

**VERMONT AGENCY OF HUMAN SERVICES  
DEPARTMENT OF HEALTH AND  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

**CERTIFICATE OF APPROVAL APPLICATION  
COVER PAGE**

Applicant: **HowardCenter, Inc.**

Project Title: **Electronic Health Record**

Principal Contact: **Charles H. Stringer, Director of Finance**

Address: **208 Flynn Avenue, Suite 3J, Burlington**  
(street) (town/city)

**Vermont 05401 802-488-6905**  
(state) (zip code) (telephone number)

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**PROJECT TYPE & AMOUNT**

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- Capital expenditure exceeding \$1,500,000 for construction, development, purchase or long-term lease of property or existing structure
- Purchase of a technology, technology upgrade, other equipment or a renovation with a cost exceeding \$1,000,000**
- The offering of a health care service having a projected annual operating expense that exceeds \$500,000 for either of the next two budgeted fiscal years if the service was not offered by the health care facility within the previous three fiscal years.

- A. Proposed Capital Expenditure (Total Table 1) **\$ 1,708,016**
- B. Proposed Lease Amount (payment times term) \$ N/A I certify to the best of my knowledge and belief, that the information in this application is true and correct and that this application has been duly authorized by the governing body of the applicant.

CERTIFYING OFFICIAL: **Charles H. Stringer, Director of Finance**  
(Name and Title)

SIGNATURE: \_\_\_\_\_

DATE: February 15, 2008