### PROPOSED COUNTIES:

### Name of Agency

Identify the service(s) and the applicable counties that you are offering to provide by placing “YES” in the appropriate cell(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Fairfield****County** | **Lexington****County** | **Newberry****County** | **Richland****County** |
| **Legal Services** |  |  |  |  |