


**EXECUTION FORM 9/10/15**

**SUBLEASE**

dated as of

September 1, 2015

between

 Sublandlord

and

**PLANNED PARENTHOOD OF NEW YORK CITY, Subtenant**

## Table of Contents

1.	Definitions and Basic Terms.....	1
2.	Demise; Term; Permitted Use.....	3
3.	Rents .....	4
4.	Condition of the Sublease Premises; Sublandlord's Work.....	5
5.	Subordination to and Incorporation of the Overlease .....	5
6.	Insurance and Indemnification.....	9
7.	Covenant of Quiet Enjoyment.....	9
8.	Assignment and Subsubletting.....	10
9.	Electricity .....	10
10.	Alterations.....	11
11.	Deleted .....	<b>Error! Bookmark not defined.</b>
12.	Deleted .....	11
13.	Notices .....	11
14.	Broker .....	11
15.	Overlandlord Consent .....	12
16.	Miscellaneous .....	12

## List of Exhibits

A	Sublease Premises
B	Deleted Prior to Execution
C	Overlease
D	Exclusions from Incorporated Provisions
E	Deleted Prior to Execution
F	Deleted prior to Execution

SUBLEASE

Dated as of September 1, 2015 between Sublandlord and Subtenant

WITNESSETH:

WHEREAS Sublandlord is now the tenant under the Overlease which demises portions (the "Overlease Premises") of the Building; and

WHEREAS Sublandlord desires to sublease to Subtenant, and Subtenant desires to sublease from Sublandlord, the Sublease Premises on the terms and conditions contained herein;

NOW, THEREFORE, in consideration of the mutual covenants herein contained, Sublandlord and Subtenant agree as follows:

1. Definitions and Basic Terms

Set forth below are certain definitions and basic terms of this Sublease.

- 1.1. Sublease Commencement Date As of September 1, 2015, subject to Section 2.2 hereof.
- 1.2. Sublandlord [REDACTED]
- 1.3. Subtenant Planned Parenthood of New York City
- 1.4. Overlandlord the landlord under the Overlease [REDACTED]
- 1.5. Overlease that certain lease dated December 1, 2007, between Overlandlord, as landlord, and Sublandlord, as tenant, as amended by Addendum to Lease Agreement, dated March 30, 2010, and as hereafter amended.
- 1.6. Incorporated Provisions all of the provisions of the Overlease except for those listed on Exhibit D hereto.
- 1.7. Building 23 Hyatt Street, Staten Island, New York 10301

## Hart, Mary (HEALTH)

---

**From:** [REDACTED] >  
**Sent:** Thursday, May 12, 2016 2:07 PM  
**To:** Hart, Mary (HEALTH)  
**Subject:** Re: Margaret Sanger Operating Certificate  
**Attachments:** Staten Island Lease 23 Hyatt.pdf

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.*

Hey Mary- Attached is the lease the client sent us indicating 23 Hyatt Street. Does this help? You can leave the name the way it is for now please.

Let me know if you need anything further to change the address to 23 Hyatt Street.

Thanks again for all your help  
[REDACTED]

-----Original Message-----

**From:** Hart, Mary (HEALTH) (HEALTH) <mary.hart@health.ny.gov>  
**To:** [REDACTED]  
**Sent:** Tue, May 10, 2016 8:24 am  
**Subject:** RE: Margaret Sanger Operating Certificate

Hi [REDACTED]  
Everything in our files for the CON creating the site indicates [REDACTED] even the lease. Can you please obtain and send a copy of the current lease? Maybe the [REDACTED] is the operator's address.

As far as the clinic name change on the 2014 correspondence, is it still their intent to change the name to Staten Island Planned Parenthood Center? If so, we can process the 2014 letter and then they will need to file with DOS.

Thank you.

### Mary E. Hart

Health Program Administrator  
Bureau of Project Management  
Operating Certificate Unit

### New York State Department of Health

Room 1842, Corning Tower, Empire State Plaza, Albany, NY 12237  
(518) 402-0911 [mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)

**From:** [REDACTED]  
**Sent:** Tuesday, May 03, 2016 11:59 AM  
**To:** Hart, Mary (HEALTH) <mary.hart@health.ny.gov>  
**Subject:** Re: Margaret Sanger Operating Certificate

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.*

Hey Mary

The Center was never located at [REDACTED] that is the problem. The Operating Certificate was established with the wrong address. It should have been 23 Hyatt Street. Attached is documentation of us trying to have it corrected back in 2014.

Please let me know if this is acceptable for you to correct it and mail the new op cert with the correct address.

Thanks for your assistance with this.

Sincerely

[REDACTED]

-----Original Message-----

From: Hart, Mary (HEALTH) (HEALTH) <mary.hart@health.ny.gov>

To: [REDACTED]

Sent: Fri, Apr 29, 2016 11:53 am

Subject: RE: Margaret Sanger Operating Certificate

In order to correct the address on the operating certificate, they will need to give us something from the town stating this is the case. Once we get this, I can do the correction and mail out the revised op cert. Thanks for your help Ann!

**Mary E. Hart**

Health Program Administrator

Bureau of Project Management

Operating Certificate Unit

**New York State Department of Health**

Room 1842, Corning Tower, Empire State Plaza, Albany, NY 12237

(518) 402-0911 [mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)

From: [REDACTED]

Sent: Friday, April 29, 2016 11:46 AM

To: Hart, Mary (HEALTH) <mary.hart@health.ny.gov>

Subject: Re: Margaret Sanger Operating Certificate

**ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.**

Definitely not I think it was a post office mailing address issue.

Sent from my iPhone

On Apr 29, 2016, at 11:42 AM, Hart, Mary (HEALTH) <mary.hart@health.ny.gov> wrote:

Did they move do you know?

**Mary E. Hart**

Health Program Administrator

Bureau of Project Management

Operating Certificate Unit

**New York State Department of Health**

Room 1842, Corning Tower, Empire State Plaza, Albany, NY 12237

(518) 402-0911 [mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)

From: [REDACTED]

Sent: Friday, April 29, 2016 11:34 AM

To: Hart, Mary (HEALTH) <[mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)>  
Subject: Re: Margaret Sanger Operating Certificate

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.*

Hey Mary  
Planned Parenthood said it should be 23 Hyatt Street.  
Thank you  
■

Sent from my iPhone

On Apr 29, 2016, at 7:35 AM, Hart, Mary (HEALTH) <[mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)> wrote:

It is for that site at the address, Op Cert #7002273R, Fac ID 9403. You had requested we send them an op cert on March 31. Crazy how it took this long to come back! Thanks for your help.

**Mary E. Hart**  
Health Program Administrator  
Bureau of Project Management  
Operating Certificate Unit  
**New York State Department of Health**  
Room 1842, Corning Tower, Empire State Plaza, Albany, NY 12237  
(518) 402-0911 [mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)

From: ■  
Sent: Thursday, April 28, 2016 5:59 PM  
To: Hart, Mary (HEALTH) <[mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)>  
Subject: Re: Margaret Sanger Operating Certificate

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.*

Mary  
Which center is the op cert for? Then I will check with the client and see what the issue is with the address.  
Thanks  
■

Sent from my iPhone

On Apr 28, 2016, at 10:31 AM, Hart, Mary (HEALTH) <[mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)> wrote:

Hi ■  
The original copy of the operating certificate was returned to us in the mail today. It stated: Return to Sender, Unable to Forward.

It was addressed to:

Administrator

[REDACTED]  
[REDACTED]  
Staten Island, NY 10301

Any suggestions? Thank you.

**Mary E. Hart**

Health Program Administrator  
Bureau of Project Management  
Operating Certificate Unit

**New York State Department of Health**

Room 1842, Corning Tower, Empire State Plaza, Albany, NY 12237  
(518) 402-0911 [mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)

**From:** [REDACTED]  
**Sent:** Thursday, March 31, 2016 2:38 PM  
**To:** Hart, Mary (HEALTH) <[mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)>  
**Subject:** Re: Margaret Sanger Operating Certificate

You are amazingly quick! Thank you so much Mary.

[REDACTED]

-----Original Message-----

**From:** Hart, Mary (HEALTH) (HEALTH) <[mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)>  
**To:** [REDACTED]  
**Sent:** Thu, Mar 31, 2016 2:35 pm  
**Subject:** Margaret Sanger Operating Certificate

Hi [REDACTED]

I hope this is your e-mail address and not an old one. If you do not reply, I will find your number and call you for the correct one.

Attached please find a copy of the operating certificate. Hope this helps.

**Mary E. Hart**

Health Program Administrator  
Bureau of Project Management  
Operating Certificate Unit

**New York State Department of Health**

Room 1842, Corning Tower, Empire State Plaza, Albany, NY 12237  
(518) 402-0911 [mary.hart@health.ny.gov](mailto:mary.hart@health.ny.gov)

Mailed 2/3/14

# Empire Health Advisors

February 3, 2014

New York State Department of Health  
Bureau of Project Management  
Attn: Ms. Barbara DeCogliano, Director  
Empire State Plaza, Corning Tower, Room 1842  
Albany, NY 12237

RE: Operating Certificate #7002273R, Facility ID. #9403

Dear Ms. *Bar* DeCogliano:

On behalf of Planned Parenthood of New York City, Inc., we are requesting that the operating certificate mentioned above have its name and address corrected. This diagnostic and treatment center opened in September 2011 and there have been no changes to the center since its certification by MARO. The operating certificate was printed with the wrong name and wrong street number. The Center's operating certificate should read:

Staten Island Planned Parenthood Center  
23 Hyatt Street  
Staten Island, New York 10301

I have attached a copy of the current operating certificate and a Notice of Appearance form from Planned Parenthood giving you permission to speak with me on their behalf. If you have any questions or I need to provide you with further information to make this correction, please feel free to contact me at your convenience at (518) 583-4900. Thank you for your assistance in resolving this matter.

Sincerely,

*[Signature]*  
A. M. Gonnex  
Consultant





Planned Parenthood of New York City

April 1, 2014

██████████  
Empire Health Advisors  
60 Railroad Place, Suite 101  
Saratoga Springs, NY 12866

Dear ██████████

Our initial application for a Certificate of Need Operating Certificate for our extension center in Staten Island included the address of ██████████. That is the address used by our landlord and neighbor, ██████████. However, the accurate mailing address for our clinic is 23 Hyatt Street.

In addition, the current certificate incorrectly lists ██████████ as the name.

Therefore, the operating certificate should read:

Staten Island Planned Parenthood Center  
23 Hyatt Street  
Staten Island, New York 10301

Thank you

██████████  
██████████  
██████████

Planned Parenthood of New York City  
110 West Street, 10th Floor  
New York, NY 10038  
212.263.1234  
www.plannedparenthood.org

Facility Id. 1543  
Certificate No. 7003273R

State of New York  
Department of Health  
Office of Primary Care and Health Systems Management



OPERATING CERTIFICATE  
Diagnostic and Treatment Center

Effective Date: 08/26/2015  
Expiration Date: NONE

[REDACTED]

Operator: Planned Parenthood of New York City Inc  
Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28

of the Public Health Law for the service(s) specified:  
Medical Services - Primary Care

Abortion O/P

Clinic Part Time Services

Other Authorized Locations

[REDACTED]

Margaret Sanger Center  
23 Hyatt Street  
Staten Island, New York 10301

[REDACTED]

*Keith W. Lewis*

20160513 Deputy Director Office of Primary Care and Health Systems Management

*Howard Zucker M.D.*

Commissioner

This certificate must be conspicuously displayed on the premises.

Facility Id. 9403  
Certificate No. 7002273R

State of New York  
Department of Health  
Office of Primary Care and Health Systems Management



OPERATING CERTIFICATE  
Diagnostic and Treatment Center Extension Clinic

Effective Date: 06/01/2015  
Expiration Date: NONE

Margaret Sanger Center  
23 Hyatt Street  
Staten Island, New York 10501

Operator: Planned Parenthood of New York City Inc  
Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law to operate an Extension Clinic at the above site for the service(s) specified.

Medical Services - Primary Care

*Geoff W. Lewis*

20160513  
Deputy Director Office of Primary Care and Health Systems Management

This certificate must be conspicuously displayed on the premises.

*Howard Zucker M.D.*

Commissioner

**DOH** STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
Commissioner

James W. Clyne, Jr.  
Executive Deputy Commissioner

September 25, 2009

Mr. Robert G. Larsen, FAIA, ACHA  
Perkins Eastman Architects, PC  
115 Fifth Avenue  
New York, NY 10003

082003-C

[REDACTED]  
(RICHMOND COUNTY)

Certify a family planning extension clinic  
located in leased space at [REDACTED]  
Staten Island; Revised: October 14, 2008 -  
Reduce project scope of renovations and cost

Dear Mr. Larson:

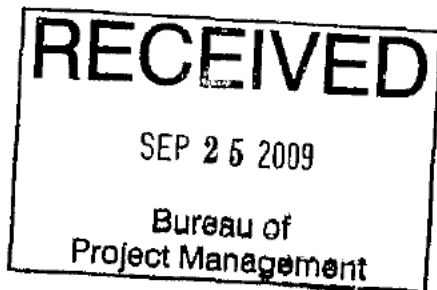
The Bureau of Architectural & Engineering Facility Planning has received your request for a waiver of the ventilation requirements of section 7.31.D1 Table 2 of the AIA Guidelines. We will consider a waiver if you provide supporting documentation from the AIA Guidelines Committee. Please contact Douglas Erickson, FASHE at [douglaserickson@mac.com](mailto:douglaserickson@mac.com) for the minimum acceptable HVAC requirements for a small clinic.

Sincerely,

*Catherine C. Tracy, R.A.*

Catherine C. Tracy, R.A.

Bureau of Architectural & Engineering  
Facility Planning





STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
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Mr. Robert G. Larsen, FAIA, ACHA  
Perkins Eastman Architects, PC  
115 Fifth Avenue  
New York, NY 10003

082003-C

[REDACTED]  
(RICHMOND COUNTY)

Certify a family planning extension clinic  
located in leased space at [REDACTED]  
Staten Island; Revised: October 14, 2008 -  
Reduce project scope of renovations and cost

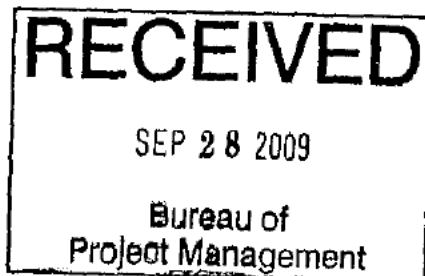
Dear Mr. Larsen:

BAEFP will consider waiver with supporting documentation from AIA Facility Guidelines Institute at [advisoryopinions@fglguidelines.org](mailto:advisoryopinions@fglguidelines.org) that the minimum standards for ventilation are met per Table 2.

Sincerely,

Catherine C. Tracy, R.A.

Bureau of Architectural & Engineering  
Facility Planning



Forwarded by Mary HARRIS [REDACTED] on 07/17/2009 08:49 AM -----



[REDACTED]  
<[REDACTED]@ppnyc.org>  
g>  
07/17/2009 08:34 AM

To <meh07@health.state.ny.us>  
cc [REDACTED]@ppnyc.org>  
Subject FW: [REDACTED] - CON #082003

Mary,

I wanted to let you know that we've had a staffing change on this project. From this point forward, please send all communications regarding this particular CON to:

[REDACTED]  
Vice President of Healthcare Planning  
[REDACTED]@ppnyc.org

It is worth noting, while we are not expecting communications in the upcoming weeks, that [REDACTED] is on [REDACTED] until [REDACTED]. If you need anything in her absense, please don't hesitate to contact me.

Thanks very much,  
[REDACTED]

[REDACTED]  
*Director of Strategic Analysis*  
*Planned Parenthood of New York City*

[REDACTED]  
[REDACTED]  
[REDACTED]@ppnyc.org

-----Original Message-----

**From:** [REDACTED]  
**Sent:** Tuesday, June 23, 2009 6:13 PM  
**To:** [REDACTED]  
**Subject:** FW: [REDACTED] - CON #082003

Who should fill this out and for what project? Thanks [REDACTED]

[REDACTED]  
[REDACTED]  
Chief Administrative and Financial Officer  
Planned Parenthood of New York City

[REDACTED]  
[REDACTED]  
kppnyc.org

Save Paper! Please do not print this email unless it is truly necessary.

**From:** Mary Hart [mailto:meh07@health.state.ny.us]  
**Sent:** Tuesday, June 23, 2009 4:17 PM  
**To:** [REDACTED]  
**Subject:** [REDACTED] - CON #082003

In order for the facility to obtain approval to begin construction on the project noted above, please complete and submit the attached start of construction request form. If you have any questions, please contact this office at (518) 402-0904. Thank you.

*(See attached file: start of construction form.doc)* IMPORTANT NOTICE: This e-mail and any attachments may contain confidential or sensitive information which is, or may be, legally privileged or otherwise protected by law from further disclosure. It is intended only for the addressee. If you received this in error or from someone who was not authorized to send it to you, please do not distribute, copy or use it or any attachments. Please notify the sender immediately by reply e-mail and delete this from your system. Thank you for your cooperation.



start of construction form.doc

**HOSPITAL PROGRAM MANUAL  
PROCEDURE  
CONSTRUCTION  
START OF CONSTRUCTION - SHC710.7**

To: Thomas M. Jung-Director  
Bureau of Architectural and  
Engineering Facility Planning  
433 River Street, Suite 303  
Troy, New York 12180-2299

Re: Project No. \_\_\_\_\_  
Facility: \_\_\_\_\_  
County: \_\_\_\_\_  
(Description of Scope Approval)

I request approval for the start of construction on the above project.

**Upon receipt of this letter containing the department's approved costs noted herein, it is understood that the applicant will be advised in writing that approval to commence construction has been granted.** The signatures of the facility's Chief Executive Officer, the Project Architect and the Construction Manager will serve to verify that the project is consistent with approved scope of work and previously approved planning documents. Further, the completed project will comply with the State Hospital Code, NFPA Life Safety Code (101), local codes and other applicable codes.

I understand that the maximum cost recognized for the Capital Cost component of the reimbursement rate, regardless of any future cost over-run will be:

1.1 Land Acquisition	\$ _____
1.2 Building Acquisition	\$ _____
2.1 New Construction	\$ _____
2.2 Renovation & Demolition	\$ _____
2.3 Site Development	\$ _____
2.4 Temporary Power	\$ _____
2.5 Asbestos Abatement or Removal	\$ _____
3.1 Design Contingency	\$ _____
3.2 Construction Contingency	\$ _____
4.1 Fixed Equipment (NIC)	\$ _____
4.2 Planning Consultant Fees	\$ _____
4.3 Architect / Engineering Fees	\$ _____
4.4 Construction Manager Fees	\$ _____
4.5 Other Fees (Consultant etc.)	\$ _____
Subtotal (total 1.1 thru 4.5)	\$ _____
5.1 Movable Equipment	\$ _____
<b>6.0 Total Basic Cost of Construction</b>	\$ _____
(Total 1.1 thru 5.1)	
7.1 Financing Costs (Points, etc.)	\$ _____
7.2 Interim Interest Expense	\$ _____
<b>8.0 Total Project Costs</b>	\$ _____
9.1 Application Fee	\$ _____
9.2 Additional Processing Fee	\$ _____
<b>10 Total Project Cost with CON fees</b>	\$ _____

Construction will start on \_\_\_\_\_ for a period of \_\_\_\_\_ months and be completed on \_\_\_\_\_.

PRINT & SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_  
                                 (Applicant)  
 \_\_\_\_\_ DATE: \_\_\_\_\_  
                                 (Architect/Engineer)  
 \_\_\_\_\_ DATE: \_\_\_\_\_  
                                 (Construction Manager)





STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
Commissioner

Wendy E. Saunders  
Executive Deputy Commissioner

June 12, 2009

[Redacted]  
Chief Financial Officer  
Planned Parenthood of New York City, Inc.  
[Redacted]

Re: 082003 - C

[Redacted]  
(Richmond County)  
Certify a family planning extension  
clinic located in leased space at

[Redacted]  
Revised: October 14, 2008 - Reduce  
project scope of renovations and cost

Dear [Redacted]

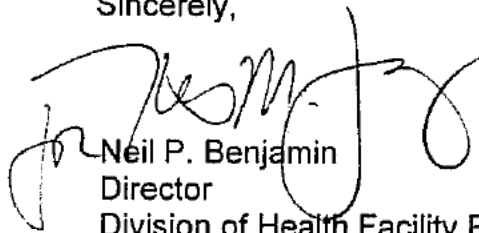
The Department of Health has reviewed the documentation addressing the contingencies that were related to the proposed approval of the above project. As of this date, all contingencies on this project have been satisfied.

You may not begin construction until you have received written approval from:

Bureau of Architectural and Engineering Facility Planning  
Division of Health Facility Planning  
Office of Health Systems Management  
NYS Department of Health  
433 River Street, 6<sup>th</sup> Floor  
Troy, New York 12180-2299

If you have any questions regarding this letter, please contact the Bureau of Architectural and Engineering Facility Planning at 518-402-0904.

Sincerely,

  
Neil P. Benjamin  
Director  
Division of Health Facility Planning

**REQUEST for CREATION of an ALL CONTINGENCIES SATISFIED  
LETTER  
INSTRUCTING THE APPLICANT TO SUBMIT A  
REQUEST TO START CONSTRUCTION**

Re: 08 2003  
Margaret Seney-Cato

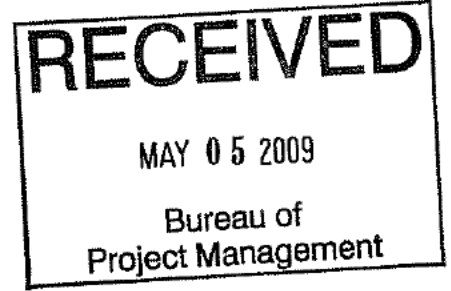
Dear:

The Department of Health has reviewed the documentation addressing the contingencies that were related to the proposed approval of the above project. As of this date, all contingencies on this project have been satisfied.

You may not begin construction until you have received written approval from:

Bureau of Architecture, Engineering & Facility Planning  
Division of Health Facility Planning  
Office of Health Systems Management  
NYS Department of Health  
433 River Street, 6<sup>th</sup> floor  
Troy, New York 12180-2299

If you have any questions regarding this letter, please contact the Bureau of Architecture, Engineering & Facility Planning at 518-402-0904.



May 1, 2009 – via overnight mail

Mr. Jeffrey R. Rothman, MS, MBA  
Director, Bureau of Project Management  
New York State Department of Health  
Hedley Park Place, 6<sup>th</sup> Floor  
433 River Street  
Troy, New York 12180

RE: Project Number 082003 C  
[REDACTED]  
(New York County)  
Proposed PPNYC Extension Clinic on Staten Island

Dear Mr. Rothman:

We are writing in response to James W. Clyne’s letter of March 3, 2009, granting contingent approval of the CON application for the above-reference project. As requested, we have addressed the Department of Health’s contingencies as follows:

- 1) Submission of a program for signage that denotes the clinic is separate and distinct from any other entity at the location.  
*See attached Exhibit A – Signage Program*
- 2) Submission of documentation which confirms the staffing for the clinic is separate and distinct from any other entity at the location.  
*See attached Exhibit B – Staffing Plan*
- 3) Submission of a plan that reflects a separate entrance without traversing space in any other entity at the location.  
*See attached Exhibit A – Signage Program*  
*Patients enter from the street into a vestibule area, at which point they are presented with two separate doors, one that is clearly labeled Planned Parenthood of New York City (PPNYC) and the other that is clearly labeled [REDACTED]*  
*[REDACTED] At no point will a PPNYC patient traverse [REDACTED] space.*
- 4) Submission of documentation, acceptable to the department, that the clinic space will be used exclusively stated purpose.  
*See attached Exhibit C – Executed Lease Agreement*
- 5) Submission of an executed building lease acceptable to the Department of Health  
*See attached Exhibit C – Executed Lease Agreement*

Should you have any questions or require any additional information at this time please do not hesitate to contact me by phone at [REDACTED] or by email at [REDACTED]@ppnyc.org. Thank you.

Sincerely,

[REDACTED]

Director of Strategic Analysis

c: [REDACTED], VP, Health Care Planning, PPNYC  
[REDACTED], Chief Administrative & Financial Officer  
[REDACTED], Chief Executive Officer, PPNYC

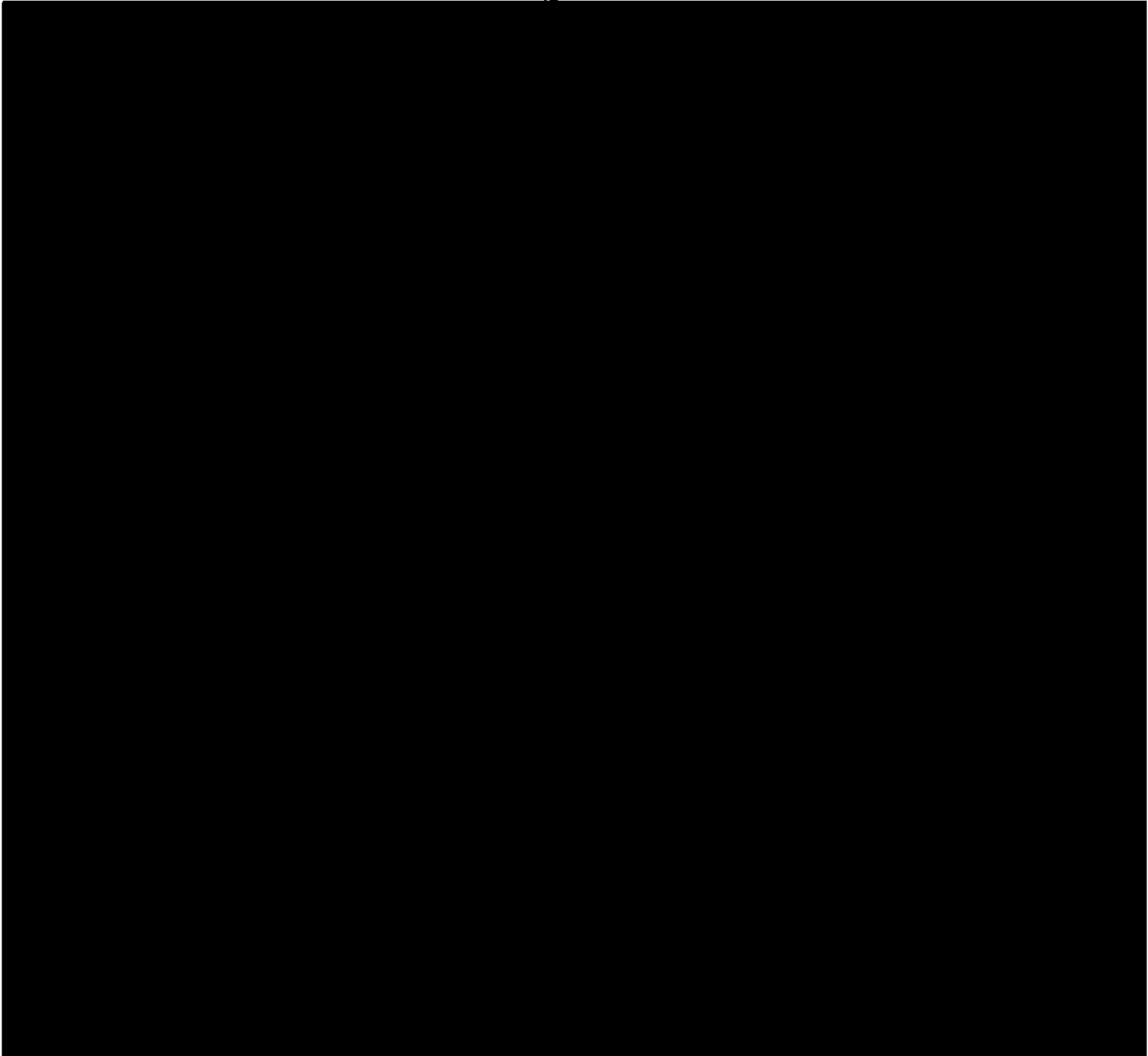
68629

[REDACTED]

Planned Parenthood of New York City  
Staten Island Extension Clinic  
Project Number 082003C

Exhibit A - Signage Program

- ① No signage
- ② Signage for Planned Parenthood of New York City
- ③ Signage for [REDACTED]



PROPOSED PPNYC  
HYATT STREET CLINIC  
[REDACTED]

Perkins Eastman

115 FIFTH AVENUE  
NEW YORK, NY 10003  
T. 212.353.7200  
F. 212.353.7676

PROJECT:

PLANNED PARENTHOOD HYATT STREET CLINIC

PROJECT NO.:

29921.00

DWG. TITLE:

[REDACTED] PROPOSED PLAN

SCALE:

1/8" = 1'-0"

DATE:

12-11-2008

DWG. NO.:

Planned Parenthood of New York City  
Staten Island Extension Clinic  
Project Number 082003C

Exhibit B - Staffing Plan

<u>Title</u>	<u>FTE</u>	<u>Status</u>
Nurse Practitioner	0.6	PPNYC Employee
Health Care Associate	0.6	PPNYC Employee
Entitlement Counselor	0.6	PPNYC Employee
Business Associate	0.6	PPNYC Employee

Lease Agreement

This Lease Agreement ("Lease") is made and effective May 1, 2009 by and between [REDACTED] and Planned Parenthood of New York City ("PPNYC"). [REDACTED] is the primary tenant of the property commonly known and numbered as [REDACTED] Staten Island, New York ("Building").

[REDACTED] makes available for lease a portion of the Building designated as the 708 square-foot space depicted in the architectural drawing presented as Exhibit A, (the "Leased Premises"). The Leased Premises shall be made available to PPNYC on Tuesday, Wednesday and Friday of each week (the "Days of Operation") for operation as a licensed Article 28 Extension Clinic and shall include all medical equipment residing within the Leased Premises. PPNYC's use of the space on the Days of Operation is exclusive and use of the space by [REDACTED] on the Days of Operation is prohibited.

THEREFORE, in consideration of the mutual promises herein contained and other good and valuable consideration, it is agreed:

1. Term.  
[REDACTED] hereby leases the Leased Premises to PPNYC for an "Initial Term," beginning upon Department of Health approval to commence construction and ending exactly five years thereafter. The Lease may be renewed annually thereafter upon the agreement of both parties. Either party can cancel the Lease at any time upon one hundred and twenty (120) days advance written notice to the other party, as set forth in Section 6 of this agreement.
2. Rental.  
PPNYC shall pay to [REDACTED] during the Initial Term rental of \$1,945 per month. Each payment shall be due in advance on the first day of each calendar month to [REDACTED] or at such other place designated by written notice from [REDACTED] or PPNYC. The rental payment amount for any partial calendar months included in the lease term shall be prorated on a daily basis. The rental rate is inclusive of the applicable utilities, housekeeping costs and security costs for the Leased Premises.
3. Alterations, Improvements and Repairs.  
PPNYC, at PPNYC's expense, shall have the right, following [REDACTED] consent, to remodel, redecorate, and make additions, improvements and replacements of and to all or any part of the Leased Premises from time to time as PPNYC may deem desirable, provided the same are made in a workmanlike manner and utilizing good quality materials.
4. Modifications  
The specific terms of the Lease may be amended at any time only by mutual agreement of both parties in writing.
5. Insurance.  
If the Leased Premises or any other part of the Building is damaged by fire or other casualty resulting from any act or negligence of PPNYC or any of PPNYC's agents, employees or invitees, rent shall not be diminished or abated while such damages are under repair, and PPNYC shall be responsible for the costs of repair not covered by insurance.
6. Notice.  
Any notice required or permitted under this Lease shall be deemed sufficiently given or served if sent by United States certified mail, return receipt requested, addressed as follows:

If to [REDACTED] to:  
[REDACTED]  
Executive Director  
[REDACTED]

If to PPNYC to:

[REDACTED]  
Vice President of Human Resources  
Planned Parenthood of New York City  
[REDACTED]

7. Compliance with Law.

PPNYC shall comply with all laws, orders, ordinances and other public requirements now or hereafter pertaining to PPNYC's use of the Leased Premises. CHASI shall comply with all laws, orders, ordinances and other public requirements now or hereafter affecting the Leased Premises.

8. Final Agreement.

This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. This Agreement may be modified only by a further writing that is duly executed by both parties.

9. Governing Law.

This Agreement shall be governed, construed and interpreted by, through and under the Laws of the State of New York.

IN WITNESS WHEREOF, the parties have executed this Lease as of the day and year first above written.

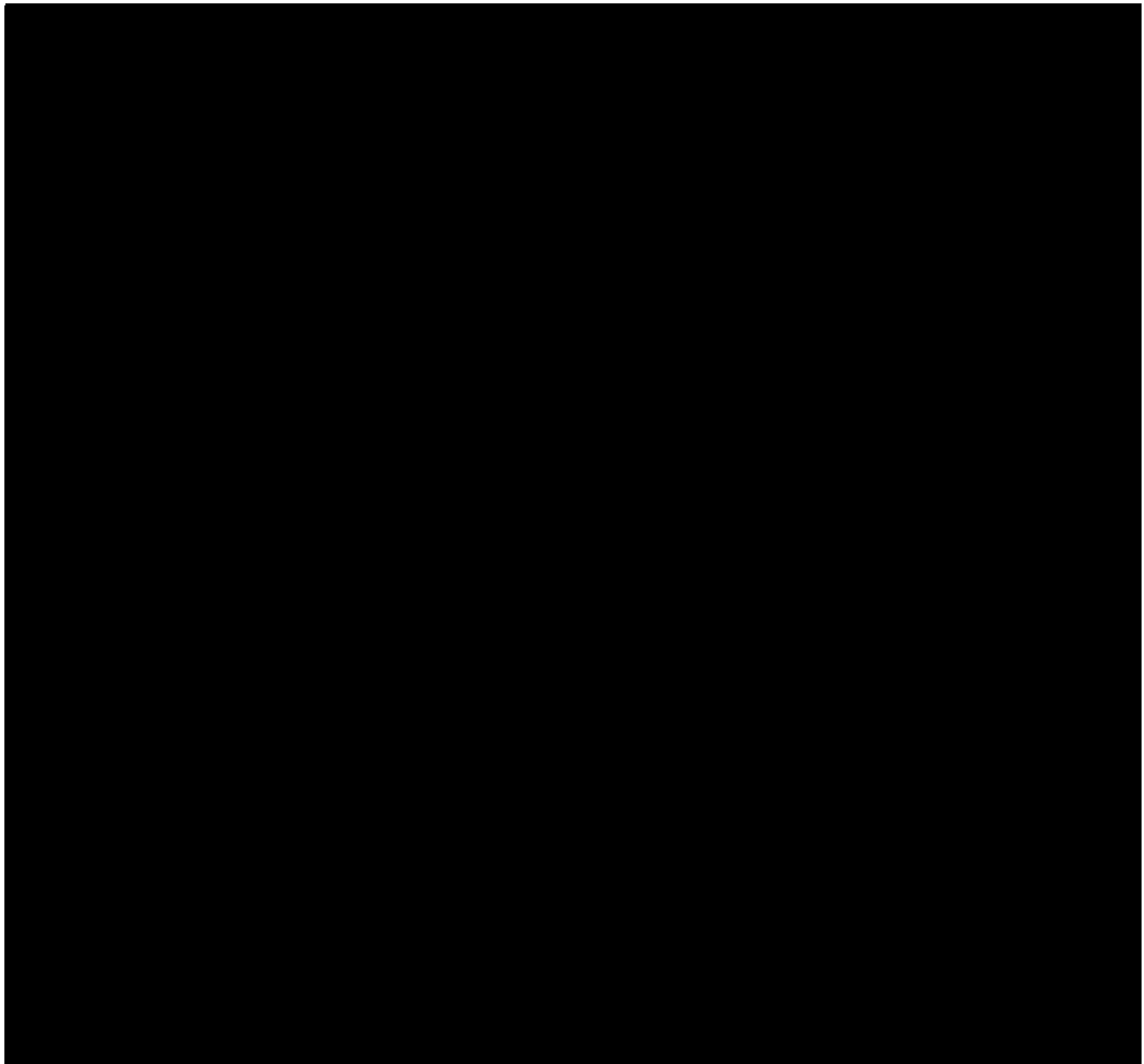
[REDACTED]  
Vice President of Human Resources  
Planned Parenthood of New York City  
[REDACTED]

5/4/09  
Date

[REDACTED]  
Executive Director  
[REDACTED]

5/4/09  
Date

EXHIBIT A



EXISTING PLAN -  
HYATT STREET -  
[redacted] part plan

Perkins Eastman  
115 Fifth Avenue  
New York, NY 10003

Planned Parenthood NYC  
scale:  $\frac{1}{8}'' = 1'-0''$   
April 29, 2008





STATE OF NEW YORK  
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

Wendy E. Saunders  
*Executive Deputy Commissioner*

March 3, 2009

[REDACTED]  
Chief Financial Officer  
Planned Parenthood of New York City, Inc.  
[REDACTED]

Re: 082003 - C

[REDACTED]  
(Richmond County)

Revised: October 14, 2008 - Reduce project  
scope of renovations and cost  
(\$25,550)

Dear Ms. [REDACTED]

The Department of Health approves the above application in accordance with the administrative review provisions set forth in 10 NYCRR section 710.1(c)(3). Approval of this application is subject to the enclosed contingencies first being satisfied.

In addition to the contingencies, the Department approves this application with the enclosed conditions. You are expected to comply with these conditions throughout the operation of this project.

Three (3) copies of documentation that addresses these contingencies must be sent, within sixty (60) days of receipt of this letter, to the:

Bureau of Project Management  
Division of Health Facility Planning  
Office of Health Systems Management  
NYS Department of Health  
433 River Street, 6<sup>th</sup> Floor  
Troy, New York 12180-2299  
(518) 402-0911

Failure to meet the 60-day deadline could result in this project being deemed abandoned as set forth in 10 NYCRR section 710.10(c)(1).

Pursuant to the provisions of 10 NYCRR Parts 86 and 710, you may not begin the construction or operation of any aspect of this project, or receive reimbursement for costs associated with this project, unless all required written approvals are obtained. Before beginning any aspect of this project, you must complete the following steps:

- submit written materials to satisfy the enclosed contingencies and receive written approval from the Division of Health Facility Planning (DHFP) indicating the satisfaction of all contingencies;
- after receiving a letter from DHFP confirming that all contingencies have been met, submit a written request to, and receive written approval from, the Bureau of Architectural and Engineering Facility Planning to begin construction, and;
- develop a plan to ensure the health and safety of all patients and staff during construction. This plan must comply with all applicable sections of the National Fire Prevention Association (NFPA) 101 Life Safety Code (1997 Edition) and all applicable sections of the State Hospital Code during construction. The plan may require you to separate residents, patients, staff and essential support services from the construction site and/or provide them with an alternative means of egress. Please have the plan available to regional office staff at the time of their on-site visit.

You are responsible for ensuring that this project complies with all applicable statutes, codes, rules and regulations. Should violations be found when reviewing documents, or at the time of on-site inspections or surveys, you will be required to correct them. Additional costs incurred to address any violations will not be eligible for reimbursement without the prior approval of the Department. Also, in accordance with 10 NYCRR section 710.5, any change in the scope of this project requires prior approval from the Department and may require a new or amended application.

If you have any questions concerning this letter, please contact the Bureau of Project Management at (518) 402-0911.

Sincerely,



James W. Clyne, Jr.  
Deputy Commissioner  
Office of Health Systems Management

Enclosure

**CONTINGENCIES:**

1. Submission of a program for signage that denotes the clinic is separate and distinct from any other entity at the location. [HSP]
2. Submission of documentation which confirms that the staffing for the clinic is separate and distinct from any other entity at the location. [HSP]
3. Submission of a plan that reflects a separate entrance without traversing space in any other entity at the location. [HSP]
4. Submission of documentation, acceptable to the department, that the clinic space will be used exclusively for stated purpose. [HSP]
5. Submission of an executed building lease acceptable to the Department of Health. [BFA]

**CONDITIONS:**

1. This project has been conditionally approved based on an Architect's Letter of Certification signed and submitted by Robert G. Larsen, R.A., of Perkins Eastman, dated September 5, 2008, and schematic drawings dated December 11, 2008. [AER]
2. This project has been conditionally approved based on compliance with NYCRR Title 10, Part 715.1, 1996-97 AIA Guidelines for Design and Construction of Hospital and Health Care Facilities, Section 7.31 and 1997 NFPA 101 LSC, Chapter 26. [AER]
3. This approval in no way obviates you, or the architect, of the responsibility to comply with all applicable current codes and regulations. [AER]

**BEDS AND/OR SERVICES APPROVED**

Site	Services Approved
25 Hyatt Street	Family Planning O/P
Staten Island	

# 082003 Need Review

## Planned Parenthood of New York City, Inc.

[REDACTED]

### DESCRIPTION

Planned Parenthood of New York City, Inc. (PPNYC) seeks approval to certify an extension clinic in cooperation with [REDACTED] at [REDACTED] Staten Island, New York.

### BACKGROUND

[REDACTED] (Planned Parenthood of New York City, Inc.) is a diagnostic and treatment center located at [REDACTED] 10012.

The center is certified for the following services:

- |                    |                      |                  |
|--------------------|----------------------|------------------|
| [REDACTED]         | Cancer Detection     | Family Planning  |
| Outpatient Surgery | Primary Medical Care | Prenatal         |
| Part Time Clinics  | Social Work Service  | Venereal Disease |

The Center also provides these services at four extension clinics in [REDACTED] and the [REDACTED]

### ANALYSIS

[REDACTED] provides access to reproductive health to persons for whom age or income are obstacles to access.

The majority of the Center's clients are at or below the poverty level; more than one-third use public insurance to cover the cost of care and over two-thirds are women of color.

[REDACTED] [REDACTED] has been in operation as a provider of basic sexual/reproductive health care as well as gynecological exams and HIV/STD counseling since 1988. [REDACTED] has identified the need to increase the scope of services in Staten Island. Thus, it has invited the [REDACTED] [REDACTED] to partner with it in expanding services to the underserved in Staten Island.

Service Area:

The service area will include all zip codes in Staten Island, sections of which, the [REDACTED] and [REDACTED] areas, have been designated as Health Professional Shortage Areas (HPSAs).

Additionally, five census tracts in [REDACTED] have been designated as Medically Underserved Areas.

These two communities, [REDACTED] and [REDACTED] are most proximate to the proposed clinic. Based on the 2000 U.S. Census data, the communities' composition is:

- 50.0% White
- 20.6% Black
- 19.8% Hispanic

27.6 percent of the population was youth (aged 13 to 24) broken down as 35.9 percent white; 28.5 percent black and 26.6 percent Hispanics.

In 2006, [REDACTED] provided 1,740 visits related to sexual and reproductive health care, provided by a nurse practitioner who works 20 hours per week. Based on the number of young people in need of services, demand exceeds capacity.

Partnership with the [REDACTED] will allow for an additional 1,000 family planning visits as well as the disbursement of oral and emergency contraception.

Current Services:

There are no clinics on Staten Island devoted solely to comprehensive sexual and reproductive health care.

Access through major hospitals and medical centers are not acceptable to the target population due to concerns relating to parental consent and patient confidentiality.

Below are facilities which may offer care, but with limitations:

- [REDACTED]
  - Provides STD screening and gynecological care without parental consent. However, the clinic's primary focus is on infertility, high risk pregnancy, premenstrual syndrome and colposcopy. Free pregnancy testing is only provided during a limited three-hour period on Friday mornings;

- [REDACTED] Satellite clinic also provides standard gynecological care and some extended hours, but the level of confidentiality sought is not always available.
- [REDACTED] provides standard gynecological care.
- The Department of Health's [REDACTED] provides confidential services including emergency contraception and HIV testing. However, STD services and emergency contraception are offered only on Thursdays 8:30 a.m. – 4:30 p.m. Access is therefore limited since many young people attend school or go to their jobs at that time.

The four zip codes which cover the location of the proposed extension clinic have age-adjusted primary care utilization as shown below:

Zip Codes	Primary Care Utilization
[REDACTED]	5.25
[REDACTED]	3.56
[REDACTED]	4.54
[REDACTED]	4.54

Overall, primary care visits in Staten Island per fee-for-service Medicaid enrollee per year adjusted for age and gender is 5.24 compared to 5.26 statewide.

In the entire County of Staten Island, there are 17 diagnostic and treatment centers/outpatient clinics or extension clinics. In the targeted areas of [REDACTED] and [REDACTED] areas, there are only three.

Proposed Utilization: Visits		
Service	1 <sup>st</sup> Yr after Completion	3 <sup>rd</sup> Yr after Completion
Family Planning	2,660	3,000

Fifty percent of visits in both years are projected to be Medicaid.

#### CONCLUSION

**On the basis of need, approval is recommended.**

# 082003 Need Review

## Planned Parenthood of New York City, Inc.

( [REDACTED] )

### DESCRIPTION

Planned Parenthood of New York City, Inc. (PPNYC) seeks approval to certify an extension clinic in cooperation with [REDACTED] ([REDACTED] at [REDACTED] Staten Island, New York.

### BACKGROUND

[REDACTED] (Planned Parenthood of New York City, Inc.) is a diagnostic and treatment center located at [REDACTED]  
[REDACTED]

The center is certified for the following services:

[REDACTED]	Cancer Detection	Family Planning
Outpatient Surgery	Primary Medical Care	Prenatal
Part Time Clinics	Social Work Service	Venereal Disease

The Center also provides these services at four extension clinics in [REDACTED]  
[REDACTED] and the [REDACTED]

### ANALYSIS

[REDACTED] provides access to reproductive health to persons for whom age or income are obstacles to access.

The majority of the Center's clients are at or below the poverty level; more than one-third use public insurance to cover the cost of care and over two-thirds are women of color.

[REDACTED] ([REDACTED] has been in operation as a provider of basic sexual/reproductive health care as well as gynecological exams and HIV/STD counseling since 1988. [REDACTED] has identified the need to increase the scope of services in Staten Island. Thus, it has invited the [REDACTED] [REDACTED] to partner with it in expanding services to the underserved in Staten Island.

Service Area:

The service area will include all zip codes in Staten Island, sections of which, the [REDACTED] and [REDACTED] areas, have been designated as Health Professional Shortage Areas (HPSAs).

Additionally, five census tracts in [REDACTED] have been designated as Medically Underserved Areas.

These two communities, [REDACTED] and [REDACTED] are most proximate to the proposed clinic. Based on the 2000 U.S. Census data, the communities' composition is:

- 50.0% White
- 20.6% Black
- 19.8% Hispanic

27.6 percent of the population was youth (aged 13 to 24) broken down as 35.9 percent white; 28.5 percent black and 26.6 percent Hispanics.

In 2006, [REDACTED] provided 1,740 visits related to sexual and reproductive health care, provided by a nurse practitioner who works 20 hours per week. Based on the number of young people in need of services, demand exceeds capacity.

Partnership with the Sanger Center will allow for an additional 1,000 family planning visits as well as the disbursement of oral and emergency contraception.

Current Services:

There are no clinics on Staten Island devoted solely to comprehensive sexual and reproductive health care.

Access through major hospitals and medical centers are not acceptable to the target population due to concerns relating to parental consent and patient confidentiality.

Below are facilities which may offer care, but with limitations:

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  - Provides STD screening and gynecological care without parental consent. However, the clinic's primary focus is on infertility, high risk pregnancy, premenstrual syndrome and colposcopy. Free pregnancy testing is only provided during a limited three-hour period on Friday mornings;



- [REDACTED] Satellite clinic also provides standard gynecological care and some extended hours, but the level of confidentiality sought is not always available.
- [REDACTED] provides standard gynecological care.
- The Department of Health's [REDACTED] provides confidential services including emergency contraception and HIV testing. However, STD services and emergency contraception are offered only on Thursdays 8:30 a.m. – 4:30 p.m. Access is therefore limited since many young people attend school or go to their jobs at that time.

The four zip codes which cover the location of the proposed extension clinic have age-adjusted primary care utilization as shown below:

Zip Codes	Primary Care Utilization
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[REDACTED]	3.56
[REDACTED]	4.54
[REDACTED]	4.54

Overall, primary care visits in Staten Island per fee-for-service Medicaid enrollee per year adjusted for age and gender is 5.24 compared to 5.26 statewide.

In the entire County of Staten Island, there are 17 diagnostic and treatment centers/outpatient clinics or extension clinics. In the targeted areas of [REDACTED] and [REDACTED] areas, there are only three.

Proposed Utilization: Visits		
Service	1 <sup>st</sup> Yr after Completion	3 <sup>rd</sup> Yr after Completion
Family Planning	2,660	3,000

Fifty percent of visits in both years are projected to be Medicaid.

#### CONCLUSION

**On the basis of need, approval is recommended.**

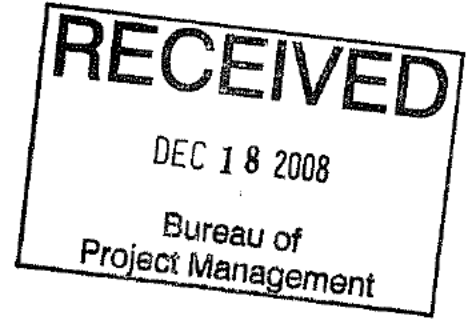
# PLANNED PARENTHOOD OF NEW YORK CITY

EXECUTIVE OFFICE

MARGARET SANGER SQUARE  
WWW.PPNYC.ORG

December 18, 2008 – *via overnight mail*

Mr. Jeffrey R. Rothman, MS, MBA  
Director, Bureau of Project Management  
New York State Department of Health  
Hedley Park Place, 6<sup>th</sup> Floor  
433 River Street  
Troy, New York 12180



RE: Project Number 082003 C  
[REDACTED]  
(New York County)  
Proposed PPNYC Extension Clinic on Staten Island

Dear Mr. Rothman:

We are writing in response to Catherine Tracy's letter dated November 18, 2008, containing architectural inquiries related to the above referenced project. Ms. Tracy's inquiries and our responses are set forth below.

- 1) *Please provide clear drawings of the proposed facility.*  
Enclosed please find revised architectural drawings for the proposed facility. You will note, as indicated in our previous submission, that we have concluded that we are financially unable to construct the counseling spaces indicated in the original drawing, as we did not receive the HEAL funding necessary to do so. Should we receive funding in the future for the full scope of renovations, we will move forward with construction of the counseling spaces.
- 2) *The vestibule does not appear to be accessible in a wheelchair. The floor plan does not indicate grab bars in the toilet room. How will services be provided to disabled persons?*  
Please note that the enclosed drawings indicate the accessibility of the vestibule and the toilet area and include grab bars in the toilet room. Consistent with our mission of providing sexual and reproductive healthcare to all people, Planned Parenthood of New York City is committed to ensuring that the new facility meets the needs of disabled clients.
- 3) *Will the ventilation meet the requirements of 1996-97 AIA Guidelines 7.31.D1 Table 2?*  
Please find enclosed Attachment B of the Architectural Narrative, which indicates that new mechanical systems will meet *all* functional and code criteria for the facility.

As requested, we are enclosing an original and eight copies of the documents referenced above. We are also sending a copy of this response directly to Ms. Tracy at the Bureau of Architectural & Engineering Facility Planning.

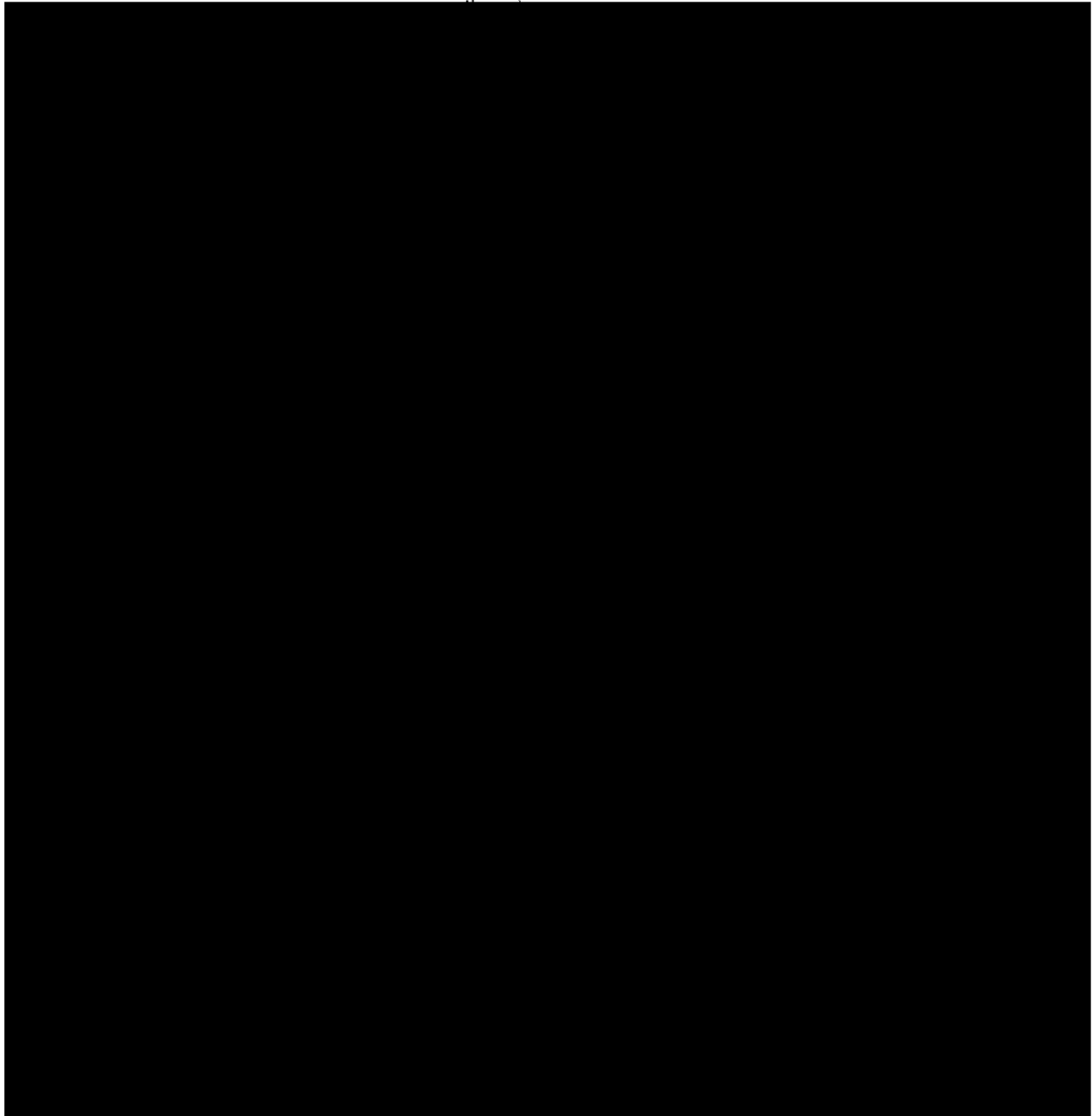
Should you have any questions or require any additional information at this time please do not hesitate to contact me by phone at [REDACTED] or by email at [REDACTED]@ppnyc.org. Thank you.

Sincerely,

[REDACTED]  
Chief Financial Officer

c: [REDACTED], VP, Health Care Planning, PPNYC  
[REDACTED], Chief Executive Officer, PPNYC  
Catherine C. Tracy, R.A., Bureau of Architectural & Engineering Facility Planning

651466



PROPOSED PPNYC  
HYATT STREET CLINIC  
[REDACTED] part plan

---

**Perkins Eastman**

115 FIFTH AVENUE  
NEW YORK, NY 10003  
T. 212.353.7200  
F. 212.353.7676

PROJECT: PLANTED PARENTHOOD HYATT STREET CLINIC

DWG. TITLE: [REDACTED] PROPOSED PLAN

DATE: 12-11-2008

PROJECT NO.: 29921.00

SCALE: 1/8" = 1'-0"

DWG. NO.:

---

**Proposed PPNYC Extension Clinic on Staten Island**

**Planned Parenthood of New York City**

██████████  
*Staten Island, NY 10301*

Attachment B - Architectural Narrative

The project site is part of a storefront clinic on Hyatt Street in the ██████████ area of Staten Island. The total s.f. of the clinic is 1,550 s.f. The Planned Parenthood portion would be approximately 708 s.f. The PPNYC space will comprise a fully-functional small clinic setting, with one (existing) exam room, new counseling/entitlement space, and support spaces.

This scheme will require the construction of some new partitions for the counseling areas and the new clean and soiled utility spaces.

The storefront and entrance are existing. The glass will be obscured to protect patient privacy.

Finishes will include VCT flooring, carpet tile, painted wall finishes, with new suspended acoustical tile ceilings and recessed lighting. The project will include the required mechanical, electrical, and plumbing work for the new spaces.

**MECHANICAL SCOPE OF WORK**

1. New mechanical systems will be installed in addition to the existing being tested, balanced and updated to meet the functional and code criteria of the new clinic space.
2. New mechanical diffusers and grilles will be provided at the new rooms.
3. System balancing will address current mechanical standards, room configurations, program types and specialized requirements such as negative pressurization.
4. New branch distribution will be provided to serve renovated areas

**ELECTRICAL SCOPE OF WORK**

1. New electrical system will meet the function criteria of the new clinic space.
2. New branch distribution will be provided to serve the renovated areas.

**PLUMBING SCOPE OF WORK**

Design of individual sinks in the utility rooms.



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
Commissioner

Wendy E. Saunders  
Executive Deputy Commissioner

November 18, 2008

[REDACTED]  
Chief Financial Officer  
Planned Parenthood of New York City, Inc.  
[REDACTED]

RE: 082003 C

[REDACTED]  
(Richmond)

Revised: October 14, 2008 - Reduce  
project scope of renovations and cost

Dear Ms. [REDACTED]

Review of the above application has revealed the need for the additional information requested in the enclosure from the Bureau of Architectural and Engineering Facility Planning. In preparing answers to the questions, please repeat each question and then provide the answer. Please submit your response within 30 days of the date of this letter in accordance with 10 NYCRR 710.3(a), as follows:

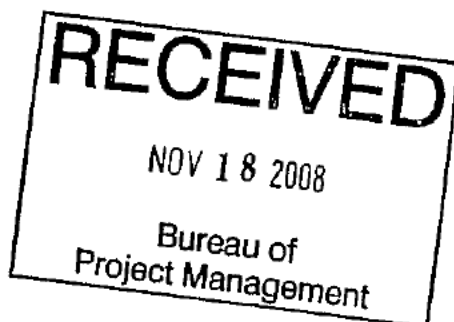
1. An original and eight (8) copies of your response to the Bureau of Project Management, New York State Department of Health, Hedley Park Place, 6th Floor, 433 River Street, Troy, New York, 12180-2299. Drawings should not be sent to Project Management.
2. One copy, including all drawings associated with this project, to the Bureau of Architectural and Engineering Facility Planning, New York State Department of Health, Hedley Park Place, 6th. Floor, 433 River Street, Troy, New York 12180-2299.

Processing of your application by the Bureau of Architectural and Engineering Facility Planning cannot be completed until the information is received and reviewed. Also, if this project requires review by the State Hospital Review and Planning Council, such review may have to be delayed if the requested information is not received promptly. Accordingly, you are encouraged to submit the response at your earliest opportunity. In this regard, be advised that a single faxed response to this request does not constitute a full and complete response.

If you have any questions on the information being requested, please contact the individual identified on the enclosure.

Sincerely,

Catherine C. Tracy, R.A.  
Bureau of Architectural & Engineering  
Facility Planning





STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
Commissioner

Wendy E. Saunders  
Chief of Staff

October 21, 2008

[REDACTED]  
Chief Financial Officer  
Planned Parenthood of New York City, Inc.  
[REDACTED]

Re: 082003 C

[REDACTED]  
(Richmond County)

Revised: October 14, 2008 -

Reduce project scope of renovations  
and cost


Dear Ms. [REDACTED]

We have received your revision to the CON application referenced above and it is being distributed to all reviewing units via a copy of this letter.

Subsequent to this letter, you may receive requests for additional information from OHSM and/or the Health Systems Agency. Please note that you must respond within the time frame allotted or risk withdrawal of the application from further processing. In addition, you may voluntarily submit any additional information, which you believe, might facilitate the review of your proposal, unless specific deadlines have otherwise been established. Any such submission should consist of eight (8) copies of the material to be reviewed.

Should you require assistance regarding this application, please contact the Bureau of Project Management at (518) 402-0911.

Sincerely,

  
Jeffrey R. Rothman, M.S., M.B.A.  
Director  
Bureau of Project Management

JRR/STA/nm

# PLANNED PARENTHOOD OF NEW YORK CITY

EXECUTIVE OFFICE

MARGARET SANGER SQUARE  
WWW.PPNYC.ORG

October 14, 2008 – *via overnight mail*

Mr. Jeffrey R. Rothman, MS, MBA  
Director, Bureau of Project Management  
New York State Department of Health  
Hedley Park Place, 6<sup>th</sup> Floor  
433 River Street  
Troy, New York 12180

RE: Project Number 082003 C  
[REDACTED]  
(New York County)  
Proposed PPNYC Extension Clinic on Staten Island

Dear Mr. Rothman:

We are writing in response to Phil LaCombe's telephone inquiry regarding our proposed use of HEAL VI funds in the implementation of the above referenced project. We recently learned that we were not selected as a recipient of HEAL VI funding, but given the demand for sexual and reproductive health services on Staten Island, we have chosen to move forward with this small, but desperately needed project.

In these troubling economic times, we have concluded that our ability to move forward will require that we scale back the originally proposed renovations. While we will be reducing the scope of renovation from what we had originally planned, we are certain that the newly proposed renovations will result in a facility that allows us to administer effective and safe patient care in a facility that is compliant with relevant code requirements. Confident in the demand for services on Staten Island, we will look forward to optimizing the space at a future date when funding to undertake the full scope of what had been originally proposed is more certain.

Enclosed please find the following documents, which have been updated to reflect the change in scope for the facility renovations:

- 1) Existing & Proposed Architectural Drawings (Attachment #9 to Schedule 6)
- 2) CON Schedules 8A & 8B
- 3) CON Schedule 9
- 4) CON Schedule 10
- 5) CON Schedule 11

As requested, we are enclosing an original and eight copies of the above materials. We are also sending a copy of this response directly to Ms. Tracy at the Bureau of Architectural & Engineering Facility Planning and to Mr. LaCombe at the Bureau of Financial Analysis & Review.

Should you have any questions or require any additional information at this time please do not hesitate to contact me by phone at [REDACTED] or by email at [REDACTED]@ppnyc.org. Thank you.

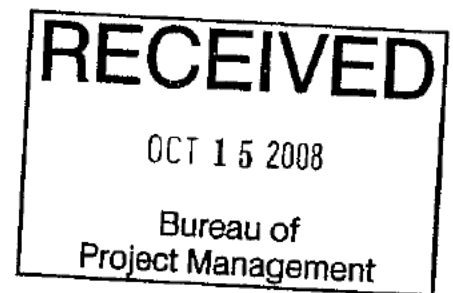
Sincerely,

[REDACTED]

Chief Financial Officer

c [REDACTED], Executive Director, [REDACTED]  
[REDACTED], Health Care Planning, PPNYC  
[REDACTED] Chief Executive Officer, PPNYC

Phil LaCombe, Senior Healthcare Fiscal Analyst, Bureau of Financial Analysis & Review  
Catherine C. Tracy, R.A., Bureau of Architectural & Engineering Facility Planning

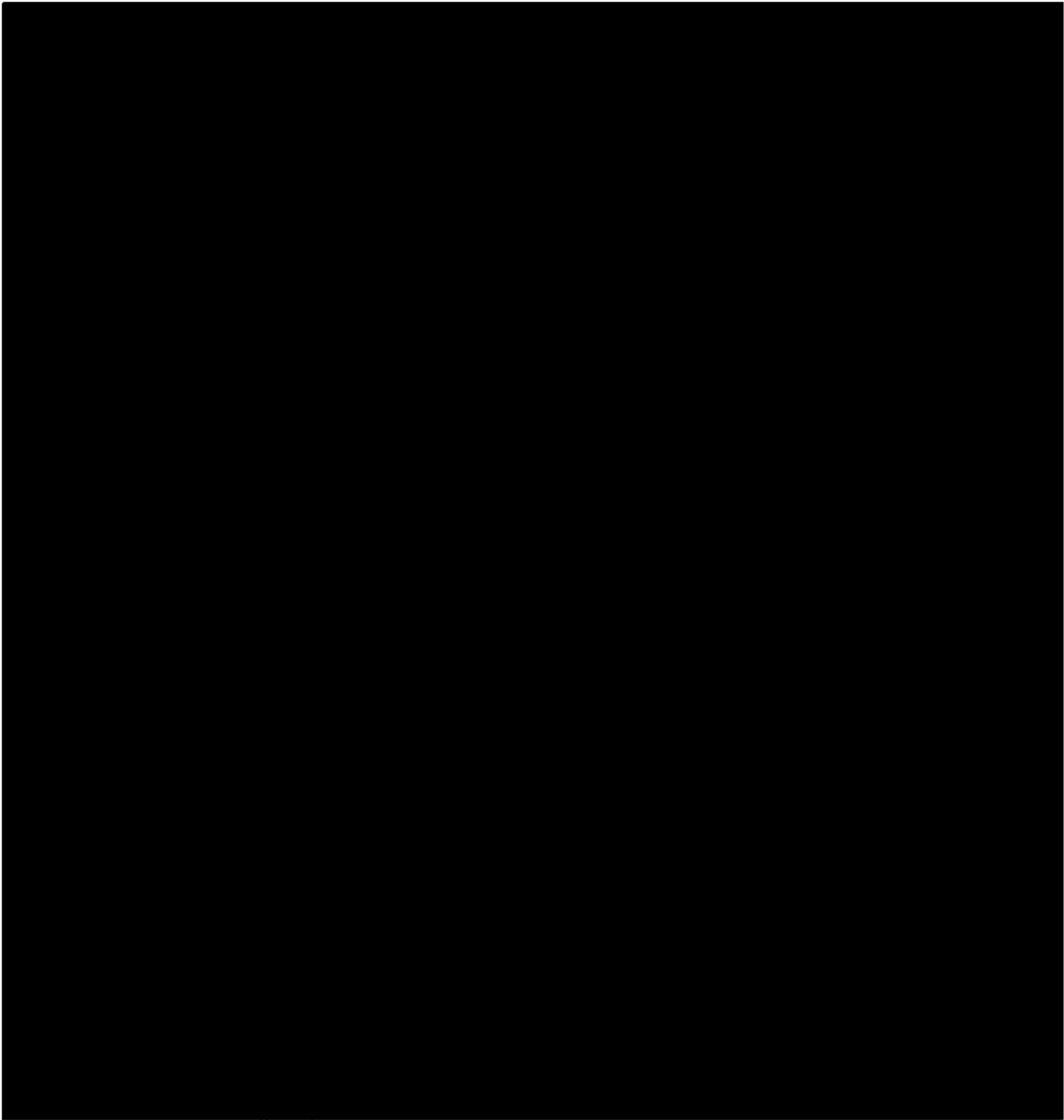


*Handwritten signature/initials*

**Attachment #9**

**Project Name: Proposed PPNYC Extension Clinic on Staten Island**  
**Facility: Planned Parenthood of New York City ( [REDACTED] )**  
**Date: October 14, 2008**

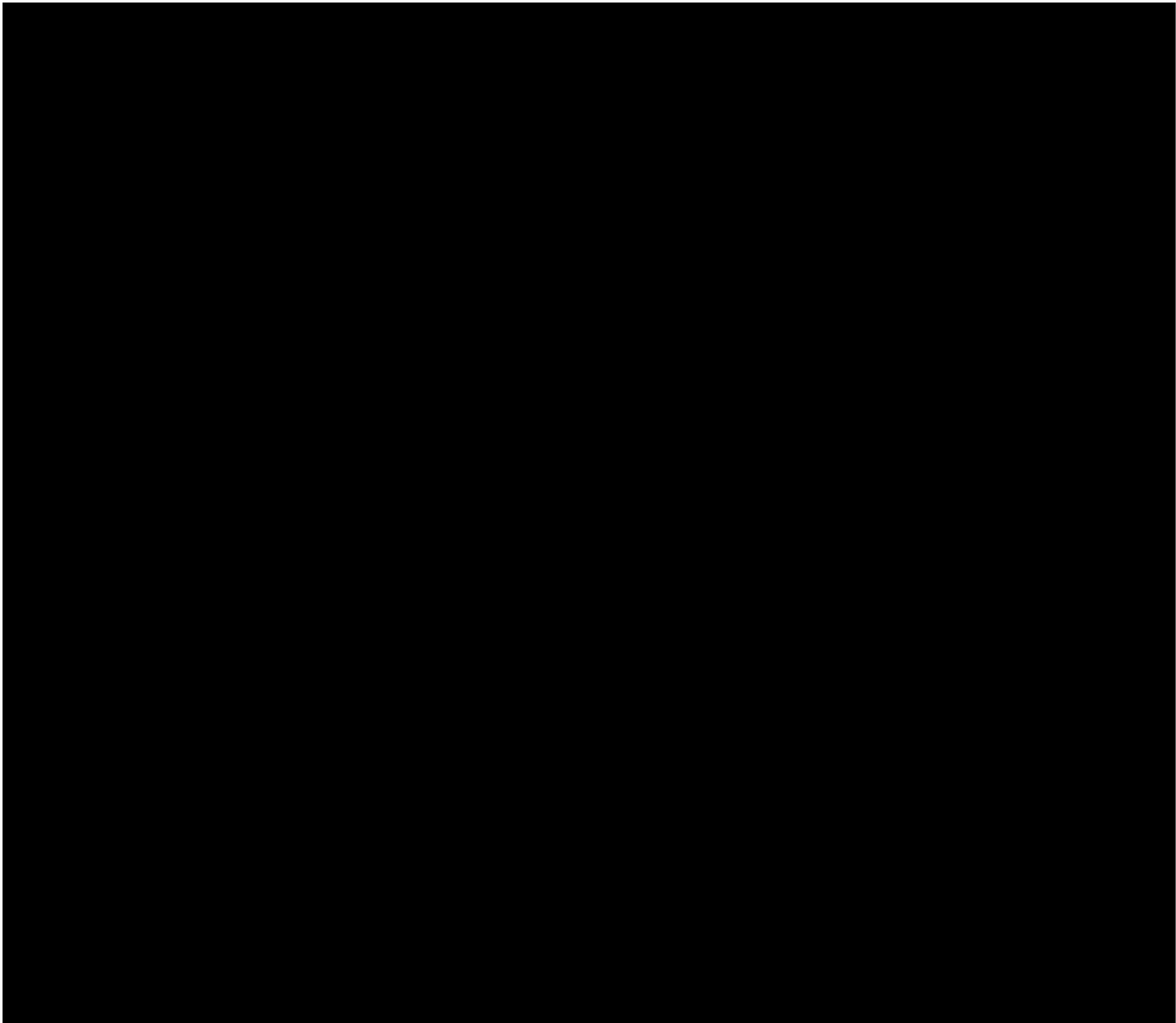




EXISTING PLAN -  
HYATT STREET -  
[redacted] part plan

Perkins Eastman  
115 Fifth Avenue  
New York, NY 10003

Planned Parenthood NYC  
scale:  $\frac{1}{8}'' = 1'-0''$   
April 29, 2008



PROPOSED PPNYC  
HYATT STREET CLINIC  
[REDACTED] part plan

Perkins Eastman  
115 Fifth Avenue  
New York, NY 10003

Planned Parenthood NYC  
scale:  $\frac{1}{8}'' = 1'-0''$   
April 29, 2008

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 8A Summarized Project Cost and Construction Dates**

This schedule is required for all Establishment Applications and Full or Administrative Review Construction Applications.

**1.) Project Cost Summary data:**

	<b>Total</b>	<b>Source</b>
<b>Project Description:</b>		
<b>Project Cost</b>	\$24,300	Schedule 8a or 8b, column C, line 8
<b>Total Basic Cost of Construction</b>	\$24,300	from Schedule 8a or 8b column C, line 6
<b>Total Cost of Moveable Equipment</b>	\$0	Schedule 8a or 8b, column C, line 5.1
<b>Cost/Per Square Foot for New Construction (calculated on Table 10)</b>	N/A	Schedule 10
<b>Cost/Per Square Foot for Renovation Construction</b>	\$264	Schedule 10
<b>Total Incremental Operating Cost (From Schedule 13C, 17C, or 19D)</b>	\$412,742	Schedule 13c, 17c or 19d
<b>Amount Financed (as \$)</b>	\$0	Schedule 9
<b>Percentage Financed as % of Total Cost (From Schedule 9)</b>	\$0	from Schedule 9
<b>Depreciation Life (in years)</b>		

**2) Construction Dates**

<b>Anticipated Start Date</b>	1/1/2009	from Schedule 8b,
<b>Anticipated Completion Date</b>	1/31/2009	

**New York State Department of Health  
Certificate of Need Application**

**Schedule 8B - Total Project Cost - For Projects without Subprojects.**

For Article 28, 36, and 40 Establishment & Construction Requiring Full, Administrative or Limited Review  
For Limited Review, escalation amounts may be entered as "0".

Constants:	Value	Comments:
Design Contingency - New Construction	0.00%	Normally 10%
Construction Contingency - New Construction	0.00%	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Construction Start Date:	1/1/2009	as mm/dd/yyyy
Midpoint of Construction Date	1/15/2009	as mm/dd/yyyy
Completion of Construction Date	1/31/2009	as mm/dd/yyyy
Year used to compute Current Dollars:	2008	

Subject of attachment:	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will be normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment	N/A	N/A
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment	N/A	N/A

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 8B - Total Project Cost - For Projects without Subprojects.**

	A	B	C
Item	Project Cost in	Escalation amount to	Estimated Project
Source:	Schedule 10 Col. 7	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$0	\$0	\$0
2.2 Renovation & Demolition	\$18,000	\$0	\$18,000
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or	\$0	\$0	\$0
3.1 Design Contingency	\$0	\$0	\$0
3.2 Construction Contingency	\$1,800	\$0	\$1,800
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$2,000	\$0	\$2,000
4.3 Architect/Engineering Fees	\$2,500	\$0	\$2,500
4.4 Construction Manager Fees	\$0	\$0	\$0
4.5 Other Fees (Consultant, etc.)	\$0	\$0	\$0
Subtotal (Total 1.1 thru 4.5)	\$24,300	\$0	\$24,300
5.1 Movable Equipment (from Sched 11)	\$0	\$0	\$0
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5)	\$24,300	\$0	\$24,300
7.1 Financing Costs (Points etc)			\$0
7.2 Interim Interest Expense: \$ <input type="text"/> At <input type="text"/> % for <input type="text"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees Total 6 thru 7.2	\$24,300	\$0	\$24,300
Application fees:			
9.1 Application Fee \$1,250. Only applies to Article 28.	\$1,250		\$1,250
9.2 Additional Processing Fee for Article 28 projects involving Construction (.0045 x line 8) Only applies to Article 28	\$109		\$109
10 Total Project Cost with CON fees	\$25,659	\$0	\$25,659

# **Schedule 9 - CON Forms Regarding Project Financing**

## **Contents:**

- **Schedule 9 - Proposed Plan for Project Financing.**

**Schedule 9 Proposed Plan for Project Financing:**

**I. Summary of Proposed Financial plan:**

Check all that apply and fill in corresponding amounts.

	Type	Amount
<input type="checkbox"/>	A. Lease	
<input checked="" type="checkbox"/>	B. Cash	24,300.00
<input type="checkbox"/>	C. Land	
<input type="checkbox"/>	D. Other	
<input type="checkbox"/>	E. Mortgage, Notes, or Bonds	
<input type="checkbox"/>	F. Refinancing	
<input type="checkbox"/>	Total Mortgage/Notes/Bonds plus Refinancing: (E + F)	
<input type="checkbox"/>	Total Project Financing (Sum A to F)	24,300.00

**II. Details**

**A. Leases**

	Not Applicable	Title of attachment
1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable	<input checked="" type="checkbox"/>	
2. Attach a copy of the proposed lease(s).	<input checked="" type="checkbox"/>	
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant	<input checked="" type="checkbox"/>	
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment	<input checked="" type="checkbox"/>	
5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square footage of the building	<input checked="" type="checkbox"/>	
6. Attach two letters from independent realtors verifying square footage rate.	<input checked="" type="checkbox"/>	
7. For all capital leases as defined by FASB Statement No. 13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments.	<input checked="" type="checkbox"/>	

**B. Cash - Not required for limited review**

**New York State Department of Health  
Certificate of Need Application**

**Schedule 9**

Type	Amount
Accumulated Funds	24,300.00
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants	
Other	
<b>TOTAL CASH</b>	<b>24,300.00</b>

	Not Applicable	Title of attachment
1. Provide a breakdown of the sources of cash. See sample table above.	<input type="checkbox"/>	See above
2. Attach a copy of the latest certified financial statement and interim monthly or quarterly financial reports to cover the balance of time to date.	<input type="checkbox"/>	Attachment #11a: 2007 Financial Statements Attachment #11b: YTD Financial Statement as of May 31, 2008
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	<input type="checkbox"/>	Cash and cash equivalents
4. Attach a full and complete description of the assets to be sold, if applicable.	<input checked="" type="checkbox"/>	
5. If amounts are listed in "Gifts (fundraising program)":  <ul style="list-style-type: none"> <li>• Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges.</li> <li>• If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan.</li> <li>• Provide a history of recent fund drives, including amount pledged and amount collected</li> </ul>	<input checked="" type="checkbox"/>	
6. If amounts are listed in "Government Grants":  <ul style="list-style-type: none"> <li>• List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted.</li> <li>• Provide documentation of eligibility for the funds.</li> <li>• Attach the name and telephone number of the contact person at the awarding Agency(ies).</li> </ul>	<input checked="" type="checkbox"/>	
7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability	<input checked="" type="checkbox"/>	
8. Current Department policy requires a minimum equity contribution of 10% of total project cost (Schedule 8b line 10).	<input checked="" type="checkbox"/>	

**C. Mortgage, Notes, or Bonds - Not required for limited review**

1. Provide a breakdown of the terms of the mortgage. See sample table below.

	Total Project	Units
Interest	N/A	%
Term	N/A	Years



**New York State Department of Health  
Certificate of Need Application**

**Schedule 9**

Payout Period	N/A	Years
Principal	N/A	\$

	Not Applicable	Title of attachment
2. Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period.	<input checked="" type="checkbox"/>	
3. If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker.	<input checked="" type="checkbox"/>	
4. If the financing of this project becomes part of a larger overall financing, then a new business plan inclusive of a feasibility package for the overall financing will be required for DOH review prior to proceeding with the combined financing.	<input checked="" type="checkbox"/>	

**D. Land: Not required for limited review**

1. Provide details for the land including but not limited to; appraised value, historical cost, and purchase price. See sample table below.

	Total Project
Appraised Value	N/A
Historical Cost	N/A
Purchase Price	N/A
Other	N/A

	Not Applicable	Title of attachment
2. If amounts are listed in "Other", attach documentation and a description as applicable.	<input checked="" type="checkbox"/>	
3. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser.	<input checked="" type="checkbox"/>	
4. Submit a copy of the proposed purchase/option agreement.	<input checked="" type="checkbox"/>	
5. Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner.	<input checked="" type="checkbox"/>	

**E. Other - Not required for limited review**

1. Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	N/A
Stock	N/A

**New York State Department of Health  
Certificate of Need Application**

**Schedule 9**

Other	N/A
-------	-----

	Not Applicable	Title of attachment
2. Attach documentation and a description of the method of financing.	<input type="checkbox"/>	

**F. Refinancing - Not required for limited Review**

	Not Applicable	Title of attachment
1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining.	<input checked="" type="checkbox"/>	
2. Attach a description of the mortgage to be refinanced. Provide full details of the existing debt and refinancing plan inclusive of original and current amount, term, assumption date, and refinancing fees. The term of the debt to be refunded may not exceed the remaining average useful life of originally financed assets. If existing mortgage debt will not be refinanced, provide documentation of consent from existing lien holders of the proposed financing plan.	<input checked="" type="checkbox"/>	

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 10 - Space & Construction Cost Distribution**

For Article 28, 36, and 40 Construction Projects Requiring Full, Administrative or Limited Review \* Codes for completing this table are found in Schedule 10 lookups sheet.(see tab below)

Indicate if this project is:      New Construction:       Renovation:

A		B	C	D	E	F	G	H	I
Location					Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction cost per SF	Total construction cost	Alterations, Scope of work
Sub project	Building	Floor	section	Functional Code					
	1	1		471	Family Planning O/P	92	\$264.13	\$18,000	
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				

**New York State Department of Health  
Certificate of Need Application  
Schedule 10 - Space & Construction Cost Distribution**

					#N/A				
--	--	--	--	--	------	--	--	--	--

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 10 - Space & Construction Cost Distribution**

A		B	C	D	E	F	G	H	I
Location					Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction cost per SF	Total construction cost	Alterations, Scope of work
Sub project	Building	Floor	section	Functional Code					
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
<b>Totals for Whole Project:</b>						<b>92</b>	<b>264</b>	<b>18000</b>	

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 10 - Space & Construction Cost Distribution**

If additional sheets are necessary, go to the toolbar, select "Edit", select "Move or copy sheet", make sure the "create a copy" box is checked, and select this document as the destination for the copy then select "OK". An additional worksheet will be added to this spreadsheet

1. If New Construction is Involved, is it "freestanding?"	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	---------------------------------	--------------------------------

	Dense Urban	Other metropolitan or suburban	Rural
2. Check the box that best describes the location of the facilities affected by this project:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator/engineer,

SIGNATURE		DATE	
[REDACTED]		10/14/2008	
PRINT NAME		TITLE	
[REDACTED]		Chief Financial Officer	
NAME OF FIRM			
Planned Parenthood of New York City, Inc.			
STREET & NUMBER			
[REDACTED]			
CITY	STATE	ZIP	PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 11 - Moveable Equipment**

**Table 2 - Equipment being replaced:**

Sub project Number	Functional Code	Description, including model, manufacturer year of manufacture where applicable	Number of units	Disposition	Estimated Current Value
Total estimated value of equipment being replaced: Subproject 1					
Total estimated value of equipment being replaced: Subproject 2					
Total estimated value of equipment being replaced: Subproject 3					
Total estimated value of equipment being replaced: Subproject 4					
Total estimated value of equipment being replaced: Subproject 5					
Total estimated value of equipment being replaced: Subproject 6					
Total estimated value of equipment being replaced: Subproject 7					
Total estimated value of equipment being replaced: Subproject 8					
Total estimated value of equipment being replaced: Whole Project:					0

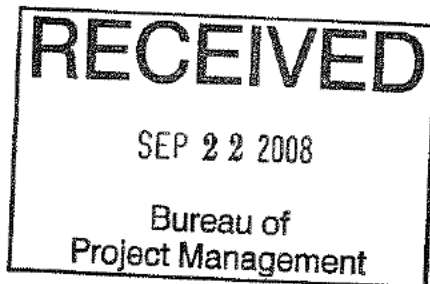
# PLANNED PARENTHOOD | OF NEW YORK CITY

EXECUTIVE OFFICE

MARGARET SANGER SQUARE |  
WWW.PPNYC.ORG | P [REDACTED]

September 19, 2008 – *via overnight mail*

Mr. Jeffrey R. Rothman, MS, MBA  
Director, Bureau of Project Management  
New York State Department of Health  
Hedley Park Place, 6<sup>th</sup> Floor  
433 River Street  
Troy, New York 12180



RE: Project Number 082003 C  
[REDACTED]  
(New York County)  
Proposed PPNYC Extension Clinic on Staten Island

Dear Mr. Rothman:

We are writing in response to Catherine C. Tracy's letter of July 28, 2008, which we received on July 31, 2008, requesting additional information in connection with the above-referenced project. As requested, we are enclosing an original and eight copies of the materials that we have assembled in response to the additional questions posed. We are also sending a copy of this response directly to Ms. Tracy.

Should you have any questions or require any additional information at this time please do not hesitate to contact me by phone at [REDACTED] or by email at [REDACTED]@ppnyc.org. Thank you.

Sincerely,

[REDACTED]

Chief Financial Officer

c: [REDACTED] VP, Health Care Planning, PPNYC  
[REDACTED] Chief Executive Officer, PPNYC  
Catherine C. Tracy, R.A., Bureau of Architectural & Engineering Facility Planning

Handwritten signature/initials



# Perkins Eastman

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

September 05, 2008

New York State Department of Health / Office of Health Systems Management  
Division of Health Facility Planning  
Bureau of Architectural and Engineering Facility Planning  
433 River Street, 6<sup>th</sup> floor  
Troy, NY 12180-2299

RE: CON # 082003 C  
Name [REDACTED]  
Location Richmond County  
Description Certify and construct a family planning extension  
Clinic located in leased space at [REDACTED]  
[REDACTED]

Gentlemen:

This is to certify that under the terms of my contract for the above-named facility to provide services to design and prepare working drawings and specifications, and during construction to make periodic visits to the site and to perform such other required services to familiarize myself with the general progress, quality and conformance of the work, I have ascertained that to the best of my knowledge, information, and belief, this project will be designed in substantial compliance with the provisions of the construction sections of the State Hospital Code which are in effect at the time this application is being submitted.

I also certify that I have read and understood the conditions of Section 710.1 of 10 NYCRR.

9-5-08

Date



Signature of Architect

Robert G. Larsen

Name of Architect or Engineer

010751

Professional New York State License Number

115 Fifth Avenue, New York, NY 10003

Business Address

PERKINS EASTMAN  
ARLINGTON, VA  
CHARLOTTE, NC  
CHICAGO, IL  
DUBAI, UAE  
NEW YORK, NY  
OAKLAND, CA  
PITTSBURGH, PA  
SHANGHAI, PRC  
STAMFORD, CT  
PERKINS EASTMAN BLACK  
TORONTO, ON

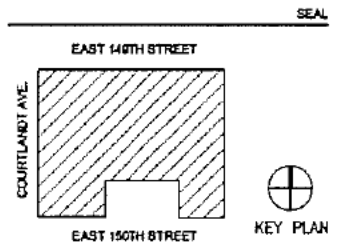
L. BRADFORD PERKINS FAIA  
MARY JEAN EASTMAN FAIA  
J. DAVID HOGLUND FAIA  
AARON B. SCHWARZ FAIA  
JONATHAN N. STARK AIA

PERKINS EASTMAN ARCHITECTS PC  
115 FIFTH AVENUE  
NEW YORK, NY 10003  
T. 212.353.7200  
F. 212.353.7676

WWW.PERKINSEASTMAN.COM



Cc: Area Office-OHSM



Architect:  
**Perkins Eastman**  
118 FIFTH AVENUE  
NEW YORK, NY 10003  
T. 212 952 7200  
F. 212 952 7474

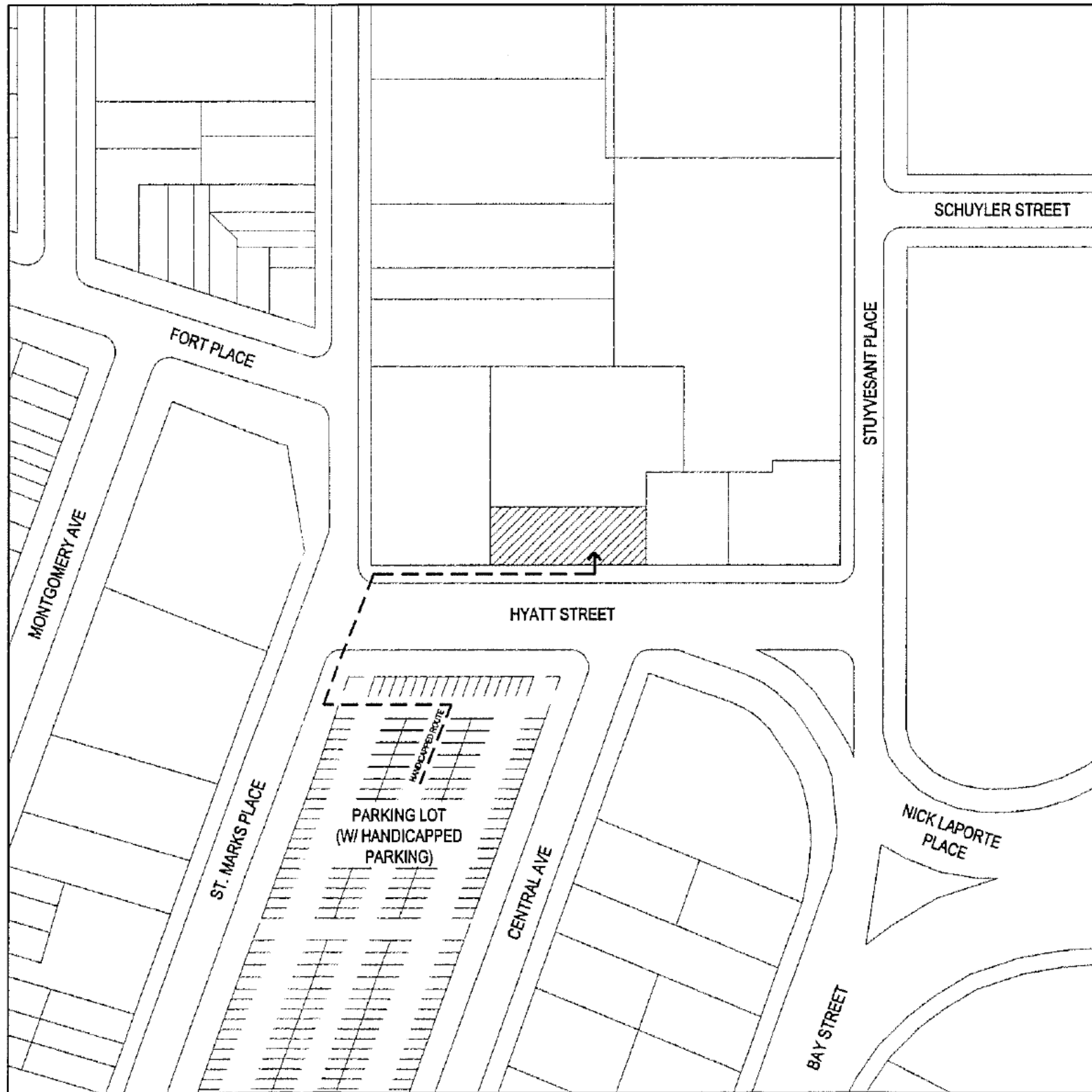
Owner:  
Planned Parenthood of New York City, Inc.  
25 Hyatt Street, Staten Island, New York 10301

Structure:  
T. ---  
F. ---  
MEP:  
T. ---

PROJECT TITLE:  
**Planned  
Parenthood**  
25 Hyatt Street, Staten Island, NY 10301  
PROJECT NO.: 29421.00  
DRAWING TITLE:  
**SITE PLAN**

SCALE: AS NOTED

**A-001**



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## Programmatic Review

CON #: 082003

Final – August 1, 2008

### Recommendation:

Contingent Approval – “C”

### Contingencies:

Submission of a program for signage that denotes the clinic is separate and distinct from any other entity at the location.

Submission of documentation which confirms that the staffing for the clinic is separate and distinct from any other entity at the location.

Submission of a plan that reflects a separate entrance without traversing space in any other entity at the location.

Submission of documentation, acceptable to the department, that the clinic space will be used exclusively for stated purpose.

### Approved Services:

Site	Services Approved
[REDACTED]	Family Planning O/P
[REDACTED]	
[REDACTED]	

### Project Description:

[REDACTED] requests approval to certify and construct a family planning extension clinic at [REDACTED] Staten Island. Staffing will consist of 2.4 FTEs including .8 FTE nurse practitioner, .6 FTE assistant and .7 FTE entitlement staff.



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

July 28, 2008

[REDACTED]  
Chief Financial Officer  
Planned Parenthood of New York City, Inc.  
[REDACTED]

RECEIVED

JUL 29 2008

Bureau of  
Project Management

RE: 082003 C

[REDACTED]  
(Richmond)  
Certify and construct a family planning  
extension clinic located in leased space at  
[REDACTED] Staten Island

Dear [REDACTED]

Review of the above application has revealed the need for the additional information requested in the enclosure from the Bureau of Architectural and Engineering Facility Planning. In preparing answers to the questions, please repeat each question and then provide the answer. Please submit your response within 30 days of the date of this letter in accordance with 10 NYCRR 710.3(a), as follows:

1. An original and eight (8) copies of your response to the Bureau of Project Management, New York State Department of Health, Hedley Park Place, 6th Floor, 433 River Street, Troy, New York, 12180-2299. Drawings should not be sent to Project Management.
2. One copy, including all drawings associated with this project, to the Bureau of Architectural and Engineering Facility Planning, New York State Department of Health, Hedley Park Place, 6th. Floor, 433 River Street, Troy, New York 12180-2299.

Processing of your application by the Bureau of Architectural and Engineering Facility Planning cannot be completed until the information is received and reviewed. Also, if this project requires review by the State Hospital Review and Planning Council, such review may have to be delayed if the requested information is not received promptly. Accordingly, you are encouraged to submit the response at your earliest opportunity. In this regard, be advised that a single faxed response to this request does not constitute a full and complete response.

If you have any questions on the information being requested, please contact the individual identified on the enclosure.

Sincerely,

*Catherine C Tracy RA*

Catherine C. Tracy, R.A.  
Bureau of Architectural & Engineering  
Facility Planning

Cc: Helen Kay Cohen, R.A.

Project No.: 082003

Facility: [REDACTED]

The following has been prepared by the Bureau of Architectural and Engineering Facility Planning:

Catherine C. Tracy, R.A. *CCT*  
Phone: 518-402-0904

The following information is required to complete the review of the above referenced application.

1. Please submit a letter of certification for proposed construction by an architect or engineer licensed to practice in New York State. (SAMPLE ATTACHED)
2. Please provide a site plan that indicates access to the facility by people with disabilities, the availability of accessible parking and the location of adjacent roadways.

**DOH** STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
*Commissioner*

Wendy E. Saunders  
*Chief of Staff*

July 16, 2008

[REDACTED]  
Chief Financial Officer  
Planned Parenthood of New York City, Inc.  
[REDACTED]

Re: 082003 C

[REDACTED]  
(Richmond County)


Certify and construct a family planning  
extension clinic located in leased space  
at [REDACTED] [REDACTED] Staten Island

Dear [REDACTED]

The above referenced CON application, for which you have been designated the contact person, has been distributed to all reviewing units and, if operating, your local health systems agency for processing in accordance with 10 NYCRR 710. Please refer to the enclosed Important Notice for further information with respect to this process.

The mandatory review of your project for the criteria of public need, financial feasibility, and character and competence as required by the Public Health Law may determine that the proposal is unapprovable. Therefore, prior to entering into any contractual commitments or commencing construction, the final determination of the Director of the OHSM, or Public Health Council if establishment is involved, must be obtained.

Sincerely,

  
Jeffrey B. Rothman, M.S., M.B.A.  
Director  
Bureau of Project Management

Enclosure  
JRR/STA/nm

POTENTIAL NON-SUB

# PLANNED PARENTHOOD® OF NEW YORK CITY

EXECUTIVE OFFICE

MARGARET SANGER SQUARE

WWW.PPNYC.ORG

July 10, 2008 – *via overnight mail*

Mr. Jeffrey R. Rothman  
Director, Bureau of Project Management  
New York State Department of Health  
Hedley Park Place, 6<sup>th</sup> Floor  
433 River Street  
Troy, New York 12180

*Cashline*

011750

Re: [REDACTED]  
(New York County)  
Proposed PPNYC Extension Clinic on  
Staten Island  
Mail Log #65936

Dear Mr. Rothman,

In response to your letter dated July 2, 2008, enclosed is a check in the amount of \$1,250 for the CON application fee related to our proposed project. Should you need anything further, please don't hesitate to contact [REDACTED] Chief Financial Officer of Planned Parenthood of New York City. [REDACTED] can be reached via telephone at [REDACTED] or via email at [REDACTED]@ppnyc.org.

Many thanks.

Sincerely,

[REDACTED]

Sr. Finance Associate & Special Assistant to the CFO

Enclosures

c: [REDACTED] Chief Financial Officer

**RECEIVED**  
JUL 11 2008  
Bureau of  
Project Management

*666015*

[REDACTED]



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
Commissioner

Wendy E. Saunders  
Chief of Staff

July 10, 2008

Ms. [REDACTED]  
Chief Financial Officer  
Planned Parenthood of New York City, Inc.  
[REDACTED]

Re: 082003 I

[REDACTED]  
(Richmond County)

Certify and construct a family planning  
extension clinic located in leased space  
at [REDACTED] Staten Island

Dear Ms. [REDACTED]

Initial review of the above captioned application has been conducted by the Bureau of Project Management and it has been determined that the application is incomplete. In order to process this application, the Office of Health Systems Management requires the submission of the following:

- A \$1,250 filing fee pursuant to PHL Section 2802.7. The fee should be submitted in the form of a certified check made payable to the New York State Department of Health.

A response is requested as soon as possible since the processing of your proposal must be delayed until the required information is received and your application is deemed complete. Please submit your response to this matter to the Bureau of Project Management, New York State Department of Health, 433 River Street, Suite 303, Troy, New York 12180-2299.

If you require any assistance on this matter, please do not hesitate to contact me at (518) 402-0911.

Sincerely,

Stephen T. Aliberti  
Associate Health Care Fiscal Analyst  
Bureau of Project Management

STA/nm  
cc: Mr. Peal



New York State Department of Health  
Certificate of Need Application

052003

Schedule 1A

original  
8/30/08  
\$1740 check  
netd 7/2

Schedule 1 A - General Information - All Applicants

Main Site	MAIN SITE PFI	TYPE OF FACILITY	MAIN SITE NAME	
	7002273R	D&T	Margaret Sanger Center	
	STREET & NUMBER			
	CITY		COUNTY	ZIP

Project Site	PROJECT SITE PFI	TYPE OF FACILITY	PROJECT SITE NAME	
		D&T Extension	Staten Island Center	
	STREET & NUMBER			
	CITY		COUNTY	ZIP

Operator Information	OPERATING CERTIFICATE NUMBER	TYPE OF FACILITY	LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator)	
	7002273R	Voluntary Corporation	Planned Parenthood of New York City, Inc.	
	STREET & NUMBER			
	CITY		COUNTY	ZIP

**RECEIVED**  
JUN 27 2008  
Bureau of Project Management

Is the applicant an existing facility? If yes, attach a photocopy of the resolution of partners, corporate directors or LLC managers, as the case may be, authorizing the project.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Title of Attachment: Attachment #1: Board Resolution
Is the applicant part of an "established Article 28* network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart, if available.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

Type of Application: Establishment  Construction  Administrative  Limited

Total Project Cost:	\$110,540.00
Amount of Application Fee (see Schedule 8)	\$1,740.00

**Acknowledgement And Attestation**

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant: Planned Parenthood of New York City, Inc.

I further certify that the information contained in this application and its accompanying schedules and attachments are accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of articles 28, 36 and 40 of the public health law and/or article 7 of the social services law, and implementing regulations, as the case may be.

[Redacted Signature]	DATE
	6/26/08
	TITLE
	Chief Executive Officer

6/26/08

# PLANNED PARENTHOOD OF NEW YORK CITY

WWW.PPNYC.ORG

June 30, 2008 - via email and overnight mail

Mr. Jeffrey Rothman  
Director, Bureau of Project Management  
New York State Department of Health  
Hedley Park Place, 6<sup>th</sup> Floor  
433 River Street,  
Troy, New York 12180

**RECEIVED**  
JUL 02 2008  
Bureau of  
Project Management

*brissal*  
*8 copies*  
*\$1,740 check*  
*ret'd 7/2*

RE: [REDACTED]  
(New York County)  
Proposed PPNYC Extension Clinic on Staten Island

Dear Mr. Rothman:

We are pleased to enclose a Certificate of Need (CON) application seeking approval to proceed with the establishment of an extension clinic on Staten Island. We are enclosing an original, eight (8) copies and a CD-ROM copy of the application schedules and related attachments. Also enclosed is a check in the amount \$1,740.00 in payment of the CON application filing fee.

Developed in connection with and support of Planned Parenthood of New York City's (PPNYC's) collaboration with [REDACTED], the proposed extension clinic will allow us to address a well-documented community need: the need for access to high quality reproductive health services. This project is an example of the kind of outreach efforts that we discussed with you during our meeting in your offices last August 24<sup>th</sup> and it is an example of the ways in which we hope to be able to leverage our experience as a licensed provider of outpatient health care services and our partnership with a highly regarded community-based organization to achieve more than would be possible otherwise. We are very excited to have received a planning grant from the New York Community Trust to assist in making this project a reality, and we are eager to proceed with its implementation as soon as possible. To that end, should you have any questions or require any additional information, please do not hesitate to let us know. My direct telephone number is [REDACTED] and my email address is [REDACTED]@ppnyc.org.

Thank you in advance for your consideration.

Sincerely,  
[REDACTED]  
Chief Financial Officer

c: [REDACTED] Executive Director, [REDACTED]  
[REDACTED], VP, Health Care Planning, PPNYC  
[REDACTED] Chief Executive Officer, PPNYC  
[REDACTED], VP, Clinical Services, PPNYC

*6/30/08*

[REDACTED]

**Certificate of Need Application**

**Seeking Approval for a Proposed PPNYC Extension  
Clinic on Staten Island**

June 30, 2008

Planned Parenthood of New York City, Inc.



## **Proposed PPNYC Extension Clinic on Staten Island**

### CON Application – Contents:

#### Schedule 1 – Forms Required for All Applicants

Schedule 1a: General Information

Schedule 1b: Abbreviated Executive Summary

Schedule 1c: Other Facilities Owned or Controlled by the Applicant

**Attachment 1:** PPNYC Board Resolution

#### Schedule 3 – Legal Issues

Schedule 3a: General Instructions and Definitions For Legal Schedules

Schedule 3b: Basic Legal Information and Documentation

**Attachment 2:** PPNYC Lease Agreement

**Attachment 3:** PPNYC Organization Chart

**Attachment 4:** PPNYC Board of Directors

**Attachment 5:** PPNYC Articles of Incorporation

**Attachment 6:** PPNYC By-Laws

#### Schedule 6 – Architectural Submission

**Attachment 7:** PPNYC Functional Space Program

**Attachment 8:** PPNYC Architectural Narrative

**Attachment 9:** PPNYC Schematic Drawings

**Attachment 10:** PPNYC Architect's Letter

#### Schedule 7 – Environmental Assessment

#### Schedule 8 – Project & Subproject Cost Summary

Schedule 8a: Summarized Project Cost and Construction Dates

Schedule 8b: Total Project Cost for Projects without Subprojects

#### Schedule 9 – Project Financing

**Attachment 11a:** PPNYC 2007 Financial Statements

**Attachment 11b:** PPNYC YTD Financial Statements as of May 31, 2008

**Attachment 12:** HEAL VI Application (“Eligible Applicant” Section)

#### Schedule 10 – Space & Construction Cost Distribution

#### Schedule 11 – Moveable Equipment

Schedule 13 – Forms Applicable to all Article 28 Facilities

Schedule 13a: Assurances

Schedule 13b: Staffing

Schedule 13c: Annual Operating Costs

Schedule 13d: Annual Operating Revenue

**Attachment 13:** PPNYC Medical Director CV

**Attachment 14:** PPNYC Hospital Affiliation Agreement

**Attachment 15:** PPNYC Depreciation & Rent Expense Calculation

Schedule 17 – Forms Specific to Diagnostic and Treatment Centers

Schedule 17a: D&TC Program Information

Schedule 17b: D&TC Community Need

Schedule 17c: Impact of CON Application on D&TC Operating Certificate

Schedule 17d: D&TC Allocation of Operating Costs

Schedule 17e: D&TC Statement of Revenue

**Attachment 16:** PPNYC Letters of Support

# **Schedule 1 - Forms Required From All CON Applications**

## **Contents:**

- **Schedule 1 A - General Information.**
- **Schedule 1 B - Abbreviated Executive Summary**
- **Schedule 1 C - Other Facilities Owned or Controlled by the Applicant**

**New York State Department of Health  
Certificate of Need Application**

**Schedule 1A**

**Contacts:**

Applicant should identify the operator's chief executive officer, or equivalent official, to whom all official correspondence from DOH about this application should be addressed

<b>CHIEF EXECUTIVE</b>	NAME AND TITLE OF CHIEF EXECUTIVE		
	[REDACTED] Chief Executive Officer		
	STREET & NUMBER		
	[REDACTED]		
	CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	
TELEPHONE		FAX NUMBER	E-MAIL ADDRESS
[REDACTED] 2		[REDACTED]	[REDACTED]@ppnyc.org

Applicant may designate a second person to whom copies of all official correspondence from DOH about this application should be addressed. (This could be the applicants attorney, or a consultant)

<b>CONTACT INFORMATION</b>	CONTACT PERSON'S COMPANY	NAME AND TITLE OF CONTACT PERSON	
	Planned Parenthood of New York City, Inc.	[REDACTED] Chief Financial Officer	
	STREET & NUMBER		
	[REDACTED]		
	CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	
TELEPHONE		FAX NUMBER	E-MAIL ADDRESS
[REDACTED]		[REDACTED]	[REDACTED]@ppnyc.org

The applicant's lead attorney should be identified:

<b>ATTORNEY</b>	NAME		
	Nixon Peabody LLP (Peter Millock)		
	STREET & NUMBER		
	Omni Plaza, Suite 900, 30 South Pearl Street		
	CITY	STATE	ZIP
Albany	NY	12207-3497	
TELEPHONE		FAX NUMBER	E-MAIL ADDRESS
518-427-2650		518-427-2666	pmillock@nixonpeabody.com

If a consultant prepared the application, the consultant should be identified:

<b>CONSULTANT</b>	NAME		
	Hudson Planning Group, Inc.		
	STREET & NUMBER		
	80 Broad Street, 28 <sup>th</sup> Floor		
	CITY	STATE	ZIP
New York	NY	10004	
TELEPHONE		FAX NUMBER	E-MAIL ADDRESS
212-901-2460		212-968-0391	achepaitis@hudsonplanning.org

**New York State Department of Health  
Certificate of Need Application**

**Schedule 1A**

The applicant's lead accountant should be identified:

<b>ACCOUNTANT</b>	NAME		
	RSM McGladrey, Inc. (Alan Woghin)		
	STREET & NUMBER		
	1185 Avenue of the Americas, 19th Floor		
	CITY	STATE	ZIP
	New York	NY	10036-2602
	TELEPHONE	FAX NUMBER	E-MAIL ADDRESS
212-372-1608	212-372-1081	alan.woghin@rsmi.com	



Checklist of Schedules Included in This Application

Schedule Number	Schedule Name	Required	Included
1	General Information forms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2a	Personal Qualifying Information	<input type="checkbox"/>	<input type="checkbox"/>
2b	Personal Financial Statement	<input type="checkbox"/>	<input type="checkbox"/>
2c	Not-For-Profit Director's Statement	<input type="checkbox"/>	<input type="checkbox"/>
3a	Basic Definitions & General Instructions For Legal Schedules	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3b	Basic Legal Information and Documentation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Ownership Transfers Only- Additional Legal Information For All Articles	<input type="checkbox"/>	<input type="checkbox"/>
5	Working Capital Financing Plan (Not Applicable for Article 7)	<input type="checkbox"/>	<input type="checkbox"/>
6	Architectural Submission	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Environmental Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	Project & Subproject Cost Summary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	Proposed Plan For Project Financing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	Space & Construction Cost Distribution	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	Movable Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12a	Adult Care Facilities Program Information	<input type="checkbox"/>	<input type="checkbox"/>
12c	Architectural	<input type="checkbox"/>	<input type="checkbox"/>
12d	Project Financing or Lease	<input type="checkbox"/>	<input type="checkbox"/>
12e	Projected Start Up Operating Budget- (2 Years)	<input type="checkbox"/>	<input type="checkbox"/>
12f	Operating Budget- Adult Care Facility -Full Occupancy	<input type="checkbox"/>	<input type="checkbox"/>
13a	Assurances	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13b	Staffing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13c	Annual Operating Costs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13d	Annual Operating Revenues	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16a	Hospital Program Information	<input type="checkbox"/>	<input type="checkbox"/>
16b	Community Need	<input type="checkbox"/>	<input type="checkbox"/>
16c	Impact of CON Application - Hospital Operating Certificate	<input type="checkbox"/>	<input type="checkbox"/>
16d	Hospital Outpatient Departments	<input type="checkbox"/>	<input type="checkbox"/>
16e	Hospital Utilization/Discharge and Patient Days	<input type="checkbox"/>	<input type="checkbox"/>
16f	Hospital Facility Access	<input type="checkbox"/>	<input type="checkbox"/>
17a	Diagnostic & Treatment Center Program Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17b	Community Need	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17c	Impact of CON Application - D&TCs Operating Certificate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17d	D&TC Allocation of Operating Costs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17e	D&TC Statement of Revenue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	RHCFs Only	<input type="checkbox"/>	<input type="checkbox"/>
18a	Residential Health Care Facility (RHCF) Program Information	<input type="checkbox"/>	<input type="checkbox"/>
18b	Impact of CON Application - RHCF Operating Certificate	<input type="checkbox"/>	<input type="checkbox"/>
18c	RHCF Space & Construction Cost Distribution	<input type="checkbox"/>	<input type="checkbox"/>
18d	RHCF Statement of Functional Expenses	<input type="checkbox"/>	<input type="checkbox"/>
18e	RHCF Analysis of Net Patient Revenue & Total Operating Revenue	<input type="checkbox"/>	<input type="checkbox"/>
19a	Adult Day Health Care Programs (ADHCP) Program Information	<input type="checkbox"/>	<input type="checkbox"/>
19b	ADHCP Services-Staffing/Program Information	<input type="checkbox"/>	<input type="checkbox"/>
20a	OMH Component (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>
20b	OASAS Component (If Applicable) -To Be Added	<input type="checkbox"/>	<input type="checkbox"/>
20c	OMRDD Component (If Applicable) -To Be Added	<input type="checkbox"/>	<input type="checkbox"/>
21a	CHHAs and LTHHCP Program Information	<input type="checkbox"/>	<input type="checkbox"/>
21b	Impact of CON Application - CHHAs & LTHHCP Operating Certificate	<input type="checkbox"/>	<input type="checkbox"/>
21d	CHHA/LTHHCP Operating Cost	<input type="checkbox"/>	<input type="checkbox"/>
21e	CHHA/LTHHCP Projected Operating Revenue	<input type="checkbox"/>	<input type="checkbox"/>
21f	CHHA/LTHHCP Projected Utilization By Payer Category	<input type="checkbox"/>	<input type="checkbox"/>
22a	Hospices Program Information	<input type="checkbox"/>	<input type="checkbox"/>
22b	Impact of CON Application - Hospices Operating Certificate	<input type="checkbox"/>	<input type="checkbox"/>
22d	Hospices Operating Costs	<input type="checkbox"/>	<input type="checkbox"/>
22e	Hospices Utilization and Revenue Estimates	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule 1 B - Abbreviated Executive Summary**

**Instructions:**

In the space below, i.e., no more than one page, provide a succinct overview of your proposal. This may be done in bullet format. The purpose of the Abbreviated Executive Summary (AES) is to give the reviewer a conceptual understanding of the proposal. The AES should summarize the key elements of the proposed project. Details will be contained in the appropriate schedules of the application.

For more than 90 years, Planned Parenthood of New York City, Inc. (PPNYC) has been a beacon of hope for the thousands of women, teens, and families who rely on it for essential reproductive health care, innovative educational programs, and effective advocacy. PPNYC requests funding to establish an Article 28 extension clinic at [REDACTED] in Staten Island, at a facility currently occupied by [REDACTED]. Through a collaborative agreement with [REDACTED] PPNYC will provide over 50 family planning visits per week to the young people of Staten Island in a 750 square foot extension clinic.

Since 1988, [REDACTED] has educated Staten Islanders about HIV and AIDS, and advocated for HIV-positive individuals in the borough. In 2004, [REDACTED] began providing basic sexual and reproductive health (SRH) services including gynecological exams, and HIV/STI counseling and testing to young people in the area, working in collaboration with a community-based physician and using public grant funds to help offset the costs of a very modest operation.

With an extension clinic located in space leased from [REDACTED] PPNYC will provide a range of SRH services for which there has been increasing demand, including gynecological exams, birth control counseling and provision, emergency contraception, STI screening and treatment, HIV counseling and testing and male reproductive health services. Key to the anticipated success of this exciting collaboration is PPNYC's ability to operate on-site public insurance screening and enrollment, which will help to ensure the clinic's financial viability, while providing clients with insurance coverage that can be used to procure SRH and other primary care services.

PPNYC will enter into a long-term lease for the space, which requires moderate renovation in order to bring it into compliance with construction sections of the State Hospital Code. PPNYC has commissioned Perkins Eastman Architects, who have evaluated the facility and developed plans for the required work. Architectural drawings for the existing and proposed space have been included as attachments to this application. Plans to renovate the space include the establishment of negative airflow, the construction of clean and soiled workrooms, creation of a patient restroom, and the creation of two counseling spaces for social workers and entitlement counselors.

**New York State Department of Health  
Certificate of Need Application**

**Schedule 1C**

**Schedule 1 C - Other Facilities Owned or Controlled by the Applicant**

(Establishment Applications only)

Does the applicant or any related entity (parent, member or subsidiary corporation) operate or control any of the following in New York State?

FACILITY TYPE - NEW YORK STATE	FACILITY TYPE CODE	
Hospital	HOS	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Nursing Home	NH	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Diagnostic and Treatment Center	DTC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Licensed Home Care Services Agency	LHH	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Certified Home Health Agency	CHH	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Hospice	HSP	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Adult Home	ADH	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Assisted Living Program	ALP	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Long Term Home Health Care Program	LTC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Enriched Housing Program	EHP	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Health Maintenance Organization	HMO	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	OTH	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**New York State Department of Health  
Certificate of Need Application**

**Schedule 1C**

For each facility or agency referenced above, enter the name, the PFI and facility type in the chart below.

	<b>FACILITY NAME:</b>	<b>PFI</b>	<b>FACILITY TYPE</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

**New York State Department of Health  
Certificate of Need Application**


**Schedule 1C**

In addition to the information provided on the above chart, provide a complete list of all health care, adult care, behavioral, or mental health facilities, programs or agencies located outside New York State that are affiliated with the applicant corporation, as well as with parent, member and subsidiary corporations. For each health care entity identified, provide the full name, address, and type of services provided. In conjunction with this list, provide documentation from the regulatory agency in the state(s) where affiliations are noted, reflecting that the facilities/programs/agencies have operated in substantial compliance with applicable codes, rules and regulations for the past ten years (or for the period of the affiliation, whichever is shorter). To assist you in securing this information, a recommended form and a sample letter of inquiry are provided in Schedule 2 D.

Please list the facilities outside of New York State that are owned or controlled by the applicant:

	<b>FACILITY NAME AND ADDRESS:</b>	<b>Services provided:</b>	<b>STATE/ COUNTRY</b>	<b>FACILITY TYPE</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*Attachment #1*

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City (** **)**  
Date: June 30, 2008

**Board Resolution**  
**Staten Island Extension Clinic**

April 17, 2008

**Whereas**, Planned Parenthood of New York City, Inc. (PPNYC) is committed to the goal of increasing access to high quality sexual and reproductive health services among all segments of the New York City population;

and

**Whereas**, [REDACTED] a highly regarded community-based organization offering a number of health-related services to young people and others at risk for HIV/AIDS on Staten Island, has expressed an interest in working with PPNYC to bring sexual and reproductive health services to the communities it serves;

and

**Whereas**, high quality, confidential sexual and reproductive health services are not abundantly available on Staten Island, nor accessible to young people, immigrants, the working poor and other vulnerable populations;

and

**Whereas**, preliminary plans and budgets suggest that PPNYC will be able to offset the costs associated with operation of an extension clinic in renovated, rented space on Staten Island with Medicaid and other third party revenue, and public and private grants;

and

**Whereas**, PPNYC seeks to have a Staten Island health center added to its operating certificate as a licensed extension clinic;

be it therefore

**Resolved**, that the Board of Directors authorizes submission of a Certificate of Need (CON) application to the New York State Department of Health seeking approval for the addition of a health center to its operating certificate as a licensed extension clinic.

[REDACTED]  
Chief Executive Officer

[REDACTED]  
Chair, Board of Directors

# Schedule 3

## CON Forms Related to Legal Issues

### Contents:

- **Schedule 3A - General Instructions and Definitions For Legal Schedules (No data entry required - informational schedule only)**
- **Schedule 3B – Basic Legal Information and Documentation**



## Schedule 3A: General Instructions and Definitions For Legal Schedules

This schedule applies to all Establishment and Full Construction Applicants and some Administrative Applications.

### Definitions

1. "PHL" refers to the New York State Public Health Law.
2. "SSL" refers to the New York State Social Services Law.
3. "10 NYCRR" refers to Title 10 (Health) of the Official Compilation of the Codes, Rules and Regulations of the State of New York.
4. "18 NYCRR" refers to Title 18 (Social Services) of the Official Compilation of the Codes, Rules and Regulations of the State of New York.
5. "Department" refers to the New York State Department of Health.
6. "Commissioner" refers to the Commissioner of the Department.
7. "Article 28" refers to Article 28 of the PHL, which governs general hospitals, nursing homes and diagnostic and treatment centers.
8. "Article 36" refers to Article 36 of the PHL, which governs certified home health agencies and long term home health care programs.
9. "Article 40" refers to Article 40 of the PHL, which governs hospices.
10. "Article 44" refers to Article 44 of the PHL, which governs health maintenance organizations.
11. "Article 7" refers to Article 7 of the SSL, which governs adult homes, enriched housing programs and residences for adults.
12. "Facility" refers to all types of facilities, institutions, agencies or other entities regulated under Articles 7, 28, 36, 40, or 44.

### General Instructions

1. Unless otherwise specifically indicated, the required paper copies of legal documentation submitted should be photocopies of fully executed original documents and **not** the originals themselves. The electronic copies of legal documents should be legible scanned images in PDF format of fully executed original documents.
2. Whenever a requested legal document has been amended, modified, or restated, all amendment(s), modification(s) and/or restatement(s) should also be submitted.
3. Attachments to legal schedules should be numbered sequentially for each particular schedule. The list of attachments should be completed for each required schedule, with either the number of the attachment or a check in the "Not Applicable" column. In instances where the "Not Applicable" option is not offered, inclusion of the documentation is mandatory.

### Schedule 3B – Basic Legal Information and Documentation

**Instructions:**

1. The following applicants must complete Part I in its entirety:
  - a. All Article 7 applicants.
  - b. Article 28 applicants seeking establishment or combined establishment and construction approval.
  - c. Article 36 applicants seeking establishment approval.
  - d. Article 40 applicants seeking establishment approval.
  
2. The appropriate section of Part II must also be completed, depending on the applicant's type of legal entity, as follows:
  - a. Applicants that are sole proprietors must complete Section A.
  - b. Applicants that are general partnerships must complete Section B.
  - c. Applicants that are registered limited liability partnerships must complete Section C.
  - d. Applicants that are not-for-profit corporations must complete Section D.
  - e. Applicants that are business corporations must complete Section E
  - f. Applicants that are limited liability companies must complete Section F.
  
3. All Article 28 applicants must complete Part III in its entirety.

*N.B.: Whenever a requested legal document has been amended, modified, or restated, all amendment(s), modification(s) and/or restatement(s) should also be submitted.*

**I. All Applicants**

- A. Is the name of the facility different from the name of the applicant's legal entity?  
 Yes       No

If yes, submit the Certificate of Assumed Name. Attachment #

- B. Is the applicant a natural person?       Yes       No

If no, type of legal entity:

- Sole Proprietor (See II.A. below)  
 General Partnership (See II.B below)  
 Registered Limited Liability Partnership (See II.C below)  
 Not-for-Profit Corporation (See II.D below)  
 Business Corporation (See II.E below)  
 Limited Liability Company (See II.F below)  
 Other, specify

- C. For Article 36 applicants only: Does the applicant have any partners, members or stockholders that are not natural persons?  
 Yes       No

If yes, the applicant must comply with the requirements of PHL 3611.

- D. For Article 36 business corporations only: Is the corporation publicly traded?  
 Yes       No

If yes, submit the most recently filed Securities Exchange Commission Form 10K.  
 Attachment # N/A.

E. Submit documentation of how the applicant has or will obtain site control. Lease agreements for Article 28 facilities, and for hospice residences and the inpatient components of Article 40 facilities, must contain the language set forth in 10 NYCRR 600.2(d) or 790.2(d), respectively. Attachment # 2: Lease Agreement.

F. Are any of the directors or owners (partners, stockholders or members) of the applicant physicians who are in a position to make referrals to the facility?  
 Yes       No

If yes, submit a signed statement that the proposed financial/referral structure has been assessed in light of anti-kickback and self-referral laws, with the consultation of legal counsel, and it is concluded that proceeding with the proposal is appropriate.  
 Attachment # N/A.

G. Submit an organizational chart showing the applicant's legal structure.  
 Attachment # 3: PPNYC Organizational Chart.

H. Does the applicant intend to enter into any agreement(s) involving the management, administrative, billing and/or consulting services for the facility, including, but not limited to, operational policies.  
 Yes       No

If yes, submit the proposed agreement(s) and the remaining questions in this part I.  
 Attachment # N/A.

If no, skip to Part II as applicable.

I. Has the proposed management entity previously received establishment approval under either Article 7, 28, 36 or 40 of the PHL?  
 Yes       No

J. Enter on the following chart, the addresses of the facilities/agencies owned, operated or managed by the proposed management entity and the time period that each was owned, operated or managed by the proposed management entity. Include out-of-state entities. Attach additional sheets, if necessary.  
 Attachment #     .

Facility Name	Type of Facility	Facility Address	Time Period Owned or Managed

K. For each facility named in Question J above, documentation must be submitted reflecting its current and past compliance with the applicable regulations in the state in which it operates. This information is required for the most recent ten-year period, or for the period it was owned, operated or managed by the proposed management entity, whichever is less. See Schedule 2D for instructions on how to acquire this documentation.

- L. Has the proposed management entity been the subject of an administrative action related to the ownership, operation or management of any health care facility or agency?  
 Yes       No

If yes, provide further details regarding the administrative action in the space below.

- M. Are there any criminal actions pending against the proposed management entity?  
 Yes       No

If yes, provide further details regarding the criminal action in the space below.

- N. Are there now or have there been any civil or administrative actions initiated by either the Medicare or Medicaid programs against the proposed management entity?  
 Yes       No

If yes, provide further details regarding the administrative action in the space below.

**II. Additional Documentation Depending on Type of Legal Entity**

Submit the following legal documentation as applicable for the applicant's type of legal entity.

**A. Sole Proprietors**

1. Name of Individual Proprietor:

2. Certificate of Doing Business: Attachment # .

3. Schedules 2A and 2B

**B. General Partnerships**

1. On the following chart, list the partners, partnership interest and percentage ownership for each partner. Attach additional sheets if necessary.  
 Attachment # .

Partner Name	Partnership Interest	Percentage Ownership

2. Partnership Agreement: Attachment #
3. Certificate of Doing Business as a Partnership: Attachment #
4. Schedules 2A and 2B for each partner

**N.B.** Partnership agreements for Article 28, Article 36 and Article 40 applicants must contain the language set forth in 10 NYCRR 600.1(5)(ii), 760.2 (c)(2) or 790.1 (c)(2), respectively. Refer to Schedule 12B, Part II for language that must be included in partnership agreements for Article 7 general partnerships.

**C. Registered Limited Liability Partnerships**

1. On the following chart, list the partners, partnership interest and percentage ownership for each partner: Attach additional sheets if necessary. Attachment #

Partner Name	Partnership Interest	Percentage Ownership

2. Partnership Agreement: Attachment #
3. Certificate of Doing Business as a Partnership: Attachment #
4. Certificate of Registration: Attachment #
5. Schedules 2A and 2B for each partner

**N.B.** Registered limited liability partnerships are not a proper entity for adult care facilities. See 600.1(5)(ii) of 10 NYCRR for language that must be included in partnership agreements for Article 28 registered limited liability partnerships.

**D. Not-for-Profit Corporations**

1. Does the corporation have any members?  Yes  No

If yes, list the names of the members below.

2. On the following chart, list the names of the officers and directors of the applicant corporation and indicate the position held by each. Attach additional sheets if necessary. Attachment #4: PPNYC Board of Directors

Officer/Director Name	Position Held

3. Certificate of Incorporation: Attachment #5: Articles of Incorporation.
4. Bylaws: Attachment #6: PPNYC By-laws.
5. If the applicant is not a New York corporation, Application for Authority to Do Business in New York: Attachment #N/A.
6. Schedule 2A for each director
7. Schedule 2B for directors who contribute capital in support of the project
8. Schedule 2C for directors who do not contribute capital in support of the project

**E. Business Corporations**

1. On the following chart, list the stockholders, stock interest and percentage of ownership for each stockholder. Attach additional sheets if necessary. Attachment #

Stockholder Name	Stock Interest	Percentage Ownership

2. On the following chart, list the names of the officers and directors of the applicant corporation and indicate the position held by each. Attach additional sheets if necessary. Attachment # .

Officer/Director Name	Position Held


3. Certificate of Incorporation: Attachment # .
4. Bylaws: Attachment # .
5. If the applicant is not a New York corporation, Application for Authority to Do Business in New York: Attachment # .
6. Schedule 2A for each officer, director and stockholder
7. Schedule 2B for each stockholder

**N.B.** Only stockholders who own ten percent or more of a certified home health agency's issued stock must submit Schedule 2B. Stockholders of all other applicants, regardless of percentage ownership, must submit Schedule 2B.

**F. Limited Liability Companies**

1. On the following chart, list the members, membership interest and percentage of ownership for each member. Attach additional sheets if necessary. Attachment # .

Member Name	Membership Interest	Percentage Ownership

2. List the managers below.

--

3. Articles of Organization: Attachment # .
4. Operating Agreement: Attachment # .
5. If the applicant is not a New York limited liability company, Application for Authority to Do Business in New York: Attachment # .

- 6. Schedule 2A for each member and manager
- 7. Schedule 2B for each member

**N.B.** Only members who own ten percent or more of a CHHA's membership interest must submit Schedule 2B. Members of all other applicants, regardless of percentage of ownership, must submit Schedule 2B.

**III. Representative Governance**

**A. Ownership**

- 1. Is the applicant, or any of its owners, employed by, an owner, officer, director, or manager of, or in any way affiliated with, or acting on behalf, or for the benefit of, an outside entity which will be involved with (including through a lease, contract or agreement), or benefit from, the ownership or operation of the proposed facility?  
 Yes     No

If yes, in the space below, identify the outside entity and the nature of the relationship.

- 2. Are there any contractual restrictions, existing or proposed, on the ability of the owners of the applicant to assign, transfer or sell their ownership interests or voting rights in the applicant?     Yes     No

If yes, provide copies of the existing or proposed arrangements.  
Attachment # N/A.

**B. Consulting/Administrative Agreements**

- 1. Does this proposal include a consulting or administrative agreement?  
 Yes     No

If no, skip to Section C.

If yes, attach a copy of this agreement (if not already submitted with the CON), and continue with the questions in this section.

Attachment # .

- 2. Describe in the space below the services to be provided under the agreement.

- 3. Describe in the space below the relationship between the applicant/operator and the consultant.

- 4. Who/what owns the consultant entity?



5. Who will manage the subject facility on a day-to-day business?

6. Who employs the facility manager?

7. Will there be any subcontracts or assignments with other entities?

Yes  No

If yes, attach copies of the agreements. Attachment #

Describe the agreements:

8. What percentage of facility revenues flow to the consultant?

%

9. Is the consultant also an equipment lessor for the facility?

Yes  No

10. Is the consultant a real property lessor for the facility?

Yes  No

11. Who is responsible for financial decisions and by whom is this person is employed?

**C. Financing**

Will another entity provide financing for this CON project?

Yes  No

If yes, define the lender and it relationship to the applicant and consultant.

Completed by:

Enter Name:

Enter Date:

**SCHEDULE 3B ATTACHMENTS**

Complete the section labeled "All Applicants." Then, check the box(es) that apply to your organizational structure and enter the corresponding information for each attached document. If the document is not applicable, enter "N/A" in the column labeled "Attachment Title."

DOCUMENT	ATTACHMENT TITLE	ATTACH #	ELECTRONIC FILE NAME*
<b>ALL APPLICANTS</b>			
Certificate of Assumed Name			
Form SEC 10K			
Documentation of Site Control	PPNYC Lease Agreement	2	PPNYC Lease Agreement
Anti-Kickback Statement			
Organizational Chart	PPNYC Org Chart	3	PPNYC Org Chart
Management Agreement			
List of Out-of-State Entities			
<input type="checkbox"/> <b>SOLE PROPRIETORS</b>			
Certificate of Doing Business			
<input type="checkbox"/> <b>GENERAL PARTNERSHIPS</b>			
List of Additional Partners			
Partnership Agreement			
Certificate of Doing Business as a Partnership			
<input type="checkbox"/> <b>REGISTERED LIMITED LIABILITY PARTNERSHIPS</b>			
List of Additional Partners			
Partnership Agreement			
Certificate of Doing Business as a Partnership			
Certificate of Registration			
<input checked="" type="checkbox"/> <b>NOT-FOR-PROFIT CORPORATIONS</b>			
List of Additional Officers & Directors	PPNYC Board of Directors	4	PPNYC Board of Directors
Certificate of Incorporation	PPNYC Articles of Incorporation	5	PPNYC Articles of Incorporation
Bylaws	PPNYC By-Laws	6	PPNYC By-Laws
Application for Authority to do Business in NYS			

\* PDF Format Preferred

**SCHEDULE 3B ATTACHMENTS (continued)**

DOCUMENT	ATTACHMENT TITLE	ATTACH #	ELECTRONIC FILE NAME*
<input type="checkbox"/> <b>BUSINESS CORPORATIONS</b>			
List of Additional Stockholders			
List of Additional Officers & Directors			
Certificate of Incorporation			
Bylaws			
Application for Authority to do Business in NYS			
<input type="checkbox"/> <b>LIMITED LIABILITY COMPANIES</b>			
List of Additional Members			
Articles of Organization			
Operating Agreement			
Application for Authority to do Business in NYS			
<input type="checkbox"/> <b>REPRESENTATIVE GOVERNANCE</b>			
Restrictions on Ability of Applicant to Assign Ownership			
Consulting/Administrative Agreement			
Subcontracts or Assignments with Other Entities			
<b>OTHER ATTACHMENTS (SPECIFY)</b>			

\* PDF Format Preferred

**Attachment #2**

**Project Name: Proposed PPNYC Extension Clinic on Staten Island**  
**Facility: Planned Parenthood of New York City ( [REDACTED] )**  
**Date: June 30, 2008**

Lease Agreement  
draft

This Lease Agreement ("Lease") is made and effective June 26, 2008, by and between [REDACTED] (" [REDACTED] ") and Planned Parenthood of New York City ("PPNYC"). [REDACTED] is the primary tenant of the property commonly known and numbered as [REDACTED] Staten Island, New York ("Building").

[REDACTED] makes available for lease a portion of the Building designated as the 708 square-foot space depicted in the architectural drawing presented as Exhibit A, (the "Leased Premises").

THEREFORE, in consideration of the mutual promises herein contained and other good and valuable consideration, it is agreed:

1. **Term.**

[REDACTED] hereby leases the Leased Premises to PPNYC for an "Initial Term" beginning *October 1, 2008* and ending *December 31, 2014*, and renewing annually thereafter upon the agreement of both parties. Either party can cancel the Lease at any time upon one hundred and twenty (120) days advance written notice to the other party, as set forth in Section 5 of this agreement.

2. **Rental.**

PPNYC shall pay to [REDACTED] during the Initial Term rental of \$1,700.00 per month. Each payment shall be due in advance on the first day of each calendar month to [REDACTED] at [REDACTED], [REDACTED] or at such other place designated by written notice from [REDACTED] or PPNYC. The rental payment amount for any partial calendar months included in the lease term shall be prorated on a daily basis. The rental rate is inclusive of the applicable utilities, housekeeping costs and security costs for the Leased Premises.

3. **Alterations, Improvements and Repairs.**

PPNYC, at PPNYC's expense, shall have the right, following [REDACTED] consent, to remodel, redecorate, and make additions, improvements and replacements of and to all or any part of the Leased Premises from time to time as PPNYC may deem desirable, provided the same are made in a workmanlike manner and utilizing good quality materials. During the Lease term, PPNYC shall make, at PPNYC's expense, all necessary repairs to the Leased Premises.

4. **Insurance.**

If the Leased Premises or any other part of the Building is damaged by fire or other casualty resulting from any act or negligence of PPNYC or any of PPNYC's agents, employees or invitees, rent shall not be diminished or abated while such damages are under repair, and PPNYC shall be responsible for the costs of repair not covered by insurance.

5. **Notice.**

Any notice required or permitted under this Lease shall be deemed sufficiently given or served if sent by United States certified mail, return receipt requested, addressed as follows:

If to [REDACTED] to:

[REDACTED]  
Executive Director

If to PPNYC to:

[REDACTED]  
Chief Financial Officer  
Planned Parenthood of New York City

6. **Compliance with Law.**

PPNYC shall comply with all laws, orders, ordinances and other public requirements now or hereafter pertaining to PPNYC's use of the Leased Premises. [REDACTED] shall comply with all laws, orders, ordinances and other public requirements now or hereafter affecting the Leased Premises.

7. **Final Agreement.**

This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. This Agreement may be modified only by a further writing that is duly executed by both parties.

8. **Governing Law.**

This Agreement shall be governed, construed and interpreted by, through and under the Laws of the State of New York.

IN WITNESS WHEREOF, the parties have executed this Lease as of the day and year first above written.

\_\_\_\_\_  
[REDACTED]  
Chief Financial Officer  
Planned Parenthood of New York City

\_\_\_\_\_  
Date

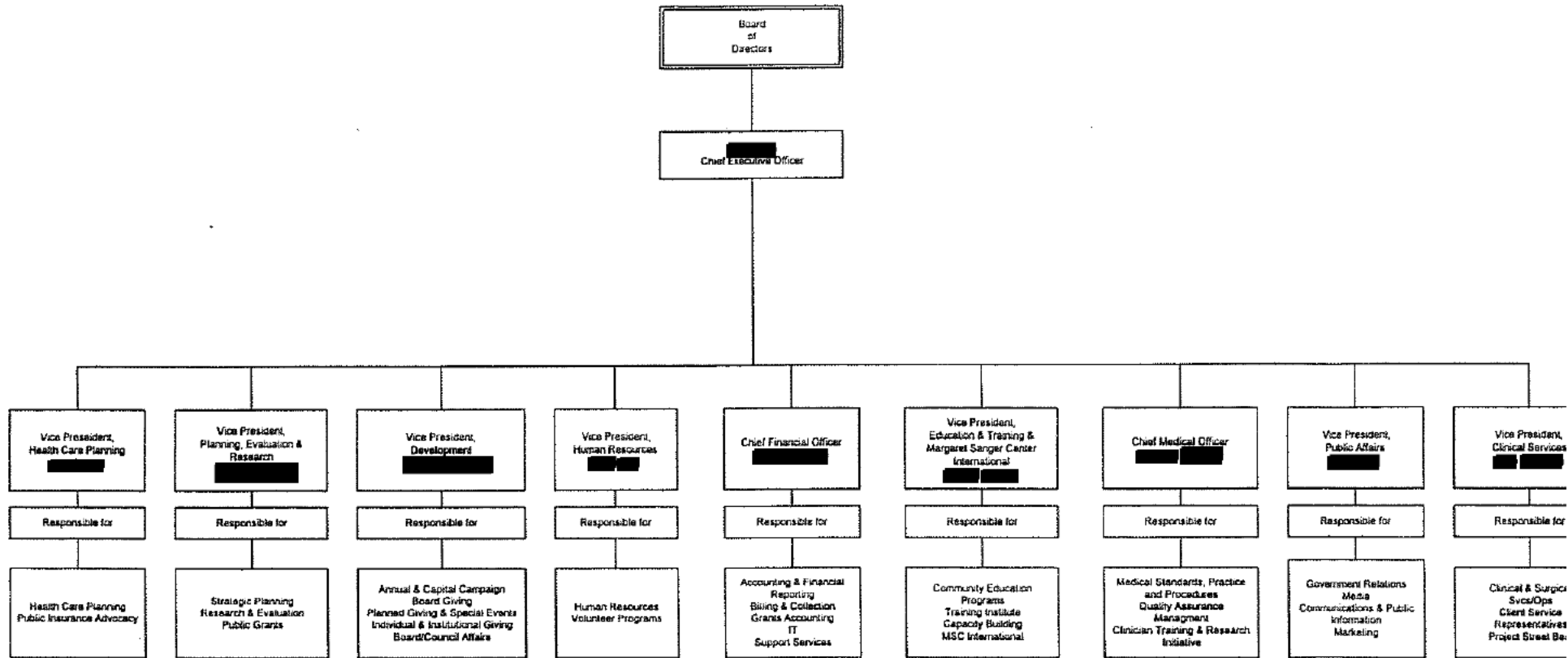
\_\_\_\_\_  
[REDACTED]  
Executive Director  
[REDACTED]

\_\_\_\_\_  
Date

**Attachment #3**

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City ( [REDACTED] )**  
Date: June 30, 2008

# Planned Parenthood of New York City, Inc.



Executive Staff  
2/2008



**Attachment #4**

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City ( [REDACTED] )**  
Date: June 30, 2008

Planned Parenthood of New York City  
Board of Directors  
7/1/08 - 6/30/09

	Last Name	First Name
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\* Board Chair

\*\* Treasurer

\*\*\* Secretary

**Attachment #5**

**Project Name: Proposed PPNYC Extension Clinic on Staten Island**  
**Facility: Planned Parenthood of New York City ( [REDACTED] )**  
**Date: June 30, 2008**

CERTIFICATE OF INCORPORATION

-of-

PLANNED PARENTHOOD OF NEW YORK CITY, INC.

We, the undersigned, desiring to form a corporation pursuant to the provisions of the New York Membership Corporation Law, hereby certify:

FIRST: The name of the proposed corporation is PLANNED PARENTHOOD OF NEW YORK CITY, INC.

SECOND: The purposes for which it is to be formed are:

(a) To establish, operate and maintain eleven (11) treatment and diagnostic centers engaged principally in providing medical services by or under the supervision of a physician, wherein medically approved birth-control information, advice and treatment will be provided within the meaning of subdivision 1 of Section 2801 of the Public Health Law of the State of New York;

(b) To provide leadership for the universal acceptance of family planning as an essential element of responsible parenthood, stable family life and social harmony;

(c) To provide information for family planning and study the social and economic consequences of various rates of population increase;

(d) To provide information about control of conception without regard to race, color or creed;

(e) To provide information and counselling for marriages, and to cooperate with other responsible agencies in this field;

(f) To provide the means, through referral and otherwise, for childless couples to obtain specialized medical advice on fertility problems;

(g) To provide medically approved birth control information in conformity with the laws of the State of New York;

(h) To promote research in the field of human reproduction;

(i) To operate on a non-profit, but self-sustaining basis. Corporation shall not be conducted or

operated for profit and no part of any net earnings of the Corporation shall inure to the benefit of any member or individual nor shall any of such net earnings on the property or assets of the Corporation be used otherwise than for charitable purposes, scientific, educational and/or religious purposes.

(j) No part of the activities of this corporation shall be devoted to carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene (including the publishing or distributing of statements) in any political campaign or on behalf of any candidate for public office.

(k) The corporation shall not carry on any activities not permitted to be carried on by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1954;

(l) To acquire property for corporate purposes by grant, gift, purchase,

devise or bequest and to hold and to dispose of the same subject to such limitations as are prescribed by statute;

(m) To enter into, make and perform contracts of a sort and description necessary to the activities of the corporation with any person, firm, association, corporation, body politic or government;

(n) To buy, acquire, own, hold, maintain, operate, manage, use, develop, improve, rent, lease, mortgage, sell, exchange, dispose and deal in real estate, improved or unimproved, and any and all interests or rights therein, subject to such limitations as are prescribed by law;

(o) To purchase, acquire, lease or otherwise hold, own, use and operate real or personal property or mixed as may be requisite for the transaction of its business or the conduct of its affairs;

(p) In general, to exercise such powers which now are or hereafter may be conferred by law upon a corporation

organized for the purposes hereinabove set forth, or necessary or incidental to the powers so conferred, or conducive to the attainment of the purposes of the corporation subject to such limitations as are or may be prescribed by law.

THIRD: Its operations are to be conducted principally within the United States.

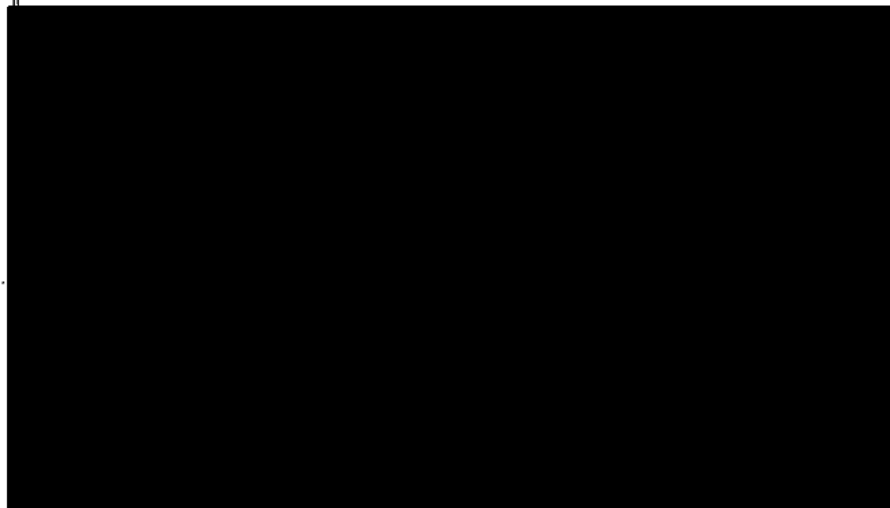
FOURTH: Its principal office is to be located in New York City, New York County, State of New York.

FIFTH: The number of its directors shall be not less than fifty (50) nor more than one hundred (100).

SIXTH: The names and residences of its directors until the first annual meeting are as follows:

Name

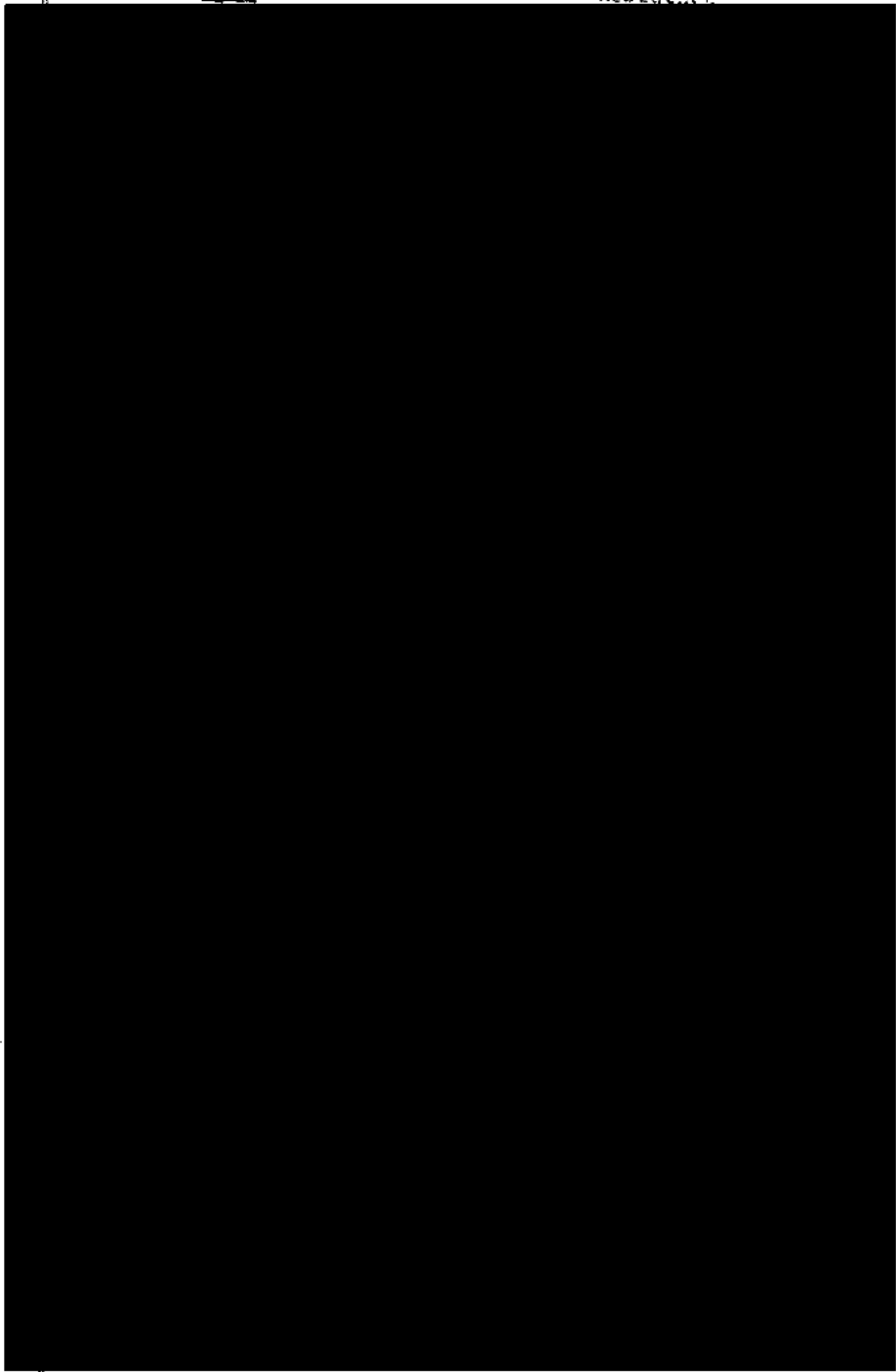
Residence





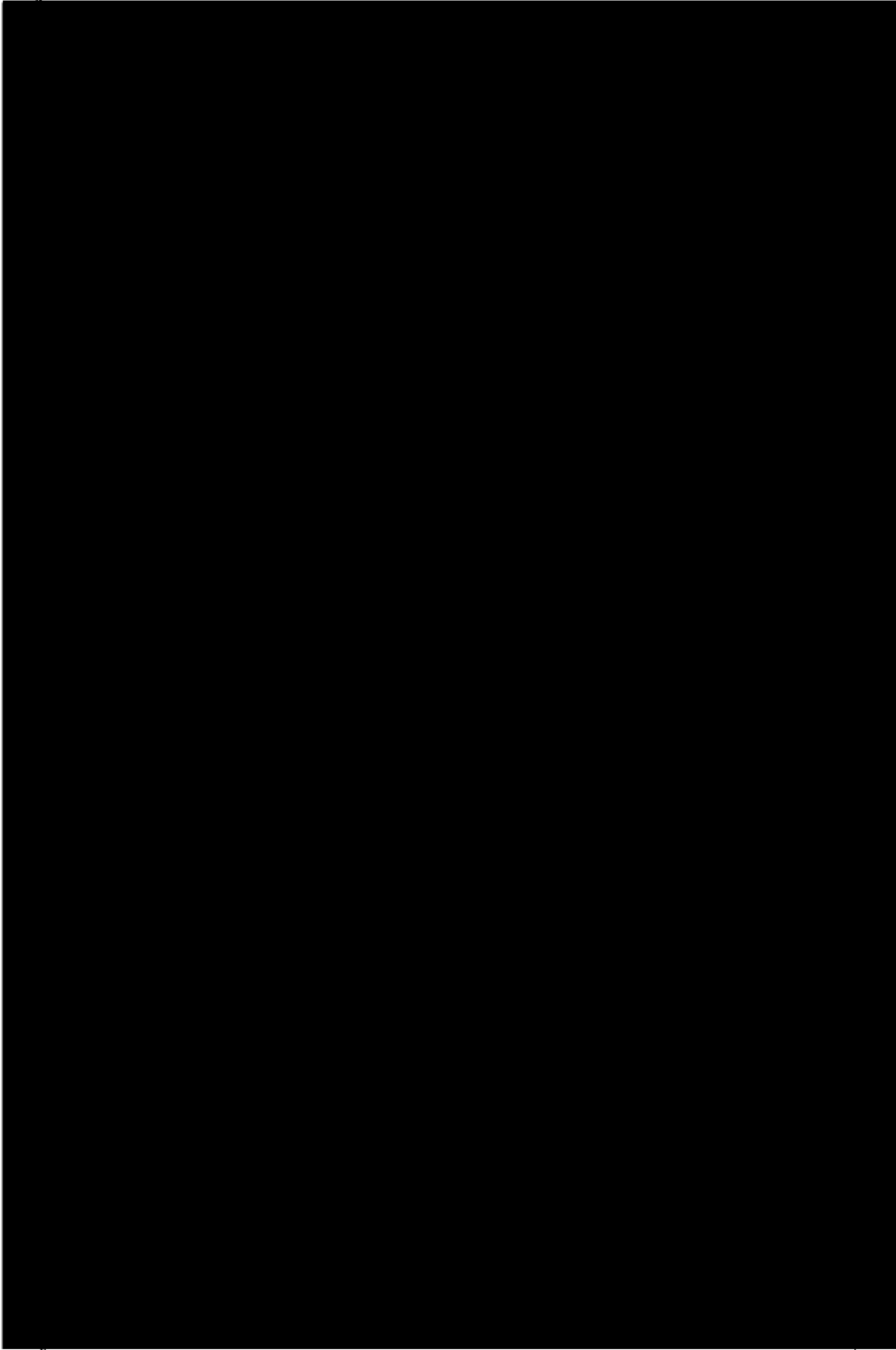
Name

Residence



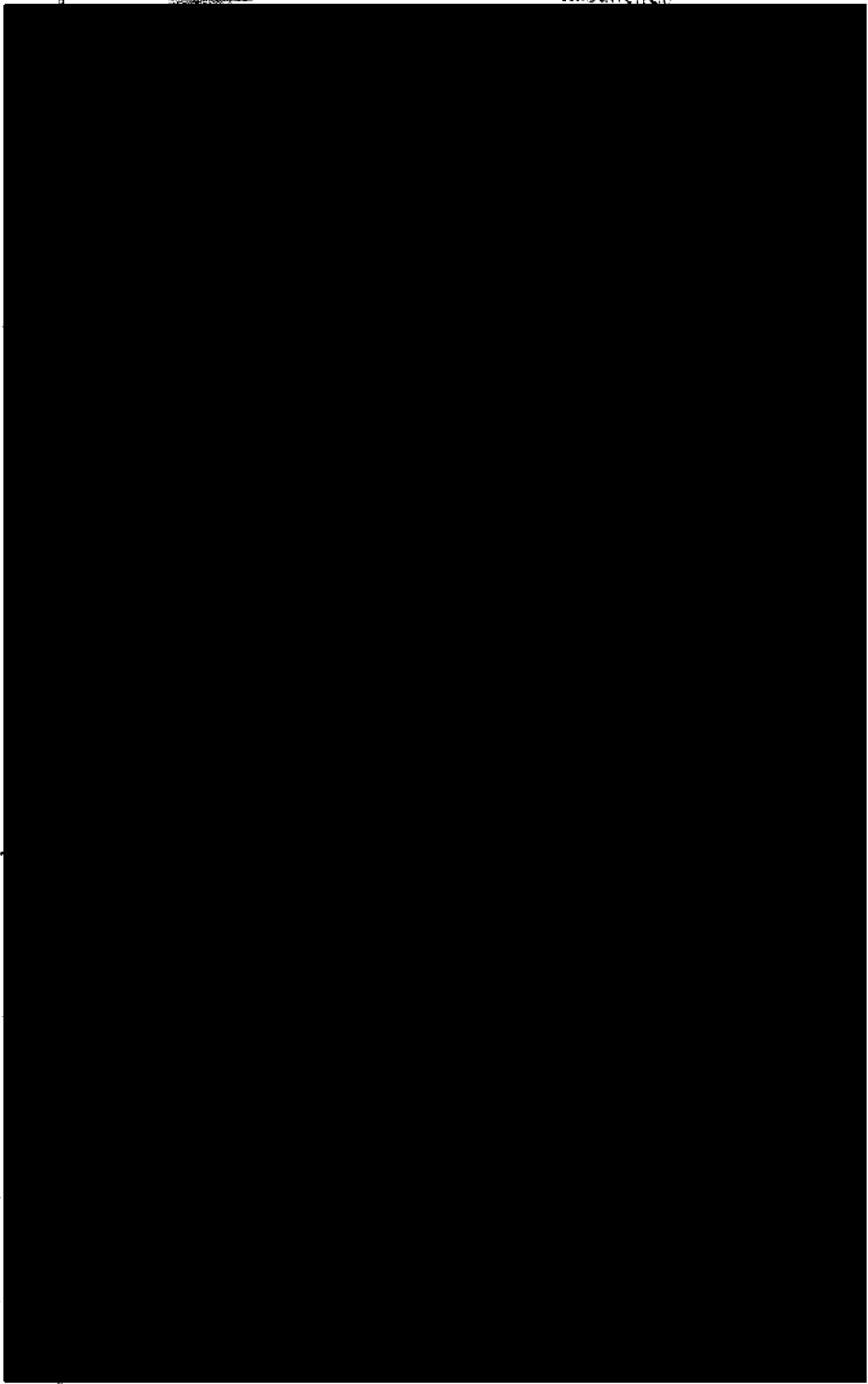
Name

Residence

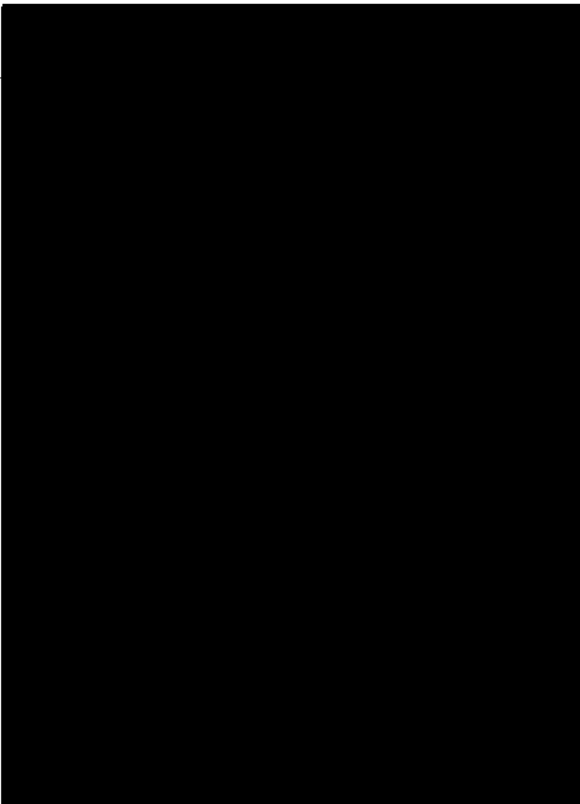


Name

Residence



and acknowledged this Certificate this 21<sup>st</sup> day of [redacted]  
1968. [redacted]



STATE OF NEW YORK )  
COUNTY OF NEW YORK) ss.:

On this [redacted] day of [redacted], 1968, before me personally came [redacted] to me known and known to me to be the same person described in and who executed the foregoing certificate of incorporation, and he thereupon duly acknowledged to me that he executed the same.

[Signature]  
Notary Public

STATE OF NEW YORK  
COUNTY OF [redacted] ss.:

On this 22<sup>nd</sup> day of July, 1968, before me personally came [redacted] to me known and known to me to be the same person described in and who executed the foregoing certificate of incorporation, and he thereupon duly acknowledged to me that he executed the same.

[Signature]  
Notary Public

STATE OF NEW YORK )  
COUNTY OF NEW YORK) ss.:

On this 15<sup>th</sup> day of July, 1968, before me personally came [redacted] to me known and known to me to be the same person described in and who executed the foregoing certificate of incorporation, and she thereupon duly acknowledged to me that she executed the same.

[Signature]  
Notary Public

STATE OF NEW YORK )  
COUNTY OF NEW YORK ) ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 1968, before me personally came [REDACTED], to me known and known to me to be the same person described in and who executed the foregoing certificate of incorporation, and she thereupon duly acknowledged to me that she executed the same.

/s/  
\_\_\_\_\_  
Notary Public

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) ss.:

On this 25<sup>th</sup> day of Feb., 1968, before me personally came [REDACTED], to me known and known to me to be the same person described in and who executed the foregoing certificate of incorporation, and she thereupon duly acknowledged to me that she executed the same.

/s/  
\_\_\_\_\_  
Notary Public

STATE OF NEW YORK )  
COUNTY OF NEW YORK ) ss.:

On this 24<sup>th</sup> day of Feb., 1968, before me personally came [REDACTED], to me known and known to me to be the same person described in and who executed the foregoing certificate of incorporation, and he thereupon duly acknowledged to me that he executed the same.

/s/  
\_\_\_\_\_  
Notary Public

I, \_\_\_\_\_, a Justice of the  
Supreme Court of the First Judicial District, hereby approve  
the foregoing Certificate of Incorporation.

Dated: Aug 17, 1923

/s/ Edward J. McLaughlin  
Justice of the Supreme Court

STATE OF NEW YORK

by

JOHN P. LOMENZO

Secretary of State and Custodian of the Great Seal, 177, 2001.

It is hereby Certified, That John J. Chozzi was, on the day of the date of the annexed Certificate and Attestation, Deputy Secretary of State of the State of New York, duly authorized by the laws of said State to make the same and to perform the duties belonging to the Secretary of State in relation thereto, in like manner as said Secretary of State; that such Certificate and Attestation are in due form and executed by the proper officer; that the seal affixed to said Certificate and Attestation is the Official Seal of the Department of State of the State of New York; that the signature thereto of the said Deputy Secretary of State is in his own proper handwriting and is genuine and that full faith and credit may and ought to be given to his official acts, and, further, that the Secretary of State is the Custodian of the

CERTIFICATE OF AMENDMENT

to certified and attested and Custodian of the Great Seal of said State, hereto affixed.



In Testimony Whereof, The Great Seal of the State is hereto affixed.

Witness my hand at the City of Albany, the thirty-first day of AUGUST in the year of our Lord one thousand nine hundred and Seventy - one

*John P. Lomenzo*  
Secretary of State



State of New York }  
Department of State }

24629

I hereby certify that I have compared the annexed copy with the original document filed by the Department of State  
and that the same is a correct transcript of said original.

WITNESS my hand and seal of the Department of State on AUG 31 1971

*John P. Lorenzo*  
Secretary of State

By *John J. Ghezzi*  
John J. Ghezzi  
Deputy Secretary of State

**Attachment #6**

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City** 

Date: June 30, 2008

PLANNED PARENTHOOD OF NEW YORK CITY, INC.



REVISED AND RESTATED BY-LAWS

OF

PLANNED PARENTHOOD OF NEW YORK CITY, INC.

A Corporation organized under the Not-for-Profit Corporation Law of the State of New York

ARTICLE I

Purpose and Affiliation

Section 1. Purpose. Planned Parenthood of New York City, Inc. (the "Corporation") shall be operated and governed in accordance with and to carry out the purposes set forth in its Certificate of Incorporation.

Section 2. Affiliation. The Corporation maintains an active affiliation with Planned Parenthood Federation of America, Inc. ("PPFA") and the Board of Directors (the "Board") shall conduct the affairs of the Corporation in a manner consistent with the Standards of Affiliation promulgated by PPFA.

ARTICLE II

Membership

The Corporation shall have no members.

ARTICLE III

Board of Directors

Section 1. Management. Management of the Corporation shall be vested in the Board, which is authorized to act through such officers, committees, agents and employees as the Board may determine in conformance with the law and these By-laws. Along with its other responsibilities the Board shall oversee the Corporation's financial activities, including its endowment.

Section 2. Composition. The Board shall consist of no fewer than twenty-five (25) nor more than forty (40) voting members (the "Directors"). The actual number of Directors within such limits shall be fixed from time to time by the Board. If any election of Directors will result in more than 40 Directors, the entire slate will become Directors-elect until the annual meeting at which time the number will be no more than 40. Neither honorary nor emeritus directors shall be included in the number of Directors serving at any time. The number of Directors may be increased or decreased by amendment of the By-laws.

Section 3. Duties. The roles and responsibilities of the Directors shall be adopted from time to time by the Board.

Section 4. Election and Term of Office and Directors. Directors shall be nominated by the Nominating and Board Development Committee and elected by a majority of the Board at a meeting of the Board. Directors may present additional nominations at the meeting. The Chair of each of the International Advisory Committee, Medical Advisory Committee and Council of Advocates shall be elected to the Board during the

continuance of his or her tenure as Chair of such committee or council. Directors shall serve for individual terms of up to three (3) years. Directors may serve multiple terms, provided that no Director (other than the Chairs of the International Advisory and Medical Advisory Committees) shall serve for more than eight (8) consecutive years unless (i) otherwise authorized by the Nominating and Board Development Committee or (ii) a Director serves as Chair of the Board during his or her eighth consecutive year on the Board in which case such Director shall be entitled to serve on the Board through the expiration of his or her term as Chair of the Board, plus one additional year. The Board may by a vote of two-thirds (2/3) of the Directors elect such honorary directors as it deems appropriate. In addition, any Chair of the Board whose Board term has expired shall automatically become a lifetime emeritus director. Honorary and emeritus directors may attend meetings of the Board but shall not be entitled to vote and shall not be counted as Directors for the purposes of determining the presence of a quorum. Any former Chair of the Board who became an emeritus director following the expiration of his or her term on the Board shall be eligible to return to the Board as a voting Director after the third anniversary of the expiration of his or her term.

Section 5. Meetings. The annual meeting of the Board shall be held in the first half of the calendar year at the date, time and place as the Chair of the Board may fix. Additional regular meetings shall be held at least four (4) times per year, at such dates, times and places as the Chair of the Board may fix. Special meetings of the Board may be called by the Chair of the Board at any time and shall be called by the Chair of the Board upon the request of at least ten percent (10%) of the Directors. Any such meeting shall be held on such date and at such time and place as may be designated by the Chair of the Board. At any such special meeting only business which is related to the purpose or purposes set forth in the notice of such meeting may be transacted.

Section 6. Notice of Meetings. Notice of regular and special meetings shall be given in writing or electronically. If in writing, such notice shall be mailed to each Director, addressed to him or her at his or her residence or usual place of business, not less than five (5) nor more than twenty (20) days before the day on which the meeting is to be held, or sent by facsimile or electronic transmission or delivered to such Director personally not later than two (2) days before the day on which the meeting is to be held. If transmitted by facsimile or electronically, such notice is given when sent to the Director's facsimile number or electronic mail address as supplied by the Director to the Secretary or as otherwise directed pursuant to the Director's authorization or instructions. Each such notice shall state the purpose or purposes of the meeting, the time and place of such meeting, and by whose order it was called.

Section 7. Quorum and Voting. The presence at a Board meeting of one-third (1/3) of the Directors at the time the meeting is called to order shall constitute a quorum for the transaction of any business at that meeting, and, except as otherwise required by law or these By-laws, a majority vote shall decide all questions. One or more Directors may participate in a meeting of the Board by means of a conference telephone or similar communications equipment and participation by such means shall constitute presence in person at that meeting. The departure from a meeting following the call to order of a number of Directors sufficient to reduce the number present to less than one-third (1/3) of the Directors shall not destroy the quorum.

Section 8. Resignation and Removal. Any Director, honorary director or emeritus director may resign by a notice in writing to the Chair of the Board or to the Secretary. The acceptance of any such resignation, unless required by the terms thereof, shall not be necessary to make it effective. Any Director, honorary director or emeritus director may be removed for cause from the Board by a meeting at which a majority is present, but may be removed without cause only by a vote of two-thirds (2/3) of the entire Board. Any Director who misses more than four (4) consecutive meetings of the Board shall be deemed to have given cause for removal. Any request for the removal of a Director, honorary director or emeritus director shall be presented to the Nominating and Board Development Committee for consideration prior to its presentation to the Board at a board meeting. If the Nominating and Board Development Committee concurs, written notice of the proposed action shall be mailed to all Directors not less than ten (10) days prior to the next Board meeting.

Section 9. Organization. At each meeting of the Board, the Chair of the Board, or, in case of his or her absence, a temporary chair chosen from among the Directors, shall act as chair thereof. The Secretary, or, in case of his or her absence, the person whom the chair of the meeting shall appoint as secretary of the meeting, shall act as such.

Section 10. Annual Reports. The Board shall present at each annual meeting of the Directors such reports as at the time may be required by the New York Not-for-Profit Corporation Law or other applicable statute.

## ARTICLE IV

### Officers

Section 1. Officers. The officers of the Corporation (the "Officers") shall be the Chair of the Board, the Treasurer (who shall also be the Chair of the Budget and Finance Committee) and the Secretary (who shall be any member of the Executive Committee except the Chair of the Board). Any person may hold two or more offices of the Corporation, except that the person serving as Chair of the Board may not hold any other office. The duties of the Officers shall be such as are usually performed by such officers, as well as those specified in these By-laws, and they shall perform such other duties as the Board shall prescribe.

Section 2. Election and Term of Office. The Officers, who shall be Directors, shall be elected by the Board at its annual meeting. The Nominating and Board Development Committee shall present a slate for such Officers. Other nominations may be made by the Directors, provided that every nominee must have served on the Board for at least one (1) year prior to his or her nomination. Each Officer shall be elected to hold office for a one-year term through the next annual meeting of the Board. Officers may be re-elected for a second one-year term and may be re-elected for a third one-year term. No Officer shall hold the same office for more than three (3) consecutive years except at the discretion of the Chair of the Board. Directors may serve consecutive terms in different offices without interruption.

Section 3. Removal of Officers. Any Officer elected or appointed by the Board may be removed by the Board with or without cause. An action to procure a judgment removing an Officer for cause may be brought by the Attorney-General of the State of New York or any Director. The court may bar from re-election or reappointment any Officer so removed for a period fixed by the court.

Section 4. Vacancies. Any vacancy among the Officers may be filled for the unexpired portion of his or her term by the Board upon a recommendation of the Nominating and Board Development Committee.

## ARTICLE V

### Duties of Officers

Section 1. Chair of the Board. The Chair of the Board shall preside at all meetings of the Board and the Executive Committee. The Chair of the Board shall coordinate Board affairs and shall have the responsibility of guiding the Board in discharging its responsibilities. The Chair of the Board shall, after consultation with the members of the Executive Committee, coordinate the annual review and evaluation of the President and Chief Executive Officer. The Chair of the Board shall see that all policies and resolutions of the Board are carried into effect and shall report to the Executive Committee and/or the Board on matters within his or her knowledge which the interests of the Corporation may require to be brought to the attention of the Executive Committee and, if appropriate, the Board. The Chair of the Board shall appoint Ad Hoc Committees as needed to address particular issues or to consider a specific matter within a defined period of time. The Chair shall serve as the Chair of the Executive Committee and as an ex-officio member (without vote) of all other Committees.

Section 2. Treasurer. The Treasurer shall be the Chief Financial Officer of the Corporation and shall serve as the Chair of the Budget and Finance Committee. The Treasurer shall require the administration to establish and maintain effective procedures for the collection, receipt, custody and investment of funds, securities and other assets, assure that appropriate processes exist to pay all debts and obligations with checks signed by persons authorized by the Board; require the administration to maintain necessary accounting systems and procedures for the effective operation of the Corporation; have authority to open bank accounts and borrow funds in the name of the Corporation, subject to the approval of the Board; sign checks, drafts and other papers requiring the payment of money and perform such other duties as may be authorized and directed by the Board; furnish an annual financial statement of the Corporation to the Board which statement shall be certified by an independent certified public accounting firm in accordance with Article XV, such annual statement to be furnished as soon as feasible after the close of the fiscal year; issue quarterly financial statements to the Board; and provide a report on the financial activities of the Corporation when requested by the Executive Committee or the Board.

Section 3. Secretary. The Secretary shall record or cause to be recorded the minutes of the meetings of the Board and see that all notices are duly given in accordance with the provisions of these By-laws or as required by law, be custodian and delegate responsibility for custody of the corporate records, minutes, archives and important files and of the seal of the Corporation, with authority to affix the seal to any instrument, the execution of which may be authorized by the Board or which may require the affixing of the seal, and, when so affixed, attest the affixing by his or her signature, and perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned to him or her by the Board or, subject to the authority of the Board, by the Chair of the Board. The Secretary shall forward or cause to be forwarded copies of the minutes of all Board meetings to PPFA in accordance with the Standards of Affiliation.

## ARTICLE VI

### Committees

Section 1. Committees of the Corporation. The Corporation shall have three types of committees ("Committees") each of which shall be headed by a committee chair (a "Committee Chair"):

(i) Standing Committees. There shall be six (6) standing committees ("Standing Committees"):

- (A) Executive Committee;
- (B) Budget and Finance Committee;
- (C) Nominating and Board Development Committee;
- (D) Development Committee;
- (E) Issues and Advocacy Committee; and.
- (F) Audit Committee

(ii) Advisory Committees. There shall be two (2) standing advisory committees ("Advisory Committees"):

- (A) International Advisory Committee; and
- (B) Medical Advisory Committee.

The Board may create temporary or additional standing Advisory Committees for such purposes and such periods of time as it may determine.

(iii) Ad hoc Committees. Ad hoc Committees shall be those committees created by the Chair of the Board as needed to address particular issues or to consider a specific matter within a defined period of time.

Section 2. Committee Membership. Committee Chairs except (i) the Chair of the Development Committee, , and (ii) the Chair of the Nominating and Board Development Committee shall be elected by the Board from a single slate presented by the Nominating and Board Development Committee. The Chair of the Development Committee shall be appointed by the Chair of the Board and the Chair of the Nominating and Board Development Committee in consultation with the President and Chief Executive Officer. The Chair of the Nominating Committee shall be appointed by the Chair of the Board. All Committee Chairs shall be elected or appointed, as applicable, for a one-year term and may be elected or appointed, as applicable, for a second and third one-year term. No Committee Chair, other than the Chairs of the International Advisory Committee and the Medical Advisory Committee, may serve for more than three (3) consecutive years as Chair of the same Committee except at the discretion of the Chair of the Board. The Chairs of the International Advisory Committee and the Medical Advisory Committee shall serve as Chairs of such Committees for as long as they are appointed to such positions.

Section 3. Reports of Committees. All Committees shall report periodically to the Board and may recommend actions to the Board.

Section 4. Meetings of Committees. Each committee shall set its own schedule with at least a month's advance notice.

Section 5. Authority Limited. Only the Executive, Budget and Finance, Nominating and Board Development, and Audit Committees shall be authorized to make decisions in the name of the full Board.

Section 6. Majority Approval for Actions of Executive, Budget and Finance Nominating Committees, and Audit. Any action taken by the Executive, Budget and Finance, Nominating and Board

Development or Audit Committees must be approved by a majority of all voting members thereof.

## ARTICLE VII

### Composition and Duties of Committees

#### Section 1. Executive Committee.

a. Composition and Meetings and Quorum. The Executive Committee shall have nine (9) voting members, including the Officers of the Corporation and the Chair of each of the Nominating and Board Development, Development and Issues and Advocacy Committees. All members of the Executive Committee shall be Directors. Each member who is not an Officer of the Corporation or the Chair of the Nominating and Board Development, Development or Issues and Advocacy Committee shall be elected by the Board at its annual meeting for a one-year term and may be re-elected for a second one-year and a third one-year term. The Nominating and Board Development Committee shall present a slate to fill such positions. Other Board members may also propose Directors to fill such positions. The President and Chief Executive Officer is expected to attend Executive Committee meetings. The Chair of the Board shall serve as the Committee Chair of the Executive Committee. The Committee shall conduct its business at regularly scheduled meetings taking place at least six (6) times a year. The presence at a meeting of five (5) of the members of the Executive Committee shall constitute a quorum for the transaction of any business at that meeting and, except as otherwise required by law or these By-laws, a majority vote shall decide all questions.

b. Duties. The Executive Committee shall, through its Committee Chair, maintain constant liaison with the President and Chief Executive Officer, and shall have the power to exercise all the functions of the Board in the management of the affairs of the Corporation within existing policy during the intervals between the meetings of the Board; provided, however, that it shall refer matters related to mission, strategic direction, final approval of the budget, election of Directors and election of other members of the Executive Committee and members of the Nominating and Board Development Committee to the entire Board. The Executive Committee shall identify major issues of a long-term nature and schedule them for Board discussion. The Executive Committee shall also review major decisions facing the Corporation prior to presentation to the full Board. The Executive Committee shall report any important business transacted by it at the next meeting of the Board and shall circulate the Executive Committee minutes to all Directors.

c. Duties of the Executive Committee with Regard to the Chief Executive Officer. The Executive Committee shall ensure that the timely evaluation of the President and Chief Executive Officer is undertaken and determine appropriate compensation for the President and Chief Executive Officer. In the event of the resignation, termination or inability to serve of the President and Chief Executive Officer, the Executive Committee shall meet and promptly establish a process for identifying and selecting a new President and Chief Executive Officer.

#### Section 2. Budget and Finance Committee.

a. Composition. The Budget and Finance Committee shall be composed exclusively of current and former Directors appointed by the Chair of the Board in consultation with the Chair of the Budget and Finance Committee and the President and Chief Executive Officer. The Committee Chair of the Budget and Finance Committee shall be the Treasurer. The Budget and Finance Committee shall be comprised of no fewer than seven (7) voting members (including the Committee Chair). Each voting member of the Budget and Finance Committee other than the Committee Chair shall serve for a two-year renewable term. The Chair of the Board and the President and Chief Executive Officer shall serve as ex-officio (non-voting) members of the Budget and Finance Committee.

b. Duties. The Budget and Finance Committee shall (i) recommend to the Board a yearly budget and any revisions thereto, (ii) develop and recommend for Board approval policies dealing with investments, reserves, accounting and capitalization, (iii) establish a sub-committee on investments, composed of no less than three (3) voting members, which will report to the Budget and Finance Committee on investment-related matters, (iv) monitor the financial position of the Corporation and the Corporation's investments, insurance coverage and other matters having a financial impact on the Corporation, and shall recommend to the Board an increase or decrease of expenditures, when necessary, and (v) recommend to the Board the accounting methods to be used in conformance with the uniform accounting and financial reporting practices established by PPFA and the auditors to be employed by the Corporation and shall

review the annual certified audit and develop, recommend for approval and implement a capitalization policy to be followed by the Corporation.

**Section 3. Nominating and Board Development Committee.**

a. **Composition and Election.** The Nominating and Board Development Committee shall consist of no less than three (3) and no more than five (5) voting members (including the Committee Chair), and may include honorary and emeritus directors of the Board. The Chair of the Board, the President and Chief Executive Officer of the Corporation and the Chair of the Council of Advocates shall serve as ex-officio (non-voting) members of the Nominating and Board Development Committee and shall attend and assist the Committee in the full range of its responsibilities. Each voting member of the Nominating and Board Development Committee other than the Committee Chair shall serve for a three-year non-renewable term, except at the discretion of the Chair of the Board. At the end of his or her term, each voting member must rotate off the Committee for at least one year before being eligible for re-election. Once a year, Directors shall be formally asked to propose members for the Nominating and Board Development Committee. The Nominating and Board Development Committee will nominate, for election by the Board at the annual meeting, a single slate of members to fill Nominating and Board Development Committee vacancies.

b. **Duties.** The Nominating and Board Development Committee shall keep in close contact throughout the year with the Board. The duties of the Nominating and Board Development Committee shall include (i) coordinating Board recruitment and development, (ii) overseeing all aspects of Board performance, (iii) searching for, recruiting, soliciting and screening potential candidates for Board positions, (iv) developing a slate of candidates for consideration by the Board in accordance with these By-laws, (v) monitoring and coordinating the annual evaluation of Director performance and (vi) assisting the Chair of the Board and the Committee Chairs.

**Section 4. Development Committee.**

a. **Composition and Appointment.** The Development Committee shall have no fewer than seven (7) voting members (including the Committee Chair), a majority of whom shall be directors, who may include honorary and emeritus directors of the Board, and may also include members of the Council of Advocates and non-Board members. The Chair of the Board and the President and Chief Executive Officer will serve as ex-officio (non-voting) members of the Development Committee. Voting members of the Development Committee, other than the Committee Chair, shall be appointed by the Chair of the Board in consultation with the Chair of the Development Committee and the President and Chief Executive Officer. Each voting member other than the Committee Chair shall serve for a two-year renewable term, and such members may continue to serve out their Committee terms even after their Board terms have expired.

b. **Duties.** The Development Committee shall (i) coordinate Board participation in fund-raising efforts, (ii) play a pro-active role in cultivating donors and friends for the Corporation, (iii) participate in donor outreach and (iv) develop initiatives and events to raise funds for the Corporation.

**Section 5. Audit Committee**

a. **Composition and Appointment.** The Audit committee shall have not fewer than three (3) and no more than seven (7) voting members (including the Committee Chair), a majority of whom shall be directors, and may include two (2) advisory (non-voting) members who shall be appointed by the Committee Chair with the approval of the Board. Each voting member of the Audit Committee other than the Committee Chair shall be appointed by the Chair of the Board and shall serve for a two year renewable term. The Chief Executive Officer and the Chief Financial Officer shall serve as Ex-officio (non-voting) members of the Committee.

b. **Duties.** The Audit Committee shall (i) provide assistance to the Board with respect to the Board's oversight of the quality and integrity of the organization's financial statements; (ii) supervise the organization's compliance with legal and regulatory obligations; (iii) monitor the independent auditors' qualifications and independence, and the performance of the organization's internal accounting functions. The Audit Committee will report annually to the Executive Committee and to the Board with respect to the organization's financial statements and reporting obligations.

**Section 6. Issues and Advocacy Committee.**



a. Composition and Appointment. The Issues and Advocacy Committee shall have no fewer than seven (7) voting members (including the Committee Chair), a majority of whom shall be directors, who may include honorary and emeritus directors of the Board, and may also include members of the Council of Advocates and non-Board members. Each voting member of the Issues and Advocacy Committee other than the Committee Chair shall be appointed by the Chair of the Board in consultation with the Committee Chair of the Issues and Advocacy Committee and the President and Chief Executive Officer for a two-year renewable term. Voting members of the Issues and Advocacy Committee may continue to serve out their Committee terms even after their Board terms have expired... The Chair of the Board and the President and Chief Executive Officer shall be an ex-officio (non-voting) member of the Issues and Advocacy Committee.

b. Duties. The Issues and Advocacy Committee shall (i) provide assistance identifying public policy or service issues which affect the Corporation's mission and (ii) work with staff to plan and coordinate public forums to help the Corporation and its leadership understand the implications of its work.

#### Section 7. International Advisory Committee.

a. Composition and Appointment. The International Advisory Committee shall consist of no fewer than seven (7) voting members (including the Committee Chair). Members must be either directors, who may include honorary and emeritus directors of the Board, or non-Board members who are professionals connected to international advocacy, funding and/or program networks with knowledge of the regions in which the Corporation operates overseas and the relevant policy and program activities. Voting members of the International Advisory Committee other than the Committee Chair will be selected and approved jointly by the Vice President of International and Chair of the International Advisory Committee for one-year terms, renewable each year. The Chair of the Board and the President and Chief Executive Officer shall be ex-officio (non-voting) members of the International Advisory Committee. The Committee Chair of the International Advisory Committee shall be selected by the Nominating and Board Development Committee in consultation with the President and Chief Executive Officer and Vice President of International.

b. Duties. The Committee shall (i) provide analysis and advice to the Vice President of International and his or her staff concerning policy issues and programmatic decisions affecting the Corporation's international programs, (ii) provide suggestions for fund-raising and opportunities for program development and (iii) represent the international program to outside colleagues and organizations in accordance with agreements with the Vice President of International. The President and Chief Executive Officer and the Vice President of International may assign staff members to support the work of the International Advisory-Committee as needed.

#### Section 8. Medical Advisory Committee.

a. Composition and Appointment. The Medical Advisory Committee shall consist of no fewer than seven (7) voting members (including the Committee Chair). Members must be either directors, who may include honorary and emeritus directors of the Board, or non-Board members who are medical professionals. Voting members of the Medical Advisory Committee other than the Committee Chair will be selected and approved jointly by the Vice President of Clinical Services, the Medical Director and Chair of the Medical Advisory Committee for one-year terms, renewable each year. The Chair of the Board and the President and Chief Executive Officer shall be ex-officio (non-voting) members of the Committee. The Committee Chair of the Medical Advisory Committee shall be selected by the Nominating and Board Development Committee in consultation with the President and Chief Executive Officer and Vice President of Clinical Services.

b. Duties. The Medical Advisory Committee shall (i) provide analysis and advice to the Board on all medical matters and other aspects of the Corporation's clinical services, including clinical training and quality assurances, and (ii) interpret the work of the agency to the medical professions in accordance with agreements with the Vice President of Clinical Services. The President and Chief Executive Officer and the Vice President of Clinical Services may assign staff members to support the work of the Medical Advisory Committee as needed.

#### Section 9. Ad Hoc Committees.

a. Formation. The Chair of the Board shall have the power to approve and form an Ad Hoc Committee. Once an Ad Hoc Committee has been formed, the Chair of the Board shall select one director, who may be an honorary or emeritus director of the Board, to serve as the Committee Chair of such Ad Hoc Committee. In consultation with the Chair of the Board, the President and Chief Executive Officer shall identify and select staff to support and contribute to the work of the Ad Hoc Committee. The Committee Chair of the Ad Hoc Committee, together with the staff of such Ad Hoc Committee, shall determine the scope of the Ad Hoc Committee in consultation with the Executive Committee.

b. Composition. Each Ad Hoc Committee shall consist of such number of members as determined by the Committee Chair in consultation with the Executive Committee. Unless otherwise specified by the Executive Committee, any director, who may be an honorary or emeritus director of the Board, shall be eligible to serve as a member of any Ad Hoc Committee. Membership in any Ad Hoc Committee is subject to the final approval of the Committee Chair of the Ad Hoc Committee, the Chair of the Board, the President and Chief Executive Officer and the initially selected staff of the Ad Hoc Committee.

## ARTICLE VIII

### Council of Advocates

The Corporation shall have a Council of Advocates (the "Council"). The Council's mission shall be to act in support of the Corporation and its policies by enlisting the talents and perspectives of diverse individuals to accomplish specific educational, advocacy and fund-raising tasks on the Board's behalf and by expanding the circle of informed and committed members of the Corporation's family who serve as ambassadors for the Corporation and its mission to the wider community. The Council shall have a steering committee comprised of no fewer than (5) (including the Chair of the Council). The Chair of the Council shall be elected by the Nominating and Board Development Committee, and the Chair shall serve as a Director during her or his tenure. The Council shall meet jointly with the Board at least two (2) times each year.

## ARTICLE IX

### Staff

Section 1. President and Chief Executive Officer. The Board shall retain the services of an individual to act as President and Chief Executive Officer. He or she shall be a full-time employee of the Corporation with such duties as may be prescribed by these By-laws or by the Board. The salary and other terms of employment of the President and Chief Executive Officer shall be fixed by the Board. The President and Chief Executive Officer shall have full authority to hire, deploy, evaluate and dismiss employees of the Corporation. The President and Chief Executive Officer shall have continuing responsibility for management of the Corporation's programs, shall be responsible to the Directors, reporting directly to the Chair of the Board, and shall make periodic reports to the Board. The President and Chief Executive Officer shall serve as an ex-officio (non-voting) member of the Board during the tenure of his or her employment. The President and Chief Executive Officer shall see that the resolutions and directives of the Board are carried into effect except in those instances where that responsibility is assigned to some other person by the Board and, in general, he or she shall discharge all duties incident to the office of the President and Chief Executive Officer.

Section 2. Resignation. Subject to the terms of his or her employment contract, the President and Chief Executive Officer may resign his or her position by delivering a written resignation to the Chair of the Board. Such resignation shall take effect at the time specified therein.

## ARTICLE X

### Dissolution

In the event of the termination of the existence of the Corporation for any cause whatever, all its assets and property over and above whatever may be required for the payment of its just debts and obligations shall, subject to the approval of a Justice of the Supreme Court of the State of New York, vest in PPFA or any other organization successor thereto, provided only that PPFA or its successor organization shall then, as now, be exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code, as amended, and contributions thereto shall be likewise exempt.

## ARTICLE XI

### Indemnification of Officers, Directors, Staff and Volunteers

The Corporation shall, to the full extent permitted by the Not-for-Profit Corporation Law of the State of New York, indemnify any person (or his or her legal representative) in respect of any action or proceeding based upon the fact that he or she is or was a director or Officer of the Corporation. The Corporation shall also indemnify any employee, agent or volunteer of the Corporation in respect of any action or proceeding based upon the fact that he or she is or was an employee, agent or volunteer of the Corporation to the same extent and upon the same conditions as directors and officers may be indemnified under the Not-for-Profit Corporation Law of the State of New York.

## ARTICLE XII

### Anti-Discrimination Policy

There shall be no discrimination with regard to race, color, religion, gender, national origin, age, marital or military status, sexual orientation, citizenship, income, disability or impairment in the selection of directors, Officers and staff of the Corporation or in the administration of the Corporation's programs and activities.

## ARTICLE XIII

### Restrictions

Section 1. Neither an employee nor a volunteer of the Corporation shall use his or her position with the Corporation to further the manufacture, distribution, promotion or sale of any materials, products or services in which he or she has either a direct or an indirect financial interest.

Section 2. Neither an employee nor a volunteer of the Corporation shall accept any gift or gratuity from any pharmaceutical firm or other supplier to the Corporation, or from any provider or potential provider of service to the Corporation.

Section 3. No employee of PPFPA or of any affiliate thereof and no employee of the Corporation or of any of its affiliates shall serve as a Director or have voting privileges in the Corporation.

Section 4. All directors shall abide by the Corporation's written Conflict of Interest Policy.

## ARTICLE XIV

### Contracts, Checks, Notes, Bank Accounts, Etc.

Section 1. Contracts. All contracts of the Corporation and all checks and drafts and other orders for the payment of money out of the funds of the Corporation and all promissory notes and other evidences of indebtedness of the Corporation shall be signed on behalf of the Corporation by such Officer or Officers, agents or agent, and in such manner, as shall from time to time be determined by resolution of the Board.

Section 2. Bank Accounts. All funds of the Corporation not otherwise employed shall be deposited to the credit of the Corporation in a general or specified account in such banks, trust companies or other depositories as the Board may from time to time select, or as may be selected from time to time by an Officer or Officers, agent or agents of the Corporation, to whom such power to select may from time to time be delegated by the Board; and for the purpose of such deposit, not only the Treasurer, but also such Officer or Officers, agent or agents, to whom such power may be delegated by the Board may endorse, assign and deliver any checks, drafts or other orders for the payment of money which are payable to the order of the Corporation.

Section 3. Securities and Valuable Papers. All securities, valuable papers and documents of the Corporation shall, if the Board so determines, be deposited with or placed in the custody of such depository or depositories as the Board may from time to time determine by any Officer or Officers, agent or agents, of the Corporation to whom such power may be delegated by the Board.

## ARTICLE XV

### Books and Records; Reports; Audits; Legal

Section 1. Books and Records. The Corporation shall keep correct and complete books and records of account and shall also keep minutes of the meetings of the Board and Committees having any of the authority of the Board, and shall keep at the registered or principal office a record giving the names and addresses of the directors. All books and records of the Corporation may be inspected by any director, or his or her agent or attorney, for any proper purpose at any reasonable time.

Section 2. Inspection of By-laws. The Corporation shall keep in its principal office for the transaction of business the original or a copy of these By-laws as amended or otherwise altered to date, certified by the Secretary, which shall be open to inspection by the directors at all reasonable times during office hours.

Section 3. Annual Report and Audit. The books of the Corporation shall be audited annually by an independent certified public accounting firm appointed by the Board, upon the recommendation of the Audit Committee. At the annual meeting of the Board, the Chair and the Treasurer, pursuant to the provisions of the New York Not-for-Profit Corporation Law, shall present a report, certified by such firm, showing:

- (i) The assets and liabilities, including trust funds, of the Corporation as of the end of the fiscal year preceding the date of such meeting;
- (ii) The principal changes in the assets and liabilities of the Corporation, including trust funds, during such fiscal year;
- (iii) The revenue or receipts of the Corporation, both restricted and unrestricted to particular purposes, during such fiscal year; and
- (iv) The expenses or disbursements of the Corporation, for both general and restricted purposes, during such fiscal year.

Such report shall be filed with the records of the Corporation and either an abstract or a copy thereof entered in the minutes of the annual meeting. The independent public accountants' report shall be filed with the records of the Corporation, and a copy shall be sent to PPFA in accordance with the Standards of Affiliation.

Section 4. Legal Counsel. Legal counsel shall be appointed by the Chair of the Board with the approval of the Board, and the name and address of such counsel shall be listed with the office of PPFA.

## ARTICLE XVI

### Fiscal Year

The fiscal year of the Corporation shall end on December 31 of each year.

## ARTICLE XVII

### Waiver of Notice

Whenever any notice is required to be given under the provisions of the Not-for-Profit Corporation Law of the State of New York, or under the provisions of the Certificate of Incorporation or these By-laws, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

## ARTICLE XVIII

### Amendments

These By-laws may be amended at any meeting of the Board by a vote of the majority of the Directors present at any meeting at which a quorum is present, which meeting is duly called for the purpose of amending these By-laws, provided that a copy of the proposed amendment or a statement of its

purpose has been circulated with notice of the meeting, and has been reviewed and approved by legal counsel. Any amendment which increases the quorum requirement or the proportion of votes necessary for the transaction of business or of any specified item of business must be authorized by a vote of two-thirds (2/3) of the entire Board.

CERTIFICATE OF SECRETARY

I certify that I am the duly elected and acting Secretary of Planned Parenthood of New York City, Inc., a New York Not-For-Profit Corporation, that the above By-laws are the By-laws of the Corporation as adopted by the Board of Directors on June 3, 2004

Executed on June 3, 2004 at New York, New York.

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Secretary

# **Schedule 6 - CON Form Regarding Architectural Submission**

## **Contents:**

- **Schedule 6 - Architectural Submission**


**Architectural Submission**

This Schedule applies to projects with construction, including Articles- 28, 36 & 40, i.e., Hospitals, D&TCs, RHCFs, CHHAs, LTHHCPs and Hospices.

Instructions: Attachments should be saved or scanned as PDF documents. Most scanners will create this format. The PDF document should be assigned a unique name, so it will not be confused with any other attachment. The title of the attachment, and name of the attached PDF file should be entered in the table below.

<b>Subject of attachment:</b>		<b>Title of Attachment</b>	<b>Filename of attachment - PDF format preferred.</b>
	Example: - attachment in PDF format	Architecture Attachment A	Architecture_attach_A.pdf
A.	Functional space program/analysis for this project. (Required for all construction projects):	Attachment 7: PPNYC Functional Space Program	<b>PPNYC Functional Space Program</b>
B.	Architectural narrative that delineates the project scope of the work to meet the determined program needs.	Attachment 8: PPNYC Architectural Narrative	<b>PPNYC Architectural Narrative</b>
C.	Conceptual drawings that complement the architectural narrative.	Attachment 9: PPNYC Schematic Drawings	PPNYC Schematic Drawings
D.	Architect's or Engineer's Letter of Certification for Proposed Construction.	Attachment 10: PPNYC Architect's Letter	PPNYC Architect's Letter
E.	Does the project involve Radiation producing equipment?  If yes, a Physicist's Report and drawings must be attached.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**Attachment #7**

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City**   
Date: June 30, 2008



**New York State Department of Health  
Certificate of Need Application**

**Schedule 6**

**Proposed PPNYC Extension Clinic on Staten Island  
Planned Parenthood of NYC**



*Staten Island, NY 10301*

**Attachment A - Functional Space Program**

SPACE NAME	NET AREA	QTY	GROSS AREA
Examination Room	120	1	120
Counseling Rooms	82	2	164
Reception and Waiting	110	1	110
Patient Toilet	42	1	42
Soiled Utility	28	1	28
Clean Utility	50	1	50
Mechanical	14	1	14
Circulation	180	1	180
<b>TOTAL DEPARTMENTAL GROSS AREA</b>			<b>708</b>

**Attachment #8**

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**

Facility: **Planned Parenthood of New York City** ( [REDACTED] )

Date: June 30, 2008

**Proposed PPNYC Extension Clinic on Staten Island**

**Planned Parenthood of New York City**

██████████  
*Staten Island, NY 10301*

Attachment B - Architectural Narrative

The project site is part of a storefront clinic on Hyatt Street in the St. George area of Staten Island. The total s.f. of the clinic is 1,550 s.f. The Planned Parenthood portion would be approximately 708 s.f. The PPNYC space will comprise a fully-functional small clinic setting, with one (existing) exam room, new counseling/entitlement space, and support spaces.

This scheme will require the construction of some new partitions for the counseling areas and the new clean and soiled utility spaces.

The storefront and entrance are existing. The glass will be obscured to protect patient privacy.

Finishes will include VCT flooring, carpet tile, painted wall finishes, with new suspended acoustical tile ceilings and recessed lighting. The project will include the required mechanical, electrical, and plumbing work for the new spaces.

**MECHANICAL SCOPE OF WORK**

1. New mechanical systems will be installed in addition to the existing being tested, balanced and updated to meet the functional and code criteria of the new clinic space.
2. New mechanical diffusers and grilles will be provided at the new rooms.
3. System balancing will address current mechanical standards, room configurations, program types and specialized requirements such as negative pressurization.
4. New branch distribution will be provided to serve renovated areas

**ELECTRICAL SCOPE OF WORK**

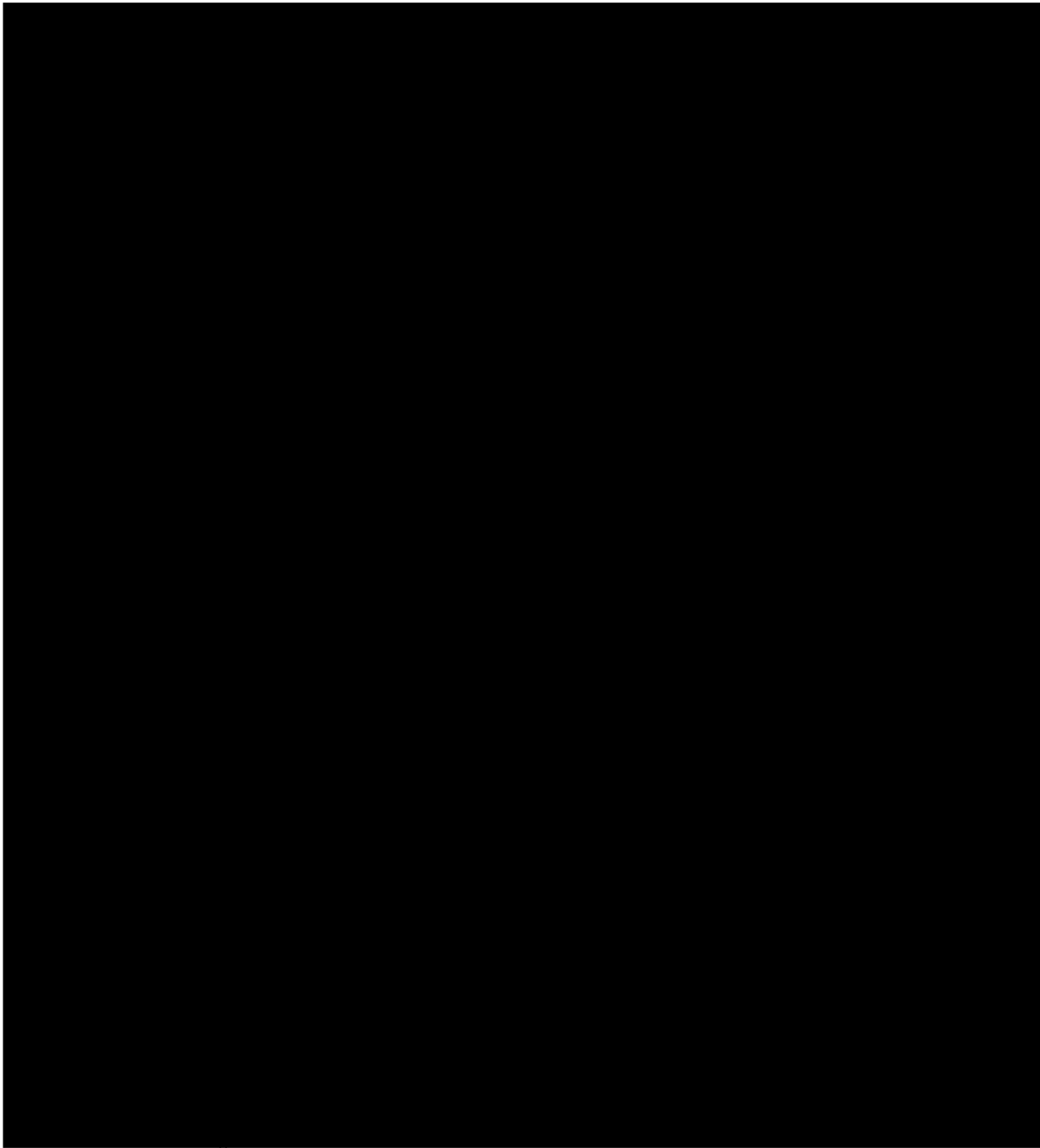
1. New electrical system will meet the function criteria of the new clinic space.
2. New branch distribution will be provided to serve the renovated areas.

**PLUMBING SCOPE OF WORK**

Design of individual sinks in the utility rooms.

**Attachment #9**

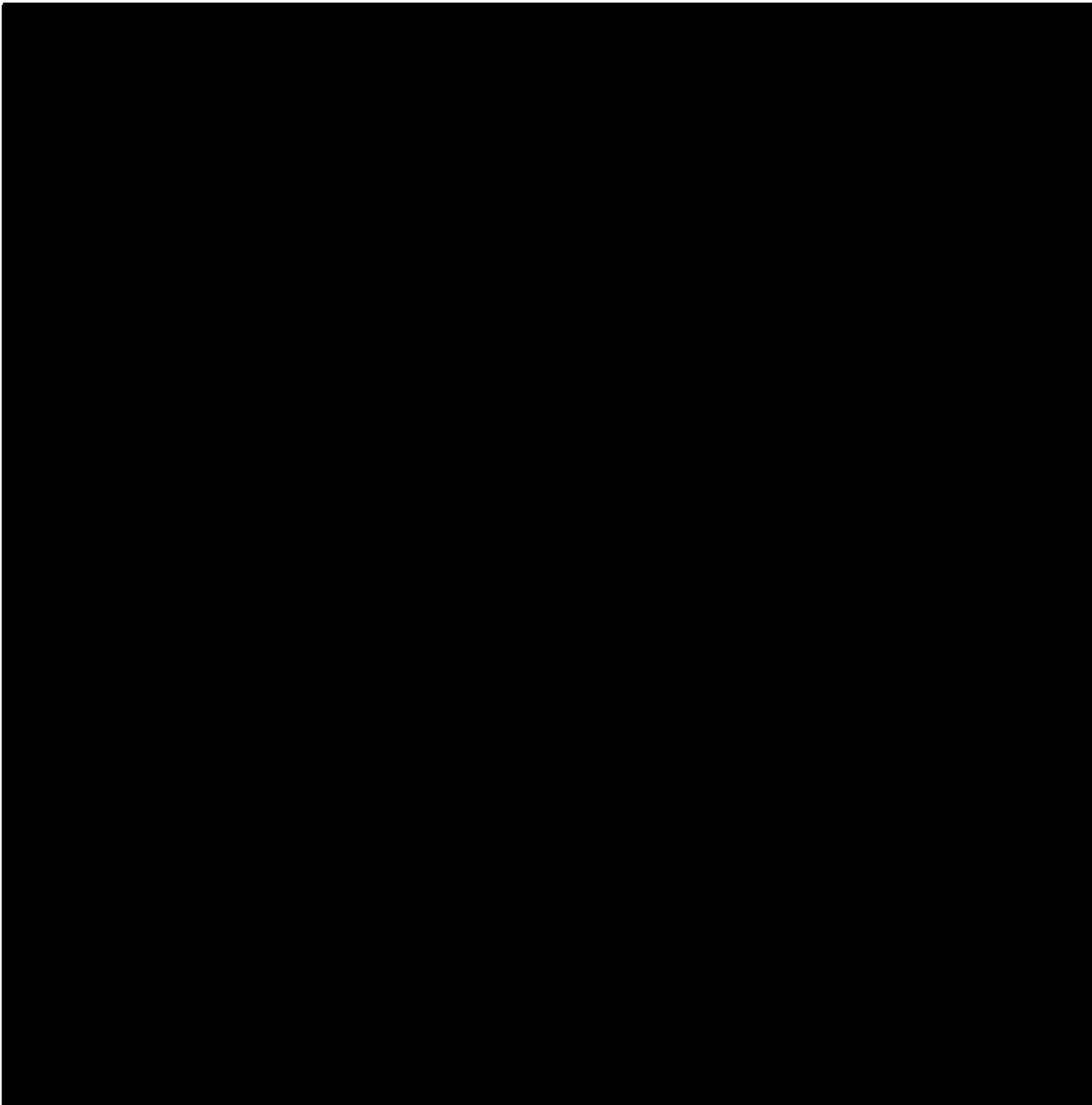
Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City ( [REDACTED] )**  
Date: June 30, 2008



EXISTING PLAN -  
HYATT STREET -  
[redacted] part plan

Perkins Eastman  
115 Fifth Avenue  
New York, NY 10003

Planned Parenthood NYC  
scale:  $\frac{1}{8}$ " = 1'-0"  
April 29, 2008



PROPOSED PPNYC  
HYATT STREET CLINIC  
[redacted] part plan

Perkins Eastman  
115 Fifth Avenue  
New York, NY 10003

Planned Parenthood NYC  
scale:  $\frac{1}{8}$ " = 1'-0"  
April 29, 2008

**Attachment #10**

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City** ( [REDACTED] )  
Date: June 30, 2008

## PLAN CERTIFICATION LETTER IN LIEU OF DRAWINGS

Date: 25 June 2008

NYS Department of Health/Office of Health Systems Management  
Division of Health Facility Planning  
Bureau of Architectural and Engineering Facility Planning  
433 River Street, 6<sup>th</sup> Floor  
Troy, New York 12180-2299

Re: Project #	<u>061170-C</u>
Name:	<u>Proposed Planned Parenthood of NYC Extension Clinic on Staten Island</u>
Location:	<u>[REDACTED] Staten Island, NY 10301</u>
Description:	<u>Subdivide and renovate existing clinic space for PPNYC use</u>

To the New York State Department of Health:

This is to certify that under the terms of my contract for the above-named facility to provide services to design and prepare working drawings and specifications, and as applicable to make periodic visits to the site during construction and perform such other required services to familiarize myself with the general progress, quality and conformance of the work, I have ascertained that to the best of my knowledge, information and belief: the completed structure will be designed, and constructed, in accordance with plans and specifications consistent with the referenced CON as approved by the New York State Department of Health, and in substantial compliance with the applicable provisions of the State Hospital Code (10 NYCRR) which were in effect at the time this project was approved.

I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with the requirements of Part 711 of this Title, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under Part 86 of NYCRR Title 10. I ascertain that I have read and understood the conditions of Part 710 of 10 NYCRR.

This certification is being submitted in lieu of a formal plan approval by your office. It is understood that final Construction Documents for record purposes only must still be submitted for all Full and Administrative Reviews. (An electronic copy of the Construction Documents on CD is preferred.)

June 25, 2008  
Date

Helen K. Cohen  
Signature of Architect or Engineer



Helen K. Cohen  
Name of Architect or Engineer  
020267-1

Professional New York State License Number

Perkins Eastman, 115 5<sup>th</sup> Ave., NY, NY 10003  
Business Address

PERKINS EASTMAN  
ARLINGTON, VA  
CHARLOTTE, NC  
CHICAGO, IL  
DUBAI, UAE  
NEW YORK, NY  
OAKLAND, CA  
PITTSBURGH, PA  
SHANGHAI, PRC  
STAMFORD, CT  
PERKINS EASTMAN BLACK  
TORONTO, ON

L. BRADFORD PERKINS FAIA  
MARY JEAN EASTMAN FAIA  
J. DAVID HOGRLUND FAIA  
AARON B. SCHWARZ FAIA  
JONATHAN N. STARK AIA

PERKINS EASTMAN ARCHITECTS PC  
115 FIFTH AVENUE  
NEW YORK, NY 10003  
T. 212.353.7200  
F. 212.353.7676



Proof of subscription by Applicant:



CFO  
6/27/08  
Date

Signature of Applicant

Planned Parenthood of NYC

Name of Applicant  
Title

# **Schedule 7 - CON Forms Regarding Environmental issues**

## **Contents:**

- o **Schedule 7 - Environmental Assessment**

## Environmental Assessment

### Part I.

The following questions help determine whether the project is "significant" from an environmental standpoint.

1.	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
2.	Does this plan involve construction and change land use or density?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
3.	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
4.	Does this plan involve construction and require work related to the disposition of asbestos?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>

### Part II.

If any question in Part I is answered "yes" the project may be significant and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant.

1.	Does the project involve physical alteration of ten acres or more?	yes <input type="checkbox"/> no <input type="checkbox"/>
2.	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	yes <input type="checkbox"/> no <input type="checkbox"/>
3.	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	yes <input type="checkbox"/> no <input type="checkbox"/>
4.	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	yes <input type="checkbox"/> no <input type="checkbox"/>
5.	Will the project involve parking for 1,000 vehicles or more?	yes <input type="checkbox"/> no <input type="checkbox"/>
6.	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	yes <input type="checkbox"/> no <input type="checkbox"/>
7.	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	yes <input type="checkbox"/> no <input type="checkbox"/>
8.	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	yes <input type="checkbox"/> no <input type="checkbox"/>
9.	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	yes <input type="checkbox"/> no <input type="checkbox"/>

10.	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	yes <input type="checkbox"/> no <input type="checkbox"/>
11.	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	yes <input type="checkbox"/> no <input type="checkbox"/>
12.	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	yes <input type="checkbox"/> no <input type="checkbox"/>
13.	Will the project significantly affect drainage flow on adjacent sites?	yes <input type="checkbox"/> no <input type="checkbox"/>
14.	Will the project affect any threatened or endangered plants or animal species?	yes <input type="checkbox"/> no <input type="checkbox"/>
15.	Will the project result in a major adverse effect on air quality?	yes <input type="checkbox"/> no <input type="checkbox"/>
16.	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	yes <input type="checkbox"/> no <input type="checkbox"/>
17.	Will the project result in major traffic problems or have a major effect on existing transportation systems?	yes <input type="checkbox"/> no <input type="checkbox"/>
18.	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	yes <input type="checkbox"/> no <input type="checkbox"/>
19.	Will the project have any adverse impact on health or safety?	yes <input type="checkbox"/> no <input type="checkbox"/>
20.	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	yes <input type="checkbox"/> no <input type="checkbox"/>
21.	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	yes <input type="checkbox"/> no <input type="checkbox"/>
22.	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	yes <input type="checkbox"/> no <input type="checkbox"/>
23.	Is this project within the Coastal Zone as defined in Executive Law, Article 42?	yes <input type="checkbox"/> no <input type="checkbox"/>

**Part III.**

Must be completed if any question on Part II was answered "Yes".

1. List all other state or local agencies involved in approval of the project:	
2. Has any other agency made an environmental review of this project? If so, give name	yes <input type="checkbox"/> no <input type="checkbox"/>
3. Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.	yes <input type="checkbox"/> no <input type="checkbox"/>

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 8A Summarized Project Cost and Construction Dates**

This schedule is required for all Establishment Applications and Full or Administrative Review Construction Applications.

**1.) Project Cost Summary data:**

	<b>Total</b>	<b>Source</b>
<b>Project Description:</b>		
<b>Project Cost</b>	\$108,800	Schedule 8a or 8b, column C, line 8
<b>Total Basic Cost of Construction</b>	\$108,800	from Schedule 8a or 8b column C, line 6
<b>Total Cost of Moveable Equipment</b>	\$10,000	Schedule 8a or 8b, column C, line 5.1
<b>Cost/Per Square Foot for New Construction (calculated on Table 10)</b>	N/A	Schedule 10
<b>Cost/Per Square Foot for Renovation Construction</b>	\$100	Schedule 10
<b>Total Incremental Operating Cost (From Schedule 13C, 17C, or 19D)</b>	\$412,742	Schedule 13c, 17c or 19d
<b>Amount Financed (as \$)</b>	\$0	Schedule 9
<b>Percentage Financed as % of Total Cost (From Schedule 9)</b>	\$0	from Schedule 9
<b>Depreciation Life (in years)</b>		

**2) Construction Dates**

<b>Anticipated Start Date</b>	10/1/2008	from Schedule 8b,
<b>Anticipated Completion Date</b>	10/30/2008	

**New York State Department of Health**

**Certificate of Need Application**

**Schedule 8B - Total Project Cost - For Projects without Subprojects.**

For Article 28, 36, and 40 Establishment & Construction Requiring Full, Administrative or Limited Review  
 For Limited Review, escalation amounts may be entered as "0".

Constants:	Value	Comments:
Design Contingency - New Construction	0.00%	Normally 10%
Construction Contingency - New Construction	0.00%	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Construction Start Date:	10/1/2008	as mm/dd/yyyy
Midpoint of Construction Date	10/15/2008	as mm/dd/yyyy
Completion of Construction Date	10/30/2008	as mm/dd/yyyy
Year used to compute Current Dollars:	2008	

Subject of attachment:	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will be normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment	N/A	N/A
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment	N/A	N/A

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 8B - Total Project Cost - For Projects without Subprojects.**

	A	B	C
Item	Project Cost in	Escalation amount to	Estimated Project
Source:	Schedule 10 Col.7	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$0	\$0	\$0
2.2 Renovation & Demolition	\$75,000	\$0	\$75,000
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or	\$0	\$0	\$0
3.1 Design Contingency	\$0	\$0	\$0
3.2 Construction Contingency	\$7,500	\$0	\$7,500
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$6,000	\$0	\$6,000
4.3 Architect/Engineering Fees	\$7,500	\$0	\$7,500
4.4 Construction Manager Fees		\$0	#VALUE!
4.5 Other Fees (Consultant, etc.)	\$2,800	\$0	\$2,800
Subtotal (Total 1.1 thru 4.5)	\$98,800	\$0	\$98,800
5.1 Movable Equipment (from Sched 11)	\$10,000	\$0	\$10,000
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5)	\$108,800	\$0	\$108,800
7.1 Financing Costs (Points etc)			\$0
7.2 Interim Interest Expense: \$ <input type="text"/> At <input type="text"/> % for <input type="text"/> months			
	\$0		\$0
8. Total Project Cost: w/o CON fees Total 6 thru 7.2	\$108,800	\$0	\$108,800
Application fees:			
9.1 Application Fee \$1,250. Only applies to Article 28.	\$1,250		\$1,250
9.2 Additional Processing Fee for Article 28 projects involving Construction. (.0045 x line 8) Only applies to Article 28	\$490		\$490
10 Total Project Cost with CON fees	\$110,540	\$0	\$110,540



# **Schedule 9 - CON Forms Regarding Project Financing**

## **Contents:**

- **Schedule 9 - Proposed Plan for Project Financing.**

**Schedule 9 Proposed Plan for Project Financing:**

**I. Summary of Proposed Financial plan:**

Check all that apply and fill in corresponding amounts.

	Type	Amount
<input type="checkbox"/>	A. Lease	
<input checked="" type="checkbox"/>	B. Cash	\$110,540.00
<input type="checkbox"/>	C. Land	
<input type="checkbox"/>	D. Other	
<input type="checkbox"/>	E. Mortgage, Notes, or Bonds	
<input type="checkbox"/>	F. Refinancing	
<input type="checkbox"/>	Total Mortgage/Notes/Bonds plus Refinancing: (E + F)	
<input type="checkbox"/>	Total Project Financing (Sum A to F)	

**II. Details**

**A. Leases**

	Not Applicable	Title of attachment
1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable	<input checked="" type="checkbox"/>	
2. Attach a copy of the proposed lease(s).	<input checked="" type="checkbox"/>	
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant	<input checked="" type="checkbox"/>	
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment	<input checked="" type="checkbox"/>	
5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square footage of the building	<input checked="" type="checkbox"/>	
6. Attach two letters from independent realtors verifying square footage rate.	<input checked="" type="checkbox"/>	
7. For all capital leases as defined by FASB Statement No. 13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments.	<input checked="" type="checkbox"/>	

**B. Cash - Not required for limited review**

**New York State Department of Health  
Certificate of Need Application**

**Schedule 9**

Type	Amount
Accumulated Funds	\$18,540.00
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants	\$92,000.00
Other	
<b>TOTAL CASH</b>	<b>\$110,540.00</b>

	Not Applicable	Title of attachment
1. Provide a breakdown of the sources of cash. See sample table above.	<input type="checkbox"/>	See above
2. Attach a copy of the latest certified financial statement and interim monthly or quarterly financial reports to cover the balance of time to date.	<input type="checkbox"/>	Attachment #11a: 2007 Financial Statements Attachment #11b: YTD Financial Statement as of May 31, 2008
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	<input type="checkbox"/>	Cash and cash equivalents
4. Attach a full and complete description of the assets to be sold, if applicable.	<input checked="" type="checkbox"/>	
5. If amounts are listed in "Gifts (fundraising program)":  <ul style="list-style-type: none"> <li>Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges.</li> <li>If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan.</li> <li>Provide a history of recent fund drives, including amount pledged and amount collected</li> </ul>	<input checked="" type="checkbox"/>	
6. If amounts are listed in "Government Grants":  <ul style="list-style-type: none"> <li>List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted.</li> <li>Provide documentation of eligibility for the funds.</li> <li>Attach the name and telephone number of the contact person at the awarding Agency(ies).</li> </ul>	<input type="checkbox"/>	HEAL VI, submitted May 1, 2008 Attachment #12: HEAL VI Application ("Eligible Applicant" Section) and HEAL VI Contact Information
7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability	<input checked="" type="checkbox"/>	
8. Current Department policy requires a minimum equity contribution of 10% of total project cost (Schedule 8b line 10).	<input checked="" type="checkbox"/>	

**C. Mortgage, Notes, or Bonds - Not required for limited review**

1. Provide a breakdown of the terms of the mortgage. See sample table below.

	Total Project	Units
Interest	N/A	%
Term	N/A	Years

**New York State Department of Health  
Certificate of Need Application**

**Schedule 9**

Payout Period	N/A	Years
Principal	N/A	\$

	Not Applicable	Title of attachment
2. Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period.	<input checked="" type="checkbox"/>	
3. If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker.	<input checked="" type="checkbox"/>	
4. If the financing of this project becomes part of a larger overall financing, then a new business plan inclusive of a feasibility package for the overall financing will be required for DOH review prior to proceeding with the combined financing.	<input checked="" type="checkbox"/>	

**D. Land: Not required for limited review**

1. Provide details for the land including but not limited to; appraised value, historical cost, and purchase price. See sample table below.

	Total Project
Appraised Value	N/A
Historical Cost	N/A
Purchase Price	N/A
Other	N/A

	Not Applicable	Title of attachment
2. If amounts are listed in "Other", attach documentation and a description as applicable.	<input checked="" type="checkbox"/>	
3. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser.	<input checked="" type="checkbox"/>	
4. Submit a copy of the proposed purchase/option agreement.	<input checked="" type="checkbox"/>	
5. Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner.	<input checked="" type="checkbox"/>	

**E. Other - Not required for limited review**

1. Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	N/A
Stock	N/A

**New York State Department of Health  
Certificate of Need Application**

**Schedule 9**


Other	N/A
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	Not Applicable	Title of attachment
2. Attach documentation and a description of the method of financing.	<input type="checkbox"/>	

**F. Refinancing - Not required for limited Review**

	Not Applicable	Title of attachment
1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining.	<input checked="" type="checkbox"/>	
2. Attach a description of the mortgage to be refinanced. Provide full details of the existing debt and refinancing plan inclusive of original and current amount, term, assumption date, and refinancing fees. The term of the debt to be refunded may not exceed the remaining average useful life of originally financed assets. If existing mortgage debt will not be refinanced, provide documentation of consent from existing lien holders of the proposed financing plan.	<input checked="" type="checkbox"/>	

**Attachment #11a**

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City (** **)**  
Date: June 30, 2008

# McGladrey & Pullen

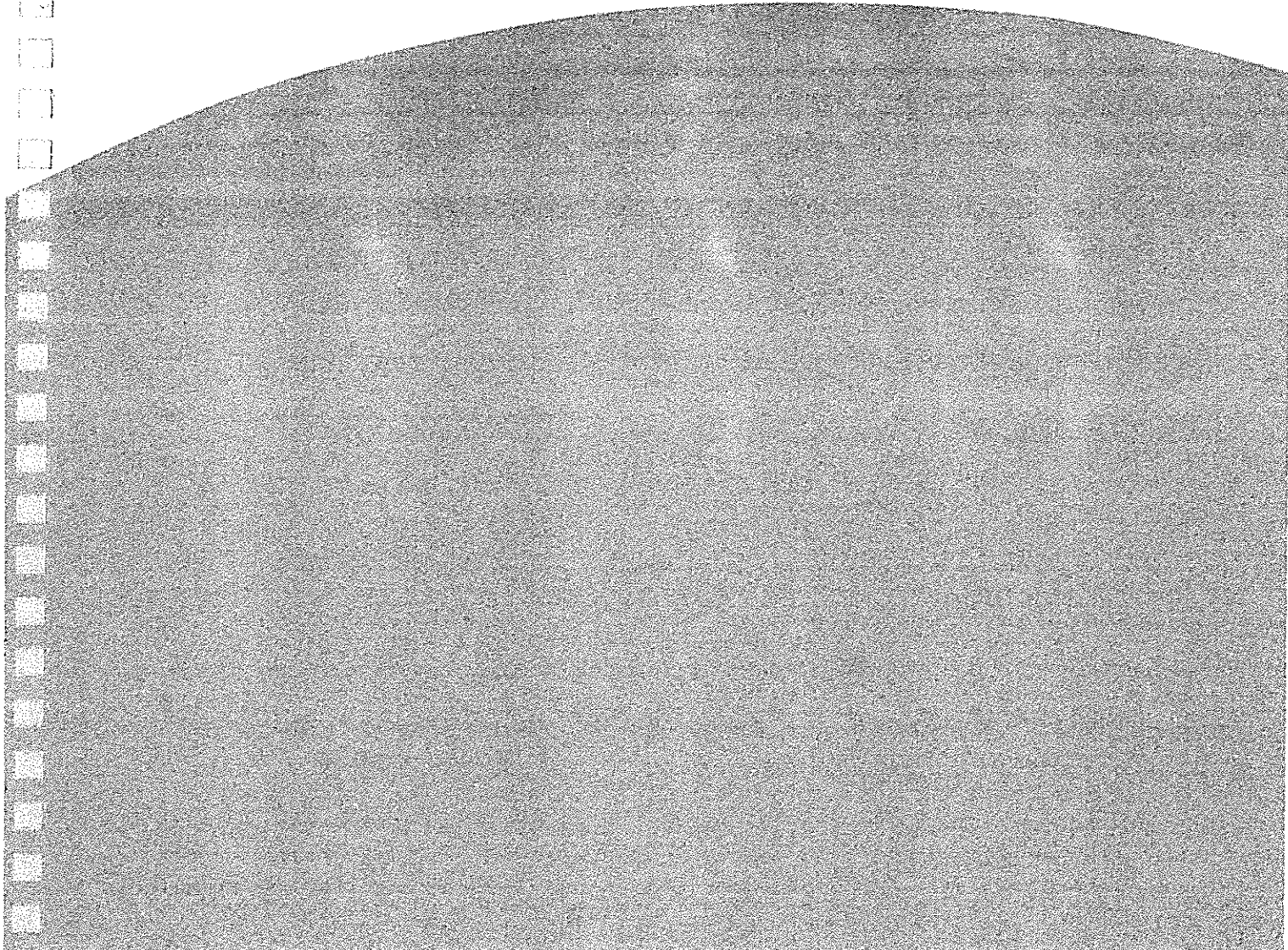
Certified Public Accountants

## **Planned Parenthood of New York City, Inc. and Affiliate**

Consolidated Financial Statements

(in accordance with Government Auditing Standards and OMB Circular A-133)

December 31, 2007



## Contents

### Introduction:

Background	1
Scope of Audit	1

### Financial Section:

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Independent Auditor's Report	2
------------------------------	---

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Consolidated Financial Statements:

Statements of Financial Position	3
Statements of Activities and Changes in Net Assets	4
Statements of Cash Flows	5
Notes to Consolidated Financial Statements	6 - 13

Supplementary Information:

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Independent Auditor's Report on Supplementary Information	14
---	----

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Consolidated Statements of Functional Expenses

	15
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Internal Controls and Compliance Section:

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	16 - 17
Report on Compliance with Requirements Applicable to Each Major Program and on Internal Control Over Compliance in Accordance with OMB Circular A-133	18 - 19
Schedule of Findings and Questioned Costs	20 - 21
Status of Prior-Year's Findings	22
Independent Auditor's Report on Supplementary Information - Schedule of Expenditures of Federal Awards	23
Schedule of Expenditures of Federal Awards	24 - 25

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## Introduction

## Background

Planned Parenthood of New York City, Inc. and its affiliate, Planned Parenthood Action Fund of New York City (the "Organization"), is a not-for-profit corporation licensed by the State of New York to operate ambulatory health care centers wherein reproductive health care services and education are furnished to residents in and around New York City.

## Scope of Audit

The financial audit of the Organization was performed in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. The audit covered the 12-month period ended December 31, 2007 and fieldwork was performed during the period from March 27, 2008 to April 4, 2008.

The following were the principal objectives of the organization-wide audit:

- The expression of an opinion on the consolidated statement of financial position as of December 31, 2007, and the related consolidated statements of activities and changes in net assets, and cash flows for the year then ended;
- The expression of an opinion on the schedule of expenditures of federal awards for the year ended December 31, 2007;
- The assessment of the Organization's internal accounting and administrative control structures;
- The performance of cost validations of transaction costs on a test basis;
- The assessment, on a test basis, of the Organization's compliance with the prescribed U.S. Department of Health and Human Services cost principles (45 CFR 74, as amended, subpart Q) for selected functional types of costs; and
- To ascertain whether costs claimed for funding under specific grants are fairly presented in conformity with the terms of the grant and related U.S. Department of Health and Human Services cost principles.

# McGladrey & Pullen

Certified Public Accountants

## Independent Auditor's Report

The Board of Directors  
Planned Parenthood of New York City, Inc.

We have audited the accompanying consolidated statement of financial position of Planned Parenthood of New York City, Inc. and Affiliate (the "Organization") as of December 31, 2007, and the related consolidated statements of activities and changes in net assets, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior-year comparative information has been derived from the consolidated financial statements of the Organization for the year ended December 31, 2006, which were audited by Goldstein Golub Kessler LLP ("GGK"), independent accountants, certain of whose partners became partners of McGladrey & Pullen, LLP, effective October 3, 2007. GGK's report, dated May 15, 2007, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the 2007 consolidated financial statements referred to above present fairly, in all material respects, the financial position of Planned Parenthood of New York City, Inc. and Affiliate as of December 31, 2007, and the changes in their net assets and their cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report, dated May 28, 2008, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

*McGladrey & Pullen, LLP*

New York, New York  
May 28, 2008

McGladrey & Pullen, LLP is a member firm of RSM International –  
an affiliation of separate and independent legal entities

Planned Parenthood of New York City, Inc. and Affiliate

Consolidated Statements of Financial Position  
December 31, 2007 and 2006

	2007	2006
<b>ASSETS</b>		
Cash and Cash Equivalents	\$ 309,855	\$ 491,940
Marketable Securities (Note 4)	4,671,563	4,016,927
Patient Services Receivable, less allowance for doubtful accounts of \$351,982 and \$384,772, respectively	3,571,327	3,325,833
Pledges Receivable, net (Note 5)	1,326,801	1,430,300
Grants Receivable	2,590,617	2,429,798
Prepaid Expenses and Other Assets	725,880	1,133,852
Long-term Investments (Notes 4 and 9)	84,076,235	80,775,234
Property and Equipment, net (Note 6)	<u>10,348,945</u>	<u>10,764,247</u>
<b>Total assets</b>	<b><u>\$ 107,621,223</u></b>	<b><u>\$ 104,368,131</u></b>
<b>LIABILITIES AND NET ASSETS</b>		
Accounts Payable and Accrued Expenses	\$ 1,344,445	\$ 1,684,480
Refundable Advances	229,204	201,552
Annuities Payable	<u>92,574</u>	<u>127,541</u>
<b>Total liabilities</b>	<b><u>1,666,223</u></b>	<b><u>2,013,573</u></b>
Commitments and Contingencies (Note 12)		
Net Assets (Note 9):		
Unrestricted	26,633,732	21,916,063
Temporarily restricted	6,470,168	7,589,145
Permanently restricted	<u>72,851,100</u>	<u>72,849,350</u>
<b>Total net assets</b>	<b><u>105,955,000</u></b>	<b><u>102,354,558</u></b>
<b>Total liabilities and net assets</b>	<b><u>\$ 107,621,223</u></b>	<b><u>\$ 104,368,131</u></b>

See Notes to Consolidated Financial Statements.

Planned Parenthood of New York City, Inc. and Affiliate

Consolidated Statement of Activities and Changes in Net Assets  
Years Ended December 31, 2007 and 2006

	2007			2006	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
Operating support, grants and revenue:					
Public support and grants:					
Direct contributions	\$ 5,078,253	\$ 1,665,513	\$ 1,750	\$ 6,745,516	\$ 6,614,226
Grants and contracts	7,421,308	-	-	7,421,308	6,851,489
Board-approved use of Planned Giving funds	391,032	-	-	391,032	425,738
Revenue:					
Net patient service fees and sales of supplies	10,232,241	-	-	10,232,241	11,698,133
Professional training fees	186,136	-	-	186,136	138,043
Endowment income to support operations	3,500,000	-	-	3,500,000	2,500,000
Other	595,395	-	-	595,395	75,346
Net assets released from restrictions (Note 9)	2,784,490	(2,784,490)	-	-	-
<b>Total operating support, grants and revenue</b>	<b>30,188,855</b>	<b>(1,118,977)</b>	<b>1,750</b>	<b>29,071,628</b>	<b>28,302,975</b>
Expenses:					
Program services:					
Clinical services programs	19,789,191	-	-	19,789,191	18,688,156
Education programs	2,175,057	-	-	2,175,057	1,881,977
International programs	526,487	-	-	526,487	619,192
Public affairs and advocacy	1,644,038	-	-	1,644,038	1,908,496
<b>Total program services</b>	<b>24,134,773</b>	<b>-</b>	<b>-</b>	<b>24,134,773</b>	<b>23,097,821</b>
Supporting services:					
Management and general	4,227,673	-	-	4,227,673	4,198,084
Development	1,312,512	-	-	1,312,512	1,437,656
<b>Total supporting services</b>	<b>5,540,185</b>	<b>-</b>	<b>-</b>	<b>5,540,185</b>	<b>5,635,740</b>
Membership payments to Planned Parenthood Federation of America	271,967	-	-	271,967	268,041
<b>Total expenses</b>	<b>29,946,925</b>	<b>-</b>	<b>-</b>	<b>29,946,925</b>	<b>29,001,602</b>
Increase (decrease) in net assets from operations	241,930	(1,118,977)	1,750	(875,297)	(698,627)
Other revenue and expenses:					
Nonoperating contributions					-
Planned Giving - contributions	324,123	-	-	324,123	998,906
Planned Giving - interest income	41,925	-	-	41,925	29,291
Planned Giving - expenses	(220,964)	-	-	(220,964)	(140,980)
Board-approved use of Planned Giving funds	(391,032)	-	-	(391,032)	(425,738)
Endowment income, net of amount used for operations	(1,380,950)	-	-	(1,380,950)	(725,328)
Net realized and unrealized gains on investments (Note 4)	6,102,637	-	-	6,102,637	6,629,458
<b>Total other revenue and expenses</b>	<b>4,475,739</b>	<b>-</b>	<b>-</b>	<b>4,475,739</b>	<b>6,365,609</b>
Increase (decrease) in net assets	4,717,669	(1,118,977)	1,750	3,600,442	5,666,982
Net assets:					
Beginning	21,916,063	7,589,145	72,849,350	102,354,558	96,687,576
Ending	\$ 26,633,732	\$ 6,470,168	\$ 72,851,100	\$ 105,955,000	\$ 102,354,558

See Notes to Consolidated Financial Statements.

Planned Parenthood of New York City, Inc. and Affiliate

Consolidated Statement of Cash Flows  
Years Ended December 31, 2007 and 2006

	2007	2006
Cash Flows From Operating Activities:		
Cash received from patient services fees	\$ 9,769,532	\$ 11,255,617
Cash received from direct contributions	6,847,263	6,433,940
Cash received from Planned Giving	366,048	1,028,198
Cash received from grants and contracts	7,288,141	6,650,785
Cash received from investment income	2,119,050	1,774,672
Cash received from professional training fees	186,136	138,043
Cash received from other income	595,395	77,142
Cash paid for interest	(26,800)	(11,497)
Cash paid for operations	(28,540,212)	(27,604,758)
Cash paid for development expenses - Planned Giving	(220,964)	(140,980)
Cash paid for annuities	(34,967)	(34,661)
<b>Net cash used in operating activities</b>	<b>(1,651,378)</b>	<b>(433,499)</b>
Cash Flows From Investing Activities:		
Purchases of property and equipment	(679,457)	(623,123)
Proceeds from (purchases of) marketable securities and long-term investments	2,147,000	(436,586)
<b>Cash provided by (used in) investing activities</b>	<b>1,467,543</b>	<b>(1,059,709)</b>
Cash Flows From Financing Activities:		
Proceeds from contributions restricted for investment as permanently restricted endowment	1,750	1,500
<b>Net cash provided by financing activities</b>	<b>1,750</b>	<b>1,500</b>
<b>Net decrease in cash</b>	<b>(182,085)</b>	<b>(1,491,708)</b>
Cash and Cash Equivalents:		
Beginning	491,940	1,983,648
Ending	\$ 309,855	\$ 491,940
Reconciliation of Increase in Net Assets to Net Cash Used in Operating Activities:		
Increase in net assets	\$ 3,600,442	\$ 5,666,982
Adjustments to reconcile increase in net assets to net cash used in operating activities:		
Depreciation and amortization	1,094,764	1,117,893
Provision for bad debts	217,210	241,151
Cash received for investment as permanently restricted endowment	(1,750)	(1,500)
Net realized and unrealized gains on investments	(6,102,637)	(6,627,658)
Changes in operating assets and liabilities:		
Increase in patient services receivable	(462,709)	(442,516)
Decrease (increase) in pledges receivable	103,499	(178,790)
(Increase) decrease in grants receivable	(160,819)	243,873
Decrease (increase) in prepaid expenses and other assets	407,972	(411,911)
(Decrease) increase in accounts payable and accrued expenses	(340,035)	438,215
Increase (decrease) in refundable advances	27,652	(444,577)
Decrease in annuities payable	(34,967)	(34,661)
<b>Total adjustments</b>	<b>(5,251,820)</b>	<b>(6,100,481)</b>
<b>Net cash used in operating activities</b>	<b>\$ (1,651,378)</b>	<b>\$ (433,499)</b>

See Notes to Consolidated Financial Statements.

Planned Parenthood of New York City, Inc. and Affiliate

Notes to Consolidated Financial Statements

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**Note 1. Organization**

Planned Parenthood of New York City, Inc. ("PPNYC") is a not-for-profit organization licensed by the State of New York to operate health centers wherein medically approved sexual and reproductive health information, advice and treatment are furnished. PPNYC also conducts educational programs and advocates for access to reproductive health information and services. PPNYC is affiliated with the Planned Parenthood Federation of America ("PPFA"). PPFA sets professional, medical and operational standards for all Planned Parenthood affiliates. These standards must be followed in order to use the Planned Parenthood name. PPNYC is an autonomous organization with its own board of directors and management team.

PPNYC is affiliated with Voice for Choice: Planned Parenthood of New York City Action Fund, Inc. (the "Action Fund"), a not-for-profit 501(c)(4) corporation organized under the laws of the State of New York. The Action Fund has entered into a Management Services Agreement with PPNYC under which it purchases accounting, billing, management and other support services from PPNYC.

**Note 2. Significant Accounting Policies**

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

The consolidated financial statements include the accounts of Planned Parenthood of New York City Action Fund, Inc., a separately incorporated not-for-profit affiliate of PPNYC, which through control of the board is considered an affiliate of PPNYC. All inter-company transactions and balances have been eliminated.

For purposes of the consolidated statement of cash flows, all financial instruments with a maturity date of three months or less when purchased, other than those held in the marketable securities portfolio and long-term investments, are considered to be cash and cash equivalents.

PPNYC maintains cash in bank deposit accounts which, at times, exceed federally insured limits. PPNYC has not experienced any losses on these accounts.

Patient services fees receivable are reported at their outstanding unpaid principal balances reduced by an allowance for doubtful accounts. PPNYC estimates doubtful accounts based on historical bad debts, factors related to specific payors' ability to pay and current economic and regulatory trends. PPNYC writes off accounts receivable against the allowance when a balance is determined to be uncollectible.

Marketable securities are carried at fair value determined by reference to quoted market prices. Marketable securities received as a gift are recorded at fair value on the date of contribution. Certain marketable securities which do not have a readily determinable fair value are recorded at the value estimated by the investment manager. Realized gains and losses on sales of marketable securities are based on the average cost method.

Long-term investments are carried at fair value determined by reference to quoted market prices. Included within this category are amounts received from donors as permanently restricted contributions.

Planned Parenthood of New York City, Inc. and Affiliate

Notes to Consolidated Financial Statements

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Note 2. Significant Accounting Policies (continued)

Property and equipment is recorded at cost. Depreciation of building, furniture and equipment is recorded on a straight-line basis over the estimated useful lives of the assets, which range from five to 30 years. Leasehold improvements are amortized on a straight-line basis over the estimated useful life of the improvement or the term of the lease, whichever is less.

Annuities payable consist of contributions received from donors that are subject to agreements to pay donors a fixed annuity over the remainder of their lives. The net present value of the annuity payments is recorded as a liability. The fair value of the related assets is included in marketable securities and exceeds the legally mandated reserve as required by the State of New York.

PPNYC separately accounts for and reports donor restricted and unrestricted net assets. Unrestricted net assets are not externally restricted for identified purposes by donors or grantors. Included in this category are gifts that the board of directors has restricted for use only in connection with special initiatives and subject to board approval. Temporarily restricted net assets are those whose use by PPNYC has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by PPNYC in perpetuity.

Direct contributions, including unconditional promises to give cash and other assets, are reported at fair value on the date received. The gifts are reported as either temporarily or permanently restricted if they are received 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 to unrestricted net assets and reported in the consolidated statement of activities and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions expire during the same fiscal year are recognized as unrestricted revenue.

PPNYC adopted a policy of applying time restrictions on long-lived assets acquired with gifts of cash or other assets in connection with a capital campaign. Such time restricted assets would be released to unrestricted funds over the estimated useful lives of the assets acquired.

Government grants and other contracts designated for use in specific activities are recognized as revenue in unrestricted net assets when expenditures have been incurred in compliance with the grantor's restrictions or when deliverable results specified in the grant have been achieved, and as requisitions for payment are submitted. Advances are received under certain grant agreements to assist PPNYC with expenditures incurred in the first several months of the grant period. Cash received in excess of revenue recognized is recorded as refundable advances. At December 31, 2007, PPNYC has received conditional grants and contracts from governmental entities in the aggregate amount of \$1,886,880 that have not been recorded in these financial statements. These grants and contracts require PPNYC to provide certain services during specified periods. If such services are not provided during those periods, the governmental entities are not obligated to expend the funds allotted under the grants and contracts.

Patient service fees are reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered. Self-pay revenue is recorded at published charges, net of discounts for payment made at the time of service, with charitable allowances deducted to arrive at net self-pay revenue. All other patient service revenue is recorded at published charges with contractual allowances deducted to arrive at net patient services revenue. In 2007 and 2006, income from the Medicaid program accounted for approximately 46% and 55%, respectively, of net patient service fees.

Planned Parenthood of New York City, Inc. and Affiliate

Notes to Consolidated Financial Statements

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**Note 2. Significant Accounting Policies (continued)**

PPNYC has contracted with the State of New York and other agencies to perform certain healthcare services and receives Medicaid revenue from the State of New York and other agencies. Reimbursement received under these contracts and payments from Medicaid are subject to audit by the state government and other agencies. Upon audit, if discrepancies are discovered, PPNYC could be held responsible for refunding such agencies for amounts in question.

PPNYC was incorporated as a not-for-profit corporation under the laws of the State of New York and, accordingly, is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the "Code"). Contributions to PPNYC qualify for the maximum charitable contribution deduction under the Code.

All costs related to advertising are charged to operations when incurred.

The consolidated statement of activities and changes in net assets includes certain prior-year comparative information in summary form but not broken down by net asset class or functional classification. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with PPNYC's financial statements for the year ended December 31, 2006, from which the summarized information was derived.

**Note 3. Measure of Operations**

PPNYC includes in its measure of net assets from operations the following items:

- All revenue and expenses that are an integral part of its programs and supporting activities.
- Unrestricted contributions, recorded in the year received or pledged.
- Net assets released from restrictions to support operating activities.
- Endowment income to support operations as approved by the board of directors.
- Planned Giving revenue authorized for utilization by the board of directors.

PPNYC excludes from its net assets from operations the following items:

- Endowment income earned in excess of the amount approved by the board of directors to support operations which is reported as part of operating income.
- Contributions and government grants and contracts (non-operating contributions) utilized to purchase capital assets.
- Planned Giving revenue, net of expenses, not authorized for utilization by the board of directors.



Planned Parenthood of New York City, Inc. and Affiliate

Notes to Consolidated Financial Statements

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**Note 4. Marketable Securities and Long-Term Investments**

The combined fair values of PPNYC's marketable securities and long-term investments are as follows at December 31:

	<u>2007</u>	<u>2006</u>
Equity securities	\$ 68,703,067	\$ 63,571,888
Corporate bonds	15,373,167	17,203,346
Cash and cash equivalents	<u>4,671,563</u>	<u>4,016,927</u>
	<u>\$ 88,747,797</u>	<u>\$ 84,792,161</u>

Net realized gains for the years ended December 31, 2007 and 2006 were \$4,770,015 and \$1,565,975, respectively. Net unrealized gains (losses) for the years ended December 31, 2007 and 2006 were \$1,332,622 and \$5,063,483, respectively. All investment returns, including realized and unrealized gains and losses are included in the change in unrestricted net assets.

Included in equity securities and corporate bonds for the years ended December 31, 2007 and 2006 are mutual funds of approximately \$42,989,320 and \$51,105,181, respectively.

**Note 5. Pledges Receivable, Net**

Outstanding pledges receivable, net, are due to be collected as follows at December 31:

	<u>2007</u>	<u>2006</u>
In less than one year	\$ 883,278	\$ 663,919
In one to five years	<u>443,523</u>	<u>766,381</u>
	<u>\$ 1,326,801</u>	<u>\$ 1,430,300</u>

Planned Parenthood of New York City, Inc. and Affiliate

Notes to Consolidated Financial Statements

**Note 6. Property and Equipment, Net**

Property and equipment, net, by major classifications are summarized as follows at December 31:

	<u>2007</u>	<u>2006</u>
Building	\$ 5,026,494	\$ 5,026,495
MSC refurbishment	183,125	-
Furniture and fixtures	976,726	974,113
Equipment	1,491,202	1,251,628
Leasehold improvements	<u>11,794,689</u>	<u>11,792,009</u>
	19,472,236	19,044,245
Less accumulated depreciation and amortization	<u>9,374,757</u>	<u>8,279,998</u>
	10,097,479	10,764,247
Work-in-Progress (Facility Master Plan)	<u>251,466</u>	<u>-</u>
	<u>\$ 10,348,945</u>	<u>\$ 10,764,247</u>

**Note 7. Line of Credit**

PPNYC has a \$4,500,000 unsecured line of credit available with Bank of America, which will expire on June 30, 2008 and is subject to annual renewal upon receipt of renewal letter from the bank. The line of credit bears interest at a variable rate equal to Bank of America's prime rate.

**Note 8. Insurance**

PPNYC participates with other PPFA affiliates in obtaining professional malpractice and comprehensive insurance coverage through PPFA. PPNYC's share of insurance charges was \$386,734 and \$430,353 in 2007 and 2006, respectively.

**Note 9. Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes at December 31:

	<u>2007</u>	<u>2006</u>
Time restrictions on pledges received for future periods and for program services	\$ 1,329,043	\$ 1,711,427
Time restrictions on long-lived assets acquired via capital campaign	<u>5,141,125</u>	<u>5,877,718</u>
	<u>\$ 6,470,168</u>	<u>\$ 7,589,145</u>

Planned Parenthood of New York City, Inc. and Affiliate

Notes to Consolidated Financial Statements

Note 9. Temporarily and Permanently Restricted Net Assets (continued)

During 2007 and 2006, \$2,784,490 and \$2,497,560, respectively, of net assets were released from donor restriction for expenses satisfying the restricted purposes.

Permanently restricted net assets are restricted as follows at December 31:

	<u>2007</u>	<u>2006</u>
Endowment funds to be held in perpetuity, the income from which is unrestricted as to use	<u>\$ 72,851,100</u>	<u>\$ 72,849,350</u>

The board of directors establishes spending policies for the use of endowment assets in support of PPNYC's mission.

For the years ended December 31, 2007 and 2006, the change in net assets was as follows at December 31:

	<u>2007</u>	<u>2006</u>
Unrestricted net assets:		
Operating income (loss)	\$ 241,930	\$ (87,130)
Non-operating items	<u>4,475,739</u>	<u>6,365,609</u>
Change in unrestricted net assets	4,717,669	6,278,479
Temporarily restricted net assets	(1,118,977)	(612,997)
Permanently restricted net assets	<u>1,750</u>	<u>1,500</u>
Change in net assets	<u>\$ 3,600,442</u>	<u>\$ 5,666,982</u>

Note 10. Total Expenses

Total expenses for PPNYC are as follows at December 31:

	<u>2007</u>	<u>2006</u>
Program services	\$ 24,134,773	\$ 23,097,821
Supporting services:		
Management and general	4,227,673	4,198,084
Development	1,312,512	1,437,656
Membership payments to Planned Parenthood Federation of America	<u>271,967</u>	<u>268,041</u>
Total operating expenses	29,946,925	29,001,602
Planned Giving - expenses	<u>220,964</u>	<u>140,980</u>
Total expenses	<u>\$ 30,167,889</u>	<u>\$ 29,142,582</u>

Planned Parenthood of New York City, Inc. and Affiliate

Notes to Consolidated Financial Statements

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**Note 11. Pension Plan**

The PPNYC Retirement Plan ("PPNYC Plan") is a defined contribution pension plan. The PPNYC Plan covers substantially all employees of PPNYC. Employees working at least 21 hours per week and over age 21 are eligible to make contributions into the PPNYC Plan. Upon the completion of one year of service (a minimum of 1,000 hours of service), PPNYC contributes 3% of the employee's base salary to the PPNYC Plan. Upon the completion of two years of service (based on a minimum of 1,000 hours of service per year), PPNYC increases this contribution to 5% of the employee's base salary to the PPNYC Plan. Also, upon completion of two years of service, PPNYC contributes an additional 2% of the employee's base salary if the employee's contributions are at least 2% of the employee's base salary. Pension expense under the PPNYC Plan was approximately \$775,000 and \$744,000 in 2007 and 2006, respectively.

**Note 12. Commitments and Contingencies**

PPNYC leases certain of its clinical and education program facilities and some equipment under non-cancelable operating leases expiring at various dates through 2038. Rental expense under such leases and other annual lease agreements amounted to \$802,535 and \$769,276 in 2007 and 2006, respectively.

The approximate future minimum annual rental payments under non-cancelable leases at December 31, 2007 are as follows:

Year ending December 31,	
2008	\$ 677,560
2009	677,560
2010	677,560
2011	683,713
2012	418,370
Thereafter	<u>1,673,480</u>
	<u>\$ 4,808,243</u>

PPNYC is involved in certain claims arising out of the ordinary course of business. Management is of the opinion that the ultimate outcome of these matters is not expected to have a material adverse impact on the financial position of PPNYC or the results of its operations.

Certain government grants and contracts may be subject to audit by the funding sources. Such audits might result in disallowance of costs submitted for reimbursement. Management is of the opinion that such cost disallowance, if any, will not have a material effect on the accompanying financial statements. Accordingly, no amounts have been provided in the accompanying financial statements for such potential claims.

Planned Parenthood of New York City, Inc. and Affiliate

Notes to Consolidated Financial Statements

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**Note 12. Commitments and Contingencies (continued)**

In 2006, the Office of Medicaid Inspector General ("OMIG") undertook an audit of certain Medicaid billings made by PPNYC during the period under audit. The exit conference summary issued by the OMIG found overpayments in the sample of claims reviewed. PPNYC submitted a detailed response to the exit conference summary which management believes will reduce the proposed range of recovery amounts. Because of the amount of any OMIG claims and final disposition of those claims are uncertain, PPNYC cannot reasonably estimate a range of potential loss. As of the date of these financial statements, the OMIG has issued neither a draft nor a final audit report. Once a draft audit report is issued, PPNYC will have an opportunity to provide additional support for the questioned claims so to further reduce the final liability. Accordingly, no amounts have been provided in the accompanying financial statements for the potential amount payable to Medicaid.

# McGladrey & Pullen

Certified Public Accountants

## Planned Parenthood of New York City, Inc.

Supplementary Information

December 31, 2007



# McGladrey & Pullen

Certified Public Accountants

## Independent Auditor's Report on Supplementary Information

The Board of Directors  
Planned Parenthood of New York City, Inc.

We have audited the basic consolidated financial statements of Planned Parenthood of New York City, Inc. for the year ended December 31, 2007, and those statements, together with our opinion thereon, appear in the first section of this report. Our audit was conducted for the purpose of forming an opinion on those basic consolidated financial statements taken as a whole. The accompanying statement of functional expenses is the responsibility of management and is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in our audit of the basic consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic consolidated financial statements taken as a whole. The supplementary information for the year ended December 31, 2006 was audited by Goldstein Golub Kessler LLP ("GGK"), independent accountants, certain of whose partners became partners of McGladrey & Pullen, LLP effective October 3, 2007. GGK's report dated May 15, 2007 expressed an unqualified opinion on such information in relation to the basic financial statements taken as a whole.

*McGladrey & Pullen, LLP*

New York, New York  
May 28, 2008

Planned Parenthood New York City, Inc. and Affiliate

Supplementary Information

Consolidated Statements of Functional Expenses  
Years Ended December 31, 2007 and 2006

	2007					2006				
	Program Services				Supporting Services			Total	Total	Total
	Clinical Services Programs	Education Programs	International Programs	Public Affairs and Advocacy	Total Programs	Management and General	Development	Support Services	Agency Expenses	Expenses
Salaries and wages	\$ 9,668,564	\$ 1,040,046	\$ 143,050	\$ 632,786	\$ 11,484,446	\$ 2,616,864	\$ 497,998	\$ 3,114,862	\$ 14,599,308	\$ 13,856,844
Employee benefits and payroll taxes	2,153,332	231,851	23,901	142,807	2,551,891	971,267	84,785	1,056,052	3,607,943	3,277,194
Physician fees	1,268,334	-	-	-	1,268,334	-	-	-	1,268,334	1,196,498
Laboratory fees and outside services	363,411	-	-	-	363,411	-	-	-	363,411	428,583
Professional fees	191,188	141,019	222,672	229,802	784,681	170,277	187,987	358,264	1,142,945	1,302,317
Supplies	2,056,969	68,163	5,737	10,642	2,141,511	37,896	2,145	40,041	2,181,552	2,056,855
Occupancy	1,564,811	115,870	15,886	32,089	1,728,656	60,707	26,187	86,894	1,815,550	1,671,607
Telephone and telegraph	144,937	23,136	6,341	40,290	214,704	19,602	34,488	54,090	268,794	298,342
Postage and shipping	39,807	4,433	2,222	7,224	53,686	6,699	98,378	105,077	158,763	171,916
Printing, advertising and marketing	95,029	60,761	1,560	200,263	357,613	3,652	153,319	156,971	514,584	662,489
Conferences, meetings and travel	95,271	67,425	42,149	22,498	227,343	17,642	137,356	154,998	382,341	445,186
Maintenance and repairs	382,073	20,061	2,184	8,457	412,775	22,545	6,767	29,312	442,087	561,707
Medical liability insurance	386,734	-	-	-	386,734	-	-	-	386,734	430,353
Subscription, publications and membership fees	5,862	4,238	38	256,729	266,867	44,541	3,586	48,127	314,994	280,318
Bad debt expense	217,210	-	-	-	217,210	-	-	-	217,210	241,151
Interest	-	-	-	-	-	26,800	-	26,800	26,800	8,258
Miscellaneous	424,974	317,743	41,307	685	784,709	73,081	31,054	104,135	888,844	726,050
<b>Total expenses before depreciation, amortization and membership payments to PPFA</b>	<b>19,058,506</b>	<b>2,094,746</b>	<b>507,047</b>	<b>1,584,272</b>	<b>23,244,571</b>	<b>4,071,573</b>	<b>1,264,050</b>	<b>5,335,623</b>	<b>28,580,194</b>	<b>27,615,668</b>
Depreciation and amortization	730,685	80,311	19,440	59,766	890,202	156,100	48,462	204,562	1,094,764	1,117,893
<b>Total expenses before membership payments to PPFA</b>	<b>19,789,191</b>	<b>2,175,057</b>	<b>526,487</b>	<b>1,644,038</b>	<b>24,134,773</b>	<b>4,227,673</b>	<b>1,312,512</b>	<b>5,540,185</b>	<b>29,674,958</b>	<b>28,733,561</b>
Membership payments to PPFA	-	-	-	-	-	271,967	-	271,967	271,967	268,041
<b>Total expenses</b>	<b>\$ 19,789,191</b>	<b>\$ 2,175,057</b>	<b>\$ 526,487</b>	<b>\$ 1,644,038</b>	<b>\$ 24,134,773</b>	<b>\$ 4,499,640</b>	<b>\$ 1,312,512</b>	<b>\$ 5,812,152</b>	<b>\$ 29,946,925</b>	<b>\$ 29,001,602</b>



# McGladrey & Pullen

Certified Public Accountants

## **Planned Parenthood of New York City, Inc. and Affiliate**

Internal Controls and Compliance Section

December 31, 2007

# McGladrey & Pullen

Certified Public Accountants

## Report on Internal Control over Financial Reporting and on Compliance and other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

The Board of Directors  
Planned Parenthood of New York City, Inc.

We have audited the consolidated financial statements of Planned Parenthood of New York City, Inc. ("PPNYC") as of and for the year ended December 31, 2007, and have issued our report thereon dated May 28, 2008. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting - In planning and performing our audit, we considered PPNYC's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of PPNYC's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of PPNYC's internal control over financial reporting.

A *control deficiency* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A *significant deficiency* is a control deficiency or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process or report financial data reliably in accordance with accounting principles generally accepted in the United States of America such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control.

A *material weakness* is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the entity's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters - As part of obtaining reasonable assurance about whether PPNYC's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of the board of directors, management, federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

*McGladrey & Pullen, LLP*

New York, New York  
May 28, 2008

# McGladrey & Pullen

Certified Public Accountants

## Report on Compliance with Requirements Applicable to Each Major Program and on Internal Control Over Compliance in Accordance with OMB Circular A-133

The Board of Directors  
Planned Parenthood of New York City, Inc.

**Compliance** - We have audited the compliance of Planned Parenthood of New York City, Inc. ("PPNYC") with the types of compliance requirements described in the U.S. Office of Management and Budget ("OMB") *Circular A-133 Compliance Supplement* that are applicable to each of its major federal programs for the year ended December 31, 2007. PPNYC's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of PPNYC's management. Our responsibility is to express an opinion on PPNYC's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about PPNYC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of PPNYC's compliance with those requirements.

In our opinion, PPNYC complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended December 31, 2007.

**Internal Control Over Compliance** - The management of PPNYC is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered PPNYC's internal control over compliance with the requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of PPNYC's internal control over compliance.

A *control deficiency* in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program on a timely basis. A *significant*

*deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a federal program such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a federal program that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected by the entity's internal control.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the board of directors, management and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

*McGladrey & Pullen, LLP*

New York, New York  
May 28, 2008

Planned Parenthood of New York City, Inc. and Affiliate

Schedule of Findings and Questioned Costs

Section I - Summary of Auditor's Results

**Financial Statements**

Type of auditor's report issued:

Unqualified

Internal control over financial reporting:

- Material weakness(es) identified? \_\_\_ yes    √ no
- Significant deficiency(ies) identified that are not considered to be material weaknesses? \_\_\_ yes    √ none reported

Noncompliance material to financial statements noted? \_\_\_ yes    √ no

**Federal Awards**

Internal control over major programs:

- Material weakness(es) identified? \_\_\_ yes    √ no
- Significant deficiency(ies) identified that are not considered to be material weakness(es)? \_\_\_ yes    √ none reported

Type of auditor's report issued on compliance for major programs:

Unqualified

Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of Circular A-133? \_\_\_ yes    √ no

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
93.558	U.S. Department of Health and Human Services: Passed through from the New York State Department of Health: Temporary Assistance for Needy Families
93.994	U.S. Department of Health and Human Services: Passed through from the New York State Department of Health: Maternal and Child Health Services Block Grant to the States
93.778	U.S. Department of Health and Human Services: Passed through from the New York State Department of Health: Medical Assistance Program (Medicaid)

Dollar threshold used to distinguish between type A and type B programs:

\$300,000

Auditee qualified as low-risk auditee?

√ yes    \_\_\_ no

(continued)

Planned Parenthood of New York City, Inc. and Affiliate

Schedule of Findings and Questioned Costs

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Section II - Financial Statement Findings

None

Section III - Federal Award Findings and Questioned Costs

None

Planned Parenthood of New York City, Inc. and Affiliate

Status of Prior-Year's Findings

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There were no prior-year's findings.





# McGladrey & Pullen

Certified Public Accountants

## Independent Auditor's Report on Supplementary Information - Schedule of Expenditures of Federal Awards

The Board of Directors  
Planned Parenthood of New York City, Inc.

We have audited the basic consolidated financial statements of Planned Parenthood of New York City, Inc. for the year ended December 31, 2007, and those statements together with our opinion thereon appear in the first section of this report. Our audit was conducted for the purpose of forming an opinion on those basic consolidated financial statements taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic consolidated financial statements taken as a whole.

*McGladrey & Pullen, LLP*

New York, New York  
May 28, 2008

Planned Parenthood of New York City, Inc. and Affiliate

Supplementary Information

Schedule of Expenditures of Federal Awards  
Year Ended December 31, 2007

<u>Federal Grantor/ Pass-through Grantor/ Program Title</u>	<u>Federal CFDA Number</u>	<u>Agency or Pass-through Grantor's Number</u>	<u>Federal Expenditures</u>
US Department of Health & Human Services:			
Direct			
HIV Prevention Activities Non-Governmental Organization Based	93.939	U65/CCU223860-03	\$ 332,669
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946	U65/CCU226860-04	99,555
Passed through State Of New York Department of Health:			
Temporary Assistance for Needy Families	93.558	C-019926	638,166
Preventive Health Services: Sexually Transmitted Diseases Control Grants	93.977	C-019926 05-PPNYC-1	23,636 107,588
Medical Assistance Program (Medicaid)	93.778	C-019926	107,721
State Medicaid Fraud Control Units	93.775	C-020662	248,749
Maternal and Child Health Services Block Grant to the States	93.994	C-019926 C-020662	118,179 106,502
Passed through Medical and Health Research Association of New York City:			
Family Planning Services	93.217	07-PPNYC2 C-019926	695,772 519,987
HIV Emergency Relief Project Grants	93.914	98-AEI-356M 07-EIS-356 07-HRR-356	158,121 431,563 197,793
HIV Care Formula Grants	93.917	2243-01	98,861

(continued)

Planned Parenthood of New York City, Inc. and Affiliate

Supplementary Information

Schedule of Expenditures of Federal Awards  
Year Ended December 31, 2007

<u>Federal Grantor/ Pass-through Grantor/ Program Title</u>	<u>Federal CFDA Number</u>	<u>Agency or Pass-through Grantor's Number</u>	<u>Federal Expenditures</u>
HIV Prevention Activities - Health Department Based	93.940	01-MMI-356	\$ 66,653
		01-MMW-356	66,651
		07-EGI-356	223,801
		07-COF-356	<u>171,516</u>
<b>Total</b>			<u>\$ 4,413,483</u>

- (1) The accompanying schedule of expenditures of federal awards includes the federal grant activity of PPNYC and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments and Other Non-Profit Organizations*. Therefore, some accounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.
- (2) Of the federal expenditures presented in this schedule, PPNYC provided no federal awards to sub-recipients as of December 31, 2007.

**Attachment #11b**

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City** ( [REDACTED] )  
Date: June 30, 2008

**Planned Parenthood of NYC**  
**Balance Sheet**  
**As of May 31, 2008**

6/25/2008

**Preliminary draft - for internal use only**

	5/30/2008	Audited 12/31/07
<b>ASSETS:</b>		
Cash and Equivalents	\$490,380	\$251,232
A/R - Patients	3,963,078	3,923,309
Allowance for Bad Debts	(447,156)	(351,982)
Accounts Receivable, Net	3,515,922	3,571,327
Grants Receivable	2,008,552	2,590,617
Other Receivables	43,387	518,842
Pledges Receivable	986,427	1,326,801
Prepaid Expenses	274,277	200,811
Property, Plant & Equipment	20,391,625	19,723,703
Accumulated Depreciation	(9,828,924)	(9,374,758)
Net Property, Plant & Equipment	10,562,701	10,348,945
Other Assets	35,885	35,885
Investments	86,460,966	88,747,798
<b>TOTAL ASSETS</b>	<b>104,378,497</b>	<b>107,592,258</b>
<b>LIABILITIES AND FUND BALANCES:</b>		
Accounts Payable	617,389	941,487
Accrued Expenses	408,745	402,845
Grant Advances	1,197,177	229,204
Annuities Payable	92,574	92,574
<b>TOTAL LIABILITIES</b>	<b>2,315,885</b>	<b>1,666,110</b>
<b>NET ASSETS-FUND BALANCE</b>		
Unrestricted	23,264,776	26,604,882
Temporarily Restricted	5,946,736	6,470,166
Permanently Restricted	72,851,100	72,851,100
<b>TOTAL NET ASSETS</b>	<b>102,062,612</b>	<b>105,926,148</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>104,378,497</b>	<b>107,592,258</b>

Planned Parenthood of NYC  
 Operating Activities  
 For Five Months Ended May 31, 2008

6/25/2008

Preliminary draft - for Internal use only

	A	B	C	D	E	(A - B)	
	Annual Budget 2008	5 Months Budget	For Five Months Ended May 31, 2008				YTD
			Unrestricted (Operating Results)	Temporarily Restricted	Permanently Restricted	Total	Variance
<b>Revenue</b>							
Contributions	4,798,850	980,244	1,142,939		0	1,142,939	162,695
Temporarily Restricted				322,709		322,709	0
Board Approved use of Planned Giving Fund	148,506	61,878	68,830			68,830	6,952
Net Assets Released from Restriction	2,543,638	1,059,848	846,138	(846,138)		0	(213,710)
Grants and Contracts	7,580,139	3,158,391	3,249,714			3,249,714	91,323
Patient Fees	11,683,829	4,845,470	4,741,532			4,741,532	(103,838)
Training Fees	139,143	57,976	28,953			28,953	(29,023)
Investment Income / Support from Endowment - Net of Expenses	3,675,000	1,531,250	1,531,250			1,531,250	0
Other Income	196,259	81,775	119,746			119,746	37,971
<b>Total Revenue</b>	<b>30,766,362</b>	<b>11,776,832</b>	<b>11,729,102</b>	<b>(523,429)</b>	<b>0</b>	<b>11,205,673</b>	<b>(47,730)</b>
<b>Expenses</b>							
Salaries	14,728,234	6,136,764	6,339,685			6,339,685	202,921
Fringe Benefits	3,922,206	1,634,253	1,667,688			1,667,688	23,435
Temporary Staff	451,123	187,968	192,875			192,875	4,907
Physician Fees	1,344,790	560,329	544,108			544,108	(16,221)
Laboratory Fees	586,520	244,383	249,554			249,554	5,171
Consultants	880,445	366,852	342,451			342,451	(24,401)
Professional Medical Liability Insurance	396,851	165,355	175,355			175,355	10,000
Other Professional Fees	448,598	186,916	206,474			206,474	19,558
Occupancy	1,843,981	750,009	763,525			763,525	13,516
Telephone	263,618	109,841	123,274			123,274	13,433
Vehicle Costs	164,134	88,389	70,931			70,931	2,542
Maintenance and Repairs	224,940	93,725	106,554			106,554	12,829
Supplies	2,003,283	834,701	965,059			965,059	130,358
Postage and Shipping	155,185	59,003	51,237			51,237	(7,766)
Printing and Advertising	515,098	196,307	154,949			154,949	(41,358)
Travel and Meetings	435,084	198,713	176,716			176,716	(21,997)
Payments to Related Organizations	313,127	130,470	130,468			130,468	(2)
Bad Debt Expense	229,492	95,175	95,174			95,174	(1)
Interest Expense	25,184	10,493	2,507			2,507	(7,986)
Subscriptions	15,729	6,554	5,753			5,753	(801)
Membership and Dues	376,617	156,924	136,169			136,169	(20,755)
Bank, Investment and Credit Card Fees	142,419	59,341	68,367			68,367	9,026
Miscellaneous Expense	10,146	4,228	4,427			4,427	199
Pass - Through Fund	159,500	66,458	56,627			56,627	(9,831)
Contingency	30,000	12,500	1,639			1,639	(10,861)
Depreciation	1,090,000	454,167	454,167			454,167	0
<b>Total Expenses</b>	<b>30,766,304</b>	<b>12,789,818</b>	<b>13,075,733</b>	<b>-</b>	<b>-</b>	<b>13,075,733</b>	<b>285,915</b>
<b>NET SURPLUS (DEFICIT) FROM OPERATION</b>	<b>9,058</b>	<b>(1,012,986)</b>	<b>(1,346,631)</b>	<b>(523,429)</b>	<b>0</b>	<b>(1,870,060)</b>	<b>(333,645)</b>
<b>OTHER REVENUE AND ( EXPENSES )</b>							
Endowment Income Net of Support to Operations			(955,362)			(955,362)	0
Planned Giving - Contribution Income			80,120			80,120	0
Planned Giving - Others Income			6,610			6,610	0
Planned Giving - Expenses			(114,294)			(114,294)	0
Board Approved use of Planned Giving Fund			(68,830)			(68,830)	0
Net Realized and Unrealized Gain / (Loss) from Investments			(941,719)			(941,719)	0
<b>Total Other Revenue and Expenses</b>	<b>0</b>	<b>0</b>	<b>(1,993,475)</b>	<b>0</b>	<b>0</b>	<b>(1,993,475)</b>	<b>0</b>
<b>Increase in Net Assets</b>	<b>9,058</b>	<b>(1,012,986)</b>	<b>(3,340,106)</b>	<b>(523,429)</b>	<b>0</b>	<b>(3,863,535)</b>	<b>0</b>

**Planned Parenthood of NYC**

6/25/2008

**Ratios / PPFA Guideline**

**For Five Months Ended May 31, 2008**

*Preliminary draft - for internal use only*

	For Five Months Ended May 31, 2008	Year Ended December 31, 2007	Target / Budget	Formula
<b>Current Ratio</b>	4.20	6.57		$\frac{\text{Current Assets}}{\text{Current Liabilities}}$
<b>Days Cash - Note 1</b>	15.17	33.86		$\frac{(\text{Cash and Equivalents})}{\text{Total Expenses}}$
<b>Days In Patient Accounts Receivable</b>	112.00	127.00		$\frac{\text{Patient Accounts Receivable}}{\text{Program Services and Patient Services Revenue (less bad debt)/365}}$
<b>Days In Grant Accounts Receivable</b>	93.00	127.00		$\frac{\text{Grants Accounts Receivable}}{(\text{Grants Revenue})/365}$
<b>Days in Accounts Payable</b>	24.96	34.12		$\frac{\text{Accounts Payable \& Accrued Expenses}}{\text{Expenses (excluding Salaries \& Wages, Donated Services, Bad Debt and Depreciation) / 365 days}}$
<b>Reserve Ratio</b>	101.55%	56.52%	> 12%	$\frac{\text{Expendable Net Assets}}{\text{Total Expenses}}$
<b>Support Ratio</b>	25.65%	16.80%	< 25%	$\frac{[(\text{Management \& General Expenses}) + (\text{Fundraising Expenses})]}{(\text{Total Revenue less Inkind})}$
<b>Management &amp; General Expenses Ratio</b>	18.39%	18.62%	< 25%	$\frac{[(\text{Management \& General Expenses}) + (\text{Development Expenses})]}{(\text{Total Expenses})}$
<b>Available Assets</b>	1361.35%	2085.16%	> 200%	$\frac{(\text{Total Assets - Permanently Restricted Net Assets})}{\text{Total Liabilities}}$

Note 1 - Per PPFA definitions, ratio includes operating cash and 'cash equivalents' (including endowment assets and other investments)

**Attachment #12**

**Project Name: Proposed PPNYC Extension Clinic on Staten Island**

**Facility: Planned Parenthood of New York City (**

**Date: June 30, 2008**



## HEAL VI Application

### A. Eligible Applicant

For more than 90 years, Planned Parenthood of New York City, Inc. (PPNYC) has been a beacon of hope for the thousands of women, teens, and families who rely on it for essential reproductive health care, innovative educational programs, and effective advocacy.

PPNYC's work began in 1916, when Margaret Sanger opened the nation's first family planning clinic in [REDACTED]. Subsequent clinics were established in [REDACTED] and the [REDACTED] in 1930, and in 1966 the three clinics merged to form Planned Parenthood of New York City. PPNYC's mission is to empower individuals to make independent, informed decisions about their sexual and reproductive lives by providing information and healthcare, and promoting policies that make those services available to all.

PPNYC's Board of Directors is comprised of 31 voting members, 7 emeritus members and 7 honorary members whose expertise and commitment are the cornerstone of our organization's effectiveness. The project described herein has been enthusiastically approved by PPNYC's Board of Directors and will proceed under their guidance.

Planned Parenthood of New York City is a non-profit Corporation, an exempt organization under Section 501(c)(3) of the Internal Revenue Code, and a registered charity in the state of New York. PPNYC is also an accredited affiliate of Planned Parenthood Federation of America.

Planned Parenthood of New York City has approximately 250 employees and more than 500 volunteers who work in varied capacities at our health centers, in our administrative offices and in support of various outreach activities and advocacy efforts. PPNYC's President and CEO has overall responsibility for the day-to-day management of the organization; she and members of the executive staff work in close collaboration with the Board of Directors and key staff at various partner organizations to ensure the achievement of agreed upon programmatic and financial goals.

PPNYC is committed to ensuring access to reproductive health care to those who are most in need – and persons for whom age or income are obstacles to access are a particular priority. In 2007, at its three centers in the [REDACTED] and [REDACTED] PPNYC provided reproductive health care and family planning services to nearly 45,000 New Yorkers, providing approximately 75,000 visits. Clients come from all five boroughs of New York City. The majority of PPNYC's clients are at or below the poverty level, more than one-third use public insurance to pay for their care, and over two-thirds are women of color. PPNYC's services include birth control, emergency contraception, pregnancy testing and options counseling, surgical and medication [REDACTED] gynecological care, cervical and breast cancer screening, colposcopy, testing and treatment for sexually transmitted infections, and HIV testing and counseling. In addition to its health centers, PPNYC operates Project Street Beat, an innovative, client-

focused, street-based HIV prevention and case management program known for its success in reaching individuals at high risk for HIV who do not typically access traditional healthcare and related services. In 2007, Project Street Beat's programs generated nearly 45,000 encounters with individuals at risk.

PPNYC is also a widely respected provider of education and training services, and it is especially proud of the community-based prevention programming it conducts in underserved neighborhoods with high rates of teen pregnancy. In 2007, PPNYC reached more than 5,000 young people through its sexuality education programs and nearly 1,500 parents, adults and service professionals through workshops and focused outreach activities. Our Teen Advocate, Adult Role Model and innovative "Gurlz Talk" and "FELLAS" programs have received widespread recognition for the ways in which they engage communities at risk in an ongoing process of health education and advocacy. PPNYC's education and training team also focuses on the provision of outreach services to targeted immigrant communities, building upon and using expertise developed through many years of work in targeted countries abroad to capitalize on 'global/local' partnerships and to identify new and innovative ways to reach populations at risk.

PPNYC has a demonstrated track record of success in developing and implementing new programs, and in managing major projects, as is evidenced by the success of its current programs and the depth and breadth of public and private support for the organization. Governed by a knowledgeable and committed Board of Directors and staffed by a dedicated team of skilled professionals, PPNYC has partnered with architects and project managers to ensure timely and skillful execution of the proposed project. The architectural plans and drawings for the project have been developed by a world-class team of architects and engineers, and PPNYC has contracted a widely respected project management firm to oversee bidding, contract negotiation, and construction on PPNYC's behalf. PPNYC's Board of Directors has expressed enthusiastic and unanimous approval of the project, and key members of the organization's executive management team have been actively involved in the development of plans for the proposed project and will provide constant and vigilant oversight throughout implementation.

PPNYC has undertaken numerous renovation projects in the past, most recently including the 2006 renovation of Boro Hall Center in Brooklyn, and the current and ongoing renovation of Margaret Sanger Center's 2<sup>nd</sup> floor in connection with its approved Ambulatory Surgery Center designation.

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 10 - Space & Construction Cost Distribution**

For Article 28, 36, and 40 Construction Projects Requiring Full, Administrative or Limited Review \* Codes for completing this table are found in Schedule 10 lookups sheet.(see tab below)

Indicate if this project is:      New Construction:       Renovation:

Location				Functional Code	Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction cost per SF	Total construction cost	Alterations, Scope of work
Sub project	Building	Floor	section						
	1	1		471	Family Planning O/P	750	\$100.00	\$75,000	
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				

New York State Department of Health  
Certificate of Need Application  
Schedule 10 - Space & Construction Cost Distribution

					#N/A				
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New York State Department of Health  
 Certificate of Need Application  
 Schedule 10 - Space & Construction Cost Distribution

A		B	C	D	E	F	G	H	I
Location					Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction cost per SF	Total construction cost	Alterations, Scope of work
Sub project	Building	Floor	section	Functional Code					
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
<b>Totals for Whole Project:</b>						<b>750</b>	<b>100</b>	<b>75000</b>	

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 10 - Space & Construction Cost Distribution**

If additional sheets are necessary, go to the toolbar, select "Edit", select "Move or copy sheet", make sure the "create a copy" box is checked, and select this document as the destination for the copy then select "OK". An additional worksheet will be added to this spreadsheet

1. If New Construction is Involved, is it "freestanding?"	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	---------------------------------	--------------------------------

	Dense Urban	Other metropolitan or suburban	Rural
2. Check the box that best describes the location of the facilities affected by this project:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator/engineer,

SIGNATURE		DATE	
[REDACTED]		6/26/2008	
PRINT NAME		TITLE	
[REDACTED]		Chief Financial Officer	
NAME OF FIRM			
Planned Parenthood of New York City, Inc.			
STREET & NUMBER			
[REDACTED]			
CITY	STATE	ZIP	PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 11 - Moveable Equipment**

For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review \*

**Table I: New Equipment Description**

Sub project Number	Functional Code	Description, including model, manufacturer, year of manufacturer where applicable.	Number of units	Lease or purchase?	Date of the end of the lease period	Lease Amount or Purchase Price
N/A	471	Personal computers	2	Purchase	N/A	\$4,000
N/A	471	Waiting room and office furniture		Purchase	N/A	\$6,000
Total lease and purchase costs: Subproject 1						
Total lease and purchase costs: Subproject 2						
Total lease and purchase costs: Subproject 3						
Total lease and purchase costs: Subproject 4						
Total lease and purchase costs: Subproject 5						
Total lease and purchase costs: Subproject 6						
Total lease and purchase costs: Subproject 7						
Total lease and purchase costs: Subproject 8						
Total lease and purchase costs: Whole Project:						\$10,000.00

# **Schedule 13- CON Forms Applicable to all Article 28 Facilities**

## **Contents:**

- **Schedule 13 A - Assurances.**
- **Schedule 13 B - Staffing**
- **Schedule 13 C - Annual Operating Costs**
- **Schedule 13 D - Annual Operating Revenue**



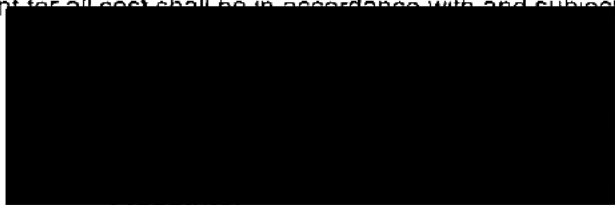
**Schedule 13 A. Assurances From Article 28 Applicants**

Article 28 applicants seeking combined establishment and construction or construction approval only must complete this schedule.

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to insure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all costs shall be in accordance with and subject to the provisions of Part 86 of Title 10.

Date



Signature.

Name (Please Type)

Title (Please type)

**Schedule 13 B. Staffing**

**Table 13B - 1:** See "Schedules Required for Each Type of CON" to determine when this form is required. Use the "Other" categories for providers, such as dentists, that are not mentioned in the staff categories. If a project involves multiple sites please create a staffing table for each site.

Total Project     Subproject number

A		B	C	D
Staffing Categories		Number of FTEs to the Nearest Tenth		
		Current Year*	First Year of implementation	Third Year of implementation
1.	Management & Supervision	0.0	0.3	0.3
2.	Technician & Specialist			
3.	Registered Nurses			
4.	Licensed Practical Nurses			
5.	Aides, Orderlies & Attendants			
6.	Physicians			
7.	PGY Physicians			
8.	Physicians' Assistants			
9.	Nurse Practitioners	0.0	0.8	0.8
10.	Nurse Midwife			
11.	Social Workers and Psychologist**			
12.	Physical Therapists and PT Assistants			
13.	Occupational Therapists and OT Assistants			
14.	Speech Therapists and Speech Assistants			
15.	Other Therapists and Assistants	0.0	0.6	0.6
16.	Infection Control, Environment and Food Service			
17.	Clerical & Other Administrative			
18. Other	Entitlement Staff	0.0	0.7	0.7
19. Other				
20. Other				
21.	<b>Total Number of Employees</b>	0.0	2.4	2.4

\*Last complete year prior to submitting application

\*\*Use only for RHCF and D and T Center proposals

**Describe how the number and mix of staff were determined:**

The number and mix of staff are based on PPNYC's staffing experience with its other clinics and in consideration of Medicaid standards.

**New York State Department of Health  
Certificate of Need Application**

**Schedule 13B**

1.) All diagnostic and treatment centers should complete the following section:

Name of medical director:	Maureen Paul, MD
License number of the Medical Director	236603

	Not Applicable:	Title of Attachment	Filename of attachment
Attach a copy of the medical director's curriculum vitae.	<input type="checkbox"/>	Attachment 13: Medical Director CV	PPNYC Medical Director CV

Acute care facility with which an affiliation agreement is being negotiated:	PPNYC has affiliation agreements in place with hospitals near each of its three health centers and will obtain a similar agreement on Staten Island prior to offering services.
In the space below, Indicate the status of those negotiations:	

	Not Applicable:	Title of Attachment	Filename of attachment
Attach a copy of a letter of intent or the affiliation agreement, if appropriate.	<input type="checkbox"/>	Attachment #14: Hospital Affiliation Agreement	PPNYC Hospital Affiliation Agreement

Distance in miles from the proposed facility to the acute care affiliate.	N/A
Distance in minutes of travel time from the proposed facility to the acute care affiliate.	N/A
Name of the acute care facility, nearest the proposed facility:	N/A
Distance in miles from the proposed facility to the nearest acute care facility.	N/A
Distance in minutes of travel time from the proposed facility to the nearest acute care facility.	N/A

**New York State Department of Health  
Certificate of Need Application**

**Schedule 13B**

**Table 13B - 2. Ambulatory surgery centers should complete the following Table:**

List all practitioners -- including surgeons, Dentists and Podiatrists, who have expressed an interest in practicing at the Center.  
NOTE: Attach copies of letters from each giving the number and type of procedures he or she expects to perform per year.

Practitioner's Name	License No.	Specialty (s)	Board Certified or Eligible	Expected Number of Procedures	List hospitals where Physician has Admitting Privileges:	Title and File Name of attachment
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			

**New York State Department of Health  
Certificate of Need Application**

**Schedule 13C**

**Schedule 13 C. Annual Operating Costs**

See "Schedules Required for Each Type of CON" to determine when this form is required.

Use this schedule to summarize the first full year's incremental cost for the categories, which are affected by this project. The first full year is defined as the first 12 months of full operation after project completion. Project the first and third full year's direct incremental costs in current year dollars. (Show only additional operating costs to be incurred during the first full year after project completion). Enter in the column heading the year and month when this period begins and ends."

- Total Project
- Subproject Number

**Table 13C - 1**

	a	b	c
Categories	Current Year	Year 1 Incremental Cost Impact	Year 3 Incremental Cost Impact
Start date of year in question:(m/d/yyyy)	4/1/2008	4/1/2009	4/1/2011
1. Salaries and Wages	0	\$151,942	\$9,253
1a. FTEs	0	2.38	2.38
2. Employee Benefits	0	\$37,986	\$2,313
3. Professional Fees	0	\$2,000	\$122
4. Medical & Surgical Supplies	0	\$66,479	\$8,522
5. Non-med., non-surg. Supplies	0	\$13,296	\$1,704
6. Utilities	0	0	0
7. Purchased Services	0	0	0
8. Other Direct Expenses	0	\$119,140	\$10,629
9. Subtotal (total 1-8)	0	\$390,842	\$32,544
10. Interest	0	0	0
11. Depreciation and Rent	0	\$21,900	\$1,242
12. Total Incremental Operating Costs	0	\$412,742	\$33,786

	Title of Attachment	Filename of attachment
1. In an attachment, provide the basis and supporting calculations for depreciation and rent expense	Attachment 15: PPNYC Rent Expense Calculation	PPNYC Rent Expense Calculation
2. In an attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital	N/A	N/A

Any approval of this application is not to be construed as an approval of any of the above indicated current or projected operating costs. Reimbursement of any such costs shall be in accordance with and subject to the provisions of Part 86 of 10 NYCRR. Approval of this application does not assure reimbursement of any of the costs indicated therein by payers under Title XIX of the Federal Social Security Act (Medicaid) or Article 43 of The State Insurance Law or by any other payers.

**Schedule 13 D: Annual Operating Revenues**

See "Schedules Required for Each Type of CON" to determine when this form is required.

This schedule is to be used for all proposals except (a) establishment applications for RHCs and D&TCs, and (b) RCHC and D&TC applications which will increase total year current costs by more than 10%.

One schedule must be completed for the total project and one for each of the subprojects. Indicate which one is being reported by checking the appropriate box at the top of the schedule.

Use this schedule to summarize the current year's operating revenue, and the first and third year's incremental operating revenue for the categories that are affected by this project.

Table 1. Enter the current year data in column 1. This should represent the total revenue for the last complete year before submitting the application, using audited data.

Indicate in column 2 and column 3 respectively a projection of the first and third year incremental revenues (i.e., additional operating revenues (i.e., additional operating revenues to be received during the first and third years of operation after project completion). Use current year dollars. Show revenue reductions in parentheses.

Tables 2a and 2b. Enter current year data in the appropriate block. This should represent revenue by payer for the last complete year before submitting the application, using audited data.

Indicate in the appropriate blocks incremental revenues (i.e., additional operating revenues by payer to be received during the first and third years of operation after project completion). As an attachment, provide documentation for the rates assumed for each payer. Where the project will result in a rate change, provide supporting calculations. For managed care, include rates and information from which the rates are derived, including payer, enrollees, and utilization assumptions.

The total of Inpatient and Outpatient Services at the bottom of tables' 2a and b should equal the totals given on line 10 of table 1.

Provide as an attachment to this schedule a cash flow analysis for the first year of operations after the changes proposed by the application, which identifies the amount of working capital, if any, needed to implement the project. Please complete Schedule 5, Working Capital Schedule, in conjunction with the cash flow analysis.

New York State Department of Health  
 Certificate of Need Application

Schedule 13D

Table 13D - 1

	a	b	c
Categories	Current Year	Year 1 Incremental Revenue Impact	Year 3 Incremental Revenue Impact
Start date of year in question:(m/d/yyyy)	4/1/2008	4/1/2009	4/1/2011
1. Daily Hospital Services	0	0	0
2. Ambulatory Services	0	\$239,190	\$30,660
3. Ancillary Services	0	0	0
4. Total Gross Patient Care Services Rendered	0	\$239,190	\$30,660
5. Deductions from Revenue	0	0	0
6. Net Patient Care Services Revenue	0	\$239,190	\$30,660
7. Other Operating Revenue (Identify sources)			
	0	0	0
	0	0	0
8. Total Operating Revenue (Total 1-7)	0	\$239,190	\$30,660
9. Non-Operating Revenue	0	\$173,552	\$3,126
10. Total Project Revenue	0	\$412,742	\$33,786

New York State Department of Health  
Certificate of Need Application

Schedule 13D

Table 13D – 3

\* Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days  Patient discharges

Inpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Patient Days or dis- charges *	Net Revenue*		Patient Days or dis- charges*	Net Revenue*		Patient Days or dis- charges*	Net Revenue*	
			%	Dollars (\$)		%	Dollars (\$)		%	Dollars (\$)
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total			100%			100%			100%	



New York State Department of Health  
Certificate of Need Application

Schedule 13D

Table 13D - 4

Outpatient Services** Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue*		Visits	Net Revenue*		Visits	Net Revenue*	
			%	Dollars (\$)		%	Dollars (\$)		%	Dollars (\$)
Commercial	Fee for Service	0	0	0	665	25%	\$31,910	85	25%	\$4,090
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service	0	0	0	1,330	50%	\$192,788	170	50%	\$24,712
	Managed Care									
Private Pay		0	0	0	133	5%	\$14,492	17	5%	\$1,858
OASAS										
OMH										
Charity Care		0	0	0	532	20%	0	68	20%	\$0
Bad Debt										
All Other										
Total		0	100%	0		100%	\$239,190	341	100%	\$30,660
Total of Inpatient and Outpatient Services				0			\$239,190			\$30,660

**Attachment #13**

**Project Name: Proposed PPNYC Extension Clinic on Staten Island**  
**Facility: Planned Parenthood of New York City ( [REDACTED] )**  
**Date: June 30, 2008**

**Attachment #14**

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City ( [REDACTED] )**  
Date: June 30, 2008

RECEIVED  
DEC 15 1993  
Ans'd.....

December 10, 1993

[REDACTED]  
President/CEO  
Planned Parenthood  
of New York City, Inc.  
[REDACTED]

Dear [REDACTED] [REDACTED]

Enclosed is a fully executed copy of the agreement we have been discussing.

We look forward to a long and productive relationship with Planned Parenthood of New York City, Inc.

Sincerely,

[REDACTED]mc

AGREEMENT

AGREEMENT made this 10<sup>th</sup> day of DECEMBER, 1993 between Planned Parenthood of New York City (hereinafter "PPNYC"), a New York not-for-profit corporation, having its principal office at [REDACTED] [REDACTED] and The [REDACTED] (hereinafter "[REDACTED]" a New York not-for-profit corporation, having its principal office at [REDACTED]

WHEREAS, PPNYC operates three licensed diagnostic and treatment centers located at [REDACTED] [REDACTED] [REDACTED] ("the PPNYC clinics"), and

WHEREAS, PPNYC requires cooperation with a hospital facility to provide medical services in the event an emergency arises in the course of performing medical services in the PPNYC CLINICS, and

WHEREAS, [REDACTED] operates a full service licensed hospital facility capable of providing such services,

NOW THEREFORE, in consideration of the mutual promises contained herein the parties hereby agree as follows:

1. [REDACTED] agrees that patients of PPNYC may be referred to [REDACTED] for emergency treatment where such emergencies arise out of procedures administered by PPNYC to its patients at its diagnostic and treatment centers. Such referred patients shall be treated on either an in-patient or out-patient basis, as [REDACTED] shall decide.

2. If, in the judgment of [REDACTED] patients referred by PPNYC are not emergency cases, such patients may nevertheless be admitted to [REDACTED] based on the acuteness of their illness, if beds are available, in accordance with the rules and regulations of [REDACTED] and its Medical Staff.

3. [REDACTED] shall have no responsibility to any PPNYC patient prior to such patient becoming an in-patient or out-patient of [REDACTED] PPNYC shall have no responsibility to any patient referred to [REDACTED] hereunder for services rendered to or actions taken with respect to such patient by [REDACTED] or its staff members, agents, employees or volunteers at any time after such patient has been referred by PPNYC to [REDACTED]

4. [REDACTED] shall have access to, and upon request, shall receive from PPNYC a copy of the medical records of all PPNYC patients referred to [REDACTED] under this agreement.

5. The charges and fees of [REDACTED] for the services to be provided by it under this Agreement shall be the customary charges and fees of [REDACTED] for such services as established by it from time to time.

6. [REDACTED] shall use its best efforts to collect its charges and fees directly from the referred patient or any other person responsible for the medical expenses of such patient. Such charges and fees shall be billed and collected on the same basis as all other patients of [REDACTED] If an account is delinquent for a period of more than 120 days and has reached the point in [REDACTED] normal collection process when it would be referred to an attorney, [REDACTED] may bill and PPNYC agrees to pay the amount of such uncollected account. W

7. A. PPNYC shall indemnify and hold harmless [REDACTED] its staff members, agents, employees and volunteers from any and all liability to any patient, and from all costs and damages, including attorney's fees, arising out of, or incurred as a result of, any act, treatment or procedure performed, administered or omitted by PPNYC, it's staff members, agents, employees or volunteers at anytime prior to the time such patient becomes a patient of [REDACTED]

B. [REDACTED] shall indemnify and hold harmless PPNYC, its staff members,

agents, employees and volunteers from any and all liability to any patient, and from all costs and damages, including attorney's fees, arising out of, or incurred as a result of any act, treatment or procedure performed, administered or omitted by [REDACTED] its staff members, agents, employees or volunteers at anytime after such patient has been referred by PPNYC to [REDACTED] and has been admitted as an inpatient or outpatient.

8. PPNYC warrants that its diagnostic and treatment centers and all of its officers, directors, staff members, agents, employees and volunteers working there are covered by malpractice insurance in an amount of not less than \$1,000,000 of primary coverage for any one occurrence and \$1,000,000 of primary coverage in the aggregate during any one annual period of insurance and \$9,000,000 of excess coverage for any one occurrence and \$9,000,000 of excess coverage in the aggregate during any one annual period of insurance. PPNYC further warrants that it is a duly designated "affiliate" of the Planned Parenthood Federation of America, Inc. and as such is an "insured" under malpractice insurance policies issued to Planned Parenthood Federation of America, Inc. and its affiliates. [REDACTED] warrants that its hospital and all of its officers, directors, staff members, agents, employees and volunteers working there are covered by malpractice insurance in an amount of not less than \$1,000,000 of primary coverage for any one occurrence and \$1,000,000 of primary coverage in the aggregate during any one annual period of insurance and \$9,000,000 of excess coverage for any one occurrence and \$9,000,000 of excess coverage in the aggregate during any one annual period of insurance. Each party will cause the insurance policies to be maintained by it pursuant to this paragraph to name the other party as an additional insured. At the time of execution of this Agreement, and thereafter not less than thirty (30) days prior to the expiration of the current policy, each party will furnish the other party with a certificate

or certificates showing the continued maintenance of the insurance policies required by this paragraph.

9. PPNYC warrants that it is duly licensed by the State of New York to operate its diagnostic and treatment centers, and to perform [REDACTED] and other medical procedures. [REDACTED] warrants that it is duly licensed by the State of New York to operate its hospital in accordance with the laws of the State.

10. Nothing in the Agreement shall be construed in any manner as creating an agency relationship between PPNYC and [REDACTED] nor shall any officer, director, staff member, agent, employee or volunteer of one of them be considered an agent, representative or employee of the other.

11. This AGREEMENT may be cancelled by either party upon 30 days written notice to the other party. Notice shall be sent certified mail to the following addresses:

Planned Parenthood of New York City, Inc.

[REDACTED]

[REDACTED]

IN WITNESS WHEREOF, we have set our hands and seals.

For PPNYC:

For [REDACTED]

[REDACTED]



**Attachment #15**

**Project Name: Proposed PPNYC Extension Clinic on Staten Island**  
**Facility: Planned Parenthood of New York City ( [REDACTED] )**  
**Date: June 30, 2008**

**Planned Parenthood of New York City, Inc.**  
Staten Island Extension Clinic  
Depreciation & Rent Calculation Worksheet

Description	Cost	Life	Annual Depreciation
Office Furniture & Equipment	\$15,000	10 years	\$1,500

**Annual Rent Expense (Per Lease Agreement)**

Year 1	\$20,400
Year 3	\$21,642

**Total Depreciation & Rent**

Year 1	\$21,900
Year 3	\$23,142
Year 3 Incremental Cost	\$1,242

# **Schedule 17 - CON forms Specific to Diagnostic and Treatment Centers (D&TC)**

## **Contents:**

- o **Schedule 17 A - D&TC Program Information.**
- o **Schedule 17 B - D&TC Community Need.**
- o **Schedule 17 C - Impact of CON Application on D&TC  
Operating Certificate**
- o **Schedule 17 D - D&TC Allocation of Operating Costs**
- o **Schedule 17 E - D&TC Statement of Revenue**

**New York State Department of Health  
Certificate of Need Application**

**Schedule 17A**

**Schedule 17 A - Diagnostic and Treatment Center Program Information.**

See "Schedules Required for Each Type of CON" to determine when this form is required.

**Instructions:** In the space below, briefly indicate how the facility intends to comply with state and federal regulations. If the application involves conversion of an existing practice, state who owns the practice and how the conversion will be done. If there are other entities utilizing the same space or resources, please state exactly how the space and resources will be allocated. Also, provide a description of the other entities.

The project entails a partnership between Planned Parenthood of New York City (PPNYC) and [REDACTED] [REDACTED] the goal of which is to increase sexual and reproductive healthcare (SRH) services available to young people on Staten Island, providing them with quality, affordable healthcare in a safe and confidential environment. [REDACTED] a well-respected healthcare provider since 1988, currently provides basic SRH services including gynecological exams and HIV/STI counseling and testing. [REDACTED] leadership has identified the need to improve the service delivery mechanism, as well as to increase the scope of sexual and reproductive healthcare services offered. To this end, PPNYC & [REDACTED] will operate an extension Article 28 Diagnostic & Treatment Center at [REDACTED] in Staten Island at a facility that is currently occupied by [REDACTED] PPNYC will enter into a long-term lease for the space, which requires renovation in order to bring it into compliance with construction sections of the State Hospital Code.

PPNYC has commissioned an architect familiar with the applicable codes to evaluate the facility and develop plans for the required work. Based on the architect's evaluation, the space will require renovations to comply with DOH regulations, including additional bathrooms, clean and soiled workrooms, space configuration, ventilation and fire safety enhancements. The space will also undergo renovations to ensure ADA compliance.

Schedule 17 B - Community Need

See "Schedules Required for Each Type of CON" to determine when this form is required.

**Public Need Summary:**

Briefly summarize on this schedule, why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

The service area will include all zip codes of Staten Island (Richmond County), New York. Both the [redacted] and [redacted] areas of Staten Island, areas proximate to the extension clinic, have been designated as Health Professional Shortage Areas (HPSA). In addition, five census tracts in Port Richmond have been designated as Medically Underserved Areas (MUA).

2. Provide a quantitative and qualitative description of the population to be served. (Qualitative data may include median income, ethnicity, payor mix, etc.)

The partnership between PPNYC and [redacted] will continue to serve the population currently served by [redacted] while enhancing services to provide greater access for young people on Staten Island. [redacted] currently serves 400 HIV+ positive individuals and affected family members. Approximately 90% of [redacted] current clients are eligible for Medicaid. Clients are ethnically and racially diverse. In 2006, 33% of clients were white, 42% were black and 25% were Latino. Close to 18% of clients identified themselves as gay, bisexual, lesbian or transgender.

PPNYC's extension clinic in Staten Island will primarily target young people, but will also service people eligible for public insurance, immigrants, and other typically less advantaged populations who are not as able to access needed sexual and reproductive health (SRH) services.

The community most proximate to the clinic is Community District 1, or the neighborhoods of [redacted] and [redacted]. Per 2000 Census data, the population of this community was 162,609, with 50.0% of White race, 20.6% of Black race, and 19.8% of Hispanic origin. The extension clinic's primary target population, youth, comprised 27.6% of the population in Staten Island's Community District 1, with this population of youth being even more diverse than the general community population: 35.9% were of White race, with the remaining 64.1% of minority race (including 28.5% Black/African American and 26.6% of Hispanic origin). Twenty-four percent of Community District 1 residents are foreign-born, and, of that population, 55.0% are not U.S. citizens. The percentage of Community District 1 residents receiving some type of income support rose from 15.0% in 2000 to 25.9% in 2007. Thirty-three percent (33%) of these persons receiving income support received Medicaid (only) in 2000, but this figure rose to 64% in 2007.

3. Document the current and projected demand for the proposed services. If the proposed services are covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

In 2006, [redacted] provided 1,740 visits related to sexual and reproductive healthcare. Currently, a nurse practitioner provides services for 20 hours per week, but demand grossly exceeds capacity, both in volume and in scope of services provided. A partnership with PPNYC would allow for nearly 1,000 additional family planning visits annually and would also allow for the disbursement of oral and emergency contraception.

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

[redacted] is committed to enhancing its ability to respond to the needs of the young people whom it serves for HIV/AIDS counseling, testing and related services. This client demographic requires sexual and reproductive health services that [redacted] cannot provide given its current resources. Among its clients ages 13 to 24, [redacted] has identified a need to dispense both oral and emergency contraception, as well as to provide male health services. A partnership with PPNYC would enable [redacted] an established, trusted care provider in the Staten Island community, to provide affordable, confidential, comprehensive family planning services to the young people of Staten Island.

**New York State Department of Health  
Certificate of Need Application**

**Schedule 17C**

(b) Describe how this project is consistent with your facility's Community Service Implementation Plan (voluntary not-for-profit hospitals) or strategic plan (other providers).

The mission of [REDACTED] is to improve the lives of individuals, families and communities challenged by health disparities related to poverty, discrimination and lack of access through direct service, education and advocacy. [REDACTED] serves in a nonjudgmental and compassionate manner as an affirmation of commitment to our community.

The mission of Planned Parenthood of New York City is to empower individuals to make independent, informed decisions about their sexual and reproductive lives. PPNYC provides information and health care, and promotes public policies that make those services available to all.

With these missions as the driving force behind the partnership, the project will provide both organizations with an opportunity to enhance the scope and quality of healthcare and increase access to the individuals most in need of sexual and reproductive healthcare.

5. Describe where and how the population to be served currently receives the proposed services.

Currently, there are no clinics on Staten Island that are devotedly solely to comprehensive sexual and reproductive healthcare. The populations targeted by the PPNYC [REDACTED] partnership, especially young people, have significant hesitation about accessing care through a major hospital, health care center, or private physician due to confidentiality concerns. Many of the patients who access care through Planned Parenthood do so because they can be certain to get the care they need without compromising confidentiality. Planned Parenthood has developed systems of patient communication that ensure the confidentiality of the patient and the nature of the care provided. Our entitlement counselors help the target population to enroll in public assistance and to explore the options available to assist with the cost of reproductive care. The hospitals and private physicians on Staten Island are not accustomed to the sensitivities surrounding reproductive healthcare, and as a result, our target population is in great need of an alternative. In addition to confidentiality, our target market requires a provider who can offer extended hours so that care can be accessed after school or outside of working hours. A more detailed description of the current providers of reproductive healthcare on Staten Island is included in the project narrative.

**Quality and Accreditation:**

1. Please cite any relevant accreditations, certifications or awards attained by the applicant which build confidence that services will be of high quality. Examples include certification as a Federally Qualified Neighborhood Health Center,

PPNYC is accredited by Planned Parenthood Federation of America (PPFA). Every four years PPFA sends accreditation teams to its affiliates to ensure that federation standards are maintained, and that patients are receiving consistent, professional, and compassionate care.

2. Describe any relevant programs or resources that the applicant will bring to the new facility. Include existing programs that have a proven track record at the applicant's other sites, (if the applicant has other sites) as well as programs that the applicant plans for the future. Such programs include:
  - a. Programs specially tailored to the health needs of the population of the service area.
  - b. Grant funded programs.
  - c. Scholarships or fellowships.

The partnership between PPNYC and [REDACTED] will afford an opportunity to bring existing PPNYC programs to the population currently served by [REDACTED] while enhancing outreach to at-risk populations such as youth, around whom PPNYC's programs have been designed. Currently, [REDACTED] Health Education and Prevention department provides education to the community by facilitating workshops, trainings, and educational presentations. Staff members, trained peer staff and volunteers offer information about HIV/AIDS prevention, LGBT issues, and resources available to Staten Islanders through community outreach, small group interventions, and counseling. Examples of existing PPNYC programs that would enhance [REDACTED] effectiveness on Staten Island include the HIV Integration Project, "Let's Talk about Sex" workshops,

**New York State Department of Health  
Certificate of Need Application**

**Schedule 17C**

Adult Role Model workshops, Teen Advocates groups, Immigrant Outreach, The Facts of Life Line, and a number of free bilingual publications.

- PPNYC's HIV Integration Project helps family planning providers in New York, New Jersey, Puerto Rico, and the Virgin Islands to incorporate HIV prevention, education, and testing into their full range of services.
- The "Let's Talk about Sex" workshops for young people help participants to learn and practice critical skills for communication and decision making.
- Adult Role Model workshops are conducted by community members who have been trained by PPNYC to teach fellow parents and caregivers how to talk knowledgeably and comfortably with their children about sex.
- Teen Advocate workshops are compelling theatrical skits about sexual health issues, which are written and performed by PPNYC's teenaged peer educators for audiences of their fellow teens.
- Immigrant Outreach workshops provide reproductive health education to African and Latino immigrants in their native languages, with sensitivity to their cultural backgrounds.
- The Facts of Life Line is a 24-hour hotline offering pre-recorded information in English and Spanish on a broad range of topics related to sexual and reproductive health.
- PPNYC offers a number of FREE publications about sexual and reproductive health. Publications are available in Spanish and English.

Many of the above programs are funded by public and private grants, and PPNYC has developed long-standing relationships with funders based on the proven success of their programs.

**3. Describe the applicant's experience or track record serving similar populations:**

██████ has experienced tremendous success in bringing HIV/AIDS education and testing to Staten Island. In 1989, fewer than 300 Staten Islanders had ever been diagnosed with AIDS. By June 2001, the number was 2,880 and continuing to grow. Since 1989, ██████ has provided services to over 1,500 Staten Islanders living with HIV/AIDS, and offered support and assistance to their family members as well. In 2006, ██████ worked with over 650 case management clients, and provided counseling and support groups for an additional 225 clients and family members. ██████ Helpline, HIV-CALL, fielded nearly 1,200 calls from both HIV-infected and concerned community members in Staten Island. ██████ coordinated 1,340 community outreach events in 2006 and talked with 27,000 Staten Islanders about HIV prevention and services. ██████ also conducted 290 public education and training events for 3,980 Staten Islanders, helping them understand AIDS both for personal health and for their work in health and social services.

For more than 90 years, Planned Parenthood of New York City has been a beacon of hope for the thousands of women, teens, and families who rely on it for essential reproductive health care, innovative educational programs, and effective advocacy. In 2006, PPNYC's clinics successfully provided 57,000 family planning visits, performed 11,000 HIV tests and 11,500 Pap tests, dispensed 8,200 units of emergency contraception, and helped 5,000 clients obtain public insurance. In 2006, PPNYC's education programs reached more than 1,500 youths through specialized programs, 3,000 youths through school initiatives, nearly 2,500 parents, adults and service professionals through workshops, and 3,400 newly arrived immigrants.

**Primary and Specialty Care Services Review Criteria:  
Expansion of Services**

When a CON application proposes conversion of a group or solo medical practice to Article 28 status, the applicant must provide a written analysis of the effect of the proposal on the following factors:

1. The full time equivalent (FTE) number of primary care physicians and specialists, by specialty, engaged in the practice after the conversion compared with the number before conversion.

Not Applicable - The project does not entail conversion of a group or solo medical practice to Article 28 status.

2. The (FTE) number of non-physician providers of primary care and specialty care, by specialty, such as Physician Assistants, Certified Nurse Practitioners, Physical Therapists, and Dental Assistants after the conversion compared with the number before conversion.

Not Applicable - The project does not entail conversion of a group or solo medical practice to Article 28 status.

3. The number of primary care and specialty visits, by specialty, after the conversion compared with the number before conversion.

Not Applicable - The project does not entail conversion of a group or solo medical practice to Article 28 status.

4. The array of services to underserved clients after the conversion compared with the number before conversion.

Not Applicable - The project does not entail conversion of a group or solo medical practice to Article 28 status.

### Target Population and Service Area:

All applications involving primary care services must provide a written analysis that clearly demonstrates that the proposal meets at least one of the following criteria. For criteria that do not apply, enter "not applicable":

1. The proposed clinic is in an underserved area as indicated by location in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).

The service area will include all zip codes of Staten Island (Richmond County), New York. Both the [redacted] and [redacted] areas of Staten Island, areas proximate to the extension clinic, have been designated as Health Professional Shortage Areas (HPSA). In addition, five census tracts in Port Richmond have been designated as Medically Underserved Areas (MUA).

2. The population to be served exhibits poor health status, as measured by factors such as high levels of inpatient discharges for ambulatory care sensitive conditions (ACSC), incidences of diseases and conditions in excess of standards in Healthy People 2010 or other pertinent indicators.

[redacted] and [redacted], areas proximate to the extension clinic, rank as average on most health indicators on the Take Care New York (TCNY) goals when compared to the 41 other NYC neighborhoods. Other notable statistics, however, demonstrate room for improvement (unless otherwise noted, statistics are provided for these two neighborhoods):

- In 2003-2004, the average annual HIV-related death rate in [redacted] and [redacted] was still twice the Staten Island rate (but the same as the NYC overall rate).
- Only about one fifth of [redacted] and [redacted] residents have been tested for HIV in the past year. In addition, one quarter of positive HIV test results (26%) are "late" diagnoses (HIV has already progressed to AIDS) in this community.
- The drug-related hospitalization rate in [redacted] and [redacted] is twice the Staten Island and NYC overall rates.
- In 2003-2004, the average annual percent of women who received late or no prenatal care in [redacted] and [redacted] (22%) was higher than the Staten Island percent (16%), but lower than the percent in NYC overall (28%).



**New York State Department of Health  
Certificate of Need Application**

**Schedule 17C**

- Although the teen birth rate in NYC overall has decreased over the past 10 years, the rate in [REDACTED] and [REDACTED] has remained fairly constant.
- The 2002-2004 infant mortality rate in [REDACTED] and [REDACTED] (6/1,000) is still higher than the TCNY target.
- Staten Island has the highest proportion of current drinkers (46%) among youth across the city, as well as the highest proportion of youth who currently smoke (23%), use marijuana (20%), and use cocaine (4%).
- In [REDACTED] and [REDACTED], death rates are higher than in NYC overall.
- As in NYC overall, the primary cause of premature death is cancer. Yet in [REDACTED] and [REDACTED] cancer screening is lower than TCNY targets.

3. The primary care services of the proposed clinic will be targeted to a group or population with special needs or conditions that make it difficult for them to obtain adequate primary care in clinics or physician practices serving the general population. Examples of such needs and conditions are:
- Developmental disabilities.
  - HIV.
  - Alcohol Substance Abuse.
  - Health needs relating to aging.
  - Mental Health needs.
  - Homelessness
  - Linguistic or cultural barriers in obtaining access to primary care.

The partnership between PPNYC and [REDACTED] is specifically focused on young people, people eligible for public insurance, immigrants, and other underserved populations who are not as able to access needed reproductive health services. PPNYC and [REDACTED] have programs in place to assist underserved populations, some of which are listed below:

**HIV/ AIDS** - In 2007, PPNYC provided nearly 16,000 HIV testing visits and 52,000 HIV education and counseling visits. Additionally, [REDACTED] reached 27,000 Staten Islanders through HIV prevention and services, including testing, education, and condom distribution.

**Alcohol Substance Abuse** - [REDACTED]'s OASAS-licensed Addiction Treatment Program provides outpatient treatment for community members who are chemically dependent and family members affected by the disease of addiction. The program offers counseling and education in the following: Relapse Prevention, Drug and Alcohol Education, Recovery Skills, Spirituality Workshops, Marijuana Recovery, gender specific groups, Anger Management, Domestic Violence (Batters Intervention and Prevention Program), DWI/DUI, and Parenting in Recovery groups. Counseling is provided for the individual, the group and the family.

**Mental Health Needs** - [REDACTED] offers support groups for HIV+ individuals and their families and LGBT youth.

**Homelessness** - [REDACTED] operates two food pantries in the Staten Island Community; one for all families and individuals needing food assistance and another limited to HIV+ individuals and their family members. [REDACTED] also provides underserved individuals with personal job counseling services to identify vocational training and employment opportunities.

**Linguistic or Cultural Barriers** - [REDACTED] provides advocacy, escort and translation/ interpretation services to HIV+ Spanish speaking individuals and Latinos and others at risk of HIV infection to get them into treatment. Program staff conducts street outreach to targeted audience of Immigrants, Latinos, Women and Substance Users in the Port Richmond area, at the designated AIDS Center for children with HIV/AIDS, at St. Vincent's Catholic Medical Center Special Pediatric Clinic, promoting these services. Weekly, staff conducts outreach at the Parole office located on Bay St. The purpose of outreaches is to provide HIV prevention education and information on available services, to supply information with safer sex materials and to bring high risk persons to HIV counseling, testing and treatment services.

PPNYC provides medical translation in all of its health centers. Additionally, all PPNYC literature is printed in English and in Spanish.

### Capacity of Existing Primary Care Providers

The project narrative should describe existing primary care services in the proposed service area. The narrative should include the number and location of existing D&TCs, extension clinics and part-time clinics and a summary of primary care services available through private practices. The narrative should indicate whether travel time and transportation are factors in access to primary care. Examples of travel related issues include topography, seasonal weather conditions, and availability of public transportation. Applicants are not expected to describe the volume of services delivered by existing providers, since they will rarely have access to such data, but the project narrative should indicate that the applicant is reasonably familiar with the overall availability of primary care in the targeted area.

In instances where the target area is likely to already have significant primary care resources, the CON proposal will be reviewed for the following need related factors:

- The ratio of primary care physicians to population in the proposed service area. HPSA uses a ratio of 1.0 FTE physicians to 3000 persons; Medicaid Managed Care uses a ratio of 1 to 1500.
- The number of primary care physicians in the proposed service area who are "active" in serving the Medicaid population. This is often measured as physicians who are reimbursed \$5000 or more per year by Medicaid.
- The annual number of primary care visits per person by Medicaid eligible persons in the proposed service area. An average lower than 2.0 visits per person is often considered a problem.
- The percentage of the Medicaid population that is enrolled in Managed care will be taken into account where appropriate.
- The current volume of primary care visits to existing D&TC and Extension clinics.

Not all of the above criteria need be evaluated for all applications. The number will vary depending on the type and location of services proposed and on how thoroughly the application addresses need in the project narrative and the related schedules.

Currently, there are no clinics on Staten Island that are devotedly solely to comprehensive sexual and reproductive healthcare. The populations targeted by the PPNYC [REDACTED] partnership, mainly young and/or underserved individuals, have three choices with regard to reproductive health; the first is to access care through a major hospital or medical center, the second is to access care through the Department of Health's Sexually Transmitted Disease Clinic, and the third is to access care through a private physician.

Our targeted population has expressed significant hesitancy in accessing care through major hospitals and medical centers as such an environment can be intimidating and many young people have serious concerns regarding parental consent and patient confidentiality. While Staten Island University's Center for Women's Health (440 Seaview Avenue) provides STI screening and gynecological care without parental consent, the clinic's primary focuses are infertility, high risk pregnancy, premenstrual syndrome, and colposcopy. Free pregnancy testing is provided at the center, but only during a limited three-hour window on Friday mornings. Staten Island University Hospital's Satellite Clinic (57 Bay Street) offers standard gynecological care and extended hours, but because the clinic offers a wide array of services, including family medicine and pediatrics, it cannot offer the same level of confidentiality as a clinic that focuses solely on reproductive health. Standard gynecological care is also available through the Richmond University Medical Center (255 Bard Avenue).

Young people can receive confidential STI services, emergency contraception and HIV testing at the Department of Health's Sexually Transmitted Disease Clinic (51 Stuyvesant Place), however, STI services and emergency contraception are only offered on Thursdays from 8:30 am - 4:00 pm. Access to this clinic is extremely limited as many young people attend school or hold jobs during these hours. Also, as emergency contraception is most effective within 72 hours of unprotected sex, it is important that the women of Staten Island have immediate access to care.

Lastly, there are physicians engaged in the private practice of medicine who do provide certain of the services that the PPNYC/ [REDACTED] partnership is proposing to offer – but these physicians are neither focused on nor as able to serve the populations we are targeting: young people, people eligible for public insurance, immigrants and other typically less advantaged populations who are not as able to access needed reproductive health services.

See Attachment 16: Letters of Support

**Need Review for Specialty Clinics:**

Applications not involving primary care services must also provide a written analysis that clearly demonstrates that the need exists for the proposed services

4. Is the proposed clinic in an underserved area as indicated by location in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA)?

Not applicable.

5. Describe in very specific terms the patients who require the specialty services, including the number of patients and their specific health problems, and how the proposed facility will meet their needs better than existing providers.

Not applicable.

6. In the case of Dental clinics, is the application supported by the local Health Department? Is the proposal supported by the Department of Health's Bureau of Dental Services? Is the applicant participating in current dental health initiatives? Has the applicant consulted with resources such as the New York State Oral Health Technical Assistance Center?

Not applicable.

**Schedule 17 C. Impact of CON Application on Diagnostic and Treatment Center Operating Certificate**

See "Schedules Required for Each Type of CON" to determine when this form is required.

**1. OVERALL CLASSIFICATION:** Check the box that defined the type of Diagnostic and Treatment Center (D&TC).

- General D&TC
- Comprehensive Outpatient Rehabilitation Facility (CORF)  OPT
- Mobile Services\*
- End Stage Renal Disease (ESRD)
- Rural Health Clinic
- Ambulatory Surgery Center: \*\*\* Single Specialty
- Ambulatory Surgery Center: \*\*\* Multi Specialty
- Ambulatory Surgery Center: \*\*\* Limited (i.e. to specific specialties that can function with smaller rooms)

**2. Specific Authorized Services:**

In the following table, list all the services that are presently on the facility's operating certificate by inserting an "X" in the appropriate box of column C. If services are being added, insert an "x" in column D, if services are being removed insert an "X" in column E, finally indicate all the services that will be on the operating certificate if this CON is approved by inserting an "x" in column F.

Table 17C-1 SPECIFIC AUTHORIZED SERVICES

a	b	c	d	e	f
		Existing certified service	Add	Remove	Proposed certified services
	001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIOLOGY (See Section 700.2)	006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIRTHING	180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL LABORATORY SERVICES (see Section 752.4)	018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT SCANNER	135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRUG ABUSE SCREENING	023	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCY, OUTPATIENT	024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTROCARDIOGRAPHY	026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTROENCEPHALOGRAPHY	027	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY PLANNING (See Part 753)	029	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEALTH EDUCATION	031	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPTSY (See Part 709)	171	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAGNETIC RESONANCE IMAGING (See Section 709.15)	119	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE	054	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART-TIME CLINIC(S)**	118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHARMACEUTICAL SERVICES (See Section 752.5)	073	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRACTITIONER SERVICES (SELECT ALL THAT APPLY)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY PRACTICE, INTERNAL MEDICINE	082	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB/GYN	082	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTOMETRY	065	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRENATAL	081	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRICS	071	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH SERVICES (OMH APPROVAL REQUIRED)	084	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHOLOGY	085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL REHABILITATION (Comprehensive Physical Rehab Prgm under the direction of a M.D.)	049	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPHTHALMOLOGY (Non-surgical eye care)	175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WELL-CHILD	108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL (Services under the direction of Dentist)	022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PODIATRY (Organized service under the direction of a Podiatrist as defined by SED)	076	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY (DIAGNOSTIC)	109	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY (THERAPEUTIC)	110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 17C-1. SPECIFIC AUTHORIZED SERVICES (continued)

a	b	c	d	e	f
		Existing certified service	Add	Remove	Proposed certified services
RENAL DIALYSIS, CHRONIC (See Part 757.1)	016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS HOME TRAINING	037	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPIRATORY THERAPY (See Section 700.2)	092	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEECH LANGUAGE PATHOLOGY (See Section 700.2)	098	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SURGERY: select one of the two options below, then select all that apply from the following list of specialties. (See Sections 755.1 and 85.6)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTPATIENT	117	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY ***	068	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO-RECTAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTISTRY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMBRYO TRANSPLANTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASTROENTEROLOGY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL SURGERY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GYNECOLOGY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPHTHALMOLOGY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORTHOPEDICS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTOLARYNGOLOGY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLASTIC SURGERY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TISSUE TRANSPLANTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UROLOGY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB RESPIRATORY (Comprehensive management of patients diagnosed with TB, i.e. Direct Observed Therapy)	114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THERAPY, OCCUPATIONAL (See Section 702b(11))	061	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THERAPY, PHYSICAL	074	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THERAPY, RECREATIONAL	089	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THERAPY, VOCATIONAL REHABILITATION	107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSFUSION SERVICES LIMITED	102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSFUSION SERVICES FULL	102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*MOBILE SERVICES: For each site where the vehicle will be parked to provide services, a separate "Mobil Clinic Site Approval Request" must be attached. A blank form is found in Schedule 16C.

\*\*PART-TIME CLINICS: For each site, enclose a completed copy of form DOH-4-197 (9/00). Copies are available from the following address:

Project Management Group  
Division of Health Facility Planning  
Office of Health Systems Management  
New York State Department of Health  
433 River Street, 6th floor  
Troy, New York 12180-2299

\*\*\*Requires additional Medicare certification

**New York State Department of Health  
Certificate of Need Application**

**Schedule 17C**

**3.) Additional Information about Dialysis capacity:**

Is the D&TC requesting certification for Chronic Renal Dialysis or for a change in the number of dialysis stations?

Yes  No

If "yes", provide the following information.

Current Certified Capacity: (number of dialysis stations)	
Dialysis Stations to be added	
Dialysis Stations to be dropped	
Proposed certified Dialysis stations	
Number of Dialysis procedures provided 3 years ago	
Number of Dialysis procedures provided 2 years ago	
Number of Dialysis procedures provided in the last 12 months	

In compliance with 10 NYCRR 670.6 please provide the following information:

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible

Not applicable.

2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons , and residents of remote rural areas

Not applicable.

3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.

Not applicable.

4. Provide evidence that the facility is willing and capable of safely serving patients

Not applicable.

5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

Not applicable.

**Table 17C-2 - Projected Utilization of Services:**

The number of projected "visits" should be listed in this table for each existing or proposed certified service. Visits should be estimated for the current, first and third year of the project. This table should contain visit estimates for services at this site alone, not for the applicant's other sites.

(Service classification and description are from the listings above)		Current Year	1st Full Year of project	3rd Full Year of project
Service Classification Code	Description	Visits	Visits	Visits
	FAMILY PLANNING	750	2659	3000
Total Visits:		753	2659	3000



**Schedule 17 D - D&TC Allocation of Operating Costs**

See "Schedules Required for Each Type of CON" to determine when this form is required.

This schedule breaks out operating costs across various categories. A two page table must be completed for the current, first and third year of operation.

New York State Department of Health  
Certificate of Need Application

Schedule 17D

Table 17D-1 D&TC Allocation of Operating Costs

Current Year: from 4/1/2008 to 03/31/09 (m/d/yyyy)

a	b	c	d	e	f	g	h	i	j	k
		Salary & Wages	Employee Benefits	Purchased Contract & Services	Supplies	General Costs	Donations	Total Before Distribution	Distribution of Facility Costs	Total After Distribution
328	TOTAL ADJUSTED COSTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	I. Core Cost Centers									
329	a. Administration									
330	b. Facility									
331	c. Patient Transportation									
332	Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	II. Patient Care Cost Centers									
	a. Multi-service, Child Health									
333	1. Medical									
334	2. Dental									
335	3. Laboratory									
336	4. X-Ray									
337	5. Pharmacy									
338	6. Mental Health									
339	7. Rehab. Therapies									
340	8. Other Health									
341	SUBTOTAL a	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Family Planning									
342	1. Reproductive Health Care									
343	2. Laboratory									
344	3. Pregnancy Counseling									
345	4. Community Service									
346	SUBTOTAL b	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	c. [REDACTED]									
347	1. Medical									
348	2. Laboratory									
349	3. Other Surgical & Related Svcs									
350	4. Intake & Screening									
351	SUBTOTAL c	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	d. Cerebral Palsy & Rehab.									
352	1. Medical									
353	2. Dental									
354	3. Speech and Hearing									

New York State Department of Health  
 Certificate of Need Application  
 Table 17D-1 D&TC Allocation of Operating Costs

Schedule 17D

Current Year Continued:

a	b	c	d	e	f	g	h	i	j	k
		Salary & Wages	Employee Benefits	Purchased Contract & Services	Supplies	General Costs	Donations	Total Before Distribution	Distribution of Facility Costs	Total After Distribution
	d. Cerebral Palsy & Rehab. (cont.)									
355	4. Physical Therapy									
356	5. Occupational Therapy									
357	6. Other Therapies									
358	7. Mental Health									
359	8. Medical Social Services									
360	SUBTOTAL d	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	e. Methadone Maintenance									
361	1. Medical									
362	2. Mental Health									
363	3. Dispensing									
364	SUBTOTAL e	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	f. Hemodialysis									
365	1. Medical									
366	2. Chronic Dialysis									
367	3. Home Dialysis									
368	4. Peritoneal Dialysis									
369	SUBTOTAL f	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	g. Dental									
370	1. Dental Services									
371	2. Dental Laboratory									
372	TOTAL (I & IIg)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	h. Speech & Hearing									
373	1.									
374	2.									
375	3.									
376	SUBTOTAL g	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	i. Drug Free.									
377	1.									
378	2.									
379	3.									
380	SUBTOTAL i	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	j. Hemophilia									
381	1.									
382	2.									
384	3.									
389	SUBTOTAL j	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

New York State Department of Health  
 Certificate of Need Application  
 Table 17D-1 D&TC Allocation of Operating Costs

Schedule 17D

First Year of project: from 4/1/2009 to 3/31/2010 (m/d/yyyy)

a	b	c	d	e	f	g	h	i	j	k
		Salary & Wages	Employee Benefits	Purchased Contract & Services	Supplies	General Costs	Donations	Total Before Distribution	Distribution of Facility Costs	Total After Distribution
328	TOTAL ADJUSTED COSTS									
	I. Core Cost Centers									
329	a. Administration	\$37,542	\$9,386			\$113,140		\$160,068		\$160,068
330	b. Facility				\$13,296	\$29,900		\$43,196		\$43,196
331	c. Patient Transportation									
332	Subtotal	\$37,542	\$9,386		\$13,296	\$143,040		\$203,263		\$203,263
	II. Patient Care Cost Centers									
	a. Multi-service. Child Health									
333	1. Medical									
334	2. Dental									
335	3. Laboratory									
336	4. X-Ray									
337	5. Pharmacy									
338	6. Mental Health									
339	7. Rehab. Therapies									
340	8. Other Health									
341	SUBTOTAL a									
	b. Family Planning									
342	1. Reproductive Health Care	\$114,400	\$28,600		\$66,479			\$209,479		\$209,479
343	2. Laboratory									
344	3. Pregnancy Counseling									
345	4. Community Service									
346	SUBTOTAL b	\$114,400	\$28,600		\$66,479			\$209,479		\$209,479
	c. [REDACTED]									
347	1. Medical									
348	2. Laboratory									
349	3. Other Surgical & Related Svcs									
350	4. Intake & Screening									
351	SUBTOTAL c									
	d. Cerebral Palsy & Rehab.									
352	1. Medical									
353	2. Dental									
354	3. Speech and Hearing									

New York State Department of Health  
 Certificate of Need Application  
 Table 17D-1 D&TC Allocation of Operating Costs

Schedule 17D  
First Year Continued

a	b	c	d	e	f	g	h	i	j	k
		Salary & Wages	Employee Benefits	Purchased Contract & Services	Supplies	General Costs	Donations	Total Before Distribution	Distribution of Facility Costs	Total After Distribution
	d. Cerebral Palsy & Rehab. (cont.)									
355	4. Physical Therapy									
356	5. Occupational Therapy									
357	6. Other Therapies									
358	7. Mental Health									
359	8. Medical Social Services									
360	SUBTOTAL d									
	e. Methadone Maintenance									
361	1. Medical									
362	2. Mental Health									
363	3. Dispensing									
364	SUBTOTAL e									
	f. Hemodialysis									
365	1. Medical									
366	2. Chronic Dialysis									
367	3. Home Dialysis									
368	4. Peritoneal Dialysis									
369	SUBTOTAL f									
	g. Dental									
370	1. Dental Services									
371	2. Dental Laboratory									
372	TOTAL (I & IIg)									
	h. Speech & Hearing									
373	1.									
374	2.									
375	3.									
376	SUBTOTAL g									
	i. Drug Free.									
377	1.									
378	2.									
379	3.									
380	SUBTOTAL i									
	j. Hemophilia									
381	1.									
382	2.									
384	3.									
389	SUBTOTAL j									

Table 17D-1 D&TC Allocation of Operating Costs

Third Year of project from 4/1/2011 to 03/31/12 (m/d/yyyy)

a	b	c	d	e	f	g	h	i	j	k
		Salary & Wages	Employee Benefits	Purchased Contract & Services	Supplies	General Costs	Donations	Total Before Distribution	Distribution of Facility Costs	Total After Distribution
328	TOTAL ADJUSTED COSTS									
	I. Core Cost Centers									
329a	Administration	\$39,829	\$9,957			\$123,404		\$173,190		\$173,190
330b	Facility				\$15,000	\$31,630		\$46,630		\$46,630
331c	Patient Transportation									
332	Subtotal	\$39,829	\$9,957		\$15,000	\$155,033		\$219,819		\$219,819
	II. Patient Care Cost Centers									
	a. Multi-service, Child Health									
333	1. Medical									
334	2. Dental									
335	3. Laboratory									
336	4. X-Ray									
337	5. Pharmacy									
338	6. Mental Health									
339	7. Rehab. Therapies									
340	8. Other Health									
341	SUBTOTAL a									
	b. Family Planning									
342	1. Reproductive Health Care	\$121,367	\$30,342		\$75,000			\$226,709		\$226,709
343	2. Laboratory									
344	3. Pregnancy Counseling									
345	4. Community Service									
346	SUBTOTAL b	\$121,367	\$30,342		\$75,000			\$226,709		\$226,709
	c. [REDACTED]									
347	1. Medical									
348	2. Laboratory									
349	3. Other Surgical & Related Svcs									
350	4. Intake & Screening									
351	SUBTOTAL c									
	d. Cerebral Palsy & Rehab.									
352	1. Medical									
353	2. Dental									
354	3. Speech and Hearing									



New York State Department of Health  
 Certificate of Need Application

Schedule 17D

Table 17D-1 D&TC Allocation of Operating Costs

Third Year Continued:

a	b	c	d	e	f	g	h	i	j	k
		Salary & Wages	Employee Benefits	Purchased Contract & Services	Supplies	General Costs	Donations	Total Before Distribution	Distribution of Facility Costs	Total After Distribution
	d. Cerebral Palsy & Rehab. (cont.)									
355	4. Physical Therapy									
356	5. Occupational Therapy									
357	6. Other Therapies									
358	7. Mental Health									
359	8. Medical Social Services									
360	SUBTOTAL d									
	e. Methadone Maintenance									
361	1. Medical									
362	2. Mental Health									
363	3. Dispensing									
364	SUBTOTAL e									
	f. Hemodialysis									
365	1. Medical									
366	2. Chronic Dialysis									
367	3. Home Dialysis									
368	4. Peritoneal Dialysis									
369	SUBTOTAL f									
	g. Dental									
370	1. Dental Services									
371	2. Dental Laboratory									
372	TOTAL (i & IIg)									
	h. Speech & Hearing									
373	1.									
374	2.									
375	3.									
376	SUBTOTAL g									
	i. Drug Free.									
377	1.									
378	2.									
379	3.									
380	SUBTOTAL i									
	j. Hemophilia									
381	1.									
382	2.									
384	3.									
389	SUBTOTAL j									



**New York State Department of Health  
Certificate of Need Application**

**Schedule 17E**

**Schedule 17 E - D&TC Statement of Revenue:**

This schedule consists of: "Detailed Monthly Cash Flow Analysis for the first year of operations to be submitted as an attachment; and analysis of:"

- Patient Revenue
- Other Operating Revenue
- Non-Operating Revenue
- Charges

Provide a breakdown of the utilization (threshold visits) by payer source. Provide supporting calculations for the rates assumed for each payer.

**Table 17E-1 D&TC Statement of Revenue**

I. Patient Revenue	Commercial	Fee for Service	\$31,190. 00
	Medicare		
	Medicaid		\$192,788. 00
	Private Pay		\$14,492.0 0
	OASAS		
	OMH		
	Charity Care		\$0.00
	Bad Debt		
Ordered Ambulatory Services			
All Other			
	TOTAL		\$239,190. 00
II. Other Operating Revenue	Sale of Literature		
	Sale of Supplies to Other than Patients		
	Telephone		
	Other		
	TOTAL		\$0.00
III. Non-Operating Revenue	Gifts, Legacies, and Bequests		\$23,552.0 0
	Grants		\$150,000. 00
	Community Health Center (Sec 330)		
	Maternal and Child Health (Title V)		
	WIC Administrative Funds		
	Primary and Ambulatory Care Program		
	Local Health Assistance Funds		
	Family Planning		
	Other Grants (Specify)		
Other Non-Operating Revenue			
	TOTAL		\$173,552. 00

**New York State Department of Health  
Certificate of Need Application**

**Schedule 17E**

IV. Total Revenue (I, II, and III)		\$412,742. 00
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**Attachment #16**

Project Name: **Proposed PPNYC Extension Clinic on Staten Island**  
Facility: **Planned Parenthood of New York City ( [REDACTED] )**  
Date: June 30, 2008

**MICHAEL E. McMAHON**  
COUNCIL MEMBER, 49<sup>TH</sup> DISTRICT

□ DISTRICT OFFICE  
130 STUYVESANT PLACE, 6<sup>TH</sup> FLOOR  
STATEN ISLAND, NY 10301  
(718) 554-7370  
FAX: (718) 554-7389

□ CITY HALL OFFICE  
250 BROADWAY, ROOM 1807  
NEW YORK, NY 10007  
(212) 785-6972  
FAX: (212) 341-3465



THE COUNCIL  
OF  
THE CITY OF NEW YORK

CHAIRMAN  
SANITATION & SOLID WASTE MANAGEMENT

COMMITTEE MEMBER  
ECONOMIC DEVELOPMENT

FINANCE  
HEALTH

LAND USE

RULES, PRIVILEGES & ELECTIONS

STATE & FEDERAL LEGISLATION

TRANSPORTATION

SUB COMMITTEE  
ZONING & FRANCHISES

April 25, 2008

Robert G. Schmidt  
Director, HEAL NY Implementation Team  
New York State Department of Health  
Division of Health Facility Planning  
433 River Street, 6th floor  
Troy, NY 12180

Dear Mr. Schmidt,

I am writing in support of Planned Parenthood of New York City's (PPNYC) application for funding for expansion of primary care services, particularly, its proposed provision, in collaboration with [REDACTED] of expanded sexual and reproductive health (SRH) services for needy youth on Staten Island.

With an extension clinic located at [REDACTED] PPNYC will provide a range of SRH services for which there has been demand yet insufficient capacity, including gynecological exams, birth control counseling and provision, emergency contraception, STI screening and treatment, HIV counseling and testing and male reproductive health services. PPNYC's entitlement services will also connect young people with the insurance programs to which they are entitled, while maximizing reimbursement for services to ensure long-term sustainability at the clinic.

Since 1916, Planned Parenthood of New York City (PPNYC) has empowered individuals to make independent, informed decisions about their sexual and reproductive lives through the provision of information and health care, and the promotion of public policies that make these services available to all. Through its three health centers, PPNYC provides SRH services to more than 42,000 New Yorkers annually, regardless of age or income, and provides public insurance assistance and enrollment services to further ensure that New Yorkers have access to insurance coverage.



PPNYC's collaborator in this project, [REDACTED] works to prevent the spread of HIV, and to identify and serve the needs of Staten Islanders living with HIV/AIDS, their families and all others affected by this disease. In 2004, [REDACTED] began providing basic SRH services including gynecological exams, and HIV/STI counseling and testing to young people in the area. [REDACTED] leadership has identified the need to improve the service delivery mechanism, as well as increase the scope and access of SRH services offered. PPNYC's proposed expansion of family planning services will greatly assist in this endeavor, and I strongly support this initiative.

Sincerely,



Michael E. McMahon

RANKING MINORITY MEMBER  
LABOR COMMITTEE  
COMMITTEE MEMBER  
CIVIL SERVICE & PENSIONS  
ENVIRONMENTAL CONSERVATION  
HOUSING, CONSTRUCTION &  
COMMUNITY DEVELOPMENT  
JUDICIARY  
TOURISM, RECREATION &  
SPORTS DEVELOPMENT  
TRANSPORTATION

THE SENATE  
STATE OF NEW YORK



**DIANE J. SAVINO**  
Senator, 23rd District

ALBANY OFFICE:  
ROOM 406  
LEGISLATIVE OFFICE BUILDING  
ALBANY, NEW YORK 12247  
PHONE: (518) 435-2437  
FAX: (518) 426-6943  
DISTRICT OFFICE:  
56 RICHMOND TERRACE  
STATEN ISLAND, NEW YORK 10301  
PHONE: (718) 727-4406  
FAX: (718) 727-9426  
E-MAIL ADDRESS:  
SAVINO@SENATE.STATE.NY.US

April 28, 2008

Robert G. Schmidt  
Director, HEAL NY Implementation Team  
New York State Department of Health  
Division of Health Facility Planning  
433 River Street, 6th floor  
Troy, NY 12180

Dear Mr. Schmidt,

I am writing in support of Planned Parenthood of New York City's (PPNYC) application for funding for expansion of primary care services, particularly, its proposed provision, in collaboration with [REDACTED] of expanded sexual and reproductive health (SRH) services for needy youth on Staten Island.

With an extension clinic located at [REDACTED], PPNYC will provide a range of SRH services for which there has been demand yet insufficient capacity, including gynecological exams, birth control counseling and provision, emergency contraception, STI screening and treatment, HIV counseling and testing and male reproductive health services. PPNYC's entitlement services will also connect young people with the insurance programs to which they are entitled, while maximizing reimbursement for services to ensure long-term sustainability at the clinic.

Since 1916, Planned Parenthood of New York City (PPNYC) has empowered individuals to make independent, informed decisions about their sexual and reproductive lives through the provision of information and health care, and the promotion of public policies that make these services available to all. Through its three health centers, PPNYC provides SRH services to more than 42,000 New Yorkers annually, regardless of age or income, and provides public insurance assistance and enrollment services to further ensure that New Yorkers have access to insurance coverage.

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Sincerely,

Diane J. Savino  
New York State Senator, 23rd District



THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

MATTHEW J. TITONE  
Assemblyman 81<sup>st</sup> District  
Richmond County

April 28, 2008

Robert G. Schmidt  
Director, HEAL NY Implementation Team  
New York State Department of Health  
Division of Health Facility Planning  
433 River Street, 6th floor  
Troy, NY 12180

Dear Mr. Schmidt,

I am writing in support of Planned Parenthood of New York City's (PPNYC) application for funding for expansion of primary care services, particularly, its proposed provision, in collaboration with [REDACTED] ([REDACTED]), of expanded sexual and reproductive health (SRH) services for needy youth on Staten Island.

With an extension clinic located at [REDACTED] PPNYC will provide a range of SRH services for which there has been demand yet insufficient capacity, including gynecological exams, birth control counseling and provision, emergency contraception, STI screening and treatment, HIV counseling and testing and male reproductive health services. PPNYC's entitlement services will also connect young people with the insurance programs to which they are entitled, while maximizing reimbursement for services to ensure long-term sustainability at the clinic.

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Sincerely,

Matthew J. Titone  
Member of Assembly