

FORM A

Arkansas Department of Health
Procurement Branch
Attention: Tim Smith CPPB
4815 West Markham, Slot 58
Little Rock, Arkansas 72205-3867

**Grant Application Cover Sheet
RURAL HEALTH SERVICES REVOLVING FUND GRANT
RFA-11-0002**

Name of Applicant (Name of Organization): _____

Mailing Address: _____

Street Address

City

County

Contact Person: _____ Title: _____

E-mail Address: _____

Phone Number : _____ Fax Number of Contact Person: _____

Email Address of Contact Person: _____

Amount of state funds requested: ___\$_____