

Healthcare Facility Lighting Upgrade Proposal

Facility Information

Facility Name	
Address	
Date	
Contact Person	

Current Lighting Assessment

Area/Room	Existing Fixture Type	Quantity	Power (W)	Comments

Proposed Lighting Solution

Area/Room	Proposed Fixture Type	Quantity	Power (W)	Estimated Savings

Estimated Project Costs

Description	Amount
Equipment & Materials	
Installation	
Other (specify)	
Total	

Benefits & Justification

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Project Timeline

Milestone	Date/Duration

Approvals

Name	Title	Signature	Date

