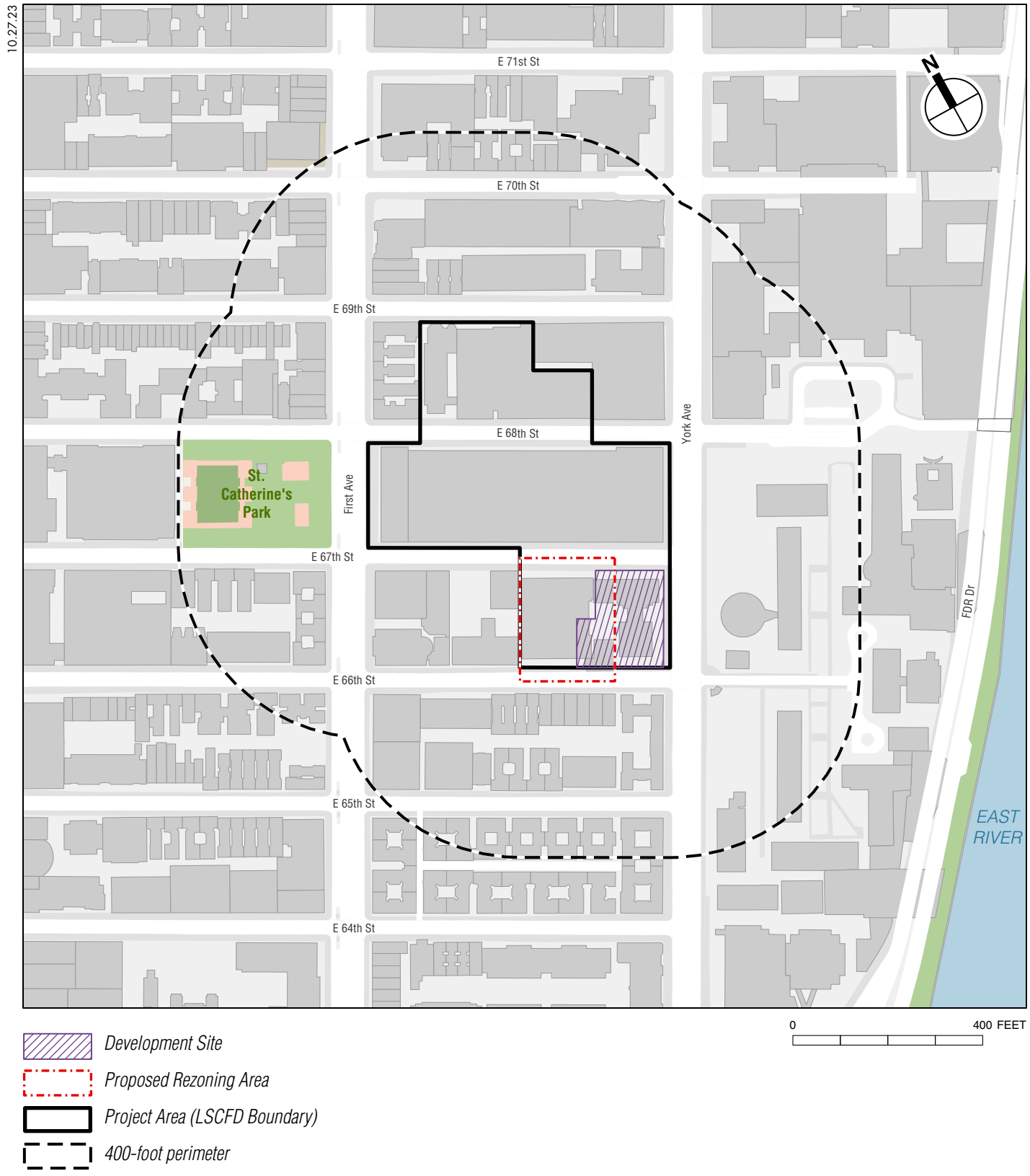
~~Draft~~ Final Scope of Work for a Draft Environmental Impact Statement for the MSK Pavilion CEQR No.23DCP118M

This is the Final Scope of Work for the MSK Pavilion Draft Environmental Impact Statement (DEIS). This Final Scope of Work has been prepared to describe the Proposed Project, present the framework for the environmental impact statement (EIS) analysis, and discuss the procedures to be followed in the preparation of the DEIS. **Appendix A** to this Final Scope of Work identifies the comments made at the April 27, 2023 public scoping meeting and the written comments received, and provides responses. A transcript of the public scoping meeting is provided in **Appendix B** and the written comments received are included in **Appendix C**. Revisions to the Draft Scope of Work have been incorporated into this Final Scope of Work and are indicated by double-underlining new text and striking deleted text.

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; zoning text amendments, authorizations, a~~nd~~ special permit~~s~~; ~~and~~ 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 ~~for MSKCC~~ (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 (~~S~~see **Figure 1**).

The Proposed Project, also referred to as the "MSK Pavilion," would be a new, 31-story state-of-the-art facility entirely devoted ~~entirely to patient care for those whose cancer treatments cannot be addressed through MSKCC's extensive network of ambulatory services on the Main Campus and neighboring and regional facilities.~~to in-patient care for acutely ill cancer patients, providing 28 operating rooms (with four dedicated to interventional radiology procedures) 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, which connects with the existing Rockefeller Research Laboratories (RRL) building adjacent to the west. 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.



Project Location

MSK PAVILION

Figure 1

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 and up to 206 beds with necessary clinical and mechanical support spaces, it would not function as a free-standing hospital, requiring that the Patient Bridge 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 Proposed Project would provide 28 operating/procedural suites, including recovery and intensive care facilities on 11 floors, and approximately 202 in-patient beds for acutely ill patients on 9 floors. In addition, there would be four clinical support floors and five mechanical floors distributed throughout the building. The Proposed Project would have its primary lobby along the east side of the building, and a proposed two-story bridge connecting floors 5 and 6 of the Proposed Project with floors 8 and 9 of Memorial Hospital (across East 67th Street) would serve as the primary connector for patients in either building to access medical services in the other building.~~

~~The Proposed Project would replace the two existing buildings on the Development Site, Scholars and Sloan, which contain contract housing for MSKCC staff as well as administrative offices which would be relocated to other MSK buildings. The two buildings share a below-grade parking garage with the west-adjacent Rockefeller Research Laboratories (RRL). Existing staff and research functions would remain in RRL. As part of the Proposed Project, a portion of the ground floor and below-grade levels of RRL would be modified (including the loss of conference room space – approximately 2,080 gross square feet [gsf]) to accommodate the new garage in the Proposed Project and provide a parking exit to East 67th Street. With the Proposed Project, the 263-space parking garage would still connect with RRL and the Proposed Project would have an optimized layout for improved maneuverability. It would continue to be entered from East 66th Street and be available exclusively to MSK staff, patients, and visitors with valet service. No programmatic changes are proposed for the RRL building.~~

~~Public entrances to the Proposed Project lobby would be located on East 67th and East 66th Streets just off of York Avenue, and on a through-block driveway that would provide a weather protected drop-off area for patients and visitors. The entrance to the southbound driveway would be through a new curb cut on East 67th Street, and the exit would be through a new curb cut on East 66th Street. There would be a total of four service bays (including three loading docks) – three on East 67th Street that would be accessed via two new curb cuts and one on East 66th Street (also via a new curb cut).~~

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. Scoping is the first step in the preparation of the EIS; it provides an early opportunity for the public and other agencies to be involved in the EIS process. It is intended to determine the range of issues and considerations to be evaluated in the EIS. This ~~Draft~~ Final Scope of Work describes the Proposed Project and the actions necessary for its implementation, presents the proposed framework for the EIS analysis, and discusses the procedures to be followed in the preparation of the Draft EIS (DEIS). The 2021 *City Environmental Quality Review (CEQR) Technical Manual*

will serve as a general guide on 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**, The Development Site is located at 1233 York Avenue on portions of Manhattan Block 1461, Lots 21 and 13 ~~(1233 York Avenue)~~. Two adjoining community facility buildings (Scholars and Sloan) occupy the entire frontage of the east 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 ~~308 dwelling units~~355 contract housing units (primarily for ~~medical students, interns, and resident~~professional staff and student~~s~~ 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 in its current function. The parking garage is for MSKCC staff, patients, and visitors. There is no accessory parking for Sloan and Scholars residents in the garage.

As shown in **Figure 2**, the Rezoning Area (approximately 40,~~168~~ 167 square feet [sf]) comprises the following portions of Block 1461:

- Western portion of Lot 21 ~~(Development Site)~~, currently zoned R8 residential, and
- Lot 13 ~~(RRL site)~~, also currently zoned R8.

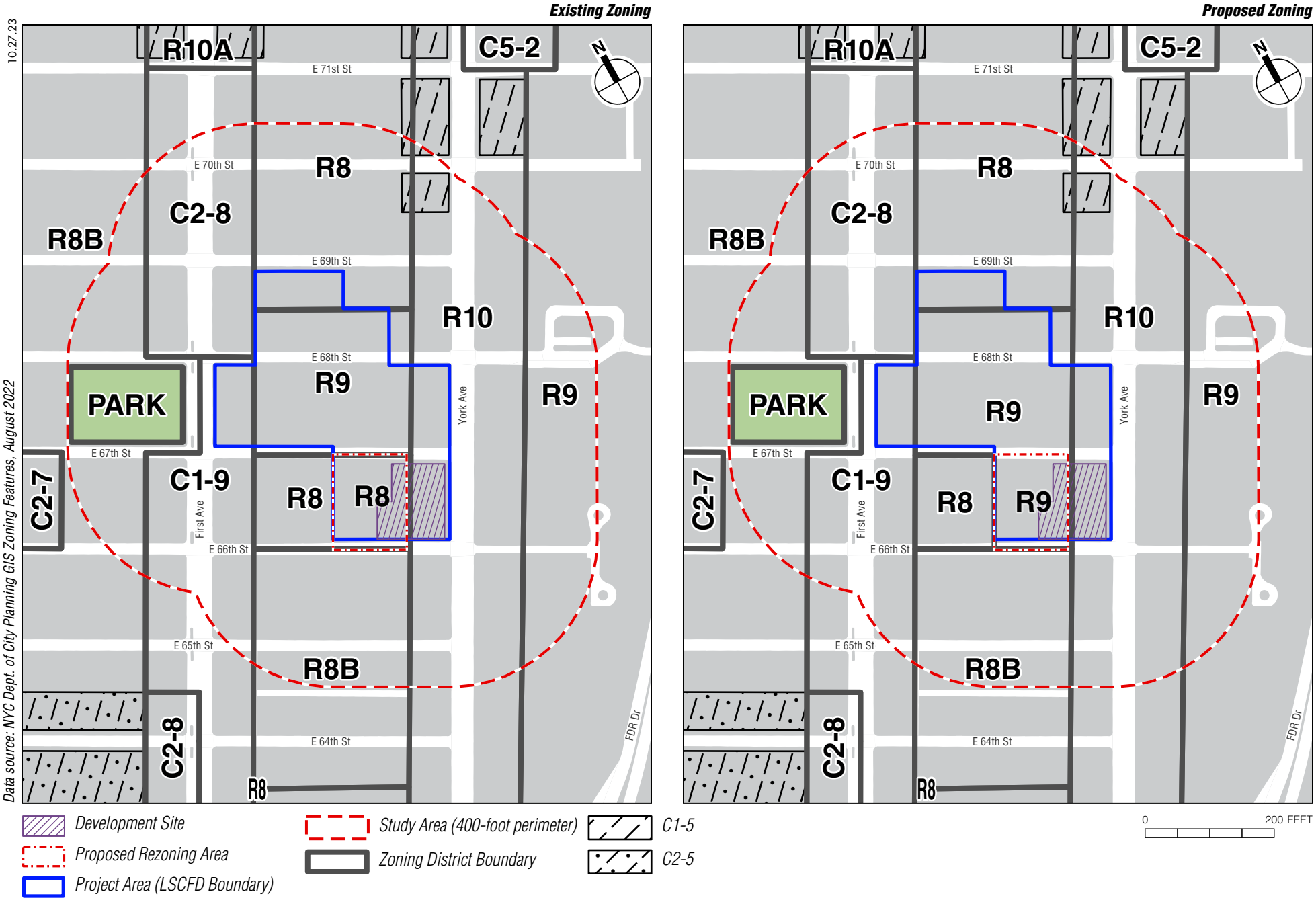
The proposed Rezoning Area is within the 2001 ~~part of a~~ LSCFD ~~that was established in 2001 and comprises~~ comprising MSKCC's medical buildings ranging in height from ~~1~~ 4 to 23 stories located between York and First Avenues and East 66th and East 69th Streets.

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 ~~the treatment of~~ cancer treat~~emtn~~ment and~~s cancer~~ and its research ~~institute dedicated to research related exclusively to cancers~~. 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 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. ~~However, there~~ 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 ~~rest of~~ MSKCC campus north of East 67th Street, and these buildings are accessed through street-level entrances.

No changes to the LSCFD boundaries are proposed. However, the rezoning of 40,168 sf from R8 to R9 would increase the allowable floor area in the LSCFD by ~~approximately 140,580~~140,584.5

10.27.23

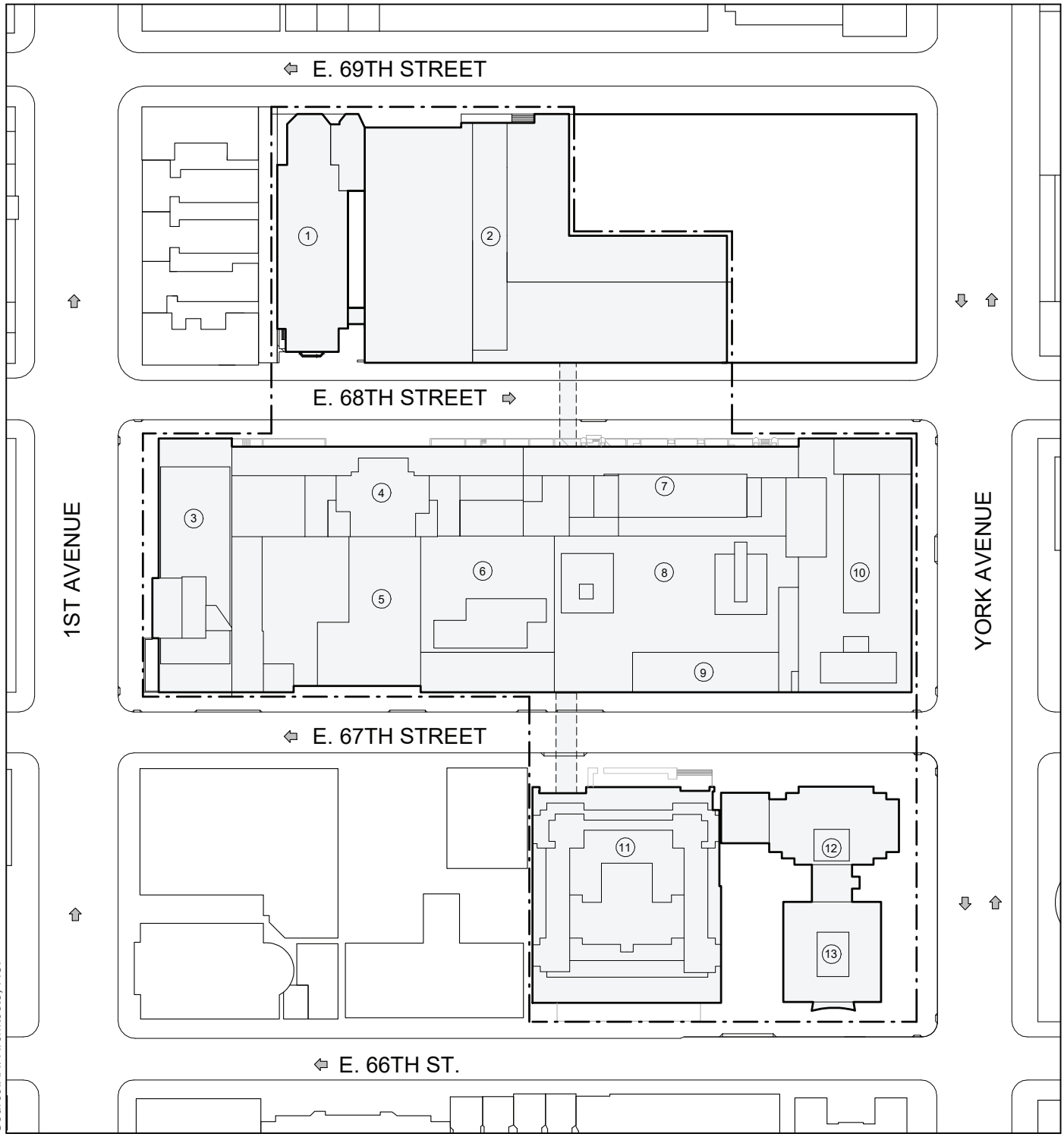


Data source: NYC Dept. of City Planning GIS Zoning Features, August 2022

Existing and Proposed Zoning

MSK PAVILION

Figure 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

sf. ~~over 140,000 sfThe existing permitted zoning floor area within the Project Area is approximately 2,212,906 zoning square feet (zsf) and the utilized zoning floor area is approximately 1,962,800 zsf.~~

DESCRIPTION OF SURROUNDING AREA

The area surrounding the Project Area is predominately institutional with ~~(~~hospitals and medical towers accounting for the largest segment and~~,~~ churches, and schools also playing a prominent role.~~),~~ R~~r~~esidential 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. ~~The primary public open space in the surrounding area is~~ St. Catherine's Park, an important public open space, ~~which is located~~is found ~~one~~ 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 ~~in an~~zoned R10 (FAR 10) to a depth of 125 feet on both sides. 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]; ~~residential district~~; 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. ~~The Rockefeller University campus to the east of the~~Two of the midblocks within the Project Area ~~is~~ 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

[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.

maximum building envelope would encompass the entire footprint of the Development Site (see **Figure 4)** and would allow the building to be as tall as 598.3 feet high above grade. However, as proposed, the building would be 557.3 feet tall (see **Figures 5 through 7**).

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

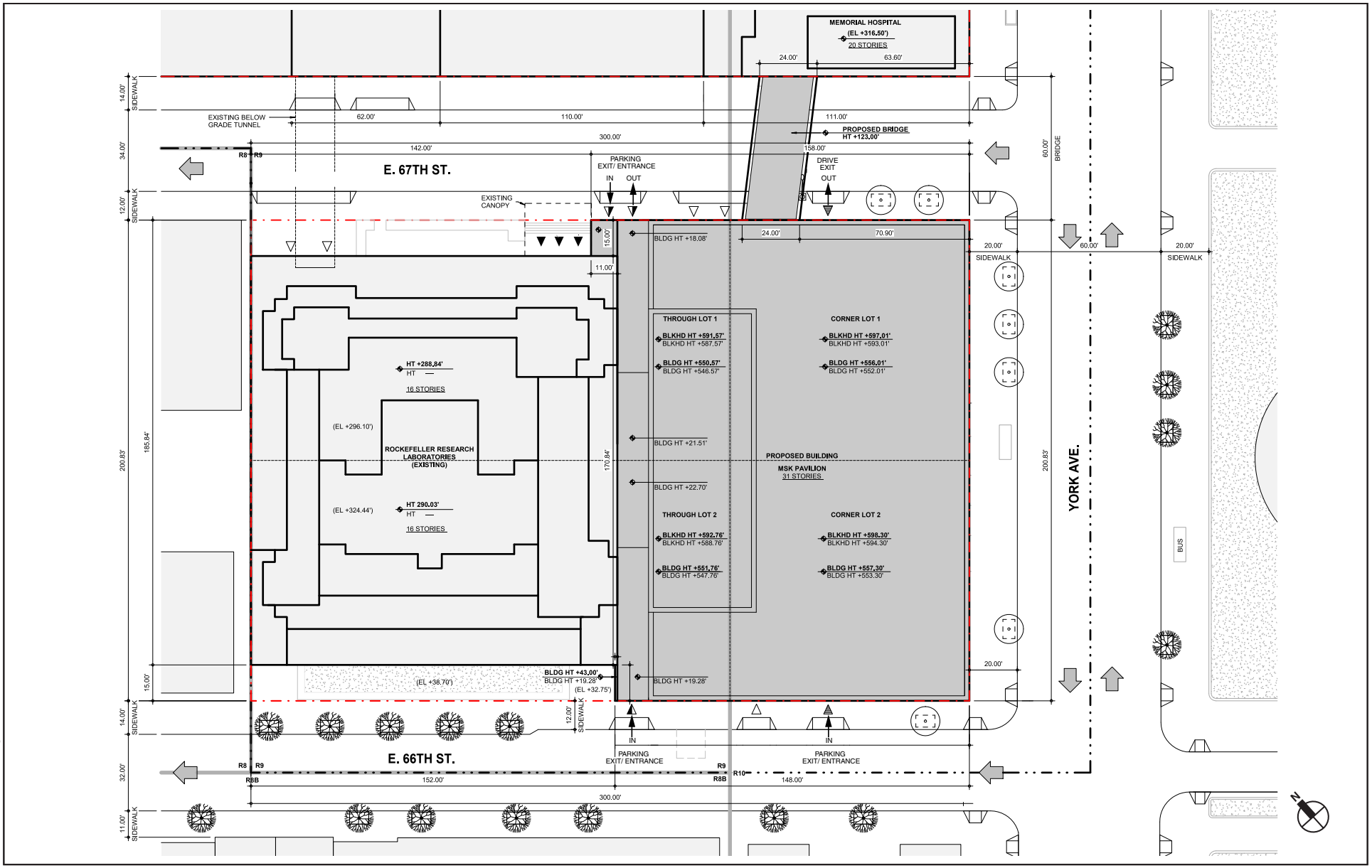
At the ground level, a through-block driveway for patient drop-offs and pick-ups (see **Figure 8**) would provide direct weather-protected access into the double-height lobby. Located on the east side of the building along York Avenue, the glass-enclosed lobby would be set back from the building line providing additional space for sidewalks, landscaping, signage, and possibly public art (see **Figure 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 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 5 and 6,** above).

~~The Applicant is requesting a series of zoning actions to facilitate the development of a new 31-story (up to 590 feet including mechanical bulkhead; 594 feet to top of maximum zoning envelope as described in Section D, "Analysis Framework"), approximately 901,193 gsf inpatient hospital building for MSKCC (the Proposed Project). The Proposed Project, also referred to as the "MSK Pavilion," would be devoted entirely to patient care for those whose cancer treatments cannot be addressed through MSKCC's extensive network of ambulatory services on the Main Campus and neighboring and regional facilities. The Proposed Project would provide 28 operating/procedural suites, including recovery and intensive care facilities on 11 floors and approximately 202 in-patient beds for acutely ill patients on 9 floors. In addition, there would be four clinical support floors and five mechanical floors distributed throughout the building. The lobby space would be located along the east side of the building, and a proposed two-story bridge connecting floors 5 and 6 of the Proposed Project with floors 8 and 9 of the Memorial Hospital building (across East 67th Street) would serve as the primary connector for patients in either building to access medical services in the other building (see **Figures 4 through 8**).~~

~~The Proposed Project would be located on Lot 21 and would replace the Scholars and Sloan buildings, which serve as contract housing for MSKCC staff and administrative offices.~~ The RRL building would remain adjacent to the Proposed Project; ~~and~~ there would be no redevelopment on Lot 13 other than for modifications to the below-grade garage and to create a garage ~~egress~~ entrance and exit ~~off~~to East 67th Street~~ that would continue to be available exclusively to staff, patients, and visitors with valet service~~. ~~There are no~~No programmatic changes are proposed for the RRL building; however, it would lose some ground-floor conference room space (approximately 2,080 gsf) to accommodate the modified garage exit. There is an existing tunnel running from the RRL basement to the main campus (see **Figure 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,



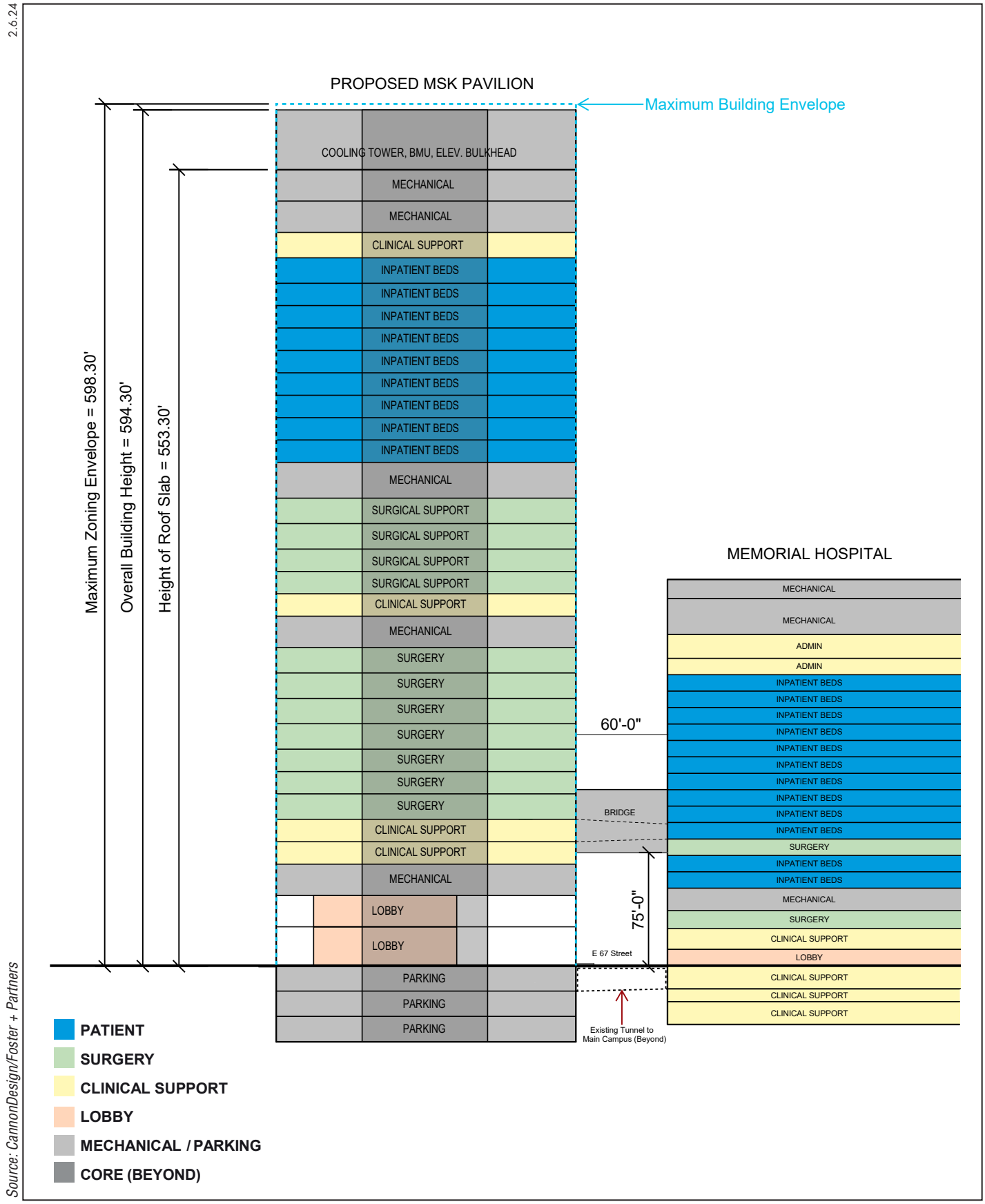
Source: CannonDesign/Foster + Partners. Adamson Associates International.

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Roof Plan

MSK PAVILION

Figure 4

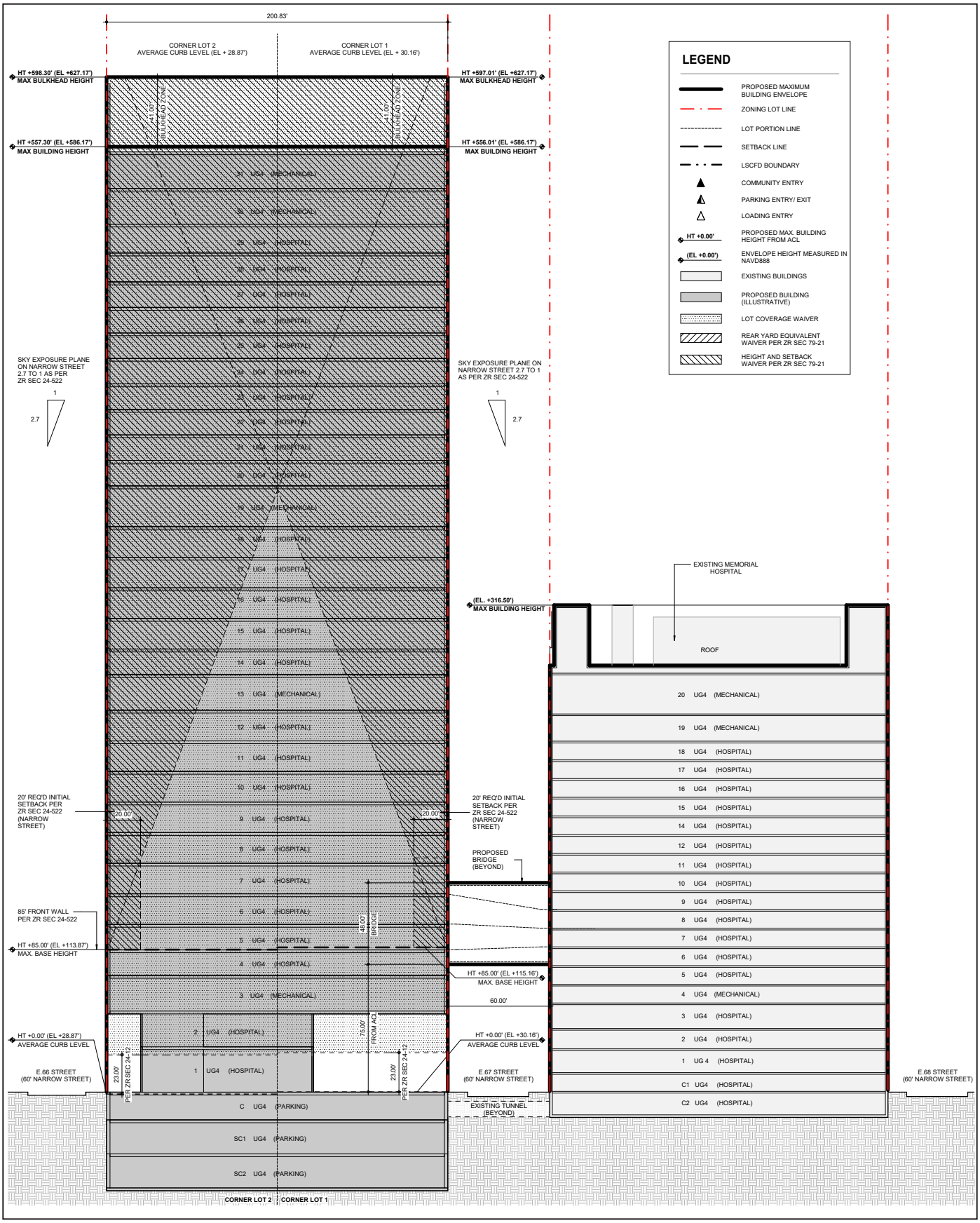


NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

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

MSK PAVILION

Figure 5



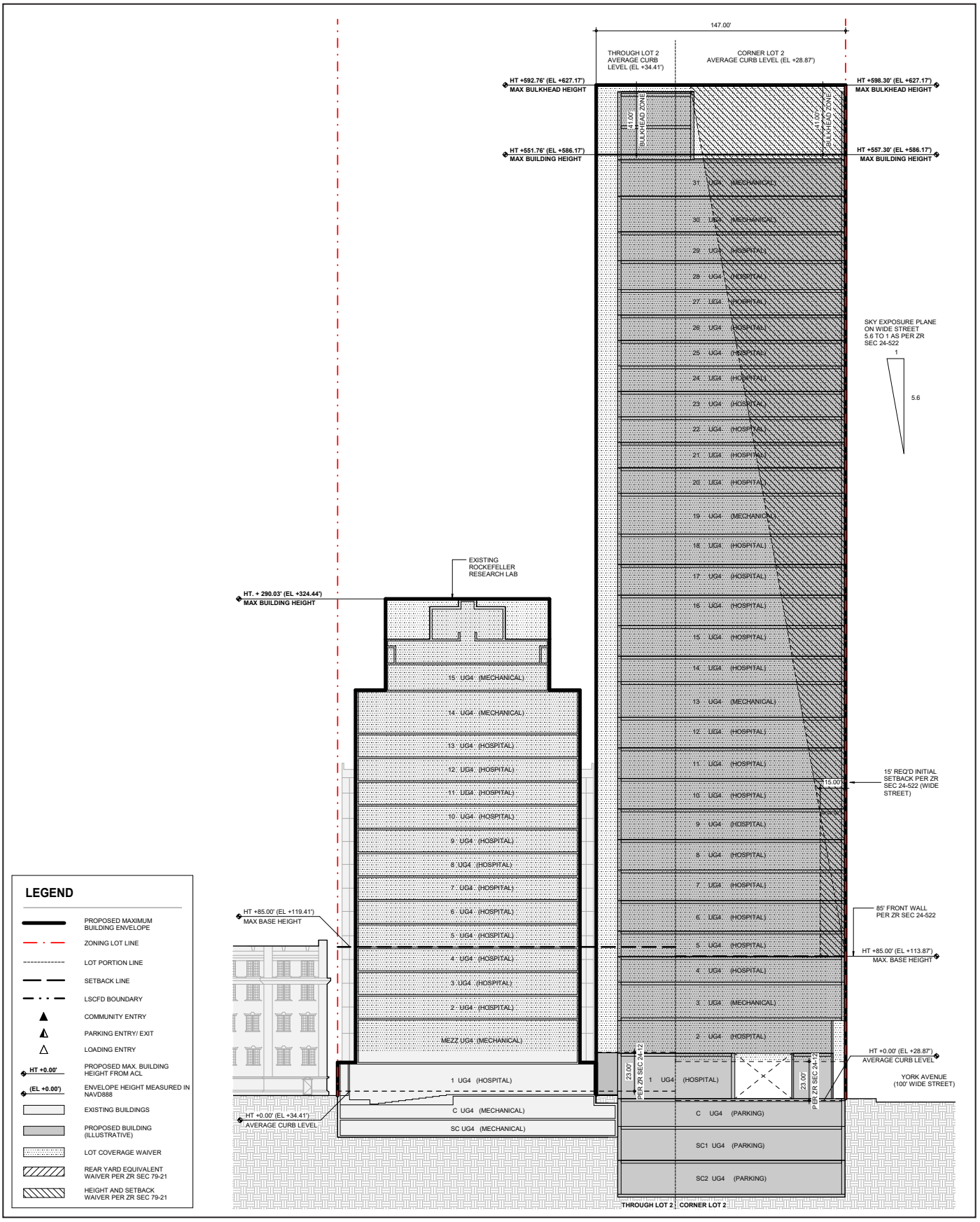
NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Building Section - North-South Section

MSK PAVILION

Figure 6

2.1.24



Source:AAI Architects, P.C.

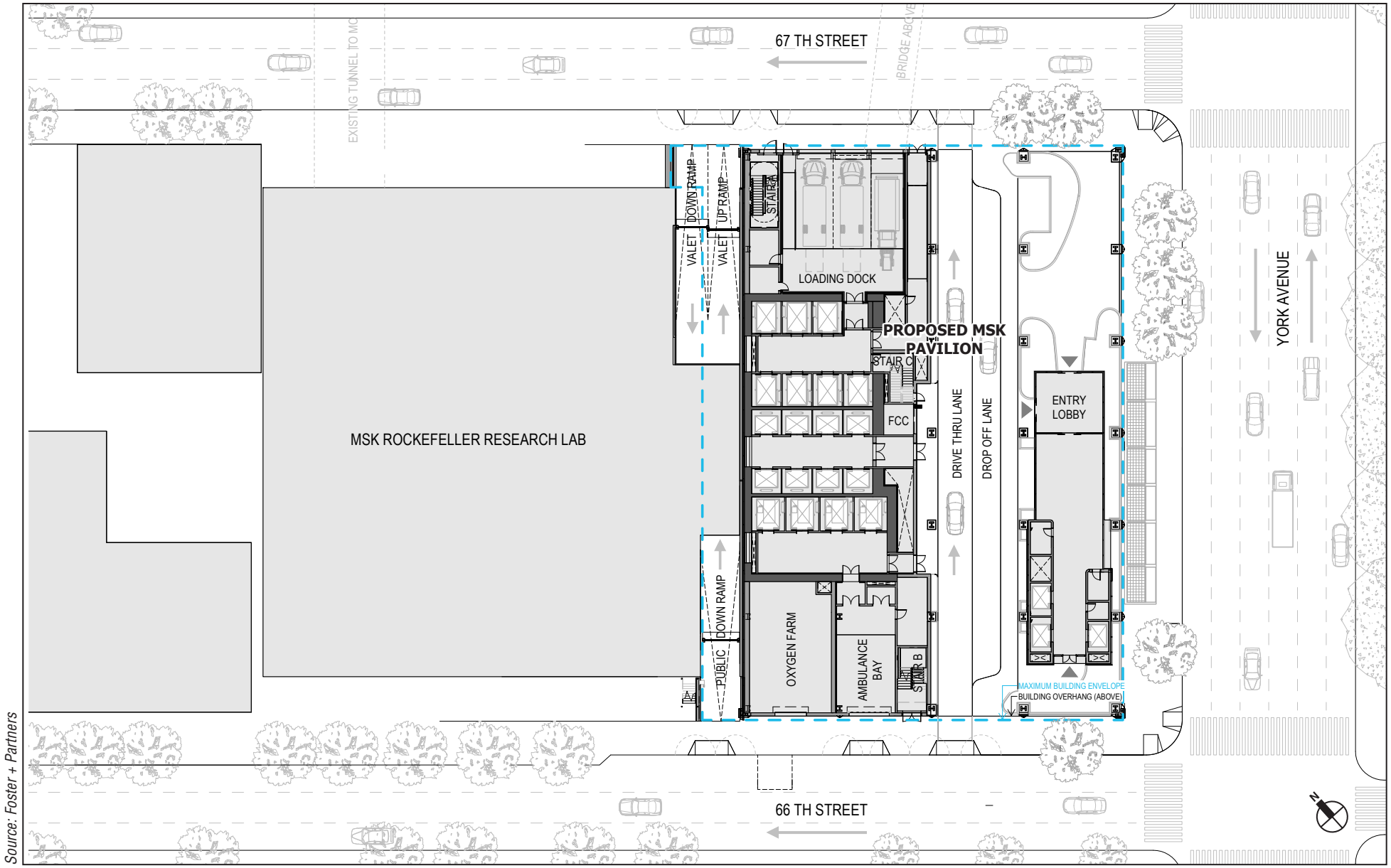
NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Building Section - East-West Section

MSK PAVILION

Figure 7

3.26.24



Source: Foster + Partners

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Ground Floor Plan

MSK PAVILION

Figure 8



Source: CannonDesign/Foster + Partners

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

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

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.~~Public entrances to the Proposed Project would be located on East 67th and East 66th Streets just off of York Avenue, and on the through-block driveway and drop-off area. The entrance to the one-way southbound driveway would be through a new curb cut on East 67th Street and the exit would be through a new curb cut on East 66th Street. The garage would continue to have a total of 263 accessory parking spaces but would have an optimized layout for improved maneuverability. The garage entrance would be on East 66th Street, similar to existing/No Action conditions, but the exit would be relocated to East 67th Street. There would be a total of four service bays (including three loading docks): three on East 67th Street that would be accessed via two new curb cuts and one on East 66th Street (also via a new curb cut).~~

PROPOSED ACTIONS NECESSARY TO FACILITATE THE PROPOSED PROJECT

In order to accomplish the Proposed ~~p~~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 2**, above). The existing maximum permitted zoning floor area within the Project Area (a/k/a the 2001 LSCFD) is approximately 2,212,906 square feet (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 ~~permit~~ allow modification of ~~regulations relating to~~ lot coverage and signage regulations in Manhattan Community District 8, for zoning lots located in ~~in~~ R9 and R10 districts ~~within an LSCFD~~.
3. ~~Modification pursuant to ZR Section 79-21 of the 2001 LSCFD Site Plans and zoning calculations previously authorized by CPC (C 010548ZSM, N 010549ZAM) to authorize the maximum permitted floor area for all zoning lots within the LSCFD to be distributed without regard for zoning lot lines.~~
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, ~~and~~ (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.
4. Special permit pursuant to ZR Section 79-43, as amended, to ~~permit~~ allow modifications of regulations relating to height, setback applicable to the perimeter of the 2001 LSCFD, lot coverage, and ~~signage~~ signs to facilitate construction of the Proposed Project.
5. Modification ~~pursuant to ZR Section 79-21 of~~ to the 2001 LSCFD to update the Site Plans and zoning calculations for the three zoning lots previously authorized by CPC (~~C~~ 010548(A)ZSM~~, N 010549ZAM~~). ~~to authorize the maximum permitted floor area for all zoning lots within the 2001 LSCFD to be distributed without regard for zoning lot lines.~~

6. ~~Modification as required to~~ Cancellation of the 2001 LSCFD Restrictive Declaration~~, Drawings, and Approvals (2001 Approvals)~~.
7. Certifications 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. ~~In addition, a~~ Revocable Consent from the New York City Department of Transportation (DOT) ~~is necessary~~ for the Patient B~~b~~ridge 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 ~~p~~Patient ~~b~~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.

~~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 zoning map amendment to change the midblock portion of Block 1461 Lot 13 occupied by the existing RRL Building and a western portion of Lot 21 from R8 to R9. R9 districts have consistently been identified as the appropriate zoning for significant hospital campuses in Manhattan and, in fact, the rezoning of the Block 1461 midblock to R9 was certified in 2001 by CPC as such along with the midblock portions of Blocks 1462 and 1463 in conjunction with the 2001 Approvals and establishment of the 2001 LSCFD. However, the rezoning of the Block 1461 midblock was voluntarily withdrawn by MSKCC in November 2001 prior to final adoption of CPC Report 010548ZSM, with specific text stating that the rezoning of the midblock portion of Block 1461 to R9 should be more appropriately considered at such time as MSKCC's "plans for this block are more concrete." The Proposed Project represents that concrete milestone.~~

~~In addition, with the identification of the Development Site as the future location of the Proposed Project, the specific zoning actions under the 2001 Approvals can now be identified with greater on site specificity, including new actions available or proposed to be made available within the LSCFD text regarding lot coverage, signage, yards, and height and setback necessitated to facilitate the development of the Proposed Project. Finally, a Revocable Consent and would be required for the patient bridge over East 67th Street connecting the Proposed Project to Memorial Hospital and other clinical buildings on Block 1462 (aka the Main Campus block).~~

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 rooms 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 rooms 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 for 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 for 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 rooms, 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 ~~49~~ 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 to be examined in the EIS.

BUILD YEAR

The Proposed Project would be built out over the course of approximately ~~five~~six ~~and a half~~ years. Following land use approvals, construction of the Proposed Project would commence in ~~early 2025~~late 2024. As shown in **Table 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).~~with approximately 16 months of demolition and abatement, followed by 13 months of excavation and foundation work. Superstructure and core work would follow and would last approximately 14 months Façade and interior fit-out work would commence approximately 5 months into the superstructure phase (overlapping for 9 months) and would last approximately 19 months. This would be followed by 11 months of commissioning and closeout work.~~ The Proposed Project is expected to be completed and operational by 2030.

Table 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 ~~308~~ 355 contract housing units for medical students, interns, and residents for their terms of service or academic affiliation with the 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 10**); therefore, to account for the With Action RWCDS in terms of bulk and height, the maximum ~~zoning~~ building envelope will conservatively be used to represent the With Action condition in the environmental analysis.

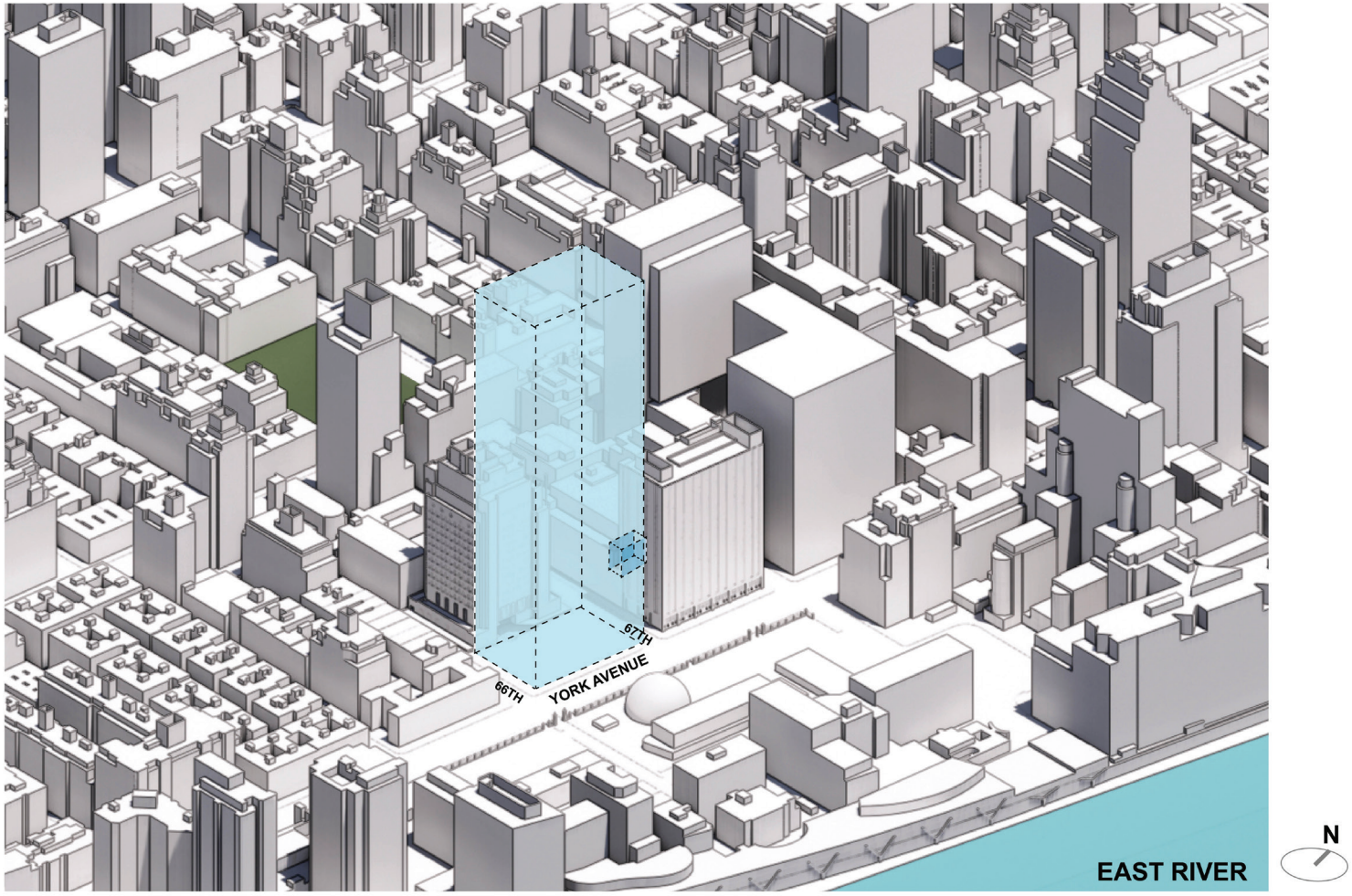
The With Action condition would include the development of a new 31-story (rooftop up to ~~590~~ 557.3 feet ~~including mechanical bulkhead~~above grade; up to 598.3~~594~~ feet to top of maximum ~~zoning~~ building envelope), approximately ~~901,193~~903,065-gsf inpatient hospital building for the Proposed 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.

~~, also referred to as the "MSK Pavilion," would be devoted entirely to patient care for those whose cancer treatments cannot be addressed through MSKCC's extensive network of ambulatory services on the Main Campus and neighboring and regional facilities. The Proposed Project would include 28 operating/procedural suites, including recovery and intensive care facilities on 11 floors and approximately 202 in-patient beds for acutely ill patients on 9 floors. In addition, there would be four clinical support floors and five mechanical floors distributed throughout the building. The Proposed Project would have two floors of lobby space, and a proposed two-story bridge connecting floors 5 and 6 of the Proposed Project with floors 8 and 9 of the Memorial Hospital building (across East 67th Street) would serve as the primary connector for patients in the Proposed Project to access medical services on the Main Campus block.~~

~~The Proposed Project would be located on Lot 21 and would replace the Scholars and Sloan buildings, which serve as contract housing for MSKCC staff and administrative offices. The RRL building would remain and there would be no redevelopment on Lot 13 other than for modifications to the below-grade garage and to create garage egress off of East 67th that would continue to be available exclusively to staff, patients, and visitors with valet service. There are no programmatic changes proposed for the RRL building; however, it would lose some ground-floor conference room space (approximately 2,080 gsf) to accommodate the modified garage exit.~~

~~Public entrances to the Proposed Project would be located on East 67th and East 66th Streets, just off of York Avenue, and on the through-block driveway and drop-off area. The entrance to the one-way southbound driveway would be through a new curb cut on East 67th Street and the exit would be through a new curb cut on East 66th Street. The garage would continue to have a total~~



Source: CannonDesign/Foster + Partners

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Maximum Zoning Envelope

~~of 263 accessory parking spaces but would have an optimized layout for improved maneuverability. The garage entrance would be on East 66th Street, similar to existing/No Action conditions, but the exit would be relocated to East 67th Street. There would be a total of four service bays (including three loading docks): three on East 67th Street that would be accessed via two new curb cuts and one on East 66th Street (also via a new curb cut) (see **Figures 4 through 8**).~~

As shown in **Table ~~1~~2**, the Proposed Project would result in an overall development increment of approximately ~~606,276~~ 610,228 gsf of hospital/community facility uses, including up to ~~202~~206 additional hospital beds under the With Action condition as compared to the No Action condition. As summarized in **Table 3**, the daily non-residential population on the Development Site would increase by 657 workers, 240 patients, and 480 visitors under the With Action condition as compared to 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)	~~308~~355	0	-~~308~~355
Hospital Support/Office (gsf)	45,039	0	-45,039
Inpatient Hospital (gsf)	0	~~850,287~~852,159	~~850,287~~852,159
Inpatient Hospital (beds)	0	206~~202~~	206~~202~~
Parking (spaces)[1]	263	263	0
Total (gsf)	**292,837[2]**	**~~901,193~~903,065[2]**	**~~606,276~~606,780[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 Rockefeller Research Labs (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 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 Rockefeller Research Labs building as a result of the Proposed Project.
Source: MSKCC

CITY ENVIRONMENTAL QUALITY REVIEW AND SCOPING

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 Tuesday, March 28, 2023. The EAS analyzes the Proposed Project's potential to generate significant adverse environmental impacts. A Positive Declaration, issued on Tuesday, 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 Project. 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 that will be

utilized to prepare the EIS. During the period for scoping, those interested in reviewing the ~~Draft~~ Final Scope may do so and give their comments to the lead agency. The public, interested agencies, Manhattan Community District 8, and elected officials ~~are~~ were invited to comment on the Draft Scope, either in writing or orally, at a public scoping meeting ~~to be~~ held on Thursday, April 27, 2023. To continue to allow for broad public participation options, DCP ~~will hold~~held the public scoping meeting remotely. Comments received during the Draft Scope's public meeting and written comments received by Monday, May 8, 2023, ~~will be~~were considered and incorporated as appropriate into ~~the~~ this Final Scope of Work (the "Final Scope"). The lead agency ~~will~~has overseen preparation of the Final Scope, which ~~will incorporate~~ incorporates all relevant comments on the Draft Scope and ~~revise~~ has revised the extent or methodologies of the studies, as appropriate, in response to comments made during scoping. The DEIS will be 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.

Once the lead agency is satisfied that the DEIS is complete, the document will be made 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. A Final EIS (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.

E. SCOPE OF WORK FOR THE EIS

The environmental review provides a means for decision-makers to systematically consider environmental effects along with other aspects of project planning and design, to evaluate reasonable alternatives, and to identify, and mitigate where practicable, any significant adverse environmental impacts.

The first step in preparing the EIS is the public scoping process. Scoping is the process of focusing the environmental impact analysis on the key issues that are to be studied in the EIS. The proposed scope of work for each technical area to be analyzed in the EIS is described in this section.

The EIS will include detailed analysis in the technical areas where the Proposed Project would potentially result in significant adverse impacts, based on the findings of the EAS. The EAS indicates that the Proposed Project does not meet the criteria warranting analysis of natural resources, solid waste and sanitation services, or energy, and no significant adverse impacts to these technical areas would occur with the Proposed Project. For the other technical areas, the scope of work for the EIS and the proposed impact assessment criteria set forth below are based on the methodologies and guidance set forth in the *CEQR Technical Manual*.

The EIS will contain the following:

- A description of the Proposed Project and its environmental setting;

- A statement of the environmental impacts of the Proposed Project, including short- and long-term effects and typical associated environmental effects;
- An identification of any adverse environmental effects that cannot be avoided if the Proposed Project is implemented;
- A discussion of reasonable alternatives to the Proposed Project;
- An identification of irreversible and irretrievable commitments of resources that would be involved if the Proposed Project is implemented; and
- A description of measures proposed to minimize or fully mitigate any significant adverse environmental impacts.

TASK 1: PROJECT DESCRIPTION

The Project Description will identify and explain the Proposed Actions and the purpose and need for the Proposed Actions. It will also describe the Proposed Project. It will contain a brief discussion of current conditions on the Development Site, the Rezoning Area, and in the surrounding area; the No Action condition; the proposed development program; a description of the proposed site plan and the height and bulk of the proposed building; and figures to depict the Proposed Project. It will also include a description of the approvals required and the approvals processes. The analytical framework including the No Action will also be included in this chapter. The figures will present key project elements, such as a site/ground floor plan, elevations, and views of the project in its neighborhood context.

The Project Description will include appropriate materials from the ULURP application. It will describe the role of the lead agency for CEQR as well as the environmental review and ULURP processes.

TASK 2: LAND USE, ZONING, AND PUBLIC POLICY

This analysis will consider the effects of the Proposed Project in terms of land use compatibility and trends in zoning and public policy. It will also provide a baseline for other analyses in the EIS. Specifically, the assessment will:

- Provide a brief development history of the site and the study area. The study area will include the site and the area within approximately 400 feet.
- Describe predominant land use patterns in the study area, including recent development trends for the 400-foot study area (see **Figure ~~9~~11**).
- Provide a zoning map and discuss existing zoning and any recent zoning actions in the study area.
- Summarize other public policies that may apply to the project site and study area, including any formal neighborhood or community plans and *OneNYC*.
- Describe conditions on the Development Site absent the Proposed Project (the No Action condition). Prepare a list of other projects expected to be built in the study area that would be completed before or concurrent with the Proposed Project. Describe the effects of these projects on land use patterns and development trends. Also, describe any pending zoning actions or other public policy actions that could affect land use patterns and trends in the study area, including plans for public improvements.



Existing Land Use

MSK PAVILION

Figure 11

- Describe the Proposed Project and provide an assessment of the impacts of the Proposed Actions and Proposed Project on land use and land use trends, zoning, and public policy. Consider the effects related to issues of compatibility with surrounding land use, consistency with zoning and other public policy initiatives, and the effect of the Proposed Project on development trends and conditions in the area.

TASK 3: COMMUNITY FACILITIES AND SERVICES

According to the *CEQR Technical Manual*, a community facilities and services assessment is warranted if a project has the potential to result in either direct or indirect effects on community facilities. Community facilities include public schools, libraries, publicly funded early childhood programs, and healthcare facilities, as well as fire and police protection. Direct effects occur when a proposed project physically alters or displaces a community facility. Indirect effects result from increases in population that place added demand on community facility service delivery, and CEQR guidance provides that an indirect effects assessment of healthcare facilities and fire and police protection are typically only warranted when the proposed project would result in the introduction of a new neighborhood where none existed before. The Proposed Project would have direct effects on a health care facility, MSKCC; it would not have direct effects on other types of community facilities. Since no residential units are included in the project, which would increase population in the area, an indirect effects analysis of the Proposed Project is not needed. Therefore, the community facilities and services assessment will be limited to direct effects of the Proposed Project on health care facilities.

The direct effects assessment will evaluate the potential impacts of the Proposed Project on community facilities (healthcare facilities in particular) as compared to No Action condition and will determine whether the Proposed Project would disrupt the delivery of healthcare services, either permanently or temporarily. This assessment will consist of a description of existing conditions at MSKCC including the physical conditions of the hospital complex, types of services provided, and the area(s) and population served. Any anticipated changes to services in the future No Action condition will also be identified. An evaluation of service delivery and conditions under the With Action condition as compared to the No Action condition will be provided and, based on how the Proposed Project would change the affected facility and delivery of services (including during construction), the extent to which services would be disrupted or precluded will be assessed. If the elimination or disruption of service caused by the Proposed Project would place an additional demand on other nearby facilities, an examination of indirect effects on those facilities caused by the initial direct impact may be warranted and would be conducted following CEQR guidance.

TASK 4: OPEN SPACE

The *CEQR Technical Manual* recommends performing an open space assessment if a project would have a direct effect on an area open space or an indirect effect through increased population. As stated in the EAS, the Proposed Project would result in a net increment of approximately 657 workers, 240 patients, and 480 daily visitors; therefore, a preliminary open space assessment will be prepared to determine the need for further analysis. If warranted, a detailed assessment will be prepared.

Tasks for the open space analysis will include the following:

- Inventory existing open space and recreational facilities within approximately ¼-mile of the Development Site (see **Figure ~~10~~12**). Tally open space acreage for passive and active publicly accessible open spaces.
- Estimate population of the open space study area.
- In conformance with *CEQR Technical Manual* methodologies, assess the adequacy of existing publicly accessible open space facilities. The assessment of adequacy is based on a comparison of the ratio of open space per 1,000 people to City guidelines.
- Assess expected changes in future levels of open space supply and demand in the build year, based on other planned development projects in the study area. Develop open space ratios for future conditions and compare them with existing ratios to determine changes in future levels of adequacy.
- Based on the Proposed Project's estimated population, assess its effects on open space supply and demand. This assessment will be based on a comparison of open space ratios with the project to open space ratios without the Proposed Project.
- In coordination with other tasks, identify any potential direct impacts on nearby open space from shadows, air quality, or noise generated by the Proposed Project.
- A preliminary assessment will be conducted to determine if a detailed open space analysis is necessary and, if so, preparation of such an analysis in accordance with the *CEQR Technical Manual*.
- If the results of the detailed analysis identify a potential for significant adverse impacts, potential mitigation measures will be discussed.

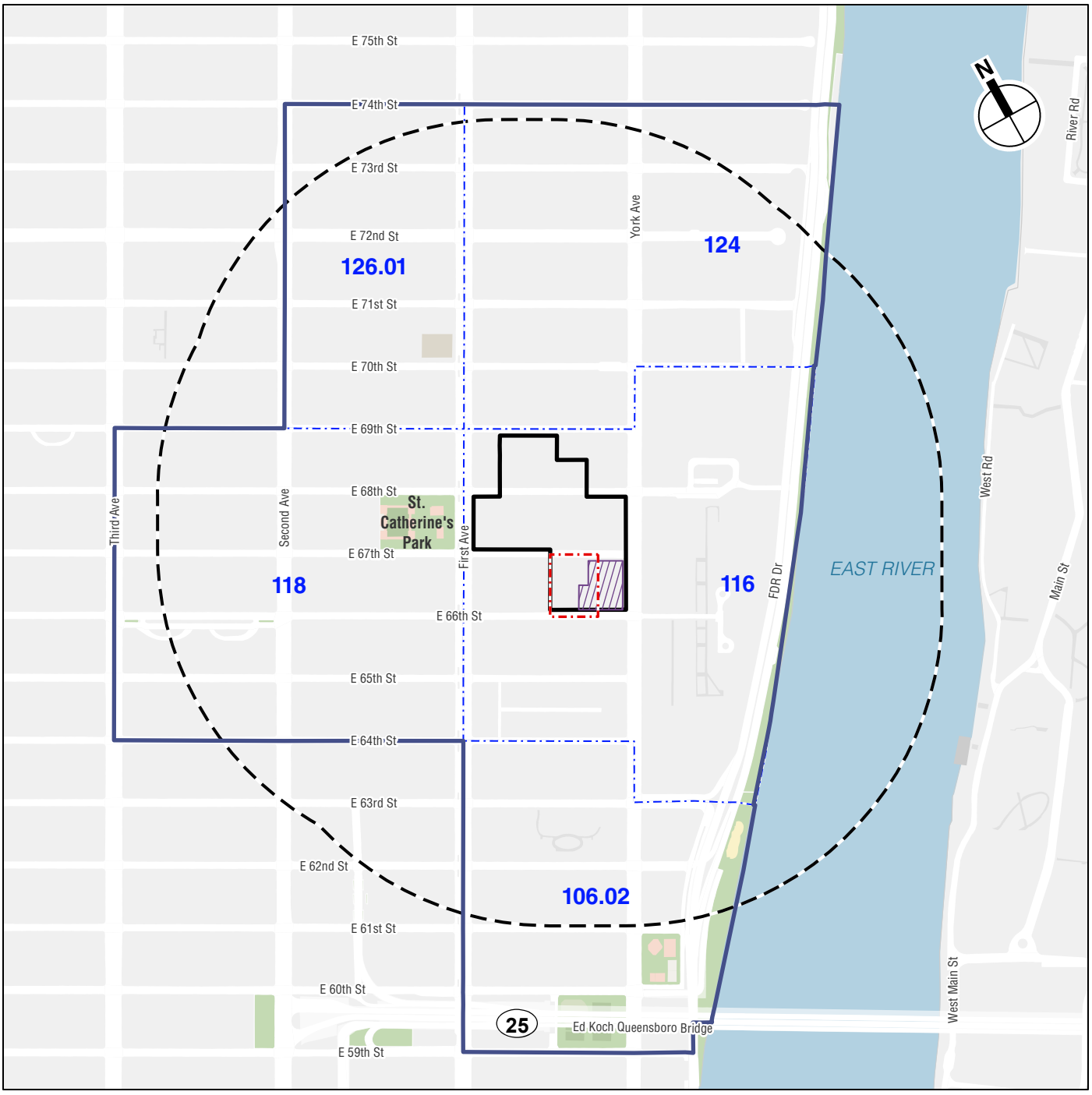
TASK 5: SHADOWS

Under CEQR, a shadows assessment is required for proposed actions that would result in new structures greater than 50 feet in height, or of any height if the project site is adjacent to a sunlight-sensitive resource. According to the *CEQR Technical Manual*, sunlight-sensitive resources include publicly accessible parks and plazas, sunlight-dependent features of historic resources such as stained-glass windows, Greenstreets (planted areas in traffic islands), and natural resources such as water bodies and wetlands.

The With Action condition would reach a maximum ~~zoning~~ building envelope height of ~~594~~ 598.3 feet on the Development Site. In addition, the Development Site is located across the street from a portion of the Rockefeller University campus, which has been determined eligible for listing as a historic district on the State and National Registers of Historic Places (S/NR) and designation as a New York City Historic District. The trees, lawns, and other plantings that comprise the campus's landscaping would be considered sunlight-dependent features requiring a shadows assessment. The Development Site is also a block away from St. Catherine's Park. Therefore, a shadows assessment will be conducted to determine if and when project-generated shadow would reach these resources or any other nearby sunlight-sensitive resources and how much of the resources would be affected by the Proposed Project.

The shadows assessment will follow the tiered methodology described in the *CEQR Technical Manual* and will include the following tasks:

10.27.23



Development Site

Proposed Rezoning Area

Project Area (LSCFD Boundary)

Quarter-mile perimeter

Non-Residential Study Area

116 *Census Tract Boundary*

Open Space Study Area

MSK PAVILION

Figure 12

- For the first tier of the screening assessment, develop a base map illustrating the project site in relation to publicly accessible open spaces, historic resources with sunlight-dependent features, and natural features in the area. Determine a simple radius around the Proposed Project representing the longest shadow that could be cast.
- If there are sunlight-sensitive resources within this radius, the assessment proceeds to the second tier, which reduces the area that could be affected by project shadow by accounting for the fact that shadows can never be cast between a certain range of angles south of the project site due to the path of the sun through the sky at the latitude of New York City.
- If the second tier of assessment does not eliminate the possibility of new shadows on sunlight-sensitive resources, a third tier of screening assessment further refines the area that could be reached by project shadow by looking at specific representative days in each season and determining the maximum extent of shadow over the course of each representative day. For this tier, develop a three-dimensional computer model of the elements of the base map developed in the previous tiers, including the topography, existing streets and buildings, sunlight-sensitive resources, the proposed building, and the Future No Action conditions.
- If the third tier of analysis does not eliminate the possibility of new shadows on sunlight-sensitive resources, conduct a detailed analysis: Use three-dimensional computer modeling software to determine the extent and duration of new shadows that would be cast on sunlight-sensitive resources as a result of the Proposed Project on four representative days of the year.
- Document the analysis with graphics comparing shadows resulting from the No Action condition with shadows resulting from the Proposed Project, with incremental shadow highlighted in a contrasting color. A summary table listing the entry and exit times and total duration of incremental shadow on each applicable representative day for each affected resource will be included.
- Assess the significance of any shadow impacts on sunlight-sensitive resources. If the results of the analysis identify a potential for significant adverse impacts, potential mitigation measures will be discussed.

TASK 6: HISTORIC AND CULTURAL RESOURCES

Historic and cultural resources include archaeological (buried) resources and architectural resources. According to the *CEQR Technical Manual*, a historic and cultural resources assessment is required if a project would have the potential to affect either archaeological or architectural resources.

ARCHAEOLOGICAL RESOURCES

The Proposed Project requires subsurface disturbance on the Development Site; however, as noted in the EAS, the New York City Landmarks Preservation Commission (LPC) determined in a letter dated December 23, 2022, that it has no archaeological concerns for the ~~Project~~ Development Site. Therefore, no further archaeological analysis is required.

ARCHITECTURAL RESOURCES

The Development Site does not contain any known or potential architectural resources. As noted in the EAS, in a comment letter dated December 23, 2022, LPC determined that it has no concerns for the buildings on the ~~Projected~~ Development Site as they have no architectural significance.

However, there are architectural resources in the surrounding area, including the Rockefeller University campus, much of which is within a~~n~~ State and National Registers of Historic Places (S/NR)-eligible and New York City Landmark (NYCL)-eligible historic district. Therefore, consistent with the *CEQR Technical Manual*, the historic and cultural resources analysis of the EIS will include the following tasks:

- Select the study area for architectural resources which will be the area located within 400 feet from the borders of the Development Site.
- Map and briefly describe known architectural resources in the study area. Consistent with the guidance of the *CEQR Technical Manual*, known architectural resources include: NYCLs, Interior Landmarks, Scenic Landmarks, New York City Historic Districts; resources calendared for consideration as one of the above by LPC; resources listed on or formally determined eligible for inclusion on the S/NR, or contained within a district listed on or formally determined eligible for listing on the Registers; resources recommended by the New York State Board for listing on the Registers; and National Historic Landmarks.
- Conduct a field survey by an architectural historian of the study area to determine whether there are any potential architectural resources that could be affected by the Proposed Project. Potential architectural resources comprise properties that appear to meet the eligibility criteria for NYCL designation and/or S/NR listing. The field survey will be supplemented, as necessary, with research at relevant repositories, online sources, and current sources prepared by LPC and the New York State Office of Parks, Recreation, and Historic Preservation (OPRHP). Determinations of eligibility from LPC will be requested for any potential architectural resources.
- Assess the potential impacts of the Proposed Project on any identified architectural resources, including visual and contextual changes as well as any direct physical impacts. Potential impacts will be evaluated through a comparison of the future No Action condition and future With Action condition, and a determination made as to whether any change would alter or eliminate the significant characteristics of the resource that make it important.
- If applicable, develop measures in consultation with LPC to avoid, minimize, or mitigate any adverse impacts on historic and cultural resources.

TASK 7: URBAN DESIGN AND VISUAL RESOURCES

According to the methodologies of the *CEQR Technical Manual*, if a project requires actions that would result in physical changes to a project site beyond those allowed by existing zoning and which could be observed by a pedestrian from street level, a preliminary assessment of urban design and visual resources should be prepared. The Proposed Project includes a series of zoning approvals to allow additional floor area and to waive bulk and height, setback, and signage regulations on the Development Site. In addition, a two-story bridge would be constructed over East 67th Street connecting the Proposed Project and Memorial Hospital. These zoning actions and the pedestrian bridge would change the urban design and visual character of the Development Site. Therefore, a preliminary assessment of urban design and visual resources will be prepared to determine whether the Proposed Project, in comparison to the No Action condition, would create a change to the pedestrian experience that is sufficiently significant to require greater explanation and further study.

The analysis will be undertaken based on the *CEQR Technical Manual* methodologies, as follows:

- Following the guidelines of the *CEQR Technical Manual*, the study area for the preliminary assessment of urban design and visual resources will be consistent with that of the study area for the analysis of land use, zoning, and public policy. As necessary, the delineation of the study area will take into consideration any more distant views of the Proposed Project. A description of visual resources in the study area and view corridors, if any, will be provided.
- The preliminary assessment will include a concise narrative and graphics depicting the existing project site, the future No Action condition, and the future With Action condition. The assessment will present photographs, depictions of the Proposed Project, including project drawings and site plans, and view corridor assessments.
- The preliminary assessment will determine whether the Proposed Project, in comparison to the No Action condition, would create a change in the pedestrian experience that would result in significant adverse impacts to urban design and visual resources.

A detailed urban design and visual resources analysis would be prepared if warranted based on the findings of the preliminary assessment. The detailed analysis would describe the Proposed Project and the urban design and visual resources of the surrounding area. The analysis would describe the potential changes that could occur to urban design and visual resources in the With Action condition, in comparison to the No Action condition, focusing on the changes that could negatively affect a pedestrian's experience of the area.

If necessary, mitigation measures to avoid or reduce potential significant adverse impacts will be identified.

TASK 8: HAZARDOUS MATERIALS

This chapter will address the potential presence of hazardous materials, petroleum products, and/or other environmental concerns on the property, as well as necessary measures that would be required, either prior to or during construction and/or operation of the Proposed Project, to avoid significant adverse effects. A Phase I Environmental Site Assessment (ESA) will be prepared and used to summarize the potential for hazardous materials at the site. Based on the results of the Phase I ESA, the lead agency, and the New York City Department of Environmental Protection (DEP) may require preparation of a Phase II Subsurface Investigation (laboratory analysis of soil, groundwater, and soil vapor samples) during the CEQR process. In advance of conducting the testing, a Work Plan for the investigation will need to be submitted to the agencies for approval. Based on the results of the testing, DEP may require preparation of a Remedial Action Plan (RAP) and associated Construction Health and Safety Plan (CHASP) for implementation during construction. If necessary, an (E) Designation, in accordance with the *CEQR Technical Manual*, Section 11-15 (Environmental Requirements) of the Zoning Resolution of the City of New York and Chapter 24, Title 15, of the Rules of the City of New York governing the placement of (E) Designations, will be placed on the property.

TASK 9: WATER AND SEWER INFRASTRUCTURE

According to the *CEQR Technical Manual*, an analysis of an action's impact on the water supply system should be conducted only for actions that would have exceptionally large demand for water, such as power plants, very large cooling systems, or large developments. In addition, analysis should be conducted if the project is located in an area that experiences low water pressure

(e.g., areas at the end of the water supply distribution system such as the Rockaway Peninsula and Coney Island). The Proposed Project does not meet any of these criteria, and therefore, as concluded in the EAS, an analysis of water supply is not warranted.

According to the guidelines of the *CEQR Technical Manual*, a preliminary analysis of wastewater and stormwater conveyance and treatment is warranted if a project is located in a combined sewer area and would have an incremental increase above the No Action condition of 1,000 residential units or 250,000 sf of commercial, public facility, and institution and/or community facility space in Manhattan. Since the Proposed Project would produce a building exceeding this threshold, with an incremental increase of ~~606,276~~606,780 gsf of institutional floor area, an analysis of wastewater and stormwater conveyance and treatment will be performed.

TASK 10: TRANSPORTATION

Based on the *CEQR Technical Manual*, further transportation analyses may be warranted if a proposed action is anticipated to result in an incremental increase of 50 or more peak hour vehicle trips, 200 or more peak hour subway/rail trips, 50 or more bus trips on a single line in one direction, or 200 or more peak hour pedestrian trips. A screening assessment and any required analysis will be provided in the Transportation chapter of the EIS and will be subject to review and approval by the lead agency and, potentially, involved expert agencies, such as DOT or MTA. The specific transportation analysis tasks to be undertaken as part of this environmental review are outlined below.

TRAVEL DEMAND PROJECTIONS AND SCREENING ASSESSMENTS

The transportation analyses for the EIS will be included in the Transportation chapter of the EIS and will assess potential impacts associated with trip increments that could occur as a result of the Proposed Project. Travel demand projections will be prepared for the Proposed Project using information provided by the applicant and standard sources, such as the *CEQR Technical Manual*, U.S. census data, approved studies, and other references. The estimates will be used to prepare the Level 1 (trip generation) and Level 2 (trip assignment) screening assessments prescribed in the *CEQR Technical Manual*. As part of this effort, an inventory of the area's existing parking supply and utilization (within ¼-mile from the Proposed Project) will be undertaken to determine likely locations where project-generated auto trips would be accommodated. The projected trips (by auto/taxi, transit, or walk/bike, and deliveries, etc.) will be assigned to the area's transportation network to identify specific transportation elements that would be subject to further detailed analyses. The Applicant has prepared a Travel Demand Factors (TDF) memorandum assessing the above thresholds (see **Appendix D**). The findings of these assessments, along with relevant documentation and graphics, will then be summarized in the Transportation chapter of the EIS for review and concurrence by the lead agency and, potentially, involved expert agencies, such as DOT or MTA.

TRAFFIC

Per the *CEQR Technical Manual*, further traffic analyses may be warranted if a proposed action is anticipated to result in an incremental increase of 50 or more peak hour vehicle trips. Further traffic analyses will be conducted in the Transportation chapter of the EIS, consistent with the guidelines presented in the *CEQR Technical Manual*, to identify the potential for any intersections to have significant adverse impacts resulting from the Proposed Project. If significant impacts are

identified in the Transportation chapter, the Mitigation chapter of the EIS will identify transportation improvement measures to mitigate the significant impacts, consistent with the guidelines presented in the *CEQR Technical Manual*.

TRANSIT

As stated by the *CEQR Technical Manual*, further transit analyses may be warranted if a proposed action is anticipated to result in an incremental increase of 200 or more peak hour subway/railroad trips or 50 or more peak hour bus/Citywide Ferry Service trips. Further transit analyses will be conducted in the Transportation chapter of the EIS, consistent with the guidelines presented in the *CEQR Technical Manual,* to identify the potential for any transit elements, i.e., subway station elements, subway or ferry lines, or bus routes, to have significant adverse impacts resulting from the Proposed Project. If significant impacts are identified in the Transportation chapter, the Mitigation chapter of the EIS will identify transportation improvement measures to mitigate the significant impacts, consistent with the guidelines presented in the *CEQR Technical Manual*.

PEDESTRIANS

Consistent with the *CEQR Technical Manual*, further pedestrian analyses may be warranted if a proposed action is anticipated to result in an incremental increase of 200 or more peak hour pedestrian trips. Further pedestrian analyses will be conducted in the Transportation chapter of the EIS, consistent with the guidelines presented in the *CEQR Technical Manual,* to identify the potential for any pedestrian elements, i.e., sidewalks, corner reservoir areas, or crosswalks, to have significant adverse impacts resulting from the Proposed Project. If significant impacts are identified in the Transportation chapter, the Mitigation chapter of the EIS will identify transportation improvement measures to mitigate the significant impacts, consistent with the guidelines presented in the *CEQR Technical Manual*.

VEHICULAR AND PEDESTRIAN SAFETY

Per the *CEQR Technical Manual*, a vehicular and pedestrian safety assessment is warranted at any intersection that also undergoes detailed traffic or pedestrian analysis and should also consider nearby Vision Zero corridors or intersections. The safety assessments will include an analysis of historic crash data for vehicle, bicycle, and pedestrian crashes, identification of any high pedestrian/bicycle crash locations, as prescribed by the *CEQR Technical Manual,* and include an inventory of existing safety treatments and identification of safety countermeasures at high crash locations. The safety assessments will identify any intersections that have the potential for significant adverse safety impacts resulting from the Proposed Project. If significant impacts are identified in the Transportation chapter, the Mitigation chapter of the EIS will identify transportation improvement measures to mitigate the significant impacts, consistent with the guidelines presented in the *CEQR Technical Manual*.

PARKING

Based on the *CEQR Technical Manual*, a parking study is warranted if detailed traffic analyses are conducted. The parking study will assess the parking demand of the Proposed Action, compare it to on-site and off-site parking resources within ¼-mile of the Proposed Project, and identify and quantify any expected parking shortfalls. Since the Proposed Project is located in Manhattan south of 110th Street, it is in an area called Parking Zone 1 according to the *CEQR Technical Manual.*

In Parking Zone 1, the inability of the on-site and off-site parking resources in the surrounding area to accommodate the Proposed Project's future parking demands is considered a parking shortfall but is generally not considered a significant adverse parking impact due to the magnitude of available alternative modes of transportation.

TASK 11: AIR QUALITY

The projected number of project-generated vehicle trips is not expected to exceed the *CEQR Technical Manual* carbon monoxide (CO) or particulate matter (PM) analysis screening thresholds. Therefore, it is anticipated that the mobile source air quality analysis will include a screening analysis; if any screening thresholds are exceeded, a microscale analysis of CO and/or PM mobile source emissions would be performed using the American Meteorological Society (AMS)/Environmental Protection Agency (EPA) Regulatory Model (AERMOD) dispersion model at the intersection with the greatest number of project-generated vehicle trips.

The Proposed Project would not increase the number of spaces in the existing below-grade parking garage on the Development Site, and potential impacts from the existing parking garage on the Proposed Project are expected to be minimal. Therefore, an air quality analysis of parking facilities is not anticipated to be required.

The *CEQR Technical Manual* recommends analysis of projects that would result in placement of air intakes generally within 200 feet of an "atypical" source of vehicle emissions, including not at-grade sources such as multi-lane highways, or bridges. No atypical roadways were identified within the study area around the Project Site. The Proposed Project may utilize natural gas powered heating and hot water systems during peak demand periods or as a backup system, while fossil fuel-fired generator would be used for emergency back-up power. Therefore, ~~as a worst-case condition~~if such natural gas equipment is proposed, an analysis would~~will~~ be performed to evaluate potential air quality impacts associated with the Proposed Project's stationary sources. A modeling analysis ~~will~~ would be performed using the EPA screening-level AERSCREEN model. Concentrations of nitrogen dioxide (NO_2) and particulate matter (PM_{10} and $PM_{2.5}$) would~~will~~ be determined at off-site and on-site (project) ground level and elevated receptor locations. Predicted concentrations would~~will~~ be compared with NAAQS and the CEQR $PM_{2.5}$ *de minimis* criteria for $PM_{2.5}$.

If the screening analysis for any site demonstrates a potential for air quality impacts, a refined modeling analysis will be performed for that development site using the AERMOD model. For this analysis, five recent years of meteorological data from LaGuardia Airport and concurrent upper air data from Brookhaven, New York will be utilized for the simulation program. Several existing large and major sources of emissions currently operate within 1,000 feet of the Development Site. Therefore, as defined in the *CEQR Technical Manual*, the analysis of potential air quality effects of such sources on the Proposed Project is required. Criteria pollutant concentrations will be predicted using the AERMOD model compared with NAAQS for NO_2, sulfur dioxide (SO_2, if fuel is used), and PM (PM_{10}, and $PM_{2.5}$).

A review of DEP and New York State Department of Environmental Conservation (NYSDEC) air permits will be performed to determine whether there are any permitted industrial sources of emissions within the 400-foot study area. If any permitted industrial sources are identified, an analysis will be performed following the procedures outlined in the *CEQR Technical Manual*.

The *CEQR Technical Manual* requires an assessment of potential air quality impacts associated with proposed uses near existing medical, chemical or research laboratories. Consequently, existing medical and research facilities with laboratories will be identified, and any laboratories equipped with fume hoods within 400 feet of the Development Site will be evaluated to determine the potential air quality effects on the Proposed Project. The Proposed Project is also anticipated to include laboratories with fume hoods. For laboratories having the potential for air quality impacts associated with the Proposed Project~~Therefore~~, an analysis will be performed to examine the ~~expected~~ use of potentially hazardous materials in the ~~proposed~~ laboratories, and the procedures and systems that would be employed in the ~~proposed~~ laboratories to ensure the safety of staff and the surrounding community in the event of a chemical spill ~~in one of the proposed laboratories~~. Information will be reviewed on chemicals and storage quantities that would be expected at the ~~proposed~~ laboratory. Information on toxicity, volatility, and other relevant characteristics will be reviewed. Impacts from an accidental spill occurring in the ~~proposed~~ laboratory will be evaluated using the information provided and the procedures and methodologies contained in the *CEQR Technical Manual*. Maximum concentrations will be compared with the Short-Term Exposure Levels (STELs) or ceiling levels recommended by the National Institute for Safety and Health (NIOSH) and the U.S. Occupational Safety and Health Administration (OSHA) for the chemicals examined. Where necessary, recommendations will be made to reduce any potential levels of concern.

See also **Appendix ~~A~~E**, "~~Draft~~ Air Quality Methodology Memorandum."

TASK 12: GREENHOUSE GASES AND CLIMATE CHANGE

Because the Proposed Project would exceed the 350,000-gsf threshold requiring analysis of greenhouse gas emissions, in accordance with the *CEQR Technical Manual*, greenhouse gas (GHG) emissions generated by the Proposed Project will be quantified, and an assessment of consistency with the City's established GHG reduction goal will be prepared. Emissions will be estimated for the analysis year and reported as carbon dioxide equivalent (CO_2e) metric tons per year. GHG emissions other than carbon dioxide (CO_2) will be included if they would account for a substantial portion of overall emissions, adjusted to account for the global warming potential.

In addition to GHG emissions, climate change has contributed to rising sea levels and increases in storm surge and coastal flooding. An analysis of climate change is deemed warranted for projects at sites located within the 100- or 500-year flood zone. A review of the City's flood hazard information was performed as part of the EAS. The proposed site was found to be located over 400 feet outside of the nearest potential end-of-century flood hazard zone identified by the New York City Panel on Climate Change (NPCC). Therefore, the Proposed Project is unlikely to be impacted directly by future climate conditions, and an assessment of the potential impacts of climate change on the Proposed Project (e.g., sea level rise, flooding, etc.) is not warranted.

Relevant measures to reduce energy consumption and GHG emissions that could be incorporated into the Proposed Project will be discussed, and the potential for those measures to reduce GHG emissions from the Proposed Project will be assessed to the extent practicable.

The GHG analysis will consist of the following subtasks:

- Direct Emissions—GHG emissions from on-site boilers used for steam, heat, and hot water; any natural gas; and fuel used for on-site electricity generation (if any) will be quantified.

Emissions will be based on available project-specific information regarding the Proposed Project's expected fuel use to be provided by the project team.

- Indirect Emissions—GHG emissions from purchased electricity and/or steam generated off-site and consumed on-site during the Proposed Project's operation will be estimated.
- Indirect Mobile Source Emissions—GHG emissions from vehicle trips to and from the project site will be quantified using trip distances and vehicle emission factors provided in the *CEQR Technical Manual*.
- Direct Mobile Source Emissions—GHG emissions from the Proposed Project's vehicle fleet (e.g., ambulances) will be quantified using projected trip distances and vehicle emission factors provided in the *CEQR Technical Manual* or other more specific information if better data is identified.
- Emissions from project construction and emissions associated with the extraction or production of construction materials will be qualitatively discussed. Opportunities for reducing GHG emissions associated with construction will be considered. Should a quantified assessment of construction GHG emissions be required by the lead agency, an analysis will be performed.
- Design features and operational measures to reduce the Proposed Project's energy use and GHG emissions will be discussed and quantified to the extent that information is available.
- Consistency with recently passed New York City and New York State climate legislation will be assessed. New York City's Climate Mobilization Act and New York State's Climate Leadership and Community Protection Act have established additional GHG reduction goals along with required GHG reduction measures (i.e., building emission intensities, and requirements for rooftop solar photovoltaic installation where practicable) and emissions will be quantified with implementation of these measures.

TASK 13: NOISE

The noise analysis will examine impacts of existing and future noise sources (e.g., vehicular traffic from adjacent roadways and surrounding playgrounds) on the proposed noise-sensitive medical uses and the impacts of project-generated traffic on noise-sensitive land uses nearby. This will include noise monitoring to determine existing ambient noise levels. For CEQR purposes, it is assumed that a detailed analysis of the proposed development's mechanical equipment will not be required, because any heating, ventilation, and air conditioning (HVAC) equipment would be designed to meet applicable regulations. Consequently, the noise analysis will examine existing and future noise levels in the Project Area and the window/wall attenuation that would be required to provide acceptable interior noise levels at the Proposed Project. The subtasks are as follows:

- Select appropriate noise descriptors. Based upon CEQR guidance, the noise analysis will examine the 1-hour equivalent (L_{eq}) and the L_{10} noise levels.
- Perform a screening analysis to determine whether there are any locations where there is the potential for the Proposed Actions to result in significant noise impacts (e.g., doubling of existing noise PCE) due to project-generated traffic. If the existing noise passenger car equivalent (PCE) would double in the With Action condition, a detailed mobile source noise analysis would be performed.

- Select receptor locations. Receptor sites analyzed will include locations where high existing ambient noise levels could adversely affect new residential and other sensitive uses associated with the Proposed Project.
- Determine existing noise levels. Field measurements will be used to determine existing noise levels. The specific methodology and technical approach for the establishment of existing condition noise levels has been described in a memorandum submitted to the lead agency for comment and approval.
- Determine future noise levels without the Proposed Actions. At each of the receptor locations identified above, determine noise levels without the Proposed Actions using existing noise levels, acoustical fundamentals, and mathematical models.
- Determine future noise levels with the Proposed Actions. At all of the receptor locations identified above, determine noise levels with the Proposed Actions using existing noise levels, acoustical fundamentals, and mathematical models.
- Determine amount of building attenuation required. The level of building attenuation necessary to satisfy CEQR requirements is a function of the exterior noise levels and will be determined. Projected future noise levels will be compared to appropriate standards and guideline levels. As necessary, general noise attenuation measures needed for the project building to achieve compliance with standards and guideline levels will be recommended.

See also **Appendix ~~B~~F**, "~~Draft~~ Noise Methodology Memorandum."

TASK 14: PUBLIC HEALTH

According to the *CEQR Technical Manual*, a public health analysis is warranted if a project would result in a significant unmitigated adverse impact in other CEQR analysis areas, such as air quality, water quality, hazardous materials, or noise. If unmitigated significant adverse impacts are identified in any of these technical areas, and the lead agency determines that a public health assessment is warranted, an analysis will be provided for the specific technical area or areas, in accordance with *CEQR Technical Manual* guidelines.

TASK 15: NEIGHBORHOOD CHARACTER

Neighborhood character is determined by a number of factors, such as land use, urban design, visual resources, historic resources, socioeconomic conditions, traffic, and noise. Methodologies outlined in the *CEQR Technical Manual* will be used to provide a preliminary assessment of neighborhood character. This assessment would involve the following tasks:

- Based on other technical analyses, describe the predominant factors that contribute to defining the character of the neighborhood surrounding the Project Area.
- Based on planned development projects, public policy initiatives, and planned public improvements, summarize changes that can be expected in the character of the area in the future without the Proposed Project.
- Evaluate whether the Proposed Project have the potential to affect these defining features. Either through the potential for a significant adverse impact or a combination of moderate effects in the relevant technical areas.

If required based on the preliminary assessment, a detailed assessment of the Proposed Project's effects on neighborhood character will be prepared.

TASK 16: CONSTRUCTION

Construction impacts, though temporary, can have a disruptive and noticeable effect on the adjacent community, as well as people passing through the area. The construction impact assessment will evaluate the duration and severity of the disruption and inconvenience to nearby areas. The construction assessment will focus on areas where construction activities may pose specific environmental problems. This assessment will describe the anticipated construction schedule and logistics, discuss on-site activities, and provide estimates of construction workers and truck deliveries.

Because the construction duration of the Proposed Project will be greater than two years, and because construction activities would occur in proximity to sensitive receptors including other MSKCC buildings and nearby residences, the Proposed Project could have substantial and extended construction effects. Large-scale projects near sensitive receptor locations with a construction duration longer than two years typically require a quantitative assessment of the potential impacts of construction activities on air quality and noise.

Technical areas to be assessed include the following:

- ***Transportation Systems.*** This assessment will consider losses in lanes, sidewalks, off-street parking, and effects on other transportation services (i.e., transit and pedestrian circulation) during the construction periods, and identify the increase in vehicle trips from construction workers and trucks. Issues concerning construction worker parking, truck staging, and potential conflicts with school buses will also be addressed. Based on the trip projections of activities associated with peak construction for the Proposed Project, an assessment of potential transportation impacts during construction will be provided. ~~The assessment will include Level 1 (Trip Generation) and Level 2 (Trip Assignment) analyses to determine if the *CEQR Technical Manual* quantified transportation analyses thresholds (50 or more vehicle trips and/or 200 or more transit/pedestrian trips during a given peak hour) are exceeded. A separate detailed analysis will be undertaken if this effort identifies such a need based on guidance presented in the *CEQR Technical Manual*.~~ The steps identified in "Task 10: Transportation" will be followed to present this transportation screening assessment and detailed analyses~~Applicant has prepared a Construction Draft TDF memorandum preliminarily assessing the Level 1 and Level 2 thresholds~~. The findings of these assessments and detailed analyses, along with relevant documentation and graphics, will then be summarized in the Construction chapter of the EIS.
- ***Air Quality.*** A detailed dispersion analysis of construction sources will be performed to determine the potential for air quality impacts on sensitive receptor locations. Air pollutant sources would include combustion exhaust associated with non-road construction engines (e.g., cranes, excavators) and trucks operating on-site, construction-generated traffic on local roadways, as well as onsite activities (e.g., excavation, demolition) that generate dust. The pollutants of concern include CO, PM, and NO_2. The potential for significant impacts will be determined by a comparison of the model predicted concentrations to the National Ambient Air Quality Standards (NAAQS), or by comparison of the predicted increase in concentrations to applicable New York City *de minimis* criteria. The air quality analysis will also include a discussion of the strategies to reduce project-related air pollutant emissions associated with construction activities.

- ***Noise and Vibration.*** This section will contain a quantitative (modeling) analysis of noise from the Proposed Project's construction activity. Appropriate recommendations will be made to comply with DEP Rules for Citywide Construction Noise Mitigation and the New York City Noise Control Code. The detailed analysis will estimate construction noise levels based on projected activity and equipment usage for various phases of construction on the project sites. The projected construction noise levels will be compared to existing noise levels as determined using a combination of noise level measurements and an existing conditions model validated or calibrated based on traffic counts. The noise analysis will identify potential construction noise impacts based on the intensity, duration, and location of emissions relative to nearby sensitive locations. As necessary, feasible and practicable project-specific control measures to further reduce construction noise disruption to the surrounding community will be considered.

  Construction activities have the potential to result in vibration levels that may result in structural or architectural damage, and/or annoyance or interference with vibration-sensitive activities. A construction vibration assessment will be performed. This assessment will determine critical distances at which various pieces of equipment may cause damage or annoyance to nearby buildings based on the type of equipment, the building construction, and applicable vibration level criteria. Should it be necessary for certain construction equipment to be located closer to a building than its critical distance, vibration mitigation options will be proposed.
- ***Community Facilities.*** As appropriate, discuss the distribution of MSKCC functions to other locations during construction.
- ***Other Technical Areas.*** As appropriate, discuss other areas of environmental assessment for potential construction-related impacts, including but not limited to: historic and cultural resources, hazardous materials, open space, socioeconomic conditions, community facilities, and land use and neighborhood character.

TASK 17: ALTERNATIVES

The purpose of an Alternatives analysis in an EIS is to examine reasonable and feasible options that avoid or reduce project-related significant adverse impacts, while achieving the goals and objectives of the Proposed Project. The alternatives are usually defined once the full extent of the Proposed Project's impacts have been identified. However, the alternatives analyzed must include a No Action Alternative, as required by CEQR. The chapter may also include an alternative(s) that reduces any significant adverse impacts identified in the EIS analyses. If the Proposed Project results in unmitigated significant adverse impacts, the EIS would also include a No Unmitigated Impacts Alternative. The alternatives analyses will be qualitative, except where significant adverse impacts of the Proposed Project have been identified, or if an alternative with fewer overall impacts would nevertheless have new significant adverse impacts.

TASK 18: MITIGATION

Where significant impacts have been identified in the analyses discussed above, measures will be described to mitigate those impacts. This chapter will describe the practicable measures that could mitigate those impacts. These measures will be developed and coordinated with the responsible City and/or State agencies, as necessary. Where impacts cannot be fully mitigated, they will be disclosed as unavoidable adverse impacts.

TASK 19: EIS SUMMARY CHAPTERS

In accordance with the *CEQR Technical Manual*, the EIS ~~would~~ will include the following summary chapters, where appropriate to the Proposed Project:

Unavoidable Adverse Impacts, which summarizes any significant adverse impacts that are unavoidable if a proposed action is implemented regardless of the mitigation employed (or if mitigation is impossible).

Growth-Inducing Aspects of the Proposed Project, which generally refer to "secondary" impacts of a proposed action that trigger further development.

Irreversible and Irretrievable Commitments of Resources, which summarizes a proposed action and its impacts in terms of the loss of environmental resources (loss of vegetation, use of fossil fuels and materials for construction, etc.) both in the immediate future and long term.

Any significant impacts for which no mitigation can be implemented will be presented as Unavoidable Adverse Impacts~~.~~ ~~I~~in addition to discussions of Growth-Inducing Aspects of the Proposed Project and Irreversible and Irretrievable Commitment of Resources.

TASK 20: EXECUTIVE SUMMARY

The EIS will include an Executive Summary, which will summarize relevant material from the body of the EIS to describe the Proposed Project, its environmental impacts, measures to mitigate those impacts, and alternatives to the Proposed Project. ✷

APPENDIX A

RESPONSE TO COMMENTS ON THE DRAFT SCOPE OF WORK

Appendix A: Response to Comments on the Draft Scope of Work

A. INTRODUCTION

This appendix to the Final Scope of Work (FSOW) summarizes and responds to substantive comments received during the public comment period for the Draft Scope of Work (DSOW), issued on March 28, 2023, for the Draft Environmental Impact Statement (DEIS) for the proposed MSK Pavilion project.

City Environmental Quality Review (CEQR) requires a public scoping meeting as part of the environmental review process. A public scoping meeting was held on April 27, 2023, remotely due to COVID-19 via videoconference and phone. The comment period remained open until the close of business on May 8, 2023.

Section B lists the organizations and individuals that provided comments relevant to the DSOW. Section C contains a summary of these relevant comments and a response to each. These summaries convey the substance of the comments made, but do not necessarily quote the comments verbatim. In this case, commenters focused on the purpose and need for the Proposed Project: the expansion of access to the care given by MSK. A transcript of the public scoping meeting is provided in **Appendix B** and all written comments are included in **Appendix C**.

Where relevant, in response to comments on the DSOW, changes have been made and are shown with double underlines in the FSOW.

B. LIST OF COMMENTERS ON THE DRAFT SCOPE OF WORK

COMMUNITY BOARD AND ELECTED OFFICALS

No Community Board or Elected Officials commented on the Draft Scope of Work.

ORGANIZATIONS

1. Joseph A. Geiger, Executive Security-Treasurer, New York City and Vicinity District Council of Carpenters, email dated May 4, 2023 (Geiger_NYCVDCC_001)
2. Sudya Acharya, Executive Director, South Asian Council for Social Services, oral comments delivered April 27, 2023 (Acharya_SACSS_004)

GENERAL PUBLIC

3. Mary Pat Simunovich, oral comments delivered April 27, 2023 (Simunovich_002)
4. Eliot Nerenberg, oral comments delivered April 27, 2023 (Nerenberg_003)
5. Virginia Wettlaufer, oral comments delivered April 27, 2023 (Wettlaufer_005)

C. COMMENTS AND RESPONSES

THE PURPOSE AND NEED FOR THE PROPOSED PROJECT

Comment 1: As a neighborhood resident, I have witnessed the care provided by Memorial Sloan Kettering directly. I was a volunteer in the pediatric playroom where I saw the incredible dedication and compassion of the nurses, doctors and staff. When my father in his 90s was a struck by a very aggressive cancer, we, as a family, saw the incredible dedication and compassion of MSK nurses, doctors and staff. My father often complimented them throughout his care. (Simunovich_002)

Response: Comment noted.

Comment 2: I am here to tell you about MSK, how it saved my life, and why I proudly support MSK's plan to build a new Cancer Care Pavilion on its Upper East Side, Manhattan campus. In 2017 I was diagnosed with Stage 4 melanoma that had metastasized. With a poor prognosis I turned to friends to find the best place to treat cancer. They all recommended MSK without hesitation. At my first visit, my doctor spent two hours with me and my family. When I asked how he could spend so much time with me, he replied that every patient deserves respect. He also told us that there had been recent advances in immunotherapy for melanoma and that I had a 70 percent chance of survival. Everyone as MSK treated me with the utmost care and warmth. Three months into my treatment, the growths had started to shrink and in 18 months they were gone. Today I am cancer free. Were it not for the care and treatment at MSK, I would not be here. Building a new pavilion will allow MSK to save more lives like mine. I am proud to support the new pavilion project. (Nerenberg_003)

Response: Comment noted.

Comment 3: As Executive Director of the South Asian Council for Social Services (SACSS), I am here to talk about the work that my organization has been able to do in our long-standing partnership with MSK. SACSS is a community-based non-profit organization that serves over 150,000 immigrant New Yorkers every year. One of our main goals is empowering and improving health care access for all. We are proud to have worked with MSK's Immigrant Health and Cancer Disparities service for more than a decade to address these disparities. One of the health equity projects in which we have been involved is the Taxi Program which provides NYC taxi drivers with free access to healthcare services through regular events at JFK and La Guardia airports with health screening services. The Taxi Program remained active through the COVID-19 pandemic. I have seen how MSK cares about New Yorkers, and that is one of the reasons that I support the new cancer center project to expand access to world class cancer care. (Acharya_SACSS_004)

Response: Comment noted.

Comment 4: As a 31-year-old living in New York City, I discovered a lump in my breast that turned out to be Stage 3 cancer. My family and I had no doubt that treatment at MSK was the right

choice. Through surgery, chemotherapy, radiation and learning that I could not have children, MSK was my safe haven. In 2013 my now husband proposed to me in an exam room at MSK that he had filled with rose petals. Ten years later, we have two children via gestational carrier, and I volunteer at the various MSK facilities. I always want someone's tomorrow to be better than my yesterday, and I wholeheartedly support MSK's proposed new pavilion to ensure that the next patients receive the same quality of cancer care that I did. (Wettlaufer_005)

Response: Comment noted.

Comment 5: MSK cannot address every patient's needs on the Main Campus and neighboring facilities alone. The proposed MSK Pavilion will serve those patients who can't be treated at the existing facilities. It is unjust and inhumane to delay this plan when so many people could be given the medical treatments they desperately need. The plan will also deliver jobs to help our city's working population. Coupled with the additional employees this new building will need, this project will help provide employment at a time when so many need work opportunities. From the new inpatient hospital that can take in many more cancer patients to the new garage underneath the building that will provide parking space to staff, patients, and visitors, this project must be approved to improve the quality of life for New Yorkers. I urge you to approve of it at once for the betterment of our health, our economy, and union construction workers. (Geiger_NYCVDCC_001)

Response: Comment noted.

APPENDIX B
PUBLIC SCOPING MEETING TRANSCRIPT

CITY OF NEW YORK

DEPARTMENT OF CITY PLANNING

----------X

VIRTUAL PUBLIC SCOPING MEETING

RE: MSK PAVILION

----------X

April 27, 2023

2:00 p.m.

B E F O R E:

STEPHANIE SHELLOOE,

DIRECTOR - EARD - NYC DCP

A P P E A R A N C E S:

NAME	AFFILIATION	PAGE
Stephanie Shellooe	Director of EARD	3
Jeff Drebin	Chair of Department of Surgery	12
Paul Stanbridge	Architect with Foster Partners	17
Shelly Friedman		19
Noah Bernstein	AKRF	25
Mary Pat Simunovich		33
Eliot Nerenberg		35
Sudha Acharya	Executive Director SACS	38
Virginia Wettlaufer		40

P R O C E E D I N G S

MS. SHELLOOE: Good afternoon, and welcome again. You are tuning in to the remote public scoping meeting for the MSK Pavilion proposal.

Just doing a quick check of our live stream, ensuring that the AV system is working. And then we will be kicking off this meeting, in just about two minutes, right at 2:00 p.m. Thanks again, everyone.

Good afternoon, and welcome again. You are tuning in to the remote public scoping meeting for the Memorial Sloan Kettering or MSK Pavilion proposal.

The City Environmental Quality Review, or CEQR number, is 23DCP118M.

My name is Stephanie Shellooe, and I'm the Director of the New York City Department of City Planning's Environmental Assessment and Review Division or EARD. Evren Ulker-Kacar, Deputy Director of EARD will co-host today's meeting, and in the event of any technical challenges on my end, Evren will take over, and host this meeting. We appreciate everyone's patience.

I want to really thank everyone for taking the time out of your day to attend this virtual meeting and emphasize that we will hear from everyone who wishes to speak today, and the meeting will remain open until we've heard from all of our speakers.

For your information, we also welcome written comments and testimony through 5:00 p.m. on Monday, May 8th, 2023, and we provide the same attention and consideration to our written comments as those provided live at this meeting today.

If we could go back a few slides. Yes. Perfect. So, we will now proceed to the public scoping meeting for the MSK Pavilion Proposal. Again, for the record, the City Environmental Quality Review or CEQR application number is 23DCP118M.

Today's date is April 27th, 2023, and the time is now approximately 2:01 p.m.

Next slide, please?

Again, my name is Stephanie Shellooe, and I'm the Director of the Environmental Assessment and Review Division at the New York City

Department of City Planning, and I'll be chairing today's scoping meeting. The Department of City Planning is acting on behalf of the City Planning Commission as the lead agency for the proposal's environmental review.

As lead agency, the Department oversees the preparation and completion of the proposal's Environmental Impact Statement or EIS.

Next slide, please?

Joining me today are several of my colleagues from the Department of City Planning:

Erik Botsford is the Director of the Department's Manhattan Office;

Nabeela Malik is the Deputy Director of the Manhattan Office;

As I mentioned, Evren Ulker-Kacar is the Deputy Director of EARD;

Louise Cafiero is the project manager for the MSK Pavilion in EARD, and:

Azka Mohyuddin is the project manager for the MSK Pavilion Project in the Manhattan office.

We also have a host of DCP staff members working in the background to ensure that

this meeting runs smoothly.

Thanks, everybody for your assistance.

Next slide. Together, we're here to receive your comments on the Draft Scope of Work for the MSK Pavilion proposal.

The Draft Scope of Work identifies the subjects that will be analyzed in the upcoming Draft Environmental Impact Statement, or DEIS, and describes the methodologies that will be used in those analyses. The Draft Scope of Work materials are all published online, and are available on the Department of City Planning's website.

Next slide. The purpose of today's public scoping meeting is to allow for public participation in the preparation of the DEIS at the earliest possible stage in the environmental review process. Specifically, scoping allows the public to help shape the DEIS before it's written.

Toward that end, the Department as lead agency, will receive verbal testimony on the Draft Scope of Work from elected officials, government agencies, representatives of the local community board, and the public.

As I mentioned, we also welcome written comments on the Draft Scope of Work, and those comments can be submitted through 5:00 p.m. on Monday, May 8th, 2023.

Next slide. At the end of the written comment period, the Department as lead agency will review all comments, those we hear today, as well as any written comments we've received. After carefully reviewing all comments, the Department will decide what changes, if any, need to be made to the Draft Scope of Work, and we will issue a Final Scope of Work. It is the Final Scope of Work that serves as the basis for preparing the DEIS.

Next slide. Today marks the beginning of the environmental review process for the MSK Pavilion and the comment period. No decisions will be made today regarding the Draft Scope of Work. Rather, the purpose of today's meeting is to allow the public to provide their comments on the Draft Scope of Work, allow the Department to listen to those comments, and again, it's important for all voices to be heard.

Next slide. I'll now focus on the

structure of today's meeting, which will be divided into three parts.

First, the applicant team will give a brief presentation describing the MSK Pavilion proposal. The applicant team will also provide a brief summary of the environmental reviews, Draft Scope of Work. This will be about 20 minutes or so.

During the second part of the meeting, we will receive comments on the Draft Scope from any elected officials, government agencies, or those representing the community board in the second part of the meeting.

And during the third and final part of the meeting, the Department will receive comments and testimony from members of the general public.

Next slide. Onto a few logistics for today's meeting. If you wish to speak and plan to access the meeting online using a computer, tablet, or smartphone, please remember to register online through the MSK Pavilion Public Scoping meeting page of the NYC Engage portal at www.nyc.gov/NYCEngage. A link to join us and

provide your testimony will be e-mailed to you only after you've completed the registration process on the NYCEngage portal. We will then add you to our speakers' list.

Next slide. When it's your turn to speak, your name will be called and you'll be granted temporary speaking privileges by our staff working in the background, and you'll be promoted to panelists. This will allow you to unmute your microphone, and the ability to turn on your camera if you wish. There is a short period of time where it appears that you're no longer in the meeting, please don't be alarmed and you'll automatically rejoin the meeting as a panelist. When your name has been called, you'll be asked to convey your remarks.

And to allow us to hear from everyone who wishes to speak, we ask that you limit your remarks to three minutes. A three-minute countdown clock will run on the screen, and you'll see that if you're participating online. At the three-minute mark, your time will expire and you'll be asked to conclude your remarks. If you choose to turn on your camera, we will be able to see you.

Next slide. An additional note of instruction for those of you joining us by phone today, if you wish to provide testimony via telephone, please select *9 when prompted, listen for me to call out the last three digits of your phone number, and at that point, you'll be given the temporary ability to share your testimony. You must press *6 to unmute your telephone and will be able to hear you speak live at this meeting, and when your testimony is complete or your three minutes have expired, whichever comes first, you must press *6 again to mute yourself.

We will encourage anyone who wishes to provide testimony via phone to register via the dial-in participant hotline. And that was shown on the screen at the beginning of the meeting and is available on NYCEngage.

Please note that all of this muting and unmuting of our registered speakers does take a moment, and we appreciate everyone's patience.

Next slide. On to time limits. Speakers from the general public have three minutes to provide their testimony. There are a few

exceptions to the three-minute time limit; elected officials, for example, are given the courtesy of jumping to the front of the queue, and are not limited to three minutes.

To those of you joining us on livestream and wishing to testify, please be mindful of potential background noise during your testimony. Make sure that the live stream is muted when you begin your testimony in Zoom to avoid hearing an echo.

Next slide. If you do wish to submit written testimony, it can be submitted to the Department of City Planning, our mailing address is shown here, 120 Broadway, 31st floor, New York, New York 10271. Attention myself, Stephanie Shellooe, Director of EARD.

There's also an e-mail address for this project, which is shown here as well, 23DCP118M_DL@planning.nyc.gov. This information can be found on the NYCEngage portal and also on the City Planning's website, nyc.gov/planning.

As a reminder, we'll accept written comments through Monday, May 8th, 2023 by 5:00 p.m.

Next slide. All right. If you missed any of the instructions here that I've provided today, please visit www.nyc.gov/NYCEngage for instructions on how to participate and provide testimony.

We'll now be moving on to the first part of the meeting where the applicant will present an overview of the proposed project. This will be followed by a summary of the environmental review and the Draft Scope of Work.

So, I will turn it over now to Dr. Jeffrey Drebin.

MR. DREBIN: Thank you very much Stephanie, and good afternoon, everyone. Could we have the next slide, please?

So, I'm Jeff Drebin, the Chair of the Department of Surgery and Acting Hospital President. I'm joined in our presentation by Paul Stanbridge from Foster and Partners, Shelly Friedman, Real Estate Counsel, and Noah Bernstein from AKRF.

Next slide, please?

This slide shows a picture of the original Memorial Hospital on Central Park West and

106th Street. And another picture in the inset, which is our current hospital building, which was completed in 1973, 50 years ago, and is our most recent up-to-date, in-patient facility. To the right side, you see the tripod on which everything we do at Memorial Sloan Kettering is based. And these are on giving the very best patient care to our current patients, doing the research that will allow us to give even better care in the future, and educating and training physicians and scientists for the future.

Next slide, please?

So, I'm here to explain how the Pavilion is going to be important in cancer care looking forward. And this slide shows data from the CDC, which shows that cancer rates will increase by 50 percent by the year 2050. It's estimated that by 2030, Memorial Sloan Kettering will see a fraction of the New York City patients, roughly one in five. And 47,000 new cases will be seen by 2030, and 60,000 new cases will be -- are predicted for 2050.

And while the rise is a projection among all age groups, there are really two groups

that I want to call out. You can see the bar graph shows, the ages of patients with cancer now, and in 2050. You can see that the predominant group of cancer patients are older patients. And we know cancer is a disease of aging. And you can see that for patients in their 60s, 70s, and 80s, the number of cancer patients will -- increase dramatically and in some cases more than double.

But of equally great concern is on the left side, the number of young patients with cancer, which we're seeing an increasing fraction of, and particularly those with breast cancer, colon cancer, prostate cancer, and lung cancer. And these are a particularly important group. All of these cases, demand more complex interventions with our older patients. We have much more issues with taking care of them, and for that, the technology of today will not be adequate for the challenge of tomorrow.

Next slide, please?

So, what does this mean? While we're working through the development of our regional care network to make more cancer care available closer to home for all our patients in

the New York region, the acuity that comes with older age and disease requires more complicated hospital-based treatment. And our current operating rooms do not have the capability or capacity to house the technology that we will need to treat these cases, nor do we have the bed capacity to meet the impending volume the CDC is projecting. Currently, Memorial Sloan Kettering in-patient bed occupancy is at or near 100 percent capacity on many days.

Next slide, please?

This shows one of our operating rooms, and I think what you would agree as it looks crowded. The -- it is clear moving forward that we will need increasing operating room capacity, and the ability to accommodate modern and future technology. The Pavilion's 28 operating rooms and procedural suites, and the approximately 200 in-patient beds, including 60 ICU beds, are going to -- are designed to provide the capacity required for the influx and acuity of future cancer patients.

The Pavilion will also house the technology and inventions we need to meet the

complexity of care necessary for these patients, including cutting-edge robotics, improved digital infrastructure, and enhanced operating and procedural suites.

Next slide, please?

It's critical for this new facility to be seamlessly connected to Memorial Hospital via a patient bridge for several reasons:

First, it will help to ensure the highest quality of care and safety for our patients, enabling us to safely transport patients, some of whom are immunocompromised for care and services between both sides of our facilities, including our urgent care center, which is located in our original Memorial Hospital building.

Second, connectivity to our main campus will provide patients and their families with access to all the supportive program services and amenities that are critical to addressing not only the physical toll of cancer but the mental and psychological elements as well.

And finally, without the patient bridge, MSK would be forced to duplicate all our required services, which would needlessly increase

the cost of care, and disrupt our operational efficiency.

In summary, the pavilion is an addition, not a new hospital or replacement for our current facility. So let me close -- next slide, please.

Let me close by saying, we urgently need to construct the new Pavilion, and we need to get it done as quickly as possible to meet the rising need for more advanced cancer care among the increasing number of New Yorkers, who will be diagnosed each year.

With that, I'd like to turn things over to Paul Stanbridge, from Fosters and Partners, who will take us through the next section of our presentation.

Thank you very much.

MR. STANBRIDGE: Thank you, Dr. Drebin. Good afternoon. I'm Paul Stanbridge. I'm an architect with Foster and Partners, in New York City.

Next slide, please?

This slide shows MSK's existing facilities in the Upper East Side. MSK buildings

are shown in purple. We are going to focus on the cluster in the middle between 66 and 69th Street.

Next slide, please?

This is a close-up view of the existing conditions. Our site is to the west of York Ave, between 66 and 67th Street. Two existing MSK buildings, Sloan and Scholar are currently on the site.

Next slide, please.

Here you see the new Patient Pavilion zoning envelope from the East River in the context of the other buildings in the Upper East side. The zoning envelope is 594 feet tall and is the full width of the block.

Next slide, please?

Here is the site plan showing existing buildings in purple, and the site for the new Patient Pavilion in blue. Entry points are shown with colored arrows. You can also see the bridge Dr. Drebin mentioned, connecting the new Patient Pavilion, to the existing hospital in order to quickly move emergency staff and clinical support to critically ill patients.

Next slide, please?

Here is the ground floor plan of the proposed pavilion. We shifted the core away from New York Avenue, with the loading dock facing north toward the existing hospital. Internal patient pickup and drop-off aisles are in the middle of the plan to give patients a covered place to enter and leave and to avoid traffic congestion on the street.

To the east, you see the entry vestibule for the -- with elevators up to the second-floor lobby. Opportunities for public space are created by pulling this entry vestibule away from 67th and 66th Street.

Next slide, please?

This is an illustrative view of the entry experience. It shows the lobby pulled away from the corners to allow for landscape trees and possibly public art. And you'll see that bridge that was mentioned previously in the upper right-hand corner.

Next slide, please?

This is a conceptual view from the East River. We want the building to feel more residential, and we are looking to -- at ways to

modulate the facade to achieve that. And with that, I'm going to turn it over to Shelly Friedman to talk about zoning.

MR. FRIEDMAN: Thank you, Paul.

Next slide, please? I will run through the zoning actions shown on this slide required to establish the proposed zoning envelope for the Pavilion. All of the requested zoning actions shown here occur in the context of a large-scale community facility development, previously approved by the commission in 2001 in conjunction with a previous project.

The pavilion site is on a zoning lot located entirely within the boundaries of this previously approved large-scale development, and builds on those 2001 approvals.

As a site within the 2001 large-scale community facility development, this site will utilize the special zoning tools provided in chapter 79 of the zoning resolution, that facilitate the development of community facility buildings in multi-block campus settings.

These tools are often limited to specific uses such as hospitals, and in some cases

are further limited to large scales in Manhattan Community Boards 8 and 12. Thus approval of the two requested text amendments described in Action 2, which will enable the commission to modify by special permit lot coverage and sign regulations, will apply only to hospitals in large-scale developments located in Manhattan Community Boards 8 and 12.

In action three, the proposed modifications to the 2001 large-scale drawings and calculations, these will permit the redistribution of zoning floor area, within the large scale for use on the pavilion site.

Action four. A large-scale special permit limited to hospitals and Community Boards 8 and 12, will modify height and setback requirements along the perimeter streets of the large scales, in this case, York Avenue and East 66th Street. As well as, through the proposed text amendment modify lot coverage, and sign regulations, to improve pedestrian and vehicular way-finding.

Action five. These are authorizations available only within large-scale

developments. We will modify heightened setback on East 67th Street, which is not a perimeter street, and yard requirements.

Zoning action six involves updating the various 2001 documents, and is limited in scope to the already approved large scale and therefore, as with all the preceding actions, applies only to the narrow frame of the large-scale development approved in 2001.

And finally, while not a zoning action, the UNEP (ph) application will include a parallel application to the New York City Department of Transportation for the bridge across East 67th Street that Dr. Drebin stated to be a programmatic necessity, and that Paul Stanbridge described.

On the next slide, please?

We will see that even the zoning map amendment, that is Action 1, has its history in the 2001 approvals. This slide shows the boundaries of the three-block 2001 large-scale development in orange, and the extent of the zoning map amendment action one, in red. The zoning from -- the rezoning from R8 to R9, on the south

mid-block applies only to the lot of the MSK Rockefeller Labs building which is included in the Pavilion Zoning Lot shown outlined in blue. The Pavilion site itself is in blue.

This map amendment, which was included in the 2001 zoning actions, requested that all three mid-blocks of the large scale be rezoned from R8 to R9, as necessary to support the now-built Zuckerman Research Center on the north-block and a new in-patient facility.

Although certified as such by the commission in 2001, the rezoning on the South mid-block was voluntarily withdrawn by MSK without prejudice, and which -- with an invitation from the commission to reapply once plans for the in-patient facility were further developed.

The pavilion represents that in-patient facility, and these zoning actions represent the resumption of that discussion.

The map amendment will generate approximately 141,000 square feet of zoning floor area, for use in the Pavilion.

Next slide, please?

This slide shows the results for

Action 3, the redistribution of floor area from within the large-scale development to the Pavilion site. The lower portion of the envelope in light orange represents the amount of floor area, inherent to the pavilion site resulting from the disposition of the existing Sloan and Scholars buildings, generating approximately 236,000 square feet.

The middle section represents the remaining unused floor area from throughout the large-scale, approximately 265,000 square feet that will be redistributed to the Pavilion site from other sites within the large scale. And the darker orange on top represents the 141,000 square feet generated by the zoning map amendment.

Next slide, please?

This slide shows the footprint of the requested zoning envelope, and repeats the zoning actions regarding its volume and dimensions. All are available solely through the large-scale community facility development text, and the special permit for heightened setback lot coverage and signs are available only to hospitals in large scales located in community boards 8 and 12.

Upon approval of these zoning actions, there will be -- there will no longer be any remaining unused zoning floor area in the large scale which will be fully developed to its as of right potential of 10FAR. There are no bonuses as of right or otherwise in these actions.

Next slide, please.

This slide shows the zoning envelope to be approved pursuant to these zoning actions. The envelope will permit a building as tall as 594 feet at full lot coverage.

Next slide, please?

This slide illustrates, through the darker gray tone, the extent to which the proposed zoning envelope exceeds the applicable sky exposure planes and setbacks. The exceedances to the left, which represents East 66th Street and New York Avenue, which is not shown here, require the large-scale special permit that is being requested. The exceedance and setback to the right, facing East 67th Street requires a large-scale authorization.

Next slide, please.

This slide shows the zoning lot

for the pavilion in plan, modification via the large-scale special permit is requested to increase the existing lot coverage on the zoning lot from 50.2 percent to 75.5 percent. A large-scale authorization is required to modify rear yard -- rear yard equivalent provisions with regard to the two diagonally hatched areas on the pavilion footprint.

I will now hand this over to Noah Bernstein, from AKRF. Thank you.

MR. BERNSTEIN: Thank you, Shelly. Hello, I'm Noah Bernstein with AKRF, and we are preparing the Draft Environmental Impact Statement, or DEIS, for the proposed project. For the EIS -- sorry, please advance to the next slide. Thank you.

For the EIS to assess the possible effects of the proposed project, a reasonable worst-case development scenario was developed to account for existing conditions, the Future Without the Proposed Project, or the No Action Condition, and the Future with the Proposed Project, With Action Condition. The incremental difference between the Future No Action and With Action

conditions, serves as the basis for identifying potential environmental impacts.

The proposed project will be built out over the course of approximately five and a half years. Following land use approvals, construction of the project, also referred to as MSK Pavilion, would commence in early 2025 and is expected to be completed and operational by 2030; the build year.

Next slide, please.

As Shelly described earlier, the proposed rezoning area would cover a mid-block portion of the South campus block which includes block 13, which contains the Rockefeller Research Labs building, and the portion of block 21 that is a hundred feet east of York Avenue. The boundaries of the large-scale community facility development would not change, however.

Next slide, please?

This figure shows the development site that would be analyzed for the EIS in plan view. The pavilion is on the right side of the image, which is the eastern portion of the block by York Avenue, East 66th, the East 67th Street, and

1st Avenue. The blue outline represents the footprint of the MSK Pavilion zoning envelope. The proposed MSK Pavilion, would replace the two existing buildings on the development site, Scholars and Sloan, which contain contract housing for MSK staff, as well as administrative offices, which would be relocated to other MSK buildings.

The two buildings share a below-grade parking garage with the west adjacent Rockefeller Research labs, the gray box to the left.

Existing functions would remain in the lab building, and no programmatic changes are proposed for that building. However, as part of the project, a portion of the ground floor and below-grade levels of the lab building would be modified to accommodate the renovated garage, and a new exit to East 67th Street. The garage would continue to be entered by East 66th Street.

With the proposed project, the 263-space parking garage would continue to connect the lab building, and the proposed Pavilion would have an optimized layout for improved maneuverability. Public entrances to the Pavilion

lobby would be located on East 67th Street and East 66th Street just off of York Avenue, and on a three-block driveway drop-off area for patients and visitors. The entrance to the southbound drive-through would be through a new curb cut on East 67th Street and the exit would be through new -- through a new curb cut on East 66th Street. There would be a total of four service bays, three on East 67th and one on East 66.

As mentioned, the proposed two-story patient bridge would connect floors five and six of the pavilion, with levels eight and nine of Memorial Hospital across East 67th Street.

Next slide, please?

In the No Action Condition, the development site would remain in its current form. Two attached buildings containing contract housing and administrative hospital support uses with below-grade parking. The EIS will analyze a With Action Condition, reflecting the development of the new 31-story in-patient hospital Pavilion, devoted to patient care for cancer treatments, and would include 202 in-patient beds for acutely ill patients, and 28 operating suites and ICUs.

As shown in this table, the proposed project would result in an overall development increment over the No Action Condition of approximately 606,276 gross square feet of total development, including 202 inpatient beds. While modifications to the existing parking garage would be made as part of the project, there would be no change to the overall number of parking spaces provided.

Next slide, please?

DCP, acting on behalf of the City Planning Commission as lead agency, issued a Positive Declaration for the -- for the project on March 28th, 2023. Accordingly, a full Environmental Assessment Statement or EAS, and a Draft EIS Scope of Work have been prepared. These documents are available online. The DEIS will use the 2021 New York City Environmental Quality Review, or CQER Technical Manual as the general guide on methodologies and impact criteria for evaluating potential effects on the various technical areas of analysis. The manual sets the framework for environmental reviews here in New York City.

Analyses of socioeconomic

conditions, natural resources, solid waste and sanitation services, and energy, were provided as part of the EAS. And no significant adverse impacts to these areas would occur with the proposed actions. Therefore, no additional analysis with respect to these areas are required.

Next slide, please?

As described in the Draft Scope of Work, the DEIS will examine the proposed actions, potential effects on the environmental areas of concern shown on this slide, which include land use, zoning, and public policy, community facilities and services, open space shadows, historic and cultural resources, urban design and visual resources, hazardous materials, water and sewer infrastructure, transportation, air quality, greenhouse gas emissions, and climate change, noise, public health, neighborhood character, and construction.

And for each of these relevant technical areas of -- per analysis, the DEIS will provide a description of existing conditions and assessments of Future Conditions Without and With the Proposed Actions in the 2030 build year. With

the potential for significant adverse impacts is identified, the DEIS will examine and identify potential mitigation measures and disclose any unavoidable significant adverse impacts.

The DEIS will also discuss potential alternatives to reduce or avoid project-related significant adverse impacts while still achieving the goals and objectives of the proposed project.

Thank you for your time today. We look forward to hearing your comments on the Draft EIS Scope of Work, now I will turn it back to Stephanie.

MS. SHELLOOE: Great. Thank you, Noah, and the rest of the applicant team for that thorough presentation.

We can go to the next slide. And next slide, perfect. So, we will now move on to part two of the meeting where at this time, we will be receiving testimony from elected officials, representatives of the local community board, and government agency. When it's your turn to speak, your name will be called, and you'll be promoted to panelists. This allows you to unmute your

microphone and the ability to turn on your camera if you wish. There will be a short period that appears you're no longer in the meeting, don't be alarmed, you'll automatically rejoin the meeting as a panelist.

If anyone experiences technical difficulties that prevent you from sharing your testimony, we'll pause for a moment, and move on to the next speaker to allow for troubleshooting to happen in the background, and we'll call your name again at a later time.

If this happens, please visit the "How to Guides," on the NYCEngage website for assistance. Also, for assistance, callers listening in, or who would like assistance can dial one of these numbers, these toll-free numbers shown on the screen, (877) 853-5247, is that first one. When prompted for a meeting ID, you can dial the meeting ID shown at the bottom of this screen, 618 237 7396. And when prompted for the password, dial 1. This helpline will be able to resolve any issues, and troubleshoot if you have any technical difficulties.

All right. I'm consulting with

our speaker's list. It does not appear that we have any speakers from elected officials, community board, representatives, or government agencies.

So, we will now proceed to part three of this public scoping meeting where we will hear testimony from members of the general public. As a reminder, the general public is invited to speak for up to three minutes, and a three-minute time tracker will be shown on the screen. So, I'll ask our production team to go to the next slide. Excellent.

Okay, so we will now begin with our speakers who have registered online. Our first speaker is Mary Pat Simunovich, to be followed by Eliot Nerenberg.

Mary Pat, we will promote you to panelists in just a moment, and we will be able to hear your testimony. Good afternoon. Are you able to --

MS. SIMUNOVICH: Yes, Steph. Thank you. Can you hear me?

MS. SHELLOE: Yes.

MS. SIMUNOVICH: Wonderful. Thank you, Stephanie. Good afternoon, everyone, and

thanks for the chance to speak about the importance of Memorial Sloan Kettering.

I'm going to share my thoughts based on three perspectives: As an Upper East Side resident; as a volunteer, and as a caregiver to a member of my family.

First, I moved to the Upper East Side more than 30 years ago. Like many of you, I really love this neighborhood, and as a matter of fact, my husband and I now live on York Avenue a bit further up from MSK's main campus. In 1999, I began my volunteer relationship with the hospital. And for the next 18 years, I spent every Wednesday night within the pediatric playroom. Here, I saw the amazing work of MSK firsthand. I witnessed the incredible dedication and the professional compassion of the nurses, doctors, and staff. I saw the desire of each and everyone to make the awful experience of pediatric cancer a bit brighter for these children and their families.

Beginning three years ago, I once again experienced the amazing work of MSK, when my dad became a patient and I, his caregiver.

Let me tell you a little bit about

my extraordinary dad. He was well into his 90s, enjoying every minute of life with my mom, his bride of 60 years, his four children, our spouses, and his 10 grandchildren. He had only been in the hospital to be born, to receive a pacemaker, and for a minor A-fib episode when he was in his 80s. We thought he was absolutely invincible, until a very rare and very aggressive cancer struck. Immediately my father began treatment at MSK. Once again, we as a family witnessed the extraordinary dedication and professional compassion of all the staff, doctors, and nurses. This was a fact, my father often complimented them on throughout his care. My dad was in and out of the hospital for the next three months, and sadly, at about 90 days following his diagnosis, he began to decline. We had the hard privilege of standing around his bed, holding his hands and one another, as he passed away. Cancer was tough for my dad, and for all of us. But we know now he's at peace and so are we, with the knowledge that he received the best possible care at Memorial Sloan Kettering. Thank you so much for the time to speak with you today.

MS. SHELLOOE: Thank you. Thank

you for your testimony, and for sharing your story. All right.

We will now move on to our next speaker, Eliot Nerenberg, to be followed by Sudha Acharya. Eliot Nerenberg, we will go ahead and promote you to panelist and unmute you. You should be able to speak.

MR. NERENBERG: Okay. Thank you very much, Stephanie. My name is Eliot Nerenberg. I'm here today to tell you about Memorial Sloan Kettering and how it saved my life, and why I proudly support MSK's plan, to build a new Cancer Care Pavilion on its upper East Side, Manhattan campus.

In April of 2017, I was diagnosed with Stage 4 melanoma, which is a serious form of skin cancer that I had metastasized on my spine, my ribs, and pelvis. I was terrified, as I think anyone would be. After researching treatment after treatment online, the prognosis was clear, there wasn't much hope. I had no idea where to turn for help. I called some of my close friends, some of whom are physicians, with their advice on where to seek the best cancer treatment.

Without hesitation, they all recommended MSK as a place for me to go. When I first met with my oncologist, Dr. Paul Chapman, I felt like a weight had been lifted off my shoulders. He spent two full hours with me and my family during that initial consultation. When I asked him how he could spend so much time with me, he said that every patient deserves respect. He truly made me, and my family feel like a human being and not just another case. Dr. Chapman explained that given the recent advancements in immunotherapy treatments for melanoma, I had a 70 percent chance of survival. Finally, I felt hope.

And the sense of compassion I received from Dr. Chapman, is present everywhere at MSK. From the receptionist at the front desk, to the nurses, I was treated with the utmost care and warmth. I was treated like I was part of their family. Three months into my immunotherapy treatments, the growth started to shrink, and with 18 months they were gone. Today, I'm proud to say I'm cancer free. I can also say firsthand that if it were not for the care and treatment, I received at MSK, I would not be here today, and I know I'm

not alone.

Building a new pavilion facility will allow MSK to save more lives like mine, today and in the future. It will ensure that the next generation of cancer patients can walk into MSK's doors, and feel the same sense of relief and hope that I did. It is for this reason and the thousands of other patients and their families in our community, that I'm proud to support MSK's Pavilions project.

Thank you for your time. I appreciate it.

MS. SHELLOOE: Thank you. Thank you for being here, and congratulations on your recovery. I wish you all the best.

All right. Our next speaker is Sudha Acharya, to be followed by Virginia Wettlaufer. Sudha Acharya, we'll be promoting you to panelists in just a moment and you'll be able to unmute.

MS. ACHARYA: Good afternoon.

MS. SHELLOOE: Hi. Welcome.

MS. ACHARYA: Thank you. Thank you for this opportunity. My name is Sudha

Acharya, and I'm the Executive Director of the South Asian Council for Social Services, or SACSS. I'm happy to be here today to talk about my organization's longstanding partnership with Memorial Sloan Kettering, or MSK, and the incredible work we've been able to accomplish together.

The South Asian Council for Social Services is a community-based nonprofit organization that serves over 150,000 immigrant New Yorkers every year. And our mission is to empower and integrate underserved South Asian, and other immigrants into the economic and civic life of New York. One of our main goals at SACCS, is empowering, improving healthcare access for all. And it's through this goal that our organization has forced a strong partnership with MSK. We are proud to have worked with MSK's immigrant Health and Cancer Disparities service for more than a decade.

The Immigrant Health and Cancer Disparities service addresses disparities in access to cancer treatment and other healthcare services at the local, national, and global levels.

We worked on a variety of health equity projects together, including start to get taxi program, which provides NYC taxi drivers with free access to healthcare services. The taxi program holds regular health affairs at JFK and LaGuardia airports, and provides drivers with important health screening services. These include health check-ins on blood pressure or BMI, waist circumstance, cholesterol, and blood sugar checks, as well as offering navigations assistance such as clinical referrals, insurance enrollment, and help with addressing healthcare.

From January 2020 to December 2021, at a time when many preventive healthcare services were greatly inaccessible because of the COVID-19 pandemic, the taxi program held 72 in-person health phase for taxi drivers, and 15 virtual cancer screening awareness events.

The taxi program is just one of the many examples of MSK's commitment to health equity. As a longstanding partner of MSK, I have seen how -- firsthand, how MSK cares about the people that call New York City home. Like -- it's one of the many reasons why I'm proud to support

MSK's plans to build a new cancer care facility at their main campus. Increasing MSK's -- you know, inpatient facility capacities will help expand access to world-class acute cancer care for all New Yorkers.

SACCS looks forward to continuing to work with MSK, in its mission to advance the very best cancer care for generations of New Yorkers to come. Thank you very much.

MS. SHELLOOE: Thank you very much. Thank you for your important work, and the work of your organization.

We will now move on to our next speaker, Virginia Wettlaufer to be followed by Amador Centeno. Virginia Wettlaufer, you will now be promoted to panelist and will be able to unmute yourself. Welcome.

MS. WETTLAUFER: Hello. Can you hear me?

MS. SHELLOOE: Yes.

MS. WETTLAUFER: Hi. My name is Virginia Wettlaufer Tomenson (phonetic), and I consider myself a true New York Stater. I was born and raised in Buffalo, and besides for four years

out of State for college, I've been a resident of now New York City for the last 21 years.

Over a decade ago, I was another healthy, successful, 31-year-old living in New York until (unintelligible) class changed my life. In class, my top slightly shifted, and it revealed that my breasts had something in it that I hadn't felt before. That lump on my breast, I would later learn was Stage 3 breast cancer. My family was in Buffalo, but my young adult life was in New York City, including my boyfriend of six months. And the questions of where to be treated and cared for became real. Even with these challenges, my family and I had no doubt that Memorial Sloan Kettering was the right choice.

My team and I crafted a plan for my cancer, a mastectomy, chemotherapy, radiation, and a drug called tamoxifen for the next 10 years. I also learned that due to the hormone sensitivity of my cancer treatment, I would not be able to carry babies. The chemo would cause damage to my eggs, and the tamoxifen for 10 years would also make pregnancy impossible. My life was changing before my eyes. At this traumatic moment, MSK

became my safe haven. I felt supported, I knew I was in the best possible hands, and that if I had questions, I would receive answers.

In January of 2013, after radiation treatment at the main campus, I was informed by one of the nurses that my doctor needed to see me. As I entered the exam room to find it full of rose petals. My now husband was down on one knee saying, "This place saved your life, you are the love of my life. Will you marry me?" This most sacred and safe space would for always be a part of my life in sickness and in health.

10 years later, my husband and I have two beautiful children born via gestational carrier and reside blocks away on -- from MSK on the Upper East side. I spend much of my time volunteering throughout the various facilities, talking to patients, and helping navigate the complexities of processing your life changes while knowing where to try charge an iPhone, which is equally as important at the time.

The message I've taken out of my journey was to always make sure someone else's tomorrow was better than my yesterday. It is with

that affirmation, that I wholeheartedly support MSK's proposed new pavilion to ensure the next generation of patients receive the same quality cancer care that I did, in sickness and in health.

MS. SHELLOOE: Thank you. Thank you for sharing your story, and congrats on your recovery as well.

All right. We will now go to our next speaker, Amador Centeno, to be followed by Roger McClean.

Amador, we will now promote you to panelist, and you should be able to unmute yourself. I am not seeing Amador on our panelist list. Maybe it's just taking a moment longer than usual. All right.

MR. ULKER-KACAR: It looks like Amador might have dropped off.

MS. SHELLOOE: Oh, I just saw him back in the attendee column. All right. Amador, if you are able to join back in, we are ready for your testimony, but we will move on in our speaker's list.

Our next speaker is Roger McClean, who I also do not see in our Zoom room at the

moment.

Checking with my team in the backup house. All right. So that does bring us to the end of our registered speakers list. So, what I'm going to do is ask our, production to go to the next slide. And we are going to take a brief five-minute break, for anyone who has not yet registered to speak, who wishes to do so, to have an opportunity to register online via, as I mentioned, the NYCEngage Page, at www.nyc.gov/NYCEngage.

We will now take an approximately five-minute break so that anyone who wishes to do so is able to join. So, we'll be back here just about at 2:55, if anyone else would like to register to speak during that time. Thank you so much and see you back here in a few minutes.

(A recess was taken).

MS. SHELLOOE: All right. Good afternoon, everyone. Welcome back. Again, this is the remote public scoping meeting for the MSK Pavilion proposal. And again, the CEQR number for the project proposal for the record is 23DCP11BM.

My name is Stephanie Shellooe,

Director of the Environmental Assessment and Review Division, at the New York City Department of City Planning. We are currently on part three of the public scoping meeting, where members of the general public are invited to speak on this topic for up to three minutes.

We had taken a brief five-minute break to see if any additional members of the public would register to speak. We did not receive any additional testimony, and the speakers that we skipped do not appear to be in the Zoom room. So, with that, is there anyone else who wishes to provide testimony here today?

(No response)

MS. SHELLOOE: All right. If no one else wishes to speak at this time, we will move ahead to close the public scoping meeting.

If we could go to the next slide for those of you who may have had difficulty testifying today or were not able to join, please note that you can submit written testimony online by selecting this hearing on the upcoming meetings page, via the NYCEngage portal, at www.nyc.gov/NYCEngage, or through DCPS webpage, on

the scoping meetings page, or by e-mailing or mailing your comments to the Department of City Planning at the e-mail address or mailing address shown here.

Again, please remember that the deadline for submitting written comments is 5:00 p.m. on Monday, May 8th, 2023, and we provide those written comments with the same attention and consideration as the comments that we heard live during this meeting.

All right. Thank you, everyone, for being here and for your time. The time is now 2:57 p.m., and the public scoping meeting is now closed. Thank you everyone for joining. Have a great afternoon.

(Whereupon, at 2:57 p.m., the public scoping meeting was concluded).

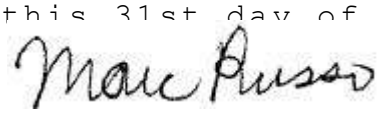
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COUNTY OF NEW YORK)

I, MARC RUSSO, a Shorthand (Stenotype) Reporter and Notary Public within and for the State of New York, do hereby certify that the foregoing pages 1 through 33, taken at the time and place aforesaid, is a true and correct transcription of the teleconference.

IN WITNESS WHEREOF, I have hereunto set my name this 31st day of May, 2023.



MARC RUSSO

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APPENDIX C
WRITTEN COMMENTS RECEIVED
ON THE DRAFT SCOPE OF WORK

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA

NEW YORK CITY & VICINITY DISTRICT COUNCIL OF CARPENTERS

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395 HUDSON STREET - 9TH FLOOR
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May 4th, 2023

Stephanie Shellooe
Director Environmental Assessment and Review Division
NYC department of City Planning
New York, NY 10271

To whomever it may concern,

On behalf of the New York City District Council of Carpenters, which represents 22,000 skilled members, I want to express my firm support for the MSK Pavilion plan.

As you know, the plans to re-zone and complete the MSK Pavilion are ambitious. In addition to a series of rezonings, a new inpatient hospital building would be erected on the block's east end, bounded by York and First Avenues and East 66th and East 67th Streets. The building would consist of a 31-story building of over 900,000 square feet.

As you may know, Memorial Sloan Kettering Cancer Center cannot address every patient's needs on the Main Campus and neighboring facilities alone. This project, MSK Pavilion, will serve those patients who can't be treated at the facilities mentioned above.

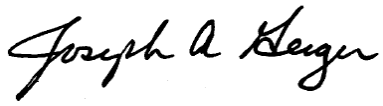
This project will be invaluable to the patients who will be treated in the MSK Pavilion. It is unjust and inhumane to delay this plan when so many people could be given the medical treatments they desperately need.

The plan will deliver the necessary jobs to help our city's working people population. The construction hours alone that this will help to provide NYC construction workers are astronomical. Coupled with the additional employment opportunities this center will need, we can genuinely help provide meaningful employment at a time when so many need work opportunities.

From the new inpatient hospital that will be able to take in tons of cancer patients to the new garage underneath the building that will provide parking space to staff, patients, and visitors, this project must be approved to improve the quality of life for New Yorkers.

We can't wait any longer for the approval of the MSK Pavilion. I urge you to approve of it at once for the betterment of our health, our economy, and union construction workers.

Sincerely,



Joseph A. Geiger
Executive Secretary-Treasurer
New York City and Vicinity District Council of Carpenters

CC:

APPENDIX D
TRAVEL DEMAND FACTORS (TDF) MEMORANDUM

Environmental, Planning, and Engineering Consultants
440 Park Avenue South
7th Floor
New York, NY 10016
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Travel Demand Factors (TDF) Memorandum

To:	Project File
From:	AKRF, Inc.
Date:	April 18, 2024
Re:	MSK Pavilion—Travel Demand Analysis
cc:	Project Team

A. INTRODUCTION

This memorandum details the trip generation assumptions and travel demand estimates for the proposed Memorial Sloan Kettering (MSK) Pavilion project (the Proposed Project) located on 1233 York Avenue in Manhattan (Block 1461, on a portion of Lot 21 and a portion of Lot 13). The Development Site contains two adjoining buildings that occupy the entire frontage of the east side of York Avenue between East 66th and East 67th Streets. Both buildings are owned and occupied by Memorial Sloan Kettering Cancer Center (MSKCC) (the Applicant), which provides contract housing to its professional staff and students along with administrative space on lower floors.

In the existing condition, the 23-story-tall north building (Scholars) and the adjoining 20-story-tall south building (Sloan) contain approximately 242,856 gross square feet (gsf). Together, they accommodate a total of 355 dwelling units (DUs) primarily for medical students, interns, and residents for their terms of service or academic affiliation with MSKCC and approximately 45,039 gsf of hospital administrative office space. A 263-space below-grade parking garage connects the Scholars and Sloan buildings to the adjacent Rockefeller Research Labs (RRL, on Lot 13 and small portion of Lot 21), also owned by MSKCC, and only partially in the Development Site.[1] The Project Area is the previously established 2001 Large Scale Community Facility Development (the 2001 LSCFD) developed primarily with MSKCC's medical buildings ranging from 4 to 23 stories. This interconnected campus spanning over three city blocks (Block 1462 and portions of Blocks 1461 and 1463) is dedicated almost exclusively to cancer treatment and cancer research. Current 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. The Applicant's buildings are

[1] As described below and in the Reasonable Worst Case Development Scenario (RWCDS) Memorandum, a small portion of the ground floor of the RRL building will be demolished as part of the Proposed Project; however, it would not result in a change in programming or building population such that it would affect travel demand.

interconnected at many levels, including through tunnels running below both East 67th and East 68th Streets. In the No Action condition, the Development Site would continue in its existing functions.

In the With Action condition, the Proposed Project would replace the Scholars and Sloan buildings on Lot 21 with a new 31-story, approximately 903,065-gsf inpatient hospital building for MSKCC's exclusive use. It would have a population of 753 average weekday daily inpatient staff members, 648 average weekday daily inpatients and inpatient visitors, 84 average weekday daily ambulatory care staff, and 72 average weekday daily ambulatory care patients/visitors.

Adjacent to RRL the Proposed Project would create an internal through-block driveway running one-way from East 66th Street to East 67th Street (shown in **Figure 1**). The driveway and related pedestrian features would provide covered access to the Proposed Project. There would also be doors to the Proposed Project lobby on East 66th and East 67th Streets near the corners of York Avenue with increased circulation areas outside either end of the lobby. A two-story Pedestrian Bridge over East 67th Street would provide a medically necessary connection for staff and patients between the Proposed Project and Memorial Hospital on the block immediately to the north.

The below-grade garage would continue to have a total of 263 accessory parking spaces but would have an optimized layout, improved valet operations, additional reservoir spaces, and a relocated exit to separate entering and exiting traffic between the two cross streets. The same number of vehicles as today would enter the garage on East 66th Street. A small number of additional vehicles generated by the MSK Pavilion would enter the garage on East 67th Street after exiting the through-block driveway. All vehicles leaving the garage or MSK Pavilion through-block driveway would use East 67th Street. The RRL building would remain on the adjacent Lot 13 and a small portion of Lot 21 and there would be no redevelopment on that site other than for modifications to the below-grade garage, which would also provide new connections to the MSK Pavilion. There are no programmatic changes proposed for the RRL building; however, it would lose a small amount of ground floor space to accommodate the new garage ramp on East 67th Street. Since there would be no changes to the programming or population of the RRL building as part of the Proposed Project, no changes to travel demand are anticipated for that building.

Person trip generation is based on the population of staff, patients, and visitors[2], and not the square footage of the space. Delivery trip generation is based on the square footage of the space. **Table 1** provides a comparison of the development programs between the No Action and With Action conditions.

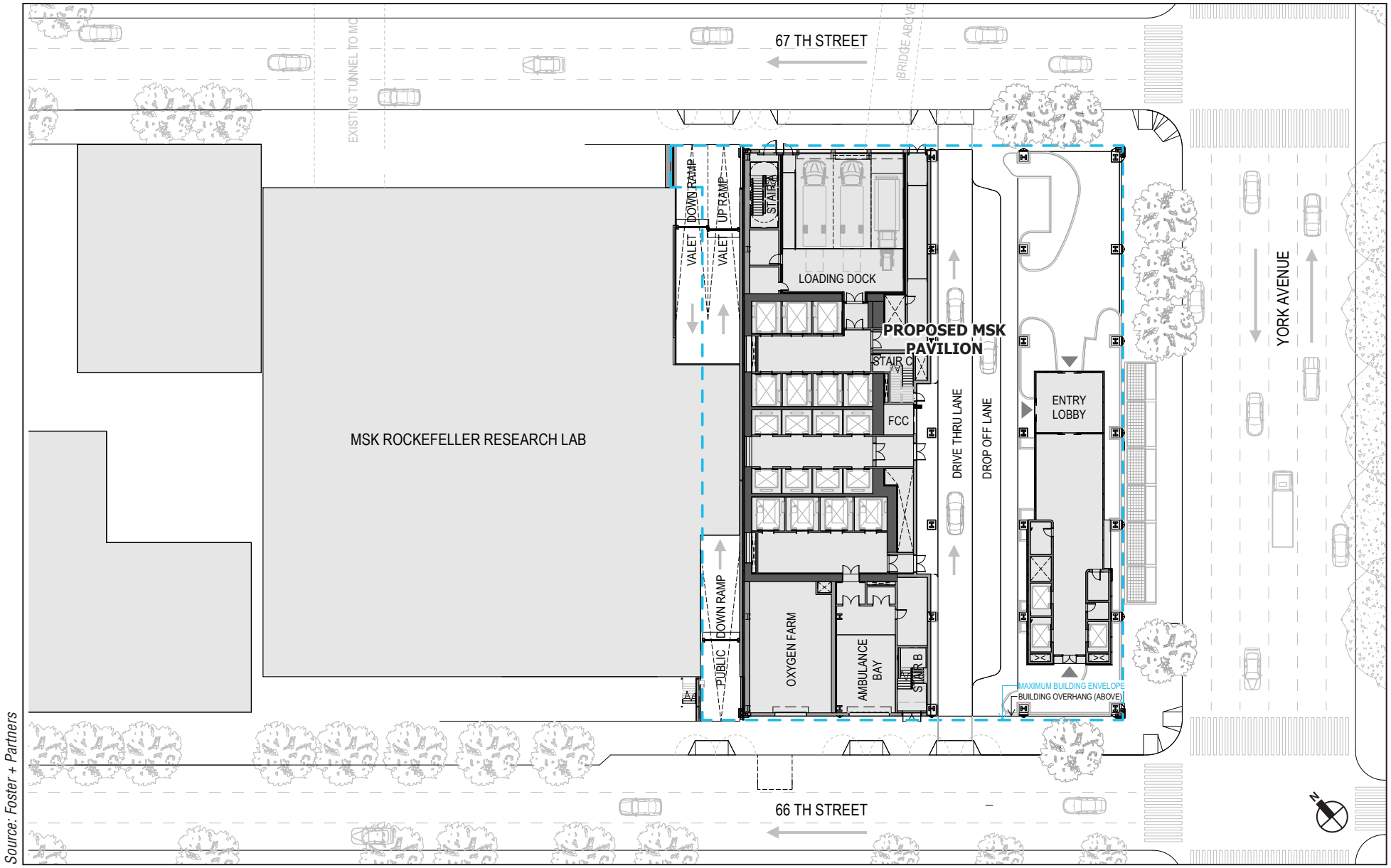
Table 1
Program Summary

Components	No Action Condition	With Action Condition	Increment
Residential (DUs)	355	0	-355
Office (GSF)	45,039	0	-45,039
Inpatient (GSF)	0	812,759	812,759
Inpatient Staff	0	753	753
Inpatients and Inpatient Visitors	0	648	648
Ambulatory Care (GSF)	0	90,306	90,306
Ambulatory Care Staff	0	84	84
Ambulatory Care Patients/Visitors	0	72	72
Parking (spaces)	263	263	0

Notes: GSF = Gross Square Feet; Square footages shown are approximate; Parking Garage included in GSFs. A gross square footage of 901,697 gsf was used to calculate delivery trips. The increase to 903,065 gsf was verified to not change the delivery trip generation results.
Source: Memorial Sloan Kettering Cancer Center (MSKCC) Administration, Facilities, and Operations departments' projections.

[2] Staff, patient, and visitor populations provided by MSKCC Administration, Facilities, and Operations departments.

4.18.24



Source: Foster + Partners

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Ground Floor Plan

MSK PAVILION

Figure 1

B. TRANSPORTATION PLANNING ASSUMPTIONS

Trip generation factors for the No Action and With Action conditions were developed based on information from the 2021 *CEQR Technical Manual*, the 2017 *Greater East Midtown Rezoning FEIS*, the 2001 *Memorial Sloan Kettering Cancer Center Rezoning FEIS*, the 2013 *Memorial Sloan Kettering/CUNY-Hunter Project at 74th Street FEIS*, and the U.S. Census Bureau—as summarized in **Table 2**.

Table 2
Travel Demand Factors

Use	Residential			Office			Inpatient – Staff			Inpatients and Inpatient Visitors		
Total Daily Person Trips or Daily Population	(1) Weekday 8.180 Trips/DU			(1) Weekday 18.0 Trips / KSF			(5) Weekday 753 Staff			(5) Weekday 648 Patients and Patient Visitors		
Temporal	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**
	(1)			(1)			(6)			(6)		
	9.3%	5.6%	8.5%	12.4%	11.0%	10.5%	52.0%	27.0%	55.0%	3.7%	11.3%	9.3%
Direction	(1)			(1)			(6)			(6)		
In	22%	50%	63%	89%	48%	17%	95%	35%	15%	85%	65%	60%
Out	78%	50%	37%	11%	52%	83%	5%	65%	85%	15%	35%	40%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Modal Split	(2)			(3,4)			(4,6)			(6)		
	AM	**MD**	**PM**	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**
Auto	8.0%	8.0%	8.0%	17.4%	2.0%	17.4%	17.4%	0.0%	17.4%	32.0%	32.0%	32.0%
Taxi	5.0%	5.0%	5.0%	2.2%	3.0%	2.2%	2.2%	0.0%	2.2%	11.0%	11.0%	11.0%
Ambulette	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subway	40.0%	40.0%	40.0%	42.6%	6.0%	42.6%	42.6%	0.0%	42.6%	20.0%	20.0%	20.0%
Railroad	2.0%	2.0%	2.0%	7.2%	0.0%	7.2%	7.2%	0.0%	7.2%	0.0%	0.0%	0.0%
Bus	8.0%	8.0%	8.0%	12.4%	6.0%	12.4%	12.4%	0.0%	12.4%	17.0%	17.0%	17.0%
Ferry	0.0%	0.0%	0.0%	0.2%	0.0%	0.2%	0.2%	0.0%	0.2%	0.0%	0.0%	0.0%
Walk	37.0%	37.0%	37.0%	18.0%	83.0%	18.0%	18.0%	100.0%	18.0%	20.0%	20.0%	20.0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Vehicle Occupancy	(2,3) Weekday			(3,4) Weekday			(4,6) Weekday			(6) Weekday		
Auto	1.14			1.13			1.13			1.60		
Taxi	1.40			1.40			1.35			1.40		
Ambulette	0.00			0.00			0.00			0.00		
Daily Delivery Trip Generation Rate	(1) Weekday 0.06 Delivery Trips / DU			(1) Weekday 0.32 Delivery Trips / KSF			(6) Weekday 0.20 Delivery Trips / KSF					
	AM	**MD**	**PM**	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**			
Delivery Temporal	(1)			(1)			(6)					
	12%	9%	2%	10%	11%	2%	10.0%	9.0%	5.0%			
Delivery Direction	(1)			(1)			(6)					
In	50%	50%	50%	50%	50%	50%	50%	50%	50%			
Out	50%	50%	50%	50%	50%	50%	50%	50%	50%			
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%			

Table 2 (cont'd)
Travel Demand Factors

Use	Ambulatory Care – Staff			Ambulatory Care – Patients and Visitors			Inpatients and Inpatient Visitors
Total Daily Person Trip	(7) Weekday 3.0 Trips / Person			(7) Weekday 2.0 Trips / Person			
Temporal	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**	
	(7)			(7)			
	12.1%	8.1%	12.2%	4.0%	10.0%	8.0%	
Direction	(7)			(7)			
In	97%	52%	12%	100%	60%	20%	
Out	3%	48%	88%	0%	40%	80%	
Total	100%	100%	100%	100%	100%	100%	
Modal Split	(4,6)			(7)			
	AM	**MD**	**PM**	**AM**	**MD**	**PM**	
Auto	17.4%	0.0%	17.4%	53.0%	53.0%	53.0%	
Taxi	2.2%	0.0%	2.2%	14.0%	14.0%	14.0%	
Ambulette	0.0%	0.0%	0.0%	4.0%	4.0%	4.0%	
Subway	42.6%	0.0%	42.6%	16.0%	16.0%	16.0%	
Railroad	7.2%	0.0%	7.2%	0.0%	0.0%	0.0%	
Bus	12.4%	0.0%	12.4%	6.0%	6.0%	6.0%	
Ferry	0.2%	0.0%	0.2%	0.0%	0.0%	0.0%	
Walk	18.0%	100.0%	18.0%	7.0%	7.0%	7.0%	
Total	100%	100%	100%	100%	100%	100%	
Vehicle Occupancy	(4,6) Weekday			(7) Weekday			
Auto	1.13			3.00			
Taxi	1.35			3.00			
Ambulette	0.00			3.00			
Daily Delivery Trip Generation Rate	(7) Weekday 0.20 Delivery Trips / KSF						
	AM	**MD**	**PM**				
Delivery Temporal	(7)						
	10.0%	9.0%	5.0%				
Delivery Direction	(7)						
In	50%	50%	50%				
Out	50%	50%	50%				
Total	100%	100%	100%				

Sources: (1) 2021 *CEQR Technical Manual*
(2) U.S. Census Bureau, ACS 2016–2020 Five-Year Estimates – Journey-to-Work (JTW) Data: New York County census tracts 106.02, 110, 116, 118, 124, 126.
(3) *Greater East Midtown Rezoning FEIS* (2017)
(4) U.S. Census Bureau, ACS 2012–2016 Five-Year Estimates – Reverse Journey-to-Work (RJTW) Data: New York County census tracts 106.02, 110, 116, 118, 124, 126.
(5) MSKCC Administration, Facilities, and Operations departments
(6) *Memorial Sloan Kettering Cancer Center Rezoning FEIS* (2001)
(7) *MSK/CUNY-Hunter Project at 74th Street FEIS* (2013)

RESIDENTIAL

The daily person trip rate and temporal and directional distributions are from the *CEQR Technical Manual*. Modal splits are from the U.S. Census American Community Survey (ACS) 2017–2019 Journey-to-Work (JTW) Data for New York Census Tracts 106.02, 110, 116, 118, 124, and 126. Vehicle occupancies are from the JTW data and the 2017 *Greater East Midtown Rezoning FEIS*. The delivery trip rate and temporal distributions are from the *CEQR Technical Manual*. The directional distribution is based on NYCDOT trip generation surveys.

OFFICE

The daily person trip rate and temporal and directional distributions are from the *CEQR Technical Manual*. Modal splits are from the ACS 2012–2016 Reverse Journey-to-Work (RJTW) Data for New York Census Tracts 106.02, 110, 116, 118, 124, and 126 for the weekday AM and PM peak hours, and from the 2017 *Greater East Midtown Rezoning FEIS* for the weekday midday peak hour. Vehicle occupancies are from the RJTW data and the 2017 *Greater East Midtown Rezoning FEIS*. The delivery trip rate and temporal distributions are from the *CEQR Technical Manual*. The directional distribution is based on NYCDOT trip generation surveys.

INPATIENT STAFF

Inpatient staff include those employees dedicated to inpatient services, including doctors, nurses and clinicians. In addition, inpatient staff include hospital administration and the wide range of employees

dedicated to inpatient support functions, for example, lab technicians, food service workers and building maintenance staff.

The daily person trip rate is derived from the daily inpatient staff population. Temporal and directional distributions, midday peak hour modal splits, and taxi occupancy are from the 2001 *Memorial Sloan Kettering Cancer Center Rezoning FEIS*. The weekday AM and PM peak hour modal splits and the auto occupancy are from the U.S. Census Bureau ACS RJTW Estimates for New York County census tracts 106.02, 110, 116, 118, 124, and 126. The daily delivery trip rate, and temporal and directional distributions are from the 2001 *Memorial Sloan Kettering Cancer Center Rezoning FEIS.*

INPATIENTS AND INPATIENT VISITORS

The daily person trip rate is derived from the daily inpatient and inpatient visitor populations. Temporal and directional distributions, modal splits, and vehicle occupancies are from the 2001 *Memorial Sloan Kettering Cancer Center Rezoning FEIS.*

AMBULATORY CARE STAFF

Ambulatory care staff include those employees dedicated to outpatient services. The daily person trip rate and temporal and directional distributions are from the 2013 *Memorial Sloan Kettering/CUNY-Hunter Project at 74th Street FEIS.* Modal splits are from the U.S. Census Bureau ACS RJTW Data for New York Census tracts 106.02, 110, 116, 118, 124, and 126 for the weekday AM and PM peak hours, and from the 2001 *Memorial Sloan Kettering Cancer Center Rezoning FEIS* for the weekday midday peak hour. Vehicle occupancies are from the RJTW data and the 2001 *Memorial Sloan Kettering Cancer Center Rezoning FEIS*. The delivery trip rate and temporal and directional distributions are from the 2013 *Memorial Sloan Kettering/CUNY-Hunter Project at 74th Street FEIS*.

AMBULATORY CARE PATIENTS AND VISITORS

The daily person trip rate, temporal and directional distributions, modal splits, and vehicle occupancies are from the 2013 *Memorial Sloan Kettering/CUNY-Hunter Project at 74th Street FEIS.*

C. CEQR TRANSPORTATION ANALYSIS SCREENING

The *CEQR Technical Manual* identifies procedures for evaluating a proposed project's potential impacts on traffic, transit, ferry, pedestrian, and parking conditions. This methodology begins with the preparation of a trip generation analysis to determine the volume of person and vehicle trips associated with the Proposed Project, including the reassignment of existing vehicle trips already in the street network that would be diverted from the existing parking garage exit on East 66th Street to the proposed parking garage exit on East 67th Street. The results are then compared with the *CEQR Technical Manual*-specified thresholds (Level 1 screening analysis) to determine whether a Level 2 screening analysis is warranted. If the Proposed Project would result in 50 or more peak hour vehicle trips, 200 or more peak hour transit trips (subway/rail or bus riders), 50 or more peak hour Citywide Ferry Service (CWFS) ferry trips, and/or 200 or more peak hour pedestrian trips, a Level 2 screening analysis is undertaken.

For the Level 2 screening analysis, project generated trips would be assigned to specific intersections, transit routes, ferry routes, and pedestrian elements. If the results of this analysis show that the Proposed Project would generate 50 or more peak hour vehicle trips through an intersection, 50 or more peak hour bus riders on a bus route in a single direction, 200 or more peak hour subway passengers at any given station or on a subway line, 25 or more passenger ferry trips in a single direction on a single route, 50 or more passengers at a ferry landing, or 200 or more peak hour pedestrian trips per pedestrian element, further quantified analyses may be warranted to evaluate the potential for significant adverse traffic, transit, ferry, and pedestrian impacts and parking shortfalls.

TRIP GENERATION SUMMARY

As summarized in **Table 3**, the No Action condition would generate 371, 256, and 331 person trips during the weekday AM, midday, and PM peak hours, respectively. Approximately 63, 38, and 52 vehicle trips would be generated during the same respective peak hours.

Table 3
Trip Generation Summary – No Action Condition

Program	Peak Hour	In/Out	Person Trip										Vehicle Trip				
			Auto	Taxi	Ambulette	Subway	Railroad	Bus	Ferry	Bicycle	Walk	Total	Auto	Taxi	Ambulette	Delivery	Total
Residential 355 DU	AM	In	5	4	0	25	0	5	0	1	20	60	4	12	0	1	17
		Out	17	13	0	88	0	17	0	4	72	211	14	12	0	1	27
		Total	22	17	0	113	0	22	0	5	92	271	18	24	0	2	44
	Midday	In	7	5	0	34	0	7	0	2	28	83	6	8	0	1	15
		Out	7	5	0	34	0	7	0	2	28	83	6	8	0	1	15
		Total	14	10	0	68	0	14	0	4	56	166	12	16	0	2	30
	PM	In	12	9	0	64	0	12	0	3	52	152	10	10	0	0	20
		Out	8	6	0	39	0	8	0	2	32	95	7	10	0	0	17
		Total	20	15	0	103	0	20	0	5	84	247	17	20	0	0	37
Office 45,039 GSF	AM	In	15	2	0	37	6	11	0	1	15	87	13	1	0	1	15
		Out	2	0	0	6	1	2	0	0	2	13	2	1	0	1	4
		Total	17	2	0	43	7	13	0	1	17	100	15	2	0	2	19
	Midday	In	1	1	0	3	0	3	0	0	38	46	1	2	0	1	4
		Out	1	1	0	3	0	3	0	0	36	44	1	2	0	1	4
		Total	2	2	0	6	0	6	0	0	74	90	2	4	0	2	8
	PM	In	2	0	0	6	1	2	0	0	2	13	2	1	0	0	3
		Out	12	2	0	30	5	9	0	1	12	71	11	1	0	0	12
		Total	14	2	0	36	6	11	0	1	14	84	13	2	0	0	15
Total	AM	In	20	6	0	62	6	16	0	2	35	147	17	13	0	2	32
		Out	19	13	0	94	1	19	0	4	74	224	16	13	0	2	31
		Total	39	19	0	156	7	35	0	6	109	371	33	26	0	4	63
	Midday	In	8	6	0	37	0	10	0	2	66	129	7	10	0	2	19
		Out	8	6	0	37	0	10	0	2	64	127	7	10	0	2	19
		Total	16	12	0	74	0	20	0	4	130	256	14	20	0	4	38
	PM	In	14	9	0	70	1	14	0	3	54	165	12	11	0	0	23
		Out	20	8	0	69	5	17	0	3	44	166	18	11	0	0	29
		Total	34	17	0	139	6	31	0	6	98	331	30	22	0	0	52

As summarized in **Table 4**, under the With Action condition, the Proposed Project would generate 445, 311, and 518 person trips during the weekday AM, midday, and PM peak hours, respectively. Approximately 107, 45, and 120 vehicle trips would be generated during the same peak hours. As previously described, a diversion would be created compared to existing/No Action conditions with the proposed garage exit relocation from East 66th Street to East 67th Street. The parking garage exit diversion would result in 32, 30, and 46 fewer vehicle trips during the weekday AM, midday, and PM peak hours, respectively, on East 66th Street proceeding west away from the Development Site, and the same numbers of vehicle trips added to East 67th Street proceeding west away from the Development Site. This would result in a localized traffic diversion that would reduce vehicle trips on East 66th Street at First and Second Avenues, and increase vehicle trips on East 67th Street at First and Second Avenues. There would be no change in volumes, or reassignment of the parking garage existing entering vehicle trips since the access would remain on East 66th Street between York and First Avenues and the number of parking spaces in the garage would remain constant between No Action and With Action. The net incremental trips from the comparison of the No Action to With Action development programs, excluding garage traffic diversions, are shown in **Table 5**. **Table 6** includes development program and garage traffic diversion trip increments.

Table 4
Trip Generation Summary – With Action Condition

Program	Peak Hour	In/Out	Person Trip									Vehicle Trip				
			Auto	Taxi	Ambulette	Subway	Railroad	Bus	Ferry	Walk	Total	Auto	Taxi	Ambulette	Delivery	Total
Inpatient Staff 753 Staff	AM	In	65	8	0	158	27	46	1	67	372	58	6	0	8	72
		Out	3	0	0	8	1	2	0	4	18	3	6	0	8	17
		Total	68	8	0	166	28	48	1	71	390	61	12	0	16	89
	Midday	In	0	0	0	0	0	0	0	71	71	0	0	0	7	7
		Out	0	0	0	0	0	0	0	132	132	0	0	0	7	7
		Total	0	0	0	0	0	0	0	203	203	0	0	0	14	14
	PM	In	11	1	0	26	4	8	0	11	61	10	7	0	4	21
		Out	61	8	0	150	25	44	1	63	352	54	7	0	4	65
		Total	72	9	0	176	29	52	1	74	413	64	14	0	8	86
Inpatients and Inpatient Visitors 648 Patients and Visitors	AM	In	6	2	0	4	0	3	0	4	19	4	2	0	0	6
		Out	1	0	0	0	0	0	0	0	1	1	2	0	0	3
		Total	7	2	0	4	0	3	0	4	20	5	4	0	0	9
	Midday	In	15	5	0	9	0	8	0	9	46	9	5	0	0	14
		Out	8	3	0	5	0	4	0	5	25	5	5	0	0	10
		Total	23	8	0	14	0	12	0	14	71	14	10	0	0	24
	PM	In	12	4	0	7	0	6	0	7	36	8	5	0	0	13
		Out	8	3	0	5	0	4	0	5	25	5	5	0	0	10
		Total	20	7	0	12	0	10	0	12	61	13	10	0	0	23
Ambulatory Staff 84 Staff	AM		5	1	0	13	2	4	0	5	30	4	1	0	1	6
		Out	0	0	0	0	0	0	0	0	0	0	1	0	1	2
		Total	5	1	0	13	2	4	0	5	30	4	2	0	2	8
	Midday	In	0	0	0	0	0	0	0	11	11	0	0	0	1	1
		Out	0	0	0	0	0	0	0	10	10	0	0	0	1	1
		Total	0	0	0	0	0	0	0	21	21	0	0	0	2	2
	PM	In	1	0	0	2	0	0	0	1	4	1	1	0	0	2
		Out	5	1	0	12	2	3	0	5	28	4	1	0	0	5
		Total	6	1	0	14	2	3	0	6	32	5	2	0	0	7
Ambulatory Patients/Visitors 72 Patients/Visitors	AM		3	1	0	1	0	0	0	0	5	1	0	0	0	1
		Out	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Total	3	1	0	1	0	0	0	0	5	1	0	0	0	1
	Midday	In	5	1	1	1	0	1	0	1	10	2	0	1	0	3
		Out	3	1	1	1	0	0	0	0	6	1	0	1	0	2
		Total	8	2	2	2	0	1	0	1	16	3	0	2	0	5
	PM	In	1	0	1	0	0	0	0	0	2	0	0	1	0	1
		Out	5	1	1	1	0	1	0	1	10	2	0	1	0	3
		Total	6	1	2	1	0	1	0	1	12	2	0	2	0	4
Total	AM	In	79	12	0	176	29	53	1	76	426	67	9	0	9	85
		Out	4	0	0	8	1	2	0	4	19	4	9	0	9	22
		Total	83	12	0	184	30	55	1	80	445	71	18	0	18	107
	Midday	In	20	6	1	10	0	9	0	92	138	11	5	1	8	25
		Out	11	4	1	6	0	4	0	147	173	6	5	1	8	20
		Total	31	10	2	16	0	13	0	239	311	17	10	2	16	45
	PM	In	25	5	1	35	4	14	0	19	103	19	13	1	4	37
		Out	79	13	1	168	27	52	1	74	415	65	13	1	4	83
		Total	104	18	2	203	31	66	1	93	518	84	26	2	8	120

Table 5
Trip Generation Summary – Net Incremental Trips

Program	Peak Hour	In/Out	Person Trip										Vehicle Trip				
			Auto	Taxi	Ambulette	Subway	Railroad	Bus	Ferry	Bicycle	Walk	Total	Auto	Taxi	Ambulette	Delivery	Total
Total	AM	In	59	6	0	114	23	37	1	-2	41	279	50	-4	0	7	53
		Out	-15	-13	0	-86	0	-17	0	-4	-70	-205	-12	-4	0	7	-9
		Total	44	-7	0	28	23	20	1	-6	-29	74	38	-8	0	14	44
	Midday	In	12	0	1	-27	0	-1	0	-2	26	9	4	-5	1	6	6
		Out	3	-2	1	-31	0	-6	0	-2	83	46	-1	-5	1	6	1
		Total	15	-2	2	-58	0	-7	0	-4	109	55	3	-10	2	12	7
	PM	In	11	-4	1	-35	3	0	0	-3	-35	-62	7	2	1	4	14
		Out	59	5	1	99	22	35	1	-3	30	249	47	2	1	4	54
		Total	70	1	2	64	25	35	1	-6	-5	187	54	4	2	8	68

LEVEL 1 SCREENING

Traffic

As shown in **Table 5**, the incremental trips generated by the Proposed Project would be 44, 7, and 68 vehicle trips during the weekday AM, midday, and PM peak hours, respectively, independent of the parking garage exit diversion volumes described above. The incremental vehicle trips would be greater than 50 vehicle trips during the weekday PM peak hour. The 32 and 30 vehicles per hour that would be reassigned due to the existing parking garage exit relocation combined with the 44 and 7 vehicles per hour of net trip generation increments combined have been evaluated against the street directions and using the Level 2 assessment of the PM peak hour, and would not result in 50 or more vehicles per hour at any intersections during the AM and midday peak hours. Therefore, a Level 2 screening assessment (presented in the section below) has been conducted for the weekday PM peak hour using the incremental trips generated by the project and existing parking garage exit diversion trips to determine if a quantified traffic analysis is warranted.

Transit

As shown in **Table 5**, the incremental subway trips generated by the Proposed Project would be 28, -58, and 64 person trips by subway during the weekday AM, midday, and PM peak hours, respectively. Since these increments do not exceed the *CEQR Technical Manual* analysis threshold of 200 or more peak-hour subway trips, a detailed analysis of subway facilities or line-haul conditions is not warranted, and the Proposed Project is not expected to result in any significant adverse subway impacts.

Also shown in **Table 5**, the incremental bus trips generated by the Proposed Project would be 20, -7, and 35 person trips by bus during the weekday AM, midday, and PM peak hours, respectively. These incremental bus trips would not exceed the *CEQR Technical Manual* analysis threshold of 50 or more peak-hour bus riders. Therefore, a detailed bus line-haul analysis is also not warranted, and the Proposed Project is not expected to result in any significant adverse bus line-haul impacts.

The incremental railroad trips generated by the Proposed Project would be 23, 0, and 25 trips during the weekday AM, midday, and PM peak hours. These incremental rail trips are below the *CEQR Technical Manual* analysis thresholds of 200 or more peak hour rail trips; therefore, a detailed rail analysis is not warranted, and the Proposed Project would not result in any significant adverse rail impacts.

Citywide Ferry Service

The incremental ferry trips generated by the Proposed Project would be 1, 0, and 1 trips during the weekday AM, midday, and PM peak hours. The incremental ferry trips would be below the *CEQR Technical Manual* analysis threshold of 50 or more peak hour ferry passengers. Therefore, a detailed ferry landing or line-haul analysis is not warranted, and the Proposed Project would not result in any significant adverse ferry impacts.

Pedestrians

All incremental person trips generated by the Proposed Project would traverse the pedestrian elements (i.e., sidewalks, corners, and crosswalks) surrounding the Development Site. As shown in **Table 5**, the net incremental pedestrian trips generated by the Proposed Project would be 74, 55, and 187 person trips during the weekday AM, midday, and PM peak hours, respectively. Since the incremental pedestrian trips would not exceed the *CEQR Technical Manual* analysis threshold of 200 peak hour pedestrian trips during any peak hour, a detailed pedestrian analysis is not warranted, and the Proposed Project would not result in any significant adverse pedestrian impacts.

LEVEL 2 SCREENING

As part of the Level 2 screening assessment, project generated trips were assigned to specific intersections, transit facilities, and pedestrian elements near the Development Site. The *CEQR Technical Manual* states that further quantified analyses to assess the potential impacts of the Proposed Project on the transportation system may be warranted if the trip assignments were to identify key intersections incurring 50 or more peak hour vehicle trips or pedestrian elements incurring 200 or more peak hour pedestrian trips.

SITE ACCESS AND EGRESS

For the Development Site under the With Action condition, the doors would be located on East 67th and East 66th Streets just off York Avenue and the through-block driveway. The entrance to the one-way northbound driveway would be through a new curb cut on East 66th Street and the exit would be through a new curb cut on East 67th Street. The main garage entrance for patients and visitors to the campus (with the exception of MSK Pavilion) would be on East 66th Street, similar to the No Action condition, but the exit would be relocated to East 67th Street. Patients and visitors of the MSK Pavilion would be directed to use the through-block driveway for auto, taxi, and ambulette drop-offs. Vehicles exiting the through-block driveway seeking parking would enter the garage via the new garage curb cut on East 67th Street. There would be separate entering and exiting lanes at the East 67th Street curb cut for the garage. If a patient or visitor of MSK Pavilion has parked at the garage, their outbound trip would originate within the garage since direct access between the two areas would be provided. There would be a total of four service bays (including three loading docks): three on East 67th Street, which would be accessed via two new curb cuts, and one on East 66th Street (also accessed via a new curb cut). The service bay on East 66th Street is being contemplated for either an ambulance dock for the occasional use by full-sized ambulance drop-offs or pick-ups of patients, or potentially to separate clean and soiled materials between the East 66th Street and East 67th Street service bays. The default assumption for the purpose of transportation assessments is that the service bay on East 66th Street would be used as an ambulance bay.

TRAFFIC

The most likely routes to and from the Development Site, prevailing travel patterns, commuter origin-destination (O-D) summaries from the census data, the configuration of the roadway network, and the anticipated locations of site access and egress, including the proposed relocation of the parking garage exit from East 66th Street to East 67th Street, were examined to develop trip assignment patterns. Because the on-site accessory parking spaces only serve the patients and visitors on a valet basis, auto trips generated by other uses are assumed to find parking at other available off-street parking resources in the study area. Auto trips generated by the With Action land uses that would be permitted to access the garage (inpatient and ambulatory patients and visitors, totaling 8 vehicles per hour during the weekday PM peak hour entering the garage) have been assigned to drop off patients in the through-block driveway before entering the garage on East 67th Street; those With Action autos exiting the garage on East 67th Street would not return to the through-block driveway since there would be connections to the MSK Pavilion within the garage. Taxi and ambulette trips were assigned to the through-block driveway. And delivery trips were assigned to the Development Site's loading docks via DOT-designated truck routes. Since the service bay on East 66th Street may be used as an ambulance dock, all delivery trips have been assigned to the loading dock on East 67th Street. Traffic assignments for the autos, taxis, ambulettes, and deliveries for the various development uses are discussed below.

Residential

Auto trips generated by the No Action residential use were assigned to the surrounding roadway network based on the 2012–2016 U.S. Census ACS JTW O-D estimates. Many of the residential trips would be traveling to work destinations within the local region of Manhattan (46 percent), with the remaining trips traveling to Long Island (17 percent), Upstate New York (14 percent), New Jersey (12 percent), Brooklyn (6 percent), Pennsylvania (4 percent), and Connecticut (1 percent). Auto vehicle trips were assigned to the available off-site parking garages.

Office

Auto trips generated by the No Action office uses were assigned to the surrounding roadway network based on the 2012–2016 U.S. Census ACS RJTW O-D estimates. The Auto trips would originate from New Jersey (19 percent), Queens (18 percent), Upstate New York (16 percent), Long Island (15 percent), the Bronx (10 percent), Brooklyn (9 percent), within the local region of Manhattan (7 percent), Staten Island (3 percent), Connecticut (2 percent), and Pennsylvania (1 percent) and were assigned to the off-site parking garages.

Inpatient and Ambulatory Staff

Auto trips generated by the proposed inpatient and ambulatory staff were assigned to the surrounding roadway network based on the 2012–2016 U.S. Census ACS RJTW O-D estimates. The Auto trips would originate from New Jersey (19 percent), Queens (18 percent), Upstate New York (16 percent), Long Island (15 percent), the Bronx (10 percent), Brooklyn (9 percent), within the local region of Manhattan (7 percent), Staten Island (3 percent), Connecticut (2 percent), and Pennsylvania (1 percent) and were assigned to the available off-site parking garages.

Inpatient and Ambulatory Patients and Visitors

Auto trips generated by the proposed inpatient and ambulatory patients and visitors were generally assigned from local origins within the neighborhood and adjacent residential areas. Approximately 35 percent of vehicle trips would originate from north of the site, 35 percent of vehicle trips would originate from south of the site, and 30 percent of vehicle trips would originate from west of the site. Entering auto vehicle trips were assigned to the on-site accessory parking garage entrance on East 67th Street after traversing the through-block driveway, and exiting auto vehicle trips were assigned to exit the garage onto East 67th Street.

Taxis

Taxi pick-ups and drop-offs for residential and office use under the No Action condition were assigned to the building frontages along East 67th Street and York Avenue adjacent to the building entrances. Taxi trips generated by the Proposed Project would be directed to pick up and drop off passengers along the internal through-block driveway.

Ambulettes

Ambulettes generated by the Proposed Project would be directed to pick up and drop off patients along the internal through-block driveway.

Deliveries

Truck delivery trips for the various development uses were assigned based on DOT-designated truck routes and are expected to take place at the loading dock accessed from East 67th Street.

Summary

According to the *CEQR Technical Manual*, intersections expected to incur 50 or more incremental peak hour vehicle trips as a result of a proposed project would have the potential for significant adverse traffic impacts and should be assessed in a quantified traffic impact analysis. **Figure 2** shows the No Action project-generated vehicle trips for the weekday PM peak hour assigned to the traffic network. **Figure 3** shows the Proposed Project's project-generated vehicle trips including existing parking garage exit diversions from East 66th Street to East 67th Street for the PM peak hour assigned to the traffic network. **Figure 4** shows the incremental vehicle trips for the same peak hour and includes existing parking garage exit diversions from East 66th Street to East 67th Street. As summarized in **Table 6** and shown in **Figure 4**, two intersections would incur 50 or more incremental vehicle trips because of the Proposed Project and are selected for detailed traffic analysis. Since detailed traffic analysis is warranted, assessments of parking demand and supply and street user safety within the area are also warranted and will be presented in the EIS.

1:30.24

EAST 72 STREET
EAST 71 STREET
EAST 70 STREET
EAST 69 STREET
EAST 68 STREET
EAST 67 STREET
EAST 66 STREET
EAST 65 STREET
EAST 64 STREET
EAST 63 STREET

MADISON AVENUE
PARK AVENUE
LEXINGTON AVENUE
3 AVENUE
2 AVENUE
1 AVENUE
YORK AVENUE
FDR DRIVE

N

0 400 FEET

Project Area

Development Site

Off-Site Garages

On-Site Garage/Drive Thru

MSK PAVILION

No Action Project Generated Vehicle Trips
Weekday PM Peak Hour

Figure 2

1:30.24

EAST 72 STREET
EAST 71 STREET
EAST 70 STREET
EAST 69 STREET
EAST 68 STREET
EAST 67 STREET
EAST 66 STREET
EAST 65 STREET
EAST 64 STREET
EAST 63 STREET

MADISON AVENUE
PARK AVENUE
LEXINGTON AVENUE
3 AVENUE
2 AVENUE
1 AVENUE
YORK AVENUE
FDR DRIVE

N

0 400 FEET

Project Area

Development Site

Off-Site Garages

On-Site Garage/Drive Thru

With Action Project Generated Vehicle Trips
Weekday PM Peak Hour

MSK PAVILION

Figure 3

1:30.24

EAST 72 STREET
EAST 71 STREET
EAST 70 STREET
EAST 69 STREET
EAST 68 STREET
EAST 67 STREET
EAST 66 STREET
EAST 65 STREET
EAST 64 STREET
EAST 63 STREET

MADISON AVENUE
PARK AVENUE
LEXINGTON AVENUE
3 AVENUE
2 AVENUE
1 AVENUE
YORK AVENUE
FDR DRIVE

N

0 400 FEET

Project Area

Development Site

Off-Site Garages

On-Site Garage/Drive Thru

With Action Incremental Vehicle Trips
Weekday PM Peak Hour

MSK PAVILION

Figure 4

Table 6
Traffic Level 2 Screening Analysis Results—Selected Analysis Locations

Intersection	Incremental Vehicle Trips (Weekday) PM	Selected Analysis Locations
Fifth Avenue and E 67th Street	11	
Park Avenue and E 67th Street	11	
Lexington Avenue and E 67th Street	22	
Lexington Avenue and E 63rd Street	10	
Third Avenue and E 67th Street	26	
Second Avenue and E 67th Street	52	✓
Second Avenue and E 64th Street	11	
Second Avenue and E 63rd Street	13	
First Avenue and E 72nd Street	12	
First Avenue and E 67th Street	51	✓
First Avenue and E 64th Street	12	
York Avenue and E 70th Street	12	
York Avenue and E 69th Street	12	
York Avenue and E 66th Street	25	
York Avenue and E 65th Street	14	
York Avenue and E 64th Street	20	
York Avenue and E 63rd Street	20	
FDR Drive and E 63rd Street	17	
FDR Drive and E 62nd Street	16	

Note:
✓ denotes intersection selected for the detailed traffic analysis.
Intersections with fewer than 10 Incremental Vehicle Trips are not presented in this table.

✷

APPENDIX E
AIR QUALITY METHODOLOGY MEMORANDUM

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Memorandum

To:	New York City Department of City Planning
From:	Henry Kearney, Nermeen Khan/AKRF, Inc.
Date:	Revised April 17, 2024
Re:	MSK Pavilion — Air Quality Methodology
cc:	File

The purpose of this memorandum is to describe the air quality analysis approach for the Memorial Sloan Kettering (MSK) Pavilion Environmental Impact Statement (EIS). Memorial Sloan Kettering Cancer Center (MSKCC) (the Applicant) is requesting a rezoning and other discretionary actions (the "Proposed Actions") to facilitate the construction of the Proposed Project, an approximately 903,065 gross-square-foot (gsf) building on the block bounded by York and First Avenues and East 66th and East 67th Streets, Block 1461 Lot 21 (the "Development Site"). The Development Site is located on the Upper East Side in Manhattan Community District 8. The Proposed Project, also referred to as the "MSK Pavilion", would be devoted entirely to patient care for those whose cancer treatments cannot be addressed through MSKCC's extensive network of ambulatory services on the Main Campus and neighboring and regional facilities.

The projected number of project-generated vehicle trips is not expected to exceed the 2021 *CEQR Technical Manual* carbon monoxide (CO) analysis screening threshold of 170 trips at an intersection. Therefore, no analysis of CO emissions at any intersection will be required. For particulate matter, the screening approach uses vehicle classification, and assigns these classifications to vehicle categories using a table referenced in the *CEQR Technical Manual*[1]. Based on the roadway classifications around the project site, no intersections with a project-generated increment of 50 or less vehicles would exceed the HDDV equivalents referenced in the *CEQR Technical Manual* worksheet.

Therefore, the screening procedure outlined in the *CEQR Technical Manual* will be performed at any intersection where the traffic analysis performed a Level 2 screening assessment. The PM screening is based on determining whether the projected number of vehicle trips at an intersection exceeds thresholds based on heavy-duty diesel vehicle (HDDV) equivalents. If any screening thresholds are exceeded, a microscale analysis of PM mobile source emissions would be performed at the intersection with the greatest number of project-generated vehicle trips.

[1] MOBILE6 Input Data Format Reference Tables, August 14, 2003.

The Proposed Project would not increase the number of spaces in the existing below-grade parking garage on the Development Site and under Rockefeller Research Laboratory (RRL). However, the Proposed Project would require modifications to the ground floor of RRL and the garage to create the new exit ramp to East 67th Street.

Potential air quality impacts from the garage in the Proposed Project are expected to be minimal. The Proposed Project would not require any modifications to the mechanical ventilation system, and air from the below-grade garage would continue to exhaust towards East 66th Street at the 2nd floor level. Air intakes for the MSK Pavilion would be on the mechanical levels of the proposed building, and would be located facing York Avenue, above street level. The nearest distance between the exhaust from the existing below-grade garage and air intakes at the Proposed Project would be approximately 175 feet. At this distance, any potential effects from the existing garage would be negligible. Therefore, an air quality analysis of the existing parking garage on off-site locations is not considered to be required.

The *CEQR Technical Manual* recommends analysis of projects that would result in placement of air intakes generally within 200 feet of an "atypical" source of vehicle emissions, including not at-grade sources such as multi-lane highways, or bridges. No atypical roadways were identified within the study area around the Project Site.

Accordingly, this memorandum presents a summary of the methodology and assumptions to be used for the stationary source air quality analyses of the Proposed Actions.

STATIONARY SOURCES

HEAT AND HOT WATER SYSTEMS

The Proposed Project may include natural gas-fired boilers and hot water heaters that would be designed to be used during peak demand periods to supplement electric-based equipment. In addition, one or more oil-fired generators would be installed to provide power in the event of a loss of utility electric power. Since the generators would only be used for very limited periods of time for testing outside of an actual emergency, no analysis of this equipment is considered to be necessary. Therefore, if required, the stationary analysis will be performed to evaluate potential air quality associated with the Proposed Project's supplemental heating and hot water systems only.

Dispersion Model

The analysis would be performed using the latest version of EPA's AERSCREEN model (Version 21112). The AERSCREEN model projects worst-case 1-hour average concentrations downwind from a point, area, or volume source; longer-period averages are estimated by multiplying the 1-hour results by persistence factors established by EPA or provided in the *CEQR Technical Manual*. AERSCREEN generates application-specific worst-case meteorology using representative minimum and maximum ambient air temperatures, and site-specific surface characteristics such as albedo, Bowen ratio, and surface roughness length.[2] The AERSCREEN model will be used to calculate worst-case ambient concentrations of NO_2 and $PM_{2.5}$ from the Proposed Development downwind of the stack.

The model incorporates the Plume Rise Model Enhancements (PRIME) downwash algorithm, which is designed to predict concentrations in the "cavity region" (i.e., the area around a structure which under certain conditions may affect an exhaust plume, causing a portion of the plume to become entrained in a recirculation region). AERSCREEN uses the Building Profile Input Program for PRIME (BPIPPRM) to provide a detailed analysis of downwash influences on a direction-specific basis. AERSCREEN also

2. Albedo is the fraction of the total incident solar radiation reflected by the ground surface. The Bowen ratio is the ratio of the sensible heat flux to the latent (evaporative) heat flux. The surface roughness length is related to the height of obstacles to the wind flow and represents the height at which the mean horizontal wind speed is zero based on a logarithmic profile.

incorporates AERMOD's complex terrain algorithms and utilizes the AERMAP terrain processor to account for the actual terrain in the vicinity of the source on a direction-specific basis.

The AERSCREEN model would be run both with and without the influence of building downwash, using urban diffusion coefficients that are based on a review of land-use maps of the area. Other model options will be selected based on EPA guidance.

Maximum 1-hour average NO_2 concentrations will be estimated using an NO_2 to NO_x ratio of 0.8—the recommended default ambient ratio per EPA guidance.[3]

Emission Estimates and Stack Parameters

The air quality analysis of supplemental heating and hot water systems will be based on the available design information. If design information is not available, the following assumptions will be utilized, as appropriate:

Emission Factors
Emissions factors would be obtained from the EPA *Compilation of Air Pollutant Emission Factors, AP-42, Fifth Edition, Volume I: Stationary Point and Area Sources*. $PM_{2.5}$ emissions would include both the filterable and condensable fractions.

Fuel Usage
Short-term emissions would be based on equipment design capacities, to be conservative. The analysis will be performed assuming the equipment operates during the winter months only (January, February and December) since the gas-fired equipment would only be needed during peak demand periods, or in the event of a loss of utility electric power. Annual emissions would be prorated over the 12-month year.

Stack Parameters
If design information on the supplemental heat and hot water systems' design is not available, it would be assumed that exhaust stacks would be located three feet above roof height (as per the *CEQR Technical Manual*). The exhaust velocity would be calculated based on the exhaust flowrate for the estimated boiler capacity, using the energy use of the proposed building and EPA's fuel factors. Assumptions for stack diameter and exhaust temperature for the proposed systems will be obtained from a survey of boiler exhaust data undertaken and provided by the New York City Department of Environmental Protection (DEP).

The exhaust stacks for the heat and hot water systems will be assumed to be located at the edge of the Proposed Project closest to the receptor of a similar or greater.

Receptor Placement

Receptors (locations at which concentrations are projected) generally would include operable windows in residential or other buildings, air intakes, and publicly accessible open space locations, as applicable. The nearest building of similar or greater height will be modeled, as well as more distant receptors. Closer receptors at lower heights would be modeled as well. The worst-case ground level concentration would also be evaluated.

Background Concentrations

To estimate the maximum expected pollutant concentration at a given location (receptor), the predicted impacts must be added to a background value that accounts for existing pollutant concentrations from other sources that are not directly accounted for in the model (see **Table 1**). To develop background levels, concentrations measured at the most representative ambient monitoring station operated by the New York State Department of Environmental Conservation (NYSDEC) over a three-year period (2017–2019) will be used (consistent with NYSDEC guidance). The 2020 and 2021 data would not be used due to

3. EPA. *Memorandum: Clarification on the use of AERMOD Dispersion Modeling for Demonstrating Compliance with the NO_2 National Ambient Air Quality Standard*. September 30, 2014.

uncertainties in the representativeness of background concentrations for these years due to effects of COVID-19.

Table 1
Background Pollutant Concentrations for Stationary Souce Analysis

Pollutant	Average Period	Location	Concentration (µg/m^3)	NAAQS (µg/m^3)
NO_2	Annual[1]	IS 52	32.8	100
	1-hour[2]		110.6	188
SO_2	1-hour[3]	IS 52	14.6	196
$PM_{2.5}$	24-hour	IS 45	18.3	35
	Annual		7.6	12

Notes:
[1] Annual average NO_2 background concentration is based on the three-year highest value from 2017–2019.
[2] The one-hour NO_2 background concentration is based on the maximum 98th percentile one-hour NO_2 concentration averaged over three years of data, from 2017–2019.
[3] The one-hour SO_2 background concentration is based on the maximum 99th percentile concentration averaged over three years of data, from 2017–2019.
Source: New York State Air Quality Report Ambient Air Monitoring System, NYSDEC, 2017–2019.

The $PM_{2.5}$ 24-hour average background concentration of 18.3 µg/m^3 (based on the 2017 to 2019 average of 98th percentile concentrations measured at the JHS 45 monitoring station) would be used to establish the *de minimis* value for the 24-hour increment, consistent with the guidance provided in the *CEQR Technical Manual.*

Determining the Significance of Air Quality Impacts

Predicted values would be compared with National Ambient Air Quality Standards (NAAQS) for NO_2, and SO_2, and the City's CEQR *de minimis* criteria for $PM_{2.5}$. In the event that violations of standards or criteria are predicted, a refined analysis would be performed using the EPA AERMOD dispersion model.[4] For this analysis, five recent years of meteorological data from LaGuardia Airport and concurrent upper air data from Brookhaven, New York will be utilized for the simulation program.

An air quality E-designation will also be proposed for the site, describing the fuel and/or heat and hot water system exhaust stack restrictions that would be required to avoid a significant adverse air quality impact.

LARGE OR MAJOR SOURCES

A review of NYSDEC Title V and State Facility Air permits as well as EPA's Envirofacts database was performed to identify any federal or state-permitted facilities. Existing large and major sources of emissions (i.e., sources having a Title V or State Facility Air Permit) within 1,000 feet of the development sites were surveyed. One facility with a Title V permit (Rockefeller University) and two facilities with State Facility Air Permits were identified (Memorial Sloan-Kettering Cancer Center and Weill Cornell Medical College). Therefore, an analysis of these sources will be performed to assess the potential effects of this source on the Proposed Project.

The analysis will be performed using the American Meteorological Society (AMS)/Environmental Protection Agency (EPA) Regulatory Model (AERMOD) dispersion model.[5] The AERMOD analysis of potential impacts from exhaust stacks will be performed assuming stack tip downwash, urban dispersion and

[4] EPA. AERMOD Implementation Guide. 454/B-16-013. December 2016.
EPA. AERMOD Model Formulation and Evaluation. 454/R-17-001. May 2017.
EPA. User's Guide for the AMS/EPA Regulatory Model (AERMOD). 454/B-16-011. December 2016.

surface roughness length, with and without building downwash, and elimination of calms. The AERMOD model also incorporates the algorithms from the PRIME model, which is designed to predict impacts in the "cavity region" (i.e., the area around a structure which, under certain conditions, may affect an exhaust plume, causing a portion of the plume to become entrained in a recirculation region). The Building Profile Input Program (BPIP) program for the PRIME model (BPIPRM) will be used to determine the projected building dimensions modeling with the building downwash algorithm enabled. The modeling of downwash from sources accounts for all obstructions within a radius equal to five obstruction heights of the stack.

Methodology for Estimating NO_2 Concentrations

The 1-hour average NO_2 concentration increments from the identified large and major sources will be estimated using the AERMOD model's Plume Volume Molar Ratio Method (PVMRM) module to analyze chemical transformation within the model. The PVMRM module incorporates hourly background ozone concentrations to estimate NO_x transformation within the source plume. Ozone concentrations will be taken from the NYSDEC IS 52 monitoring station that is the nearest ozone monitoring station and has complete five years of hourly data available. An initial NO_2 to NO_x ratio of 10 percent at the source exhaust stack will be assumed for boilers and 20 percent for engines, which is considered representative for these source types.

Meteorological Data

NYSDEC-supplied meteorological data processed with the AERMET Version 19191[6] processor will be used for the modeling analysis. The meteorological data set will consist of five consecutive years of meteorological data: surface data collected at LaGuardia Airport (2015–2019)[7], and concurrent upper air data collected at Brookhaven, New York. The meteorological data provide hour-by-hour wind speeds and directions, stability states, and temperature inversion elevation over the five-year period.

Receptor Placement

Discrete receptors (i.e., locations at which concentrations are calculated) will be modeled along the façades of the proposed MSK Pavilion to represent potentially sensitive locations such as intake vents and outdoor accessible spaces. Rows of receptors at spaced intervals will be analyzed at multiple elevations. Generally, receptors would be spaced at a three-meter interval vertically, while horizontally, receptor spacing would be a minimum of three meters and a maximum of five meters. Receptors will also be placed at publicly accessible ground-level locations on the Project Site (e.g., along the through-block driveway).

Determining the Significance of Air Quality Impacts

Predicted criteria pollutant concentrations will be predicted using the AERMOD model compared with NAAQS. In the event that an exceedance of a standard is predicted, potential measures to avoid air quality impacts will be investigated, and if required, an E-designation will be proposed to restrict potential receptor locations to avoid a significant adverse air quality impact.

INDUSTRIAL SOURCES

The Project Area is zoned for residential. Based on the zoning and land use characteristics of the study area, it is unlikely that any industrial sources of emissions exist that would require analysis. However, a review of DEP and NYSDEC air permits will be performed to determine whether there are any permitted industrial sources of emissions within the 400-foot study area. If any permitted industrial sources are identified, an analysis would be performed following the procedures outlined in the *CEQR Technical Manual*. The EPA's AERMOD refined dispersion model would be used to estimate the short-term and annual concentrations of

[6] NYSDEC staff communicated in an email to AKRF that it does not have plans to update meteorological data using the updated version of AERMET (currently Version 23132) and the meteorological data provided by NYSDEC and processed with earlier versions is acceptable for use with the latest AERMOD release.

[7] The 2020 and 2021 meteorological years were not used to avoid using ozone background data for these years because of uncertainties in the representativeness of background concentrations due to effects of COVID-19.

critical pollutants at sensitive receptor locations. Predicted values would be compared with the short-term guideline concentrations (SGC) and annual guideline concentrations (AGC) reported in DEC's DAR-1 AGC/SGC Tables guidance document to determine the potential for significant impacts. Potential cumulative effects of air toxic compounds would be evaluated, if required.

CHEMICAL SPILL ANALYSIS

The Proposed Project is anticipated to include wet laboratories equipped with fume hoods. Fume hoods are enclosures maintained under negative pressure and continuously vented to the outside. Their function is to protect laboratory staff from potentially harmful fumes. By providing a continuous exhaust from laboratory rooms, they also prevent any fumes released within the laboratory from escaping into other areas of the building, or through windows to the outside.

A quantitative analysis employing mathematical modeling will be performed to assess the potential effects of an accidental chemical spill in any one of the proposed laboratory fume hoods. The chemical spill analysis will follow the procedures and methodologies contained in the *CEQR Technical Manual* and examined the potential impacts on nearby buildings and places of public access, as well as potential impacts due to recirculation into air intake systems or windows of the proposed building. Maximum predicted concentrations will be compared to the short-term exposure levels (STELs) or ceiling levels recommended by the U.S. Occupational Safety and Health Administration (OSHA) for the chemicals examined.

Detailed design information for the proposed laboratory ventilation systems will be used to develop assumptions for the analysis of the potential for impacts from a chemical spill in one of the proposed laboratories.

Chemicals for Analysis

An inventory of the types and quantities of chemicals that are likely to be used in the proposed laboratories will be developed for the Proposed Project. Common buffers, salts, enzymes, nucleotides, peptides, and other biochemicals will not be considered in the analysis since they are not typically categorized as air pollutants. Chemicals will be identified for further examination based on their toxicity and vapor pressure. Vapor pressure is a measure of the material's volatility—its tendency to evaporate, or to form vapors, which is a critical parameter in determining potential impacts from chemical spills. Nonvolatile chemicals, defined as chemicals with a vapor pressure of less than 10 mm mercury (Hg), will be excluded. Exposure standards are safety- and health-based standards indicative of the chemical's toxicity—substances with higher toxicity have lower exposure standards. These include OSHA permissible exposure limit (PEL), National Institute for Occupational Safety and Health (NIOSH), immediately dangerous to life or health (IDLH), and OSHA and/or NIOSH STEL and ceiling values.

The worst-case chemical spill analysis will be performed for the chemicals with the greatest potential hazard which will be selected from the full chemical inventory based on relative exposure thresholds and vapor pressures. Chemicals with high vapor pressures are most likely to have high evaporation rates. Since the chemicals selected for detailed analysis are most likely to have the highest emissions rates and the lowest exposure standards, if the analysis of these chemicals results in no significant impacts, it would indicate that the other chemicals in the inventory would also not present a potential for significant impacts.

Estimates of Worst-Case Emission Rates

The dispersion of chemicals from a spill within the proposed laboratories will be analyzed to assess the potential for exposure of the general public and of staff within the proposed laboratory building to hazardous fumes in the event of an accidental release. Evaporation rates for volatile chemicals expected to be used in the proposed laboratories will be estimated using the model developed by the Shell Development Company.[8]

[8] Fleischer, M.T. *An Evaporation/Air Dispersion Model for Chemical Spills on Land*, Shell Development Company, December 1980.

The Shell model, which was developed specifically to assess air quality impacts from chemical spills, calculates evaporation rates based on physical properties of the chemical, temperature, and rate of air flow over the spill surface. Room temperature conditions (20° C) and an air flow rate of 0.5 meters/second will be assumed for calculating evaporation rates.

The analysis will assume that a chemical spill in a fume hood would extend to an area of 12 square feet (approximately 1.11 square meters) unless specific design information is available. The emission rates will be determined using the evaporation rates and assuming this maximum spill area.

Dispersion Modeling

Recirculation in MSK Pavilion Intakes

The potential for recirculation of the fume hood emissions back into the proposed building air intakes will be assessed using the Wilson method.[9] This empirical procedure, which has been verified by both wind-tunnel and full-scale testing, is a refinement of the 1981 ASHRAE Handbook procedure, and takes into account such factors as plume momentum, stack-tip downwash, and cavity recirculation effects. The procedure determines the worst-case, absolute minimum dilution between exhaust vent and air intake. Three separate effects determine the eventual dilution: internal system dilution, obtained by combining exhaust streams (i.e., mixing in plenum chambers of multiple exhaust streams, and introducing fresh air supplied from roof intakes); wind dilution, dependent on the distance from vent to intake and the exit velocity; and dilution from the stack, caused by stack height and plume rise from vertical exhaust velocity. The critical wind speed for worst-case dilution is dependent on the exit velocity, the distance from vent to intake, and the cross-sectional area of the exhaust stack.

Dispersion in the Surrounding Area

Dispersion modeling in the surrounding area will be modeled using the AERMOD methodology described above. Discrete receptors (i.e., locations at which concentrations are calculated) will be placed on nearby buildings. The model receptor network will consist of locations along the facades and roof of the buildings, at operable windows, intake vents, and otherwise accessible locations.

The power law relationship will be used to convert the calculated 1-hour average maximum concentrations to short-term 15-minute averages.

Determining the Significance of Air Quality Impacts

The 15-minute average concentrations will be compared to the STELs for the chemicals examined or, if the STEL is not established for the chemical, to the OSHA ceiling level. In the event that an exceedance of a standard is predicted, potential measures to avoid air quality impacts will be investigated, and if required, an E-designation will be proposed to restrict potential receptor locations to avoid a significant adverse air quality impact.

[9] D.J. Wilson. *A Design Procedure for Estimating Air Intake Contamination from Nearby Exhaust Vents*, ASHRAE TRAS 89, Part 2A, pp. 136-152, 1983.

APPENDIX F
NOISE METHODOLOGY MEMORANDUM

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Memorandum

To:	New York City Department of City Planning
From:	AKRF, Inc.
Date:	Revised March 15, 2023
Re:	MSK Pavilion Noise Methodology Approach
cc:	Project Team

This memorandum presents a summary of the methodology and assumptions to be used for the operational noise analysis for the proposed Memorial Sloan Kettering (MSK) Pavilion project (the Proposed Project) located on 1233 York Avenue in Manhattan (Block 1461, Lot 21, the Development Site).

PROJECT DESCRIPTION

The Development Site is occupied by two adjoining buildings that occupy the entire frontage of the east side of York Avenue between East 66th and East 67th Streets. Both buildings are owned and occupied by Memorial Sloan Kettering Cancer Center (MSKCC) (the Applicant) and provide contract housing to its professional staff and students along with administrative space on lower floors.

In the future with the Proposed Actions (With Action condition), the Proposed Project would replace the existing Scholars and Sloan Residences buildings on Lot 21 with a new 31-story, approximately 901,193-gsf primarily inpatient hospital building for MSKCC's exclusive use.

A 263-space below-grade parking garage connects the Scholars and Sloan buildings to the adjacent Rockefeller Research Labs (RRL, Lot 13), also owned by the Applicant but not part of the Development Site. RRL would remain on the adjacent Lot 13 and a small portion of Lot 21 and there would be no redevelopment on that site other than modifications to the ground floor and below-grade garage, which would also provide a new connection to the MSK Pavilion and an exit onto East 67th Street.

The analysis year is 2030.

GENERAL NOISE ANALYSIS METHODOLOGY

This memorandum presents a summary of the proposed approach to the noise analysis for the Proposed Actions. Specifically, the proposed methodology includes the following:

- Selection of noise receptor locations;
- Establishment of existing ambient noise levels and traffic volumes and vehicle classifications;

- Determination of noise levels in the future with the Proposed Actions based on expected future changes in vehicular traffic volumes;
- Determination of whether there are any locations where there is the potential for the Proposed Actions to result in significant adverse noise impacts (i.e., doubling Noise Passenger Car Equivalents [PCEs]);
- Calculation of total future noise levels; and
- Determination of minimum necessary levels of building attenuation to provide acceptable interior noise levels at the development sites under guidelines contained in the 2021 *New York City Environmental Quality Review* (*CEQR) Technical Manual*.

SELECTION OF NOISE RECEPTOR LOCATIONS

As the first step in this process, a field visit was performed to identify potential noise receptor locations. According to AKRF's field observations, vehicular traffic, including buses, is the dominant noise source throughout the study area, although stationary sources (e.g., building HVAC equipment) contribute to existing noise levels.

A total of three receptor sites were selected for the noise analysis in the Project Area. The proposed noise receptor locations were selected based on the location of the project site and existing neighborhood characteristics (e.g., along major road corridors, bus routes, etc.).

NOISE MONITORING

AKRF plans to conduct a noise survey to measure existing noise levels at three locations in the project area. Traffic counts will be conducted for the roadway immediately adjacent to each receptor site during each noise level measurement. The noise receptor sites are shown in **Figure 1** and described in **Table 1**.

Table 1
Proposed Noise Measurement Locations

Site	Location
1	East 67th Street between York Avenue and First Avenue
2	York Avenue between East 66th and East 67th Streets
3	East 66th Street between York Avenue and First Avenue

At all receptor sites, 20-minute spot noise measurements will be conducted during the typical weekday AM (7:00 AM–9:00 AM), midday (12:00 PM–2:00 PM), pre-PM (2:30 PM – 4:00 PM), and PM (4:00 PM–6:00 PM) peak periods, approximately 5 feet above grade. Measurements will be performed according to noise measurement guidance contained in the *CEQR Technical Manual*. Weekday noise level measurements will only be collected between Tuesday and Thursday. Where feasible, traffic volumes on the adjacent roadway will be counted during the noise level measurements, and the resultant traffic counts will be converted to Noise PCEs and compared to existing condition traffic levels from the Transportation analysis to identify potential atypical conditions during data collection.

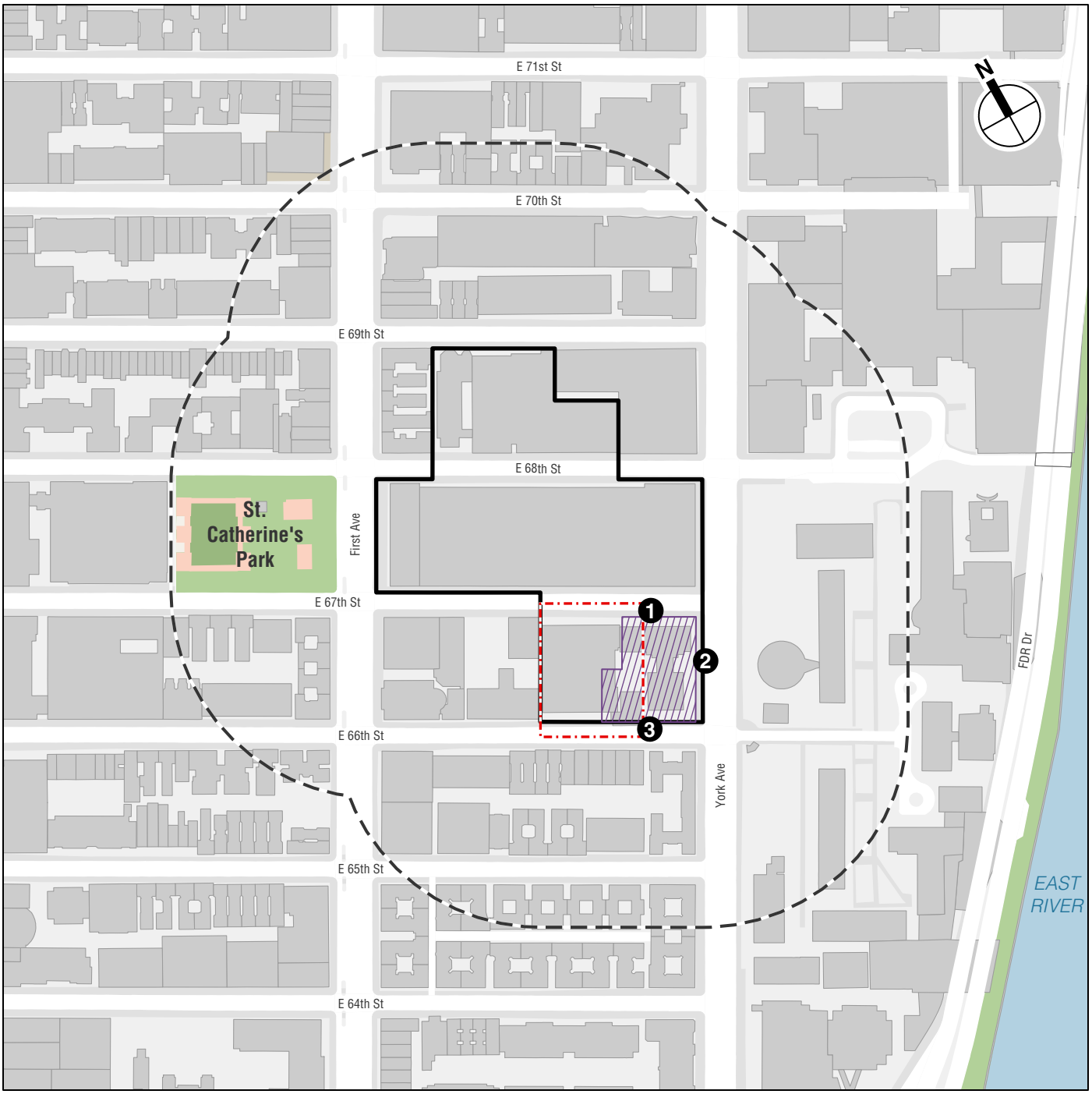
Measurements will be performed using Class 1 Sound Level Meter (SLM) instruments according to ANSI Standard S1.4-2014. The SLMs will have laboratory calibration dates within one year of the date of the measurements. All measurement procedures will be based on the guidelines outlined in ANSI Standard S1.13-2005.

As the project site is not within an existing 65 dBA DNL contour of an airport, it is not expected that aircraft noise will contribute substantially to the existing noise levels, and no adjustments to measured nose levels will be made to account for aircraft contributions.

NOISE PREDICTION METHODOLOGY

Future noise levels (including in the future without the Proposed Actions and the future with the Proposed Actions) will be estimated using a proportional modeling technique. The proportional modeling technique is an analysis methodology recommended in the *CEQR Technical Manual*. The selected time periods are

12.15.22



Development Site

Proposed Rezoning Area

Project Area (LSCFD Boundary)

400-foot perimeter

1 *Noise Receptor*

0 200 FEET

Noise Receptor Locations

MSK PAVILION

Figure 1

when the Proposed Actions would be expected to result in the maximum traffic generation, and therefore result in the maximum potential for noise level increases.

PROPORTIONAL MODELING

Using the proportional modeling technique, the prediction of future noise levels where traffic is the dominant noise source is based on a calculation using existing noise levels and predicted changes in traffic volumes to determine No Action condition and With Action condition noise levels. Vehicular traffic volumes are converted into Noise Passenger Car Equivalent (Noise PCE) values, for which one medium-duty truck (having a gross weight between 9,900 and 26,400 pounds) is assumed to generate the noise equivalent of 13 cars, and one heavy-duty truck (having a gross weight of more than 26,400 pounds) is assumed to generate the noise equivalent of 47 cars, and one bus (vehicles designed to carry more than nine passengers) is assumed to generate the noise equivalent of 18 cars. Future noise levels are calculated using the following equation:

$F\ NL - E\ NL = 10 * \log_{10} (F\ PCE / E\ PCE)$

where:

F NL = Future Noise Level

E NL = Existing Noise Level

F PCE = Future Noise PCEs

E PCE = Existing Noise PCEs

Sound levels are measured in decibels and therefore increase logarithmically with sound source strength. In this case, the sound source is traffic volumes measured in Noise PCEs. For example, assume that traffic is the dominant noise source at a particular location. If the existing traffic volume on a street is 100 PCE and if the future traffic volume were increased by 50 PCE to a total of 150 PCE, the noise level would increase by 1.8 dBA. Similarly, if the future traffic were increased by 100 PCE, or doubled to a total of 200 PCE, the noise level would increase by 3.0 dBA.

FAÇADE NOISE ATTENUATION REQUIREMENTS

As shown in **Table 2**, the *CEQR Technical Manual* has set noise attenuation quantities for buildings based on exterior $L_{10(1)}$, L_{dn}, and DNL noise levels to maintain acceptable interior noise levels. Since vehicular traffic is the dominant source of noise at the project site, the acceptable interior noise level thresholds for the EIS noise analysis will be 45 dBA or lower for community facility areas, and 50 dBA for commercial office uses.

Table 2
Required Attenuation Values to Achieve Acceptable Interior Noise Levels

	Marginally Unacceptable				Clearly Unacceptable
Vehicular Traffic	$70 < L_{10} \leq 73$	$73 < L_{10} \leq 76$	$76 < L_{10} \leq 78$	$78 < L_{10} \leq 80$	$80 < L_{10}$
Aircraft[A]	$65 < DNL \leq 68$	$68 < DNL \leq 71$	$71 < DNL \leq 73$	$73 < DNL \leq 75$	$75 < DNL$
Train	$65 < L_{dn} \leq 68$	$68 < L_{dn} \leq 71$	$71 < L_{dn} \leq 73$	$73 < L_{dn} \leq 75$	$75 < L_{dn}$
Attenuation[B]	(I) 28 dBA	(II) 31 dBA	(III) 33 dBA	(IV) 35 dBA	See note [C]

Notes:
[A] DNL descriptor based on average values of L_{dn} over a year period.
[B] The above composite window-wall attenuation values are for residential dwellings and community facility development. Commercial office spaces and meeting rooms would be 5 dBA less in each category. All the above categories require a closed window situation and hence an alternate means of ventilation.
[C] The required attenuation value is the difference between L_{build} and $L_{interior}$, using the appropriate noise descriptor
Where:
L_{build} is the projected noise level under the build condition rounded up to the whole number
$L_{interior}$ is the designed interior noise level (45 dBA for vehicular noise, 40 dBA for aircraft and train noise)
Source: New York City Department of Environmental Protection.

Minimum façade noise attenuation ratings required to maintain acceptable interior noise levels will be established based on projected noise levels in the future with the Proposed Actions as described above and shown in **Table 2**. Specifically, the future $L_{10(1)}$ noise levels will be used to determine minimum building façade attenuation required to maintain interior noise levels of 45 dBA or lower for community facility areas, and 50 dBA for commercial office uses at the project site.