

Exhibit A
STATEMENT OF WORK
 Precinct #2

Section I In summary, describe the service(s) that the agency / organization provides 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 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 / Precinct.
 \$ 10,000.00 Awarded By: Precinct #2

Section III List the proposed type of expenditure(s) utilizing CDBG funds.

The awarded CDBG funds will be used for our medical patients. The money will be used for medical procedures to include, but not limited to blood work, x-rays, case management and counseling and other related medical expenses as needed.

Section IV List the services that will be provided, how they will be performed as a result of CDBG funds, and when they will be performed.

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 low income to very low-income residents of the Pct 2 area. Many times they cannot afford the \$5 donation much less the cost of medication, blood work and further medical procedures.

Section VI Describe the program beneficiaries (age/gender), estimated number to be serviced, economic background and area of residency.

Approximately 110 new patients who reside in the Pct 2 eligible areas will be served. The patients that are seen at HFHC are those living in the RGV who are uninsured and low income. Children, adults, and the elderly are serviced at HOPE Clinic.

Section VII List the location(s) with a 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
 Precinct #2

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed up to two (2) amendments to the budgeted amounts. Proposed changes to the budgeted amounts must be submitted in writing to UCP **prior to the preceding month of the change.**

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Medical Procedures to include, but not limited to, blood work (lab), x-rays, medication, EKGs, minor surgery, case management and counseling and other related medical expenses.	\$ 10,000.00
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 10,000.00

Initials _____

Revised June 2009

Exhibit B-2
PAYMENT SCHEDULE
Precinct #2

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 preceding month of the change**. Subrecipient will be allowed up to two (2) amendments to the payment schedule.

<u>200 9 - 2010</u> For the Months of...	<u>Estimated Amount</u> <u>Of Expenditures</u>	<u>Type of Budgeted Expenditures</u>
July	\$500.00	Medical expenditures: lab work, medication, medical procedures, etc.
August	\$500.00	Medical expenditures: lab work, medication, medical procedures, etc.
September	\$1,200.00	Medical expenditures: lab work, medication, medical procedures, etc.
October	\$1,200.00	Medical expenditures: lab work, medication, medical procedures, etc.
November	\$1,000.00	Medical expenditures: lab work, medication, medical procedures, etc.
December	\$500.00	Medical expenditures: lab work, medication, medical procedures, etc.
January	\$500.00	Medical expenditures: lab work, medication, medical procedures, etc.
February	\$1,200.00	Medical expenditures: lab work, medication, medical procedures, etc.
March	\$1,200.00	Medical expenditures: lab work, medication, medical procedures, etc.
April	\$1,200.00	Medical expenditures: lab work, medication, medical procedures, etc.
May	\$1,000.00	Medical expenditures: lab work, medication, medical procedures, etc.
TOTAL:	\$10,000.00	

Note: Monthly expenditures are considered proposed. Amendments to the payment schedule must be requested when the *actual* monthly expenditure **exceeds** the estimated amount by 50%. If the *actual* monthly expenditure is **less** than 50% of the estimated amount, an amendment must be requested to the Urban County Program for review and approval.

Initials _____

Revised June 2009

Exhibit C
SCHEDULE OF ACTIVITY
 Precinct #2

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

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval **prior to the preceding month of the change**. The subrecipient will be allowed up to two (2) amendments for the term of the agreement.

200<u>9</u> - 2010 For the months of....	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July	5-10	Medical services
August	5-10	Medical services
September	5-10	Medical services
October	5-10	Medical services
November	5-10	Medical services
December	5-10	Medical services
January	5-10	Medical services
February	5-10	Medical services
March	5-10	Medical services
April	5-10	Medical services
May	5-10	Medical services
Total for the Year:	110	

Note: The number of unduplicated (individual) beneficiaries to be served should be counted only **once** per year.

Initials _____

Revised June 2009