



**Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development**

Project Number:

Project Type:

Parent Project Number:

Facility: -

Project Description:

Primary Professional:

Primary Contact:

<i>Cost Type</i>	<i>Cost Date</i>	<i>Construction Cost</i>	<i>Fixed Equipment Costs</i>	<i>Total Cost</i>	<i>Cost of Imaging</i>	<i>Reason</i>
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Enclosures:

<i># of Copies</i>	<i>Enclosure Type</i>	<i>Description</i>	<i>Date Sent</i>	<i>Method of Transmittal</i>	<i>Courier Name</i>	<i>Backcheck</i>	<i>Attached</i>
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Please include this Project Application Summary form with your construction documents when submitting to OSHPD. This Project Application Summary form replaces the paper application; it is not necessary to include the paper application when project applications are created using eClient Access.
