



High Cost Request

09/2019

Client Name _____ Case # _____

Team Member making request _____

Accounting Associate _____

Office Director _____

What will be funded with this request?

Did you get the required cost estimate? (\$2,000-\$4,900 requires 2 estimates; \$5,000 and above requires 3 estimates) Yes_____ No_____

TOTAL EXPENSES \$_____

CLIENT CONTRIBUTION _____ \$_____

COMPARABLE BENEFITS _____ \$_____

HCF REQUEST (Total minus client contribution and comparable benefits) \$_____

Exceptions

Do you also need a cost exception to Rule 72? Yes_____ No_____

Include the following attachments, as appropriate:

- Self Employment—Business Plan
- ATP Report
- AgrAbility Report
- Viability of Business Report

Email request to Angela Fujan, Program Director-Counseling