
DELIVERED ELECTRONICALLY

May 1, 2023

Mr. Douglas DiVello, President and CEO
Grace Cottage Family Health and Hospital
P.O. Box 216
185 Grafton Rd.
Townshend, VT 05353

RE: Docket No. GMCB-003-23con, Construction of a New Primary Care Practice Building and Demolition of the Stratton House/North Clinic Building, Project Cost: \$19,152,993.

Dear Mr. DiVello:

Thank you for your application received on April 10, 2023, regarding the above-referenced project. Please respond to the questions below.

Financial

1. Pages 7 and 8 of the application note an increase in exam rooms that would allow for the addition of two to three new providers. Table 8B (Staffing Report), shows only 0.75 additional non-MD FTEs to be added in year 3 of the project (2026). Identify the level of the two to three providers to be added and the year in which the two to three new providers would be added. Confirm that the number of new FTEs you have included in Table 8 (Staffing Report) is correct and that associated costs are reflected in the financial tables submitted with the application.
2. On page 10, it is stated that Grace Cottage has a long history of generous community support. In a table format, for each fundraising project undertaken in the past 15 years, identify: 1) the purpose of the fundraising project; 2) period covered; 3) the dollar goal; and 4) actual amount received.
3. On Table 2 (Debt Financing/Uses of Funds), of the \$15,000,000 in the Fundraising line item, specify the dollar goal from fundraising and the dollar goal from grants and identify the probable sources and dollar amounts for all grants.



4. Explain in detail the timeline for the fundraising campaign and for the grant writing efforts and your contingency plan for covering project costs if your fundraising campaign and/or grant writing efforts do not raise \$15,000,000.
5. (Page 15 of application) Explain in detail what the original 1844 Otis House will be repurposed for, identify the timing relative to the proposed project and cost associated with repurposing of this space, and whether these costs are included or excluded in the financial tables submitted with the application.
6. On page 15 of the application, the construction cost is represented as \$15,483,725. However, the construction cost on financial Table 1 is \$16,374,614. The difference appears to be the \$890,890 in Line Item 8, titled “Other” shown on Table 1. If the \$16,374,614 total construction cost is correct, please revise and resubmit the breakdown of construction costs on page 15.
7. In Table 1 (Project Costs), identify the components and associated dollar amounts that make up the \$890,890 in line Item 8, titled “Other”. If the \$890,890 is all for “Project Contingency” as noted in Table 1, Line 8 “Other”, then please explain its inclusion in addition to the standard Design/Bidding Contingency and the Construction Contingency.
8. In Tables 1 and 2, specify the cost associated with the demolition of the existing building and the line item where that cost is included. If not included, explain in detail.

Architectural

9. Table 1 (Project Costs), shows no cost associated with the “Construction Manager Fee.” However the construction cost breakdown on page 15 of the application shows \$637,830 for “CM Insurance, Bond and Fees”. Please revise and resubmit Tables 1 and 2 and the breakdown on page 15 to reflect the correct “Construction Manager Fee.”
10. Provide a site plan and floor plans for existing building(s) that will remain with any connecting elements to the new building.
11. Submit the CSI estimate format prepared by a Construction Manager or a professional estimating company.
12. FGI Check List: 2.2-2 **Accommodations for care of patients of size.** Explain in detail how this requirement will be met in the new facility.
13. FGI Check List: 2.1-7.2.2.9 **Grab Bars:** Explain why this item is checked as “No”. Explain in detail what other accommodation will be made so staff can assist the patient during the double transfer. In addition, explain why there is a question mark noted on item (2) indicating the required 800 pounds of concentrated load for anchoring requirement.



14. FGI Check List: 2.1-4.1 **Laboratory Services**: Explain in detail the types of tests that will be provided at the point of care.
15. In Appendix I many other items on the FGI Chart have been marked as “Will be determined during the next phase”. Even at the schematic level plan review, these requirements are typically completed. Explain whether your architect can go back and complete these items on the FGI Chart so that our consulting architect can review for compliance with each requirement. If yes, please revise and resubmit.

In responding, restate the question in bold font and respond in unbolded font. Send an electronic copy to me at donna.jerry@vermont.gov and one hard copy (three-hole punched) with a Verification Under Oath to my attention at the Green Mountain Care Board, 144 State Street, Montpelier, Vermont 05602.

If you have any questions, please do not hesitate to contact me at 802-760-8162.

Sincerely,

s/ Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board

cc. Laura Beliveau, Staff Attorney, GMCB

