

**Commonwealth Healthcare Network Fund (CHNF)
Letter of Interest – Healthcare Connect Fund
NOTE - Only non-profit healthcare facilities are eligible**

To: Commonwealth Healthcare Network Fund Consortium
Subject: Letter of Interest for Healthcare Connect Fund
Date: July 22, 2013

Your organization's name: _____

1. _____ **Is** interested in the Healthcare Connect Fund opportunity and we wish to be a part of the statewide consortium application.

2. _____ **Is not** interested in the federal Healthcare Connect Fund and we do not wish to be a part of the statewide consortium application.

If you are interested, please provide the following information for your **Primary Consortium Contact**. *This person will receive all future consortium related correspondence and email regarding this funding opportunity.*

Contact Name and Title	Mailing Address	Email Address	Phone Number

Please complete a separate row of this table for each facility you wish to include in the program. If you have more sites, please use the attached table.

Facility Name	Mailing Address	Email	County	Facility Type
				1. Health Department 2. Hospital 3. Clinic 4. Mental Health Organization 5. Data Center or Admin Location 6. Other

Authorized Signature _____ Date Signed _____

Printed Name _____

Title of Authorized Person _____

Address _____

Phone Number _____ Email Address _____

PLEASE RETURN THIS RESPONSE NO LATER THAN CLOSE OF BUSINESS, FRIDAY, AUGUST 9, 2013.
 PLEASE RETURN TO THE ADDRESS BELOW OR SEND ELECTRONICALLY TO chnf@ky.gov.

**Commonwealth Office of Technology
Office of Broadband Outreach and Development
702 Capitol Avenue, Room 393
Frankfort, Kentucky 40601**

