

## KGHPS FACILITY ENGAGEMENT FUNDING REQUEST FOR ADDITIONAL FUNDS FOR ACTIVE PROJECT

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| <b>Name of Project Lead(s):</b>  |
| <b>Name of Project and Completion Date:</b>  |
| <b>Contact Email Address(es)</b>   |
| <b>Contact Telephone Number(s)</b>   |
| <b>Amount of Originally Approved Funds</b>   |
| <b>*Amount of Additional Funds Requested (from Budget)</b>   |
| <b>Contact Email Address(es)</b>   |
| <b>Contact Telephone Number(s)</b>   |
| <b>Purpose for Increase in funding:</b>  |
| <b>*Budget for Additional Fund Requested</b>   |
| <b>Physician Expenses</b>  |
| Sessionals<br>(\$171.05 x hours)   |
| Meals<br>Maximum of \$40.00 per person (including gratuities, taxes, and service fees). Alcohol cannot be funded.  |
| <b>Project Support (complete where applicable)</b>   |
| Project Management<br><i>(Rate x hours)</i>  |
| Administrative Support<br><i>(Rate x hours)</i>  |
| Monitoring and Evaluation<br><i>(e.g., hiring a consultant to evaluate the success of the engagement activity)</i> |
| Other costs<br><i>(e.g., travel, consultants)</i>  |
| <b>Total Requested</b>   |

**Additional comments if necessary:**

**Submitted by:**

**Date:**