

**Exhibit A**  
**STATEMENT OF WORK**

**Section I** In summary, describe the services that the agency / organization provide to the community.

HFHC provides medical and counseling services to the poor and uninsured members of our community. The doctors who provide our medical care clinics are volunteers – all have their own private practices in the valley. We strive to provide the best holistic care in our power.

**Section II** State the CDBG grant amount awarded and state the name of awarding City / Pct.  
\$ 10,000.00                      Awarded By: Pct. 2

**Section III** List the proposed type of expenditure(s) utilizing CDBG funds.  
The awarded CDBG funds will be used for our medical patients living in Precinct 2. The money will be used for medical procedures including bloodwork, x-rays and medication assistance.

**Section IV** List the services that will be provided and how they will be performed as a result of CDBG funds.  
As a result of CDBG funds we will be able to assist our patients with blood work and additional medical services.

**Section V** As a result of the CDBG award; describe how funds will provide an increase in services or provide a new service to extremely low and/or low to moderate income residents. (EX: Additional ESL classes will be offered; new sports program will be created for the youth, etc.)  
The patients who utilize Hope's medical services are very low income. Many times they can not afford the \$5 donation much less the cost of medication, blood work and further medical procedures. This funding will allow them to do so.

**Section VI** Describe the program beneficiaries, estimated number to be serviced, economic background and area of residency.  
Approximately 200 new patients (adults, adolescents, and children) per year live in Precinct 2. The patients that are seen at Hope Family Health Center are those living in the RGV who are uninsured and very low income.

**Section VII** List all of the locations with physical address where the service(s) will be provided.  
Hope Family Health Center is located at 2332 Jordan Rd. McAllen, TX 78503.

**Exhibit B-1  
GRANT BUDGET**

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed two amendments to the grant budget for the term of the agreement.

<b>TYPE OF EXPENDITURES</b>	<b>BUDGETED AMOUNT</b>
Medical Procedures including blood work, x-rays, medication and related expenditures.	\$ 10,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL GRANT BUDGET:</b>	<b>\$ 10,000.00</b>

Initials \_\_\_\_\_

**Exhibit B-2  
PAYMENT SCHEDULE**

Subrecipient must submit a payment schedule to expend the CDBG award by completing the table below. Proposed changes to the payment schedule must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

<b>200 <u>8</u> - 200 <u>9</u> For the Months of...</b>	<b><u>Estimated</u> Amount Of Expenditures</b>	<b>Type of Budgeted Expenditures</b>
<b>July</b>		
<b>August</b>		
<b>September</b>		
<b>October</b>		
<b>November</b>		
<b>December</b>	<b>\$500.00</b>	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>January</b>	<b>\$1,500.00</b>	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>February</b>	<b>\$2,000.00</b>	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>March</b>	<b>\$2,000.00</b>	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>April</b>	<b>\$2,000.00</b>	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>May</b>	<b>\$2,000.00</b>	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>TOTALS:</b>	<b>\$10,000.00</b>	

Initials \_\_\_\_\_

**Exhibit C**  
**SCHEDULE OF ACTIVITY**

Subrecipient hereby agrees to perform services as outlined in Exhibit A. A proposed monthly schedule of activity should be provided in the table below. Schedule should not exceed Subrecipient contract time frame of eleven months from effective contract date.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

<b>200 8 - 200 9</b> <b>For the months of...</b>	<b>Number of <u>Unduplicated</u></b> <b>Beneficiaries to be Serviced</b>	<b>Services Provided</b>
<b>July</b>		
<b>August</b>		
<b>September</b>		
<b>October</b>		
<b>November</b>		
<b>December</b>	5-10	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>January</b>	5-10	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>February</b>	7-10	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>March</b>	7-10	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>April</b>	7-10	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>May</b>	7-10	<b>Medical Expenditures: lab work, medication, medical procedures</b>
<b>Total:</b>	Approximately 60	

Initials \_\_\_\_\_