## STC 105.2a reporting

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Provider Name		
Provider Number		
Total LIP received for SFY 2009-10	\$	1,000,000.00

Hospital funding programs outside of inpatient and emergency room	Amount of funds budgeted to program	Number of individuals served (optional)
Primary Care		
(provide narrative for above)		
	\$	-
Out reach		
(provide narrative for above)		
	<u> </u>	
Dialysis	\$	-
(provide narrative for above)		
, , , , , , , , , , , , , , , , , , ,		
	\$	-
ER diversion programs		
(provide narrative for above)		
	\$	-
Program A		
(provide narrative for above)		
	<u> </u>	
Program B	\$	-
(provide narrative for above)		
**		
	\$	-