

8. How has your facility evaluated the need for this project within the community that you serve?

This is a replacement of a wireless phones.

9. Are the medical services created by this project already available in the community that your facility serves?

This project is not creating new medical services, it is a replacement.

Public Notice and Comment


1. Provide a link to the webpage where public notice of the capital project was posted. If your facility does not maintain a webpage provide the name of the newspaper where the public notice was made and date of publication. Attach additional pages if needed.

<http://www.salemhealth.org/about/replacementphones>

2. Describe your facility’s method of collecting and reviewing public comments on the capital project. Attach additional pages if needed.

Salem Hospital is governed by a Board of Directors who considers community comments in their decision



Signature:*	
Date:	3-30-26

**Entry of name connotes signature*

Please **email** the completed form to HDD.Admin@dhsaha.state.or.us

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