EXHIBIT 9

PROPOSED SERVICE PLANNING AREA (SPA) FOR HOME VISITING PROGRAM

Applicant/Agency's	
Applicant/Ageney 3	
Logal Namo:	
Legal Name:	

SECTION A: APPLICANT'S AUTHORIZED P authorized to sign on behalf of the Applicant a	ERSON AND SIGNATURE (Identify the person and to bind the applicant in the Contract.)
Name:	Title:
Email:	Phone #:
Mailing Address:	City, State, Zip Code:
Signature (blue ink):	Date of Signature:

INSTRUCTIONS:

Check up to three Service Planning Areas (SPAs) where your agency is able to provide Home Visiting Program (HVP) services in Section B below, and indicate the order of preference. Applicants recommended for a contract will provide services in only <u>one</u> SPA. The information below will be utilized for contract negotiations to determine the area where services will be provided. The County retains the right to negotiate SPAs to be served to address geographical need.

Healthy Families America (HFA)	Parents As Teachers (PAT)
SPA 1* 🗌 Preference #:	SPA 2
SPA 2	SPA 3
SPA 3	SPA 4
SPA 4 🗌 Preference #:	SPA 6
SPA 6 🗌 Preference #:	SPA 7
SPA 7	SPA 8** Preference #:
SPA 8** 🗌 Preference #:	

service provider in SPA 5. However, to ensure coverage for all individuals who may need and qualify for HFA/PAT services, applicants selected for SPA 8 will be required to provide services as needed in SPA 5.