

# RURAL HEALTH SEED GRANT APPLICATION

Date: \_\_\_\_\_  
Member Organization Name: \_\_\_\_\_ Member:  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ CO Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a brief description of the proposed project or activity the funds will be used for. Is this project for the organization or for the community?

Amount Requested: \$ \_\_\_\_\_ Total Cost of the Project: \$ \_\_\_\_\_

Where will the remaining funds come from?

Who will the proposed project benefit and how will it be beneficial?

## CRHC USE ONLY

MEMBER

RURAL

ELIGIBLE

Grant ID: \_\_\_\_\_ Date Rcd: \_\_\_\_\_ Approved Date: \_\_\_\_\_

Approved  Denied

Signature Date: \_\_\_\_\_

Support Docs Rcd

Check Request: \_\_\_\_\_ Check Sent: \_\_\_\_\_

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 **COLORADO  
RURAL HEALTH  
CENTER**

*The State Office of Rural Health*