**Form C: Work Plan**

*Responses must be clearly numbered, on 8x11 paper, with 1-inch margins, and 12-inch font size. Responses will only be evaluated within the specified page limits. Any information provided beyond these limits will not be evaluated. Responses are limited to a total of 3 pages, not including attachments.*

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| **SERVICE AREA UNMET ACCESS TO CARE** |
| **Describe the need for primary health care services in the proposed service area(s) based on qualitative and quantitative data (Eligible Service Areas, Section 2.4). Responses are limited to one page.** |
| **PROPOSED WORK** |
| **Describe how required and Applicant proposed optional PHC services will be provided, including but not limited to clinic or mobile location(s), type(s) of facilities, and vendor or subcontractor relationships for provision of services not provided by Applicant (Program Requirements, Section 2.6) Responses are limited to one page.** |
| **Describe how the PHC services and partnerships with other entities, if applicable, will ensure eligible clients can access program services. (Program Requirements, Section 2.6) Responses are limited to one page.** |

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| **REQUIRED ATTACHMENTS** |
| **Applicant must submit the following documentation as attachments:**   1. **Attachment A - General Ledger from a computerized system that has accounts assigned to track financial transactions for the Grant that may include assets, liabilities, equity, revenue and expenses.** |

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| **CERTIFICATION** | |
| I certify that the information provided in this application is, to the best of my knowledge, complete and accurate; that the named legal entity has authorized me, as its representative, to submit this application; and that the legal entity complies with all terms of this RFA.  The undersigned representative agrees to all the terms and conditions specified in the application by signing below. | |
|  |  |
| Signature of Authorized Representative | Date |
|  |  |
| Printed Name of Authorized Representative | Printed Title of Authorized Representative |
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