



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

**Request for Grant Application (RFGA) FY 2018
Addendum Form**

**Office of Procurement & Grant Administration
2 Peachtree Street, NW – 35th Floor
Atlanta, Georgia 30303-3159**

Addendum Number: **03** Dated: **December 7, 2017**
Title of Grant: **Patient Centered Medical Home (PCMH) Supplemental Funding Grant
Fiscal Year 2018**
Requesting Agency: **Georgia Department of Community Health**
Initially Posted: **October 11, 2017**
Issuing Officer: **Joanne Mitchell**
Telephone: **404 651-6183** e-mail: **jmitchell@dch.ga.gov**
RFGA Due Date: **CANCELLED**

The information provided below is made a part of this RFGA –

THIS SOLICITATION HAS BEEN CANCELLED. Please continue to access the DCH website for future solicitations. Thank you.

NOTE: REVIEW CAREFULLY!

In the event of a conflict between previously released information and the information contained herein, the latter shall control. A signed acknowledgment of this addendum (this page) must be attached to your RFGA response. Failure to include a signed acknowledgement of this addendum will disqualify applicant from further consideration on this grant award.

A signature on this addendum does not constitute your signature on the original RFGA document. The original RFGA response must also be signed in the proper places.

Firm Name

Signature

Typed Name and Title