**Attachment 12**

**Proposed Site, Address, Days and Hours of Operation**

**Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services – Centers for Young Adults - Reissue**

**RFA #20559**

**Internal RFA #23-0012**

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

**Please list the proposed site where services will be provided.**

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