



Jim Justice
Governor of West Virginia

RURAL HOSPITAL GRANT PROGRAM APPLICATION

A. Applicant Information

Rural Hospital: _____

Contact: _____ Title: _____

Address: _____

Phone: _____ Email: _____

B. Project Information: *Requested funding must be used for capital improvement projects. See Rural Hospital Grant Program Policies and Procedures for how grant funding can be used.*

Project Name: _____

Project Location: _____

Project Location Address: _____

County where the project is located: _____

Amount of Funding Requested: _____

Have any State Agencies been contacted to discuss potential funding available for this project? (*example, WV Department of Energy, WV Department of Environmental Protection*)

Have any federal funding agencies been contacted to inquire about possible federal funding for this project? If so, please provide a list of those federal funding agencies.



Jim Justice
Governor of West Virginia

D. Project Costs:

Provide a breakdown of project costs, including A. Professional Design Fees, B. Construction Costs, C. Equipment Costs, and D. Other miscellaneous costs (legal fees, permitting, etc.)

ITEM	AMOUNT	COMMENTS
A. Professional Design Fees	\$	
B. Construction Costs	\$	
C. Equipment Costs	\$	
D. Other Miscellaneous Costs (legal fees, permitting, etc.)	\$	
TOTAL	\$	

E. Additional Sources of Funds:

Provide details on additional capital sources obtained or applied for the project.

A letter of commitment from each funding source must be provided with this worksheet.

SOURCE	AMOUNT	STATUS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	

Signature of Authorized Organization - Representative Verifying Accuracy of Information

Signature

Date

Printed Name

Title