

Western Colorado Health Fund Application

Improving Health Care in Small Rural Communities

Application Deadline: September 15

- Organization: *

- Executive Director First and Last Name: *

- Email Address: *

- Phone Number (xxx-xxx-xxxx): *

Area Code Phone Number

- Mailing Address: *

- City: *

- Zip: *

- Mission: *

- 501 (C) (3) Number: *

- CO SOS Registration: *

- Geographic Area Served: *

Drop down: Check all that apply: Delta, Eagle, Garfield, Mesa, Montrose, Ouray, Rio Blanco

- Population Served: *

Drop down: Check all that apply: Seniors, Children, Families, Community

- Projected Budget for the Project *

- **The following response should be limited to 200 words.**
- Briefly describe your project and how funding will address issues of access to healthcare and improve healthcare to small, rural communities. *

- What other funding sources are you applying for? *

- List of current board members *

- Total Amount of Funding you are seeking from the Western Colorado Health Fund: *

- Additional comments: *

- Submitted by: *

- Title: *

- **Please click the "Submit Form" button below.** You will then be redirected to the Western Colorado Community Foundation's home page and will soon receive an automatic email confirmation of your submission.

- [Submit Form](#)

