Chapter 1: Project Description

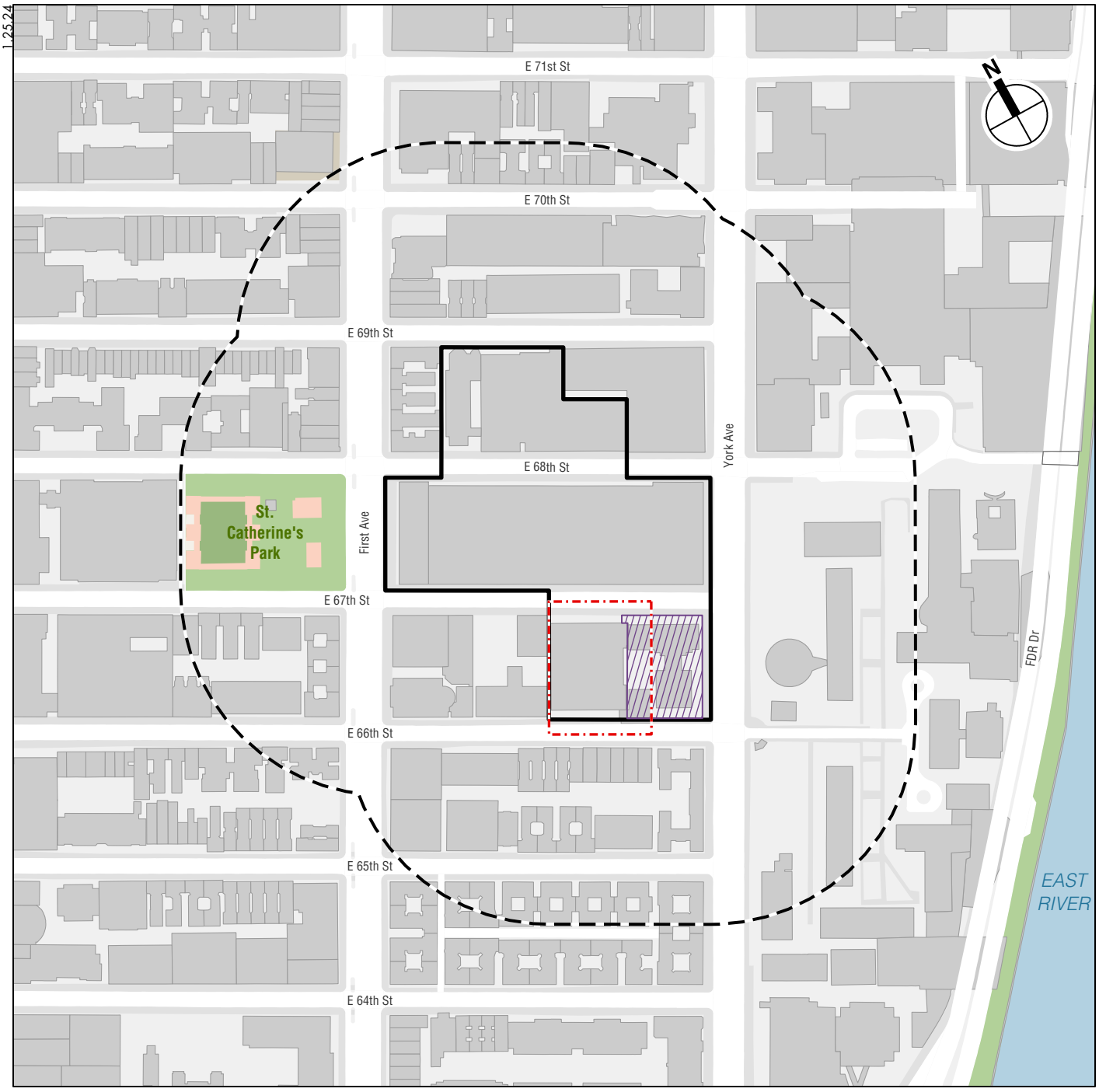
A. INTRODUCTION

Memorial Sloan Kettering Cancer Center (MSKCC) (the Applicant) is requesting a series of zoning actions including a rezoning from an R8 district to an R9 district; a zoning text amendment, authorizations, a special permit; a modification to a previously established Large Scale Community Facility Development (2001 LSCFD) (the Project Area), a curb cut certification and a revocable consent to construct an enclosed patient bridge across East 67th Street (Patient Bridge) to facilitate the development of a new 31-story inpatient hospital building (the Proposed Project) on MSKCC's campus on the east end of the block bounded by York and First Avenues and East 66th and East 67th Streets (Block 1461, portions of Lot 21 and Lot 13--the Development Site) in Manhattan Community District 8 (see **Figure 1-1**).

The Proposed Project, also referred to as the "MSK Pavilion," would be a new, 31-story state-of-the-art facility entirely devoted to in-patient care for acutely ill cancer patients, providing 28 new state-of-the-art operating rooms and up to 206 new highly specialized single-bedded patient rooms and the necessary clinical and mechanical support spaces. The Proposed Project would replace the only two existing non-clinical, non-medical MSKCC buildings within the 2001 LSCFD, Scholars and Sloan. These two buildings contain contract housing for MSKCC professional staff and students as well as administrative offices. Below-grade parking connects with the existing Rockefeller Research Laboratories (RRL) building adjacent to the west (Block1461, portion of Lot 13). Existing research functions and staff would remain in RRL. However, some ground floor conference room space (approximately 2,080 square feet [sf]) would be removed to provide a new two-way parking garage ramp on East 67th Street to serve the existing 263 spaces in the garage, which would remain. The garage would continue to have an entrance on East 66th Street and would be available exclusively to MSKCC staff, patients, and visitors with valet service.

The two-story Patient Bridge over East 67th Street would provide a medically necessary connection for patients and staff between the Proposed Project and MSKCC's Memorial Hospital on the block immediately to the north. Because the programming for the Proposed Project would be entirely devoted to the 28 operating rooms (with four dedicated to interventional radiology procedures)and up to 206 beds and the necessary clinical and mechanical support spaces, it would not function as a free-standing hospital, and would require the Patient Bridge to serve as the essential link to MSKCC's existing medical services, such as its Urgent Care Service, and its full range of therapeutic and diagnostic facilities housed elsewhere on its campus.

The New York City Department of City Planning (DCP), acting on behalf of the City Planning Commission (CPC), will be the lead agency for environmental review. Based on the Environmental Assessment Statement (EAS) that has been prepared, the lead agency has determined that the Proposed Project has the potential to result in significant adverse environmental impacts, requiring that an Environmental Impact Statement (EIS) be prepared. The 2021 *City Environmental Quality Review (CEQR) Technical Manual* served as a general guide on



Project Location

MSK PAVILION

Figure 1-1

the methodologies and impact criteria for evaluating the Proposed Project's effects on the various areas of environmental analysis.

B. PROJECT DESCRIPTION

DESCRIPTION OF THE DEVELOPMENT SITE, REZONING AREA, AND PROJECT AREA

As shown on **Figure 1-1**, the Development Site is located at 1233 York Avenue on portions of Lots 21 and 13 of Manhattan Block 1461. Two adjoining community facility buildings (Scholars and Sloan) occupy the entire frontage of the west side of York Avenue between East 66th and East 67th Streets. Both buildings are owned by MSKCC and provide contract housing to its professional staff and students, as well as administrative support services. The north building (Scholars) is 23 stories tall, and the south building (Sloan) is 20 stories tall; together, they total approximately 292,837 gsf. They contain a total of 355 contract housing units (primarily for professional staff and students for their terms of service or academic affiliation with MSKCC (the Applicant) and approximately 45,039 gsf of hospital administrative office space. As noted above, there is a 263-space parking garage below the Sloan and Scholars buildings and the adjacent RRL building (occupying most of Lot 13 and a portion of Lot 21), which is also owned by MSKCC and would continue to be used by MSKCC staff, patients, and visitors. There is no accessory parking for Sloan and Scholars residents in the garage.

As shown in **Figure 1-2**, the Rezoning Area (40,167 sf) comprises the following portions of Block 1461:

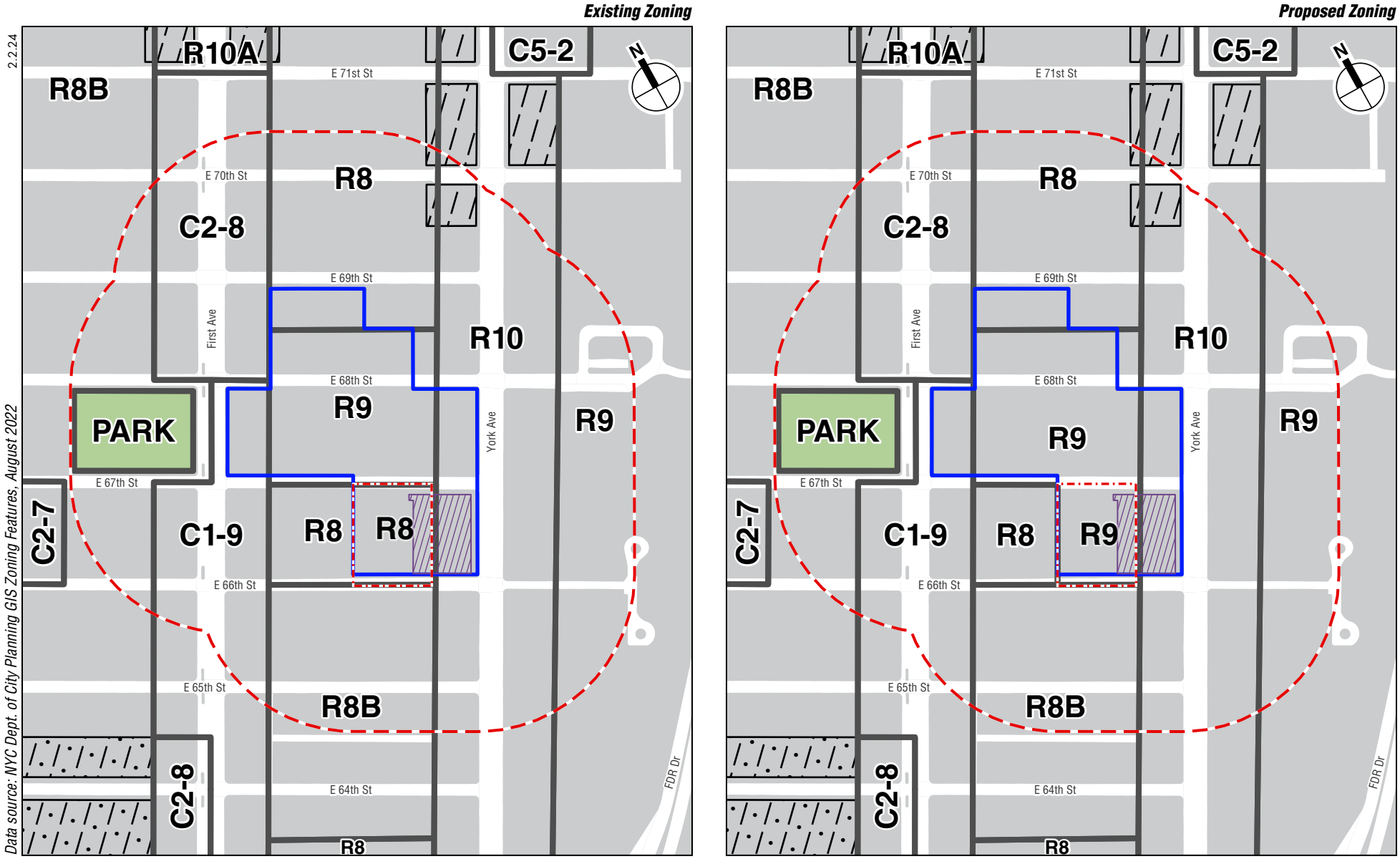
- Western portion of Lot 21, currently zoned R8 residential, and
- Lot 13, also currently zoned R8.

The proposed Rezoning Area is within the 2001 LSCFD comprising MSKCC's medical buildings ranging in height from 4 to 23 stories located between York and First Avenues and East 66th and East 69th Streets.

This interconnected campus spans most of three city blocks (Main Campus/Block 1462, and portions of Blocks 1461 and 1463) and is used exclusively for cancer treatment and research. Staff and patients in the Memorial Hospital building at 1275 York Avenue (across East 67th Street from the Development Site) on the Main Campus utilize these interconnections to access treatment centers, diagnostic centers, and procedural facilities throughout the Project Area (see **Figure 1-3**). The MSKCC buildings are interconnected at many levels, including through tunnels running below both East 67th and East 68th Streets.

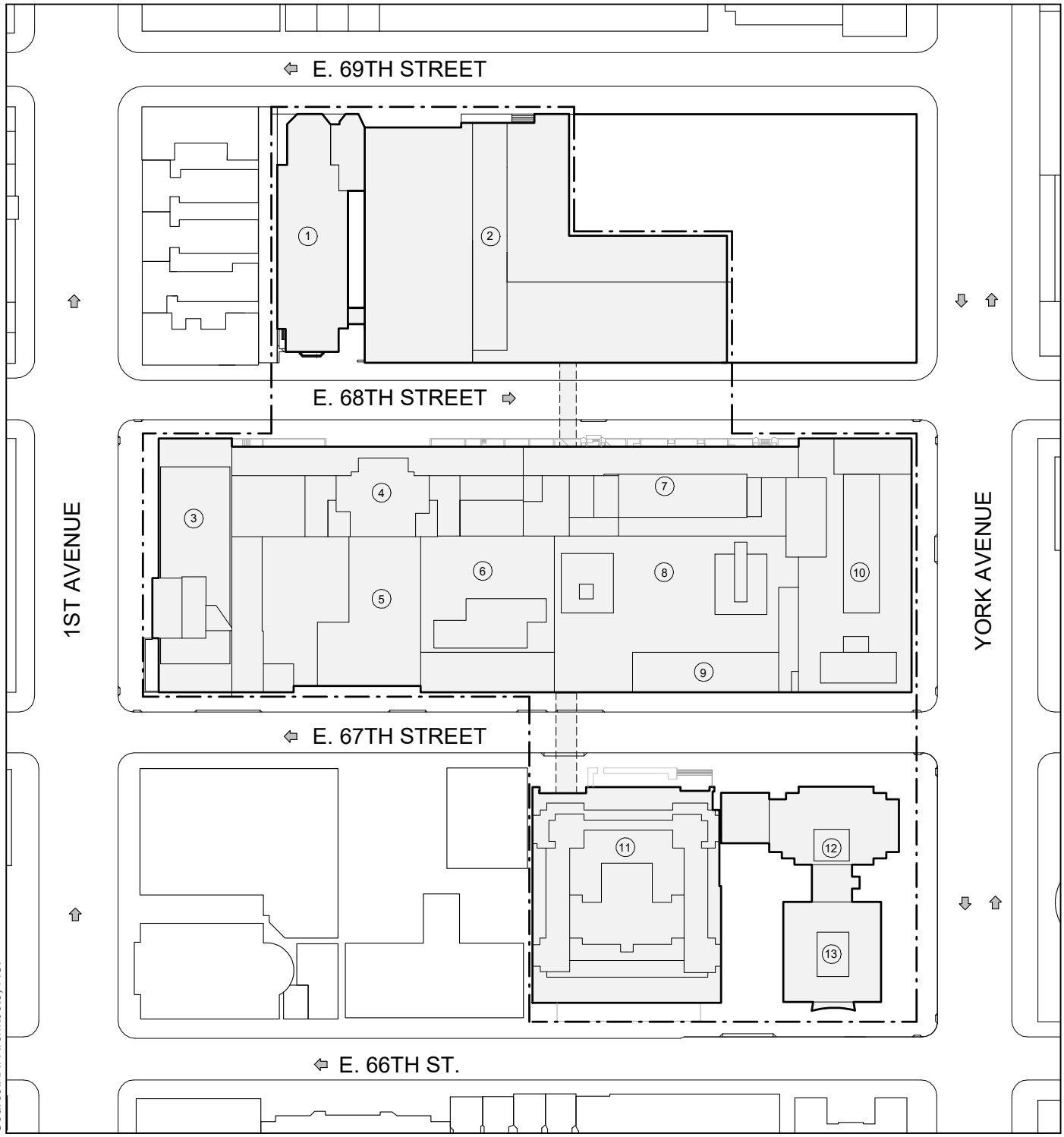
The existing Sloan and Scholars buildings being largely contract housing for professional staff and students are the exception. They are the only MSKCC buildings in the 2001 LSCFD that are not used for clinical or research purposes. There is no connection between the Sloan and Scholars buildings and the MSKCC campus north of East 67th Street, and these buildings are accessed through street-level entrances.

No changes to the 2001 LSCFD boundaries are proposed. However, the rezoning of 40,167 sf from R8 to R9 would increase the allowable floor area in the LSCFD by 140,584.5 sf.



Existing and Proposed Zoning

Figure 1-2



LEGEND

- LSCFD BOUNDARY
- EXISTING UNDERGROUND TUNNEL
- EXISTING CURB CUT
- EXISTING LSCFD BUILDING FOOTPRINT
- EXISTING BUILDING FOOTPRINT
- STREET DIRECTION

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

NORTH BLOCK:

1. SAINT CATHERINE OF SIENA CHURCH / 1 FLOOR
2. THE ZUCKERMAN RESEARCH CENTER / 23 FLOORS

MAIN HOSPITAL BLOCK:

3. SCHWARTZ BUILDING / 13 FLOORS
4. HOWARD BUILDING / 15 FLOORS
5. RADIATION ONCOLOGY BUILDING / 4 FLOORS
6. ENID A. HAUPT PAVILION / 7 FLOORS
7. BOBST BUILDING / 14 FLOORS
8. INFILL INFRASTRUCTURE / 9 FLOORS
9. WINSTON SURGICAL PAVILION / 4 FLOORS
10. MEMORIAL HOSPITAL / 20 FLOORS

SOUTH BLOCK:

11. ROCKEFELLER RESEARCH LABORATORY / 16 FLOORS
12. SCHOLARS RESIDENCE / 23 FLOORS
13. SLOAN HOUSE / 20 FLOORS

N

0' 50' 100' 200'

Existing LSCFD/MSKCC Campus Site Plan

DESCRIPTION OF SURROUNDING AREA

The area surrounding the Project Area is predominately institutional with hospitals and medical towers accounting for the largest segment; churches and schools also play a prominent role. Residential uses include multi-family walkup and elevator buildings and one- and two-family townhouses, and mixed residential and commercial uses. The areas north and east of the Project Area, including along York Avenue, are characterized primarily by large hospital and academic/research institutional uses, including New York-Presbyterian/Weill Cornell Medical Center, Hospital for Special Surgery, and Rockefeller University. Areas to the south and west of the Project Area are characterized by one- and two-family townhouses and medium-rise multi-family residential buildings along the midblocks, and medium- and high-rise mixed-use residential and ground floor commercial buildings along First Avenue. St. Catherine's Park, an important public open space, is found in the block west of the Project Area between East 67th and East 68th Streets. The surrounding area also contains school and religious institution uses, including one of each on the same block to the west of the Proposed Project.

The surrounding area is zoned with high-density residential and commercial districts mapped along the avenues: York Avenue is zoned R10 (FAR 10) to a depth of 125 feet on both sides north of East 69th Street and to a depth of 100 feet south of East 69th Street west of York Avenue. The area to the east of that R10 district is zoned R9 from East 63rd Street to East 72nd Street, which permits the three medical institutions occupying that district to be developed to FAR 10.[1] First Avenue is mostly in C1-9 or C2-8 commercial districts; the midblocks in the area are generally mapped as medium-density R8 and R8B residential districts. Two of the midblocks within the Project Area are zoned R9.

The area is served by the New York City Transit (NYCT) Q subway line, which has a train station (72nd Street Station) one avenue west of the Project Area with its nearest entrance at the intersection of Second Avenue and East 69th Street. The area is also served by the Number 6 subway line, which has a station (68th Street-Hunter College) at East 68th Street and Lexington Avenue. Metropolitan Transportation Authority (MTA) bus service is provided within the area along York Avenue (M31), First/Second Avenue (M15 and M15-SBS), East 67th/East 68th Street (M66), and East 71st/East 72nd Street (M72). The Citi Bike bicycle sharing station nearest to the Project Area is on First Avenue between East 67th and East 68th Streets.

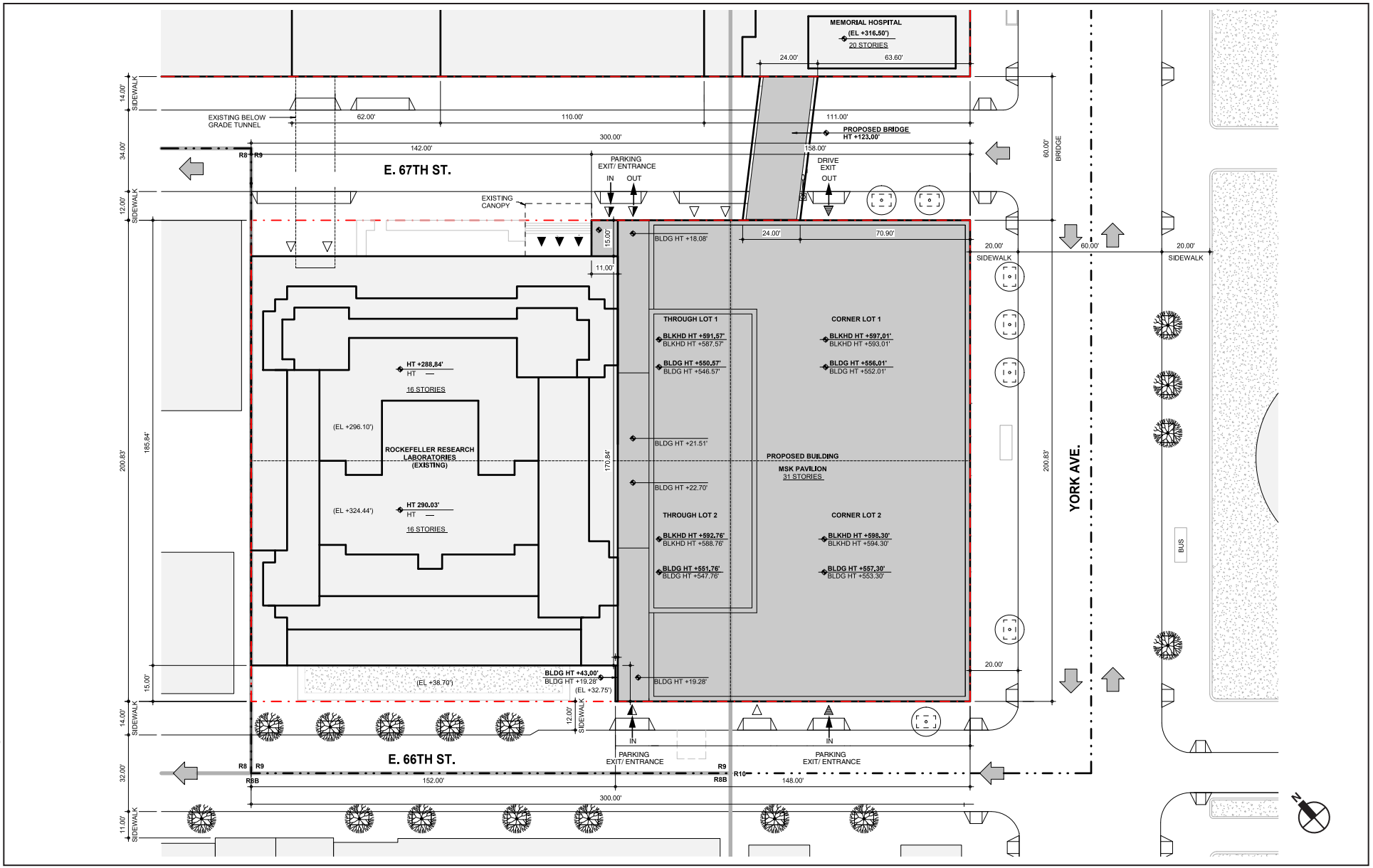
DESCRIPTION OF THE PROPOSED PROJECT

The Proposed Project replacing the Scholars and Sloan buildings on the Development Site[2] would be a new 31-story, approximately 903,065-gsf, state-of-the-art inpatient cancer treatment facility containing 28 operating rooms and up to 206 beds, with necessary medical support space. The maximum building envelope would encompass the entire footprint of the Development Site (see **Figure 1-4**) and would allow the building, including the mechanical bulkhead, to be as tall as 598.3 feet high above grade. However, as proposed, the building rooftop would be up to 557.3 feet tall above grade (see **Figures 1-5 through 1-7**).

Devoted entirely to patient care, the Proposed Project would provide 28 operating rooms, including recovery and intensive care facilities and up to 206 in-patient beds for acutely ill patients

[1] The three medical institutions immediately east of the Project Area also have been developed beyond FAR 10 incorporating floor area over the adjacent FDR Drive.

[2] All staff who currently reside in Scholars and Sloan would be relocated to other MSKCC housing.

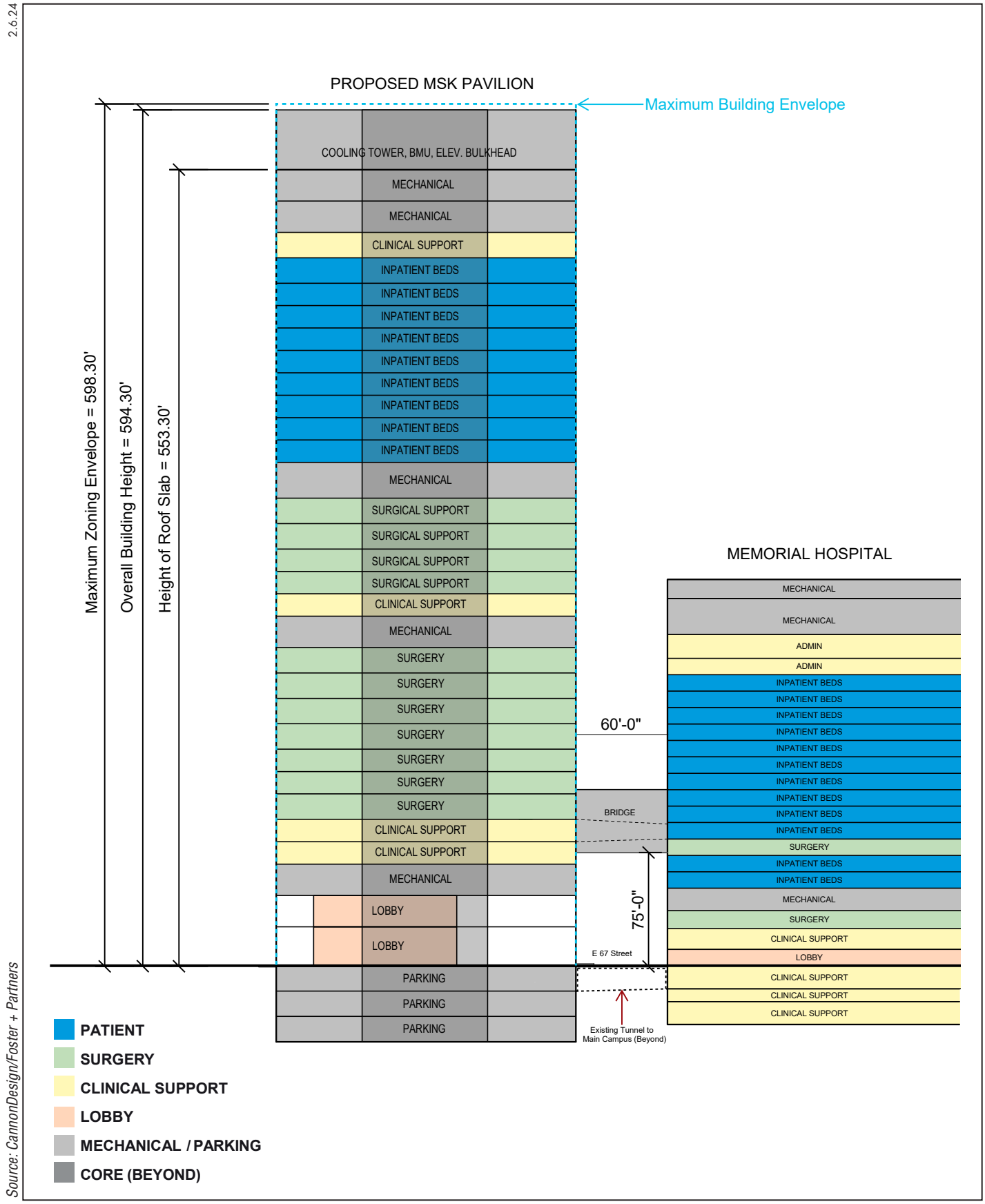


Source: CannonDesign/Foster + Partners. Adamson Associates International.

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Roof Plan

Figure 1-4

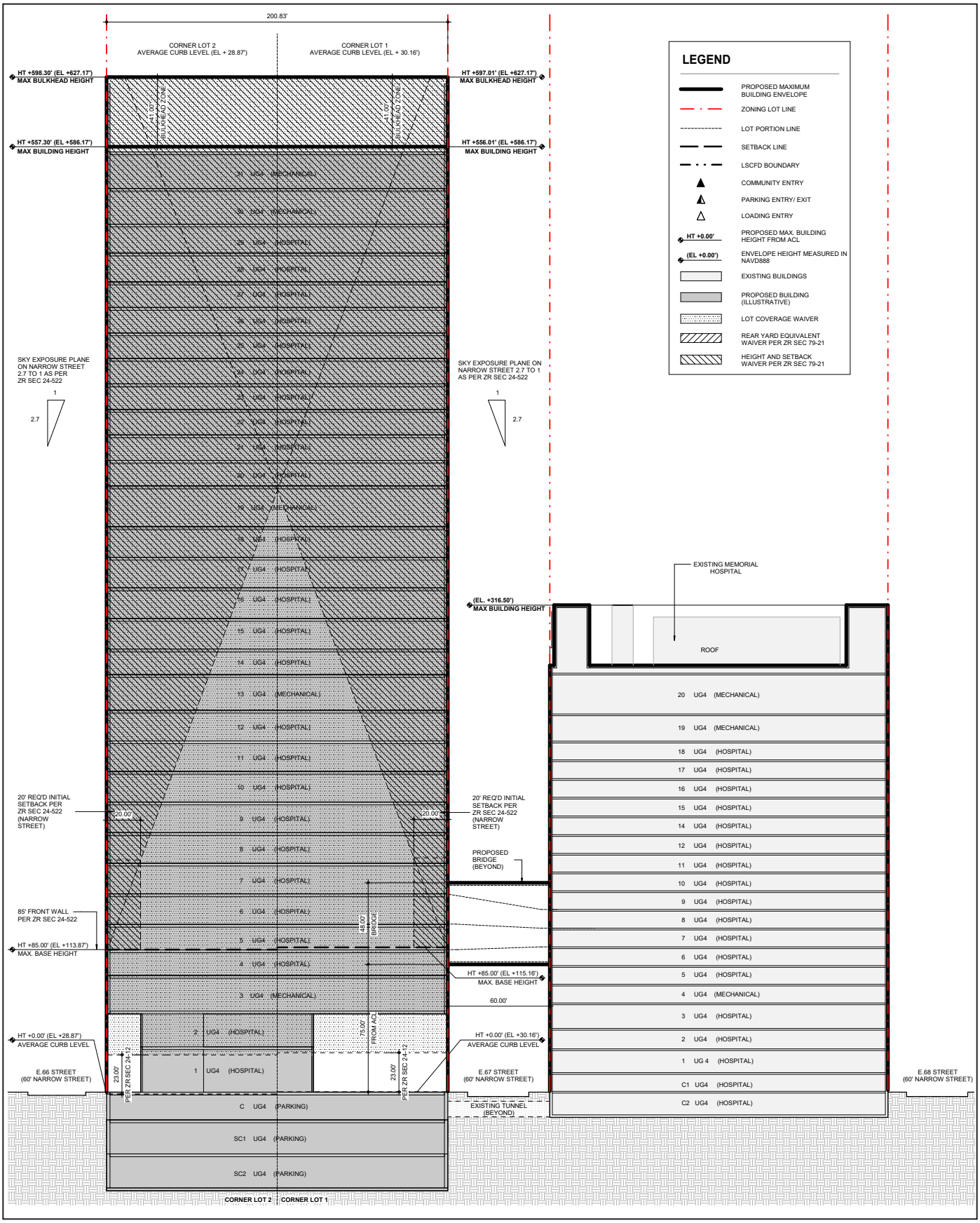


NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Program Stack
(North-South Section Looking West from York Avenue)

MSK PAVILION

Figure 1-5



NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Building Section - North-South Section

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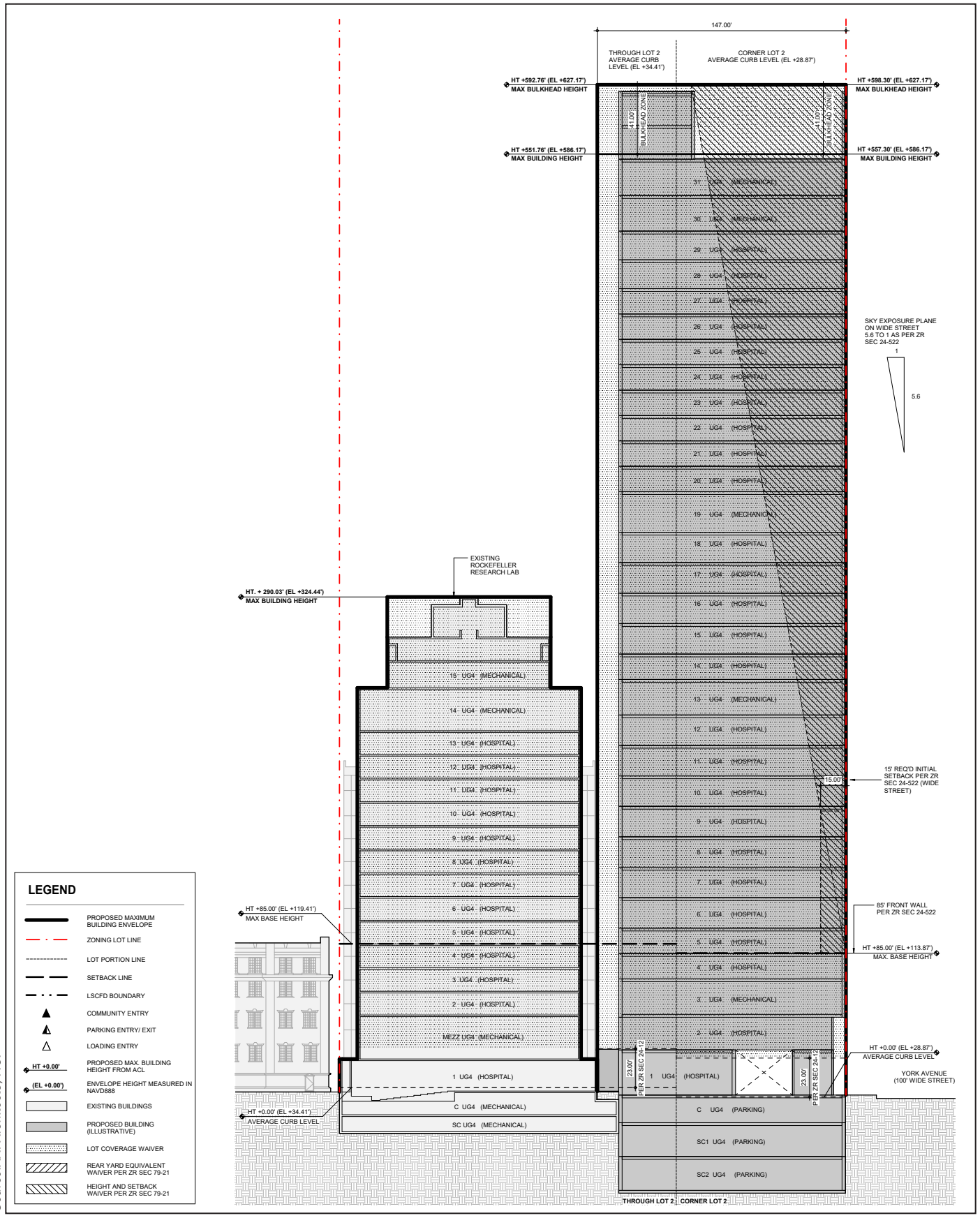


Source:AAI Architects, P.C.

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Building Section - East-West Section

MSK PAVILION

Figure 1-7

(see **Figure 1-5**, above). There would also be clinical support and five mechanical floors distributed throughout the building.

At the ground level, a through-block driveway for patient drop-offs and pick-ups (see **Figure 1-8**) would provide direct weather-protected access into the double-height lobby. Located on the east side of the building along York Avenue, the glass-enclosed lobby would be set back from the building line providing additional space for sidewalks, landscaping, signage, and possibly public art (see **Figure 1-9**). In addition to the entrances along the driveway, the lobby would have doors facing both streets.

West of the driveway would be the elevator cores and loading docks and other service areas. The upper level of the lobby would span the driveway and connect to the elevator banks. On the north façade of the building, there would be a two-story Patient Bridge connecting floors 5 and 6 with floors 8 and 9 of the Memorial Hospital building to the north across East 67th Street (see **Figures 1-5 and 1-6**, above).

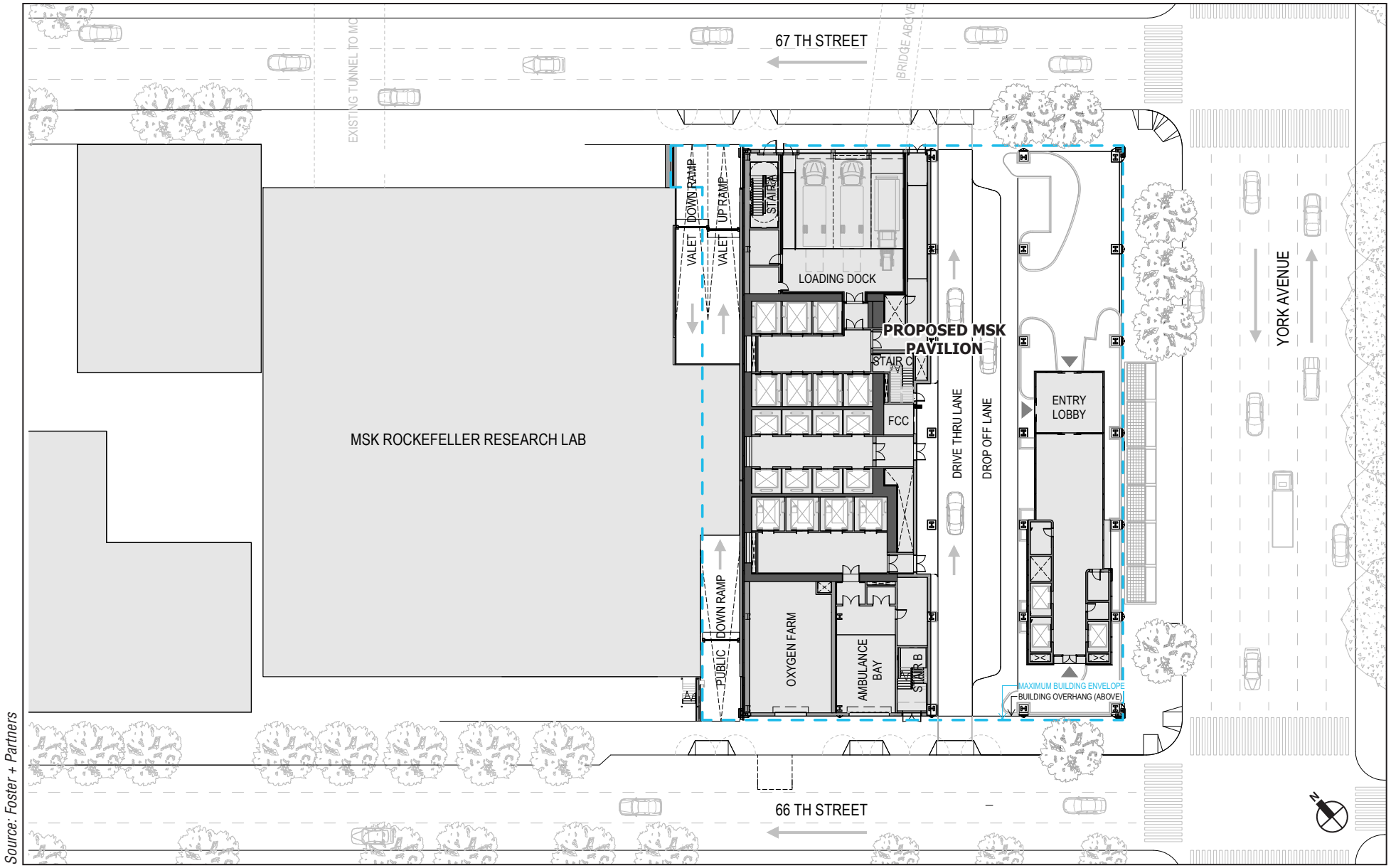
The RRL building would remain adjacent to the Proposed Project; there would be no redevelopment on Lot 13 other than for modifications to the below-grade garage and to create a garage entrance and exit to East 67th Street. No programmatic changes are proposed for the RRL building; however, it would lose some ground-floor conference room space (approximately 2,080 sf) to accommodate the modified garage exit. There is an existing tunnel running from the RRL basement to the main campus (see **Figure 1-3**, above).

The public entrance to the garage would remain on East 66th Street, and a new two-way garage ramp would be built on East 67th Street to provide a valet entrance for vehicles dropped off at through block driveway and an exit for all vehicles. The same number of parking spaces, 263, would be maintained in the garage and those spaces would continue to be available exclusively to staff, patients, and visitors with valet service provided. There would be three loading docks on East 67th Street and one on East 66th Street.

PROPOSED ACTIONS NECESSARY TO FACILITATE THE PROPOSED PROJECT

In order to accomplish the Proposed Project, the Applicant is requesting the following zoning actions, all of which occur within the Project Area:

1. Zoning map amendment to rezone Block 1461, Lot 13, and the western portion of Lot 21 from R8 to R9 (see **Figure 1-2**, above). The existing maximum permitted zoning floor area within the Project Area (a/k/a the 2001 LSCFD) is approximately 2,212,906 sf and the utilized zoning floor area is approximately 1,962,800 sf (inclusive of the Sloan and Scholars buildings). With this proposed rezoning, the permitted zoning floor area within the Project Area would increase by 140,584.5 sf.
2. Zoning text amendment to ZR Section 79-43 to authorize CPC, by special permit, to allow modification of lot coverage and signage regulations in Manhattan Community District 8, for zoning lots located in R9 and R10 districts.
3. Authorizations pursuant to ZR Section 79-21 to allow for the location of a new 31-story inpatient hospital building on the south block within the 2001 LSCFD without regard for (a) height and setback regulations applicable within the interior of the 2001 LSCFD, (b) rear yard regulations to facilitate construction of the Proposed Project, and (c) to allow for the distribution of floor area for all zoning lots within the 2001 LSCFD without regard for zoning lot lines and streets.



Source: Foster + Partners

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Ground Floor Plan



Source: CannonDesign/Foster + Partners

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Corner of York Avenue and
East 67th Street - Ground Floor Entrance

4. Special permit pursuant to ZR Section 79-43, as amended, to allow modifications of regulations relating to height, setback applicable to the perimeter of the 2001 LSCFD, lot coverage, and signs to facilitate construction of the Proposed Project.
5. Modification to the 2001 LSCFD to update the Site Plans and zoning calculations for the three zoning lots previously authorized by CPC.
6. Cancellation of the 2001 LSCFD Restrictive Declaration.
7. Certification pursuant to ZR Section 26-15 to permit more than one curb cut on East 67th Street for accessory parking, loading bays and the through block driveway and on East 66th Street for accessory parking and the through block driveway.
8. Revocable Consent from the New York City Department of Transportation (DOT) for the Patient Bridge over East 67th Street. The Revocable Consent application will be coordinated with required approvals for the Patient Bridge from the New York City Public Design Commission.

The Proposed Project would also require a Certificate of Need from the New York State Department of Health (DOH). A coordinated review will be conducted.

C. PURPOSE AND NEED

The Proposed Project represents the culmination of the site selection and planning process for the "New Hospital Building" first certified by CPC into the Uniform Land Use Review Procedure (ULURP) for the 2001 Approvals and identified in the 2001 FEIS. Following two decades of strategic planning, MSKCC has now identified the Development Site as the location for this building, which would be connected physically and programmatically to the existing Memorial Hospital via a two-story Patient Bridge.

With a zoning floor area of 641,582 sf, the Proposed Project would utilize the zoning floor area attributable to the Development Site, the remaining unused zoning floor area within the 2001 LSCFD, and the additional floor area resulting from the proposed rezoning of Lot 13 and a western portion of Lot 21 on Block 1461 from R8 to R9.

EXISTING NEEDS

As a hospital and research institution entirely devoted to cancer care, MSKCC recognizes the demographics that indicate a dramatic increase in the numbers of cancer patients in the future. The Centers for Disease Control and Prevention (CDC) estimate that annual cancer rates will increase by 50 percent by 2050. New cases in New York City are expected to reach 47,000 by 2030 and 60,000 by 2050. While these projections will result in more cancer cases among all age groups, MSKCC expects to see the largest increase in young people and in older New Yorkers as the population ages. In particular, the acuity that comes with having older patients is expected to require more complicated interventions than current facilities and infrastructure at Memorial Hospital can accommodate. Among younger patients, MSKCC is seeing more cases of prostate, colon, and breast cancer. Further, MSKCC facilities' inpatient rooms and operating and procedure suites are currently frequently operating at or near capacity.

New single-bedded patient rooms are needed. This configuration is not only what is now required by regulation and by best practice, but in MSKCC's case it is also critical to the care of immunosuppressed patients. The New York State Health Code mandates single-bedded patient rooms for new construction, and accordingly, no new inpatient beds in other than single-bedded rooms have been approved for construction in the State for the past decade. The ratio of single-

bedded patient rooms to two-bedded patient rooms in the existing 50-year-old Memorial Hospital is very low, which poses major operational challenges to MSKCC in providing its intensive level of patient care. In recent years, clusters of single-bedded airborne infectious isolation rooms have been introduced on most Memorial Hospital bed floors, and dedicated units featuring single-bedded rooms for specialty patient populations, such as those requiring bone marrow transplants, have been constructed in compliance with these requirements. The Proposed Project would be designed to provide the mandated universal clinical separation of all patients, to accommodate adequate space within patient rooms for medical equipment, staff, and loved ones, and to create appropriate provisions for Health Information Privacy and Portability Act (HIPPA) patient privacy.

In addition, existing MSKCC facilities' inpatient rooms and operating/procedure suites are often scheduled at or near capacity, restricting their ability to provide the necessary treatment for a growing population of cancer patients. In direct response to this present and rising need, the additional inpatient beds, operating rooms, procedure rooms, and diagnostic imaging modalities would allow MSKCC to meet the needs of the community and the region by providing the space and the resources needed to expand their treatment platform. Further, with thoughtful planning regarding the flexibility of the building and its systems, the Proposed Project would allow MSKCC to continue to adapt and respond to the evolution of medical technology and innovations in patient care delivery, positioning MSKCC to continue to deliver state-of-the-art cancer care for years to come.

BENEFITS OF THE PROPOSED PROJECT

The Proposed Project has been designed to allow MSKCC to provide the highest level of patient care to address rising acuity, to enhance its diagnostic abilities, to reduce recovery times, to provide patients with a seamless experience through digital communications and wireless connectivity, and to drive additional advancements in cancer research and patient outcomes.

The Proposed Project would allow MSKCC to house the technology and inventions it needs to meet the complexity of care necessary for the patients of the future, including cutting-edge robotics, improved digital infrastructure, and enhanced operating rooms. With up to 206 single-bedded rooms for acutely ill patients and 28 state-of-the-art operating and procedures suites, the Proposed Project will be designed to provide the capacity required for the influx and acuity of future cancer patients, and the families who care about them. The design of vertical floor-to-floor heights to accommodate room clearances as well as interstitial levels between ceiling and bottom-of-slab for necessary high-performance air-changing equipment, technology-driven conduits, and other advanced technologies for both the operating rooms and the inpatient rooms are as critical to the overall design as the horizontal dimensions of each floorplan.

The Patient Bridge to Memorial Hospital would provide critical access to facilitate the sharing of functions, facilities, and equipment for the benefit of patients. The Patient Bridge would also streamline MSKCC's clinical and translational research capabilities and allow ease of access in triaging patients from different facilities including operating rooms and intensive care units (ICUs).

Long-term, the construction of the Proposed Project would permit the staged modernization of the patient rooms in Memorial Hospital, which is now 50 years old, so that it too will be able to provide greater access to MSKCC's state-of-the-art inpatient care. MSKCC would remain operational throughout construction of the Proposed Project.

D. ANALYSIS FRAMEWORK

The lead agency is required to take a "hard look" at the environmental impacts of proposed actions and, to the maximum extent practicable, avoid or mitigate potentially significant adverse impacts on the environment, consistent with social, economic, and other essential considerations. An EIS is a comprehensive document used to systematically consider environmental effects; evaluate reasonable alternatives; and identify and mitigate, to the maximum extent practicable, any potentially significant adverse environmental impacts. The EIS provides a means for the lead and involved agencies to consider environmental factors and choose among alternatives in their decision-making processes related to a proposed action.

This section outlines the conditions examined in the EIS.

BUILD YEAR

The Proposed Project would be built out over the course of approximately six years. Following land use approvals, construction of the Proposed Project would commence in late 2024. As shown in **Table 1-1**, construction of the Proposed Project would consist of the following stages, some of which would overlap: demolition (approximately 15 months); excavation and foundations (approximately 17 months); superstructure and exteriors (approximately 16 months); interiors and finishing (approximately 31 months); and sitework (approximately 7 months). The Proposed Project is expected to be completed and operational by 2030.

Table 1-1
Anticipated Construction Schedule—Proposed Project

Construction Task	Start Month	Finish Month	Approximate Duration (months)[1]
OVERALL	**Month 1**	**Month 70**	**70**
Demolition	Month 1	Month 15	15
Excavation and Foundations	Month16	Month 32	17
Superstructure and Exteriors	Month 32	Month 47	16
Interiors and Finishing + Closeouts	Month 40	Month 70	31
Sitework	Month 60	Month 66	7

Note: [1] Construction would proceed in several stages, some of which would overlap.
Source: Turner Lend Lease, November 2023.

REASONABLE WORST CASE DEVELOPMENT SCENARIO

In order to assess the possible effects of the Proposed Project, a Reasonable Worst Case Development Scenario (RWCDS) was developed to account for existing conditions, the Future without the Proposed Project (No Action condition), and the Future with the Proposed Project (With Action condition). The incremental difference between the future No Action condition and future With Action condition serves as the basis for identifying potential environmental impacts, as described below.

IDENTIFICATION OF DEVELOPMENT SITES

The first step in establishing the development scenario for the Proposed Project is to identify those sites where new development could be reasonably expected to occur. As identified above, the Proposed Actions are limited to the Project Area which, with the exception of Block 1463, Lots 5 and 1002 under the ownership of Roman Catholic Church of St. Catherine's of Siena, exclusively

contains Applicant-controlled sites and would not result in development beyond that proposed for the Development Site. Since the Proposed Actions would only apply to the Development Site, there would be no other "affected sites" that would be potentially developed as a result of the Proposed Actions.

THE FUTURE WITHOUT THE PROPOSED PROJECT (NO ACTION CONDITION)

The No Action condition anticipates conditions in 2030 absent the Proposed Project. Under this scenario, the Sloan and Scholars buildings would remain on the Development Site and would continue to operate 355 contract housing units for medical students, interns, and professional staff for their terms of service or academic affiliation with MSKCC. The units would be fully occupied under the No Action condition. In addition, the building would continue to house approximately 45,039 gsf of hospital administrative office space. The existing office space is occupied by departmental staff that support the administrative and operations functions for a portion of MSKCC's Medical & Surgical Oncology services, in addition to staff from supporting services in Environmental Health & Facilities. These operations would remain in the No Action scenario. As an LSCFD, all future development modifying the 2001 LSCFD boundaries or zoning calculations within the Project Area boundaries is subject to regulation, so there are no as-of-right development opportunities within the Project Area. If the Proposed Actions are not approved, the Proposed Project could not be built. The Applicant has determined that the Development Site is the only feasible site for the construction of the Proposed Project that can proceed without disruption or diminishment to existing hospital services.

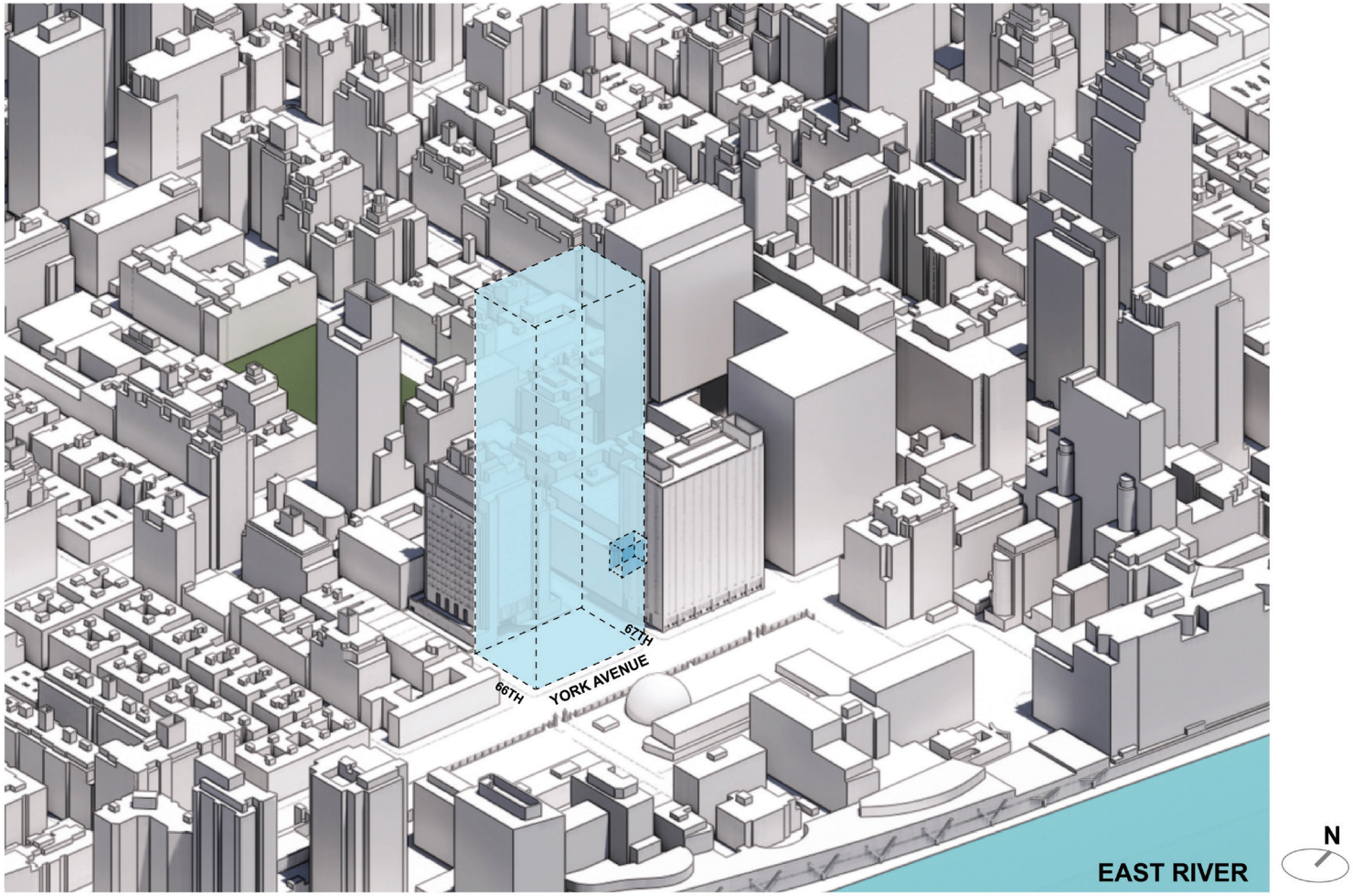
THE FUTURE WITH THE PROPOSED PROJECT (WITH ACTION CONDITION)

The With Action condition is generally the same as the Proposed Project described in Section B. Project Description; however, the zoning approvals would allow for a slightly larger building envelope (extending an additional 4 feet in height and an additional 13 feet to the west) to provide flexibility in the building massing (see **Figure 1-10**); therefore, to account for the With Action RWCDS in terms of bulk and height, the maximum building envelope will conservatively be used to represent the With Action condition in the environmental analysis.

The With Action condition would include the development of a new 31-story (rooftop up to 557.3 feet above grade; up to 598.3 feet to top of maximum building envelope), approximately 903,065-gsf inpatient hospital building for the Proposed Project. The Proposed Project would include a proposed two-story Patient Bridge connecting the MSK Pavilion with the Memorial Hospital building (across East 67th Street).

As noted above, the Scholars and Sloan buildings would be demolished. The RRL building would remain and continue in its existing use, except that a small amount of ground-floor conference room space would be lost to create a new garage ramp on East 67th Street. The parking garage would continue to be available exclusively to patients and visitors with valet service. There are no programmatic changes proposed for the RRL building. The garage would continue to have a total of 263 accessory parking spaces but would have an optimized layout for improved maneuverability. The garage entrances would be on East 66th and East 67th Street and the exit would be relocated from East 66th Street to East 67th Street.

As shown in **Table 1-2**, the Proposed Project would result in an overall development increment of approximately 610,228 gsf of hospital/community facility uses, including up to 206 additional hospital beds under the With Action condition as compared to the No Action condition. As summarized in **Table 1-3**, the daily non-residential population on the Development Site would



Source: CannonDesign/Foster + Partners

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Maximum Zoning Envelope

increase by 657 workers, 240 patients, and 480 visitors under the With Action condition as compared with the No Action condition, while the residential population would decrease by 561 residents.

Table 1-2
Development Program Summary

Components	Existing/No Action Condition	With Action Condition	Increment
Development Site			
Residential (gsf)	224,291	0	-224,291
Residential (DUs)	355	0	-355
Hospital Support/Office (gsf)	45,039	0	-45,039
Inpatient Hospital (gsf)	0	852,159	852,159
Inpatient Hospital (beds)	0	206	206
Parking (spaces)[1]	263	263	0
Total (gsf)	**292,837[2]**	**903,065[2]**	**610,228[2, 3]**

Notes:
gsf = gross square feet; Square footages shown are approximate and include mechanical/utility space.
DUs = dwelling units
[1] Parking facility encompasses the RRL (Lot 13) and the MSK Pavilion (Development Site) cellars.
[2] Includes parking square footage.
[3] Includes loss of approximately 2,080 gsf of RRL conference room space located above proposed garage exit.
Source: MSKCC, Adamson Associates International, Foster+Partners

Table 1-3
Development Site Population

Population	Existing/No Action Condition	With Action Condition	Increment
Development Site			
Residents[1]	561	0	-561
Workers[2]	180	837	657
Administrative/Support	*180*	*0*	*-180*
Hospital Staff	*0*	*837*	*837*
Patients	0	240	240
Visitors	0	480	480

Notes:
[1] Occupants of contract housing provided in the Scholars and Sloan buildings.
[2] There would be no change to the number of lab staff (663) in the RRL building as a result of the Proposed Project.
Source: MSKCC

E. PUBLIC REVIEW PROCESS

The Proposed Actions are subject to ULURP and CEQR. These review processes are described below.

UNIFORM LAND USE REVIEW PROCEDURE

ULURP, mandated by Sections 197-c and 197-d of the City Charter, is a process especially designed to allow public review of a proposed project at four levels: the Community Board, the Borough President and (if applicable) Borough Board, CPC, and the City Council. The procedure

sets time limits for review at each stage to ensure a maximum total review period of approximately seven months.

The ULURP process begins with a certification by CPC that the ULURP application is complete, which includes satisfying CEQR requirements (see the discussion below). If the particular application is subject to environmental review (see below), a negative declaration, conditional negative declaration, or a notice of completion of a DEIS must be issued before an application can be certified.

The application is then forwarded to the Community Board (in this case, Manhattan Community Board 8), which has 60 days to review and discuss the proposal, hold public hearings, and adopt recommendations regarding the application. Once this step is complete, the Borough President reviews the application for up to 30 days. CPC then has 60 days to review the application, during which time a ULURP/CEQR public hearing is held. Comments made at the DEIS public hearing and made in writing within 10 days after the hearing are incorporated into a Final EIS (FEIS); the FEIS must be completed at least 10 days before CPC makes its decision on the application. CPC may approve, approve with modifications, or deny the application.

If the ULURP application is approved, or approved with modifications, it moves to the City Council for review. The City Council does not automatically review all ULURP actions that are approved by CPC. Zoning map changes and zoning text changes (not subject to ULURP) nevertheless must be reviewed by the City Council; the Council may elect to review certain other actions. The City Council, through the Land Use Committee, has 50 days to review the application and, during this time, will hold a public hearing on the proposed project. The Council may approve, approve with modifications, or deny the application. If the Council proposes a modification to the proposed project, the ULURP review process stops for 15 days, providing time for a CPC determination on whether the modification is within the scope of the environmental review and ULURP review. If it is, then the Council may proceed with the modification; if it is not, then the Council may only vote on the project as approved by CPC. Following the Council's vote, the Mayor has five days in which to veto the Council's actions. The City Council may override a Mayoral veto within 10 days.

CITY ENVIRONMENTAL QUALITY REVIEW

The Proposed Actions are classified as Type 1 as defined under 6 NYCRR 617.4 and NYC Executive Order 91 or 1977, as amended, and are subject to environmental review in accordance with CEQR rules and the guidance set forth in the *CEQR Technical Manual*. An EAS was completed on March 28, 2023. The EAS analyzes the Proposed Project's potential to generate significant adverse environmental impacts. A Positive Declaration, issued on March 28, 2023, established that the Proposed Project may have a significant adverse impact on the environment, thus warranting the preparation of an EIS.

The CEQR scoping process is intended to focus the EIS on those issues that are most pertinent to the Proposed Actions. The process allows other agencies and the public a voice in framing the scope of the EIS. The scoping document sets forth the analyses and methodologies to be utilized in the preparation of the EIS. During the period for scoping, those interested in reviewing the Draft Scope may do so and give their comments to the lead agency. The public, interested agencies, Manhattan Community Board 8, and elected officials were invited to comment on the Draft Scope, either in writing or orally, at a public scoping meeting held on April 27, 2023. To continue to allow for broad public participation options, DCP conducted the public scoping meeting remotely. Comments received during the Draft Scope's public meeting and written comments received by

May 8, 2023 were considered and incorporated as appropriate into the Final Scope of Work (Final Scope). The lead agency oversaw preparation of the Final Scope, which incorporates all relevant comments on the Draft Scope and revises the extent or methodologies of the studies, as appropriate, in response to comments made during scoping. The DEIS has been prepared in accordance with the Final Scope and in conformance with all applicable laws and regulations, including SEQRA (Article 8 of the New York State Environmental Conservation Law) and its implementing regulations found at 6 NYCRR Part 617, New York City Executive Order No. 91 of 1977, as amended, and the Rules of Procedure for CEQR, found at Title 62, Chapter 5 of the Rules of the City of New York.

The DEIS is available for public review and comment. A public hearing will be held on the DEIS in conjunction with the CPC hearing on the land use applications to afford all interested parties the opportunity to submit oral and written comments. The record will remain open for 10 days after the public hearing to allow additional written comments on the DEIS. An FEIS will be prepared that will respond to all substantive comments on the DEIS, along with any revisions to the technical analyses necessary to respond to those comments. The FEIS will then be used by decision makers to evaluate CEQR findings, which will address project impacts and proposed mitigation measures in deciding whether to approve the requested discretionary actions with or without modifications. ✷