

**CT Office of Rural Health  
Funding Request Application Face Page  
2009 - 2010**

Name of Organization: \_\_\_\_\_

Federal Employee Identification Number (FEIN) \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day time phone: \_\_\_\_\_ Hours to be reached: \_\_\_\_\_

Total amount of funding requested: \_\_\_\_\_

Contact person responsible for project/program: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Fax number: \_\_\_\_\_

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant. **(Please sign and mail the original Face Page to the CT Office of Rural Health)**

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

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- The applicant agency is the agency or organization which is legally and financially responsible and accountable for the use and disposition of any awarded funds.
  - Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
  - Principal contact person for the application (person responsible for developing application)

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.