

August 12, 2019

**BARRETT
& SINGAL**

Via Email and Hand Delivery – Return Receipt Requested

Margo Michaels, MPH
Director, Determination of Need Program
Department of Public Health
250 Washington Street
Boston, MA 02108

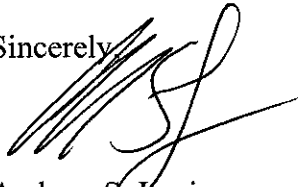
Re: Partners HealthCare System, Inc. Determination of Need Application
PHS-19070815-TS

Dear Ms. Michaels:

We write to provide additional documentation for the above-captioned Determination of Need (“DoN”) Application submitted to your office electronically on August 12, 2019. Please find enclosed the original Affidavit of Truthfulness for the Partners HealthCare System, Inc. Determination of Need Application (Application # PHS-19070815-TS).

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



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: Original Application Date:

Applicant Name:

Application Type:

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 all of the information contained herein is accurate and true;
5. 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);
6. 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;
7. 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;
8. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
9. 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

| | | |
|-----------------------------------|------------|------------|
| Anne Klibanski, MD | | 08/05/2019 |
| CEO for Corporation Name: | Signature: | Date |
| Scott M. Sperling | | |
| Board Chair for Corporation Name: | Signature: | Date |

This document is ready to print:

Date/time Stamp: 07/09/2019 9:48 am

*been informed of the contents of
 **have been informed that
 ***issued in compliance with 105 CMR 100.000, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018



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: Original Application Date:

Applicant Name:

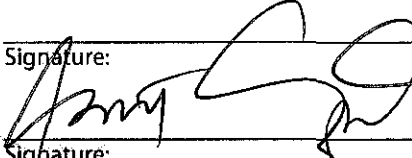
Application Type:


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 all of the Information contained herein is accurate and true;
 5. 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);
 6. 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;~~ ^{**}
 7. 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;
 8. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
 9. 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

Anne Klibanski, MD
 CEO for Corporation Name: _____ Signature:  Date: _____

Scott M. Sperling
 Board Chair for Corporation Name: _____ Signature:  Date: 07/31/2019

This document is ready to print: Date/time Stamp:

*been informed of the contents of
 **have been informed that
 ***issued in compliance with 105 CMR 100.000, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018