ATTACHMENT 9

**Eliminating Hepatitis C by Improving Access to Hepatitis C Care and Treatment*–* Central New York and Long Island Regions.**

**RFA # 20-0001**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HCV Site(s), Address, Day(s) and Hours of Operation**

**Please list all sites where services will be provided (add additional pages as needed)**

| **Site Name** | **Site Address** | **Identify Staff Available****at Address** | **Days of****Operation** | **Hours of Operation** |
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