

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: _____

Budget Form

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