

ATTACHMENT “A”
(Agency’s information will go here)

- A. **Description Of Agency:**
- B. **Hours Of Operation:**
- C. **Plan Payor Mix:**
- D. **Types Of Accepted Insurance:**
- E. **Services And Type Of Providers:**
- F. **Workplan:**

**ATTACHMENT “B”
GRANT FUNDING DISTRIBUTION**

AGENCY: (Name of agency)

PROGRAM/PROJECT:

CONTACT: (Main contact person of agency)

GRANT FUNDING PERIOD: Fiscal Year 2017

GRANT FUNDING REQUEST: (Agency’s request)

AMOUNT OF GRANT FUNDING APPROVED BY COMMISSIONERS COURT: _____