

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
PROJECT TIMELINE TEMPLATE

APPENDIX G

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| APPLICANT ORGANIZATION: | | | | | POINT OF CONTACT: | | | | | PHONE: | | |
| RFGA: Dual Track Rural Hospital Remote Critical Care Services | | | GRANT NUMBER: To Be Determined Upon Award | | FUNDING PERIOD: State Fiscal Year 2026 Funding | | | | | AWARD AMOUNT: To Be Determined Upon Award | | |
| <p>INSTRUCTIONS: The timeline below indicates a 12-month project period. For each proposed activity identified in the work plan, identify the activity, the month in which the proposed work will begin, and the month in which the proposed work will end. Place an “X” in the boxes below to indicate all months in which the work will occur for each listed activity.</p> <p>The timeline should follow a chronological progression and complement the project work plan. All activities/deliverables detailed in the work plan should be included on the timeline and listed chronologically in the manner of completion over the grant cycle.</p> | | | | | | | | | | | | |
| ACTIVITY/DELIVERABLE: | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
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