|  |  |  |  |
| --- | --- | --- | --- |
| **SHIP Grant FY** |  | **Funding Amount** |  |
| **Contributing Hospital** |  | **Contact Person** |  |
| **Selected Category** |  | | |

**Shared/Consortium/Network Hospital SHIP Funds**

**Network Decision Tree**

|  |  |  |  |
| --- | --- | --- | --- |
| **Training** |  | | |
| **Dates** |  | **Cost** |  |
| **Agenda/Details** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Funding Allocation** |  | **Cost** |  |
| **Cost Breakdown/Details** |  | | |