NORWALK HOSPITAL

FACSIMILE TRANSMITTAL SHEET

TO: Honorable Cristine A Vogel

FROM: Lisa M. Brady

DATE: 11-13-09

FAX NUMBER: 860-418-7053

TOTAL NO. OF PAGES INCLUDING COVER: 43

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE: Norwalk Hospital Master Facility Plan

YOUR REFERENCE NUMBER:

☐ URGENT X FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

Notes/Comments:

34 MAPLE STREET
NORWALK, CT 06850
203-852-2211
FAX: 852-1553

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

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	Norwalk Hospital Association	
Doing Business As	Norwalk Hospital	
Name of Parent Corporation	Norwalk Health Services Corporation	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	34 Maple Street Norwalk CT 06856	
Identify Applicant Status: P for Profit or NP for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	(Yes) No	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Lisa M. Brady Vice President Planning & Business Development	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	34 Maple Street Norwalk, CT 06856	
Contact Person Telephone Number	203.852.3402	
Contact Person Fax Number	203.852.1553	
Contact Person e-mail Address	lisa.brady@norwalkhealth.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: Norwalk Hospital Master Facility Plan – Ambulatory Pavilion

b. Project Proposal: Expansion of Emergency Department and consolidation of outpatient services in a new Ambulatory Pavilion

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)* consolidate outpatient services in a new outpatient pavilion

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: _____

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:

34 Maple Street Norwalk, CT 06856

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

Norwalk, New Canaan, Westport, Weston, Wilton, Ridgefield, Darien, Fairfield, Redding

h. Estimated starting date for the project: June 1, 2011

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

This proposal does not include a request for a change in the number of beds.

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $ 88,233,700

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

Major Medical Equipment Purchases*	$9,411,264
Medical Equipment Purchases*	$2,062,848
Non-Medical Equipment Purchases*	$2,124,277
Land/Building Purchases	
Construction/Renovation	$60,434,600
Other (Non-Construction) Specify: Fees: A/MEP/Contingency	$14,200,711
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	$88,233,700
Total Project Cost	$88,233,700
Capitalized Financing Costs (Informational Purpose Only)	$9,687,376

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased. (See Attachment IV)

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).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Linear Accelerator	Varian Medical Systems	Clinac 23EX	One	$3,296,934
CT Simulator	Philips		One	$850,000
See Attachment III for additional information				(Note: prices reflect list price)

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):

☒ Applicant's Equity	☐ Capital Lease	☐ Conventional Loan
☒ Charitable Contributions	☐ Operating Lease	☒ CHEFA Financing
☐ Funded Depreciation	☐ Grant Funding	
☐ 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.

Please see Project Description, included as Attachment I. DPH license attached as Attachment II.

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.

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

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

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

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

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

7. Who will be responsible for providing the service?

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

AFFIDAVIT

To be completed by each Applicant

Applicant: Norwalk Hospital

Project Title: Norwalk Hospital Master Facility Plan - Ambulatory Pavillion

I, Geoffrey Cole (Name), CEO (Position – CEO or CFO)

of Norwalk 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 Norwalk Hospital (Facility Name) complies with the appropriate and 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.

Geoffrey F. Cole — Signature

11/12/09 — Date

Subscribed and sworn to before me on 11.12.09

Jeanmarie M Foran JURIS NO: 408121

~~Notary Public/~~Commissioner of Superior Court

~~My commission expires:~~ _____

Attachment I: Project Description

Norwalk Hospital Master Facilities Plan – Ambulatory Pavilion

Norwalk Hospital (NH) is an acute care general hospital that offers a full range of medical and surgical services. The Hospital is licensed for 328 beds and 38 bassinets. Norwalk Hospital also offers a full range of outpatient services including ambulatory surgery and gastroenterology procedures, cardiac and vascular services, wound care, and oncology services. These outpatient services are currently dispersed throughout NH's campus. The proposed project, known as the Master Facility Plan – Ambulatory Pavilion, is the result of several years of planning activity by the Hospital and its Board of Trustees. Key outpatient services such gastroenterology and oncology will be consolidated into the new Ambulatory Pavilion, and ambulatory surgery and emergency services will be renovated and expanded. The project is expected to be completed by mid 2013, and is designed to meet the long term healthcare needs of the population served by NH by addressing the increasing trend toward and demand for ambulatory services. The goal of the Master Facilities Plan – Ambulatory Pavilion is to provide exceptional, patient-centered care in a contemporary environment that fosters improved operational efficiency, and enhanced access and experience for patients.

Overview of the Physical Environment

The existing Norwalk Hospital campus is contained within six primary buildings ranging in age and floor plate configuration. The buildings date from 1918 to 1975, with on-going renovations and additions through the mid 1990's. The hospital's physical plant is approximately 50 years old on average, and is among the oldest in southwestern Connecticut. Significant infrastructure components are nearing the end of their useful life, and some areas are no longer able to support the demands of emerging health care technology. Construction of a new Ambulatory Pavilion will allow Norwalk Hospital to accommodate new technologies and future development. Key outpatient services will be consolidated into approximately 90,000 square feet of new space and 40,000 square feet of renovated space.

The Ambulatory Pavilion consolidates outpatient services on the north side of the Hospital campus, creating a distinct Ambulatory Services entrance. The north side location allows for new construction to align with existing core service locations within the Main Pavilion of the Hospital. The new building will have three levels of clinical space, but will be a five story building, to tie into existing floor heights in the Hospital's Main Pavilion. The Ambulatory Pavilion will contain the following services:

- Level 1: Lobby and Patient Registration
- Level 3: Emergency Department and Cancer Center
- Level 5: Ambulatory Surgery and Digestive Diseases Center
- Roof: Mechanical Penthouse and Helipad

Outpatient Services

Core outpatient services (Cancer Center, Digestive Disease Center, Ambulatory Surgery, and Emergency Services) will be consolidated into the newly constructed Ambulatory Pavilion. The outpatient services are currently located in several locations throughout NH campus which results in patient access issues and inefficiencies in the delivery of care. In addition, emergency, cancer, and gastroenterology services have experienced growth over the past few years; the physical space does not allow NH to meet the demand for these services, or to incorporate new healthcare technologies.

Currently inpatient surgery and ambulatory surgery share the same space – including operating rooms, patient intake, recovery, and family waiting facilities. In FY 2009, approximately 10,360 surgical procedures were performed at NH. The project would result in the development of a dedicated Ambulatory Surgery entrance and improved flow between inpatient and outpatient procedures. The surgical suite will renovate ten existing operating rooms (ORs), and include shell space for two additional ORs for future needs. The reconfigured space improves OR utilization, patient flow, and operational efficiency through redesign and expansion of ambulatory patient support space.

The Hospital continues to experience growth in the number of gastroenterology procedures performed, and currently provides these services in two locations in the Hospital. The creation of a Digestive Diseases Center in the Ambulatory Pavilion will allow the Hospital to consolidate the service on one level, with a dedicated entrance. In FY 2009 10,384 gastroenterology procedures were performed in the NH GI Suite, which is designed to support a maximum of 8,000 procedures.

The Cancer Center is located in one of the oldest buildings on the hospital campus, and is experiencing space constraints. This project will allow both Medical Oncology and Radiation Oncology to be located at one site, and accommodates the construction of new vaults of the appropriate size for replacement of one linear accelerator, relocation of one linear accelerator, and the replacement of the current simulator with a CT simulator.

The Ambulatory Pavilion includes the renovation and expansion of Emergency Department (ED) services. The existing ED rooms are undersized for current technology, and the number of ED rooms can not accommodate the patient volume. In FY 2009 NH's ED had over 49,000 visits in a space designed to accommodate 25,000 visits. The new ED expands the size and number of ED beds, adds space for current diagnostic technologies, retains the psychiatric hold capability, and enhances current space for observation patients. As part of ED expansion the Wound Care Center and Patient Registration will be relocated.

All services included in the proposed Ambulatory Pavilion will be provided under Norwalk Hospital's existing license. No new services are proposed. Norwalk Hospital will continue to serve the population in the service area, and no change in payer mix is expected as a result of this project. The proposal will enhance the quality of health care delivery in the service region by improving accessibility, efficiency, and overall patient and family experience.

Attachment 11

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0053

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Norwalk Hospital Association of Norwalk, CT, d/b/a Norwalk Hospital is hereby licensed to maintain and operate a General Hospital.

Norwalk Hospital is located at 34 Maple Street, Norwalk, CT 06856

The maximum number of beds shall not exceed at any time:

38 Bassinets
328 General Hospital beds

This license expires **June 30, 2011** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2009. RENEWAL.

Satellites:

Norwalk Hospital Surgery Center, 40 Cross Street, Suite 120, Norwalk, CT

J Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA,
Commissioner

Norwalk Hospital

Master Facility Plan - Phase I

Major Medical Equipment Item Summary (>$50,000 ext. cost)

ID#	CAD ID	Total Qty	Description	Manufacturer	Model	UnitCost	ExtCost	Portable	Department
3984-020	LIN0012	1	Linear Accelerator, High Energy (>10MV)	Varian Medical Systems - Oncology Systems	Clinac 23EX [HP0505]	$ 3,296,934	$ 3,296,934	F	Radiation Therapy
3849-000		1	Computer Info System, CT Simulation / Localization	Philips Healthcare - Imaging Systems		$ 850,000	$ 850,000	F	Radiation Therapy
4076-031	MON0253	16	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MP70	$ 37,923	$ 606,768	F	Endoscopy
6744-001	XRY0177	1	X-Ray Unit, General Radiography, Digital w/Tomo	GE Healthcare - Imaging Systems	Revolution XR/d with Tomography	$ 475,000	$ 475,000	F	Emergency
4922-058	XRY0208	1	X-ray, General Rad, digital	GE Healthcare - Imaging Systems	Optima XR640	$ 360,000	$ 360,000	F	Emergency
4956-000		1	Computer Info System, Data Mgt, Oncology	Unspecified		$ 280,000	$ 280,000	F	Radiation Therapy
6810-001	XRY0178	1	X-Ray Unit, Mobile, Digital	GE Healthcare - Imaging Systems	Definium AMX 700	$ 257,500	$ 257,500	M	Surgery, Outpatient
6271-002	NRS0036	6	Nurse Call, Control Station	GE Security Inc.	TBD	$ 40,000	$ 240,000	F	Emergency
3842-033	HDW0050	34		Amico Corporation	Majestic Series - 96" (2 Tier/BLS/OBL)	$ 6,450	$ 219,300	F	Emergency
5251-067	MON0089	38	Monitor, Physiologic, Vital Signs	Philips Healthcare - Monitoring Systems	SureSigns VM4	$ 5,432	$ 206,416	F	Emergency
4209-000		1	Afterloader, High Dose Rate	Unspecified		$ 200,000	$ 200,000	F	Radiation Therapy
3842-001	HDW0018	17	Headwall, Rail System, 1 Patient	Hill-Rom - Architectural Products	Horizon 1000 3-Rail	$ 10,000	$ 170,000	F	Surgery, Outpatient
4076-030	MON0252	17	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MP60	$ 9,972	$ 169,524	F	Surgery, Outpatient
3842-001	HDW0018	16	Headwall, Rail System, 1 Patient	Hill-Rom - Architectural Products	Horizon 1000 3-Rail	$ 10,000	$ 160,000	F	Endoscopy
4076-030	MON0252	15	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MP60	$ 9,972	$ 149,580	F	Surgery, Outpatient
6142-003	CSM0047	6	Monitor, Central Station, 12 Patient	Welch Allyn, Inc. - Protocol, Inc.	Acuity LT Wireless 12 patient	$ 21,500	$ 129,000	F	Emergency
4436-029	STR0102	24	Stretcher, Procedure / Recovery	Hill-Rom - Bed & Stretcher Group	Transtar Procedural PC-350	$ 5,079	$ 121,896	M	Endoscopy
6537-008	LTS0280	2		Skytron	ECT2FPS/2AFS/LED55	$ 59,040	$ 118,080	F	Emergency
3844-001	HDW0072	6	Headwall, Rail System, 2 Patient	Hill-Rom - Architectural Products	Horizon 1000 3-Rail	$ 16,500	$ 99,000	F	Emergency
4177-037	INF0030	23	Pump, Infusion, Single	CareFusion - Alaris®	Alaris SE Single	$ 4,150	$ 95,450	F	Clinic, Oncology
3616-001	CHA0149	23	Chair, Clinical, Recliner, Treatment	Nemschoff Inc	Pristo Treatment PRTR-12P	$ 3,941	$ 90,643	F	Clinic, Oncology
5944-006	TBS0006	2	Table, Surgical, Major	STERIS Corporation	Amsco 3085 SP Battery	$ 44,968	$ 89,936	M	Surgery, Outpatient

Printed On: 11/13/2009

Attachment #1

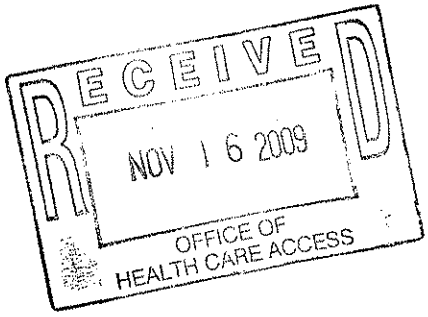
ID#	CAD ID	Total Qty	Description	Manufacturer	Model	UnitCost	Ext.Cost	Portable	Department
4436-001	STR0082	17	Stretcher, Procedure / Recovery	Hill-Rom - Bed & Stretcher Group	TranStar Procedural PC-300	$ 5,079	$ 86,343	M	Surgery, Outpatient
3678-029	DFB0039	8	Defibrillator, Monitor, w/Pacemaker	Zoll Medical Corporation	M Series - BLS AED w/Pacing	$ 10,600	$ 84,800	F	Emergency
3960-000		38	Light, Exam/Procedure, Single, Ceiling	Unspecified		$ 2,173	$ 82,574	F	Emergency
4860-026	COLG112	8		STERIS Corporation	Harmony EMS Floor System (FS)	$ 9,692	$ 77,536	F	Endoscopy
4076-031	MON0253	2	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MP70	$ 37,923	$ 75,846	F	Emergency
4794-024	MON0318	2	Monitor, Physiologic, Anesthesia	Spacelabs Healthcare	Ultraview 2002	$ 36,000	$ 72,000	F	Surgery, Outpatient
5316-031	CWA0022	6	Cabinet, Warming, Dual, Freestanding	STERIS Corporation	24' Glass Door [DJ06]	$ 11,854	$ 71,124	F	Emergency
5098-000		28	Desk, Office	Unspecified		$ 2,390	$ 66,920	F	Emergency
4075-152	MON0548	8	Monitor, Physiologic, Portable	Philips Healthcare - Monitoring Systems	Intellivue MP5 (3 wave)	$ 8,246	$ 65,968	F	Endoscopy
5885-000		2	Light, Surgical, Dual, Ceiling, w/Monitor Arm	BERCHTOLD Corporation		$ 31,704	$ 63,408	F	Surgery, Outpatient
7022-000		19	Chair, Clinical, Recliner, Bariatric	Unspecified		$ 3,195	$ 60,705	F	Surgery, Outpatient
5952-000		19	Monitor, Physiologic, Vital Signs, with Pulse Oximetry	Unspecified		$ 3,192	$ 60,648	F	Surgery, Outpatient
6727-000		9	Seating, Lounge, 4-Seat	Unspecified		$ 6,085	$ 54,765	F	Emergency
5650-000		1	Analyzer, Radiation, Q.A., Linear Accelerator	Unspecified		$ 52,000	$ 52,000	F	Radiation Therapy
4988-013	CMP0013	43		Dell Inc.	OptiPlex 755 Ultra Small w/17" Monitor	$ 1,200	$ 51,600	F	Emergency
							$ 9,411,264		

Printed On: 11/13/2009

Lisa M. Brady
Vice President, Planning and Business Development

Norwalk Hospital

34 Maple Street
Norwalk, CT 06856



VIA FED EX

November 13, 2009

Hon. Cristine A. Vogel
Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 34308
Hartford, CT 06134-0308

Re: Norwalk Hospital Master Facility Plan – Ambulatory Pavilion

Dear Commissioner Vogel:

Enclosed please find an original and five (5) copies of Norwalk Hospital's Letter of Intent ("LOI") to commence the Master Facility Plan – Ambulatory Pavilion, to expand Emergency Services and consolidate outpatient services into a new outpatient building on the Hospital's north side campus.

Should you have any questions, please fee free to contact me at 203.852.3402.

Sincerely,

Lisa M. Brady
Vice President
Planning and Business Development

Enclosures

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

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	Norwalk Hospital Association	
Doing Business As	Norwalk Hospital	
Name of Parent Corporation	Norwalk Health Services Corporation	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	34 Maple Street Norwalk CT 06856	
Identify Applicant Status: P for Profit or NP for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	(Yes) No	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Lisa M. Brady Vice President Planning & Business Development	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	34 Maple Street Norwalk, CT 06856	
Contact Person Telephone Number	203.852.3402	
Contact Person Fax Number	203.852.1553	
Contact Person e-mail Address	lisa.brady@norwalkhealth.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: Norwalk Hospital Master Facility Plan – Ambulatory Pavilion

b. Project Proposal: Expansion of Emergency Department and consolidation of outpatient services in a new Ambulatory Pavilion

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)* consolidate outpatient services in a new outpatient pavilion

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: _____

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:

34 Maple Street Norwalk, CT 06856

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

Norwalk, New Canaan, Westport, Weston, Wilton, Ridgefield, Darien, Fairfield, Redding

h. Estimated starting date for the project: June 1, 2011

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

This proposal does not include a request for a change in the number of beds.

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $ 88,233,700

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

Major Medical Equipment Purchases*	$9,411,264
Medical Equipment Purchases*	$2,062,848
Non-Medical Equipment Purchases*	$2,124,277
Land/Building Purchases	
Construction/Renovation	$60,434,600
Other (Non-Construction) Specify: Fees: A/MEP/Contingency	$14,200,711
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	$88,233,700
Total Project Cost	$88,233,700
Capitalized Financing Costs (Informational Purpose Only)	$9,687,376

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased. (See Attachment IV)

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).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Linear Accelerator	Varian Medical Systems	Clinac 23EX	One	$3,296,934
CT Simulator	Philips		One	$850,000
See Attachment III for additional information				(Note: prices reflect list price)

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):

☒ Applicant's Equity	☐ Capital Lease	☐ Conventional Loan
☒ Charitable Contributions	☐ Operating Lease	☒ CHEFA Financing
☐ Funded Depreciation	☐ Grant Funding	
☐ 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.

Please see Project Description, included as Attachment I. DPH license attached as Attachment II.

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.

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

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

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

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

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

7. Who will be responsible for providing the service?

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

AFFIDAVIT

To be completed by each Applicant

Applicant: Norwalk Hospital

Project Title: Norwalk Hospital Master Facility Plan - Ambulatory Pavillion

I, Geoffrey Cole (Name), CEO (Position – CEO or CFO)

of Norwalk 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 Norwalk Hospital (Facility Name) complies with the appropriate and 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.

RECEIVED
NOV 16 2009
OFFICE OF HEALTH CARE ACCESS

Geoffrey F. Cole
Signature

11/12/09
Date

Subscribed and sworn to before me on 11-12-09

Jeanne M Foran JUris No: 408121
~~Notary Public~~/Commissioner of Superior Court

My ~~commission expires~~: _____

Attachment I: Project Description

Norwalk Hospital Master Facilities Plan – Ambulatory Pavilion

Norwalk Hospital (NH) is an acute care general hospital that offers a full range of medical and surgical services. The Hospital is licensed for 328 beds and 38 bassinets. Norwalk Hospital also offers a full range of outpatient services including ambulatory surgery and gastroenterology procedures, cardiac and vascular services, wound care, and oncology services. These outpatient services are currently dispersed throughout NH's campus. The proposed project, known as the Master Facility Plan – Ambulatory Pavilion, is the result of several years of planning activity by the Hospital and its Board of Trustees. Key outpatient services such gastroenterology and oncology will be consolidated into the new Ambulatory Pavilion, and ambulatory surgery and emergency services will be renovated and expanded. The project is expected to be completed by mid 2013, and is designed to meet the long term healthcare needs of the population served by NH by addressing the increasing trend toward and demand for ambulatory services. The goal of the Master Facilities Plan – Ambulatory Pavilion is to provide exceptional, patient-centered care in a contemporary environment that fosters improved operational efficiency, and enhanced access and experience for patients.

Overview of the Physical Environment

The existing Norwalk Hospital campus is contained within six primary buildings ranging in age and floor plate configuration. The buildings date from 1918 to 1975, with on-going renovations and additions through the mid 1990's. The hospital's physical plant is approximately 50 years old on average, and is among the oldest in southwestern Connecticut. Significant infrastructure components are nearing the end of their useful life, and some areas are no longer able to support the demands of emerging health care technology. Construction of a new Ambulatory Pavilion will allow Norwalk Hospital to accommodate new technologies and future development. Key outpatient services will be consolidated into approximately 90,000 square feet of new space and 40,000 square feet of renovated space.

The Ambulatory Pavilion consolidates outpatient services on the north side of the Hospital campus, creating a distinct Ambulatory Services entrance. The north side location allows for new construction to align with existing core service locations within the Main Pavilion of the Hospital. The new building will have three levels of clinical space, but will be a five story building, to tie into existing floor heights in the Hospital's Main Pavilion. The Ambulatory Pavilion will contain the following services:

- Level 1: Lobby and Patient Registration
- Level 3: Emergency Department and Cancer Center
- Level 5: Ambulatory Surgery and Digestive Diseases Center
- Roof: Mechanical Penthouse and Helipad

Outpatient Services

Core outpatient services (Cancer Center, Digestive Disease Center, Ambulatory Surgery, and Emergency Services) will be consolidated into the newly constructed Ambulatory Pavilion. The outpatient services are currently located in several locations throughout NH campus which results in patient access issues and inefficiencies in the delivery of care. In addition, emergency, cancer, and gastroenterology services have experienced growth over the past few years; the physical space does not allow NH to meet the demand for these services, or to incorporate new healthcare technologies.

Currently inpatient surgery and ambulatory surgery share the same space – including operating rooms, patient intake, recovery, and family waiting facilities. In FY 2009, approximately 10,360 surgical procedures were performed at NH. The project would result in the development of a dedicated Ambulatory Surgery entrance and improved flow between inpatient and outpatient procedures. The surgical suite will renovate ten existing operating rooms (ORs), and include shell space for two additional ORs for future needs. The reconfigured space improves OR utilization, patient flow, and operational efficiency through redesign and expansion of ambulatory patient support space.

The Hospital continues to experience growth in the number of gastroenterology procedures performed, and currently provides these services in two locations in the Hospital. The creation of a Digestive Diseases Center in the Ambulatory Pavilion will allow the Hospital to consolidate the service on one level, with a dedicated entrance. In FY 2009 10,384 gastroenterology procedures were performed in the NH GI Suite, which is designed to support a maximum of 8,000 procedures.

The Cancer Center is located in one of the oldest buildings on the hospital campus, and is experiencing space constraints. This project will allow both Medical Oncology and Radiation Oncology to be located at one site, and accommodates the construction of new vaults of the appropriate size for replacement of one linear accelerator, relocation of one linear accelerator, and the replacement of the current simulator with a CT simulator.

The Ambulatory Pavilion includes the renovation and expansion of Emergency Department (ED) services. The existing ED rooms are undersized for current technology, and the number of ED rooms can not accommodate the patient volume. In FY 2009 NH's ED had over 49,000 visits in a space designed to accommodate 25,000 visits. The new ED expands the size and number of ED beds, adds space for current diagnostic technologies, retains the psychiatric hold capability, and enhances current space for observation patients. As part of ED expansion the Wound Care Center and Patient Registration will be relocated.

All services included in the proposed Ambulatory Pavilion will be provided under Norwalk Hospital's existing license. No new services are proposed. Norwalk Hospital will continue to serve the population in the service area, and no change in payer mix is expected as a result of this project. The proposal will enhance the quality of health care delivery in the service region by improving accessibility, efficiency, and overall patient and family experience.

Attachment 11

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0053

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Norwalk Hospital Association of Norwalk, CT, d/b/a Norwalk Hospital is hereby licensed to maintain and operate a General Hospital.

Norwalk Hospital is located at 34 Maple Street, Norwalk, CT 06856

The maximum number of beds shall not exceed at any time:

38 Bassinets
328 General Hospital beds

This license expires **June 30, 2011** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2009. RENEWAL.

Satellites

Norwalk Hospital Surgery Center, 40 Cross Street, Suite 120, Norwalk, CT

J Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA,
Commissioner

Attachment III

Norwalk Hospital

Master Facility Plan - Phase I

Major Medical Equipment Item Summary (>$50,000 ext. cost)

ID#	CAD ID	Total Qty	Description	Manufacturer	Model	UnitCost	Ext.Cost	Portable	Department
3984-020	LIN0012	1	Linear Accelerator, High Energy (>10MV)	Varian Medical Systems - Oncology Systems	Clinac 23EX [HP0505]	$ 3,296,934	$ 3,296,934	F	Radiation Therapy
3649-000		1	Computer Info System, CT Simulation / Localization	Philips Healthcare - Imaging Systems		$ 850,000	$ 850,000	F	Radiation Therapy
4076-031	MON0253	16	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MP70	$ 37,923	$ 606,768	F	Endoscopy
6744-001	XRY0177	1	X-Ray Unit, General Radiography, Digital w/Tomo	GE Healthcare - Imaging Systems	Revolution XR/d with Tomography	$ 475,000	$ 475,000	F	Emergency
4922-058	XRY0208	1	X-ray, General Rad, digital	GE Healthcare - Imaging Systems	Optima XR640	$ 360,000	$ 360,000	F	Emergency
4956-000		1	Computer Info System, Data Mgt, Oncology	Unspecified		$ 280,000	$ 280,000	F	Radiation Therapy
6810-001	XRY0178	1	X-Ray Unit, Mobile, Digital	GE Healthcare - Imaging Systems	Definium AMX 700	$ 257,500	$ 257,500	M	Surgery, Outpatient
6271-002	NRS0036	6	Nurse Call, Control Station	GE Security Inc.	TBD	$ 40,000	$ 240,000	F	Emergency
3842-033	HDW0050	34		Amico Corporation	Majestic Series - 96" (2 Tier/BLS/OBL)	$ 6,450	$ 219,300	F	Emergency
5251-067	MON0089	38	Monitor, Physiologic, Vital Signs	Philips Healthcare - Monitoring Systems	SureSigns VM4	$ 5,432	$ 206,416	F	Emergency
4209-000		1	Afterloader, High Dose Rate	Unspecified		$ 200,000	$ 200,000	F	Radiation Therapy
3842-001	HDW0018	17	Headwall, Rail System, 1 Patient	Hill-Rom - Architectural Products	Horizon 1000 3-Rail	$ 10,000	$ 170,000	F	Surgery, Outpatient
4076-030	MON0252	17	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MP60	$ 9,972	$ 169,524	F	Surgery, Outpatient
3842-001	HDW0018	16	Headwall, Rail System, 1 Patient	Hill-Rom - Architectural Products	Horizon 1000 3-Rail	$ 10,000	$ 160,000	F	Endoscopy
4076-030	MON0252	15	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MP60	$ 9,972	$ 149,580	F	Surgery, Outpatient
6142-003	CSM0047	6	Monitor, Central Station, 12 Patient	Welch Allyn, Inc. - Protocol, Inc.	Acuity LT Wireless 12 patient	$ 21,500	$ 129,000	F	Emergency
4436-029	STR0102	24	Stretcher, Procedure / Recovery	Hill-Rom - Bed & Stretcher Group	Transtar Procedural PC-350	$ 5,079	$ 121,896	M	Endoscopy
6637-008	LTS0280	2		Skytron	ECT2FPS/2AFS/LED55	$ 59,040	$ 118,080	F	Emergency
3844-001	HDW0072	6	Headwall, Rail System, 2 Patient	Hill-Rom - Architectural Products	Horizon 1000 3-Rail	$ 16,500	$ 99,000	F	Emergency
4177-037	INF0030	23	Pump, Infusion, Single	CareFusion - Alaris®	Alaris SE Single	$ 4,150	$ 95,450	F	Clinic, Oncology
3616-001	CHA0149	23	Chair, Clinical, Recliner, Treatment	Nemschoff Inc	Pristo Treatment PRTR-12P	$ 3,941	$ 90,643	F	Clinic, Oncology
5944-006	TBS0006	2	Table, Surgical, Major	STERIS Corporation	Amsco 3085 SP Battery	$ 44,968	$ 89,936	M	Surgery, Outpatient

Printed On: 11/13/2009

Attachment III

ID#	CAD ID	Total Qty	Description	Manufacturer	Model	UnitCost	Ext.Cost	Portable	Department
4436-001	STR0082	17	Stretcher, Procedure / Recovery	Hill-Rom - Bed & Stretcher Group	TranStar Procedural PC-300	$ 5,079	$ 86,343	M	Surgery, Outpatient
3678-029	DFB0039	8	Defibrillator, Monitor, w/Pacemaker	Zoll Medical Corporation	M Series - BLS AED w/Pacing	$ 10,600	$ 84,800	F	Emergency
3960-000		38	Light, Exam/Procedure, Single, Ceiling	Unspecified		$ 2,173	$ 82,574	F	Emergency
4860-026	COL0112	8		STERIS Corporation	Harmony EMS Floor System (FS)	$ 9,692	$ 77,536	F	Endoscopy
4076-031	MON0253	2	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MP70	$ 37,923	$ 75,846	F	Emergency
4794-024	MON0318	2	Monitor, Physiologic, Anesthesia	Spacelabs Healthcare	Ultraview 2002	$ 36,000	$ 72,000	F	Surgery, Outpatient
5316-031	CWA0022	6	Cabinet, Warming, Dual, Freestanding	STERIS Corporation	24' Glass Door [DJ06]	$ 11,854	$ 71,124	F	Emergency
5098-000		28	Desk, Office	Unspecified		$ 2,390	$ 66,920	F	Emergency
4075-152	MON0548	8	Monitor, Physiologic, Portable	Philips Healthcare - Monitoring Systems	Intellivue MP5 (3 wave)	$ 8,246	$ 65,968	F	Endoscopy
5885-000		2	Light, Surgical, Dual, Ceiling, w/Monitor Arm	BERCHTOLD Corporation		$ 31,704	$ 63,408	F	Surgery, Outpatient
7022-000		19	Chair, Clinical, Recliner, Bariatric	Unspecified		$ 3,195	$ 60,705	F	Surgery, Outpatient
5952-000		19	Monitor, Physiologic, Vital Signs, with Pulse Oximetry	Unspecified		$ 3,192	$ 60,648	F	Surgery, Outpatient
6727-000		9	Seating, Lounge, 4-Seat	Unspecified		$ 6,085	$ 54,765	F	Emergency
5650-000		1	Analyzer, Radiation, Q.A., Linear Accelerator	Unspecified		$ 52,000	$ 52,000	F	Radiation Therapy
4988-013	CMP0013	43		Dell Inc.	OptiPlex 755 Ultra Small w/17" Monitor	$ 1,200	$ 51,600	F	Emergency
							$ 9,411,264		

Attachment IV

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
3984-020 LIN0012		1	Linear Accelerator, High Energy (>10MV)	Varian Medical Systems - Oncology Systems	Clinac 23EX [HP0505]	N	O/V	2	$3,296,934.00 E	$3,296,934.00
3649-000		1	Computer Info System, CT Simulation / Localization	Philips Healthcare - Imaging Systems	_____	N	O/V	2	$850,000.00 L	$850,000.00
4076-031 MON0253		18	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MP70	N	O/O	2	$37,923.00 L	$682,614.00
6744-001 XRY0177		1	X-Ray Unit, General Radiography, Digital w/Tomo	GE Healthcare - Imaging Systems	Revolution XR/d with Tomography	N	O/V	2	$475,000.00 L	$475,000.00
4922-058 XRY0208		1	X-Ray Unit, General Radiography, Digital	GE Healthcare - Imaging Systems	Optima XR640	N	O/O	2	$360,000.00 L	$360,000.00
4076-030 MON0252		36	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MP60	N	O/O	2	$9,972.00 L	$358,992.00
3842-001 HDW0018		33	Headwall, Rail System, 1 Patient	Hill-Rom - Architectural Products	Horizon 1000 3-Rail	N	O/C	1	$10,000.00 L	$330,000.00
4956-000		1	Computer Info System, Data Mgt, Oncology	Unspecified	_____	N	O/V	2	$280,000.00 L	$280,000.00
6810-001 XRY0178		1	X-Ray Unit, Mobile, Digital	GE Healthcare - Imaging Systems	Definium AMX 700	N	O/V	2	$257,500.00 L	$257,500.00
5251-067 MON0089		42	Monitor, Physiologic, Vital Signs	Philips Healthcare - Monitoring Systems	SureSigns VM4	N	O/O	2	$5,432.00 L	$228,144.00
3842-033 HDW0050		34	Headwall, Rail System, 1 Patient	Amico Corporation	Majestic Series - 96" (2 Tier/BLS/OBL)	N	O/O	1	$6,450.00 L	$219,300.00
4209-000		1	Afterloader, High Dose Rate	Unspecified	_____	N	O/V	2	$200,000.00 L	$200,000.00
4436-029 STR0102		26	Stretcher, Procedure / Recovery	Hill-Rom - Bed & Stretcher Group	Transtar Procedural PC-350	N	O/O	3	$5,079.00 L	$132,054.00
6142-003 CSM0047		6	Monitor, Central Station, 12 Patient	Welch Allyn, Inc. - Protocol, Inc.	Acuity LT Wireless 12 patient	N	O/V	2	$21,500.00 L	$129,000.00
6637-008 LTS0280		2	Light, Surgical, Dual, Ceiling, w/Monitor Arm & Equip. Boom	Skytron	ECT2FPS/2AFS/LED55	N	O/O	1	$59,040.00 L	$118,080.00
3616-001 CHA0149		27	Chair, Clinical, Recliner, Treatment	Nemschoff Inc	Pristo Treatment PRTR-12P	N	O/O	3	$3,941.00 L	$106,407.00
4177-037 INF0030		25	Pump, Infusion, Single	CareFusion - Alaris®	Alaris SE Single	N	O/O	2	$4,150.00 L	$103,750.00
3844-001 HDW0072		6	Headwall, Rail System, 2 Patient	Hill-Rom - Architectural Products	Horizon 1000 3-Rail	N	O/C	1	$16,500.00 L	$99,000.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4860-026 COL0112		10	Column, Service, Floor to Ceiling	STERIS Corporation	Harmony EMS Floor System (FS)	N	O/O	1	$9,692.00 L	$96,920.00
5316-031 CWA0022		8	Cabinet, Warming, Dual, Freestanding	STERIS Corporation	24' Glass Door [DJ06]	N	O/C	2	$11,854.00 L	$94,832.00
3960-000		42	Light, Exam/Procedure, Single, Ceiling	Unspecified	_____	N	O/C	1	$2,173.00 L	$91,266.00
5944-006 TBS0006		2	Table, Surgical, Major	STERIS Corporation	Amsco 3085 SP Battery	N	O/O	2	$44,968.00 L	$89,936.00
4436-001 STR0082		17	Stretcher, Procedure / Recovery	Hill-Rom - Bed & Stretcher Group	TranStar Procedural PC-300	N	O/O	3	$5,079.00 L	$86,343.00
3678-029 DFB0039		8	Defibrillator, Monitor, w/Pacemaker	Zoll Medical Corporation	M Series - BLS AED w/Pacing	N	O/O	2	$10,600.00 L	$84,800.00
4071-051 MON0096		16	Monitor, Physiologic, Vital Signs, w/Stand	Philips Healthcare - Monitoring Systems	SureSigns VS1 (NiBP, Sp02, Temp, Stand)	N	O/O	2	$4,882.00 L	$78,112.00
4075-152 MON0548		9	Monitor, Physiologic, Portable	Philips Healthcare - Monitoring Systems	Intellivue MP5 (3 wave)	N	O/O	2	$8,246.00 L	$74,214.00
4794-024 MON0318		2	Monitor, Physiologic, Anesthesia	Spacelabs Healthcare	Ultraview 2002	N	O/O	2	$36,000.00 L	$72,000.00
5952-000		20	Monitor, Physiologic, Vital Signs, with Pulse Oximetry	Unspecified	_____	N	O/O	2	$3,192.00 L	$63,840.00
5885-000		2	Light, Surgical, Dual, Ceiling, w/Monitor Arm	BERCHTOLD Corporation	_____	N	O/C	1	$31,704.00 L	$63,408.00
7022-000		19	Chair, Clinical, Recliner, Bariatric	Unspecified	_____	N	O/O	3	$3,195.00 L	$60,705.00
3842-000		6	Headwall, Rail System, 1 Patient	Unspecified	_____	N	O/C	1	$10,000.00 L	$60,000.00
3836-018 HAM0016		106	Hamper, Linen	Blickman Inc.	7773SS-LP (Porter)	N	O/O	3	$550.00 L	$58,300.00
4091-000		55	Oto/Ophthalmoscope Set, Wall Mount	Unspecified	_____	N	O/C	1	$981.00 L	$53,955.00
5650-000		1	Analyzer, Radiation, Q.A., Linear Accelerator	Unspecified	_____	N	O/O	2	$52,000.00 L	$52,000.00
4248-051 REG0053		93	Regulator, Suction, Intermittent/Continuous	Precision Medical Incorporated	Pediatric (Puritan Bennett/Ohmeda Trap)	N	O/O	3	$547.00 L	$50,871.00
5317-001 CWA0044		7	Cabinet, Warming, Single, Counter	STERIS Corporation	24 Solid Door [DJ03]	N	O/O	2	$7,239.00 L	$50,673.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4429-017 STR0017		22	Stretcher, Transport	STERIS Hausted	Horizon Basic Transport Fixed Height	N	O/O	3	$2,180.00 L	$47,960.00
6608-000		1	Computer Info System, Treatment Planning	Unspecified		N	O/V	2	$45,000.00 L	$45,000.00
3934-000		3	Laser, Patient Alignment System	Unspecified		N	O/C	1	$13,164.00 L	$39,492.00
7026-002 PRC0342		22	Cart, Procedure, Phlebotomy	MarketLab Inc.	ML5460	N	O/O	3	$1,695.00 L	$37,290.00
4837-002 ESU0043		2	Electrosurgical Unit, Argon Beam	ERBE Incorporated	APC300 w/Cart	N	O/O	2	$18,345.00 L	$36,690.00
5320-016 CWA0108		4	Cabinet, Warming, Single, Floor	Blickman Inc.	7921MG	N	O/O	2	$8,918.00 L	$35,672.00
4091-009 OPH0041		39	Oto/Ophthalmoscope Set, Wall Mount	Welch Allyn, Inc. - Med Division	76710-71M	N	O/C	1	$893.00 L	$34,827.00
3489-005 CST0255		8	Cabinet, Storage, Clinical , Endoscope	Olympus America Inc - Endoscope Div.	Colonoscope Cabinet 55452	N	O/C	1	$4,345.00 L	$34,760.00
5260-000		66	Regulator, Suction, Surgical, High Flow	Unspecified		N	O/O	3	$505.00 L	$33,330.00
4824-012 ESU0012		2	Electrosurgical Unit, Bipolar	Covidien - Valleylab Div	Force FX C	N	O/O	2	$15,808.00 L	$31,616.00
4817-021 ICE0054		4	Ice Machine, Dispenser, Nugget, Countertop	Follett Corporation	25CT400A	N	O/C	1	$7,850.00 L	$31,400.00
5830-001 CSC0015		7	Cart, Case, Medium (40-49in wide)	Suburban Surgical Company, Inc.	Tote-Al Style A [105502-00/220333]	N	O/O	3	$4,399.00 L	$30,793.00
5859-042 PRC0154		20	Cart, Procedure, Resuscitation	Waterloo Healthcare	UTBLU-43336P-ELB w/ EMER-PKGM	N	O/O	3	$1,467.00 L	$29,340.00
3960-028 LIG0075		14	Light, Exam/Procedure, Single, Ceiling	BERCHTOLD Corporation	D300 Double Arm	N	O/C	1	$2,090.00 L	$29,260.00
3842-019 HDW0036		13	Headwall, Rail System, 1 Patient	Hospital Systems, Inc.	Infinity	N	O/C	1	$2,195.00 L	$28,535.00
4147-000		1	Processor, Film, X-ray	Unspecified		N	O/O	2	$26,325.00 L	$26,325.00
4609-000		49	Viewbox, 2 Panel, Recessed	Unspecified		N	O/C	1	$534.00 L	$26,166.00
4107-029 OXM0023		7	Oximeter, Pulse	Tyco Healthcare - Nellcor Division	OxiMax N-560	N	O/O	2	$3,700.00 L	$25,900.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4414-040 STL0056		63	Stool, Exam, Cushion-Seat	Blickman Inc.	7714-PSS	N	O/O	3	$397.00 L	$25,011.00
3952-000		2	Light Source, Xenon	Carl Zeiss Surgical Products Division		N	O/O	2	$12,500.00 L	$25,000.00
4715-066 WCR0042		19	Wheelchair, Adult, Standard	Invacare Corporation	9000 XT (20" seat)	N	O/O	3	$1,292.00 L	$24,548.00
5316-000		2	Cabinet, Warming, Dual, Freestanding	Unspecified		N	O/C	2	$11,854.00 L	$23,708.00
5945-000		1	Table, Surgical, Minor	STERIS Corporation		N	O/O	2	$23,700.00 L	$23,700.00
4347-000		55	Sphygmomanometer, Aneroid, Mobile	Unspecified		N	O/O	3	$389.00 L	$21,395.00
3839-017 HDL0012		3	Headlight, w/ Light Source	Burton Medical Products	XenaLux Complete	N	O/O	2	$6,900.00 L	$20,700.00
5923-000		13	Table, Exam/Treatment, Manual Adjust	Hamilton Medical Furniture		N	O/O	3	$1,574.00 L	$20,462.00
5319-003 CWA0086		2	Cabinet, Warming, Dual, Recessed	STERIS Corporation	18 Solid Door [DJ02]	N	O/C	1	$10,028.00 L	$20,056.00
4114-000		1	PACS, Monitor, 2 Panel, Desktop	Unspecified		N	O/V	2	$20,000.00 L	$20,000.00
4360-000		45	Stand, IV, Stainless Steel	Unspecified		N	O/O	3	$444.00 L	$19,980.00
5931-000		2	Embosser/Printer, Card	Unspecified		N	O/O	2	$9,978.00 L	$19,956.00
4658-019 WMR0032		6	Warmer, Fluid/ Blood, Portable	Futuremed America Inc.	Astoflo PLUS	N	O/O	2	$3,295.00 L	$19,770.00
5485-000		40	Thermometer, Digital, Wall Mount	Unspecified		N	O/C	1	$483.00 L	$19,320.00
6821-001 SPC0529		9	Cart, Supply, Drawers	InterMetro Industries Corporation	Starsys SXS43CM1	N	O/O	3	$2,095.00 L	$18,855.00
3963-016 LIG0145		7	Light, Exam/Procedure, Single, Floor	STERIS Corporation	Amsco Examiner 10 (34' Base) [AS31]	N	O/O	2	$2,526.00 L	$17,682.00
3490-000		1	Cabinet, Storage, Clinical , Lead Lined	Unspecified		N	O/O	3	$16,000.00 L	$16,000.00
5934-004 TOB0004		23	Table, Overbed, General	Hill-Rom Co, Inc - Room & Furniture	PatientMate Jr OBT220	N	O/O	3	$675.00 L	$15,525.00
3913-001 IRR0001		2	Irrigator, Surgical	Pentax Medical Company	CGI-4000B	N	O/O	2	$7,660.00 L	$15,320.00
6262-000		39	Stand, Mayo, Thumb-Operated	Unspecified		N	O/O	3	$388.00 L	$15,132.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories ☑ = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4717-001 WCR0064		4	Wheelchair, Adult, Large	Everest & Jennings Div. Of Graham Field	Premier Classic Standard (24" Seat)	N	O/O	3	$3,764.00 L	$15,056.00
4431-003 STR0040		3	Stretcher, Chair, Transport	Stryker Medical	Stretcher Chair 5050	N	O/O	3	$4,893.00 L	$14,679.00
3598-041 CEN0121		2	Centrifuge, General Purpose, Countertop	Helmer, Inc.	Hettich Rotana 460 S	N	O/O	2	$7,283.00 L	$14,566.00
6262-006 MAY0037		23	Stand, Mayo, Thumb-Operated	Pedigo Products	P-1068-A-SS (13x19 tray)	N	O/O	3	$630.00 L	$14,490.00
5046-000		1	Light, Surgical, Single, Ceiling	BERCHTOLD Corporation		N	O/C	1	$14,200.00 L	$14,200.00
6309-000		8	Bed, Longterm Care	Unspecified		N	O/O	2	$1,713.00 L	$13,704.00
3459-000		1	Cabinet, Bio Safety, Class II, Type B1, Floor	Unspecified		N	O/C	1	$13,675.00 L	$13,675.00
6451-002 MED0109		4	Dispenser, Medication, Lock Module	CareFusion - Pyxis	Remote Manager	N	O/O	2	$3,400.00 L	$13,600.00
4256-000		2	Safe, Lead Lined	Unspecified		N	O/O	3	$6,500.00 L	$13,000.00
4414-000		53	Stool, Exam, Cushion-Seat	Unspecified		N	O/O	3	$245.00 L	$12,985.00
4609-004 VBX0054		23	Viewbox, 2 Panel, Recessed	GE Healthcare - Radiology Accessories	Truvision 3000 Plus (E5015MB)	N	O/C	1	$534.00 L	$12,282.00
5999-002 MDC0027		4	Cart, Medication, Medium	Lionville Systems, Inc.	600 Series	N	O/O	3	$3,000.00 L	$12,000.00
6004-000		9	Cart, Anesthesia, 4-drawer	Unspecified		N	O/O	3	$1,278.00 L	$11,502.00
4363-004 IVS0080		23	Stand, IV, Multi-Pump	Pedigo Products	iSTAND P-1080-6	N	O/O	2	$491.00 L	$11,293.00
3458-001 CBS0022		1	Cabinet, Bio Safety, Class II, Type B2, Floor	Baker Company, Inc.	SterilchemGARD 6TX	N	O/C	1	$10,995.00 L	$10,995.00
3451-005 BUK0018		16	Bucket, Kick	Mopec	BA007	N	O/O	3	$680.00 L	$10,880.00
5002-000		44	Stool, Step, Stackable	Unspecified		N	O/O	3	$247.00 L	$10,868.00
6164-000		4	Chair, Clinical, Blood Draw, Reclining	Unspecified		N	O/O	2	$2,699.00 L	$10,796.00
3727-021 DOP0050		9	Doppler, Fetal Heart	CareFusion - Nicolet Vascular	ImexDop CT30+	N	O/O	3	$1,195.00 L	$10,755.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories C = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
3836-000		56	Hamper, Linen	Unspecified		N	O/O	3	$192.00 L	$10,752.00
3874-001 HYP0001		2	Hypo-Hyperthermia Unit, General	Gaymar Industries, Inc.	Medi-Therm III - MTA6900	N	O/O	2	$5,295.00 L	$10,590.00
4347-001 SPH0019		30	Sphygmomanometer, Aneroid, Mobile	Welch Allyn, Inc. - Med Division	767 Mobile w/Adult Cuff	N	O/O	3	$335.00 L	$10,050.00
6011-002 MTR0040		20	Monitor, Video, LCD, Flat Panel	Eizo Nanao Corporation	FlexScan L375 (15 in)	N	O/O	2	$500.00 L	$10,000.00
3857-000		1	Hood, Radioisotope, Benchtop	Unspecified		N	O/C	1	$9,985.00 L	$9,985.00
3614-001 CHA0119		1	Chair, Clinical, Procedure, Uro/ Gyn	Stille-Sonesta, Inc.	Sonesta 6202 Gyn Procedure	N	O/O	2	$9,950.00 L	$9,950.00
3803-001 FLW0003		92	Flowmeter, Oxygen	Ohio Medical	6702-1261-907	N	O/O	3	$108.00 L	$9,936.00
3719-007 GLV0035		123	Dispenser, Glove, Syringe Disposal Combo, Wall Mount	Covidien - Kendall Products	85161H w/ 8550LG	N	O/C	1	$80.00 L	$9,840.00
4071-000		2	Monitor, Physiologic, Vital Signs, w/Stand	Unspecified		N	O/O	2	$4,882.00 L	$9,764.00
4311-000		4	Shield, Lead, Mobile	Unspecified		N	O/O	3	$2,411.00 L	$9,644.00
6292-003 WCR0101		10	Wheelchair, Adult, Heavy-Duty	Sunrise Medical	Guardian Easy Care 2000HD 24in	N	O/O	3	$950.00 L	$9,500.00
3422-004 BED0108		6	Bed, Psychiatric, Security / Seclusion	Humane Restraint Co., Inc.	Duramax Bed	N	O/O	3	$1,550.00 L	$9,300.00
4361-001 IVS0041		71	Stand, IV, Chrome	Brewer Company	43403 (2 hook)	N	O/O	3	$128.00 L	$9,088.00
4217-001 REF0001		1	Refrigerator, Blood Bank, 1 door	Thermo Forma	3881 (19.7 cu ft)	N	O/O	2	$8,958.00 L	$8,958.00
6429-000		1	Dose Calibrator, w/ Well Counter	Unspecified		N	O/O	3	$8,925.00 L	$8,925.00
5320-000		1	Cabinet, Warming, Single, Floor	Unspecified		N	O/O	2	$8,834.00 L	$8,834.00
6751-000		1	Table, Exam/Treatment, Bariatric	Clinton Industries Inc.		N	O/O	2	$8,682.00 L	$8,682.00
5913-003 TIN0049		11	Table, Instrument, 48 inch	Pedigo Products	SG-92-SS (48x24)	N	O/O	3	$773.00 L	$8,503.00
4346-001 SPH0004		44	Sphygmomanometer, Aneroid, Wall Mount	Welch Allyn, Inc. - Med Division	767 Wall w/Adult Cuff	N	O/C	1	$189.00 L	$8,316.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4722-000		1	Workstation, Block Casting System	Unspecified		N	O/C	1	$8,250.00 L	$8,250.00
3945-001 LFT0042		2	Lift, Patient, Ceiling, 1-Bed	Ferno Performance Pools	Overhead Carrier 702	N	O/C	1	$4,124.00 L	$8,248.00
5610-000		1	Column, Service, Ceiling, Retractable	Unspecified		N	C/C	1	$8,200.00 L	$8,200.00
4817-000		1	Ice Machine, Dispenser, Nugget, Countertop	Unspecified		N	O/C	1	$8,165.00 L	$8,165.00
5594-005 CSL0028		2	Cabinet, OR Console, Supply	Getinge USA - Infection Control	Surgical Supply Cabinet 48"	N	O/C	1	$4,001.00 L	$8,002.00
3457-000		1	Cabinet, Bio Safety, Class II, Type A2, Benchtop	Unspecified		N	O/C	1	$7,970.00 L	$7,970.00
6164-001 CHA0212		3	Chair, Clinical, Blood Draw, Reclining	MarketLab Inc.	ML8612	N	O/O	2	$2,650.00 L	$7,950.00
5923-000		5	Table, Exam/Treatment, Manual Adjust	Unspecified		N	O/O	3	$1,574.00 L	$7,870.00
3677-000		1	Defibrillator, Monitor, Manual	Unspecified		N	O/O	2	$7,799.00 L	$7,799.00
3677-000		1	Defibrillator, Monitor, Manual	Unspecified		N	O/O	2	$7,799.00 E	$7,799.00
3602-001 CHA0027		28	Chair, Clinical, Commode/Shower, Mobile	Sammons Preston	Rustproof Combo Chair [7395]	N	O/O	3	$270.00 L	$7,560.00
4107-000		2	Oximeter, Pulse	Unspecified		N	O/O	2	$3,700.00 L	$7,400.00
3677-014 DFB0011		1	Defibrillator, Monitor, Manual	Welch Allyn, Inc. - Med Division	PIC 30	N	O/O	2	$7,392.00 L	$7,392.00
3416-000		8	Locator, Bed, Wall	Unspecified		N	O/C	1	$917.00 L	$7,336.00
4266-007 SCL0026		9	Scale, Clinical, Adult, Digital, Floor	Detecto Scale- Div.Cardinal Scale Mfg	6437	N	O/O	3	$807.00 L	$7,263.00
5317-000		1	Cabinet, Warming, Single, Counter	Unspecified		N	O/O	2	$7,239.00 L	$7,239.00
5317-051 CWA0154		1	Cabinet, Warming, Single, Counter	STERIS Corporation	AMSCO 24" Solid Door	N	O/O	2	$7,239.00 L	$7,239.00
3513-000		3	Camera, Patient ID, X-ray Film	Unspecified		N	O/O	2	$2,402.00 L	$7,206.00
4428-003 STR0003		1	Stretcher, Procedure, C-arm	Gendron Inc	S3706	N	O/O	3	$6,995.00 L	$6,995.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
3878-012 ICE0007	**3876-009**	1	Ice Machine, Undercounter	Scotsman Ice Systems	AFE325	N	O/C	1	$6,968.00 L	$6,968.00
4594-026 VNT0094		1	Ventilator, Portable	Bio-Med Devices, Inc.	Crossvent 3+ - Color	N	O/O	2	$6,825.00 L	$6,825.00
7026-000		4	Cart, Procedure, Phlebotomy	Unspecified		N	O/O	3	$1,695.00 L	$6,780.00
4360-015 IVS0013		19	Stand, IV, Stainless Steel	Blickman Inc.	7789SS	N	O/O	3	$352.00 L	$6,688.00
3726-011 DOP0007		8	Doppler, Ultrasonic, Blood Flow	Parks Medical Electronics, Inc.	810-A	N	O/O	3	$820.00 L	$6,560.00
3606-016 CHA0078		1	Chair, Clinical, Exam, EENT	Jedmed Instrument Company	Phoenix II	N	O/O	2	$6,495.00 L	$6,495.00
3806-000		72	Flowmeter, Air	Unspecified		N	O/O	3	$90.00 L	$6,480.00
3728-000		1	Dose Calibrator, General	Unspecified		N	O/O	2	$6,400.00 L	$6,400.00
3806-026 FLW0135		71	Flowmeter, Air	Ohio Medical	6701-1264-907	N	O/O	3	$90.00 L	$6,390.00
5952-000		2	Monitor, Physiologic, Vital Signs, with Pulse Oximetry	Unspecified		N	O/O	2	$3,192.00 E	$6,384.00
4429-027 STR0024		2	Stretcher, Transport	Stryker Medical	Transport 737	N	O/O	3	$3,188.00 L	$6,376.00
3719-000		78	Dispenser, Glove, Syringe Disposal Combo, Wall Mount	Unspecified		N	O/C	1	$80.00 L	$6,240.00
3439-000		1	Block Verification Unit, General	Unspecified		N	O/O	2	$6,095.00 L	$6,095.00
5952-016 MON0455		2	Monitor, Physiologic, Vital Signs, with Pulse Oximetry	Welch Allyn, Inc. - Med Division	Spot LXi (NIBP, Nel. SpO2, SureTemp Plus)	N	O/O	2	$3,025.00 L	$6,050.00
6757-001 STR0189		1	Stretcher, Bariatric	Stryker Medical	Atlas 660	N	O/O	3	$5,995.00 L	$5,995.00
3438-000		2	Blender, Gas, Nitrous Oxide / Oxygen	Unspecified		N	O/O	3	$2,990.00 L	$5,980.00
4629-000		2	Viewbox, 6/6 Panel, Recessed	Unspecified		N	O/C	1	$2,900.00 L	$5,800.00
6233-000		1	Monitor, Central Station, Telemetry, Remote Viewing	Unspecified		N	O/O	2	$5,688.00 L	$5,688.00
5855-001 PRC0100		1	Cart, Procedure, Cast	Stryker Instruments Corporation	301 Plaster Dispenser	N	O/O	3	$5,530.00 L	$5,530.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories C = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
6805-006 LFT0140		5	Lift, Patient, Hydraulic/Manual	Sunrise Medical	Hoyer Classic C-HLA	N	O/O	3	$1,087.00 L	$5,435.00
5934-000		8	Table, Overbed, General	Unspecified		N	O/O	3	$675.00 L	$5,400.00
5847-003 SPC0146		2	Cart, Supply, IV	InterMetro Industries Corporation	MetroMax MIV5X2	N	O/O	3	$2,630.00 L	$5,260.00
4621-000		4	Viewbox, 3 Panel, Recessed	Unspecified		N	O/C	1	$1,309.00 L	$5,236.00
4092-015 OPH0076		3	Oto/Ophthalmoscope Set, Wall Mount, w/Sphyg	Welch Allyn, Inc. - Med Division	76796-1MP	N	O/C	1	$1,706.00 L	$5,118.00
4860-001 COL0001		1	Column, Service, Floor to Ceiling	Modular Services Co	5502 Rectangular	N	O/C	1	$5,105.00 L	$5,105.00
5860-000		3	Cart, Procedure, Resuscitation, Pediatric	Unspecified		N	O/O	3	$1,680.00 L	$5,040.00
5204-000		8	Light, Overbed, Wall Mounted	Unspecified		N	O/C	1	$609.00 L	$4,872.00
3789-002 SMK0002		3	Smoke Evacuation, Surgical	VIASYS Healthcare, Inc. - Stackhouse	VersaVac2	N	O/O	2	$1,595.00 L	$4,785.00
4236-000		1	Refrigerator, Lead Lined, Undercounter	Unspecified		N	O/O	2	$4,750.00 L	$4,750.00
4616-001 VBX0141		5	Viewbox, 4 Panel, Recessed	GE Healthcare - Radiology Accessories	Truvision 2000 (E5020MD)	N	O/C	1	$886.00 L	$4,430.00
5830-000		1	Cart, Case, Medium (40-49in wide)	Unspecified		N	O/O	3	$4,399.00 L	$4,399.00
3467-001 CST0001		1	Cabinet, Storage, Clinical , ENT, Treatment	Global Surgical Corporation	Deluxe MaxiCabinet	N	O/O	2	$4,395.00 L	$4,395.00
4717-008 WCR0130		6	Wheelchair, Adult, Large	Medline Industries Inc.	Excel Extra Wide - 22" [MDS806850FLA]	N	O/O	3	$725.00 L	$4,350.00
3489-000		1	Cabinet, Storage, Clinical , Endoscope	Unspecified		N	O/C	1	$4,345.00 L	$4,345.00
4538-004 THM0003		10	Thermometer, Digital	CareFusion - Alaris®	IVAC Turbo Temp 2180C	N	O/O	3	$433.00 L	$4,330.00
4619-000		2	Viewbox, 4/4 Panel, Recessed	Unspecified		N	O/C	1	$2,146.00 L	$4,292.00
4440-000		1	Stretcher, Transport, Cadaver, Covered	Unspecified		N	O/O	3	$4,268.00 E	$4,268.00
4384-006 STE0005		1	Sterilizer, Countertop	Midmark Corp	Ritter M9D AutoClave	N	O/O	2	$3,949.00 L	$3,949.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
6029-002 CHC0058		6	Cart, Chart, 21-30 chart	Carstens, Inc.	Design-a-Line 3081-BR	N	O/O	3	$658.00 L	$3,948.00
4424-001 STL0194		2	Stool, Surgeon	Stryker Medical	Surgistool w/Armrests	N	O/O	3	$1,957.00 L	$3,914.00
4090-001 OPH0001		4	Oto/Ophthalmoscope Set, Desktop	Heine USA, Ltd.	NT200-K 180 Oto/Opth-Beta Handle	N	O/O	4	$970.00 L	$3,880.00
3794-000		1	Flood Source, Cobalt	Unspecified		N	O/O	3	$3,760.00 L	$3,760.00
5756-001 CUT0004		1	Cutter, Cast w/ Vacuum	BSN Medical, Inc.	Turbocare	N	O/O	2	$3,597.00 L	$3,597.00
5119-000		8	Regulator, Suction, Continuous, 3 Mode	Unspecified		N	O/O	3	$410.00 E	$3,280.00
7022-001 CHA0249		1	Chair, Clinical, Recliner, Bariatric	Images of America Healthcare (IOA)	Matteo Bariatric	N	O/O	3	$3,137.00 L	$3,137.00
3374-001 ASP0004		4	Pump, Suction/Aspirator, General, Portable	Allied Healthcare Products - Gomco Division	Model 300	N	O/O	2	$784.00 L	$3,136.00
6003-013 ANC0004		2	Cart, Anesthesia, 6-drawer	Armstrong Medical Industries, Inc.	AN-6/DAB-1	N	O/O	3	$1,535.00 L	$3,070.00
4602-001 VBX0004		13	Viewbox, 1 Panel, Recessed	GE Healthcare - Radiology Accessories	Truvision 2000 (E5020MA)	N	O/C	1	$232.00 L	$3,016.00
4235-015 REF0141		3	Refrigerator, Undercounter	Thermo Scientific - Jewett Refrigerator	Polarstar C65R	N	O/O	2	$920.00 L	$2,760.00
4611-000		2	Viewbox, 2/2 Panel, Recessed	Unspecified		N	O/C	1	$1,371.00 L	$2,742.00
4429-004 STR0007		1	Stretcher, Transport	Stryker Medical	721 Adjustable Height	N	O/O	3	$2,700.00 L	$2,700.00
4411-008 STL0005		3	Stool, Anesthetist	LogiQuip LLC	21823	N	O/O	3	$895.00 L	$2,685.00
4657-001 WMR0001		3	Warmer, Patient, Hypothermia	Progressive Dynamics Inc	Life-Air 1000	N	O/O	2	$880.00 L	$2,640.00
5485-010 THM0040		6	Thermometer, Digital, Wall Mount	Welch Allyn, Inc. - Med Division	SureTemp Plus 692 (Oral)	N	O/C	1	$440.00 L	$2,640.00
3592-001 CEN0010		1	Centrifuge, Micro-Hematocrit	BD Diagnostics	MP Readacrit	N	O/O	2	$2,599.00 L	$2,599.00
4716-004 WCR0050		2	Wheelchair, Adult, Extra Large	Invacare Corporation	Tracer IV (24" seat/450 lb)	N	O/O	3	$1,285.00 L	$2,570.00
3515-000		1	Camera, Video	Unspecified		N	O/O	2	$2,500.00 L	$2,500.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
5959-006 TBL0146		1	Table, Exam/Treatment, Plynth	Akron Therapy Products LTS	Streamline Continental	N	O/O	3	$2,499.00 L	$2,499.00
3515-000		1	Camera, Video	Unspecified		N	O/O	2	$2,400.00 L	$2,400.00
4421-001 STL0141		11	Stool, Exam, w/Backrest	Pedigo Products	P-51-R	N	O/O	3	$218.00 L	$2,398.00
3374-014 ASP0015		3	Pump, Suction/Aspirator, General, Portable	Allied Healthcare Products - Gomco Division	OptiVac G180	N	O/O	2	$784.00 L	$2,352.00
4309-000		2	Shield, Lead, Table Top	Unspecified		N	O/O	3	$1,106.00 L	$2,212.00
4021-008 MIC0008		1	Microscope, Binocular	Olympus America Inc - Precision Inst Div.	CX41	N	O/O	2	$2,200.00 L	$2,200.00
4017-000		2	Meter, Survey	Unspecified		N	O/O	3	$1,095.00 L	$2,190.00
6985-003 CST0453		1	Cabinet, Storage, Clinical , Supply	Innerspace - Datel	3236SL Versatile	N	O/C	1	$2,095.00 L	$2,095.00
5863-176 PRC0327		2	Cart, Procedure, General	Armstrong Medical Industries, Inc.	A-Smart Standard APB-COLOR-5	N	O/O	3	$1,020.00 L	$2,040.00
5863-000		2	Cart, Procedure, General	Unspecified		N	O/O	3	$1,004.00 L	$2,008.00
4424-000		1	Stool, Surgeon	Unspecified		N	O/O	3	$1,957.00 L	$1,957.00
3375-005 ASP0031		1	Pump, Suction/Aspirator, General, Mobile	Allied Healthcare Products - Gomco Division	4033	N	O/O	2	$1,895.00 L	$1,895.00
3960-050 LIG0103		1	Light, Exam/Procedure, Single, Ceiling	Sunnex Inc	Celestial Star (29' Ext. Arm)	N	O/O	1	$1,820.00 L	$1,820.00
3960-043 LIG0060		1	Light, Exam/Procedure, Single, Ceiling	Hill-Rom - Service Columns	Prima (8'-7"-9'-6" Ceiling)	N	O/C	1	$1,800.00 L	$1,800.00
6807-001 EQC0097		1	Cart, Equipment, Endoscope Staging/Transport	Integrated Medical Systems	Flexible Endoscope Transport System [CAS-6]	N	O/O	3	$1,800.00 L	$1,800.00
4187-018 RCK0017		4	Rack, Apron, Wall Mount	Wolf X-Ray Corporation	Penta-Rak 16410	N	O/C	1	$442.00 L	$1,768.00
5848-001 SPC0168		2	Cart, Supply, Suture	InterMetro Industries Corporation	Super Erecta DC15EC (18x24x60)	N	O/O	3	$856.00 L	$1,712.00
4214-000		1	Recovery System, Silver	Unspecified		N	O/O	2	$1,698.00 L	$1,698.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4579-001 VAC0013		1	Vacuum, Plaster, Mobile	Stryker Instruments Corporation	986 CastVac	N	O/O	2	$1,696.00 L	$1,696.00
6041-000		2	Cart, Storage, X-ray Film/ Cassette	Unspecified		N	O/O	3	$848.00 L	$1,696.00
5794-001 ORP0001		1	Stand, Orthopedic, Plaster Casting	Mizuho OSI	3346 Forearm Reduction	N	O/O	3	$1,680.00 L	$1,680.00
3723-001 DIS0008		27	Disposal, Sharps, Wall Mount	Covidien - Kendall Products	85301H	N	O/O	3	$62.00 L	$1,674.00
4120-000		1	Pass Box, Cassette	Unspecified		N	O/C	1	$1,639.00 L	$1,639.00
4665-000		1	Warmer, Contrast Media	Unspecified		N	O/O	2	$1,632.00 L	$1,632.00
4508-000		1	Tank, Developer / Fixer Set	Unspecified		N	O/O	2	$1,619.00 L	$1,619.00
3684-000		1	Densitometer, Film	Unspecified		N	O/O	2	$1,575.00 L	$1,575.00
7102-001 BST0001		1	Booster, Temperature	STERIS Corporation	A1004 (for System1)	N	O/C	1	$1,574.00 L	$1,574.00
3836-000		8	Hamper, Linen	Unspecified		N	O/O	3	$192.00 E	$1,536.00
4618-000		1	Viewbox, 4 Panel, Surface	Unspecified		N	O/C	1	$1,530.00 L	$1,530.00
4416-007 STL0095		18	Stool, Step	Pedigo Products	P-10	N	O/O	3	$83.00 L	$1,494.00
5857-000		1	Cart, Supply, Enclosed	Unspecified		N	O/O	3	$1,488.00 L	$1,488.00
6028-025 CHC0051		1	Cart, Chart, 13-20 chart	LogiQuip LLC	CHART-20	N	O/O	3	$1,443.00 L	$1,443.00
3627-002 CLC0002		1	C-Locker, General	Herman Miller For Healthcare	C0561FF	N	O/C	1	$1,358.00 L	$1,358.00
5853-000		1	Cart, Procedure, Isolation	Unspecified		N	O/O	3	$1,358.00 E	$1,358.00
3762-000		1	Duplicator, Film	Unspecified		N	O/O	2	$1,345.00 L	$1,345.00
4610-017 VBX0089		3	Viewbox, 2 Panel, Surface	Maxant Technologies Inc.	TS-302 Techline	N	O/C	1	$432.00 L	$1,296.00
3615-000		1	Chair, Clinical, Recliner	Unspecified		N	O/O	3	$1,290.00 L	$1,290.00
4187-000		4	Rack, Apron, Wall Mount	Unspecified		N	O/C	1	$316.00 L	$1,264.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
6808-000		1	Cart, Supply, Modular	Unspecified		N	O/O	3	$1,250.00 L	$1,250.00
5796-001 SBS0011		2	Stand, Basin, Double	Blickman Inc.	7808SS-HB (Snyder Double)	N	O/O	3	$620.00 L	$1,240.00
3727-000		1	Doppler, Fetal Heart	Unspecified		N	O/O	3	$1,195.00 L	$1,195.00
4603-003 VBX0017		3	Viewbox, 1 Panel, Surface	S & S X-Ray Products Inc	Streamliner III (143001)	N	O/C	1	$387.00 L	$1,161.00
4923-000		1	Melter, Alloy, General	Unspecified		N	O/O	2	$1,130.00 L	$1,130.00
4422-000		2	Stool, High, w/Backrest	Unspecified		N	O/O	3	$535.00 L	$1,070.00
3410-000		1	Bath, Water, Single Chamber	Unspecified		N	O/O	2	$1,040.00 L	$1,040.00
5863-190 PRC0386		1	Cart, Procedure, General	Harloff Company, Inc.	E30-6K (6 Drwr)	N	O/O	3	$1,039.00 L	$1,039.00
5222-000		2	Dictation/Transcription System, General	Unspecified		N	O/O	2	$515.00 L	$1,030.00
5502-000		8	Flowmeter, Oxygen, MRI	Unspecified		N	O/O	3	$127.00 E	$1,016.00
4422-005 STL0181		2	Stool, High, w/Backrest	Armstrong Medical Industries, Inc.	AC-990	N	O/O	3	$505.00 L	$1,010.00
5910-001 TIN0001		2	Table, Instrument, 20- 24 inch	Blickman Inc.	7830SS	N	O/O	3	$501.00 L	$1,002.00
4090-000		1	Oto/Ophthalmoscope Set, Desktop	Unspecified		N	O/O	4	$999.00 E	$999.00
4090-000		1	Oto/Ophthalmoscope Set, Desktop	Unspecified		N	O/O	4	$999.00 L	$999.00
4045-000		1	Mixer, Chemical, X-ray	Unspecified		N	O/O	2	$975.00 L	$975.00
3436-001 BLD0001		1	Blender, Gas, Air/Oxygen	CareFusion - Bird	3800 Microblender w/15' hoses	N	O/O	3	$974.00 L	$974.00
4090-000		1	Oto/Ophthalmoscope Set, Desktop	Unspecified		N	O/O	4	$970.00 L	$970.00
5664-000		4	Sphygmomanometer, Aneroid, Handheld	Unspecified		N	O/O	3	$241.00 L	$964.00
5994-000		4	Stand, Equipment, Suction Canister	Unspecified		N	O/O	3	$241.00 L	$964.00
6260-013 MAY0009		1	Stand, Mayo, Foot-Operated	Blickman Inc.	7769SS (Richmond Model)	N	O/O	3	$940.00 L	$940.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4235-005 REF0136		1	Refrigerator, Undercounter	Thermo Scientific - Jewett Refrigerator	Polarstar C65R	N	O/O	2	$920.00 L	$920.00
4715-089 WCR0148		2	Wheelchair, Adult, Standard	Medline Industries Inc.	Excel K4 - 18" [MDS806500]	N	O/O	3	$453.00 L	$906.00
4546-001 TMR0014		1	Timer, Lab, Multi	Fisher Scientific Company	Programmable Timer 06-657-50Q	N	O/O	3	$899.00 L	$899.00
4411-000		1	Stool, Anesthetist	Unspecified	_____	N	O/O	3	$895.00 L	$895.00
4616-000		1	Viewbox, 4 Panel, Recessed	Unspecified	_____	N	O/C	1	$886.00 L	$886.00
3478-001 CST0062		2	Cabinet, Storage, Clinical , Narcotic	United Metal Fabricators, Inc.	UMF 7781	N	O/C	1	$435.00 L	$870.00
3374-000		1	Pump, Suction/Aspirator, General, Portable	Unspecified	_____	N	O/O	2	$868.00 L	$868.00
4266-000		1	Scale, Clinical, Adult, Digital, Floor	Unspecified	_____	N	O/O	3	$868.00 L	$868.00
4538-000		2	Thermometer, Digital	Unspecified	_____	N	O/O	3	$433.00 E	$866.00
5848-000		1	Cart, Supply, Suture	Unspecified	_____	N	O/O	3	$856.00 L	$856.00
6145-001 DOP0030		1	Doppler, Vascular	Cooper Surgical, Inc. - MedaSonics Div.	BF5A	N	O/O	3	$825.00 L	$825.00
6403-001 MNR0017		15	Monitor, Blood Glucose	Johnson & Johnson / Lifescan Division	OneTouch Basic	N	O/O	3	$55.00 L	$825.00
6260-000		1	Stand, Mayo, Foot-Operated	Unspecified	_____	N	O/O	3	$810.00 L	$810.00
3963-000		1	Light, Exam/Procedure, Single, Floor	Unspecified	_____	N	O/O	2	$805.00 L	$805.00
3372-035 APR0021		4	Apron, Lead	Wolf X-Ray Corporation	65023 Easywrap Large	N	O/O	3	$197.00 L	$788.00
4603-000		2	Viewbox, 1 Panel, Surface	Unspecified	_____	N	O/C	1	$387.00 L	$774.00
5913-000		1	Table, Instrument, 48 inch	Unspecified	_____	N	O/O	3	$773.00 L	$773.00
3432-000		1	Bin, X-ray Film Storage	Unspecified	_____	N	O/O	3	$742.00 L	$742.00
5002-001 STL0217		3	Stool, Step, Stackable	Pedigo Products	P-1015	N	O/O	3	$247.00 L	$741.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
3834-000		3	Gloves , Lead Lined	Unspecified	_____	N	O/O	4	$240.00 L	$720.00
4638-001 VBX0334		2	Viewbox, Spinal Film, 1 Panel, Recessed	Maxant Technologies Inc.	STR-21, Spine-Techline	N	O/C	1	$358.00 L	$716.00
5801-001 EQC0001		1	Cart, Equipment, Electrosurgical Unit	Conmed Corporation	Universal ESU cart	N	O/O	3	$704.00 L	$704.00
5705-002 CCH0002		2	Carrier, Chair, Scrub Sink	STERIS Corporation	Double Bay [CE00]	N	O/C	1	$320.00 L	$640.00
4196-001 RCK0101		2	Rack, Endoscope	Olympus America Inc - Endoscope Div.	Double Hanger [55440]	N	O/O	1	$314.00 L	$628.00
5994-002 EQS0024		2	Stand, Equipment, Suction Canister	Allied Healthcare Products - Timeter	20-02-0023 (4-canister)	N	O/O	3	$313.00 L	$626.00
6028-000		1	Cart, Chart, 13-20 chart	Unspecified	_____	N	O/O	3	$625.00 L	$625.00
4254-000		2	Roller, Patient Transfer	Unspecified	_____	N	O/O	3	$310.00 L	$620.00
4254-001 ROL0001		2	Roller, Patient Transfer	Alimed, Inc.	9-728 Long	N	O/O	3	$299.00 L	$598.00
5664-002 SPH0043		3	Sphygmomanometer, Aneroid, Handheld	Welch Allyn, Inc. - Med Division	Tycos Classic Hand w/Adult Cuff	N	O/O	3	$198.00 L	$594.00
3836-011 HAM0012		1	Hamper, Linen	Pedigo Products	P-1121-L-SS	N	O/O	3	$580.00 L	$580.00
6028-000		1	Cart, Chart, 13-20 chart	Carstens, Inc.	_____	N	O/O	3	$573.00 L	$573.00
6028-001 CHC0032		1	Cart, Chart, 13-20 chart	Carstens, Inc.	Design-A-Line 3071-BR	N	O/O	3	$573.00 L	$573.00
5912-000		1	Table, Instrument, 30-36 inch	Unspecified	_____	N	O/O	3	$570.00 L	$570.00
5204-001 LOB0001		1	Light, Overbed, Wall Mounted	Hill-Rom - Architectural Products	Integris P696-IL (51"W) 277V	N	O/C	1	$548.00 L	$548.00
4248-043 REG0045		1	Regulator, Suction, Intermittent/Continuous	Precision Medical Incorporated	Pediatric (DISS HT/DISS Male)	N	O/O	3	$547.00 L	$547.00
4539-010 THM0027		2	Thermometer, Tympanic, Digital	Welch Allyn, Inc. - Med Division	Braun ThermoScan Pro 4000 w/charger	N	O/O	3	$259.00 L	$518.00
5018-000		2	Illuminator, Bright Spot	Unspecified	_____	N	O/O	2	$255.00 L	$510.00
3364-008 ANA0340		1	Analyzer, Lab, Oxygen	Hudson RCI	5801 Oxygen Analyzer w/Sensor	N	O/V	2	$496.00 L	$496.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
3451-001 BUK0014		2	Bucket, Kick	Pedigo Products	P-1020-SS	N	O/O	3	$231.00 L	$462.00
4268-000		2	Scale, Clinical, Adult, Mechanical Beam	Unspecified		N	O/O	3	$225.00 L	$450.00
3478-002 CST0063		1	Cabinet, Storage, Clinical , Narcotic	Omnimed, Inc	181601	N	O/C	1	$430.00 L	$430.00
4415-000		1	Stool, Exam, Steel Seat	Unspecified		N	O/O	3	$420.00 L	$420.00
3907-000		2	Infuser, Pressure	Unspecified		N	O/O	2	$200.00 L	$400.00
4414-017 STL0039		1	Stool, Exam, Cushion-Seat	Pedigo Products	P-536-GS	N	O/O	3	$383.00 L	$383.00
7039-001 GLV0066		5	Dispenser, Glove, Double Box	Bowman Dispensers	GS-005 Stainless Steel	N	O/C	1	$73.00 L	$365.00
5989-000		1	Table, Infant , Changing, Wall Mount	Unspecified		N	O/C	1	$328.00 L	$328.00
4359-008 STP0006		1	Stamp, Time and Date	Amano Cincinnati	PIX-15	N	O/O	2	$320.00 L	$320.00
4359-000		1	Stamp, Time and Date	Unspecified		N	O/O	2	$300.00 L	$300.00
3372-000		2	Apron, Lead	Unspecified		N	O/O	3	$141.00 L	$282.00
5605-000		1	Tent, Oxygen	Unspecified		N	O/O	2	$260.00 L	$260.00
3716-002 GLV0004		10	Dispenser, Glove, Single Box	Omnimed, Inc	305300	N	O/C	1	$25.00 L	$250.00
6364-000		4	Dispenser, Glove, Triple Box	Unspecified		N	O/C	1	$62.00 L	$248.00
6364-010 GLV0045		4	Dispenser, Glove, Triple Box	Health Care Logistics	7461-01	N	O/C	1	$61.00 L	$244.00
4268-025 SCL0076		1	Scale, Clinical, Adult, Mechanical Beam	Health O Meter, Inc.	402KL	N	O/O	3	$225.00 L	$225.00
5795-000		1	Stand, Basin, Single	Unspecified		N	O/O	3	$222.00 L	$222.00
4421-000		1	Stool, Exam, w/Backrest	Unspecified		N	O/O	3	$218.00 L	$218.00
3974-000		1	Light, Safe, Wall	Unspecified		N	O/C	1	$204.00 L	$204.00
4666-003 WMR0055		1	Warmer, Gel	Fluke Biomedical - Radiation Management Svcs	84-206 (2 bottle)	N	O/O	2	$202.00 L	$202.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories ☑ = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
3888-000		2	Immobilizer, Head	Unspecified		N	O/O	3	$92.00 L	$184.00
6372-001 STL0225		2	Stool, Step, Bariatric	Hausmann Industries	2010	N	O/O	3	$71.00 L	$142.00
4361-028 IVS0067		1	Stand, IV, Chrome	Alimed, Inc.	95-770 QualCraft	N	O/O	3	$128.00 L	$128.00
4189-000		1	Rack, Chart, Desktop	Unspecified		N	O/O	3	$123.00 E	$123.00
6403-000		2	Monitor, Blood Glucose	Unspecified		N	O/O	3	$55.00 E	$110.00
3381-004 ASP0046		1	Pump, Suction/Aspirator, Delivery Assist	Cooper Surgical, Inc.	Mityvac	N	O/O	2	$104.00 L	$104.00
5039-000		3	Bin, Storage, Wall Mounted	Unspecified		N	O/C	1	$33.00 L	$99.00
6370-003 REG0244		1	Regulator, Oxygen	Western Medica	OPA-820	N	O/O	3	$97.00 L	$97.00
3719-000		1	Dispenser, Glove, Syringe Disposal Combo, Wall Mount	Unspecified		N	O/C	1	$80.00 E	$80.00
5490-001 DIS0025		2	Disposal, Sharps, Floor Bin	Covidien - Kendall Products	Pharmasafety 8870 (18 gal. Gasketed)	N	O/O	3	$36.00 L	$72.00
6403-000		1	Monitor, Blood Glucose	Unspecified		N	O/O	3	$55.00 L	$55.00
5877-002 DSP0049		2	Dispenser, Otoscope Tips, Wall Mount	Welch Allyn, Inc. - Med Division	521 Series KleenSpec [52100]	N	O/C	1	$26.00 L	$52.00
6371-000		4	Disposal, Sharps, Countertop	Unspecified		N	O/O	3	$6.00 L	$24.00
7729-002 DIS0037	**6371-001**	3	Disposal, Sharps, Countertop, Pharmacy	Covidien - Kendall Products	Pharmasafety 8820 (2 gal)	N	O/O	3	$6.00 L	$18.00
									Sub Total :	**$11,474,112.00**
									Grand Total :	**$11,474,112.00**

Attachment IV

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
6271-002 NRS0036		6	Nurse Call, Control Station	GE Security Inc.	TBD	N	C/C	1	$40,000.00 E	$240,000.00
5098-000		47	Desk, Office	Unspecified	_____	N	O/O	5	$2,390.00 L	$112,330.00
4988-013 CMP0013		90	Computer, Desktop	Dell Inc.	OptiPlex 755 Ultra Small w/17" Monitor	N	O/O	6	$1,200.00 L	$108,000.00
5098-007 DSK0052		34	Desk, Office	National Furniture - Div. Kimball Int'l	Barrington Series 50-3672DW	N	O/O	5	$2,390.00 L	$81,260.00
6127-001 CMP0030		7	Computer, Workstation	TB & A Hospital Television Inc.	Information Kiosk (Custom Config.)	N	O/O	6	$10,700.00 L	$74,900.00
6727-000		10	Seating, Lounge, 4-Seat	Unspecified	_____	N	O/O	5	$6,085.00 L	$60,850.00
5070-015 CHR0165		46	Chair, Interiors, Lounge	Brandrud Furniture	Meridian ML30/27	N	O/O	5	$1,213.00 L	$55,798.00
6405-000		47	Bookcase, Office	Unspecified	_____	N	O/O	5	$1,124.00 L	$52,828.00
5383-022 CHO0021		83	Chair, Office, Task, w/arms	SitOnIt Seating	TR2 Task 40M	N	O/O	5	$597.00 L	$49,551.00
5055-008 CHR0087		52	Chair, Interiors, Patient	Hill-Rom Co, Inc - Room & Furniture	Highback Bentwood	N	O/O	5	$875.00 L	$45,500.00
6271-002 NRS0036		1	Nurse Call, Control Station	GE Security Inc.	TBD	N	C/C	1	$45,000.00 E	$45,000.00
5384-007 CHO0041		61	Chair, Office, Task, no Arms	Steelcase Inc	Criterion Mid-Back	N	O/O	5	$686.00 L	$41,846.00
6082-011 CMP0026		34	Computer, Laptop	Dell Inc.	Latitude D520	N	O/O	6	$1,200.00 L	$40,800.00
6728-003 STG0080		12	Seating, Lounge, 5-Seat	Brandrud Furniture	Wave W10-5	N	O/O	5	$3,200.00 L	$38,400.00
6405-001 BKC0001		34	Bookcase, Office	Herman Miller For Healthcare	Eames ESU201	N	O/O	5	$1,124.00 L	$38,216.00
3446-001 BRK0061		65	Bracket, Monitor, Wall	GCX Corporation	19" PolyMount Wall Channel w/Support Arm	N	O/C	1	$545.00 L	$35,425.00
5300-000		58	Chair, Interiors, Guest, w/arms	Unspecified	_____	N	O/O	5	$600.00 L	$34,800.00
6522-002 TVS0142		26	Television, 19-20 inch, Flat Panel	TeleHealth Services	Philips 20" LCD [20FT3010]	N	O/O	2	$1,200.00 L	$31,200.00
5384-000		47	Chair, Office, Task, no Arms	Unspecified	_____	N	O/O	5	$642.00 L	$30,174.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
5096-013 CHO0002		30	Chair, Office, Mid Back	Haworth Furniture	IMPROV	N	O/O	5	$976.00 L	$29,280.00
5056-075 CHR0135		100	Chair, Interiors, Guest	Nemschoff Inc	Vega w/Arms	N	O/O	5	$286.00 L	$28,600.00
6175-000		50	Chair, Interiors, Guest, w/o Arms	Unspecified	_____	N	O/O	5	$562.00 L	$28,100.00
5059-021 TBI0013		36	Table, Interiors, End	Brandrud Furniture	Wave WET-10	N	O/O	5	$630.00 L	$22,680.00
6116-027 PRN0165		22	Printer, Laser, Network	Hewlett-Packard	LaserJet P3005dn	N	O/V	2	$899.00 L	$19,778.00
3455-000		27	Cabinet, Patient Room, Bedside	Unspecified	_____	N	O/O	5	$700.00 L	$18,900.00
3449-003 BRK0096		21	Bracket, Computer, Wall	Ergotron Inc.	HD Combo Arm w/ Medium CPU Holder	N	O/C	1	$882.00 L	$18,522.00
6348-000		13	Television, 32-49 in., Flat Panel	Unspecified	_____	N	O/C	2	$1,399.00 L	$18,187.00
6105-000		47	Cabinet, File, Vertical, 4 drawer	Unspecified	_____	N	O/O	5	$365.00 L	$17,155.00
5704-006 CLK0033		223	Clock, Analog, Synchronized, Wireless	Chicago Lighthouse Industries	Slimline 67300000	N	O/O	1	$75.00 L	$16,725.00
4920-002 WST0082		111	Waste Can, Step-On	Rubbermaid Commercial Products	6145 (18 gal)	N	O/O	3	$143.00 L	$15,873.00
6105-003 CFL0007		42	Cabinet, File, Vertical, 4 drawer	HON Industries	310 Series (314P)	N	O/O	5	$365.00 L	$15,330.00
4687-002 WST0006		113	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products	6144 Red (12 gal)	N	O/O	3	$125.00 L	$14,125.00
4524-004 TVS0003		22	Television, 09-13 in, Wall	PDI Communication Systems	PDI-Z9TV-H 9"	N	O/C	1	$632.00 L	$13,904.00
7750-000		66	Dispenser, Hand Sanitizer, Freestanding	Unspecified	_____	N	O/O	3	$195.00 L	$12,870.00
5866-000		32	Printer, Laser	Unspecified	_____	N	O/O	2	$400.00 L	$12,800.00
6097-000		25	Telephone, Desktop	Unspecified	_____	N	O/V	6	$500.00 L	$12,500.00
5835-000		43	Cart, Utility, Stainless	Unspecified	_____	N	O/O	3	$289.00 L	$12,427.00
6023-000		29	Chair, Office, High Back	Unspecified	_____	N	O/O	5	$399.00 L	$11,571.00
6281-006 CUR0006		35	Curtain, Cubicle	Standard Textile - Healthcare	TBD	N	O/V	5	$325.00 E	$11,375.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories C = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4687-000		85	Waste Can, Bio-Hazardous	Unspecified		N	O/O	3	$132.00 L	$11,220.00
6363-000		19	Television, 15-17 in, Wall, with Patient PC	Unspecified		N	O/C	1	$560.00 L	$10,640.00
6050-006 REF0473		6	Refrigerator, Commercial, Undercounter	Marvel Scientific	6CAR (6.1 cu. ft.)	N	O/O	2	$1,725.00 L	$10,350.00
6728-000		4	Seating, Lounge, 5-Seat	Unspecified		N	O/O	5	$2,500.00 L	$10,000.00
6897-000		1	Television, 50-65 in, Flat Panel	Unspecified		N	O/O	2	$10,000.00 L	$10,000.00
5734-010 COF0025		3	Coffee Maker, Single cup	Bunn-O-Matic Corporation	LCA-2 LP	N	O/O	2	$3,223.00 L	$9,669.00
6978-000		127	Clock, Digital, Synchronized, Wireless	Unspecified		N	O/O	1	$75.00 L	$9,525.00
5079-008 TBI0053		12	Table, Interiors, Coffee	Wieland Furniture	Flow	N	O/O	5	$776.00 L	$9,312.00
5832-012 SPC0099		14	Cart, Supply, Linen, 48"	InterMetro Industries Corporation	ECN-A Series 48x21x69	N	O/O	3	$657.00 L	$9,198.00
5059-000		10	Table, Interiors, End	Unspecified		N	O/O	5	$911.00 E	$9,110.00
6418-010 BRK0151		47	Bracket, Television, Wall, Flat Panel	Peerless Industries, Inc.	SmartMount ST650 (for 32-50" LCD)	N	O/C	1	$191.00 L	$8,977.00
6727-002 STG0074		3	Seating, Lounge, 4-Seat	Brandrud Furniture	Horizon 1704	N	O/O	5	$2,977.00 L	$8,931.00
5871-000		7	Table, Interiors, Dining	Unspecified		N	O/O	5	$1,260.00 L	$8,820.00
4688-001 WST0032		121	Waste Can, Open Top	Rubbermaid Commercial Products	2544 (10 gal Beige)	N	O/O	3	$67.00 L	$8,107.00
7129-000		2	Locker, Allowance	Unspecified		N	O/O	1	$4,000.00 E	$8,000.00
4298-001 SHL0065		17	Shelving, Wire, Chrome, 48	InterMetro Industries Corporation	Super Erecta Starter (5A357C)	N	O/O	3	$455.00 L	$7,735.00
5384-000		12	Chair, Office, Task, no Arms	Unspecified		N	O/O	5	$638.00 L	$7,656.00
6584-004 TVS0160		7	Television, 30-32 in, Flat Panel	Zenith Electronics Corp	Z32LC2D	N	O/O	2	$1,050.00 L	$7,350.00
5868-003 DSP0021		106	Dispenser, Soap, Wall Mounted	Bobrick Washroom Equipment, Inc.	B-4112 Contura	N	O/C	1	$68.00 L	$7,208.00
5079-000		9	Table, Interiors, Coffee	Unspecified		N	O/O	5	$776.00 L	$6,984.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
6732-000		10	Cabinet, File, Lateral, 4-Drawer	Unspecified		N	O/O	5	$679.00 L	$6,790.00
3890-001 IMP0001		13	Imprinter, Electric	Newbold Inc.	Addressograph 2000	N	O/O	2	$513.00 L	$6,669.00
5072-047 LVS0029		3	Loveseat, Lounge	Brandrud Furniture	Auburn AL35/47	N	O/O	5	$2,220.00 L	$6,660.00
5735-003 COF0030		12	Coffee Maker, Pour-Over, 1-2 Warmer	Bunn-O-Matic Corporation	VPR Black	N	O/O	2	$522.00 L	$6,264.00
6015-013 SPC0354		10	Cart, Supply, Chrome, 48 inch	InterMetro Industries Corporation	Super Erecta A556EC (48x24x69)	N	O/O	3	$625.00 L	$6,250.00
7031-000		13	Rack, Literature, Wall Mount	Unspecified		N	O/O	1	$480.00 L	$6,240.00
6281-000		19	Curtain, Cubicle	Unspecified		N	O/V	5	$325.00 L	$6,175.00
5413-000		12	Artwork, Decorative	Unspecified		N	O/O	5	$500.00 L	$6,000.00
6023-000		15	Chair, Office, High Back	Unspecified		N	O/O	5	$399.00 E	$5,985.00
5073-027 SOF0023		3	Sofa, Lounge	Wieland Furniture	Cannon 43113	N	O/O	5	$1,961.00 L	$5,883.00
7461-000		3	Cart, Supply, Linen, 72"	Unspecified		N	O/O	3	$1,961.00 L	$5,883.00
5057-038 STG0039		3	Seating, Lounge, 3-Seat	Hill-Rom Co, Inc - Room & Furniture	Aero GB2R	N	O/O	5	$1,850.00 L	$5,550.00
5075-000		5	Seating, Lounge, Bench	Unspecified		N	O/O	5	$1,109.00 L	$5,545.00
6094-001 TCK0001		51	Track, Ceiling, Cubicle Curtain	Medline Industries Inc.	Supreme Cubicle Track - 8 Ft Straight	N	O/C	1	$108.00 L	$5,508.00
6601-001 SCR0045		3	Screen, Projection, Motorized, Wall Mount	Da-Lite Screen Company, Inc.	Senior Electrol (60 x 60)	N	O/C	1	$1,830.00 L	$5,490.00
4688-000		76	Waste Can, Open Top	Unspecified		N	O/O	3	$71.00 L	$5,396.00
6084-001 DSP0053		101	Dispenser, Paper Towel, Surface Mount	Bobrick Washroom Equipment, Inc.	B-262 Classic	N	O/C	1	$53.00 L	$5,353.00
7789-000		60	Dispenser, Tissue	Unspecified		N	O/C	1	$89.00 L	$5,340.00
6016-001 SPC0379		8	Cart, Supply, Chrome, 60 inch	InterMetro Industries Corporation	Super Erecta N566EC (60x24)	N	O/O	3	$667.00 L	$5,336.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
5835-001 UTC0001		17	Cart, Utility, Stainless	Lakeside Manufacturing, Inc.	311	N	O/O	3	$289.00 L	$4,913.00
4155-070 PRJ0034		3	Projector, Digital, LCD	Dukane Audio Visual Division	ImagePro 8077	N	O/O	2	$1,615.00 L	$4,845.00
7082-003 TVS0197		3	Television, 25-27 in, Flat Panel	LG Electronics	26LX2D	N	O/O	2	$1,600.00 L	$4,800.00
6732-001 CFL0044		7	Cabinet, File, Lateral, 4-Drawer	HON Industries	600 Series HON684LL	N	O/O	5	$679.00 L	$4,753.00
5775-000		4	Coffee Maker, Automatic, 3-5 Warmer	Unspecified	_____	N	O/C	1	$1,162.00 L	$4,648.00
5099-000		4	Desk, Credenza	Unspecified	_____	N	O/O	3	$1,149.00 L	$4,596.00
3796-024 FLR0024		2	Floor Machine, Burnisher, Electric	Nobles Industries	Ultrashine 20 inch	N	O/O	2	$2,257.00 L	$4,514.00
5871-001 TBI0070		6	Table, Interiors, Dining	To Be Determined	TBD	N	O/O	5	$750.00 L	$4,500.00
5072-000		2	Loveseat, Lounge	Unspecified	_____	N	O/O	5	$2,224.00 E	$4,448.00
4549-001 TST0002		7	Toaster, Commercial	Hobart Corporation	ET-13 (2-slice)	N	O/O	2	$631.00 L	$4,417.00
6952-000		1	Refrigerator, Commercial, 1 Door	Unspecified	_____	N	O/C	2	$4,201.00 L	$4,201.00
5056-000		5	Chair, Interiors, Guest	Unspecified	_____	N	O/O	5	$775.00 L	$3,875.00
5696-000		6	Shelving, Solid, Steel, 48	Unspecified	_____	N	O/O	3	$632.00 L	$3,792.00
5382-005 CHR0234		16	Chair, Interiors, Stacking w/o Arms	Thonet - CF Group	Reva	N	O/O	5	$230.00 L	$3,680.00
6129-000		2	Facsimile Machine, Multifunction	Unspecified	_____	N	O/O	2	$1,795.00 L	$3,590.00
6642-000		1	Seating, Lounge, 2-Seat	Unspecified	_____	N	O/O	5	$3,552.00 L	$3,552.00
3449-000		4	Bracket, Computer, Wall	Unspecified	_____	N	O/C	1	$882.00 L	$3,528.00
3401-000		4	Barometer, Mercury	Unspecified	_____	N	O/O	3	$880.00 L	$3,520.00
3455-082 CBP0059		5	Cabinet, Patient Room, Bedside	Amico Corporation	3 Drawer Combo w/Casters (Veneer)	N	O/O	5	$700.00 L	$3,500.00
6522-000		3	Television, 19-20 inch, Flat Panel	Unspecified	_____	N	O/O	2	$1,149.00 L	$3,447.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4690-008 WST0063		30	Waste Can, 32-36 Gallon	Rubbermaid Commercial Products	Brute 2632 (32 gal w/ dolly)	N	O/O	3	$113.00 L	$3,390.00
5075-007 STG0048		3	Seating, Lounge, Bench	La-Z-Boy Healthcare	Florin 2-Seat Settee - LF702S-FO	N	O/O	5	$1,120.00 L	$3,360.00
7171-000		2	Cabinet, File, Flat, Countertop	Unspecified	_____	N	O/O	5	$1,637.00 L	$3,274.00
6338-020 CTK0056		1	Cart / Truck, Soiled Utility	InterMetro Industries Corporation	Metro Mobile T68A/C8D	N	O/O	3	$3,256.00 L	$3,256.00
6338-021 CTK0072		1	Cart / Truck, Soiled Utility	InterMetro Industries Corporation	Metro Mobile T68A/C8DA	N	O/O	3	$3,256.00 L	$3,256.00
3450-004 BUK0005		10	Bucket, Mopping	Royce Rolls Ringer Company	428 (8 gal, 16-24 oz. Wringer)	N	O/O	3	$324.00 L	$3,240.00
4942-062 REF0381		2	Refrigerator, Domestic with Freezer	GE Appliances	PTS22LHSWW - 21 cu. ft.	N	O/O	2	$1,549.00 L	$3,098.00
6418-000		16	Bracket, Television, Wall, Flat Panel	Unspecified	_____	N	O/C	1	$191.00 L	$3,056.00
5704-000		40	Clock, Analog, Synchronized, Wireless	Unspecified	_____	N	O/O	1	$75.00 L	$3,000.00
6127-000		1	Computer, Workstation	Unspecified	_____	N	O/O	6	$3,000.00 E	$3,000.00
6393-001 CFL0039		5	Cabinet, File, Vertical, 2 Drawer	Spacesaver Corporation	Freestand Pedestal	N	O/O	5	$600.00 L	$3,000.00
5777-000		6	Processor, Credit Card	Unspecified	_____	N	O/V	2	$495.00 L	$2,970.00
6127-000		1	Computer, Workstation	Unspecified	_____	N	O/O	6	$2,930.00 E	$2,930.00
6756-000		1	Chair, Interiors, Lounge, Bariatric	Unspecified	_____	N	O/O	5	$2,908.00 L	$2,908.00
7031-001 RCK0187		6	Rack, Literature, Wall Mount	Peter Pepper Products, Inc	665B (5 pocket)	N	O/O	1	$480.00 L	$2,880.00
3581-020 CTK0010		3	Cart / Truck, Linen, Bulk	LogiQuip LLC	185B Easy Access	N	O/O	3	$930.00 L	$2,790.00
4588-000		11	Player, DVD/VCR	Unspecified	_____	N	O/O	2	$250.00 L	$2,750.00
7289-000		5	Bracket, Monitor & Keyboard, Wall	Unspecified	_____	N	O/C	1	$549.00 L	$2,745.00
6756-002 CHR0336		2	Chair, Interiors, Lounge, Bariatric	KI Healthcare	Flex (Left)	N	O/O	5	$1,345.00 L	$2,690.00
3704-013 DSH0012		3	Dishwasher, Undercounter, Domestic	Whirlpool Corporation	Whirlpool Gold Tall Tub	N	O/O	1	$849.00 L	$2,547.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
5475-003 CAM0053		2	Camera, CCTV, Color	Panasonic	WV-NP472 (Network/Color)	N	O/V	1	$1,250.00 L	$2,500.00
4300-001 SHL0095		4	Shelving, Wire, Chrome, 60	InterMetro Industries Corporation	Super Erecta Starter (5A567C)	N	O/O	3	$615.00 L	$2,460.00
6177-002 CSN0027		3	Cabinet, Storage, Non-Clinical, Supply	Spacesaver Corporation	ActiveStor Series 30 x 48	N	O/O	5	$800.00 L	$2,400.00
4942-048 REF0367		5	Refrigerator, Domestic with Freezer	GE Appliances	18.2 Cu. Ft. (GTS18FBSWW)	N	O/O	2	$479.00 L	$2,395.00
5846-001 HSK0020		2	Cart, Housekeeping, Stainless	Geerpres Inc	Escort 3650	N	O/O	3	$1,195.00 L	$2,390.00
6761-001 UTC0218		4	Cart, Utility, Mail	REI Resources, Inc	LTC-108 (HIPPA Lock-Top)	N	O/O	3	$590.00 L	$2,360.00
6015-000		4	Cart, Supply, Chrome, 48 inch	Unspecified		N	O/O	3	$588.00 L	$2,352.00
6087-000		5	Dispenser, Paper Towel, with Trash Receptacle	Unspecified		N	O/C	1	$462.00 E	$2,310.00
5057-000		2	Seating, Lounge, 3-Seat	Unspecified		N	O/O	5	$1,135.00 L	$2,270.00
4581-026 VAC0056		7	Vacuum, Upright	Nilfisk-Advance, Inc.	Reliavac 12HP	N	O/O	2	$322.00 L	$2,254.00
6175-000		4	Chair, Interiors, Guest, w/o Arms	Unspecified		N	O/O	5	$562.00 E	$2,248.00
6756-003 CHR0337		1	Chair, Interiors, Lounge, Bariatric	Paoli Furniture	Cantera H-CULR40S	N	O/O	5	$2,110.00 L	$2,110.00
5096-000		7	Chair, Office, Mid Back	Unspecified		N	O/O	5	$300.00 L	$2,100.00
5878-001 TBI0078		6	Table, Interiors, Conference	To Be Determined	TBD	N	O/O	5	$350.00 L	$2,100.00
5382-000		8	Chair, Interiors, Stacking w/o Arms	Unspecified		N	O/O	5	$251.00 L	$2,008.00
7129-000		1	Locker, Allowance	Unspecified		N	O/C	1	$2,000.00 E	$2,000.00
6601-000		1	Screen, Projection, Motorized, Wall Mount	Unspecified		N	O/C	1	$1,830.00 L	$1,830.00
6397-000		5	Alarm, Monitor, Environmental	Unspecified		N	O/C	1	$359.00 L	$1,795.00
6045-003 AVC0003		3	Cart, A/V, w/ Cabinet	Luxor Corporation	Endura LE42C	N	O/O	3	$570.00 L	$1,710.00
3704-000		2	Dishwasher, Undercounter, Domestic	Unspecified		N	O/C	1	$849.00 L	$1,698.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
5869-003 DSP0034		135	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	NXT Max Capacity for Purell	N	O/C	1	$12.00 L	$1,620.00
4155-000		1	Projector, Digital, LCD	Unspecified		N	O/O	2	$1,615.00 L	$1,615.00
6994-000		13	Board, Bulletin/Marker Combo	Unspecified		N	O/O	1	$124.00 L	$1,612.00
5079-000		2	Table, Interiors, Coffee	Unspecified		N	O/O	5	$776.00 E	$1,552.00
3890-000		3	Imprinter, Electric	Unspecified		N	O/O	2	$513.00 L	$1,539.00
3791-000		3	Facsimile Machine, General	Unspecified		N	O/O	2	$500.00 L	$1,500.00
5413-001 ART0001		3	Artwork, Decorative	American Art Resources	Maple Frame	N	O/O	5	$500.00 L	$1,500.00
4584-003 VAC0099		1	Vacuum, Wet / Dry	Nilfisk-Advance, Inc.	Sprite Air Scoop 12	N	O/O	2	$1,399.00 L	$1,399.00
5383-000		2	Chair, Office, Task, w/arms	Unspecified		N	O/O	5	$698.00 L	$1,396.00
4549-000		2	Toaster, Commercial	Unspecified		N	O/O	2	$694.00 L	$1,388.00
6365-002 RCK0167		4	Rack, Magazine, Wall Mount	Peter Pepper Products, Inc	442 (4 Pockets)	N	O/C	1	$343.00 L	$1,372.00
6013-000		4	Cart, Supply, Chrome, 24 inch	Unspecified		N	O/O	3	$341.00 L	$1,364.00
4300-000		2	Shelving, Wire, Chrome, 60	Unspecified		N	O/O	3	$673.00 L	$1,346.00
6124-000		2	Cabinet, File, High Density	Unspecified		N	O/O	5	$650.00 L	$1,300.00
3714-002 DSP0001		4	Dispenser, Cleaning Solution	JohnsonDiversey	Butcher's - 4 Button Command Center	N	O/C	1	$323.00 L	$1,292.00
3628-005 COF0002		1	Coffee Maker, Automatic, 1-2 Warmer	Bunn-O-Matic Corporation	VLPF	N	O/C	1	$1,270.00 L	$1,270.00
4549-000		2	Toaster, Commercial	Unspecified		N	O/O	2	$631.00 L	$1,262.00
4942-000		3	Refrigerator, Domestic with Freezer	Unspecified		N	O/O	2	$419.00 L	$1,257.00
6973-000		4	Cabinet, File, Vertical, 3-drawer	Unspecified		N	O/O	5	$314.00 L	$1,256.00
5514-000		1	Refrigerator, Domestic with Freezer, Side-by-Side,	Unspecified		N	O/O	2	$1,199.00 L	$1,199.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
3468-000		1	Cabinet, Storage, Clinical , Flammable Items	Unspecified		N	O/C	3	$1,173.00 L	$1,173.00
7122-000		9	Printer, Label	Unspecified		N	O/O	3	$130.00 L	$1,170.00
4692-000		2	Waste Can, Lead-lined	Unspecified		N	O/O	3	$575.00 L	$1,150.00
6959-001 LMP0026		23	Lamp, Interiors, Table	TBD	TBD	N	O/O	5	$50.00 E	$1,150.00
3427-000		1	Bench, Work, Steel w/ Power	Unspecified		N	O/O	2	$1,115.00 L	$1,115.00
5446-001 SAF0022		1	Safe, Depository	Amsec	BWB2020FL	N	O/O	1	$1,075.00 L	$1,075.00
4690-000		11	Waste Can, 32-36 Gallon	Unspecified		N	O/O	3	$97.00 L	$1,067.00
6339-000		1	Cart, Supply, Linen	Unspecified		N	O/O	3	$1,048.00 L	$1,048.00
5074-000		1	Table, Interiors, Accent	Unspecified		N	O/O	5	$1,000.00 L	$1,000.00
7083-002 TVS0204		2	Television, 15-17 in, Flat Panel	Zenith Electronics Corp	Z15LA7R	N	O/O	2	$500.00 L	$1,000.00
5225-000		1	Copier, Counter Top, Multifunction	Unspecified		N	O/V	2	$999.00 L	$999.00
4103-000		4	Oven, Microwave, Countertop	Unspecified		N	O/O	2	$249.00 L	$996.00
3626-002 CLK0001		2	Clock, Elapsed Time, Wall Mount	SimplexGrinnell	6311-9033 w/ Timer Control	N	O/C	1	$494.00 L	$988.00
7750-000		5	Dispenser, Hand Sanitizer, Freestanding	Unspecified		N	O/O	3	$195.00 E	$975.00
6339-001 SPC0498		1	Cart, Supply, Linen	LogiQuip LLC	332 (27 1/2" long)	N	O/O	3	$971.00 L	$971.00
4586-008 PLA0007		8	Player, Video Cassette Recorder (VHS format)	TeleHealth Services	Panasonic [PV-V4022]	N	O/O	2	$120.00 L	$960.00
6746-001 LCK0020		1	Locker, Purse	Lyon Metal Products, Inc.	Purse (18 openings, 12w x 12d)	N	O/C	1	$958.00 L	$958.00
3427-001 BCH0019		1	Bench, Work, Steel w/ Power	Tennsco	Technical Workstation w / Power Rail	N	O/O	2	$957.00 L	$957.00
5382-000		4	Chair, Interiors, Stacking w/o Arms	Unspecified		N	O/O	5	$230.00 L	$920.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
5845-001 HSK0001		1	Cart, Housekeeping, Polymer	Rubbermaid Commercial Products	6189 X-TRA Full Size	N	O/O	3	$912.00 L	$912.00
4103-019 OVN0040		7	Oven, Microwave, Countertop	Sears Commercial (Kenmore)	Kenmore 1.6 cu.ft. [20-66312]	N	O/O	2	$130.00 L	$910.00
6116-000		1	Printer, Laser, Network	Unspecified	_____	N	O/V	2	$899.00 L	$899.00
6084-023 DSP0073		7	Dispenser, Paper Towel, Surface Mount	Kimberly-Clark Professional	In-Sight Elect-R-Matic HRT 09703	N	O/C	1	$123.00 L	$861.00
6070-001 SHR0001		1	Shredder, Paper, Light Duty	Fellowes Inc.	Powershred 220	N	O/O	2	$799.00 L	$799.00
6471-001 DSP0110		7	Dispenser, Cup	Bradley Corporation	9495	N	O/C	1	$111.00 L	$777.00
6016-000		1	Cart, Supply, Chrome, 60 inch	Unspecified	_____	N	O/O	3	$728.00 L	$728.00
4588-019 PLA0033		4	Player, DVD/VCR	LG Electronics	V194H	N	O/O	2	$180.00 L	$720.00
4156-001 PRJ0053		3	Projector, Overhead	Buhl Industries	90 Educator 9014EDC	N	O/O	2	$238.00 L	$714.00
5777-006 PRS0036		1	Processor, Credit Card	VeriFone Inc.	Nurit 8000 (Wireless)	N	O/O	2	$700.00 L	$700.00
5874-000		1	Cabinet, File, Lateral, 5 drawer	Unspecified	_____	N	O/O	5	$700.00 L	$700.00
5878-000		2	Table, Interiors, Conference	Unspecified	_____	N	O/O	5	$350.00 L	$700.00
6788-009 BRK0251		3	Bracket, Projector, Ceiling Mount	Peerless Industries, Inc.	PJF2-UNV Vector Pro II	N	O/O	1	$213.00 L	$639.00
5777-004 PRS0025		1	Processor, Credit Card	VeriFone Inc.	MX 850	N	O/V	2	$617.00 L	$617.00
6045-000		1	Cart, A/V, w/ Cabinet	Unspecified	_____	N	O/O	3	$616.00 L	$616.00
5685-001 ALL0054		3	Allowance, Art Work	To Be Determined	TBD	N	O/V	5	$200.00 L	$600.00
6393-000		1	Cabinet, File, Vertical, 2 Drawer	Unspecified	_____	N	O/O	5	$600.00 L	$600.00
C-102477		1	Telephone, Desktop, multiple Line	Nortel Networks	M39	N	O/O	2	$600.00 E	$600.00
7052-000		1	Dispenser, Sanitary Napkin	Unspecified	_____	N	O/C	1	$544.00 L	$544.00
6746-002 LCK0021		2	Locker, Purse	Penco Products, Inc.	Vanguard 6369V [12 x 18]	N	O/C	1	$268.00 L	$536.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
5227-000		1	Dryer, Floor/Carpet	Unspecified		N	O/O	2	$528.00 L	$528.00
5668-012 PLA0052		4	Player, DVD	TeleHealth Services	Panasonic [DVD-F87S]	N	O/O	2	$130.00 L	$520.00
5836-035 UTC0109		2	Cart, Utility, Polymer	InterMetro Industries Corporation	BC2030-34 (3-Shelf)	N	O/O	3	$258.00 L	$516.00
3656-000		1	Copier, Counter Top	Unspecified		N	O/V	2	$500.00 L	$500.00
5413-000		1	Artwork, Decorative	American Art Resources		N	O/O	5	$500.00 L	$500.00
6406-000		1	Cabinet, File, Multipurpose	Unspecified		N	O/O	5	$500.00 L	$500.00
6531-001 TEL0006		1	Telephone, Desktop, Digital	TBD	TBD	N	O/V	6	$500.00 E	$500.00
4298-000		1	Shelving, Wire, Chrome, 48	Unspecified		N	O/O	3	$498.00 L	$498.00
4297-001 SHL0056		1	Shelving, Wire, Chrome, 42	InterMetro Industries Corporation	Super Erecta Starter (5A347C)	N	O/O	3	$455.00 L	$455.00
5442-008 SAF0011		1	Safe, General	Sentry Group	CS5481	N	O/O	3	$433.00 L	$433.00
4380-000		2	Stereo System, Shelf	Unspecified		N	O/O	2	$200.00 L	$400.00
4380-006 SYS0006		2	Stereo System, Shelf	Sony Electronics Inc.	MHC-GX470	N	O/O	2	$200.00 L	$400.00
5685-000		2	Allowance, Art Work	Unspecified		N	O/V	5	$200.00 L	$400.00
5300-043 CHR0180		1	Chair, Interiors, Guest, w/arms	Hill-Rom Co, Inc - Room & Furniture	Straight Leg Visitor [VIS-200]	N	O/O	5	$385.00 L	$385.00
4689-000		6	Waste Can, Swing Top	Unspecified		N	O/O	3	$64.00 L	$384.00
6994-001 BRD0081		3	Board, Bulletin/Marker Combo	Quartet GBC Office Products	S554 (Oak Frame, 48w x 36h)	N	O/O	1	$124.00 L	$372.00
5694-008 SHL0283		1	Shelving, Solid, Wall Mount	Blickman Inc.	WS3612	N	O/C	1	$364.00 L	$364.00
6047-001 AVC0026		1	Cart, A/V, General	Bretford Manufacturing, Inc	34-E4	N	O/O	3	$362.00 L	$362.00
5875-000		1	Eye Wash Station, Wall Mounted	Unspecified		N	O/C	1	$345.00 L	$345.00
5875-002 EWS0002		1	Eye Wash Station, Wall Mounted	Bradley Corporation	S19-430EFW	N	O/C	1	$345.00 L	$345.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
6471-000		3	Dispenser, Cup	Unspecified		N	O/C	1	$111.00 L	$333.00
6094-000		3	Track, Ceiling, Cubicle Curtain	Unspecified		N	O/C	1	$108.00 L	$324.00
4690-006 WST0061		1	Waste Can, 32-36 Gallon	LogiQuip LLC	74532 (32 gal mobile)	N	O/O	3	$323.00 L	$323.00
5409-001 MAT0001		2	Mat, Floor, Anti-Fatigue	Grainger	3 x 5 Anti fatigue mat (5FX62)	N	O/O	3	$157.00 L	$314.00
6013-001 SPC0298		1	Cart, Supply, Chrome, 24 inch	InterMetro Industries Corporation	Super Erecta 1824NC / 4LD / 27UP	N	O/O	3	$310.00 L	$310.00
5567-001 RCK0164		3	Rack, Coat, Stand	To Be Determined	TBD	N	O/O	5	$100.00 L	$300.00
4156-000		1	Projector, Overhead	Unspecified		N	O/O	2	$296.00 L	$296.00
5869-000		12	Dispenser, Hand Sanitizer, Wall Mount	Unspecified		N	O/C	1	$24.00 L	$288.00
6746-000		1	Locker, Purse	Unspecified		N	O/C	1	$287.00 L	$287.00
7084-000		3	Clock, Electric, Wall	Unspecified		N	O/C	1	$92.00 L	$276.00
5868-000		4	Dispenser, Soap, Wall Mounted	Unspecified		N	O/C	1	$68.00 L	$272.00
6746-000		1	Locker, Purse	Unspecified		N	O/C	1	$268.00 L	$268.00
3444-001 BRK0018		1	Bracket, Television, Wall	Peerless Industries, Inc.	Jumbo 2000 25-27" [JMW 2650]	N	O/C	1	$260.00 L	$260.00
3444-002 BRK0019		1	Bracket, Television, Wall	Peerless Industries, Inc.	Jumbo 2000 19-21" [JMW 2640]	N	O/C	1	$260.00 L	$260.00
4198-007 RCK0115		5	Rack, Mops / Brooms	Rubbermaid Commercial Products	1993 (34 in.)	N	O/C	1	$52.00 L	$260.00
5407-002 WST0109		4	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	3540 Slim Jim (23 gal)	N	O/O	3	$63.00 L	$252.00
4689-006 WST0054		7	Waste Can, Swing Top	Rubbermaid Commercial Products	3071-20 (3067/2957)	N	O/O	3	$35.00 L	$245.00
7750-000		1	Dispenser, Hand Sanitizer, Freestanding	Unspecified		N	O/O	3	$240.00 L	$240.00
6788-000		1	Bracket, Projector, Ceiling Mount	Unspecified		N	O/C	1	$213.00 L	$213.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
6084-000		4	Dispenser, Paper Towel, Surface Mount	Unspecified		N	O/C	1	$53.00 L	$212.00
6802-001 WST0130		9	Waste Can, Recycle Bin	Rubbermaid Commercial Products	2957-06 Blue (41 qt)	N	O/O	3	$21.00 L	$189.00
5408-000		1	Lid, Cube Truck	Unspecified		N	O/O	3	$156.00 L	$156.00
5269-000		2	Bracket, Camera, Ceiling	Unspecified		N	O/C	1	$75.00 L	$150.00
5269-002 BRK0118		2	Bracket, Camera, Ceiling	Nihon Kohden America Inc.	103	N	O/C	1	$75.00 L	$150.00
6391-000		5	Dispenser, Toilet Paper, Surface Mount	Unspecified		N	O/C	1	$30.00 E	$150.00
4691-001 WST0066		1	Waste Can, 44-55 Gallon	Rubbermaid Commercial Products	2655/2654 (55 gal w/ lid)	N	O/O	3	$138.00 L	$138.00
5407-000		2	Waste Can, 20-31 Gallon	Unspecified		N	O/O	3	$67.00 L	$134.00
4687-000		1	Waste Can, Bio-Hazardous	Unspecified		N	O/O	3	$132.00 E	$132.00
5668-000		1	Player, DVD	Unspecified		N	O/O	2	$130.00 L	$130.00
7122-000		1	Printer, Label	Unspecified		N	O/O	3	$130.00 E	$130.00
4690-002 WST0060		1	Waste Can, 32-36 Gallon	Rubbermaid Commercial Products	Brute 2632 (32 gal w/ lid & dolly)	N	O/O	3	$127.00 L	$127.00
5461-000		4	Fan, Floor	Unspecified		N	O/O	2	$31.00 L	$124.00
5868-000		2	Dispenser, Soap, Wall Mounted	Unspecified		N	O/C	1	$54.00 E	$108.00
3584-001 CTK0046		1	Cart / Truck, Hand	Grainger	Dayton 3W486-I	N	O/O	3	$100.00 L	$100.00
5567-000		1	Rack, Coat, Stand	Unspecified		N	O/O	5	$100.00 L	$100.00
5873-004 BRD0028		1	Board, White, Dry Erase	Quartet GBC Office Products	S574 (Oak Frame, 48w x 36h)	N	O/C	1	$96.00 L	$96.00
6084-000		2	Dispenser, Paper Towel, Surface Mount	Unspecified		N	O/C	1	$45.00 L	$90.00
6391-000		4	Dispenser, Toilet Paper, Surface Mount	Unspecified		N	O/C	1	$22.00 L	$88.00
5870-004 DSP0048		4	Dispenser, Hand Lotion	GOJO Industries	Provon NXT Spacesaver (1000 mL)	N	O/C	1	$21.00 L	$84.00

Norwalk Hospital
Master Facility Plan Phase I_Nov
Item Summary

* = Options/Accessories ☑ = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4688-000		1	Waste Can, Open Top	Unspecified		N	O/O	3	$71.00 E	$71.00
5818-001 DRL0009		1	Drill, Handheld	DeWALT Tools	DW100	N	O/O	2	$70.00 L	$70.00
6802-000		3	Waste Can, Recycle Bin	Unspecified		N	O/O	3	$21.00 L	$63.00
6391-000		2	Dispenser, Toilet Paper, Surface Mount	Unspecified		N	O/C	1	$30.00 L	$60.00
6611-000		1	Deodorizer, Air, Wall Mount	Unspecified		N	O/O	1	$57.00 L	$57.00
6072-000		1	Bar, Grab, Toilet	Unspecified		N	O/C	1	$50.00 L	$50.00
6072-001 BAR0002		1	Bar, Grab, Toilet	Bradley Corporation	812 (36 in.)	N	O/C	1	$50.00 L	$50.00
6391-001 DSP0090		2	Dispenser, Toilet Paper, Surface Mount	San Jamar	Locking Double Roll R260XC	N	O/C	1	$22.00 L	$44.00
5869-012 DSP0043		1	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell TFX Touch Free	N	O/C	1	$39.00 L	$39.00
6086-000		1	Dispenser, Toilet Seat Cover	Unspecified		N	O/C	1	$36.00 L	$36.00
									Sub Total :	**$2,124,277.00**
									Grand Total :	**$2,124,277.00**

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

November 30, 2009

Lisa Brady
Vice President, Planning & Business
Norwalk Hospital
34 Maple Street
Norwalk, CT 06856

Re: Letter of Intent, Docket Number 09-31492-LOI
Construction of a new Ambulatory Pavilion on the Norwalk Hospital Campus including the Acquisition of Imaging Equipment
Notice of Letter of Intent

Dear Ms. Brady:

On November 16, 2009, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Norwalk Hospital ("Applicant") for the construction of a new Ambulatory Pavilion on the Norwalk Hospital campus including the acquisition of imaging equipment, with a total capital expenditure of $88,233,700.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Hour* 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
Director of Operations

KRM:lmg

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

November 30, 2009

Requisition # 29635
Email: OBIT@The Hour.com
Attention: David

The Hour Publishing Company
P.O. Box 790
Norwalk, CT 06852-0790

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 **Friday, December 4, 2009.**

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 Carmen Cotto or Ronald Ciesones at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Director of Operations

Attachment

KRM:CC:RC:lmg

c: Danielle Pare, DPH

Norwalk Hospital
Docket Number: 09-31492

Letter of Intent
November 30, 2009

PLEASE INSERT THE FOLLOWING:

Statute References	19a-639
Applicant:	Norwalk Hospital
Town:	Norwalk
Docket Number:	09-31492-LOI
Proposal:	Construction of a new Ambulatory Pavilion on the Norwalk Hospital campus including the acquisition of imaging equipment
Capital Expenditure:	$88,233,700

The Applicant may file its Certificate of Need application between January 15, 2010 and March 16, 2010. 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 at OHCA or on OHCA's website at www.ct.gov/OHCA. A copy of the Letter of Intent or a copy of the 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 Applicants.

Greer, Leslie

From: ads [ads@graystoneadv.com]
Sent: Monday, November 30, 2009 2:06 PM
To: Greer, Leslie
Subject: Re: Legal Notice 09-31492

Good day!

Thanks so much for your ad submission.
We will be in touch shortly and look forward to serving you.

If you have any questions or concerns, please don't hesitate to contact us at the number below.

We sincerely appreciate your business.

Thank you,
Graystone Group Advertising

2710 North Avenue
Bridgeport, CT 06604
Phone: 800-544-0005
Fax: 203-549-0061
E-mail: ads@graystoneadv.com
http://www.graystoneadv.com/

On 11/30/09 1:59 PM, "Greer, Leslie" <Leslie.Greer@ct.gov> wrote:

> Laurie,
> Please run the attached public notice in The Hour newspaper by 12/4/09. Approval for this notice to follow, please call me if you have any questions.
>
> Thank you,
>
> Leslie M. Greer
> Office of Health Care Access
> A Division of Department of Public Health
> State of Connecticut
> 410 Capitol Avenue, MS#13HCA
> Hartford, CT 06134
> Phone: (860) 418-7001
> Fax: (860) 418-7053
> *Website: www.ct.gov/ohca* <http://www.ct.gov/ohca>
> Please consider the environment before printing this message

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

December 3, 2009 via fax and email only

Lisa Brady
Vice President
Planning & Business Development
Norwalk Hospital
34 Maple Street
Norwalk, CT 06856

RE: Certificate of Need Application Forms; Docket Number: 09-31492-CON
Norwalk Hospital
Construction of an Ambulatory Pavilion including the acquisition of a Linear Accelerator and CT Simulator on the Norwalk Hospital Campus

Dear Ms. Brady:

Enclosed are the application forms for Norwalk Hospital Certificate of Need ("CON") proposal for the Construction of an Ambulatory Pavilion including the acquisition of a Linear Accelerator and CT Simulator on the Norwalk Hospital Campus at a total cost of $88,233,700. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes, the CON application may be filed between January 15, 2010, and March 16, 2010.

When submitting your CON application and any subsequent application information to this agency, you are obligated to observe the following procedural requirements. **Failure to observe these requirements will require follow-up work on your part to correct the filing.**

- Number and date each page, including cover letter and all attachments. Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document immediately preceding it. For example, if the application concludes with page 100, your completeness response letter would begin with page 101.
- Submit one (1) original and six (6) hard copies of each submission in 3-ring binders.

- Submit a scanned copy of each submission in its entirety, including all attachments on CD, preferably in Adobe (.pdf) format.
- Submit an electronic copy of the documents in MS Word format with financial attachments and other data as appropriate in MS Excel format.

The OHCA analysts assigned to the CON application are Carmen Cotto and Ron Ciesones. Please contact either analyst at (860) 418-7001 if you have questions.

Sincerely,

Kaila Riggott

Kaila Riggott
Planning Specialist

Enclosures

GENERAL AFFIDAVIT

Applicant: _____

Project Title: _____

I, _____, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and 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 Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	FOR OHCA USE ONLY: DATE INITIAL 1. Check logged (Front desk) _____ _____ 2. Check rec'd (Clerical/Cert.) _____ _____ 3. Check correct (Superv.) _____ _____ 4. Check logged (Clerical/Cert).) _____ _____

SECTION A – NEW CERTIFICATE OF NEED APPLICATION 1. Check statute reference as applicable to CON application (see statute for detail): _____ 19a-638.Additional function or service, change of ownership, service termination. **No Fee Required.** _____ 19a-639 Capital expenditure exceeding $3,000,000, or capital expenditure exceeding $3,000,000 for major medical equipment, or CT scanner, PET scanner, PET/CT scanner, MRI scanner, cineangiography equipment or linear accelerator. **Fee Required.** _____ 19a-638 and 19a-639. **Fee Required.** 2. Enter $0 on "Total Fee Due" line (SECTION B) if application is required pursuant to Section 19a-638 only, otherwise go on to line 3 of this section. 3. Enter $400 on "Total Fee Due" line (SECTION B) if application is for capital expenditure for major medical equipment, imaging equipment or linear accelerator less than $3,000,000 4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding $3,000,000 or other capital expenditure exceeding $3,000,000 is checked above **OR** if both 19a-638 and 19a-639 are checked): a. Base fee: _____ b. Additional Fee: (Capital Expenditure Assessment)_____ (To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) ($_____ x .0005) c. Sum of base fee plus additional fee: (Lines A4a + A4b)_____ d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B).	$ 1,000.00 $_____.00 $_____.00
SECTION B TOTAL FEE DUE:_____	$_____.00

ATTACH HERE CERTIFIED OR CASHIER'S CHECK ONLY (Payable to: Treasurer, State of Connecticut)

State of Connecticut
Department of Public Health
Office of Health Care Access
Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, Not Applicable may be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than January 15, 2009, and may be submitted no later than March 16, 2010. The Analysts assigned to your application are Carmen Cotto and Ron Ciesones. They may be reached at the Office of Health Care Access at (860) 418-7001.

Docket Number:	09-31492-CON
Applicant(s) Name:	Norwalk Hospital
Contact Person:	Lisa M. Brady
Contact Title:	Vice President Planning and Business Development
Contact Address:	34 Maple Street Norwalk, CT 06856
Project Location:	Norwalk
Project Name:	Construction of a new Ambulatory Pavilion on the Norwalk Hospital campus including the acquisition of imaging equipment
Type proposal:	Section 19a-639 of the Connecticut General Statues
Est. Capital Expenditure:	$88,233,700

1. Proposal's Description and Need

a. Provide a narrative detailing the proposal. Include the following, as applicable:
   i. Goals, objectives, and benefits of the proposal;
   ii. Identify and describe any new services being sought; and
   iii. Identify and describe any clinical services involved in the proposed project and if the project will result in any impact to these services.

b. Explain how the Applicant determined need for the proposal, addressing the following aspects of the proposal, as applicable:
   i. Impetus and development of proposal;
   ii. Facility/code compliance deficiencies (provide documentation); and
   iii. Health service or program deficiencies.

c. Provide the following planning documentation information:
   i. Relevant excerpts from meeting minutes that verify the Board of Director's approval to proceed with the proposal; and
   ii. The alternatives considered when developing the proposal.

d. Provide a Gantt chart identifying the phases of the proposal by category and sub-category, and the anticipated time in months to initiate and complete each phase.

e. Explain the impact of the proposal on the Applicant's inpatient and outpatient services and market share.

f. Describe the effect of the proposal on other similar health care facilities.

2. Regarding the <u>Construction of the new Ambulatory Pavilion</u> please answer the following:

a. Describe the proposed demolition, new construction, and/or renovation, illustrating the changes that will take place for each department affected by the proposal. Also describe how new building construction will be integrated with existing facility structures.

b. Complete the following table regarding the square footage and location of each department affected by the proposal.

Table 1: Departmental Changes

Department	Current Square Footage	Proposed Square Footage	Current Location	Proposed Location

c. Identify the areas that will be set aside as shelled space for future use. Provide the number of square feet and the intended use for each designated area.
d. Provide schematic drawings of the existing and proposed floor plans related to the project. Attach one full-scale copy if available.

e. Report the number of proposed operating rooms, identifying the number to be equipped and utilized and the number to be built and shelled for future use.

f. Provide the calculations used to determine the proposed number of operating rooms (relate this to the projected volumes, including information such as the estimated number of procedures per room), and include any documentation to support these estimates.

g. Provide the following regarding the new Ambulatory Pavilion's location:

   i. The rationale for choosing the proposed service location;

   ii. The service area towns and the basis for their selection;

   iii. The population to be served, including specific evidence such as incidence, prevalence, or other demographic data that demonstrates need;

   iv. How and where the proposed patient population is currently being served;

   v. Complete the following table concerning the Applicants and existing providers in the towns listed above and in nearby towns; and

Table 2: Utilization and Capacity of the Applicants and Existing Providers

Provider Name Street Address Town, Zip Code	Number of Operating Rooms				Estimated Capacity for Proposal		Current Utilization [7]
	Available [1]	Utilized [2]	Not Utilized [3]	Equipped for Proposal [4]	Minimum [5]	Maximum [6]	
				Total			

[1] Include used, equipped, and shell space.
[2] Include those actually used to perform surgeries.
[3] Include those not used and those that are equipped or are only shell space.
[4] Include those rooms that are uniquely equipped to perform the types of surgeries included in the proposal.

[5] Minimum numbers of surgeries to be performed in a single operating room for one year. Provide an explanation of the criteria or basis used to estimate the number.
[6] Maximum numbers of surgeries of the type included in the proposal that can optimally be performed in a single operating room in one year. Provide an explanation of the criteria or basis used to estimate the number.
[7] Report the number of procedures for the most current 12 month period and identify the period covered

vi. The effect of the proposal on existing providers.

h. Attach a copy of any articles, studies, or reports that support the need to establish the proposed service, along with a brief explanation regarding the relevance of the selected articles.

3. Ambulatory Pavilion-Actual and Projected Volume

a. Provide total volumes for the most recently completed full FY by town.

b. Complete the following table for the past three fiscal years ("FY"), current fiscal year ("CFY"), and first three projected FYs of the proposal, for the outpatient surgical volume of each of the Applicants and physicians involved in the proposal. In Table 3, report the units of service by Center type. Add lines as necessary.

Table 3: Historical, Current, and Projected Services Volume, by Center type

	Actual Volume (Last 3 Completed FYs)			**CFY Volume***	**Projected Volume (First 3 Full Operational FYs)****		
Center	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****
Cancer***							
Digestive***							
Ambulatory Surgery***							
Emergency Services***							
Total							

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.
** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.
***Break out inpatient/outpatient/ED volumes if applicable.
**** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

c. Explain any increases and/or decreases in volume in the tables above.

d. Provide a detailed description of all assumptions used in the derivation/calculation of the projected volumes.

e. Provide a discussion on any shift of surgical procedures from existing operating rooms to the proposed operating rooms.

f. For Hospital Applicants, provide inpatient volume in the formats presented in Tables 3 describe any impact the proposal will have on the inpatient surgery volumes of any of the Applicants.

6. Regarding the acquisition of the Linear Accelerator and the CT Simulator ("equipment") please answer the following:

a. Provide the Manufacturer, Model, Number of slices/tesla strength of the proposed scanner (as appropriate to each equipment).

b. List each of the Applicant's sites and the imaging modalities and other services currently offered by location.

c. Complete **Table 4** for each equipment (of the type proposed) currently operated by the Applicant at each of the Applicant's sites.

Table 4: Existing Linear Accelerators and CT Simulators Operated by the Applicant

Provider Name Street Address Town, Zip Code	Description of Service *	Hours/Days of Operation **	Utilization ***

* Include equipment strength (e.g. slices, tesla strength)
** Days of the week equipment is operational, and start and end time for each day; and
*** Number of scans performed on each scanner for the most recent 12-month period (identify period).

d. Provide the following regarding the equipment's location:

i. The rationale for locating the proposed equipment at the proposed site;

ii. The population to be served, including specific evidence such as incidence, prevalence, or other demographic data that demonstrates need;

iii. How and where the proposed patient population is currently being served;

iv. All existing providers (name, address) of the proposed service in the towns listed above and in nearby towns;

v. The effect of the proposal on existing providers; and

vi. If the proposal involves a new site of service, identify the service area towns and the basis for their selection.

7. Linear Accelerator and the CT Simulator-Actual and Projected Volume

a. Complete the following tables for the past three fiscal years ("FY"), current fiscal year ("CFY"), and first three projected FYs of the proposal, for each of the Applicant's existing and proposed equipment (of the type proposed, at the proposed location only). In Table 5, report the units of service by each equipment (e.g. if specializing in orthopedic, neurosurgery, or if there are procedures that can be performed on the proposed equipment that the Applicant is unable to perform on its existing linear accelerator and CT simulator).

Table 5: Historical, Current, and Projected Volume, by Equipment Type

	Actual Volume (Last 3 Completed FYs)			**CFY Volume***	**Projected Volume (First 3 Full Operational FYs)****		
	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****
Linear Accelerator***							
CT Simulator***							
Total							

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.
** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.
*** Break out inpatient/outpatient/ED volumes if applicable.
**** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

b. Provide a breakdown, by town, of the volumes provided in Table 2a for the most recently completed full FY.

c. Explain any increases and/or decreases in volume seen in the tables above.

d. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected volume by scanner and scan type.

e. Provide a copy of any articles, studies, or reports that support the need to acquire the proposed scanner, along with a brief explanation regarding the relevance of the selected articles.

8. Quality Measures

a. Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.

b. Explain how this proposal contributes to the quality of health care delivery in the region.

c. Describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

d. Identify the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the applicant proposes to meet each of the guidelines.

9. Organizational and Financial Information

a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).

b. Does the Applicant have non-profit status?
☐ Yes (Provide documentation) ☐ No

c. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the Applicant and indicate any additional licensure categories being sought in relation to the proposal.

d. Financial Statements: Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this proposal.

e. Submit a final version of all capital expenditures/costs as follows:

Table 6: Proposed Capital Expenditures/Costs

Medical Equipment Purchase	$
Imaging Equipment Purchase	
Non-Medical Equipment Purchase	
Land/Building Purchase *	
Construction/Renovation **	
Other Non-Construction (Specify)	
Total Capital Expenditure	$
Medical Equipment Lease (Fair Market Value) ***	$
Imaging Equipment Lease (Fair Market Value) ***	
Non-Medical Equipment Lease (Fair Market Value) ***	
Fair Market Value of Space ***	
Total Capital Cost	$
Capitalized Financing Costs (Informational Purpose Only)	
Total Capital Expenditure with Cap. Fin. Costs	$

* If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.

** If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.
*** If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

f. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges received to date; letter of interest or approval from a lending institution.

10. Patient Population Projections

a. Provide the current and projected patient population mix (based on the number of patients, not on revenue) with the CON proposal for the proposed new Ambulatory Pavilion and the equipment.

Table 7: Patient Population Mix

	Current FY ***	**Year 1 FY *****	**Year 2 FY *****	**Year 3 FY *****
Medicare*				
Medicaid*				
CHAMPUS & TriCare				
Total Government				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government				
Total Payer Mix				

* Includes managed care activity.
** New programs may leave the "current" column blank.
*** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided.

b. Provide the basis for/assumptions used to project the patient population mix.

11. Financial Attachments I & II

a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **Complete Financial Attachment I.** (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.

b. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. **Complete Financial Attachment II.** The projections must include the first three full fiscal years of the project.

c. Provide the assumptions utilized in developing **both Financial Attachments I and II** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

d. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the proposed service(s).

e. Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.

f. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

g. Identify the entity that will be billing for the proposed service(s).

h. Describe how this proposal is cost effective.

12. Other Review Criteria

a. Describe the proposal's relationship to the Applicant's long-range plans. Provide supporting documentation.

b. Specify whether any of the following apply to the proposal. If so, provide an explanation and supporting documentation.
   i. Voluntary efforts to improve productivity and contain costs;
   ii. Changes to the Applicant's teaching or research responsibilities; and/or
   iii. Special characteristics of the Applicant's patient or physician mix.

Please provide one year of actual results and three years of projections of **Total Facility** revenue, expense and if applicable, volume statistics without, incremental to and with the proposal in the following reporting format:

Total Facility:	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY
Description	Actual Results	Projected W/out Project	Projected Incremental	Projected With Project	Projected W/out Project	Projected Incremental	Projected With Project	Projected W/out Project	Projected Incremental	Projected With Project
Revenue from Operations				$0			$0			$0
Non-Operating Revenue				$0			$0			$0
Total Revenue:	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Operating Expenses				$0			$0			$0
Income before provision for income taxes	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Provision for income taxes				$0			$0			$0
Net Income	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Retained earnings, beginning of year		$0	$0	$0	$0	$0	$0	$0	$0	$0
Retained earnings, end of year	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

*Volume Statistics:

*Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

Please provide **three** years of projections of incremental revenue, expense and volume statistics **attributable to the proposal** in the following reporting format:										
Type of Service Description										
Type of Unit Description:										
# of Months in Operation										
FY _____	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FY Projected Incremental		Rate	Units	Gross	Allowances/	Charity	Bad	Net	Operating	Gain/(Loss)
Total Incremental Expenses:				Revenue	Deductions	Care	Debt	Revenue	Expenses	from Operations
				Col. 2 * Col. 3				Col.4 - Col.5	Col. 1 Total *	Col. 8 - Col. 9
Total Facility by								-Col.6 - Col.7	Col. 4 / Col. 4 Total	
Payer Category:										
Medicare				$0				$0	$0	$0
Medicaid		$0		$0				$0	$0	$0
CHAMPUS/TriCare		$0		$0				$0	$0	$0
Total Governmental			0	$0	$0	$0	$0	$0	$0	$0
Commericial Insurers		$0	5	$0				$0	$0	$0
Uninsured		$0	2	$0				$0	$0	$0
Total NonGovernment		$0	7	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$0	7	$0	$0	$0	$0	$0	$0	$0

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	0938
RECIPIENT ADDRESS	912038521553
DESTINATION ID	
ST. TIME	12/03 13:09
TIME USE	04'11
PAGES SENT	16
RESULT	OK

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: LISA M. BRADY

FAX: (203) 852-1553

AGENCY: NORWALK HOSPITAL

FROM: CARMEN COTTO AND RON CIESONES

DATE: DECEMBER 3, 2009 **TIME:** 11:40 PM

NUMBER OF PAGES: 15
(Including transmittal sheet)

Comments:
CON DOCKET# 09-31492-Application forms

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.