

Dormitory Authority of the State of New York STATE ENVIRONMENTAL QUALITY REVIEW FINDINGS STATEMENT

Pursuant to the *State Environmental Quality Review Act* (“SEQRA”), codified at Article 8 of the *New York Environmental Conservation Law* (“ECL”), and its implementing regulations, promulgated at Part 617 of Title 6 of the *New York Codes, Rules and Regulations* (“N.Y.C.R.R.”), which collectively contain the requirements for the *State Environmental Quality Review* (“SEQR”) process, the Dormitory Authority of the State of New York (“DASNY”), as an involved agency, makes the following findings.

Date: August 7, 2019

Title of Action: Mohawk Valley Health System - *Integrated Health Campus*
Health Care Facilities Transformation Program: Oneida County

Applicant: Mohawk Valley Health System
2209 Genesee Street
Utica, New York 13501

Lead Agency: City of Utica Planning Board (“UPB”)
1 Kennedy Plaza
Utica, New York 13502

DASNY Jurisdiction: DASNY’s joint administration of project funding approved by New York State Legislature (Health Care Facilities Transformation Program - Oneida County [Public Health Law Section 2825-b])¹. DASNY also anticipates that it may take a second action concerning the Mohawk Valley Health System Integrated Health Center project in that it may be a conduit debt issuer in connection with any private not-for-profit tax-exempt MVHS bonds, an action subject to SEQRA. DASNY, therefore, has issued this Findings Statement for purposes of both actions given that they relate to the same project that has been the subject of a full environmental review under SEQRA which resulted in the issuance of a Final Environmental Impact Statement by the City of Utica Planning Board as lead agency.

SEQR Status: Type I Action

Review Type: Coordinated Review

¹ This role constitutes routine agency administration and is a Type II action exempt from SEQRA pursuant to 6 N.Y.C.R.R. §617.5(c)(26).

Date Final EIS Filed: March 22, 2019

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Description of Proposed Action and Proposed Project

Proposed Action. On November 22, 2016, NYSDOH and the Dormitory Authority of the State of New York (“DASNY”) released a Request for Applications (“RFA”) announcing the availability of grant funds to be awarded through the *Health Care Facilities Transformation Program: Oneida County (“HCFTP”)* for capital projects “...located in the largest population center in Oneida County that will consolidate multiple licensed health care facilities into an integrated system of care.”

Mohawk Valley Health System (“MVHS”) submitted an application in response to the RFA (“Grant Application”), requesting a grant to fund its new *Integrated Health Campus (“IHC,” “Mohawk Valley Health System Campus,”* or the “Proposed Project”). On April 3, 2017, NYSDOH and DASNY notified MVHS that it had been awarded a Grant in an amount up to \$300 million (the “Grant”). The Grant funds would be used to pay for, or reimburse, certain components of the Proposed Project, as described in this *Findings Statement*. Upon satisfaction of certain conditions, including completion of review pursuant to SEQRA, NYSDOH expects to enter into a Master Grant Contract (“MGC”) with MVHS in connection with the administration and disbursement of the Grant funds.

Proposed Project. According to the information contained in the *Final Environmental Impact Statement (“FEIS”)*, dated March 22, 2019, which incorporates the *Draft Environmental Impact Statement (“DEIS”)* by reference, the Proposed Project would consist of the construction and operation of the IHC in downtown Utica by MVHS², replacing the hospital facilities located at the Faxton – St. Luke’s Healthcare (“St. Luke’s” or FSLH”) and St. Elizabeth Medical Center Campuses (“St. Elizabeth’s” or “SEMC”), reduce the number of beds in the community, and consolidate patient services to one campus.

More specifically, the Proposed Project includes: the construction of an approximately 670,000 gross square foot (“gsf”) hospital, associated central utility plant (“CUP”), parking facilities (one municipal parking garage and multiple surface lots), future medical office building (by private developer), campus grounds, utility/pedestrian bridge over Columbia Street, and a helipad. The Proposed Project also involves acquisition of properties and modifications to existing public/private utility infrastructure. Descriptions of the Proposed Project elements are as follows.

Hospital Building. The proposed, approximately 670,000 gsf hospital building would be constructed on parcels located west of Broadway and would extend through Cornelia Street onto parcels located east of State Street. The hospital building consists of a two-story podium and a seven-story bed tower. Most services currently provided at the St. Luke’s and SEMC campuses would be transitioned to the IHC including approximately 373 inpatient beds. MVHS plans to facilitate the adaptive reuse of the vacated space at the existing facilities.

² MVHS is referred to as the “Applicant” and “Project Sponsor” throughout this document.

Masonic Medical Research Lab (MMRL). The MMRL is a biomedical research institute founded in 1958. MMRL will lease certain space within the new hospital building structure for use as laboratory space in furtherance of MMRL’s research and development mission.

Hospital Campus. The proposed IHC would be designed as an urban park with enhanced lighting, landscaping, pedestrian walkways, and seating areas. A pedestrian walkway would replace a portion of Lafayette Street. This walkway would extend from the main entrance to the west, terminating at State Street. An additional segment of the walkway would provide access to the Emergency Department (“ED”) entrance. Outdoor areas would include gardens and other design considerations.

Central Utility Plant (CUP). The consolidation of two aging facilities would provide an opportunity for a more energy-efficient environment. The state-of-the-art IHC would meet and exceed current best practices and building codes, promote energy and water conservation, and implement other sustainable measures that would reduce the overall amount of resources used by MVHS.

MVHS proposes to repurpose space within the existing Kennedy Garage Building to house the CUP. The façade of the space would be improved, and a utility and pedestrian bridge would be constructed over Columbia Street from the hospital to the CUP.

The CUP would house three centrifugal chillers, a heat recovery chiller, four steam boilers and eight hot water heating condensing boilers, each of which would be fueled by both natural gas and No. 2 fuel oil. A 50,000-gallon underground storage tank (“UST”) used to store the No. 2 fuel/diesel oil would be installed east of the CUP in the service yard (for emergency generators). A 30,000-gallon aboveground storage tank (“AST”) used to store emergency water for fire protection would also be located in the service yard.

Parking Facilities. Parking facilities would consist of a three-story, municipally-owned parking garage containing approximately 1,550 spaces and multiple surface parking lots, containing approximately 780 spaces, for a total of approximately 2,330 spaces.

Future Medical Office Building (MOB). A future MOB is proposed. It is anticipated that the MOB would be owned and operated by a private developer.

Hospital Helipad. Similar to the existing operations at FSLH and SEMC, the IHC would have an emergency helipad. The helipad would be located as close as practical to the emergency/trauma area for ease of patient transport. To facilitate access to the ED, a ground-based hospital helipad, designed to Federal Aviation Administration (“FAA”) specifications, would be situated to the west of the hospital building, adjacent to the ED ambulance entrance and north of Columbia Street. Use of the helipad would be intermittent with approximately 40 annual emergency flights to the hospital anticipated.

Operating procedures for the existing helipads are summarized in *DEIS* Appendix B; similar procedures would be implemented at the downtown IHC.

Disposition of Property. The Proposed Project includes the acquisition of approximately 25-acres of property in a distressed area within the City of Utica that is designated as a Federal “Historically Underutilized Business” (“HUB”) Zone, a former Empire Zone, and a New York State Department of Environmental Conservation (“NYSDEC”) designated “Potential Environmental Justice (“EJ”) Area.” The Project is also located in the Urban Renewal Plan Utica Downtown Development Project Area. The Urban Renewal Plan Utica Downtown Development Project Area was established to eliminate slums, blight and obsolete buildings and create sites for new buildings in order to revitalize this area of downtown. Locating hospital services within walking distance of the most at risk population is a community character and EJ benefit.

While it is anticipated that most of the property would be acquired through voluntary negotiation between MVHS and private owners, it is possible that some properties may need to be acquired via eminent domain. Many of the existing property owners and businesses may relocate to other parts of Utica or Oneida County. MVHS indicated that the magnitude of the acquisition of approximately 25 acres would be large, but most of the impacts are expected to be beneficial because it would better position the hospital to serve the largest and most diverse population in Oneida County, as well as creating the potential for secondary economic development opportunities.

Location of Proposed Project

The IHC would generally be bounded by Oriskany Street (New York State Route 5S) to the north, Broadway to the east, New York State Route 5/8/12 to the west, and Columbia Street, City Hall and Kennedy Apartments to the south. The proposed location is proximal to the City’s urban core, as well as the City’s proposed “U” District, existing Brewery District, Bagg’s Square, and Utica Harbor Point. This area has been targeted by the City of Utica for economic redevelopment and is currently within the city’s Urban Renewal District.

Mohawk Valley Hospital System³

FSLH and SEMC affiliated as the Mohawk Valley Health System in March 2014. MVHS is the Sole Corporate Member of FSLH, SEMC, St. Luke’s Home Residential Health Care Facility, Senior Network Health, LLC, Visiting Nurse Association of Utica and Oneida County, Inc., and Mohawk Valley Home Care, LLC. MVHS is governed by a single, 18-member board of directors, with nine members from FSLH’s board and nine from SEMC’s board. MVHS is operated by a single management team.

MVHS serves the geographic area of Oneida, Herkimer and Madison counties and is an

³ <https://mvhealthsystem.org/about>

integrated delivery system with 4,200 full-time equivalent employees and a combined operating budget of \$566 million. The MVHS Medical Group has 21 primary care locations, a Children's Health Center, a Women's Health Center, general, orthopedic, and neurological surgeons, a Breast Care Center, and Urgent Care Centers to serve the community's healthcare needs.

FSLH and SEMC accept all major insurances and have designated charity care programs to help provide for individuals without insurance. The affiliation helps to enhance services for the residents of the Mohawk Valley through greater collaboration and improved clinical quality for patient and resident care.

Faxton–St. Luke's

FSLH, a not-for-profit healthcare organization, includes two campuses with 370 acute care beds and 202 long-term care beds. FSLH is the home of the Rehabilitation and Nursing Center, Senior Network Health, Mohawk Valley Home Care and Visiting Nurse Association of Utica and Oneida County. The Faxton Campus includes the MVHS Cancer Center, Dialysis Center, Outpatient Rehabilitation Center, and an Urgent Care facility, while the St. Luke's Campus houses the Bariatric Surgery Program, Maternal Child Services, the Stroke Center, Surgical and Ambulatory Services, and the Total Joint Orthopedic Program.

Most of the inpatient and outpatient services performed at the existing St. Luke's campus will be transitioned to the downtown IHC. However, it is anticipated that approximately 24 physical medical and rehabilitation beds, as well as some outpatient services will remain at this site. Unused medical supplies and certain medical equipment will be brought to the IHC. Medical equipment that is beyond its useful life will be disposed of in accordance with applicable federal and state regulations.

St. Elizabeth's Medical Center

SEMC Main Campus houses the Ambulatory Surgical Center, the Area Trauma Center, the Fellowship in Gynecologic Endoscopy, the Fellowship in Hospital Medicine, the Marian Medical Professional Building, Cardiac Services, Sleep Disorders Center. Additionally, SEMC is the location of the St. Elizabeth College of Nursing and the St. Elizabeth Family Medicine Residency Program. The Medical Arts Campus is the location of the Advanced Wound Care, the MVHS Medical Group New Hartford Medical Office, and the Outpatient Laboratory Draw Site.

Some of the non-hospital buildings located at the SEMC Campus will be converted into an outpatient extension clinic, while others will maintain their existing use (e.g., St. Elizabeth College of Nursing). Unused medical supplies and certain medical equipment may be brought to the downtown IHC. Medical equipment that is beyond its useful life will be disposed of in accordance with applicable federal and state regulations.

Facts and Conclusions in the FEIS Relied Upon to Support These Findings

Purpose and Need for the Proposed Project.

1. In its Grant Application, MVHS described the Proposed Project as follows:

A new hospital transforms healthcare in our community. After an expansive study of potential locations, the MVHS Board of Directors unanimously selected a downtown site. The new hospital would provide care for our most vulnerable population and can serve as a catalyst for economic growth for the Region. The project is anticipated to be completed in 2022 with an estimated cost of \$480 million.

The new hospital project creates a structured delivery system, ends service fragmentation, increases service integration and coordinates the work of the hospitals, primary care, and community-based organizations. It expands access to primary care, reduces gaps/inefficiencies in care coordination, aligns with payment reform, and rebalances health delivery through reductions in hospital beds as care is shifted to outpatient care models and population health management. It allows us to continue to do the work we are doing today with greater efficiency and improved collaboration in an area that serves our community who has the greatest need.

(January 26, 2017 Grant Application, pp. 45-46).

2. To support MVHS's identified goals of delivering higher quality and more effective care with better community outcomes at a lower cost, MVHS indicated that the IHC would combine services from both the FSLH and SEMC campuses, reducing the number of beds within the community, while simultaneously consolidating patient services at the proposed IHC campus. The existing hospital facilities at the FSLH and SEMC campuses are currently earmarked for adaptive reuse.
3. The IHC will be a public facility that would serve public needs and receive public funding. According to MVHS, the decision to consolidate the FSLH and SEMC campuses into a single facility was motivated by several key factors and public need considerations:
 - The desire and need to build a facility with the newest technology, services and advancements in patient safety and quality so that the community can receive the most up-to-date healthcare services that rivals those found in large cities.
 - The growing demand for healthcare due to the rapidly increasing and aging population in this region.
 - The increasing need to improve accessibility and availability by attracting specialists and providing services that otherwise would not be available to the community.
 - The opportunity to gain greater operational efficiencies through the elimination of duplicative and redundant functions would help to reduce the rate of increase in healthcare spending and to achieve improved financial stability.

- Revitalize a blighted area of downtown Utica that would also act as a catalyst for economic development.
4. According to MVHS, the IHC also will include a proposed collaborative affiliation between MVHS and the MMRL. Research space is proposed within the new IHC that would allow MMRL researchers working behind the lab bench, and MVHS clinicians working at patients' bedsides, to collaborate and create new and innovative research and develop clinical benefits for the Mohawk Valley and beyond.
 5. In accordance with Article 28 of the Public Health Law, MVHS has applied for a Certificate of Need ("CON") from the NYSDOH pursuant to which it would be the sole operator of the IHC. The CON, which is included in the *DEIS*, has been incorporated by reference into the *FEIS*, and contains additional information regarding the public need for the Project.
 6. According to the CON, the MVHS IHC will consolidate two existing acute care hospitals into one integrated location, thereby providing greater access for the City of Utica, Oneida County, and the Region, and improve operational efficiency, patient satisfaction and safety for both patients and caregivers.
 7. According to MVHS, the new IHC will provide structural longevity that the current facilities cannot offer, and it will become a community center for healthcare that will continue long into the future. From a facilities perspective, the consolidation of two aging facilities (100 and 60 years, respectively) will provide a more energy-efficient environment which meets or exceeds current best practices and building codes.
 8. According to the lead agency, the Proposed Project site has been underused and blighted for almost 30 years. The IHC site is located in a Federal "Historically Underutilized Business" ("HUB") zone; is in a former Empire Zone; is designated as a potential Environmental Justice ("EJ") area; and is in the Urban Renewal Plan Utica Downtown Development Project Area. The IHC will implement the goals and objectives of the Urban Renewal Plan Utica Downtown Development Project Area that was established to eliminate slums, blight, and obsolete buildings and to create sites for new buildings to revitalize this area of downtown.
 9. The City's Master Plan notes that the urban landscape is characterized by vacant or significantly underutilized buildings and many of its neighborhoods are declining. As demonstrated by the photos in the *FEIS*, the Master Plan description aligns with the Project area which includes approximately 20 properties that are vacant or dilapidated and 8 properties that are owned by the City's Urban Renewal Agency ("URA"). The lead agency's Findings Statement noted that the Project area is not a vibrant, historically, and culturally significant neighborhood and despite revitalization of surrounding areas, there has been little development in this area of the city.
 10. According to the lead agency, City leaders believe that the IHC facility will have a positive impact on the character of the community. Proposed improvements to the immediate area

include utilities upgrades, sidewalk improvements, signage installation, and an improved pedestrian walkway.

11. According to the *FEIS*, the IHC would facilitate a safe and walkable connection between IHC and other downtown attractions and districts. MVHS designed the IHC campus to include an urban park with enhanced lighting, landscaping, pedestrian walkways, and seating areas. The orientation of the hospital, aligned west to east along the long block of Columbia Street, respects the former Lafayette Street as a pedestrian corridor with access to the downtown Utica urban street network, incorporates walkability elements and green space through the campus, and maintains Pine Street as a pedestrian connection to the Rayhill trail. This walkway would extend from the main entrance to the west, terminating at State Street. An additional segment of the walkway will provide access to the ED entrance.
12. According to the *FEIS*, outdoor areas will include gardens and other design considerations to create a walkable environment. Additionally, the Proposed Project area will be remediated, and old utility infrastructure will be upgraded and replaced. These upgrades will benefit any secondary growth and development in the area surrounding the IHC. Finally, the Proposed Project will facilitate an improved transportation network, including easy access from multiple directions, and parking co-utilization for the health campus, central business district and adjacent businesses.
13. The *FEIS* discusses the importance of a hospital on economic development. For example, the *FEIS* notes that hospitals employ nearly 5.9 million people; are one of the top sources of private-sector jobs; and purchase \$903 billion in goods and services from other businesses. The goods and services hospitals purchase from other businesses create additional economic value for the community. With these “ripple effects” included, each hospital job supports about two additional jobs, and every dollar spent by a hospital supports roughly \$2.30 of additional business activity. Overall, hospitals support 16.5 million total jobs, or one of 9 jobs, in the U.S. and support almost \$3.0 trillion in economic activity.
14. According to the *FEIS*, the IHC will bring 3,500 MVHS employees into the City each day. The *FEIS* demonstrates that the location of the facility is within a 5-minute walk of the urban center, and, as a result, the influx of these employees to this area of the city would result in additional business for many existing restaurants and retail shops and create the potential for new restaurants and retail businesses.

State Environmental Quality Review Process

15. On or about February 23, 2018, DASNY received a letter from the UPB seeking lead agency status for a coordinated review to be undertaken pursuant to the State Environmental Quality Review Act (“SEQRA”), codified at Article 8 of the *Environmental Conservation Law (“ECL”)*, and its implementing regulations, Title 6, *New York Code Rules and Regulations (“N.Y.C.R.R.”)* Part 617. The UPB, acting as lead agency, conducted a coordinated environmental review of the Proposed Project.

16. The Proposed Project was classified as a Type I action and, on May 7, 2018, the UPB issued a Positive Declaration requiring the preparation of an *Environmental Impact Statement* (“EIS”) to assess potential significant adverse environmental impacts and to identify possible mitigation and/or alternatives to avoid or minimize those potential impacts.
17. On or about May 17, 2018, the UPB issued a *Draft Scoping Document* initiating a 30-day review period to solicit written comments from the public and agencies. The UPB also held a scoping meeting on June 7, 2018. A *Final Scoping Document* was issued on or about July 19, 2018.
18. On or about November 15, 2018, the UPB, as lead agency, issued a *Notice of Completion of the Draft Environmental Impact Statement* (“DEIS”) and a Notice of Public Hearing. A public hearing was held on December 6, 2018 and comments on the DEIS were accepted by the UPB until December 27, 2018.
19. Other State agencies, including the New York State Department of Health, New York State Department of Transportation, New York State Department of Environmental Conservation, and the New York State Office of Parks, Recreation and Historic Preservation participated in the environmental review of the Proposed Project and offered technical advice within their agency’s areas of expertise.
20. Following issuance and public comment on the DEIS, the FEIS was issued by the UPB on March 22, 2019.
21. The UPB, as lead agency, issued its *Findings Statement*, which included the following Certification to Approve/Fund/Undertake:

“Having considered the Draft Environmental Impact Statement and the Final Environmental Impact Statement, and having considered the preceding written facts and conclusions relied on to meet the requirements of 6 NYCRR Part 617.11, the Planning Board certifies through this Statement of Findings that:

- 1. The requirements of 6 NYCRR Part 617 have been met; and*
- 2. Consistent with social, economic and other essential considerations from among the reasonable alternatives available, the action is the one that avoids or minimizes adverse environmental impacts to the maximum extent practicable, and that adverse impacts will be avoided or minimized to the maximum extent practicable by incorporating as conditions to the decision those mitigative measures that were identified as practicable”.*

The above certification was signed on April 30, 2019 by Mr. Joseph P. Caruso, Acting Chairman, City of Utica Planning Board, thus concluding the EIS process.

22. DASNY, as an involved agency, relied on the UPB’s identification and evaluation of the potential impacts, avoidance and minimization measures, and alternatives in the FEIS to

make a final decision to undertake the Proposed Action. It also relied on the technical expertise of other State agencies provided throughout the SEQR process, including the Letter of Resolution (“LOR”) with the New York State Office of Parks, Recreation and Historic Preservation (“OPRHP”), which serves as the State Historic Preservation Office (“SHPO”), and correspondence from NYSDOT dated March 8, 2019. DASNY therefore adopts the UBP’s *Findings Statement* as further supplemented herein.

State of New York Smart Growth Public Infrastructure Policy Act

23. A *Smart Growth Impact Statement* (“SGIS”) for the Proposed Project was prepared pursuant to the State of New York Smart Growth Public Infrastructure Policy Act (“SSGPIPA”) procedures (see *Smart Growth Assessment Form* [“SGAF”], attached). The SGIS attested that the Proposed Project, to the extent practicable, would meet the smart growth criteria established by the legislation. The compatibility of the Proposed Project with the criteria of the SSGPIPA, Article 6 of the ECL, is detailed in the SGAF. As indicated on the form, the Proposed Project would be generally supportive of the SSGPIPA and no further SSGPIPA analysis is required. DASNY’s Smart Growth Advisory Committee reviewed the SGIS and attested that the Proposed Project, to the extent practicable, would meet the smart growth criteria established by the legislation.

Project Impacts and Mitigation

Historic and Archaeological Resources

24. According to the FEIS, the Project area includes several historic properties that are listed in the New York State and National Registers of Historic Places or appear to be eligible for inclusion in those Registers. In addition, the Project area is sensitive for both precontact archaeological sites and for a variety of historic archaeological resources associated with, but not exclusive to, urban centers. A complete list of the historic and archeological resources is found in the FEIS.

25. Potential significant adverse impacts to historic and archeological resources from the construction and operation of the IHC could include:

- Potential impacts to archaeological resources due to ground disturbances.
- Potential impacts to historic properties located within or substantially contiguous to the project area including:
 - Parcels listed or eligible for listing on the State or National Registers of Historic Places; and
 - Parcels located in the Upper Genesee Street Historic District.
- The proposed action will result in the destruction or alteration of all or part of the site or property.
- The proposed action may result in the introduction of visual elements, which are out of character with the site or property or may alter its setting.

26. To mitigate these impacts, in accordance with The New York State Historic Preservation Act (“SHPA”), MVHS signed a Letter of Resolution (“LOR”) with the OPRHP, which serves as the state historic preservation officer, and the DASNY. OPRHP and DASNY have indicated that compliance with the LOR will minimize the significant adverse impacts on historic and archeological resources to the maximum extent practicable in accordance with both the SHPA and SEQRA. A copy of the LOR is attached to the FEIS.
27. To mitigate impacts to archeological resources, the LOR establishes archeological protocols to follow prior to site disturbance and during site disturbance in the event that unanticipated discoveries are identified.
- Pursuant to the LOR, MVHS will commence archaeological testing prior to site disturbance and file reports associated with the testing with OPRHP. However, MVHS may perform certain environmental testing and engineering surveys (borings) as needed prior to satisfying this condition.
 - Where unanticipated discoveries, excluding the discovery of human remains, occur during construction, MVHS will suspend activities in the vicinity of the discovery, protect it from any further disturbance, notify OPRHP and DASNY regarding the discovery, transmit digital photographs to OPRHP and DASNY, and OPRHP will then make a determination whether the discovery warrants additional examination and, if so, will recommend what should be done next.
 - In the event that human remains are discovered, the following protocol established in the LOR would be followed to minimize adverse impacts.
 - At all times human remains must be treated with the utmost dignity and respect. Should human remains be encountered work in the general area of the discovery will stop immediately and the location will be immediately secured and protected from damage and disturbance.
 - Human remains, or associated artifacts, will be left in place and not disturbed. No skeletal remains or materials associated with the remains will be collected or removed until appropriate consultation has taken place and a plan of action has been developed.
 - The county coroner/medical examiner, local law enforcement, OPRHP, DASNY, and the appropriate Indian Nations will be notified immediately. The coroner and local law enforcement will make the official ruling on the nature of the remains, being either forensic or archaeological.
 - If human remains are determined to be Native American, the remains will be left in place and protected from further disturbance until a plan for their avoidance or removal can be generated. Avoidance is the preferred choice of OPRHP and the Indian Nations. The agency would consult OPRHP and appropriate Indian Nations to develop a plan of action that is consistent with the Native American Graves Protection and Repatriation Act (“NAGPRA”) guidance.
 - If human remains are determined to be non-Native American, the remains will be left in place and protected from further disturbance until a plan for their avoidance or removal can be generated. Avoidance is the preferred choice of OPRHP.

- Consultation with OPRHP and other appropriate parties will be required to determine a plan of action.
28. The LOR also establishes a protocol to minimize impacts associated with the demolition of buildings identified as listed or as eligible for listing on a historic register.
- Specifically, the LOR requires MVHS to assess the general condition of the buildings and include photographs of exterior and interior conditions to provide OPRHP with a general understanding of the state of the resource.
 - In addition, prior to demolition, MVHS must provide further documentation of the resource including a historic narrative together with additional photographs.
 - If appropriate, salvageable, architecturally significant features of the removed buildings (i.e., building name panels, significant intact architectural elements, etc.) will be incorporated into the new structure or hospital site or made available to others interested in acquiring them.
29. The Planning Board had reviewed the LOR and concurred that the mitigation proposed in the LOR would minimize the potential impacts to historical and archeological resources to the maximum extent practicable when weighed and balanced with social, economic, and other considerations.
30. The neighborhood is a documented blighted area, located in a HUB zone; a former Empire Zone; designated as a potential EJ area; and in the Urban Renewal Plan Utica Downtown Development Project Area. Despite revitalization of surrounding areas over the years, there has been little development in this area for almost 30 years.
31. Finally, while the IHC will replace existing architectural styles, the current design is consistent with recent City-approved and completed modifications to the AUD and Landmarc buildings, as well as styles proposed for the Utica Inner Harbor Redevelopment and NEXUS projects. Nevertheless, as mitigation, MVHS will incorporate several design and construction themes into the IHC design, which are elements of existing buildings within the downtown area. These include: Romanesque Revival Style design (reflected in the Harberer Building and Jones Building); (German) Romanesque Style design (reflected in the Utica Turn Hall / Turnverein Building); Corner Pallisters with corbelled brick cornice (Utica & Mohawk Valley Railway Car Barn); Brick Cornices (Child Building);
32. The architectural design, as an acknowledgement to the city's building history, incorporates brick construction in the first two floors of the new hospital. All the identified historically meaningful buildings were also of brick construction. MVHS has indicated that this meaningful design element will be part of the new hospital's design and it provides an opportunity for the new hospital to pull from the history of downtown Utica into present day.

CERTIFICATION OF FINDINGS TO APPROVE/FUND/UNDERTAKE

Having considered the *DEIS*, *FEIS* and *Notice of Completion of the FEIS*, including all comments submitted through the *SEQR* process and responses thereto, and having considered the preceding written facts and conclusions relied upon to meet the requirements of the *State Environmental Quality Review Act*, codified at Article 8 of the New York *Environmental Conservation Law*, and its implementing regulations, promulgated at Part 617 of Title 6 of the *N.Y.C.R.R.*, including 6 *N.Y.C.R.R.* § 617.11, this Statement of Findings certifies that:

1. The requirements of 6 *N.Y.C.R.R.* Part 617 have been met;
2. Consistent with the social, economic and other essential considerations from among the reasonable alternatives thereto, the action approved is one which minimizes or avoids adverse environmental effects to the maximum extent practicable; and
3. The adverse environmental impacts disclosed in the *FEIS* will be avoided or minimized to the maximum extent practicable by incorporating as conditions to the approval, those mitigative measures which were identified as practicable.

Dormitory Authority of the State of New York

(Name of Agency)



(Signature of Responsible Official)

Mr. Robert S. Derico, R.A.

(Name of Responsible Official)

Acting Director – Office of Environmental Affairs

(Title of Responsible Official)

August 7, 2019

(Date)

515 Broadway, Albany, New York 12207-2964

(Address of Agency)