

THE RUTLAND HERALD
PO BOX 668
27 WALES STREET
RUTLAND VT 05702
(802)747-6121ext

ORDER CONFIRMATION (CONTINUED)

Salesperson: RICK ROOT

Printed at 08/18/15 10:13 by rickr

Acct #: 60303

Ad #: 632014

Status: N

PUBLIC NOTICE

**STATE OF VERMONT
PUBLIC HEARING
BLOCK GRANTS**

The Agency of Human Services has scheduled a public hearing for August 28, 2015 at 10:00 a.m. in conference room A at 208 Hurricane Lane, Williston, VT. The hearing is to receive comments on Vermont's proposed use and distribution of Federal block grant funds to be received from the Federal government for fiscal year 2016.

For further information about any of the block grants listed below, contact Sarah Clark, Chief Fiscal Officer, Agency of Human Services, Waterbury, Vermont, 05671-0201, (802) 871-3262.

Social Services
Maternal and Child Health
Preventive Health and Health Care Services
Community Mental Health Services
Substance Abuse Prevention/Treatment
Community Services
Low Income Energy Assistance

Summary information regarding the block grants is available for public review from Sherie Barbour, Central Office, Agency of Human Services, (802) 871-3262.

Those who may be affected are persons receiving services under programs covered in these block grants and served by the Departments administering the block grants.

THE RUTLAND HERALD
PO BOX 668
27 WALES STREET
RUTLAND VT 05702
(802)747-6121ext

ORDER CONFIRMATION

Salesperson: RICK ROOT

Printed at 08/18/15 10:13 by rickr

Acct #: 60303

Ad #: 632014

Status: N

AGENCY OF HUMAN SERVICES
SHERIE BARBOUR
SUITE 103
208 HURRICANE LANE
WILLISTON VT 05495

Start: 08/19/2015 Stop: 08/19/2015
Times Ord: 1 Times Run: ***
STDAD 2.00 X 3.48 Words: 162
Total STDAD 7.00
Class: 1010 LEGALS
Rate: CLEG Cost: 150.99

Contact:

Phone: (802)871-3262

Fax#:

Email: Sherie.Barbour@ahs.state.vt.

Agency:

Ad Descrpt: PUBLIC NOTICE STATE OF V
Given by: *

Created: rickr 08/18/15 09:42

Last Changed: rickr 08/18/15 10:13

Source: _____

Section: CL CLASSIFIED Page: ____

Camera Ready: N

Group: _____ AdType: _____

Misc: _____

Color: _____

Proof: _____

Pickup Date: _____ Ad#: _____

Delivery Instr: _____

Gang Ad #: _____

Changes: None ___ Copy ___ Art ___ Size ___ Copy Chg Every Run ___

Coupon: _____

Special Instr: _____

PUB	ZONE	EDT	TP	START	INS	STOP	SMTWTFS
CRH	A	2	W	08/19/15	1	08/19/15	SMTWTFS
INET	A	2	W	08/19/15	1	08/19/15	SMTWTFS

AUTHORIZATION

Under this agreement rates are subject to change with 30 days notice. In the event of a cancellation before schedule completion, I understand that the rate charged will be based upon the rate for the number of insertions used.

Name (print or type)

Name (signature)

(CONTINUED ON NEXT PAGE)