



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

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

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

Addendum Number: **02**      Dated: **September 16, 2016**  
Title of Grant: **Patient Centered Medical Home (PCMH) Supplemental Funding Grant  
Fiscal Year 2017**  
Requesting Agency: **Georgia Department of Community Health**  
Initially Posted: **August 23, 2016**  
Issuing Officer: **Joanne Mitchell**  
Telephone: **404 651-6183**      e-mail: **jmittchell@dch.ga.gov**  
RFGA Due Date: **September 23, 2016, 3:00 PM**

The information provided below is made a part of this RFGA –  
Please see the attached Questions and Answers submitted for this grant application.

**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