

Final Project Proposal to The Asset Management Board

Public Health Campus Redevelopment Project Commonwealth of Massachusetts

Lemuel Shattuck Hospital Jamaica Plain, Massachusetts

June 29, 2021

Proposed by:

Commonwealth of Massachusetts

Executive Office of Health and Human Services Marylou Sudders, Secretary

Department of Public Health Margret Cooke, Interim Commissioner

In Collaboration with

Interagency Council on Housing and Homelessness Linn Torto, Executive Director

Contents

I. Project Summary	3
Proposing Agency:	3
Summary Description of the Project:	3
II. Description of Project	3
Project Goals	4
Description of Asset	5
III. Public Purpose and Public Benefit	7
IV. Laws and Regulations to be Waived	7
V. Alternative Disposition Process	9
Competitive Selection Process	9
VI. Financial Feasibility	10
VII. Implementation and Performance Monitoring	11
VIII. Public Participation	11
IX. Statement of Agency's Plan to Provide Ongoing Information	13
X. Personnel and Outside Services	14
XI. Applicable Reports and Studies (See Appendix 1)	15
XII. Proposal Preparation	15
XIII. Trust Fund	15
XIV. Conclusion	16
XV. List of Appendices (Available Separately)	17

I. Project Summary

Proposing Agency:

The Executive Office of Health and Human Services, though 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 or leases with one or more developer(s)/service provider(s) (the "Team(s)") for an integrated program of supportive housing, behavioral health and physical health services (the "Project") on the 13-acre campus of the Lemuel Shattuck Hospital (the "Campus") located at 170 Morton Street in Boston, Massachusetts (the "Site"). The Asset Management Board (AMB) is being asked to authorize an alternative disposition process for a long-term lease to facilitate this Project. The Team(s) will be charged with phased redevelopment of up to the full 13 acres of the Site, in coordination with the Commonwealth.

The Lemuel 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. 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"), both of which were released in 2020. 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 Vision Plan and Needs Assessment in **Appendix 1**.

II. Description of Project

The Commonwealth intends 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 Team(s) 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.

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

- 1. Provide housing and integrated behavioral and physical health care services for underserved populations, including the chronically homeless;
- 2. Provide substance use disorder (SUD) and mental health services that are critical components of a regional public health and treatment system;
- 3. Provide safe, stable and supportive housing that contributes positively to health outcomes, and contributes to the supply of supportive housing in the region.
- 4. Improve the site through increased green space, better connections to Franklin Park, and improved transportation options.

The proposed transaction will offer respondents the opportunity for long-term lease(s) of the property (up to 99 years) for the implementation of program and site goals. The Secretary of EOHHS and the Commissioner of DPH have endorsed this proposal (see Support Letter in Appendix 2).

Project Goals

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 had proposed leasing up to 2 acres of land at the Shattuck Site for a term of up to 99 years for the development of Low Threshold Supportive Housing. At that point in 2018, the Commonwealth and the City of Boston envisioned siting a supportive housing development on a portion of the Campus adjacent to the Hospital. The decision to move the Shattuck Hospital to the South End occurred shortly thereafter. The Commonwealth decided to formulate the broader Vision Plan to align and integrate the supportive housing initiative with the overall plans and goals for the remainder of the Site before advancing the supportive housing project.

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, including substance use and mental health treatment;

- 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 peer specialists, and patient navigation;
- 3. Other complementary uses including: vocational training, an education/employment center, a social center, a community kitchen and/or garden, a wellness center, social enterprise spaces, a food pantry, or other relevant uses that reflect the Vision Plan and the Site's public health use restriction.

The Principles also reflect a commitment to honor the site's adjacency to Franklin Park and its past history as part of the park. The Project 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 RFP offering will be purposely structured to allow for creativity and variability in programmatic responses, in recognition of the fact that there may not be one team that can deliver on all desired program elements, and that such development would need to be phased in over many years. Given the earlier feasibility studies of supportive housing at the site – and the existing funding sources to support the construction of supportive housing – it is expected that a first phase of redevelopment at the site could provide for supportive housing. At full build-out, however, the Campus should provide a variety of mental and behavioral health services to underserved populations. Ensuring that these long-term planning goals are met will require proposals to be consistent with a master plan site framework that addresses major elements of circulation, parcelization, and open space, demonstrating adherence to the Planning Principles and Design Goals put forth in the Vision Plan.

Description of Asset

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



The Lemuel 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 just under13 acres and contains the 428,790 s.f. hospital, parking for 572 cars, and a power plant/service building. A separate Personnel Building was demolished in 2017; that portion of the site is now used for parking.

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 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, Roxbury, Roslindale and Dorchester are connected to the Shattuck.

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. The Campus 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 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), and 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 vendors provide critical behavioral health and emergency shelter services to thousands of people each year. Those providers are not moving with the hospital services.

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 '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 improve open space onsite, provide for better connections between the Campus and Franklin Park, and improve transportation access. The integrated site design will be complimentary and serve as an amenity to the public health uses.

IV. Laws and Regulations to be Waived

The Proposing Agencies request that the AMB waive the following laws and regulations to enable this proposed transaction to move forward:

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 **Appendix 5**. 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.

<u>810 CMR 2.06(2)(f)</u> (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 Shattuck Hospital campus for a term of up to 99 years including extension options. The Commonwealth will partner with a developer/service provider team (or teams) 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. The team(s) 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 a competitive process to select a lessee (or lessees) 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. <u>Advertise RFP:</u> The RFP will be advertised as required by law and in accordance with Chapter 7C, Section 36. The RFP will be advertised for a sufficient amount of time to allow potential respondents 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 Team(s) for provisional designation. DCAMM and the Proposing Agencies reserve the right to conduct multiple rounds of bidding, reject all proposals, select more than one

proposal and/or negotiate a combination of all or a portion of different proposals

- 4. <u>Documentation:</u> DCAMM, in consultation with EOHHS and DPH, will prepare the necessary legal documents for the lease transaction(s).
- 5. <u>Developer Selection</u>: DCAMM will provisionally designate a successful proposer (or proposers) 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 proposer(s) will be granted a performance period to undertake necessary due diligence.

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. It is anticipated that this project will rely upon a variety of funding sources as well as, for some uses, the contribution of a land lease for nominal consideration from the Commonwealth.

Proposers will be expected to submit proposals that are financially feasible and clearly define expected sources of funding. The Team(s) who/are 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 <u>811 program</u>, a Federal program that provides rental subsidies to persons with disabilities.
- <u>Section 8 Project-based Vouchers</u>, HUD rental subsidies that are managed by the Boston Housing Authority and DHCD.
- The <u>Massachusetts Rental Voucher Program</u>, 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 generate revenue 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, e.g. the Affordable Housing Trust Fund (AHT), Facilities Consolidation Fund (FCF), Housing Stabilization Funds (HSF), and the HOME Program; City of Boston funds, e.g. 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(s) to the end user(s) of the space. Respondents to the 2019 EOHHS and DPH RFI, for instance, included a hospital system, a community health center, and other human service and housing providers, 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: The Proposing Agencies, 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 project will be financially feasible over the term of the lease.
- The site will continue to advance the mission of the Department of Public Health, as required by statute and deed restriction.

VIII. Public Participation

As noted above, the Vision Plan that guided the Proposing Agencies' approach to this project was, itself, the result of substantial public participation. This included: 8 meetings with a 19-person Community Advisory Board (made up of a broad range of advocates, officials, service providers, and neighbors); three well-attended community-wide public meetings held at the Franklin Park Club House; and

outreach at various public events and neighborhood meetings in the communities surrounding the Campus.

In addition, as required by 810 CMR 2.05, the Proposing Agencies solicited written comments on a draft of this Project Proposal, and held a public hearing to gather input.

The public hearing was held via video conference on April 13, 2021 at 6:30 p.m. Thirty people offered verbal comments at the meeting, and 73 written comments were submitted via the Q&A function. A transcript of the meeting and of the written comments submitted is provided here in Appendix 9.

Written feedback on the draft Project Proposal was also solicited between March 24 and April 23, 2021; over 300 written comments were received. All those comments are provided in the following Appendices:

- Appendix 6 contains written comments received from elected officials.
- Appendix 7 contains written comments received by individuals and organizations prior to the comment deadline.
- Appendix 8 contains written comments received by individuals and organizations after the comment deadline (but with sufficient time to be included here).

Comments on Program and Siting

In general, a majority of commenters were supportive of the Commonwealth's vision to continue using this site to address critical health needs for vulnerable populations by providing supportive housing and wrap around public health support services. Many commenters underscored the acute need for housing and health services. Those that live in the South End expressed a concern that certain services not be concentrated solely in their neighborhood (where many of the hospital services currently at the Shattuck campus will be relocated, and where several shelters and substance use service providers are located). Many supporters of the proposed approach expressed an urgency that this redevelopment begin as soon as possible, given the immediacy of the need, further underscored by the pandemic in the last year.

However, a significant minority of commenters expressed a desire to see all 13 acres of the Campus site turned over to Franklin Park. They noted the alterations made to Olmsted's original plan over the years, including the introduction of some uses (as at the Campus site) that are not open space or recreational uses. Several of these commenters focused on a nearby bus yard owned by the MBTA, which services buses leaving the Forest Hills station as an alternate location for the program described in this project proposal.

The Proposing Agencies had several conversations with the MBTA to understand the feasibility of this approach. The MBTA indicated that it continues to need the facility for bus operations, and plans to modernize the facility and the fleet it houses in the coming years. See the MBTA's response in Appendix 10. Even if the MBTA's plans would eventually render a portion of that site surplus to the MBTA's needs, that won't be known for several years at least – far too long to wait given the magnitude of need.

Comments on Transportation Access and Connectivity

Commenters noted the relative isolation of the site, reinforced by a perimeter fence on nearly the entire parcel, as well as minimal or lack of sidewalk along Morton Street, and poor bike facilities. Several wrote that the 12-15 minute walk from the transit stop was too far and not accessible, while others noted that there are two bus stops right at the Campus, and with access improvements the walk from the transit station could become pleasant and comfortable. The Vision Plan sets out a framework to plan for improvements to access and connectivity, and proposing teams will be expected to use that framework as they create site master plans.

Comments on Process

Several commenters noted their support for the process, in particular – citing the year-long engagement that led to the publication of the Vision Plan for the site. There were a few commenters who criticized the Commonwealth's public engagement process as being non-transparent and exclusive. A few noted that the people most likely to benefit from services at the redeveloped site are unlikely to participate in these kinds of public processes. Many commenters who commented on the Commonwealth's process urged continued opportunity for input and transparency.

The Proposing Agencies have made significant changes to this Proposal in response to these comments - especially the emphasis on maintaining or replacing mental and behavioral health programs for vulnerable populations on the site, and of improving and expanding open space. The RFP process will need to be flexible to allow for various potential program combinations; doing so within a larger master plan framework will be key to realizing the carefully constructed Vision Plan.

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

EOHHS has designated the Commissioner of the Massachusetts Department of Public Health (DPH) as the agency official charged with oversight of the Shattuck Hospital Campus at Morton Street redevelopment project implementation. The Proposing Agencies, in consultation with DCAMM, will 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, the Proposing Agencies, in consultation with DCAMM, 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.

The DPH Commissioner 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

Margret R. Cooke, Esq., Interim Commissioner

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

<u>Interagency Council on Housing and Homelessness</u>

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, DPH and ICHH staff, outside services may be provided for the following disciplines:

Architectural Services
Legal Services
Environmental Engineering
Civil 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 (See Appendix 1)

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

Property Survey, Infrastructure and Transportation Analysis VHB

XIII. Trust Fund

The primary benefit anticipated in connection with the redevelopment of the Lemuel 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(s) to the Commonwealth may involve some lease payments 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 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(s) 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 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 **Appendix 11**.

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.

XV. List of Appendices (Available Separately)

- 1.1 Vision Plan
- 1.2 Needs Assessment
- 2. Letters of support from Secretary Sudders and Acting Commissioner Cooke
- 3. List of Current Vendors and Services
- 4. Lease Area
- 5. Inventory of Assets and Commissioner Certification
- 6. Comments from Public Officials
- 7. Comments received during official comment period
- 8. Comments received after official comment period
- 9. Transcript of Public Hearing & Written Comments from Public Hearing
- 10.Letter from MBTA regarding Arborway Bus Yard
- 11.Letter from Secretary Heffernan: Request to create trust fund
- 12. Boston Globe editorial from May 29, 2021