### 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** |  |  |  |  |