### GEORGIA DEPARTMENT OF COMMUNITY HEALTH

### STATE OFFICE OF RURAL HEALTH

**DCH GRANT APPLICATION FORM APPENDIX A**

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| **GEORGIA DEPARTMENT OF COMMUNITY HEALTH STATE OFFICE OF RURAL HEALTH****DCH GRANT APPLICATION FORM****Please provide complete contact information for a minimum of three (3) officers within the organization.****Mailing Address MAY NOT be a post office box.** |
| **Name of Grant:**  |
| **APPLICANT ORGANIZATION:** |
| **Legal Name:** |
| **Address:** |
| **City:** | **State:** | **ZIP Code:** |
| **Phone:** | **Fax:** | **E-mail:** |
| **Federal ID Number:** | **State Tax ID Number** |
| **DIRECTOR OF APPLICANT ORGANIZATION** |
| **Name/Title** |
| **Address:** |
| **City:** | **State:** | **ZIP Code:** |
| **Phone:** | **Fax:** | **E-mail:** |
| **FISCAL MANAGEMENT OFFICER OF APPLICANT ORGANIZATION** |
| **Name/Title** |
| **Address:** |
| **City:** | **State:** | **ZIP Code:** |
| **Phone:** | **Fax:** | **E-mail:** |
| **OPERATING ORGANIZATION** (If Different from Applicant’s Organization) |
| **Name/Title:** |
| **Address:** |
| **City:** | **State:** | **ZIP Code:** |
| **Phone:** | **Fax:** | **E-mail:** |
| **CONTACT PERSON FOR OPERATING ORGANIZATION** (If Different from Director of Applicant's Organization) |
| **Name/Title:** |
| **Address:** |
| **City:** | **State:** | **ZIP Code:** |
| **Phone:** | **Fax:** | **E-mail:** |
| **CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION** (If Different from Contact Person for Operating Organization) |
| **Name/Title:** |
| **Address:** |
| **City:** | **State:** | **ZIP Code:** |
| **Phone:** | **Fax:** | **E-mail:** |

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| **GEORGIA DEPARTMENT OF COMMUNITY HEALTH STATE OFFICE OF RURAL HEALTH****DCH GRANT APPLICATION FORM*****Please provide complete contact information of three (3) officers within the organization. Mailing address MAY NOT be a post office box.*** |
| **Amount Requested:** | **Type of Organization:**  |
| **I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE SUBMITTED THIS APPLICATION ON BEHALF OF THE APPLICANT’S ORGANIZATION.** |
| **SIGNATURE:** | **TITLE:** | **DATE:** |
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