STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

CERTIFICATE OF NEED APPLICATION
by
CENTRAL VERMONT MEDICAL CENTER
for the
PURCHASE OF A REPLACEMENT LINEAR ACCELERATOR AND RELATED FACILITY MODIFICATIONS AND UPGRADES
Docket no.

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SECTION I: PROJECT OVERVIEW

A. PROJECT SUMMARY

The Central Vermont Medical Center ("CVMC" or "the applicant") submits this Certificate of Need ("CON") application pursuant to 18 V.S.A. §§ 9440(c)(2)(B), 9434(b)(2), and GMCB Rule 4.000, seeking to purchase and install a new Linear Accelerator to replace the current unit that is fully depreciated and at the end of its service life ("the project").

Specifically, the applicant seeks approval of the following:

1. Replacement of CVMC's Varian 21ix Linear Accelerator, commissioned in 2009, with a new Varian TrueBeam Linear Accelerator at a cost of $2.6M.

2. Modifications to the Linear Accelerator bunker room, control room, and necessary upgrades to the mechanical and electrical systems to accommodate the new machine at a cost of $1.06M.

The total cost of the project is $3,661,162.

Radiation Oncology is a core component of CVMC's cancer care services. External beam radiation treatments are delivered to cancer patients using a linear accelerator ("LINAC"), which can effectively treat a variety of cancers in all parts/organs of the body. The LINAC works by targeting high energy x-rays to conform to a tumor's shape, destroying cancer cells while sparing surrounding normal tissue and lowering the likelihood of cancer recurrence. CVMC's sole LINAC is currently used for over 4,000 procedures annually.

Beginning in 2019, UVM Health Network (the "Network") engaged ECRI, an expert healthcare consulting organization,[1] to evaluate the technology, procedure volumes, utilization and projected LINAC replacement needs across the Network. Based on its evaluation, ECRI recommended the phased replacement of six Network LINACs over a five-year timeframe, with CVMC's the first to be replaced. At 15 years old, it is the Network's oldest, in need of the most upgrades, and will no longer be supported by the vendor based on component obsolescence and technological advances. Following an in-depth review of technological offerings and economic impacts, a Network interdisciplinary team, with guidance from ECRI, selected Varian as vendor for the six new LINACs. The team selected the TrueBeam model for CVMC, which is essentially an updated version of the existing model with better imaging and some additional capabilities.

To accommodate the new equipment, the project also includes modifications to the LINAC bunker room and control room, as well as necessary upgrades to mechanical and electrical systems. These include cutting and coring existing concrete to facilitate replacement of the base

[1] ECRI is a non-profit independent expert on healthcare technology and safety. More information about ECRI is available on its website. https://www.ecri.org/

frame and new under-slab utilities, new electrical feeds, replacement of the LINAC-dedicated chiller, ergonomically designed workspace, and new finishes (floor, lighting, etc.). A UVM Health Network Radiation Physicist has completed a preliminary analysis and determined that the existing shielding is sufficient and costs for additional shielding are therefore not included in this project. The shielding will be reviewed again as part of "acceptance testing" of the new equipment.

As the straight replacement of existing equipment, this project does not create any new services or expand or modify existing services, and as such, the applicant does not anticipate additional volumes attributable to the project. The project will not require additional FTEs, although employee hours or worksite may be affected during the construction period, when volume is expected to shift from CVMC to the University of Vermont Medical Center ("UVM Medical Center"). Following CON approval, the project will take approximately six months to complete. CVMC anticipates the new unit will be in service by early 2025.

Because the project will not substantially alter services and is unlikely to be contested, CVMC is seeking expedited review of the application pursuant to 18 V.S.A. § 9440(c)(5).

B. PROJECT NEED

According to the American Cancer Society, more than half of cancer patients will receive some form of radiation treatment in their lifetime. *See, generally,* Radiation Therapy, American Cancer Society website. External beam radiation using a linear accelerator is the most common type of radiation treatment and the standard of care for treating most localized solid tumors, with treatments typically provided on an outpatient basis in periodic doses over multiple weeks. The LINAC works by targeting high energy x-rays to conform to a tumor's shape, destroying cancer cells while sparing surrounding normal tissue and lowering the likelihood of cancer recurrence.

CVMC currently hosts a Varian 21ix LINAC that is used for volumetric modulated arc therapy (VMAT), image guided radiation therapy (IGRT), cone beam computed tomography (CBCT), stereotactic body radiation therapy (SBRT) (lung cases only) and 3D conformal radiation therapies. The 15-year-old unit was commissioned in 2009.

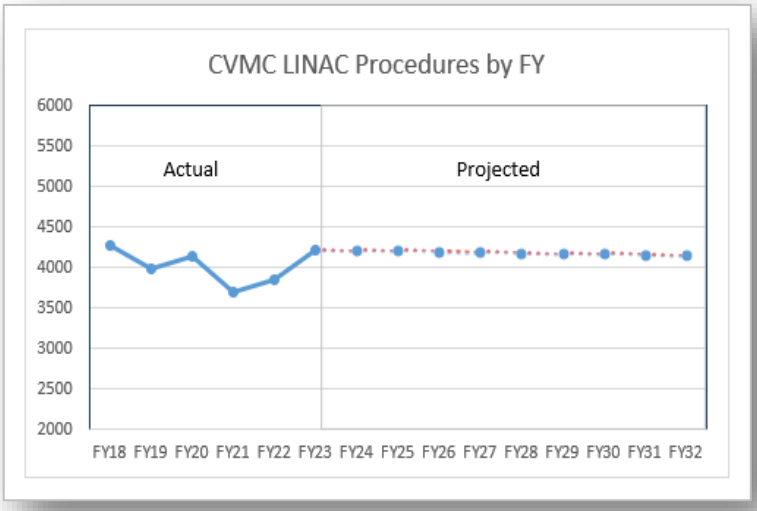
Starting in 2019, the UVM Health Network engaged ECRI as its consultant to assess the Network's Radiation Oncology services.[2] The assessment looked at technology, procedure volumes, utilization, and the projected equipment replacement needs of CVMC, UVM Medical Center, Champlain Valley Physicians Hospital, and Alice Hyde Medical Center. ECRI reviewed relevant data and documentation, conducted interviews, and gathered input from Network providers and technicians. LINAC replacement projections were developed using industry-accepted benchmarks for age (15 years), beam hours (3,500), and factors that influence replacement needs such as intensity of use, technology obsolescence, and reliability.

[2] The assessment was not completed sooner due to the Covid-19 pandemic, which necessarily altered Network priorities. The initiative was refreshed in 2022 after pandemic conditions had eased.

Based on its evaluation, ECRI recommended a phased replacement of six Network LINACSs over five years.[3] ECRI recommended that CVMC's device be replaced first; at 15 years, it is the oldest and has been subject to an "End of Support" notification from the vendor, which will no longer provide support or upgrades based on component obsolescence and substantial technological advances since the unit was commissioned. Also, CVMC is the only site currently using the Varian platform for clinical reporting, making replacement and commissioning of a new LINAC quicker than at other sites, as the Network moves to fully align its Radiation Oncology Information Systems (ROIS) to Varian.[4]

The project is needed. CVMC currently operates its LINAC near capacity with approximately 15 procedures performed daily (weekdays), for approximately 4,000 procedures annually. As the replacement of existing equipment, the project is not expected to, nor predicated on, increasing procedure volumes. Instead, the project will enable the applicant to meet current and future demand and maintain patient access to services, as volumes are projected to remain consistent, with only a slight decline over a ten-year period.

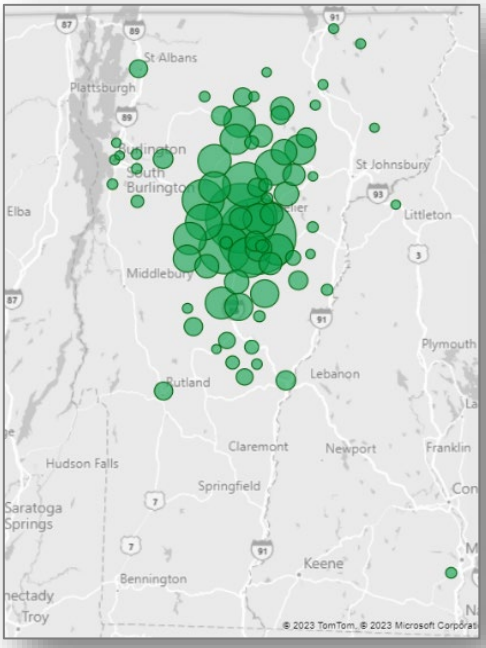
	Actual						Projected								
							-0.18%	-0.18%	-0.18%	-0.18%	-0.18%	-0.18%	-0.18%	-0.18%	-0.18%
	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31	FY32
LINAC Procedures	4276	3991	4137	3693	3849	4225	*4217*	*4210*	*4202*	*4195*	*4187*	*4180*	*4172*	*4165*	*4157*

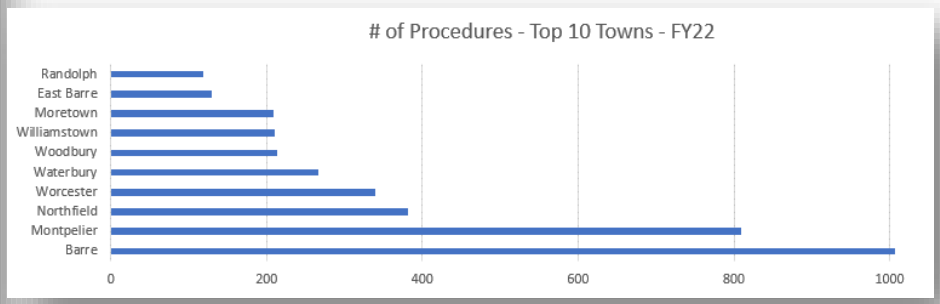


[3] UVM Medical Center expects to submit a CON application for new LINAC(s) in the next phase of replacements.

[4] ECRI's recommendations include aligning Network hospitals to a single technology platform to foster integration of care and remote treatment planning. Among its benefits, using a common platform and software will provide cancer patients, including those at CVMC, access to specialized treatment and treatment planning expertise from throughout the Network. The alignment of systems/software is a distinct and separate project that falls outside the scope of this CON, and is not expected to meet the monetary threshold to trigger CON jurisdiction.

CVMC serves as a community hospital for most of its patients receiving radiation treatments. Data mapping the primary geographical origin of LINAC patients indicate that most patients reside in towns within an approximate 35-mile radius of the facility, although some patients travel as much as 60 miles for their treatments. Should the current LINAC fail or suffer significant downtime due to component or service unavailability, patient access to needed care would be impeded. Delays in care are both inconvenient and stressful for patients, and prolonged delays could impact the chance of cure. Note that if a delay was thought to be excessive, the patient would be transferred for care to UVM Medical Center.





Finally, the project is an important step in the Network's planned investment in radiation therapy spanning the next several years. In partnership with Varian, the Network expects to develop an integrated radiation treatment delivery system so that services such as treatment planning (dosimetry) and medical physics will be supported by a networked IT and equipment infrastructure. The new integrated system will allow dosimetrists staffing any Network hospital with similar services to perform their work remotely, creating efficiencies that benefit staff and patients.

C. PROJECT DESCRIPTION

1. Equipment Replacement

Current equipment: CVMC's current LINAC, a Varian 21iX, was commissioned in 2009 and is the Network's oldest unit. Although its beam hours do not exceed recommended thresholds, at 15 its age alone supports its replacement; it is also fully depreciated and at the end of its service life. To the latter point, the vendor has recently provided the applicant with an "End of Support" notice advising that it will no longer support the device due to component obsolescence and technological advances that preclude software or hardware updates, nor will it guarantee the

unit's compatibility with Oncology Information or Treatment Planning Software releases. Consistent with its age, the device is increasingly unreliable and at risk for extended downtime.

New equipment: A Network interdisciplinary team, with guidance from ECRI, conducted an extensive selection process over an eight-month period to select a new vendor. The team first narrowed the choice down to the two industry leaders—Varian and Elekta—who together hold 90% of the market.[5] The team selected the Varian platform, citing several key reasons:

- UVM Medical Center's Elektra LINACs have experienced significant radiation beam instability issues in the 13 years they have been in operation, which hamper development of new treatment protocols in a rapidly evolving field.
- There is a high level of integration between Varian's treatment planning system and EMR (Record & Verify Oncology Information system), which enhances efficiency and patient safety.
- Varian recently merged with Siemens Healthineers, strengthening the company's ongoing investment in R&D and innovation. In contrast, an Elekta c-arm accelerator replacement would be essentially the same as those now in use by the Network.
- Providers at CVMC have been greatly satisfied by the performance of the Varian system currently in use.

As with each of the six planned LINAC replacement units, the model selected for CVMC—the Varian TrueBeam — was chosen based on its clinical capabilities.[6] The new unit is essentially an updated version of the existing one, but with better imaging that will allow users to see targets (tumors and lesions) and the critical surrounding normal structures more precisely. It will also have some capabilities to provide more advanced treatments in the future if there is a demand, and if programs are built to support those treatments. Technical information and additional resources about the TrueBeam are available on the vendor's website.

Finally, the cost of the replacement LINACs was actively negotiated with the vendor to secure savings on the new equipment. The resulting pricing agreement includes an additional year of warranty on the TrueBeam model ($245k in savings), a four-year service agreement, and significant discount pricing (below standard discounts).[7] The pricing agreement also maximizes savings by including the phased purchase of all six replacement LINACs over an approximately five-year timeframe.

2. Facility Modifications and Upgrades to Mechanical and Electrical

The project includes facility modifications and necessary upgrades to the mechanical and electrical systems to accommodate the new unit. As discussed below and illustrated in Exhibit 2, the required modifications will meet applicable Facilities Guidelines Institute Guidelines (FGI Guidelines). *See* Exhibit 2 (FGI Guidelines table).

[5] Of the six LINACs identified by ECRI as in need of replacement, five are Elekta units (three at UVM Medical Center, and one at each of the two New York facilities).

[6] Four of the six planned Network LINAC replacements will be the Varian TrueBeam model. Each replacement LINAC was selected based on the individual facility's projected usage and the unit's capability requirements.

[7] The additional year of warranty and related savings are specific to this particular model, although each device is significantly discounted, and five of the six have warranty extensions.

The new LINAC will be housed in Accelerator Bunker Room 145 in the CVMC Radiation Oncology Building, constructed in 2008 as an addition to the Central Vermont Medical Center Hospital. The LINAC Suite consists of an entry maze, bunker room with extensive in-room storage, and a control room with storage. Mechanical and electrical rooms serve the LINAC Suite as well as the remainder of the building addition. Much of the 2008 construction will remain in-place as it already meets current FGI Guidelines.

Consistent with best practices for operation of the LINAC and to ensure compliance with the FGI Guidelines and vendor specifications, the project will include the following renovations and upgrades:

- Cutting and coring of existing concrete to facilitate replacement of the base frame
- Cutting of concrete for access to raceways for new under-slab utilities to the equipment, to meet the new Varian equipment specifications
- New electrical feed to new power conditioner, console cabinet, modulator cabinet and LINAC machine
- Rework of power feeds to equipment infrastructure, including laser and cameras
- Replacement of existing LINAC-dedicated chiller, which is at end of life, and associated new ducting
- Sprinkler modifications

Additionally, the millwork will be replaced to accommodate the following:

- Patient-specific body molds
- Ergonomically designed casework to streamline workflow and house equipment at appropriate heights for repeated lifting
- A new tech station and storage units/cabinets to accommodate the new modulator cabinet, which is a different size than the existing, in the tech space

To improve the patient experience, the project will include:

- Addition of a patient lift and associated structural modifications
- Wood ceiling above the unit
- Lit panels with natural imagery in entry maze
- Printed natural mural scene in Bunker Room

Because the work associated with the equipment replacement will impact existing finishes, the flooring will need to be replaced and the room repainted. Handrails and wall protection will be replaced. Original 2008 lighting will be replaced with new LED energy-efficient fixtures. When complete, the renovated spaces will meet the manufacturer's specifications and ventilation requirements for imaging. Existing support and circulation areas will be maintained to ensure regulatory compliance with the FGI Guidelines.

Renovation Plan: The project will consist of three phases and take approximately six months from CON approval to complete. The applicant expects that the LINAC will be in operation by early 2025.

> Phase 1: This phase will take approximately one week and includes removal of the existing Varian Linear Accelerator equipment in Accelerator Bunker Room 145.

Phase 2: This phase will take approximately four months and includes significant renovations in Bunker Room 145. The footprint of the room will remain unchanged. The completed room will satisfy the specifications and requirements of the equipment manufacturer and current FGI Guidelines including ventilation requirements for Imaging Procedure Rooms.

Phase 3: This phase will take approximately six weeks and includes the installation of the new Varian TrueBeam Linear Accelerator Equipment System in Bunker Room 145. New Varian processing computers, supplied by the vendor, will be installed in control room 147. Varian will be responsible for installing the actual equipment.

Included with this application are the schematic-level drawings that depict the renovation work, Exhibit 3, and detailed coordination drawings provided by Varian. Exhibit 4.

The project does not include modifications to shielding of the bunker room. An initial review by a UVM Health Network Radiation Physicist indicates that the current shielding is adequate, in part due to significant improvements in the control of radiation scatter by manufacturers. All shielding is subject to, and meets, the most recent Vermont Department of Health shielding requirements, *see* Vt. Dept. of Health Radiological Health Rule, Part A (eff. Jan. 1, 2024), and will be reviewed again by a Radiation Physicist to ensure compliance as part of the acceptance testing of the new equipment.

3. Operational Considerations

Staffing: The project will not require additional staffing, and only minimal staff training because CVMC is already using the Varian platform. There will be some adjustments to staffing schedules during the construction period, however, as the volume shifts to UVM Medical Center during the downtime. The shift may necessitate extended hours of operation at UVM Medical Center, and as a result, there is a potential for additional wages for overtime. Overall, the applicant does not anticipate any material impacts to the cost of this project or the cost of providing services.

Information technology: Consistent with ECRI's recommendations, the interdisciplinary team's work during the planning and vendor selection process included information technology (IT) considerations to ensure that systems/software are aligned across Network facilities. The IT work related to this singular project—CVMC already hosts a Varian LINAC—is limited to that which is integral to the equipment replacement. Further, the Varian and UVM Health Network teams have worked together to ensure that the new device was approved by the Network's Technical Standards Review Board.

D. PROJECT FINANCES

1. Capital Cost: The capital expense for this project is approximately $3.66M, which includes $2.6M for the equipment replacement, and $1.06M for the facilities modifications and upgrades. The applicant plans to fund the project without debt financing.

Capital Costs	
Facilities	$ 1,063,582
Equipment	$ 2,597,580
IT	$ -
Other	$ -
Total	**$ 3,661,162**

2. Depreciation: The facilities portion of the capital expense will be depreciated over twenty years. The equipment cost will be depreciated over seven years.

Depreciation Schedule	FY25	FY26	FY27	FY28	FY29	FY30	FY31	....	FY44	TOTAL
Facilities	$ 53,179	$ 53,179	$ 53,179	$ 53,179	$ 53,179	$ 53,179	$ 53,179		$ 53,179	$ 1,063,582
Equipment	$ 371,083	$ 371,083	$ 371,083	$ 371,083	$ 371,083	$ 371,083	$ 371,083		$ -	$ 2,597,580
IT	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -
Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -
Total	*$ 424,262*	*$ 424,262*	*$ 424,262*	*$ 424,262*	*$ 424,262*	*$ 424,262*	*$ 424,262*		*$ 53,179*	*$ 3,661,162*

3. Incremental Margin Contribution Impact: Since this project is a replacement of the current equipment, the Incremental Pro Forma, below, reflects:
    a. No new revenue or loss of revenue as a result of the project.
    b. The new service contract starts in Y2. Service charges are roughly $71k more annually than for the current LINAC.
    c. Depreciation cost of approximately $424k annually.

Incremental Pro-Forma: CVMC LINAC Replacement

	FY25	FY26	FY27	FY28	FY29	*5 Yr. Total*
Incremental Volume						
# Cases[1]	0	0	0	0	0	-
Incremental Net Revenue						
Net Revenue[2]	$ -	$ -	$ -	$ -	$ -	*$* -
Total Revenue						
Incremental Expenses						
Salaries/Wages	$ -	$ -	$ -	$ -	$ -	*$* -
Physicians	$ -	$ -	$ -	$ -	$ -	*$* -
Staff	$ -	$ -	$ -	$ -	$ -	*$* -
Benefits	$ -	$ -	$ -	$ -	$ -	*$* -
Depreciation & Amortization	$ 424,262	$ 424,262	$ 424,262	$ 424,262	$ 424,262	*$ 2,121,310*
Incremental Annual Service Fees[3]	$ (174,328)	$ 70,672	$ 70,672	$ 70,672	$ 70,672	*$ 108,360*
Total Expenses	**$ 249,934**	**$ 494,934**	**$ 494,934**	**$ 494,934**	**$ 494,934**	***$ 2,229,670***
Incremental Contribution Margin						
Total Incremental Contribution Margin	**$ (249,934)**	**$ (494,934)**	**$ (494,934)**	**$ (494,934)**	**$ (494,934)**	**$ (2,229,670)**
Project Cost Avoidance						
Estimated Cost Avoidance #1 (offsets)[7]						
Estimated Cost Avoidance #2 (offsets)[8]						
Total Cost Avoidance						
Total Incremental Contribution plus Cost Avoidance						

[1] No new volume expected due to this replacement
[2] No incremental revenue
[3] Current annual service costs are $17K. These will not be payable in year one. New Services fees are $245K annually, and incremental increase of $71K

Radiation Oncology services, in addition to being a central component of cancer services at CVMC, generated an estimated $1.5M in margin in FY2023. With the purchase of the replacement LINAC and the Network's plan to move to an integrated vendor platform enabling remote treatment planning, it is possible that some volume may shift to CVMC from elsewhere in the Network, positively impacting CVMC's margin. Because this volume/revenue shift would be within the Network if it were it to occur, it is not included in the Pro Forma as incremental revenue. The only financial impact of the new machine included in the Pro Forma is depreciation (the current LINAC is fully depreciated) and annual service charges that are roughly $71K more than for the current LINAC.

CVMC will experience a decrease in revenue while the existing LINAC is being removed from operation and the new LINAC installed. The majority of lost volume during this period is expected to transfer to UVM Medical Center, where the revenue will be recaptured within the Network (although there is the potential for some volume to transfer to Dartmouth Hitchcock Medical Center).

4. The summary below shows a net present value of approximately ($3.5M) over five years.

Project only Cash Flow and Net Present Value (NPV): CVMC LINAC Replacement

	FY24	FY25	FY26	FY27	FY28	*5 Yr. Total*
Contribution Margin		$ (249,934)	$ (494,934)	$ (494,934)	$ (494,934)	$ (1,734,736)
Depreciation		$ 424,262	$ 424,262	$ 424,262	$ 424,262	$ 1,697,048
Capital Expense	$ (3,661,162)					$ (3,661,162)
Cash Flow	$ (3,661,162)	$ 174,328	$ (70,672)	$ (70,672)	$ (70,672)	$ (3,698,850)

5 Year Net Present Value	($3,503,265)

SECTION II: CONSISTENCY WITH CON STAUTORY CRITERIA

The project meets each of the relevant statutory criterion, which are addressed below:

1. **The proposed project aligns with statewide health care reform goals and principles because the project:**
   - **(A) takes into consideration health care payment and delivery system reform initiatives;**
   - **(B) addresses current and future community needs in a manner that balances statewide needs, if applicable; and**
   - **(C) is consistent with appropriate allocation of health care resources, including appropriate utilization of services, as identified in the HRAP pursuant to section 9405 of this title.**

The project meets the criterion. This project takes into consideration delivery system reform by fostering efficiencies at CVMC and across the UVM Health Network. Consistent with ECRI's recommendations, replacing the CVMC LINAC represents an initial step in providing integrated care for the hospital's cancer patients, who will benefit from remote treatment planning and expertise from practitioners at other Network facilities.

Replacement of the CVMC LINAC also addresses community needs. Utilization of the current unit is near capacity and volumes are projected to remain stable into the future. As indicated by available data, most patients are traveling from within a 35-mile radius for treatment, with CVMC serving as their community hospital. If the current device—which is 15 years old and at the end of its service life—were to fail or experience prolonged downtime, CVMC cancer patients would be forced to travel to other facilities for treatment, causing unnecessary inconvenience and stress during their illness. Replacing the aged-out equipment with a new unit will allow CVMC cancer patients to continue to reliably receive their treatments closer to home.

The project also meets each of the relevant HRAP standards:

CON Standard 1.6: *Applicants seeking to develop a new health care project shall explain how the applicant will collect and monitor data relating to health care quality and outcomes related to the proposed new health care project. To the extent practicable, such data collection and monitoring shall be aligned with related data collection and monitoring efforts, whether within the applicant's organization, other organizations or the government.*

As part of the UVM Health Network, the CVMC Radiology Department follows a quality assurance/quality improvement program consistent with Joint Commission standards, including Performance Improvement (PI) Standard PI.01.01.01 (requires hospitals to collect data to monitor their performance), and Standard LD.03.02.01 (requires hospitals to use data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality). The Department collects, analyzes and reports data in order to investigate and evaluate risks, or potential risks, to patient safety and to develop action plans to reduce any risks that are identified.

CON Standard 1.7: *Applicants seeking to develop a new health care project shall explain how such project is consistent with evidence-based practice. Such explanation may include a description of how practitioners will be made aware of evidence based practice guidelines and how such guidelines will be incorporated into ongoing decision making.*

CVMC's Radiation Oncology Department is committed to delivering high quality patient care using evidence-based protocols. The Department, like all UVM Health Network Radiation Oncology departments, is accredited by a national agency; CVMC is accredited by the American College of Radiology. In addition, all patient treatments performed at CVMC, and throughout the Network, are reviewed in weekly scheduled peer-reviewed meetings. Radiation Oncologists from the Medical Center join the CVMC Radiation Oncologist remotely for these weekly meetings. A component of that review is to confirm that treatments meet standard published guidelines, most commonly the National Comprehensive Cancer Network (NCCN) guidelines.

CON Standard 1.8: *Applicants seeking to develop a new health care project shall demonstrate, as appropriate, that the applicant has a comprehensive evidence-based system for controlling infectious disease.*

Central Vermont Medical Center complies with Joint Commission requirements on Infection Prevention and Surveillance. Its Infection Prevention Team strives to reduce and prevent healthcare-associated infections as part of the Department of Quality & Performance Improvement. The team is supported by an Infectious Disease Physician and includes members

certified in infection prevention. The team's core infection prevention activities include the following:

- House wide surveillance, collection, analysis, and distribution of infection data to key stakeholders
- Application of epidemiological and quality improvement principles including activities directed at improving patient outcomes
- Development and review of evidence-based policies and procedures
- Identification, prevention, and control of clusters or outbreaks of infections due to unusual or epidemiologically important microorganisms
- Reporting of mandated infection prevention data to appropriate sources to include the Vermont Department of Health, National Healthcare Safety Network, Centers for Medicare and Medicaid Services, and Centers for Disease Control and Prevention.
- Evaluation of products and procedures
- Consultation on infection risk assessment, prevention and control strategies including activities related to occupational health, construction and disaster planning
- Educational efforts directed at interventions to reduce infection risks
- Interpretation and implementation of changes mandated by regulatory, accrediting and licensing agencies

CON Standard 1.9: *Applicants proposing construction projects shall show that costs and methods of the proposed construction are necessary and reasonable. Applicants shall show that the project is cost effective and that reasonable energy conservation measures have been taken.*

The architectural, mechanical, HVAC, ventilation, and electrical renovations proposed for this project are necessary and reasonable to accommodate the installation of the replacement LINAC equipment and to maintain existing adequate support spaces.

CVMC believes that its approach to updating the space to accommodate the new LINAC—with continued reuse of existing adequate support spaces—yields the most cost-effective and reasonable construction option available and is a better, less expensive alternative to total demolition and reconstruction of all new spaces.

Energy conservation measures are discussed in response to CON Standard 1.10 below.

CON Standard 1.10: *Applicants proposing new health care projects requiring construction shall show such projects are energy efficient. As appropriate, applicants shall show that Efficiency Vermont, or an organization with similar expertise, has been consulted on the proposal*.

CVMC is working closely with Efficiency Vermont in its planning and implementation of the project. See Exhibit 5 (Efficiency Vermont Letter). CVMC will use replacement energy efficient LED lighting to meet general and clinical procedure illumination requirements. The re-worked mechanical HVAC ventilation equipment will be improved with the latest controls to reduce energy consumption as much as possible, while ensuring a comfortable environment for patients. The re-worked mechanical HVAC ventilation equipment will be commissioned in accordance with the requirements from the FGI Guidelines and the standards set forth by the American Association of Healthcare Engineers.

CON Standard 1.12: *New construction health care projects shall comply with the Guidelines for Design and Construction of Health Care Facilities as issued by the Facility Guidelines Institute (FGI) current edition.*

Although this project is primarily the replacement of existing equipment, CVMC will need to renovate and modify the bunker and control room to accommodate the new LINAC. In doing so, CVMC intends to meet the requirements outlined in the most recent Guidelines for Design and Construction of Hospitals (FGI Guidelines), and has attached a table of relevant guidelines, and a description of how the project will satisfy each, as Exhibit 2.[8] In addition to guidelines pertaining to Suite 145 as an "Imaging Procedure Room," the proposed mechanical HVAC ventilation adjustments for the LINAC Suite will meet ANSI/ASHRAE/ASHE Standard 170-2017, Ventilation of Health Care Facilities (Section 3 of the FGI Guidelines).

CON Standard 3.4: *Applicants subject to budget review shall demonstrate that a proposed project has been included in hospital budget submissions or explain why inclusion was not feasible*.

The project was included in the capital budget submitted to the GMCB in July 2023, for replacement of the unit in FY2025.

CON Standard 3.7: *Applicants proposing to replace diagnostic or therapeutic equipment shall demonstrate that existing equipment is fully depreciated, or the cost of the early replacement, including the cost of the remaining depreciation on existing equipment, is less costly than keeping the existing equipment*.

The existing LINAC was placed in operation in 2009, is at the end of its service life, and is fully depreciated.

CON Standard 3.19: *An applicant seeking to purchase a piece of diagnostic or therapeutic equipment shall include an analysis of whether other health care system costs may be reduced through more effective interventions through the use of the equipment. As appropriate, hospitals shall provide scientific evidence supporting the migration of such equipment and technology outside of tertiary care facilities*.

The project alone will not impact system costs. Implementing the full range of ECRI recommendations for integrating the treatment planning and oncology information system, however, will over time improve efficiency by allowing distribution of work (dosimetry and physics) throughout the Network and incrementally decreasing the need for duplicative staffing. In addition, it will allow the applicant to compete nationally for staff (specifically dosimetry and physics staff) as more remote services are enabled.

CON Standard 3.20: *Applications to purchase diagnostic or therapeutic equipment, or to expand facilities to accommodate major medical equipment purchases, shall address the appropriateness of such distribution as compared to population, the availability of appropriately*

[8] As has been noted in several of our prior CON applications, entities accredited by the Joint Commission (CVMC is accredited) are required to comply with FGI Guidelines as part of the accreditation process.

trained personnel, an evaluation of patient need versus convenience, urgent versus non-urgent use, and appropriate protocol to reduce the risk of repetitive testing (both within the facility purchasing the equipment and within the health care system).

The project replaces existing equipment and does not expand facilities or services, nor is it projected to generate additional volumes. Rather, as discussed in Section I, B, CVMC's LINAC will need to be replaced in order to provide patients in the CVMC Health Service Area (HSA) with access to radiation treatments. No changes will occur relating to the distribution of LINACs in Vermont or distribution of trained personnel. The project requires no new FTEs.

The project will further benefit patients and staff once Network software systems are aligned, allowing for remote treatment planning and expertise from across the Network. CVMC providers will continue to use established professional standards and protocols to ensure appropriate and effective use of the equipment. *See* CON Standard 1.7.

CON Standard 3.22: *For applications involving the purchase of diagnostic or therapeutic equipment, applicants shall establish, through the submission of evidence in the form of peer-reviewed or similar articles, the clinical efficacy of the diagnoses or procedures to be performed.*

The project is the straight replacement of fully depreciated equipment. It does not introduce a new, novel, or experimental service. To the contrary, external beam radiation using a LINAC is the most common type of radiation treatment and the standard of care for most localized solid tumors.

CON Standard 3.24: *An applicant shall disclose potential financial conflicts of interest between hospitals and physicians and an equipment purchase*.

There are no known or perceived conflicts of interest between the hospitals and physicians, and the vendor or manufacturer of this equipment.

CON Standard 3.25: *Any application for a linear accelerator unit shall demonstrate that the accelerator will perform an adequate number of treatments per year, by the second year of operation, based on analyses of state, regional, and national benchmarks, to achieve sufficient utilization and ensure the additional unit is needed and will perform safely, effectively, and efficiently. The minimum number of treatments is 6,000 treatments per year, but this number may be modified based on current science.*

The benchmark referenced in this standard is dated and no longer applicable. Over the last decade, treatments have become more complex, with better imaging to localize tumors, and better technology to focus the radiation doses. That ability has allowed the provision of higher doses of radiation each day, resulting in fewer, but longer treatments per patient, usually under direct supervision of a medical doctor. Even at less than 6,000 treatments per year, the CVMC device is busy for a full treatment day.

2. The cost of project is reasonable, because each of the following conditions is met:

(A) The applicant's financial condition will sustain any financial burden likely to result from completion of the project.

(B) The project will not result in an undue increase in the costs of medical care or an undue impact on the affordability of medical care for consumers. In making a finding under this subdivision, the Board shall consider and weigh relevant factors, including:

(i) the financial implications of the project on hospitals and other clinical settings, including the impact on their services, expenditures and charges; and

(ii) whether the impact on services, expenditures, and charges is outweighed by the benefit of the project to the public.

(C) Less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate.

(D) If applicable, the applicant has incorporated appropriate energy efficiency measures.

The project will be paid for without debt financing and will not create an unsustainable financial burden or adversely impact CVMC's financial health. The project does not add equipment or services, but replaces existing equipment that is fully depreciated with new, comparable equipment with service coverage and extended warranty. There will be no loss of revenue, or new revenue, due to the project. Nor is there projected to be any material impact to CVMC's operating margin.

The project will not result in an undue increase in the costs of care or adversely impact affordability for consumers. Radiation therapy using the LINAC is a necessary component of care for many CVMC cancer patients. CVMC's existing LINAC is at the end of its service life, and its continued use increases the risk of a mechanical failure and prolonged downtime at the expense of cancer patients (and their families) who would need to travel farther for, delay, or forgo their treatments should the equipment fail. The funds used to purchase this unit are built into the Network's financial framework, and as such, there is no direct correlation between cash used for this project and the need for any future rate increases. Further, this project was planned in consultation with ECRI and based on ECRI's recommendations, the Network anticipates that system-wide efficiencies can be achieved as six Network LINACs are replaced over a span of five years— starting with the CVMC unit—and moved to common, integrated Varian platform (already in use at CVMC). Over time, the project will increasingly benefit CVMC patients by allowing for remote treatment planning and expertise from across the Network.

There are no feasible, less expensive alternatives. As discussed throughout the application, the existing unit has reached the end of its service life and needs replacement. The Network was able to negotiate with the vendor for discounted pricing of an updated unit comparable to the existing one, plus procure an extended warranty that alone represents $245k in savings. The project includes no additional costs for new FTEs or training, nor does it include costs for new shielding, as initial review by a Network Medical Physicist indicates that the current shielding is adequate and meets Vermont Department of Health shielding requirements. The project, as structured, is the most feasible, cost-effective alternative.

The applicant has incorporated energy efficiency measures, as discussed in CON Standard 1.10.

3. There is an identifiable, existing, or reasonably anticipated need for the proposed project that is appropriate for the applicant to provide.

There is an identifiable, existing, need for the project. According to the American Cancer Society, more than half of cancer patients will receive some form of radiation treatment in their lifetime. External beam radiation using a LINAC is the most common type of treatment, and the standard of care for treating most localized solid tumors. ECRI has evaluated the projected LINAC replacement needs across the UVM Health Network and recommends that CVMC's LINAC, the oldest and most in need of upgrade, be the first in a series of six replacements over a five-year period.

The LINAC now in use at CVMC is 15 years old, fully depreciated, and at the end of its service life. Indeed, the unit's vendor has recently issued an "End of Support" notice based on component obsolescence and technological advances that preclude software or hardware updates, and can no longer guarantee the unit's compatibility with Oncology Information or Treatment Planning Software releases. The LINAC is currently used for approximately 4,000 procedures annually, and demand for procedures using the LINAC is projected to remain stable, with only a slight decline in volumes, over a ten-year period. The existing unit's continued use, in light of an ongoing demand for radiation procedures, puts the device at increasing risk of mechanical failure and prolonged downtime. The unavailability of radiation services at CVMC will cause unnecessary stress and inconvenience—patients will need to travel farther for, miss, or postpone their treatments—for CVMC cancer patients and their families.

Based on the projected, continued demand for procedures using the LINAC at CMVC, it is appropriate that the appellant replace the existing unit.

4. The project will improve the quality of health care in the State or provide greater access to health care for Vermont's residents, or both.

The project will provide greater access to health care for Vermont residents. Prior to opening the Department at CVMC, patients from Central Vermont had to travel to either UVM Medical Center or Dartmouth Hitchcock Hospital for radiation services. If the current LINAC were to fail or experience significant downtime, Vermonters would again need to travel farther from their homes at an additional cost (*e.g.* mileage and travel time) or delay their treatments, risking negative health impacts. While most patients who require radiation services have the resources to travel, the most vulnerable population do not—and some simply do not get the service. Replacing the LINAC with a newer unit, covered by warranty and a service agreement, minimizes the risk of lengthy service interruptions.

The project will also improve the quality of health care in Vermont. The project is an important step in the Network's planned investment in radiation therapy over the next several years, resulting in an integrated radiation treatment delivery system in which services will be supported by a networked IT and equipment infrastructure. Patients will benefit from remote treatment planning and expertise, while dosimetrists staffing any Network hospital with similar services will be able to perform their work remotely.

5. The project will not have an undue adverse impact on any other existing services provided by the applicant.

Replacing the existing LINAC with the new LINAC will not affect other services provided by CVMC.

6. [Repealed.]

7. The applicant has adequately considered the availability of affordable, accessible transportation services to the facility, if applicable.

Because this project is for the replacement of existing equipment at the same location, transportation services to the facility will be unchanged. Given the nature of the treatments, patients are generally driven to their appointments by friends or family members. CVMC is located within minutes of I-89 Exit 7 and easily accessible by car. In addition, Green Mountain Transit (GMT) bus service operates Monday through Friday from 7 a.m. to 6 p.m., and on Saturdays from 8:00 a.m. to 6:00 p.m. GMT also operates "MyRide," an on-demand service that takes multiple riders heading in the same direction in a shared vehicle, during the same hours.

8. If the application is for the purchase or lease of new Health Care Information Technology, it conforms with the Health Information Technology Plan established under section 9351 of this title.

Not applicable to this project.

9. The project will support equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care, as appropriate.

All Radiation Oncology patients at CVMC are screened using a specific distress screening tool. Based on the result of the screening, they are referred as appropriate. A patient receiving services who expresses a need for mental health services and is not in an acute crisis would be referred to their primary care physician. The primary care offices of the UVM Health Network hospitals have mental health professionals collaborating with their medical homes. The primary care provider, working with their mental health care colleagues, would be in the best position to assess the short and long-term needs and next steps for an individual.

For patients in acute crisis, providers would follow our suicide risk assessment protocol to facilitate an assessment of the patient to determine appropriate care given the patient's presentation.

CONCLUSION

Based on the information contained in this application, and for all the foregoing reasons, Central Vermont Medical Center respectfully requests approval of the application and issuance of a CON for the project.

INDEX OF EXHIBITS

Exhibit 1: CON Financial Tables
Exhibit 2: FGI Guidelines Chart
Exhibit 3: Schematic Level Renovation Drawings
Exhibit 4: Varian Coordination Drawings
Exhibit 5: Efficiency Vermont Letter (April 23, 2024)

LINEAR ACCELERATOR EQUPMENT REPLACEMENT
NATIONAL LIFE CANCER TREATMENT CENTER
UVM HEALTH NETWORK – CENTRAL VERMONT MEDICAL CENTER

CON Standard 1.12 – Compliance with 2018 FGI Guidelines for Design and Construction of Outpatient Facilities
Part 2.1 Common Elements for Outpatient Facilities
and
Section 2.1-3.6 Radiation Therapy

FGI Guideline Section Number	FGI Guideline Section Title	FGI Requirement	How Addressed by the Proposed Project
2.1-3.6.1	Radiation Therapy General	Space shall be provided to accommodate the equipment and staff needed for planned radiation therapy services.	The project scope of work is limited to replacement of the radiation treatment equipment and the renovations within the existing vault and control room necessary to accomplish that.
2.1-3.6.2.2 (1)	Radiation Therapy Room Space Requirements	(a) Simulator, accelerator, brachytherapy, and cobalt rooms shall be sized to accommodate the following: (i) Equipment (ii) Access to equipment for patient on a gurney (iii) Medical Staff access to the equipment and patient (iv) Service access to equipment	The new equipment placed in the existing vault provides 8'-7" of clearance on both sides and 5-feet of clearance at the foot of the table when fully extended. The Radiation Therapy staff and the equipment vendor, Varian, have been fully engaged in the design process and are well satisfied that the necessary access clearances have been provided.
2.1-3.6.2.2 (1)	Radiation Therapy Room Space Requirements	(b) Radiation therapy rooms shall be sized in compliance with the manufacturer's technical specifications. (i) Where a table is used, the room shall be sized to provide a minimum clearance of 4 feet on three sides of	The new equipment placed in the existing vault provides 8'-7" of clearance on both sides and 5-feet of clearance at the foot of the table when fully extended. The Radiation Therapy staff and the equipment vendor, Varian, have been fully engaged in the design process

		the table to facilitate bed transfer and provide access to the patient. (ii)The door swing shall not encroach on the equipment or on patient circulation or transfer space.	and are well satisfied that the necessary access clearances have been provided. The vault door is located at the outboard end of the access maze and is well removed from the equipment and patient circulation and transfer space.
APPENDIX A2.1-3.6.2.2(1)	Radiation Therapy Space Requirements	The equipment manufacturer's technical specifications should be sought and followed, since space requirements may vary from one machine to another and one manufacturer to another.	The equipment vendor, Varian, has been fully engaged in the design process and is well satisfied that the space requirements have been met. The work will include removal of the existing base frame and reconstruction of a new base frame pit pursuant to Varian's technical specifications.
2.1-3.6.7	Special Design Elements for the Radiation Therapy Suite		
21-3.6.7.1	Architectural Details	(1) The floor structure shall meet the minimum load requirements for equipment, patients, and personnel. (2) Ceiling-mounted equipment shall have properly designed rigid support structures located above the finished ceiling. (3) Where entry into the radiation vault is via direct-shielded door, both a motor-driven automatic opening system and a manual emergency opening system shall be provided. (4) The height and width of doorways, elevators, and mazes shall allow delivery of equipment and replacement sources into radiation therapy rooms.	(1) The existing floor structure is aged concrete slab on grade and will be evaluated by the project structural engineer to ensure that the loads imposed upon it by the replacement equipment are satisfied. (2) Ceiling-mounted equipment is limited to patient data monitors that will be rigidly connected to the vault concrete roof structure, and the mounting system will be evaluated by the project structural engineer. (3) The existing maze door is direct-shielded and includes both a motor-driven automatic opening system and a manual emergency opening system. (4) The doorways and maze have been assessed by the equipment

			vendor and deemed to be satisfactory. The entire equipment replacement pathway is over slab-on-grade construction with access at grade level.
21-3.6.7.1	Architectural Details	(5) Radiation Protection Requirements (a) Radiation protection shall be provided in cobalt, linear accelerator, and simulation rooms, radiosurgery rooms, and proton therapy rooms. (b) Both photons and neutrons shall be taken into account in the shielding for electron accelerators of higher energy. (c) Layouts shall be designed to prevent the escape of radioactive particles. (d) Openings into the room, including doors, ductwork, vents, and electrical raceways and conduits, shall be baffed to prevent direct exposure to other areas of the facility. (e) Physicist and vendor input shall be obtained in the design process. (i) A certified physicist representing the owner or appropriate state agency shall specify the type, location, and amount of protection to be installed in accordance with final approved department layout and equipment selection. (ii) The architect shall incorporate these specifications into the building plans.	The owner has engaged the services of a certified physicist to evaluate the integrity of the existing radiation containment structure and all opening protectives therein and to make recommendations for improvements as needed in consideration of the energy output of the replacement equipment. The architect will incorporate the physicist's prescriptive measures into the project design.

2.1-3.6.8.13	Equipment and supply storage	(1) A gurney storage area shall be immediately accessible to the radiation therapy rooms. (2) The gurney storage area shall be permitted to be combined with a waiting area.	(1) The existing hallway outside the linear accelerator vault includes sufficient stretcher parking space out of normal traffic patterns. (2) N/A
APPENDIX A2.1-3.6.8.16	Other Support Areas for Radiation Therapy	In addition to the optional support areas in the main text (N/A), the following support areas may be needed to support radiation therapy services: a. Treatment Planning and record room b. Computer control area. This is usually located just outside the entry to the radiation therapy room(s). c. Dosimetry equipment area or storage for calibration phantoms d. Workstation/nutrition station.	a. Adequate treatment planning and record space already exists elsewhere in the department and will not be included in this project scope of work. b. The existing computer control area, located immediately adjacent to the linear accelerator vault, will be reconfigured internally to accommodate the replacement system electronic equipment. c. Custom-designed storage will be provided inside the linear accelerator vault. d. Workstations for radiation therapy technicians will be included in the computer control area.

THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG AT FULL SIZE ON ORIGINAL ARCH D SHEETS

Linear Accelerator Replacement Project

2223035

CVMC

130 Fisher Road

Berlin, Vermont 05602

First Revision

ISSUED FOR SD-DD REVIEW, COORDINATION & COST ESTIMATING

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Burlington Vermont 05401
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Aaron Welch
awelch@lnconsulting.com

DRAWING LIST

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Central Vermont Medical Center

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Central Vermont Medical Center
Linear Accelerator Replacement Project
CVMC
130 Fisher Road
Berlin, Vermont 05602

PROJECT: 2223035

Δ	DATE	DESCRIPTION
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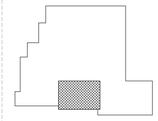

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ARCH NAME ARCH ##

ORIG SUBMISSION: 10/27/2023
CURRENT: 11/08/2023
First Revision

SHEET TITLE AND NUMBER:

G0.00

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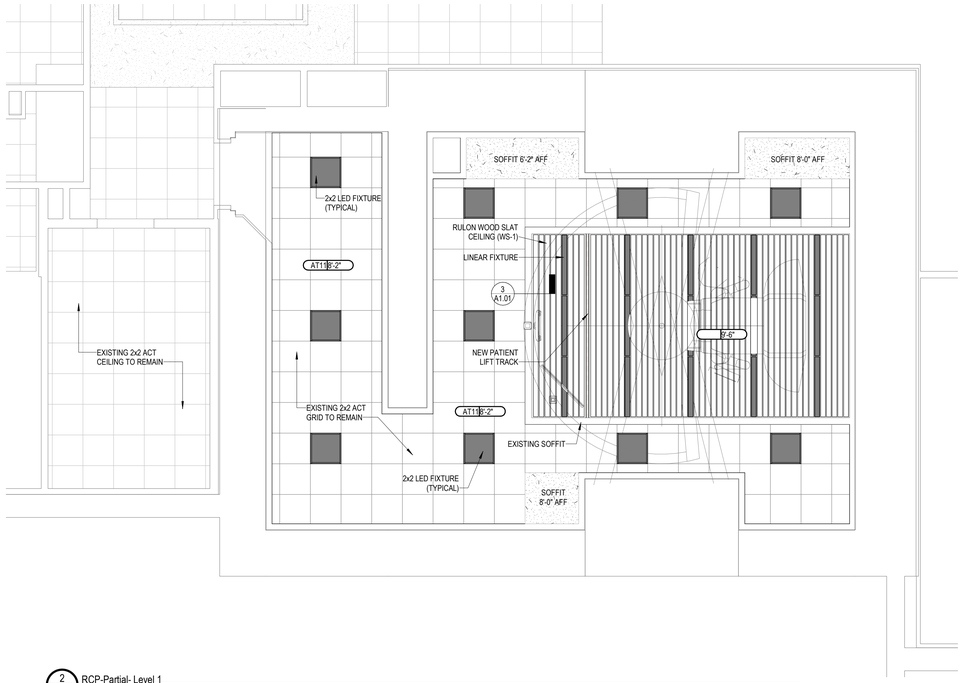

2 A1.01 RCP-Partial- Level 1
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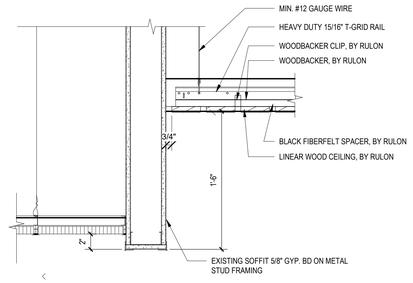
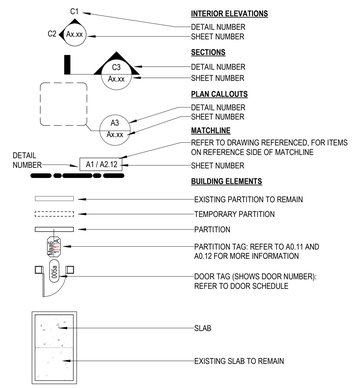


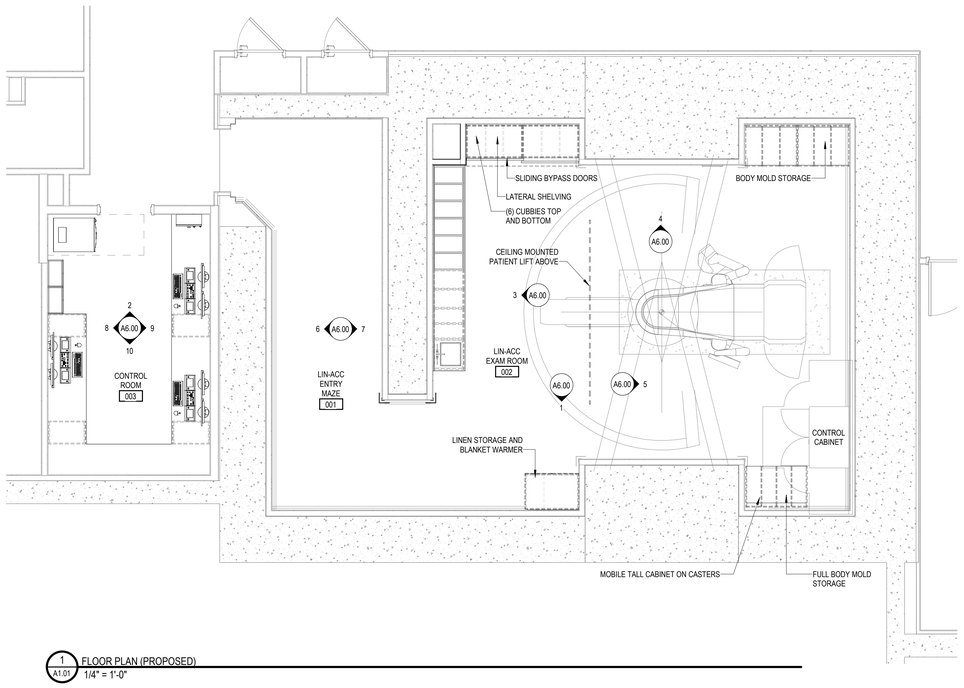
3 A1.01 CEILLING DETAIL
1 1/2" = 1'-0"

LEGEND- PARTIAL FLOOR PLANS



GENERAL NOTES- FLOOR PLANS

1. DO NOT SCALE DRAWINGS. IF DIMENSIONS ARE IN QUESTION, THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING CLARIFICATIONS FROM THE ARCHITECT.
2. DIMENSIONS SHOWN ON THE FLOOR PLANS ARE FROM CENTERLINE OF COLUMNS TO FACE OF FINISH INTERIOR WALLS AND TO OUTSIDE FACE OF EXTERIOR WALLS UNLESS OTHERWISE INDICATED OR DETAILED.
3. DIMENSIONS AT DOOR AND WINDOW OPENINGS ARE TO ROUGH OPENING UNLESS OTHERWISE NOTED. MASONRY PLAN DIMENSIONS ARE NOMINAL.
4. PIPING LOCATED ABOVE GRADE AND INSIDE THE BUILDING SHALL BE CONCEALED IN FURRED SPACES WITH THE EXCEPTION OF PIPING IN STAIRWAYS, EQUIPMENT ROOMS, SHELL SPACES, AND MEP SUPPORT SPACES. THE CONTRACTOR SHALL COORDINATE WITH OTHER TRADES TO PROVIDE FURRING FOR PIPING INSTALLED IN FINISHED AREAS.
5. REFER TO LIFE SAFETY PLANS FOR RATING REQUIREMENTS OF PARTITIONS AND DOORS.
6. CAULK AT JUNCTURE OF INTERIOR FACES OF DOOR FRAMES, VIEW WINDOW FRAMES, EXT. WINDOW FRAMES, CABINET WORK AND CASEWORK WITH ADJACENT MATERIALS EVEN THOUGH JOINT MAY NOT BE VISIBLE.
7. PROVIDE BLOCKING FOR ALL WALL-MOUNTED ACCESSORIES, EQUIPMENT AND CABINETRY.



1 A1.01 FLOOR PLAN (PROPOSED)
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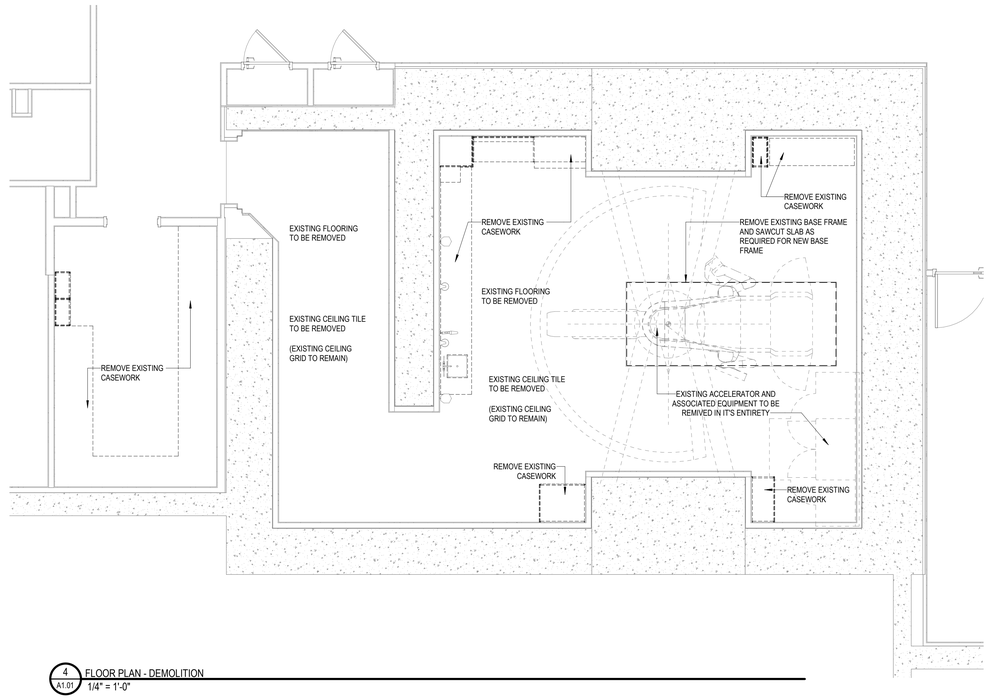


4 A1.01 FLOOR PLAN - DEMOLITION
1/4" = 1'-0"

TRUE NORTH
PROJECT NORTH

ENVIRONMENTS FOR HEALTH
e4h ARCHITECTURE
185 Talcott Road, Williston, Vermont 05495
802.878.8441 e4harchitecture.com

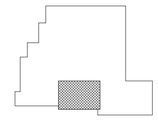
THE University of Vermont HEALTH NETWORK
Central Vermont Medical Center

Central Vermont Medical Center
Linear Accelerator Replacement Project
CVMC
130 Fisher Road
Berlin, Vermont 05602

PROJECT: 2223035

Δ	DATE	DESCRIPTION

KEY PLAN:



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CURRENT:

SHEET TITLE AND NUMBER:

A1.01

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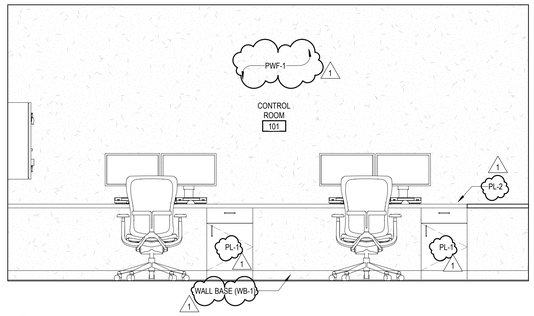

9 A6.00 CONTROL ROOM - SOUTH
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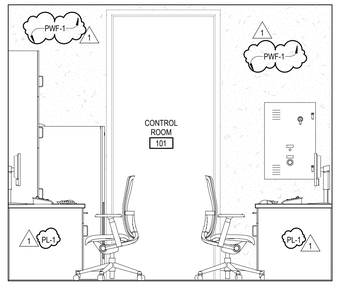

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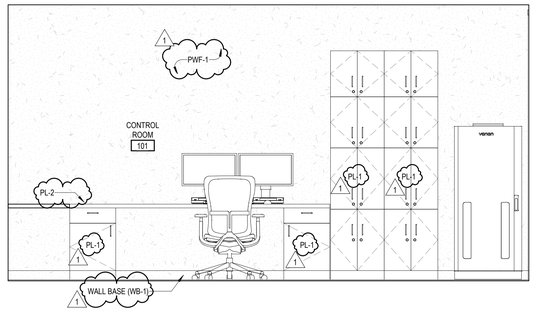

8 A6.00 CONTROL ROOM - NORTH
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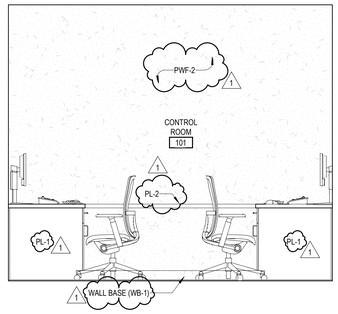

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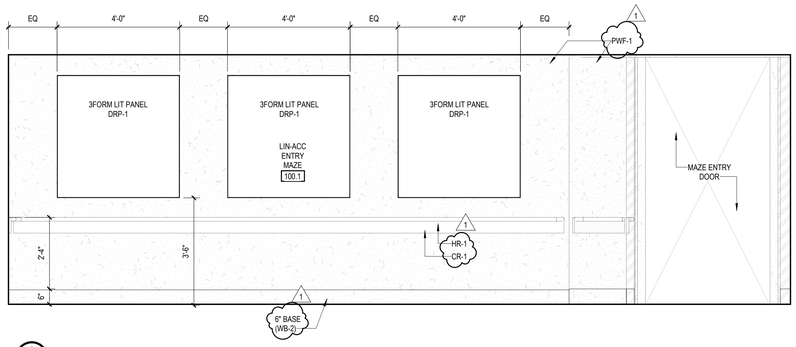

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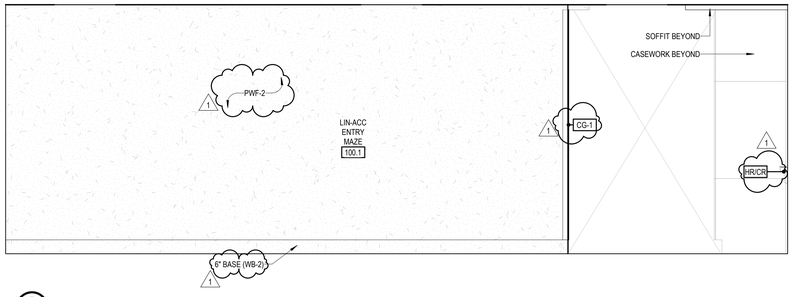

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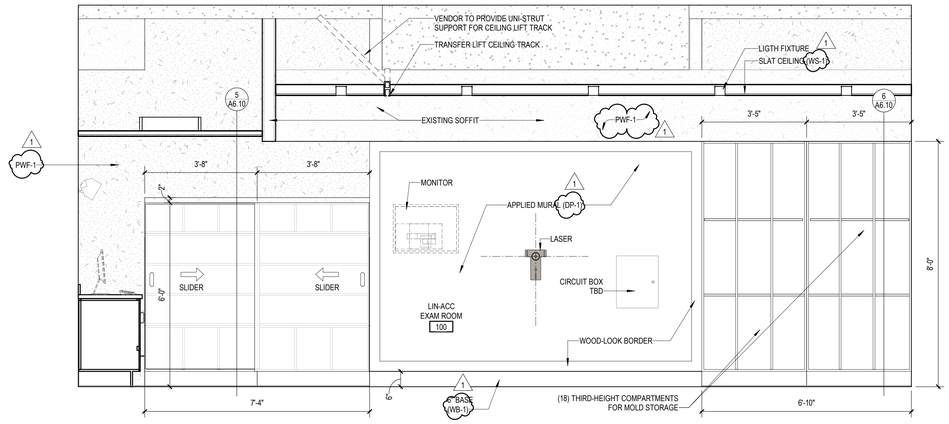

4 A6.00 LIN-ACC EXAM - EAST (PROPOSED)
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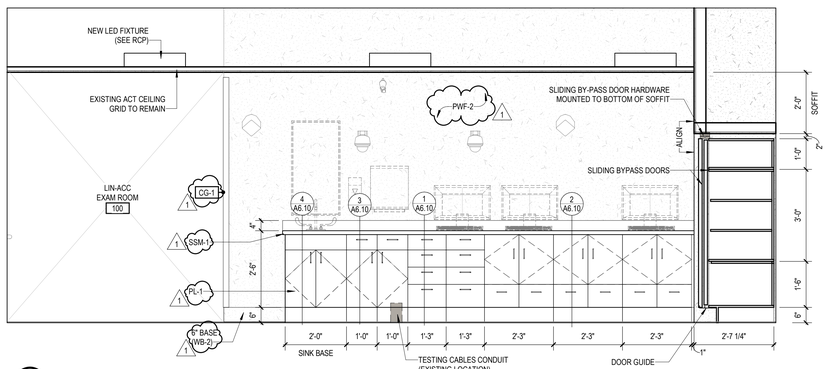

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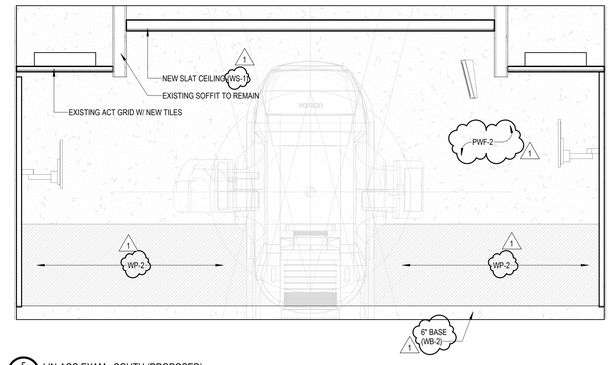

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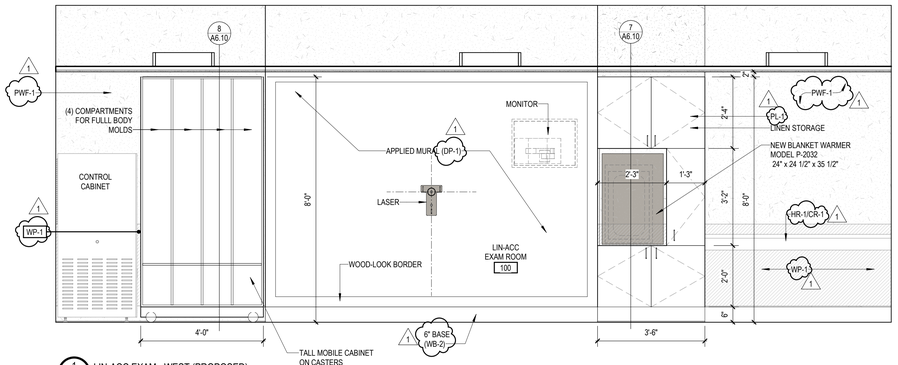

1 A6.00 LIN-ACC EXAM - WEST (PROPOSED)
1/2" = 1'-0"

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THE University of Vermont HEALTH NETWORK
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ARCH NAME ARCH ##

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SHEET TITLE AND NUMBER:

A6.00

INTERIOR ELEVATIONS

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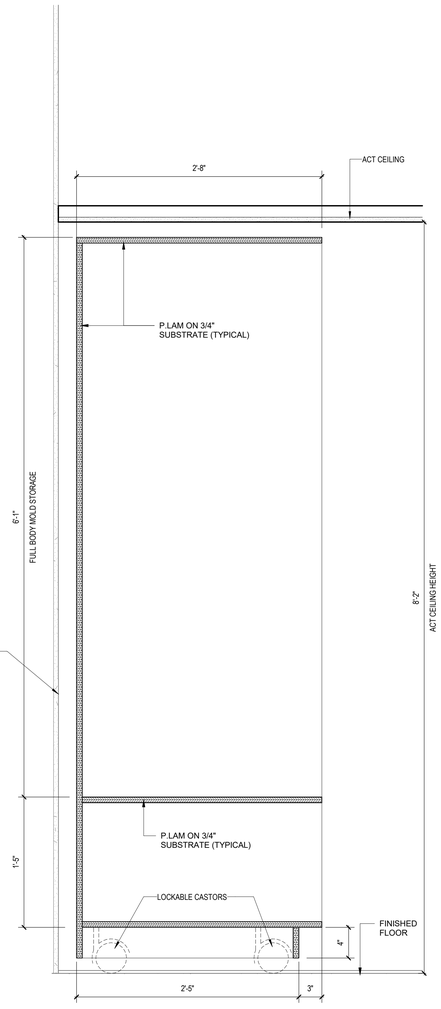

8 A6.10 MOBILE TALL CABINET SECTION
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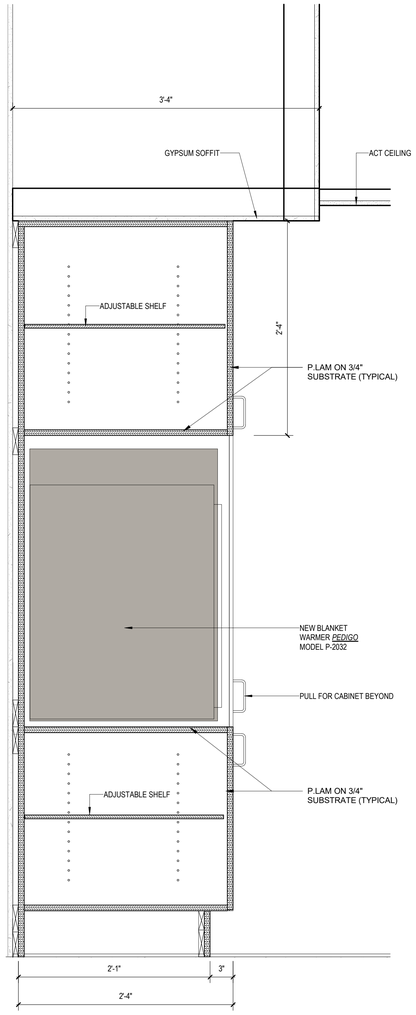

7 A6.10 LINEN CASEWORK SECTION
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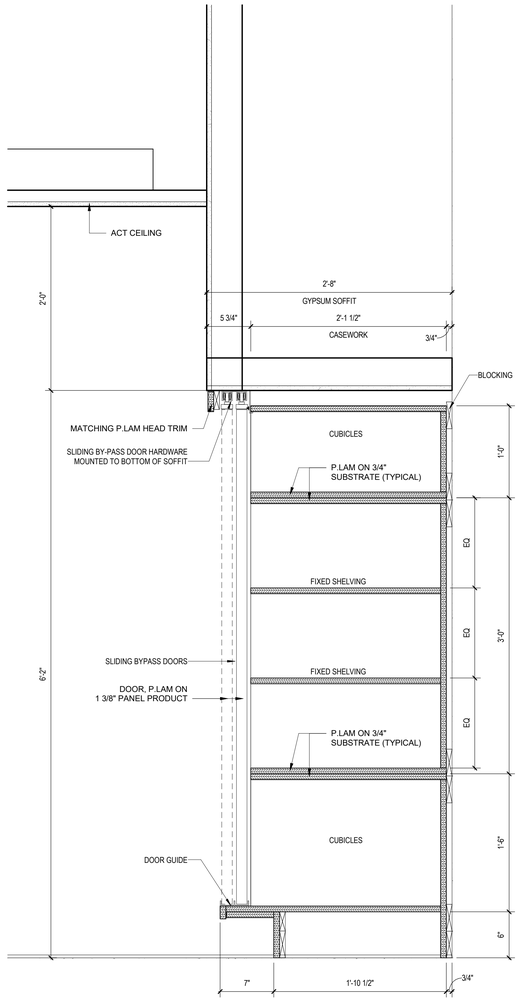
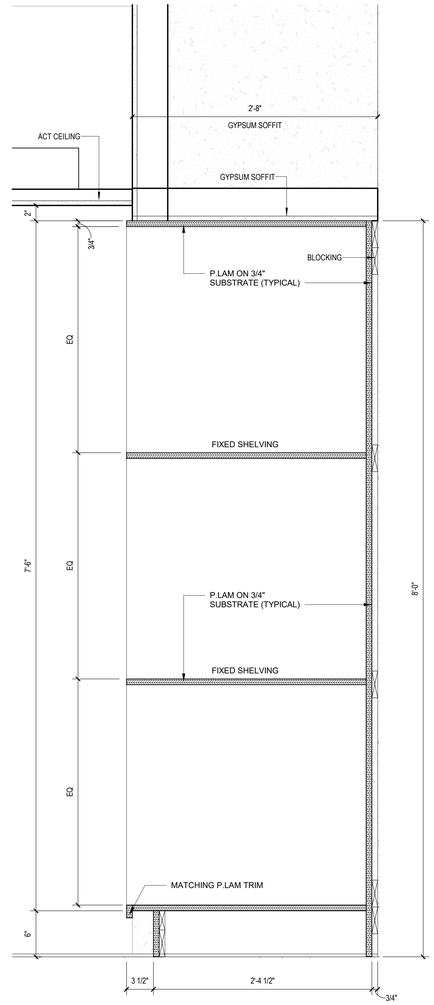
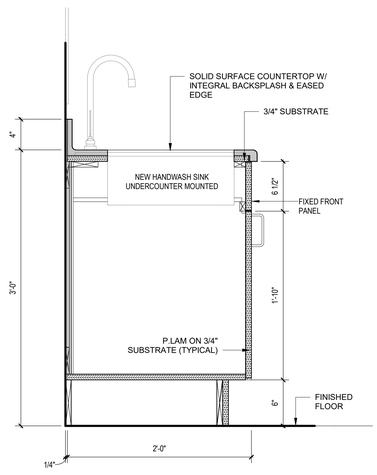


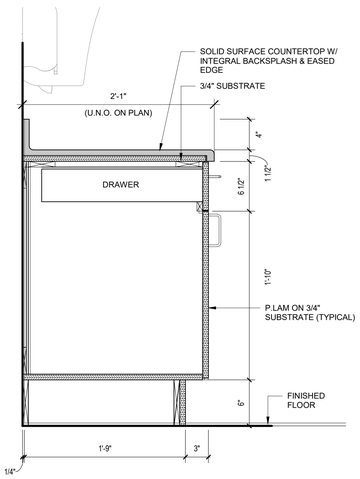
5 A6.10 LATERAL SHELVING AND CUBBIES SECTION
1 1/2" = 1'-0"



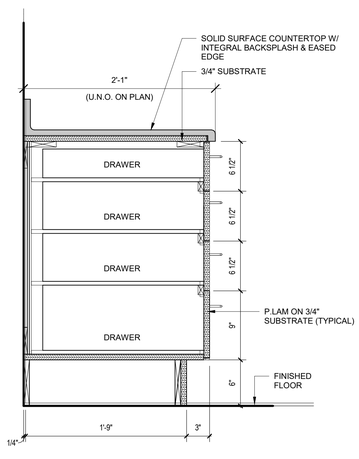
6 A6.10 BODY MOLD STORAGE SECTION
1 1/2" = 1'-0"



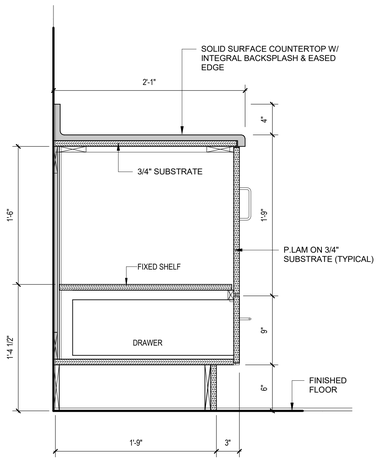
4 A6.10 SINK BASE
1 1/2" = 1'-0"



3 A6.10 Section 10
1 1/2" = 1'-0"



1 A6.10 DRAWER BASE
1 1/2" = 1'-0"



2 A6.10 CASEWORK SECTION AT EQUIPMENT STORAGE
1 1/2" = 1'-0"

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THE University of Vermont HEALTH NETWORK
Central Vermont Medical Center

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MILLWORK DETAILS

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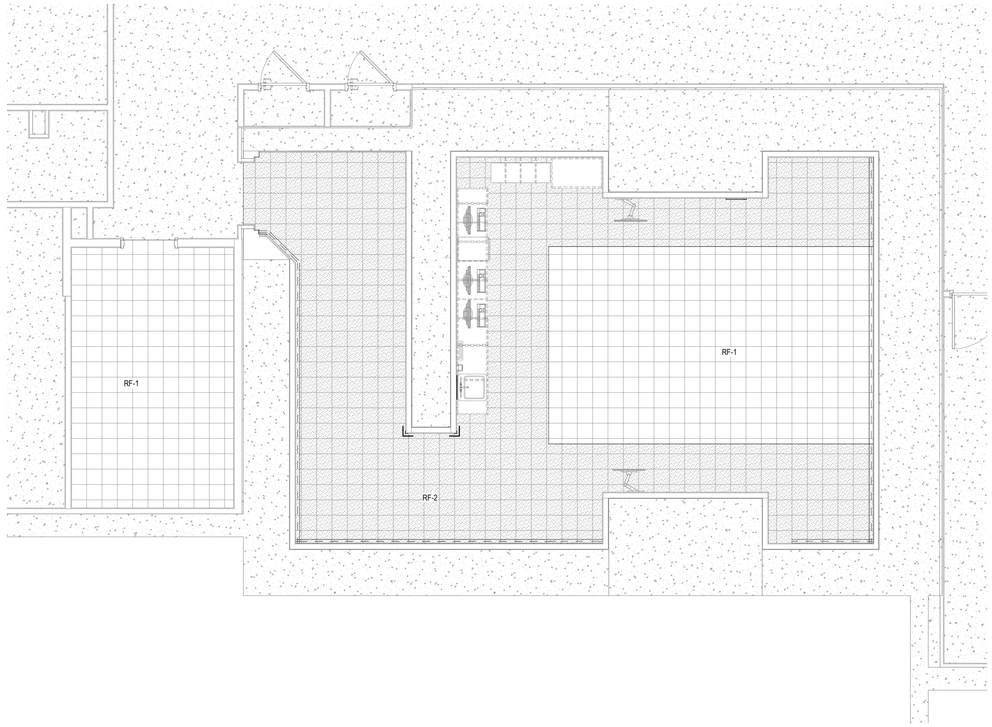
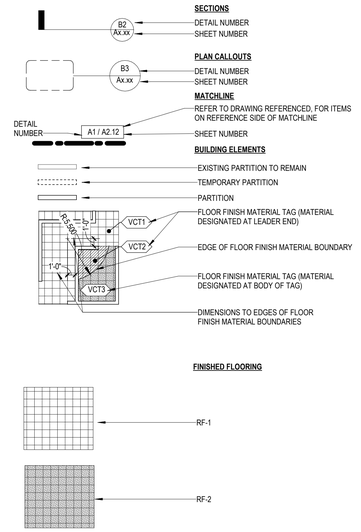


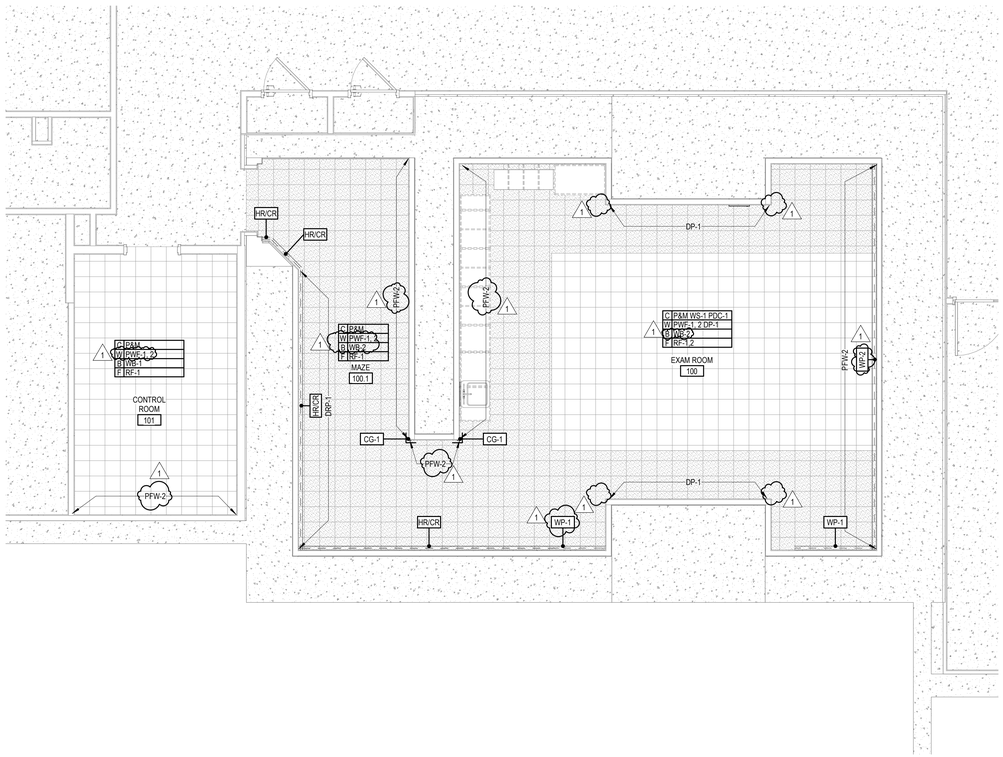
01 / ID1.00 FLOOR PATTERN PLAN- LEVEL 1
1/4" = 1'-0"

LEGEND- FLOOR PATTERN PLANS



GENERAL NOTES- FLOOR PAT PLANS

1. FLOOR FINISH TRANSITIONS EXIST AT ALL INTERSECTIONS OF DISSIMILAR FINISHES. REFER TO TRANSITION DETAILS FOR APPLICABLE TRANSITIONS BASED ON FINISHES PRESENT ON EACH SIDE OF INTERSECTION.



02 / ID1.00 FINISH PLAN- LEVEL 1
1/4" = 1'-0"

KEY TO FINISHES

All interior wall/ceiling finishes shall be Class C in accordance with IBC Chapter 8 finish material requirements

MATERIAL KEY TAG	DESCRIPTION	REMARKS
RUBBER FLOOR		
RF-1	MFG: NORA, NAME NORAPLAN VALUA SHEET RUBBER COLOR: BIRCH #6713	INSERT AT LINAC
RF-2	MFG: NORA, NAME NORAPLAN VALUA SHEET RUBBER COLOR: WALNUT #6718	FIELD COLOR
WALL BASE		
WB-1	MFG: TARKETT COLOR GREY WG #48 4" RUBBER BASE	
WB-2	MFG: TARKETT COLOR GREY WG #48 6" RUBBER BASE	
PAINTED WALL FINISH		
PWF-1	HOSPITAL STANDARD	TYPICAL WALL PAINT
PWF-2	ACCENT PAINT TBD	ACCENT PAINT, SEE PLAN FOR LOCATION
PAINTED TRIM FINISH		
PTF-1	HOSPITAL STANDARD	
PLASTIC LAMINATE		
PL-1	MFG: WILSONART NAME: LOFT OAK 7968K-12	TYPICAL VERTICAL & TRIM AROUND MURALS
PL-2	MFG: WILSONART NAME: GREY MESH 4877-38	HORIZONTAL AT CONTROL
EDGE BANDING		
EB-1	MFG TBD BY CONTRACTOR 3MM TO MATCH PL-1	USED TO MATCH PL-1
EB-2	MFG TBD BY CONTRACTOR 3MM TO MATCH PL-2	USED TO MATCH PL-2
SOLID SURFACE		
SSM-1	MFG: WILSONART NAME OATMEAL	
DECORATIVE LIT RESIN PANEL		
DRP-1	MFG: 3FORM NAME: VARIA, GUAGE 3/8" DIGITAL STOCK IMAGE + POWDER, SANDSTONE FIN. BOTH SIDES STOCK 3FORM IMAGE (TBD) ON 48"X48"...	SEE ELEVATION
WALL PROTECTION		
DP-1	MFG: 3FORM NAME: VARIA, GUAGE 1/4" DIGITAL PRINT STOCK IMAGE + AVALANCHE, SANDSTONE BOTH SIDES GLUED TO SUBSTRATE	SEE ELEVATION
CG-1	MFG: INPRO #150 3" CORNER GUARD COLOR: TBD	SEE PLAN FOR LOCATION
CR-1	MFG: INPRO HT 6" COLOR: TBD	SEE PLAN FOR LOCATION
HR-1	MFG: INPRO HANDRAIL COLOR: TBD	SEE PLAN FOR LOCATION
WP-1	.040 GUAGE WAINSCOTT COLOR:	SEE PLAN FOR LOCATION
WP-2	.040 GUAGE WAINSCOTT COLOR: (TO MATCH PWF-2)	SEE PLAN FOR LOCATION
WOOD CEILING		
WS-1	MFG: RULON SERIES LINEAR OPEN SIZE 3 -3/4" W/ BOARD ONLY SPECIES MAPLE COLOR: # 12' LONG	4.5" MODULE (3 3/4" BLADE W/ 3/4")
PAINTED CEILING FINISH		
PCF-1	MFG: SHERWIN WILLIAMS COLOR: CEILING WHITE FINISH: FLAT	AS REQUIRED
ACOUSTICAL PANEL CLG/GRID		
APC/P&M	PATCH AND MATCH APC & GRID AS REQ.	
MATCH EXISTING		
M.E.	MATCH EXISTING FINISHES	

FINISH SCHEDULE

ROOM		WALLS			FLOORS				MISCELLANEOUS	
ROOM NUMBER	ROOM NAME	WALL FINISH	PROTECTION	TRIM	FLOOR FINISH	BASE	CEILING FINISH	CASEWORK	OTHER	REMARKS
100	LIN-ACC EXAM ROOM	PWF-1, 2 & DP-1	CG-1, WP-1, 2	PTF-1	RF-1,2	WB-2	P&M, WS-1, PDC-1	PL-1, SSM-1		PATCH AND MATCH CEILING PANELS & GRIDS AS REQ.
100.1	LIN-ACC ENTRY MAZE	PWF-1, 2	HR-1, CR-1	PTF-1	RF-1	WB-2	P&M		DRP-1	LIT RESIN PANELS, SEE ELEV.
101	CONTROL ROOM	PWF-1, 2		PTF-1	RF-1	WB-1	P&M	PL-1, 2		

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Central Vermont Medical Center

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PROJECT: 2223035

Δ	DATE	DESCRIPTION
1	11/08/2023	First Revision

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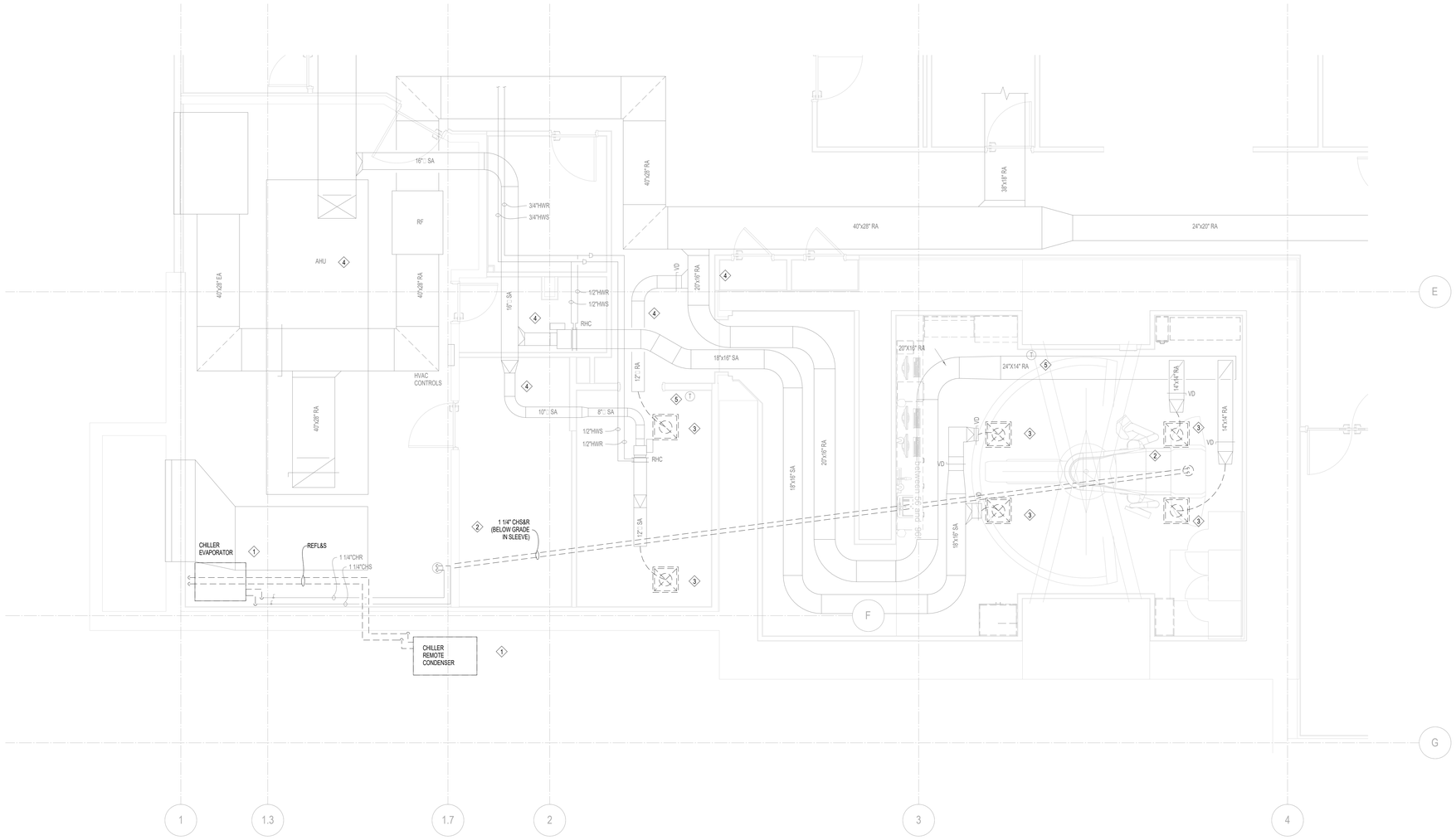
FINISH PLAN- LEVEL 1

THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG ON ORIGINAL ARCH D SHEETS

SPECIFIC MECHANICAL DEMOLITION NOTES:

1. DEMOLISH EXISTING SPLIT SYSTEM CHILLER INCLUDING BUT NOT LIMITED TO INDOOR UNIT, OUTDOOR UNIT, REFRIGERANT PIPING AND CHILLED WATER PIPING.
2. DEMOLISH EXISTING CHILLED WATER PIPING WITHIN EXISTING UNDERGROUND CONDUIT. DEMOLISH EXISTING VERTICAL CONDUIT RISER BACK TO HORIZONTAL CONDUIT. HORIZONTAL CONDUIT WILL BE EXTENDED TO NEW RISER LOCATION. SEE NEW WORK PLANS.
3. CAREFULLY REMOVE EXISTING SUPPLY AND RETURN GRILLES AND DIFFUSERS AND PROTECT DURING CONSTRUCTION. RETAIN EXISTING GRILLES AND DIFFUSERS FOR INSTALLATION IN NEW CEILING GRID SYSTEM. DEMOLISH EXISTING FLEXIBLE DUCTWORK.
4. ISOLATE EXISTING SUPPLY AND RETURN AIR BRANCHES SUPPORTING CONSTRUCTION AREA. PROVIDE ISOLATION DAMPER OR TEMPORARILY DISCONNECT DUCTWORK AS REQUIRED. EXISTING AIR SYSTEMS SHALL REMAIN OPERATIONAL THROUGHOUT CONSTRUCTION. COORDINATE ALL SHUTDOWNS WITH FACILITY PRIOR TO DEMOLITION OR NEW WORK.
5. REMOVE AND RELOCATE EXISTING WALL MOUNTED THERMOSTAT. COORDINATE NEW LOCATION WITH OWNER AND ARCHITECT.



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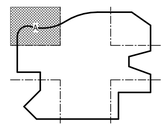

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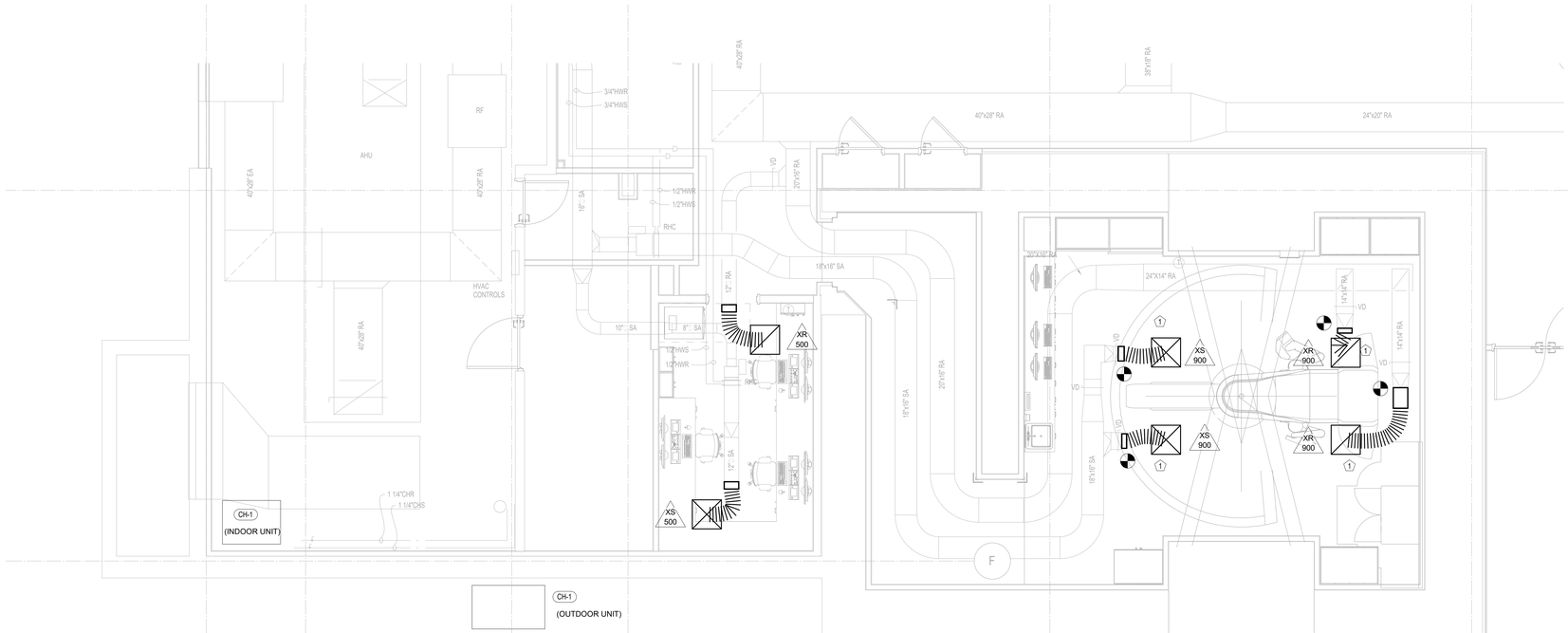
MECHANICAL DEMOLITION PLAN

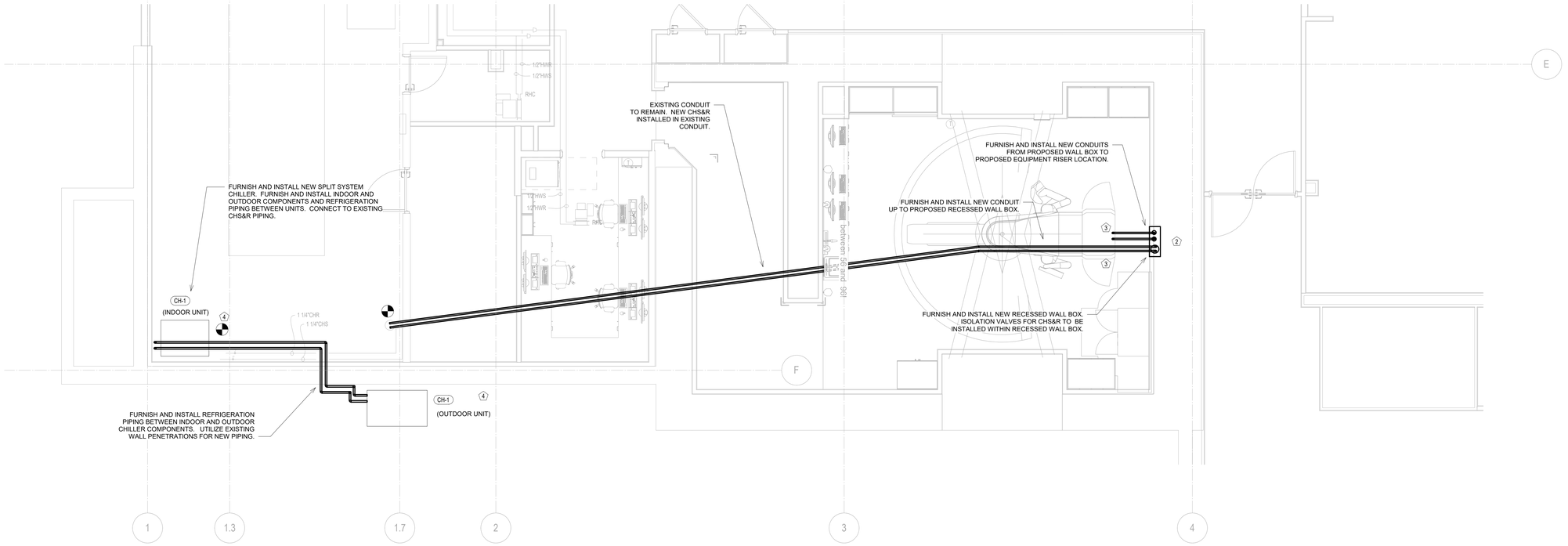
THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG ON ORIGINAL ARCH D SHEETS



1 - Proposed Ductwork Plan
1/4" = 1'-0"

SPECIFIC MECHANICAL NEW WORK NOTES:

1. CLEAN EXISTING GRILLES AND DIFFUSERS. INSTALL EXISTING GRILLES AND DIFFUSERS IN PROPOSED CEILING GRID SYSTEM. PROVIDE NEW FLEXIBLE DUCTWORK TO CONNECT TO EXISTING DUCTWORK BRANCHES. BALANCE SYSTEM TO VALUES INDICATED.
2. FURNISH AND INSTALL NEW RECESSED WALL BOX TO ACCOMMODATE CHILLED WATER SUPPLY AND RETURN PIPING AND ISOLATION VALVES. FURNISH AND INSTALL NEW CHS&R PIPING BETWEEN EXISTING MECHANICAL ROOM AND WALL BOX AND BETWEEN WALL BOX AND LIN ACC EQUIPMENT RISER LOCATION.
3. FURNISH AND INSTALL NEW CONDUITS BELOW SLAB TO ACCOMMODATE CHS&R PIPING. CONNECT TO EXISTING CONDUIT AND EXTEND TO PROPOSE RISER LOCATION.
4. FURNISH AND INSTALL NEW SPLIT SYSTEM CHLLER. INSTALLATION SHALL INCLUDE BUT NOT BE LIMITED TO INDOOR UNIT, OUTDOOR UNIT, REFRIGERATION PIPING, CHILLED WATER PIPING, CITY WATER CONNECTION, ETC.



2 - Proposed Piping Plan
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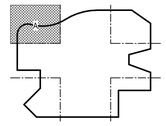

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MECHANICAL PROPOSED PLAN

HVAC LEGEND

HVAC PIPING ABBREVIATIONS

BFW	BOILER FEEDWATER
CA	COMRESSED AIR
CHR	CHILLED WATER RETURN
CHS	CHILLED WATER SUPPLY
CMW	CHEMICAL WATER
CWS	CONDENSER WATER SUPPLY
CWR	CONDENSER WATER RETURN
DCW	DOMESTIC COLD WATER
DHW	DOMESTIC HOT WATER
DHWR	DOMESTIC HOT WATER RETURN
FOD	FUEL-OIL DISCHARGE
FOR	FUEL-OIL RETURN
FOS	FUEL-OIL SUCTION
FW	FILTERED WATER
GHWR	GLYCOL HOT WATER HEATING RETURN
GHWS	GLYCOL HOT WATER HEATING SUPPLY
HPS	HIGH PRESSURE STEAM
HPR	HIGH PRESSURE CONDENSATE RETURN
HWR	HOT WATER HEATING RETURN
HWS	HOT WATER HEATING SUPPLY
HPLS	HEAT PUMP LOOP SUPPLY
HPLR	HEAT PUMP LOOP RETURN
MPS	MEDIUM PRESSURE STEAM
MPR	MEDIUM PRESSURE CONDENSATE RETURN
NPW	NON POTABLE WATER
PC	PUMPED CONDENSATE
RL	RAIN LEADER
RO	REVERSE OSMOSIS LOOP WATER
REFL	REFRIGERATION LIQUID
REFS	REFRIGERATION SUCTION
PCHS	PRIMARY CONDENSER WATER SUPPLY
PCHR	PRIMARY CHILLED WATER RETURN
SCHS	SECONDARY CHILLED WATER SUPPLY
SCHR	SECONDARY CHILLED WATER RETURN
SW	SOFTENED WATER
W	SANITARY WASTE
V	VENT

HVAC SYMBOLS

	AIR VENT
	BALL VALVE
	BALANCE VALVE
	BUTTERFLY VALVE
	BUTTERFLY VALVE
	BUTTERFLY VALVE
	CHECK VALVE
	AUTOMATIC CONTROL VALVE (TWO-WAY)
	AUTOMATIC CONTROL VALVE (THREE WAY)
	FLANGED CONNECTION
	FLEXIBLE CONNECTOR
	GATE VALVE
	NEEDLE VALVE
	WHEEL VALVE
	PIPE CAP
	PRESSURE GAUGE
	THERMOMETER
	HOSEBIBB
	PUMP
	PIPE TURNED DOWN
	PIPE TURNED UP
	PIPE OUTLET
	PIPE PITCH
	PIPE REDUCER
	PIPE STRAINER
	PIPE TEE DOWN
	PIPE TEE FLANGE
	PIPE UNION
	PIPE WELL
	PUMP SUCTION DIFFUSER
	RELIEF VALVE
	TRIPLE DUTY VALVE
	VALVE
VD	VOLUME DAMPER
BG	BLAST GATE
SA	SERVICE AIR OUTLET
HB	HOSE BIBB
HBF	FROST-FREE HOSE BIBB
LPT	LOW PRESSURE TRAP
HPT	HIGH PRESSURE TRAP
ECC	EMERGENCY CONDENSATE CONNECTION
ESC	EMERGENCY STEAM CONNECTION
HRW	REEL QUICK GH164-PL3 WATER HOSE REEL
HRA	REEL QUICK AR168-PL3 AIR HOSE REEL
M	MOTORIZED VALVE ACTUATOR
CW	CHAIN WHEEL - SEE SPECIFICATIONS
FT	FLASH TANK
AP	DUCT MOUNTED ACCESS PANEL
T	WALL MOUNTED THERMOSTAT
	RETURN OR EXHAUST AIR GRILLE
	SUPPLY AIR DIFFUSER

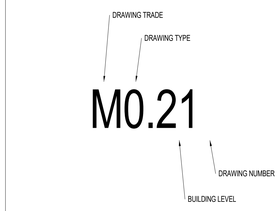
HVAC DUCTWORK ABBREVIATIONS

EA	GENERAL/TOILET EXHAUST AIR
IE	ISOLATION EXHAUST AIR
OA	OUTDOOR AIR
RA	RETURN AIR
SA	SUPPLY AIR

HVAC ABBREVIATIONS

RHC	HOT WATER REHEAT COIL
A.F.F.	ABOVE FINISHED FLOOR
DN.	DOWN
SCHP	SECONDARY CHILLED WATER PUMP
HWP	HOT WATER PUMP
V.D.	VOLUME DAMPER
AHU	AIR HANDLING UNIT
H.P.	HEAT PUMP UNIT
E.R.V.	ENERGY RECOVERY VENTILATOR
F.D.	FIRE DAMPER

TITLE BLOCK LEGEND



DRAWING TRADE

SYMBOL	DESCRIPTION
E	ELECTRICAL
FP	FIRE PROTECTION
M	MECHANICAL HVAC
P	PLUMBING

HVAC TRADE DRAWING TYPES

SYMBOL	DESCRIPTION
0	DEMOLITION PLANS
1	NEW DUCTWORK PLANS
2	NEW PIPING PLANS
3	ONE-LINE DIAGRAMS
4	PIPING AND DUCTWORK SECTIONS
5	LEGENDS, NOTES AND SCHEDULES
6	DETAILS

MECHANICAL GENERAL NEW WORK NOTES:

1. ALL NEW AIR DUCTING SHALL BE RATED FOR AN AIR PRESSURE PER THE SPECIFICATIONS.
2. ALL INSULATION SHALL BE FURNISHED AND INSTALLED AS PER THE SPECIFICATIONS.
3. PROVIDE SHEET METAL GAUGE AND HANGER SPACING PER THE CURRENT EDITION OF SMACNA HVAC DUCT CONSTRUCTION STANDARDS.
4. ALL 90° ELBOWS SHALL BE PROVIDED WITH TURNING VANES. PROVIDE TWO (2) TURNING VANES FOR DUCT WORK UNDER 12" WIDE, AND PROVIDE THREE (3) TURNING VANES FOR DUCTS BETWEEN 12" & 18" WIDE. PROVIDE AN ADDITIONAL TURNING VANE FOR EVERY MULTIPLE OF 3" IN DUCT WIDTH. INSTALL TURNING VANES AS PER CURRENT EDITION OF SMACNA DUCT CONSTRUCTION STANDARDS.
5. ALL CAV AND VAV SYSTEMS SHALL BE COMPLETELY OPERATIONAL. THE DRAWINGS ARE SCHEMATIC IN NATURE, FIELD COORDINATION IS REQUIRED.
6. PROVIDE ALL EQUIPMENT AND MATERIALS NECESSARY FOR MOUNTING ALL MECHANICAL EQUIPMENT.
7. FLEXIBLE DUCTS NOT PERMITTED ON INLET OR OUTLET OF VAV BOXES.
8. ALL VOLUME DAMPERS SHALL BE LOCKING QUADRANT TYPE AND CONSTRUCTED OF 18 GA. GALVANIZED STEEL.
9. ALL VOLUME DAMPERS SHALL BE ULTRA LOW-LEAK AND SHALL HAVE A ROUND SHAFT WITH SHAFT SEALS AT THE PENETRATIONS IN THE DUCTWORK. VOLUME DAMPER NOT CONFORMING TO THE ULTRA-LOW LEAK STANDARD SHALL BE REMOVED AND REPLACED AT THE MECHANICAL CONTRACTORS EXPENSE.
10. 5' MINIMUM, 6' MAXIMUM FLEXIBLE AIR DUCTS ON ALL TAKEOFFS.
11. A MINIMUM AND MAXIMUM OF (2) CHANGES IN DIRECTION SHALL BE ALLOWED IN ALL FLEXIBLE DUCT TAKE-OFFS. ANY FLEXIBLE DUCT TAKE-OFFS NOT SUPPORTED OR WITH GREATER THAN (2) CHANGES IN DIRECTION SHALL BE REMOVED AND REPLACED AT THE MECHANICAL CONTRACTORS EXPENSE.
12. COORDINATE THE LOCATION OF VAV BOXES WITH OTHER TRADES. ALL VAV BOXES SHALL BE INSTALLED IN AN ACCESSIBLE LOCATION APPROVED BY OWNER AND THE ENGINEER.
13. ALL SUSPENDED DUCT WORK, AND PIPING SHALL BE PROVIDED WITH SEISMIC BRACING AS REQUIRED. ALL EQUIPMENT SHALL BE PROVIDED WITH SEISMIC BRACING.
14. ALL DUCT WORK 144 SQ. IN. AND OVER IN CROSS SECTIONAL AREA SHALL BE FABRICATED USING DUCT-MATE FLANGES. NO SLIP AND DRIVE CONNECTIONS SHALL BE PERMITTED. TDF CONNECTIONS ARE ACCEPTABLE FOR DUCTS JOINTS OVER 30" AND 4" W.G. PRESSURE.
15. PROVIDE ALL EQUIPMENT AND MATERIALS NECESSARY FOR INSTALLATION AND DEMO WORK IN CONFINED SPACES (TRENCH WORK ETC.) PER OSHA STANDARDS AND ALL STATE AND LOCAL REQUIREMENTS WHERE APPLICABLE.
16. COORDINATE THE REMOVAL AND REPLACEMENT OF ALL EXISTING CEILING TILES, LIGHTING, AND FIRE ALARM DEVICES FOR INSTALLATION OF NEW MECHANICAL EQUIPMENT, PIPING, AND DUCTWORK. COORDINATE WITH ARCHITECTURAL PLANS FOR CEILING SCOPE OF WORK.
17. COORDINATE ALL DIFFUSER INSTALLATIONS WITH CEILING GRID AND/OR ARCHITECTURAL REFLECTED CEILING PLAN.
18. SEE PIPING SPECIFICATION SECTION FOR VIBRATION ISOLATION HANGER REQUIREMENTS.
19. COORDINATE DIFFUSER AND ACCESS PANEL LOCATIONS WITH ARCHITECTURAL REFLECTED CEILING PLANS.
20. COORDINATE THERMOSTAT LOCATIONS WITH ARCHITECTURAL AND INTERIOR PLANS.
21. IN GENERAL, BRANCH PIPING INDICATED TO BE DEMOLISHED IS TO BE DEMOLISHED BACK TO LAST ACTIVE BRANCH. IF TAP IS NOT GOING TO BE REUSED FOR NEW PIPING, CAP EXISTING BRANCH LINE.

TESTING AND BALANCING GENERAL NOTES:

1. BALANCING CONTRACTOR IS RESPONSIBLE FOR COORDINATING PHASING WITH CONSTRUCTION MANAGER. BALANCING CONTRACTOR TO BALANCE EACH PHASE AT THE COMPLETION OF EACH PHASE. A FINAL BALANCING VERIFICATION WILL BE REQUIRED AT THE COMPLETION OF THE PROJECT TO CONFIRM FINAL SYSTEM DP AND STATIC PRESSURE SET POINTS ETC.
2. THE BALANCE CONTRACTOR SHALL BE PRESENT DURING THE FINAL CONTROLS SYSTEM COMMISSIONING PROCESS AND SHALL ASSIST THE COMMISSIONING AGENT, THE CONTROLS CONTRACTOR, AND THE MECHANICAL CONTRACTOR DURING THE COMMISSIONING PROCESS.
3. THE TESTING AND BALANCE AGENT SHALL BE RESPONSIBLE FOR TEMPERATURE CONTROLS SEQUENCE OF OPERATIONS VERIFICATION AS OUTLINED IN THE SPECIFICATIONS. THE TESTING AND BALANCING AGENT SHALL WORK WITH THE CONTROLS CONTRACTOR TO VERIFY THE CORRECT OPERATIONS OF ALL CONTROLS SEQUENCES.
4. THE TESTING AND BALANCING AGENT SHALL BE RESPONSIBLE FOR ASSISTING THE COMMISSIONING AGENT AS REQUIRED. THE TESTING AND BALANCING AGENT SHALL BE ON SITE DURING THE COMMISSIONING PROCESS, AND SHALL WORK WITH THE COMMISSIONING AGENT TO VERIFY THE CORRECT OPERATIONS OF ALL CONTROLS SEQUENCES.

GENERAL ALTERNATE EQUIPMENT NOTES:

1. ALTERNATE EQUIPMENT: SUBMIT PRELIMINARY DATA TO ENGINEER FOR WRITTEN APPROVAL FOR ALTERNATE EQUIPMENT.
2. GENERAL ALTERNATE NOTE: THE MECHANICAL, PLUMBING AND ELECTRICAL DESIGNS ARE BASED ON THE SCHEDULED MECHANICAL EQUIPMENT. IF APPROVED ALTERNATE MECHANICAL EQUIPMENT IS PROVIDED BUT THE POWER REQUIREMENTS DIFFER FROM THE PROPOSED EQUIPMENT, THE MECHANICAL CONTRACTOR SHALL COORDINATE ALL REQUIREMENTS WITH THE ELECTRICAL CONTRACTOR INCLUDING CIRCUIT BREAKER, CONDUCTOR, AND CONDUIT SIZES. ANY ALTERNATE EQUIPMENT FEEDS SHALL STILL COME FROM THE SAME PANEL AS CURRENTLY DESIGNED. IF THE EQUIPMENT PIPING OR DUCT CONNECTION LOCATIONS OR SIZES DIFFER FROM THE PROPOSED EQUIPMENT, THE MECHANICAL CONTRACTOR SHALL COORDINATE AND PROVIDE ALL REQUIRED MODIFICATIONS AS REQUIRED TO ACCOMMODATE ALTERNATE UNIT.

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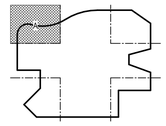
Δ	DATE	DESCRIPTION

KEY PLAN:



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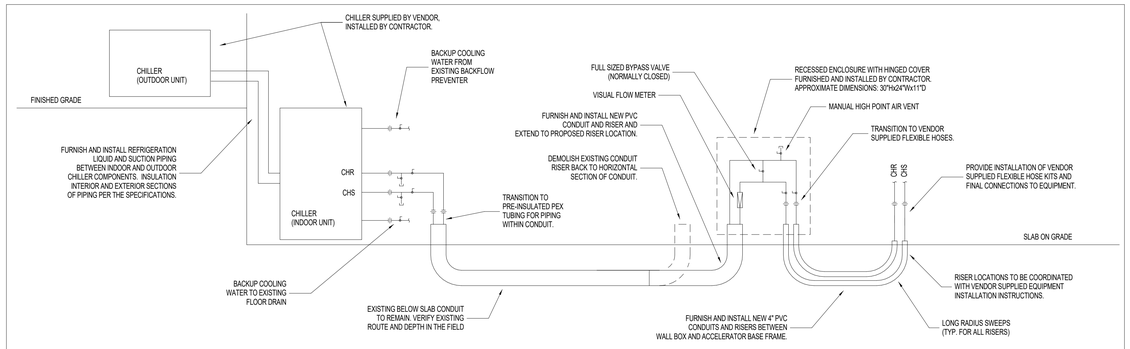
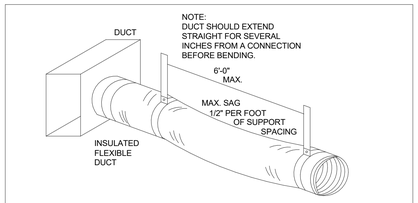
MECHANICAL LEGENDS, NOTES AND SCHEDULES



1 ACCELERATOR CHILLED WATER PIPING SCHEMATIC
NTS



4 FLEXIBLE HANGER SCHEMATIC
NTS

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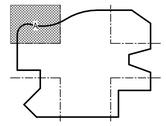

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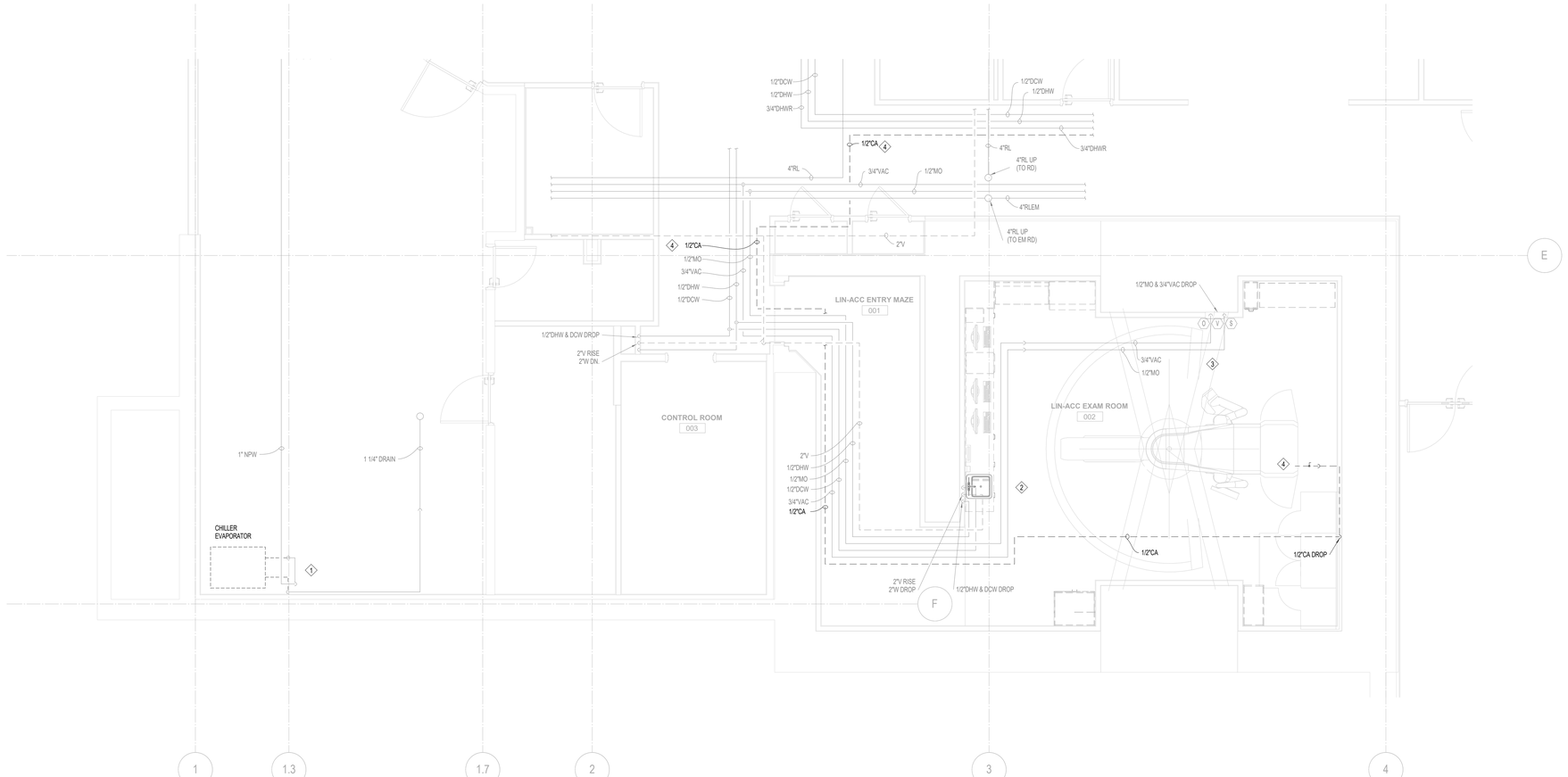
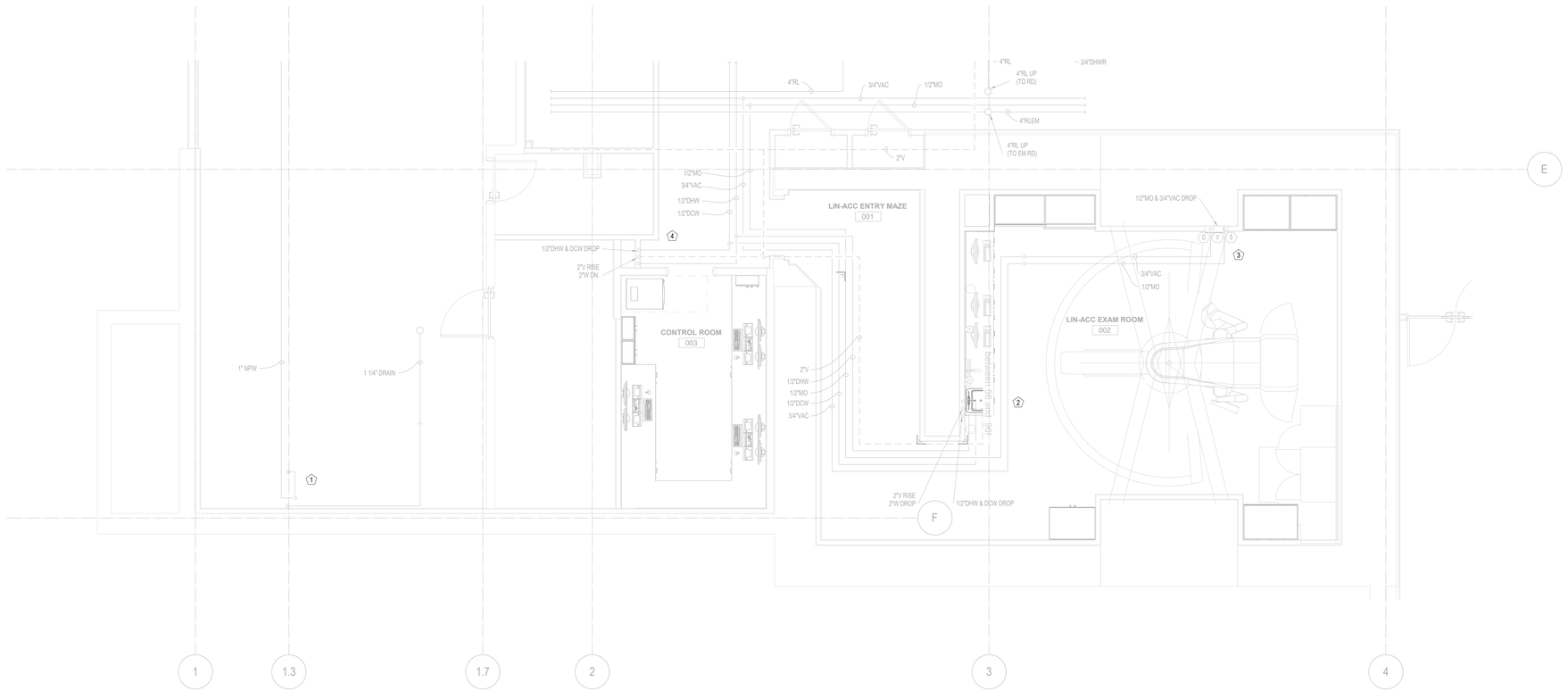
MECHANICAL DETAILS

THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG ON ORIGINAL ARCH D SIZE SHEETS



2 1 - Plumbing Demolition
1/4" = 1'-0"



1 1 - Plumbing Proposed Plan
1/4" = 1'-0"

SPECIFIC PLUMBING DEMOLITION NOTES:

1. DISCONNECT EXISTING COLD WATER SUPPLY PIPING AND DRAIN WATER PIPING TO CHILLER TO PERMIT CHILLER REMOVAL. DEMOLISH BACK TO EXTENT NECESSARY TO ACCOMMODATE CHILLER REMOVAL AND INSTALLATION OF PROPOSED CHILLER. EXISTING COLD WATER SUPPLY AND DRAIN WATER PIPING WILL BE UTILIZED FOR PROPOSED CHILLER SEE NEW WORK PLANS.
2. CAREFULLY REMOVAL EXISTING SINK AND FAUCET TO ACCOMMODATE CASEWORK DEMOLITION. RETAIN SINK AND FAUCET FOR INSTALLATION IN CASEWORK. EXISTING COLD WATER, HOT WATER AND WASTE CONNECTIONS SHALL BE TEMPORILY CAPPED DURING CONSTRUCTION.
3. EXISTING MEDICAL GAS OUTLETS AND PIPING TO REMAIN. CAREFULLY REMOVE LATCH VALVE ASSEMBLY AND TRIM PLATE TO ACCOMMODATE WALL FINISHES. EXISTING ROUGH-IN ASSEMBLIES TO REMAIN. PROVIDE PHYSICAL PROTECTION DURING CONSTRUCTION.
4. DEMOLISH EXISTING COMPRESSED AIR PIPING. CONNECTION TO EQUIPMENT. DEMOLISH BACK TO LAST ACTIVE BRANCH AND CAP.

SPECIFIC PLUMBING NEW WORK NOTES:

1. FURNISH AND INSTALL NEW NON-POTABLE WATER SUPPLY AND DRAINAGE PIPING CONNECTIONS TO PROPOSED CHILLER. TIE INTO EXISING UTILITIES.
2. REINSTALL EXISTING SINK RETAINED DURING DEMOLITION. PROVIDE NEW P-TRAP AND FLEXIBLE PIPE CONNECTION ON DOMESTIC HOT AND COLD WATER SERVICES.
3. FURNISH AND INSTALL NEW LATCH VALVE ASSEMBLY AND TRIM PLATE FOR EACH EXISTING GAS OUTLET. PROPOSED EQUIPMENT SHALL MATCH EXISTING.
4. EXISTING SINK TO REMAIN. GC SHALL PROVIDE PHYSICAL PROTECTION THROUGHOUT CONSTRUCTION.

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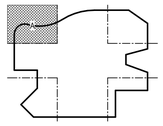

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PLUMBING DEMOLITION AND PROPOSED PLANS

THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG ON ORIGINAL ARCHITECTURAL SHEETS

PLUMBING LEGEND
EXISTING PLUMBING TO BE DEMOLISHED
EXISTING PLUMBING TO REMAIN
NEW PLUMBING WORK TO BE PROVIDED

PLUMBING LEGEND	
SYMBOL	DESCRIPTION
	BRASS BODY, STAINLESS STEEL BALL, BALL VALVE
	BUTTERFLY VALVE
	GATE VALVE
	SWING CHECK VALVE
	PIPE DROP/DN.
	PIPE RISE/UP
	PIPE CAP
	PIPE CONTINUATION
	PIPE CLEANOUT
	CONNECT TO EXISTING
∅	BALANCE VALVE
	FLOOR CLEANOUT
	THREE WAY REGULATING VALVE
	REGULATING VALVE OR SOLENOID VALVE
	RELIEF VALVE
	HOSE BIB
	AIR VENT
	FLOOR DRAIN
	P-TRAP WASTE
	PIPE PITCH
D	PIPE REDUCER
	PIPE STRAINER
	PIPE TEE DOWN
	PIPE TEE
	PIPE UNION
	TEMPERATURE GAUGE
	PRESSURE GAUGE
	PUMP
#	SPECIFIC PLUMBING DEMOLITION NOTES
#	SPECIFIC PLUMBING INSTALLATION NOTES
#	SPECIFIC MEDICAL GAS OUTLET INFORMATION
#	PLUMBING EQUIPMENT TAG
EVAC	MEDICAL EVACUATION (WAGD)
MA	MEDICAL AIR
MO	MEDICAL OXYGEN
N	NITROGEN
NO	MEDICAL NITROUS OXIDE
CD	CONDENSATE DRAIN
DCW	DOMESTIC COLD WATER
DHW	DOMESTIC HOT WATER
DHWR	DOMESTIC HOT WATER RETURN
DN.	DOWN
IW	INDIRECT WASTE
LPG	LIQUIFIED PROPANE GAS
RL	RAIN LEADER PRIMARY SYSTEM
RLEM	RAIN LEADER EMERGENCY SYSTEM
SS	STAINLESS STEEL
V	SANITARY VENT
VAC	MEDICAL VACUUM
VTR	VENT THROUGH ROOF
W	SANITARY WASTE
TP	TRAP PRIMER

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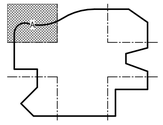

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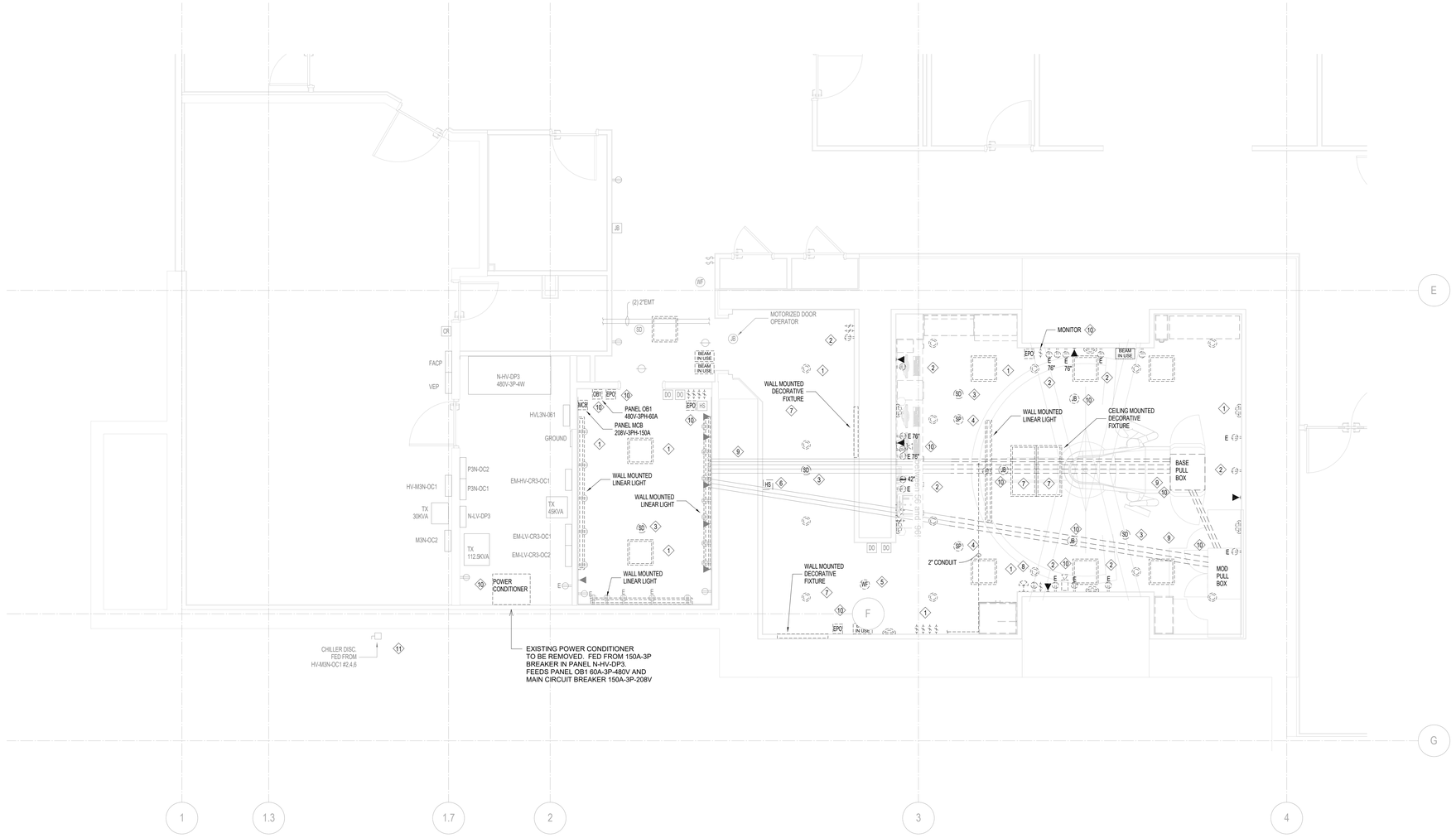
PLUMBING LEGENDS, NOTES AND SCHEDULES

THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG ON ORIGINAL ARCH D SHEETS

SPECIFIC ELECTRICAL DEMOLITION NOTES:

1. DEMOLISH EXISTING LIGHT FIXTURES INCLUDING CAN LIGHTS, RECESSED TROFFERS AND WALL MOUNTED SCONCES. DEMOLISH ALL LIGHTING CIRCUITS AND SWITCHES. RETAIN EXISTING LIGHTING CIRCUITS FOR USE WITH PROPOSED LIGHTING LAYOUT.
2. DEMOLISH EXISTING ELECTRICAL DEVICES INDICATED BOLD AND DASHED. RETAIN EXISTING CIRCUITS FOR USE WITH PROPOSED DEVICES.
3. REMOVE AND RELOCATE EXISTING FIRE ALARM DEVICE TO NEW CEILING GRID SYSTEM. PROVIDE TEMPORARY SUPPORT AND PROTECTION FOR FIRE ALARM DEVICES THROUGHOUT CONSTRUCTION.
4. REMOVE AND RELOCATE EXISTING PA SYSTEM DEVICE TO NEW CEILING GRID SYSTEM. PROVIDE TEMPORARY SUPPORT AND PROTECTION FOR DEVICES THROUGHOUT CONSTRUCTION.
5. REMOVE AND RELOCATE EXISTING WIRELESS ACCESS POINT TO NEW CEILING GRID SYSTEM.
6. TEMPORARY REMOVE DEVICE TO ACCOMMODATE NEW WALL FINISHES. REINSTALL AT PROJECT COMPLETION.
7. RETURN LIGHTED WALL AND CEILING PANELS BACK TO OWNER. DEMOLISH EXISTING LIGHTING CIRCUITS BACK TO LAST ACTIVE BRANCHES.
8. TEMPORARY REMOVE EXISTING NURSE CALL DEVICE TO ACCOMMODATE NEW WALL FINISHES. REINSTALL AT PROJECT COMPLETION.
9. THE LOCATION AND QUANTITY OF EXISTING BELOW SLAB CONDUITS ARE SHOWN DIAGRAMMATICALLY. THE LOCATIONS AND QUANTITIES SHALL BE FIELD VERIFY BY THE CONTRACTOR. BELOW SLAB CONDUITS SHALL BE DEMOLISHED IN THE AREA OF THE EXISTING AND PROPOSED EQUIPMENT. PROVIDE PROTECTION FOR EXISTING CONDUITS TO REMAIN AS THEY WILL BE UTILIZED AND EXTENDED TO NEW PROPOSED LOCATIONS.
10. DEMOLISH EXISTING ELECTRICAL DEVICES, ELECTRICAL FEEDS, AND CONDUITS ASSOCIATED WITH MEDICAL EQUIPMENT TO BE REMOVED. COORDINATE ALL DEMOLITION SCOPE OF WORK WITH MEDICAL EQUIPMENT VENDOR.
11. DISCONNECT EXISTING MECHANICAL EQUIPMENT ELECRICAL FEED TO ACCOMMATE REMOVAL. REMAIN EXISTING FEED AND DISCONNECT SWITCH FOR PROPOSED MECHANICAL EQUIPMENT.



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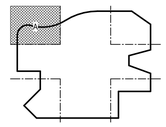

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ELECTRICAL DEMOLITION PLAN

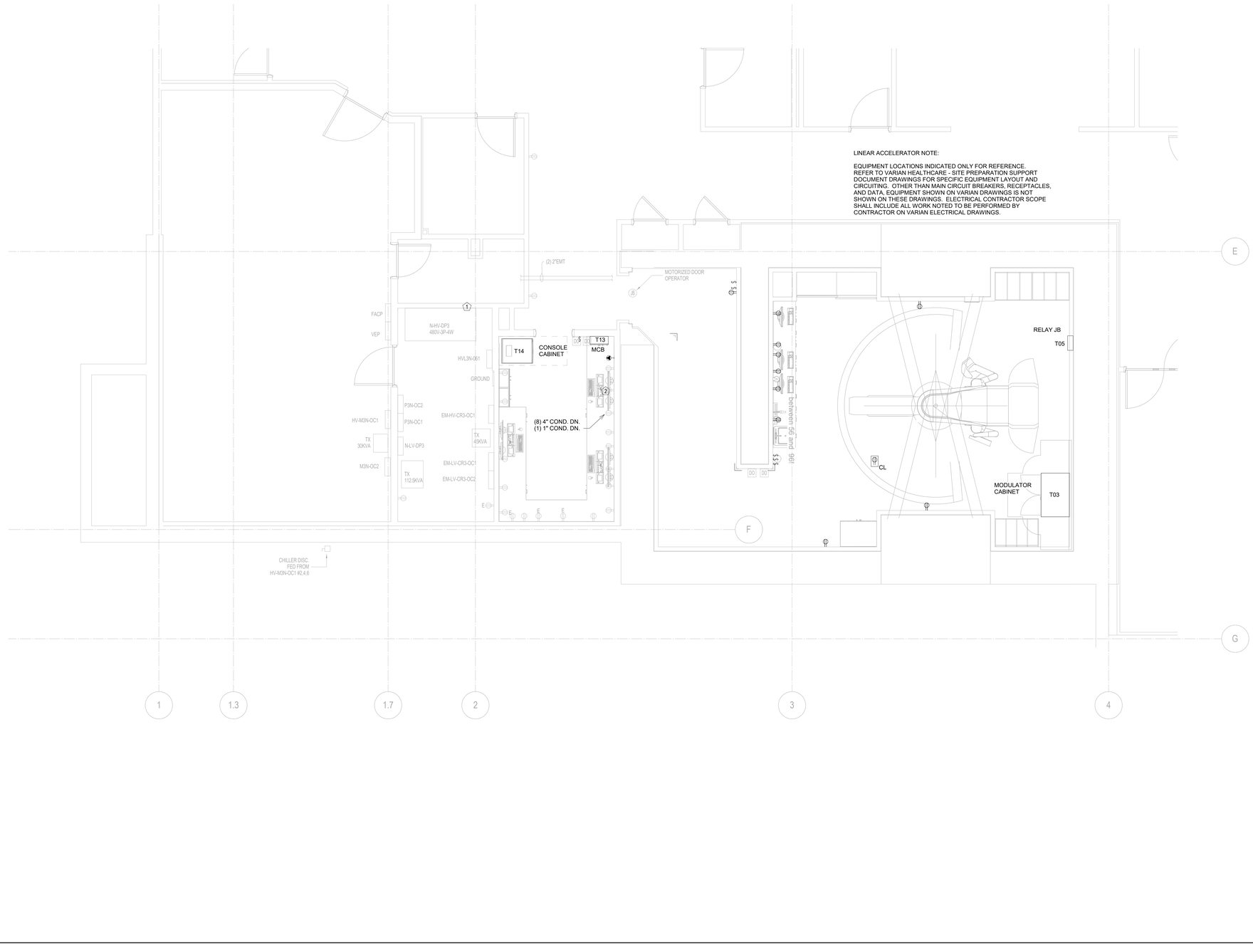
THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG AT FULL SIZE ORIGINAL PLOT SIZE

SPECIFIC ELECTRICAL POWER & SPECIAL SYSTEMS NOTES:

1. REPLACE EXISTING CIRCUIT BREAKER IN EXISTING PANEL WITH NEW. COORDINATE BREAKER SIZE WITH APPROVED EQUIPMENT REQUIREMENTS.
2. EXISTING CONDUITS PERMITTED TO BE REUSED IF THEY START AND END IN THE APPLICABLE LOCATIONS AND ARE OF THE REQUIRED SIZES.

LINEAR ACCELERATOR NOTE:

EQUIPMENT LOCATIONS INDICATED ONLY FOR REFERENCE. REFER TO VARIAN HEALTHCARE - SITE PREPARATION SUPPORT DOCUMENT DRAWINGS FOR SPECIFIC EQUIPMENT LAYOUT AND CIRCUITING. OTHER THAN MAIN CIRCUIT BREAKERS, RECEPTACLES, AND DATA, EQUIPMENT SHOWN ON VARIAN DRAWINGS IS NOT SHOWN ON THESE DRAWINGS. ELECTRICAL CONTRACTOR SCOPE SHALL INCLUDE ALL WORK NOTED TO BE PERFORMED BY CONTRACTOR ON VARIAN ELECTRICAL DRAWINGS.



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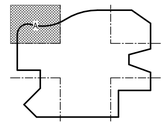

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ELECTRICAL POWER PROPOSED PLAN

THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG ON ORIGINAL ARCH D SHEETS

SPECIFIC ELECTRICAL LIGHTING PLAN NOTES:

1. (ADD NOTES HERE)

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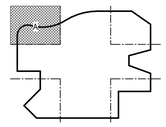

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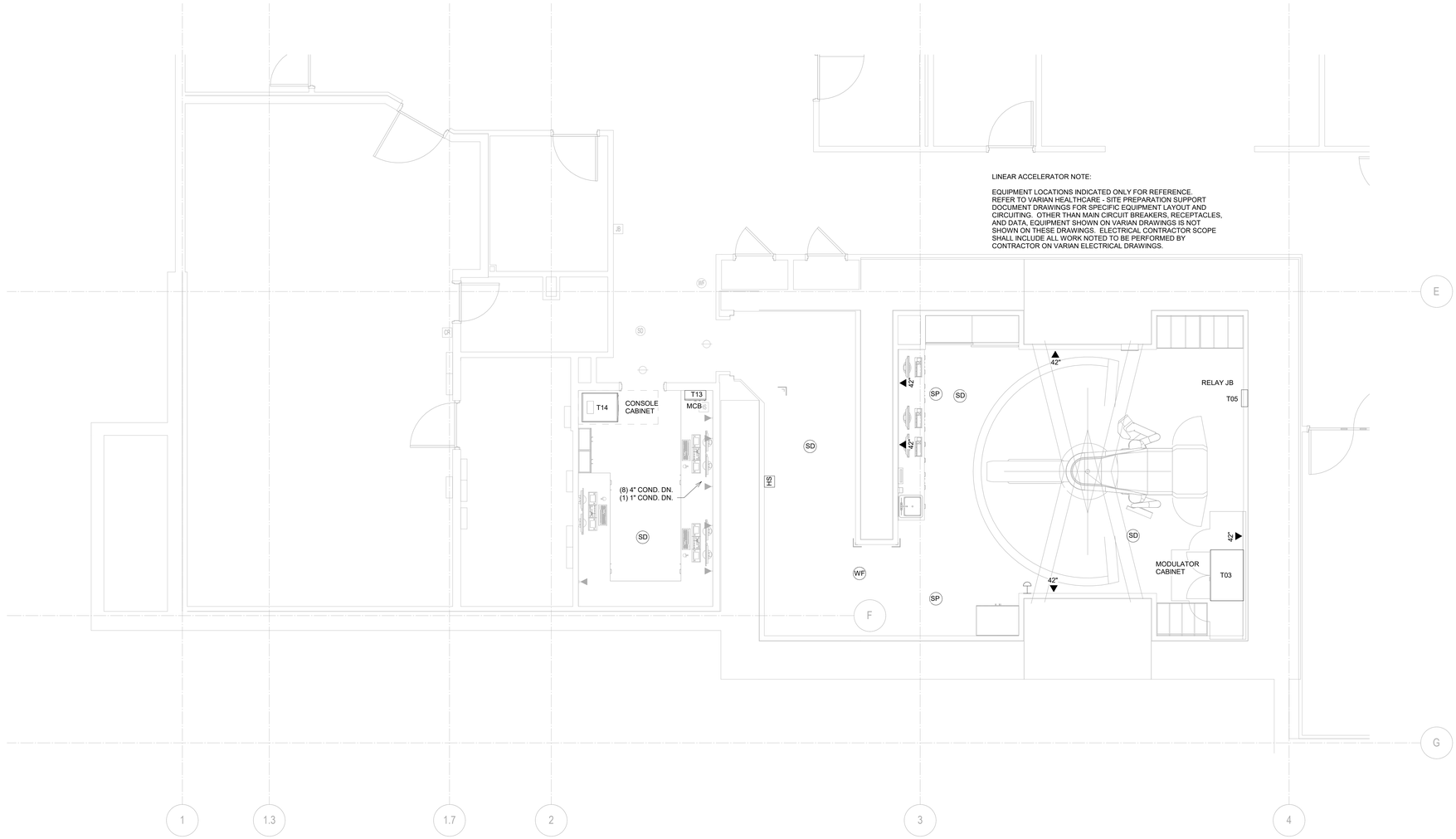
ELECTRICAL LIGHTING PROPOSED PLAN

THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG ON ORIGINAL ARCH D SHEETS

LINEAR ACCELERATOR NOTE:

EQUIPMENT LOCATIONS INDICATED ONLY FOR REFERENCE. REFER TO VARIAN HEALTHCARE - SITE PREPARATION SUPPORT DOCUMENT DRAWINGS FOR SPECIFIC EQUIPMENT LAYOUT AND CIRCUITING. OTHER THAN MAIN CIRCUIT BREAKERS, RECEPTACLES, AND DATA, EQUIPMENT SHOWN ON VARIAN DRAWINGS IS NOT SHOWN ON THESE DRAWINGS. ELECTRICAL CONTRACTOR SCOPE SHALL INCLUDE ALL WORK NOTED TO BE PERFORMED BY CONTRACTOR ON VARIAN ELECTRICAL DRAWINGS.



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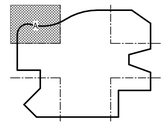

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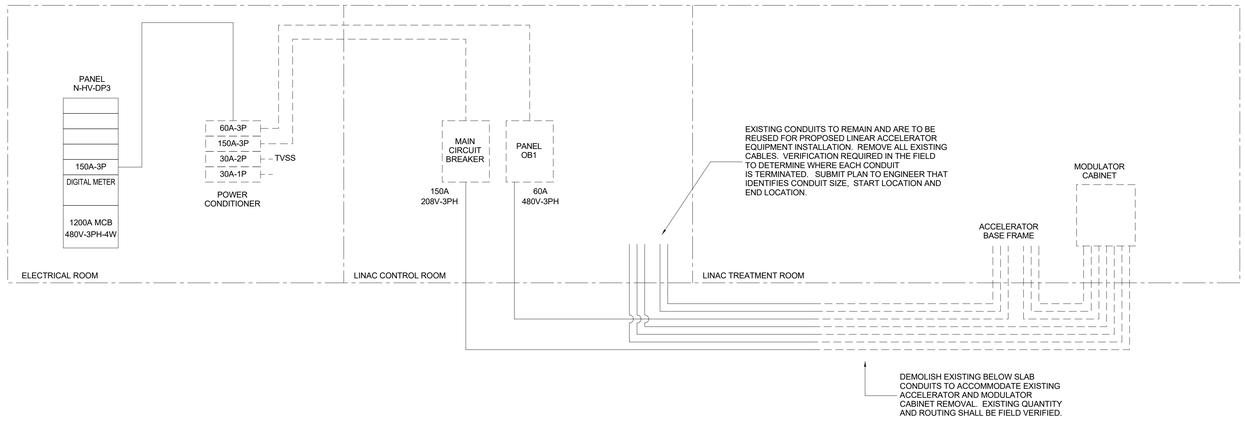
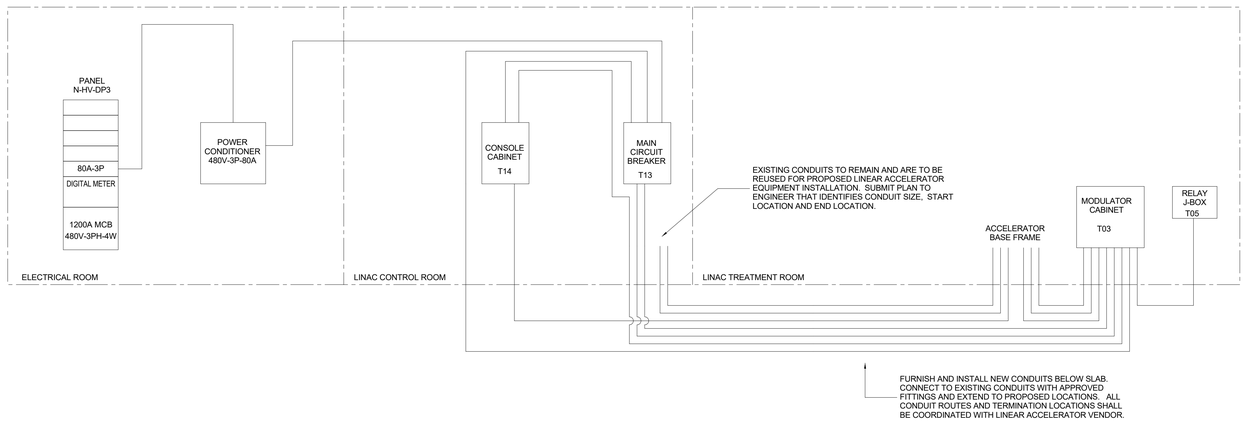
ELECTRICAL SPECIAL SYSTEMS PROPOSED PLAN



1 ELECTRICAL ONE-LINE DIAGRAM DEMOLITION
N.T.S.



2 ELECTRICAL ONE-LINE DIAGRAM PROPOSED
N.T.S.

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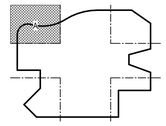

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ELECTRICAL ONE-LINE DIAGRAMS

THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG ON ARCH D SHEETS ORIGINAL PLOTTED SIZE

NURSE CALL LEGEND

SYMBOL	DESCRIPTION
	STAFF/DUTY STATION - CONFIGURED DUTY
	CORRIDOR LIGHT - 4 CELL

ELECTRICAL SECURITY/ACCESS CONTROL LEGEND

SYMBOL	DESCRIPTION
ES	ELECTRIC DOOR STRIKE
CR	CARD READER
DC	DOOR POSITION SENSOR
RX	ACCESS CONTROL REQUEST TO EXIT DEVICE
	SECURITY CAMERA

NOTES:
1. ALL ACCESS CONTROL AND VIDEO SURVEILLANCE DEVICES PROVIDED BY OTHER. ELECTRICAL TO PROVIDE ROUGH-IN AND ANY 120 VOLT POWER SUPPLY REQUIREMENTS.
2. ELECTRICIAN TO PROVIDE 120 VOLT POWER AND ROUGH-IN FOR ALL AUTOMATIC DOOR OPERATORS.
3. ELECTRICAL TO PROVIDE ALL FIRE ALARM DEVICES REQUIRED FOR ACCESS CONTROL RELEASE.
4. ALL PROGRAMMING AND TIE IN TO EXISTING SYSTEMS TO BE BY OTHERS.

FIRE ALARM LEGEND

SYMBOL	DESCRIPTION
DD	DUCT SMOKE DETECTOR
HS	HORN STROBE
HS	CEILING MOUNTED HORN STROBE
S	STROBE
S	CEILING MOUNTED STROBE
SS	SPEAKER STROBE
SS	CEILING MOUNTED SPEAKER STROBE
SD	SMOKE DETECTOR
HD	HEAT DETECTOR
PS	PULL STATION
DH	MAGNETIC DOOR HOLDER
TS	TAMPER SWITCH
FS	FLOW SWITCH
RT	DUCT SMOKE DETECTOR TEST SWITCH
SDT	SMOKE DAMPER REMOTE TEST SWITCH
FSD	COMBINATION FIRE/SMOKE DAMPER
SD##	SMOKE DAMPER

ELECTRICAL EQUIPMENT LEGEND

SYMBOL	DESCRIPTION
	DISCONNECT SWITCH
	WALL SWITCH
	WALL SWITCH INDICATING CIRCUIT CONTROLLED TYPICAL. DIMMABLE UNLESS NOTED OTHERWISE.
	WALL SWITCH - 3 WAY
OC	OCCUPANCY SENSOR
	DATA OUTLET. (2) CAT6 CABLES AND (2) JACKS PER LOCATION UNLESS NOTED OTHERWISE.
WF	WI-FI HUB CEILING JACK. MOUNT IN SINGLE GANG BOX ON WALL IN CEILING SPACE WITHIN 5' OF DEVICE.
	DUPLEX RECEPTACLE
E	DUPLEX RECEPTACLE - EMERGENCY POWER
	GFCI RECEPTACLE
	QUAD RECEPTACLE
JB OR JB	ELECTRICAL POWER JUNCTION BOX
	TYPICAL RECESSED LIGHT FIXTURE, LETTER INDICATES CONTROL
	TYPICAL RECESSED DOWNLIGHT FIXTURE, LETTER INDICATES CONTROL
	TYPICAL WALLMOUNT LIGHT FIXTURE, LETTER INDICATES CONTROL
	TYPICAL WALL MOUNTED SCONE LIGHT FIXTURE
	TYPICAL EXIT LIGHT FIXTURE-SINGLE FACE
	TYPICAL EXIT LIGHT FIXTURE-DOUBLE FACE
	HOME RUN TO PANELBOARD
SP	CEILING MOUNTED SPEAKER
EPO	EMERGENCY POWER OFF BUTTON
W	VERTICAL WALL TRACKING SYSTEM DEVICE
DC	DOOR POSITION SWITCH
IC	INTERCOM SYSTEM
DO	MOTORIZED DOOR OPERATOR PUSH BUTTON

ABBREVIATIONS

ABBREV.	DESCRIPTION
ADO	AUTOMATIC DOOR OPENER
AF	AMPERE FRAME
AFF	ABOVE FINISHED FLOOR
AT	AMPERE TRIP
BC	BARE COPPER
BPIP	BOILER PLANT INSTRUMENTATION PANEL
CB, C/B	CIRCUIT BREAKER
CL	CEILING
DB	DIRECT BURIAL
EC	EMPTY CONDUIT
EG	EQUIPMENT GROUND
ETR	EXISTING TO REMAIN
FI	FILM ILLUMINATOR
FL	FLOOR
FSS	FUSED SAFETY SWITCH
FSCP	FLAME SAFEGUARD CONTROL PANEL
GTB	GROUND TERMINAL BOX
GFCI	GROUND FAULT CIRCUIT INTERRUPTER
LTCP	LOCAL TEMPERATURE CONTROL PANEL
MDP	MAIN DISTRIBUTION PANEL
MLO	MAIN LUGS ONLY
NFSS	NON-FUSED SAFETY SWITCH
PBPU	PREFABRICATED BEDSIDE PATIENT POWER UNIT
POD	POWER OPERATED DAMPER
PTRV	POWER TYPE ROOF VENTILATION
RR	REMOVE AND RELOCATE
R	RELOCATED
SS	SAFETY SWITCH
W	WIRE
EM	EMERGENCY POWER- EQUIPMENT BRANCH
EMC	EMERGENCY POWER- LIGHTING CRITICAL BRANCH
LS	EMERGENCY POWER- LIFE SAFETY BRANCH
E	EMERGENCY POWER- RECEPTACLE CRITICAL BRANCH

ELECTRICAL GENERAL NOTES:

1. THE ELECTRICAL CONTRACTOR SHALL FURNISH AND INSTALL ALL LABOR AND MATERIALS NECESSARY TO PROVIDE A COMPLETE, CODE COMPLIANT ELECTRICAL SYSTEM. THE DRAWINGS ARE SCHEMATIC IN NATURE AND INDICATE GENERAL ARRANGEMENT AND ROUTING OF CONDUIT. THE ELECTRICAL CONTRACTOR SHALL NOT INSTALL EQUIPMENT, DEVICES, OR CONDUIT IN A NON-CODE COMPLIANT FASHION DUE TO DRAWINGS INTERPRETATION. THE ELECTRICAL CONTRACTOR SHALL PROVIDE MODIFICATIONS OF ILLUSTRATED WORK IN ORDER TO ACCOMMODATE JOB CONDITIONS AT NO EXTRA COST TO THE OWNER.
2. THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR PROVIDING POWER AND THE FINAL ELECTRICAL CONNECTIONS TO ALL EQUIPMENT REQUIRING POWER INDICATED ON THE ARCHITECTURAL AND MECHANICAL DRAWINGS. THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR REVIEWING THE ARCHITECTURAL AND MECHANICAL DRAWINGS PRIOR TO BIDDING, AND FOR INDICATING CONFLICTS. THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR COORDINATING WITH THE ARCHITECTURAL AND MECHANICAL DRAWINGS DURING CONSTRUCTION.
3. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRIC CODE (NEC.) AND ALL LOCAL CODES.
4. ALL ELECTRICAL EQUIPMENT, TRANSFORMER, AND LUMINAIRES SHALL BE GROUNDED IN ACCORDANCE WITH ARTICLE 250 OF THE NEC.
5. THE ELECTRICAL CONTRACTOR SHALL FURNISH AND INSTALL ALL LABOR, MATERIALS, TOOLS, EQUIPMENT, SERVICES AND RELATED ACCESSORIES NEEDED FOR THE COMPLETE INSTALLATION OF ALL WORK SHOWN ON THE DRAWINGS AND REQUIRED BY CODE.
6. COORDINATE ALL WORK WITH OTHER TRADES. PROVIDE A COORDINATION DRAWING TO THE ENGINEER, CONSTRUCTION MANAGER, AND ALL OTHER TRADES SHOWING THE LOCATION OF ALL DEVICES AND EQUIPMENT.
7. THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR ALL TEMPORARY POWER AND LIGHTING DURING ALL PHASES OF THE WORK.
8. COORDINATE ALL UTILITY SHUT DOWNS WITH THE CONSTRUCTION MANAGER. ALL SHUT DOWNS WILL BE CONDUCTED DURING OFF HOURS.
9. THE DEFINITION OF "OFF HOURS" PERTAINS TO THE TIME PERIOD BETWEEN 8 P.M. AND 4 A.M. EACH DAY.
10. PROVIDE CONDUIT SEAL SIMILAR TO JACKMOON SEALING PLUG FOR ALL EXTERIOR PENETRATIONS. COORDINATE SIZE AND CONDUCTOR QUANTITIES.
11. ALL INSTALLATIONS SHALL BE AS DICTATED IN SPECIFICATIONS.
12. ELECTRICAL CONTRACTOR TO PROVIDE DISCONNECT SWITCHES FOR ALL EQUIPMENT.
13. MECHANICAL CONTROLS CONTRACTOR RESPONSIBLE FOR PROVIDING 120V AND ABOVE POWER TO ALL MECHANICAL CONTROL PANELS.

LIGHTING SCHEDULE

TAG	DESCRIPTION	MAKE & MODEL (OR EQUIVALENT)	LAMP(S)	LM/W	ELEC.	REMARKS
A	2X2 RECESSED LED DIR/INDIR.	LITHONIA LIGHTING 2FSL2-33L-EZ1-LP840	27W LED	126	277	0-10V DIMMING TO 1%
B	1X4 RECESSED LED LINEAR DIRECT	LITHONIA LIGHTING ZL1F-L48-3000LM-MDD-277-40K-80CRI	30W LED	85	277	0-10V DIMMING TO 1%
BEAM IN USE	BEAM IN USE LIGHT	LIFESHEILD OBN-U-S-R-W-OBN-KIT-DIFF SW21	11W LED	-	120	COORDINATE MOUNTING HARDWARE REQUIREMENTS WITH PROPOSED LOCATIONS

GENERAL NOTES:

1. PROVIDE ALL MOUNTING HARDWARE REQUIRED BASED ON CEILING OR OTHER MOUNTING SURFACE TYPE. REFER TO ARCHTECTURAL DRAWINGS.
2. WHERE AVAILABLE FIXTURE SHALL BE PROVIDED WITH UNIVERSAL (120-277V) DRIVER OR POWER SUPPLY.
3. ALL DIMMABLE FIXTURES SHALL BE PROVIDED WITH COMPATIBLE DIMMING SWITCH PER MANUFACTURER LISTING.
4. REFER TO LIGHTING CONTROL DETAILS FOR CONTROL OF EMERGENCY FIXTURES WITH AND WITHOUT DIMMING.
5. ALL LIGHTING TO BE DLC WHERE APPLICABLE, ENERGY STAR OR MEET OR EXCEED LUMENS/WATT AS NOTED ON SCHEDULE.

ENVIRONMENTS FOR HEALTH ARCHITECTURE.
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185 Talcott Road, Williston, Vermont 05495
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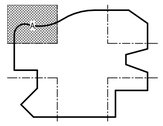
PLACE PROJ IMAGE OR CLIENT LOGO HERE

Central Vermont Medical Center
Linear Accelerator Replacement Project
CVMC
130 Fisher Road
Berlin, Vermont 05602

PROJECT: 23171

Δ	DATE	DESCRIPTION

KEY PLAN:



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ORIG SUBMISSION: 10/27/2023
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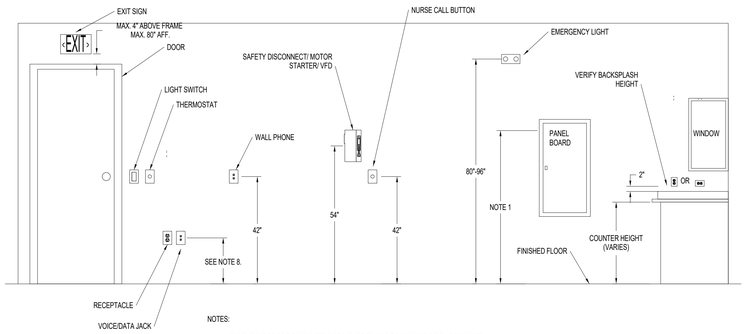
SHEET TITLE AND NUMBER:

E5.01

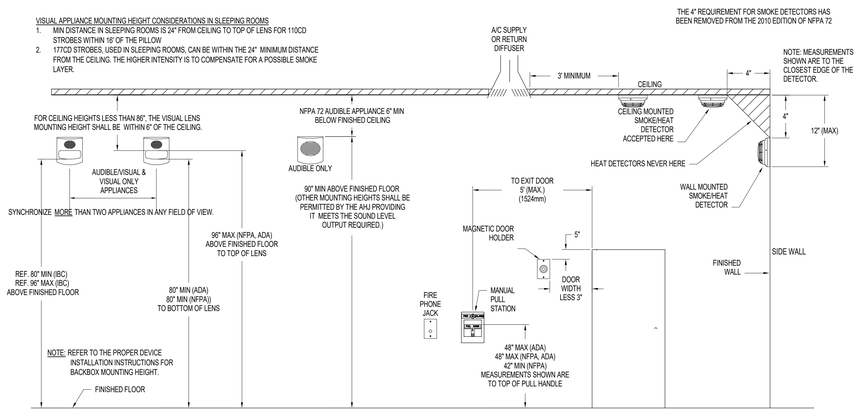
ELECTRICAL NOTES, LEGENDS AMD SCHEDULES



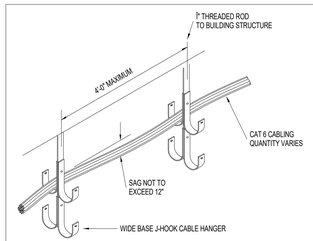
NOTES:

1. PANELBOARDS TO BE MOUNTED NOT HIGHER THAN 6' TO HIGHEST CIRCUIT BREAKER.
2. ABOVE MOUNTING HEIGHTS SHOWN IN THE DETAIL SHALL APPLY TO ALL DEVICES UNLESS NOTED OTHERWISE ON PLANS. UNLESS NOTED OTHERWISE ALL NOTED DIMENSIONS ARE TO THE CENTERLINE OF THE DEVICE FROM FINISHED FLOOR.
3. WHERE EXISTING OR SPECIAL CONDITIONS PREVENT THE INSTALLATION OF DEVICES AT THE ABOVE HEIGHTS, THE CONTRACTOR SHALL VERIFY THE HEIGHTS ON SITE WITH THE ARCHITECT.
4. ALL DEVICES IN FINISHED AREAS SHALL BE INSTALLED WITH FLUSH DEVICE BOXES. NO SURFACE BOXES SHALL BE ALLOWED UNLESS APPROVED BY THE ARCHITECT.
5. CONTRACTOR SHALL VERIFY FINAL COUNTERTOP, CABINET, VANITY, ETC., HEIGHTS, INCLUDING BACKSPLASHES, ON SITE WITH THE GENERAL CONTRACTOR AND ARCHITECT PRIOR TO INSTALLATION OF BOXES. THIS ALSO INCLUDES LOCATION SUCH AS BATHROOMS WHERE TILE, WAINSCOTTING, ETC., MAKES UP PART OF WALL.
6. REFER TO ARCHITECTURAL DRAWINGS FOR ADDITIONAL INFORMATION ON LOCATIONS. WHERE DISCREPANCIES EXIST COORDINATE FINAL LOCATIONS WITH THE ARCHITECT.
7. NURSE CALL DEVICE LOCATIONS TO BE VERIFIED WITH HOSPITAL.
8. RECEPTACLES AND VOICE/DATA JACKS MOUNTED 18" UNLESS NOTED OTHERWISE ON DRAWINGS.

1 ELECTRICAL DEVICE LOCATION DETAIL
N.T.S.



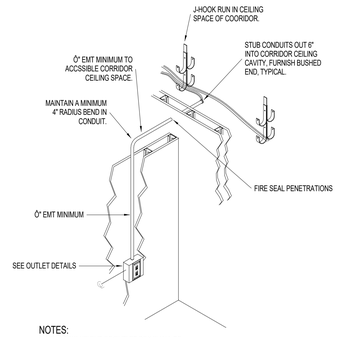
2 FIRE ALARM DEVICE MOUNTING HEIGHT REFERENCE DETAIL
N.T.S.



NOTES:

1. WHEN MAKING BENDS OR CORNERS MAINTAIN A MAXIMUM BEND RADIUS PER EIA/TIA STANDARDS AND MANUFACTURERS RECOMMENDATIONS.
2. INSTALL MULTIPLE CLOSELY SPACED CABLE HANGERS ON CORNERS TO MAINTAIN PROPER BENDING RADII.
3. CABLING SHALL BE ROUTED TO AVOID ALL SOURCES OF EMI OR AMBIENT ELECTRICAL NOISE WHENEVER POSSIBLE. MINIMUM DISTANCES FROM FROM EMI SOURCES ARE AS FOLLOWS:
- FIVE (5) INCHES FROM UNSHIELDED POWER LINES OF < 2 KV.
- TWELVE (12) INCHES FROM HIGH VOLTAGE LIGHTING INCLUDING FLUORESCENT.
- FORTY (40) INCHES FROM TRANSFORMERS AND ELECTRIC MOTORS.
- NO CABLE RUNS SHOULD BE PARALLEL WITH AC LINES.
4. FURNISH AND INSTALL 4" CONDUIT SLEEVES AT ALL RATED WALL PENETRATIONS. MAINTAIN 40% FILL RATIO TO ALLOW FOR FUTURE CABLING. SEAL ALL CONDUIT SLEEVES WITH A UL RATED PILLOW TYPE FIRE SEAL.
5. ALL WORK SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.

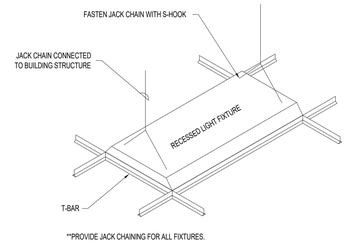
3 J-HOOK SUPPORT SCHEMATIC
N.T.S.



NOTES:

1. MOUNTING HEIGHT OF OUTLET BOX SHALL BE AS INDICATED ON ARCHITECTUAL DRAWINGS.

4 TYPICAL DATA DROP SCHEMATIC
N.T.S.



**PROVIDE JACK CHAINING FOR ALL FIXTURES.

5 RECESSED LIGHT SUPPORT SCHEMATIC
N.T.S.

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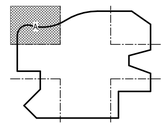
Central Vermont Medical Center
Linear Accelerator Replacement Project
CVMC
130 Fisher Road
Berlin, Vermont 05602

PROJECT: 23171

Δ	DATE	DESCRIPTION

KEY PLAN:



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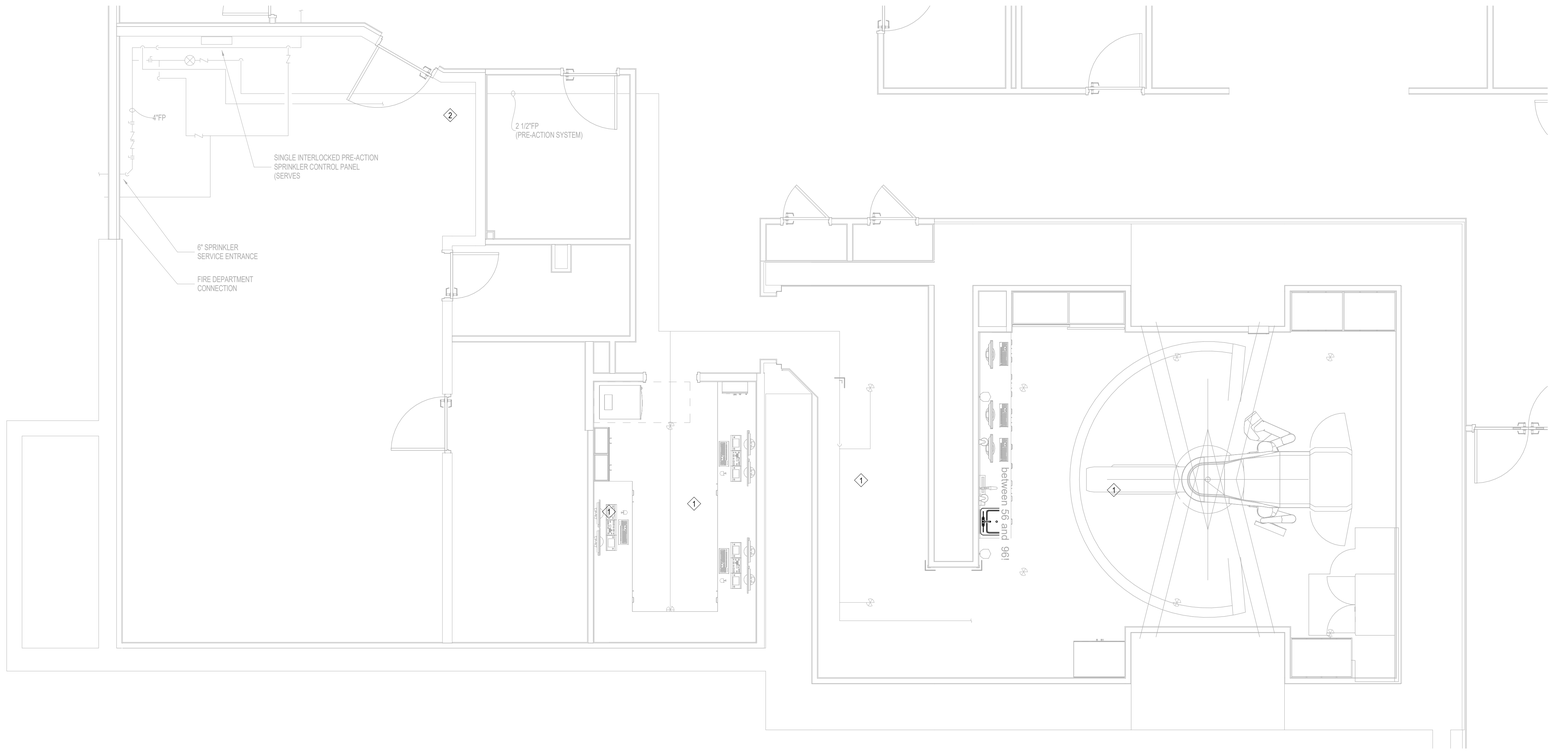
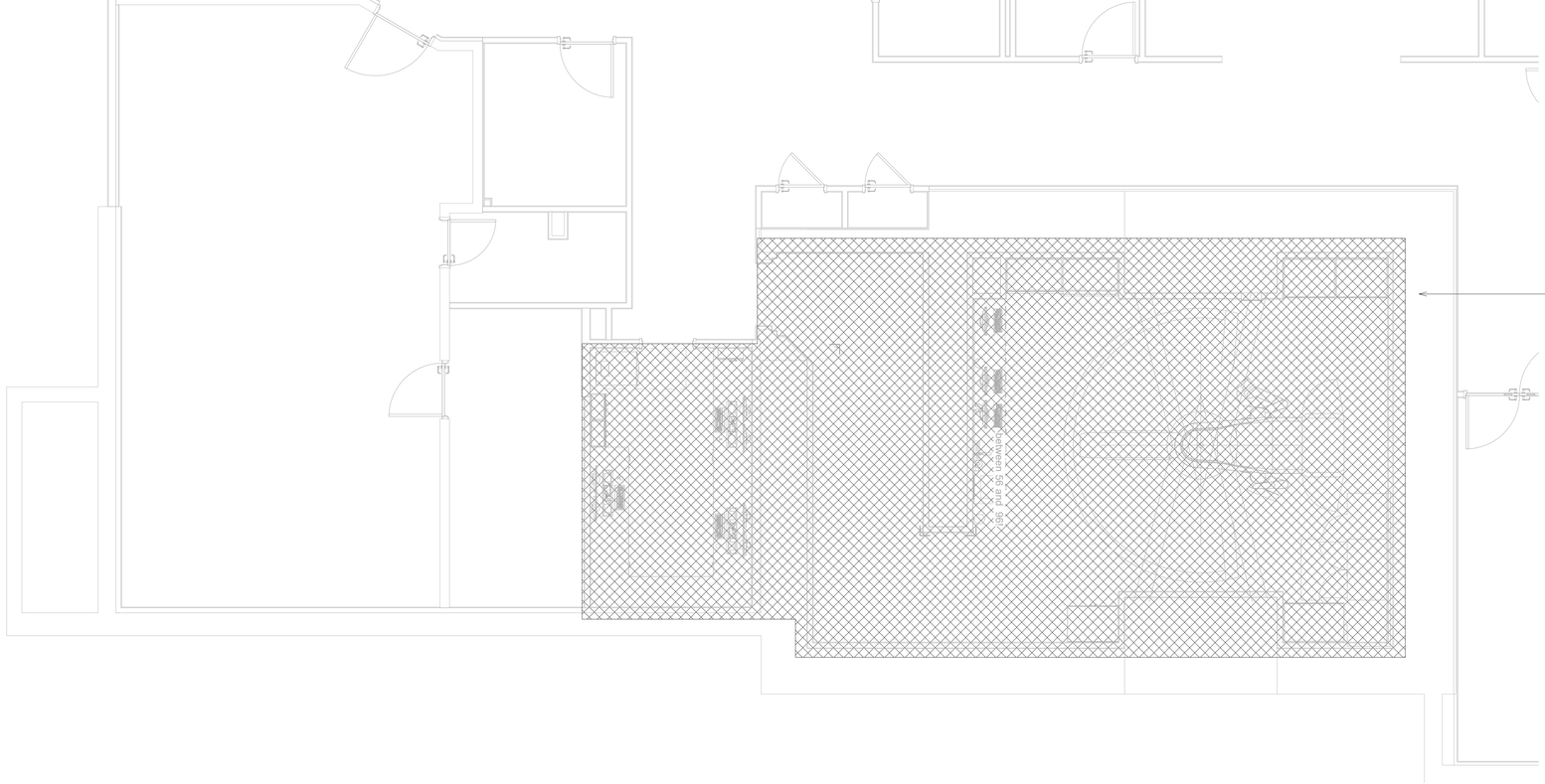
ELECTRICAL DETAILS

THE LINE SHOWN ABOVE IS EXACTLY ONE INCH LONG ON ARCH D SHEETS ONE INCH LONG AT SCALE



1 - Fire Protection Piping
1/4" = 1'-0"



2 1 - Fire Protection Hatch
1/4" = 1'-0"

SPECIFIC FIRE PROTECTION NOTES:

1. DEMOLISH EXISTING SPRINKLER HEADS AND BRANCH PIPING WITHIN PROPOSED SCOPE OF WORK. NEW MAINS, BRANCHES AND SPRINKLER HEADS TO BE FURNISHED AND INSTALLED. REFER TO NEW WORK PLANS.
2. ISOLATE EXISTING SPRINKLER BRANCH PIPING SERVING PROJECT AREA. EXISTING SPRINKLER SYSTEM SERVES OTHER AREAS AND SHALL REMAIN OPERATIONAL DURING CONSTRUCTION.

FURNISH AND INSTALL NEW MAINS AND BRANCH PIPING TO ACCOMMODATE NEW PROGRAM SPACE. COVERAGE SHALL BE LIGHT HAZARD DRY FIRE PROTECTION SPRINKLER SYSTEM WITH CONCEALED PENDANT QUICK RESPONSE SPRINKLER HEADS. SEE ARCHITECTURAL SECTIONS FOR CEILING SLOPES AND CEILING HEIGHTS. CONCEALED SPRINKLER HEAD COLOR TO MATCH PROPOSED CEILING COLOR/FINISH.

DENSITY: 0.10 GPM/1500 SQFT + 250 GPM HOSE

DENSITY AREA PERMITTED TO BE ADJUSTED AS PER NFPA 13 WITH THE USE OF QUICK RESPONSE SPRINKLER HEADS.

FIRE PROTECTION GENERAL NOTES:

1. FIRE PROTECTION SYSTEM AND SPRINKLER HEAD CONFIGURATION SHALL CONFORM TO CURRENT EDITION OF NFPA 13, AUTHORITY HAVING JURISDICTION, LOCAL BUILDING CODE, AND FM GLOBAL.

2. ALL SPRINKLER HEADS INSTALLED SHALL BE QUICK RESPONSE, GB, T= 150°F UNLESS OTHERWISE INDICATED. PROVIDE NEW QUICK RESPONSE SPRINKLER HEADS WHERE INDICATED AND AS NECESSARY. SPRINKLER HEAD COLOR AND FINISH SHALL BE SELECTED BY THE ARCHITECT, SUBMIT SAMPLES FOR APPROVAL.

3. ALL PIPING SHALL BE RUN CONCEALED WHERE POSSIBLE OR UNLESS OTHERWISE INDICATED.

4. WHERE DROP CEILINGS ARE INSTALLED, ALL NEW SPRINKLER HEAD INSTALLATIONS SHALL BE CENTERED IN CEILING TILE.

5. ALL NEW SPRINKLER HEADS SHALL HAVE REMOVABLE ESCUTCHEONS TO ALLOW CEILING TILE REPLACEMENT.

6. PROVIDE A 10 PSI CUSHION BETWEEN FIRE PROTECTION SYSTEM DEMAND AND FIRE PROTECTION SYSTEM WATER SUPPLY.

7. DRY SYSTEM PIPING - SEE SPECIFICATIONS FOR PIPE MATERIAL AND OTHER INFORMATION.

8. SPRINKLER CONTRACTOR SHALL COORDINATE ALL FIRE ALARM SYSTEM TIE INS WITH FIRE ALARM CONTRACTOR.

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Linear Accelerator Replacement Project
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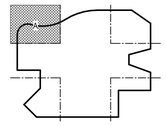
PROJECT: 23171

Δ	DATE	DESCRIPTION

KEY PLAN:



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ORIG SUBMISSION: 10/27/2023

CURRENT:

SHEET TITLE AND NUMBER:

FP1.11

FIRE PROTECTION DEMOLITION AND PROPOSED PLANS

trueBEAM

EQUIPMENT COORDINATION DRAWING

FOR

Central Vermont Medical Center Berlin, VT

November 15, 2023

varian

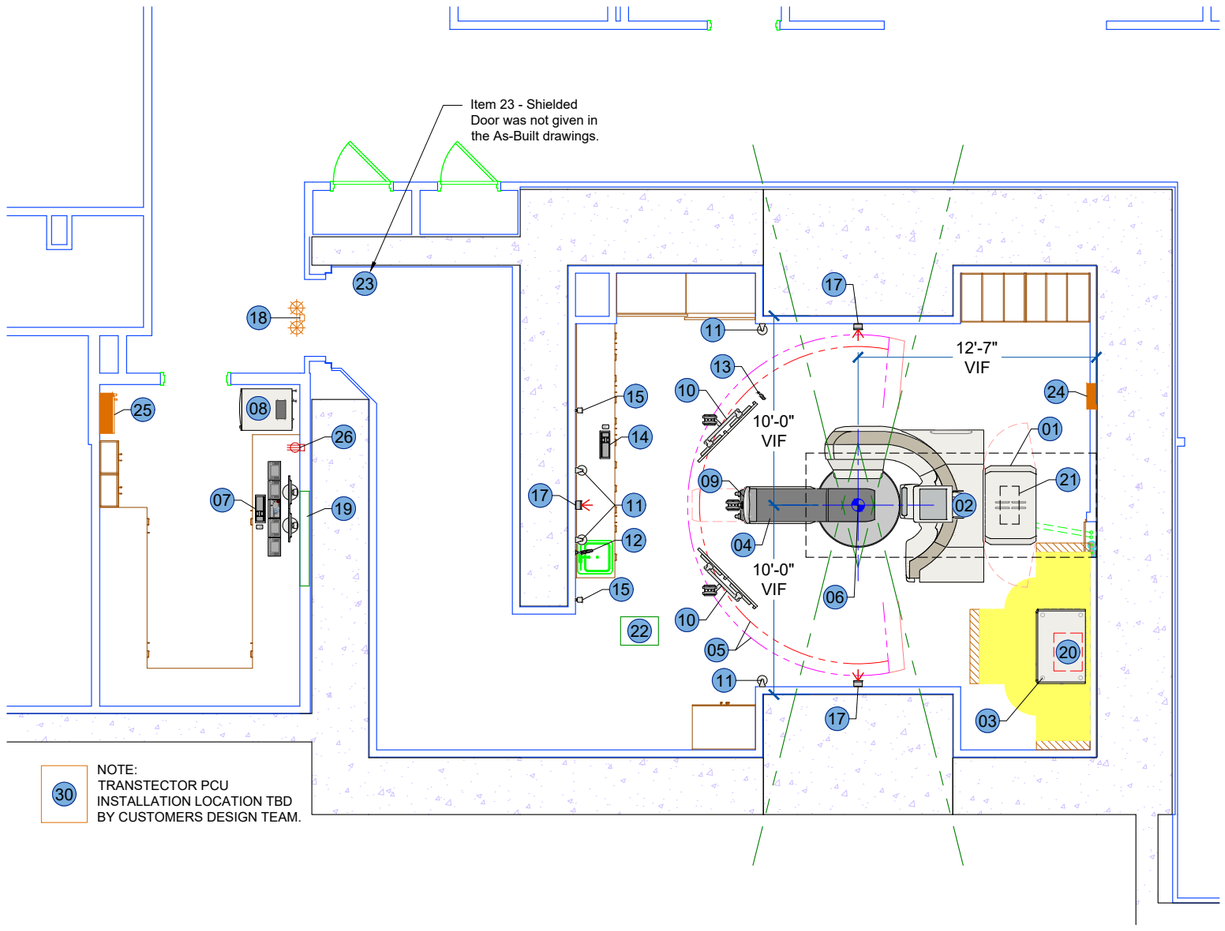
A Siemens Healthineers Company

TrueBeam Components		
X	EQUIPMENT	
01	Stand	VF/VI
02	Gantry	VF/VI
03	Modulator Cabinet	VF/VI
04	Treatment Couch	VF/VI
05	Couch Rotation Arcs (min. mandatory 8'-4 1/2" and max. 9'-0")	-
06	Isocenter	-
07	TrueBeam Workstation Dedicated Keyboard & CCTV Monitors (Qty:4)	VF/VI
08	Control Cabinet, 2-1 Configuration (5'-1 7/16"H x 2'-2 7/16"W x 2'-9 7/16"D)	VF/VI
09	Optical Imaging Camera Note[1]	VF/VI
10	In-Room Monitors (Qty:1 Set) Note[1]	VF/VI
11	CCTV Camera (Qty:4) Note[1]	VF/VI
12	Live View Camera w/Mic Note[1]	VF/VI
13	Microphone (ceiling) Note[1]	VF/VI
14	Wireless Keyboard/Mouse	VF/VI
15	Speaker (Qty:2) Note[1]	VF/CI
17	Patient Positioning Lasers (Qty:4) 2 side, 1 sagittal, and 1 ceiling, LAP Apollo (Green), Note[1]	VF/VI
18	Warning Lights (Qty:2) Beam-On & X-Ray-On, verify additional requirements with the regional regulatory agency	CF/CI
19	Control Console Pull Box (Existing, 24" x 60" x 6")	CF/CI
20	Modulator Pull Box	CF/CI
21	BaseFrame Pull Box	CF/CI
22	Accessory Pull Box (size may vary, 24"W x 18"L x 12"D min.)	CF/CI
23	Shielded Door (Verify with door manufacturer on overall dimensions and installation requirements)	CF/CI
24	Relay Junction Box (20"H x 16"W x 6"D)	VF/CI
25	Main Circuit Breaker Panel (37 1/4"H x 25 1/2"W x 9 1/4"D, 179 lbs.)	VF/CI
26	IEC 60309 Receptacle	VF/CI
30	Transtector Power Conditioner (66"H x 29"W x 36"D, 1,142 lbs.)	VF/CI

VF = Varian Furnished, CF = Contractor Furnished,
VI = Varian Installed, CI = Contractor Installed

Note[1] : Contractor to install mounting hardware.

Quote #: 2023-418172-5



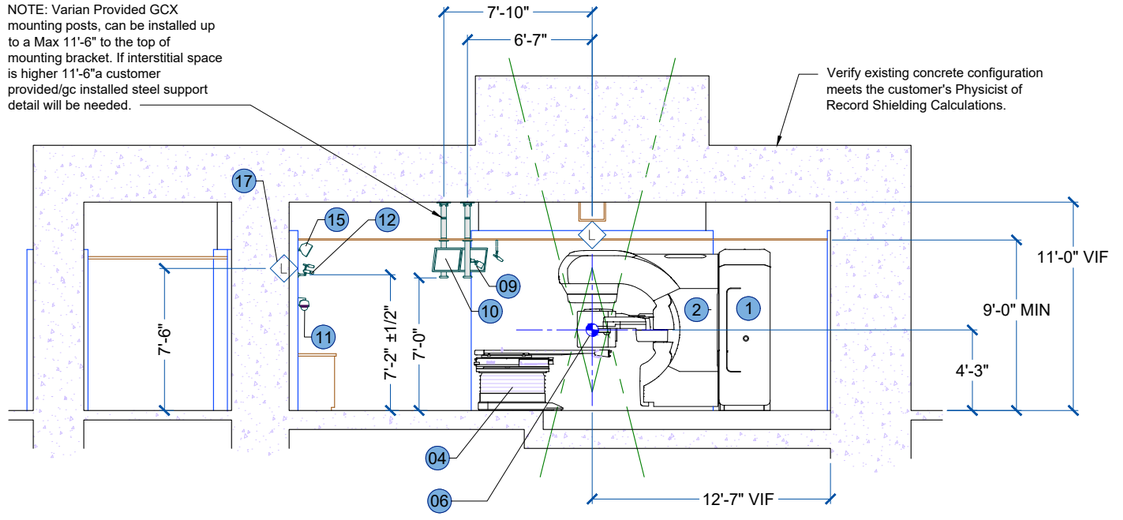
NOTE:
THIS PROJECT IS IN A SEISMIC ZONE. CONSULT PROJECT STRUCTURAL ENGINEER FOR EQUIPMENT ANCHORING SPECIFICATIONS.

TrueBeam Plan

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

NOTE:
CROSS-SECTION AND/OR STRUCTURAL DRAWINGS NOT PROVIDED. SECTION IS ONLY TYPICAL. DOES NOT REFLECT SITE SPECIFIC CONDITIONS.

NOTE: Varian Provided GCX mounting posts, can be installed up to a Max 11'-6" to the top of mounting bracket. If interstitial space is higher 11'-6"a customer provided/gc installed steel support detail will be needed.



Typical Section - Side Elevation

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

REFERENCE NOTES

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B. THIS DRAWING IS NOT COMPLETE. THE CURRENT PRODUCT PLANNING GUIDE (PPG) TrueBeam EDITION IS TO BE USED FOR NEW OR REMODELED THERAPY ROOM PLANNING. THE PPG PROVIDES ALL THE ESSENTIAL INFORMATION AND REQUIREMENTS FOR INSTALLATION.

C. THE FINAL SIGNED SALES ORDER WILL DETERMINE THE ITEMS FURNISHED BY VARIAN. THE CUSTOMER SIGNED SALES ORDER WILL TAKE PRECEDENCE OVER ANY ITEMS REPRESENTED IN THIS DRAWING.

DESCRIPTION OF CHANGE			
DATE			
REV			

TrueBeam Equipment Coordination Drawing for
CENTRAL VERMONT MEDICAL CENTER
BERLIN, VT

DRAWN BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
BJB	15NOV2023	#			

DIMENSIONS: ft - in [mm]

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PAGE 1 OF 6

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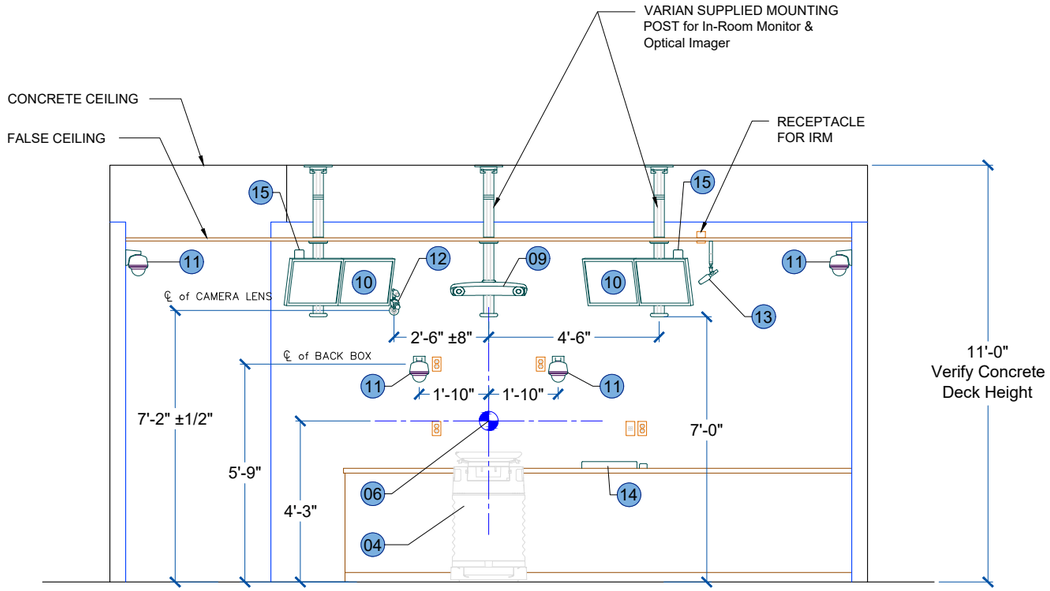
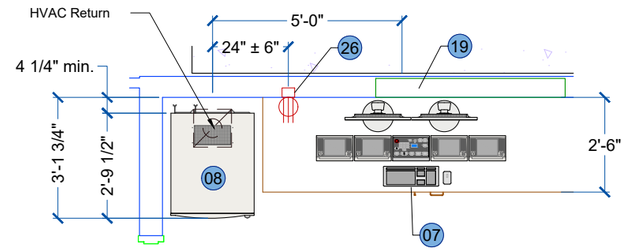


NOTE:
If Concrete Deck Height exceeds 12'-0", Contact Varian Regional Planner for CRITICAL Camera Mounting Specifications.

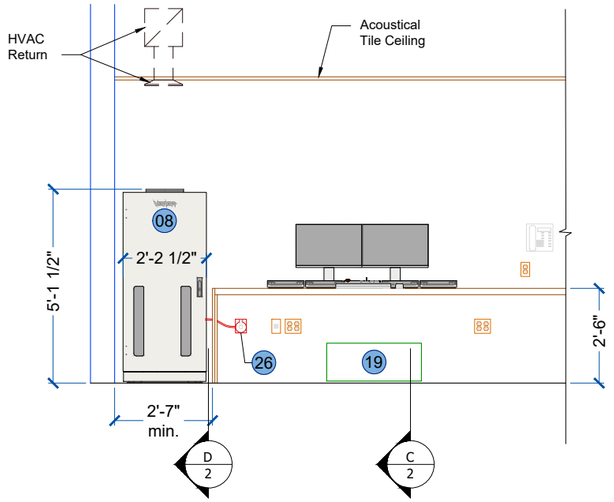
TrueBeam Sagittal Wall Elevation

Scale: 1/4" = 1'-0"



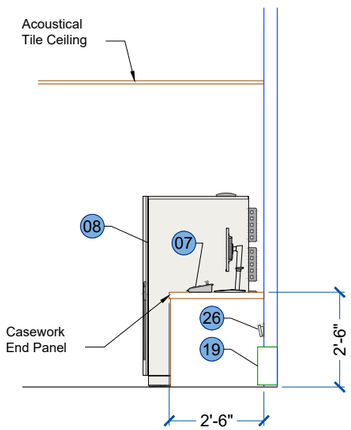
TrueBeam Control Console - Plan View

Scale: 1/4" = 1'-0"



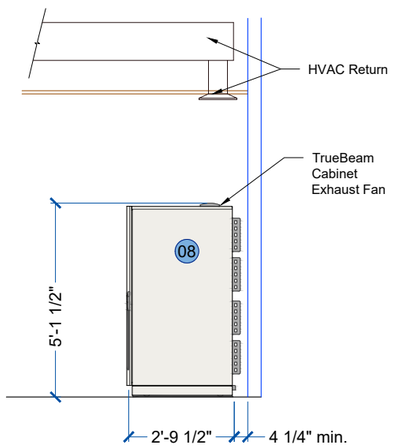
TrueBeam Control Console - Elevation View

Scale: 1/4" = 1'-0"



C2 - TrueBeam Control Console Section at Counter

Scale: 1/4" = 1'-0"



D2 - TrueBeam Control Console Section at Cabinet

Scale: 1/4" = 1'-0"

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BERLIN, VT

DRAWN BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
BJB	15NOV2023	#			

DIMENSIONS: ft - in [mm]

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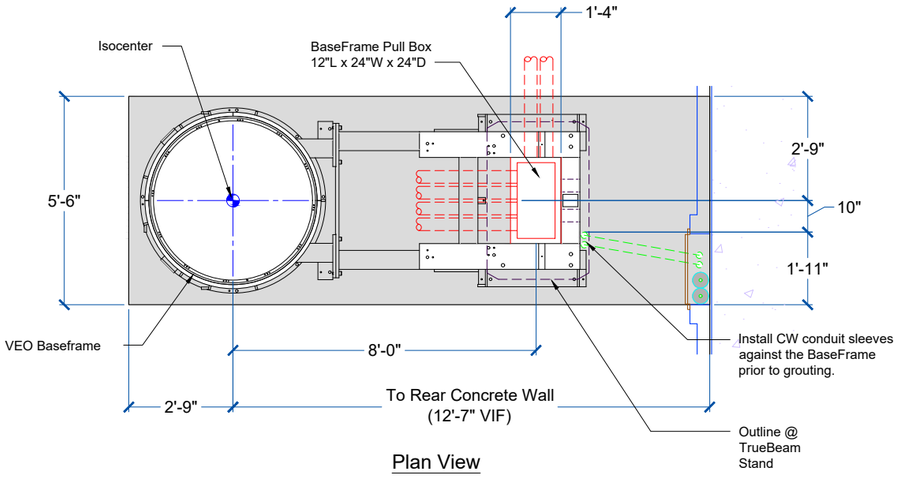
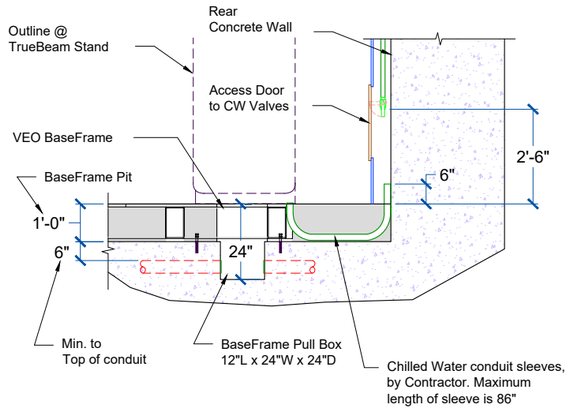


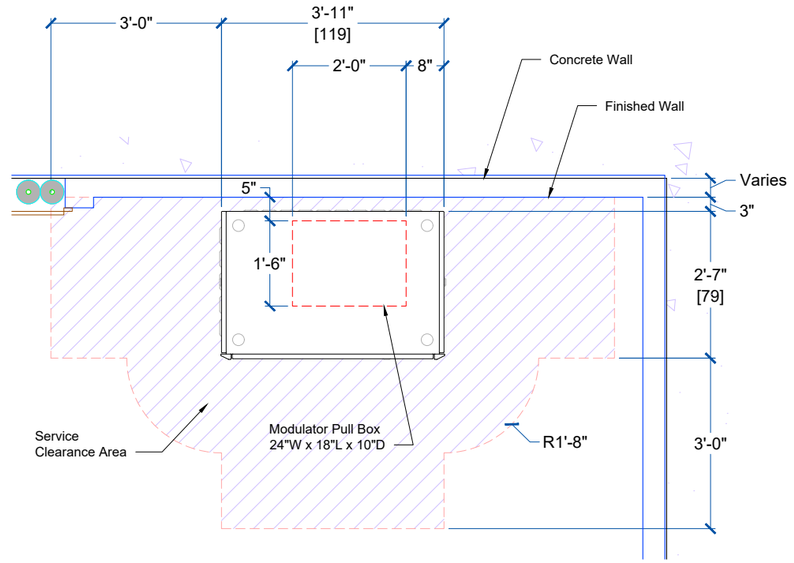
Plan View



Section @ Rear of Base Frame Pit

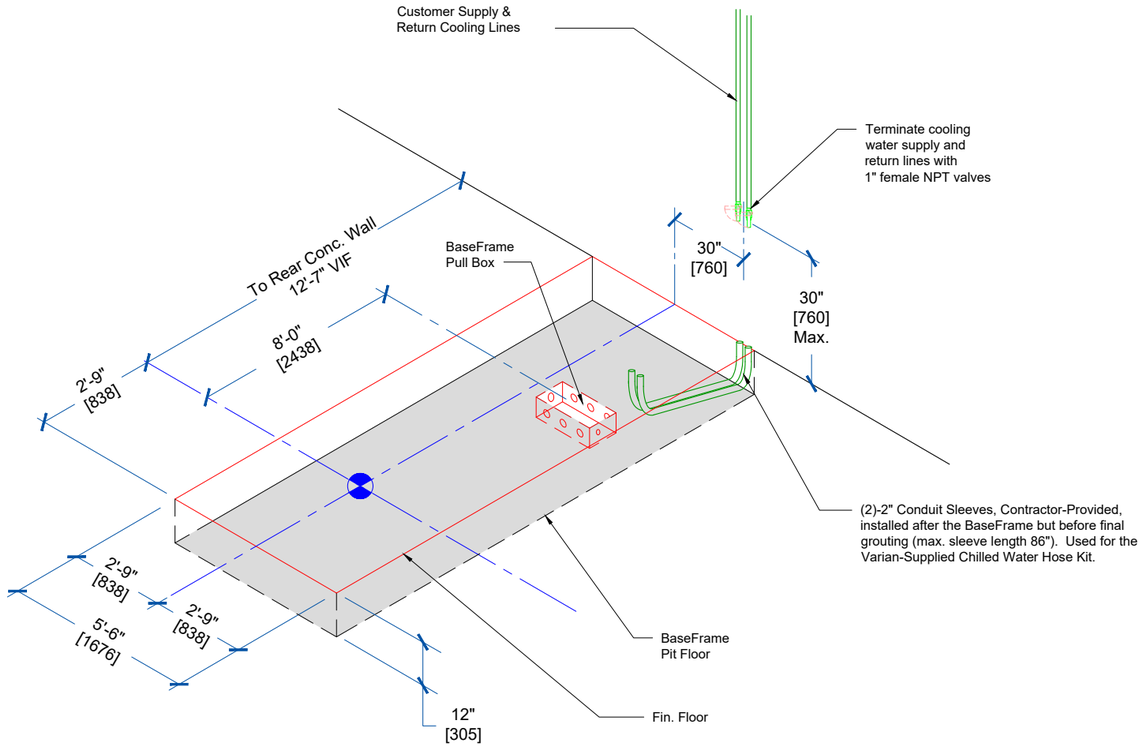
Standard Cable Access Plan & Section at Pull Box

Scale: 1/4" = 1'-0"



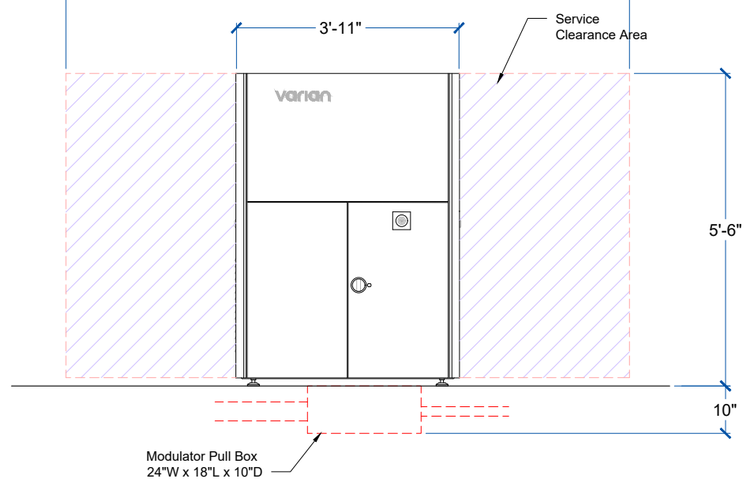
PLAN

NOTE: NEC AND LOCAL CODE CLEARANCES ARE NOT REPRESENTED. CUSTOMER'S DESIGN TEAM IS RESPONSIBLE FOR CODE COMPLIANCE.



BaseFrame Pit - Isometric View

Scale: 1/4" = 1'-0"



ELEVATION

Standard Modulator Cabinet

Scale: 3/8" = 1'-0"

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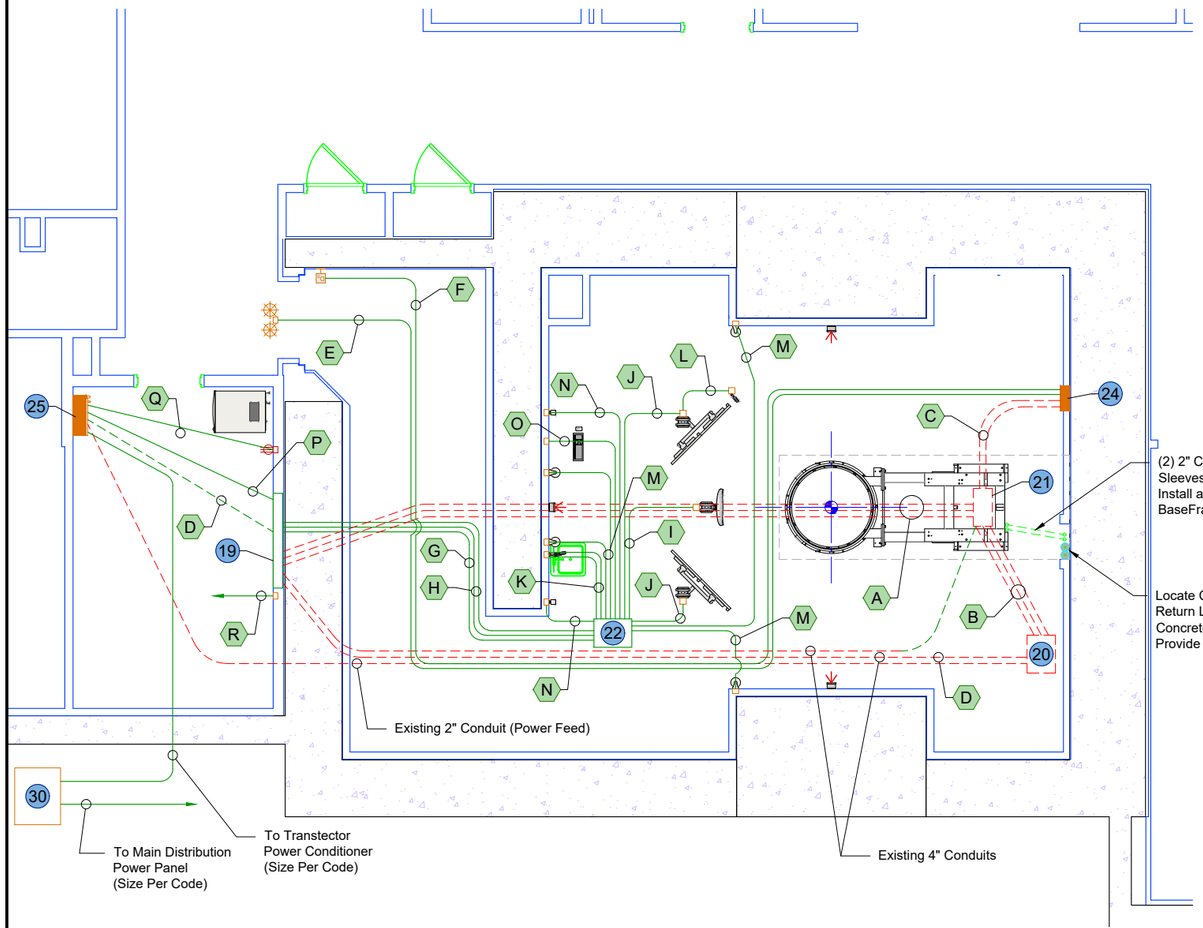
SIZE	DRAWING NO.	REV.
B	24-007448	EC0

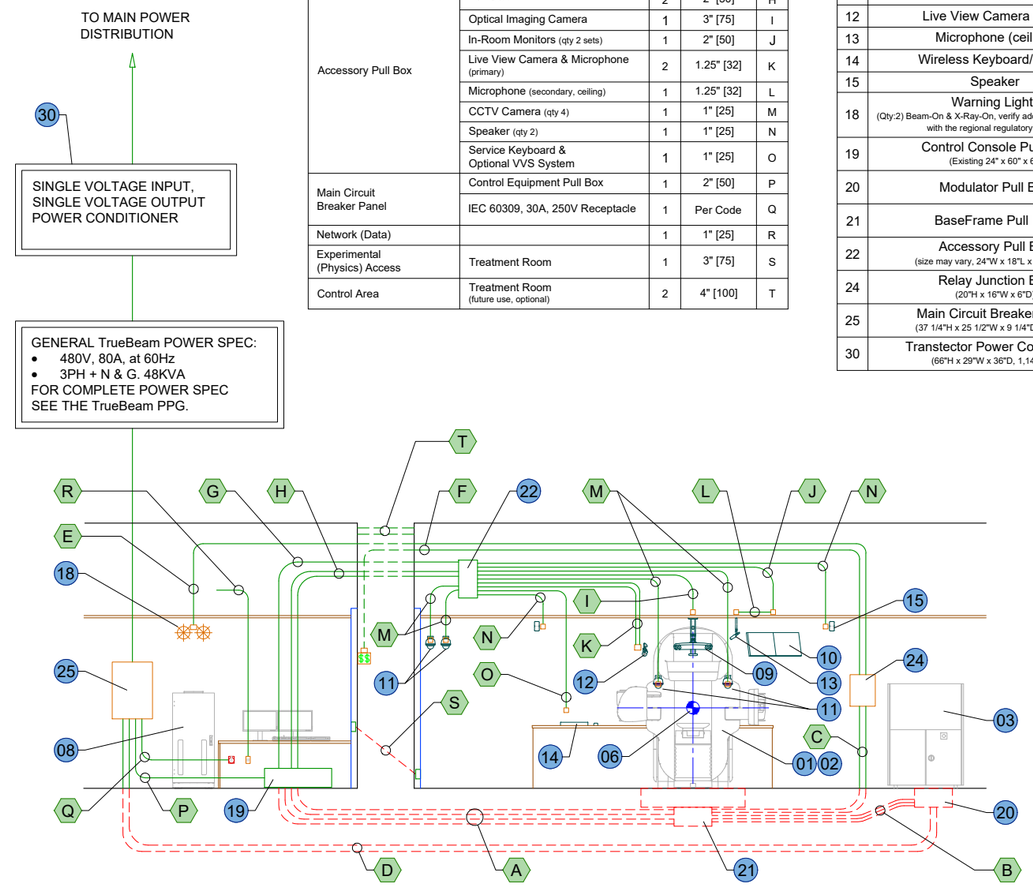


TrueBeam Conduit Plan

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

EXISTING AB-SLAB CONDUIT
EXISTING IN-SLAB CONDUIT
NEW AB-SLAB CONDUIT
NEW IN-SLAB CONDUIT

NOTE: The Varian-supplied system cables are NOT plenum rated. Varian cables installed in a plenum space must be in conduit, duct, or raceway rated for this application per local and/or NEC (300.22) code. All cable conduit, duct, or raceway is to be provided by the customer/contractor.



TrueBeam Conduit Schedule

FROM	TO	Qty	Size in. [mm]	X
BaseFrame Pull Box	Control Equipment Pull Box	4	4" [100]	A
	Modulator Pull Box	3	4" [100]	B
	Relay Junction Box	2	2" [50]	C
Modulator Pull Box	Main Circuit Breaker Panel	2	2" [50]	D
Relay Junction Box	Warning Lights	1	0.5" [13]	E
	Door Interlocks (24VDC & 120VAC)	1	0.5" [13]	F
Accessory Pull Box	Control Equipment Pull Box	1	3" [75]	G
		2	2" [50]	H
	Optical Imaging Camera	1	3" [75]	I
	In-Room Monitors (qty 2 sets)	1	2" [50]	J
	Live View Camera & Microphone (primary)	2	1.25" [32]	K
	Microphone (secondary, ceiling)	1	1.25" [32]	L
	CCTV Camera (qty 4)	1	1" [25]	M
	Speaker (qty 2)	1	1" [25]	N
	Service Keyboard & Optional VVS System	1	1" [25]	O
Main Circuit Breaker Panel	Control Equipment Pull Box	1	2" [50]	P
	IEC 60309, 30A, 250V Receptacle	1	Per Code	Q
Network (Data)		1	1" [25]	R
Experimental (Physics) Access	Treatment Room	1	3" [75]	S
Control Area	Treatment Room (future use, optional)	2	4" [100]	T

TrueBeam Components

X	EQUIPMENT
01	Stand
02	Gantry
03	Modulator Cabinet
06	Isocenter
08	Control Cabinet, 2-1 Configuration (5'-1 7/16"H x 2'-2 7/16"W x 2'-9 7/16"D)
09	Optical Imaging Camera
10	In-Room Monitors
11	CCTV Camera
12	Live View Camera w/Mic
13	Microphone (ceiling)
14	Wireless Keyboard/Mouse
15	Speaker
18	Warning Lights (Qty:2) Beam-On & X-Ray-On, verify additional requirements with the regional regulatory agency
19	Control Console Pull Box (Existing 24" x 60" x 6")
20	Modulator Pull Box
21	BaseFrame Pull Box
22	Accessory Pull Box (size may vary, 24"W x 18"L x 12"D min.)
24	Relay Junction Box (20"H x 16"W x 6"D)
25	Main Circuit Breaker Panel (37 1/4"H x 25 1/2"W x 9 1/4"D, 179 lbs.)
30	Transtector Power Conditioner (66"H x 29"W x 36"D, 1,142 lbs.)

Provide adequate clearance for typical conduit radius of six times the diameter. Conduit bends shall not exceed 270 degrees per cable run. Route all room penetrations as perpendicular to the isocenter as possible to avoid radiation scatter. Verify all room penetrations with the Physicist of Record.

Conduit run lengths for Varian supplied cables shall not exceed 75'-0"

Typical TrueBeam Conduit Riser Diagram

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

REFERENCE NOTES

A. THIS DRAWING IS NOT FOR CONSTRUCTION. ALL SITE SPECIFIC INFORMATION WAS PROVIDED BY THE CUSTOMER. VERIFY ALL EXISTING CONDITIONS IN THE FIELD.

B. THIS DRAWING IS NOT COMPLETE. THE CURRENT PRODUCT PLANNING GUIDE (PPG) TrueBeam EDITION IS TO BE USED FOR NEW OR REMODELED THERAPY ROOM PLANNING. THE PPG PROVIDES ALL THE ESSENTIAL INFORMATION AND REQUIREMENTS FOR INSTALLATION.

C. THE FINAL SIGNED SALES ORDER WILL DETERMINE THE ITEMS FURNISHED BY VARIAN. THE CUSTOMER SIGNED SALES ORDER WILL TAKE PRECEDENCE OVER ANY ITEMS REPRESENTED IN THIS DRAWING.

DESCRIPTION OF CHANGE | DATE | REV

TrueBeam Equipment Coordination Drawing for
CENTRAL VERMONT MEDICAL CENTER
BERLIN, VT

DRAWN BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
BJB	15NOV2023	#			

DIMENSIONS: ft - in [mm]

NOT FOR CONSTRUCTION

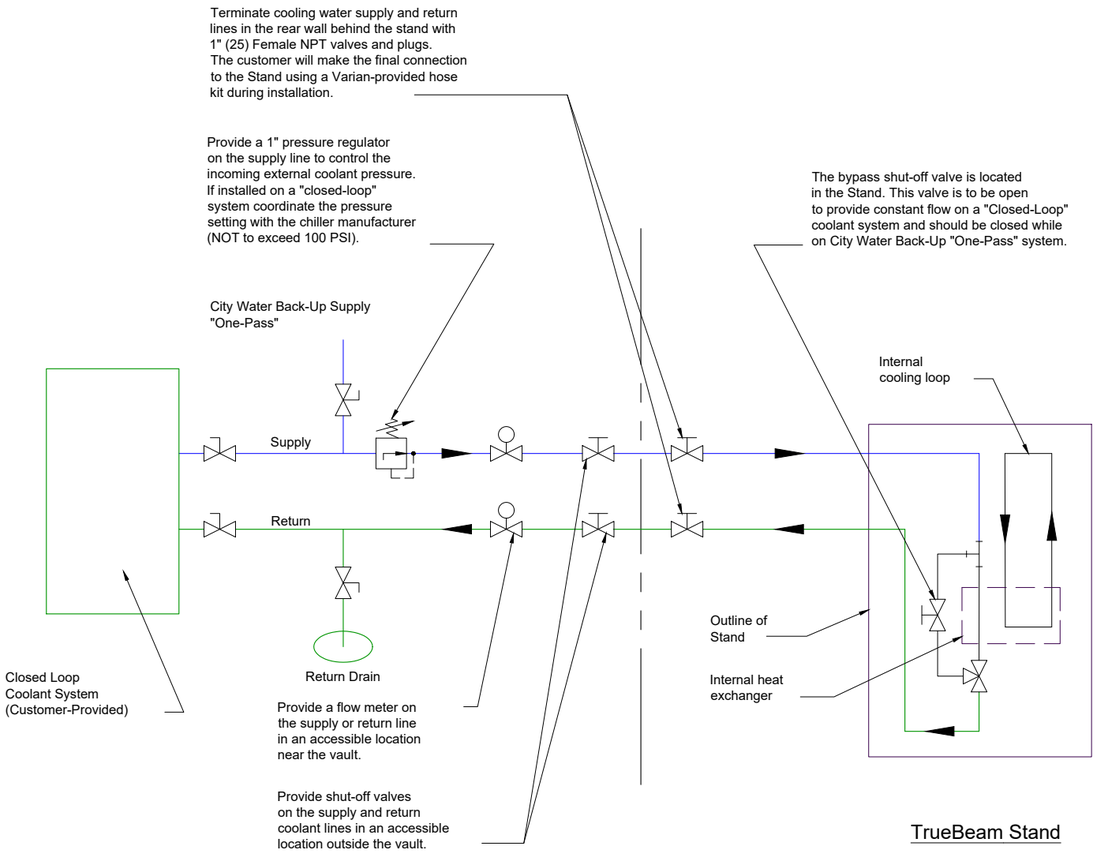
PAGE 4 OF 6

varian

SIZE	DRAWING NO.	REV.
B	24-007448	EC0

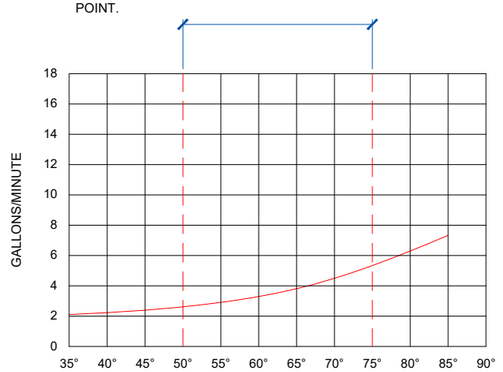
Ideal Mechanical Specifications	
Coolant Flow	65° F. @ 4 GPM (18° C. @ 15 LPM)
Glycol Content (Coolant)	Not to Exceed 50%
Compressed Air	Not Required for TrueBeam, recommend keeping if existing, relocate with water lines
Room Temperature	70° F. (21° C.)
Room Humidity	50% Relative Humidity, Non-Condensing

Treatment Vault HVAC Requirements	
Stand and Gantry (Beam-On)	7.25 kW (24,760 Btu/hr)
Modulator (Beam-On)	5.25 kW (17,930 Btu/hr)
NOTE: TrueBeam will produce detectable levels of ozone under certain conditions. Four to six air changes per hour are normally required to maintain undetectable levels. The ventilation system should use fresh-air as part of its design.	
Control Area HVAC Requirements	
2-1 Control Cabinet	1.1 kW (3,770 Btu/hr)



TrueBeam Coolant System Diagram

CHILLED WATER REQUIREMENT TO COOL THE ACCELERATOR: 3 to 6 GALLONS/MINUTE @ 50° to 75° F.
DESIGN THE SYSTEM TO ELIMINATE CONDENSATION ON THE PIPING. CONSULT A PSYCHROMETRIC CHART TO DETERMINE THE DEW POINT IN THE FACILITY. EQUIPMENT DAMAGE COULD RESULT IF THE INLET COOLING TEMPERATURE IS AT OR BELOW THIS DEW POINT.



FOR THE COMPLETE COOLING WATER AND HVAC SPECIFICATION SEE THE PRODUCT PLANNING GUIDE, SECTIONS 3.3 & 3.4

Coolant Flow Requirement

TrueBeam Coolant Requirements	
Minimum Heat Load	2 kW (6,830 Btu/hr)
Maximum Heat Load (Beam-On)	25 kW (85,379 Btu/hr)
Maximum Input Pressure (including normal back pressure)	100 PSIG (7 kg/cm^2)
The Pressure Differential between the inlet and outlet fittings in the Stand will be adjusted in the Ready State between	10 PSI (0.7 kg/cm^2) and 20 PSI (1.4 kg/cm^2) @ 3.0-5.0 GPM (11.4-18.9 LPM)
The Pressure Drop through the TrueBeam under Maximum Heat Load	24 PSI (1.7 kg/cm^2)
Average Water Temperature Rise (w/closed bypass valve)	27° F. (15° C.)

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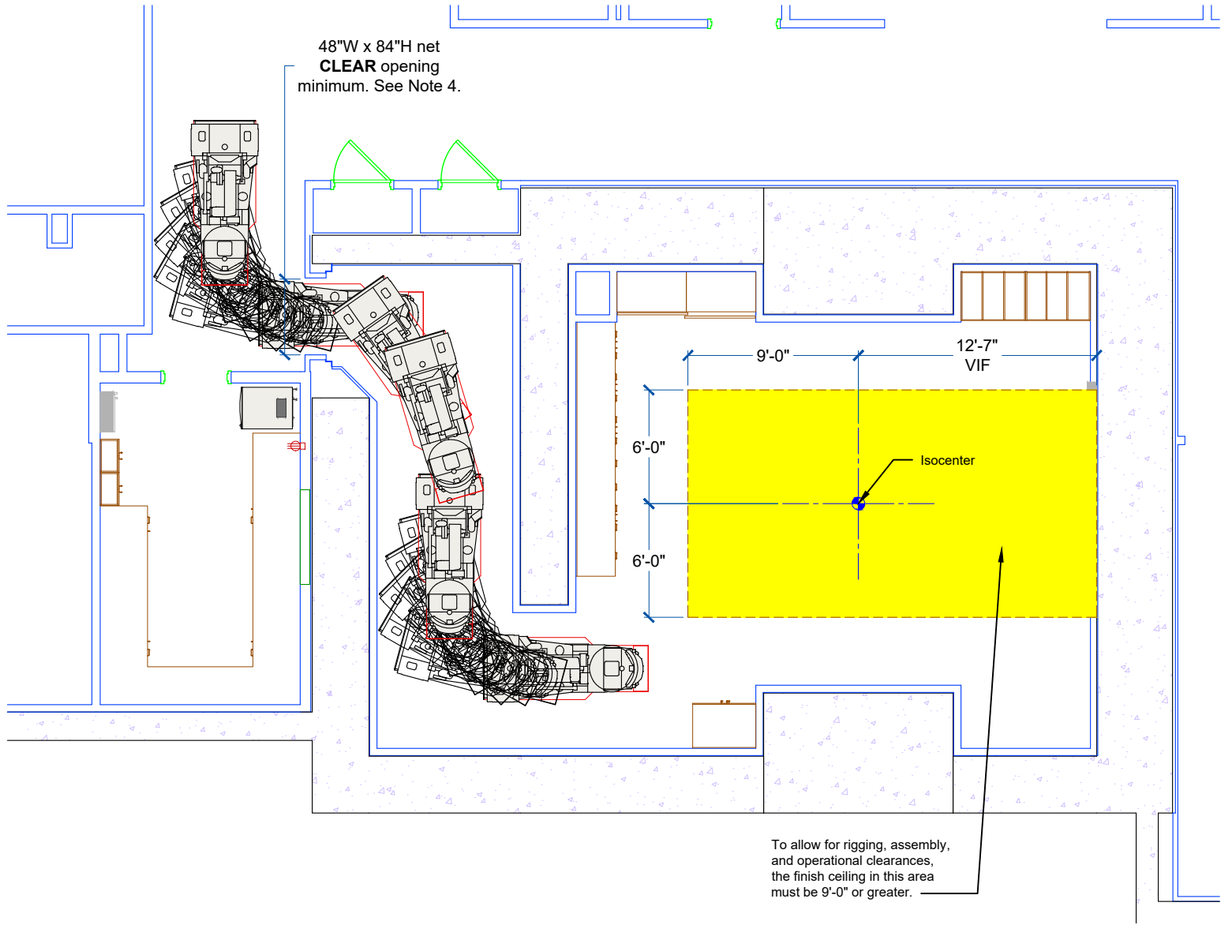
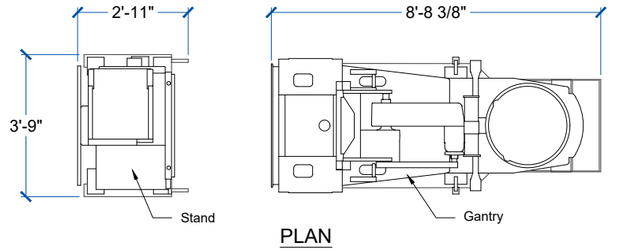
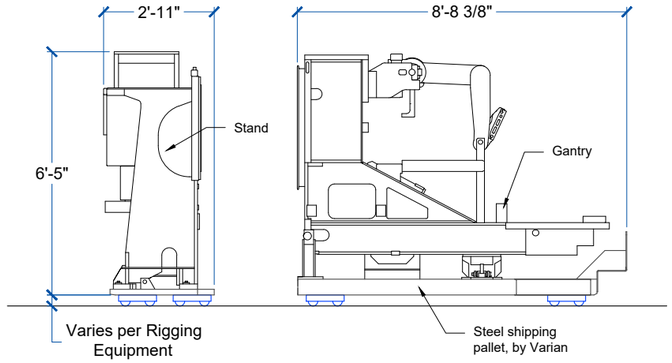


TrueBeam Simplified Rigging Path

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



PLAN



ELEVATION

Stand Weight:
3,240 lbs. [1470 kgs.]

Gantry Weight:
9,431 lbs. [4278 kgs.]

Factory Break Shipping Configuration

Scale: 1/4" = 1'-0"

NOTES:

1. During installation, TrueBeam components must be stored in a secure area of about 250 square feet (23 square meters).

2. Rigging is defined as the positioning of the BaseFrame and Linear Accelerator components into the treatment The BaseFrame is rigged prior to the rest of the equipment and delivery must be scheduled by the construction Contractor with the Installation Project Manager. As designated in the final Varian/Customer Terms and Conditions of Sale, a rigging company is hired by the Customer or Varian to off-load these items from the truck and to move them through the facility and into the treatment room.

3. Varian will review the installation route upon request. Coordinate all rigging with the Installation Project Manager. Final confirmation of rig route clearances and review of adequate structural support along the route is the responsibility of the Customer and the Structural Engineer of Record. The rigging preparation work can include temporary demolition and shoring. Final equipment positioning is part of the rigging contract.

4. Dimensions shown are based on the drawings provided. Actual field measurements must be verified.

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CENTRAL VERMONT MEDICAL CENTER
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DRAWN BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
BJB	15NOV2023	#			

DIMENSIONS: ft - in [mm]

NOT FOR CONSTRUCTION

varian

SIZE	DRAWING NO.	REV.
B	24-007448	EC0

Efficiency Vermont

www.efficiencyvermont.com
888-921-5990 | 802-860-4095

Memo
To: Eileen Hee

From: David Adams

Date: April 23, 2024

Re: **CVMC/LINAC Replacement Project**

This memo confirms that Efficiency Vermont is working closely with Eileen Hee and Central Vermont Medical Center on the development and implementation of the LINAC replacement project at their Berlin facility.

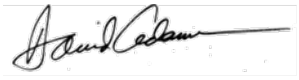
As part of the project team, Efficiency Vermont has assigned a designated energy consultant, who will provide support services as part of the design process, including:

- Technical assistance & recommendations on energy efficiency opportunities
- Cost/benefit analysis of options
- Collaborate with Architects/Contractors
- Provide “Objective Expertise”
- Financial incentives & assistance

The collaborative goal of these efforts is to achieve the highest levels of efficiency that are appropriate for a project of this nature, and in the process, reduce energy costs, strengthen the economy, and protect our environment.

If you have any questions, don’t hesitate to contact me directly.

Thanks,



David C. Adams, BEP

Efficiency Vermont

P: (802) 540-7628

C: (802) 318-7561

Incremental ProForma Statement of Operations

	Y1	Y2	Y3	Y4	Y5	5 Yr TOTAL
REVENUES						
INPATIENT CARE REVENUE	-	-	-	-	-	-
OUTPATIENT CARE REVENUE	-	-	-	-	-	-
OUTPATIENT CARE REVENUE - PHYSICIAN	-	-	-	-	-	-
CHRONIC/SNF PT CARE REVENUE	-	-	-	-	-	-
SWING BEDS PT CARE REVENUE	-	-	-	-	-	-
GROSS PATIENT CARE REVENUE	**-**	**-**	**-**	**-**	**-**	**-**
DISPROPORTIONATE SHARE PAYMENTS	-	-	-	-	-	-
BAD DEBT FREE CARE	-	-	-	-	-	-
DEDUCTIONS FROM REVENUE	-	-	-	-	-	-
NET PATIENT CARE REVENUE	**-**	**-**	**-**	**-**	**-**	**-**
FIXED PROSPECTIVE PAYMENTS AND RESERVES	-	-	-	-	-	-
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES	**-**	**-**	**-**	**-**	**-**	**-**
TOTAL OPERATING REVENUE	**-**	**-**	**-**	**-**	**-**	**-**
OPERATING EXPENSE						
SALARIES NON MD	-	-	-	-	-	-
FRINGE BENEFITS NON MD	-	-	-	-	-	-
FRINGE BENEFITS MD	-	-	-	-	-	-
PHYSICIAN FEES & SALARIES	-	-	-	-	-	-
HEALTH CARE PROVIDER TAX	-	-	-	-	-	-
DEPRECIATION AMORTIZATION	424,262	424,262	424,262	424,262	424,262	2,121,310
INTEREST - LONG/SHORT TERM	-	-	-	-	-	-
						-
OTHER OPERATING EXPENSE	(174,328)	70,672	70,672	70,672	70,672	108,360
BAD DEBT						-
TOTAL OPERATING EXPENSE	**249,934**	**494,934**	**494,934**	**494,934**	**494,934**	**2,229,670**
NET OPERATING INCOME (LOSS)	**(249,934)**	**(494,934)**	**(494,934)**	**(494,934)**	**(494,934)**	**(2,229,670)**
NON-OPERATING REVENUE						
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	**(249,934)**	**(494,934)**	**(494,934)**	**(494,934)**	**(494,934)**	**(2,229,670)**

Incremental Cash Flow

	Y1	Y2	Y3	Y4	Y5	5 Yr TOTAL
Revenue	-	-	-	-	-	-
Expenses	-	-	-	-	-	-
Contribution Margin	-	(249,933.96)	(494,933.96)	(494,933.96)	(494,933.96)	(1,734,736)
Depreciation	-	424,261.96	424,261.96	424,261.96	424,261.96	1,697,048
Principle Payments	-	-	-	-	-	-
Capital Expense	(3,661,162)	-	-	-	-	(3,661,162)
Debt	-	-	-	-	-	-
Cash Flow (Including up front capital)	**(3,661,162)**	**174,328**	**(70,672)**	**(70,672)**	**(70,672)**	**(3,698,850)**
Cash Flow (Excluding up front capital)	**-**	**174,328.00**	**(70,672.00)**	**(70,672.00)**	**(70,672.00)**	**(37,688)**

Cumulative Cash Flow (Including up front capital)	(3,661,162)	(3,486,834)	(3,557,506)	(3,628,178)	(3,698,850)	

NOTE: When completing this table make entries in the shaded fields only.

Central Vermont Medical Center
CVMC Linear Accelerator Replacement
TABLE 1
PROJECT COSTS

Construction Costs	
1. New Construction	$ 1,063,582
2. Renovation	
3. Site Work	
4. Fixed Equipment	$ 2,597,580
5. Design/Bidding Contingency	
6. Construction Contingency	
7. Construction Manager Fee	
8. Other (please specify)	-
Subtotal	$ 3,661,162
Related Project Costs	
1. Major Moveable Equipment	
2. Furnishings, Fixtures & Other Equip.	
3. Architectural/Engineering Fees	
4. Land Acquisition	
5. Purchase of Buildings	
6. Administrative Expenses & Permits	
7. Debt Financing Expenses (see below)	-
8. Debt Service Reserve Fund	-
9. Working Capital	-
10. Other (please specify)	-
	-
	-
Subtotal	$ -
Total Project Costs	**$ 3,661,162**

Debt Financing Expenses	
1. Capital Interest	$ -
2. Bond Discount or Placement Fee	-
3. Misc. Financing Fees & Exp. (issuance costs)	-
4. Other	-
Subtotal	$ -
Less Interest Earnings on Funds	
1. Debt Service Reserve Funds	$ -
2. Capitalized Interest Account	-
3. Construction Fund	-
4. Other	-
Subtotal	$ -
Total Debt Financing Expenses	**$ -**
feeds to line 7 above	

NOTE: When completing this table make entries in the shaded fields only.

Central Vermont Medical Center

CVMC Linear Accelerator Replacement

TABLE 2

DEBT FINANCING ARRANGEMENT, SOURCES & USES OF FUNDS

Sources of Funds

1. Financing Instrument	Bond			
a. Interest Rate	0.0%			
b. Loan Period		To:		
c. Amount Financed			$	-
2. Equity Contribution			$	3,661,162
3. Other Sources				
a. Working Capital				-
b. Fundraising				-
c. Grants				-
d. Other				-
Total Required Funds			**$**	**3,661,162**

Uses of Funds

Project Costs (feeds from Table 1)		
1. New Construction	$	1,063,582
2. Renovation		-
3. Site Work		-
4. Fixed Equipment	$	2,597,580
5. Design/Bidding Contingency		-
6. Construction Contingency		-
7. Construction Manager Fee		-
8. Major Moveable Equipment		-
9. Furnishings, Fixtures & Other Equip.		-
10. Architectural/Engineering Fees		-
11. Land Acquisition		-
12. Purchase of Buildings		-
13. Administrative Expenses & Permits		-
14. Debt Financing Expenses		-
15. Debt Service Reserve Fund		-
16. Working Capital		-
17. Other (please specify)		-
Total Uses of Funds	**$**	**3,661,162**

Total sources should equal total uses of funds.

Central Vermont Medical Center

CVMC Linear Accelerator Replacement

INCOME STATEMENT

Table 3A

WITHOUT PROHECT

Proposed Years Must change from Current Budget

	FY2022	FY2023		FY2023		FY2024		FY2024 Projected		FY2025 Proposed		FY2026 Proposed		FY2027 Proposed		FY2028 Proposed	
										Year 1		Year 2		Year 3		Year 4	
	Actual	Budget	% change	Actual	% change	Budget	% change		% change		% change		% change		% change		% change
REVENUES																	
INPATIENT CARE REVENUE	103,999,968	112,603,497	8.3%	116,863,515	3.8%	-	0.0%	161,652,390	38.3%	167,310,224	3.5%	173,166,081	3.5%	178,361,064	3.0%	183,711,896	3.0%
OUTPATIENT CARE REVENUE	306,146,545	347,879,147	13.6%	351,038,606	0.9%	-	0.0%	505,804,700	44.1%	527,299,297	4.2%	545,754,773	3.5%	562,127,416	3.0%	578,991,239	3.0%
OUTPATIENT CARE REVENUE - PHYSICIAN	89,910,561	98,243,336	9.3%	108,277,497	10.2%	-	0.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
CHRONIC/SNF PT CARE REVENUE	21,000,139	20,430,170	-2.7%	22,839,430	11.8%	-	0.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SWING BEDS PT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
GROSS PATIENT CARE REVENUE	521,057,213	579,156,151	11.2%	599,019,049	3.4%	-	0.0%	667,457,090	11.4%	694,609,521	4.1%	718,920,854	3.5%	740,488,480	3.0%	762,703,134	3.0%
DISPROPORTIONATE SHARE PAYMENTS	3,213,594	3,135,239	-2.4%	1,352,662	-56.9%	1,299,268	0.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL BAD DEBT FREE CARE	(9,599,455)	(8,694,134)	-9.4%	(11,318,391)	30.2%	(9,582,592)	0.0%	(10,545,822)	-6.8%	(10,974,830)	4.1%	(11,358,949)	3.5%	(11,699,718)	3.0%	(12,050,710)	3.0%
DEDUCTIONS FROM REVENUE	(328,880,617)	(362,797,013)	10.3%	(397,773,022)	9.6%	(395,542,312)	0.0%	(368,623,129)	-7.3%	(383,068,796)	3.9%	(396,476,022)	3.5%	(408,370,151)	3.0%	(420,621,104)	3.0%
NET PATIENT CARE REVENUE	185,790,735	210,800,242	13.5%	191,280,298	-9.3%	(403,825,637)	0.0%	288,288,139	50.7%	300,565,894	4.3%	311,085,882	3.5%	320,418,611	3.0%	330,031,320	3.0%
TOTAL FIXED PROSPECTIVE PAYMENTS AND RESERVES	54,595,886	58,431,148	7.0%	60,845,213	4.1%	57,238,048	0.0%		-100.0%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES	240,386,620	269,231,389	12.0%	252,125,510	-6.4%	275,002,293	0.0%	288,288,139	14.3%	300,565,894	4.3%	311,085,882	3.5%	320,418,611	3.0%	330,031,320	3.0%
OTHER OPERATING REVENUE	22,681,043	18,604,860	-18.0%	21,349,043	14.7%	16,207,717	0.0%	16,476,450	-22.8%	16,176,699	-1.8%	16,742,884	3.5%	17,245,170	3.0%	17,762,525	3.0%
TOTAL OPERATING REVENUE	263,067,664	287,836,250	9.4%	273,474,553	-5.0%	291,210,010	0.0%	304,764,589	11.4%	316,742,594	3.9%	327,828,766	3.5%	337,663,781	3.0%	347,793,846	3.0%
OPERATING EXPENSE																	
SALARIES NON MD	119,307,385	110,980,489	-7.0%	118,512,640	6.8%	119,414,699	0.0%	150,616,730	27.1%	156,562,285	3.9%	161,607,137	3.2%	165,921,792	2.7%	170,365,886	2.7%
FRINGE BENEFITS NON MD	24,714,278	28,560,217	15.6%	27,571,133	-3.5%	29,064,626	0.0%	33,796,242	446.3%	36,342,912	-75.9%	37,664,058	-75.9%	38,793,979	-76.0%	39,957,799	-75.9%
PHYSICIAN FEES & SALARIES	30,576,532	31,006,144	1.4%	33,437,639	7.8%	30,792,798	0.0%	-	1.1%	-	-100.0%	-	-100.0%	-	-100.0%	-	-100.0%
FRINGE BENEFITS MD	5,294,608	5,570,607	5.2%	4,937,536	-11.4%	5,359,930	0.0%	4,014,069	-100.0%	4,131,534	#DIV/0!	4,248,370	#DIV/0!	4,368,711	#DIV/0!	4,492,662	#DIV/0!
HEALTH CARE PROVIDER TAX	13,942,480	15,772,324	13.1%	14,427,609	-8.5%	16,029,450	0.0%	-	-72.2%	-	-100.0%	-	-100.0%	-	-100.0%	-	-100.0%
TOTAL DEPRECIATION AMORTIZATION	7,344,200	8,046,011	9.6%	6,844,619	-14.9%	6,882,752	0.0%	6,882,524	-100.0%	8,367,992	#DIV/0!	8,826,609	#DIV/0!	9,189,868	#DIV/0!	9,549,493	#DIV/0!
INTEREST - LONG/SHORT TERM	480,182	374,281	-22.1%	433,971	15.9%	398,311	0.0%	398,000	1485.9%	205,877	-97.0%	165,871	-98.0%	124,864	-98.6%	83,066	-99.1%
TOTAL OTHER OPERATING EXPENSE	78,544,659	84,652,207	7.8%	85,153,433	0.6%	86,090,374	0.0%	106,576,360	25.2%	112,149,030	5.2%	114,821,788	2.4%	117,418,978	2.3%	119,719,861	2.0%
TOTAL OPERATING EXPENSE	280,204,325	284,962,279	1.7%	291,318,581	2.2%	294,032,942	0.0%	302,283,925	3.8%	317,759,630	5.1%	327,333,832	3.0%	335,818,192	2.6%	344,168,767	2.5%
NET OPERATING INCOME (LOSS)	(17,136,661)	2,873,971	-116.8%	(17,844,028)	-720.9%	(2,822,932)	0.0%	- 2,480,665	-113.9%	(1,017,036)	-141.0%	494,934	-148.7%	1,845,589	272.9%	3,625,079	96.4%
NON-OPERATING REVENUE	(10,935,237)	5,476,010	-150.1%	(4,358,610)	-179.6%	4,243,694	0.0%	4,244,000	-197.4%	1,658,220	-60.9%	1,494,780	-9.9%	1,494,520	0.0%	1,544,420	3.3%
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	(28,071,898)	8,349,980	-129.7%	(22,202,638)	-365.9%	1,420,762	0.0%	6,724,665	-130.3%	641,184	-90.5%	1,989,714	210.3%	3,340,109	67.9%	5,169,499	54.8%
Operating Margin %	-6.5%	1.0%		-6.5%		-6.5%		0.8%		-0.3%		0.2%		0.5%		1.0%	
Bad Debt & Free Care%	1.8%	1.5%		1.9%		1.9%		1.6%		1.6%		1.6%		1.6%		1.6%	
Compensation Ratio	64.2%	61.8%		63.3%		63.3%		61.0%		62.0%		62.2%		62.3%		62.4%	
Capital Cost % of Total Expenses	2.8%	3.0%		2.5%		2.5%		2.3%		2.7%		2.7%		2.8%		2.8%	

Central Vermont Medical Center

CVMC Linear Accelerator Replacement

INCOME STATEMENT

Table 3B

PROHECT ONLY

Proposed Years Must change from Current Budget

	FY2022 Actual	FY2023 Budget	% change	FY2023 Actual	% change	FY2023 Actual	% change	FY2024 Projected	% change	FY2025 Proposed Year 1	% change	FY2026 Proposed Year 2	% change	FY2027 Proposed Year 3	% change	FY2028 Proposed Year 4	% change
REVENUES																	
INPATIENT CARE REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OUTPATIENT CARE REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OUTPATIENT CARE REVENUE - PHYSICIAN			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
CHRONIC/SNF PT CARE REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SWING BEDS PT CARE REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
GROSS PATIENT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
DISPROPORTIONATE SHARE PAYMENTS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
BAD DEBT FREE CARE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
DEDUCTIONS FROM REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
			#DIV/0!														
NET PATIENT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
FIXED PROSPECTIVE PAYMENTS AND RESERVES			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER OPERATING REVENUE			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL OPERATING REVENUE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OPERATING EXPENSE																	
SALARIES NON MD			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
FRINGE BENEFITS NON MD			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
FRINGE BENEFITS MD			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
PHYSICIAN FEES & SALARIES			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
HEALTH CARE PROVIDER TAX			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
DEPRECIATION AMORTIZATION			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	424,262	#DIV/0!	424,262	0.0%	424,262	0.0%	424,262	0.0%
INTEREST - LONG/SHORT TERM			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER OPERATING EXPENSE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	(174,328)	#DIV/0!	70,672	-140.5%	70,672	0.0%	70,672	0.0%
TOTAL OPERATING EXPENSE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	249,934	#DIV/0!	494,934	98.0%	494,934	0.0%	494,934	0.0%
NET OPERATING INCOME (LOSS)	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	(249,934)	#DIV/0!	(494,934)	98.0%	(494,934)	0.0%	(494,934)	0.0%
NON-OPERATING REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	(249,934)	#DIV/0!	(494,934)	98.0%	(494,934)	0.0%	(494,934)	0.0%

Central Vermont Medical Center

CVMC Linear Accelerator Replacement

Note: This table requires no "fill-in" as it is populated automatically

INCOME STATEMENT

Table 3C

WITH PROHECT

Proposed Years Must change from Current Budget

	FY2022	FY2023		FY2023		FY2023		FY2024 Projected		FY2025 Proposed		FY2026 Proposed		FY2027 Proposed		FY2028 Proposed		
	Actual	Budget	% change	Actual	% change	Actual	% change		% change	Year 1	% change	Year 2	% change	Year 3	% change	Year 4	% change
REVENUES																		
INPATIENT CARE REVENUE	103,999,968	112,603,497	8.3%	116,863,515	3.8%	116,863,515	0.0%	161,652,390	38.3%	167,310,224	3.5%	173,166,081	3.5%	178,361,064	3.0%	183,711,896	3.0%
OUTPATIENT CARE REVENUE	306,146,545	347,879,147	13.6%	351,038,606	0.9%	351,038,606	0.0%	505,804,700	44.1%	527,299,297	4.2%	545,754,773	3.5%	562,127,416	3.0%	578,991,239	3.0%
OUTPATIENT CARE REVENUE - PHYSICIAN	89,910,561	98,243,336	9.3%	108,277,497	10.2%	108,277,497	0.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
CHRONIC/SNF PT CARE REVENUE	21,000,139	20,430,170	-2.7%	22,839,430	11.8%	22,839,430	0.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SWING BEDS PT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
GROSS PATIENT CARE REVENUE	521,057,213	579,156,151	11.2%	599,019,049	3.4%	599,019,049	0.0%	667,457,090	11.4%	694,609,521	4.1%	718,920,854	3.5%	740,488,480	3.0%	762,703,134	3.0%
DISPROPORTIONATE SHARE PAYMENTS	3,213,594	3,135,239	-2.4%	1,352,662	-56.9%	1,352,662	0.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
BAD DEBT FREE CARE	(9,599,455)	(8,694,134)	-9.4%	(11,318,391)	30.2%	(11,318,391)	0.0%	(10,545,822)	-6.8%	(10,974,830)	4.1%	(11,358,949)	3.5%	(11,699,718)	3.0%	(12,050,710)	3.0%
DEDUCTIONS FROM REVENUE	(328,880,617)	(362,797,013)	10.3%	(397,773,022)	9.6%	(397,773,022)	0.0%	(368,623,129)	-7.3%	(383,068,796)	3.9%	(396,476,022)	3.5%	(408,370,151)	3.0%	(420,621,104)	3.0%
	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
NET PATIENT CARE REVENUE	185,790,735	210,800,242	13.5%	191,280,298	-9.3%	191,280,298	0.0%	288,288,139	50.7%	300,565,894	4.3%	311,085,882	3.5%	320,418,611	3.0%	330,031,320	3.0%
FIXED PROSPECTIVE PAYMENTS AND RESERVES	54,595,886	58,431,148	7.0%	60,845,213	4.1%	60,845,213	0.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES	240,386,620	269,231,389	12.0%	252,125,510	-6.4%	252,125,510	0.0%	288,288,139	14.3%	300,565,894	4.3%	311,085,882	3.5%	320,418,611	3.0%	330,031,320	3.0%
OTHER OPERATING REVENUE	22,681,043	18,604,860	-18.0%	21,349,043	14.7%	21,349,043	0.0%	16,476,450	-22.8%	16,176,699	-1.8%	16,742,884	3.5%	17,245,170	3.0%	17,762,525	3.0%
TOTAL OPERATING REVENUE	263,067,664	287,836,250	9.4%	273,474,553	-5.0%	273,474,553	0.0%	304,764,589	11.4%	316,742,594	3.9%	327,828,766	3.5%	337,663,781	3.0%	347,793,846	3.0%
OPERATING EXPENSE																		
SALARIES NON MD	119,307,385	110,980,489	-7.0%	118,512,640	6.8%	118,512,640	0.0%	150,616,730	27.1%	156,562,285	3.9%	161,607,137	3.2%	165,921,792	2.7%	170,365,886	2.7%
FRINGE BENEFITS NON MD	24,714,278	28,560,217	15.6%	27,571,133	-3.5%	27,571,133	0.0%	33,796,242	22.6%	36,342,912	7.5%	37,664,058	3.6%	38,793,979	3.0%	39,957,799	3.0%
FRINGE BENEFITS MD	30,576,532	31,006,144	1.4%	33,437,639	7.8%	33,437,639	0.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
PHYSICIAN FEES & SALARIES	5,294,608	5,570,607	5.2%	4,937,536	-11.4%	4,937,536	0.0%	4,014,069	-18.7%	4,131,534	2.9%	4,248,370	2.8%	4,368,711	2.8%	4,492,662	2.8%
HEALTH CARE PROVIDER TAX	13,942,480	15,772,324	13.1%	14,427,609	-8.5%	14,427,609	0.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
DEPRECIATION AMORTIZATION	7,344,200	8,046,011	9.6%	6,844,619	-14.9%	6,844,619	0.0%	6,882,524	0.6%	8,792,254	27.7%	9,250,871	5.2%	9,614,130	3.9%	9,973,755	3.7%
INTEREST - LONG/SHORT TERM	480,182	374,281	-22.1%	433,971	15.9%	433,971	0.0%	398,000	-8.3%	205,877	-48.3%	165,871	-19.4%	124,864	-24.7%	83,066	-33.5%
OTHER OPERATING EXPENSE	78,544,659	84,652,207	7.8%	85,153,433	0.6%	85,153,433	0.0%	106,576,360	25.2%	111,974,702	5.1%	114,892,460	2.6%	117,489,650	2.3%	119,790,533	2.0%
TOTAL OPERATING EXPENSE	280,204,325	284,962,279	1.7%	291,318,581	2.2%	291,318,581	0.0%	302,283,925	3.8%	318,009,564	5.2%	327,828,766	3.1%	336,313,126	2.6%	344,663,701	2.5%
NET OPERATING INCOME (LOSS)	(17,136,661)	2,873,971	-116.8%	(17,844,028)	-720.9%	(17,844,028)	0.0%	2,480,665	-113.9%	(1,266,970)	-151.1%	-	-100.0%	1,350,655	#DIV/0!	3,130,145	131.8%
NON-OPERATING REVENUE	(10,935,237)	5,476,010	-150.1%	(4,358,610)	-179.6%	4,243,694	0.0%	4,244,000	-197.4%	1,658,220	-60.9%	1,494,780	-9.9%	1,494,520	0.0%	1,544,420	3.3%
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	(28,071,898)	8,349,980	-129.7%	(22,202,638)	-365.9%	1,420,762	0.0%	6,724,665	-130.3%	391,250	-94.2%	1,494,780	282.1%	2,845,175	90.3%	4,674,565	64.3%

Operating Margin %	-6.5%	1.0%	-6.5%	-6.5%	0.8%	-0.4%	0.0%	0.4%	0.9%
Bad Debt & Free Care%	1.8%	1.5%	1.9%	1.9%	1.6%	1.6%	1.6%	1.6%	1.6%
Compensation Ratio	64.2%	61.8%	63.3%	63.3%	62.3%	62.0%	62.1%	62.2%	62.3%
Capital Cost % of Total Expenses	2.8%	3.0%	2.5%	2.5%	2.4%	2.8%	2.9%	2.9%	2.9%

Central Vermont Medical Center

CVMC Linear Accelerator Replacement

Balance Sheet

				WITHOUT PROJECT				Proposed Years Must change from Current Budget									
	FY2022	FY2023		FY2023		FY2024		FY2024 Projected		FY2025		FY2026		FY2027		FY2028	
	Actual	Budget	% change	Actual	% change	Budget	% change		% change	Proposed Year 1	% change	Proposed Year 2	% change	Proposed Year 3	% change	Proposed Year 4	% change
ASSETS																	
CURRENT ASSETS																	
CASH & INVESTMENTS	7,485,274	4,849,182	-35.2%	29,309,353	504.4%	26,132,852	-10.8%	34,097,162	16.3%	35,345,834	3.7%	36,381,506	2.9%	37,289,178	2.5%	38,182,850	2.4%
PATIENT ACCOUNTS RECEIVABLE, GROSS	37,209,478	45,010,493	21.0%	28,501,639	-36.7%	28,993,991	1.7%	24,972,000	-12.4%	26,036,000	4.3%	26,947,000	3.5%	27,756,000	3.0%	28,588,000	3.0%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS	(4,393,855)	(6,470,984)	47.3%	(6,661,458)	2.9%	(2,793,665)	-58.1%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
DUE FROM THIRD PARTIES	0	-	-100.0%	0	#DIV/0!	0	0.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
ACO RISK RESERVE/SETTLEMENT RECEIVABLE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER CURRENT ASSETS	9,537,018	8,810,179	-7.6%	7,018,033	-20.3%	8,809,249	25.5%	7,690,000	9.6%	8,072,000	5.0%	8,410,000	4.2%	8,754,000	4.1%	9,110,000	4.1%
TOTAL CURRENT ASSETS	49,837,915	52,198,870	4.7%	58,167,568	11.4%	61,142,426	5.1%	66,759,162	14.8%	69,453,834	4.0%	71,738,506	3.3%	73,799,178	2.9%	75,880,850	2.8%
BOARD DESIGNATED ASSETS					#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL FUNDED DEPRECIATION	43,907,046	56,519,937	28.7%	31,895,586	-43.6%	22,114,248	-30.7%	14,990,000	-53.0%	7,284,000	-51.4%	5,925,000	-18.7%	5,306,000	-10.4%	6,809,000	28.3%
ESCROWED BOND FUNDS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL OTHER	7,204,806	8,158,998	13.2%	7,771,116	-4.8%	10,975,283	41.2%	10,905,000	40.3%	10,905,000	0.0%	10,905,000	0.0%	10,905,000	0.0%	10,905,000	0.0%
TOTAL BOARD DESIGNATED ASSETS	51,111,852	64,678,936	26.5%	39,666,702	-38.7%	33,089,531	-16.6%	25,895,000	-34.7%	18,189,000	-29.8%	16,830,000	-7.5%	16,211,000	-3.7%	17,714,000	9.3%
PROPERTY, PLANT, AND EQUIPMENT																	
LAND, BUILDINGS & IMPROVEMENTS	127,840,922	128,919,742	0.8%	128,624,406	-0.2%	134,957,023	4.9%	183,620,838	42.8%	194,696,838	6.0%	201,561,838	3.5%	209,577,838	4.0%	217,593,838	3.8%
CONSTRUCTION IN PROGRESS	2,690,489	2,167,272	-19.4%	2,855,930	31.8%	3,008,432	5.3%	7,694,000	169.4%	6,694,000	-13.0%	6,694,000	0.0%	6694000	0.0%	6694000	0.0%
MAJOR MOVABLE EQUIPMENT	51,285,823	56,512,614	10.2%	52,920,084	-6.4%	54,487,066	3.0%	-	-100.0%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
FIXED EQUIPMENT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
TOTAL PROPERTY, PLANT AND EQUIPMENT	181,817,235	187,599,629	3.2%	184,400,420	-1.7%	192,452,521	4.4%	191,314,838	3.7%	201,390,838	5.3%	208,255,838	3.4%	216,271,838	3.8%	224,287,838	3.7%
LESS: ACCUMULATED DEPRECIATION																	
LAND, BUILDINGS & IMPROVEMENTS	(82,177,939)	(87,754,712)	6.8%	(86,773,807)	-1.1%	(91,536,064)	5.5%	(133,117,000)	53.4%	(139,937,738)	5.1%	(147,147,476)	5.2%	(154,739,214)	5.2%	(162,690,952)	5.1%
EQUIPMENT - FIXED	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
EQUIPMENT - MAJOR MOVEABLE	(38,591,067)	(43,268,120)	12.1%	(40,879,613)	-5.5%	(43,085,329)	5.4%	-	-100.0%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
TOTAL ACCUMULATED DEPRECIATION	(120,769,006)	(131,022,831)	8.5%	(127,653,420)	-2.6%	(134,621,393)	5.5%	(133,117,000)	4.3%	(139,937,738)	5.1%	(147,147,476)	5.2%	(154,739,214)	5.2%	(162,690,952)	5.1%
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET	61,048,229	56,576,797	-7.3%	56,747,000	0.3%	57,831,128	1.9%	58,197,838	2.6%	61,453,100	5.6%	61,108,362	-0.6%	61,532,624	0.7%	61,596,886	0.1%
OTHER LONG-TERM ASSETS	11,788,086	12,662,098	7.4%	8,362,471	-34.0%	10,159,369	21.5%	8,362,000	0.0%	8,362,000	0.0%	8,362,000	0.0%	8,362,000	0.0%	8,362,000	0.0%
TOTAL ASSETS	**173,786,081**	**186,116,702**	7.1%	**162,943,742**	-12.5%	**162,222,455**	-0.4%	**159,214,000**	-2.3%	**157,457,934**	-1.1%	**158,038,868**	0.4%	**159,904,802**	1.2%	**163,553,736**	2.3%
LIABILITIES AND FUND BALANCE																	
CURRENT LIABILITIES																	
ACCOUNTS PAYABLE	5,779,880	11,745,829	103.2%	5,757,681	-51.0%	9,829,217	70.7%	5,979,000	3.8%	6,259,000	4.7%	6,448,000	3.0%	6,613,000	2.6%	6,774,000	2.4%
CURRENT LIABILITIES COVID-19	0	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	0	#DIV/0!	0	#DIV/0!
SALARIES, WAGES AND PAYROLL TAXES PAYAB	19,697,486	19,406,486	-1.5%	18,203,206	-6.2%	19,450,336	6.9%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	0	#DIV/0!	0	#DIV/0!
TOTAL ESTIMATED THIRD-PARTY SETTLEMENTS	2,623,399	5,357,226	104.2%	2,386,311	-55.5%	2,813,704	17.9%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	0	#DIV/0!	0	#DIV/0!
OTHER CURRENT LIABILITIES	25,200,676	10,604,808	-57.9%	40,733,879	284.1%	32,578,688	-20.0%	61,325,000	50.6%	61,325,000	0.0%	61,325,000	0.0%	61,325,000	0.0%	61,325,000	0.0%
CURRENT PORTION OF LONG-TERM DEBT	6,532,241	8,032,241	23.0%	2,676,469	-66.7%	1,598,872	-40.3%	2,676,000	0.0%	1,599,000	-40.2%	1,639,000	2.5%	1,680,000	2.5%	1,722,000	2.5%
TOTAL CURRENT LIABILITIES	59,833,683	55,146,590	-7.8%	69,757,546	26.5%	66,270,817	-5.0%	69,980,000	0.3%	69,183,000	-1.1%	69,412,000	0.3%	69,618,000	0.3%	69,821,000	0.3%
LONG-TERM DEBT																	
LONG TERM LIABILITIES COVID-19	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	0	#DIV/0!	0	#DIV/0!
BONDS & MORTGAGES PAYABLE	11,731,519	11,730,265	0.0%	9,055,051	-22.8%	7,454,924	-17.7%	0	-100.0%	0	#DIV/0!	-	#DIV/0!	0	#DIV/0!	0	#DIV/0!
CAPITAL LEASE OBLIGATIONS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	0	#DIV/0!	0	#DIV/0!
OTHER LONG-TERM DEBT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	6,379,000	#DIV/0!	4,780,000	-25.1%	3,141,000	-34.3%	1,461,000	-53.5%	(261,000)	-117.9%
TOTAL LONG-TERM DEBT	11,731,519	11,730,265	0.0%	9,055,051	-22.8%	7,454,924	-17.7%	6,379,000	-29.6%	4,780,000	-25.1%	3,141,000	-34.3%	1,461,000	-53.5%	(261,000)	-117.9%
OTHER NONCURRENT LIABILITIES	10,842,032	6,862,785	-36.7%	14,314,766	108.6%	5,607,572	-60.8%	14,314,000	0.0%	14,314,000	0.0%	14,314,000	0.0%	14,314,000	0.0%	14,314,000	0.0%
TOTAL LIABILITIES	**82,407,234**	**73,739,640**	-10.5%	**93,127,363**	26.3%	**79,333,313**	-14.8%	**90,673,000**	-2.6%	**88,277,000**	-2.6%	**86,867,000**	-1.6%	**85,393,000**	-1.7%	**83,874,000**	-1.8%
TOTAL FUND BALANCE	91,378,847	112,377,062	23.0%	69,816,379	-37.9%	82,889,141	18.7%	68,541,000	-1.8%	69,180,934	0.9%	71,171,868	2.9%	74,511,802	4.7%	79,679,736	6.9%
TOTAL LIABILITIES AND FUND BALANCE	**173,786,081**	**186,116,701**	7.1%	**162,943,742**	-12.5%	**162,222,454**	-0.4%	**159,214,000**	-2.3%	**157,457,934**	-1.1%	**158,038,868**	0.4%	**159,904,802**	1.2%	**163,553,736**	2.3%

CVMC Linear Accelerator Replacement

Balance Sheet

PROJECT ONLY

	FY2022 Actual	FY2023 Budget	% change	FY2023 Actual	% change	FY2024 Budget	% change	Proposed Years Must change from Current Budget: FY2024 Projected	% change	FY2025 Proposed Year 1	% change	FY2026 Proposed Year 2	% change	FY2027 Proposed Year 3	% change	FY2028 Proposed Year 4	% change
ASSETS																	
CURRENT ASSETS																	
CASH & INVESTMENTS			#DIV/0!		#DIV/0!		#DIV/0!	(3,661,162.00)	#DIV/0!	(3,486,834.00)	-4.8%	(3,557,506.00)	2.0%	(3,628,178.00)	2.0%	(3,698,850.00)	1.9%
PATIENT ACCOUNTS RECEIVABLE, GROSS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
DUE FROM THIRD PARTIES			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ACO RISK RESERVE/SETTLEMENT RECEIVABLE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER CURRENT ASSETS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL CURRENT ASSETS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	(3,661,162)	#DIV/0!	(3,486,834)	-4.8%	(3,557,506)	2.0%	(3,628,178)	2.0%	(3,698,850)	1.9%
BOARD DESIGNATED ASSETS					#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				
FUNDED DEPRECIATION			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ESCROWED BOND FUNDS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL BOARD DESIGNATED ASSETS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
PROPERTY, PLANT, AND EQUIPMENT																	
LAND, BUILDINGS & IMPROVEMENTS			#DIV/0!		#DIV/0!		#DIV/0!	3,661,162	#DIV/0!	3,661,162	0.0%	3,661,162	0.0%	3,661,162	0.0%	3,661,162	0.0%
CONSTRUCTION IN PROGRESS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
MAJOR MOVABLE EQUIPMENT			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
FIXED EQUIPMENT			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL PROPERTY, PLANT AND EQUIPMENT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	3,661,162	#DIV/0!	3,661,162	0.0%	3,661,162	0.0%	3,661,162	0.0%	3,661,162	0.0%
LESS: ACCUMULATED DEPRECIATION																	
LAND, BUILDINGS & IMPROVEMENTS			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	(424,261.96)	#DIV/0!	(848,523.91)	#DIV/0!	(1,272,785.87)	#DIV/0!	(1,697,047.83)	#DIV/0!
EQUIPMENT - FIXED			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
EQUIPMENT - MAJOR MOVEABLE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL ACCUMULATED DEPRECIATION	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	(424,262)	#DIV/0!	(848,524)	100.0%	(1,272,786)	50.0%	(1,697,048)	33.3%
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	3,661,162	#DIV/0!	3,236,900	-11.6%	2,812,638	-13.1%	2,388,376	-15.1%	1,964,114	-17.8%
OTHER LONG-TERM ASSETS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL ASSETS	**-**	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**(249,934)**	#DIV/0!	**(744,868)**	198.0%	**(1,239,802)**	66.4%	**(1,734,736)**	39.9%
LIABILITIES AND FUND BALANCE																	
CURRENT LIABILITIES																	
ACCOUNTS PAYABLE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
CURRENT LIABILITIES COVID-19			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
SALARIES, WAGES AND PAYROLL TAXES PAYABLE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ESTIMATED THIRD-PARTY SETTLEMENTS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER CURRENT LIABILITIES			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
CURRENT PORTION OF LONG-TERM DEBT			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL CURRENT LIABILITIES	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
LONG-TERM DEBT																	
LONG TERM LIABILITIES COVID-19			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
BONDS & MORTGAGES PAYABLE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
CAPITAL LEASE OBLIGATIONS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER LONG-TERM DEBT			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL LONG-TERM DEBT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER NONCURRENT LIABILITIES			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL LIABILITIES	**-**	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!
FUND BALANCE			#DIV/0!		#DIV/0!		#DIV/0!	0	#DIV/0!	(249,934)	#DIV/0!	(744,868)	198.0%	(1,239,802)	66.4%	(1,734,736)	39.9%
TOTAL LIABILITIES AND FUND BALANCE	**-**	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**(249,934)**	#DIV/0!	**(744,868)**	198.0%	**(1,239,802)**	66.4%	**(1,734,736)**	39.9%

CVMC Linear Accelerator Replacement

Note: This table requires no "fill-in" as it is populated automatically

Balance Sheet

WITH PROJECT

	FY2022	FY2023		FY2023		FY2024		Proposed Years Must change from Current Budget									
								FY2024 Projected		FY2025		FY2026		FY2027		FY2028	
	Actual	Budget	% change	Actual	% change	Budget	% change		% change	Proposed Year 1	% change	Proposed Year 2	% change	Proposed Year 3	% change	Proposed Year 4	% change
ASSETS																	
CURRENT ASSETS																	
CASH & INVESTMENTS	7,485,274	4,849,182	-35.2%	29,309,353	504.4%	26,132,852	-10.8%	30,436,000	3.8%	31,859,000	4.7%	32,824,000	3.0%	33,661,000	2.5%	34,484,000	2.4%
PATIENT ACCOUNTS RECEIVABLE, GROSS	37,209,478	45,010,493	21.0%	28,501,639	-36.7%	28,993,991	1.7%	24,972,000	-12.4%	26,036,000	4.3%	26,947,000	3.5%	27,756,000	3.0%	28,588,000	3.0%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS	(4,393,855)	(6,470,984)	47.3%	(6,661,458)	2.9%	(2,793,665)	-58.1%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
DUE FROM THIRD PARTIES	0	-	-100.0%	0	#DIV/0!	0	0.0%		-100.0%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ACO RISK RESERVE/SETTLEMENT RECEIVABLE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER CURRENT ASSETS	9,537,018	8,810,179	-7.6%	7,018,033	-20.3%	8,809,249	25.5%	7,690,000	9.6%	8,072,000	5.0%	8,410,000	4.2%	8,754,000	4.1%	9,110,000	4.1%
TOTAL CURRENT ASSETS	49,837,915	52,198,870	4.7%	58,167,568	11.4%	61,142,426	5.1%	63,098,000	3.2%	65,967,000	4.5%	68,181,000	3.4%	70,171,000	2.9%	72,182,000	2.9%
BOARD DESIGNATED ASSETS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
FUNDED DEPRECIATION	43,907,046	56,519,937	28.7%	31,895,586	-43.6%	22,114,248	-30.7%	14,990,000	-53.0%	7,284,000	-51.4%	5,925,000	-18.7%	5,306,000	-10.4%	6,809,000	28.3%
ESCROWED BOND FUNDS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER	7,204,806	8,158,998	13.2%	7,771,116	-4.8%	10,975,283	41.2%	10,905,000	40.3%	10,905,000	0.0%	10,905,000	0.0%	10,905,000	0.0%	10,905,000	0.0%
TOTAL BOARD DESIGNATED ASSETS	51,111,852	64,678,936	26.5%	39,666,702	-38.7%	33,089,531	-16.6%	25,895,000	-34.7%	18,189,000	-29.8%	16,830,000	-7.5%	16,211,000	-3.7%	17,714,000	9.3%
PROPERTY, PLANT, AND EQUIPMENT																	
LAND, BUILDINGS & IMPROVEMENTS	127,840,922	128,919,742	0.8%	128,624,406	-0.2%	134,957,023	4.9%	187,282,000	45.6%	198,358,000	5.9%	205,223,000	3.5%	213,239,000	3.9%	221,255,000	3.8%
CONSTRUCTION IN PROGRESS	2,690,489	2,167,272	-19.4%	2,855,930	31.8%	3,008,432	5.3%	7,694,000	169.4%	6,694,000	-13.0%	6,694,000	0.0%	6,694,000	0.0%	6,694,000	0.0%
MAJOR MOVABLE EQUIPMENT	51,285,823	56,512,614	10.2%	52,920,084	-6.4%	54,487,066	3.0%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
FIXED EQUIPMENT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL PROPERTY, PLANT AND EQUIPMENT	181,817,235	187,599,629	3.2%	184,400,420	-1.7%	192,452,521	4.4%	194,976,000	5.7%	205,052,000	5.2%	211,917,000	3.3%	219,933,000	3.8%	227,949,000	3.6%
LESS: ACCUMULATED DEPRECIATION																	
LAND, BUILDINGS & IMPROVEMENTS	(82,177,939)	(87,754,712)	6.8%	(86,773,807)	-1.1%	(91,536,064)	5.5%	(133,117,000)	53.4%	(140,362,000)	5.4%	(147,996,000)	5.4%	(156,012,000)	5.4%	(164,388,000)	5.4%
EQUIPMENT - FIXED	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
EQUIPMENT - MAJOR MOVEABLE	(38,591,067)	(43,268,120)	12.1%	(40,879,613)	-5.5%	(43,085,329)	5.4%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL ACCUMULATED DEPRECIATION	(120,769,006)	(131,022,831)	8.5%	(127,653,420)	-2.6%	(134,621,393)	5.5%	(133,117,000)	4.3%	(140,362,000)	5.4%	(147,996,000)	5.4%	(156,012,000)	5.4%	(164,388,000)	5.4%
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET	61,048,229	56,576,797	-7.3%	56,747,000	0.3%	57,831,128	1.9%	61,859,000	9.0%	64,690,000	4.6%	63,921,000	-1.2%	63,921,000	0.0%	63,561,000	-0.6%
OTHER LONG-TERM ASSETS	11,788,086	12,662,098	7.4%	8,362,471	-34.0%	10,159,369	21.5%	8,362,000	0.0%	8,362,000	0.0%	8,362,000	0.0%	8,362,000	0.0%	8,362,000	0.0%
TOTAL ASSETS	**173,786,081**	**186,116,702**	7.1%	**162,943,742**	-12.5%	**162,222,455**	-0.4%	**159,214,000**	-2.3%	**157,208,000**	-1.3%	**157,294,000**	0.1%	**158,665,000**	0.9%	**161,819,000**	2.0%
LIABILITIES AND FUND BALANCE																	
CURRENT LIABILITIES																	
ACCOUNTS PAYABLE	5,779,880	11,745,829	103.2%	5,757,681	-51.0%	9,829,217	70.7%	5,979,000	3.8%	6,259,000	4.7%	6,448,000	3.0%	6,613,000	2.6%	6,774,000	2.4%
CURRENT LIABILITIES COVID-19	0	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SALARIES, WAGES AND PAYROLL TAXES PAYAB	19,697,486	19,406,486	-1.5%	18,203,206	-6.2%	19,450,336	6.9%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
ESTIMATED THIRD-PARTY SETTLEMENTS	2,623,399	5,357,226	104.2%	2,386,311	-55.5%	2,813,704	17.9%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER CURRENT LIABILITIES	25,200,676	10,604,808	-57.9%	40,733,879	284.1%	32,578,688	-20.0%	61,325,000	50.6%	61,325,000	0.0%	61,325,000	0.0%	61,325,000	0.0%	61,325,000	0.0%
CURRENT PORTION OF LONG-TERM DEBT	6,532,241	8,032,241	23.0%	2,676,469	-66.7%	1,598,872	-40.3%	2,676,000	0.0%	1,599,000	-40.2%	1,639,000	2.5%	1,680,000	2.5%	1,722,000	2.5%
TOTAL CURRENT LIABILITIES	59,833,683	55,146,590	-7.8%	69,757,546	26.5%	66,270,817	-5.0%	69,980,000	0.3%	69,183,000	-1.1%	69,412,000	0.3%	69,618,000	0.3%	69,821,000	0.3%
LONG-TERM DEBT																	
LONG TERM LIABILITIES COVID-19	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
BONDS & MORTGAGES PAYABLE	11,731,519	11,730,265	0.0%	9,055,051	-22.8%	7,454,924	-17.7%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
CAPITAL LEASE OBLIGATIONS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER LONG-TERM DEBT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	6,379,000	#DIV/0!	4,780,000	-25.1%	3,141,000	-34.3%	1,461,000	-53.5%	(261,000)	-117.9%
TOTAL LONG-TERM DEBT	11,731,519	11,730,265	0.0%	9,055,051	-22.8%	7,454,924	-17.7%	6,379,000	-29.6%	4,780,000	-25.1%	3,141,000	-34.3%	1,461,000	-53.5%	(261,000)	-117.9%
OTHER NONCURRENT LIABILITIES	10,842,032	6,862,785	-36.7%	14,314,766	108.6%	5,607,572	-60.8%	14,314,000	0.0%	14,314,000	0.0%	14,314,000	0.0%	14,314,000	0.0%	14,314,000	0.0%
TOTAL LIABILITIES	**82,407,234**	**73,739,640**	-10.5%	**93,127,363**	26.3%	**79,333,313**	-14.8%	**90,673,000**	-2.6%	**88,277,000**	-2.6%	**86,867,000**	-1.6%	**85,393,000**	-1.7%	**83,874,000**	-1.8%
FUND BALANCE	91,378,847	112,377,062	23.0%	69,816,379	-37.9%	82,889,141	18.7%	68,541,000	-1.8%	68,931,000	0.6%	70,427,000	2.2%	73,272,000	4.0%	77,945,000	6.4%
TOTAL LIABILITIES AND FUND BALANCE	**173,786,081**	**186,116,701**	7.1%	**162,943,742**	-12.5%	**162,222,454**	-0.4%	**159,214,000**	-2.3%	**157,208,000**	-1.3%	**157,294,000**	0.1%	**158,665,000**	0.9%	**161,819,000**	2.0%