Connecticut Office of Rural Health (CT-ORH) Funding Request Application

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Name of Organization:							
Federal Employee Identification Number (FEIN)							
Address:							
City/Town:	_ State: Zip Code:						
Day time phone:	Fax:						
Amount of funding requested:							
Funding request initiative:							
Contact person responsible for project/program:							
Day time phone:	time phone: Hours to be reached:						
Email address:							
Date application submitted:							
Signature:							
To be completed by the CT Office of Rural Health							
Date application received:							
Date application reviewed:	Reviewers Initials						
Meets CT–ORH definition of rural:							
Comments:							
Project funded: Amount:	Funding source: CT-ORH						
Project unfunded:							
Comments regarding unfunded decision:							

1. Please provide a brief description of your organization, and service area.

2. Describe the proposed initiative with clear, concise, measurable goals and objectives with an appropriate timeline. Provide the name, role and responsibility of those involved with the initiative.

3. Describe who and how the initiative will be evaluated. Please address the initiative's impact on current or future quality rural health care.

4. Complete the budget form provided on the following page.

Budget Form

Category	Amount			
Personnel/Salary				
Travel				
Iravei				
Supplies - list				
Contractual Fees				
Contractual rees				
Other Expenses				
In-kind Funds				
Other Funding- list sources & amounts				
Total amount of funds request from the CT Office of Rural Health: \$				