Date:  
To: Approval Signatures Below  
(As Indicated)  

JOHNS HOPKINS HOWARD COUNTY GENERAL HOSPITAL  
PROJECT FUNDING REQUEST

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:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Date</th>
<th>Amount</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conceptual</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Schematic</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Design Development</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Final</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Previous Modification</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>This Modification</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Revised Final</td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Approval Signatures

☐ Project Manager Approval Date  
☐ Director of Finance and Decision Support Approval Date  

Reviewed by ____________ Reviewed by ____________ Sent to Finance ____________

faSSC USE ONLY

Document #_________________________ Initials_________________ Date_________________