## CHART Phase 2 requires that hospitals name key personnel for purposes of Phase 2 implementation. Hospitals must use this form to request a modification for a Clinical Investment Director (CID), Operational Investment Director (OID), or Financial Designee (FD), or notify the HPC of a change to a Project Manager (PM).

Requestors must save the completed form using the following naming convention: *yyyymmdd* – CHART Phase 2 Key Personnel Modifications – *AwardName*.docx. (For example, 20151201 – CHART Phase 2 Key Personnel Modifications - Acme Hospital.docx) Return the completed form to HPC-CHART@state.ma.us; include a resume as an attachment for any CID/OID modification requests. **Submit only the Word version of the form; do not submit a pdf or scanned copy.**

The HPC will contact requestors with additional questions if necessary. Email notice regarding disposition of request will be sent to Contractor’s Investment Director(s) and Project Manager via email. If applicable, the HPC will send updated Implementation Plan documents to Investment Director(s) and Project Manager.

## Request

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| 1. **Hospital name(s):**

Click here to enter text. |
| 1. **Award type:**

[ ]  Hospital-specific award[ ]  Joint Award |
| 1. **Name, email, and phone number of person completing this form:**

Click here to enter text. |
| 1. **Check the relevant role(s) being changed (***select all that apply)* **and complete the fields below:**

[ ]  CID[ ]  OID[ ]  FD[ ]  PM[ ]  A resume is required for CID / OID modifications; if applicable, check indicating a resume is included[ ]  A budget modification must be submitted for all roles that appear in the budget; if applicable, check indicating a [Budget Modification form](http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/chart/chart-phase-2-budget-modifications.docx) [docx] is also included* 1. Name: Click here to enter text.
	2. Title: Click here to enter text.
	3. Email address: Click here to enter text.
	4. Phone #: Click here to enter text.
	5. Assistant’s name, if applicable: Click here to enter text.
	6. Assistant’s email address, if applicable: Click here to enter text.

Briefly describe the rationale for the Key Personnel modification: Click here to enter text. |
| 1. *(Optional)* **Provide anything additional the HPC should consider in reviewing the modification:**

Click here to enter text. |