

PROJECT ABSTRACT					
Project Title:			Project Focus Area(s): Prevention, Treatment, Recovery		
Applicant organization name Applicant organization address			Project Director: Name, Title, phone and email		
Learned about funding opportunity from? :State Office of Rural Health, Grants.gov, HRSA news release, other?			Applicant website:		
			Applicant Facility Type:		
Locations to be served					
State	County	City	Zip Code	Census Tract (if not full county)	Urban County (Y/N)

Add narrative information including: brief description of project, consortium members need to be addressed proposed services and population to be served.