



PCC Broadband Funding Request Form For Non-Profit Health Care Facilities

Site Name: _____

Legal Entity Name: _____

Site Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from site address): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date: _____ Author's Title: _____

Site Contact: _____ Site Contact Phone: _____

Site Contact Email Address: _____

Service Location Address: _____

City: _____ State: _____ Zip Code: _____

Tax ID: _____ NPI: _____ Taxonomy: _____

Check One:
For Profit or Non-Profit

Type of Organization: _____

In Building Termination Location: _____

IT Tech Contact: _____ IT Tech Phone: _____

IT Tech Email: _____

Bandwidth Needed: _____

Equipment Needed (i.e. firewall, router, core switch etc....): _____

Technologies desired to use over connection: _____