

DCAMM, in consultation with the Proposing Agencies, will administer the disposition process to implement the Project, and the Proposing Agencies will be responsible for the ongoing monitoring of and reporting on the Project. The following staff will be involved in the Project.

Executive Office of Health and Human Services

Marylou Sudders, MSW, ACSW, Secretary

Lauren Peters, J.D., Undersecretary for Health Policy

Department of Public Health

Monica Bharel MD, MPH, Commissioner

Francis J. Doyle, Assistant Commissioner, Public Health Hospitals System

Interagency Council on Housing and Homelessness

Linn Torto, Executive Director

Division of Capital Asset Management and Maintenance

Carol W. Gladstone, Commissioner

Office of General Counsel

Natalie Sawyer, General Counsel

Steven C. Zeller, Esq., Deputy General Counsel

Office of Real Estate

Paul Crowley, Deputy Commissioner

Abi Vladeck, Director of Public/Private Development

In addition to DCAMM, EOHHS, DPS and ICHH staff, outside services may be provided for the following disciplines:

Architectural Services

Legal Services

Environmental Engineering

MEP Engineering

Real Estate Advisory Services

Title and Surveying Services

Other outside consultants may be called on to assist in implementing the project as necessary.

XI. Applicable Reports and Studies

Vision Plan: Redevelopment of the Shattuck Campus at Morton Street and Needs Assessment (2019-2020)

Shattuck Campus Planning: Public Health Needs and Services Assessment (2018-2019)

XII. Proposal Preparation

Several private firms have assisted in researching information included in this proposal. They include:

Vision Plan and Needs Assessment

Health Resources In Action

McCabe Enterprises

IBI Placemaking

Pare Corp

Paul Lukez Architecture

XIII. Trust Fund

The primary benefit anticipated in connection with the redevelopment of the Lemuel L. Shattuck Hospital campus at Morton Street is in the form of Public Health program uses rather than revenue generation. However, it is possible that the most favorable proposal to the Commonwealth may involve some lease payment in connection with the redevelopment of the Site. In that case, the Trust Fund established for the Site would be used for the collection of such lease revenue and would be available to Site to finance costs and expenses related to the purposes served by the Site. In accordance with M.G.L. c. 7B § 8 and 810 CMR 2.09, 50 percent of any revenues generated from the long-term lease to a master developer would be deposited into the Trust Fund, and the remainder would be deposited into the General Fund.

The Proposing Agencies requested that the AMB authorize the establishment of a Trust Fund for the Lemuel L. Shattuck Hospital campus at Morton Street in connection with this Project. In accordance with M.G.L. c. 7B § 8 and 810 CMR 2.09, the Secretary for Administration and Finance has submitted to the AMB a recommendation for the establishment of a Trust Fund, attached as **Attachment VII**.

In accordance with 810 CMR 2.06(2)(k)(4), the beneficiary of the Trust Fund is the Lemuel L. Shattuck Hospital campus at Morton Street.

XIV. Conclusion

The Proposing Agencies believe that this request for authorization to enter into a long term lease with a developer/service provider, through a competitive request for proposals process, is in the public interest and meets the standards as set forth in 810 CMR 2.02(1)(a) through (g). Should the AMB approve this Final Project Proposal, the Proposing Agencies, in consultation with DCAMM, will offer to lease the Site for up to 99 years through the competitive selection process identified in this Final Project Proposal.

ATTACHMENTS

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ATTACHMENT I
Vision Plan and Needs Assessment

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ATTACHMENT II
Letters of Support

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ATTACHMENT III
Current Vendors and Services

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ATTACHMENT IV
Lease Area

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ATTACHMENT V
Inventory of Assets/ DCAMM Commissioner's Certification

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ATTACHMENT VI
Public Notice and Public Comment

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ATTACHMENT VII
Letter of Recommendation and Approval

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