

Harvard Street Neighborhood Health Center

Proposal for 8 Old Road & 14 Ellington Street



Submitted to the Department of Neighborhood Development

September 26, 2016





Harvard Street
Neighborhood
Health Center INC

632 Blue Hill Avenue, Dorchester, Massachusetts 02121 (617) 335-3300 (617) 335-3300

September 26, 2016

Mr. Carl Hyman
City of Boston – Department of Neighborhood Development
26 Court Street, 9th Floor
Boston, MA 02108

Re: Request for Proposal: 8 Old Road & 14 Ellington Street, Dorchester

Dear Mr. Hyman:

Harvard Street Neighborhood Health Center (HSNHC), in conjunction with its development partners, Dorchester Bay Economic Development Corporation and Isgenuity (the Development Team) is pleased to submit this response to the Request for Proposal: 8 Old Road & 14 Ellington Street, Dorchester put forth by the City of Boston – Department of Neighborhood Development. HSNHC is a non-profit, federally qualified health center currently located at 632-640 Blue Hill Avenue in Dorchester, Massachusetts. Through this Request for Proposal (RFP), HSNHC is seeking to purchase the land at 8 Old Road & 14 Ellington Street in Dorchester to develop a new state-of-the-art, 41,000 square foot health center. The proposed new building will allow HSNHC to move from its current facility, an older building that is nearing its end of useful life, to a newly built health center. It will also allow HSNHC to consolidate additional enabling services that are located in adjacent areas around the health center to the new facility, thereby providing patients with access to additional services.

Through this project, HSNHC seeks to:

- 1) Meet the unmet healthcare needs of local residents. Given current demand for care and projected growth, staff are anticipating nearly 45,000 patient visits by the end of 2019, HSNHC's providers and staff have outgrown the current space and are seeking to develop a new health center building where services may be co-located and care delivery provided via a patient-centered medical home model;
- 2) Create both construction, administrative and clinical jobs for area residents. HSNHC has a history of providing local residents with job growth opportunities and training. Additionally, HSNHC, along with its partner, Dorchester Bay Economic Development Corporation are committed to meeting and/or exceeding the Roxbury Master Plan around job creation and hiring standards, and;

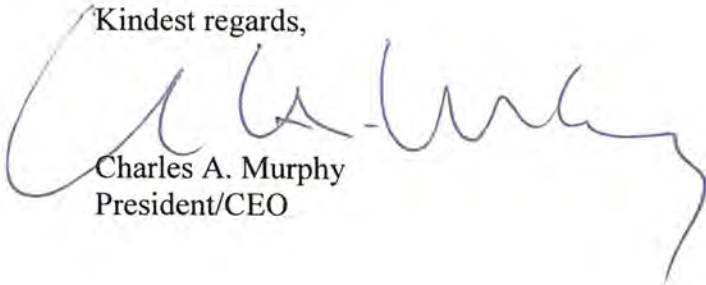
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3) Revitalize the Franklin Park/Grove Hall Neighborhoods – HSNHC’s development plan will activate Old Road and Ellington Street and stimulate revitalization within North Dorchester. Through the design, development and construction of a new state-of-the-art health center, HSNHC seeks to create jobs, serve as a community destination where various grassroots and community organizations can hold meetings, and promote access to critically needed health and human services.

HSNHC proposes to construct a new health center on the land currently owned by the Department of Neighborhood Development at 8 Old Road and 14 Ellington Street. HSNHC currently owns the 6,102 square foot parcel of land (16 Ellington Street) that abuts the Department of Neighborhood Development owned property. Through this RFP, HSNHC will combine the parcels to create a larger 19,690 square foot parcel to develop and build a 41,000 square foot, four-story building on this new parcel, as well as a parking lot to serve the new facility.

The Development Team has integrated strong neighborhood experience, multiple planning processes and deep real estate expertise to present this plan. I am hopeful you will look favorably upon this proposal.

Kindest regards,

A handwritten signature in blue ink, appearing to read 'Charles A. Murphy', with a long, sweeping tail extending to the right.

Charles A. Murphy
President/CEO

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Proposal for 8 Old Road & 14 Ellington Street

1. Proposal Summary

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A. Introduction

Statement of Proposer's Interest in the Project: Harvard Street Neighborhood Health Center (HSNHC) is a non-profit, federally qualified health center (FQHC) currently located at 632-640 Blue Hill Avenue in Dorchester, MA. HSNHC has been providing services to patients since 1969 when it first opened as part of the Boston Department of Health and Hospitals. HSNHC became an independent non-profit in 1976, achieved FQHC look-alike status in 1992 and was awarded FQHC status in 2015. Through this Request for Proposal (RFP), HSNHC is seeking to purchase the land at 8 Old Road & 14 Ellington Street in Dorchester to develop a new state-of-the-art, 41,000 square foot health center. The proposed new building will allow HSNHC to move out of its current home, an older building that is nearing its end of useful life and is in need of significant repair. It will also allow HSNHC to consolidate additional enabling services that are located in areas around the health center, thereby providing patients with access to additional services.

FQHCs are community clinics and include all organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid for the provision of healthcare services, as well as other benefits. The Health Resources and Services Administration (HRSA) governs these clinics providing Federal oversight. Consequently, HRSA requires that FQHCs serve an underserved area or population; offer a sliding fee scale; provide comprehensive health, social, and enabling services; have an ongoing quality assurance program; and have a governing Board of Directors. Accordingly, HSNHC's stated mission is to "serve as a primary health care provider without regard to race, sex, color, political philosophy, religious belief or ability to pay." The health center is located in a medically underserved area and treats a medically underserved patient population (MUA/P ID: 01525).

The proposed new facility on Old Road and Ellington Street will allow HSNHC to expand services to address the unmet healthcare needs of the community and address critical structural issues with the current health center building. Given current demand for care, HSNHC's providers and staff have outgrown the current space and are seeking to develop a new health center building where services may be co-located and care delivery provided via a patient-centered medical home model.¹ Consequently, development of a new health center building will allow HSNHC to expand its current services offerings and provide additional access to care through decreased wait times for appointments and space for additional providers. Through this initiative, HSNHC will be able to meet the

¹ The Patient-Centered Medical Home is a care delivery model whereby **patient** treatment is coordinated through their primary care physician to ensure patients receive necessary care when and where they need it and in a manner they can understand. HSNHC has received Level II PCMH status via the National Committee on Quality Assurance.

following goals: 1) Participate in all activities designed and executed to promote the general health of families and children in the North Dorchester, Mattapan, and Roxbury communities; 2) Serve as a primary source for all health education activities relating to prevention, wellness and chronic disease management; 3) Provide assistance to the community in the development, implementation, and analysis of health services and policies; 4) Provide enabling services that help families obtain the care they need with the assistance of translators and patient navigators; 5) Provide access to social services that directly address individual and family needs around the social determinants of health, such as job training, linkages to transportation and food, as well as assistance with obtaining housing; and 6) Initiate and participate in health-related research that promotes the well-being of the communities served.

A new health center building will also allow HSNHC's senior leadership to address deficiencies associated with the current health center building, which is outdated and in need of repair. A new health center building will allow staff to address space configuration concerns and implement new technology. Through the development of a new health center building, primary care and behavioral health services will be co-located in accordance with a best-practice standard implemented by most health centers. HSNHC will also be able to avoid costly upgrades to existing systems, such as replacement or updates to the HVAC, plumbing and/or electrical systems. Finally, the creation of a new health building will afford HSNHC's additional opportunities to serve the community, such as the implementation of a food pantry on site or available community space for community meetings.

In addition to improving the health of the community, the development of a new health center has numerous other community benefits. HSNHC has committed to exceeding the construction hiring requirements as outlined in the Roxbury Master Plan. HSNHC has formed a development team, consisting of internal and external resources to ensure Roxbury Master Plan standards are exceeded. Furthermore, HSNHC is committed to continuing its strong local hiring practices for permanent jobs. HSNHC currently employs eighty-four (84) individuals, and expects that the new facility will create at least twenty (20) additional administrative and clinical positions. Currently, 77% of HSNHC's employees live in the neighborhoods served by the health center. Of these employees, 88% of staff members are minorities. HSNHC's senior leadership believes it is critically important for staff to reflect the population served by the health center. Through expansion efforts, HSNHC will continue this practice when hiring for construction, administrative and/or clinical positions.

Organizational Structure and Key Personnel: HSNHC's organizational structure is in accordance with HRSA's Health Center Program Requirements and is appropriate for the operational and oversight needs of a FQHC. The Health Center is overseen by the Health Center Board of Directors. Daily operations are overseen by Charles A. Murphy, President and CEO, who is

accountable to the Board of Directors. The CEO works with the following senior staff: Christopher Zimmerman, MD, MPH, Chief Medical Officer; Melesse Gobena, Director of Finance; Eva Jackson, Director of Billing and Compliance and Claudia Liranzo, MBA, Director of Operations

Key Management Team: HSNHC's key management team is appropriate and adequate for the size, operation, and oversight needs and scope of the proposed initiative. Staff have the requisite experience, management skills, and educational background to perform the necessary duties associated with the operation of a health center. Specifically, Mr. Murphy oversees the management team and is an active leader in the daily operations of the health center, meeting with senior staff on a weekly basis to stay abreast of clinical and operational issues. Key management team members include:

- Charles A. Murphy, President & Chief Executive Officer (CEO): As President & CEO of HSNHC, Mr. Murphy leads a team of committed professionals who provide critical healthcare services to the residents of North Dorchester, Roxbury and Mattapan in the City of Boston. His political and private sector experience has allowed him to seamlessly integrate into his leadership position.

Mr. Murphy served eight terms in the Massachusetts legislature where he served in a variety of leadership positions, including two years as Chairman of the House Committee on Ways and Means and one year as the House Majority Whip. Additionally, he served on the senior management team at Arcadia Solutions, a healthcare data analytics firm, as Vice President of Public Policy and Government Affairs. Charley has worked as a Massachusetts attorney since 1994.

Prior to working in private practice, he served on active duty with the United States Marine Corps where he served as a Judge Advocate in a variety of positions to include Staff Judge Advocate for the 22d Marine Expeditionary Unit (Special Operations Capable) that deployed to the Mediterranean Ocean and Mogadishu, Somalia. Mr. Murphy remains active in the community serving on the Board of Directors of Mil Milagros a Boston based non-profit that provides nutritional and educational opportunities for over 1,000 children that live in Guatemala and is the elected Town Moderator for the Town of Burlington. He is a graduate of Villanova University, Vermont Law School, Naval Justice School and the Kennedy School of Government at Harvard University where he earned a Master in Public Administration degree.

- Christopher Zimmerman, MD, MPH, Chief Medical Officer: Dr. Zimmerman serves as the Chief Medical Officer for the health center. He has an extensive background working with underserved populations. He is a medical epidemiologist and serves on the international epidemiology and research team of the Centers for Disease Control as an influenza advisor for global disease detection and response. He has worked with multiple government and non-profit agencies, including as a consultant to the World Health Organization. Dr. Zimmerman brings a wealth of knowledge around treating and providing wellness services to underserved and vulnerable populations. He holds his medical degree from the University of Massachusetts and his Master of Public Health Degree from the Harvard School of Public Health.
- Melesse Gobena, Director of Finance: Mr. Gobena has been with HSNHC for the last 10 years in various financial management capacities. Currently, he serves as the Director of Finance. In this role, he oversees the daily operations of the Finance Department. He has broad experience in financial management, accounting, budgets and cost control management. He has his Bachelor of Science degree from Addis Ababa University in Ethiopia.
- Eva Jackson, Director of Billing & Compliance: Eva Jackson serves as the Director of Billing and Corporate Compliance at HSNHC. As Director of Billing and Corporate Compliance, she manages the billing department and effectively works to enforce corporate compliance. An accomplished analytical thinker and passionate problem solver who has the ability to read and interpret complex regulations and make accurate operational decisions, Ms. Jackson has a history of evaluating issues within an organization and taking appropriate actions to improve performance. She has the skills and abilities necessary to develop and implement policies, procedures and programs that will ensure compliance with existing regulations and best practices. Ms. Jackson has a degree from Marian Court College and contributes more than 25 years of experience in customer service, medical billing and quality assurance.
- Claudia Liranzo, MBA, Director of Operations: Ms. Liranzo has been with HSNHC for seven years in various capacities. Currently, she serves as the Director of Operations and oversees the daily operations of the health center by directing, administering and coordinating the various activities in support of the clinical and dental practices. Ms. Liranzo has a Bachelor

of Arts degree in Business Administration from Curry College. Additionally, she holds a Master Degree in Business Administration from Cambridge College.

Please see Exhibit 1 for resumes of key HSNHC personnel.

Descriptions of Lawsuits Brought against the Proposer:

The following lawsuits were brought against HSNHC within the past five years:

- On January 14, 2014, a former employee filed an employment-related action against HSNHC. This case was settled by mutual agreement.
-
- On September 19, 2016, a dental malpractice action was filed against HSNHC. This case is pending before the court.

B. Development Plan

Land Use

Plan for Development: HSNHC's development plan will activate Old Road and Ellington Street and stimulate revitalization within North Dorchester. Through the design, development and construction of a new state-of-the-art health center, HSNHC seeks to create jobs, serve as a community destination where various grassroots and community organizations can hold meetings, and promote access to critically needed health and human services. HSNHC proposes to construct a new health center on the land currently owned by the Department of Neighborhood Development (DND) at 8 Old Road and 14 Ellington Street. HSNHC currently owns the 6,102 square foot parcel of land (16 Ellington Street) that abuts the DND owned property. Through this RFP, HSNHC will amalgamate the parcels to create a larger 19,690 square foot parcel. Subsequently, HSNHC proposes to build a 41,000 square foot, four-story building on this new parcel, as well as a parking lot to serve the new facility.

This new health center will replace HSNHC's current, outdated, approximately 20,000 square foot health center building, which is across the street from the 8 Old Road and 14 Ellington Street location at 632-640 Blue Hill Avenue. The new facility will allow HSNHC to co-locate its primary care, behavioral health, enabling and social services, a best practice of most health centers. Currently, some of HSNHC's behavioral health services are located one half mile away at 895 Blue Hill Avenue, which creates access and coordination issues for patients and families as providers and other enabling staff are unable to conduct warm-handoffs to other staff/service providers.

HSNHC's current facility was last renovated in 1976 and is in need of both structural and aesthetic repairs, which are costly and will not allow the health center to fully address capacity and operational issues given the size of the designated space. Accordingly, a new health center building will allow senior leadership to address both structural issues, as well as expand services to meet increased demand. Given that HSNHC treats low-income patients, many individuals suffer from chronic conditions and co-morbidities and are in need of access to multiple providers. A new health center building which comprises an individual or family's primary care physician, as well as additional specialty and enabling services will impact care coordination and quality outcomes for patients. Additionally, HSNHC is mandated by HRSA to serve the surrounding neighborhoods. The parcel at 8 Old Road and 14 Ellington Street will allow HSNHC to build a new comprehensive health center without uprooting patients from their current location.

Job Creation and Training: HSNHC's proposal is aligned with the RFP's guidelines, which require low-impact commercial/institutional development. Specifically, the guidelines highlight the need for local job creation. HSNHC

currently employs 84 people, the majority of which (77%) live in the surrounding neighborhoods. Additionally, of these individuals, 88% are minorities. As previously discussed, through expanded health services, senior staff will seek to hire at least twenty (20) additional administrative and clinical staff to provide necessary services.

Job creation is vital for this community as the unemployment rate is approximately 15%.² HSNHC also affords local residents training and upward mobility for fulfilling careers. HSNHC offers a range of jobs, including a number with low barriers to entry and career advancement opportunities. There are cleaning positions that require very little training for hiring, as well as entry level medical assistant jobs that often lead to career advancement and higher pay over time. The construction of this new facility will allow for even greater career opportunities for local residents through the hiring of additional administrative and clinical staff.

HSNHC has a number of employees who started in entry level positions and were able to transition to more senior roles given additional job training. For example: Dr. Anako Okereke was hired as dentist in 1991 and is now the Director of the Dental Department; Dr. Fenton Woo was hired as a pediatrician in 1976, and he is now the Director of Pediatrics; Jessica DaRosa was hired as customer service representative in 2012 and she is now the Human Resources Coordinator; Paola Zapata was hired as a medical assistant in 2008, and he is now a registered nurse; Melesse Gobena was hired as an accountant in 2004 and he is now the Director of Finance. There are numerous examples and individual success stories of staff being hired for senior positions from within the organization.

Parking: The HSNHC plan provides for 15 parking spaces. Since HSNHC already operates in the neighborhood, there should only be a minimal change to the current impact that HSNHC's parking needs have on the neighborhood. A Needs Assessment conducted by Capital Link in January, 2016 found that, "Many of the residents within HSNHC's primary service area have to rely on public transportation to travel to the health center." Staff have also noted that the great majority of HSNHC's patients either walk to the facility because they live close to the health center, or they take public transportation to the site. The current and new sites are both within a block of two major bus routes: Blue Hill Avenue and Columbia Road. The anticipated growth in patients will be comprised of local residents who rely on public transportation. Accordingly, there will be a minimal increase in the need for additional parking.

² Bureau of Labor Statistics Local Area Unemployment, November 2105 employment status by race for Boston-Cambridge metropolitan region

Design

The design of the new healthcare facility is high quality and will strengthen the Franklin Park/Grove Hall Neighborhood's urban fabric taking into consideration the context of the existing neighborhood. Accordingly, as demonstrated by the drawings included with this proposal at Exhibit 2, the four-story facility is contextual to the existing neighborhood, in terms of scale, massing, materials and visual appearance. There are other buildings of similar scale in the immediate area of the site, including directly across the street. HSNHC is proposing building materials that are similar to those of the residential buildings in the area. However, the proposed appearance of the building is still very preliminary, and HSNHC's senior leadership team is open to on-going feedback from stakeholders if the health center is selected to be the developer of the site.

Green Guidelines and LEED Certification: The development team is committed to exceeding the LEED silver certification minimum standards listed in the RFP. HSNHC is striving to reach LEED Gold. ISGenuity, the architectural firm for this project, has a number of LEED accredited individuals on staff, and has designed other new health centers that have met the LEED Gold standard.

HSNHC is committed to meeting and exceeding the excavation, drainage, landscaping, signage and lighting requirements described in the RFP. This is demonstrated both by the preliminary drawings included with the RFP (Exhibit 2), as well as the development team's commitment to ongoing meetings with community stakeholders. The health center and design team are utilizing these meetings to obtain feedback from local neighborhood residents and address concerns around the development process.

Construction

The development team will develop a detailed construction and demolition plan that will minimize and mitigate the impact on the neighborhood. While it is too early in the process to have selected a general contractor for the project, HSNHC will devise clear requirements around impact mitigation during the selection process for a general contractor.

The development team has read the environmental reports that were included in RFP, and is committed to remediating the site to meet all environmental cleanup standards for the type of facility that HSNHC intends to build. Consequently, HSNHC's senior leadership team has conservatively budgeted for this in the development pro forma. As a non-profit, HSNHC is eligible for Brownfields' clean up funds, and anticipate applying for those monies soon after being selected as the Developer of the site.

The development team is committed to exceeding the Boston Resident Jobs Policy. HSNHC is committing to meet the standards set forth by the Roxbury Master Plan for both worker hours (51% City of Boston residents, 51% minority and 15% women) and for subcontractors (30% MBE and 10% WBE). HSNHC's development partner, Dorchester Bay Economic Development Corporation (DBEDC) has one of the best records in the City of Boston for meeting and exceeding the Roxbury Master Plan requirements, and is committed to doing so on this project as well.

Project Timetable

The timetable below outlines milestone dates for the project:

Project Designation	November 2016
Zoning Process Application	March 2017
BRA Board Hearing	July 2017
ZBA Board Hearing	August 2017
Funding Commitments	September 2017
Construction Finance Closing	November 2017
Construction Start	November 2017
Construction Completion	February 2019

Community Benefits

There are numerous community benefits that a new health center will bring to the area. First, this project will remove the blighted site that is the current parcel and replace it with a new, state-of-the-art health center building. Additionally, this new facility will be twice the size of the current site. Accordingly, a larger facility will allow for additional space for necessary community resources, such as a food pantry and community meeting space. This larger facility will also allow HSNHC to expand services and provide access to primary and specialty care for a larger population of patients.

Another attribute of this project is the creation of additional construction, clinical and administrative jobs for local community residents and increased access to job training allowing for improved upward mobility in the workplace. The design and construction of the building will also have a low-impact on the community. Hopefully, this revitalization of the North Dorchester corridor will inspire other local business to improve their overall appearance.

C. Operational Plan

Summary of the Operational Plan for the Facility Once Development is Complete:

The facility located at 8 Old Road & 14 Ellington Street in Dorchester will operate as a FQHC for the surrounding communities. Recognizing that whole person care, which integrates physical and behavioral health is vital to the successful health and wellness of a population, HSNHC recently received recognition as a Level II patient-centered medical home (PCMH) by the National Committee on Quality Assurance (NCQA). The PCMH model of care is based on co-located and integrated services. The hallmark of an integrated PCMH model is the establishment of multidisciplinary care teams that work in concert with staff to provide coordinated, planned care to individuals and families. These teams allow for the cultivation of partnerships between clinicians, support staff and patients, enabling improved care, support and education. This model maximizes patients' access to care, improves care coordination and ultimately health outcomes. Additionally, the PCMH model decreases the fragmented, duplicative care that often results in high costs and clinical errors.

Service Offerings: HSNHC provides the following services, which will be offered at the new health center location: general primary medical care, diagnostic laboratory, diagnostic x-ray, screenings, coverage for emergencies and after hours care, voluntary family planning, immunizations, well child services, gynecological care, obstetrical care, prenatal and perinatal services, postpartum care, pharmaceutical services, preventive dental, case management, insurance eligibility assistance, health education, outreach, transportation, translation, dental services, behavioral health and mental health services, optometry, nutrition, as well as enabling and supportive services.

Additionally, HSNHC will work with HRSA to expand service offerings and seek to provide the following services at the new site: given the opioid epidemic in the city of Boston – substance abuse services, recuperative care program services, environmental health services, occupational therapy, physical therapy, speech-language pathology/therapy,

Hours of Operation: To ensure that patients have access to services, HSNHC is open for expanded hours at the following times:

Day	Hours of Operations
Monday	8:30am-8:00pm
Tuesday	8:30am-8:00pm
Wednesday	8:30am-8:00pm
Thursday	8:30am-4:30pm
Friday	9:30am-4:30pm
Saturday	9:00am-3:00pm

This schedule ensures that all patients have access to care including on weekends and after hours.

Projected Growth: HSNHC has projected patient and visit increases through the end of 2019, which are depicted in Table below. Total unique patients are estimated to be 7,980 via 29,001 visits. For 2019, projections provide:

Patients and Visits by Service Type				
Service Type	Fiscal Year 2016		Fiscal Year 2019	
	Patients	Visits	Patients	Visits
Total Medical	5,693	16,965	8,759	26,102
Total Dental	3,080	12,598	3,814	15,589
Total Behavioral Health	552	2,927	571	3,029
Total Substance Abuse	0	0	0	0
Total Enabling Services	0	0	0	0
Total	9,325	32,481	13,144	44,270

Culturally and Linguistically Appropriate Care: HSNHC has arrangements to offer ongoing education and training in culturally and linguistically appropriate areas for staff at all levels and across all disciplines with support from the Massachusetts League of Community Health Centers. The health center provides language assistance services by certified translators at no cost to patients with Limited English Proficiency (LEP) at all points of contact in a timely manner; additional translation services in less frequently encountered languages are available at all times through the AT&T Language Assistance line. All patient-related materials and signage are posted in English, Spanish, Haitian and Creole. Staff are working to improve systems to ensure accurate collection of patients' race, ethnicity, and preferred language. Additionally, the health center maintains a current demographic, cultural, and epidemiological profile of the community in order to accurately plan and implement services that respond to the cultural and linguistic characteristics of the service area. HSNHC has ensured that conflict and grievance resolution processes are handled by managers who are bilingual and bicultural.

Continuity of Care: HSNHC works with other providers to manage referrals and continuity of care in a highly efficient and accountable manner. HSNHC has arrangements with Boston Medical Center and Steward Carney Hospital to admit patients and care for them during their hospital stay. Through these relationships, a seamless continuum of care is provided, including discharge planning, post-hospitalization tracking, patient tracking, and referral relationships for specialty care (including relationships with one or more hospitals), with an emphasis on working collaboratively to meet local needs.

Operational Budget: HSNHC's operating budget is comprised of \$8,191,954 in revenue for fiscal year (FY) 2016. Revenues are comprised of patient revenue for health center visits; grant monies, including Federal, State and foundation grants; as well as other monies, including fundraising monies, rental income, etc. Operating costs for FY 2016 total \$7,942,692. These monies are comprised of personnel and program expenses; facility and occupancy expenses; and other operating expenses, including collection expenses, advertising, accounting, postage, etc. Additionally, HSNHC has approximately \$1.2M in reserve monies. This operational budget is reasonable given the size and scope of HSNHC. For additional information on HSNHC's finances, please see Exhibit 3 for a copy of HSNHC's audited financial statement for FY2015.

To ensure that HSNHC is able to secure financing for this project, the health center engaged Capital Link to conduct a debt capacity study to ensure that ongoing operating monies are sufficient to support the capital budget associated with this project. Capital Link is a national firm that has worked with several other health centers in the planning and financing of new facilities in the City of Boston. This study concluded that HSNHC could manage the debt associated with this initiative. Consequently, HSNHC engaged DBEDC for assistance in obtaining funding.

D. Developer Qualifications, Experience, References

The Developer on this project is HSNHC. Given that HSNHC plans to use New Market Tax Credits (NMTCs) as a key funding source, the health center will create a subsidiary or otherwise related entity that will serve as the long term owner of the site – a requirement of this funding mechanism. Accordingly, HSNHC will lease the site from that entity, and the new entity will serve as the long term operator of the building. Throughout its long history, HSNHC has demonstrated its ability to successfully operate a health center. It was originally formed in 1969, and became an independent non-profit in 1976. It was designated a FQHC in 2015, and earlier this year, the health center received Level II – PCMH status, further bolstering its credentials as a successful fixture in the neighborhood. Section A of this proposal lists the key personnel at HSNHC (see Exhibit 1 for resumes).

HSNHC understands that it is not a real estate developer and accordingly, created a development team that brings the necessary experience for designing, developing and constructing a new health center building. The two key members of the development team are HSNHC's development partner - Dorchester Bay Economic Development Corporation (DBEDC), and its architect, Boston-based – Isgenuity. DBEDC brings a thirty-seven (37) years track record of real estate development in North Dorchester, and Isgenuity brings a wealth of experience in designing and overseeing the construction of community health centers.

Summary of DBEDC Qualifications and Experience. While DBEDC will have no long term ownership stake in the property after the facility opens, it will perform all of the daily tasks throughout the real estate development process. DBEDC has already overseen the architect selection process, and will continue to supervise the design, financing, legal and other development tasks. DBEDC has a consistent history as a leader in commercial development among Boston's community development community. Over its thirty-seven history, DBEDC has developed 140,000 square feet of commercial real estate and 1,114 affordable housing units, all of which remain important economic and social assets to North Dorchester. Additionally, to date DBEDC has created approximately 1,000 jobs through its various community initiatives.

The best example of DBEDC's commercial development expertise is its Pearl Food Production Center, which opened in 2014. This building demonstrated DBEDC's ability to partner with other non-profit and for-profit businesses who have expertise in running their own firms, but lack knowledge around real estate development. The 36,000 square foot building is now home to five independent food businesses and to our partner non-profit incubator, CommonWealth Kitchen, which is home to up to 40 start-up companies at a time. The Pearl building currently houses 125 jobs, many of which are filled by local residents.

Overseeing the design and construction of a health center has a direct parallel to overseeing the design and construction of food businesses at Pearl, as it demonstrates our teams' skill at pairing real estate development fundamentals with expertise of industry-specific operators. Furthermore, real estate staff at DBEDC has been involved in multiple NMTC projects (both at DBEDC and at previous jobs). As HSNHC plans to use NMTCs, having a development partner with experience in this area is necessary for the development of this project..

A more detailed summary of DBEDC history, key personnel and references may be found below.

Summary of Isgenuity Qualifications and Experience: Isgenuity. LLC is an architectural, planning and interior design firm established in 2001. The firm specializes in thoughtfully executed and carefully managed projects for medical, academic and health science institutions. Isgenuity works to provide an uncommon client focus, with a goal of realizing the unique potential of each individual project. Isgenuity's clients include major academic and medical institutions in the greater New England area, including Massachusetts General Hospital, Beth Israel Deaconess Medical Center, Boston Children's Hospital and Boston Medical Center.

Isgenuity's healthcare work includes a specialty in community health center projects. Clients include East Boston Neighborhood Health Center, Charles River Community Health, Lynn Community Health Center and Brockton Community Health Center. Isgenuity's recent work includes the new 48,000 square foot East Boston Neighborhood Health Center in Maverick Square, East Boston and the new 47,000 square foot Charles River Community Health Center on Western Avenue in Brighton. Both projects are new construction and add significant health care resources to these underserved Boston communities

Please see Exhibit 4 for a Firm Profile of Isgenuity

Dorchester Bay Economic Development Corporation profile: DBEDC has a thirty-seven year history of successful commercial and affordable housing development in northern Dorchester. DBEDC has built or renovated over 1,114 affordable housing units, and has 306 more units under site control. This includes the Quincy Heights development, a \$56 million, 129-unit development that was the first Choice Neighborhoods project in the country to close on its financing. DBEDC has also developed 140,000 square feet of commercial space through eight commercial or mixed use projects. This includes the \$14.7 million Pearl Food Production Center, which has created 36,000 square feet of light industrial space for food businesses. DBEDC's total commercial real estate projects and small business loans have created 1113 new jobs for area residents, over two-thirds of whom are people of color and one-third immigrants.

DBEDC's small business lending program has produced or retained 711 jobs. It has provided technical assistance to over 1,381 small businesses. DBEDC is the only Boston area community development corporation to make direct loans to small businesses and it is number one in Small Business Association (SBA) micro-business dollars lent. DBEDC's two-pronged strategies of developing commercial real estate and lending to businesses reinforce each other by creating physical spaces for business and also strengthening internal business capacity.

DBEDC's resident organizing brings together active tenants to promote leadership and tackle critical issues. Within its organizing efforts, youth leadership and development activities, include engaging youth in education, recreation, organizing, leadership, and community services. Our "Youth Force" organizing training and leadership development program is recognized as one of the strongest youth organizing programs in the state. DBEDC's Re-entry Program is the first CDC-based re-entry program in New England for ex-offenders returning to their community. Using its organizing expertise, DBEDC has pulled together the MA Attorney General's Office, police, corrections, and other non-profit service partners in this important collaborative. Through this program, 275 of 485 ex-offenders secured employment with only 6% recidivism. This compares to the national recidivism rate of nearly 66%.

Dorchester Bay Economic Development Corporation Team

- **Perry Newman, CEO:** A renowned economic development expert with twenty-four years of experience fostering innovation and providing opportunity through business. As the chief executive for DBEDC, Perry will provide leadership, oversight and advisement.
- **Andy Waxman, Director of Real Estate:** Andy brings over twenty years of experience in community development, with a special focus on commercial development as a tool to change communities. Two of his most significant commercial achievements include the 130,000 sf, \$12M Brewery project in Jamaica Plain and the 36,000 sf, \$15M Bornstein & Pearl Food Production Center in Dorchester. Andy will oversee the project to ensure development success and excellence.
- **Jessica Boatright, Associate Director of Real Estate:** Jessica's fifteen years of community development experience provide a solid foundation for her work at DBEDC. Most recently, she oversaw the \$100M renovation and new construction of 270 units of senior supportive housing for Jewish Community Housing for the Elderly's Brighton campus, including the addition of JCHE's first on-campus retail space.
- **John Mahony, Project Manager (Construction):** For over thirty years, John has worked across the city on real estate development finance and construction. His expertise includes client oversight of local hiring and construction team management. He was the Construction Project Manager for all of DBEDC's \$88M Quincy Corridor development, which

boasted exceptional participation from minority, Boston resident and female workers and businesses.

- **Leah Whiteside, *Project Manager*:** Leah began her career in community development at DBEDC in 2012, and has developed a depth of knowledge in commercial and mixed-used development. Leah is also the asset manager for the Bornstein & Pearl Food Production Center, an incubator that is home to 47 businesses. Leah's experience with the New Market Tax Credit program will provide support to the project management team throughout this project.
- **Elias Montiero, *Director of Organizing*:** Elias has worked as an organizer at DBEDC for 11 years, the last eight as the Director of the department. He oversees a staff of seven and leads the various organizing efforts that DBEDC undertakes. This includes the Reentry program, the resident services program for DBEDC residents, and the Youth Force program. He has lead community engagement efforts on a variety of DBEDC real estate developments, including most recently the 2.7 acre redevelopment of Indigo Block.

Please see Exhibit 5 for Profiles of Recent DBEDC Projects.

DBEDC, Development Project List (all in Roxbury/Dorchester)

DBEDC Completed Commercial Projects		
Property	Square foot	Description
65 Bay Street	75,000	new const, single tenant
Pearl Food Production Center	36,000	gut rehab, multi-tenant
Pierce	20,000	Rehab, multi-tenant
Ground Floor Retail	9,000	Ground floor office and retail in four different DBEDC housing developments – multi tenant
Total	140,000	

DBEDC Completed Multi-family Residential Projects (does not include homeownership units)		
Property	Units	Description
Dudley Village	50	LIHTC/NMTC mixed use new construction
Ceylon Fields	62	LIHTC rehab
Uphams Corner Apartments	36	LIHTC rehab
Wilder Gardens	61	LIHTC rehab
Columbia Road	134	LIHTC rehab
Dudley Terrace Housing	56	LIHTC rehab, ground floor retail
Cottage Brook	147	LIHTC rehab
Geneva Apartments	47	Demo/Dispo rehab
618 Dudley Street	4	Affordable rental
Uphams West	13	Affordable rental, ground floor retail
Alexander Magnolia	38	LIHTC new construction
150 Magnolia	25	LIHTC new construction
Brunswick Holborn	49	LIHTC rehab
Columbia Woods	49	LIHTC rehab
Quincy Heights	129	LIHTC rehab/new construction
TOTAL	900	

DBEDC References: Below is a list of DBEDC's references and contact information:

- Kathryn McHugh, Senior Loan Officer, Boston Community Capital
Address: 10 Malcolm X Boulevard. Boston, MA 02119
Phone: 617-427-3608
- Bob Van Meter, Executive Director. Boston LISC
Address: 95 Berkeley Street, Suite 301, Boston, MA 02116
Phone: 617-338-0411 Extension: 222
- Deborah Favreau, Chief Development Officer, Massachusetts Housing Investment Corporation
Address: 70 Federal Street. Boston, MA 02110
Phone: 617-850-1037

E. Permits and Licenses

HSNHC has all of the necessary licenses to operate a health center in the Commonwealth of Massachusetts. The health center has a Clinic License (#4141) which may be found in Exhibit 6 This license does not expire until May 30, 2017 at which time, HSNHC will seek re-approval. Additionally, the health center has all the necessary Controlled Substance Registrations for the operation of its pharmacy. Please see Exhibit 6.

F. Subcontractors or Partnerships

As described more fully in Section D (Developer Qualifications and Experience), HSNHC has created a development team to bring real estate development and health center design expertise to the project. DBEDC, while having no financial stake in the property, will oversee the day to day real estate development project management for the project. Isgenuity will serve as the architect for this project.

Other development team members that will bring needed expertise to the project, include:

Donoghue Barrett and Signal: Since 1989, Donoghue Barrett & Singal (DBS) has built a reputation as trusted advisors to the Commonwealth's leading healthcare providers. DBS has extensive experience working with hospitals and community health centers in the development of new or expanded healthcare facilities. For this initiative, DBS is providing legal counsel on the RFP submission, as well as zoning and City approval processes.

Klein Hornig: is a law firm with expertise in community real estate development and new market tax credit financing. The firm has represented fourteen (14) different community health centers around the country in NTMC transactions, five of which are in the City of Boston. They have worked on numerous non-health center related NMTC transactions around the country, including seven in the City of Boston.

CCS – Capital Campaign Consultants: HSNHC has selected CCS as its capital campaign consultant. CCS maintains the largest and most experienced permanent staff in the field. Their professional team includes executive consultants and resident campaign directors, as well as research, communication, planned giving, and campaign support personnel. Ninety percent of CCS work represents repeat institutions or direct referrals.

Capital Link: Capital Link is a national, non-profit organization that has worked with hundreds of health centers and Primary Care Associations over the past 18 years to plan capital projects, finance growth and identify ways to improve performance. Established through the community health center movement, Capital Link is dedicated to strengthening and expanding high-quality, community based healthcare in a rapidly changing marketplace. Capital Link provides an extensive range of services to health centers and Primary Care Associations. HSNHC utilizes Capital Link to conduct tri-annual community needs assessments. Additionally, Capital Link conducted a debt equity study for this response.

General Contractor: The development team has not yet selected a general contractor. The selection process for a general contractor will include their

experience and qualifications in developing projects in minimizing abutter impacts when constructing projects in dense neighborhood contexts, as well as their experience and history in meeting and exceeding Roxbury Master Plan hiring and subcontracting numbers.

G. Additional Data

The following document is a Market Analysis conducted for HSNHC by Capital Link in January, 2016.

Market Summary

Harvard Neighborhood Health Center (HSNHC) first opened for business in 1969 at 895 Blue Hill Avenue as part of the Boston Department of Health and Hospitals. In 1976, HSNHC became an independent, non-profit and relocated its main office to 632 Blue Hill Avenue. Designated as a Federally Qualified Health Center (FQHC) Look-Alike health center in 1992 and a full FQHC in 2015, HSNHC continues to provide comprehensive system of care that is responsive to our community's health care needs. Today, HSNHC serves over 6,500 children, adults and families each year. HSNHC provides the residents of Boston with convenient access to quality health care and human services that might not otherwise be available to the community's low-income residents. These services include primary care, dental services, behavioral health care, and crucial wrap-around services known as enabling services such as case management, nutrition counseling, and other educational activities. In 2014, the health center's providers and staff saw over 28,600 patient and client visits.

Residents of HSNHC service area struggle with a number of socio-economic challenges including high poverty rates and significant barriers to health care. Over 43% of residents in the service area live in households with incomes below 200% of the federal poverty level. While the unemployment rate for the City of Boston is just 4.1%, this rate quadruples when considering the African American population (16.4%) or the Hispanic population (14.4%).³ Similarly, while the uninsured rate for the general population is approximately 5.1%, the rate of uninsured for the African American Population is 6.3% and is 8.9% for the Hispanic or Latino population (up from 6.8% in 2012, indicating a concerning trend in possible reduced access to care).⁴ Like most FQHCs, over 90% of HSNHC's patients have incomes below 200% of the Federal Poverty Level; HSNHC has a particularly poor patient population, with 97% below this threshold. Seventy-four percent of HSNHC's patients are African Americans and 32% report a Hispanic ethnicity.

While the low-income population in general is well-served in much of the Boston region, the analysis enclosed in this report indicates an estimated 32,000 low-

³ Bureau of Labor Statistics Local Area Unemployment, November 2105 employment status by race for Boston-Cambridge metropolitan region

⁴ US Census American Community Survey Estimates, 2014, health insurance status by race for City of Boston

income residents who are not receiving dental care from FQHCs and have limited alternate options for care.

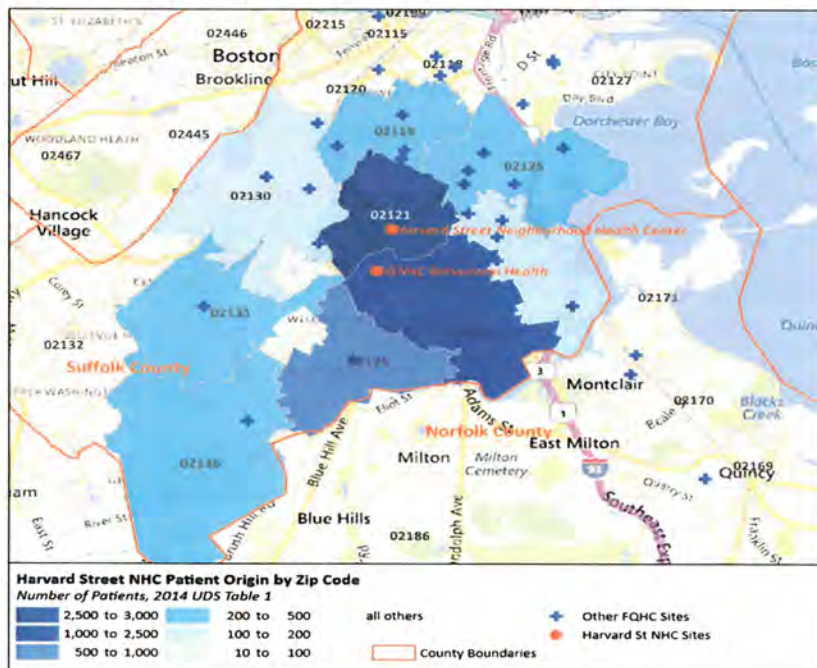
HSNHC's Patient Origin and Service Area

HSNHC provides services to over 6,500 patients each year through its medical site in Dorchester, MA, which also serves the surrounding Boston boroughs. The Service Area for HSNHC is three zip codes in Suffolk County.⁵ This service area is within the metropolitan area of the city of Boston and is densely populated. According to 2014 Census data estimates, the county population is 764,254 with 12,415 persons per square mile (compared to just 839 persons per square mile in the entire state of Massachusetts). According to 2014 Census data, a significant percentage of Suffolk County residents are considered to be low-income; 39.8% of the residents are at or below 200% of the federal poverty level. Within the HSNHC expanded service area the proportion of low-income residents is higher, at 43.3%. This is important when considering that more than 90% of FQHC patients in Massachusetts have incomes below the 200% FPL threshold.⁶

Patient Origin and Service Area

Community health centers are required to report the origins of patients by zip code as part of their annual documentation submitted to the federal Health Services and Resources Administration (HRSA). From this data, it is possible to thematically map these patient origins as has been done above.

Graphic 1: 2014 Patient Origin for HSNHC⁷



⁵ Service Area includes zip codes 02121, 02124, and 02126

⁶ UDS 2014 Massachusetts State Data Roll-up Report

⁷ HSNHC's 2014 Uniform Data System (UDS) Report

The map above illustrates the volume of patients coming to HSNHC by zip code. As is evident from the above graphic, HSNHC's reach extends outside the bounds of Suffolk County into nearby Norfolk County. However, much of the HSNHC patient base is within the zip codes 02121, 02124 and 02126, which together represent 68% of the health center's patient base (these three zip codes will be referred to as the health center's Service Area).

Demographic Composition of Service Area

The median age of the population in Suffolk County is 32.2, and this is projected to increase slightly to 33.3 by 2020 based on age trends in the region. Suffolk County's population is expected to increase modestly (by 2.4%) by 2020.⁸ The median age within the Service Area is somewhat older, at 34.7 (projected to increase to 35.3 by 2020). This slightly greater median age within the smaller service area is likely because some of the zip codes that have higher proportions of student populations are located north of the 3-zip code service area; as noted below education levels in the Service Area are lower. The population of the Service Area is also expected to grow within the next 5 years, by 1.3%.

The population of HSNHC's 3-zip code Service Area is far more diverse than the surrounding county. While Suffolk County is primarily white, at 55% of residents, the service area is only 15% white. In the Service Area African Americans make up the largest segment at 66% of the population (compared to 21% Black or African American in Suffolk County). In addition, 20% of residents in the target service area report having a Hispanic ethnicity (up from 10% in 2010). It is of further note that HSNHC's actual patient population is even more diverse than the surrounding Service Area. There are very few white patients (less than 1%), 74% are African American, and 24% of the patient base is Hispanic. Within the Service Area the Hispanic and Latino population has shown the most substantial growth out of all racial and ethnic categories. Those reporting a Hispanic ethnicity grew by 15% from 2010 to 2015 to become 20% of the area's total population. By 2020, this group is expected to grow by another 8%, to 21,300 residents, or 21% of the Service Area population. Within all of Suffolk County those reporting a Hispanic ethnicity are expected to grow to 177,000, or 23% of the population.

⁸ Projections provided by DemographicsNow

Table 1: Population by Race and Ethnicity, 2015 Estimates⁹

	HSNHC Patient Population (2014 UDS)		HSNHC 3-zip code Service Area		Suffolk County, Massachusetts	
	Number	Percent	Number	Percent	Number	Percent
White or Caucasian	21	0%	14,709	15%	422,188	55%
Black or African American	4,844	74%	66,430	66%	162,910	21%
Asian/ Pacific Islander	81	1%	3,910	4%	64,663	8%
Other Race	16	0%	10,685	11%	80,954	11%
Multiple	32	0%	5,101	5%	33,613	4%
Hispanic or Latino Ethnicity*	1,577	24%	19,795	20%	162,675	21%

*At the County and zip code level, those reporting Hispanic ethnicity are also included as one of the above races. Within HSNHC patient population, Hispanic or Latino ethnicity was tabulated as a race, as 1,372 patients reported as Hispanic/Latino but “refused to report” a race according to the health center’s 2014 UDS report.

The two tables below provide additional detail about the population found within the three-zip code service area. While the total population decreased between 2000 and 2010 by 4.1%, it is estimated to have rebounded since then growing nearly 6% by 2015, with additional (if modest) growth projected through 2020. The median age has been steadily increasing as well, suggesting a changing demographic profile of the area.

Table 2: Population Trends for 3-zip Code Service Area¹⁰

Indicator	2000 Census	2010 Census	% Change	2015 Estimated	% Change	2020 Projected	% Change
Population	99,405	95,327	-4.1%	100,835	5.8%	102,176	1.3%
Median Age in Years	30.7	33.6	9.3%	34.73	3%	35.34	2%
Per Capita Income	\$15,080	\$22,004	45.9%	\$22,192	1%	\$27,363	23%
Median Household Income	\$33,901	\$43,292	27.7%	\$42,243	-2%	\$50,921	21%
Average Household Income	\$43,621	\$59,542	36.5%	\$59,907	1%	\$73,279	22%

⁹ All 2013 demographic estimates in document provided by DemographicsNow

¹⁰ All 2015 demographic estimates and 2020 projections in document provided by Alteryx

As mentioned earlier, the Service Area is extremely diverse compared to the rest of Suffolk County, with the Black or African American population representing the majority and the Hispanic population representing one fifth of the area population, and increasing.

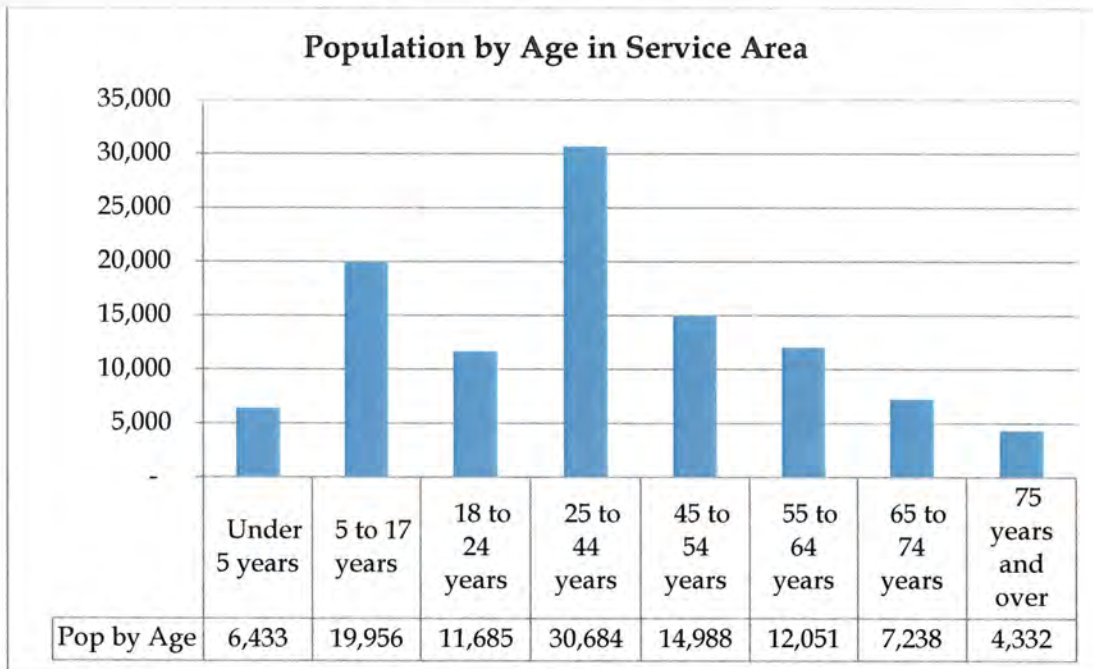
Table 3: Race and Ethnicity Trends for 3-zip Code Service Area

Indicator	2010 Census	% Total Population	2015 Estimated	% Total Population	2020 Projected	% Total Population
White	13,430	14%	14,709	15%	14,615	14%
Black/African American	64,106	67%	66,430	66%	66,342	65%
Asian or Pacific Islander	3,642	4%	3,910	4%	4,221	4%
Some Other Race	9,664	10%	10,685	11%	11,313	11%
Two or More Races	4,485	5%	5,101	5%	5,684	6%
Hispanic Ethnicity*	17,258	18%	19,795	20%	21,320	21%

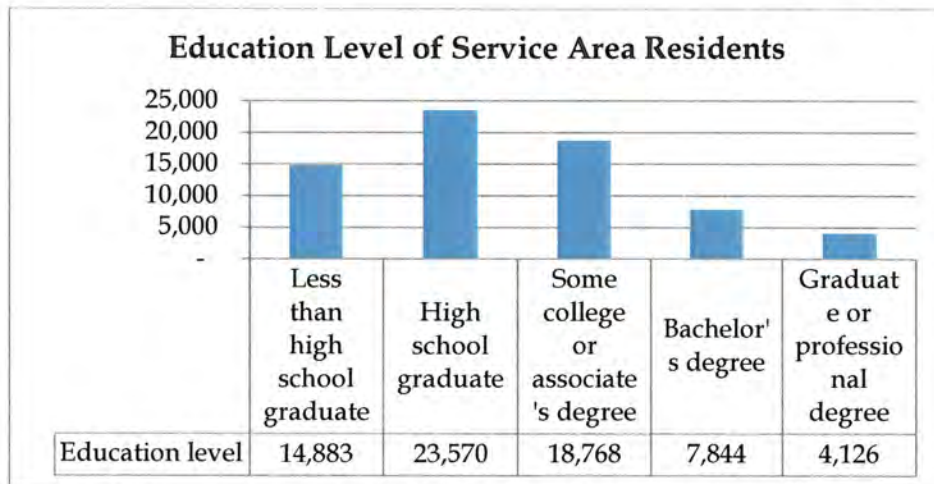
*Please note that individuals reporting a Hispanic Ethnicity are also one of the above races

The next three charts provide additional information on the age distribution, education and languages spoken by the area population according to US Census data for 2014 (five-year American Community Survey estimates, which are rolling averages for 2010 to 2014).

The map below outlines the low-income population by zip code. Low-income is defined as individuals with incomes at 200% of the federal poverty level (FPL) or lower. As of 2015 the federal poverty guidelines indicate that for a family of 4, the poverty level is \$24,250.

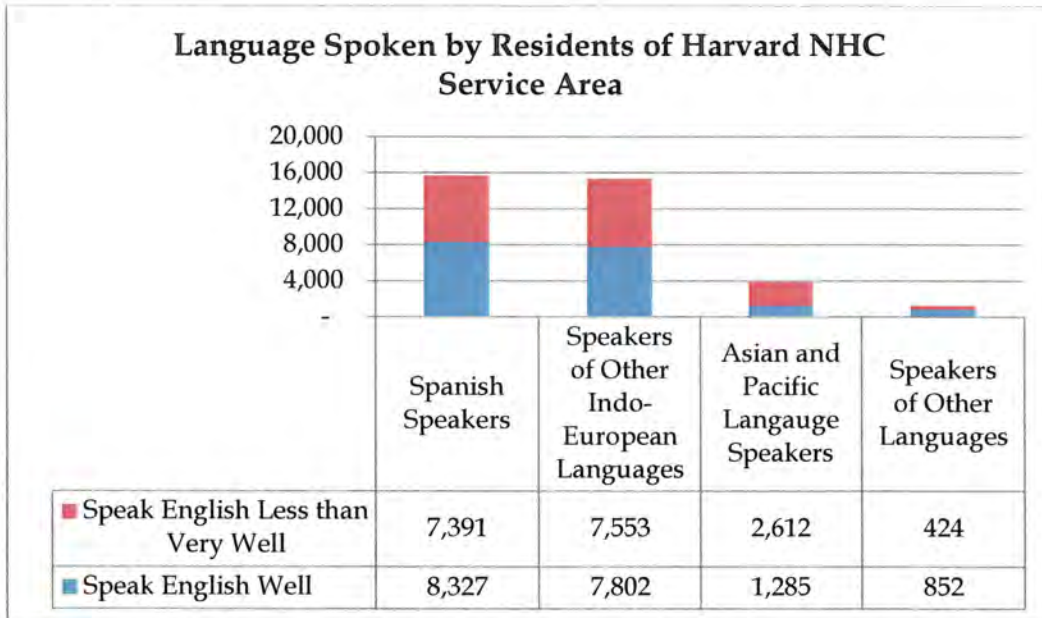


Approximately 22% of the population over the age of 25, or 14,883 area residents, have not graduated high school, and another 23,570 residents (34%) have only graduated high school, suggesting reduced economic opportunity given many sectors in the Boston metro-region require a college degree.



Within the service area 36% of the residents over the age of 5, or over 36,000 people, speak a language other than English. The chart below provides additional information on the language spoken based on 2014 Census data. Out of all languages, 17,890 residents (18% of total population over the age of 5) report some level of difficulty in speaking English (indicating they speak English “less than very well” to the Census). Clearly Spanish is the predominant language spoken with nearly 16,000, nearly half of whom speak English “less than very well.” Other Indo-European languages represent another 15,000

people, half of whom have difficulty with English and may need supportive translation services that FQHCs and FQHC Look-Alikes provide so well.



MassHealth/Medicaid Enrollment

The chart and map below provide crucial context regarding HSNHC’s Service Area, in which many zip codes have over half if not two-thirds of all residents eligible for Medicaid or MassHealth.

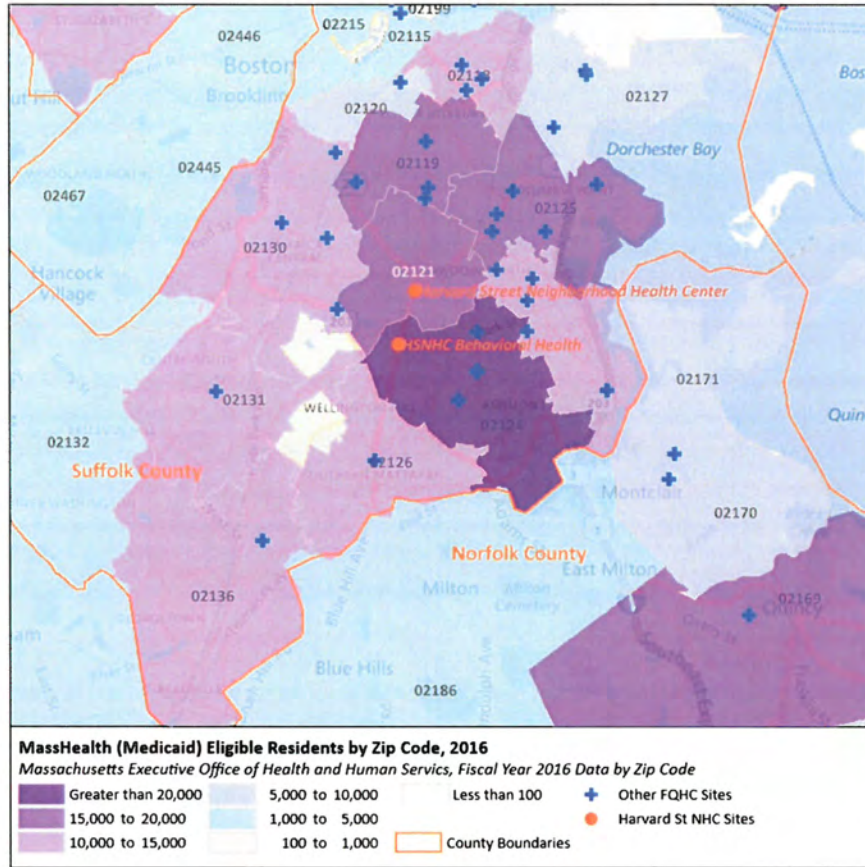
Table 4: MassHealth Eligibility by Zip Code for Service Area¹²

Zip Code	City	Total Population, 2009-2013	MassHealth Eligible	% MassHealth Eligible
02121	Dorchester	27,093	18,994	70%
02124	Dorchester Center	51,382	27,867	54%
02126	Mattapan	27,984	12,591	49%
	TOTAL	106,459	60,453	57%

Zip code 02121 has the greatest proportion of MassHealth-eligible residents, with nearly 19,000 people (70% of the population) able to receive assistance accessing health care services through the Medicaid program. From the map below it is clear that FQHC sites (denoted with the blue crossed symbols) have located them strategically and in response to acute demand for care.

¹² Projections by Zip Code for Fiscal Year 2016 (ending June 30, 2016) provided by Massachusetts Executive Office of Health and Human Services

Graphic 3: MassHealth/Medicaid Eligibility by Zip Code, Estimate for July 2016





Proposal for 8 Old Road & 14 Ellington Street

2. Financial Plan

Description of the Financing

Offer Price

Letters from Funders

FINANCIAL PLAN

DESCRIPTION OF THE FINANCING

The development of the Harvard Street Neighborhood Health Center's new facility is expected to cost approximately \$27 million. A summary of the sources and uses is below.

SOURCES

First mortgage	\$	8,120,000
New Market Tax Credit	\$	7,363,134
Sale of Existing Property	\$	2,700,000
Capital Campaign	\$	5,000,000
Grant Funding	\$	2,150,000
Brownfields Funding	\$	500,000
Deferred Developer Fee	\$	1,004,217
Total Sources	\$	26,837,351

USES

Acquisition	\$	148,000
Hard Costs	\$	21,442,000
Soft Costs	\$	2,101,940
Fees and Reserves	\$	2,720,411
NMTC Closing Costs	\$	425,000
Total Uses	\$	26,837,351

Description of Sources: HSNHC proposes to pay for the development of the new facility with a variety of sources. HSNHC will take out a first mortgage loan of approximately \$8,120,000. Attached is a letter of interest from Cambridge Savings Bank, who has have lent to similar health center projects in the City of Boston and the surrounding area. The project will take advantage of NMTCs. Attached is a letter of interest from the MHIC, who has provided NMTCs to a number of local health centers. HSNHC will lead a capital campaign to cover a portion of the project costs. HSNHC is hiring CCS to lead this campaign. Attached is a letter from CCS, which lists their experience and plan for the capital campaign. HSNHC will also take advantage of a variety of grants that pay for the construction of new health center facilities. HSNHC has partnered with Donoghue, Barrett and Singal, (DBS), a law firm that specializes in health law and access to this type of funding. HSNHC also will use the proceeds from the sale of their existing facility at 632-640 Blue Hill Avenue. The property was appraised at \$1.8 million in 2010. Since that time, the area has seen a significant increase in property values. The budget assumes a 50% increase in the value. Lastly, HSNHC plans to defer a large share of their developer fee in order to make the project a reality.

Description of Uses: The project construction costs are based on the recent experience of ISGenuity, the team architect, who just completed the construction of two similar health centers within the City of Boston. They estimate is that construction costs will be approximately \$420 per square foot. In addition, the hard cost line item includes construction contingencies, furniture, fixtures and equipment, and the environmental clean-up costs. The soft costs, fees, reserves, and NMTC costs are all in line with recent experience of DBEDC in developing other commercial property.

OFFER PRICE

For the two parcels at 8 Old Road and 14 Ellington, HSNHC offers \$648,000 Street less any remediation costs associated with the environmental conditions on either property. HSNHC has conservatively budgeted \$500,000 for these clean up costs. Therefore, assuming that the actual clean up costs are \$500,000, HSNHC would pay the City of Boston \$148,000. The development budget includes this \$148,000 payment for acquisition.

Sources and Uses

USES OF FUNDS		
ACQUISITION		
Total Acquisition Costs	\$ 148,000	net of environmental clean up (\$648,000 - \$500,000)
HARD COSTS		
new building built out space	\$ 17,220,000	
Shell space for future build out	\$ -	
Furniture Fixtures and Equipment	\$ 2,000,000	
Demo / Environmental Clean Up	\$ 500,000	
Design contingency	\$ 861,000	5%
Construction Contingency	\$ 861,000	5.0%
Total Hard Costs	\$ 21,442,000	
SOFT COSTS		
A/E	\$ 1,193,346	6.3% of construction estimate
Geotechnical / Environmental (Phase I)	\$ 50,000	
Civil/Landscape	\$ 75,000	
LEED Energy Calcs	\$ 25,000	
Survey	\$ 15,000	estimate
Appraisal/Market Study	\$ 15,000	\$15k estimate
Insurance	\$ 50,000	To oversee construction process
Construction Project Manager	\$ 200,000	estimate based on A Cosentino's 2015 rate + 3%
Lender's Inspector	\$ 26,000	estimate
Acq/predev loan interest	\$ 30,000	1% of first mortgage
Financing Fees	\$ 81,200	non-profit owner
Real estate taxes	\$ -	1% of 1st mtg loan
Title & recording	\$ 81,200	estimate
Accounting & Cost Cert.	\$ 30,000	fee to Quincy Geneva for finding local const. workers
Local Construction Hiring Consultant	\$ 20,000	10%
Soft Cost Contingency	\$ 210,194	
Total Soft Costs	\$ 2,101,940	
FEES & RESERVES		
Mortgage/Operating Reserve	\$ 312,117	6 mos debt service
Lease-up Reserve/Working Capital	\$ -	
Development Consulting Fee to DBEDC	\$ 400,000	for project management services
Developer Overhead	\$ 245,000	for staff time on the project
Developer Fee	\$ 1,005,000	
Construction Interest Reserve	\$ 548,100	18 months debt service on 1st mortgage
Soft Contingency (10% of Soft Costs)	\$ 210,194	10%
Total Fees & Reserves	\$ 2,720,411	
NMTC CLOSING COSTS		
Sponsor Attorney	\$ 125,000	
Investor Attorney	\$ 90,000	
CDE Attorney	\$ 90,000	
Other Lenders' Counsel	\$ 90,000	
Accountant NMTC Model	\$ 30,000	
Total NMTC Closing Costs	\$ 425,000	
Total Development Costs	\$ 26,837,351	

SOURCES OF FUNDS

1st mortgage	\$ 8,120,000	Lender TBD
New Market Tax Credit	\$ 7,363,134	NMTC equity
Sale of Existing Property	\$ 2,700,000	50% increase in 6 years
Capital Campaign	\$ 5,000,000	
Grant Funding	\$ 2,150,000	
Brownfields Funding	\$ 500,000	
Deferred Developer Fee	\$ 1,004,217	
Total	\$ 26,837,351	
(gap)/surplus	\$ (0)	

New Market Tax Credit Equity Calculation

Sponsor Funds to be Leveraged	\$ 18,470,000
Credit Rate	0.39
Price	0.85
NMTC equity	\$ 9,159,020
QEI	\$ 27,629,020
Less CDE fees	\$ 1,795,886
Net equity to project	\$ 7,363,134

Building Program

Site SF/Land Area	19,690
Total Building SF	41,000
Unbuilt out space	-

Notes



September 12, 2016

Charles A. Murphy, JD, MPA
President/CEO
Harvard Street Neighborhood Health Center
632 Blue Hill Avenue
Dorchester, MA 02121

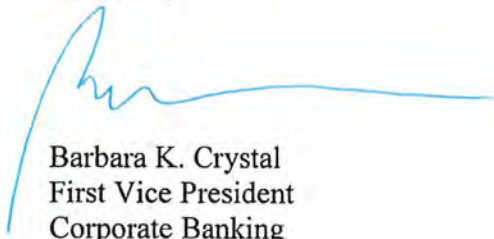
Re: 8 Old Road and 14 Ellington Street, Dorchester, MA

Dear Mr. Murphy,

I am writing to confirm Cambridge Savings Bank's support of the Harvard Street Neighborhood Health Center's pursuit to purchase land at 8 Old Road and 14 Ellington Street from the City of Boston. Cambridge Savings has provided leveraged loans and bridge financing for several projects in the greater Boston area including two Federally Qualified Community Health Centers and one nonprofit nursing home. The Bank has witnessed how a well-integrated health center creates community, and improves health outcomes with strong primary care, dental care, behavioral health and other healthcare and social interventions. These health centers also create stable, well-paying jobs for the neighborhood. CSB has interest in working with your team to assemble a comprehensive financing package for this project. We understand that HSNHC is seeking a New Market Tax Credit reservation to fund the development; CSB has worked with several CDEs and allocatees of NMTCs in the Boston area and CSB will be interested in bidding for the leverage loan.

Good luck with your pursuit of this venture, and do not hesitate to contact me at 617-441-4162 should you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Barbara K. Crystal", is written over a light blue horizontal line.

Barbara K. Crystal
First Vice President
Corporate Banking



70 Federal Street
Boston, MA 02110
Tel: (617) 850-1000
Fax: (617) 850-1100

Guillaume Acrtsen
Chairman

Joseph L. Flatley
President and CEO

September 21, 2016

Charley Murphy
President and CEO
Harvard Street Neighborhood Health Center
632 Blue Hill Avenue
Dorchester, MA 02121

Re: Harvard Street Neighborhood Health Center Proposal to Acquire 8 Old Road & 14 Ellington Street,
Dorchester, MA

Dear Charley,

I am writing to confirm MHIC's strong interest in working with your team to provide and/or assemble an allocation of New Markets Tax Credits to finance Harvard Street Neighborhood Health Center's expansion plan. Not only does the health center provide critical health care services to an underserved population, but it is also a valuable source of good quality jobs in a low-income community. The new building will allow for greater efficiency and better quality of care through consolidation of services in one location while also enabling the health center to add new services to address unmet needs, especially with regard to the social determinants of health, which account for 80% of health status.

We understand that your team is seeking an NMTC allocation of approximately \$27.5 million as a key part of the financing package to construct a new, state-of-the-art 41,000 SF community health center. Community health center expansions like this one are ideally suited for NMTC financing because they deliver critical services to a low-income population in need, create high-quality jobs for residents of their low-income communities, and increase pedestrian traffic in the business districts where they are located. As a result, MHIC has invested \$122 million of NMTC allocation in 10 community health centers over the past eleven years and another \$65 million in six other health-related facilities.

MHIC would welcome the opportunity to work with you to assemble the NMTC allocation necessary to achieve project feasibility whether or not MHIC receives an award in the next round. A \$27.5 million allocation would yield approximately \$7.33 million in equity at current market pricing of \$.85 and net of customary CDE fees, covering 29% of the projected total development cost of \$25.67 million. Besides MHIC, we know of several Community Development Entities that would like to make NMTC investments in the project.

We look forward to working with Harvard Street Neighborhood Health Center and its development team to realize this noteworthy and exciting project.

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah Favreau", with a long, sweeping underline.

Deborah Favreau
Chief Development Officer



Fundraising · Development Services · Strategic Consulting

Erica de Vries
Senior Vice President

September 16, 2016

Charley Murphy
President & Chief Executive Officer
Harvard Street Neighborhood Health Center
632 Blue Hill Avenue
Dorchester, MA 02121

Dear Charley,

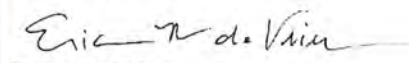
Thank you for taking the time to meet with me earlier this week. I appreciated the opportunity to briefly introduce CCS to you and to hear about the Harvard Street Neighborhood Health Center's consideration of building a new facility and how philanthropy may be part of the \$22 million project.

It would be fair to suggest that there are reasons to be encouraged about the Harvard Street Neighborhood Health Center's fundraising potential, including your community connections, the Center's engagement of select corporations and foundations in support of its annual event, other health centers' recent success in capital efforts.

Competition for the philanthropic dollar is fiercer than ever, and it will be essential to identify early on the profile of your most likely donors (foundations, corporations, health care partners, individuals, etc.) and the most compelling campaign messages for each prospective donor.

The challenges you face, such as a first-ever major capital campaign and a relatively shallow pool of historic charitable supporters, are familiar to CCS. Our experience in such circumstances is that resources attributed early toward planning can help you make good decisions about how to proceed and what resources will be required to be successful, as well as gauge and define what philanthropic success looks like for Harvard Street Neighborhood Health. In the proposal that follows, I outline how CCS could help Harvard Street Neighborhood Health Center in this critical first phase of campaign planning. Next week, I will plan on calling you to answer any questions you may have and hopefully determine next steps. Thank you again for the opportunity to be in conversation about your plans and how CCS might be of assistance.

Sincerely,


Erica de Vries

A. Firm Information and Brief History

Founded in 1947, today CCS is among the most comprehensive fundraising consulting companies in the world. Our offices span the United States, with locations in Boston, Chicago, Los Angeles, San Francisco, St. Louis, Baltimore, New York, and Washington, D.C., as well as international locations in Dublin and London. We have a full-time staff of more than 250 – the largest and most experienced in the profession.

Over the past 69 years, we have provided professional counsel to more than **15,000 organizations and institutions worldwide** including education, environmental, culture and arts, civic, social service, faith-based, and healthcare organizations. Each year, CCS works with approximately **300 clients**. Client initiatives under our management currently total more than **\$8 billion**, ranging from community-based nonprofits like yours to the most complex of global institutions.

Our mission is to help non-profits elevate theirs by providing fundraising counsel, development services, and strategic consulting. The organizations we serve are united in their purpose to impact the communities that they serve in a positive way. Our projects are tailored to meet the specific needs of each engagement and ensure results.

In helping *extraordinary people champion inspirational causes*, we adhere to our core values of integrity, collaborative partnership, and excellence in service. Trust, innovation, and results are the hallmarks of our practice. CCS works in partnership with non-profit staff and organizational leadership to strengthen capacity. Our focus on best practices and established and proven principles, combined with innovative counsel, translates into significant return on investment and projects that consistently outperform.

B. A Campaign Planning Study for Harvard Street Neighborhood Health Center

CCS considers a campaign planning study to be a critical phase of any potential major fundraising effort. Our philosophy is to structure the most comprehensive approach by interviewing the people who could shape a fundraising effort through their personal leadership and financial support. During this stage, you are cultivating, educating, and reaching out to your best prospective donors. A campaign planning study is designed to accomplish the following:

- **Tell the Story:** Inform the organization's closest friends and stakeholders of the details surrounding the proposed campaign and the impact those efforts will have.
- **Solicit Input:** Seek feedback from important constituencies to develop an effective plan to foster philanthropic support.
- **Move Prospects:** Accelerate the cultivation process and migrate donors who are somewhat acquainted with the organization's plans to the point where they are more informed and better positioned to support Harvard Street Neighborhood Health Center.
- **Determine Goal:** Provide an opportunity to ascertain interviewees' philanthropic interests in the anticipated fundraising effort and, using the proposed data review, determine a realistic fundraising goal.

- Engage Leadership: Invite key stakeholders to consider assuming leadership roles within a campaign.
- Validate Potential: In the aggregate, and individually, validate the initial sense of interviewees' propensity and financial capacity to provide support.
- Sequence Solicitations: Determine the prioritization of solicitations for the top potential requests.

The following is an outline of the steps CCS would undertake for the planning study:

1. Preliminary Consultation

CCS will work with you to understand five important areas of the organization's development operation:

Focus	Points of Analysis
Existing Development Plan	– Current operating principles
Financials	– Development budget
Goals	– Short- and long-term priorities – Financial goals and benchmarks
Staffing	– Roles – Priority responsibilities
Available Leadership	– Composition – Roles and responsibilities in fundraising across the organization
Systems/Activities	– Prospective donor identification – Database systems and prospect tracking, including for event engagement – Solicitation activities

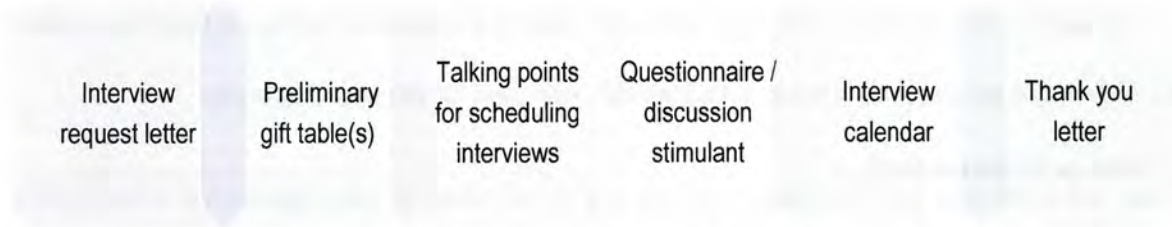
2. Engagement of a Planning Oversight Committee

Although not required, CCS recommends establishing a Planning Oversight Committee of three (3) to four (4) key stakeholders to assume responsibility for the campaign planning study. This is an important cultivation tool for potential donors and volunteers, and especially so for those without a history of volunteer engagement and leadership in fundraising, so care should be given to the development of a candidate list. The composition of this group could include an experienced philanthropist, a large vendor, a past foundation donor, a large event sponsor, and/or a key decision maker from Carney Hospital. During the campaign planning study, this group would:

- Review the messaging around the need for a campaign;
- Identify potential supporters and key interviews;
- Open doors where appropriate to enhance participation in the campaign planning study;
- Participate in a personal strategic discussion; and
- Receive the final report.

4. Prepare Study Tools

With assistance and approval from Harvard Street Neighborhood Health Center, CCS will develop the following materials:



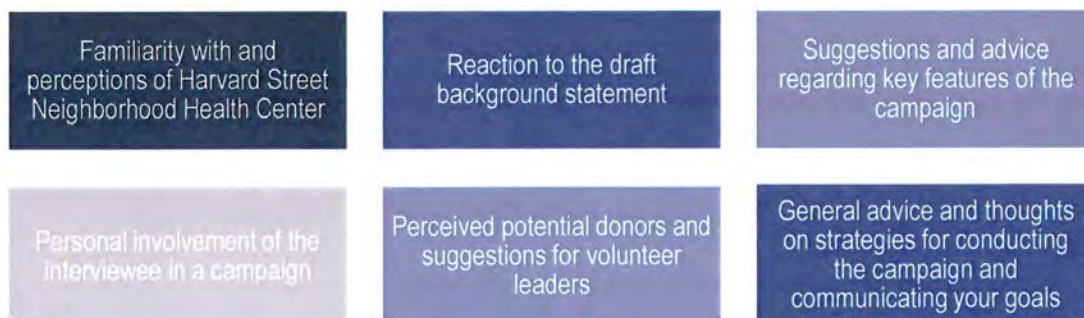
The interview request letter will be sent to all interview candidates along with a four-page preliminary background statement that introduces the organization's future plans and the campaign planning study as the next step in the process, requests advice on key issues before moving forward, and determines the role for philanthropy in Harvard Street Neighborhood Health Center's plans.

This document lays out Harvard Street Neighborhood Health Center's vision for reaction from your supporters. It provides a starting point for the conversation and a precursor to the development of a final case for support. At the end of the study, recommendations on how to improve, augment, and strengthen your messages into a case for support will be provided.

5. Strategic Outreach

Because we view these conversations as such a critical part of early donor engagement, CCS will seek to conduct a minimum of 35 conversations with key leaders, board members, staff, major donors, friends, and community leaders over eight weeks. With precise scheduling, CCS could conduct as many as 55 strategic conversations. We structure our studies to act as the first phase of the campaign. The high level of interaction provides critical intelligence in identifying and cultivating prospective donors.

These conversations will encompass six essential areas:



6. Reporting

At the conclusion of the data gathering process, CCS will present a comprehensive report and an executive summary that includes:

Strategic Discussion Findings	<ul style="list-style-type: none"> ■ Reaction to the preliminary background statement and proposed plans ■ Achievability of a financial goal of as much as \$5M to \$7M ■ Leadership and major gift potential (levels) ■ Volunteer leadership availability ■ Harvard Street Neighborhood Health Center as a philanthropic priority ■ Willingness to lead, contribute, and solicit gifts and pledges ■ Preliminary gift indication levels ■ Timing and any major obstacles to success, including challenges such as perceptions around need for certain case components and competition from other nonprofits in significant campaigns ■ Other issues surfaced
Evaluation	<ul style="list-style-type: none"> ■ Preliminary case messaging ■ Ability to meet financial targets ■ Donor potential by constituency ■ Volunteer leadership recruitment
Recommendations	<ul style="list-style-type: none"> ■ Financial goal ■ Case presentation and framework ■ Audiences to be approached ■ Organizational structure, including staff and volunteer roles and necessary competencies to lead and support a campaign ■ Campaign leaders' recruitment and engagement ■ Leadership and training needs ■ Role of professional counsel ■ Solicitation strategies ■ Operational budget ■ Timeline

Under separate cover, CCS will provide a listing of any leadership and major prospects, as revealed through conversations, with the perceived capability and / or propensity to provide significant gifts to your effort. CCS also will provide a list of suggested volunteer candidates as offered by interviewees.

C. Project Schedule and Timeline

A timeline for a campaign planning study might resemble the one below. After this timeframe, CCS will work with Harvard Street Neighborhood Health Center to determine the best course of action moving forward.

Timeframe	Action
Weeks 1-3 (October)	<ul style="list-style-type: none"> - Initial consultation with President & CEO Charley Murphy - Advise upon development of the 85 – 100 person invitation list to yield 35+ interviews - Determine schedule of Planning Oversight Committee meetings - Prepare materials: preliminary background statement, invitation letter, questionnaire, gift table, and thank you letters - Harvard Street Neighborhood Health Center to schedule interviews with select board members, key staff members, and Planning Oversight Committee leaders - Send initial interview request letter and draft background statement - Convene first meeting of the Planning Oversight Committee
Weeks 4-6 (October – November)	<ul style="list-style-type: none"> - Conduct 12 to 15 interviews with board, staff, and Planning Oversight Committee members (week 4) - Conduct 12 to 15 interviews each week with donors, friends, and community leaders (weeks 5 and 6) - Complete a minimum of 35 interviews (to as many as 55 if precise scheduling occurs for 11 interview days CCS allocates)
Week 7-10 (November – December)	<ul style="list-style-type: none"> - Prepare the final report (weeks 7 through 8) - Review the final report with leaders of Harvard Street Neighborhood Health Center and make necessary edits (week 9) - Send thank you letters (week 10) - Present the final report to the Campaign Planning Study Committee (week 10)

D. Role of Harvard Street Neighborhood Health Center Staff and Volunteers

CCS will look to Harvard Street Neighborhood Health Center to assist in the following areas during the campaign planning study process:

- **Appoint a Study Coordinator:** This is a knowledgeable person who can answer questions and clarify issues and is someone to whom CCS can report on a regular basis. This could be you or your designee.
- **Select Study Participants:** CCS will provide the profile of the type of interviewees and Harvard Street Neighborhood Health Center will identify appropriate candidates, including contact person, address, telephone, and email. You, other key internal leadership, and board members

are interviewed as part of the study of course. Building the list of appropriate interviewees is primarily the responsibility of the organization. CCS may supplement your list based upon independent research with as many as 20 to 30 potential interviewees, but a warmer, internally generated list will yield superior information upon which to plan a possible campaign. Harvard Street Neighborhood Health Center sends the letters of invitation.

- **Schedule Strategic Conversations:** To conduct the study efficiently, Harvard Street Neighborhood Health Center schedules all interview appointments. Donors respond best to outreach from the organization that is asking for an individual's time and assistance. This is also a valuable and important stewardship and cultivation opportunity for the organization. Harvard Street Neighborhood Health Center should anticipate scheduling to take the following amount of time during the study exercise:
 - Week 3: Six (6) to eight (8) hours (this includes scheduling board, staff, and Planning Oversight Committee members)
 - Week 4: 12 to 18 hours (this includes initial outreach, via telephone and email, and scheduling of the list of 60 interview candidates)
 - Weeks 5 – 6: Four (4) to five (5) hours (this includes follow-up outreach, via telephone and email, and final scheduling to reach the minimum of 35 interviews and as many as 55)

While CCS's experience is that donors respond best to outreach from the organization, we recognize this is not always possible. Should Harvard Street Neighborhood Health Center determine, prior to the commencement of the study, there is not sufficient resourcing to schedule the interviews, then CCS can oversee the scheduling for an additional cost as described in our professional service fee section.

- **Provide CCS with Requested Data:** To inform our recommendations, CCS will request the following information from Harvard Street Neighborhood Health Center:
 - Budgets and financial information
 - Organization information (i.e. development and marketing job descriptions, Board of Director list and giving policy, etc.)
- **Provide Office Space:** Office space for CCS is not required, but may be utilized if available. We anticipate that a number of strategic conversations could be scheduled to take place at the Health Center offices if space permits. There is great cultivation value to having conversations take place at your facility.
- **Engage Board of Trustees:** Board members need to endorse the study exercise and agree to be interviewed or otherwise engaged. The board receives a summary of the final report to make an informed decision about next steps.

E. Professional Fees and Expenses

CCS will provide these services for Harvard Street Neighborhood Health Center at a professional fee of \$32,500, paid in three monthly installments as services are rendered. CCS will work with Harvard

Street Neighborhood Health Center to prepare a specific engagement budget to include printing of interview materials and the final report, postage, parking, mileage outside of the greater Boston area, and any other operational needs. We estimate the budget likely would not exceed \$1,000.

Should the organization determine there is insufficient resourcing to manage scheduling the interviews as described in further detail in Section D of our proposal, CCS can provide this service for an additional fee of \$2,500.

The results of the study will indicate the best approach moving forward, including how best to support a major fundraising effort. A separate proposal for continued service with a customized timeline would be prepared at that time based on the understanding gained during the study of what resources and 'heavy lift' will be required to be successful. CCS offers a flexible set of fundraising and campaign management services. We will gladly customize an engagement to fit the needs of Harvard Street Neighborhood Health Center. It is premature to suggest what a resourcing scenario might be for the organization in campaign mode, but past experience suggests that having assistance for the six (6) to twelve (12) months would help to create a foundation for success. It is important to note those successful campaigns noted below included full management from CCS – particularly at the outset of the engagement.

Campaign Management Service Options	Professional Fee
Full-time management	<i>\$99,000 per quarter</i>
Part-time management	<i>\$69,000 per quarter</i>

F. The CCS Team

Erica de Vries, Senior Vice President

Working in non-profit consulting for fifteen years, including managing CCS's London office serving clients in the UK, Europe, the Middle East, and Africa, I have led projects across a diversity of sectors: community-based organizations, colleges and universities, secondary educational institutions, arts and culture organizations, health care entities, environmental projects, and economic and international development concerns. I manage CCS's clients in Maine, New Hampshire, Massachusetts, Rhode Island, and upstate New York.

I have worked with lead donors, trustees of major NGOs, and CEOs of complex, multi-tiered organizations, as well as leaders of community-based nonprofits launching their first-ever multi-million dollar initiatives. My work has focused on examining development programs to determine areas for strategic growth; structuring emerging fundraising programs; bolstering annual fund and major gift initiatives, including thorough strategic corporate and foundation engagement; assessing the viability of and approach to large scale capital, endowment, and comprehensive campaigns; and helping organizations to implement those plans, especially in capital campaigns, by working closely with internal executive leadership, volunteer leaders, and staff members to structure programs.

A selection of organizations with which I have been fortunate to work include:

- The Dimock Center, Roxbury, MA
- Aloha Foundation, Fairlee, VT
- SingHealth and Duke-NUS, Singapore
- American Church in Paris, France
- Bancroft School, Worcester, MA
- Charles River School, Dover, MA
- Episcopal Diocese of Massachusetts, Boston, MA
- Episcopal Diocese of Ohio, Cleveland, OH
- Episcopal Diocese of Jerusalem & the Middle East, Jerusalem
- Girl Scouts of the Green and White Mountains, Bedford, NH
- Gloucester Stage Company, Gloucester, MA
- Island Institute, Rockland, ME
- Maine Community College System, Augusta, ME
- Maine Historical Society, Portland, ME
- Nature Conservancy in New Hampshire, Concord, NH
- New Hampshire SPCA, Stratham, NH
- Roman Catholic Diocese of Cleveland, OH
- Roman Catholic Diocese of Portsmouth, UK
- St. Thomas Aquinas High School, Dover, NH
- University of Massachusetts, Lowell, MA
- Maine Huts & Trails, Kingfield, ME

CCS will include additional members of our team in this effort at various stages of our partnership. Once a schedule for activities has been firmly established by Harvard Street Neighborhood Health Center and CCS, then the full composition of the project team will be determined. With your target study period of October through December with a report delivered no later than mid-December, CCS will provide an experienced campaign planning study team, including a fundraising consultant to assist me with interviews and a special project manager to assist with start-up activities in weeks one (1) through three (3).

G. Relevant Experience and References



Salvation Army Canton, MA

CCS has worked with the Salvation Army Massachusetts division on three (3) separate projects. CCS assisted with the second phase of a capital campaign for the Cambridge/Somerville Corps. The Restoring Lives campaign will double the size of the Corps' emergency shelter and drop-in shelter for the homeless, and increase the size and enrollment of their Homeless Children's Daycare Center. CCS also assisted the Salvation Army of Massachusetts with concluding a campaign for the newly constructed 90,000 square foot Kroc Community Center in Boston. Lastly, CCS assisted the Waltham Corps with a planning study that tested a goal of \$3 million in order to build a full-service community center to provide a safe, nurturing, and caring environment for youth, seniors, the homeless, and others in need.

Reference

Danielle Degnan, Director of Development and Community Relations
339-502-5857/danielle.degnan@use.salvationarmy.org



Healing and caring for the community for over 150 years.

Dimock Center
Roxbury, MA

CCS worked with The Dimock Center on a \$15 million campaign to renovate its Acute Treatment Services facility to increase by 33% the number of clients receiving addiction treatment annually. After the organization conducted a fundraising feasibility study with another consultancy, they engaged CCS to help with boots-on-the-ground implementation of their campaign. The first \$5 million was provided by the Commonwealth of Massachusetts; an additional \$6 million was raised in philanthropic support against a \$5 million goal. Success in this effort will be critical to securing the remaining \$5 million in Historic and New Market Tax Credits. CCS helped President and CEO Dr. Myechia Minter-Jordan to organize Board engagement that resulted in 100% participation, recruit and engage a Campaign Task Force, cultivate and solicit the best prospective institutional and individual donors, and develop compelling grant proposals. The organization has raised \$5 million, surpassing all financial benchmarks established at the outset.

Reference

Dr. Myechia Minter-Jordan, President & CEO
617-442-8800/mminteri@dimcock.org



Neighborhood House Charter School
Dorchester, MA

The Neighborhood House Charter School offers quality education to a diverse community of Boston children through a neighborhood-based school that integrates education with social services and health care programs for the benefit of students and their families. CCS assisted the Neighborhood House Charter School with a campaign planning study and a campaign that generated \$3.75 million in private philanthropy, which along with traditional financing and available tax credits funded an \$18 million project resulting in the school's new home.

Reference

Bodi Luse, Director of Development
617-825-0703/bluse@thenhcs.org



Proposal for 8 Old Road & 14 Ellington Street

3. General Evaluation Criteria Documentation

Appendix 1: Cover Sheet Form

Appendix 2: Statement of Bidder's Qualifications Form

Appendix 3: Preliminary Development Budget Form

Appendix 4: Preliminary Operating Budget Form

Appendix 5: Development Timetable Form

Appendix 6: Construction Employment Statement Form

PROPOSAL FORM

SUBMITTED TO: DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT
BID COUNTER
26 COURT STREET, 10TH FLOOR
BOSTON, MASSACHUSETTS 02108

DATE RECEIVED BY DND: September 26, 2016

SUBMITTED BY: NAME: Harvard Street Neighborhood Health Center, Inc.

ADDRESS: 632-640 Blue Hill Avenue, Dorchester, MA 02121

TELEPHONE: 617-825-3400

EMAIL: Charley.Murphy@harvardstreet.org

Under the conditions set forth by the Department of Neighborhood Development, the accompanying proposal is submitted for:

Property Address: 8 Old Road and 14 Ellington Street, Dorchester, MA

For this proposal to be properly evaluated all questions must be answered by the Proposer. The Awarding Authority (the Department of Neighborhood Development) will regard all responses to questions and all submissions as accurate portrayals of the Proposer's qualifications and any discrepancy between these statements and any subsequent investigation may result in the proposal being rejected.

- i. The name(s) and address(es) of all persons participating in this application as principals other than the undersigned are:

Harvard Street Neighborhood Health Center, Inc. is the only Proposer for this RFP.

Use separate sheet and attach if additional principals are involved.

- ii. The applicant is a/an:
Nonprofit Corporation
(Individual/Partnership/Joint/Venture/Corporation/Trust, etc.)

A. If applicant is a Partnership, state name and residential address of both general and limited partners: Not Applicable

B. If applicant is a Corporation, state the following:

Corporation is incorporated in the State of: Massachusetts
President is: Charley A. Murphy
Treasurer is: Eileen Kenner
Place of Business: 632 Blue Hill Avenue, Dorchester, MA 02121

C. If applicant is a Joint Venture, state the names and business addresses of each person, firm or company that is a party to the joint venture:

Not Applicable

A copy of the joint venture agreement is on file at: Not Applicable and will be delivered to the Official on request.

D. If applicant is a Trust, state the name and residential address of all Trustees as:

Not Applicable

Trust documents are on file at Not Applicable
And will be delivered to the Official on request.

- iii. Bank reference(s): Bank of America, US Bank
- iv. If business is conducted under any title other than the real name of the owner, state the time when, and place where, the certificate required by General Laws, c.110, §5 was filed:
Not Applicable
- v. Number of years organization has been in business under current name:
47
- vi. Has organization ever failed to perform any contract? NA Yes/No

If answer is "Yes", state circumstances): Not Applicable

We propose the following purchase price: \$ 648,000.00 **

** For the two parcels at 8 Old Road and 14 Ellington Street, Harvard Street Neighborhood Health Center, Inc. (HSNHC) offers \$648,000 less any remediation costs associated with the environmental conditions on either property. HSNHC has conservatively budgeted \$500,000 for these clean up costs. Therefore, assuming that the actual clean up costs are \$500,000, HSNHC would pay the City of Boston \$148,000. The development budget includes this \$148,000 payment for acquisition.

vii. AUTHORIZATION:

The undersigned certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion of fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

[Handwritten Signature]
Signature of individual submitting proposal

President/CEO
Title

Harvard Street Neighborhood Health Center
Legal Name of Organization

Dated at: Boston, MA

This 26th day of September, 2016

NAME OF ORGANIZATION:
Harvard Street Neighborhood Health Center, Inc

BY: Charles A. Murphy

TITLE: President/CEO

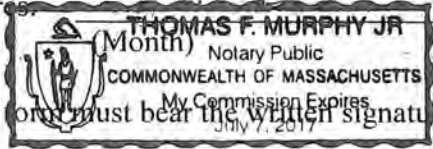
i. ATTESTATION:

Charles A. Murphy being duly sworn deposes and says that (he/she) is the President/CEO of Harvard Street NHC and that all answers to foregoing questions and all statements contained herein are true and correct.

Subscribed and sworn before me this 24th day of Sept, 2016

Notary Public: Thomas F. Murphy, Jr. [Handwritten Signature]

My Commission Expires 7/7 / 2017 (Year)



NOTE: This proposal form must bear the written signature of the applicant.

If the applicant is an individual doing business under a name other than his own name the application must state so, giving the address of the individual.

If the applicant is a partnership a partner designated as such must sign the application.

If the applicant is a corporation, trust or joint venture the application must be signed by a duly-authorized officer or agent of such corporation, trust or joint venture and contain written evidence of the authority to bind the entity.

(Please include the name of the agency or department and position held in that agency or department.)

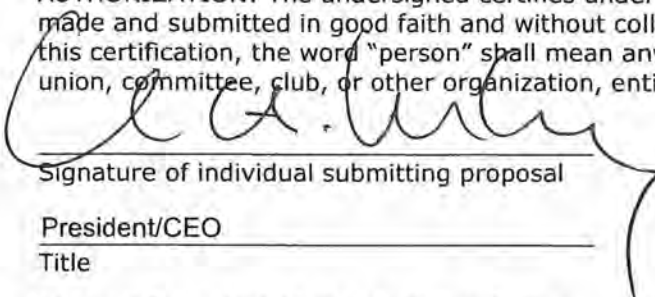
STATEMENT OF PROPOSER'S QUALIFICATIONS FORM

All questions must be answered. All information must be clear and complete. Attach additional pages, if needed.

1. Name of proposer: Harvard Street Neighborhood Health Center, Inc.
2. Names and titles of principals: Charles A. Murphy, President/CEO
Bonnie Brathwaite, Chair, Board of Directors
3. Names of authorized signatories: Charles A. Murphy
4. Permanent main office address: 632 Blue Hill Ave, Boston, MA 02121
Phone: 781-439-1631 Fax: 617-282-1450 Email: charley.murphy@harvardstreet.org
5. Date organized: January 1969
6. Location of incorporation: Boston, Massachusetts
7. Number of years engaged in business under your present name: 47
8. List at least three private or public agencies that you have supplied/provided with similar services to that in this solicitation:
 - a. Carney Hospital
 - b. Massachusetts Department of Public Health
 - c. Boston Public Health Commission

Has organization ever failed to perform any contract? YES NO
If YES, attach a written declaration explaining the circumstances.

AUTHORIZATION: The undersigned certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.


Signature of individual submitting proposal

President/CEO

Title

Harvard Street Neighborhood Health Center
Legal Name of Organization

September 26, 2016

Date

PRELIMINARY DEVELOPMENT BUDGET FORM

PROPOSER'S NAME: Harvard Street Neighborhood Health Center

Complete this Preliminary Development Budget or you may substitute another form that provides substantially equivalent information. Note: Total of Uses of Funds should equal Total of Sources of Funds.

USES OF FUNDING	AMOUNT
Acquisition - Land	\$ 148,000.00
Site Prep/Environmental	\$ 500,000.00
Construction	\$ 19,220,000.00
Construction Contingency	\$ 1,722,000.00
Architect(s) and Engineer(s)	\$ 1,343,346.00
Development Consultant	\$ 400,000.00
Survey and Permits	\$ 15,000.00
Legal	\$ 395,000.00
Title and Recording	\$ 81,200.00
Real Estate Taxes	\$ 0.00
Insurance	\$ 50,000.00
Construction Loan Interest	\$ 578,100.00
Construction Inspection Fees	\$ 46,000.00
Other: Accounting Fees	\$ 60,000.00
Other: Construction Project Management	\$ 200,000.00
Other: Appraisal	\$ 15,000.00
Other: Financing Fees	\$ 81,200.00
Other: Operating Reserve	\$ 312,117.00
Soft Cost Contingency	\$ 420,388.00
Developer Overhead	\$ 1005000
Developer Fee	\$ 245,000.00
TOTAL: ALL USES	\$ 26,837,351.00

SOURCES OF FUNDING	AMOUNT	Committed
Sponsor Cash In Hand	\$	<input type="checkbox"/>
Additional Sponsor Fundraising	\$ 1,004,217.00	<input type="checkbox"/>
Philanthropic Funding Capital Campaign	\$ 5,000,000.00	<input type="checkbox"/>
Philanthropic Funding Grant Funding	\$ 2,650,000.00	<input type="checkbox"/>
Bank Loans	\$ 8,120,000.00	<input type="checkbox"/>
Donated Materials/Services:		
Other: New Market Tax Credit Proceeds	\$ 7,363,134.00	<input type="checkbox"/>
Other: Proceeds from Sale of Existing Site : 632-640 Blue Hill Ave	\$ 2,700,000.00	<input type="checkbox"/>
TOTAL ALL SOURCES:	\$ 26,837,351.00	

If any of the above-listed funding sources are already in hand or have been committed subject to designation/conveyance by DND, check off the right-hand box under "Committed".

Explanatory notes:

See the spreadsheet following this page for additional details

PRELIMINARY OPERATING BUDGET FORM

PROPOSER'S NAME: Harvard Street Neighborhood Health Center

Provide a Preliminary Operating Budget on the form provided below. You may substitute another form that provides substantially equivalent information.

SOURCES OF FUNDS: ANNUAL OPERATING INCOME	AMOUNT
Patient Revenue	\$ 6,485,452.00
Federal Grant Funding	\$ 723,045.00
Foundation Grant Funding	\$ 685,000.00
State Grant Funding	\$ 910,844.00
Private Grant Funding	\$ 50,000.00
Other Revenue	\$ 400,000.00
	\$
	\$
	\$
	\$
	\$
	\$
ANNUAL OPERATING INCOME: ALL SOURCES	\$ 9,254,341.00

Committed

If any of the above-listed funding sources are already in hand or have been committed subject to completion of the new facility, check off the right-hand box under "Committed".

USES OF FUNDS: ANNUAL OPERATING COSTS	AMOUNT
Personnel Expenses	\$ 5,580,418.00
Program Expenses	\$ 1,114,431.00
Facility and Occupancy Expenses	\$ 862,575.00
Other Expenses	\$ 965,000.00
Loan Payment	\$ 624,634.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
ANNUAL OPERATING COSTS: ALL SOURCES	\$ 9,147,058.00

Continued on next page

Explanatory notes:

HSNHC is projecting nearly 45,000 patient visits in fiscal year (FY) 2019, which is an increase from current demand. Volume increases are based on the hiring of 3.0 full time equivalent (FTE) providers in the Adult Medicine Clinic. Additionally, dental visits have increased by 9.8% over the last year due to the hiring of an oral surgeon and staff expect this trend to continue. By 2019, HSNHC projects the revenue and expenses outlined above. The net surplus/profit for FY2019, taking into consideration the loan payment, is \$107,283.

DEVELOPMENT TIMETABLE FORM

PROPOSER'S NAME: Harvard Street Neighborhood Health Center

Assuming that you are designated on 11/1/2016 , indicate below your target dates for achieving these key development milestones.

MILESTONE	DATE
Designs Complete	August 1, 2017
Apply for Permit(s)	March 1, 2017
Zoning Relief Anticipated?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
All Development Financing Committed	October 1, 2017
Permit(s) Issued	October 1, 2017
Financing Closed	November 1, 2017
Construction Begins	November 1, 2017
Construction Complete	February 1, 2019

CONSTRUCTION EMPLOYMENT STATEMENT FORM

PROPOSER'S NAME: Harvard Street Neighborhood Health Center

How many full time employees does your firm currently have?

Under 25 25 -99 100 or more

Are you a Boston-based business? YES NO

Boston Based: where the principal place of business and/or the primary residence of the Proposer is in the City of Boston.

Are you a Minority-owned Business Enterprise? YES NO

If yes, are you certified as such by the State Office of Minority and Women Business Assistance (SOMBWA)? YES NO

Are you a Woman-owned Business Enterprise? YES NO

If yes, are you certified as such by the State Office of Minority and Women Business Assistance (SOMBWA)? YES NO

RESIDENT, MINORITY AND FEMALE CONSTRUCTION EMPLOYMENT

DND encourages MIHI builders to seek to achieve the following construction employment goals:

Boston Residents 50% of project hours

Minority 25% of project hours

Female 10% of project hours

These are targets, not requirements, but proposals that provide better evidence of their ability to achieve these targets will be more highly ranked. Explain what actions you will undertake to promote employment of these groups:

The development team is committed to exceeding the numbers listed above. We plan to go a step further, as we are committed to the Roxbury Master Plan numbers for worker hours 51% Boston Residents, 51% minorities, 15% Female. HSNHC's development partner is the Dorchester Bay Economic Development Corporation (DBEDC). DBEDC has one of the best track records in the City in this regard. Steps DBEDC has taken include: putting penalties in GC and subcontracts for not hitting the numbers, only selecting a GC and subs that have a positive track record on these hiring issues, providing the GC and subs with names of qualified workers that also help hit the numbers, and continually monitoring the numbers.

If you have additional information demonstrating your capacity to achieve these employment targets, you may provide this information on a separate sheet clearly labeled at the top with "Supplementary Construction Employment Statement" and the Proposer's name. *Note: if you are, according the US Dept. of Housing & Urban Development, a Section 3 certified vendor, this will be considered strong evidence of capacity to achieve DND's employment goals.*

If you have completed any development projects in the last five years that have required employment reporting through the City's Office of Jobs & Community Services, please list the most recent here: DBEDC projects include: Quincy Heights, Pearl, 555 Dudley Street



Proposal for 8 Old Road & 14 Ellington Street

4. Compliance Review Documentation

Appendix 7: Property Affidavit Form

Appendix 8: Affidavit of Eligibility Form

Appendix 9: Conflict of Interest Affidavit Form

Appendix 10: Chapter 803 Disclosure Statement Form

Appendix 11: Beneficial Interest Statement Form

AFFIDAVIT OF ELIGIBILITY FORM

Developer's Name: Harvard Street Neighborhood Health Center

Any person submitting an application for under this RFP must truthfully complete this Affidavit and submit it with their application.

1. Do any of the principals owe the City of Boston any monies for incurred real estate taxes, rents, water and sewer charges or other indebtedness?
No

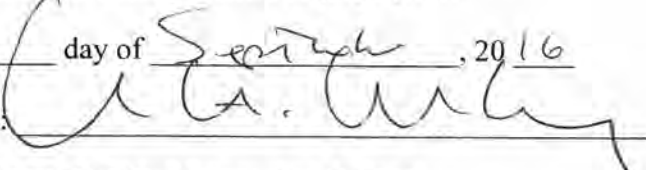
2. Are any of the principals employed by the City of Boston? If so, in what capacity? (Please include name of principal, name of agency or department, and position held in that agency or department).
No

3. Were any of the principals ever the owners of any property upon which the City of Boston foreclosed for his/her failure to pay real estate taxes or other indebtedness?
No

5. Have any of the principals ever been convicted of any arson-related crimes, or currently under indictment for any such crime?
No

6. Have any of the principals been convicted of violating any law, code, statute or ordinance regarding conditions of human habitation within the last three (3) years?
No

Signed under the pains and penalties of perjury this

20th day of September, 2016
SIGNATURE: 

TITLE: President & Chief Executive Officer

ORGANIZATION: Harvard Street Neighborhood Health Ctr

ADDRESS: 632-640 Blue Hill Avenue, Dorchester, MA 02121

Conflict of Interest Affidavit Form

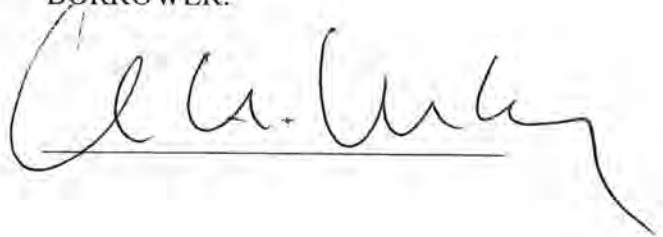
The undersigned hereby certifies, under the pains and penalties of perjury, that neither they, nor those with whom they have business ties, nor any immediate family member of the undersigned, is currently or has been within the past twelve months, an employee, agent, consultant, officer or elected or appointed official of the City of Boston Department of Neighborhood Development. For purposes of this affidavit "immediate family member" shall include parents, spouse, siblings, or children, irrespective of their place of residence.

I declare under penalties of perjury that the foregoing representations are true, correct, accurate, complete and correct in all respects.

WITNESS:



BORROWER:



THE COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss.

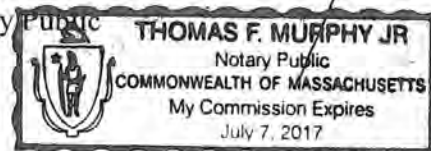
Sept. 21 2016

Then personally appeared the above named Charles Murphy, (title) of (organization) and executed the foregoing instrument and acknowledged the foregoing instrument to be (his/her) free act and deed as (title) aforesaid and the free act and deed of (organization), before me.


Name: _____

Notary Public

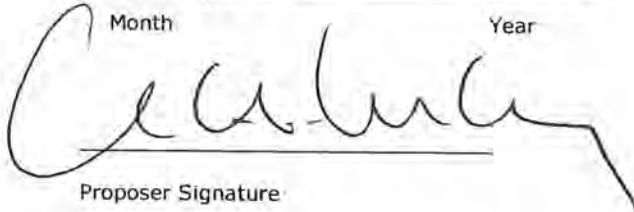
My Commission Expires:



CHAPTER 803 DISCLOSURE STATEMENT FORM

In compliance with Chapter 60, Section 77B of the Massachusetts General Laws as amended by Chapter 803 of the Acts of 1985, I hereby certify that I have never been convicted of a crime involving the willful and malicious setting of a fire or of a crime involving the fraudulent filing of a claim for fire insurance; nor am I delinquent in the payment of real estate taxes in the City of Boston, or being delinquent, an application for the abatement of such tax is pending or a pending petition before the appellate tax board has been filed in good faith.

This statement is made under the pains and penalties of perjury this 26th day
of September, 2016
Month Year


Proposer Signature

Co-Proposer Signature (If Applicable)

**DISCLOSURE STATEMENT FOR
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

INSTRUCTION SHEET

NOTE: The Division of Capital Asset Management and Maintenance (DCAMM) shall have no responsibility for insuring that the Disclosure Statement has been properly completed as required by law. Acceptance by DCAMM of a Disclosure Statement for filing does not constitute DCAMM's approval of this Disclosure Statement or the information contained therein. Please carefully read M.G.L. c. 7C, s. 38 which is reprinted in Section 8 of this Disclosure Statement.

Section (1): Identify the real property, including its street address, and city or town. If there is no street address then identify the property in some other manner such as the nearest cross street and its tax assessors' parcel number.

Section (2): Identify the type of transaction to which this Disclosure Statement pertains --such as a sale, purchase, lease, etc.

Section (3): Insert the exact legal name of the Public Agency participating in this Transaction with the Disclosing Party. The Public Agency may be a Department of the Commonwealth of Massachusetts, or some other public entity. Please do not abbreviate.

Section (4): Insert the exact legal name of the Disclosing Party. Indicate whether the Disclosing Party is an individual, tenants in common, tenants by the entirety, corporation, general partnership, limited partnership, LLC, or other entity. If the Disclosing Party is the trustees of a trust then identify the trustees by name, indicate that they are trustees, and add the name of the trust.

Section (5): Indicate the role of the Disclosing Party in the transaction by checking one of the blanks. If the Disclosing Party's role in the transaction is not covered by one of the listed roles then describe the role in words.

Section (6): List the names and addresses of **every** legal entity and **every** natural person that has or will have a **direct or indirect** beneficial interest in the real property. The only exceptions are those stated in the first paragraph of the statute that is reprinted in Section 8 of this Disclosure Statement. If the Disclosing Party is another public entity such as a city or town, insert "inhabitants of the (name of public entity)." If the Disclosing Party is a non-profit with no individual persons having any beneficial interest then indicate the purpose or type of the non-profit entity. If additional space is needed, please attach a separate sheet and incorporate it by reference into Section 6.

Section (7): Write "none" in the blank if none of the persons mentioned in Section 6 is employed by DCAMM. Otherwise list any parties disclosed in Section 6 that are employees of DCAMM.

Section (8): The individual signing this statement on behalf of the Disclosing Party acknowledges that he/she has read the included provisions of Chapter 7C, Section 38 (formerly Chapter 7, Section 40J) of the General Laws of Massachusetts.

Section (9): Make sure that this Disclosure Statement is signed by the correct person. If the Disclosing Party is a corporation, please make sure that this Disclosure Statement is signed by a duly authorized officer of the corporation as required by the statute reprinted in Section 8 of this Disclosure Statement.

This completed and signed Disclosure Statement should be mailed or otherwise delivered to:

Deputy Commissioner for Real Estate
Division of Capital Asset Management and Maintenance
One Ashburton Place, 15th Floor, Boston, MA 02108

**DISCLOSURE STATEMENT FOR
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

The undersigned party to a real property transaction with a public agency hereby discloses and certifies, under pains and penalties of perjury, the following information as required by law:

C. (1) REAL PROPERTY:

632 Blue Hill Ave, Boston, MA 02121

(2) TYPE OF TRANSACTION, AGREEMENT, or DOCUMENT: Deed, copy attached.
Response to Request for Proposals

(3) PUBLIC AGENCY PARTICIPATING in TRANSACTION:
CITY OF BOSTON ACTING BY AND THROUGH THE PUBLIC FACILITIES
COMMISSION BY THE DIRECTOR OF THE DEPARTMENT OF NEIGHBORHOOD
DEVELOPMENT, **Grantor**

(4) DISCLOSING PARTY'S NAME AND TYPE OF ENTITY (IF NOT AN INDIVIDUAL):
Boston Redevelopment Authority an independent body politic and
corporate, **Grantee**

(5) ROLE OF DISCLOSING PARTY (Check appropriate role):

<input type="checkbox"/> Lessor/Landlord	<input type="checkbox"/> Lessee/Tenant
<input type="checkbox"/> Seller/Grantor	<input checked="" type="checkbox"/> Buyer/Grantee

Other (Please describe): _____

(6) The names and addresses of all persons and individuals who have or will have a direct or indirect beneficial interest in the real property excluding only 1) a stockholder of a corporation the stock of which is listed for sale to the general public with the securities and exchange commission, if such stockholder holds less than ten per cent of the outstanding stock entitled to vote at the annual meeting of such corporation or 2) an owner of a time share that has an interest in a leasehold condominium meeting all of the conditions specified in M.G.L. c. 7C, s. 38, are hereby disclosed as follows (attach additional pages if necessary):

NAME

RESIDENCE

None

(7) None of the above-named persons is an employee of the Division of Capital Asset Management and Maintenance or an official elected to public office in the Commonwealth of Massachusetts, except as listed below (insert "none" if none): None

(8) The individual signing this statement on behalf of the above-named party acknowledges that he/she has read the following provisions of Chapter 7C, Section 38 (formerly Chapter 7, Section 40J) of the General Laws of Massachusetts:

**DISCLOSURE STATEMENT FOR
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

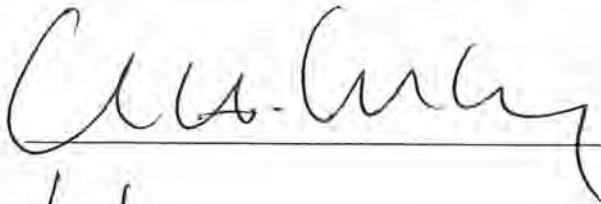
No agreement to rent or to sell real property to or to rent or purchase real property from a public agency, and no renewal or extension of such agreement, shall be valid and no payment shall be made to the lessor or seller of such property unless a statement, signed, under the penalties of perjury, has been filed by the lessor, lessee, seller or purchaser, and in the case of a corporation by a duly authorized officer thereof giving the true names and addresses of all persons who have or will have a direct or indirect beneficial interest in said property with the commissioner of capital asset management and maintenance. The provisions of this section shall not apply to any stockholder of a corporation the stock of which is listed for sale to the general public with the Securities and Exchange Commission, if such stockholder holds less than ten per cent of the outstanding stock entitled to vote at the annual meeting of such corporation. In the case of an agreement to rent property from a public agency where the lessee's interest is held by the organization of unit owners of a leasehold condominium created under chapter one hundred and eighty-three A, and time-shares are created in the leasehold condominium under chapter one hundred and eighty-three B, the provisions of this section shall not apply to an owner of a time-share in the leasehold condominium who (i) acquires the time-share on or after a bona fide arm's length transfer of such time-share made after the rental agreement with the public agency is executed and (ii) who holds less than three percent of the votes entitled to vote at the annual meeting of such organization of unit owners. A disclosure statement shall also be made in writing, under penalty of perjury, during the term of a rental agreement in case of any change of interest in such property, as provided for above, within thirty days of such change.

Any official elected to public office in the commonwealth, or any employee of the division of capital asset management and maintenance disclosing beneficial interest in real property pursuant to this section, shall identify his position as part of the disclosure statement. The commissioner shall notify the state ethics commission of such names, and shall make copies of any and all disclosure statements received available to the state ethics commission upon request.

The commissioner shall keep a copy of each disclosure statement received available for public inspection during regular business hours.

(9) This Disclosure Statement is hereby signed under penalties of perjury.

Signature: _____



Dated: _____

9/26/16



Proposal for 8 Old Road & 14 Ellington Street

5. EXHIBITS

- Exhibit 1 – Resumes of Key Staff at HSNHC
- Exhibit 2 – Drawings of Proposed Development
- Exhibit 3 – HSNHC Audited Financial Statements - 2015
- Exhibit 4 – Firm Profile for Isgenuity –Project Architect
- Exhibit 5 – Profiles of Recent DBEDC Projects –
Development Consultant
- Exhibit 6 – HSNHC Clinic License and Controlled Substance
Registration
- Exhibit 7 – Community Support - Petition

CHARLES A. MURPHY

19 Sears Street, Burlington, Massachusetts 01803
Cell: 781-439-1631 | Email: camurphy811@gmail.com

SUMMARY OF QUALIFICATIONS

Accomplished, multi-faceted legal and business professional with extensive leadership experience in public and private sectors. Successful and well respected executive, attorney and elected public official. Skilled in negotiations, problem resolution, policy analysis, executive management, media relations and public speaking.

PROFESSIONAL EXPERIENCE

Harvard Street Neighborhood Health Center, Dorchester, MA

President/Chief Executive Officer 2013-present

- Responsible for the effective management and leadership of a federally qualified health center with 65 employees, annual budget of \$10m, over 8,000 patients and two facilities.

Arcadia Solutions, Burlington, MA

A national leader in healthcare IT consulting with a focus on data-driven solutions.

Vice President, Public Policy & Government Affairs 2012 - 2013

Member of the senior management team, responsible for managing company's relationship with state and federal government.

- Establish relationships with governmental healthcare organizations to support Arcadia's mission to reduce medical costs through data-driven care delivery and management improvement cycles.
- Combine executive financial management experience with extensive knowledge of legislative affairs to develop strategies to improve healthcare quality and efficiency.

Massachusetts House of Representatives, State House, Boston, MA

State Representative 1997 - 2013

House Majority Whip 2011 - 2012

Chairman, House Committee on Ways and Means 2009 - 2011

- Effectively managed and led an office of 25 attorneys, analysts and support staff with the primary mission of drafting and negotiating the \$28B state budget.
- Collaborated and negotiated closely with administration and Senate counterparts resulting in the passing of two on-time state budgets.
- Directed and supervised the rigorous review of all major pieces of legislation to ensure constitutionality prior to House consideration, debate and approval.

Attorney at Law, Burlington & Lowell, MA

1994-2013

- Practiced in a variety of legal fields to include criminal defense, insurance defense, corporate, real estate and family law in both law firm and solo practitioner settings.

United States Marine Corps, Cherry Point, NC

Captain, Judge Advocate 1989 - 1994

- Served as lead military prosecutor for felony and misdemeanor cases.
- Concurrently served as Special Assistant U.S. Attorney for the Eastern District of North Carolina.
- Served as the staff judge advocate for the 22nd Marine Expeditionary Unit aboard the USS Guadalcanal that deployed to the Mediterranean Ocean and Mogadishu, Somalia.
- Advised the commanding officer on operational law matters and Marines on the applicable rules of engagement.

EDUCATION

Harvard University Kennedy School of Government, Cambridge, MA

- Masters in Public Administration

Naval Justice School, Newport, RI

- Military Law Certificate

Vermont Law School, South Royalton, VT

- Juris Doctor

Villanova University, Villanova, PA

- B.A. Philosophy / B.A. Communications

NON-PROFIT BOARDS & COMMUNITY INVOLVEMENT

Mil Milagros, Inc., Boston, MA

Board Member

An award-winning children's policy and advocacy organization that ensures that children in Guatemala graduate from sixth grade and are healthy, literate and prepared to continue their education.

Town of Burlington, Burlington, MA

Town Moderator (Elected April, 2013)

Prisoner Legal Services of Massachusetts

Board Member

PLSMA is a not for profit legal services corporation, founded in 1972, that provides civil legal assistance to people who are incarcerated in Massachusetts state prisons, county jails and houses of correction.

REFERENCES

References provided upon request

Christopher M. Zimmerman, M.D., M.P.H.
Medical Epidemiologist
International Epidemiology and Research Team
Influenza Division
Centers for Disease Control and Prevention

CONTACT INFORMATION

Phone: 1+ 770-371-2093
E-mail: cbz0@cdc.gov

EDUCATION

9/01-6/02 Harvard School of Public Health, Boston, MA-MPH, quantitative methods
8/86-6/90 University of Massachusetts School of Medicine, Worcester, MA-MD
9/79-6/83 University of Wisconsin-Madison, Madison, WI-BA with Honors

PROFESSIONAL TRAINING

7/98-6/00 Epidemic Intelligence Service Officer, Lieutenant U.S. Public Health Service. Viral Gastroenteritis Section, Respiratory & Enteric Virus Branch, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, GA
6/90-6/94 Combined Internal Medicine and Pediatrics Resident, University of Minnesota Hospitals and Clinics, Minneapolis, MN

LICENSES AND BOARD CERTIFICATIONS

Medical licenses New York #204209
Board Certified in Internal Medicine, 1/95, recertified 11/04
Board Certified in Pediatrics, 1/97, recertified 12/03

WORK EXPERIENCE

9/12- Present **Medical Epidemiologist, International Epidemiology and Research Team, Influenza Division, Centers for Disease Control and Prevention, Regional Influenza Advisor Global Disease Detection and Response Program (GDDRP) -Egypt**
4/09- 9/12 Medical Director, Bureau of Immunization, New York City Department of Health and Mental Hygiene (NYC DOHMH)
5/06-4/09 Director of Surveillance and Epidemiology, Bureau of Immunization, NYC DOHMH
10/05-4/06 Short Term Consultant World Health Organization (WHO)-Indonesia, Expanded Program on Immunization (EPI)
10/01-6/05 Graduate Assistant in Medicine & Pediatrics, Massachusetts General Hospital (MGH)
11/02-12/03 Short Term Consultant WHO-Nigeria, EPI
3/01-9/01 Consultant south Sudan office of WHO Polio Eradication Program

5/00-8/00 Consultant for WHO-Eritrea, member of CDC STOP Team

5/99-7/99 Consultant for WHO-Kenya, member of CDC STOP Team

9/94-6/98 Assistant in Medicine and Pediatrics Massachusetts General Hospital, Clinical Instructor
Medicine and Pediatrics, Harvard Medical School. Primary Care Physician Med/Peds
Unit, MGH/Revere Healthcare Center, Revere, MA

1/97-6/98 Medical Director of MGH/Revere Teen Center, Revere, MA

6/91-6/92 Volunteer Pine Street Inn Homeless Shelter, Boston, MA

1/84-7/86 Research Assistant, The Children's Hospital Medical Center, Department of
Immunology, Boston, MA

5/82-8/83 Research Assistant, University of Wisconsin-Madison, Department of Veterinary
Sciences, Madison, WI

HONORS/AWARDS/ACCOMPLISHMENTS

08/10 Excellence in Public Health Protection Award, 2009 Mumps Outbreak Response Team,
National Center for Immunization and Respiratory Diseases, Centers for Disease Control
and Prevention

2004 Completed "Thru-hike" of entire Appalachian Trail

12/99 Outstanding Unit Citation, United States Public Health Service

12/97 Partners Award, Partners Healthcare Inc. for work on MGH/Revere Teen Center

1983 Mary Shine Peterson Scholarship, University of Wisconsin, Freshman Honors Award

1978 Eagle Scout Award

PUBLICATONS

Peer Review Publications

Parker Fiebelkorn A, Rosen JB, Brown C, **Zimmerman CM**, Renshowitz H, D'Andrea C, Gallagher KM, Harpaz R, Zucker JR. *Environmental factors potentially associated with mumps transmission in yeshivas during a mumps outbreak among highly vaccinated students: Brooklyn, New York, 2009-2010* Hum Vaccin Immunother. 2013 Jan;9(1):189-94.

Rota JS, Rosen JB, Doll MK, McNall RJ, McGrew M, Williams N, Lopareva EN, Barskey AE, Punsalang A Jr, Rota PA, Oleszko WR, Hickman CJ, **Zimmerman CM**, Bellini WJ. *Comparison of the sensitivity of laboratory diagnostic methods from a well-characterized outbreak of mumps in New York City in 2009.* Clin Vaccine Immunol. 2013 Mar;20(3):391-6

Barskey AE, Schulte C, Rosen JB, Handschur EF, Rausch-Phung E, Doll MK, Cummings KP, Alleyne EO, High P, Lawler J, Apostolou A, Blog D, **Zimmerman CM**, Montana B, Harpaz R, Hickman CJ, Rota PA, Rota JS, Bellini WJ, Gallagher K. *Mumps outbreak in Orthodox Jewish communities in the United States.* N Engl J Med. 2012 Nov;367(18):1704-13

Hadler JL, Baker TN, Papaouka V, France AM, **Zimmerman C**, Livingston KA, Zucker JR. *Effectiveness of 1 Dose of 2009 Influenza A (H1N1) Vaccine at Preventing Hospitalization With Pandemic H1N1 Influenza in Children Aged 7 Months-9 Years.* J Infect Dis. 2012 Jul; 206(1):49-55

Melesse Aberra Gobena

291 Lexington Street
Boston, MA, 0218
Telephone 617-792-3833

Skill Summary

- Broad experience in financial management, accounting, budgeting and cost control.
- Reputation for utilizing various accounting software (Solomon VI, Quick Books, Peach tree). Other Medical billing programs (MSI system, report Smith etc.)
- Demonstrated ability in closing and interpreting financial reports.
- Highly responsible ethical and dedicated team player with effective organization and communication skills.
- Strong knowledge in performance measurement and financial analysis.
- More than 15, years experience in manufacturing and healthcare industries in the account receivable management and general ledger maintenance.

Work Experience

1) Harvard Street Neighborhood Health Center, Inc., Boston, Massachusetts

- Director of Finance November 2012 to date
- Accounting Manager April 2012-to-November 2012
- Account Receivable and Billing manager 2004 to April, 2012

2) Berhanena Selam Printing Enterprise, Addis Ababa, Ethiopia

- ❖ General Ledger maintenance budget and cost control 1987 – 2002
- ❖ Finance manager. Responsible to:
 - ❖ Give guidelines, to Revenue, disbursement, and cost accounting
 - ❖ Departments. Make sure the account is done according to generally accepted Accounting principle, close, interprets, and prepares financial report.

3) Education

Bachelor degree . Addis Ababa University (Ethiopia), 1987
Certificate, Advanced Health Center Financial Management, Suffolk University

4) Training

- ❖ National Health Services Uniform data systems, and reporting
- ❖ Various financial management courses
- ❖ Report Smith, and MSI software application
- ❖ Cost reimbursement billing, virtual gateway
- ❖ Unit rate contract billing, virtual gate way
- ❖ MA Health Safety Net billing, Inet

BACKGROUND SUMMARY

Bi-lingual English/Spanish Human Resources professional with proven track record of achievements, based on practical hands-execution. Proactive decision-maker who possesses comprehensive Human Resources Management expertise. Team builder who constantly collaborates with senior management and area managers to effectively manage human capital, to support and further the organization's mission & vision.

- ◆ Strategic HR Planning ◆ Performance Management ◆ Employee/Labor Relations ◆ Organizational Change
- ◆ HR Policies & Compliance ◆ Conflict Resolution ◆ Training and Development ◆ Operational Management

PROFESSIONAL EXPERIENCE

Harvard Street Neighborhood Health Center- Dorchester, MA

12/2013-Present

Director of Operations

Reporting to the President & Chief Executive Officer, oversee daily operations of the health center by directing, administering and coordinating the various activities in support of clinical, dental practices. Ensure that policies, goals and objectives established by the Chief Executive Officer and the Board of Directors are adhered to, in the routine of all daily business duties, personally or through subordinate managers. Participates in development of long-range strategic plans, governance structure and objectives for practice management.

Human Resources Director

01/2009-Present

Oversee all aspects of the HR function. Reporting the President and CEO provide HR support, advice and counsel to senior managers and all management layers in all matters involving human assets of the Agency. Ensure efficiency and compliance of all aspects of Human Resources, these functions also include payroll.

Built organizational culture oriented to deliver customer satisfaction at all layers of the organization. Supervise Customer Service/Registration staff, providing continuous support and training. Follow up and address and denial patterns related to registration. Working closely with clinical coordinator to accommodate patients' needs and improve customer experience.

Benefit Administration

- Ensure open enrollment; manage terminations/changes of Health Insurance coverage.
- Administer and maintain health and dental insurance plans, tax-sheltered annuity plan, and life insurance plan.
- Administer COBRA and maintain control log.
- Administered FMLA process for employees and maintained all required documentation.

Recruiting

- Place job advertisements through various sources, including agency's website, Monster.com, HRSA Website, Mass League, local newsletters, among others.
- Conduct interviews as needed for all agency departments.
- Submit all CORIs to the appropriate state agency for new hires, students and volunteers.
- Maintain storage and privacy of all employment applications, CORI background checks.

Compliance with State & Federal Employee Relations

- Process and maintain all Workers' Compensation on a timely manner.
- Monitor workers' compensation reporting/claims and worked with staff to ensure resolution, taking appropriate actions to prevent reoccurrence.
- Monitor unemployment claims, file appropriate paperwork, and attend unemployment hearings.
- Comply with hiring process regulations and practices.
- Update all mandatory posting.
- Ensure providers credentialing and maintain expiration log.
- Responsible for training new hires in corporate compliance policies.
- Conduct monthly OIG Exclusion list check.

Wyndham International Hotel, Billerica, MA & Orlando, FL

04/2004-06/2007

Human Resources Coordinator, Housekeeping Manager & Human Resources Generalist

- Handled employee relation issues.
- Performed recruiting activities: review applications, screened candidates, conducted initial interviews, pre-employment drug testing, background check and completed reference checks.
- Recruited qualified candidates using job fairs and College contacts.
- Scheduled and administered Wonderline Personnel Test.
- Organized and maintained all employee files and record keeping, ensuring that all legal documentation is up to date all times.
- Facilitated transition of new employees' orientation sessions.
- Conducted Customer Service trainings for staff.
- Coordinated insurance enrollment for all employees; resolve discrepancies arising in medical, dental and vision insurance plans.
- Conducted annual wage surveys for non-exempt positions among area hotels
- Conducted retention initiatives
- Supervised benefit coordination
- Performed and facilitated grievance hearings; finding fair and consistent resolutions
- Conducted Employee Opinion Surveys.

Coral Marien By Hilton, Puerto Plata, Dom. Rep.

1999-2004

Front Office Supervisor & Human Resources Manager

Responsible for staffing qualified personnel, ensuring employment policies were in place, conducting orientation, processing benefits and workers compensation paperwork, consulting with managers regarding coaching, counseling, disciplining and completing paperwork in accurate and timely manner.

- Compensation
- Administered employee development, labor relation and diversity programs.
- Employment
- Recruited for all departments.
- Conducted Organizational Surveys/Employee Opinion Surveys
- Labor Relations
- Improved consistency of disciplinary processes, resulting in performance improvement
- Established semi-monthly Labor Relations meeting for all managers, promoting cohesiveness between labor and management

EDUCATION

Masters in Business Administration (MBA) in progress, expected completion May 2015

Professional in Human Resources (PHR) Certification ♦ Society for Human Resource Management (SHRM)

Human Resources Management Certification by ♦ SHRM, Merrimack College, North Andover, MA

Cambridge College, Cambridge Massachusetts ♦ Bachelor of Business Administration

Universidad Tecnológica de Santiago, Puerto Plata D.R. ♦ Bachelor of Business Administration

SKILLS

Bilingual English and Spanish

Software: Microsoft Office, (Word, Excel, PowerPoint, Outlook, etc.) Kronos-Timesaver, ADP-HRIS, PC for Payroll ADP-Report Smith, EZ Labor, ADP, Windows NT, Professional, MSI, Dentrix

Eva M. Jackson

15 Sewall Street
Peabody, Massachusetts 01960
(978)531-8919 - Home
(978)876-5980 - Mobile

SUMMARY

A solution-focused, highly motivated, team-oriented executive with many years' experience in Healthcare Compliance, Analytics and Risk Management seeking a position that utilizes my skills and experience in Healthcare management and Corporate Compliance.

EXPERIENCE

Harvard Street Neighborhood Health Center, Dorchester, Massachusetts 2014 – Present

Director of Compliance and Billing

- ❖ Customer Service
- ❖ Manage, Lead and Mentor staff.
- ❖ Regulatory research and investigation to keep abreast of important and relevant regulations that impact billing and coding compliance, risk assessment, practice ethics, referral laws, HIPAA, HITECH Act and other patient rights legislation.
- ❖ Proactively ensure the development and implementation of standards, processes, methodologies and internal controls to support organization objectives
- ❖ Redesigned compliance program to proactively identify and mitigate risk exposure
- ❖ Created policies and procedures to standardize processes
- ❖ Developed and delivered standardized training to educate employees on the compliance program, compliance activities, HIPAA guidelines and corporate policy
- ❖ Ensure accurate results analyzing Medicare, Medicaid, Health Safety Net and Commercial insurance billing guideline for Medical and Dental billing, to include, but not limited to eligibility checking, charge entry, claim submission, payment posting, claim research, denials research and correction, outstanding accounts receivable and follow up
- ❖ Coding, ICD-10, CDT, CPT, E&M Leveling, and Revenue Codes
- ❖ Responsible for hiring, development plans, terminations and performed annual performance reviews and appraisals

Medical Systems, Inc., Peabody, Massachusetts 2007 – 2014

Medical Biller/Coder

- ❖ Customer Service
- ❖ Coding, ICD-9, CPT-4, E&M Leveling, and Revenue Codes
- ❖ Medicare, Medicaid, Health Safety Net and Commercial insurance billing guideline compliance for Medical and Dental claim submission.
- ❖ Performed eligibility checking, charge entry, claim submission, payment posting, claim research, resubmission of denials, outstanding accounts receivable and follow up

Account Manager/Software Quality Assurance Specialist

- ❖ Customer Service
- ❖ Train software application for all modules of a medical practice, registration, appointment scheduling, eligibility checking, cashiering, charge entry, claim submission, payment posting, claim research, resubmission of denials, account inquiry, reporting, outstanding accounts receivable and follow up
- ❖ Research and implementation of updated ICD-9, CPT-4, E&M Leveling for Practice Management Software

- ❖ Assist in development and design of HIPAA 270/271/277/837/999/835 claims processing for medical and dental billing, testing included sending and receiving test claims to Medicare, Medicaid and various Clearing Houses.
- ❖ Maintenance and support services, operational consulting, software quality assurance testing, and post-development testing
- ❖ Update and maintain test plans, user documentation and training materials
- ❖ Identify and resolve hardware/software issues for practice management and electronic health records
- ❖ Schedule, develop, implement software application

Expeditors Int'l of Washington, Peabody, Massachusetts 2005 – 2007

Export Agent

- ❖ LATAM and Dangerous Goods Certifications
- ❖ House Airway Bills, Master Airway Bills, Consolidations
- ❖ Customer Service
- ❖ Accounts Payable/Accounts Receivable

Intracorp/Cigna, Danvers, Massachusetts 1993 – 2004

Billing Supervisor

- ❖ Coding, ICD-9, CPT-4, E&M Leveling, and Revenue Codes
- ❖ HIPAA Certified
- ❖ Fee Schedule Interpretation and application
- ❖ Account management, Experienced working with customers to provide highest quality service
- ❖ Supervised two departments - responsible for a staff of 19
- ❖ Developed work flows, monitored team progress, and met delivery schedules
- ❖ Quality assurance and monthly statistics
- ❖ Developed and implemented training curriculum and materials used to train new medical claims reviewers utilizing ICD-9, CPT-4, E&M Leveling, and Revenue Codes
- ❖ Responsible for hiring, development plans, terminations and performed annual and semi-annual performance reviews and appraisals

BNF Enterprises, Peabody, Massachusetts 1987 – 1993

Administrative Assistant

- ❖ Customer Service
- ❖ Data Entry
- ❖ Office support
- ❖ Accounts Payable/ Accounts Receivable

EDUCATION

Marian Court College, Swampscott, Massachusetts 1991, BS, Health Administration



Proposal for 8 Old Road & 14 Ellington Street

Exhibit 1 – Resumes of Key Staff at HSNHC



Proposal for 8 Old Road & 14 Ellington Street

Exhibit 2 – Drawings of Proposed Development



Harvard Street Neighborhood Health Center
Exterior View
September 26, 2016

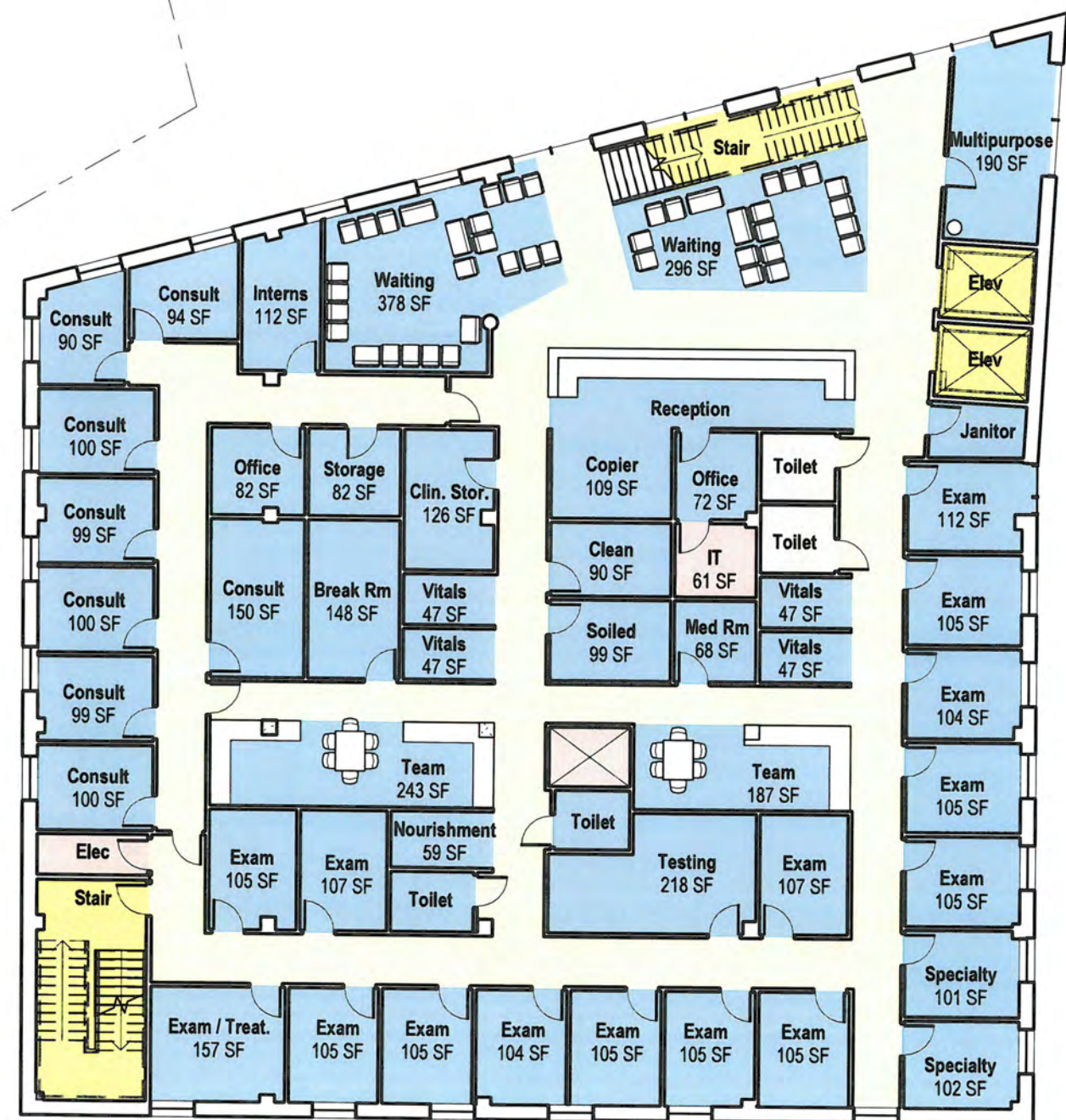
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architecture
interiors





LEVEL 1



LEVEL 2

Floor Plans - Levels 1 & 2

scale: 1/16" = 1'-0"

Federally Qualified Health Center
Harvard Street Neighborhood Health Center





LEVEL 3



LEVEL 4

Floor Plans - Levels 3 & 4

scale: 1/16" = 1'-0"

Federally Qualified Health Center
 Harvard Street Neighborhood Health Center

9/26/16

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Proposal for 8 Old Road & 14 Ellington Street

Exhibit 3 – HSNHC Audited Financial Statements - 2015

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Harvard Street Neighborhood Health Center, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Harvard Street Neighborhood Health Center, Inc. (the "Center"), which comprise the statements of financial position as of June 30, 2015 and 2014, the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Center's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Harvard Street Neighborhood Health Center, Inc. as of June 30, 2015 and 2014, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Marcum LLP

Boston, MA
November 16, 2015

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2015 AND 2014

	2015	2014
Assets		
Current Assets		
Cash	\$ 324,250	\$ 628,733
Medical accounts receivable, net of allowance for doubtful accounts of \$656,545 in 2015 and \$1,194,134 in 2014	760,616	711,418
Grants receivable	316,708	90,494
Other current assets	<u>107,600</u>	<u>129,287</u>
Total Current Assets	1,509,174	1,559,932
Land, building, and equipment, net of accumulated depreciation	712,896	704,776
Assets under capital lease, net of accumulated depreciation	<u>21,311</u>	<u>49,726</u>
Total Assets	<u>\$ 2,243,381</u>	<u>\$ 2,314,434</u>
Liabilities and Net Assets		
Current Liabilities		
Cash overdraft	\$ 26,081	\$ 29,464
Notes payable - current portion	4,965	53,803
Capital lease obligation - current portion	23,780	29,029
Accounts payable	235,672	400,790
Accrued expenses	551,696	414,255
Deferred revenue	<u>7,509</u>	<u>7,510</u>
Total Current Liabilities	849,703	934,851
Long-Term Liabilities		
Notes payable, net of current portion	174,919	215,171
Capital lease obligation, net of current portion	<u>--</u>	<u>23,674</u>
Total Liabilities	1,024,622	1,173,696
Net Assets		
Unrestricted	644,070	636,212
Temporarily restricted	<u>574,689</u>	<u>504,526</u>
Total Net Assets	<u>1,218,759</u>	<u>1,140,738</u>
Total Liabilities and Net Assets	<u>\$ 2,243,381</u>	<u>\$ 2,314,434</u>

The accompanying notes are an integral part of these financial statements.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

STATEMENTS OF ACTIVITIES

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

	2015			2014		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Revenues, Gains and Support						
Net patient service revenue	\$ 4,032,850	\$ --	\$ 4,032,850	\$ 3,998,777	\$ --	\$ 3,998,777
Grant revenue	4,387,447	574,689	4,962,136	3,402,942	504,526	3,907,468
Lab income	106,333	--	106,333	107,868	--	107,868
Other income	51,239	--	51,239	247,003	--	247,003
Contributions	77,589	--	77,589	102,720	--	102,720
Rental income	52,780	--	52,780	64,913	--	64,913
Net assets released from restrictions	504,526	(504,526)	--	--	--	--
Total Revenues, Gains and Support	<u>9,212,764</u>	<u>70,163</u>	<u>9,282,927</u>	<u>7,924,223</u>	<u>504,526</u>	<u>8,428,749</u>
Expenses						
Program services	7,688,874	--	7,688,874	5,619,629	--	5,619,629
Supporting services:						
Management and general	1,423,599	--	1,423,599	1,860,972	--	1,860,972
Fundraising	92,433	--	92,433	97,132	--	97,132
Total Expenses	<u>9,204,906</u>	<u>--</u>	<u>9,204,906</u>	<u>7,577,733</u>	<u>--</u>	<u>7,577,733</u>
Change in Net Assets	7,858	70,163	78,021	346,490	504,526	851,016
Net Assets, Beginning of Year	<u>636,212</u>	<u>504,526</u>	<u>1,140,738</u>	<u>289,722</u>	<u>--</u>	<u>289,722</u>
Net Assets, End of Year	<u>\$ 644,070</u>	<u>\$ 574,689</u>	<u>\$ 1,218,759</u>	<u>\$ 636,212</u>	<u>\$ 504,526</u>	<u>\$ 1,140,738</u>

The accompanying notes are an integral part of these financial statements.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2015

	Program Services					Total Programs	Supporting Services		Total Expenses
	Medical Services	Dental Services	Nutritional Services	Pharmacy Services	Patient Support		Management and General	Fundraising	
Salaries and wages	\$ 1,840,647	\$ 610,014	\$ 346,687	\$ --	\$ 383,328	\$ 3,180,676	\$ 734,536	\$ --	\$ 3,915,212
Payroll taxes	160,462	50,444	31,910	--	25,484	268,300	73,669	--	341,969
Fringe benefits	48,283	29,246	17,273	--	18,897	113,699	40,966	--	154,665
Total Salaries, Payroll Taxes and Benefits	2,049,392	689,704	395,870	--	427,709	3,562,675	849,171	--	4,411,846
Bad debts	--	--	--	--	--	--	119,796	--	119,796
Collection expense	184,832	37,596	3,418	--	--	225,846	--	--	225,846
Consultants	220,547	1,000	--	--	--	221,547	25,692	--	247,239
Data processing	46,601	34,506	172	16	--	81,295	65,163	--	146,458
Depreciation	42,266	41,944	--	--	277	84,487	100,169	--	184,656
Direct assistance to clients	387	--	1,858,332	--	--	1,858,719	--	--	1,858,719
Equipment lease	6,647	2,528	1,544	277	--	10,996	5,344	--	16,340
Insurance	79,919	26,310	2,777	326	--	109,332	41,326	--	150,658
Interest	--	--	--	--	--	--	18,082	--	18,082
Legal	--	--	--	--	--	--	6,548	--	6,548
Occupancy	87,164	25,933	24,944	3,759	3,534	145,334	84,236	--	229,570
Other expenses	242,585	4,832	6,863	734	3,673	258,687	32,385	92,433	383,505
Penalties	--	--	--	--	--	--	1,707	--	1,707
Professional expenses	34,838	12,272	9,918	65	2,772	59,865	19,781	--	79,646
Program supplies	183,466	183,481	93,358	175,275	17,942	653,522	13,072	--	666,594
Repairs and maintenance	111,715	20,360	5,320	747	1,943	140,085	10,305	--	150,390
RX dispensing fee	--	--	--	274,720	--	274,720	--	--	274,720
Stationery and printing	3,298	937	6,031	1,658	8,273	20,197	6,267	--	26,464
Travel and entertainment	4,506	25	508	--	364	5,403	719	--	6,122
Total Expenses Before Patient Support Allocation	3,298,163	1,081,428	2,409,055	457,577	466,487	7,712,710	1,399,763	92,433	9,204,906
Patient Support Allocation	250,014	170,845	19,521	2,271	(466,487)	(23,836)	23,836	--	--
Total Expenses	\$ 3,548,177	\$ 1,252,273	\$ 2,428,576	\$ 459,848	\$ --	\$ 7,688,874	\$ 1,423,599	\$ 92,433	\$ 9,204,906

The accompanying notes are an integral part of these financial statements.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2014

	Program Services					Total Programs	Supporting Services		Total Expenses
	Medical Services	Dental Services	Nutritional Services	Pharmacy Services	Patient Support		Management and General	Fundraising	
Salaries and wages	\$ 1,215,375	\$ 538,279	\$ 322,238	\$ --	\$ 270,635	\$ 2,346,527	\$ 710,368	\$ --	\$ 3,056,895
Payroll taxes	107,610	46,800	33,092	--	34,083	221,585	61,860	--	283,445
Fringe benefits	54,462	30,982	17,260	--	23,798	126,502	23,515	--	150,017
Total Salaries, Payroll Taxes and Benefits	1,377,447	616,061	372,590	--	328,516	2,694,614	795,743	--	3,490,357
Bad debts	--	--	--	--	--	--	643,525	--	643,525
Collection expense	119,016	61,856	3,798	--	--	184,670	--	--	184,670
Consultants	83,042	--	--	6,673	--	89,715	20,788	--	110,503
Data processing	53,173	42,586	170	--	--	95,929	604	--	96,533
Depreciation	40,314	38,004	--	--	77	78,395	61,583	--	139,978
Direct assistance to clients	--	--	1,053,036	--	--	1,053,036	--	--	1,053,036
Equipment lease	5,092	1,769	1,502	139	--	8,502	4,646	--	13,148
Insurance	96,779	17,829	2,578	172	--	117,358	12,276	--	129,634
Interest	--	--	--	--	--	--	24,877	--	24,877
Legal	--	--	--	--	--	--	51,907	--	51,907
Occupancy	55,497	20,917	26,697	2,905	2,426	108,442	70,942	--	179,384
Other expenses	121,622	5,117	7,265	304	1,826	136,134	33,549	97,132	266,815
Penalties	--	--	--	--	--	--	8,702	--	8,702
Professional expenses	9,150	3,222	2,863	--	2,913	18,148	53,262	--	71,410
Program supplies	194,255	163,770	93,609	183,656	1,548	636,838	19,139	--	655,977
Repairs and maintenance	85,220	11,549	15,526	1,702	--	113,997	25,642	--	139,639
RX dispensing fee	--	--	--	287,670	--	287,670	--	--	287,670
Stationery and printing	3,717	1,198	7,863	2,045	7,160	21,983	5,614	--	27,597
Travel and entertainment	100	--	558	--	--	658	1,713	--	2,371
Total Expenses Before Patient Support Allocation	2,244,424	983,878	1,588,055	485,266	344,466	5,646,089	1,834,512	97,132	7,577,733
Patient Support Allocation	183,121	121,392	12,253	1,240	(344,466)	(26,460)	26,460	--	--
Total Expenses	\$ 2,427,545	\$ 1,105,270	\$ 1,600,308	\$ 486,506	\$ --	\$ 5,619,629	\$ 1,860,972	\$ 97,132	\$ 7,577,733

The accompanying notes are an integral part of these financial statements.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

	2015	2014
Cash Flows from Operating Activities		
Change in net assets	\$ 78,021	\$ 851,016
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Depreciation	184,656	139,978
Bad debts	119,796	643,525
Changes in operating assets and liabilities:		
Decrease (increase) in:		
Medical accounts receivable	(168,994)	(617,619)
Grants receivable	(226,214)	128,161
Other current assets	21,687	140,051
Increase (decrease) in:		
Cash overdraft	(3,383)	(56,816)
Accounts payable	(165,118)	(132,191)
Accrued expenses	137,441	(130,963)
Deferred revenue	(1)	--
Net Cash (Used in) Provided by Operating Activities	<u>(22,109)</u>	<u>965,142</u>
Cash Flows from Investing Activities		
Purchase of equipment	<u>(133,173)</u>	<u>(208,371)</u>
Net Cash Used in Investing Activities	<u>(133,173)</u>	<u>(208,371)</u>
Cash Flows from Financing Activities		
Payments on notes payable	(120,278)	(101,767)
Payments on capital lease obligation	<u>(28,923)</u>	<u>(26,271)</u>
Net Cash Used in Financing Activities	<u>(149,201)</u>	<u>(128,038)</u>
Net (Decrease) Increase in Cash	(304,483)	628,733
Cash as of Beginning of Year	<u>628,733</u>	<u>--</u>
Cash as of End of Year	<u>\$ 324,250</u>	<u>\$ 628,733</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid for interest	\$ 18,082	\$ 24,877
Non-Cash Investing and Financing Activities		
Equipment acquired through issuance of notes payable	\$ 31,188	\$ --

The accompanying notes are an integral part of these financial statements.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

NOTE 1 – NATURE OF THE ORGANIZATION

Harvard Street Neighborhood Health Center, Inc. (the “Center”) was incorporated on September 1, 1976 under the laws of the Commonwealth of Massachusetts. It is a not-for-profit organization which operates an ambulatory care health facility to treat and prevent injury and disease and to develop and participate in activities designed to promote the general health of the urban community in Boston, Massachusetts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The Center prepares its financial statements in accordance with accounting principles generally accepted in the United States of America, which requires the application of the accrual basis of accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

BASIS OF PRESENTATION

The Center has presented its financial statements in accordance with accounting principles generally accepted in the United States of America for not-for-profit organizations. Under this guidance, the Center is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

UNRESTRICTED NET ASSETS

Unrestricted net assets represent those assets that are not subject to donor-imposed stipulations.

TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are those assets subject to donor-imposed stipulations that may or will be met whether by actions of the Center and/or the passage of time. When the restriction expires, the net assets are reclassified to unrestricted net assets.

PERMANENTLY RESTRICTED NET ASSETS

Permanently restricted net assets are those assets subject to donor-imposed stipulations that they be maintained permanently by the Center. Generally, the donors of these assets permit the Center to use all or part of the income earned on related investments for general or specific purposes. As of June 30, 2015 and 2014, the Center had no permanently restricted net assets.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

STATEMENTS OF CASH FLOWS

For purposes of the statements of cash flows, the Center considers all unrestricted cash held in demand accounts and cash held in savings accounts to be cash and cash equivalents.

MEDICAL ACCOUNTS RECEIVABLE AND GRANTS RECEIVABLE

Medical accounts receivable and grants receivable are stated at the amount management expects to collect from outstanding balances. Conditional grants receivable are not recognized until they become unconditional, that is, at the time when the conditions on which they depend are substantially met. Management provides for probable uncollectible amounts through a provision for doubtful accounts and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to medical accounts receivable or grants receivable.

Grants receivable that are expected to be collected within one year are recorded at their net realizable value. Grants receivable that are expected to be collected in future years are recorded at the present value of estimated future cash flows. The discount on grants receivable is computed using an appropriate discount rate commensurate with the risks involved. Amortization of the discount is included in grant revenue.

LAND, BUILDING AND EQUIPMENT

Land is carried at cost. Building and equipment are stated at cost at the date of acquisition or fair value at the date of donation, less accumulated depreciation. Depreciation on building and equipment is provided using the straight-line method over the estimated useful lives of the respective assets, ranging from 5 to 40 years.

Purchases are determined to be capital expenditures based on the Center's policy of capitalizing assets acquired at a cost (or, if donated, at fair value) exceeding \$2,000. Those items which are not determined to be capital expenditures are charged to operations as incurred or on the date of donation.

Maintenance and repairs are expensed as incurred. Expenditures that significantly increase asset values or extend useful lives are capitalized. Upon retirement, sale or other disposition of property and equipment, the cost and accumulated depreciation are eliminated from the accounts, and gains or losses are included on the statements of activities.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

IMPAIRMENT OF LONG-LIVED ASSETS

Long-lived assets to be held and used by the Center are reviewed for impairment when events or changes in circumstances indicate that the carrying value of the asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. The fair value of the asset is measured using available market prices. There were no impairment charges taken during the years ended June 30, 2015 and 2014.

NET PATIENT SERVICE REVENUES

Patient service revenues are reported in the period in which services are performed at established rates, net of uncompensated care and contractual adjustments.

CONTRIBUTIONS

The Center reports unrestricted contributions as unrestricted revenue and net assets when received or unconditionally promised. Contributions are reported as temporarily restricted support if they are received or unconditionally promised with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of activities as net assets released from restrictions. When long-lived assets are placed in service, thus satisfying purpose restrictions, the amount is included as a change in net assets, restricted and unrestricted.

DONATED ASSETS AND SERVICES

Donated marketable securities and other noncash donations are recorded as gifts-in-kind at their estimated fair value at the date of donation. For the years ended June 30, 2015 and 2014, the Center did not receive any donated assets.

Donated services are recognized as gifts-in-kind if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Center. During the years ended June 30, 2015 and 2014, the Center did not receive any donated services requiring recognition.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INCOME TAXES

The Center is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and Massachusetts income taxes on related income pursuant to Section 501(a) of the Code. The Center is, however, subject to the tax on unrelated business income, if any such income exists. The Center had no unrelated business income during the years ended June 30, 2015 and 2014. In addition, the Center qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a).

The Center recognizes and measures its unrecognized tax positions and assesses the likelihood, based on their technical merit, that tax positions will be sustained upon examination based on the facts, circumstances and information available at the end of each period.

The measurement of unrecognized tax positions is adjusted when new information is available, or when an event occurs that requires a change. Interest and penalties associated with unrecognized tax positions, if any, would be classified as additional income taxes in the consolidated statements of activities. The Center did not identify any uncertain tax positions at June 30, 2015 and 2014. The Center is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress.

USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing the Center's various programs and activities have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

ADVERTISING EXPENSE

The Center expenses advertising costs as incurred. Advertising expense were \$33,828 and \$43,160 for the years ended June 30, 2015 and 2014, respectively.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

SUBSEQUENT EVENTS

Subsequent events have been evaluated through November 16, 2015, which is the date the financial statements were available to be issued.

NOTE 3 - OTHER CURRENT ASSETS

Other current assets consist of the following as of June 30, 2015 and 2014:

	2015	2014
Non-trade receivables, net	\$ 19,470	\$ 21,978
Supplies inventory	45,433	41,572
Prepaid insurance	36,697	22,268
Prepaid expenses - other	6,000	43,469
	<u>\$ 107,600</u>	<u>\$ 129,287</u>

On October 26, 2006, the Center sold one of its real estate properties located at 130 River Street, Dorchester, Massachusetts. As part of the sale, the Center received a note receivable in the amount of \$146,843 at an annual interest rate of 9%, included within non-trade receivables. Payment in full was due and payable on January 1, 2012. The note was secured by a second mortgage on the property. As of June 30, 2013, payment of principal and interest had not been received by the Center.

Interest accrued and outstanding, included in non-trade receivables, amounted to \$83,757 for the year ended June 30, 2013. Additionally, as of June 30, 2013, the Center had recorded a \$27,919 allowance against the accrued interest receivable and a \$36,711 allowance against the note receivable, respectively. During the year ended June 30, 2014, the Center reached an agreement with the debtor in which the Center received \$100,000 to fully satisfy the debt. The remaining balance, along with the accrued interest, totaling \$65,970 was written off by the Center during the year and charged to management and general expenses in the Statements of Functional Expenses.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

NOTE 4 - LAND, BUILDING AND EQUIPMENT

Land, building and equipment consist of the following as of June 30, 2015 and 2014:

	2015	2014
Land	\$ 107,154	\$ 107,154
Building	525,962	525,962
Building improvements	570,848	541,461
Equipment	1,198,735	1,138,527
Furniture and fixtures	410,158	402,517
Computer software	424,111	356,988
Autos and trucks	<u>42,225</u>	<u>42,225</u>
Total land, building, and equipment	3,279,193	3,114,834
Less: accumulated depreciation	<u>(2,566,297)</u>	<u>(2,410,058)</u>
Land, building, and equipment, net of accumulated depreciation	<u>\$ 712,896</u>	<u>\$ 704,776</u>

Depreciation expense on building and equipment amounted to \$156,241 and \$111,563 for the years ended June 30, 2015 and 2014, respectively.

NOTE 5 - EQUIPMENT HELD UNDER CAPITAL LEASE

The Center leases office equipment under leases which have been classified as capital leases. Equipment under these capital leases has a gross cost of \$85,245 at June 30, 2015 and 2014, and accumulated depreciation of \$63,934 and \$35,519 at June 30, 2015 and 2014, respectively.

Depreciation of the equipment under capital leases is calculated based on the life of the lease, or thirty-six months, using the straight-line method. The depreciation expense for the years ended June 30, 2015 and 2014 was \$28,415.

Future minimum lease payments under these capital leases are as follows:

Year Ending June 30,

2016 \$ 23,780

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

NOTE 6 - NOTES PAYABLE

A mortgage note payable to Rockland Trust in the original amount of \$333,150 dated February 21, 2008, is payable in monthly payments of principal and interest based upon a seven year amortization. The note has an annual fixed interest rate of 7% and matured on March 13, 2015. The note was paid in full as of June 30, 2015.

The note was collateralized by (1) a first mortgage to the land and building located at 632 Blue Hill Avenue, Dorchester, MA, (2) a first and exclusive lien of assignment of the rents, leases and profits which may be realized in connection with properties, and (3) a first security interest in all business assets associated with real estate including all articles of personal property, equipment, fixtures and all improvements thereon whether now or existing later. In addition, the note had various other covenants to include full payment if the building is sold.

A second mortgage note payable was issued from Rockland Trust in the original amount of \$250,000, payable in monthly installments of interest only at 7.5%, maturing on April 13, 2024. The note is secured by a second security interest in the Center's business assets.

On May 18, 2012, a note payable to finance the purchase of dental equipment was issued from ProHealth Capital in the original amount of \$40,071. The note is payable in monthly payments of principal and interest of \$1,114 commencing on July 1, 2012 based upon a three year amortization. The note has an annual fixed interest rate of 6.6% and matured on June 1, 2015. The note was paid in full as of June 30, 2015.

On July 31, 2014, a note payable to finance the purchase of dental equipment was issued from ProHealth Capital in the original amount of \$31,188. The note is payable in monthly payments of principal and interest of \$99 for six months commencing on February 2, 2015 and \$763 for forty-eight months commencing August 3, 2015 based upon a five year amortization. The note has an annual fixed interest rate of 5.99% and matures on July 1, 2019. The note is secured by the financed dental equipment.

Notes payable consist of the following as of June 30, 2015 and 2014:

	2015	2014
Mortgage note payable to Rockland Trust	\$ --	\$ 44,320
Second mortgage note payable to Rockland Trust	149,191	215,171
Note payable to ProHealth Capital	<u>30,693</u>	<u>9,483</u>
Total notes payable	179,884	268,974
Less: notes payable - current portion	<u>4,965</u>	<u>53,803</u>
Notes payable - non-current	<u>\$ 174,919</u>	<u>\$ 215,171</u>

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

NOTE 6 - NOTES PAYABLE (CONTINUED)

Maturities of the notes payable are as follows:

<u>Years Ending June 30,</u>	
2015	\$ 4,965
2016	7,831
2017	8,313
2018	8,825
2019	759
Thereafter	<u>149,191</u>
	<u>\$ 179,884</u>

NOTE 7 – TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes at June 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Carney Hospital	\$ 259,873	\$ 114,489
Behavioral health integration	135,908	138,822
Outreach and enrollment	54,754	114,947
Medical home	52,198	--
Enhancing business strategy and operational capacity	36,957	86,268
Website development	<u>35,000</u>	<u>50,000</u>
	<u>\$ 574,690</u>	<u>\$ 504,526</u>

NOTE 8 - THIRD-PARTY REIMBURSEMENT

The Center has reimbursement agreements with the Commonwealth of Massachusetts under the Medicaid Program and with private insurance carriers. These agreements provide for services rendered to patients covered by these programs based on allowable costs. In addition, the state has extended its uncompensated care funding to partially offset the uncompensated care experience at community health centers.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

NOTE 9 - LEASE COMMITMENTS

OPERATING LEASES

During the year ended June 30, 2014, the Center entered into an operating lease agreement for the lease of office equipment that expires in December 2019. The lease expense for the years ended June 30, 2015 and 2014 was \$10,416 and \$5,208, respectively.

Future minimum lease payments under these operating leases are as follows:

<u>Years Ending June 30,</u>	
2016	\$ 10,416
2017	10,416
2018	10,416
2019	<u>5,208</u>
	<u>\$ 36,456</u>

The Center is also a tenant-at will at several facilities located in the Dorchester, Roxbury and Mattapan neighborhoods of Boston. Rent expense for these facilities for the years ended June 30, 2015 and 2014 was \$84,846.

NOTE 10 - CONCENTRATIONS

CONCENTRATIONS OF CREDIT RISK

Financial instruments which potentially expose the Center to concentrations of credit risk consist primarily of accounts receivable and grants receivable. The risk of loss associated with these receivables is limited to the amount owed to the Center. Management believes that the risk of loss is minimal.

CONCENTRATION OF ACCOUNTS RECEIVABLE

Amounts receivable from three third-party payers amounted to 50% and 52% of total accounts receivable as of June 30, 2015 and 2014, respectively. Amounts receivable from a single third-party payer amounted to 28% of the total accounts receivable as of June 30, 2015.

CONCENTRATION OF SOURCE OF REVENUE

The Center received approximately 26% and 19% of its revenues from Commonwealth of Massachusetts funding sources during the years ended June 30, 2015 and 2014, respectively.

HARVARD STREET NEIGHBORHOOD HEALTH CENTER, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

NOTE 11 - CONTINGENCIES

Certain claims and complaints arising in the ordinary course of business have been filed or are pending against the Center. In the opinion of management, all such matters are without merit or are of such kind, or involve such amounts, as would not have a significant effect on the financial position or results of operations of the Center is disposed of unfavorable.



Proposal for 8 Old Road & 14 Ellington Street

Exhibit 4 – Firm Profile for Isgenuity –Project Architect



overview

ISGENUITY LLC

321 Summer Street
Suite 401
Boston, MA, 02210

Contact: Martin Batt AIA, RIBA
Email: mbatt@isgenuity.com
Tel: 617 419 4662 or 781 540 9047

TYPE OF ENTITY

Limited Liability Corporation

YEAR ESTABLISHED

2001

STAFF PROFILE

Employees: 25
Registered Architects: 7
Interior Designers: 2

CONSULTING SERVICES PROVIDED

Planning, Architecture, Interiors, LEED, Furniture, Standards
Development

SPECIALTIES

Healthcare, Oncology, Medical Research, Academic, Academic
Research, Life Sciences, Biotechnology, Hospitality, Residential.



Martin Batt, AIA, RIBA

President

MARTIN J. BATT, AIA, RIBA PRESIDENT AND FOUNDER of Isgenuity is the driving force behind one of the next generation of architecture practices in the New England area. Having established the firm in 2001, he has been responsible for directing the design and management of all firm projects and activities. His commitment to a client-centered practice that is technically competent while providing elevated design focus has produced a body of work that is both sophisticated and enlightened.

Martin is an internationally educated and trained architect with extensive experience in the planning and designing of healthcare and academic projects. His professional academic qualifications were completed at the University of Melbourne, Australia where he was awarded the 1990 Royal Australian Institute of Architects Silver Medallion for most outstanding architectural student. Additional academic training included studies at the South Bank University in London and he is registered in the United Kingdom as well as throughout New England.

Professionally, Martin has experience working in Australia, the UK and the USA. Highlights include working on the 1996 Melbourne Olympic Bid, and 333 Collins Street Tower in Australia as well as the Island Health Medical Center and the home and offices of Sir Andrew Lloyd Webber in London prior to his experience in the USA.

EDUCATION

University of Melbourne, Australia, Bachelor of Architecture, with Honors; Bachelor of Planning and Design

EXPERIENCE

As founder and president of ISGENUITY, Martin has established a strong reputation for well-designed and carefully managed projects. His designs create spaces that are rich in color, light, and material exploration. He is an internationally educated and trained architect with extensive experience in planning and designing healthcare and academic projects.

ADDITIONAL EXPERIENCE

Payette, Boston, MA, 1997-2001
 HMFH Architects, Cambridge, MA, 1994-1997
 John Duane Architects/Anthony Paul Landscape, London, UK, 1990-1994
 Nelsen Partners, Offsite 333 Collins Street, Melbourne, Australia, 1989-1990
 Philip Cox Associates, Melbourne, Australia, 1988

PROFESSIONAL

Registered Architect, UK, USA-Connecticut, Massachusetts, New Hampshire, New York, Rhode Island, Vermont
 NCARB Certified
 ARCUK Certified (Architects Registration Council of the United Kingdom)

LECTURE

Ellison Pierce Symposium, Boston, MA, "O.R. of the Future" May 2009
 American Academy of Anesthesiologists Conference, New Orleans, LA,
 "Designing Spaces for the Use of Anesthesia in Remote Locations," October 2009, 2010
 NEHES, "Community Health Centers & Urban Renewal" 2012
 MedEd, "Designing for an Aging Population: New Emergency Departments on Cape Cod", 2016

ASSOCIATIONS

Boston Society of Architects/AIA, Member, 1997-present
 Royal Institute of British Architects/RIBA, Member, 1993-present

AWARDS

Royal Australian Institute of Architects Silver Medallion for
 Most Outstanding Architecture Student in All Schools, 1990

CIVIC ACTIVITIES

Needham Downtown Study Committee, Member 2007
 YMCA of Greater Boston, Board Member Charles River Branch, 2005-2009



Dena Zyroff, AIA, CDT

Associate Principal

DENA ZYROFF, AIA, ASSOCIATE PRINCIPAL joined Isgenuity in 2007. Since then she has contributed her substantial design, planning and management experience on significant federally qualified health center projects. An architect with over 16 years of experience, she has successfully managed multifaceted projects at a variety of scales for many clients.

EDUCATION

Harvard University Graduate School of Design, Master of Architecture

Columbia College, Columbia University, Bachelor of Arts, Cum Laude

EXPERIENCE

Boston Children's Hospital, Department of Medicine and Developmental Medicine Center Renovations

Boston Medical Center, Facilities Department Renovations

Brockton Neighborhood Health Center, Outpatient Clinical Building Expansion

Charles River Community Health, 495 Western Avenue, New Community Health Center

Dana-Farber Cancer Institute, Population Sciences Department Relocation, Lab Renovations

Joslin Diabetes Center, Translational Center for the Cure of Diabetes, Lab and Clinical Renovations

Harvard T. H. Chan School of Public Health, Active Learning Classrooms and Lab Renovations

Quincy Medical Center, Emergency Department Renovation

Newton-Wellesley Hospital, Renovations including Pharmacy Improvements and Satellite Clinics

University of New Hampshire, Chemistry Lab Swing Space

ADDITIONAL EXPERIENCE

Dena Zyroff Architect, Sharon, MA, 2003-2007

Payette, Boston, MA, 1999-2003

PROFESSIONAL

Registered Architect, Massachusetts

NCARB Certified

CSI Construction Documents Technology Certificate

ASSOCIATIONS

Boston Society of Architects/AIA, Member, 2003-present



Andy Smith, AIA, LEED AP

Associate

ANDY SMITH, ASSOCIATE joined ISGENUITY in 2010. Since he has been a key member on some of the most prestigious healthcare projects including Charles River Community Health in Brighton, MA. In addition to being a broadly experienced architect, he leads a number of initiatives within the office including overseeing our graphics and technology.

Andy received his B.S. in Architecture from the University of Virginia, and his Master of Architecture from the University of Michigan.

EDUCATION

University of Michigan, Taubman College of Architecture + Urban Planning

Master of Architecture with High Distinction

University of Virginia Bachelor of Science, Architecture

EXPERIENCE

Charles River Community Health, New Brighton Clinic - 495 Western Avenue

Cambridge Health Alliance, Property Planning

Cape Cod Healthcare, Lorusso Emergency Center and Falmouth Hospital Emergency Center

East Boston Neighborhood Health Center, Winthrop Community Health Center, 20 Maverick Square, Barnes School Renovations, Orleans Street Call Center and 10 Gove Street Masterplanning

ADDITIONAL EXPERIENCE

Martha Schwartz, Inc., Cambridge, MA, 2008-2010

M1/dtw, Detroit, MI, 2007

Cannon Design, Inc., Arlington, VA, 2004-2005

Richard Leggin Architects, Glen Echo, MD, 2003-2004

3NORTH, Richmond, VA, 2001-2003

PROFESSIONAL

Registered Architect, Massachusetts

NCARB Certified

LEED Accredited Professional

ASSOCIATIONS

Boston Society of Architects/ AIA, Member, 2013-present

Winthrop Community Health

EAST BOSTON NEIGHBORHOOD HEALTH CENTER
BOSTON MEDICAL CENTER
Winthrop, MA

This new outpatient clinic provides a full range of patient-centered services, offering the Winthrop community the highest quality care. The existing warehouse structure was renovated into a sophisticated new state-of-the-art clinic including family medicine, physical and occupational therapies. East Boston Neighborhood Health Center and Boston Medical Center teamed up to provide a facility that balances clinical requirements while enhancing patient experience.

A new community health center close to home.



COMPLETION: Summer 2016

SIZE: 8,000 SF

KEY SPACES:

Family Medicine
Physical Therapy
Occupational Therapy

Charles River Community Health

495 WESTERN AVENUE
Brighton, MA



New flagship facility provides patient-centered care to its community.

Charles River Community Health (formerly Joseph M. Smith Community Health Center) has been providing quality health care for the community of Allston/Brighton since 1974. In 2012, the Center began the process of developing a new flagship facility to replace the series of rented spaces out of which they operated.

The new facility consolidates multiple sites under one roof, thereby allowing the Center to provide comprehensive health services at a single location. ISGENUITY designed the clinic floor to support the patient-centered medical home model of practice used in the facility, which entails multiple caregivers working out of a single multi-service-based clinic floor.

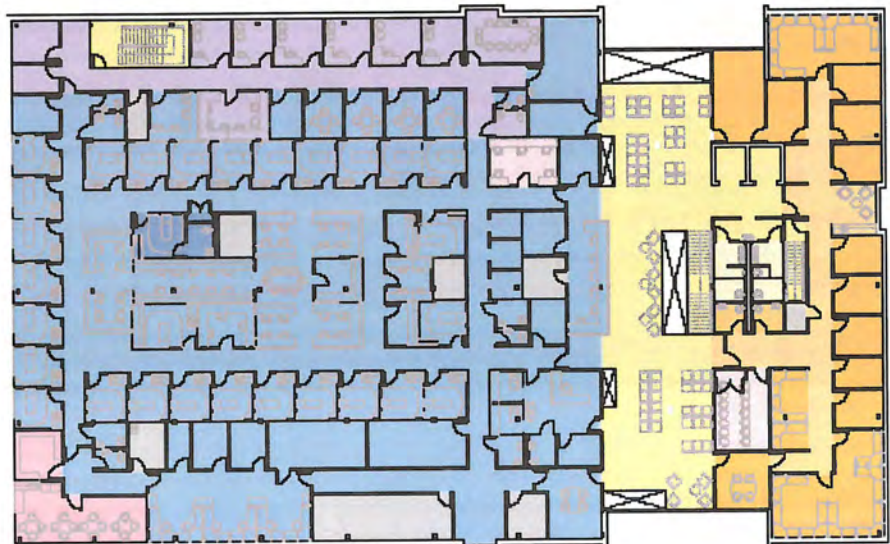
The project includes spaces for dentistry, optometry, mental health, and family medicine, as well as a pharmacy. It also takes full advantage of its location near the Charles River; all patient waiting spaces are situated in a central space that overlooks the river.

COMPLETION: 2015

SIZE: 47,000 NSF

KEY SPACES:

- Clinic
- Dental
- Optician
- Pharmacy
- Community Space
- Administration offices

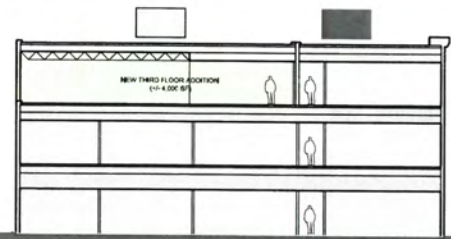


Bowdoin Street Health Center

BETH ISRAEL DEACONESS MEDICAL CENTER
Dorchester, MA

Creative vertical expansion allows for growth of innovative Health and Wellness Center.

This project includes the planning and design for the expansion and selected renovations of an urban community health center. The growing programs and increased volumes required more space to better serve the community. ISGENUITY achieved this goal by creatively expanding the third floor for a Health and Wellness Center including a demonstration kitchen and exercise space.



Section of Third Floor Expansion on Existing Building



COMPLETION: 2015

SIZE: 3,200 NSF addition
4,125 NSF renovation

KEY SPACES:

Health and Wellness Center
Demonstration Kitchen
Clinics and Support
OB/GYN Expansion

20 Maverick Square

EAST BOSTON NEIGHBORHOOD HEALTH CENTER
East Boston, MA

This new four-story facility provides a comprehensive neighborhood health center for the greater East Boston area. Adhering to the hospital's community-centered mission, the design aims to respond to the local architectural style of brick and masonry buildings. The ground floor is open and visible to encourage access to both clinics and retail programs.

New, well-integrated LEED Gold community health center offers health services and retail to a busy city square.



COMPLETION: April 2012

SIZE: 49,000 GSF

KEY SPACES:

Clinics + Support
Family Medicine
Dental
OB/GYN
Ophthalmology
Administration



MAVERICK SQUARE ENTRANCE



SHUTTLE DROP-OFF ENTRANCE

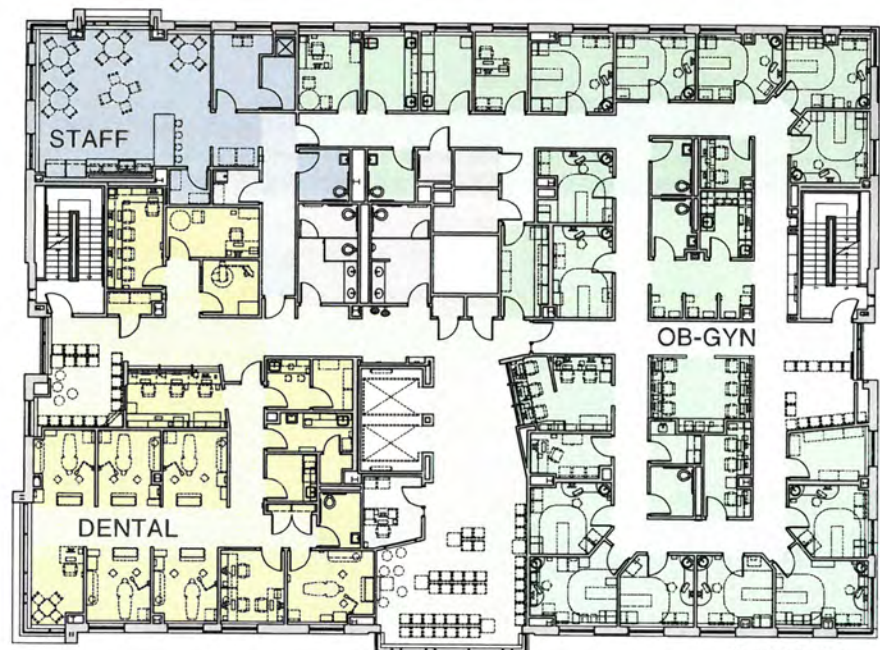
20 Maverick Square cont.

EAST BOSTON NEIGHBORHOOD HEALTH CENTER
East Boston, MA



Key programs include Family Medicine, Dental, OB-GYN and Ophthalmology. The administrative and support offices on the fourth floor of the building also include training and educational spaces. ISGENUITY arranged clinics on the ground, second, and third floors with waiting areas overlooking Maverick Square. Circulation areas also benefit from views to the exterior, taking advantage of the Center's appealing location near the harbor and downtown Boston.

The health center is very community-based; therefore, ISGENUITY intended to emphasize its demographic as much as possible through its design. We designed the interior of the center to reflect the multicultural nature of the local community with colorful and bright spaces. The local artist community was engaged to participate in the interior of the building, complementing the overall palette with original artistic works.



3rd Floor Plan

COMPLETION: April 2012

SIZE: 49,000 GSF

KEY SPACES:

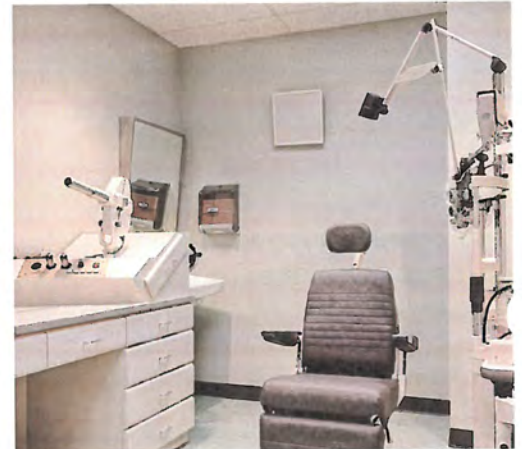
Clinics + Support
Family Medicine
Dental
OB/GYN
Ophthalmology
Administration

Health Center Expansion

BROCKTON NEIGHBORHOOD HEALTH CENTER
Brockton, MA

This four-story addition is the third phase of construction for the rapidly growing Brockton Neighborhood Health Center. The addition adds approximately 6,000-sf per floor and enables the introduction of new programs including an Eye Clinic and Behavioral Health Center as well as the expansion of existing primary care services. The addition is directly modeled after the original building to facilitate the assimilation of existing and new spaces.

Addition increases space for new programs at neighborhood health center.



PROJECT COMPLETION: 2012

**SIZE: 24,000 NSF addition
8,000 NSF renovation**

KEY SPACES:
Public Spaces
Dental Clinic
Eyecare Clinic

Health Center Expansion

LYNN COMMUNITY HEALTH CENTER
Lynn, MA

As part of a federal initiative to provide stimulus funding to underserved community health centers, Lynn Community Health Center successfully secured grant funding for the expansion of its clinics. ISGENUITY designed clinical, staff, and administrative functions on three floors for the roughly 25,000-sf fitout project. Lab and imaging functions were designed in coordination with Partners/North Shore Medical Center. Adherence to strict construction milestones enabled the team to synchronize the completion of the core and shell project under a separate contract.

Clinic expansion provides improved access to care at the heart of an urban community.



SECOND FLOOR



BASEMENT

COMPLETION: February 2012

SIZE: 25,000 SF Fitout

KEY SPACES:

- Dental Clinic
- Primary Care Clinic
- Imaging Center
- Lab
- Call Center
- Multipurpose Room



Proposal for 8 Old Road & 14 Ellington Street

**Exhibit 5 – Profiles of Recent DBEDC Projects – Development
Consultant**

QUINCY HEIGHTS

Dorchester, MA

PROJECT TYPE	Residential
SIZE	80 Units: Full Renovation 49 Units: New Construction
COST	\$56 Million
COMPLETION DATE	December 2014
CONSTRUCTION HIRING	Boston Residents: 57% Minority Workers: 68% Female Workers: 6%
SUBCONTRACTORS	Minority-Owned Businesses: 45% Female-Owned Businesses: 9%



PROJECT DESCRIPTION & SPECIAL FEATURES

Dorchester Bay Economic Development Corp. in partnership with Quincy-Geneva Housing Development and United Housing Management redeveloped 129 apartments for low and moderate income families in 16 buildings. Total project investment was \$56M.

Quincy Heights was one of only five HUD CHOICE Neighborhoods Implementation Grants awarded in the inaugural round of this federal program.

Special features of the project included substantial green/sustainable design features for all buildings to exceed LEED Silver standards, on-site technology center, and integrated supportive services programming. One building was built to near net-zero standards using a combination of solar and thermal panels, thicker wall assembly, improved windows and doors, and more.

Financing included 9% LIHTC from Enterprise, Tax Exempt Debt from Mass Housing, Soft Debt from Choice Neighborhoods, City of Boston (HOME and NHT), State of MA (AHT), Brownfield funding from Mass Development, and AHP through Boston Private Bank.



DUDLEY VILLAGE

Roxbury, MA



PROJECT TYPE

Mixed-Use Residential & Commercial

SIZE

50 Units: New Construction
6,260 sf Ground Floor Retail

COST

\$22 Million

COMPLETION DATE

2009



PROJECT DESCRIPTION & SPECIAL FEATURES

Located only 1/4 mile away from the Upham's Corner train station, this eco-friendly mixed-use development was built on five remediated infill sites. The project meets the BRA's goals for transit-oriented development and provides its residents with outdoor play areas, extra green space, and community activity rooms. Over 6,000 s.f. of commercial space has helped build Dudley Street's commercial activities and employ more local residents.

Residents at Dudley Village have been involved in many environmental education and community building efforts including: community tree planting of 17 trees, a community built playground, a youth solar cooker education workshop, a compact florescent bulb exchange, youth summer camps, computer training programs, the Fairmount EJ Transit Fellow program, and reclaiming a neglected neighborhood park.

Special features of Dudley Village include Photovoltaic Solar Arrays, high-efficiency heating systems, rain gardens, high-performance insulation, water-conserving fixtures such as tankless water heaters, low-VOC paints, and much more.

Financing included 9% LIHTC and NMTC through MHIC, Hard Debt from MHP, Soft Debt from the City of Boston (HOME) and the State of MA (AHT, HSF, Home Funders, TOD) and AHP.



BORNSTEIN & PEARL FOOD PRODUCTION CENTER



Dorchester, MA

PROJECT TYPE	Light Industrial
SIZE	36,000 s.f.
COST	\$14.5 Million
COMPLETION DATE	April 2014
CONSTRUCTION HIRING	Boston Residents: 55% Minority Workers: 60% Female Workers: 12%
SUBCONTRACTORS	Minority-Owned Businesses: 45% Female-Owned Businesses: 19%



PROJECT DESCRIPTION & SPECIAL FEATURES

Dorchester Bay Economic Development Corporation, in collaboration with Commonwealth Kitchen, redeveloped the former Pearl Meats Factory into a shared-use and multi-tenant food business incubator space.

Special features of the project include a large shared kitchen providing hourly rental opportunities for up to 40 start-up/early-stage food businesses, a separate commissary with staff to support 8-10 independently-run food trucks as well as contract processing for local institutions and restaurants, 6-8 spaces for established food business to rent their own space, shared common spaces including offices, lockers, break rooms and loading, on-site business support, coordinated efforts to maximize opportunities for local residents including formal partnerships with job training organizations and business TA providers, and much more.

Financing included NMTC from LISC/PNC Bank, debt from BCC, the City of Boston and CEI, soft money from MassWorks, OCS, and HUD Choice, as well as a variety of other public and private sources.



photo credit: © Don West | fotografiks



COTTAGE BROOK

Dorchester, MA



PROJECT TYPE

Residential

SIZE

147 Units: Mod-Rehab
6,260 sf Ground Floor Retail

COST

\$61 Million

COMPLETION DATE

July 2017



PROJECT DESCRIPTION & SPECIAL FEATURES

With 147 apartments in 19 buildings, Cottage Brook Apartments is the largest project in DBEDC's portfolio. All of the buildings within the Cottage Brook Apartments complex are at least 90 years old, with unit sizes ranging from studios to six bedrooms. Dorchester Bay acquired the property in 1994 to ensure that affordable rental units continued to be available in the Dudley Triangle Neighborhood.

The renovation includes replacing kitchen finishes and appliances, selective bathroom renovations, repairing walls and ceilings, and leveling sloped floors. On the exterior, all 19 buildings will have repairs made to damaged entry stairs, window sills and headers, façade repairs, 100% window replacement, air sealing at perimeter of all buildings, and roof replacement. All buildings are also receiving extensive building and safety system upgrades, including fire sprinkler, fire alarms, detectors, and pull stations, addition of carbon monoxide detectors, replacing the main electrical service and switch gear, new light fixtures, and security upgrades.

Green features of interest include significant air infiltration reduction energy efficient appliances and lighting, roof replacements to improve energy efficiency and reduction of the heat island effect, and more. The project will aim to receive Green Communities Certification on several of its buildings.





Proposal for 8 Old Road & 14 Ellington Street

**Exhibit 6 – HSNHC Clinic License and Controlled Substance
Registration**



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH

CLINIC LICENSE

In accordance with the provisions of the General Laws, Chapter 111, Sections 51-56 inclusive, and the regulations promulgated thereunder, a license is hereby granted to:

Harvard Street Neighborhood Health Center, Inc.

Name of Applicant

for the maintenance of

Harvard Street Neighborhood Health Center, 632 Blue Hill Avenue, Dorchester, MA 02121

Name and Address of Clinic

and Satellites as listed below.

The license is valid until March 30, 2017, subject to revocation or suspension, either wholly or with respect to a specific service or specific services, or a part or parts thereof.

SERVICES(S):

- Medical
- Surgical
- Dental
- Mental Health
- Physical Rehabilitation
- Substance Abuse
- Birth Center
- Mobile Medical
- Radiology (MRI)
- Pharmacy
- Limited Services

Adolescent Child Life Center

895 Blue Hill Avenue

Dorchester, MA 02124

Services: Medical & Mental Health

SATELLITE(S)

Commissioner of Public Health

March 31, 2015

Date Issued

LICENSE No

4141

POST CARD VINCENSOUSLY



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
99 CHAUNCEY STREET, 11TH FLOOR, BOSTON, MA 02111

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0113718	09/15/2016	09/15/2017	Clinics
SCHEDULES II,III,IV,V,VI			

ISSUED TO
 HARVARD STREET NEIGHBORHOOD HEALTH CENTER
 632 BLUE HILL AVENUE
 DORCHESTER, MA 02121
 ATTN: CHARLES A. MURPHY PRESIDENT/CEO

MBR

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

708652



CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0113718	09/15/2016	09/15/2017	Clinics
SCHEDULES II,III,IV,V,VI			

ISSUED TO
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 632 BLUE HILL AVENUE
 DORCHESTER, MA 02121
 ATTN: CHARLES A. MURPHY PRESIDENT/CEO

MBR

RENEWAL



Proposal for 8 Old Road & 14 Ellington Street

Exhibit 7 – Community Support - Petition

**PETITION OF SUPPORT FOR
HARVARD STREET NEIGHBORHOOD HEALTH CENTER'S PROPOSAL FOR THE
PROPERTY AT 8 OLD ROAD & 14 ELLINGTON STREET IN DORCHESTER**

I strongly support Harvard Street Neighborhood Health Center's (HSNHC's) Proposal for the property at 8 Old Road & 14 Ellington Street in Dorchester to develop a new, state-of-the-art health center that will allow staff to expand services. As a community member, I understand there is a great need for primary and specialty care services in this area. HSNHC is a community partner working with many of the local grassroots groups to understand community needs and provide services to address these issues. For these reasons, I strongly support HSNHC's Proposal for the property at 8 Old Road & 14 Ellington Street in Dorchester, so the health center may increase services for patients and families.

- | | |
|----------------------------|---------------------------------|
| 1. <u>Niatanis Liviano</u> | 11. <u>Maria J. Silva</u> |
| 2. <u>Veronica Hinds</u> | 12. <u>Kawell Valdes</u> |
| 3. <u>Jason Roach</u> | 13. <u>Kileen Kenner</u> |
| 4. <u>Shamania Roach</u> | 13. <u>Alicia KA</u> |
| 5. <u>Angela Galay</u> | 14. <u>Olivia Clarke</u> |
| 6. <u>Latisha Kenner</u> | 15. <u>Alisha Bailey</u> |
| 7. <u>Mousumi Sengupta</u> | 16. <u>Quintance Butler</u> |
| 8. <u>Nadene Dorca</u> | 17. <u>Magueline G. Johnson</u> |
| 9. <u>DEBRA FARRZELL</u> | 18. <u>Carmin R. Morales</u> |
| 10. <u>Meena Carr</u> | 19. <u>Mandela G.</u> |

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- | | |
|------------------------------|----------------------------|
| 1. <u>Bob Brown</u> | 11. <u>Ralph</u> |
| 2. <u>Jessie Damashana</u> | 12. <u>Jacqueline Cain</u> |
| 3. <u>Dejazon Bellita</u> | 13. <u>Alek Glin</u> |
| 4. <u>Ginnariss Blackall</u> | 13. <u>Margaret Minter</u> |
| 5. <u>Joes Lopez</u> | 14. <u>Asia Edwards</u> |
| 6. <u>Maui Chippin</u> | 15. <u>Mae Bishop</u> |
| 7. <u>Rosemonde Thimote</u> | 16. <u>Maria Brooks</u> |
| 8. <u>Tanya Dubuisson</u> | 17. <u>Ry G</u> |
| 9. <u>Guendel Saviken</u> | 18. <u>Tricudiyen</u> |
| 10. <u>Christie Thomas</u> | 19. <u>Mmele Pen</u> |

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1. Merline Johnson

2. Erin Williams

3. Jill K. Basset

4. [Signature]

5. Minnie McFarlane

6. Helen Sefid

7. Antonia Davis

8. Saafa Abdul-Khalig

9. Rosa Kocis

10. [Signature]

11. Agatha Luzon

12. Rep. Lin Malia

13. Marie L. Carr

13. Arlene Carr

14. [Signature]

15. Michael Tejada

16. Maica Ruiz

17. Yasber Ruiz

18. Karely

19. Anthony

20. Maria Precis

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1. [Signature]

2. Torian Bateau

3. [Signature]

4. At no M no

5. Daniel Rivera

6. [Signature]

7. Jocelyn Trado

8. Joyce Coburn

9. Manara Lopez

10. [Signature]

11. Bonnie Espino

12. Michael Kincade

13. Kate Gray

13. Catherine Louis

14. [Signature]

15. [Signature]

16. Claudio Liranzo

17. [Signature]

18. Nan Murphy

19. James Rankin

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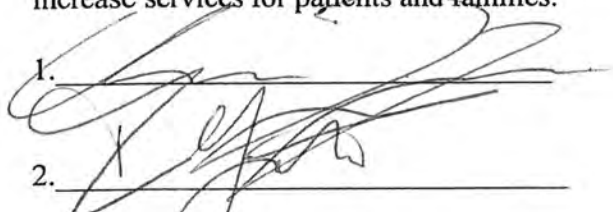
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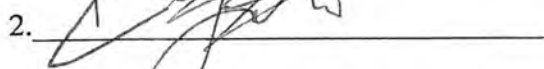
1. Jessica Wynms
2. Mel Shapiro
3. Lindsay Wass
4. Glenys Palomino
5. Enriquez-Li
6. Marie Girard
7. K-G-S
8. Mex
9. Eva Sacksoal
10. Barbara L. Con

11. Amethyst Carey
12. Ano Blane As
13. Bojo
13. Chellita
14. Christine
15. [Signature]
16. Angela
17. Christeen Keely
18. Cedric Annica
19. [Signature]

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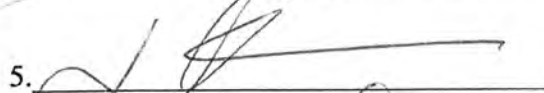
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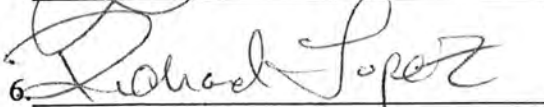
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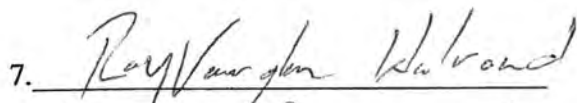
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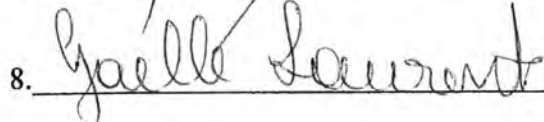
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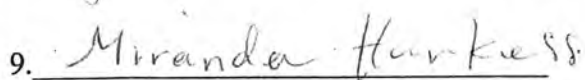
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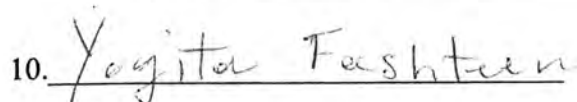
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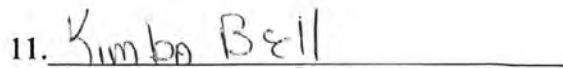
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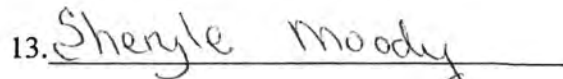
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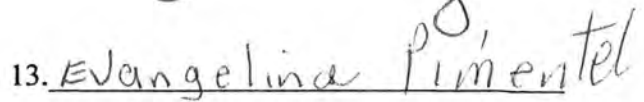
9. 

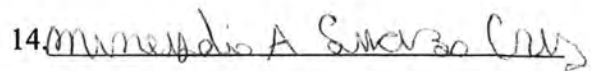
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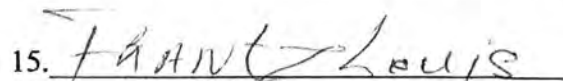
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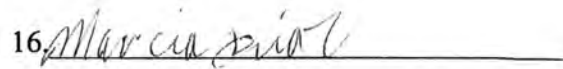
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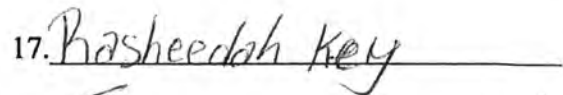
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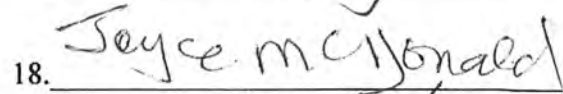
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- | | |
|------------------------------|-----------|
| 1. <u>Sil Suckbery</u> | 11. _____ |
| 2. <u>Molere MERVIL</u> | 12. _____ |
| 3. <u>Israhem Jobhi</u> | 13. _____ |
| 4. <u>Jeanne F Fortune</u> | 13. _____ |
| 5. <u>Marie Ginette Love</u> | 14. _____ |
| 6. _____ | 15. _____ |
| 7. _____ | 16. _____ |
| 8. _____ | 17. _____ |
| 9. _____ | 18. _____ |
| 10. _____ | 19. _____ |