

**JOHNS HOPKINS HOWARD COUNTY GENERAL HOSPITAL  
PROJECT FUNDING REQUEST**

Date:  
To: Approval Signatures Below  
(As Indicated)

Project Name:  
Project Number:  
Project Manager:

Department:  
Administrator:  
Customer Contact:

Telephone:  
Telephone:

Fax:  
Fax:

**FUNDING INFORMATION: *Indicate One:***

A: Capital Budget Book Year: FY Amount: \$ Page:  
B: Expense Cost Center

**Action Required**

Existing Project Funding Amount \$  
Add to Project Funding Amount \$  
Reduce funding from other source Amount \$  
**New Revised TOTAL Project Funding Amount \$**

***This request will materially change the cash flow projections for the current fiscal year.***

Comments:

**PROJECT HISTORY-attach details/estimates; restate all data**

Project Description:

Stage	Date	Amount	Comments
Conceptual		\$	
Schematic		\$	
Design Development		\$	
Final		\$	
Previous Modification		\$	
This Modification		\$	
Revised Final		\$	

**Approval Signatures**

\_\_\_\_\_  
**Project Manager Approval** **Date**

\_\_\_\_\_  
**Director of Finance and Decision Support Approval** **Date**

Reviewed by _____	Reviewed by _____	Sent to Finance _____
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***faSSC USE ONLY***

Document # \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_