

# JHHS CONSULTING SERVICES JUSTIFICATION

Requesting Affiliate: \_\_\_\_\_  
Requesting Dept.: \_\_\_\_\_  
Requestor Name: \_\_\_\_\_

Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Requestor Phone: \_\_\_\_\_  
Requestor Title: \_\_\_\_\_

**ATTACH ADDITIONAL PAGES AS REQUIRED.**

## **I. REQUESTED SERVICES**

A. DESCRIBE PROJECT OBJECTIVE: \_\_\_\_\_  
\_\_\_\_\_

B. PLANNED START DATE: \_\_\_\_\_ PLANNED END DATE: \_\_\_\_\_

C. ATTACH COST/BENEFIT ANALYSIS (IF APPLICABLE).

## **II. INTERNAL RESOURCES AVAILABILITY**

A. DEPARTMENTS/FUNCTIONAL UNITS CONTACTED AND OUTCOME : \_\_\_\_\_  
\_\_\_\_\_

## **III. CONSULTANTS SELECTED**

A. CONSULTANT (Legal Name) : \_\_\_\_\_

B. PERSONS ASSIGNED: \_\_\_\_\_

C. REASONS FOR SELECTION: \_\_\_\_\_  
\_\_\_\_\_

## **IV. COST INFORMATION**

A. PROJECTED TOTAL COST: \_\_\_\_\_

B. FUNDING SOURCE : \_\_\_\_\_

## **DEPARTMENTAL APPROVAL**

\_\_\_\_\_  
Dept. Administrator/Manager Date

\_\_\_\_\_  
Area Vice President Date

**COPIES TO BE ATTACHED TO CONSULTING AGREEMENT AND RETAINED BY AREA VP AND CORPORATE LEGAL DEPARTMENT.**