**EXHIBIT K**

**THRIVING TEXAS FAMILIES**

**PROJECT SITES AND HOURS**

|  |  |  |
| --- | --- | --- |
| **Legal Business Name of Applicant:** |  |  |

**SITE INFORMATION:** Complete this form for **EACH** site that will provide TTF program services funded under this RFA. These forms are incorporated by reference into the contract.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | | |
| Street Address: |  | | | | | | | | | Suite: |  |
| City: |  | | County: | |  | | Zip Code: | |  | HSR: |  |
| APPOINTMENT Phone #: | | |  | | | | | | | | |
| PRIMARY Phone #: | | |  | | | | Fax: | |  | | |
| Service Area *(counties to be served by this site)*: | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Contact Person: | |  | | | | | | | | | |
| Provider Site: | | |  | Yes | |  | No |  | |  | |
| Mobile Site: | | |  | Yes | |  | No |  | |  | |

**SITE HOURS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **HOURS OF OPERATION** | | | | | |
| **DAY** | **Morning** | | **Afternoon** | | **Evening (after 5pm)** | |
| **From** | **To** | **From** | **To** | **From** | **To** |
| **MONDAY** |  |  |  |  |  |  |
| **TUESDAY** |  |  |  |  |  |  |
| **WEDNESDAY** |  |  |  |  |  |  |
| **THURSDAY** |  |  |  |  |  |  |
| **FRIDAY** |  |  |  |  |  |  |
| **SATURDAY** |  |  |  |  |  |  |
| **SUNDAY** |  |  |  |  |  |  |