A PLAN FOR COMPREHENSIVE HEALTHCARE FOR THE LICH NEIGHBORHOODS OF BROOKLYN

RESPONSE TO REQUEST FOR PROPOSAL X002654
March 19, 2014
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INTRODUCTION

Overview: A “Made in Brooklyn” Approach to Healthcare

The SUNY LICH RFP is an opportunity to transform and create high-quality, sustainable healthcare services for residents living throughout the LICH service area, including Red Hook, Gowanus and the growing Downtown and Northern Brooklyn populations. Simultaneously, it presents a unique opportunity to reinforce and enhance existing Brooklyn healthcare providers -- including SUNY Downstate -- by strengthening existing hospitals and healthcare organizations which currently deliver a high proportion of care to the underserved, low-income and ethnically diverse patients in these neighborhoods.

Strengthening Brooklyn’s healthcare can only be accomplished with a proposal that encourages patients to seek most, if not all, of their care within Brooklyn. Any decision which directly or passively feeds the current pattern of encouraging patients to seek routine care, and many tertiary procedures, outside of Brooklyn only shackles Brooklyn providers to a bleak future: privately insured patients are encouraged to seek care outside of the borough, leaving low-income patients with lower reimbursement rates to receive treatment in Brooklyn.

It is time to arrest the cycle of Manhattan healthcare systems reaping benefits from Brooklyn residents at the expense of Brooklyn healthcare providers.

In addition to offering SUNY full market value of $212,000,000 in a non-contingent cash purchase price, the Proposal represents an investment by TBHC and its partners of an additional $75,000,000 to strengthen community-based healthcare facilities and services in Brooklyn.

In November 2011, New York State’s Medicaid Redesign Team (MRT) Brooklyn Work Group recognized the need for systemic change to strengthen Brooklyn’s healthcare delivery model precisely along the lines we are proposing here, and recommended The Brooklyn Hospital Center (“TBHC”) to help lead that change. This Proposal represents a major, concrete step toward that vision and offers the State a unique opportunity to implement this key State health policy goal.

TBHC has served Brooklyn for 170 years. We are proud of our record of providing top quality care, which has been repeatedly recognized by state and national independent agencies. We are already providing extensive care to the LICH community and all of Brooklyn, in 47 service sites with over 1,000 full time and voluntary physicians in our network (see Tab M for a map of TBHC’s ambulatory services network).

Our Proposal will further expand this network with at least five (5) new community health centers:

- A New Center of Excellence, including a 24/7 freestanding Emergency Department, offering comprehensive ambulatory care at the LICH campus, with TBHC’s hospital as back up approximately one mile away
- A minimum of two new urgent care centers in locations to be determined in consultation with the community
A minimum of two new facilities and expanded services for the medically underserved neighborhoods of Red Hook and Gowanus, in a collaborative arrangement with an existing Federally Qualified Health Center (“FQHC”) provider

All of the above provide and expand access to critically needed primary and specialty services for Brooklyn residents, including behavioral health, pediatric specialty services, obstetrics and gynecology and dental services, as well as school based clinics, FQHCs, home care and skilled nursing home services

Unlike Offerors located outside of Brooklyn, TBHC’s expanded network will provide a complete system of primary and specialty healthcare services all within Brooklyn – that is easily accessible to residents who previously relied on LICH for their care.

A core strength of this Proposal is our full partnership with the Mount Sinai Medical Center (“Mount Sinai”), a world-class academic medical center: With an existing major multispecialty physician practice located at Cadman Plaza (Mount Sinai Doctors Brooklyn Heights), Mount Sinai’s inclusion in our network will ensure a fully integrated healthcare network for the neighborhoods served by LICH. In addition to bringing Mount Sinai’s renowned quality and expertise to the LICH area, this partnership will provide TBHC with access to significant capital to create a strong, high quality, and sustainable healthcare delivery system for the future. This is actually the reverse of other approaches that will inevitably drain valuable resources and revenue from Brooklyn, weakening already troubled Brooklyn healthcare providers.

Broad-based Community Support for Our “Made in Brooklyn” Proposal: Our Proposal reflects thinking developed through years of interactive consultation with neighborhood residents, including TBHC’s Community Advisory Board and its Community Health Planning Workgroup, which has representation from many neighborhoods, including the existing LICH service areas. As part of the process of preparing our Proposal, we have engaged in extensive outreach to solicit community input including:

- A community forum in Cobble Hill
- A roundtable discussion in Red Hook with community leaders
- Two physician town hall meetings
- A clergy breakfast
- A meeting with the Concerned Physicians of LICH
- Presentations to key stakeholders, including community organizations, labor, and elected officials (as allowed by state procurement law)

Our strong community relationships and reputation as a reliable, high quality provider have garnered support for our Proposal from a multitude of Brooklyn residents and organizations including:

- State Senator Velmanette Montgomery
- Twelve (12) local healthcare providers
- Seventy-seven (77) TBHC physicians including four (4) former LICH physicians now practicing at TBHC, and one (1) former NYU and LICH physician now practicing at TBHC
- Seventeen (17) local businesses and business associations
- Nine (9) local pastors and members of the clergy
- Over one-thousand (1,000) local community members

A summary of supporting letters is included in Tab B.
Highlights of our “Made in Brooklyn” Proposal

- **Expand the existing TBHC and Mount Sinai robust ambulatory network:** Our vision begins with the addition of five new healthcare centers in the LICH service area, expanding TBHC’s and Mount Sinai’s existing strong network of thirty-six (36) healthcare facilities to provide the LICH community with vastly improved access to a broader set of services. The expansion of our network, integrating dozens of new and existing providers, creates unique benefits that cannot be realized with more limited approaches involving just one or two patient care sites.

- **A New Center of Excellence with Comprehensive Outpatient and Emergency Care at LICH:** Services on-site include a freestanding 24/7 Emergency Department equipped for the management of patients experiencing a heart attack or stroke, full service outpatient radiology and laboratory, primary and specialty care services including pediatrics, obstetrics and gynecology, cancer care, behavioral health, dental care, outpatient surgery, endoscopy and dialysis, interventional radiology and cardiology services, and pharmacy. In addition, up to 10 hospital beds for observational short stays and triaging will be available to determine if a transfer to TBHC is necessary.

- **Four New Community-based Care Centers:** We will address the issue of inadequate access in the Red Hook and Gowanus areas, as well as other neighborhoods in the LICH service area, with at least four new outpatient centers. Two health care centers will provide extended access (7am-9pm) to primary and specialty care as well as behavioral health and dental services. The urgent care sites will provide access with extended hours (7am—12 Midnight). All sites will provide radiology and lab services for patient’s convenience.
Fully-integrated network with TBHC and Mount Sinai hospitals for support and advanced care: Approximately a mile away from LICH, and linked via electronic health records to all sites in the LICH service area, TBHC’s faculty practice and hospital and Mount Sinai’s Brooklyn Heights multispecialty practice will provide outpatient and inpatient care to all but the most complicated cases. For those most complicated cases requiring advanced technology and sophisticated medical management, the Mount Sinai medical system brings its full resources to any patient, regardless of their ability to pay.

Expanded services for children: Our pediatricians and full array of pediatric specialists are completely able to care for the youngest residents in the LICH community, and our Proposal includes a distinct pediatric service area within the Emergency Department at the LICH site that will provide appropriate care for neighborhood children. Our expanded network will offer full pediatric outpatient services at all our network clinics, in addition to the pediatric faculty staff at TBHC.

Expanded services for seniors: Our highly skilled geriatricians provide care for Brooklyn’s elderly residents, including those at Cobble Hill Health Center and other facilities throughout the LICH area. We already serve 26 nursing homes in our affiliate network, and directly partner with Cobble Hill Health Center, Brooklyn United Methodist Church Home and others to operate innovative, federally funded grant programs and patient-centered care services that are advancing geriatric care.

The “Brooklyn Health Pass” mobile application: To allow patients to fully access the total LICH network, we will launch the new “Brooklyn Health Pass” mobile application that will enable individuals to identify the complete array of available services by location and gain instant access to physicians, nurses, patient navigators, and other services, as well as their health records, through a patient portal. Likewise, physicians and other caregivers will also be able to efficiently coordinate care between providers at the numerous healthcare sites in our expanded network.
The best Proposal for current LICH employees: TBHC and Mount Sinai are proud of our strong relationships with both 1199 SEIU and NYSNA. The expanded network is expected to hire 225 people into the five new sites. Combined, Mount Sinai and TBHC employ over 12,000 members of 1199 SEIU and over 4,000 members of NYSNA. Each year, the two systems collectively hire approximately 2,000 unionized employees. Current LICH employees will be offered preferential hiring for two years not just for the expanded network but also for the far larger TBHC and Mount Sinai full hospital systems. Our Proposal is designed to minimize disruption, hardship and job loss among LICH employees.

A stronger healthcare system “For Brooklyn, In Brooklyn”: This is an important opportunity to align Brooklyn’s healthcare delivery with current best practices of medicine, to reverse the destructive trends that have been devastating Brooklyn hospitals, and to implement the goals of the New York State Department of Health (“NYSDOH”) for a locally-based future healthcare network for the LICH area. TBHC’s Proposal provides a roadmap to achieve these objectives, creating a network of modern health services that conforms to changing medical economics and how individuals and families actually access their care.

Strengthening SUNY Downstate Medical Center: TBHC and SUNY Downstate currently have a strong clinical and academic partnership, and our vision for expanding and strengthening care in the LICH community will further enhance this growing relationship. Our two institutions recently formed a joint neurosciences program and are developing shared allergy and immunology services. We are partnering on a unique project designed to identify areas of Brooklyn with excessive prevalence of common chronic illnesses to improve patient care and outcomes. TBHC serves as a training site for SUNY Downstate resident physicians, and we are currently in discussions to serve as a teaching hospital for Downstate medical students. Broadening the already strong TBHC-SUNY Downstate relationship provides clinical, academic and financial value to SUNY Downstate. Moreover, it is a key element of how our Proposal strengthens the threatened Brooklyn healthcare system to which Downstate is central. As Brooklyn’s only medical school, Downstate trains a large number of minority physicians; provides talented and critically-needed medical providers for Brooklyn; and is an ongoing source of sophisticated medical expertise and state-of-the-art knowledge and practices.

Seamless transition: TBHC’s Emergency Department is approximately one mile from the current LICH site, and is ideally positioned to coordinate emergency care services at LICH, ensuring that they are provided to LICH residents seamlessly and without interruption. A significant number of well-established LICH physicians already moved their primary practices to TBHC and TBHC will continue to support similar transitions so that LICH patients and physicians will have local access to all needed medical services. Our four new urgent care and health centers are expected to be operating within twelve (12) months. Design of our Center of Excellence and freestanding 24/7 Emergency Department will begin immediately, with expedited construction to follow.
Our Team: local experience, nationally recognized healthcare expertise and stable and sustainable financial backing

Our Proposal combines the medical excellence and deep local knowledge of TBHC, the managerial and medical resources of Mount Sinai, and the unrivaled behavioral expertise of the Institute of Community Living. TBHC’s network will also integrate services with a number of existing Brooklyn healthcare providers, including the Red Hook-based Joseph P. Addabbo Family Health Center and Cobble Hill Health Center. This is the only team with the full capabilities needed to deliver the highest quality care to the LICH service area, with an uninterrupted and seamless transition. TBHC and its healthcare partners have a record of financial stability, and are backed by organizations with the financial strength and commitment to build and sustain the healthcare and development features set forth in this Proposal.

The Brooklyn Hospital Center
A top quality provider of culturally-sensitive inpatient and outpatient care to patients throughout Brooklyn’s many communities, TBHC offers a full range of primary, specialty and tertiary care with a team of outstanding physicians, nurses and staff, including a number of nationally recognized physician leaders. Our medical staff has deep ties to the LICH community, with many physicians recently recruited from LICH, as well as many other doctors and nurses who have practiced in the LICH community for decades. TBHC services approximately 300,000 annual patient visits and is increasingly recognized by patients and physicians as a destination hospital in Northern Brooklyn. TBHC was recently recognized by The Joint Commission as a “top performing hospital” nationally for its high performance in quality healthcare measures.

TBHC is among the most financially stable Brooklyn hospitals, demonstrating positive operating margins of 1-2% for the past seven years, similar to those of other high quality New York City hospitals and medical centers. TBHC’s balance sheet has also grown progressively stronger over the past five years, demonstrating that the hospital has transformed its finances and management and is now ready to grow. For this reason, in December 2011, the New York State MRT Brooklyn Work Group named TBHC as a leader for consolidation in the borough.

Mount Sinai Medical Center
A nationally and internationally recognized academic medical center and the largest healthcare employer in New York City, Mount Sinai’s renowned expertise in all clinical areas of medicine, as well as its widely known strength in medical education and research, bring unquestioned excellence to the healthcare delivery partnership conceived in this Proposal. Like TBHC, Mount Sinai already serves the neighborhoods of LICH with its large primary and specialty care practice located less than one mile from LICH on Cadman Plaza.

Mount Sinai has prior successful experience with similar transactions and has the strongest and most current technical expertise in developing new healthcare sites as well as reconfiguring older hospitals and healthcare systems into more nimble healthcare delivery systems in the New York area. Recently acquiring Continuum Health Partner’s five hospitals, Mount Sinai is swiftly and effectively transforming this network of hospitals and outpatient sites into a more sustainable, fully integrated care delivery system.

Mount Sinai also brings unquestioned financial strength to this partnership. With annual revenues of $1.7 billion and assets of $2.4 billion (as of December 31, 2012), Sinai is among the largest healthcare delivery organizations in the United States. Highly secure in its own financial position, Mount Sinai’s demonstrated record of investment in building healthcare infrastructure and
developing healthcare networks, as well as its commitment to invest up to $10 million in this Proposal, brings deep financial strength and, in combination with the capital contribution from Blue Wolf described below, provides a guarantee of success to this project.

Institute for Community Living (Behavioral Health)
Over the last 15 years the Institute for Community Living (“ICL”) has pioneered innovative approaches in outreach and integrated health treatment teams, disease management, wellness promotion, care navigation, the utilization of community-based, patient-centered medical homes, and implementation of electronic health records (EHR). ICL’s staff has extensive experience with and sophisticated understanding of the interrelationship between medical and behavioral disorders.

As part of our fully integrated network, ICL and TBHC will implement co-located primary and behavioral health services offering a one-stop comprehensive support system. ICL will provide on-site clinical supports within TBHC urgent, ambulatory, and health center sites ensuring patients are seen immediately, and treatment plans reflect input from the person served as well as medical and behavioral health teams, leading to better patient outcomes. Individuals served at TBHC sites will also have access to the full range of ICL behavioral health services and supports.

Joseph P. Addabbo Family Health Center
This FQHC has agreed to collaborate with TBHC to develop an additional health center in Red Hook -- a federally designated medically underserved neighborhood -- to help address the health needs of residents, with outpatient primary and specialty care, and expansion of behavioral health and dental services. The scope of healthcare services to be offered, as well as the location of the new facility, will be determined in collaboration with local residents and community leaders. A copy of the letter agreement between TBHC and the Addabbo Center is attached to this Proposal as Tab N.

Cobble Hill Health Center
TBHC currently collaborates with Cobble Hill Health Center to provide geriatric services, home health programs, and a CMS Healthcare Innovations grant program designed to lower preventable readmissions. This relationship will be expanded upon approval of this Proposal. Additional collaborations will occur with TBHC’s extensive nursing home network.

Related Companies
Related Companies (“Related”) is the city’s premier developer of innovative mixed-use projects and brings unparalleled credibility and financial capability to this Proposal. Related has extensive experience working with government agencies, healthcare providers, educational institutions and cultural organizations to ensure their goals are achieved in a constructive and collaborative manner. Firmly committed to New York City, Related has developed major projects in Brooklyn, Manhattan, Queens and the Bronx in partnership with local community organizations and elected officials that include community amenities, affordable/workforce housing, local employment and advanced sustainability. Related’s involvement helps to ensure that this Proposal will be implemented in a first-class and timely manner.
**Blue Wolf Capital Partners**

Blue Wolf is a special situations fund, focusing on investments in transformational opportunities, with expertise in the healthcare area. Blue Wolf Capital Fund III, with over $300 million, is making an initial commitment of at least $30 million to this project, with the ability to invest significantly more if needed. Blue Wolf also brings its expertise in building and operating companies in partnership with unions and management. Significant to this Proposal, Blue Wolf has a demonstrated record of favorably resolving issues in which a distressed company, often with a unionized workforce, requires restructuring to remain viable. Blue Wolf solutions typically result in sustainable companies that preserve union jobs and economic growth within their communities. Blue Wolf has successfully managed several healthcare turnarounds and restructurings.

**Why The Brooklyn Hospital Center Proposal?**

You will be presented with several extensive proposals to take over the LICH site and provide healthcare services to the LICH neighborhoods. While each presents its own unique view on what healthcare means to this community, no other proposal can match our combination of deep, extensive local experience, technical and clinical expertise, and strong, sustainable financial backing. We firmly believe healthcare for Brooklyn must originate in Brooklyn and that a seamless transition from SUNY ownership of LICH to the winning proposal is critical to Keeping Brooklyn Healthy.

The integrated, high-quality and easily accessible healthcare network we will build will not only seamlessly deliver superb services in Brooklyn, but, in doing so, will also strengthen existing Brooklyn healthcare providers, instead of continuing the damaging drain of patients, doctors and resources to Manhattan.
The Brooklyn Hospital Center

The TBHC healthcare network provides a full array of high quality healthcare services, including primary, specialty and tertiary care, for the approximately one million people living in Northern, Central and Downtown Brooklyn, including the LICH community. At the center of our network is TBHC’s tertiary care hospital, located in the heart of Fort Greene and easily accessible by all modes of public transportation. Our medical staff and other affiliated healthcare providers together form a robust network of over 1,000 physicians who deliver care in many settings—physician offices, FQHCs and community-based organizations, nursing homes and the hospital. Recent efforts to streamline and integrate care include expansion of our electronic health records to offsite settings so that patient information is readily available in all settings ensuring that every network visit and every medical treatment, regardless of location, will have instant access to full up-to-date patient records.

TBHC is a 464 licensed bed community teaching hospital, with a network of 23 owned and 24 affiliated facilities located in Brooklyn, providing a full range of inpatient services, including primary, specialty and tertiary care. Outpatient primary and specialty care is offered through its:

- Five (5) community-based family health centers (Manhattan Avenue Family Health Center, Williamsburg Family Health Center, La Providencia Family Health Center, the Adult Ambulatory Care Center, and the 61st Street Family Health Center);
- Five (5) community-based Women, Infants and Children (WIC) programs that are federally funded and provide perinatal care to low-income pregnant women, new mothers and infants;
- An outpatient chronic renal dialysis center;
- Two (2) PATH Centers for the treatment of HIV/AIDS; and
- Twenty-four (24) TBHC affiliated healthcare providers.

In addition, TBHC provides numerous outpatient programs located on its campus, such as The Infusion Center, The Women’s Health Center, The Family Medicine Center, The Children’s Health Center, Dental Care, Wound Care and Hyperbaric Program. The complete listing of programs is provided in TBHC’s Ambulatory Network map. Behavioral and mental health services are provided throughout Brooklyn in partnership with ICL.

In 2013, TBHC experienced 18,553 total discharges, 67,720 emergency department visits, 151,400 ambulatory visits and 35,612 dialysis treatments. TBHC’s patients come from a broad range of cultural and socioeconomic backgrounds and while most are from Northern, Central and Downtown Brooklyn, TBHC also attracts patients from neighborhoods in Southern Brooklyn who utilize TBHC as their primary hospital despite the significant travel distance required. The diversity

QUESTIONNAIRE

1. Description of Organization to be involved in Proposal

a) Provide a detailed description of the Offeror, including the proposing organization and each subcontractor, partner, tenant, and collaborator who will be involved in effectuating the Proposal, including corporate structure and nature of relationships.
of our patients also extends to their type of health insurance, with 50% relying on Medicaid, 30% enrolled in Medicare and 17% commercially insured. The significant number of low-income patients served qualifies TBHC as a safety net hospital, or vital access provider; we also serve as the primary receiving hospital for those attending events at the Barclays Center and we are a destination hospital for many private pay local residents.

Providing care to a large group of culturally-diverse low-income patients who rely on Medicaid presents a number of challenges to providers that are not obvious. It takes many years of actual experience to gain the relevant cultural knowledge and sensitivity and to build individual and community relationships. Our physicians, nurses and staff, equally diverse, provide individualized care that is sensitive to the many social, religious and cultural issues that, if misunderstood or unrecognized, can have a profoundly negative effect on access to or compliance with medical diagnosis or treatment. In comparison to other potential bidders, TBHC’s deep experience as a provider in our community, which includes many underserved patients, positions us well for success.

As noted previously, TBHC’s outreach and involvement with our community is extensive and meaningful. We are deeply involved in advancing primary and preventive care throughout Brooklyn and have been able to develop concrete interactive feedback from residents through groups such as the Community Health Planning Workgroup and our Community Advisory Board. Members of these groups have guided our approach to developing and expanding outpatient care. TBHC’s outpatient network includes strong relationships with many community-based providers, including the FQHC providers Brooklyn Plaza Medical Center and the Bedford Stuyvesant Family Health Center, at whose sites we provide physician specialists, grant funds to accommodate cancer screenings at no cost to eligible individuals, and provide extended hours of operation, imaging services and other support.

Although currently a sponsored member of the New York Presbyterian Healthcare System, we are developing a closer relationship with the Mount Sinai Medical Center that enhances our shared expertise in providing culturally-sensitive care to the diverse groups of patients living in Northern Brooklyn who experience disparities in outcomes from common diseases. TBHC’s local Brooklyn knowledge and experience, together with TBHC’s and Mount Sinai’s aligned focus on improving health outcomes for people with chronic illness, is the basis for our partnership to improve healthcare access, delivery and health outcomes.

Mount Sinai Medical Center
The Mount Sinai Medical Center brings its world class healthcare network and resources to ensure the success of this project, joining our expanded outpatient network to be anchored by the Center of Excellence for the community of LICH (Mount Sinai’s formal letter of support which is attached to this Proposal as Tab A). Mount Sinai will provide experience and managerial expertise in the development and design of new healthcare facilities. Mount Sinai is currently expanding its emergency department and building ambulatory facilities at its Queens Campus and has recently completed construction of the Hess Building for Science and Medicine on the Mount Sinai campus. The experience and insight gained from these projects will be brought to bear at the LICH site. Additionally, Mount Sinai is successfully integrating the five (5) hospitals from the Continuum Health Partners and, as part of that project, is developing models of care and other tools that will be applied to development of the LICH Center of Excellence.

Mount Sinai is well positioned to provide primary care physicians to the Center of Excellence. In fact, all together, the hospitals in the Mount Sinai Health System are training approximately 2000 residents, which provides an outstanding pool of candidates from which primary care and other
physicians can be recruited for the LICH network. In addition, Mount Sinai’s substantial network of physicians, including its Brooklyn faculty practice site, can provide needed services at or near the current LICH campus in the interim, before the new facility is completed, to ensure that there is no gap in the provision of healthcare services to that community. Mount Sinai will also utilize its network of specialists and subspecialists to provide physician staffing for the new Center of Excellence in such specialties as surgery, oncology and cardiology. Both organizations will work to make sure that access to tertiary and quaternary care providers is seamless, efficient and focused on ensuring that patients served at the LICH site receive the best healthcare possible. In fact, Mount Sinai is already working cooperatively with TBHC in supporting the hospital’s certificate of need application for an interventional cardiac catheterization lab.

Mount Sinai has outstanding experience in the management of emergency departments. This expertise will be critical in the management of the new Center of Excellence including a 24/7 freestanding Emergency Department at the LICH site. In addition, Mount Sinai is developing system-wide metrics for emergency department quality and efficiency and would look forward to integrating these metrics into the new LICH facility and sharing that expertise and experience. Beyond emergency medical care, Mount Sinai will extend its highly effective systems for quality management to the new LICH facility. Mount Sinai has a well-demonstrated commitment to working to enhance quality across a large and diverse health system. The new facility at the LICH site will be an important contributor to the standard of excellence Mount Sinai is working to achieve throughout the Mount Sinai Health System.

Mount Sinai’s participation in the transformation of LICH also brings access to the Icahn School of Medicine at Mount Sinai, which will enable the providers of healthcare services at LICH to have access to the best and most innovative advances in healthcare, including the highest quality tertiary and quaternary care, participation in clinical research trials and other cutting edge healthcare opportunities.

Mount Sinai’s commitment to innovation and patient centered coordinated care is evidenced by the Mount Sinai Medicare Shared Savings Accountable Care Organization (ACO). Participation in this project will allow Mount Sinai, with TBHC, to integrate LICH-associated physicians into Mount Sinai’s ACO. This will provide concrete programs to patients who suffer from chronic illness and an inability to access proper medical care. For example, Mount Sinai’s use of a diabetes educator has had a remarkable impact on patient care and population management, resulting in far better outcomes and a reduction of emergency room visits and hospital stays. This program, and other similar programs targeting chronic illnesses, will be integrated into TBHC’s patient care network throughout the LICH community.

TBHC and the Mount Sinai Health System have formed a unique partnership to develop a world class network of patient care services that will not only raise the quality and accessibility of available healthcare services but also will improve health, wellness and outcomes from chronic illnesses that are so prevalent in the LICH community.

Blue Wolf Capital Fund, Ill, L.P.
Blue Wolf Capital Partners LLC, is a New York-based private equity firm which manages over $460 million in capital and capital commitments. In July, 2013, Blue Wolf closed on $309 million in limited partner equity commitments for its latest fund, Blue Wolf Capital Fund III, L.P., from university and healthcare endowments, public, corporate, and Taft-Hartley pension funds, and numerous other investors. Through a partnership with TBHC (the “BHP”), Blue Wolf will provide up to $30 million to fund the proposed new Center of Excellence with a freestanding 24/7 Emergency Department, and four new healthcare centers and urgent care centers.
Blue Wolf invests in companies based in the United States and Canada and works with those companies to resolve complexities and achieve sustainable growth. Frequently, Blue Wolf's investments involve constructive resolutions of complex challenges, particularly those involving financial or operational distress and the need to develop effective union, governmental or regulatory relationships. While Blue Wolf invests across industries, about thirty percent of its investments have been healthcare-related. These investments include pharmaceutical supply chain management for safety net hospitals, employee benefit funds, and other payers, the establishment of a new company to take over the laundry operations of a dozen Chicago-area hospitals, and manufacturing of advanced materials for medical instruments. Blue Wolf’s Managing Partner serves as a trustee and investment committee chair of the $60 billion UAW VEBA, which provides retiree healthcare for approximately 850,000 current and retired union employees of Ford, General Motors, and Chrysler.

**Related Companies**

Related is the city’s premier developer of innovative mixed-use projects and market rate residential housing and is also one of the New York’s leading affordable/workforce housing owners and developers. With a track record of working with local communities, civic organizations and government officials on complex projects, Related brings unparalleled financial sophistication, project management skill, leasing and marketing savvy and community sensitivity to this Proposal. Related has an unwavering commitment to its local communities and to finding creative solutions to key concerns of relevant stakeholders. Related has extensive experience partnering with government agencies, healthcare providers, educational institutions and cultural organizations on joint projects to achieve their goals. Firmly committed to New York City, Related has developed major projects in Brooklyn, Manhattan, Queens and the Bronx in collaboration with local community organizations and elected officials that include community amenities, affordable/workforce units, local employment and advanced sustainability.

Related has created some of the city’s most exciting residential, retail and mixed-use projects, including the Time Warner Center at Columbus Circle and the Hudson Yards development, a new center of commerce, culture and residence on the West Side. Related is also developing 925 permanently affordable and workforce housing units at Hunter’s Point South in Long Island City, Queens, and Related’s Gateway project in East New York, Brooklyn, includes significant affordable units as well as a home ownership component sponsored by Nehemiah Housing.

Related started as an affordable housing developer in 1972 and today is one of the largest developers, financiers and preservationists of affordable and workforce housing in the country. Related currently owns and operates more than 40,000 affordable apartments, has a history of preserving threatened affordable projects such as Manhattan Plaza, and is proud to have never converted a single unit of affordable housing to market rent.

Financially, Related has the asset base and access to capital to make this sensitive project a reality. The company’s superior sponsorship reputation and financial strength are important to attract lenders and capital partners who finance complex development projects.

In addition to the foregoing, see responses provided in Sections 1 d) and 4 of this response to RFP, which is incorporated into this Section 1 a) by reference for all purposes.
b) Provide a disclosure of all Offeror consultants and counsel involved in preparing the Proposal or who will be involved in the consummation of the transaction including whether any such consultant has contingent financial relationships with Offeror.

The counsel involved in preparing the Proposal or who will be involved in the consummation of the transaction is Fox Rothschild LLP.

There is no consultant which has a contingent financial relationship with Offeror.

c) Provide an overview of health care services provided by the Offeror, including the organizational structure, facilities operated, service area, clinical service strengths, and any other relevant information. Describe all of the governance models in the system with respect to any owned, sponsored or otherwise affiliated Article 28 hospitals and other facilities.

The Brooklyn Hospital Center

The Brooklyn Hospital Center is a New York not-for-profit corporation licensed as a general hospital under Article 28 of the Public Health Law, located in Downtown Brooklyn at 121 DeKalb Avenue, Brooklyn, New York 11201. The hospital’s operating certificate number is 7001003H. Founded in 1845, TBHC was Brooklyn’s first private hospital. In 1998, the hospital entered into a sponsorship agreement with New York Presbyterian Healthcare System, Inc. ("NYPHS"). TBHC is a sponsored member hospital of NYPHS. The 464 licensed beds consist of 317 medical/surgical beds, 24 intensive care beds, 6 coronary care beds, 42 maternity beds, 22 pediatric beds, 10 physical medicine and rehabilitation beds, 28 neonatal beds (including 10 neonatal intensive care beds and 18 neonatal intermediate care beds), 10 alcohol detoxification beds and 5 AIDS beds.

Patient Population

TBHC serves a population area of almost one million residents, with more than 80% residing in Northern, Central and Downtown Brooklyn. Neighborhoods we serve include Fort Greene, Downtown Brooklyn, Brooklyn Heights, Vinegar Hill, Red Hook, Boerum Hill, Cobble Hill, Bushwick, Williamsburg, Prospect Heights, Cypress Hills, Flatbush, East Flatbush, Crown Heights, Bedford Stuyvesant, Gowanus, Greenpoint, East New York, Brownsville, Borough Park, Sunset Park and Bensonhurst.

TBHC serves an ethnically and culturally diverse population: most recent census figures from 2012 show that 48.7% of our residents are Black non-Hispanic and 26.7% are Hispanic. Included in these groups are many residents from Jamaica, the Dominican Republic, Haiti, Trinidad and Tobago, and other Caribbean countries as well as Mexico and Central America. Approximately 20% of all residents in our primary service area are characterized as White or Asian. Many of these residents have extremely low incomes with more than one-third having household incomes below the Federal Poverty Level.

Providing care to a large group of culturally diverse low-income patients who rely on Medicaid for access to healthcare presents a number of challenges to providers that are not inherently obvious and take many years of local experience and relationship development to master. Our equally diverse group of physician, nurses and caregivers provide individualized care that is sensitive to a multitude of social, religious and cultural issues that, if misunderstood or unrecognized, can have a profoundly negative effect on access to or compliance with medical diagnosis or treatment. TBHC is significantly advantaged as a provider in our community, which includes many underserved patients who live in the LIC or area.
Physicians and Services
With over 1,000 full time and voluntary physicians in our network, and recently recognized by The Joint Commission as a “top performing hospital” for key quality measures, TBHC provides inpatient and out-patient primary and specialty care in all major medical areas including internal medicine, family medicine, gastroenterology, cardiology, hematology/oncology, pulmonary and critical care, neurology, nephrology, rheumatology, endocrinology, psychiatry, general and minimally invasive surgery, vascular surgery, orthopedic surgery, thoracic surgery, neurosurgery, pediatric surgery, obstetrics and gynecology, maternal fetal medicine, urology, pediatric medicine and all pediatric specialties, as well as emergency medicine, advanced diagnostic radiology and radiation oncology services. TBHC is recognized by NYSDOH as a Designated Primary Stroke Center, Designated AIDS Center, and Level III Perinatal Center. TBHC also provides extensive dental and oral surgery services at its outpatient sites throughout Brooklyn. The hospital has fully accredited physician training programs in surgery, pediatrics, pulmonary medicine, obstetrics and gynecology, emergency medicine, family practice, internal medicine, gastroenterology, hematology/oncology, pharmacy, general dentistry and oral and maxillofacial surgery. Over 250 residents and fellows participate in our graduate medical education training programs each year.

Clinical Growth
Under the leadership of Dr. Richard B. Becker, who joined TBHC as Chief Executive Officer in 2008 after leading the widely-heralded financial turnaround of George Washington University Hospital in Washington D.C., TBHC has become a financially stable organization. By improving patient experiences and attracting strong, nationally known doctors to leadership positions, TBHC has a payer mix that includes 17% insured, 50% Medicaid and 30% Medicare patients. The hospital has shown significant growth in several key areas, including:

- 12% growth in Neurology
- 23% growth in Orthopedics
- 12% growth in General Surgery
- 9% growth in Emergency Department (treat and release visits)
SUNY Downstate Medical Center
An important aspect of TBHC is our strong clinical and academic partnership with SUNY Downstate ("Downstate"). We have a joint neurosciences program with Downstate physicians, as
well as a planned shared allergy and immunology service, to provide inpatient and outpatient
neurology and allergy services to patients at TBHC’s hospital and outpatient facilities. These efforts
will extend to research and medical education whereby Downstate students and resident
physicians may rotate at TBHC to gain additional experience with TBHC patients. It is the objective
of TBHC and Downstate to expand this relationship to multiple departments so that the depth of
clinical experience and the opportunity for medical research are strengthened and expanded.

Also important is our relationship with the SUNY Downstate School of Public Health. Our Brooklyn
Center for Health Innovation, with its focus on research and application of population health
management, is developing a collaborative research relationship with the SUNY Downstate School
of Public Health that will enhance both institutions efforts in this vital area.

We look forward to growing the already vibrant and rich academic relationship between Downstate
and TBHC, and fully believe that development of our Center of Excellence at LICH represents an
additional opportunity to grow this relationship to enhance academic medicine at Downstate.

The Mount Sinai Health System

The Mount Sinai Medical Center encompasses The Mount Sinai Hospital and the Icahn School of
Medicine at Mount Sinai and is acclaimed internationally for its excellence in research, patient care
and education across a range of specialties. Situated between New York City’s affluent Upper East
Side and East Harlem, Mount Sinai serves one of the most diverse patient populations in the world.
It is a critical safety-net hospital for many in need, while at the same time leading in world-class
translational research.

In 2011, Mount Sinai ranked in the top 20 in research grants from the National Institutes of Health
(NIH), placing it among the top institutions in the country. Recent discoveries at Mount Sinai
include identifying genes and genetic mutations linked to diseases like autism, Parkinson’s, and
schizophrenia, and breakthrough treatments for cancer and cardiovascular disease.

Mount Sinai is a world leader in precision medicine. Harnessing the power of super computers to
analyze vast data sets, combined with genetic, biomedical, environmental, lifestyle, and disease
subtype factors, Mount Sinai scientists and physicians are working to predict and treat disease
more precisely and with better outcomes.

The state-of-the-art Leon and Norma Hess Center for Science and Medicine increases Mount
Sinai’s research capacity by a half a million square feet, and serves as the focal point for basic and
translational research. Opened in the fall of 2012, it features six full floors of laboratory space, two
floors of outpatient clinical space, and houses the country’s most advanced imaging facilities.

In addition to leading in science and patient care, Mount Sinai is helping transform the way
healthcare is organized and delivered. Its new Accountable Care Organization (ACO), Mount Sinai
Care, LLC, is focused on a change from volume to value-based care; while its new academic
Department of Family Medicine and Community Health is improving access to high-quality primary
care in underserved communities, conducting health services research, formulating national policy
for primary care, and training the next generation of family physicians.

The Mount Sinai Hospital and Icahn School of Medicine are governed by the same Boards of
Trustees, increasing their ability to collaborate and respond quickly and efficiently to patient needs
and advances in research.
The Mount Sinai Hospital
Founded in 1852, The Mount Sinai Hospital is a 1,171-bed, tertiary-care teaching facility. Breakthroughs at Mount Sinai include the definitive description of diseases including Crohn's disease and Tay-Sachs, as well as the development of new procedures and devices to treat disease including the first genetically engineered influenza vaccine. More diseases and clinical syndromes are named for Mount Sinai physicians than any other medical institution in the U.S.

Success rates for some procedures at Mount Sinai are exceptional. For example, Mount Sinai has a 99% success rate for heart valve repair, and its minimally invasive robotic surgery has an 85% success rate for HPV-related throat cancers. In addition, Mount Sinai is one of just six locations in the U.S. using new combined MRI/PET technology to image the brain with an unprecedented level of precision to find more effective interventions for addiction, Alzheimer's, depression, multiple sclerosis, and other debilitating diseases.

The Mount Sinai Hospital is nationally ranked in 11 specialties in the U.S. News & World Report 2012-2013 list of “Best Hospitals,” and was named to the “Best Hospitals” Honor Roll among the top 15 institutions in the country. It is among the top ten ranked institutions in Geriatrics (#2), Gastroenterology (#7), and Heart and Heart Surgery (#10). Kravis Children’s Hospital at Mount Sinai received top U.S. News rankings in six pediatric specialties.

Icahn School of Medicine at Mount Sinai and Graduate School of Biomedical Sciences
The Icahn School of Medicine is a dynamic post-baccalaureate institution and a leader in medical and scientific training, biomedical research and patient care. Internationally recognized for its groundbreaking research, Mount Sinai’s progressive curriculum stresses a compassionate and collaborative approach to medical practice and scientific investigation, and covers the entire translational continuum.

Mount Sinai has one of several freestanding medical schools in the country that has developed independent high-level graduate MD/PhD, PhD and MPH programs, as well as MS programs in Biomedical Sciences, Genetic Counseling, and Clinical Research.

With a commitment to innovation, students within the Graduate School of Biomedical Sciences are helping drive breakthrough research in such areas as genomics, neuroscience, stem cell biology, and cancer biology. For example, Mount Sinai offers a first-of-its-kind course that gives students the option to sequence, analyze, and interpret their own complete genome, furthering the promise of precision medicine by teaching students how to understand and apply the wealth of information available via whole genome sequencing. The Icahn School of Medicine is home to 14 translational research institutes, is among the top 20 medical schools in receipt of National Institutes of Health grants, and is the top-funded independent medical school. U.S. News & World Report ranked Mount Sinai 18th out of 126 medical schools nationwide in the 2012-2013 “America’s Best Graduate Schools” rankings.

Joseph P. Addabbo Family Health Center
The Joseph P. Addabbo Family Health Center, Inc. is a FQHC established in 1987 to provide comprehensive health services to the poor, the medically indigent and/or medically underserved residents in New York City. The Health Center is licensed by the State of New York as an Article 28 Diagnostic and Treatment Center and has recently received certification as a NCQA Level 3 - Medical Home. Located in the Red Hook neighborhood of Brooklyn, the Addabbo Family Health Center provides a broad range of primary care services designed to meet the needs of the Red Hook community. Our proposed expansion of this service to an additional site to be identified in consultation with the Red Hook community will significantly enhance access to care and bring
additional primary, specialty, dental and behavioral health services to an area that is greatly lacking access to quality healthcare.

**Institute for Community Living**
Over the last 15 years, since it founded an integrated outreach treatment team for persons with co-occurring HIV and Serious Mental Illness (SMI), ICL has pioneered innovative approaches in outreach and integrated health treatment teams, disease management, wellness promotion, care navigation, the utilization of community-based, patient-centered medical homes (PCMH), and implementation of electronic health records (EHR). With four locations in Northern Brooklyn and over 50 sites in the Greater New York area providing care to more than 10,000 patients annually, ICL has created an Integrated Health (IH) Department that develops educational materials, assessment tools and integrated health clinical pathways for ICL's various programs that are reflective of the latest evidence-based treatment and best practices. Because of ICL's dual expertise and innovative special projects, staff have an understanding of the inter-relationship between medical and behavioral disorders in both targeted (e.g. SMI, Developmental Disabilities, Homeless) and community populations throughout New York City.

c) (continued) Describe all of the governance models in the system with respect to any owned, sponsored or otherwise affiliated Article 28 hospitals and other facilities.

TBHC is a hospital licensed under Article 28 of the Public Health Law and is currently a sponsored member of the New York-Presbyterian Healthcare System. TBHC has five extension clinics on its Operating Certificate that provide healthcare services throughout Brooklyn and are also patient centered medical homes. The Mount Sinai Health System includes a network of Article 28-licensed hospitals, with Mount Sinai Hospital in Manhattan as a nationally recognized academic medical center, paired with a world-class medical school, the Icahn School of Medicine. TBHC and Mount Sinai Health System are working collaboratively together to service the healthcare needs of the communities in Brooklyn. Mount Sinai and TBHC have developed strong coordination of care for patients in the LICH community, including inpatient services in the community at TBHC, an extensive outpatient network through TBHC’s extension clinics and physician practices, and Mount Sinai’s Brooklyn Heights multispecialty medical practice. This cooperative alliance provides acute care needs as well as broad-based physician coverage, and demonstrates the commitment by both facilities to Brooklyn healthcare needs, including those communities currently serviced by LICH.

d) Provide a detailed description of the health care services proposed to be provided at or near the LICH campus. Include specific services to be provided and hours of operation and the anticipated locations to the extent practicable. Describe the governance and ownership model for the proposal, especially with respect to any owned, sponsored or otherwise affiliated Article 28 hospitals and other facilities.
Overview of Proposed Services

<table>
<thead>
<tr>
<th>Center of Excellence and Freestanding Emergency Department (ED)</th>
<th>Two (2) Community-Based Healthcare Centers</th>
<th>A minimum of two (2) Urgent Care Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Location to be determined pending further analysis and input from the community</td>
<td>Location to be determined pending further analysis and assessment of community need</td>
</tr>
<tr>
<td>Current LICH Campus</td>
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</tr>
</tbody>
</table>

**Services Offered**

**Freestanding Emergency Department**
- Up to 15 treatment bays and 10 observation beds
- Pediatric emergency care
- Behavioral healthcare
- Ambulance entry
- Radiology services to support the ED
- Comprehensive Diagnostic Imaging Center with MRI, CT Scanner, PET CT, Direct Digital & Ultrasound
- Laboratory Services

**Outpatient, Specialty & Procedure Services; Physician Practices**
- Primary care
- Primary & Specialty Pediatrics
- Obstetrics and Gynecology
- Dental care
- Behavioral health
- Orthopedics
- Gastroenterology
- Cancer Care
- Geriatrics
- Cardiology
- Outpatient Surgery Suites
- Endoscopy Suites
- Cardiac Catheterization Suites
- Interventional Radiology Procedure Room
- Dialysis
- Physician Practices
- Pharmacy

**Emergency Department:**
24/7/365

**Outpatient, Specialty & Procedure Services; Physician Practices:** 7am-9pm

**Hours of Operation**
- 7am-9pm
- 7am-Midnight

**Note:** All clinical programming is preliminary and subject to change pending further input from community representatives and more detailed analysis of healthcare needs.
TBHC, located approximately a mile away from LICH, in partnership with the Mount Sinai Health System, will expand its well-established, integrated, quality-care network further into the LICH primary service area to create a complete system of healthcare services that is easily accessible to residents who previously relied on LICH for their care. The system will provide immediate access to urgent and emergency care as well as primary and preventive care, built on a broad network of adult and pediatric, primary care and specialty physicians readily available to all patients. Unlike systems based outside the borough of Brooklyn, our locally based healthcare system will provide immediate access to all levels of healthcare, anchored by TBHC.

In order to ensure that the residents served by LICH have improved access to high-quality, affordable, outpatient healthcare, we propose to establish a network of at least five new clinical sites within the LICH primary service area that will:

- Provide LICH area residents with improved access to urgent and emergency services
- Expand much needed access to ambulatory services through additional clinic and urgent care capacity with extended hours of operation
- Continue operation of existing LICH school-based clinics
- Increase access to primary and specialty care providers
- Introduce advanced care management techniques to improve chronic disease outcomes throughout the LICH service area
- Preserve healthcare jobs in Brooklyn
- Preserve medical education capacity for SUNY Downstate Medical Center

By selecting and allowing for the implementation of TBHC’s plan, the quality of care for the community will be enhanced and improved from what it is today. A significant number of former LICH-affiliated physicians and nurses have recently joined TBHC’s medical staff; they contribute to a robust interconnection between both providers and a keen awareness of the community’s healthcare concerns. An integrated network of care complemented with TBHC’s well-recognized approach to the management of chronic illness, often in low-income patients, will result in better quality and outcomes. TBHC’s financial and operational stability, proven track record of quality patient care and committed workforce also positions this plan for success.

All healthcare services will be operated by TBHC, with quality oversight as well as additional clinical and management expertise from Mount Sinai Medical Center, both NYSDOH licensed Article 28 hospital providers described in the previous section.

**Details of the specific services proposed are listed below and include:**

**Center of Excellence and Freestanding Emergency Department**

The Center of Excellence and freestanding Emergency Department (the “ED”) will restore and strengthen the much-needed emergency and outpatient healthcare services to the LICH community and will be clinically integrated with TBHC. This clinical integration is a critical element of this Proposal, as TBHC already provides community care and can ensure a seamless integration of care between both campuses and transfer patients who may require advanced care without any reduction of quality of care. The Center of Excellence and ED on the current LICH site will accept ambulances and walk-in patients.
The ED will provide 24/7/365 diagnostic and treatment care for all but the most severe acute illnesses or injuries in a state-of-the-art facility developed in collaboration with Mount Sinai. All physicians at the Center of Excellence, including the ED, will hold Mount Sinai clinical faculty appointments in the Icahn School of Medicine at Mount Sinai. The ED will deliver highly efficient, high quality care with significantly less wait time than hospital-based emergency rooms. Clinicians will utilize the latest advanced life-support technologies, treating a wide range of serious injuries and illnesses. These will include, but not be limited to: cardiac conditions, respiratory illness, allergic reactions, abdominal pain, dental issues, substance abuse, fractures, ear infections, concussions, influenza, infectious diseases, travel medicine, gastrointestinal illnesses, motor vehicle injuries, sports injuries, severe cuts and burns, occupational injuries and behavioral health issues.

The ED will be set up to accommodate uncomplicated heart attack and stroke victims who require simple interventions such as stent placement for coronary artery syndrome or administration of clot busting drugs to prevent stroke. Observation beds will be available onsite to monitor patients who require monitoring and evaluation. A full-service imaging center to include MRI, CT, ultrasound, mammography and general radiology services will be offered as will laboratory and extended hour pharmacy services. TBHC will provide care for critically ill patients or cases of such severity necessitating a transfer for further evaluation and possible in-patient admission.

The Center of Excellence will also offer a procedure center that will accommodate ambulatory surgery, endoscopy, and a catheterization lab for cardiac catheterization or full body interventional radiology to accommodate dialysis access and other peripheral vascular procedures.

Physician office space will accommodate primary and specialty care, including general adult and pediatric medicine, all medical specialties (GI, cardiology, pulmonary, endocrine, rheumatology, infectious disease, oncology), general surgery and surgical specialties including orthopedics, urology, ENT and vascular, medical and surgical oncology (including infusion services), and physical and occupational therapy. TBHC will continue to review community needs and engage with all stakeholders, including the NYSDOH, to finalize the footprint, location and selection of services for the Center of Excellence as well as the four new community based facilities.
Two New Community-Based Primary/Specialty Health Centers
Two community-based primary and specialty facilities within the LICH primary service area to provide convenient access for every resident to high quality healthcare. The new facilities will offer adult and pediatric care, wellness and preventive care, obstetrics and gynecology services, behavioral health, radiology and laboratory services, dental services, treatment for low grade to moderate injuries, orthopedic care and additional services based on input from community members, unions, healthcare and elected leaders. Extended hours of operation (7am-9pm) to accommodate early morning, evening and weekend services will be provided.

We intend to locate these centers for optimal convenience to patients who utilize them and will consult directly with the community, particularly Red Hook, to identify the best location. TBHC has entered into discussions with the Addabbo FQHC and plans to extend this FQHC at another site in Red Hook, providing full electronic connectivity and Patient Centered Medical Home designation to improve health outcomes for residents in this underserved community.

Two New Community-Based Urgent Care Centers
At least two urgent care centers located within the LICH primary service area to provide walk-in care in a modern, efficient setting. Primary and preventive care as well as treatment of minor to moderate injuries and illnesses will be provided at these sites. General medical and pediatric care as well as treatment of small injuries will be offered with extended hours from early morning to late evening (7am-12 Midnight).

School-Based Clinics
LICH currently operates four school-based clinics. We propose maintaining those clinics and continuing their operation and service with the assistance of existing State funding. TBHC has a well-known, highly utilized full service pediatric department, including child life specialists, pediatric specialists and surgeons, and we can easily support primary and specialty needs of students who utilize these clinics.

Obstetric Care
Our well-established Women, Infants and Children (WIC) Program has sites throughout Brooklyn and has an outstanding record of providing pre-natal and post-natal care to expectant mothers and their newborns. These are federally funded programs that we will expand in the LICH primary service area to improve the access to this care that has diminished especially in the Red Hook
area over the past several years. Implementation of this program improves maternal and newborn health and wellness. The TBHC WIC programs have been recognized as among the finest in the country.

Geriatric Care
Our highly skilled team of geriatric physicians and nurses provide care for seniors in our specialized geriatric hospital unit as well as in multiple skilled nursing facilities throughout Brooklyn. Our physicians provide medical oversight for care at many nursing homes in Brooklyn and we are in the process of developing a house-call program whereby our providers make house calls to those elderly patients who are living independently. TBHC has a particularly close relationship with Cobble Hill Health Center where we have collaborated on medical and social support care for many years. Our Proposal will expand these services further into the LICH community, locating specialized geriatric services at our sites and also moving care more deeply into the community with our portable services.

Patient Navigators - Improving Community Health
TBHC, in collaboration with Mount Sinai and SUNY Downstate, will utilize unique techniques, refined by TBHC’s Brooklyn Center for Healthcare Innovation, to identify areas of the LICH community, such as Red Hook, where there is a disproportionate number of patients with readily treatable chronic illnesses such as diabetes, heart failure, hypertension and asthma. Once identified, TBHC will utilize approximately 25 LICH registered nurses, retrained to assist with patient navigation, with the overall goal of improving access to and utilization of primary care and chronic disease management. This will help us implement strategies to manage these chronic conditions, keep people out of the hospital and, ultimately, improve outcomes and general health of people living in the LICH community. Until recently, contemporary approaches to improving health in communities with excessive burdens of common chronic illnesses have failed to address the basis of persistent healthcare disparities and produced mixed results in medically underserved populations. TBHC has unique expertise in the development and evaluation of various models of patient navigation that we can utilize to more effectively address the needs of high-risk populations and high-risk communities.

Governance and Ownership
In this Proposal, TBHC, an Article 28 hospital already serving the LICH community and approximately one mile from the LICH campus, proposes to establish and operate a freestanding Emergency Department and Center of Excellence (both as described in the prior Section of this Proposal) located on the LICH campus, as well as at least two outpatient care centers and at least two urgent care facilities in the community with the intent of providing critically needed continuity of care to residents.

The BHP, a partnership between Blue Wolf Capital Fund III and TBHC under the medical direction of TBHC, will provide healthcare, management and financial services to the clinically integrated healthcare network, including the Center of Excellence and freestanding Emergency Department and the extensive outpatient network servicing the LICH patient service areas. The BHP combines TBHC’s expertise in successfully managing its extensive emergency services and outpatient network, with Blue Wolf’s financial strength and expertise in capital financing and restructuring healthcare networks. We believe the BHP is extremely well positioned to meet the unique challenges of implementing this project and will improve and expand the scope, quality and access to healthcare services in the LICH patient service areas. The BHP will provide administrative and/or management services to the clinically integrated healthcare network established by TBHC and its collaborators in this Proposal.
Finally, TBHC’s growing relationship with Mount Sinai provides further support on an organizational and management level, and is consistent with Mount Sinai’s strong commitment to Brooklyn healthcare. Mount Sinai will facilitate this project by providing primary and specialty care physicians; lending its experience in facility design, operational and management expertise (particularly in emergency medicine and other specialty areas) utilizing its record of success in integrating complex hospital organizations; extending its systems for quality management; and providing easy access to its tertiary and quaternary healthcare network to assist TBHC with planning and implementation of the integrated healthcare delivery system. In addition, Mount Sinai will invest up to $10 million in the project.

The services specified in the chart provided in Section 1 d) of this Proposal are designed to comprehensively meet the needs of the community. TBHC, as the Brooklyn provider hospital closest to the LICH community, is intimately familiar with these needs.

The New York City Department of Health’s Community Health Profile for Northwest Brooklyn indicates the neighborhoods of the Northwest Brooklyn community could greatly benefit from improved primary and outpatient care services. Among the statistics included in the profile that support implementing such programs are:

- 20% of the population is below the poverty level
- Heart disease rate is 10% higher than in New York City overall
- Alcohol and drug dependence is at 20% compared to the Brooklyn average of 12%
- 52% of adults get flu shots compared to 60% in other parts of Brooklyn
- The asthma rate is almost twice the community average
- 21% of the population in this area have a regular physician, as compared to the New York City average of 24%

These disparities lead to a very high rate of non-emergency visits to local emergency rooms, including TBHC’s facility. Accordingly, the continued provision of ambulatory care services at the LICH campus is critical to meeting the primary care and preventive needs of the neighborhood.

Over the course of the last several years, an extensive and focused study has been performed by TBHC on the nature of this population and its health utilization trends and healthcare status. This Proposal is informed by several external reports related to Brooklyn healthcare: The MRT Work Group charge to consolidate services in a manner that allows delivery of enhanced primary, secondary and tertiary care services while improving quality, revenue, efficiency and operating margins; work put forth by State Senator John Sampson and Borough President Marty Markowitz entitled “Creating a Vision for Brooklyn’s Health Care System: A Report of the Brooklyn Healthcare Working Group” (Working Group) that describes a more accessible, high quality, community-based delivery of care model for the residents of Brooklyn; and the Brooklyn Health Improvement Project (BHIP) which studied issues influencing emergency department usage.
During the summer of 2012, TBHC conducted a feasibility study to review the recommendations of the Brooklyn MRT Group report and engage community-based organizations towards a collaborative approach to reconfigure the delivery of care model for North and Central Brooklyn. The results were based upon a zip code market prioritization based on these categories and indicators:

- **Provider Integration** (primary care physician to population ratio, proportion of residents without a primary care physician, transportation access, insurance status, population density, household income, population growth estimates)
- **Community Need** (preventive quality indicators, preventable emergency department use rates, inpatient utilization rates)
- **Expanded Presence** (market concentration and number of existing healthcare providers, location and accessibility of FQHCs/ community health centers)

TBHC's feasibility study supports these other reports, which all call for greater community-based ambulatory, primary and preventive care services for residents of Brooklyn. In addition, with the constriction of services and pending potential closures of several neighboring hospital providers including LICH, the need for accessible outpatient services is more critical than ever.

During 2013, TBHC, the I M Foundation and NYSDOH sponsored a community health needs assessment. TBHC's Community Health Planning Workgroup (CHPW) conducted the study. The study shed light on North and Central Brooklyn residents' perception of the needs, gaps and barriers to care in their communities. The CHPW's published results of its community health needs assessment, *The Need for Caring in North and Central Brooklyn*, highlights the need for improved access to community-based healthcare services in these neighborhoods. A copy of this community health needs assessment is attached hereto as Tab C.

The report covers 15 Brooklyn zip codes, including Fort Greene, Prospect Heights, Williamsburg, Downtown Brooklyn, Gowanus and Red Hook. Among the key findings:

- 85% of respondents said that it would be most convenient to receive care in their neighborhood; almost 20% of the sample (18.7%) received none of their care in their community.
- 50% of residents surveyed said they or members of their household had visited an emergency room in the past two years.
- Half of respondents had a limited ability to secure healthcare services. When asked why, 48% said barriers to healthcare included quality of care, culture and language differences, hours of service and attitudes of providers; 19.8% said insurance issues or lack of insurance; 23.1% said long waits for, or at, appointments; and 9.1% said cost of care.

The report concluded with approximately 15 critical recommendations to improve healthcare in Brooklyn. These included addressing accessibility; improving screening, outreach, cultural and linguistic competency, patient-centered care and customer service training; providing extended hours for primary care; increasing awareness and access to low-cost health services/insurance; providing financial support of efforts by grassroots community-based organizations to promote community resources; coordinating a network of healthcare and social service providers; engaging community residents; targeting services to focus on particular illnesses and communities; increasing access to specific healthcare services; working with Access-A-Ride to address transportation issues; increasing the number of providers who accept public health insurance and increasing availability and access to mental health services.
TBHC is focused on implementing strategies for delivering care that emphasize care coordination and management, primary care and prevention, and community collaboration. Specifically, TBHC will focus efforts on improving the high hospitalization, mortality and emergency department use rates related to the neighborhood’s chronic diseases. This approach is also consistent with TBHC’s “prevention agenda priorities” outlined in its Community Service Plan submitted to NYSDOH on November 15, 2013. This approach includes a focus on the health conditions that have been identified as the most prevalent for community residents. TBHC plans to monitor various quality and efficiency standards to track progress. These metrics include improved HEDIS scores, preventable quality indicators, and select patient safety indicators (as defined by the Agency for Healthcare Research and Quality).

Additionally, one of the major unmet healthcare concerns for residents in our community is access to behavioral and mental health services. With the severe reduction of behavioral health services due to provider closures, it is critical to our community to offer such services and continuous management to current clients. TBHC’s collaboration with ICL and other community-based social service organizations ensures a service delivery approach to behavioral healthcare that is networked. Many individuals with behavioral health concerns are people at high risk of poor health outcomes and require coordination of care. The proposed health facilities will include a coordination of primary care services inclusive of behavioral healthcare, an approach that ICL is committed to fulfill. This co-location is critical to patient centered, comprehensive quality care. In addition, the proposed centers will coordinate with community-based social health service organizations to ensure referral access to the full range of social health providers.

**Proposed Medical Services and Impact on Community Health Needs:**

**Overview of Critical Community Healthcare Needs**

<table>
<thead>
<tr>
<th>Issues Affecting Healthcare in Brooklyn</th>
<th>Indicator</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low income level with 20% below poverty</td>
<td>1 million Brooklyn residents enrolled in Medicaid</td>
<td>TBHC and Mount Sinai expanding access to high quality services for Medicaid patients, targeting neighborhoods with insufficient healthcare services</td>
</tr>
<tr>
<td>Healthcare disparities for low income residents, especially people of color</td>
<td>Poor outcomes from acute and chronic illnesses</td>
<td>Expanded TBHC and Mount Sinai healthcare network targeting these patients for better access to care</td>
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<tr>
<td>Poor access to primary and specialty care</td>
<td>High rate of inappropriate Emergency Department utilization and preventable admissions</td>
<td>Expanded primary and specialty care in high need areas. Partnerships with FQHC’s, nursing homes and healthcare/social support community based organizations</td>
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<tr>
<td>Underdeveloped network of care in the borough</td>
<td>High Emergency Department utilization, poor healthcare outcomes</td>
<td>TBHC and Mount Sinai integrated and expanded network targeting Northern, Central and Downtown Brooklyn</td>
</tr>
<tr>
<td>Multiple failing hospitals</td>
<td>Declining demand for inpatient services; poor access to efficient outpatient services</td>
<td>Transform healthcare delivery system to provide outpatient and inpatient services consistent with patient demand</td>
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</tbody>
</table>
The health needs of the LICH community are complicated and must account for cultural and socioeconomic diversity that is characteristic of many areas of Brooklyn—this requires a well-planned, clinically integrated healthcare network that is accessible, high quality and supportive of patients and their existing, current providers. All studies over recent years of the LICH community, and other areas of Brooklyn, point to a pressing need for additional outpatient services. Declining inpatient admissions not only at LICH but also throughout Brooklyn, New York City and, in fact, across the nation, support the perspective that medical advances require fewer inpatient hospital beds. People are utilizing healthcare more frequently, which is good, but access to that healthcare is increasingly occurring away from hospitals. We have constructed our Proposal accordingly for the LICH community.

The healthcare system we provide is an extension of a system that has served the Brooklyn and the LICH community for almost 170 years. Utilizing the LICH site in Cobble Hill as the location for our Center of Excellence, our Emergency Department, full service Radiology Service, Outpatient Surgery and Endoscopy Center, Cardiac and Full Body Catheterization Lab, and multispeciality physician offices offering a full range of adult, maternal and pediatric care, we will create a central access point that is easily accessible to any patient who previously utilized LICH. Design, implementation and management oversight will occur in close collaboration with Mount Sinai, also an investor in this project. TBHC, approximately one mile away, will serve as immediate back up for any patient in need of more intensive services that require a hospital stay.

TBHC will build at least four additional urgent care and healthcare care sites that, with extended hours, will allow patients to access care more readily in their neighborhoods. Our team of nurse navigators, armed with data from our health management systems that can identify the location of patients who are most in need, will assist in getting these patients into regular medical care, thus promoting better disease management and a healthier quality of life.

Electronic connections between these new facilities, TBHC’s hospital and the TBHC and Mount Sinai medical practices will ensure seamless and instantaneous access to patient information that facilitates delivery of the most up-to-date care at the moment and location where it is needed.

Finally, this Proposal is consistent with the TBHC focus to implement strategies regarding impacting chronic diseases and improving preventable quality indicators, preventable readmissions and non-appropriate use of the emergency department. The proposed Center of Excellence and community-based urgent care and healthcare centers embrace the hallmarks of the patient centered medical home model and includes a strong emphasis on the creation and integration of the “medical neighborhood”, which include the spectrum of healthcare providers in the community, specialists, primary care providers, supportive care, nursing homes and hospitals working together to share and coordinate patient care.

Investing for the Future, a critical element of the New York City Economic Regional Development Council Strategic Plan, is based on the concept that development of innovative public-private partnerships is necessary to facilitate social and economic progress in light of limited governmental resources. This Proposal is an exemplary initiative aligned with this element. By bringing together private capital for both real estate and healthcare infrastructure under the leadership of a premier not-for-profit hospital, our Proposal utilizes a cutting edge structure to resolve a well-known community problem, while facilitating improved access to jobs, healthcare and housing for Brooklyn.
As described in the attached letter from Dr. Ken Davis, President and CEO of the Mount Sinai Health System (See Tab A), this Proposal will be supported by a new relationship between The Brooklyn Hospital Center and the Mount Sinai Health System. Through this relationship, the Mount Sinai Health System will provide the following to develop the Center of Excellence and the network described in this Proposal:

- Financial investment of up to $10 million;
- Expertise and participation in facility design, management and operation of emergency services and other healthcare services provided at the proposed Center of Excellence;
- Quality management systems;
- Access to Mount Sinai’s tertiary and quaternary network;
- Extensive, world-class primary and specialty care physician network, including those physicians already present in the Mount Sinai Brooklyn Heights multispecialty medical practice;
- Access, through The Icahn School of Medicine, to world class healthcare innovation, research and a continuous pool of new physicians; and
- Development of a mechanism for participation in the Mount Sinai Health System ACO that includes effective strategies for better management and outcomes from chronic illnesses such as diabetes, asthma and heart failure.

TBHC will broaden its collaboration with ICL, a Brooklyn based Article 31 provider of behavioral health services. ICL offers comprehensive behavioral health services including mental healthcare, substance abuse treatment, group counseling and therapeutic support. Their Article 31 site locations include Brooklyn Heights, East New York, Downtown Brooklyn and Far Rockaway. ICL staff will support the new facilities and provide the full range of behavioral health services including assessment, evaluation, and treatment and counseling referrals. ICL collaborates closely with other community-based social service and support organizations to ensure a holistic approach to physical, mental and social health. TBHC’s ambulatory centers currently refer our patients to ICL for behavioral health needs and this collaboration will be an extension of that relationship.

TBHC has developed a new collaboration with the Joseph P. Addabbo Family Health Center, a FQHC established in 1987 to provide comprehensive health services to the poor, the uninsured and/or medically underserved residents in Red Hook. The Addabbo Center recently achieved certification as a NCQA Level 3 – Patient Centered Medical Home. As detailed in the attached commitment letter, we plan to locate a primary and specialty care facility in the Red Hook area as an expansion facility of the Addabbo Center’s services. In addition, this site will also offer dental care and behavioral health services, as well as other services to be determined through community input and collaboration.
TBHC has no significant compliance issues.

The Offeror and its collaborators have no pending or threatened litigation that would be expected to affect the ability to successfully execute the proposed project.

2. Description of Proposal

a) Define overall nature of proposal and how it relates to each of the objectives as described in PART 2.A, above. Provide detail on each component of the proposal and describe the relationship between components. A business plan is desirable.¹

The Proposal would meet the objectives as stated in PART 2.A of RFP, as described in the Introduction, as outlined in the Charts provided at the beginning of Section 1 d) of this Proposal and below as follows:

**Assist Downstate in exiting the provision of clinical services at the LICH campus, in accordance with the approved June 2013 Downstate Sustainability Plan.**

This Proposal provides a multi-faceted strategy to facilitate Downstate’s exiting of clinical services at the LICH campus. This strategy includes:

- **TBHC assumption of medical management of emergency department services and related outpatient services.** Responsibility for care of all patients currently at the LICH site, subject to appropriate NYSDOH approvals, would be assumed by TBHC, utilizing its existing ED staff. TBHC would be ready to assume medical management of emergency services at the current site as described in Section 6 a) below. Continuity of emergency services would be maintained throughout the effectuation of this Proposal and there would be no anticipated interruption of these services.

- **The creation of a new Center of Excellence and freestanding Emergency Department and other services.** Offeror will operate emergency and outpatient services at a new location on the LICH site. Services will be augmented by four community-based urgent care facilities and patient centered healthcare centers.

- **LICH Employees Job Preservation.** TBHC and Mount Sinai are proud of our strong relationships with both 1199 SEIU and NYSNA. The expanded network is expected to hire 225 people into the five new sites. Combined, Mount Sinai and TBHC currently employ over 1

¹ The Business Plan (Confidential) is attached hereto as Tab L and incorporated herein by reference for all purposes.
12,000 members of 1199 SEIU and over 4,000 members of NYSNA. Each year, the two systems collectively hire approximately 2,000 unionized employees. Current LICH employees will be offered preferential hiring for two years for the expanded five-site network and into the far larger TBHC and Mount Sinai hospital systems. Our Proposal is designed to minimize disruption, hardship and job loss among LICH employees.

**Operation of a healthcare facility or health services on all or part of the LICH campus or in the community proximate to LICH, consistent with the health needs of the community.**

See responses provided in Section 1 d) and 1 e) of this response to RFP, which is incorporated into this Section 2 a) by reference for all purposes. Both The Brooklyn Hospital and Mount Sinai are teaching hospitals.

**Sale of the property at no less than the current market value and the satisfaction of liabilities attendant to such property.**

As further described in the Term Sheet (Exhibit C to the RFP) attached hereto as Tab H, this Proposal offers a non-contingent purchase price to SUNY of $212,000,000.

b) **Describe the type of Health Care Entity(ies) proposed.**

See responses provided in Section 1 d) of this response to RFP, which is incorporated into this Section 2 b) by reference for all purposes.

### 3. Term Sheet

a) **Complete the Term Sheet attached as Exhibit C. All sections must be completed regardless of the description included in Offeror’s Proposal.**

The completed Term Sheet (Exhibit C to the RFP) is attached hereto as Tab H and made a part hereof.

b) **Note that the Term Sheet must provide that for any parcel(s) of real estate used for the delivery of the medical-services plan by the successful Offeror, deed restrictions will be placed on those parcel(s) to assure the use of the property for community health-services for not less than 20 years.**

The Offeror acknowledges and accepts the foregoing.
4. Transaction Structure

a) Describe the legal structure of the proposed transaction (i.e., affiliation, joint venture, asset purchase, acquisition, etc.)

The sale of the LICH campus property will be structured as an outright sale to Related and/or an affiliate. The terms of such sale are outlined in Section 2 a) of this Proposal and in the Term Sheet (Exhibit C to the RFP) attached hereto as Tab H and made a part hereof.

b) Articulate the reasoning for the structural preference.

An outright sale of the LICH campus property to Related will allow for efficient and timely redevelopment of the Property.

The lease or sale of the Center of Excellence and freestanding Emergency Department by Related to the BHP is part of the creation of a unique public private partnership to provide healthcare services to Brooklyn, which combines access to new capital for the community (including commitments from Blue Wolf and Mount Sinai) with the medical direction of an integrated healthcare delivery system supported by a key community healthcare provider, TBHC, that is already servicing the LICH patient population.

The involvement of Mount Sinai, an academic medical center that has planted strong roots in the local Brooklyn community, assures that services will be designed and provided at world-class levels of excellence.

c) Describe what governmental, regulatory or third party approvals are regarded as necessary or important to a proposed transaction.

The Center of Excellence and freestanding Emergency Department and community-based healthcare centers will require Certificate of Need (CON) approval by the NYSDOH. In addition, NYSDOH approval will be sought for appointment of TBHC as temporary operator of the existing LICH emergency department. The urgent care centers may or may not require CON approval depending on the status of pending regulations currently undergoing review in the New York Public Health and Health Planning Council. Finally, depending on the scope of services to be provided, NYSDOH approval for the agreement may be required.

d) Identify and discuss key factors related to this Proposal.

The key factors to this Proposal include the presence of a strong community healthcare provider in TBHC and its development of an integrated healthcare solution for Brooklyn that maintains and strengthens the viability of existing community resources. Another key factor is TBHC’s longstanding collaboration with its labor unions and other workforce to enhance the quality of its healthcare services for the community. Further, the Proposal solidifies TBHC’s already strong presence in the service area and allows existing LICH caregivers, including nurses, staff and physicians to remain in the community through this integrated healthcare delivery system between the former LICH campus and the already established and successful TBHC inpatient and outpatient network. All of the foregoing demonstrates the benefit to LICH’s community of this healthcare solution.
The intense interest and participation of local elected officials and community leaders will help make the institution responsive and relevant and should help build community support and loyalty; which are essential to the future success of the locally-provided healthcare services.

e) Identify potential problem areas with any proposed transaction involving the LICH campus.

The potential liabilities, existing debt structure and current operations in the existing LICH emergency department will require due diligence, analysis and potential negotiation with all involved parties to enable TBHC to create a financially sustainable, clinically effective, integrated delivery network.

6. Proposal Timeline

a) Provide a timeline showing the necessary approvals, and any regulatory filings and approvals, required for the implementation of the proposal(s).

TBHC would seek immediate management of the current LICH emergency department through a certificate of need request to NYSDOH for temporary emergency approval. The assumption of
operations by TBHC at the current LICH emergency department would promptly follow the final selection and award of this Proposal. TBHC is prepared to immediately assume management of the emergency services provided in the existing LICH emergency department, as it already services LICH’s patient population, has relationships with many of the community physicians, and has the expertise and staffing to operate and manage the LICH emergency services.

- **Approval of TBHC Management Contract or Appointment as Temporary Operator:** Temporary emergency approval by the NYSDOH of the management agreement for TBHC to assume management operations of the existing LICH emergency department immediately upon approval by NYSDOH or approval by NYSDOH to appoint TBHC as temporary operator of the LICH emergency department, without bearing the existing liabilities, operating loss or lender obligations.

- **Approval of TBHC as operator of a freestanding Emergency Department, the Center of Excellence and community-based health centers:** TBHC will seek NYSDOH approval to establish and operate these facilities through an Administrative Certificate of Need application process and in accordance with all applicable approval process timelines as per the NYSDOH regulations.

- **Approval of TBHC for the urgent care network:** The urgent care network may or may not require certificate of need approval depending on the status of pending regulations currently undergoing review in the New York Public Health and Health Planning Council. Finally, depending on the scope of services to be provided by the BHP, DOH approval for the agreement may be required.

[Continued on following page]
There are many recent reports that document well the increasing utilization of ambulatory services and the declining use of inpatient services. As medical advances provide an increasing number of complex diagnostic and treatment modalities outside of hospitals, patients are routinely seeking care in outpatient settings that are often affiliated with hospitals but frequently not located on a hospital campus. Parallel trends in healthcare economics point toward the need for hospitals and medical centers to meet this demand through expansion of high quality outpatient services so that patients can better access care in their communities, allowing hospitals to retain their patients while expanding services in a financially sustainable manner.

Over the past several years, TBHC has considered merging with or supporting several other hospitals in models that would maintain expensive and often obsolete equipment and infrastructure. We concluded that the capital investment required to maintain inpatient capacity at these hospitals, in the context of a declining demand for inpatient services, was clearly not a sustainable model and, thus, we shifted our strategy to one that would better meet our Brooklyn community’s healthcare preferences and needs—a robust outpatient strategy focused on delivering care to patients in their neighborhoods. Likewise, attempts to maintain LICH as an inpatient site drain scarce and valuable healthcare resources away from where they are most needed and, in fact, weaken other local providers by making unavailable resources that might be better used to expand healthcare, secure jobs and keep communities healthy.

It is, of course, extremely unfortunate to see a healthcare institution, such as LICH, with a long and proud history of serving patients fall into decline. In accepting this decline as a result of a transforming healthcare delivery system and dramatically changed healthcare economics, it is perhaps healthier to view this situation as an opportunity and an obligation to transform care for the LICH primary service area in order to provide the community with services that improve health for individuals and for the population this once healthy hospital served. Selecting our proposal will not only ensure that the goals of the triple aim are advanced, but, by creating a dense network that improves access to high quality primary care, specialty care and critical care, centered around The Brooklyn Hospital Center in partnership with Mount Sinai, with one of the nation’s strongest Health Systems and Academic Medical Centers, it will also allow TBHC to sustain and expand its mission of Keeping Brooklyn Healthy.

Respectfully Submitted,

THE BROOKLYN HOSPITAL CENTER

Richard B. Becker, MD
President & CEO
TAB A:
Letter of Support from Mount Sinai Hospital

See Attached Letter of Support
March 4, 2014

Richard Becker, M.D.
The Brooklyn Hospital
121 DeKalb Avenue
Brooklyn, New York 11201

Dear Dr. Becker:

I am pleased to write to The Brooklyn Hospital on behalf of the Mount Sinai Health System in full support of the RFP response submitted by The Brooklyn Hospital to create a new center of excellence for ambulatory care on the campus of the Long Island College Hospital (the “Center of Excellence”).

Mount Sinai is committed to extending its expertise and resources to secure the success of the Center of Excellence. As described in more detail below, Mount Sinai will provide management and clinical staffing and financial support to the Center of Excellence. In addition, Mount Sinai has a decades-long tradition of working with both District 1199 and NYSNA and views the Center of Excellence as an ideal opportunity to expand those relationships.

The Brooklyn Hospital has a well-established commitment to serving the healthcare needs of all of the people who live in Brooklyn. Similarly, Mount Sinai has always been known for serving the needs of all of the people in the communities it serves. As we have previously informed The Brooklyn Hospital, Mount Sinai’s support of The Brooklyn Hospital’s RFP is an integral part of Mount Sinai’s own strategic planning to support the provision of health care to the residents of Brooklyn. We believe that Mount Sinai will be able to provide substantial support to the provision of high quality care at the LICH site as well as throughout the LICH service area with a network of primary, specialty and community health services to deliver the greatest possible benefit to people who live or work in this area. Here are some examples of the engagement we expect with the community if this proposal is accepted:

- **Financial Commitment:** Mount Sinai will invest up to $10 million in the development of the emergency department and urgent care at the Center of Excellence. As you requested, copies of the audited financial statements for The Mount Sinai Hospital and Icahn School of Medicine for 2012 are attached hereto. We have not yet definitively determined the legal structure or the nature of our participation in this venture. We have also been working cooperatively with The Brooklyn Hospital and its equity partner, Blue Wolf, regarding a possible Brooklyn urgi-center strategy which could incorporate opportunities at the LICH site. We are optimistic that these discussions will end successfully.

- **Primary Care Physicians:** Mount Sinai is well positioned to provide primary care physicians to the Center of Excellence. In fact, all together, the hospitals in the Mount Sinai Health System are training approximately 2000 residents, which provides an outstanding pool of candidates from
which primary care and other physicians can be recruited. In addition, Mount Sinai’s substantial network of physicians, including its Brooklyn faculty practice site, can be used to provide needed services at or near the current LICH campus in the interim before the new facility is completed, to ensure that there is not a gap in the provisions of health care services to that community.

- **Facility Design:** Mount Sinai will work with The Brooklyn Hospital and provide our experience and managerial expertise in the development and design of new health care facilities. Mount Sinai is currently expanding its emergency department and building ambulatory facilities at its Queens Campus and has recently completed construction of the Hess Building for Science and Medicine on our Mount Sinai campus. The experience and insight we have gained from these projects will be brought to bear on the LICH site.

- **Success in Integrating Complex Hospital Organizations:** Mount Sinai is successfully integrating the hospitals from the Continuum Health Partners and in connection with that is developing models of care and other tools that we will be able to apply to development of the Center of Excellence.

- **Tertiary and Quaternary Network:** Mount Sinai will utilize its network of specialists and subspecialists to provide physician staffing for the Center of Excellence in such specialties as ambulatory surgery, oncology and cardiology. We plan to work with The Brooklyn Hospital to make sure that the access to those tertiary and quaternary care providers is seamless, efficient and focused on ensuring that the people who are served at the LICH site have access to the best health care possible. In fact, we are already working cooperatively with The Brooklyn Hospital in supporting the hospital’s CON for an interventional cardiac cath lab.

- **The Value of the Icahn School of Medicine:** The scope of the Mount Sinai Health System including the Icahn School of Medicine at Mount Sinai, will enable the providers of health care services at LICH to have access to the best and most innovative health care, including the highest quality tertiary and quaternary care and other cutting edge health care opportunities, and enable it to participate in clinical trials. We will encourage qualified health care providers at the LICH site to become members of the faculty of the Icahn School of Medicine. In our experience, faculty membership improves quality and enhances the ability to recruit and retain the best physicians.

- **Quality Management:** Mount Sinai will extend its systems for quality management to the LICH site. We have a well-demonstrated commitment to working to enhance quality across a large and diverse health system. Our hope is that the facility at the LICH site will be an important contributor to the standard of excellence we are working to achieve throughout the Mount Sinai Health System.

- **Population Health:** Mount Sinai’s commitment to innovation and population health is evidenced by the Mount Sinai Medicare Shared Savings ACO. We will work with The Brooklyn Hospital to develop a mechanism for the participation of LICH--associated physicians to participate in Mount Sinai’s ACO. As another example, Mount Sinai has developed an extraordinary diabetes educator program. Our experience is that the use of a diabetes educator can have a remarkable impact on patient care and population management. We would propose to work together with The Brooklyn Hospital to make that program available.

- **Emergency Department Management:** Mount Sinai has outstanding experience in the management of Emergency Departments. This expertise will be critical in the management of the LICH facility. At The Mount Sinai Hospital, we see have approximately 140,000 visits a year. The other hospitals in our health system see a combined volume of approximately 300,000 visits.
a year. In addition we are developing system wide metrics for ED quality and efficiency and would look forward to working with the new LICH facility and sharing that expertise and experience.

- **Union Workforce:** Like The Brooklyn Hospital, Mount Sinai has a decades-long tradition of working with both District 1199 and NYSNA. We think this will be significant factor in the development of the LICH site. We recognize that closing the LICH Hospital may leave many of these union members without a job and we will do what we can to help relocate these employees.

We hope that this more comprehensive statement is helpful. Please let us know if there is anything further we can do to support The Brooklyn Hospital efforts.

Sincerely,

[Signature]

Kenneth Davis, MD
Chief Executive Officer and President
Mount Sinai Health System
TAB B:
Letters of Support from The Community

See Attached Summary and Select Letters of Support
See Supplement for all Letters and Statements of Support
# Community Support For TBHC Proposal

*Letters of support follow for all names denoted with an asterisk*

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANIZATION</th>
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<tbody>
<tr>
<td><strong>Elected and Community Leaders</strong></td>
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<tr>
<td>Senator Velmanette Montgomery*</td>
<td>State Senator</td>
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<tr>
<td>Terrance Knox*</td>
<td>Community Board 2</td>
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<tr>
<td>Kimberly R. Cline, President</td>
<td>Long Island University</td>
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<tr>
<td>Marvis Luis, Lieutenant</td>
<td>Brooklyn North NYPD Precinct</td>
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<td>Anton Marchand</td>
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<tbody>
<tr>
<td>Robert P. Fliegel*</td>
<td>Addabbo Family Health Center (Red Hook)</td>
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<td>Jay Schechtman, SVP &amp; CMO*</td>
<td>Healthfirst</td>
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<td>Rachel Menard*</td>
<td>Northside Center for Child Development</td>
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<td>Ngozi Moses, ED*</td>
<td>Brooklyn Perinatal Network</td>
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<td>Adolph B Meyer, Parag H. Mehta*</td>
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<td>Lesly Kernisant, MD*</td>
<td>AdvantageCare Physicians</td>
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<td>Gabrielle Kersaint</td>
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<td>Khaleelah Shabazz</td>
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<td>Patricia Fernandez</td>
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<td>Moshe Braver, ED</td>
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<td>Denise Rosario</td>
<td>Coalition for Hispanic Family Services</td>
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<td>Seventy-seven (77) Current TBHC Physicians</td>
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<td>Peter Smith, MD*</td>
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<td>Arthur Grant, MD*</td>
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<td>Morrel Avram, MD*</td>
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<td>Rev. Al Cockfield*</td>
<td>God’s Battalion of Prayer Church</td>
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<td>Sandra Pitterson-Cohen, CFO</td>
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<td>Staff and over 100 attendees</td>
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<td>Carlo Scissura*</td>
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<td>Tucker Reed*</td>
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<td>MaryAnne Gilmartin*</td>
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<td>Betsy Thorleifson</td>
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<td><strong>Cultural Organizations</strong></td>
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<td>Emira Habiby Browne*</td>
<td>Center for the Integration and Advancement of New Americans Inc.</td>
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<td>Ibrahim R. Mossallam</td>
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<td>Hafinda Torres</td>
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<td>Maha Attieh</td>
<td>Arab American Family Support Center</td>
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<td>Mohammad Razvi</td>
<td>Council of Peoples Organization</td>
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<td><strong>Community Residents</strong></td>
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<td>1,036 Local Community Residents</td>
<td>LICH Service Area Residents</td>
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</table>
January 31, 2014

Chairman H. Carl McCall
State University of New York Board of Trustees
State University Plaza
353 Broadway
Albany, NY 12246

Dear Chairman McCall

As the state elected official representing The Brooklyn Hospital Center and a substantial portion of the catchment service area for Long Island College Hospital, I take this opportunity to endorse the proposal sent by The Brooklyn Hospital Center to redesign the Long Island College Hospital health delivery system.

This is an opportunity to stabilize the delivery of health care services in Brooklyn and move forward towards a future network of locally delivered community health. It will also save SUNY Downstate, one of the great teaching and medical institutions in the country.

I acknowledge that there is an overwhelming interest by communities that have long looked to LICh as their hospital and the representatives of those communities to maintain LICh as a full service hospital. I support those interests. The community must always protect their health services.

However, I also recognize the financial status of LICh as a fully staffed and operated traditional hospital does not seem tenable. The January, 2013 audit by State Comptroller DiNapoli made this very clear. The nature of health delivery systems is evolving, with a new emphasis on a balance of Primary, Preventive, and Critical care. For these and a variety of other reasons, LICh no longer has resources for it to function as it has for 150 years.

The Danger to SUNY Downstate
I have grown increasingly concerned that the ongoing financial burden of operating LICh is endangering the continued existence of SUNY Downstate.

SUNY Downstate has been responsible for the education of the majority of African American doctors and health professionals in New York City. It has a wonderful record of medical technology development, and is a crucial employer and health care provider for Central Brooklyn. Its health is vital to its community, the state, and the entire medical community. While
I am necessarily unfamiliar with the other proposals, these are the reasons I favor the TBHC proposal for its many benefits and likelihood of success.

The Brooklyn Hospital Center proposes:

- To create a new 24/7 Comprehensive Care Center on the current LICH campus
  - Including an emergency department, able to accept ambulances and provide emergency health care services
  - Offer treatment for a range of acute illnesses and injuries including cardiac conditions, pulmonary conditions, pediatric conditions allergic reactions, fractures and moderate trauma, infections, early-onset stroke and behavioral health issues. Additionally, the new Care Center would be send critically ill patients or cases of considerable severity to to The Brooklyn Hospital Center for further evaluation and possible admission requiring treatment as an in-patient.
  - Working with the community, the creation of an additional network of at least four community-based primary and specialty clinics and doctors located throughout Brooklyn to provide easy access to every resident in the LICH neighborhood for high quality health care on a walk-in basis. The new facilities will offer adult and pediatric care, wellness and preventive care, OP/GYN services, occupational medicine, radiology and laboratory services, dental services, treatment for low grade to moderate injuries, orthopedic care, and additional services based on the results of discussions with community, union, health care and elected leaders as well as research on the services historically provided by LICH to Brooklyn residents.
  - All facilities will be under the leadership of, integrated with, and operated by The Brooklyn Hospital Center to ensure that the health needs of the Brooklyn community are met by doctors, nurses, and other health care workers who have a long standing commitment ot health care in Brooklyn.

- To improve the delivery of quality health care in Brooklyn in a manner that is consistent with community needs, federal and state health care reform

- To preserve as many existing LICH jobs as possible in new facilities and other Brooklyn providers. TBHC will collaborate the 1199 SEIU and NYSNA, other Brooklyn providers and City and State government to:
  - Offer interested former LICH union employees jobs at the new health care facilities
  - Provide benefits above and beyond those job security benefits that workers are entitled to under union contracts
  - LICH unionized employees will have preference for vacant positions for which they are qualified at other Brooklyn hospitals., with the goal of placement for all employees who desire to find jobs in health care within two years.

- To transform available tracts of the existing Lich site into mixed-income housing with a commitment to develop a significant number of units of affordable housing, and responsible development sensitive to community needs.

- To establish a Foundation to enhance and improve health of the community
The Benefits to the Community, and to SUNY Downstate
The TBHC plan offers many benefits to the community, including not just the continuation of emergency and urgent care services on the existing LICH campus, but also:

- the commitment to critical in-hospital services at TBHC,
- substantial affordable housing,
- the development of a health care network providing health care services in closer proximity to the community,
- consultation with the community in the design and operation of the network,
- and employment continuity opportunities for current LICH employees.

In accomplishing these considerable benefits, SUNY Downstate will be relieved of a crushing financial obligation and will be better able to continue its critically important role in developing future generations of medical professionals.

The Likelihood for Success and Sustainability
Hospital systems external to Brooklyn proposing to take over LICH will likely continue the unfortunately familiar (and current) practice of draining vital health service dollars away from Brooklyn to their external home facilities by referring clients there for lucrative specialty service, thus sacrificing development of such capacity at the Brooklyn campus. The proposal by The Brooklyn Hospital Corporation comes from a local institution with deep roots in and a commitment to the community. The proposal is well thought through and describes a network that will continue to provide emergency and critical care, extend the availability of primary and preventive care to the neighborhood level, and allow SUNY Downstate to continue its acknowledged leadership role in developing medical techniques that will benefit not just Brooklyn but all of New York City.

Governor Cuomo has indicated he is depending on a Medicaid waiver to address the hospital crisis in Brooklyn. But currently there is no money for this purpose in the budget, and former Department of Health and Human Services Chair Sibelius has said that waiver money cannot be used to rescue individual institutions. We are on our own in this crisis.

TBHC is working with a strong financial partner with a long term commitment to New York City and the people who live here. The management team is seasoned and reliable, and dedicated to the health of Brooklyn. This is a proposal designed for growth, health and sustainability.

For the last two years my office has been working with TBHC as part of a Community Health Planning Workshop to better address the important needs for better health care for all the residents of Brooklyn, performed in Brooklyn by providers in Brooklyn. In that time I have been struck by the vision and commitment of the TBHC team under the visionary leadership of Dr. Richard Becker. They have my confidence, my respect, and my heartfelt support in their efforts to continue the mission of Long Island College Hospital.
For the reasons I have outlined above, I urge you to give The Brooklyn Hospital Corporation proposal the serious consideration it deserves.

Respectfully,

[Signature]

Senator Velmanette Montgomery
25th NYS District

cc: New York City Mayor William deBlasio
    Brooklyn Borough President Eric Adams
    NYS Department of Health Nirav Shah
    NYS Legislative Colleagues
Attn:
Mr. Jordan Lohre
Senior Contract Manager
State University of New York
State University Plaza, Albany, NY 12246

Dear Mr. Lohre,

As a long term member of Community Board 2 and the Health, Environment, and Social Services Committee I have witnessed the loss of major healthcare facilities is several Brooklyn neighborhoods. During that time The Brooklyn Hospital, under Dr. Richard Becker, has managed to thrive and develop strategies to address the disparate and inadequate state of healthcare in our borough.

Before Brooklyn became a real estate goldmine for developers, no Manhattan based hospitals or medical groups came to the aid of Brooklyn's struggling hospitals. When Brooklynites were suffering from a lack of adequate healthcare infrastructure none of those hospitals or developers offered assistance. None offered to work with The Brooklyn Hospital on implementing its 'Made In Brooklyn' plan to bring needed health services to underserved areas in our borough.

The Brooklyn Hospital serves a larger than average Medicaid population and receives less reimbursement for services compared to Manhattan hospitals. Yet in spite of many obstacles The Brooklyn Hospital Center has continued to improved quality of care and plan for the future healthcare needs of our borough.

The Brooklyn Hospital's proposal for LICH is the most comprehensive and patient centric, addressing a wide range of community needs, including preferential hiring for hundreds of LICH employees into the new healthcare facilities. I view the housing component of the proposal as the strongest since it provides for hundreds of units of permanent low and middle income rentals, not condos that could be flipped for profit. The Brooklyn Hospital being a unionized medical facility with strong relationships with both Local 1199 and NYSNA matters to me and my neighbors.

I implore the SUNY board to entrust the future of LICH and the health of our borough with a 169 year old Brooklyn leader, The Brooklyn Hospital Center.

Regards,

Terrance D. Knox
Community Organizer
Brooklyn, Community Board 2 member
March 10, 2014

Richard Becker, MD, President and Chief Executive Officer
The Brooklyn Hospital Center
121 Dekalb Avenue
Brooklyn, New York 11201

Dear Dr. Becker:

It was a pleasure speaking with you and as discussed this letter will confirm the Joseph P. Addabbo Family Health Center’s support for your proposed efforts regarding the future use of the Long Island College Hospital campus and our joint planning efforts to continue to address and work with you to expand the ambulatory primary and specialty care services provided to the residents of the Red Hook section of Brooklyn.

The Joseph P. Addabbo Family Health Center has embraced the findings and recommendations of the Brooklyn MRT Health Systems Redesign Work Group and is prepared to collaborate with you to address the outpatient primary care needs of the Medicaid and uninsured residents of Red Hook and Kings County as a whole. Since the Addabbo Center’s first entrance into the Red Hook section of Brooklyn in June 2011, we have seen the continued need for the expansion of ambulatory services in this area and look forward to working with you in this endeavor. The Board of Directors and Administration of the Joseph P. Addabbo Family Health Center share your commitment to the expansion of ambulatory care services in the Red Hook section in Brooklyn as the first step in addressing the public health of the population while providing care and services in the most financially efficient manner.

We look forward to sitting down with you at the right time to address these efforts and once more support the Brooklyn Hospital Center’s plan for the Long Island College Hospital campus and surrounding area.

Thank you.

Sincerely,

[Signature]
Robert P. Fliegel
Acting Chief Executive Officer
February 28, 2014

Mr. Jordan Lohre  
Senior Contract Manager  
State University of New York  
State University Plaza  
Albany, NY 12246

Dear Mr. Lohre:

I am writing in support of The Brooklyn Hospital Center’s (TBHC) proposal to provide healthcare services at LICH. As you are probably aware, TBHC would operate a free standing emergency department that would offer 24/7/365 services to ambulatory and ambulance patients for all but the most serious and critical illnesses. In addition to emergency services, TBHC will also provide separate urgent care and primary care, with specialists available as needed, at four additional sites in the LICH primary service area. With TBHC available for more severely ill patients requiring in-patient services, the healthcare needs of the community will not only be met, but will be significantly improved as this project provides access to more modern and efficient facilities.

Also within the TBHC proposal is a commitment to provide a significant number of affordable housing units, which is something we would like to see more of throughout Brooklyn. Other residential development would be at competitive market rates instead of higher priced luxury housing that is accessible to so few people.

Finally, out of concern for the many dedicated employees of LICH who have served the hospital and its community for many years, TBHC will work with existing staff to ensure smooth transition to other healthcare related jobs over the next two years. This will minimize any negative economic impact of the transition, which, of course, is critical to Brooklyn, its businesses and residents.

In summary, we would like to offer our full support for the TBHC proposal and urge you to give it every consideration.

Sincerely,

Jay Schechtman, MD, MBA

Jay Schechtman, MD, MBA  
Senior Vice President  
Chief Medical Officer
Dear, Jordan Lohre

I am writing in support of The Brooklyn Hospital Center’s (TBHC) proposal to provide healthcare services in behalf of The Fort Greene Children and Family Services Early Head Start and Head Start Programs at Northside Center for Child Development, Inc. we respectfully request a Community Collaboration Partnership with your organization, The Brooklyn Hospital Center- TBHC. Here at Fort Greene Children and Family services we support the ongoing relationship between families and your hospital. We would like to continue supporting TBHC in regards to providing families that live within the community of Fort Greene.

The Program provides children and family-centered services to families who are expecting and have children of ages 1-5 years. Our main goal is to increase child development services to children in low-income families and offer developmentally appropriate, culturally sensitive and supportive services to families’ in-need.

Families who are enrolled in the Fort Greene Children and Family Services Head Start Program are provided with early childhood services that include childcare, family education and social services. Parents in the Program have access to various educational trainings, support groups, workshops, activities and events. With the continued support from TBHC families may have access to health-related resources and needed services. The Head Start Program Social Services team works with families by providing assistance in applying for basic necessities, health care resources, immigration services, housing and employment. We look forward to establishing and continuing our collaboration with your organization by serving children and their families in the Fort Greene Community.

Sincerely,

Rachel Menard
BROOKLYN PERINATAL NETWORK, INC.
76 Nevins Street • Brooklyn, NY 11217
T: (718) 643-8258
F: (718) 797-1254
mail@hpnetwork.org

Executive Director: Ngozi Moses, M.Sc.
Chairperson: Louis Camilien, MD, FACOG, FACS

Dr. Richard Becker, MD
President and CEO
The Brooklyn Hospital Center
121 DeKalb Ave
Brooklyn NY 11201

March 6th 2013

Dear Dr. Becker:

On Behalf Of
The Brooklyn Task Force on Infant and Maternal Mortality and Family Health
(Aka)
The Brooklyn Infant Mortality Reduction Initiative (IMRI) Coalition

I am writing to express the consensus of participants of The Brooklyn Task Force on Infant and Maternal Mortality and Family Health (aka) The Brooklyn Infant Mortality Reduction Initiative (IMRI Coalition/Taskforce) to support The Brooklyn’s Hospital Center’s (TBHC’s) efforts to develop an integrated health service system that will include the Long Island Hospital’s (LICH) campus, in a sustainable health care delivery network. The IMRI/ Coalition Task Force, a voluntary multi-sector community-based vehicle focused on central Brooklyn communities, comprises over two dozen community-centered health and social service organizations, and, faith based social health programs. It has been in active existence for over a decade, addressing health inequities, inequalities and the resulting disparities in health outcomes. One of our roles as a collaborative body has therefore been education, awareness and activism to support, promote and strengthen the capacity of safety net health resources needed by our underserved communities.

This collective support of the majority, is provided with the strong confidence in and acceptance of TBHC’s expressed intentions, and, its demonstration of support for the Vision and work of our Coalition /Task Force - working towards an improved and sustainable safety net service delivery network in this section of Brooklyn. It is our belief that under your leadership, TBHC’s ‘Made in Brooklyn’ proposal offers a valued approach aimed at developing an expanded multi-specialty service delivery network, for improving the capacity, quality, availability, sensitivity, sustainability and accessibility to a coordinated health care system. It is viewed as offering the best potential to begin the paradigm shift in hospital system administration approaches for a more integrated service system model to emerge in this section of Brooklyn, where extended financial challenges faced have claimed LICH and weakened many other health facilities.
TBHC’s proposed approach is expected to positively impact the local efforts at addressing the current sustained hospital financial crisis, which in part, has resulted from a continual drain of our health dollars from the more wealthy clients/for the more lucrative procedures done by the outer-borough affiliates they networked with. These larger hospital networks have failed, consistently, to invest in developing the local Brooklyn service capacity, and, have not been sensitive to the communities’ unique service needs. The hospitals in our section of our borough have endured long suffocation in this respect and reprieve is needed.

We feel that the time and the opportunity are here now, to do business differently. And, to support local home grown solutions, like TBHC’s which demonstrate sensitivity to the needs of the borough’s diversity. The financial acumen for sustainable operations that will help to address the existing and grave inequities is also apparent.

We trust, therefore, that the decision makers for the LICH “Bidding War” will value the unique merits of the TBHC’s proposal, and, particularly the opportunity it gives to the Brooklyn Hospital leadership, community partners and other stakeholders to collectively invest in a special local home-grown effort to begin to reshape the determinants that can lead to betterment of the current inequalities that underlie the crisis with our health care delivery system. We trust that your proposal will get the winning nod.

Sincerely,

Ngózi Moses
Convenor, IMRI Coalition/Task Force

Georgianna Glose, DSW
Co-Chair, IMRI Coalition/Task Force

On behalf of
The Brooklyn Task Force on Infant and Maternal Mortality and Family Health/
The Brooklyn Infant Mortality Reduction Initiative (IMRI) Coalition

CC-CLT Members
March 13, 2014

As Physicians who serve this great Borough of Brooklyn, we have watched with great concern over the last year as our community’s healthcare infrastructure has come under unprecedented threat. As Brooklyn confronts these challenges, it is crucial that the plan selected to replace Long Island College Hospital be the proposal that can best deliver high-quality, culturally-sensitive care to residents of all ages, backgrounds, and financial means. The Medical Society of the County of Kings is better poised to know what is best for our borough and feel it is vital we share our collective thoughts regarding any proposal that affects ANY hospital in our backyard. Kings County is not your typical county or municipality and we understand the barriers to access and the impact of hospital closures, not only to the neighbors, but to the hospitals that remain.

The Brooklyn Hospital Center has served Brooklyn and the LICH community for 170 years, and offers a comprehensive network of community based care centers. LICH area residents will see multiple benefits with The Brooklyn Hospital Center’s proposal: a significantly expanded care network - with strong ties to our member physicians and community health organizations. Another bright spot that we see in this proposal, is the full partnership with the Mount Sinai Medical Center translating into additional expertise and resources, as well as coordination with Mt. Sinai’s large physician network with offices located at Cadman Plaza in Brooklyn.

In addition to adding a 24/7 freestanding emergency department at the LICH site, which will provide all the same services as a hospital-based ED as well as extensive outpatient services, the Brooklyn Hospital Center plans to open at least four additional urgent and patient care facilities within the LICH service area. The Brooklyn Hospital Center plan can ensure both comprehensive care within Brooklyn and also an expansion and revitalization of health services for the LICH community.

By revitalizing LICH, expanding health services in the LICH service area, and growing the pool of local healthcare providers we know and trust, the Brooklyn Hospital plan will be best to preserve the practice patterns of our member physicians and assure that the healthcare needs of the community are met without disruption.

Sincerely,

Adolph B. Meyer, M.D.
President

Parag H. Mehta, M.D.
Chair, Board of Trustees
An open letter to SUNY Board of Directors from a Brooklyn physician leader, Dr Lesly Kernisant

As the Executive Director of Clinical Practices for one of the largest multi-specialty medical groups in New York City with a clinical staff of more than 400 physicians including 155 practicing in Brooklyn, I would like to make a passionate plea for both the physicians and patients for the Made in Brooklyn proposal by The Brooklyn Hospital Center, currently serving the LICH community.

The final decision must focus on what will benefit the two most important participants in any healthcare team: the patients and providers. For the past ten years, having been the CEO & Chairman of one of the largest medical group in Brooklyn, the Preferred Health Partners, P.C., now part of the new AdvantageCare Physicians group practice, I am intimately aware what this community needs from its healthcare providers, and the best way to ensure patients receive it. That has always been, and remains family-centric, neighborhood-based quality care. In my humble opinion, the Made in Brooklyn proposal from The Brooklyn Hospital Center is the only one that will maintain this standard of care.

The Made in Brooklyn proposal preserves care at LICH, with a Comprehensive Care Center including a freestanding 24/7 Emergency Department at the current LICH campus. Combined with the addition of at least four new primary and specialty care centers, this is the only proposal that will maintain and enhance the care the LICH community needs. This network of coordinated and integrated care strengthens the healthcare options for Brooklyn residents and will provide a sophisticated level of care, by a team that lives in and works in Brooklyn already.

A strong affiliation with world-class Mount-Sinai Hospital further enhances the proposal bringing cutting-edge technology and the latest treatment modalities to Brooklyn residents right in their community. The Brooklyn Hospital, after years of building ties with local physicians, is in a much better position to make the Brooklyn brand of care more competitive and thereby reducing the 10-15% migration of Brooklyn residents that cross the bridge seeking care outside of the borough. With such a long tradition of caring for a large component of our underserved population, the Brooklyn Hospital has the cultural competency necessary to manage the complexity of delivering high quality care within a resource-constrained environment such as Brooklyn.
The financial sustainability of the *Made in Brooklyn* proposal is further assured by the public-private partnership being formed with Blue Wolf Capital partners, a key ingredient in the implementation and the promise of its success. And this proposal will provide stability to the LICH employees, while also tackling the healthcare disparities that have plagued the borough for more than a decade.

Frankly, the *Made in Brooklyn* proposal, led by The Brooklyn Hospital Center, as the name implies, should be the proud jewel of the Health Care Reform project for the borough in 2014.

Lesly Kernisant, M.D., F.A.C.O.G.

Executive Director of Clinical Practices

AdvantageCare Physicians, P.C.

The largest, independently owned, multi-specialty medical group in New York.
March 8, 2014

Mr. Jordan Lohre  
Senior Contract Manager  
State University of New York  
State University Plaza, Albany, NY, 12246

Re: THE BROOKLYN HOSPITAL CENTER’S PROPOSAL

Dear Mr. Lohre:

I write to you from a unique position that few others can claim. For 20 years I led the Division of Pulmonary and Critical care Medicine at Long Island College Hospital. I enjoyed serving the LICH community and built longstanding relationships with many of my patients. As LICH began to reduce operations and was under financial distress, I struggled with the idea of leaving the hospital I had spent most of my professional career in, and how to best ensure I would still be able to care for my patients.

In August of last year, I moved with key members of my group to The Brooklyn Hospital Center. I serve there as Chief of the Division of Pulmonary and Critical Care Medicine and Vice Chair for Clinical Affairs in the Department of Medicine. I can say with unbridled sincerity that this is a top-notch hospital that cares for and serves its patients well, and provides quality care to the same Brooklyn neighborhoods I served at LICH.

As a practicing physician at TBHC I understand the challenging environment hospitals and healthcare are facing. Providing quality, culturally-sensitive care to the diverse population of Brooklyn, including the LICH communities, is something we know how to do – because we’re already doing it.

That’s why I strongly believe the proposal put forth by my hospital, TBHC, is the only proposal that will provide uninterrupted, quality healthcare to the LICH community.

TBHC already provides an integrated quality care network that serves LICH neighborhoods and has strong relationships with community health groups. This proposal will serve to expand that network, with the addition of a Center of Excellence with a 24/7 freestanding emergency room and specialty practices at the LICH site, along with two urgent care centers and two community health centers within the LICH primary service area.

Bolstered by a partnership with world class Mount Sinai Medical Center and strong financial partners, the financial strength of this proposal and operating coalition make it a blueprint for sustainability into the future. On top of that, numerous TBHC physicians currently also have admitting privileges at LICH, and as LICH has reduced its operating capacity many of my former colleagues have also moved their primary practice to TBHC.

As a physician, I believe in the leadership of The Brooklyn Hospital Center and am excited about the possibility of once again offering expanded quality healthcare to the LICH community.

Sincerely,

Peter R. Smith, MD  
Chief, Pulmonary and Critical Care Medicine  
Vice Chairman for Clinical Affairs  
Dept. of Medicine  
The Brooklyn Hospital Center
March 10, 2014

Mr. Jordan Lohre
Senior Contract Manager
State University of New York
State University Plaza, Albany, NY, 12246

Re: THE BROOKLYN HOSPITAL CENTER’S PROPOSAL

Dear Mr. Lohre:

I write to you from a unique position that few else can claim. I have been the Chair of Neurology at SUNY Downstate for the past 8 years. During the first 6 years, when LICh was an academic affiliate of DMC, I was the academic chair for the Department of Neurology at LICh and for the over the past two years I was the clinical chief there as well. I have enjoyed serving the LICh community and built longstanding relationships with many of my patients. As LICh began to reduce operations and was under financial distress, I struggled with the idea of leaving the hospital and how to best ensure I would still be able to care for my patients.

Today, I am the Director of the Division of Neurology at The Brooklyn Hospital Center and can say with unbridled sincerity that this is a top-notch hospital that cares for and serves its patients well, and provides quality holistic care to the same Brooklyn neighborhoods I served at LICh. During this transition period, we continue to provide neurological services to the LICh neighborhood by providing coverage of the emergency room as well as a continuity clinic in the hospital as well as a satellite neurology clinic on Pierrepont Street through the auspices of Brooklyn Hospital.

As a practicing physician at TBHC I understand the challenging landscape hospitals and healthcare are facing. Providing quality, culturally-sensitive care to the diverse population of Brooklyn, including the LICh communities, is something we know how to do — because we’re already doing it.

That’s why I strongly believe the proposal put forth by my hospital, TBHC, is the only proposal that will provide uninterrupted, quality healthcare to the LICh community.

TBHC already provides an integrated quality care network that serves LICh neighborhoods and has strong relationships with community health groups. This proposal will serve to expand that network, with the addition of a comprehensive care center with a 24/7 freestanding emergency room and specialty practices at the LICh site, along with two urgent care centers and two community health centers within the LICh primary service area.

Bolstered by a partnership with world class Mount Sinai Medical Center and strong financial partners, the financial strength of this proposal and operating coalition make it a blueprint for sustainability into the future. On top of that, numerous TBHC physicians also have admitting privileges at LICh, and as LICh has reduced its operating capacity many physicians there have moved their primary practice to TBHC.

As a physician, I believe in the leadership of The Brooklyn Hospital Center and am excited about the possibility of once again offering expanded quality healthcare to the LICh community.

Sincerely,

Daniel Rosenbaum, MD

[Signature]
March 12, 2014

Mr. Jordan Lohre
Senior Contract Manager
State University of New York
State University Plaza, Albany, NY, 12246

Re: THE BROOKLYN HOSPITAL CENTER’S PROPOSAL

Dear Mr. Lohre:

I write to you from a unique position that few else can claim. For 10 years I was the chief of colorectal surgery and the surgery residency program director at Long Island College Hospital. I enjoyed serving the LICH community and built longstanding relationships with many of my patients. As LICH began to reduce operations and was under financial distress, I struggled with the idea of leaving the hospital I had spent most of my professional career in, and how to best ensure I would still be able to care for my patients.

Today, I am at The Brooklyn Hospital Center and can say with unbridled sincerity that this is a top-notch hospital that cares for and serves its patients well, and provides quality holistic care to the same Brooklyn neighborhoods I served at LICH.

As a practicing physician at TBHC I understand the challenging landscape hospitals and healthcare are facing. Providing quality, culturally-sensitive care to the diverse population of Brooklyn, including the LICH communities, is something we know how to do – because we’re already doing it.

That’s why I strongly believe the proposal put forth by my hospital, TBHC, is the only proposal that will provide uninterrupted, quality healthcare to the LICH community.

TBHC already provides an integrated quality care network that serves LICH neighborhoods and has strong relationships with community health groups. This proposal will serve to expand that network, with the addition of a comprehensive care center with a 24/7 freestanding emergency room and specialty practices at the LICH site, along with two urgent care centers and two community health centers within the LICH primary service area.

Bolstered by a partnership with world class Mount Sinai Medical Center and strong financial partners, the financial strength of this proposal and operating coalition make it a blueprint for sustainability into the future. On top of that, numerous TBHC physicians also have admitting privileges at LICH, and as LICH has reduced its operating capacity many physicians there have moved their primary practice to TBHC.

As a physician, I believe in the leadership of The Brooklyn Hospital Center and am excited about the possibility of once again offering expanded quality healthcare to the LICH community.

Sincerely,

Sandeep Sirsi, MD
March 11, 2014

Mr. Jordan Lohre
Senior Contract Manager
State University of New York
State University Plaza, Albany, NY, 12246

Re: THE BROOKLYN HOSPITAL CENTER’S PROPOSAL

Dear Mr. Lohre:

I write to you from a unique vantage point from which to evaluate the proposal by TBHC to expand its services to the LICH campus. In 2008 I left the NYU Epilepsy Center and joined the Neurology faculty at SUNY Downstate Medical Center, where I am director of the epilepsy division and Vice-Chair of Clinical Affairs. My primary appointment remains at SUNY DMC. Even before SUNY took over LICH several years ago, I had obtained privileges at LICH in order to remotely interpret intra-operative neurophysiologic monitoring studies during orthopedic and neurosurgical procedures. After the merger of UHB and LICH I began to interpret EEG studies performed at LICH and assumed administrative oversight of the EEG laboratory. I joined the medical staff at TBHC last summer when our department started providing adult neurology services there. Since then I have played an active role in developing sub-specialty epilepsy care and expanding EEG and video-EEG services.

I know from first hand experience at NYU, LICH, SUNY DMC and TBHC that TBHC is a first-class hospital that cares for and serves its patients well, and provides quality holistic care to the same Brooklyn neighborhoods formally served by LICH. TBHC already provides quality, culturally-sensitive care to the diverse population of Brooklyn, including the LICH communities. TBHC already has strong relationships with community health groups and provides an integrated quality care network that serves LICH neighborhoods.

For these reasons I strongly believe the proposal put forth by TBHC is the only proposal that will provide uninterrupted, quality healthcare to the LICH community.

Sincerely,

Arthur C. Grant, MD, PhD
Associate Professor and Vice-Chair of Clinical Affairs
Director, Epilepsy Division
Department of Neurology
SUNY Downstate Medical Center
March 12, 2014

Mr. Jordan Lohre
Senior Contract Manager
State University of New York
State University Plaza, Albany, NY, 12246

Re: THE BROOKLYN HOSPITAL CENTER’S PROPOSAL

Dear Mr. Lohre:

I write to you from a unique position that few else can claim. For 40 years I led the nephrology practice at Long Island College Hospital. I enjoyed serving the LICH community and built longstanding relationships with many of my patients. As LICH began to reduce operations and was under financial distress, I struggled with the idea of leaving the hospital I had spent most of my professional career in, and how to best ensure I would still be able to care for my patients.

Today, I am at The Brooklyn Hospital Center and can say with unbridled sincerity that this is a top-notch hospital that cares for and serves its patients well, and provides quality holistic care to the same Brooklyn neighborhoods I served at LICH.

As a practicing physician at TBHC I understand the challenging landscape hospitals and healthcare are facing. Providing quality, culturally-sensitive care to the diverse population of Brooklyn, including the LIC communities, is something we know how to do – because we’re already doing it.

That’s why I strongly believe the proposal put forth by my hospital, TBHC, is the only proposal that will provide uninterrupted, quality healthcare to the LICH community.

TBHC already provides an integrated quality care network that serves LIC neighborhoods and has strong relationships with community health groups. This proposal will serve to expand that network, with the addition of a comprehensive care center with a 24/7 freestanding emergency room and specialty practices at the LICH site, along with two urgent care centers and two community health centers within the LICH primary service area.

Bolstered by a partnership with world class Mount Sinai Medical Center and strong financial partners, the financial strength of this proposal and operating coalition make it a blueprint for sustainability into the future. On top of that, numerous TBHC physicians also have admitting privileges at LICH, and as LICH has reduced its operating capacity many physicians there have moved their primary practice to TBHC.

As a physician, I believe in the leadership of The Brooklyn Hospital Center and am excited about the possibility of once again offering expanded quality healthcare to the LICH community.

Sincerely,

Morrel Avram, MD
March 18, 2014

Mr. Jordan Lohre
Senior Contract Manager
State University of New York
State University Plaza, Albany, NY, 12246

Re: THE BROOKLYN HOSPITAL’S PROPOSAL

Dear Mr. Lohre:

This letter is in support of The Brooklyn Hospital Center’s (TBHC) proposal to provide Healthcare Services at LICH. As you are probably aware, TBHC would operate a free-standing emergency department; that would offer 24/7/365 services to ambulatory and ambulance patients. In addition to emergency services, TBHC will also provide separate urgent-care and primary care, with specialists available as needed; at four (4) additional sites in the LICH primary service area. With TBHC available for more severely-ill patients; requiring in-patient services, the healthcare needs of the community will not only be met; but will be significantly improved; as this project provides access to more modern and efficient facilities.

Also, within the TBHC’s proposal is a commitment to provide a significant number of Affordable Housing Units, which is something we would like to see more of; throughout the borough of Brooklyn. Other residential developments would be at competitive market rates; instead of higher-priced luxury housing, that is accessible to so few people.

SUNY Downstate is the fourth (4) largest employer in Brooklyn and as such, we are depending upon you for its sustainability and for it to remain open. That is why we are 100% in full support of The Brooklyn Hospital Center to purchase LICH from Downstate. Hence, they will be able to sustain a viable hospital going forward.

Finally, out of concern for the many dedicated employees of LICH who have served the hospital and its community for many years; TBHC will work with existing staff, to ensure smooth transition to other healthcare-related jobs over the next two years. This will minimize any negative economic impact of the transition; which, of course, is critical to Brooklyn, its businesses and residents.

In summary, we are offering our full support of the TBHC’s proposal and do urge that you to give it your every consideration.

Sincerely,

Rev. Al Cockfield, MBA

“We Build People”
January 17th, 2014

Hon. Andrew Cuomo
Governor
Office of NYS Governor
NYS State Capitol Building
Albany, NY 12224

RE: The Brooklyn Hospital Center Healthcare Services Expansion

Dear Governor Cuomo,

Full service hospitals are important components to the vibrancy of Brooklyn communities. They provide jobs for thousands of local residents and traditionally attract more businesses to the areas in which they operate.

In its 169-year history, The Brooklyn Hospital Center (TBHC) has provided a valuable service to residents and has always remained committed to addressing the healthcare needs of Brooklyn’s communities. Over the years, they have continued to modernize their hospital with investments in facility renovation and technology.

It is for this reason, that we are confident that TBHC is now poised to expand their healthcare services to other Brooklyn communities, which would not only benefit residents, but businesses as well.

TBHC’s intention to partner with existing institutions to provide emergency services, plus separate urgent and primary care to deserving residents is indeed commendable. In expanding its healthcare services, TBHC will be doing its part to adequately address the healthcare needs of communities, based on their goal to provide access to more modern and efficient facilities.

Recently, there have been many changes to Brooklyn’s medical landscape and some residents have expressed the concern these changes may have a negative impact on their ability to have access to quality care. It is refreshing that TBHC is interested in addressing these concerns and sharing its healthcare services with other deserving communities.

TBHC will add great value to other communities, not only through its advanced medical services, but also as a growing economic anchor in Brooklyn.

Very Truly Yours,

Carlo A. Scissura, Esq.
President & CEO

CAS/me

www.ibrooklyn.com
carlo@brooklyncorporate.com
Mr. John Lohre  
Senior Contract Manager  
State University of New York  
State University Plaza  
Albany, NY 12246

January 23, 2014

Dear Mr. Lohre,

On behalf of the Downtown Brooklyn Partnership, I am writing in support of The Brooklyn Hospital Center's (TBHC) proposal to provide healthcare services at LICH. The Partnership is a not-for-profit local development corporation that serves as the primary champion for Downtown Brooklyn as a world-class business, cultural, educational, residential, and retail destination.

TBHC would operate a free standing emergency department that would offer 24/7/365 services to ambulatory and ambulance patients for all but the most serious and critical illnesses. In addition to emergency services, TBHC will also provide separate urgent care and primary care, with specialists available as needed, at four additional sites in the LICH primary service area. With TBHC available for more severely ill patients requiring in-patient services, the healthcare needs of the community will not only be met, but will be significantly improved as this project provides access to more modern and efficient facilities.

Within the TBHC proposal is a commitment to provide a significant number of affordable housing units, which is highly supported by the Partnership. Finally, out of concern for the many dedicated employees of LICH who have served the hospital and its community for many years, TBHC will work with existing staff to ensure smooth transition to other healthcare related jobs over the next two years. This will minimize any negative economic impact of the transition, which, of course, is critical to Brooklyn, its businesses and residents.

In summary, we would like to offer our full support for the TBHC proposal and urge you to give it every consideration.

Sincerely,

Tucker Reed  
Downtown Brooklyn Partnership, President

CC:  Leroy R. Charles, The Brooklyn Hospital Center
MARYANNE GILMARTIN
President & Chief Executive Officer
January 31, 2014

Mr. Jordon Lohre
Senior Manager, State University of New York
State University Plaza
Albany, NY 12246
FAX: 518-320-1548

Dear Mr. Lohre:

I am writing in support of The Brooklyn Hospital Center’s (TBHC) proposal to provide healthcare services at LICH. As you are probably aware, TBHC would operate a free standing emergency department that would offer 24/7/365 services to ambulatory and ambulance patients for all but the most serious and critical illnesses. In addition to emergency services, TBHC will also provide separate urgent care and primary care, with specialists available as needed, at four additional sites in the LICH primary service area. With TBHC available for more severely ill patients requiring in-patient services, the healthcare needs of the community will not only be met, but will be significantly improved as this project provides access to more modern and efficient facilities.

Also within the TBHC proposal is a commitment to provide a significant number of affordable housing units, which is something we would like to see more of throughout Brooklyn. Other residential development would be at competitive market rates instead of higher priced luxury housing that is accessible to so few people.

Finally, out of concern for the many dedicated employees of LICH who have served the hospital and its community for many years, TBHC will work with existing staff to ensure smooth transition to other healthcare related jobs over the next two years. This will minimize any negative economic impact of the transition, which, of course, is critical to Brooklyn, its businesses and residents.

In summary, we would like to offer our full support for the TBHC proposal and urge you to give it every consideration.

Sincerely,

MaryAnne Gilmartin

Cc:
Mayor Bill De Blasio
City Hall
New York, NY 10007
March 4, 2014

Mr. Jordan Lohre,
Senior Contract Manager,
State University of NY,
State University Plaza,
Albany, NY 12246

Dear Mr. Lohre,

I am writing in support of The Brooklyn Hospital Center’s (TBHC) proposal to provide healthcare services at LICH. As you are probably aware, TBHC would operate a free standing emergency department that would offer 24/7/365 services to ambulatory and ambulance patients for all but the most serious and critical illnesses. In addition to emergency services, TBHC will also provide separate urgent care and primary care, with specialists available as needed, at four additional sites in the LICH primary service area. With TBHC available for more severely ill patients requiring in-patient services, the healthcare needs of the community will not only be met, but will be significantly improved as this project provides access to more modern and efficient facilities.

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Finally, out of concern for the many dedicated employees of LICH who have served the hospital and its community for many years, TBHC will work with existing staff to ensure smooth transition to other healthcare related jobs over the next two years. This will minimize any negative economic impact of the transition, which, of course, is critical to Brooklyn, its businesses and residents.

In summary, we have full confidence in the TBHC’s ability to provide the very needed services proposed, and would like to offer our full support for their proposal and urge you to give it every consideration.

Sincerely,

Emira Habiby Browne
Founder & CEO

cc: Mr. Leroy Charles, VP, External Affairs, The Brooklyn Hospital Center

31-09 Newtown Avenue • Suite 411 • Astoria • NY 11102
www.cianainc.org • Tel: (718) 545-4040 • Fax: (646) 201-5208 • E-mail: emira@cianainc.org
TAB C:

The Need for Caring in North and Central Brooklyn, By: The Brooklyn Hospital Center’s Community Health Planning Workgroup

See Attached Report
The Need for Caring in North and Central Brooklyn
A Community Health Needs Assessment

January 2013

Ngozi Moses, Principal Investigator
Executive Director, Brooklyn Perinatal Network

Co Lead Partners:
Judy Wessler, Commission on the Public’s Health System
Shena Elrington, New York Lawyers for the Public Interest

Recommendations

- Make health care facilities more accessible, user friendly, and comfortable
- Improve screening of and outreach to diverse populations (e.g., people with disabilities, and those who identify as LGBTQ)
- Improve the cultural and linguistic competency of providers, staff, and administrators
- Improve patient centered care and customer service-training
- Provide evening/weekend hours for primary care
- Increase awareness of and access to low cost health services/insurance
- Provide financial support of efforts by grass roots CBOs to promote community resources
- Coordinate a network of health care and social service providers, residents and community based organizations to address various barriers
- Develop a process of engaging community residents (e.g., community advisory board) for development of messaging and outreach around utilization barriers
- Target services to focus on particular illnesses and communities (e.g., target services to address high asthma rates in Bushwick)
- Increase access to specialty health care services in the community
- Work with Access-A-Ride to address transportation procedures, cost, and timeliness, especially for seniors and people with disabilities
- Develop a coordinated campaign to work with primary care providers, health clinics, and managed care plans to encourage and increase the number of providers who accept public health insurance
- Increase availability and access to dental and mental health services
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“Health Care in Brooklyn is in full crisis mode. From inadequate quality of care to a lack of access to care, the healthcare infrastructure is literally on life support. Barriers to care and growing healthcare disparities have all combined to further compound an already difficult situation.”

- State Senator John L. Sampson
The Need for Caring in North and Central Brooklyn
A Community Health Needs Assessment Summary Report

Recommendations

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January 2013

"Health Care in Brooklyn is in full crisis mode. From inadequate quality of care to a lack of access to care, the health care infrastructure is literally on life support. Barriers to care and growing health care disparities have all combined to further compound an already difficult situation."

- State Senator John L. Sampson

Study sponsored by:
Background

The Need for Caring in North and Central Brooklyn reports the findings of a community health needs assessment (CHNA) conducted to determine North and Central Brooklyn residents’ perceptions of the needs, gaps, and barriers to care in their communities. The report seeks to inform the redesign of Brooklyn’s health care system, which is currently in a state of crisis.

The CHNA covered 15 zip codes including Bedford-Stuyvesant, Bushwick, Brownsville, Crown Heights, Cypress Hills, East Flatbush, East New York, Flatbush, Fort Greene, Prospect Heights, Williamsburg, Downtown Brooklyn, Gowanus, and Greenpoint. The CHNA included field surveys and focus groups to capture the voices of community residents and relied upon a community-based participatory approach, which promotes full participation of community members in all aspects of the research process. As such, community-based organizations participated in the design and administration of the survey and focus groups.

Community residents completed over 600 surveys. Seventy-nine residents participated in nine focus groups targeting groups underrepresented in the survey sample, including those living with physical and sensory disabilities, individuals receiving mental health services, immigrants, young men 18-30, seniors, pregnant women, and LGBTQ-identified participants.

Summary of Key Findings

Survey Findings

• The most often reported illnesses/health conditions were: high blood pressure/hypertension (24.8% of respondents); asthma (19.9%); diabetes (15.7%); and hearing or vision problems (15.2%).

• Respondents also frequently identified the need for specialty care services.

Focus Group Findings

• Individuals Living with Physical and Sensory Disabilities noted the need for more physical accommodations at facilities, and problems with accessing A-Ride, New York City’s paratransit service.

• Teens reported that treatment at health care facilities appeared to differ by the type of insurance individuals had and that it was important to address social issues in the community including violence and poverty.

• Spanish-Speakers Receiving Mental Health Services focused on the need for culturally competent and linguistically competent care including the need for more qualified interpreters or medical professionals.

• Immigrants identified fears in seeking care and the need for more caring and compassionate health care.

• Young Men 18-30 were most concerned about the lack of health care that resulted from having no or inadequate health care insurance and perceived the health care facilities in their community as providing a lower standard of care. They also identified social factors which impact the lives and health of community residents including race, limited income, lack of employment and job training opportunities and poor education.

• Older Men 45-55 stressed the need for better health care coverage, information about health care insurance, and better communication with health care providers. They noted that health care treatment varied by race, social class and type of insurance and also voiced concerns about medication side effects.

• Seniors focused on the need for information about health insurance plans; the poor quality of care provided at community facilities; the need for more accommodations for seniors at facilities; the costs and other problems associated with using Access-A-Ride. A key issue was the lack of professionalism of providers and staff.

• Pregnant Women stressed the need for support especially for first time mothers and were concerned about the long wait times to see a doctor during scheduled appointments. They noted that accommodations that would enhance care for pregnant women included comfortable chairs, food and beverages and better triage.

• LGBTQ-Identified Participants noted that the lack of awareness and knowledge among health care providers about LGBTQ issues hampers communication and good relationships with providers and limits compliance by patients. They also noted that mental health needs are not being addressed and that existing stigmas and perceptions make it difficult to seek care.
TAB D:
Attachment 1
Submission Identification Forms for:
The Brooklyn Hospital Center
The Related Companies, L.P.
Blue Wolf Capital Fund III, L.P.

See Attached Submission Identification Forms
Attachment 1
Submission Identification Form

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<th>RFP Title / Issue Date</th>
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**Offeror Information**

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**Street Address**

121 DeKalb Avenue

**City**

Brooklyn

**State**

NY

**Zip Code**

11201

If applicable, place an 'x' in the appropriate box: (check all that apply)

1. □ Small Business (if checked, provide # of employees)

2. □ Minority Owned Business □ New York State Certified

3. □ Women-Owned Business □ New York State Certified

**Total number of people employed by firm?**

approx. 2600

**Total number of people employed by firm in New York State?**

approx. 2600

Are the prices quoted in your bid the same as, or lower than, that quoted to other corporations, institutions or governmental agencies for similar services and/or like equipment or supplies?

- YES □ NO If NO: please explain: Not Applicable

Does your firm agree that all presentations and materials will be free from racial, religious or sexual bias?

- YES □ NO

Please indicate if you or any officer of your organization, or any party owning or controlling more than ten (10) percent of your equity if you are a corporation or other entity with equity, or any member if you are a firm or association, is an officer or employee of the State of New York, or of a Public Benefit Corporation of the State of New York.

List Names and Titles

none

If you are not submitting a bid, place an “x” in the box and return this page only.

- We are unable to submit a bid at this time because:

**Offeror Signature**

[Signature]

**Title:** [Title]

**Phone:** 718-250-8005

**Extension:** [Extension]

**E-mail address:** R.B.B.9002@nyp.org

**Website:** [Website]

**Printed Name:** Richard Rocker

**Date:** 2-14-14

**Restricted Period**

In accordance with the requirements of New York State Finance Law Sections 139j and 139k ("Lobbying Law"), the restricted period for this procurement is now in effect. Therefore, all communications regarding this procurement must be handled through the State University of New York's designated contacts only.
### Attachment 1
Submission Identification Form

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If applicable, place an "x" in the appropriate box: (check all that apply)

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2. □ Minority Owned Business □ New York State Certified
3. □ Women-Owned Business □ New York State Certified

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Total number of people employed by firm? 2500
Total number of people employed by firm in New York State? 1500

Are the prices quoted in your bid the same as, or lower than, that quoted to other corporations, institutions or governmental agencies for similar services and/or like equipment or supplies? □ YES □ NO If NO, please explain: Not Applicable

Does your firm agree that all presentations and materials will be free from racial, religious or sexual bias? □ YES □ NO

Please indicate if you or any officer of your organization, or any party owning or controlling more than ten (10) percent of your equity if you are a corporation or other entity with equity, or any member if you are a firm or association, is an officer or employee of the State of New York, or of a Public Benefit Corporation of the State of New York.

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<td>City:</td>
<td>New York, NY</td>
</tr>
<tr>
<td>State:</td>
<td>NY</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>10023</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Offeror Information</th>
<th>NYS Vendor ID Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Business Name of Offeror:</td>
<td>The Related Companies, L.P.</td>
</tr>
<tr>
<td>D/B/A - Doing Business As (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td>60 Columbus Circle</td>
</tr>
<tr>
<td>City:</td>
<td>New York, NY</td>
</tr>
<tr>
<td>State:</td>
<td>NY</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>10023</td>
</tr>
</tbody>
</table>

Restricted Period

In accordance with the requirements of New York State Finance Law Sections 139j and 139k ("Lobbying Law"), the restricted period for this procurement is now in effect. Therefore, all communications regarding this procurement must be handled through the State University of New York's designated contacts only.

Offeror Signature:
Printed Name: Jeff T. Blau
Title: __________________________________________
Phone: (212) 801.1000
Extension: E-mail address: jblau@related.com
Website: www.related.com
## Attachment 1
Submission Identification Form

<table>
<thead>
<tr>
<th>RFP Number:</th>
<th>X002654</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offeror Information</td>
<td></td>
</tr>
<tr>
<td>Legal Business Name of Offeror:</td>
<td>Blue Wolf Capital Fund III, L.P.</td>
</tr>
<tr>
<td>D/B/A – Doing Business As (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Offeror's Federal Tax Identification Number:</td>
<td>90-0956636</td>
</tr>
<tr>
<td>NYS Vendor ID Number:</td>
<td>1100111196</td>
</tr>
<tr>
<td>Street Address:</td>
<td>One Liberty Plaza, 52nd Floor</td>
</tr>
<tr>
<td>City:</td>
<td>New York</td>
</tr>
<tr>
<td>State:</td>
<td>NY</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>10006</td>
</tr>
<tr>
<td>If applicable, place an 'x' in the appropriate box: (check all that apply)</td>
<td></td>
</tr>
<tr>
<td>1. Small Business (if checked, provide # of employees)</td>
<td>_____</td>
</tr>
<tr>
<td>2. Minority Owned Business</td>
<td>New York State Certified</td>
</tr>
<tr>
<td>3. Women-Owned Business</td>
<td>New York State Certified</td>
</tr>
<tr>
<td>Total number of people employed by firm?</td>
<td>17</td>
</tr>
<tr>
<td>Total number of people employed by firm in New York State?</td>
<td>17</td>
</tr>
<tr>
<td>Are the prices quoted in your bid the same as, or lower than, that quoted to other corporations, institutions or governmental agencies for similar services and/or like equipment or supplies?</td>
<td>☑️ YES</td>
</tr>
<tr>
<td>Does your firm agree that all presentations and materials will be free from racial, religious or sexual bias?</td>
<td>☑️ YES</td>
</tr>
<tr>
<td>Please indicate if you or any officer of your organization, or any party owning or controlling more than ten (10) percent of your equity if you are a corporation or other entity with equity, or any member if you are a firm or association, is an officer or employee of the State of New York, or of a Public Benefit Corporation of the State of New York.</td>
<td>List Names and Titles: Not Applicable</td>
</tr>
<tr>
<td>If you are not submitting a bid, place an ‘x’ in the box and return this page only.</td>
<td>Explain: Not Applicable</td>
</tr>
<tr>
<td>☑️ We are unable to submit a bid at this time because:</td>
<td></td>
</tr>
<tr>
<td>Offeror Signature:</td>
<td>Managing Partner</td>
</tr>
<tr>
<td>Title:</td>
<td>212-488-1340</td>
</tr>
<tr>
<td>Phone:</td>
<td>E-mail address: <a href="mailto:adamb@blue-wolf.com">adamb@blue-wolf.com</a></td>
</tr>
<tr>
<td>Extension:</td>
<td>Website: <a href="http://www.blue-wolf.com">www.blue-wolf.com</a></td>
</tr>
<tr>
<td>Date:</td>
<td>March 19, 2014</td>
</tr>
</tbody>
</table>

**Restrict Period**

In accordance with the requirements of New York State Finance Law Sections 139j and 139k ("Lobbying Law"), the restricted period for this procurement is now in effect. Therefore, all communications regarding this procurement must be handled through the State University of New York's designated contacts only.
TAB E:
Attachment 2
Registration and Confidentiality Agreements for:
The Brooklyn Hospital Center
The Related Companies, L.P.
Blue Wolf Capital Fund III, L.P.

See Attached Registration and Confidentiality Agreements
Attachment 2
Registration and Confidentiality Agreement

In consideration of registering as an Offeror for Request for Proposal X002654 of the State University of New York ("RFP") and of receiving access to certain information relating to such RFP, Offeror, and its representatives and agents, shall treat all information obtained from SUNY and/or Downstate at LICH Holding Company, Inc. in connection with this RFP (the "Confidential Information") confidentially, and shall not discuss, publish, divulge, disclose or allow to be disclosed the Confidential Information to any other Offerors or any other person, firm or entity, including press or other media, without SUNY's prior written approval. Offerors shall refer all press and other inquiries concerning the RFP and the Confidential Information, without further comment, to SUNY.

Agreed to this 14th day of March 2014

Name of Offeror: The Brooklyn Hospital Center
By: Richard B. Becker, MD
Title: President & CEO
Address: 121 Dekalb Avenue
         Brooklyn, NY 11201

email address: RBB9002@nyp.org
Telephone: 718-250-8000
Attachment 2
Registration and Confidentiality Agreement

In consideration of registering as an Offeror for Request for Proposal X002654 of the State University of New York ("RFP") and of receiving access to certain information relating to such RFP, Offeror, and its representatives and agents, shall treat all information obtained from SUNY and/or Downstate at LICH Holding Company, Inc. in connection with this RFP (the "Confidential Information") confidentially, and shall not discuss, publish, divulge, disclose or allow to be disclosed the Confidential Information to any other Offerors or any other person, firm or entity, including press or other media, without SUNY’s prior written approval. Offerors shall refer all press and other inquiries concerning the RFP and the Confidential Information, without further comment, to SUNY.

Agreed to this 17th day of March, 2014

Name of Offeror: The Related Companies, L.P.
By: 
Name: Jeff T. Blav
Title: Chief Executive Officer
Address: 60 Columbus Circle
New York, NY 10023

email address: jblav@related.com
Telephone: (212) 801-1000
In consideration of registering as an Offeror for Request for Proposal X002654 of the State University of New York ("RFP") and of receiving access to certain information relating to such RFP, Offeror, and its representatives and agents, shall treat all information obtained from SUNY and/or Downstate at LICH Holding Company, Inc. in connection with this RFP (the "Confidential Information") confidentially, and shall not discuss, publish, divulge, disclose or allow to be disclosed the Confidential Information to any other Offerors or any other person, firm or entity, including press or other media, without SUNY's prior written approval. Offerors shall refer all press and other inquiries concerning the RFP and the Confidential Information, without further comment, to SUNY.

Agreed to this 19th day of March, 2014

Name of Offeror: Blue Wolf Capital Fund III, L.P.

Collaborator to the Brooklyn Hospital Center

By: Adam Blumenthal

Name: Adam Blumenthal

Title: Managing Partner

Address: One Liberty Plaza

52nd Floor

New York, NY 10005

e-mail address: adam@blue-wolf.com

Telephone: 212-488-1340
TAB F:
Attachment 4
Non-Collusion Certification Forms for:
The Brooklyn Hospital Center
The Related Companies, L.P.
Blue Wolf Capital Fund III, L.P.

See Attached Non-Collusion Certification Forms
Non-Collusion Certification

BY SUBMISSION OF THIS PROPOSAL, OFFEROR AND EACH PERSON SIGNING ON BEHALF OF OFFEROR CERTIFIES, AND IN THE CASE OF JOINT PROPOSAL, EACH PARTY THEREOF CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

[1] The proposed non-contingent purchase price of this proposal has been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such price with any other offeror or with any competitor;

[2] Unless otherwise required by law, the price which has been quoted in this proposal has not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other offeror or to any competitor; and

[3] No attempt has been made or will be made by the Offeror to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.

A PROPOSAL SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE OFFEROR(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE OFFEROR SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

SIGNED TO UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEW YORK, THIS ________ DAY OF ____________, 20__ AS THE ACT AND DEED OF SAID CORPORATION OR PARTNERSHIP.

IF OFFEROR(S) (ARE) A PARTNERSHIP, COMPLETE THE FOLLOWING:

NAMES OF PARTNERS OR PRINCIPALS

________________________

________________________

________________________

LEGAL RESIDENCE

________________________

________________________

________________________

IF OFFEROR(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:

NAMES

Richard Becker, MD

President

121 Delaware Avenue

Brooklyn, NY 11201

LEGAL RESIDENCE

Secretary

Treasurer

President

Secretary

Treasurer
Identifying Data
Offeror: The Brooklyn Hospital Center
Street Address: 121 DeKalb Avenue
City, Town, Zip: Brooklyn, NY 11201
Telephone: 718-250-8000
Title: President & CEO
If applicable, Responsible Corporate Officer Name: Richard Becker, MD
Title: President & CEO
Signature:

Joint or combined proposals by companies or firms must be certified on behalf of each participant:

<table>
<thead>
<tr>
<th>Legal name of person, firm or corporation</th>
<th>Legal name of person, firm or corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
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<td>Street Address</td>
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<td></td>
</tr>
<tr>
<td>City, State Zip</td>
<td>City, State Zip</td>
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</tbody>
</table>
BY SUBMISSION OF THIS PROPOSAL, OFFEROR AND EACH PERSON SIGNING ON BEHALF OF OFFEROR CERTIFIES, AND IN THE CASE OF JOINT PROPOSAL, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

[1] The proposed non-contingent purchase price of this proposal has been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such price with any other offeror or with any competitor;

[2] Unless otherwise required by law, the price which has been quoted in this proposal has not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other offeror or to any competitor; and

[3] No attempt has been made or will be made by the Offeror to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.

A PROPOSAL SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE OFFEROR(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE OFFEROR SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Subscribed to under penalty of perjury under the laws of the State of New York, this _____ day of ____________, 20__ as the act and deed of said corporation or partnership.

IF OFFEROR(S) (ARE) A PARTNERSHIP, COMPLETE THE FOLLOWING:

<table>
<thead>
<tr>
<th>NAMES OF PARTNERS OR PRINCIPALS</th>
<th>LEGAL RESIDENCE</th>
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IF OFFEROR(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:

<table>
<thead>
<tr>
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<th>LEGAL RESIDENCE</th>
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</thead>
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<tr>
<td>President</td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
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<tr>
<td>Treasurer</td>
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<tr>
<td>President</td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
</tr>
</tbody>
</table>

Collaborator: The Related Companies, L.P.

By: [Signature]

Chief Executive Officer
Identifying Data

Offeror: The Related Companies, L.P.
Street Address: 60 Columbus Circle
City, Town, Zip: New York, NY 10023
Telephone: 212-701-1000

If applicable, Responsible Corporate Officer Name

Name: Jeff T. Blau
Title: Chief Executive Officer
Signature

Joint or combined proposals by companies or firms must be certified on behalf of each participant:

Legal name of person, firm or corporation

Signature
Name
Title
Street Address
City, State Zip

Legal name of person, firm or corporation

Signature
Name
Title
Street Address
City, State Zip
BY SUBMISSION OF THIS PROPOSAL, OFFEROR AND EACH PERSON SIGNING ON BEHALF OF OFFEROR CERTIFIES, AND IN THE CASE OF JOINT PROPOSAL, EACH PARTY THERE TO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

[1] The proposed non-contingent purchase price of this proposal has been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such price with any other offeror or with any competitor;

[2] Unless otherwise required by law, the price which has been quoted in this proposal has not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other offeror or to any competitor; and

[3] No attempt has been made or will be made by the Offeror to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.

A PROPOSAL SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE OFFEROR(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE OFFEROR SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Subscribed to under penalty of perjury under the laws of the State of New York, this ______ day of __________, 2014 as the act and deed of said corporation or partnership.

IF OFFEROR(S) (ARE) A PARTNERSHIP, COMPLETE THE FOLLOWING:

NAMES OF PARTNERS OR PRINCIPALS                      LEGAL RESIDENCE

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

IF OFFEROR(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:

NAMES                      LEGAL RESIDENCE

President

Secretary

Treasurer

President

Secretary

Treasurer

*SIGNATURE ON FOLLOWING PAGE.*
Collaborator:

Blue Wolf Capital Fund III, L.P.
By: Blue Wolf Capital Advisors III, L.P.
Its: General Partner
By: Blue Wolf Capital Advisors III, LLC
Its: General Partner

By: Adam Blumenthal
Managing Partner
Identifying Data
Offeror: Blue Wolf Capital Fund III, L.P.
Street Address: One Liberty Plaza, 52nd Floor
City, Town, Zip: New York, NY 10006
Telephone: 212-488-1340 Title: Collaborator to The Brooklyn Hospital Center
Adam Blumenthal
Managing Partner

Joint or combined proposals by companies or firms must be certified on behalf of each participant:

Signature
Name
Title
Street Address
City, State Zip

Signature
Name
Title
Street Address
City, State Zip
TAB G:
Exhibit B
Procurement Lobbying Act Certifications for:
The Brooklyn Hospital Center
The Related Companies, L.P.
Blue Wolf Capital Fund III, L.P.

See Attached Procurement Lobbying Act Certifications
Exhibit B
Procurement Lobbying Act Certification

State Finance Law §§139-j and 139-k, enacted by Ch. 1 L. 2005, as amended by Ch. 596 L. 2005, effective January 1, 2006, regulate lobbying on government procurement, including procurements by State University to obtain commodities and services and to undertake real estate transactions.

Generally, the law restricts communications between a potential vendor or a person acting on behalf of the vendor, including its lobbyist, to communications with the officers and employees of the procuring agency designated in each solicitation to receive such communications. Further, the law prohibits a communication (a "Contact") that a reasonable person would infer as an attempt to unduly influence the award, denial or amendment of a contract. These restrictions apply to each contract in excess of $15,000 during the "restricted period" (the time commencing with the earliest written notice of the proposed procurement and ending with the later of approval of the final contract by the agency, or, if applicable, the State Comptroller). The agency must record all Contacts, and, generally, must deny an award of contract to a vendor involved in a knowing and willful Contact. Each agency must develop guidelines and procedures regarding Contacts and procedures for the reporting and investigation of Contacts. The agency's procurement record must demonstrate compliance with these new requirements.

Accordingly, neither a potential offeror nor a person acting on behalf of the offeror should contact any individual at SUNY other than the person designated in this RFP as SUNY's Designated Contact, nor attempt to unduly influence award of the contract. SUNY will make a record of all Contacts, and such record of Contacts will become part of the procurement record for this RFP. A determination that an offeror or a person acting on behalf of the offeror has made intentionally a Contact or provided inaccurate or incomplete information as to its past compliance with State Finance Law §§139-j and 139-k is likely to result in denial of the award of contract under this RFP. Additional sanctions may apply.

SUNY's Procedures are available at:
Offeror must complete the following and attach to its proposal:

1. As defined in State Finance Law §§ 139-j (1)(a), has a governmental agency made a determination of non-responsibility with respect to the Offeror within the previous four years where such a finding was due to a violation of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility?  NO [ ] YES [ ] If yes, attach explanation

2. Has a governmental entity terminated or withheld a procurement contract with the Offeror because of violations of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility?  NO [ ] YES [ ] If yes, attach explanation

CERTIFICATION:

By signing below the Offeror affirms and certifies that it: (1) has reviewed and understands the Policy and Procedure of SUNY, related to SFL §§ 139-j and 139-k, (2) agrees to comply with SUNY's procedure relating to Contacts with respect to this procurement, and (3) has provided information that is complete, true, and accurate with respect to SFL §§ 139-j and 139-k. Offeror understands that SUNY reserves the right to terminate any resulting contract in the event it is found that the certification filed by the Offeror in accordance State Finance Law §§ 139-j and 139-k was intentionally false or intentionally incomplete. Upon such finding, SUNY may exercise its termination right by providing written notification to the Offeror in accordance with the written notification terms of the contract.

<table>
<thead>
<tr>
<th>Firms Name and Address:</th>
<th>The Brooklyn Hospital Center</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>121 DeKalb Avenue</td>
</tr>
<tr>
<td></td>
<td>Brooklyn, NY 11201</td>
</tr>
<tr>
<td>FEIN #:</td>
<td>11-1630755</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>718-250-8176</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>718-250-8300</td>
</tr>
<tr>
<td>Email Address:</td>
<td>TRC <a href="mailto:9019@nyp.org">9019@nyp.org</a></td>
</tr>
<tr>
<td>Offeror's Name and Title:</td>
<td>W. Trent Crable</td>
</tr>
<tr>
<td></td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Offeror's Signature:</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date:</td>
<td>March 18, 2014</td>
</tr>
</tbody>
</table>
State Finance Law §§139-j and 139-k, enacted by Ch. 1 L. 2005, as amended by Ch. 596 L. 2005, effective January 1, 2006, regulate lobbying on government procurement, including procurements by State University to obtain commodities and services and to undertake real estate transactions.

Generally, the law restricts communications between a potential vendor or a person acting on behalf of the vendor, including its lobbyist, to communications with the officers and employees of the procuring agency designated in each solicitation to receive such communications. Further, the law prohibits a communication (a "Contact") that a reasonable person would infer as an attempt to unduly influence the award, denial or amendment of a contract. These restrictions apply to each contract in excess of $15,000 during the "restricted period" (the time commencing with the earliest written notice of the proposed procurement and ending with the later of approval of the final contract by the agency, or, if applicable, the State Comptroller). The agency must record all Contacts, and, generally, must deny an award of contract to a vendor involved in a knowing and willful Contact. Each agency must develop guidelines and procedures regarding Contacts and procedures for the reporting and investigation of Contacts. The agency’s procurement record must demonstrate compliance with these new requirements.

Accordingly, neither a potential offeror nor a person acting on behalf of the offeror should contact any individual at SUNY other than the person designated in this RFP as SUNY’s Designated Contact, nor attempt to unduly influence award of the contract. SUNY will make a record of all Contacts, and such record of Contacts will become part of the procurement record for this RFP. A determination that an offeror or a person acting on behalf of the offeror has made intentionally a Contact or provided inaccurate or incomplete information as to its past compliance with State Finance Law §§139-j and 139-k is likely to result in denial of the award of contract under this RFP. Additional sanctions may apply.

SUNY’s Procedures are available at: http://www.suny.info/policies/groups/public/documents/policies/pub_sunny_pp_039630.htm
Offeror must complete the following and attach to its proposal:

1. As defined in State Finance Law §§ 139-j (1)(a), has a governmental agency made a determination of non-responsibility with respect to the Offeror within the previous four years where such a finding was due to a violation of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility?  NO ☐  YES ☐ If yes, attach explanation

2. Has a governmental entity terminated or withheld a procurement contract with the Offeror because of violations of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility?  NO ☐  YES ☐ If yes, attach explanation

CERTIFICATION:

By signing below the Offeror affirms and certifies that it: (1) has reviewed and understands the Policy and Procedure of SUNY, related to SFL §§ 139-j and 139-k, (2) agrees to comply with SUNY's procedure relating to Contacts with respect to this procurement, and (3) has provided information that is complete, true, and accurate with respect to SFL §§ 139-j and 139-k. Offeror understands that SUNY reserves the right to terminate any resulting contract in the event it is found that the certification filed by the Offeror in accordance State Finance Law §§139-j and 139-k was intentionally false or intentionally incomplete. Upon such finding, SUNY may exercise its termination right by providing written notification to the Offeror in accordance with the written notification terms of the contract.

<table>
<thead>
<tr>
<th>Firms Name and Address:</th>
<th>The Related Companies, L.P.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60 Columbus Circle</td>
</tr>
<tr>
<td></td>
<td>New York, NY 10023</td>
</tr>
</tbody>
</table>

| FEIN #:               | 13-3676645                  |
| Telephone Number:    | (212) 801-1000              |
| Fax Number:          | (212) 801-1036              |
| Email Address:       | jblav@related.com           |
| Offeror's Name and Title: | Jeff T. Blav               |
|                      | Chief Executive Officer    |
| Offeror's Signature: |                             |

Date: 3/14/2014
Exhibit B
Procurement Lobbying Act Certification

State Finance Law §§139-j and 139-k, enacted by Ch. 1 L. 2005, as amended by Ch. 596 L. 2005, effective January 1, 2006, regulate lobbying on government procurement, including procurements by State University to obtain commodities and services and to undertake real estate transactions.

Generally, the law restricts communications between a potential vendor or a person acting on behalf of the vendor, including its lobbyist, to communications with the officers and employees of the procuring agency designated in each solicitation to receive such communications. Further, the law prohibits a communication (a “Contact”) that a reasonable person would infer as an attempt to unduly influence the award, denial or amendment of a contract. These restrictions apply to each contract in excess of $15,000 during the “restricted period” (the time commencing with the earliest written notice of the proposed procurement and ending with the later of approval of the final contract by the agency, or, if applicable, the State Comptroller). The agency must record all Contacts, and, generally, must deny an award of contract to a vendor involved in a knowing and willful Contact. Each agency must develop guidelines and procedures regarding Contacts and procedures for the reporting and investigation of Contacts. The agency’s procurement record must demonstrate compliance with these new requirements.

Accordingly, neither a potential offeror nor a person acting on behalf of the offeror should contact any individual at SUNY other than the person designated in this RFP as SUNY’s Designated Contact, nor attempt to unduly influence award of the contract. SUNY will make a record of all Contacts, and such record of Contacts will become part of the procurement record for this RFP. A determination that an offeror or a person acting on behalf of the offeror has made intentionally a Contact or provided inaccurate or incomplete information as to its past compliance with State Finance Law §§139-j and 139-k is likely to result in denial of the award of contract under this RFP. Additional sanctions may apply.

Offeror must complete the following and attach to its proposal:

1. As defined in State Finance Law §§ 139-j (1)(a), has a governmental agency made a determination of non-responsibility with respect to the Offeror within the previous four years where such a finding was due to a violation of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility? NO ☒ YES ☐ If yes, attach explanation.

2. Has a governmental entity terminated or withheld a procurement contract with the Offeror because of violations of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility? NO ☒ YES ☐ If yes, attach explanation.

CERTIFICATION:
By signing below the Offeror affirms and certifies that it: (1) has reviewed and understands the Policy and Procedure of SUNY, related to SFL §§ 139-j and 139-k, (2) agrees to comply with SUNY's procedure relating to Contacts with respect to this procurement, and (3) has provided information that is complete, true, and accurate with respect to SFL §§ 139-j and 139-k. Offeror understands that SUNY reserves the right to terminate any resulting contract in the event it is found that the certification filed by the Offeror in accordance State Finance Law §§139-j and 139-k was intentionally false or intentionally incomplete. Upon such finding, SUNY may exercise its termination right by providing written notification to the Offeror in accordance with the written notification terms of the contract.

<table>
<thead>
<tr>
<th>Firms Name and Address:</th>
<th>Blue Wolf Capital Fund III, L.P.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One Liberty Plaza, 52nd Floor</td>
</tr>
<tr>
<td></td>
<td>New York, NY 10006</td>
</tr>
<tr>
<td>FEIN #:</td>
<td>90 - 0956636</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(212) 488-1340</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>(917) 677-8233</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:adam@blue-wolf.com">adam@blue-wolf.com</a></td>
</tr>
<tr>
<td>Offeror’s Name and Title:</td>
<td>Adam Blumenthal, Managing Partner</td>
</tr>
<tr>
<td>Offeror’s Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>March 19, 2014</td>
</tr>
</tbody>
</table>
TAB I:
Form 107
MWBE Utilization Plan

See Attached MWBE Utilization Plan
## M/WBE UTILIZATION PLAN

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Offeror's Name:</th>
<th>Federal Identification No.:</th>
<th>Location of Work:</th>
<th>Project No.:</th>
<th>M/WBE Goals in the Contract:</th>
<th>EEO Goals in the Contract:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Brooklyn Hospital Center</td>
<td></td>
<td>SUNY at 11-1630755</td>
<td>RPRX002654</td>
<td>MBE 20 %</td>
<td>WBE 20 %</td>
</tr>
</tbody>
</table>

[Table of M/WBE Subcontractors/Suppliers]

| 1. | NYS ESD CERTIFIED | □ MBE | □ WBE |
| 2. | NYS ESD CERTIFIED | □ MBE | □ WBE |
| 3. | NYS ESD CERTIFIED | □ MBE | □ WBE |
| 4. | NYS ESD CERTIFIED | □ MBE | □ WBE |
| 5. | NYS ESD CERTIFIED | □ MBE | □ WBE |
| 6. | NYS ESD CERTIFIED | □ MBE | □ WBE |

1. Certified M/WBE Subcontractors/Suppliers
   - Name, Address, Email Address, Telephone No.

2. Classification

3. Federal ID No.

4. Detailed Description of Work
   (Attach additional sheets, if necessary)

5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.
| 7. | NYS ESD CERTIFIED |
|    | □ MBE |
|    | □ WBE |

| 8. | NYS ESD CERTIFIED |
|    | □ MBE |
|    | □ WBE |

| 9. | NYS ESD CERTIFIED |
|    | □ MBE |
|    | □ WBE |

6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (M/WBE 104).

PREPARED BY (Signature):

DATE:

NAME AND TITLE OF PREPARER (Print or Type):

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.

FOR M/WBE USE ONLY

REVIEWED BY: DATE:

UTILIZATION PLAN APPROVED: □ YES □ NO Date:  
Contract No.:
Project No. (if applicable):

Contract Award Date:

Estimated Date of Completion:

Amount Obligated Under the Contract:

Description of Work:

NOTICE OF DEFICIENCY ISSUED: □ YES □ NO Date:  
NOTICE OF ACCEPTANCE ISSUED: □ YES □ NO Date:
MINORITY AND WOMEN'S BUSINESS - EQUAL EMPLOYMENT OPPORTUNITY PROGRAM POLICY STATEMENT

Policy Statement

The [Name of Campus, Consultant, Contractor] commits to carrying out the intent of the New York State Executive Law, Article 15-A which assures the meaningful participation of minority and women's business enterprises in contracting and the meaningful participation of minorities and women in the workforce on activities financed by public funds.

Minority Business Officer

[Name of Designated Officer] is designated as the Minority Business Enterprise Officer responsible for administering the Minority and Women's Business-Equal Employment Opportunity (M/WBE-EEO) program.

M/WBE Contract Goals

[ ] % Minority Business Enterprise Participation
[ ] % Women's Business Enterprise Participation

EEO Contract Goals

10% Minority Labor Force Participation

10% Female Labor Force Participation

[Authorized Representative]

Title: President & CEO

Date: 3-14-14

MWBE Form 104
TAB J:
Form 108
Staffing Plan

See Attached Staffing Plan
<table>
<thead>
<tr>
<th>EEO-Job Category</th>
<th>Total Workforce</th>
<th>Workforce by Gender</th>
<th>Workforce by Race/Ethnic Identification</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Male (M)</td>
<td>Total Female (F)</td>
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<tr>
<td></td>
<td></td>
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<td>Disabled (M)</td>
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<td></td>
<td>Veteran (M)</td>
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<td>Officials/Administrators</td>
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<td></td>
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<tr>
<td>Professionals</td>
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<tr>
<td>Technicians</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sales Workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office/Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craft Workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laborers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary/APPrentices</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PREPARED BY (Signature): [Signature]

TELEPHONE NO.: 718-250-8005
EMAIL ADDRESS: RBB9002@nyuph
DATE: 3-14-14

NAME AND TITLE OF PREPARER (Print or Type): Richard Becker, MD President & CEO

Submit completed with bid proposal

MWBE Form 108
General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (ADM/EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:
1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the M/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION
Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.

- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.

- **GENDER** Male or Female

MWBE Form 108
### SECTION D - EMPLOYMENT DATA

<table>
<thead>
<tr>
<th>JOB CATEGORIES</th>
<th>MALE</th>
<th>FEMALE</th>
<th>WHITE</th>
<th>BLACK OR AFRICAN AMERICAN</th>
<th>NATIVE HAWAIIAN OR PACIFIC ISLANDER</th>
<th>ASIAN</th>
<th>AMERICAN INDIAN OR ALASKAN NATIVE</th>
<th>OVERALL TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE/ADM OFFICIALS &amp; SALARIED PROFESSIONAL OFFICIALS &amp; SALARIED</td>
<td>1</td>
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<td>15</td>
<td>3</td>
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<td>MANAGERS</td>
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<td>PROFESSIONAL SUPPORT &amp; SUPPORT WORKERS</td>
<td>12</td>
<td>129</td>
<td>13</td>
<td>67</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>521</td>
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<td>OFFICE WORKERS</td>
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<td>6</td>
<td>18</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>35</td>
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<tr>
<td>PROFESSIONALS &amp; PROFESSIONAL SUPPORT WORKERS</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>SERVICE WORKERS</td>
<td>75</td>
<td>35</td>
<td>8</td>
<td>177</td>
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<td>2</td>
<td>2</td>
<td>543</td>
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<td>TOTAL</td>
<td>147</td>
<td>252</td>
<td>181</td>
<td>415</td>
<td>1</td>
<td>208</td>
<td>13</td>
<td>2877</td>
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</table>

### SECTION P - REMARKS

DATES OF PAYROLL PERIOD: 09/15/2013 THRU 09/28/2013

CERTIFYING OFFICIAL: GUY MENNONNA
REPORT CONTACT PERSON: JAMES KO

TITLE: SENIOR VP OF HUMAN RESOURCES
TITLE: MANAGER HRIS

TELEPHONE NO: 7182506196

CERTIFIED DATE (EST): 12/12/2013 05:16 PM
TAB M:
Map of the Brooklyn Hospital Network

See Attached Network Map
The Brooklyn Hospital Center
2014 Ambulatory Care Services Network

ARTICLE 28 CAMPUS BASED AMBULATORY PROGRAMS
1. The Brooklyn Hospital Center - 121 DeKalb Avenue
   - Adult Ambulatory Care Center
   - Cardiology
   - Children's Health Center
   - Dental Care Center
   - Family Medicine Center
   - Hematology/Oncology - Infusion Center
   - Hyperbaric Services
   - Pain Management
   - PATH Center
   - Perinatal Diagnostic Center
   - Radiology
   - Speech & Hearing/ENT
   - WIC Program
   - Women's Health Center
   - Wound Care

ARTICLE 28 COMMUNITY BASED NETWORK FACILITIES
2. Williamsburg Family Health Center
   99 Division Street - 11211
3. La Providencia Family Health Center
   1280 DeKalb Avenue - 11221
4. Manhattan Avenue Family Health Center
   960 Manhattan Avenue - 11222
5. 61st Street Family Health Center
   771 61st Street - 11220
6. Rockwell Dialysis Services
   19 Rockwell Place - 11217
7. PATH Center
   2222 Church Avenue - 11226
8. Women, Infants and Children Program (WIC)
   Sa - 485 Coney Island Avenue - 11218
   Sb - 1606-1608 Fulton Street - 11213
   Sc - 535 Empire Boulevard - 11225
   Sd - 771 61st Street Family Health Center - 11220

Please see reverse side for our full list of COMMUNITY BASED NETWORK AFFILIATES and SENIOR NURSING HOME AFFILIATES
### Community Based Network Affiliates

<table>
<thead>
<tr>
<th>Number</th>
<th>Organization Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>LIU Brooklyn Student Health Center</td>
<td>1 University Plaza - 11201</td>
</tr>
<tr>
<td>10</td>
<td>JP Morgan Chase</td>
<td>3 MetroTech Center - 11201</td>
</tr>
<tr>
<td>11</td>
<td>Doctors Private Offices</td>
<td>121 DeKalb Avenue - 11201</td>
</tr>
<tr>
<td>12</td>
<td>391 Eastern Parkway</td>
<td>11216</td>
</tr>
<tr>
<td>13</td>
<td>85 Pierrepont Street</td>
<td>11201</td>
</tr>
<tr>
<td>14</td>
<td>100 Clinton Street</td>
<td>11201</td>
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<tr>
<td>15</td>
<td>Bedford Stuyvesant Family Health Center</td>
<td>1455 Fulton Street - 11216</td>
</tr>
<tr>
<td>16</td>
<td>Center for Community Alternatives</td>
<td>25 Chapel Street - 11201</td>
</tr>
<tr>
<td>17</td>
<td>Brooklyn Plaza Medical Center</td>
<td>650 Fulton Street - 11217</td>
</tr>
<tr>
<td>18</td>
<td>Be Well Primary Health Care Center</td>
<td>2019 Nostrand Avenue - 11210</td>
</tr>
<tr>
<td>19</td>
<td>MedCare</td>
<td>468 Lafayette Ave - 11205</td>
</tr>
<tr>
<td>20</td>
<td>ICL Guidance Center of Brooklyn</td>
<td>25 Chapel Street - 11201</td>
</tr>
<tr>
<td>21</td>
<td>Apollo Medical P.C.</td>
<td>187 Conklin Avenue - 11236</td>
</tr>
<tr>
<td>22</td>
<td>Progressive Community Center</td>
<td>1137 Flatbush Avenue - 11226</td>
</tr>
<tr>
<td>23</td>
<td>First MedCare Inc.</td>
<td>8707 Flatlands Avenue - 11236</td>
</tr>
<tr>
<td>24</td>
<td>Coalition For Hispanic Family Services</td>
<td>315 Wycoff Avenue - 11227</td>
</tr>
<tr>
<td>25</td>
<td>American Comprehensive Healthcare Medical Group</td>
<td>5205 Church Avenue - 11203</td>
</tr>
<tr>
<td>26</td>
<td>Safe Hrizon Inc. Brooklyn Community Program</td>
<td>189 Montague Street - 11201</td>
</tr>
<tr>
<td>27</td>
<td>Primary Medical Care P. C.</td>
<td>353 Ocean Avenue - 11226</td>
</tr>
<tr>
<td>28</td>
<td>Saint Nicholas OB/GYN</td>
<td>220 Saint Nicholas Avenue - 11237</td>
</tr>
<tr>
<td>29</td>
<td>CORE/Community First Services</td>
<td>45 Main Street - 11201</td>
</tr>
<tr>
<td>30</td>
<td>Brooklyn Perinatal Network</td>
<td>76 Nevins Street - 11217</td>
</tr>
<tr>
<td>31</td>
<td>Bushwick Ridgewood Senior Citizen Council Inc.</td>
<td>217 Wycoff Avenue - 11237</td>
</tr>
<tr>
<td>32</td>
<td>AIDS Healthcare Foundation</td>
<td>45 Court Street - 11201</td>
</tr>
</tbody>
</table>

### Senior Nursing Home Affiliates

<table>
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<tr>
<th>Number</th>
<th>Organization Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Atlantis Rehabilitation and Residential Healthcare Facility</td>
<td>140 Saint Edwards Street - 11201</td>
</tr>
<tr>
<td>34</td>
<td>Bedford Center (Kenser Nursing and Rehabilitation Center)</td>
<td>40 Heyward Street - 11211</td>
</tr>
<tr>
<td>35</td>
<td>Bishop Henry Hucles Episcopal Nursing Home</td>
<td>835 Herkimer Street - 11233</td>
</tr>
<tr>
<td>36</td>
<td>Brooklyn Center for Rehabilitation</td>
<td>1455 Coney Island Avenue - 11230</td>
</tr>
<tr>
<td>37</td>
<td>Brooklyn United Methodist Church</td>
<td>1485 Dumont Avenue - 11208</td>
</tr>
<tr>
<td>38</td>
<td>Buena Vida Continuing Care &amp; Rehabilitation Center</td>
<td>48 Cedar Street - 11221</td>
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<tr>
<td>39</td>
<td>Bushwick Center for Rehabilitation and Health Care</td>
<td>50 Sheffield Avenue - 11207</td>
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<tr>
<td>40</td>
<td>CABS Nursing Home</td>
<td>270 Nostrand Avenue - 11205</td>
</tr>
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<td>41</td>
<td>Caton Park Nursing Home</td>
<td>1312 Caton Avenue - 11226</td>
</tr>
<tr>
<td>42</td>
<td>Center for Nursing and Rehabilitation</td>
<td>520 Prospect Place - 11238</td>
</tr>
<tr>
<td>43</td>
<td>Cobble Hill Health Center</td>
<td>380 Henry Street - 11201</td>
</tr>
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<td>44</td>
<td>Concord Nursing and Rehab Center</td>
<td>300 Madison Street - 11226</td>
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<td>Crown Nursing &amp; Rehab Center</td>
<td>3457 Nostrand Avenue - 11229</td>
</tr>
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<td>Ditmas Park Care Center</td>
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<td>47</td>
<td>DSS McKinney Nursing &amp; Rehab Center</td>
<td>594 Albany Avenue - 11203</td>
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<tr>
<td>48</td>
<td>Four Seasons Nursing and Rehab</td>
<td>1555 Rockaway Parkway - 11236</td>
</tr>
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<td>49</td>
<td>Hamilton Park Nursing and Rehab Center</td>
<td>691 92nd Street - 11228</td>
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<td>50</td>
<td>Hopkins Center for Rehabilitation &amp; Healthcare</td>
<td>135 Dean Street - 11217</td>
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<tr>
<td>51</td>
<td>Linden Gardens (former Ruby Weston Manor)</td>
<td>2237 Linden Boulevard - 11207</td>
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<td>52</td>
<td>Marcus Garvey Nursing Home</td>
<td>810-20 St. Marks Avenue - 11213</td>
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<tr>
<td>53</td>
<td>Menorah Center for Rehab &amp; Nursing Care</td>
<td>1516 Oriental Boulevard - 11235</td>
</tr>
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<td>54</td>
<td>New Carlton Nursing and Rehabilitation Center</td>
<td>405 Carlton Avenue - 11238</td>
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<tr>
<td>55</td>
<td>New York Congregational Nursing Center</td>
<td>135 Linden Boulevard - 11226</td>
</tr>
<tr>
<td>56</td>
<td>Oxford Nursing Home</td>
<td>144 South Oxford Street - 11217</td>
</tr>
<tr>
<td>57</td>
<td>River Manor Care Center</td>
<td>611 East 103rd Street - 11236</td>
</tr>
<tr>
<td>58</td>
<td>Spring Creek Rehabilitation &amp; Nursing Care Center</td>
<td>660 Louisiana Avenue - 11239</td>
</tr>
</tbody>
</table>
TAB N:
Letter Agreement Between the Addabbo Center and TBHC

See Attached Letter Agreement
March 10, 2014

Richard Becker, MD, President and Chief Executive Officer
The Brooklyn Hospital Center
121 Dekalb Avenue
Brooklyn, New York 11201

Dear Dr. Becker:

It was a pleasure speaking with you and as discussed this letter will confirm the Joseph P. Addabbo Family Health Center’s support for your proposed efforts regarding the future use of the Long Island College Hospital campus and our joint planning efforts to continue to address and work with you to expand the ambulatory primary and specialty care services provided to the residents of the Red Hook section of Brooklyn.

The Joseph P. Addabbo Family Health Center has embraced the findings and recommendations of the Brooklyn MRT Health Systems Redesign Work Group and is prepared to collaborate with you to address the outpatient primary care needs of the Medicaid and uninsured residents of Red Hook and Kings County as a whole. Since the Addabbo Center’s first entrance into the Red Hook section of Brooklyn in June 2011, we have seen the continued need for the expansion of ambulatory services in this area and look forward to working with you in this endeavor. The Board of Directors and Administration of the Joseph P. Addabbo Family Health Center share your commitment to the expansion of ambulatory care services in the Red Hook section in Brooklyn as the first step in addressing the public health of the population while providing care and services in the most financially efficient manner.

We look forward to sitting down with you at the right time to address these efforts and once more support the Brooklyn Hospital Center’s plan for the Long Island College Hospital campus and surrounding area.

Thank you.

Sincerely,

Robert P. Fliegel
Acting Chief Executive Officer