

CAPITAL REQUEST PITCH FORM FY2021

OVERVIEW

Proposal Name: _____

Dept.: _____

Lead: _____

CLASSIFICATION

<input type="checkbox"/> Construction	<input type="checkbox"/> Equipment
<input type="checkbox"/> Info. Systems/ Tech.	<input type="checkbox"/> Radiology

PRIORITY

<input type="checkbox"/> Strategic Growth	<input type="checkbox"/> Replacement
<input type="checkbox"/> Life Safety & Regulatory*	<input type="checkbox"/> General

* Completion of this form is not necessary for life safety & regulatory items as these items are being separately evaluated

REQUIRED SUPPORT

Select all as applicable.

- Clinical Engineering
- Hospital Support Services
- Information Systems
- Purchasing
- Legal
- Finance

PROPOSAL DESCRIPTION *Please describe the proposal, its purpose, its benefits, and its necessity to UH.*

FINANCE

Does this proposal meet the \$500K threshold? Yes No

Is this proposal revenue accretive? Yes No

Does this proposal have a business plan? Yes No

Does this proposal have supplemental funding? Yes No

Please estimate in \$000s

	YR0	YR1	YR2	YR3
High-level cost est.				
High-level incremental revenue est.				

Payback Period (years): _____

Please briefly describe any dependencies required to execute this initiative.

STRATEGIC FIT

Select as applicable.

- Aligned with UH Strategic Plan
- Enables Differentiated Service(s)

Please briefly describe areas of alignment with the UH Strategic Plan.