



## Technical Assistance Support Form for Grant Writing

Please submit your completed form to [trayces@palmettocareconnections.org](mailto:trayces@palmettocareconnections.org). Thank you!

**Organization Name**

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**Address**

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**Phone Number**

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**Organization Type**  
(FQHC,RHC,Hosp,etc and non-profit  
Or for profit)

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**Primary Contact Name**

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**Primary Contact E-Mail**

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**Does your organization have  
telemedicine equipment?**

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**Does your organization provide  
telehealth services?**

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**Does your organization plan to add  
additional telehealth services?**

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**What grant opportunities have you  
identified?**

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**Do you have a proposed telemedicine  
Concept for the grant application?**

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