### 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:** |
| **ADDITIONAL OFFICER OF APPLICANT 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 Additional Officer) | | | |
| **Name/Title:** | | | |
| **Address:** | | | |
| **City:** | **State:** | | **ZIP Code:** |
| **Phone:** | **Fax:** | | **E-mail:** |

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH STATE OFFICE OF RURAL HEALTH**

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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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