

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

**Application Face Sheet**

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: \_\_\_\_\_ 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**

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