

THE CITY OF CAMBRIDGE  
REQUEST FOR PROPOSAL

LEE B. MACHT COMMUNITY HEALTH CENTER

July 11, 1982

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## EXHIBITS

- A. Site Plan
- B. Existing Conditions and Development Factors
- C. Csapler & Bok title letter dated May 3, 1982
- D. Report of Cambridge Planning Board dated April 28, 1982
- E. Letter from Andrew Fischer and Mary McKinnon to Robert Healy, Cambridge City Manager, dated June 2, 1982
- F. Letter from Steven Sauter of Massachusetts Department of Public Health to Paul Gitlin, Esq., dated June 9, 1982
- G. Vote of Cambridge City Council Authorizing RFP dated June 21, 1982.
- H. Preliminary Cost Estimate and Related Assumptions
- I. Programmatic and Developmental Requirements

Note: Existing Architectural and Structural Plans will also be delivered with this document.

## I. INTRODUCTION

The City of Cambridge is offering to lease the Lee B. Macht Community Health Center (the "Building") at Cambridge Hospital (the "Hospital") for renovation to hospital office and clinic and doctors' office use.

The purpose of this request is to solicit leasing proposals which will (1) conform to the physical development criteria and programmed uses set by the City, (2) provide additional revenue to the City, and (3) be financially sound.

The City will enlist the aid of a development project review board (hereinafter referred to as the "Board") in reviewing proposals and selecting a developer for the Building. The Board will be chaired by the Cambridge City Manager and will include representatives of the Community Development Department, the Health and Hospitals Department and the Hospital; additional members may be appointed by the City Manager.

## II. BACKGROUND

A. Building Description. The Building is owned by the City of Cambridge. The Building shares a parcel of land with the main Hospital building, and is located approximately 340 feet north of Cambridge Street, 170 feet west of the main Hospital building, and immediately south of the Cambridge-Somerville line. A site plan showing the Building is attached as Exhibit A. The Building's four stories, penthouse and basement presently have a total gross floor area of about 40,000 square feet. An analysis of existing conditions in and pertaining to the Building is attached as Exhibit B. Existing architectural and

structural plans will be supplied with this RFP; these are not as-built plans and the City does not believe they are accurate in all respects.

B. Project History and Status. For the past ten years, the Building has been used by the Hospital for offices and clinics, principally though not exclusively those of the Hospital's Department of Psychiatry. Because the Building, formerly the nurses' residence at the Hospital, has never been renovated for office or clinic use, the space within the Building has been poorly utilized. The Building is also in disrepair, does not comply with current building code standards, and is potentially unsafe.

In the fall of 1981, the Commissioner of Health and Hospitals for the City of Cambridge requested proposals from architects for a feasibility study, program and plan for renovation of the Building. E. R. Racek Associates was selected. Since then, Racek has undertaken an analysis of the Building and site, a program of space needs, schematic plans and sections, and a construction cost estimate. (Much of this material is attached as Exhibits B, H and I. The remainder is available upon request.)

A title search for the property was undertaken on the City's behalf by Csapler and Bok, and a copy of their conclusion is attached as Exhibit C.

The City has undertaken informal market analyses to determine the likely demand for private doctors' office space in the Building and has concluded that such demand exists and that such space is leasable at a rent of approximately \$22 per square foot.

The City has discussed the project with the Cambridge Planning Board, which supported the proposed leasing and renovation arrangements at its April 20, 1982 meeting. A copy of the Planning Board's conclusions is attached as Exhibit D.

Representatives of the Hospital have reviewed the proposed renovation with abutters. Support and concerns expressed by abutters are set forth in a letter attached as Exhibit E.

The Hospital has also obtained a ruling from Steven Sauter, Program Director at the Massachusetts Department of Public Health Determination of Need ("DON") Program, that the Building renovation proposal will qualify for "unique application" status under the terms of the applicable DON regulations. Provided the maximum capital expenditure for renovation of the portion of the Building eventually used by the Hospital remains below \$3 million, the application will also qualify for delegated review under those regulations. A copy of Mr. Sauter's determination is attached as Exhibit F.

City representatives have also discussed the Building and the proposed renovation with Charles Sullivan, Executive Director of the Cambridge Historical Commission. He has suggested that the Building may qualify for historic certification.

On June 21, 1982, the Cambridge City Council authorized the issuance of this RFP. A copy of the Council's vote is attached as Exhibit G.

### III. DEVELOPMENT GUIDELINES AND CONSIDERATIONS

A. Objectives. The City's goal in making this offer is to achieve the renovation of the Building into first class

office and clinic space at a minimum cost to the Hospital and the City, and to generate additional revenue for the City from rent and from increased tax revenue from space leased for private offices.

B. Rehabilitation Standards. Attached as Exhibit H are materials outlining the City's programmatic and developmental requirements. The developer will be expected to work with the City and the Hospital in refining and finalizing the renovation program and in preparing satisfactory plans for finish work in the premises to be leased to the Hospital. All plans and specifications and substantial change orders will be subject to review and approval by the City. In addition to requirements set forth in Exhibit I, the developer will also be expected to reach an agreement with abutters regarding the issues raised in the letter attached as Exhibit E and to maintain regular contacts with such persons and other appropriate community groups. The City contemplates that furnishings and equipment in the Building will be supplied by tenants at their own cost.

A preliminary estimate of costs for the renovation is attached as Exhibit H.

C. Lease of Building. The City wishes to enter into a long term net lease of the Building on the following basic terms:

1. Term. To be suggested by developer.
2. Rent. Rent equal to a fixed annual rent plus a percentage of gross annual revenues from the building (or other escalation factor).

3. Uses. The uses of the Building will be limited to a lease to the Hospital for use by the Department of Psychiatry and various other Hospital elements, leases of remaining space to private doctors for office use, and such other uses as may be from time to time approved by the City.

4. Rehabilitation. To be undertaken by the developer in accordance with the requirements of this RFP and such other reasonable requirements not inconsistent herewith as are set forth in the lease. The identity of the general contractor selected to perform the rehabilitation will require the City's reasonable approval; appropriate protection for the City's interests will be required during the construction period. A required completion date will be set forth in the lease. Substantial work in the Building during the remainder of the term will require the City's consent.

5. Property Taxes, Insurance and Utilities. To be paid by the developer (including any taxes on underlying land).

6. Maintenance. The developer will be responsible for cleaning and maintenance throughout the lease term including repair or replacement of the Building in the event of any casualty.

7. Occupancy Tenants. Simultaneously with the execution of the Building lease the developer will enter into an occupancy sublease of approximately 22,000 rentable square feet to the Hospital. This occupancy lease will be co-terminous with the term of the Building lease at an initial rent no higher than \$18 per square foot. The occupancy lease will contain such other terms and conditions as are reasonably satisfactory to

the City. The remaining 10,000 square feet are to be made available for lease by private doctors.

8. Financing. The developer will have the right to undertake leasehold financing. The City will not subordinate its fee interest in the property to project financing but is willing to consider developers' proposals for subordination of other City interests in the property subject to appropriate conditions. Proposals suggesting any such subordination will be more attractive if they provide for financial compensation to the City therefor by means of participation in refinancing proceeds or otherwise.

9. Assignment. Assignment rights will be limited.

10. Other Terms and Provisions. The lease will contain other terms and provisions satisfactory to the City and its counsel.

D. Other Development Considerations.

1. Determination of Need. Rehabilitation of the Building will require a Determination of Need by the Department of Public Health. As noted above, the City has obtained a ruling from the Director of the Determination of Need Program, attached as Exhibit F, that the application for such determination will qualify as a unique application and will be eligible for delegated review under applicable regulations. The City has not yet determined whether it will file an application for a determination of need prior to selection of a developer (which would be assigned upon execution of the ground lease) or whether the application will be left to the developer to undertake in full.

2. Real Estate Taxes. The City will assist in discussions between the selected developer and the Tax Assessment Department of Cambridge. Preliminary discussions with the Tax Assessment Department have indicated that the Department will be receptive to a proposal that space leased to the Hospital be tax exempt or taxed at reduced rates. It is not possible to identify the tax rate or evaluation approach at this time for the remainder of the space.

3. Occupancy Prior To Rehabilitation. The Building is presently occupied by the Hospital. The Hospital is prepared to vacate 30 days prior to commencement of rehabilitation. The Hospital desires to continue occupancy rent free until such point.

4. City Legal Fees. The City's legal fees connected with the RFP and the Building and occupancy lease will be reimbursed by the developer.

5. Architectural Work During Lease Negotiation Period. The City would prefer the selected developer to commence and diligently prosecute work on design development and working drawings during the period between selection and lease execution.

#### IV. PROCEDURE FOR PROPOSAL AND DEVELOPER SELECTION

A. Eligibility. Requests for Proposals are available for a non-refundable registration fee of \$75 payable to the City of Cambridge. A change of major participants during the selection process or failure to submit required information or materials may at the discretion of the Board disqualify a proposal.

B. Communications. Correspondence, communications and submission material shall be addressed to:

Robert W. Healy, City Manager  
c/o Kathy A. Spiegelman,  
Acting Assistant City Manager  
Community Development Department  
City Hall Annex  
57 Inman Street  
Cambridge, Massachusetts 02139  
(617) 498-9034

A copy of any question regarding the Building's existing condition, program, design, or cost estimate should also be sent to:

Donald A. Warner, Architect  
E. R. Racek Associates  
90 Canal Street  
Boston, Massachusetts 02114  
(617) 367-0785

All questions regarding clarification of this document shall be written and postmarked no later than August 6, 1982. A copy of questions received and any responses will be forwarded at the earliest possible date to all registrants in receipt of the RFP. These and any other communications from the City shall be considered modifications and extensions of the RFP. The City reserves the right to disregard questions which, if answered, would not serve to clarify the RFP.

C. Submissions. The deadline for submissions of proposals shall be 5:00 P.M., August 25, 1982. Proposals must be delivered before the deadline. Entries may be sent via the U.S. Postal Service with return receipt requested, by United Parcel Service, or may be delivered by hand. All materials should be properly packaged showing name and return address on wrapping. It is

the responsibility of the proposer to ensure that the entry material arrives in good condition.

D. Ownership. All material submitted will not be returned to the proposers and will become the property of the City of Cambridge, and any idea contained therein may be used or incorporated into the development program at the discretion of the City. However, no reproduction or publication of the proposals will be made without the consent of the proposer.

E. Schedule. It is anticipated that the schedule listed below will be followed:

- (a) Announcement of RFP: July 11, 1982
- (b) Submission of proposals: August 25, 1982
- (c) Board Review: September 15, 1982
- (d) City Manager's selection of developer: September 30, 1982
- (e) Negotiation of leases and review of terms with City Council: September 30 - December 1, 1982
- (f) City Manager executes leases: December 1, 1982

The City also anticipates that construction will commence on or before May 1, 1982 and be completed on or before February 1, 1984.

#### V. SUBMISSION REQUIREMENTS

It is the intent of this request to minimize the amount of required material for submission yet allow each proposer the flexibility to address the development in the most advantageous way. Therefore, all proposers shall follow the outline

of requirements as requested, but may further add any pertinent information as appendix material to the bound proposal.

A. Form of Proposal. All proposals shall contain a bound Proposal Report which contains all of the written and illustrative material making up the submission.

The Proposal Report shall be 8 1/2" x 11" in size, bound with protective covers and identified as to authorship. Fold-outs may be included in the Proposal Report but may not be larger than 11" x 17". All material shall be securely bound into the report. No loose photos, slides or other material in pockets shall be submitted.

SIX COPIES OF THE PROPOSAL REPORT SHALL BE SUBMITTED.

The content shall follow the outline requirements listed below.

B. Proposal Report Requirements. Proposal reports shall contain the following information in the order outlined. Proposals may include any additional pertinent information either in written or in graphic form.

1. Letter of Interest. A letter of interest shall be submitted as a "transmittal letter" to the proposal which states that the proposer has submitted the required materials and wishes to pursue the development within in accordance with this RFP. The proposer shall agree to abide by the rules and decisions of the City Manager and Board regarding qualification, questions and selection.

2. Lease Proposal. Each developer should submit a proposal for the lease terms including provisions regarding term, rent, any desired subordination for financing, occupancy lease terms

in addition to those suggested in Section III.C, and other material business terms in addition to those described in this RFP.

3. Rehabilitation. Each developer should submit a proposed development schedule including anticipated commencement and completion dates together with such other comments as it may wish to make on the design concept and program set forth in this request.

4. Project Financial Information. Each developer must include the following signed statements. Proposers are required to follow the following format and should also include any additional information relevant to the feasibility of their financing plan, including past experience by the proposer and its development team in projects of similar scale and uses, committed or interested sources of debt or equity financing, or other factors tending to reduce the risk of the proposed development. The Board understands that in many cases the information provided will be based on estimates.

- (a) Financial information and signed statements establishing the approximate net worth and liquid assets available to the developer for the proposed project.
- (b) A signed statement establishing the amount and source of working capital; amount and source of equity financing; and the amount and sources of other construction and permanent financing.
- (c) Statements from financial institutions attesting to the financial capability of the developer not only

with respect to the proposed project, but also to the developer's past financial record.

5. Cost Estimates. Each proposer should also submit estimates of construction and development costs and income and expense projections as follows:

Construction and Development Costs

Architectural and Engineering:

Legal:

Developer's Overhead and Administration:

Marketing:

Financing:

- Interest During Construction (state estimated time for construction):

- Mortgage Fees, Construction and Permanent (including brokers' fees):

- Miscellaneous Financing Expenses and Closing Costs:

Building Construction:

Miscellaneous (fees, rent and real estate taxes during construction, etc.):

Allowance for Contingencies:

Total Project Construction and Development Costs:

- Gross Square Feet: (the City estimates a potential 43,000 rather than the existing 40,000)

- Cost Per Square Foot:

- Cost Per Rentable Square Foot:

Income Projections

Rentable Square Feet: (the City estimates 32,000)

Estimated Gross Revenue:

- Total:

- Per Square Foot, Separately by Each Use:

Hospital Space: \$18/sq. ft.

Doctors' Office Space:

Less Operating Expenses Not Including Building Rent and

Real Estate Taxes (total and separately by each use):

Building Rent:

- Fixed:

- Other:

Allowance for Real Estate Taxes:

Net Income Available Before Debt Service:

Estimated Annual Debt Service:

Reserves:

Estimated Cash Flow After Debt Service:

6. Project Issues. In this section of the proposal each of the subjects listed below shall be discussed:

- (a) Adequacy of existing parking arrangements;
- (b) Any additional issues which influence the proposed development.

7. Qualifications.

A. Developer Qualifications and Experiences.

- (1) The name and address of prospective developer.

- (2) Identification of principal(s) and key individuals participating in proposed development and extent of involvement.
- (3) A narrative summary of previous relevant development experience of both the developer organization and key individuals to be involved in the project.
- (4) A complete statement setting forth all other projects to which the developer is already committed that are scheduled for development at the same time as the developer's proposed involvement in this project.
- (5) A statement of any relationships between the developer and any parent/subsidiary companies that might be involved in the development.

B. Architect Qualifications. The City would prefer that E.R. Racek Associates be engaged as architect for the Project. If another architect is proposed, the following information should be included: name; address; organization; principals; type of firm and size; registration number and state; past projects (including location, client and dollar value); references: biographical descriptions of the principal in charge, project manager, job captain and other personnel as required.

C. Consultant Qualifications. Information on qualifications for consultants, including any cost estimate consultant, shall also be included in a format similar to the above.

D. Managing Agent Qualifications. Proposers shall also include the identity and address of the proposed managing agent; the identity of its principals; proposed Building staffing; other buildings under management; and references.

## VI. SELECTION PROCESS

A. Criteria. The City will select that proposal which it believes best combines provision for the City's developmental program, financial return to the City, and strength of development team.

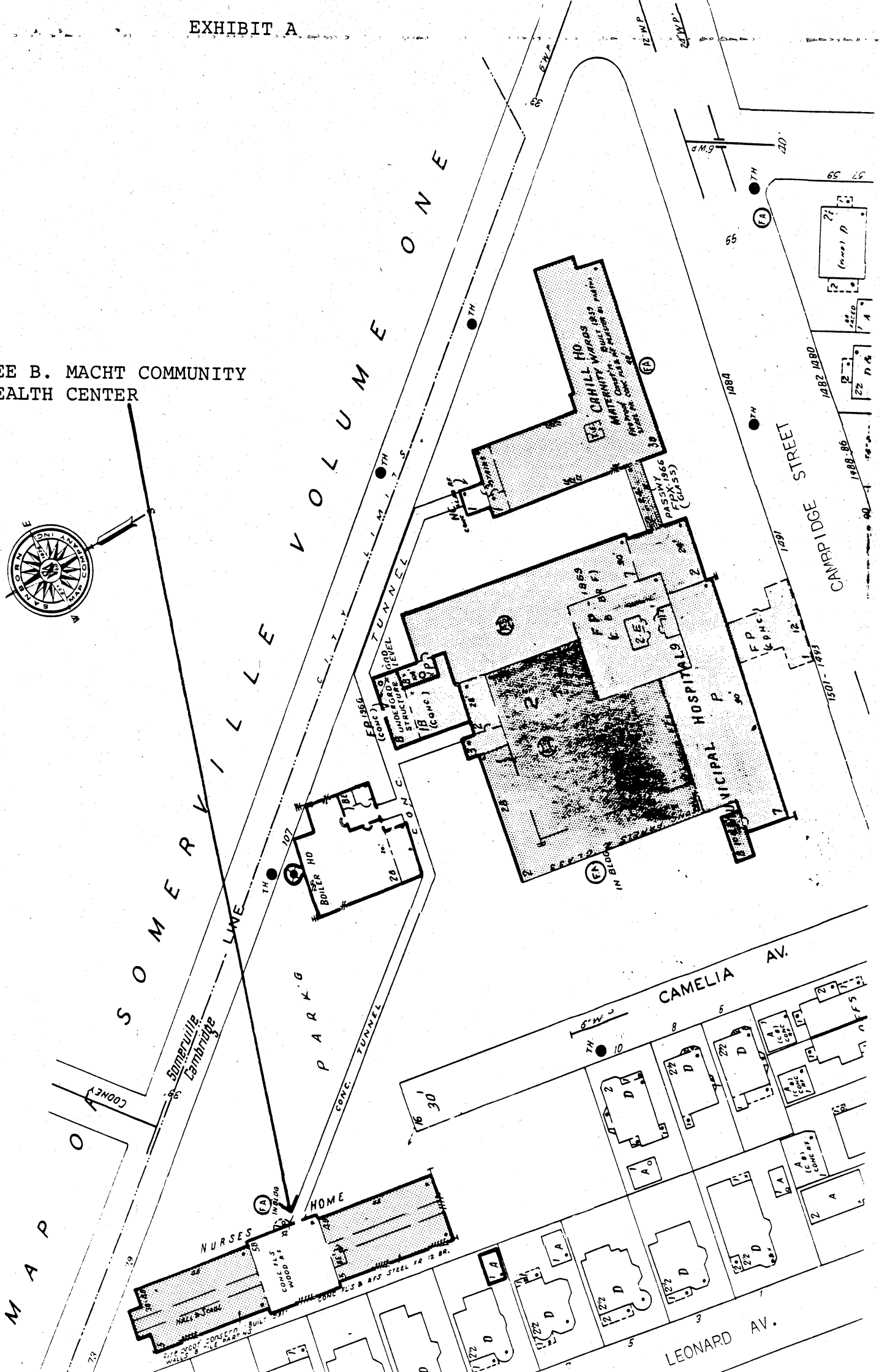
B. Selection Process. All proposals submitted in accordance with the requirements of this document will be reviewed by the Board. The Board will recommend a proposal to the City Manager, who will make the final selection.

C. Post-Selection. The developer selected by the City Manager will be expected within five business days to pay to the City a good faith deposit of \$30,000 by cash, certified or bank check. If the developer withdraws after selection before execution of the leases, or if the leases are not negotiated and executed in a timely fashion on account of bad faith actions or omissions of the developer, the developer's selection will be cancelled and the deposit will be forfeited in an amount equal to the City's costs for the RFP and leases; the balance will be returned to the developer. Otherwise, the deposit will be applied upon execution of the ground lease against the developer's obligation to the City on account of the City's legal expenses, and any balance will then be returned to the developer.

D. Reserved Rights. The City reserves the right to reject any and all proposals if it deems such action to be in the public interest, and to select a proposal which appears to offer a financial return to the City lower than that under one or more competing proposals, based on the City's evaluation of the strength

of the development team, financing and other factors. The City further reserves the right to reformulate this RFP and to resubmit it as so reformulated, or to withdraw the entire matter. The City further reserves the right to request additional material from any one or more developers, which may include additional information on any aspect of the proposed development arrangements. Finally, the City reserves the right to seek modifications in a proposal made by one developer without seeking parallel modifications in proposals made by all developers if in its judgment the public interest will be served thereby.

LEE B. MACHT COMMUNITY HEALTH CENTER



## EXHIBIT B

### Existing Conditions and Development Factors

The analysis of existing conditions and development factors is divided into seven categories: zoning, site and parking, architectural, HVAC, electrical, plumbing and fire protection, and structural.

#### 1. Zoning Analysis

This analysis was derived from the Zoning Ordinance for the City of Cambridge dated November 1981. The analysis was also reviewed with Lester Barber, Director of the Land Use and Zoning Section of the Community Development Department, City of Cambridge and Richard Horgan, Zoning Specialist, of the Building Department.

The Building is located in a C-2 zoning district, which is defined as a multi-family residence district. This district permits certain institutional uses, but not office, retail or industrial uses. The City believes that the Building's current and proposed use would comply under subsection 4.33.d.5. as a "clinic affiliated with a hospital or accredited university medical school", with accessory medical offices for doctors affiliated with the Hospital. The Building is not subject to the regulations of the new Institutional Overlay District, described in Section 4.50.

Article 8, Nonconformity, applies to the Building. The Building does not conform with all the requirements of the current zoning ordinance or State Building Code, and would be defined as a nonconforming structure. Article 8 would allow the renovation of the Building without a special permit if the use as defined in subsection 4.33.d.5. did not change; the Building's proposed occupancy would not be substantially different than the existing occupancy; the Building was not increased in size; existing open space and parking was not decreased; and the cost of the renovation does not exceed fifty percent of the replacement value of the original structure. Essential alterations such as structural, mechanical and electrical modifications are not included in this calculation.

Article 6, Off-street Parking and Loading Requirements, indicates that a "clinic affiliated with the hospital or accredited university medical school" as defined in Section 4.33.d.5., would have to provide one parking space per 400 gross square feet. The gross floor area of the proposed renovated Building is approximately 43,000 square feet, which would require, if applicable, 100 parking spaces. However, no additional parking is required if the proposed use of the Building is the same as the existing and the

intensity of use, e.g., the number of offices or floor area, increases no more than 15 percent.

## 2. Site and Parking Analysis

The Building is located on property shared with Cambridge Hospital. There does not appear to be a recorded demarcation line separating the Building from the Hospital. Therefore, any determination of open land area of existing parking would have to be based on the total Hospital complex. The Hospital land area is about 206,000 square feet, which includes a 30,000 square foot parking lot, across Line Street in Somerville.

The Building is bordered on the north by Line Street, which is the borderline between Cambridge and Somerville, and on the west by the back property line of houses located on Leonard Avenue. There is a parking lot to the Building's east and an old tennis court, now used for parking to the south. There is a strip of open landscaped area on all but the south side of the Building.

The main Hospital building and the Building share approximately 235 off-street parking spaces, with about 135 spaces located between the Building and the main Hospital building, 90 spaces in the Line Street parking lot, and 10 spaces in the lot behind Cahill House.

## 3. Architectural Analysis

The Building was constructed circa 1930 as the Nurses' Residence Home for the Municipal Hospital of Cambridge, Massachusetts. The architect was E.T.P. Graham of Boston. Architectural and structural plans 1 through 15 dated November 22, 1929, still remain and were referred to in this analysis. These plans should be used with caution since there appear to be some discrepancies between the plans and what was actually built. The Building is currently used for office and out-patient clinics.

The Building's five floors and basement have a total potential gross area, including exterior walls, of approximately 43,000 square feet. The potential total net rentable area, which is rentable space not including exterior walls, public corridors, stairs, elevator, public rest rooms, janitor closets and mechanical rooms is approximately 32,000 square feet. The net-to-gross percentage would be about 75 percent. The approximate gross and net area per floor are shown on the following chart:

| <u>Area</u>   | <u>Gross Area</u>    | <u>Net Rentable</u> |
|---|----------------------|---------------------|
| Basement  | 8,150 sq. ft.        | 5,040 sq. ft.       |
| First Floor   | 8,250                | 6,260               |
| Second Floor<br>(including second level of<br>first floor auditorium) | 8,250                | 6,580               |
| Third floor   | 8,250                | 6,580               |
| Fourth Floor  | 8,250                | 6,790               |
| <u>Fifth Floor</u>  | <u>1,930</u>         | <u>1,010</u>        |
| Total approximate area  | 43,080 gross sq. ft. | 32,260 net sq. ft.  |

The finished floor-to-floor dimensions of the Building are as follows:

|                                    |          |
|------------------------------------|----------|
| Basement                           | 12' - 0" |
| First to second floor              | 11' - 0" |
| Second to third floor              | 9' - 8"  |
| Third floor to fourth floor        | 9' - 8"  |
| Fourth floor to fifth floor (roof) | 10' - 0" |
| Fifth floor to roof ridge          | 15' - 0" |

The Building has a central corridor typically 175 feet long, with stairs at both ends and one near the center. The main entrance is on the first floor at the center of the Building with secondary egress at both ends, one-half floor down. The auditorium located at the first floor has two additional exits. There is also a tunnel entrance at the basement connecting the Building to the Hospital. The only wheelchair access to the Building is through the tunnel. The Building also has an elevator with manual doors which run from the basement to the fourth floor, with a penthouse on the fifth floor. Both the stairs and elevator violate current building code requirements and need to be upgraded. The stairs range in width from 30" to 42". If the per floor occupancy exceeds 50 people, the required minimum stair width is 44". A width of 36" is adequate for less than 50 people. The stairway doors should also be fire-rated and not, when open, reduce the width of the landing to less than one-half the minimum

required for its capacity. The width of landings should be not less than the required stairway width.

The elevator does not comply with the Architectural Barrier Board requirements for the handicapped and would need to be either replaced or modified if the Building were renovated. The elevator door is also not fire-rated.

#### 4. Heating, Ventilation and Air Conditioning Analysis

Heating - The Building is heated by steam radiators located along the exterior walls, in front of each window. Each radiator has a hand valve control and some have a Danfoss valve, which is thermostatically controlled. The Building receives its steam from the Hospital by way of an underground tunnel.

The existing heating system's controls are inadequate. At times, the intensity of heat forces the Building's occupants to open their windows on cold days, further compounding the system's inefficiency. The heating system's antiquated piping and controls should be abandoned and replaced with a current, efficient system.

Ventilation - The Building has no mechanized ventilation. All ventilation is through open windows or gravity feed ducts. A renovation of the Building to an office or clinic use will require mechanized ventilation and exhaust systems. Spaces with special ventilation needs would be the auditorium, conference rooms, group rooms, toilets, and interior spaces.

Air Conditioning - The Building has no general air conditioning system. The fifth floor has a small air conditioning unit on the roof which feeds about three offices on that floor. The only other cooling in the Building are temporary window units. The Building has approximately fifteen "heat days" per year, when the Building gets so hot that people need to be sent home. A central air conditioning system should be installed.

#### 5. Electrical

There is one electrical panel centrally located in the corridor on each floor. This panel feeds the lighting on each floor. The panel is constructed of fuses and bare exposed copper busways. The only emergency lighting in the Building is a 6 volt two-head battery unit located on the first floor, at the front entrance.

The Building's primary electrical service would not be able to provide adequate service to an upgraded Building with new electrical services, lighting, and air conditioning. The aged wiring and panel boxes would have to be replaced.

Emergency lighting should be provided, at a minimum, in all corridors, stairs, exit-ways, and places of assembly.

## 6. Plumbing and Fire Protection

The existing plumbing system and bathrooms reflect the Building's original use as a dormitory. The private bathrooms that were originally located between bedrooms are now used as public restrooms. The bathroom fixtures and layout are inappropriate for office or clinic use.

The Building's fire alarm system is barely adequate and does not comply with handicap code requirements. A visual, as well as audible, alarm is required. The minimum number of pull stations and horns are currently available on all floors, but the fifth. There is a master fire alarm pull box on the first floor, at the front entrance, and a master control panel is in the basement, near the entrance to the tunnel.

There is a sprinkler system in the basement, but not on the other floors. There are no fire standpipes in the stairwell. Standpipes with appropriate hose connection would need to be included in a major renovation.

## 7. Structural

The structure is reinforced concrete slabs supported by steel beams and columns, and masonry exterior bearing walls. The structure was designed to support a dormitory use. The following superimposed loads (all loads other than structural dead load) were calculated from the existing structural plans. Field testing should be done to confirm these calculations. The loads were calculated for each section of each floor, i.e., the center area which includes the elevator, stairs and lobby; typical floor area; and corridor.

### Allowable Superimposed Loads

| <u>Level</u>       | <u>Center Area</u> | <u>Typical Area</u> | <u>Corridor</u> |
|--------------------|--------------------|---------------------|-----------------|
| Fifth floor (roof) | 50 psf             | 35 psf<br>(roof)    | --              |
| Fourth floor       | 90 psf             | 60 psf              | 65 psf          |
| Third floor        | 90 psf             | 60 psf              | 65 psf          |

|              |           |                                     |           |
|--------------|-----------|-------------------------------------|-----------|
| Second floor | 90 psf    | 65 psf                              | 60-65 psf |
| First floor  | 30-86 psf | 65 psf<br>(50 psf at<br>auditorium) | 60 psf    |

The State Building Code's minimum live load requirements for office buildings are 50 psf (pounds per square foot) for offices, 100 psf for lobbies and 80 psf for corridors above the first floor. The live load requirements for an assembly hall is 60 psf with fixed seats or 100 psf with moveable seats. The minimum snow load requirements for a flat roof is 30 psf. To meet these requirements portions of the first and fifth floors, the first through fourth floor corridors, and the auditorium would need to be structurally reinforced. The roof design is also near capacity and may have to be replaced or structurally reinforced.

The beams and columns, as well as the foundation, appear to be adequately sized to carry an office occupancy.

# CSAPLAR & BOK

ONE WINTHROP SQUARE  
BOSTON, MASSACHUSETTS 02110

(617) 357-4400

TWX 710-321-7524

EDWARD W. BROOKE  
CARL E. HEILMAN  
COUNSEL

THE RUSS BUILDING  
235 MONTGOMERY STREET, SUITE 450  
SAN FRANCISCO, CALIFORNIA 94104  
(415) 362-7000

May 3, 1982

RICHARD C. CSAPLAR, JR.  
JOHN F. BOK  
FREDERICK GOLDSTEIN  
ROGER L. ELLISON  
PAUL J. MCNAMARA  
LEWIS A. BURLEIGH  
PETER W. BRADBURY  
ANTONIA HANDLER CHAYES  
ARNOLD P. MESSING  
THOMAS H. TRIMARCO  
ROBERT A. S. SILBERMAN  
WILLIAM C. STONE  
GEORGE A. PAGE, JR.  
RICHARD HIERSTEINER  
JAMES H. BELANGER  
STEVEN L. PAUL  
BARBARA J. ROUSE  
JOHN G. WOFFORD  
GEORGE E. CURTIS  
DENNIS W. TOWNLEY

Ms. Kathy Spiegelman  
Community Development Department  
City of Cambridge  
City Hall Annex  
Broadway & Inman Streets  
Cambridge, Massachusetts 02139

Re: Cambridge and Line Streets and Camelia  
Avenue, Cambridge - Nursing Home Building

Dear Ms. Spiegelman:

At the request of Mr. David Vickery we have conducted a title search of the above captioned premises and find there are no restrictions would which affect the City from selling the premises to a party which intends to develop and/or lease said premises.

Should you require any further information please do not hesitate to contact me.

Sincerely,

  
Paul J. McNamara

EXHIBIT D



CITY OF CAMBRIDGE, MASSACHUSETTS  
**PLANNING BOARD**

CITY HALL ANNEX, 57 INMAN STREET, CAMBRIDGE 02139

April 28, 1982

To the Honorable, the City Council:

SUBJECT: Renovation and Leasing of the Cambridge City Hospital  
Nurses Residences

The Planning Board, at a regular meeting on April 20, 1982, considered the proposal to renovate and convert the existing nurses residence structure into office space. The renovated building would be used by the City's Health Inspectors, the Hospital's Department of Psychiatry and approximately 22 percent would be leased to private physicians.

The Board finds that conversion to administrative/medical office space is an appropriate reuse of this facility and has no objection to the renovation and leasing arrangement as proposed.

Respectfully submitted,

For the Planning Board

Arthur C. Parris  
Chairman

ACP:jp

JASON AND FISCHER

ATTORNEYS AT LAW

44 SCHOOL STREET  
BOSTON, MASSACHUSETTS 02108  
TEL. (617) 227-6060

11 LEONARD AVENUE  
CAMBRIDGE, MASSACHUSETTS 02139  
TEL. (617) 864-3708

LINDA GAYLE JASON  
ANDREW M. FISCHER

June 2, 1982

Robert Healy, City Manager  
City of Cambridge  
City Hall  
Massachusetts Avenue  
Cambridge, Massachusetts 02139

RE: Cambridge Hospital  
Nurses Building Renovation

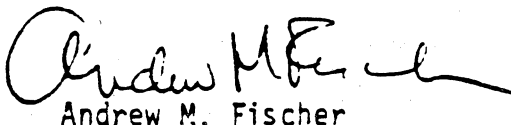
Dear Mr. Healy:

Enclosed please find a letter signed by some sixty (60) residents of Leonard Avenue and Cambridge Street, abutting or neighboring the Cambridge Hospital. We signed this letter with a hope that the proposed renovation can take place, and we base this hope on two reasons.

First, the building is in dire need of repair, and the renovation would allow the building to again be an asset to the neighborhood. Secondly, the positive and open attitude of the Hospital Department of Psychiatry, and of others involved in the planned renovation, has been a refreshing contrast to past responses by both the Cambridge Hospital and the Youville Hospital to our neighborhood's concerns and communications to the hospitals over issues ranging from present noise complaints to plans for future expansion.

We in the neighborhood look forward to the opportunity to participate in the preservation and growth of our neighborhood and its institutions, and look forward to working with the hospital to resolve the mutual problems of neighbors.

Sincerely,



Andrew M. Fischer



Mary McKinnon

AF/bb  
Encl.

To whom it may concern:

We, neighbors and abutters of Cambridge Hospital, especially those abutters to the old Nurse's residence, who reside on Leonard Avenue, support the proposed renovation of the old Nurse's residence as a long needed improvement both to Cambridge Hospital, to the community it serves, and to its neighborhood, which will be visibly improved by the renewed appearance of a landmark building in the neighborhood.

We have met with representatives of the Hospital, the Community Development Department and the Hospital Department of Psychiatry, and have raised certain community concerns, however, which we feel must be addressed in the course of any proposed renovation. These representatives recognized our concerns and expressed their cooperation in meeting each of them. We hope that this cooperation will ensure us that the following issues are incorporated in the Request for Proposal which we will then encourage the City Council to approve.

PRIVACY AND SOUND

1. All windows to have new sashes with limited opening capacity and drapes for each window.
2. To minimize the impact of noise of hospital activities upon abutters, windows for the lecture halls should be non-opening. Permanent interior storm windows would be acceptable. Existing windows should be reglazed and the sashes and frames repaired.

3. Windows for lecture hall, basement and stairways to have some coating to limit visibility and glare from lights ( in addition to drapes in lecture hall). A product such as Vikalite\* thermal window insulation would be appropriate (\*ice clear translucent, light transmission 80%, self adhering, .25" thick). If applied to interior storms, the 10 year life expectancy would be no problem.

4. Seats in the lecture hall should be immobile to limit the hall to lecture and meeting uses. Social functions such as parties could more reasonably be held at the high school where halls are not forty feet from private residences. Penthouse should also be restricted to business use.

5. Also, to minimize the impact of hospital activities upon abutters, adequate speakers should be permanently installed in the lecture hall to assure proper sound transmission to all parts of the hall without the need of excessive volume, or the use of movable speakers on windowsills.

6. A sound absorbing ceiling should be installed in the lecture hall when proposed infill floor is installed.

7. As proposed also in the feasibility study, a state-of-the-art HUAC system should be installed so that each room will have individual temperature control so that windows can remain closed.

8. Heating, air conditioning and other comparable fixtures will be selected with noise as one factor to minimize their imposition upon the neighborhood.

## LANDSCAPING

9. Self-maintaining landscaping for the area behind the building, as possibly attractive to the Line St. and Leonard Avenue abutters as the frontages of the Hospital along Cambridge Street. The land needs to be graded and good soil applied. Present soil does not appear to sustain growth. Rubbish and rubble to be removed.
10. Because of large open areas exposed to Line Street, Leonard Avenue abutters suffer from excessive noise from traffic, patients parking and other existing noise. To abate this, a tall evergreen border (approx. <sup>7-10</sup> 15 feet) should replace and expand the present privet shrubs. This would also prevent trash from being thrown over the fence into the area behind the nurses' residence. As it stands, this area is "out of sight, out of mind" (except for Leonard Ave. abutters) and does not ever get cleaned up. This border would accommodate self-maintenance.
11. A fence should be erected at both sides of the building to prevent access to the rear of the building. This area could not be practicably patrolled well enough to prevent the obscene and other activities which now occur there. The fence should have at least one gate (locked) for routing ground maintenance.
12. The present fence on Line Street should be repaired and/or replaced including the installation of a permanent fence and barrier and removal of the driveway opposite Cooney Street.

### AIR AND SUN RIGHTS

13. Due to the heights and proximity of this building to our houses, sunlight is at a premium. There should be no construction during renovation to add to the shadow cast by the building. There is a structure on the roof (pathouse) which is higher than the rest; this should not be expanded or squared off. Any additions to the roof required for heating, cooling, etc. should be low enough and placed centrally enough so as not to block the sun now received by any abutters.

### CONSTRUCTION IMPACT

14. During renovation, windows should remain closed to reduce noise and eliminate any dust hazard.
15. Window repair and replacement should be done in a self-contained manner to guarantee that lead paint or other hazardous waste or debris do not contaminate surrounding soil (which includes childrens' play areas, and vegetable gardens).
16. Renovation should include replacement and/or repair of moldings and stanchions along the top of the building. These are presently in disrepair, and when pieces fall, present a danger.
17. Appropriate limitations should be placed on the hours of construction.
18. Efforts should be made to internalize as much of the construction as possible. This shall include placing

all dumpsters, construction equipment, supplies and other construction materials on the interior side of the project and not abutting the neighbors.

19. Community input should continue, with community members adequately represented throughout planning and actual work, to assure that community concerns can be addressed before they become problems.

#### PARKING

20. There is clear recognition that adequate parking will need to be created, but that any solution proposed should seek to locate parking off of public streets and to place parking in such ways as to minimize impact, visually and otherwise, upon the neighborhood. This is another area where continued and ongoing community participation can lead to a resolution of issues in a constructive way.

#### OTHER COMMUNITY CONCERNS

21. The abutters and other members of the community express their support for the services presently provided in the old Nurses Building, and support and encourage the continuance of all such services, either in the present facility, or in such space as may become temporarily necessary due to construction work in progress. We are concerned that the proposed renovations will not cause the demise of any of the services that the facility presently offers, particularly to the alcoholic, transients, mentally ill and homeless who are now serviced by programs operated at the Nurses Building-

22 The abutters and other members of the community are concerned about the area from the south side of the Nurses Building to Cambridge Street, including the old tennis court (now a parking area) and the residences along Camelia Avenue, and express our concern that this area remains protected from development that would infringe upon the light and air rights and other rights currently available to the abutters along Leonard Avenue, and express their concern that said area be down zoned, in order to guarantee that their concerns are protected.

Finally, the abutters and community members thank those members of the hospital and city agencies who have worked towards the accomplishment of this project, which will renew both the hospital and the neighborhood, and who we expect will continue to work with the community in seeing this project come to a happy conclusion for all concerned.

- Constance D. Finkel 11 Leonard Ave
- Mary McKinnon 17 Leonard Ave
- Paul F. Finkler 23 Leonard Ave
- Janet Harmon 24 Leonard Ave
- Edith Harmon 23 Leonard Ave
- Elizabeth Harmon 17 Leonard Ave
- John C. Harmon 15 Leonard Ave

|                        |                   |
|------------------------|-------------------|
| W. P. Hill, Jr.        | 7 Leonard Ave.    |
| Tom O'Hara             | 2 Leonard Ave.    |
| Eileen Hynes           | 12 Leonard Ave.   |
| Joyce Hodgkins         | 13 Leonard Ave.   |
| Edmund Johnston        | 16 Leonard Av.    |
| Brook Cutting          | 16 Leonard Ave.   |
| Robert Taylor          | 16 Leonard Ave.   |
| Eric Cavicchi          | 16 Leonard Ave.   |
| Conor Skene            | 26 Leonard Ave.   |
| Natalie Skene          | 26 Leonard Ave.   |
| Rosanne Tu             | 13 Leonard Avenue |
| Tu, Winnif             | 13 Leonard Ave.   |
| Eileen A. Salaba       | 22 Leonard Ave.   |
| Thomas P. Jupp         | 22 Leonard Ave.   |
|                        | 515               |
| Joseph M. Hanson       | 24 Leonard Ave.   |
| K. Anna M. H. - Hanson | 24 Leonard Ave.   |
| M. H. McCarthy         | 16 Leonard Ave.   |
| Florence Thorp         | 15 Leonard Ave.   |
| W. H. H. H.            | 20 Leonard Ave.   |
| Joseph D. Jady         | " " "             |
| Richard Herman, MD     | 24 Leonard Ave.   |
| Carol Burke            | 24 Leonard Ave.   |



Alfred L. Frechette, M.D., M.P.H.  
COMMISSIONER

# The Commonwealth of Massachusetts

## Department of Public Health

### Determination of Need Program

80 Boylston Street, Boston, 02116

June 9, 1982

Paul Gitlin, Esq.  
Gitlin & Emmer  
160 Milk Street  
Boston, MA 02109

RE: Cambridge Hospital - Renovation of Former  
Nurses Residence

Dear Mr. Gitlin:

This is in response to your inquiry of June 3, 1982 directed to the Department's Office of General Counsel concerning proposed renovation of the former nurses residence building at Cambridge Hospital (Hospital). I understand you inquired whether a Determination of Need (DON) application for the project would be treated as a unique application pursuant to DON Regulation 105 CMR 100.057, and whether it would be eligible for delegated review under 105 CMR 100.506.

Based on the discussion you and David Rosenberg, Esq. had with Joseph Schmidt, Deputy General Counsel of the Department, I understand the facts to be as follows. The building presently is used for various Hospital functions and services, including administrative services, continuing education of residents and interns, and social and psychiatric outpatient services. Approximately 3,000 square feet of the building's 32,000 total square footage is used for this outpatient care. Part of the fourth floor, approximately 10,000 square feet, is rented out as private offices. The plan is for complete renovation of the building, including a new roof and heating, ventilation, air conditioning, electrical, and plumbing systems. The City of Cambridge contemplates issuing a request for proposal and leasing the building to a private developer who will renovate the building, lease back to the Hospital the portion it presently occupies, and lease out the fourth floor space as private offices. The proposed renovation is projected to cost approximately \$3.2 million. Approximately two-thirds, or \$2.1 million, is attributable to the space to be leased by the Hospital. The Hospital will use the renovated space for the same services and same amount of services presently located there.

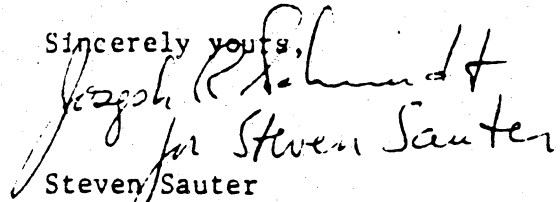
RECEIVED JUN 15 1982

A DON application for a project as described above would qualify as a unique application under the terms of 105 CMR 100.057. The project would not involve a change in the scope of health care services nor be directly related to the medical care or treatment of inpatients. Nor would it be directly related to the medical care or treatment of outpatients, since it only involves the refinishing of ceilings, floors and walls in offices used to see outpatients and the installation of new systems (heating, electrical, etc.) which serve these offices.

Provided that the maximum capital expenditure for renovation of the portion of the building eventually used by the Hospital remains below three million dollars, the application also would qualify for delegated review under 105 CMR 100.505.

This opinion is, of course, based upon the above set of facts. Significant changes in the proposal might require different conclusions at the time an application is filed. I hope this satisfactorily responds to your inquiries.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Joseph R. Schmidt".

for Steven Sauter  
Steven Sauter  
Program Director

SS/JRS/lam

cc: David Rosenberg, Esq.



# City of Cambridge

Communication No. 13

IN CITY COUNCIL

June 21, 1982

COUNCILLOR WYLIE

WHEREAS: This City Council is in receipt of a report from the Committee on Health and Hospitals dated April 26, 1982 relative to proposed plans for the renovation of the former Nurses Residence located adjacent to the Cambridge Hospital at 16 Camelia Avenue; and

WHEREAS: The Committee had considered three possible alternatives for financing the project, which are outlined as follows:

1. The lease or purchase of the building by a private developer with a lease back to the hospital.
2. The City could float bonds for the renovation and lease, some to private doctors.
3. The City could create a development entity which would lease or purchase the building and provide leases to both the hospital and private doctors;

Now therefore be it

ORDERED: That the City Manager be and hereby is authorized in conjunction with Dr. Melvin Chalfen, Commissioner of Health and Hospitals to advertise for requests for proposals (RFP) from prospective developers, with a view towards negotiating a lease back arrangement between the developer and the Cambridge Hospital and further to report back to this City Council the action contemplated before taking final action in this matter.

In City Council June 21, 1982.

Adopted by a ye and nay vote:-

Yeas 8; Nays 0; Absent 1.

Attest:- Paul E. Healy, City Clerk.

A true copy;

ATTEST:-

## EXHIBIT H

### Preliminary Cost Estimate and Related Assumptions

The preliminary cost estimate was based on a review of the Building's existing conditions, original architectural and structural plans, program requirements, square foot estimates, and schematic drawings. The following assumptions were made:

1. Site utilities are adequate to service new loads.
2. Approximately 30% of existing interior partitions and all existing plaster ceilings will remain.
3. Approximately 50% of all new partitions will be fully sound-proofed.
4. Building will be completely vacated before the start of construction.
5. Construction will begin on January 1, 1983 and be completed by November 1, 1983 (9 months). (Since the time of this estimate, the schedule has slipped by about 6 months. To compensate for this delayed start, an additional 5% escalation should be added to the construction costs.)

The preliminary cost estimate itemized below includes construction costs, as well as project costs such as fees and financing.

For the purpose of this estimate, labor costs are based on union wages.

Construction Costs

|  |                    |
|--|--------------------|
| Site and utilities                                       | \$ 55,000          |
| Planting allowance                                       | 5,000              |
| Front entrance revisions                                 | 20,000             |
| Selective pointing, paint and repair exterior            | 25,000             |
| Demolition   | 45,000             |
| Replacement sash, and repair sills and jambs             | 86,000             |
| Structural repairs and auditorium infill                 | 125,000            |
| Roofing (use existing membranes)                         | 8,000              |
| Partitions   | 145,000            |
| Ceiling and floors                                       | 132,000            |
| Finishes and miscellaneous (doors, hardware, tile, etc.) | 160,000            |
| Plumbing   | 72,000             |
| H.V.A.C.   | 550,000            |
| Electrical   | 320,000            |
| Sprinkler and stand pipes                                | 75,000             |
| Elevator replacement                                     | 45,000             |
| Stairs modification                                      | 28,000             |
| Penthouse expansion potential                            | 10,000             |
| Subtotal construction cost                               | \$1,906,000        |
| Contractor's 10% overhead                                | 191,000            |
|  | 2,097,000          |
| Contractor's 8% profit                                   | 168,000            |
|  | 2,265,000          |
| Contingency and escalation ¶10%                          | 227,000            |
| <u>Total Construction Costs</u>                          | <u>\$2,492,000</u> |

Project Costs

|  |                     |
|--|---------------------|
| Architectural and engineering fees ¶ 10% | 250,000             |
| Legal, accounting and other fees         | 25,000              |
| Financing fees ¶ 2% x \$3.M              | 60,000              |
| Bond and insurance                       | 10,000              |
| Construction financing ¶ 18% x \$3.M     | 203,000             |
| <u>Total Project Costs</u>               | <u>\$3,040,000*</u> |

\* See item 5 on prior page.

## EXHIBIT I

### Programmatic and Developmental Requirements

The program was developed with representatives of the Hospital and Department of Psychiatry. From these interviews and an existing space inventory of the Building, the projected space needs and net square foot estimates for each occupant was determined. The Hospital and Department's part-time requirements for an auditorium and conference rooms were combined to determine the total number of meeting rooms which should be located in the Building. The Building's potential total net rentable area is about 32,000 square feet. The following is a summary of the program:

|                                    |                             |
|------------------------------------|-----------------------------|
| <u>Miscellaneous Hospital</u>      | 6,000 net rentable sq. ft.  |
| Department of Health and Hospitals |                             |
| Public Health Nursing              |                             |
| C.D.C.                             |                             |
| Auditorium                         |                             |
| Conference Rooms                   |                             |
| <u>Department of Psychiatry</u>    | 16,000 net rentable sq. ft. |
| Outpatient Services                |                             |
| Ambulatory Care Services           |                             |
| Geriatric Services                 |                             |
| Drug Program                       |                             |
| Emergency Room                     |                             |
| Continuing Education               |                             |
| Training Service                   |                             |
| Administration                     |                             |
| Business Office                    |                             |

## Consultation/Liaison Services

|                                 |                                    |
|---------------------------------|------------------------------------|
| <u>Private Doctors' Offices</u> | 10,000 net rentable sq. ft.        |
| <u>TOTAL PROGRAM AREA</u>       | <u>32,000 net rentable sq. ft.</u> |

This program is illustrated in the schematic section and plans attached. In addition to the programmatic material specified in this proposal, the designated developer will be required to do a detailed architectural program of the space needs of each lessee.

The following is a list of general requirements which should be incorporated into the renovation of the building:

1. The building should comply fully with all applicable building and life safety codes.
2. The building should be converted into first rate out-patient clinic and medical office space.
3. Landscaping and parking lot should be upgraded.
4. Main entrance should be made wheelchair accessible.
5. The exterior finishes of the Building should be repaired and upgraded.
6. Single-hung aluminum replacement windows with insulated glass should be installed.
7. Existing roofing system should be repaired as required.
8. All physicians' offices and exam rooms should be soundproofed.
9. Where necessary, the roof and selected floors should be structurally reinforced.
10. An infill floor should be constructed over the existing auditorium, reducing it to a one level space.
11. Top grade interior finishes should be used throughout the Building.
12. Private Doctors' office space located on the third and fourth floors should have the basic finishes as well as additional sink and toilet capacity. (Sink and toilet fixtures are not required.)
13. All new electrical and full life-support systems should be installed, including fire protection, security, and communication systems.

14. Building should be air conditioned, with a state-of-the-art HVAC (heating, ventilation and air conditioning) system which would provide individual temperature control in each room.
15. All new plumbing and fixtures should be installed.
16. The basement should have a sprinkler system.
17. The existing elevator should be fully upgraded.
18. The existing stairs should be brought to code compliance.
19. Steam should be purchased from the Hospital's boiler plant.

C. Schematic Section and Plans

The following section and plans illustrate the proposed location of each occupant in the renovated building. The mechanical room in the basement will house the building's heat pumps, chillers, domestic water main, hot water converter and electrical circuitry.

Business Office

FIFTH FL.

Medical Offices

Medical Offices

FOURTH FL.

Medical Offices

Administration

Training Service

THIRD FL.

Outpatient Services

Health and Hospital

CDC

Training Service

SECOND FL.

Outpatient Services

Child  
Dev.

Conf.

Auditorium (Conf.)

FIRST FL.

Mech.

Geriatrics

Cont. Education

EP

Ambulatory Care Services

Cons/Liaison

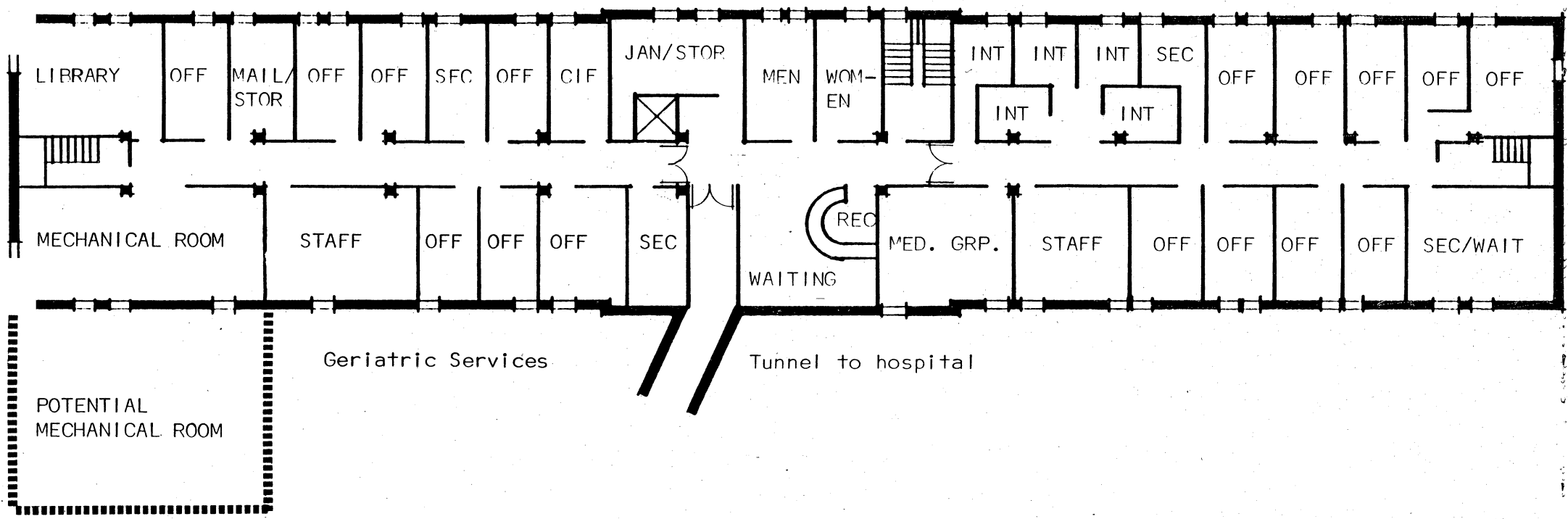
BASEMENT

Continuing Education

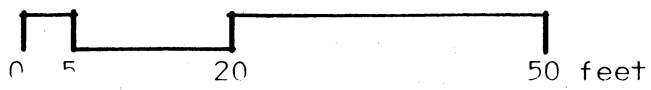
Emergency Room

Ambulatory Care Services

Cons./Liaison

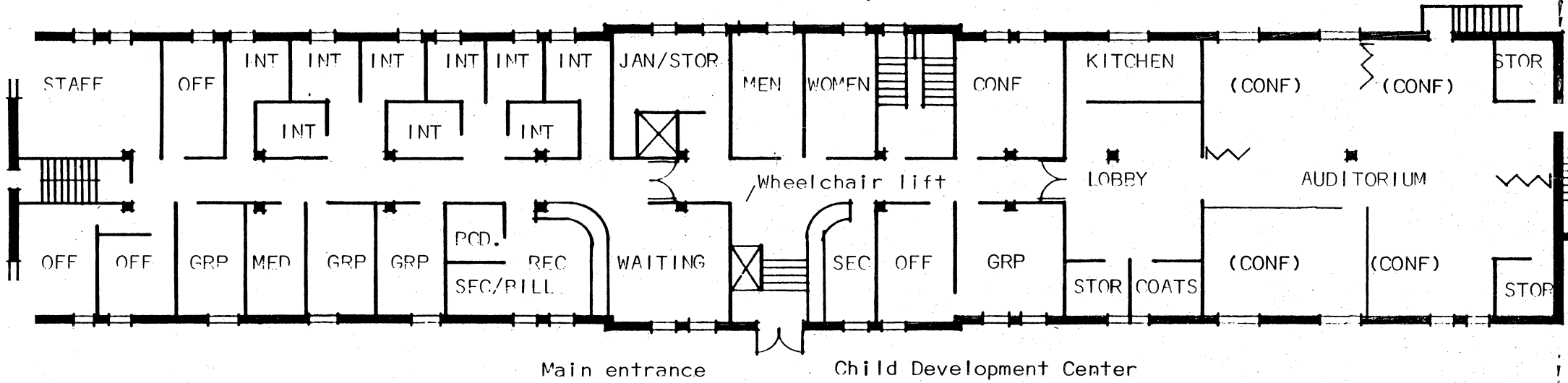


**BASEMENT**

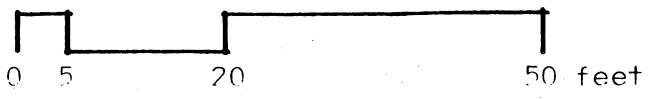


Outpatient Services

Auditorium

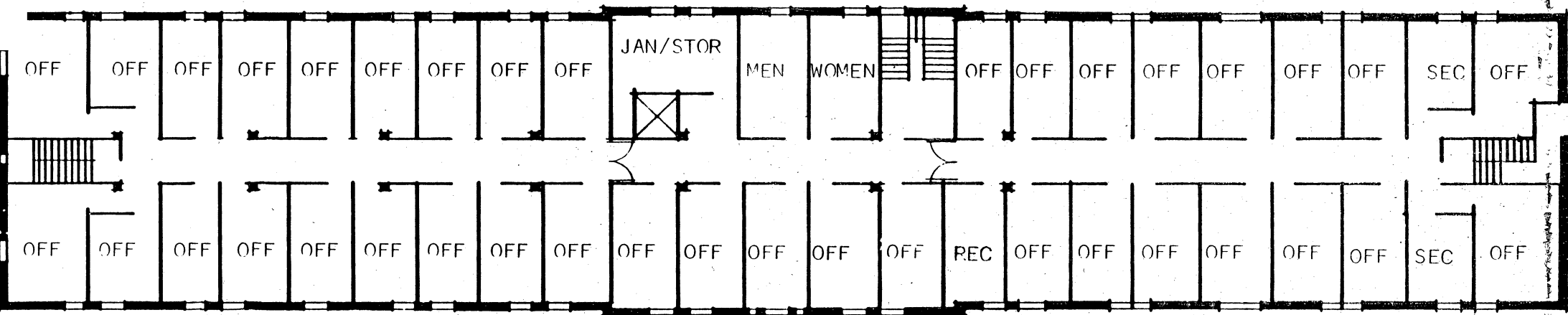


# FIRST FLOOR



Outpatient Services

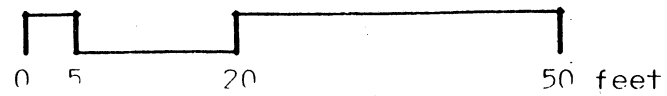
Training Service



Health and Hospitals

C. D. C.

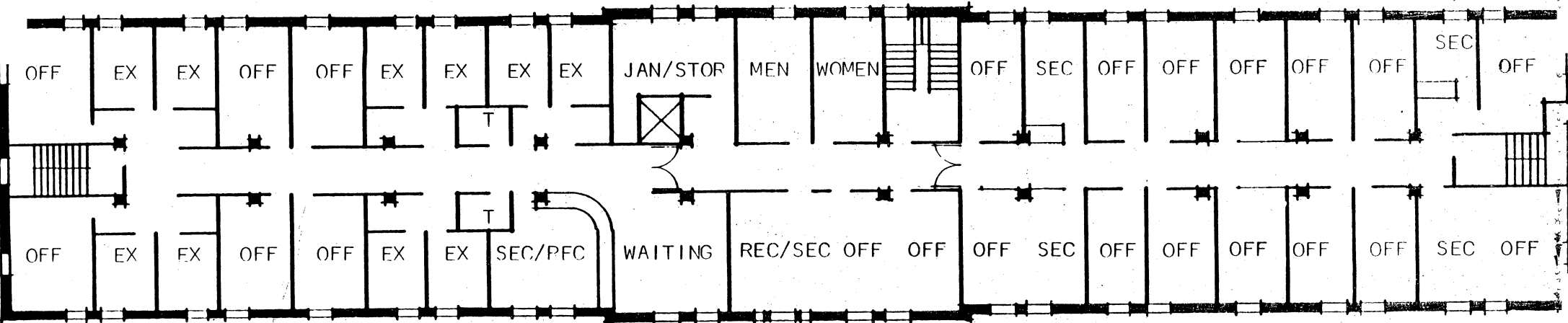
# SECOND FLOOR



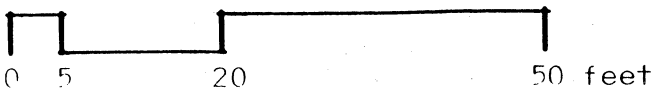
Medical Offices

Administration

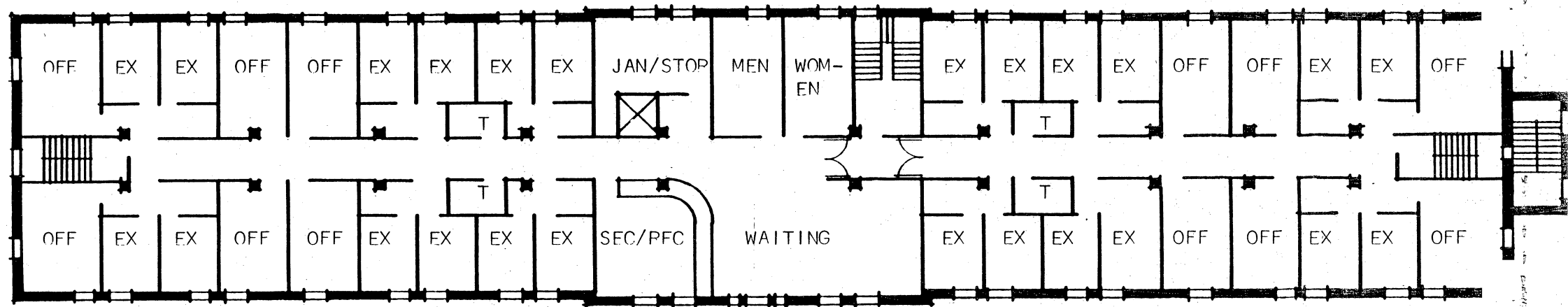
Training Service



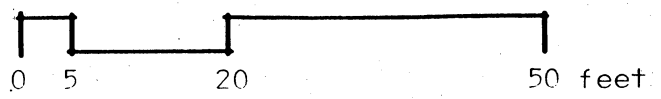
# THIRD FLOOR



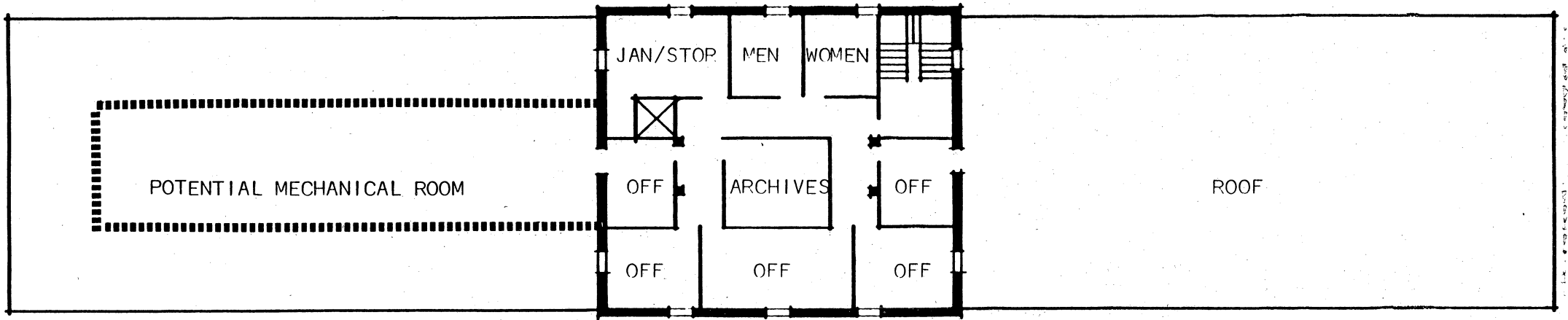
Medical Offices



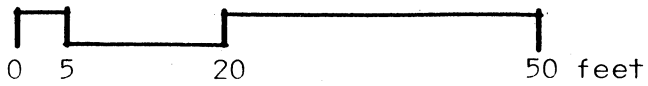
FOURTH FLOOR



Business Office



FIFTH FLOOR





# CITY OF CAMBRIDGE

CAMBRIDGE, MASSACHUSETTS 02139  
Tel. 498-9011

EXECUTIVE DEPARTMENT  
ROBERT W. HEALY  
City Manager

August 2, 1982

To the Honorable, the City Council:

With respect to Awaiting Report Item No. 20, I am forwarding to you for your information a copy of the "Request for Proposal" (RFP) regarding the lease and renovation of the Lee B. Macht Community Health Center (formerly the Nurses' Residence building) at the Cambridge Hospital.

Please note that the RFP's are available at the Community Development Department for a \$75 non-returnable fee. Proposals are to be submitted in accordance with the requirements of the RFP including the submission deadline of 5:00 P. M. on August 30, 1982.

Very truly yours,

Robert W. Healy  
City Manager

RWH/mbf  
Enc.

Item Number Thirteen

5-5a

Re: response to Awaiting Report Item No. 20  
regarding actions contemplated with prospec-  
tive developers in connection with the reno-  
vation of the former Nurses Residence loca-  
ted at 16 Camelia Avenue.

In City Council,

August 2, 1982

8/2/1982

Placed on file