

June 20, 2023

VIA EMAIL & U.S. MAIL

Ms. Ruby Potter
ruby.potter@maryland.gov
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Application for Certificate of Need
Construction of a Cancer Center at the
University of Maryland Medical Center (19-24-2438)

Dear Ms. Potter:

On behalf of applicant University of Maryland Medical Center, enclosed are six copies of its "Response to Additional Information Questions Dated May 17, 2023" regarding its Request for Post-Approval Project Change with respect to construction of a cancer center at the University of Maryland Medical Center.

I hereby certify that a copy of this submission has also been forwarded to the appropriate local health planning agencies as noted below.

Sincerely,



Ella R. Aiken

ERA:blr

Enclosures

cc: Wynee Hawk, Director, Center for Healthcare Facilities Planning and Development
Moirra A. Lawson, Program Manager, Certificate of Need
Alexa Bertinelli, Assistant Attorney General, MHCC
Caitlin Tepe, Assistant Attorney General, MHCC
Dr. Letitia Dzirasa, Health Officer, Baltimore City Health Department
Sandra H. Benzer, Esq., Associate Counsel, UMMS
Dana D. Farrakhan, FACHE, Sr. VP, Strategy, Community and Business Development
Scott Tinsley-Hall, Director, Strategic Planning, UMMC
Thomas C. Dame, Esq.

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006551-0238

**UNIVERSITY OF MARYLAND MEDICAL CENTER
CONSTRUCTION OF ADDITION FOR CANCER CENTER**
Matter No. 19-24-2438

Responses to Additional Information Questions Dated May 17, 2023

1. What steps have been taken to minimize the scope of the cost overrun?

[Applicant Response](#)

A Value Engineering (VE) effort was undertaken after Design Development budget pricing was received in 2019, and again following the final bid price which was received in September 2022. The first VE effort eliminated approximately \$16M of costs. The second VE effort eliminated approximately \$28M.

2. Regarding Exhibit 2, UMMC indicates that the project will be completed in FY 2024. Is this still the expected project completion date? If not, when will the project be completed?

[Applicant Response](#)

The Phase 1 work, which includes the new tower and renovation of the first floor lobby space will be completed in January 2026. The Phase 2 work, which includes the renovation scope on levels 5, 7, 8, & 9 is anticipated to be complete in December 2026.

3. Based on your response to construction timetable, please revise all of the Tables to show (a) the two historical and current utilization (FY 2021 through FY 2023); (b) the years for construction of the UMMC Cancer Center; and (c) the first three years of operation after project completion.

[Applicant Response](#)

UMMC projects completing the project in December 2026 and immediately reaching full occupancy. As a result, the Application instructions require UMMC to project two years of projections, through December 2028. See Tables F through K, Instructions (requiring that projected years end "At least two years after project completion and full occupancy"). Attached as Exhibit 6¹ are revised tables, with projections through FY 2029. These tables contain the following changes from the version submitted previously:

- FY 2029 revenue and expenses have been added
- UMMC corrected an error in the link for expense inflation, resulting in changes to applicable line items in Table H
- UMMC updated revenue for FY24 based on newer data from the HSCRC, which had a resulting impact on future revenue.

¹ Exhibit numbers continue from the exhibits in UMMC's request for post-approval project change, which attached Exhibits 1 through 5.

The net impact of correcting the inflation calculation and updating the revenue assumption led to margins very similar to what was included in the original Project Change Request submission.

4. **Regarding Exhibit 2, Table A, Physical Bed Capacity before and after Proposed Project, please reconcile the difference in the number of licensed hospital beds reported in the applicant’s Quarterly Progress Report with the numbers reported in this table and provide clarification as to any differences in the number of licensed beds operating in the various nursing units.**

[Applicant Response](#)

UMMC’s quarterly report recites the physical bed changes resulting from the project as of the time UMMC last submitted Table A in connection with the CON review. The Table below summarizes the physical bed differences of the hospital today versus in the physical bed capacity reported in Table A in during the CON review.

Obstetrics	+8 beds	Due to counting the 4 semi-private GYN rooms in this line item versus in the General Med/Surge category
Psychiatry	-10 beds	One 16-bed adult psych unit closed when the Midtown unit opened. Additional 6 beds opened when adolescent psychiatry opened.
ICU/CCU	+6 beds	Inventory of beds done and corrected from 2020 reporting
STC	+6 beds	Inventory of beds done and corrected from 2020 reporting
General Med/Surg	-18 beds	As noted above, 4 semi-private GYN rooms, 8 beds, removed from this category and included in obstetrics as they are part of the same unit. Inventory of beds done and corrected from 2020 reporting.

- 5. Please provide labeled diagrams and/or floor plans that clearly indicate which areas are new construction and which are renovation of the existing north tower.**

[Applicant Response](#)

Please see Exhibit 7.

- 6. Regarding Exhibit 4, Line Diagram for Level Two, there is an area identified as “shell space.” How big is this area, and is the cost for constructing this shell space included in the MVS analysis? What is the timeframe for completion and the future use for this shell space? Please provide the linear feet for the perimeter and the floor height.**

[Applicant Response](#)

The second floor shell space is 3,739 square feet. It is included in the MVS analysis. The creation of this shell space is a byproduct of both the new building footprint and of simplifying the construction of the main lobby wall. The existing Stoler infusion center was a single-story building that is being demolished. It will be replaced by the tower’s footprint which extends to the 9th floor. UMMC determined during planning that it was more cost-effective to insert a floor plate and fireproof in a traditional manner, than to construct a 25’ tall wall in the main lobby, support it, fireproof it appropriately, then hang a ceiling from it at 10’ AFF. UMMC did not recognized the opportunity to achieve this savings and create this shell space at the time of the CON.

The use of this space has not been determined, but will likely be staff offices and a mechanical space.

- 7. Exh 2, Table E shows 14 floors of new construction, with floors 11-14 not included in any project diagram, and not included in the original CON. What will be housed in this additional square footage? Please provide a diagram of these floors.**

[Applicant Response](#)

During detailed design, UMMC found the most efficient location of the new elevator to be directly adjacent to the existing north hospital. This gave UMMC the opportunity to address two longstanding issues. The existing UMMC Downtown Campus does not currently have a fireman’s access elevator that serves every floor of the building. Following the submission of the CON, it was determined by both UMMC and the Baltimore City Fire Department that this new service elevator should become the campus’s Fireman’s Access elevator, and should therefore serve from the Lower Level to the 14th Floor, not ending at the 9th floor as originally planned. This plan also corrects an existing operational issue of not having sufficient service elevator capacity for the existing north hospital. The area indicated on Table C reflects the elevator and its associated lobbies. Diagrams of floors 11-14 are included in Exhibit 7.

8. **Please provide the UMMC's MVS analysis in Excel spreadsheet. Does the MVS analysis account for and include the additional construction costs for the tenth to fourteenth floor of the new patient tower?**

[Applicant Response](#)

The Excel version of the MVS analysis is attached as Exhibit 8. The analysis includes the additional elevator stops and lobbies from Floors 11 to 14.

9. **According to the request, the fifth floor of the north tower will no longer be the location of the infusion treatment area and the pharmacy. These services are being moved to the fourth floor of the shell space that was authorized in the original CON. What is the planned use of this fifth-floor space when construction is complete?**

[Applicant Response](#)

The existing 5th floor will remain a mix of ambulatory space and administrative offices.

10. **On the ninth floor of the building, the mechanical area wall height is 18.7 ft. Will this increased height be limited to the mechanical area? What is the square footage of the mechanical space on the ninth floor?**

[Applicant Response](#)

With the exception of the Cancer Center offices, the 9th floor is comprised of a two-story mechanical space with mezzanines on the north and south side of the building. The mezzanine on the north, on top of the Cancer Center offices, houses additional mechanical equipment; and the mezzanine on the south houses electrical substations. UMMC determined that this larger mechanical space was necessary as the program and floor plans were detailed.

11. **The floor plan in Exhibit 4 and diagram in exhibit 5A show a mechanical penthouse on level 10 of the new tower. It is not mentioned in the original CON nor in this request. Please explain. Will the ninth-floor mechanical area be connected to the mechanical penthouse?**

[Applicant Response](#)

As indicated in the response to question 10, the 10th floor is considered a mezzanine of the 9th floor mechanical space. The area in the center over the air-handling units is a two-story tall space, with catwalks between the AHUs and mezzanines on the north and south side of the building. The mezzanines are accessed by fire stairs on the 10th floor and ladders from the 9th floor.

- 12. In exhibit 4, Levels 4 and 5 (which in table C contain 22,181 and 22,071 SF respectively) are labeled as outpatient clinics, while in the MVS analysis, only 18,012 SF is designated as outpatient space. Please explain this discrepancy.**

[Applicant Response](#)

The line item labeled as Infusion refers to the 4th floor Infusion Clinics and was mislabeled as inpatient. It has been corrected to reflect outpatient space, and the MVS analysis has been updated accordingly. The Infusion clinic space is more intensive than a typical clinic – it has headwall columns with med gas, nurse call, and emergency power outlets. It is a step down from Inpatient, but a step above a standard clinic setting. Nominal differences between square footages shown on Table C (by floor) and the MVS analysis (by department) are due to the fact that mechanical spaces and public circulation are accounted for elsewhere in the MVS narrative attached as Exhibit 9.

- 13. Does the applicant plan to file a partial rate adjustment application to the Health Services Cost Review Commission to offset the cost of the project increases? If so, what is the contingency plan if the rate adjustment is denied?**

[Applicant Response](#)

There are no plans to file a partial rate adjustment application to the HSCRC to offset the cost of the project increases, as the total capital plan remains within UMMC's existing budget for major capital projects.

- 14. How much of the \$40 million in philanthropy called for in the budget has been raised to date? What is the contingency plan if the funds are not fully realized?**

[Applicant Response](#)

To date, UMMC has raised \$35 million in philanthropy, with continued fundraising expected to meet the \$40 million goal. However, if UMMC is unable to raise the additional \$5 million, those funds will be allocated via the annual capital budget process for UMMC.

- 15. What is the status of the \$125 million from the State needed for the project? Please provide a copy of the documentation of this commitment. If the State funds are not fully realized, please describe the contingency plan for raising the funds.**

[Applicant Response](#)

The \$125M has been appropriated by the State of Maryland as part of the budget approval process with the State Department of Budget and Management, with the most recent approval for \$100M occurring in the 2022 legislative session. See Exhibit 10. UMMC has been reimbursed \$5.2M to date and has the expectation of reimbursements to increase over calendar year 2023 and 2024 as the project construction accelerates.

16. Please explain why loan placement fees have gone from \$50,000 in the approved budget to \$933,450 in the request for change. Please provide the name of the institution and the terms for this loan. Please explain the loan placement fees when UMMC indicates the source of funds is philanthropy, authorized bonds and interest income, and state grants.

Applicant Response

For the CON, UMMC assumes the definition of loan placement fees to be the expense incurred to issue bond proceeds, or “costs of issuance”. The costs of issuance includes but is not limited to bond attorneys, financial consultant support, rating agencies survey fees and fees related to applications, publications and remarketing. The costs of issuance are generally from 0.5% to 1.0% of the authorized bonds.

In the previous Approved CON Budget the costs of issuance were included in three lines of Table E. See Table 1 below, and green cells totaling \$400,000. In the new Proposed Budget, all costs of issuance have been including in 2a for a total of \$933,450.

Furthermore, the \$400,000 was 0.5% of the authorized bonds in Approved CON Budget in comparison to 0.9% of the authorized bonds in new Proposed Budget. This change in percentage is an updated estimate based on recently issued UMMS bonds in 2022.

As of May 2023, UMMC has not issued all of the authorized bonds required to Source the project. Prior bond issuances were completed through the Maryland Health and Higher Education Facilities Authority (MHHEFA) and UMMC is likely to issue bonds through the same Authority in the future.

Table 1

	Approved CON Budget, Hospital Building1			New Proposed Budget, Hospital Building ¹	
			% of authorized bonds		% of authorized bonds
2. Financing Cost and Other Cash Requirements					
a. Loan Placement Fees	\$50,000	\$400,000	0.5%	\$933,450	0.9%
b. Bond Discount	\$0			\$0	
c. CON Application Assistance					
c1. Legal Fees	\$100,000			\$100,000	
c2. Other (Accounting, Architectural, Planning)	\$0			\$1,039,400	
d. Non-CON Consulting Fees					
d1. Legal Fees	\$200,000			\$32,150	\$796,150
d2. Other (third party peer review of documents; third party testing & scheduling, curtain wall testing)	\$150,000			\$764,000	
e. Debt Service Reserve Fund	\$0			\$0	
f. Other (Specify/add rows if needed)	\$0			\$0	
SUBTOTAL	\$500,000			\$2,869,000	
Sources of Funds					
3. Authorized Bonds	\$78,500,000			\$100,233,495	

17. Please explain in detail the basis for the \$1,039,400 in “other” CON related fees.

Applicant Response

The expenses included in the new Proposed Budget include costs associated with our CON application process including but are not limited to architectural and business consultant support, traffic studies, geotechnical and environmental survey to complete the full CON application process.

The Approved CON Budget did not include these costs in the line item 2c2 and likely those costs were captured in 1a(4) but at a lesser cost than what is included in the New Proposed Budget.

18. Please explain the significant increase in Non-CON consulting fees (review of documents, third party testing, etc.) from \$150,000 in the approved budget to \$764,000 in the request for change.

Applicant Response

As discussed in response Question 16, the Approved CON budget for items 2d Non-CON Consulting Fees were assumed to be cost associated with the issuance of authorized bonds. In the new Proposed Budget, all cost associated with the issuance of authorized bonds are included in item 2a.

In the new Proposed Budget, the costs of \$796,150 (yellow items in Table 1) represent the costs of external project support to review the design of the building so to provide cost estimation models and testing of those models. Unlike the prior CON submission, this was a critical step and expense in order to confirm the project budget for construction represents the reality of a complex building in a market that has significant cost escalation from shortages in materials and labor.

19. Have all the necessary contracts for completion of the project been signed or do you have maximum price guarantees? If not, provide and describe the budget contingencies on the potential costs for all contract(s) yet to be settled and identify any obligated budget amounts.

Applicant Response

UMMC has a Guaranteed Maximum Price agreement in place with Clark Construction for the building. Medical equipment has been budgeted at retail cost with a conservative discount value, and the low-voltage systems were budgeted by multiple vendors in the marketplace in September 2022. UMMC plans to contract the low-voltage scope in the six months to limit inflationary risks.

20. Please provide the cost of construction for the shell space on floors two and three.

Applicant Response

The third floor shell space has a cost of approximately \$10M. The second floor shell space has a cost of approximately \$417,000.

Table of Exhibits

No.	Description
6.	MHCC <i>revised</i> tables, with projections through FY 2029
7.	Labeled floor plans
8.	MVS analysis spreadsheet
9.	<i>Revised</i> MVS narrative
10.	Capital Improvements Authorized by the General Assembly (1999-2022)

EXHIBIT 6

Name of Applicant: University of Maryland Medical Center

Date of Submission: 20-Jun-23

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.

Table Number	Table Title	Instructions
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	Departmental Gross Square Feet	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.
Table C	Construction Characteristics	All applicants proposing new construction or renovation must complete Table C.
Table D	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table D.
Table E	Project Budget	All applicants, regardless of project type or scope, must complete Table E.
Table F	Statistical Projections - Entire Facility	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.
Table G	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table F.
Table H	Revenues & Expenses, Inflated - Entire Facility	Existing facility applicants must complete Table H. The projected revenues and expenses in H should be consistent with the projections in Tables F and G.
Table I	Statistical Projections - New Facility or Service	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table I. All applicants who complete this table must also complete Tables J and K.
Table J	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who completes a Table I must complete Table J. The projected revenues and expenses in Table J should be consistent with the volume projections in Table I.
Table K	Revenues & Expenses, Inflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant that completes a Table I must complete Table K. The projected revenues and expenses in Table K should be consistent with the projections in Tables I and J.
Table L	Work Force Information	All applicants, regardless of project type or scope, must complete Table L.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT - Revised April 2023

INSTRUCTION: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. See additional instruction in the column to the right of the table.

NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion						
Hospital Service	Location (Floor/Wing)*	Licensed Beds: July 1, 2023	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity				
			Room Count			Bed Count Physical Capacity			Room Count			Bed Count Physical Capacity	
			Private	Semi-Private	Total Rooms				Private	Semi-Private	Total Rooms		
ACUTE CARE							ACUTE CARE						
General Medical/Surgical*	Vascular Surgery, Medical Acute 11E, Medical Acute N10E, Surgical Acute, Medical Telemetry N13, Neurocare Acute, Orthopedic Acute, Transplant IMC, Neurocare Stepdown, Cardiac Surgery Stepdown, Surgical IMC, Medical IMC	291	152	40	192	232	General Medical/Surgical*	Vascular Surgery, Medical Acute 11E, Medical Acute N10E, Surgical Acute, Medical Telemetry N13, Neurocare Acute, Orthopedic Acute, Transplant IMC, Neurocare Stepdown, Cardiac Surgery Stepdown, Surgical IMC, Medical IMC, Gudelsky BMT C9W, Medical Oncology 8W & 9N	204	40	244	284	
SUBTOTAL Gen. Med/Surg*		291	152	40	192	232	SUBTOTAL Gen. Med/Surg*		204	40	244	284	
ICU/CCU	Neurocare ICU, Cardiac Surgery ICU, Medical ICU, Surgical ICU	99	101	2	103	105	ICU/CCU	Neurocare ICU, Cardiac Surgery ICU, Medical ICU, Surgical ICU	101	2	103	105	
Medical Cardiac Critical Care	Cardiac Care Unit, Cardiac Progressive Care Unit	41	41	0	41	41		Cardiac Care Unit, Cardiac Progressive Care Unit	41	0	41	41	
Shock Trauma	Neurotrauma IMC, Neurotrauma CC, Multitrauma IMC, Multitrauma CC, Select Trauma IMC, Acute Care	115	110	2	112	114		Neurotrauma IMC, Neurotrauma CC, Multitrauma IMC, Multitrauma CC, Select Trauma IMC, Acute Care	110	2	112	114	
Oncology	Gudelsky BMT C9W, Medical Oncology 8W & 9N	62	52	0	52	52		New Building	62	0	62	62	
TOTAL MSGA		608	456	44	500	544	TOTAL MSGA		518	44	562	606	

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT - Revised April 2023

INSTRUCTION: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. See additional instruction in the column to the right of the table.

NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion						
Hospital Service	Location (Floor/Wing)*	Licensed Beds: July 1, 2023	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity				
			Room Count			Bed Count			Room Count			Bed Count	
			Private	Semi-Private	Total Rooms				Private	Semi-Private	Total Rooms		
Obstetrics	Inpatient Perinatal GYN	30	22	4	26	30	Obstetrics	Inpatient Perinatal GYN	22	4	26	30	
Pediatrics	PPCU, PICU	59	37	11	48	59	Pediatrics	PPCU, PICU	37	11	48	59	
Psychiatric	Adult, Geriatric, Child, and Adolescent	42	16	14	30	44	Psychiatric	Adult, Geriatric, Child, and Adolescent	16	14	30	44	
TOTAL ACUTE		739	531	73	604	677	TOTAL ACUTE		593	73	666	739	
NON-ACUTE CARE							NON-ACUTE CARE						
Dedicated Observation**		10	6	2	8	10	Dedicated Observation**		6	2	8	10	
Newborn Nursery		24	24	0	24	24	Newborn Nursery		24	0	24	24	
Neonatal ICU		52	52	0	52	52	Neonatal ICU		52	0	52	52	
Rehabilitation		0	0	0	0	0	Rehabilitation		0	0	0	0	
Comprehensive Care		0	0	0	0	0	Comprehensive Care		0	0	0	0	
Other (Specify/add rows as needed)		0	0	0	0	0	Other (Specify/add rows as needed)		0	0	0	0	
TOTAL NON-ACUTE		86	82	2	84	86	TOTAL NON-ACUTE		82	2	84	86	
HOSPITAL TOTAL		815	613	75	688	763	HOSPITAL TOTAL		675	75	750	825	

* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit

** Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.

Note: This table does not account for bed changes in psychiatry that would result if the Certificate of Need application filed August 3, 2018 for adolescent psychiatry services is approved.

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT - Revised April 2023

INSTRUCTION: Add or delete rows if necessary. See additional instruction in the column to the right of the table.

DEPARTMENT/FUNCTIONAL AREA	Approved CON			Proposed Modification			Variance		
	To Be Added Thru New Constr.	To Be Renovated	Total After Project Completion	To Be Added Thru New Constr.	To Be Renovated	Total After Project Completion	Approved CON	To Be Renovated	Total After Project Completion
Mechanical/Electrical	15,700	0	15,700	34,826	266	35,092	19,126	266	19,392
Cancer Center Administrative Offices	5,500	3,786	9,286	5,979	4,378	10,357	479	592	1,071
Oncology Inpatient	42,400	0	42,400	35,936	0	35,936	-6,464	0	-6,464
Apheresis	0	1,227	1,227	0	1,127	1,127	0	-100	-100
Cell Processing Lab	0	1,140	1,140	0	1,140	1,140	0	0	0
Oncology Inpatient & Outpatient BMT (Bone Marrow Transplant)	21,200		21,200	18,012	3,942	21,954	-3,188	3,942	754
ETC	0	2,259	2,259	0	3,311	3,311	0	1,052	1,052
Shared Staff Support & Public Circulation		19,568	19,568	27,307	9,731	37,038	27,307	-9,837	17,470
Oncology & BMT Clinics	21,200	0	21,200	18,434	4,519	22,953	-2,766	4,519	1,753
Infusion	0	23,550	23,550	16,317	0	16,317	16,317	-23,550	-7,233
Infusion Pharmacy & Blood Bank	0	2,200	2,200	2,136	0	2,136	2,136	-2,200	-64
Shell Space	42,400	0	42,400	17,576	4,503	22,079	-24,824	4,503	-20,321
Phlebotomy	0	4,171	4,171	2,010	1,061	3,071	2,010	-3,110	-1,100
Lobby	6,210	15,499	21,709	8,589	7,666	16,255	2,379	-7,833	-5,454
Total	154,610	73,400	228,010	187,121	41,644	228,765	32,511	-31,756	755

"Current" and "To Remain As Is" columns in form tables are not applicable to this project and so were removed.

TABLE C. CONSTRUCTION CHARACTERISTICS - Revised April 2023

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.

	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Ground Floor	0	3,452
First Floor	12,792	12,325
Second Floor	1,668	5,724
Third Floor	21,925	0
Fourth Floor	22,181	0
Fifth Floor	22,071	5,180
Sixth Floor	22,215	0
Seventh Floor	22,215	3,585
Eighth Floor	22,085	7,000
Ninth Floor	22,231	4,378
Tenth Floor	12,653	0
Eleventh Floor	1,211	0
Twelfth Floor	1,211	0
Thirteenth Floor	1,211	0
Fourteenth Floor	1,451	0
Total	187,121	41,644
Average Square Feet	19,326	2,776
Perimeter in Linear Feet	Linear Feet	
Ground Floor	0	257
First Floor	628	864
Second Floor	0	320
Third Floor	688	0
Fourth Floor	627	0
Fifth Floor	628	829
Sixth Floor	628	0
Seventh Floor	626	218
Eighth Floor	625	281
Ninth Floor	625	218
Tenth Floor	865	0
Eleventh Floor	155	0
Twelfth Floor	155	0
Thirteenth Floor	155	0
Fourteenth Floor	212	0

TABLE C. CONSTRUCTION CHARACTERISTICS - Revised April 2023

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.

	NEW CONSTRUCTION	RENOVATION
Total Linear Feet	6,617	2,730
Average Linear Feet	634	
Wall Height (floor to eaves)	Feet	
Ground Floor	0	12'-3"
First Floor	12'-6"	12'-6"
Second Floor	0	12'-6"
Third Floor	12'-6"	0
Fourth Floor	12'-6"	0
Fifth Floor	12'-6"	12'-6"
Sixth Floor	12'-6"	0
Seventh Floor	12'-6"	12'-6"
Eighth Floor	12'-6"	12'-6"
Ninth Floor	18'-7"	12'-6"
Tenth Floor	12'-6"	0
Eleventh Floor	12'-6"	0
Twelfth Floor	12'-6"	0
Thirteenth Floor	12'-6"	0
Fourteenth Floor	12'-6"	0
Average Wall Height	13.34	
OTHER COMPONENTS		
Elevators	List Number	
Passenger	2	
Freight (Hospital)	2	
	Square Feet Covered	
Wet System Fully Sprinklered -Preaction in main electrical rooms and vehicular drive under the building.	187,121	41,644
Dry System		
Other	Describe Type	
Type of HVAC System for proposed project	The HVAC system is a fully ducted Variable Air Volume	
Type of Exterior Walls for proposed project	east & north facades. Terracotta or stone with windows on	

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS - Revised April 2023

INSTRUCTION : If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table D for each structure.

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	\$1,317,498	
Utilities from Structure to Lot Line		
Subtotal included in Marshall Valuation Costs	\$1,317,498	
Site Demolition Costs	\$1,782,000	
Storm Drains	\$2,250,000	
Rough Grading	\$825,000	
Paving	\$600,000	
Deep Foundation	\$4,155,000	
Yard Lighting	\$592,500	
Dewatering	\$120,000	
Sediment Control & Stabilization	\$120,000	
Premium for Constrained Site	\$872,716	
Underground utility work for Foundations / Total Shoring for excavation	\$2,376,000	
Premium for Prevailing Wage	\$1,745,432	
Premium for Minority Business Enterprise Requirement	\$698,173	
Subtotal On-Site excluded from Marshall Valuation Costs	\$16,136,821	
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees		
Other (Specify/add rows if needed)		
Subtotal Off-Site excluded from Marshall Valuation Costs	\$0	
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$16,136,821	\$0
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$17,454,319	\$0
BUILDING COSTS		
Normal Building Costs	\$83,759,584	
Subtotal included in Marshall Valuation Costs	\$83,759,584	
Canopy	\$7,125,000	
Pneumatic Tube System	\$1,125,000	
Deep trusses on Levels 3 & 4 to allow building to span over drive up	\$3,564,000	
Infection Prevention	\$1,500,000	
Asbestos abatement	\$750,000	
Adjacent Occupants Premium	\$1,500,000	
Temporary entrance and logistics associated with entrance closure	\$2,800,000	
Structured Floor with Soffit under 3rd Level in lieu of Slab on Grade	\$7,125,000	
Premium for Constrained Site	\$8,058,934	
Level 4 Temporary MEP Piping Offset to allow access in 4th Floor Ceiling to access to Mechanical Penthouse	\$8,496,000	
Retro Fit Two New Elevators, Shafts and Pits into the existing Medical Tower	\$6,363,000	
Premium for LEED Silver Construction	\$6,447,147	
Premium for Prevailing Wage	\$16,117,868	

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS - Revised April 2023

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table D for each structure.

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
Premium for Minority Business Enterprise Requirement	\$6,447,147	
Subtotal Building Costs excluded from Marshall Valuation Costs	\$77,419,097	
TOTAL Building Costs included and excluded from Marshall Valuation Service*	\$161,178,681	#REF!
A&E COSTS		
Normal A&E Costs	\$15,190,000	
Subtotal included in Marshall Valuation Costs	\$15,190,000	
Amount Spent on the 2012 Project that is not now Usable:		
Subtotal A&E Costs excluded from Marshall Valuation Costs	\$0	
TOTAL A&E Costs included and excluded from Marshall Valuation Service*	\$15,190,000	\$0
PERMIT COSTS		
Normal Permit Costs	\$660,000	
Subtotal included in Marshall Valuation Costs	\$660,000	
Jurisdictional Hook-up Fees		
Impact Fees		
Amount Spent on the 2012 Project that is not now Usable		
Subtotal Permit Costs excluded from Marshall Valuation Costs	\$0	
TOTAL Permit Costs included and excluded from Marshall Valuation Service*	\$660,000	\$0

TABLE E. PROJECT BUDGET - Revised April 2023

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application.

NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

	Approved CON Budget, Hospital Building1	New Proposed Budget, Hospital Building1	Variance
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$ 84,625,169	\$ 161,178,681	\$ 76,553,512
(2) Fixed Equipment			\$ -
(3) Site and Infrastructure	\$ 13,000,000	\$ 17,454,319	\$ 4,454,319
(4) Architect/Engineering Fees	\$ 12,000,000	\$ 15,190,000	\$ 3,190,000
(5) Permits (Building, Utilities, Etc.)	\$ 1,000,000	\$ 660,000	\$ (340,000)
SUBTOTAL	\$ 110,625,169	\$ 194,483,000	\$ 83,857,831
b. Renovations			
(1) Building	\$ 20,000,000	\$ 14,100,000	\$ (5,900,000)
(2) Fixed Equipment (not included in construction)			
(3) Architect/Engineering Fees			
(4) Permits (Building, Utilities, Etc.)			
SUBTOTAL	\$ 20,000,000	\$ 14,100,000	\$ (5,900,000)
c. Other Capital Costs			
(1) Movable Equipment	\$ 30,000,000	\$ 32,706,450	\$ 2,706,450
(2) Contingency Allowance	\$ 15,000,000	\$ 15,000,000	\$ -
(3) Gross interest during construction period	\$ 8,868,000	\$ 10,031,730	\$ 1,163,730
(4) Other (Specify/add rows if needed)			
SUBTOTAL	\$ 53,868,000	\$ 57,738,180	\$ 3,870,180
TOTAL CURRENT CAPITAL COSTS	\$ 184,493,169	\$ 266,321,180	\$ 81,828,011
d. Land Purchase			
e. Inflation Allowance	\$ 9,374,831	\$ -	\$ (9,374,831)
TOTAL CAPITAL COSTS	\$ 193,868,000	\$ 266,321,180	\$ 72,453,180
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$ 50,000	\$ 933,450	\$ 883,450
b. Bond Discount		\$ -	
c. CON Application Assistance	\$ 100,000		\$0 ²
c1. Legal Fees		\$ 100,000	\$0 ²
c2. Other (Accounting, Architectural, Planning)		\$ 1,039,400	\$ 1,039,400
d. Non-CON Consulting Fees			
d1. Legal Fees	\$ 200,000	\$ 32,150	\$ (167,850)
d2. Other (third party peer review of documents; third party testing & scheduling, curtain wall testing)	\$ 150,000	\$ 764,000	\$ 614,000
e. Debt Service Reserve Fund	\$ -	\$ -	\$ -
f. Other (Specify/add rows if needed)			
SUBTOTAL	\$ 500,000	\$ 2,869,000	\$ 2,369,000
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$ 194,368,000	\$ 269,190,180	\$ 74,822,180
B. Sources of Funds			
1. Cash		\$ -	
2. Philanthropy (to date and expected)	\$ 20,000,000	\$ 40,000,000	\$ 20,000,000
3. Authorized Bonds	\$ 78,500,000	\$ 100,233,495	\$ 21,733,495
4. Interest Income from bond proceeds listed in #3		\$ 3,956,685	\$ 3,956,685
5. Mortgage			
6. Working Capital Loans			
7. Grants or Appropriations			
a. Federal			
b. State	\$ 95,768,000	\$ 125,000,000	\$ 29,232,000
c. Local			
8. Other (Cash Flow from Operations)	\$ 100,000		\$ (100,000)
TOTAL SOURCES OF FUNDS	\$ 194,368,000	\$ 269,190,180	\$ 74,822,180
	Approved CON Budget, Hospital Building	New Proposed Budget, Hospital Building	Variance
Annual Lease Costs (if applicable)			
1. Land			
2. Building			
3. Major Movable Equipment			
4. Minor Movable Equipment			
5. Other (Specify/add rows if needed)			

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

Note 1: There is no "other structure" for this project. That column has been removed.

Note 2: This is reported as a variance of 0 because the amount reported in the approved Table E in lined 2d has been moved to 2d1.

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY - Revised June 2023

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.					
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
1. DISCHARGES									
a. General Medical/Surgical*	17,610	15,877	15,434	15,627	15,627	15,649	15,671	15,693	15,715
b. ICU/CCU	2,817	3,019	3,382	3,424	3,424	3,424	3,424	3,424	3,424
Total MSGA	20,427	18,896	18,816	19,052	19,052	19,074	19,096	19,118	19,140
c. Pediatric	1,687	1,943	2,134	2,134	2,134	2,134	2,134	2,134	2,134
d. Obstetric	3,173	3,166	3,438	3,438	3,438	3,438	3,438	3,438	3,438
e. Acute Psychiatric	665	632	550	600	600	600	600	600	600
Total Acute	25,952	24,637	24,938	25,224	25,224	25,246	25,268	25,290	25,320
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL DISCHARGES	25,952	24,637	24,938	25,224	25,224	25,246	25,268	25,290	25,320
2. PATIENT DAYS									
a. General Medical/Surgical*	121,364	106,502	105,575	106,634	106,634	107,141	108,293	109,446	109,600
b. ICU/CCU	67,084	72,453	70,796	71,506	71,506	71,506	71,506	71,506	71,506
Total MSGA	188,448	178,955	176,371	178,140	178,140	178,647	179,799	180,952	181,106
c. Pediatric	7,085	6,942	7,296	7,296	7,296	7,296	7,296	7,296	7,296
d. Obstetric	7,470	7,965	8,080	8,080	8,080	8,080	8,080	8,080	8,080
e. Acute Psychiatric	7,768	9,332	9,101	9,926	9,926	9,926	9,926	9,926	9,926
Total Acute	210,771	203,194	200,848	203,443	203,443	203,949	205,102	206,254	206,408
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL PATIENT DAYS	210,771	203,194	200,848	203,443	203,443	203,949	205,102	206,254	206,408
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)									
a. General Medical/Surgical*	6.9	6.7	6.8	6.8	6.8	6.8	6.9	7.0	7.0
b. ICU/CCU	23.8	24.0	20.9	20.9	20.9	20.9	20.9	20.9	20.9
Total MSGA	9.2	9.5	9.4	9.4	9.4	9.4	9.4	9.5	9.5
c. Pediatric	4.2	3.6	3.4	3.4	3.4	3.4	3.4	3.4	3.4
d. Obstetric	2.4	2.5	2.4	2.4	2.4	2.4	2.4	2.4	2.4
e. Acute Psychiatric	11.7	14.8	16.5	16.5	16.5	16.5	16.5	16.5	16.5
Total Acute	8.1	8.2	8.1	8.1	8.1	8.1	8.1	8.2	8.2
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL AVERAGE LENGTH OF STAY	8.1	8.2	8.1	8.1	8.1	8.1	8.1	8.2	8.2
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	392	392	392	392	392	392	392	392	392
b. ICU/CCU	239	239	239	239	239	239	239	239	239
Total MSGA	631	631	631	631	631	631	631	631	631
c. Pediatric	44	44	44	44	44	44	44	44	44
d. Obstetric	34	34	34	34	34	34	34	34	34
e. Acute Psychiatric	42	42	42	42	42	42	42	42	42
Total Acute	751	751	751	751	751	751	751	751	751
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL LICENSED BEDS	751	751	751	751	751	751	751	751	751
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.									
a. General Medical/Surgical*	84.8%	74.4%	73.8%	74.5%	74.5%	74.9%	75.7%	76.5%	76.6%
b. ICU/CCU	76.9%	83.1%	81.2%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Total MSGA	81.8%	77.7%	76.6%	77.3%	77.3%	77.6%	78.1%	78.6%	78.6%
c. Pediatric	44.1%	43.2%	45.4%	45.4%	45.4%	45.4%	45.4%	45.4%	45.4%
d. Obstetric	60.2%	64.2%	65.1%	65.1%	65.1%	65.1%	65.1%	65.1%	65.1%
e. Acute Psychiatric	50.7%	60.9%	59.4%	64.8%	64.8%	64.8%	64.8%	64.8%	64.8%
Total Acute	76.9%	74.1%	73.3%	74.2%	74.2%	74.4%	74.8%	75.2%	75.3%
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL OCCUPANCY %	76.9%	74.1%	73.3%	74.2%	74.2%	74.4%	74.8%	75.2%	75.3%
6. OUTPATIENT VISITS									
a. Emergency Department	33,089	36,359	38,855	38,855	38,855	38,855	38,855	38,855	38,855
b. Same-day Surgery	15,354	15,622	15,726	15,726	15,726	15,726	15,726	15,726	15,726
c. Laboratory									
d. Imaging									
e. Clinic Visits / Other Ancillary	228,779	228,665	221,628	221,628	221,628	226,528	229,376	232,223	235,105
TOTAL OUTPATIENT VISITS	277,222	280,646	276,208	276,208	276,208	281,108	283,956	286,803	289,686
7. OBSERVATIONS**									
a. Number of Patients	3,756	3,821	3,636	3,636	3,636	3,636	3,636	3,636	3,636
b. Hours	113,088	138,102	123,889	123,889	123,889	123,889	123,889	123,889	123,889

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospital as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY - Revised June 2023

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the projections are reasonable.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add column order to document that the hospital will generate excess revenues over total expenses consistent with Feasibility standard.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
1. REVENUE								
a. Inpatient Services	\$ 1,405,371	\$ 1,431,200	\$ 1,471,160	\$ 1,432,600	\$ 1,434,650	\$ 1,440,117	\$ 1,445,583	\$ 1,451,734
b. Outpatient Services	616,878	666,749	672,830	663,815	664,765	667,298	669,831	672,681
Gross Patient Service Revenues	\$ 2,022,249	\$ 2,097,949	\$ 2,143,989	\$ 2,096,415	\$ 2,099,415	\$ 2,107,415	\$ 2,115,415	\$ 2,124,415
c. Allowance For Bad Debt	\$ 49,246	\$ 51,392	\$ 51,929	\$ 50,777	\$ 50,850	\$ 51,043	\$ 51,237	\$ 51,455
d. Contractual Allowance	195,934	223,069	225,401	239,464	239,807	240,720	241,634	242,662
e. Charity Care	20,877	21,746	21,973	21,486	21,516	21,598	21,680	21,773
Net Patient Services Revenue	\$ 1,756,192	\$ 1,801,742	\$ 1,844,686	\$ 1,784,688	\$ 1,787,242	\$ 1,794,052	\$ 1,800,863	\$ 1,808,525
f. Other Operating Revenues (Specify/add rows if needed)	\$ 205,193	\$ 219,353	\$ 247,431	\$ 214,431	\$ 214,431	\$ 219,431	\$ 223,431	\$ 226,431
NET OPERATING REVENUE	\$ 1,961,385	\$ 2,021,095	\$ 2,092,116	\$ 1,999,119	\$ 2,001,672	\$ 2,013,483	\$ 2,024,293	\$ 2,034,955
2. EXPENSES								
a. Salaries & Wages (including benefits)	\$ 732,429	\$ 785,407	\$ 786,433	\$ 739,633	\$ 727,933	\$ 738,463	\$ 740,897	\$ 743,704
b. Contractual Services	511,461	524,206	554,444	551,944	552,944	554,978	556,464	558,053
c. Interest on Current Debt	24,523	21,080	20,782	22,398	21,944	21,966	21,499	21,030
d. Interest on Project Debt	-	-	-	-	-	7,899	7,755	7,603
e. Current Depreciation	94,920	95,624	94,246	92,928	95,170	94,218	93,276	92,343
f. Project Depreciation	-	-	-	-	-	11,818	11,818	11,818
g. Current Amortization	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-	-
i. Supplies	468,374	477,808	502,651	492,701	496,901	500,909	504,157	506,927
j. Other Expenses (Utilities / Insurance)	46,792	51,517	55,431	55,708	55,708	55,708	55,708	55,708
TOTAL OPERATING EXPENSES	\$ 1,878,499	\$ 1,955,642	\$ 2,013,987	\$ 1,955,312	\$ 1,950,600	\$ 1,985,960	\$ 1,991,574	\$ 1,997,186
3. INCOME								
a. Income From Operation	\$ 82,886	\$ 65,453	\$ 78,129	\$ 43,807	\$ 51,073	\$ 27,523	\$ 32,720	\$ 37,770
b. Non-Operating Income	\$ 57,183	\$ (47,869)						
SUBTOTAL	\$ 140,069	\$ 17,584	\$ 78,129	\$ 43,807	\$ 51,073	\$ 27,523	\$ 32,720	\$ 37,770
c. Income Taxes	\$ -	\$ -						
NET INCOME (LOSS)	\$ 140,069	\$ 17,584	\$ 78,129	\$ 43,807	\$ 51,073	\$ 27,523	\$ 32,720	\$ 37,770
4. PATIENT MIX								
a. Percent of Total Revenue								
1) Medicare	35.9%	36.8%	37.3%	37.5%	37.7%	37.9%	38.1%	38.3%
2) Medicaid	28.4%	28.0%	27.1%	27.1%	27.1%	27.1%	27.0%	26.9%
3) Blue Cross	15.8%	16.1%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
4) Commercial Insurance	15.5%	14.4%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
5) Self-pay	0.9%	1.2%	1.4%	1.4%	1.3%	1.2%	1.2%	1.2%
6) Other	3.6%	3.6%	4.1%	4.0%	3.9%	3.8%	3.7%	3.6%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY - Revised June 2023

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the projections are reasonable.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns in order to document that the hospital will generate excess revenues over total expenses consistent with the Feasibility standard.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
b. Percent of Equivalent Inpatient Days								
Total MSGA								
1) Medicare								
2) Medicaid				UMMC does not track payer's by patient days				
3) Blue Cross								
4) Commercial Insurance								
5) Self-pay								
6) Other								
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY - Revised June 2023

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the projections are reasonable.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add column order to document that the hospital will generate excess revenues over total expenses consistent with the Feasibility standard.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
1. REVENUE								
a. Inpatient Services	\$1,405,371	\$1,431,200	\$1,471,160	\$1,461,252	\$1,508,706	\$1,561,403	\$1,615,918	\$1,673,099
b. Outpatient Services	616,878	666,749	672,830	\$677,091	\$699,080	\$723,498	\$748,758	\$775,254
Gross Patient Service Revenues	\$2,022,249	\$2,097,949	\$2,143,989	\$2,138,343	\$2,207,786	\$2,284,902	\$2,364,676	\$2,448,353
c. Allowance For Bad Debt	\$ 49,246	\$ 51,392	\$ 51,929	\$ 51,792	\$ 53,474	\$ 55,342	\$ 57,274	\$ 59,301
d. Contractual Allowance	195,934	223,069	225,401	224,807	232,108	240,215	248,602	257,399
e. Charity Care	20,877	21,746	21,973	21,915	22,627	23,418	24,235	25,093
Net Patient Services Revenue	\$ 1,756,192	\$ 1,801,742	\$ 1,844,686	\$ 1,839,828	\$ 1,899,577	\$ 1,965,926	\$ 2,034,564	\$ 2,106,560
f. Other Operating Revenues (Specify/add rows if needed)	\$ 205,193	\$ 219,353	\$ 247,431	\$ 218,719	\$ 225,499	\$ 237,911	\$ 249,758	\$ 260,958
NET OPERATING REVENUE	\$ 1,961,385	\$ 2,021,095	\$ 2,092,116	\$2,058,547	\$2,125,076	\$2,203,837	\$2,284,322	\$2,367,518
2. EXPENSES								
a. Salaries & Wages (including benefits)	\$ 732,429	\$ 785,407	\$ 786,433	\$ 765,520	\$ 776,013	\$ 810,856	\$ 837,934	\$ 866,342
b. Contractual Services	511,461	524,206	554,444	\$ 568,502	\$ 583,771	\$ 600,566	\$ 617,228	\$ 634,465
c. Interest on Current Debt	24,523	21,080	20,782	22,398	21,944	21,966	21,499	21,030
d. Interest on Project Debt	-	-	-	-	-	7,899	7,755	7,603
e. Current Depreciation	94,920	95,624	94,246	92,928	95,170	94,218	93,276	92,343
f. Project Depreciation	-	-	-	-	-	11,818	11,818	11,818
g. Current Amortization	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-	-
i. Supplies	468,374	477,808	502,651	\$ 514,872	\$ 541,330	\$ 568,889	\$ 596,912	\$ 625,700
j. Other Expenses (Utilities / Insurance)	46,792	51,517	55,431	\$ 57,379	\$ 58,908	\$ 60,478	\$ 62,090	\$ 63,745
TOTAL OPERATING EXPENSES	\$ 1,878,499	\$ 1,955,642	\$ 2,013,987	\$ 2,021,600	\$ 2,077,136	\$ 2,176,690	\$ 2,248,512	\$ 2,323,046
3. INCOME								
a. Income From Operation	\$ 82,886	\$ 65,453	\$ 78,129	\$ 36,947	\$ 47,940	\$ 27,147	\$ 35,810	\$ 44,472
b. Non-Operating Income	\$ 57,183	\$ (47,869)	\$ -					
SUBTOTAL	\$ 140,069	\$ 17,584	\$ 78,129	\$ 36,947	\$ 47,940	\$ 27,147	\$ 35,810	\$ 44,472
c. Income Taxes	\$ -	\$ -	\$ -					
NET INCOME (LOSS)	\$ 140,069	\$ 17,584	\$ 78,129	\$ 36,947	\$ 47,940	\$ 27,147	\$ 35,810	\$ 44,472
4. PATIENT MIX								
a. Percent of Total Revenue								
1) Medicare	35.9%	36.8%	37.3%	37.5%	37.7%	37.9%	38.1%	38.3%
2) Medicaid	28.4%	28.0%	27.1%	27.1%	27.1%	27.1%	27.0%	26.9%
3) Blue Cross	15.8%	16.1%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
4) Commercial Insurance	15.5%	14.4%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
5) Self-pay	0.9%	1.2%	1.4%	1.4%	1.3%	1.2%	1.2%	1.2%
6) Other	3.6%	3.6%	4.1%	4.0%	3.9%	3.8%	3.7%	3.6%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY - Revised June 2023

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the projections are reasonable.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add column order to document that the hospital will generate excess revenues over total expenses consistent with the Feasibility standard.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
b. Percent of Equivalent Inpatient Days								
Total MSGA								
1) Medicare								
2) Medicaid				UMMC does not track payer's by patient days				
3) Blue Cross								
4) Commercial Insurance								
5) Self-pay								
6) Other								
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE - Revised June 2023

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

Indicate CY or FY	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
1. DISCHARGES									
a. General Medical/Surgical*	1,347	1,146	1,158	1,173	1,173	1,195	1,217	1,239	1,261
b. ICU/CCU									
Total MSGA	1,347	1,146	1,158	1,173	1,173	1,195	1,217	1,239	1,261
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	1,347	1,146	1,158	1,173	1,173	1,195	1,217	1,239	1,261
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL DISCHARGES	1,347	1,146	1,158	1,173	1,173	1,195	1,217	1,239	1,261
2. PATIENT DAYS									
a. General Medical/Surgical*	15,209	13,575	14,386	14,530	14,530	14,786	15,042	15,276	15,430
b. ICU/CCU									
Total MSGA	15,209	13,575	14,386	14,530	14,530	14,786	15,042	15,276	15,430
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	15,209	13,575	14,386	14,530	14,530	14,786	15,042	15,276	15,430
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL PATIENT DAYS	15,209	13,575	14,386	14,530	14,530	14,786	15,042	15,276	15,430
3. AVERAGE LENGTH OF STAY									
a. General Medical/Surgical*	11.3	11.8	12.4	12.4	12.4	12.4	12.4	12.3	12.2
b. ICU/CCU									
Total MSGA	11.3	11.8	12.4	12.4	12.4	12.4	12.4	12.3	12.2
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	11.3	11.8	12.4	12.4	12.4	12.4	12.4	12.3	12.2
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL AVERAGE LENGTH OF STAY	11.3	11.8	12.4	12.4	12.4	12.4	12.4	12.3	12.2
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	52	52	52	52	52	52	52	52	52
b. ICU/CCU									
Total MSGA	52								
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	52								
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL LICENSED BEDS	52								
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.									
a. General Medical/Surgical*	80.1%	71.5%	75.8%	76.6%	76.6%	77.9%	79.3%	80.5%	81.3%
b. ICU/CCU									
Total MSGA	80.1%	71.5%	75.8%	76.6%	76.6%	77.9%	79.3%	80.5%	81.3%
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	80.1%	71.5%	75.8%	76.6%	76.6%	77.9%	79.3%	80.5%	81.3%
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL OCCUPANCY %	80.1%	71.5%	75.8%	76.6%	76.6%	77.9%	79.3%	80.5%	81.3%
6. OUTPATIENT VISITS									
a. Emergency Department									
b. Same-day Surgery									
c. Laboratory									
d. Imaging									
e. Clinic Visits / Other Ancillary	69,166	72,013	74,865	79,765	82,613	87,513	90,361	93,208	96,090
TOTAL OUTPATIENT VISITS	69,166	72,013	74,865	79,765	82,613	87,513	90,361	93,208	96,090
7. OBSERVATIONS**									
a. Number of Patients									
b. Hours									

*Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE - Revised June 2023

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY		FY26	FY27	FY28	FY29		
1. REVENUE							
a. Inpatient Services							
b. Outpatient Services							
Gross Patient Service Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt							
d. Contractual Allowance							
e. Charity Care							
Net Patient Services Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)		\$ 10,530	\$ 12,964	\$ 15,771	\$ 15,988		
b. Contractual Services		\$ 2,034	\$ 3,520	\$ 5,108	\$ 5,179		
c. Interest on Current Debt							
d. Interest on Project Debt		\$ 7,899	\$ 7,755	\$ 7,603	\$ 7,443		
e. Current Depreciation							
f. Project Depreciation		\$ 11,818	\$ 11,818	\$ 11,818	\$ 11,818		
g. Current Amortization							
h. Project Amortization							
i. Supplies		\$ 1,434	\$ 2,481	\$ 3,601	\$ 3,651		
j. Other Expenses (Specify)							
Other Expense (Utilities)							
TOTAL OPERATING EXPENSES	\$ -	\$ 33,714	\$ 38,538	\$ 43,901	\$ 44,080	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ -	\$ (33,714)	\$ (38,538)	\$ (43,901)	\$ (44,080)	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ -	\$ (33,714)	\$ (38,538)	\$ (43,901)	\$ (44,080)	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ -	\$ (33,714)	\$ (38,538)	\$ (43,901)	\$ (44,080)	\$ -	\$ -

TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE - Revised June 2023

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY		FY26	FY27	FY28	FY29		
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE - Revised June 2023

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY		FY26	FY27	FY28	FY29		
1. REVENUE							
a. Inpatient Services							
b. Outpatient Services							
Gross Patient Service Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt							
d. Contractual Allowance							
e. Charity Care							
Net Patient Services Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)		\$ 11,563	\$ 14,662	\$ 18,371	\$ 19,184		
b. Contractual Services		\$ 2,208	\$ 3,923	\$ 5,845	\$ 6,084		
c. Interest on Current Debt							
d. Interest on Project Debt		\$ 7,899	\$ 7,755	\$ 7,603	\$ 7,443		
e. Current Depreciation							
f. Project Depreciation		\$ 11,818	\$ 11,818	\$ 11,818	\$ 11,818		
g. Current Amortization							
h. Project Amortization							
i. Supplies		\$ 1,628	\$ 2,938	\$ 4,445	\$ 4,698		
j. Other Expenses (Specify)							
Other Expense (Utilities)							
TOTAL OPERATING EXPENSES	\$ -	\$ 35,115	\$ 41,095	\$ 48,083	\$ 49,227	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ -	\$ (35,115)	\$ (41,095)	\$ (48,083)	\$ (49,227)	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ -	\$ (35,115)	\$ (41,095)	\$ (48,083)	\$ (49,227)	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ -	\$ (35,115)	\$ (41,095)	\$ (48,083)	\$ (49,227)	\$ -	\$ -
4. PATIENT MIX							

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE - Revised June 2023

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY		FY26	FY27	FY28	FY29		
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE L. WORKFORCE INFORMATION - Revised June 2023

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Managers/Directors/Sr. Administrators	370.0	\$ 120,264	\$ 44,499,345				4.7	\$120,264	\$ 568,809	374.7	\$ 45,068,155
Total Administration	370.0	\$ 120,264	\$ 44,499,345	0.0	-	\$ -	4.7	\$120,264	\$ 568,809	374.7	\$ 45,068,155
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
RNs	1,830.3	\$ 104,809	\$ 191,829,176	48.7	\$90,380	\$ 4,403,137	189.2	\$90,380	\$ 17,097,916	2,068.2	\$ 213,330,228
Clinical Professionals	1,144.1	\$100,888	\$ 115,422,303	31.9	\$135,884	\$ 4,333,111	24.8	\$95,844	\$ 2,378,423	1,200.8	\$ 122,133,836
Clinical Techs	593.2	\$78,054	\$ 46,300,430	20.2	\$72,595	\$ 1,467,668	7.6	\$72,595	\$ 550,443	621.0	\$ 48,318,541
Non-Licensed Clinical	960.2	\$42,061	\$ 40,387,816	24.5	\$43,269	\$ 1,059,423	112.3	\$43,269	\$ 4,858,006	1,097.0	\$ 46,305,245
Residents	583.0	\$65,606	\$ 38,248,111	0.0	\$0	\$ -	7.5	\$65,606	\$ 495,210	590.5	\$ 38,743,322
Total Direct Care	5,110.7	\$ 84,565	\$ 432,187,836	125.3	\$ 89,885	\$ 11,263,338	341.4	\$ 74,341	\$ 25,379,998	5,577.5	\$ 468,831,172
<i>Support Staff (List general categories, add rows if needed)</i>											
Administrative and Clerical	508.7	\$ 45,346	\$ 23,066,330	37.3	\$44,094	\$ 1,645,575	11.5	\$44,094	\$ 507,171	557.5	\$ 25,219,076
All Other Support	710.6	\$ 40,135	\$ 28,521,883	0.0	\$0	\$ -	14.3	\$40,135	\$ 572,951	724.9	\$ 29,094,834
Total Support	1,219.3	\$ 42,309	\$ 51,588,212	37.3	\$ 44,094	\$ 1,645,575	25.8	\$ 41,902	\$ 1,080,123	1,282.4	\$ 54,313,910
REGULAR EMPLOYEES TOTAL	6,700.1	\$78,846	\$ 528,275,394	162.6	\$79,377	\$ 12,908,913	371.9	\$72,677	\$ 27,028,930	7,234.6	\$ 568,213,236
2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Total Administration			\$ -								
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
RNs	371.1	\$260,671	\$ 96,729,721			\$ -	(250.0)	\$260,671	\$ (65,167,700)	121.1	\$ 31,562,020
Clinical Professionals	32.4	\$218,524	\$ 7,086,748				(10.0)	\$218,524	\$ (2,185,244)	22.4	\$ 4,901,503
Clinical Techs											
Non-Licensed Clinical	276.5	\$69,659	\$ 19,262,823			\$ -	(150.0)	\$69,659	\$ (10,445,614)	126.6	\$ 8,817,209
Total Direct Care Staff	680.0	180,988	\$ 123,079,291			\$ -	(410.0)	\$ 189,774	\$ (77,798,558)	270.1	\$ 45,280,733
<i>Support Staff (List general categories, add rows if needed)</i>											
Administrative and Clerical	18.7	\$62,815	\$ 1,174,643			\$ -	(4.8)	\$62,815	\$ (300,250)	13.9	\$ 874,393
All Other Support	78.9	\$49,799	\$ 3,929,617			\$ -	(9.2)	\$49,799	\$ (460,527)	69.7	\$ 3,469,090
Total Support Staff	97.6	52,292	\$ 5,104,260			\$ -	(14.0)	\$54,234	\$ (760,777)	83.6	\$ 4,343,484
CONTRACTUAL EMPLOYEES TOTAL	777.7	164,835	\$ 128,183,551			\$ -	(424.0)	\$185,290	\$ (78,559,335)	353.7	\$ 49,624,217
<i>Benefits (State method of calculating benefits below):</i>											
22.17% of regular employee salaries			\$ 117,118,655			\$ 2,861,906			\$ 5,992,314		\$ 125,972,875
TOTAL COST	7,477.7		\$ 773,577,600	162.6		\$ 15,770,819	(52.1)		\$ (45,538,091)	7,588.3	\$ 743,810,328

Assumption - Revised June 2023

	2024	2025	2026	2027	2028	2029
Assumptions to Revenue						
Inflation	2.91%	3.10%	3.10%	3.10%	3.10%	3.10%
Quality Adjustments	-0.82%	0.15%	0.10%	0.00%	0.00%	0.00%
Demographic Factor	-0.48%	0.00%	0.00%	0.00%	0.00%	0.00%
Market Shift	-0.30%	0.00%	0.00%	0.05%	0.10%	0.06%
Innovation	-0.51%	0.00%	0.29%	0.29%	0.29%	0.19%
High Cost Drug Funding	0.00%	0.00%	0.00%	0.05%	0.05%	0.03%
All Other	-1.55%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	-0.75%	3.25%	3.49%	3.49%	3.54%	3.39%

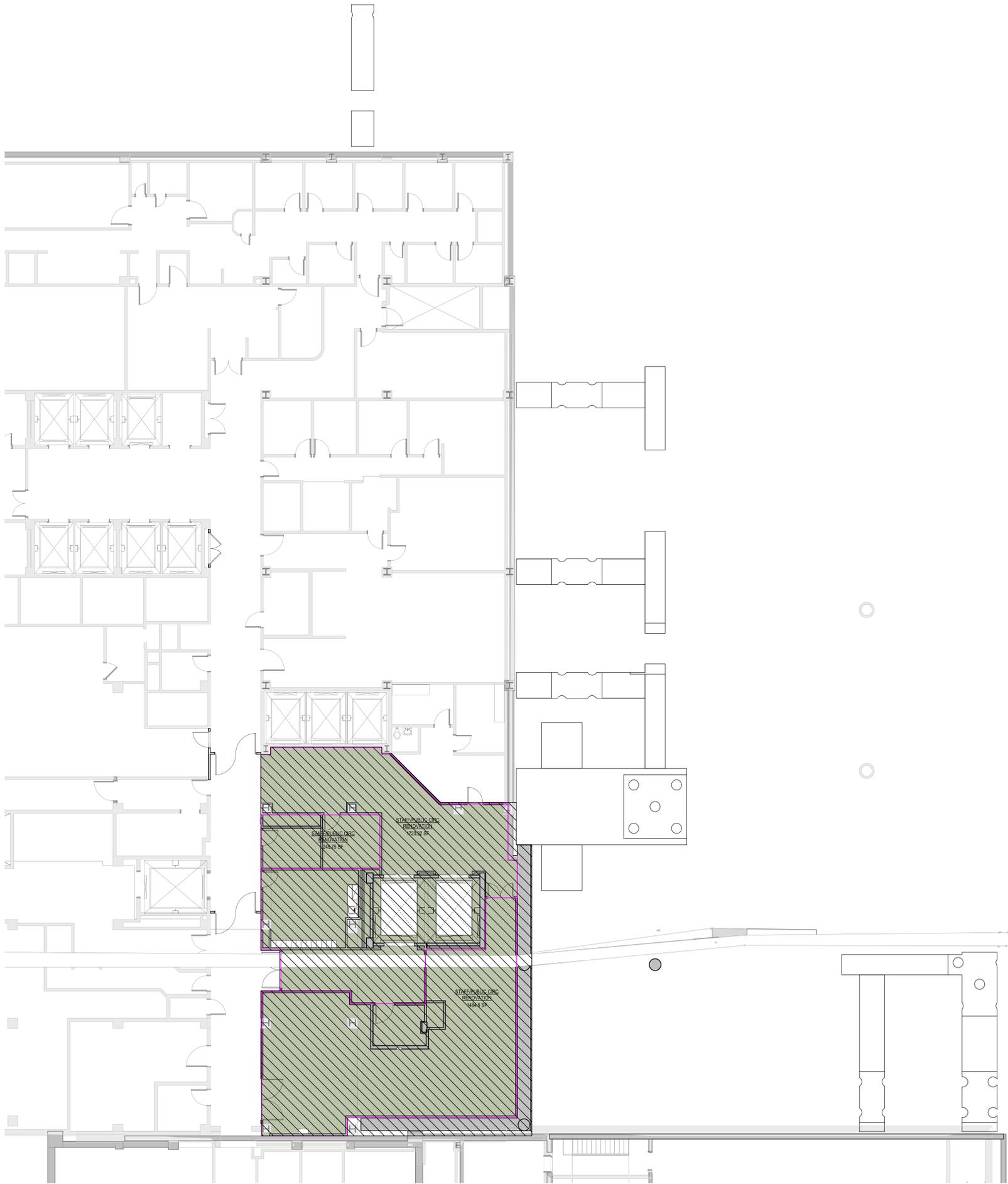
	2024	2025	2026	2027	2028	2029
Assumptions to Salaries						
Inflation	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Performance Improvement ¹	(\$46.8M)	(\$11.7M)				
New Facility			Variable w/ Volume			

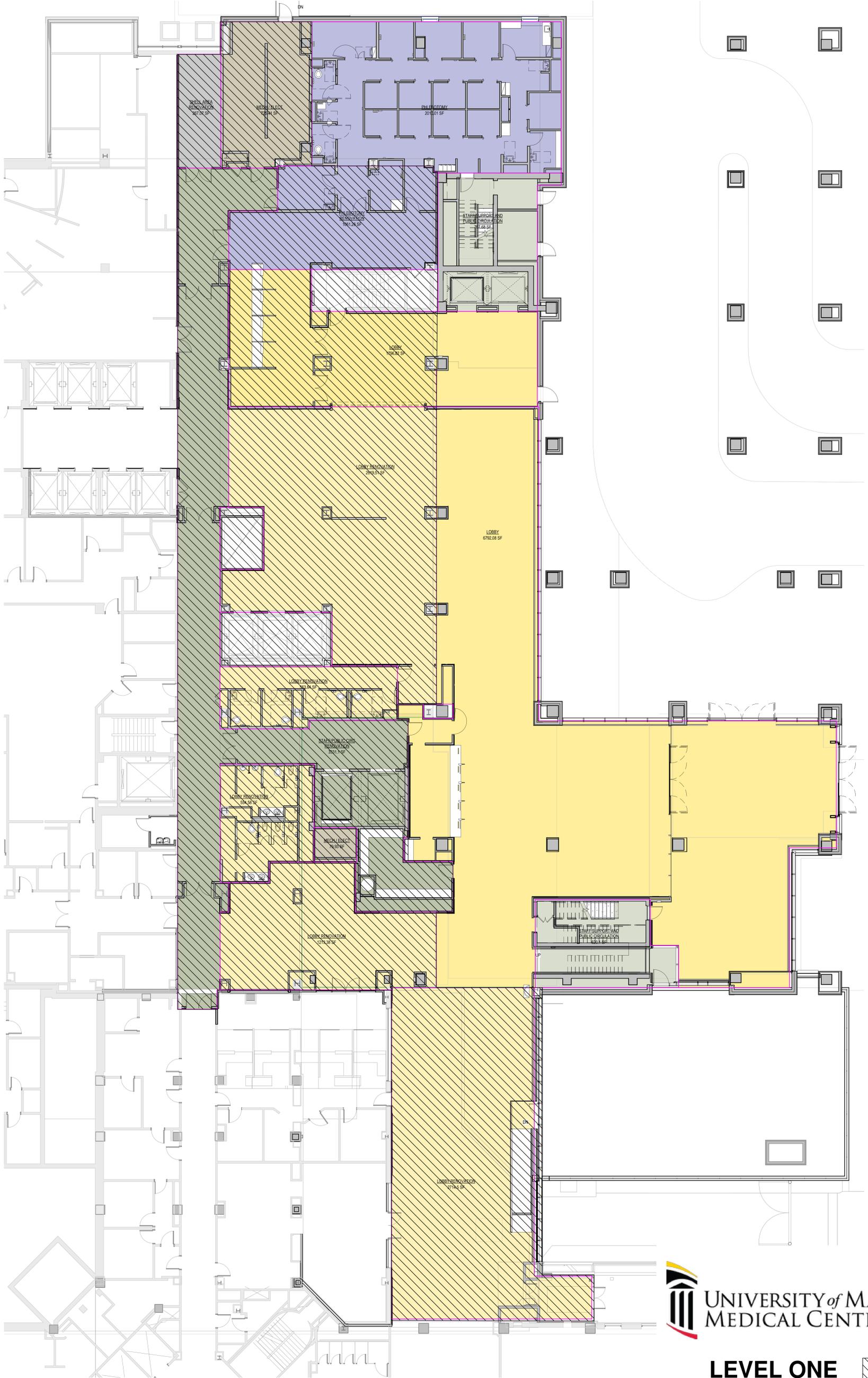
¹ Salaries in the current and prior fiscal year reflect an environment that is heavily dependent on temporary and other premium labor. This is driving up salaries due to the extremely high cost of that labor. UMMC has an action plan in place over the next two years to reduce both the hourly rate for temporary labor (anticipated softening of the market nationwide) as well as the number of premium FTEs. The reduction in FTEs is due to efficiency improvements driving down the number of FTEs needed to provide the care as well market equity salary adjustments to facilitate hiring. **These changes drive the salaries down which is reflected in the Work Force Table under "Other Anticipated Changes".**

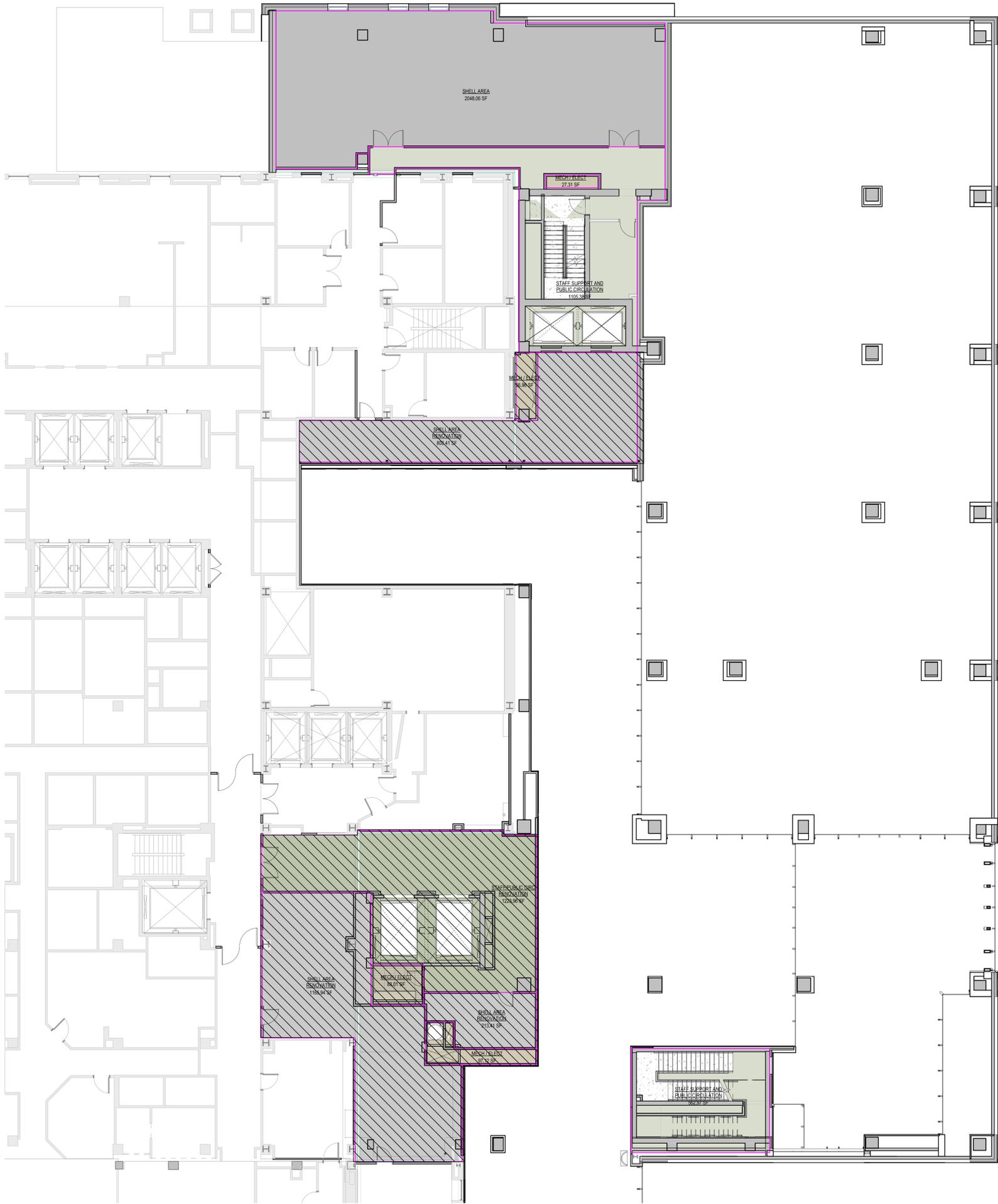
	2024	2025	2026	2027	2028	2029
Assumptions to Benefits						
	21.8%	21.8%	21.8%	21.8%	21.8%	21.8%

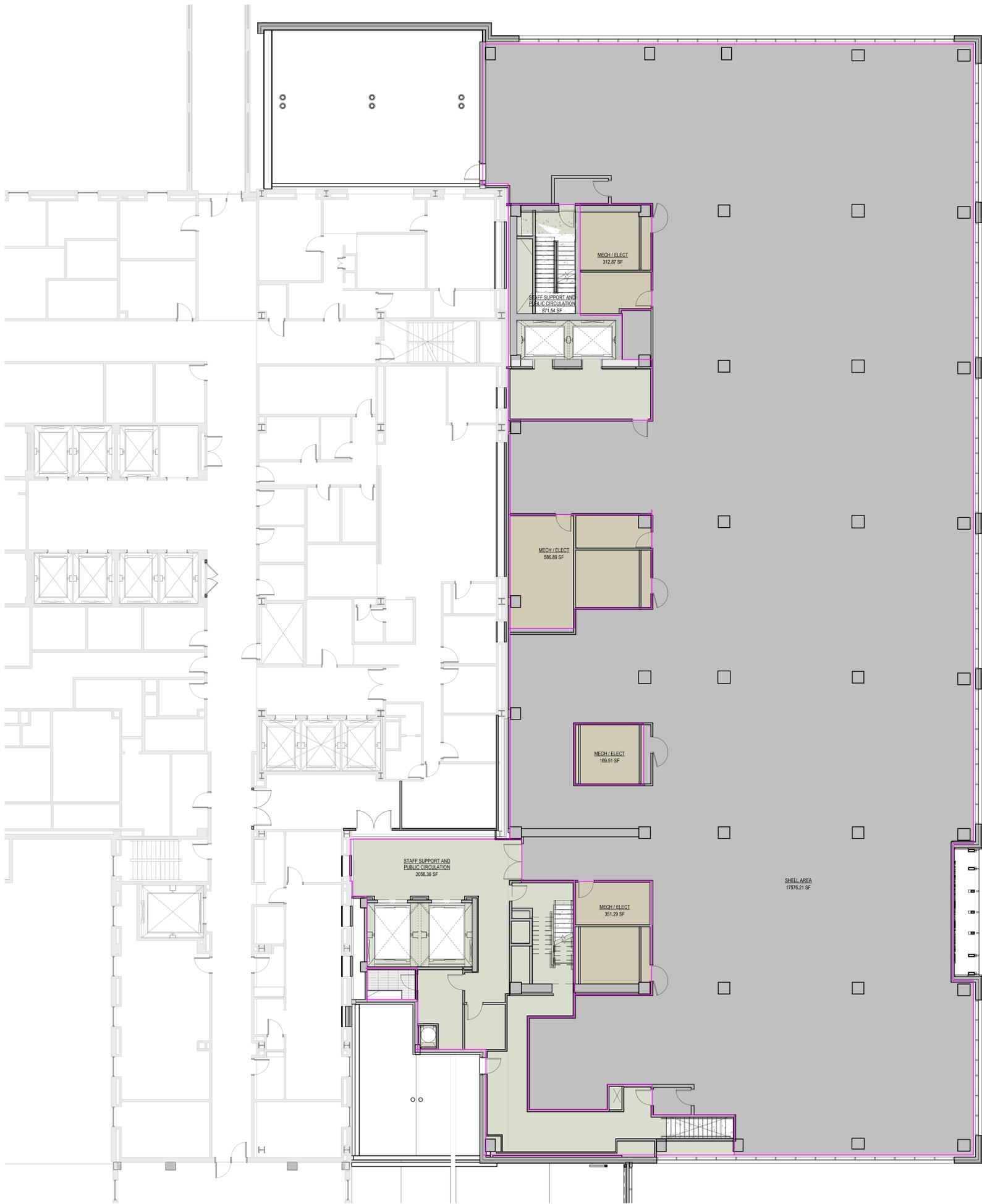
	2024	2025	2026	2027	2028	2029
Other Inflation Assumptions)						
Drugs	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
Supplies	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Purchased Services	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Physician Services	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Insurance	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%

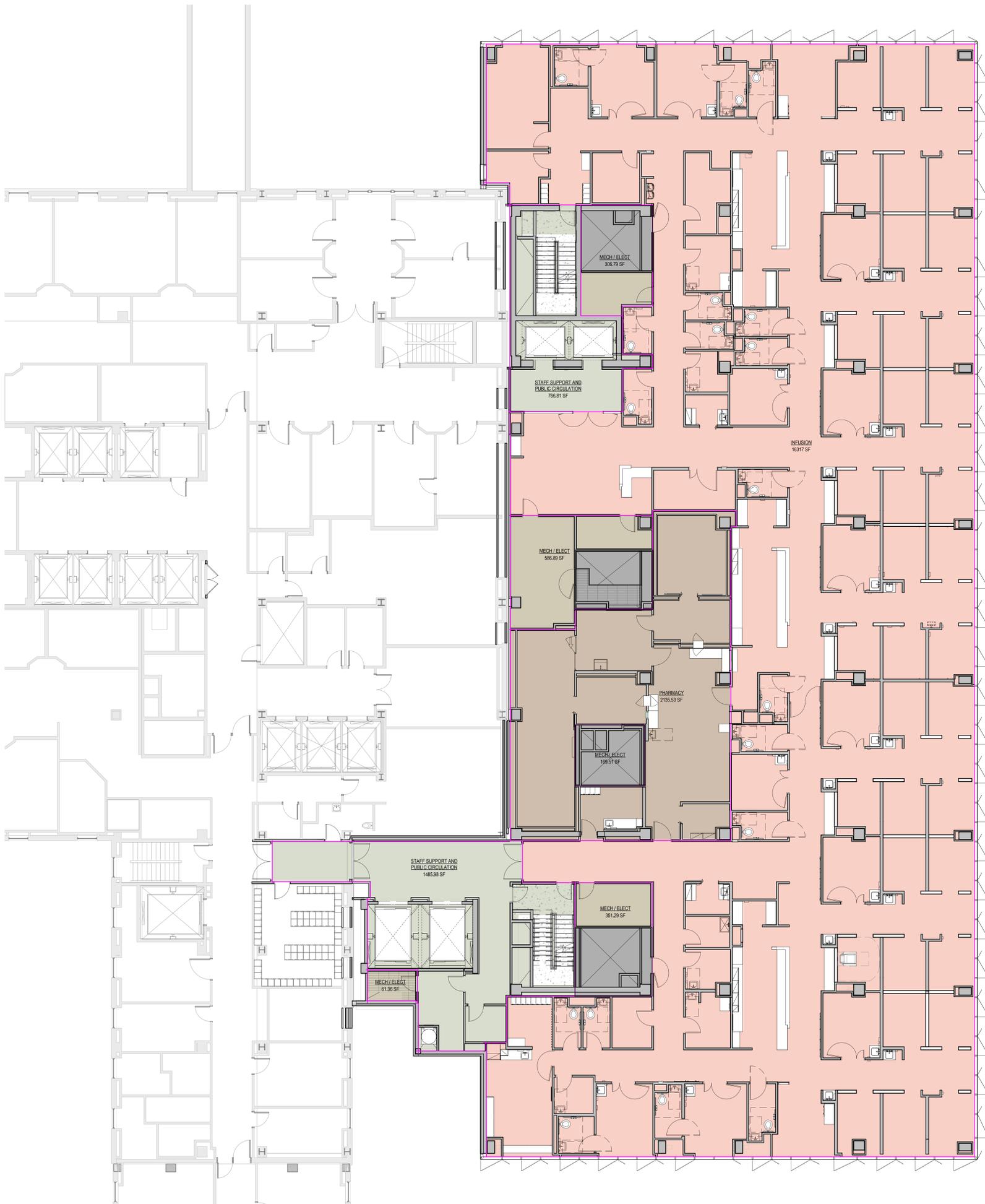
EXHIBIT 7



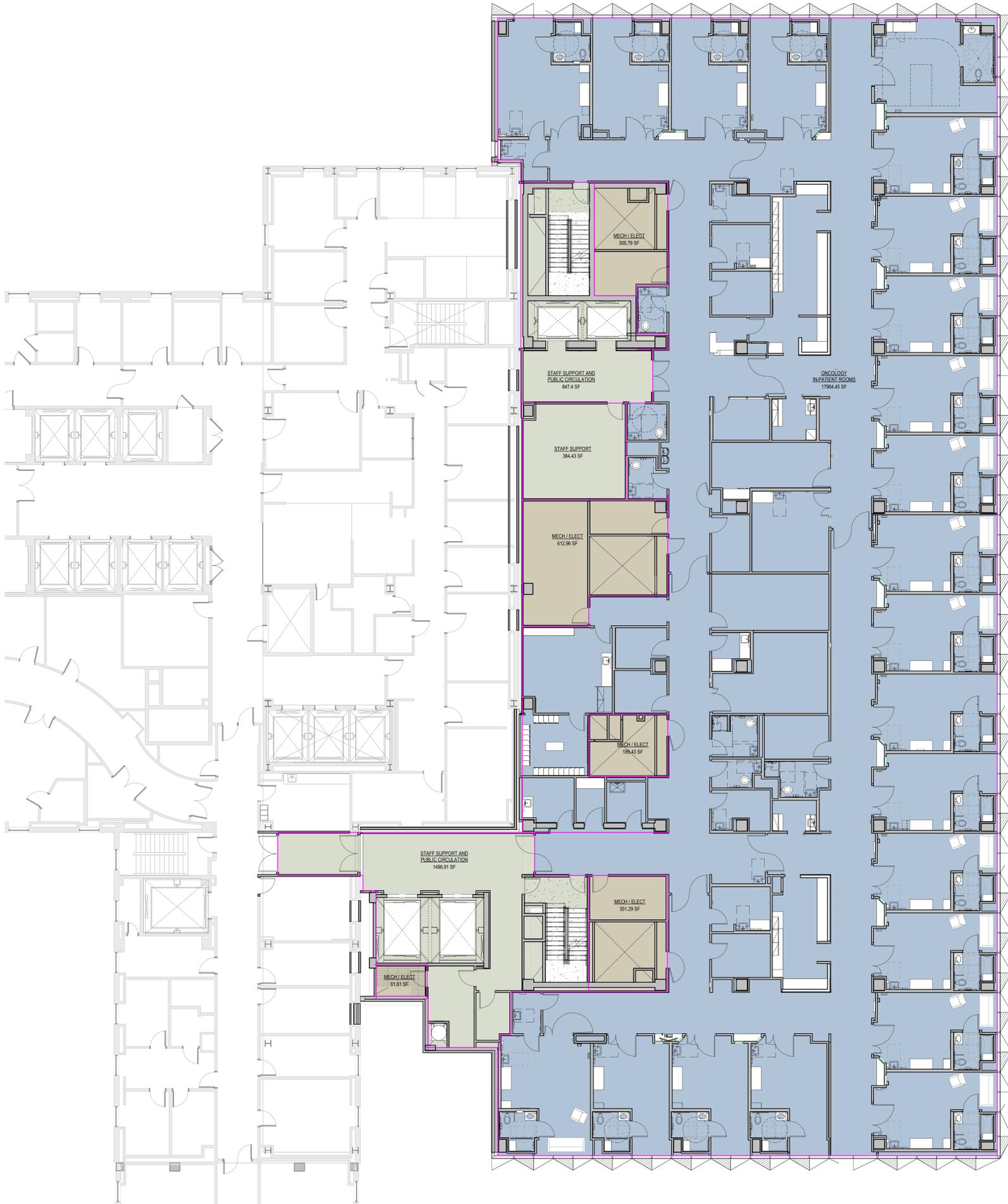


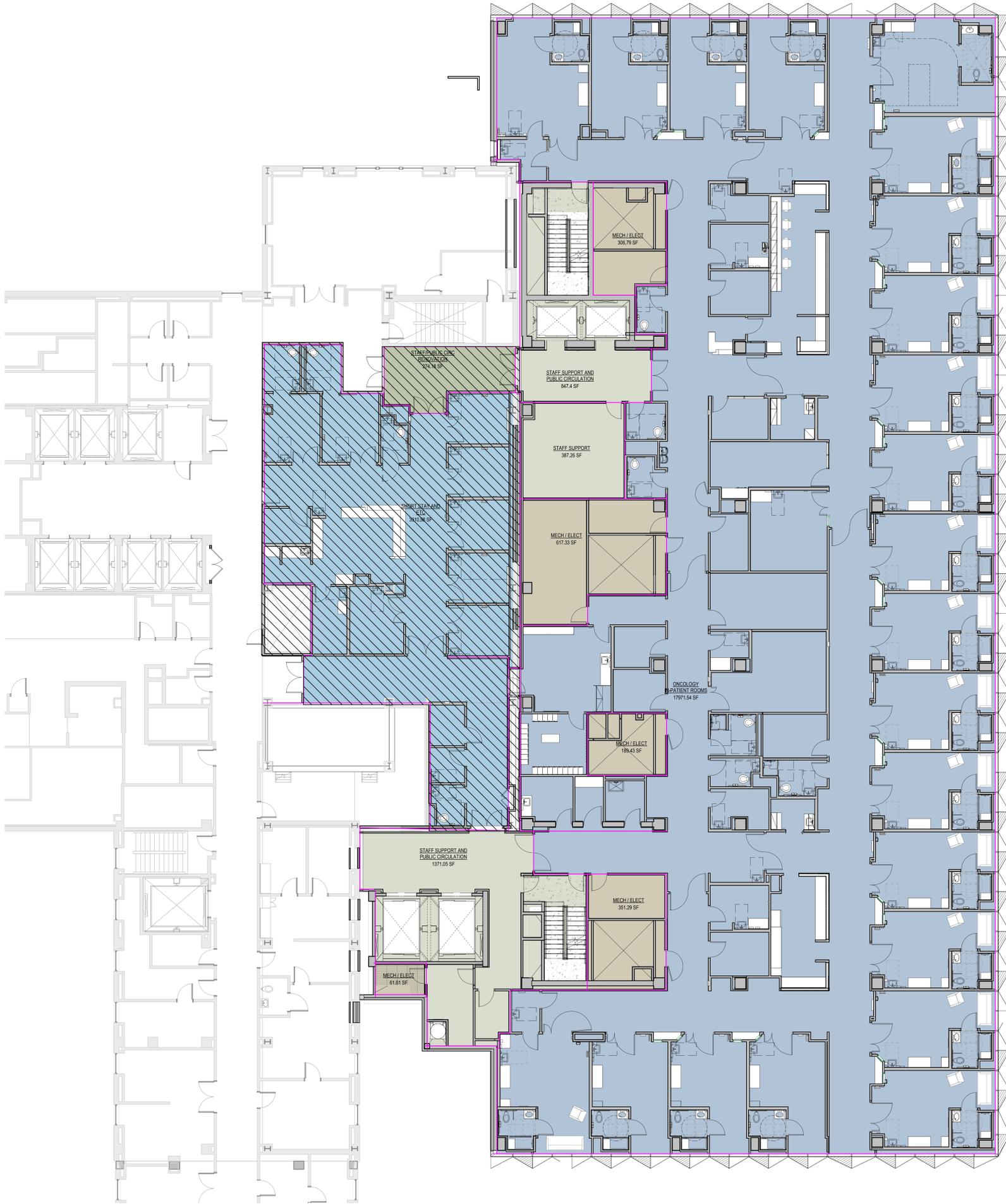


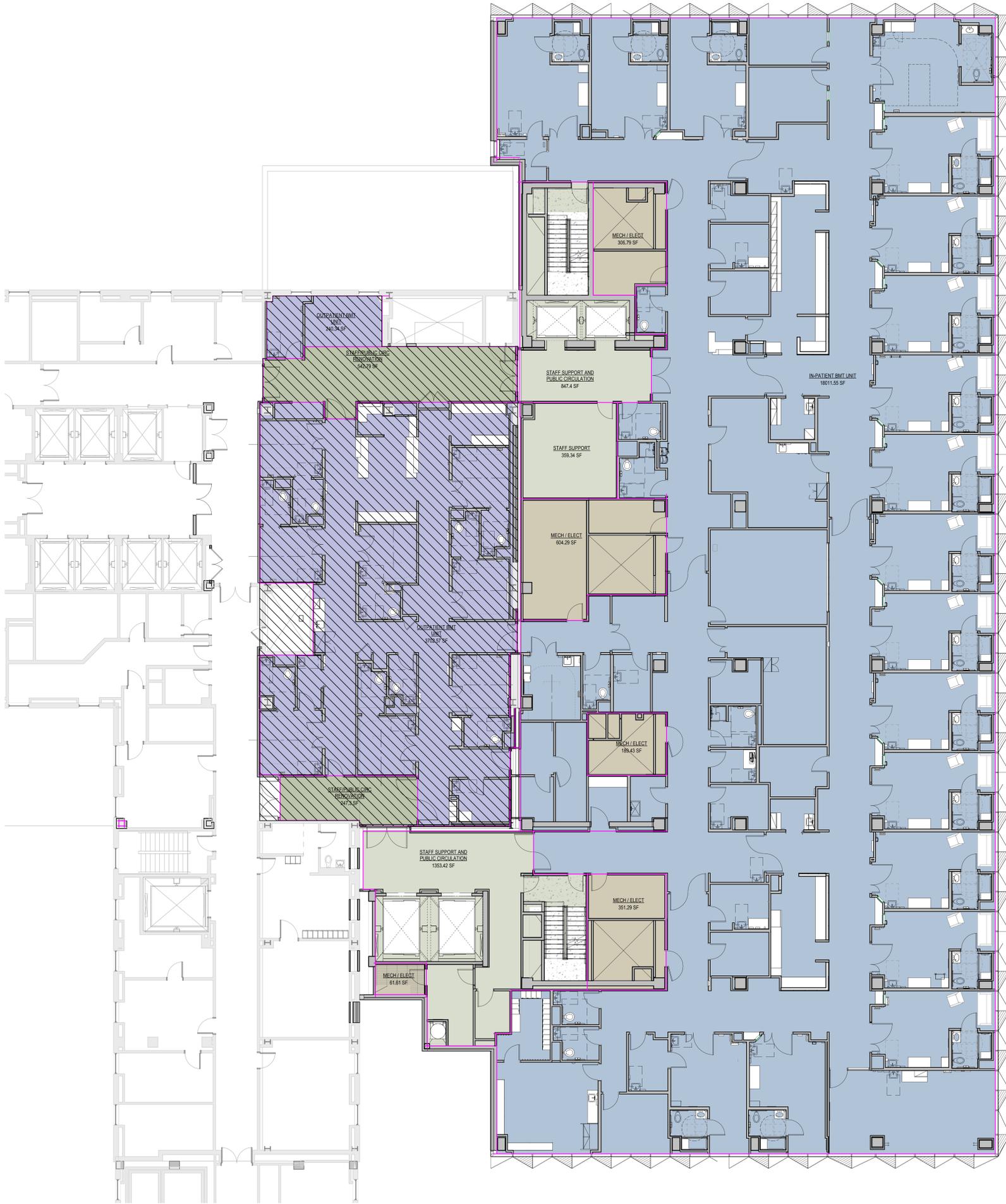


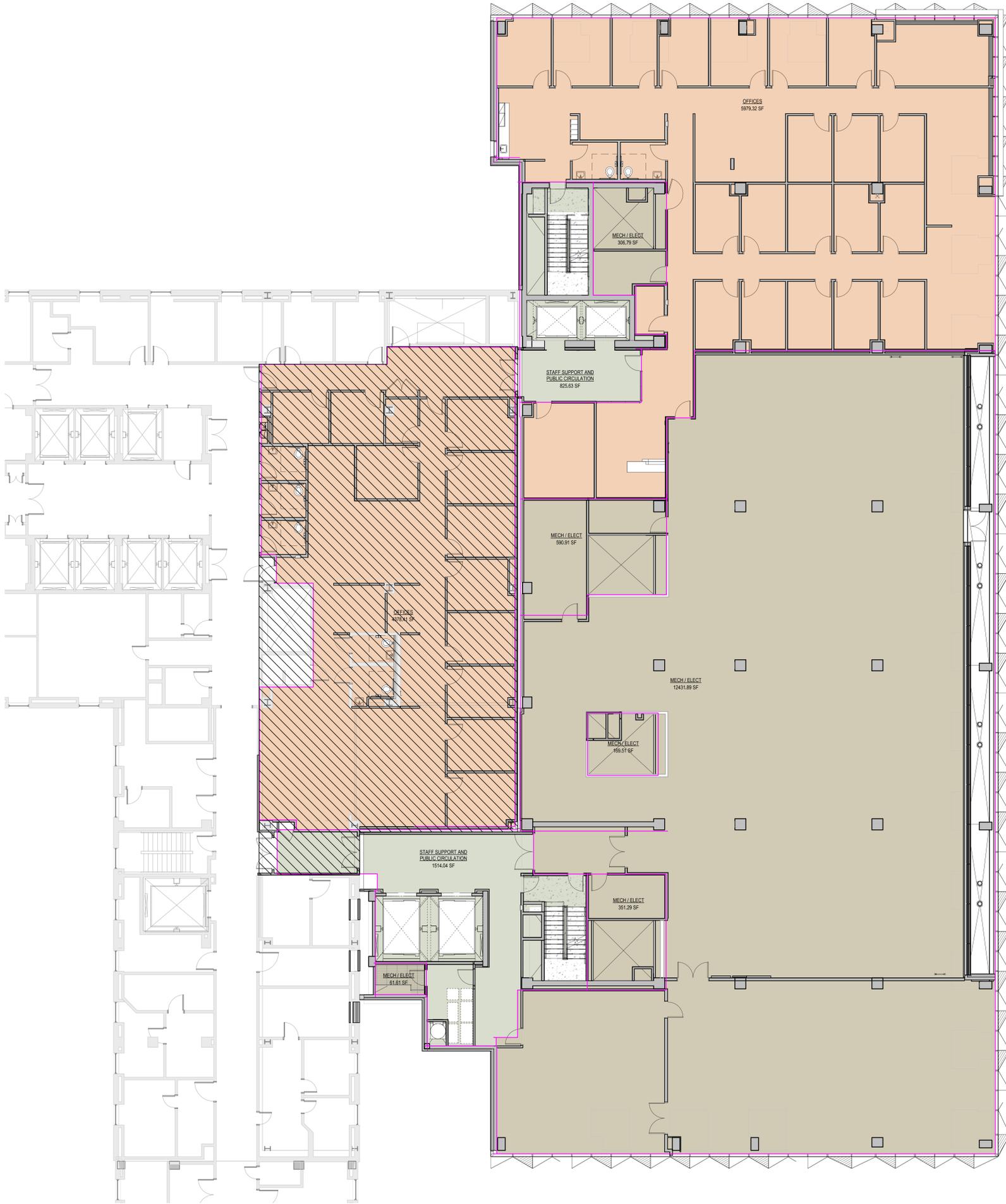


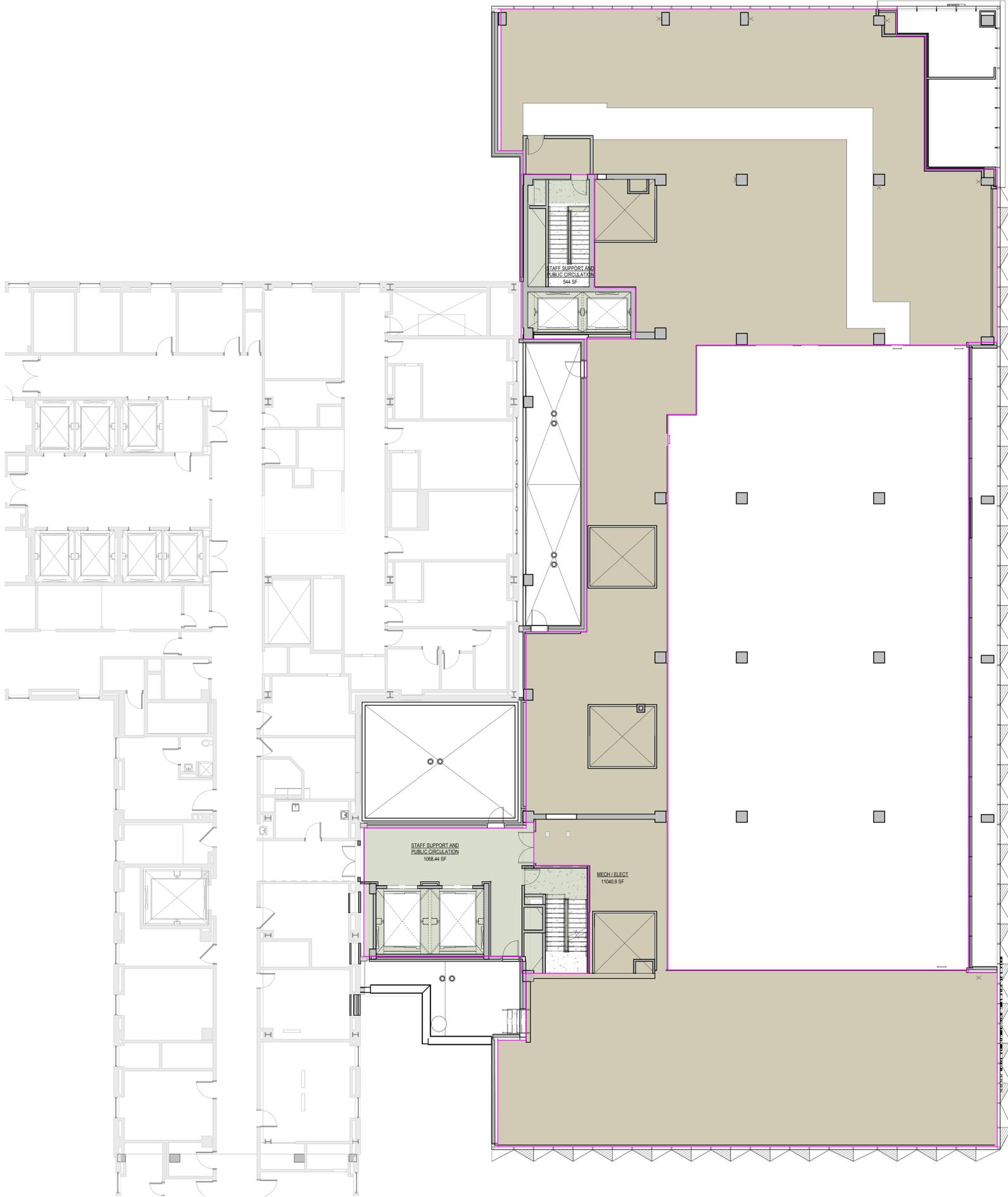


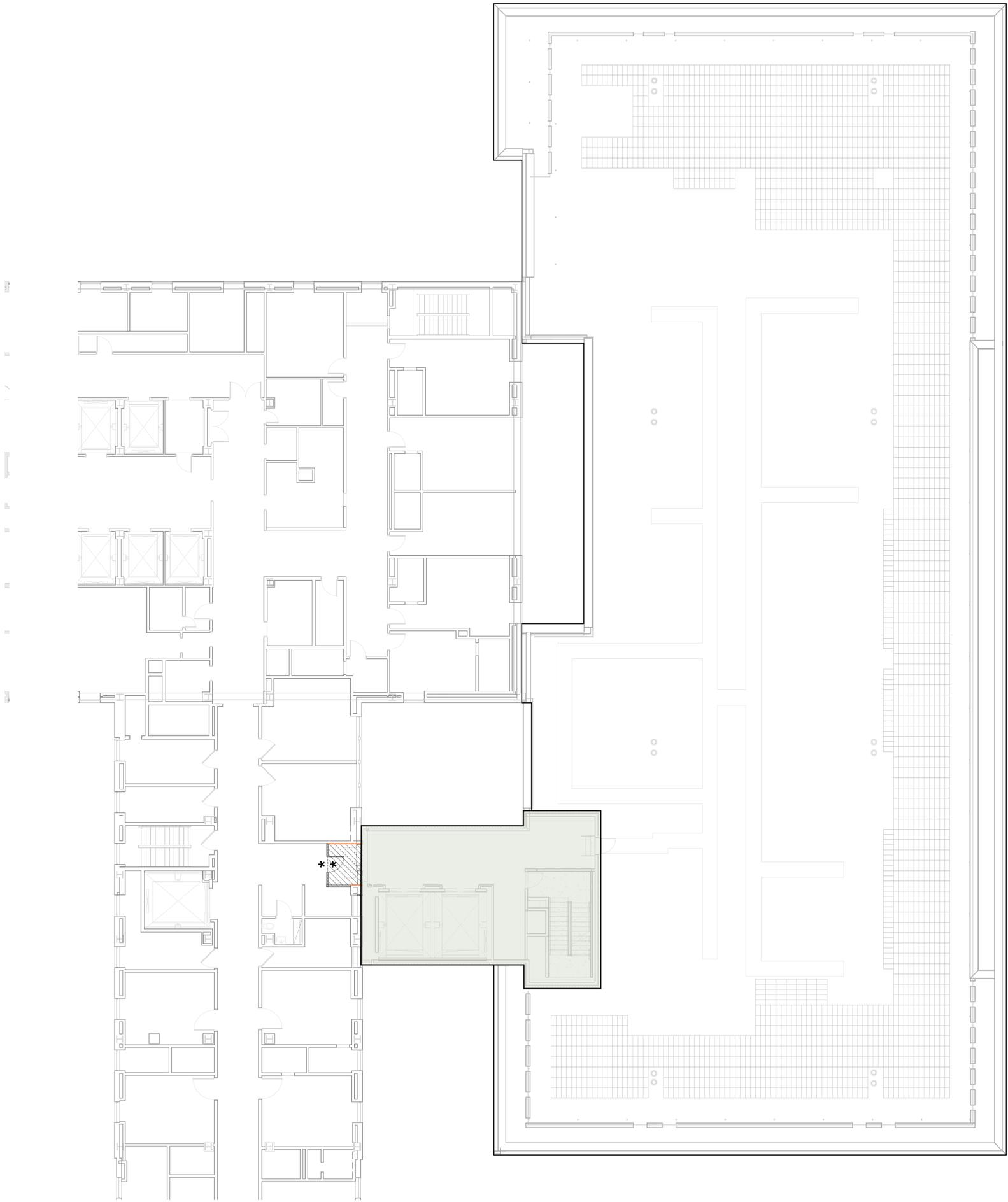
















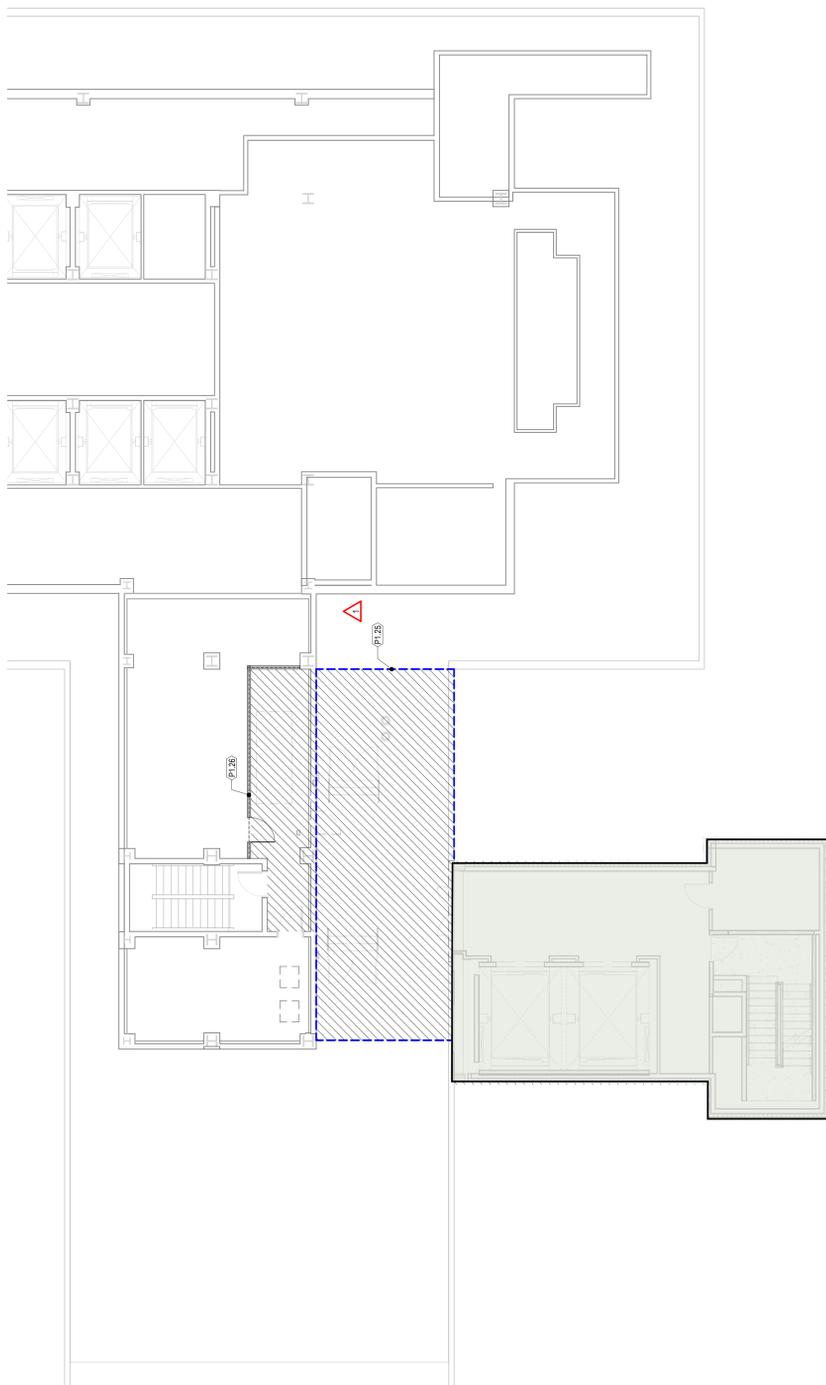


EXHIBIT 8

MVS ANALYSIS

SEE

SPREADSHEET

EXHIBIT 9

Standard .04B(7) – Construction Cost of Hospital Space

(a) The cost per square foot of hospital construction projects shall be no greater than the cost of good quality Class A hospital construction given in the Marshall and Swift Valuation Quarterly, updated to the nearest quarter using the Marshall and Swift update multipliers, and adjusted as shown in the Marshall and Swift guide as necessary for terrain of the site, number of levels, geographic locality, and other listed factors.

(b) Each Certificate of Need applicant proposing costs per square foot above the limitations set forth in the Marshall and Swift Guide must demonstrate that the higher costs are reasonable.

Applicant Response:

The comparison of the modified project costs to the Marshall Valuation Service (“MVS”) benchmark is shown below.

***I. Marshall Valuation Service
Valuation Benchmark – New Construction – Tower***

Type	Hospital
Construction Quality/Class	Good/A
Stories	14
Perimeter	455
Average Floor to Floor Height	13.2
Square Feet	187,121
f.1 Average floor Area	12,475

A. Base Costs

Basic Structure	\$485.00
Elimination of HVAC cost for adjustment	0
HVAC Add-on for Mild Climate	0
HVAC Add-on for Extreme Climate	0
Total Base Cost	\$485.00

Adjustment for Departmental Differential Cost Factors	0.85
--	-------------

Adjusted Total Base Cost	\$410.36
---------------------------------	-----------------

B. Additions		
	Elevator (If not in base)	\$0.00
	Other	\$0.00
	Subtotal	\$0.00
Total		
		\$410.36
C. Multipliers		
Perimeter Multiplier		0.9398255
	Product	\$385.67
Height Multiplier		1.03
	Product	\$396.51
Multi-story Multiplier		1.055
	Product	\$418.32
D. Sprinklers		
	Sprinkler Amount	\$2.64
	Subtotal	\$420.96
E. Update/Location Multipliers		
Update Multiplier		1.2
	Product	\$505.15
Location Multiplier		0.99
	Product	\$500.10
Calculated Square Foot Cost Standard		\$500.10

The MVS estimate for this project is impacted by the Adjustment for Departmental Differential Cost Factor. In Section 87 on page 8 of the Valuation Service, MVS provides the cost differential by department compared to the average cost for an entire hospital. The calculation of the average factor is shown below.

Department/Function	BGSF	MVS Department Name	MVS Differential Cost Factor	Cost Factor X SF
ACUTE PATIENT CARE				
Mechanical/Electrical	34,826	Mechanical Equipment and Shops	0.7	24,378
Cancer Center Administrative Offices	5,979	Offices	0.96	5,740
Oncology Inpatient	35,936	Inpatient Unit	1.06	38,092
Oncology Inpatient (Bone Marrow Transplant)	14,350	Inpatient Unit	1.06	15,211
Outpatient BMT	3,662	Outpatient	0.99	3,625
Shared Staff Support & Public Circulation	27,307	Internal Circulation	0.6	16,384
Oncology & BMT Clinics	18,434	Outpatient	0.99	18,250
Infusion	16,317	Outpatient	0.99	16,154
Infusion Pharmacy & Blood Bank	2,136	Pharmacy	1.33	2,840
Shell Space	17,576	Unassigned	0.5	8,788
Phlebotomy	2,010	Outpatient	0.99	1,990
Lobby	8,589	Public Space	0.8	6,871
Total	187,122		0.85	158,324

II. Cost of New Construction

A. Base Calculations	Actual	Per Sq. Foot
Building	\$161,178,681	\$861.36
Fixed Equipment		\$0.00
Site Preparation	\$17,454,319	\$93.28
Architectural Fees	\$15,190,000	\$81.18
Permits	\$660,000	\$3.53
Loan Placement Fees	\$933,450	\$4.99
Capitalized Construction Interest	Calculated Below	Calculated Below
Subtotal	\$195,416,450	\$1,029.93

However, as related below, this project includes expenditures for items not included in the MVS average.

	Project Costs		Associated Cap Interest	Associated Loan Placement
Site Demolition Costs	\$1,782,000	Site		\$8,512
Storm Drains	\$2,250,000	Site		\$10,748
Rough Grading	\$825,000	Site		\$3,941
Paving	\$600,000	Site		\$2,866
Deep Foundation	\$4,155,000	Site		\$19,847
Exterior Signs on building		Site		
Landscaping		Site		
Walls		Site		
Yard Lighting	\$592,500	Site		\$2,830
Dewatering	\$120,000	Site		\$573
Sediment Control & Stabilization	\$120,000	Site		\$573
Premium for Constrained Site	\$872,716	Site		\$4,169
Underground utility work for Foundations / Total Shoring for excavation	\$2,376,000	Site		\$11,349
Premium for Prevailing Wage	\$1,745,432	Site		\$8,337
Premium for Minority Business Enterprise Requirement	\$698,173	Site		\$3,335
Canopy	\$7,125,000	Building	\$443,459	\$34,034
Pneumatic Tube System	\$1,125,000	Building	\$70,020	\$5,374
Transfer Girders	\$3,564,000	Building	\$221,823	\$17,024
Infection Prevention	\$1,500,000	Building	\$93,360	\$7,165
Asbestos abatement	\$750,000	Building	\$46,680	\$3,583
Adjacent Occupants Premium	\$1,500,000	Building	\$93,360	\$7,165
Temporary entrance and logistics associated with entrance closure	\$2,800,000	Building	\$174,271	\$13,375
Drop Off Soffit and Lighting Scheme	\$7,125,000	Building	\$443,459	\$34,034
Premium for Constrained Site	\$8,058,934	Building	\$501,587	\$38,495
Level 4 Temporary MEP Piping Offset to allow access in 4th Floor Ceiling to access to Mechanical Penthouse	\$8,496,000	Building	\$528,789	\$40,583
Retro Fit Two New Elevators, Shafts and Pits into the existing Medical Tower	\$6,363,000	Building	\$396,032	\$30,394
Premium for LEED Silver Construction	\$6,447,147	Building	\$401,269	\$30,796
Premium for Prevailing Wage	\$16,117,868	Building	\$1,003,173	\$76,991
Premium for Minority Business Enterprise Requirement	\$6,447,147	Building	\$401,269	\$30,796
Total Cost Adjustments	\$93,555,917		\$4,818,550	\$446,891

Explanation of Extraordinary Costs

Below are the explanations of the Extraordinary Costs that are not specifically mentioned as not being in contained in the MVS average costs in the MVS Guide (at Section 1, Page 3) but that are specific to this project and would not be in the average cost of a hospital project.

Premium for LEED Silver Construction

UMMC has included a 4% premium (based on Building Costs only) due to constructing this building to LEED Silver standards. The potential for a 0%-7% premium is recognized by MVS in Section 99, Page 1.

Premium for Constrained Site

The site for the new building is quite constrained in a dense downtown block, directly next to an existing operating hospital building on the west side, Baltimore Street on the North side, Greene Street on the east wide, and other existing hospital buildings on the south side. Building on this site will require close coordination with adjacent occupants and premiums for overtime to shorten the duration of work to reduce operational impacts and night / weekend work throughout the project.

Underground utility work for Foundations / Total Shoring for excavation

Significant “support of excavation (SOE)” is needed for multiple reasons. First, the service elevator pits extend to approximately 18’ below grade. The site is too constrained for a traditional layback cut, so shoring is required to access this area for both CFA and the construction of the pit. Additionally, the building weight and the soils require deep foundations (cast flight augers) with pile caps that range in depth from 12’ to 6’. The depths and locations required additional SOE. The close proximity to the public sidewalk requires that we provide SOE along the city sidewalk edge to prevent collapse. Finally, an existing Verizon fiber ductbank serving West Baltimore crosses through the site and underneath the existing building. This ductbank is critically important to be maintained. It will be fully exposed and suspended from the shoring until the foundations are complete. It will need to be heavily protected for the duration it is exposed, and the major equipment will need to avoid driving over the ductbank. Finally, in order to accommodate all of the new utility services and layout, UMMC needed to have Vicinity (the third-party provider of steam to UMMC) move an existing gas main out of the construction footprint. This will be complete prior to commencement of the foundations.

Premium for Paying Prevailing Wage

Because State funds will be used to construct the building, UMMC’s contractors will have to pay “prevailing” wages, rather than “scale.” For a previous project, UMMC’s consultant, Andrew Solberg, telephoned Marshall and Swift’s Technical Assistance staff on 9/27/13 and asked John Thompson whether this would constitute a premium over the average cost per square foot presented in the MVS, even when adjusted for update and local multipliers. Mr. Thompson stated that paying prevailing wage would definitely be a premium over the average. He stated that he had previously been an electrician and, on buildings on which he was paid scale, the pay was approximately \$11/hour. However, on projects on which he was paid prevailing wage, he was paid approximately \$32/hour. Mr. Solberg searched for an average premium that to use as the basis for the assumption that the difference between scale and prevailing wages are treated as premium. The Maryland Department of Legislative Services Office of Policy Analysis issued a report on March 25, 2014 that found that in cases of available “side by side” bid comparisons with prevailing wage requirements and without prevailing wage

requirements, on average bids with prevailing wages came in at 10% higher.¹ UMMC assumes the premium will be 10%. Because prevailing wage will have to be paid for both site preparation and construction, UMMC has applied it to both.

Premium for Minority Business Enterprise Requirement

UMMS projects include a premium for Minority Business Enterprises that would not be in the average cost of hospital construction. This premium was projected to be 4%. UMMS consulted with its cost estimators/construction managers on the impact on project budgets of targeting 25% inclusion of MBE subcontractors or suppliers as part of its project. The cost estimators and construction managers conservatively estimate that achieving MBE goals add 3-4% to the project costs, compared to projects that do not include MBE subcontractors or suppliers. This estimate has been confirmed through UMMC and UMMS' experience with past construction jobs. UMMS and UMMC now use this percentage in all of their construction cost estimates.

Pneumatic Tube System

UMMC uses a pneumatic tube system to transport medications and lab samples throughout the complex. The new building will include tube stations on every clinical floor connecting back to the existing system and allowing for movement of these items to and from any point on campus. Extensive coordination, design, and fabrication / installation work will be required to implement the system.

Transfer Girders

The project was changed from steel to cast in place concrete following the approval of the CON, because concrete is less expensive than steel in this market, and it is also more flexible for future renovations. Given that the building is being constructed over the main drop off of the campus, the requirements of navigating the traffic for drop off necessitated transferring several columns out of the roadway. The transfer girders are located just above the drop off canopy (supporting levels 3 and above), and are approximately 8' deep and 4' wide, containing significant rebar to achieve the transfer and very large spans.

Infection Prevention

Working in an occupied hospital requires rigorous infection control requirements to ensure dust does not impact adjacent patient care areas. These requirements include, but are not limited to, containment around the site perimeter, mechanical devices to vent the contaminated air outside the building, and protective coverings to be worn by all workers during construction.

Asbestos abatement

Given the age of the building in which renovations are required, UMMC anticipates needing to abate multiple building elements within the site. These elements could include piping insulation, structure fire-proofing, and under-floor adhesive materials.

¹ Maryland Department of Legislative Services Office of Policy Analysis, Task Force to Study the Applicability of the Maryland Prevailing Wage Law (Annapolis, MD, March 25, 2014), p. 5

Adjacent Occupants Premium

Connecting a new tower to an existing operating medical facility with ongoing adjacent inpatient services poses complex phasing and congested areas. MVS states at Section 99, Page 1 that the premium for Complex/congested areas is 2%-5%. UMMC believes that the premium is at least 5%, given that all materials cannot be stored on-site and delivery of materials will have to be phased without affecting adjacent services. UMMC has assumed a 5% premium.

Temporary entrance and logistics associated with entrance closure

The new building will connect to the existing campus over the main entrance at the corner of Baltimore and Greene streets. This will necessitate closing that main entrance for a long, to be determined, period of time. UMMC will need to create a temporary entrance near that location to ensure that patients and staff members can still gain appropriate access to the facility. The temporary entrance will involve filling in an existing ramp, deconstructing part of the curtain-wall and canopy of the first floor concourse, and adding in new security measures to ensure safety of visitors and staff.

Drop Off Soffit and Lighting Scheme

The drop off soffit is the decorative ceiling above the drive lanes under the building. Had the building been slab on grade, a decorative exterior grade ceiling would not have been necessary. In order to make the drop off both safe and inviting, extensive lighting is required to adequately illuminate the drive aisles and sidewalks, as well as acting like a beacon to prevent the main entrance from feeling dark and foreboding. It needs to be evenly illuminated across the drive surfaces, at higher levels than an interior space requiring more fixtures at higher outputs.

Level 4 Temporary MEP Piping Offset to allow access in 4th Floor Ceiling to access to New Building's Mechanicals

In order to connect the piping serving the new building to the existing plant in the sub-basement of the North Building, groupings of chilled water, hot water and domestic water pipes needed to be snaked through existing space to get close to the new building. Unfortunately it did not land close enough to the shaft location on the upper floors, and needed to be transferred from the old building connection point to the new shaft, which stacked throughout the entire new building.

Retro Fit Two New Elevators, Shafts and Pits into the existing Medical Tower

The original CON located the service elevators in the new tower. Because the service elevators were behind the doors of locked units, it made it impossible for the elevators to also be utilized by the North Building. By locating the service elevators adjacent to the North Tower, and not within the original tower footprint, the service elevators will be able serve both buildings. This required additional exterior skin, square footage, and a renovation component of the lobby that was not originally anticipated.

Capitalized Construction Interest and Loan Placement Fees on Extraordinary Costs

Capital interest and Loan Placement Fees shown on the project budget are for the entire costs of the hospital building. The costs associated with this line item also apply to the extraordinary costs. Because only the Capitalized Construction Interest and Loan Placement Fees associate with the costs in the "Building" budget line are considered in the MVS analysis, it

is appropriate to adjust the cost of each of the above items that are included in the Building costs to include the associated capitalized construction interest.

Capitalized Construction Interest costs were calculated as follows:

Hospital	New	Renovation	Total
Building Cost	\$161,178,681	\$14,100,000	\$175,278,681
Subtotal Cost (w/o Cap Interest)	\$195,416,450	\$14,100,000	\$209,516,450
Subtotal New Vs. Reno Percent	93.3%	6.7%	Net Interest
Cap Interest	\$9,356,616	\$675,114	\$10,031,730
Building/Subtotal	82.5%	100.0%	
Building Cap Interest	\$7,717,299	\$675,114	
Associated with Extraordinary Costs	\$4,818,550		
Applicable Cap Interest.	\$2,898,749		

Eliminating all of the extraordinary costs reduces the project costs that should be compared to the MVS estimate. As noted below, the project's cost per square foot is slightly over the MVS benchmark.²

² In recent reviews, Commission Staff have added Contingency and Inflation to the costs being compared to the MVS benchmark. Historically, Contingency and Inflation costs were not included in the comparison. UMMC believes that Contingency costs should not be included because they may not be spent. If the inclusion of Contingency in the comparison causes an applicant to exceed the MVS benchmark, a condition is imposed on the CON approval that the HSCRC should take a related amount out of the rates that the HSCRC approves for the project. However, if in building the project, an applicant subsequently does not need to spend the Contingency, the condition is not revised or removed. This combined with the contingent nature of this budget item favors not including it in the comparison. Like Contingency costs, the Commission Staff have only recently begun considering Inflation in the MVS comparison in the last few years. Inflation is calculated through the midpoint of construction, reflecting future costs per square foot, while the MVS benchmark reflects current costs. Thus, including inflation results in an unfair comparison. However, should Commission Staff include Contingency and/or Inflation in its consideration of the comparison, certainly the percentage of Contingency and/or Inflation associated with Extraordinary Costs (which are, themselves, excluded from the comparison) should not be included.

C. Adjusted Project Cost	Per Square Foot	
Building	\$83,759,584	\$447.62
Fixed Equipment	\$0	\$0.00
Site Preparation	\$1,317,498	\$7.04
Architectural Fees	\$15,190,000	\$81.18
Permits	\$660,000	\$3.53
Loan Placement Fees	\$486,559	\$2.60
Subtotal	\$100,927,083	\$539.37
Capitalized Construction Interest	\$2,898,749	\$15.49
Total	\$103,825,832	\$554.86

MVS Benchmark	\$500.10
The Project	\$554.86
Difference	\$54.76
	10.95%

EXHIBIT 10

UNIVERSITY OF MARYLAND MEDICAL SYSTEM

Capital Region Medical Center (Prince George's County)

M.C.C.B.L.	2018	A grant to the University of Maryland Medical System to assist in the continued construction of a new Regional Medical Center in Prince George's County.	19,000,000
		NOTE: The cost of the project totaled \$509,538,500. The State share of the total project cost was \$208,000,000.	
G.F.	2018	A grant to the University of Maryland Medical System to assist in the continued construction of a new Regional Medical Center in Prince George's County.	29,000,000
M.C.C.B.L.	2019	A grant to the University of Maryland Medical System to assist in the continued construction of a new Regional Medical Center in Prince George's County.	56,200,000
		NOTE: Funding for this project is also listed under the Prince George's Medical System in the Part II.	
M.C.C.B.L.	2022	Provide a grant to the University of Maryland Medical System to design, construct, and equip facilities to expand clinical programs of the University of Maryland Capital Region Medical Center Oncology Center.	13,500,000
G.F.	2022	Provide funds to the University of Maryland Medical System for design, construction, and equipping of the Capital Region Medical Center Oncology Center.	27,000,000
		NOTE: These funds were provided in Supplemental Budget Number 5. The 2022 General Assembly preauthorized \$27,000,000 in FY 2024 for this project.	
Total Authorized - Capital Region Medical Center			\$144,700,000

Comprehensive Cancer and Organ Transplant Treatment Center (Baltimore City)

M.C.C.B.L.	2018	A grant to the University of Maryland Medical System to design, construct, and capital equip facilities to expand clinical programs of the Marlene and Stewart Greenbaum Comprehensive Cancer and Organ Transplant Treatment Center. Provided that it is the intent of the General Assembly that State support for this project total \$175,000,000 beginning in fiscal 2019.	2,500,000
M.C.C.B.L.	2019	Provide a grant to the University of Maryland Medical System to design, construct, and equip facilities to expand clinical programs of the Marlene and Stewart Greenbaum Comprehensive Cancer and Organ Transplant Treatment Center, provided that it is the intent of the General Assembly that the State commitment to this project totals \$175,000,000. Further provided that it is the intent of the General Assembly that the State contribution for this project be matched by the University of Maryland Medical System on a yearly basis beginning in fiscal 2020.	3,000,000
M.C.C.B.L.	2020	Provide a grant to the University of Maryland Medical System to design, construct, and equip facilities to expand clinical programs of the Marlene and Stewart Greenbaum Comprehensive Cancer and Organ Transplant Treatment Center, provided that it is the intent of the General Assembly that the State commitment to this project totals \$175,000,000.	7,500,000
		NOTE: The FY 2020 authorization includes \$7,000,000 in bond premiums.	
G.F.	2021	Provide a grant to the University of Maryland Medical System to design, construct, and equip facilities to expand clinical programs of the Marlene and Stewart Greenbaum Comprehensive Cancer and Organ Transplant Treatment Center, provided that it is the intent of the General Assembly that the State commitment to this project totals \$175,000,000.	12,000,000
		NOTE: These funds were provided as a Board of Public Works Capital Appropriation in Supplemental Budget Number 5.	
G.F.	2022	Provide a grant to the University of Maryland Medical System to design, construct, and equip facilities to expand clinical programs of the Marlene and Stewart Greenbaum Comprehensive Cancer and Organ Transplant Treatment Center.	100,000,000
		NOTE: This funding includes \$75 million provided in Supplemental Budget Number 5.	
Total Authorized - Comprehensive Cancer and Organ Transplant Treatment Center			\$125,000,000

STATE OF MARYLAND

Lawrence Hogan Jr., Governor

Boyd K. Rutherford, Lt. Governor



Capital Improvements Authorized

by the

**General Assembly
1999 through 2022**

DEPARTMENT OF BUDGET & MANAGEMENT
JULY 2022

DEPARTMENT OF BUDGET AND MANAGEMENT

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Secretary of Budget and Management

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Fiona Shirk

Ted Walsh
Jason Wardrup
Shakia Word

STATE OF MARYLAND

**Lawrence Hogan Jr., Governor
Boyd K. Rutherford, Lt. Governor**

CAPITAL IMPROVEMENTS AUTHORIZED

BY THE

GENERAL ASSEMBLY

1999 THROUGH 2022

DEPARTMENT OF BUDGET AND MANAGEMENT
301 West Preston Street
Baltimore, Maryland 21201

July 2022

COMMENTARY

The Department of Budget and Management annually updates this 23 year summary of all State-owned and non-State owned capital improvement projects and programs that are authorized by the General Assembly, except for those of the Department of Transportation.

The capital improvements listed in this document are financed by five principal types of funding:

- 1) Maryland Consolidated Capital Bond Loan, which the Maryland General Assembly enacts to authorize the sale of bonds to finance improvements to a specific facility owned by a local government or nonprofit organization.
- 2) General Funds, which are used to finance projects which are not suited by nature or law to bond funding. When State revenues suffice, General Funds are also used to increase the scope and funding of the Capital Improvement Program. Appropriations of General Funds for capital projects are included in the State Budget Bill.
- 3) Special Funds, which are generated by activities of certain units of State government. Projects funded from this source are identified in appropriation language in the State Budget Bill.
- 4) Federal Funds, which are also appropriated for specific projects in the State Budget Bill.
- 5) Revenue Bonds, which are issued by certain State agencies, such as State higher education institutions, the Maryland Department of the Environment, and the Maryland Stadium Authority.

Abbreviations used in this document for these fund sources are as follows:

A.F.B.A.	Academic Facilities Bonding Authority (Revenue Bonds of the University System of Maryland)
B.B.	Bond Bills, also known as Legislative Initiatives
F.F.	Federal Funds
G.F.	General Funds
M.C.C.B.L.	Maryland Consolidated Capital Bond Loan
Q.Z.A.B.	Qualified Zone Academy Bonds
R.B.	Revenue Bonds
S.F.	Special Funds

The years shown in this document are calendar years, not fiscal years.

Chapter numbers for legislation authorizing funds for the capital projects described in this document can be found in the Historical Summary if the legislation was used to fund multiple projects, and following the description of the legislation if it was used to fund a specific project.

Unless otherwise noted, projects printed in italics indicate that appropriations have been cancelled or permitted to lapse. In either situation, the State Funds were not used for the project.

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