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State of Connecticut
Office of Health Care Access
Letter of Intent Form
Form 2030

2008 NOV 11 P 4:12

OFFICE OF
HEALTH CARE ACCESS

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by the Applicant(s), pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	Hartford Hospital	
Doing Business As		
Name of Parent Corporation	Hartford Health Care Corporation	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	80 Seymour Street Hartford, CT 06102	
Identify Applicant Status: P for Profit or NP for Nonprofit	Nonprofit	
Does the Applicant have Tax Exempt Status?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	J. Kevin Kinsella Vice President	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	Hartford Hospital 80 Seymour Street Hartford, CT 06102	
Contact Person Telephone Number	860-545-4155	
Contact Person Fax Number	860-545-4193	
Contact Person e-mail Address	kkinsel@harthosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: New Employee Parking Garage

b. Project Proposal: See Attachment #1

c. Type of Project/Proposal, please check all that apply:

Inpatient Service(s):

Medical/Surgical Cardiac Pediatric Maternity

Trauma Center Transplantation Programs

Rehabilitation (specify type) _____

Behavioral Health (Psychiatric and/or Substance Abuse Services)

Other Inpatient (specify) _____

Outpatient Service(s):

Ambulatory Surgery Center Primary Care Oncology

New Hospital Satellite Facility Emergency Urgent Care

Rehabilitation (specify type) _____ Central Services Facility

Behavioral Health (Psychiatric and/or Substance Abuse Services)

Other Outpatient (specify) _____

Imaging:

MRI CT Scanner PET Scanner

CT Simulator PET/CT Scanner Linear Accelerator

Cineangiography Equipment New Technology: _____

Non-Clinical:

Facility Development Non-Medical Equipment Renovations

Change in Ownership or Control Land and/or Building Acquisitions

Organizational Structure (Mergers, Acquisitions, & Affiliations)

Other Non-Clinical: Garage

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

Yes No

If you checked "Yes" above, please check the appropriate box below:

New (F, S, Fnc) Additional (F, S, Fnc) Replacement

Expansion (F, S, Fnc) Relocation Termination of Service

Reduction Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed \$3,000,000, pursuant to Section 19a-639, C.G.S.?

Yes No

If you checked "Yes" above, please check the boxes below, as appropriate:

- New equipment acquisition and operation
- Replacement equipment with disposal of existing equipment
- Major medical equipment
- Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code:

Intersection of Seymour and Retreat Avenue, Hartford, CT 06106

g. List each town this project is intended to serve:

See attachment #2

h. Estimated starting date for the project: **Spring 2009**

i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: \$ 47 Million

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	
Non-Medical Equipment Purchases*	
Land/Building Purchases	
Construction/Renovation	\$47 million*
Other (Non-Construction) Specify: _____	
Total Capital Expenditure	
Major Medical Equipment – Fair Market Value of Leases Medical	
Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	
Total Capital Cost	
Total Project Cost	
Capitalized Financing Costs (Informational Purpose Only)	

- Provide an itemized list of all medical and non-medical equipment to be purchased and leased.

***(See attachment #3)**

c. If the proposal has a total capital expenditure/cost exceeding \$20,000,000 or if the proposal is for major medical equipment exceeding \$3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

Yes No

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

Energy Conservation Health, Fire, Building and Life Safety Code
 Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office). **See attached #4**

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
N/A				

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.

e. Type of financing or funding source (more than one can be checked):

<input type="checkbox"/> Applicant's Equity	<input type="checkbox"/> Capital Lease	<input type="checkbox"/> Conventional Loan
<input type="checkbox"/> Charitable Contributions	<input type="checkbox"/> Operating Lease	<input type="checkbox"/> CHEFA Financing
<input type="checkbox"/> Funded Depreciation	<input type="checkbox"/> Grant Funding	
<input type="checkbox"/> Other (specify) _____		

SECTION IV. PROJECT DESCRIPTION

In paragraph format, please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

N/A

2. List the types of services being proposed and what DPH licensure categories will be sought, if applicable.

N/A

3. Identify the current population served and the target population to be served.

N/A

4. Identify any unmet need and describe how this project will fulfill that need.

N/A

5. Are there any similar existing service providers in the proposed geographic area?

N/A

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

N/A

7. Who will be responsible for providing the service?

N/A

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

N/A

AFFIDAVIT

RECEIVED

To be completed by each Applicant

2008 NOV 17 P 4:13

Applicant: Hartford Hospital CONNECTICUT OFFICE OF

Project Title: New Employee Garage HEALTH CARE ACCESS

I, Thomas Marchozzi, CFO
(Name) (Position – CEO or CFO)

of Hartford Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that Hartford Hospital complies with the appropriate and (Facility Name) applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

11/4/08
Date

Subscribed and sworn to before me on November 4, 2008

Diana Niro
Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2012

Attachment #1

Attachment #1

Hartford Hospital has exhausted the supply of parking spaces for our patients, visitors, physician and employees. The last public garage Hartford Hospital built was in 1987. This garage, known as the Medical Office Building garage has 835 spaces and is often full to capacity. In 1999 we began valet parking in an effort to increase availability. By shuttling cars to our adjacent surface lot we are able to accommodate another 650 cars daily, however this is still not sufficient to meet demand.

The last employee garage expansion was in 1995 when Connecticut Children's Medical Center was built. At that time we added 600 employee spaces to our employee garage. Since 1995 our employee population has increased by 495 at Hartford Hospital and 635 at CCMC. To accommodate this demand Hartford Hospital has added 4 surface lots, which increased 453 parking spaces, which are now all full. In addition, we lease 200 spaces offsite for employee parking.

An extensive site selection review was conducted of 10 possible sites around our campus to construct a new garage. The selection team, which consisted of our Administration, Physicians, Engineers and our Facility Master Planner, determined that the best location to build the new garage would be at the Seymour Street and Retreat Avenue intersection on the two existing surface parking lots. The garage would be eight stories high and house 1275 parking spaces. This garage would be for employees. As part of this project some existing employees would be relocated from the Jefferson Street garage, which would be then renovated to allow for additional 400 public spaces. The projected cost of the new garage would be approximately \$39 million and renovations to the Jefferson Street garage \$4 million and an additional \$4 million for making the two connecting enclosed walkways handicap accessible to meet current ADA standards. Total project cost of \$47 million.

Attachment #2

Response: This project is will not change the municipalities, primarily within the Hospital's primary and secondary service areas, served by the Hospital's existing CT Scanning services: The municipalities within these primary and secondary service areas include the following:

Primary Service Area:

Avon	Hartford	Simsbury
Bloomfield	Manchester	South Windsor
Bolton	New Britain	West Hartford
East Hartford	Newington	Wethersfield
Farmington	Rocky Hill	Windsor
Glastonbury		

Secondary Service Area:

Andover	Enfield	Portland
Barkhamsted	Franklin	Preston
Berlin	Granby	Salem
Bozrah	Haddam	Somers
Bristol	Hartland	Southington
Burlington	Harwinton	Stafford
Canton	Hebron	Suffield
Colchester	Lebanon	Tolland
Columbia	Mansfield	Torrington
Coventry	Marlborough	Union
Cromwell	Meriden	Vernon
East Granby	Middlefield	Wallingford
East Haddam	Middletown	Winchester
East Hampton	New Hartford	Windham
East Windsor	Norwich	Windsor Locks
Ellington	Plainville	

Attachment #3

HARTFORD HOSPITAL
PRE-CAST GARAGE CONCEPT 4

Garage Statistics:

Supported Slab:	347,100.00 Sq. Feet
Slab-on-Grade:	68,360.00 Sq. Feet
Total:	415,460.00 Sq. Feet

Work Item	Square Foot Cost	Square Footage	Project Budget
1 General Conditions & Mobilization	\$ 2.50	415,460.00 SF	\$ 1,038,650.00
2 Site Improvements	\$ 1.50	415,460.00 SF	\$ 623,190.00
3 Excavation	\$ 5.00	415,460.00 SF	\$ 2,077,300.00
4 Foundation & Walls	\$ 8.00	415,460.00 SF	\$ 3,323,680.00
5 Precast Structure	\$ 38.00	347,100.00 SF	\$ 13,189,800.00
6 Slab on Grade & CIP structure fill	\$ 8.00	68,360.00 SF	\$ 546,880.00
7 Stairs	\$ 0.25	415,460.00 SF	\$ 103,865.00
8 Block, Rough Carp., WP, Roof	\$ 0.40	415,460.00 SF	\$ 166,184.00
9 Glass, HM HW, Misc. Metals	\$ 1.50	415,460.00 SF	\$ 623,190.00
10 Mechanical/Plumbing	\$ 2.00	415,460.00 SF	\$ 830,920.00
11 Electrical	\$ 4.00	415,460.00 SF	\$ 1,661,840.00
12 Misc. Grills & Screens (@ \$15.00/sf)	\$ 0.50	415,460.00 SF	\$ 207,730.00
13 Paint/Graphics/Striping	\$ 0.55	415,460.00 SF	\$ 228,503.00
14 Elevators Traction (4)	\$ 2.00	415,460.00 SF	\$ 830,920.00
15 Caulk Joints and Sealer	\$ 1.00	347,100.00 SF	\$ 347,100.00
16 Non Garage Construction	\$ 0.55	415,460.00 SF	\$ 228,503.00
17 Equipment	\$ 1.00	415,460.00 SF	\$ 415,460.00
18 Bonds	\$ 0.45	415,460.00 SF	\$ 186,957.00
19 Road Improvements	\$ 1.50	415,460.00 SF	\$ 623,190.00
Construction Cost		\$ 64.10 SF	\$ 26,630,672.00



\$26,630,672 Construction Cost
\$3,195,681 Professional Fees (Engineers, Architect, Mechanical, etc) 12%
\$29,826,353

\$2,982,635 Construction Contingency 10%
\$2,982,635 Owners Contingency 10%
\$894,791 Design Contingency 3%
\$36,686,414

\$600,000 Parking Controls/Security System
\$37,286,414

\$1,700,000 Site Work (lighting, landscaping, drainage, etc)
\$38,986,414

\$4,000,000 Jefferson Garage repairs/upgrades (concrete work, code issues, etc)
\$42,986,414

\$4,000,000 Long/Short Bridge ADA code issues (making them handicap accessible)
\$46,986,414

Attachment #4



EDDIE A. PEREZ

MAYOR

October 29, 2008

Kevin J. Kinsella
Vice President
Hartford Hospital
80 Seymour St
Hartford, CT 06115

Dear Mr. Kinsella:

Thank you for meeting with me regarding the need for increased patient and employee parking at Hartford Hospital. I am hopeful that we can work together to address this need. The city values Hartford Hospital's presence and contribution to the economy and wellness of our city and region.

As we discussed at the meeting, we are confident in the site your team has identified and we are hopeful that it will meet the requirements of the City's regulatory process. As we also discussed, in order to begin the regulatory process you will have to submit an application to the Planning and Zoning commission for their review. If you have any questions as you begin this application, please contact Roger O'Brien in the Planning and Zoning Office should you need assistance.

I wish you the best of luck in this endeavor and if I can be of any further assistance please let me know.

Sincerely,

Eddie A. Perez
Mayor

550 Main Street
Hartford, Connecticut 06103
Phone (860) 757-9500
Fax (860) 722-6606



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

November 26, 2008

Kevin Kinsella
Vice President
Hartford Hospital
80 Seymour Street
Hartford, CT 06102

Re: Letter of Intent, Docket Number 08-31277
Hartford Hospital
New Employee Parking Garage

Dear Mr. Kinsella,

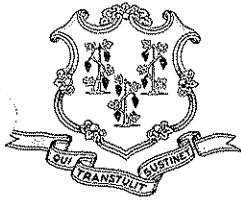
On November 17, 2008, the Office of Health Care Access (“OHCA”) received the Letter of Intent (“LOI”) Form of Hartford Hospital (“Applicant”) for the New Employee Parking Garage in Hartford, at a total capital expenditure of \$47,000,000.

A notice to the public regarding OHCA’s receipt of a LOI was published in *The Hartford Courant* pursuant to Section 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

KRM:lmg



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

November 26, 2008

Requisition # HCA09-070
Email: Publicnotices@courant.com

Hartford Courant
285 Broad Street
Hartford, CT 06115

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Sunday, November 30, 2008**.

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Diane Duran or Jack Huber at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,



Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:DD:JAH:lmg

c: Sandy Salus, OHCA

An Affirmative Action / Equal Opportunity Employer

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicant:	Hartford Hospital
Town:	Hartford
Docket Number:	08-31277-LOI
Proposal:	New Employee Parking Garage
Capital Expenditure:	\$47,000,000

The Applicant may file its Certificate of Need application between January 16, 2009 and March 17, 2009. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

Greer, Leslie

Sent: Wednesday, November 26, 2008 1:35 PM

---IMA70496ca.492d/pop.state.ct.us

Content-Type: text/plain; charset=us-ascii

Your message was successfully relayed to a system that does not support delivery confirmations.
Unless the delivery fails, this will be the only delivery notification.

---IMA70496ca.492d/pop.state.ct.us

Content-Type: message/delivery-status

Reporting-MTA: pop.state.ct.us

Final-Recipient: rfc822;publicnotices@courant.com

Action: relayed

Status: 2.0.0

---IMA70496ca.492d/pop.state.ct.us

Content-Type: message/rfc822

Received: from doit-mstwmms1 [159.247.5.80] by pop.state.ct.us with ESMTP

(SMTPD-9.23) id A6870C38; Wed, 26 Nov 2008 13:33:43 -0500

Received: from 159.247.77.53 by doit-mstwmms1 with ESMTP (Tumbleweed EMF SMTP Relay (Email Firewall v6.0.0)); Wed, 26 Nov 2008 13:40:29 -0500

X-Server-Uuid: AAF81055-C3E5-43F1-82D3-EBCFC44FF42A

x-mimeole: Produced By Microsoft Exchange V6.5

Content-class: urn:content-classes:message

Return-Receipt-To: "Greer, Leslie" <Leslie.Greer@ct.gov>

MIME-Version: 1.0

Disposition-Notification-To: "Greer, Leslie" <Leslie.Greer@ct.gov>

Subject: Legal Ad 08-31277

Date: Wed, 26 Nov 2008 13:30:51 -0500

Message-ID: <741BDEFB9A5C9A4F9421A255626F70B101B7D9E9@DOIT-EX401.exec.ds.state.ct.us>

X-MS-Has-Attach: yes

X-MS-TNEF-Correlator:

Thread-Topic: Legal Ad 08-31277

Thread-Index: AclP9RxV4YLrqo9YSEmX+oVSat1tdQ==

From: "Greer, Leslie" <Leslie.Greer@ct.gov>

To: publicnotices@courant.com

X-WSS-ID: 6533479730S1288833-01-01

Content-Type: multipart/mixed;

boundary="----=_NextPart_001_01C94FF5.1C7128DD"

---IMA70496ca.492d/pop.state.ct.us--

Greer, Leslie

From: HC Public Notice [HCPublicNotice@courant.com]
Sent: Wednesday, November 26, 2008 4:31 PM
To: Greer, Leslie
Subject: RE: Legal Ad 08-31277

Your ad is scheduled for Friday, 11/28. The charge is 145.56.

Statute Reference: **19a-639**
Applicant: **Hartford Hospital**
Town: **Hartford**
Docket Number:
08-31277-LOI
Proposal: **New Employee
Parking Garage**
Capital Expenditure
\$47,000,000

The Applicant may file its Certificate of Need application between January 16, 2009 and March 17, 2009. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

From: Greer, Leslie [mailto:Leslie.Greer@ct.gov]
Sent: Wednesday, November 26, 2008 1:31 PM
To: publicnotices@courant.com