

List of Consortium Members: Name of Consortium – Project Title

Member Organization Name:	Address: street, city, county, state, zip code
Employee Identification Number:	Facility type: (hospital, school, rural health clinic etc...)
	Sector: (healthcare, public health, education, law enforcement, community development, etc.)
Point of Contact: Name, title, email, phone	Current role in the community/region?
Located in a HRSA designated rural county or rural census tract of an urban county as defined by http://datawarehouse.hrsa.gov/RuralAdvisor/ - YES OR NO	

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