**Attachment 14**

**Sites, Address, Days and Hours of Operation Chart**

**Ryan White Part B HIV/AIDS Support Services to Address Social Determinants of Health**

**RFA #23-0005**

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

**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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