

**SOLICITATION ATTACHMENT 4****CLOSING SCHEDULE****Closing Schedule for 4000004120****Sole Practice Outpatient Mental Health Services**

<b>Closing #</b>	<b>Month</b>	<b>Day</b>	<b>Date</b>	<b>Year</b>	
1	December	Monday	7	2015	
2	March	Tuesday	8	2016	
3	June	Wednesday	8	2016	
4	September	Thursday	8	2016	
5	<b>December</b>	<b>Thursday</b>	<b>8</b>	<b>2016</b>	<b>First Anniversary</b>
6	March	Wednesday	8	2017	
7	June	Thursday	8	2017	
8	September	Friday	8	2017	
9	<b>December</b>	<b>Friday</b>	<b>8</b>	<b>2017</b>	<b>Second Anniversary</b>
10	March	Thursday	8	2018	
11	June	Friday	8	2018	
12	September	Monday	10	2018	
13	<b>December</b>	<b>Monday</b>	<b>10</b>	<b>2018</b>	<b>Third Anniversary</b>
14	March	Friday	8	2018	
15	June	Monday	10	2018	
16	September	Monday	10	2018	
17	<b>December</b>	<b>Monday</b>	<b>10</b>	<b>2018</b>	<b>Fourth Anniversary (Final)</b>