

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
PROJECT WORK PLAN TEMPLATE

APPENDIX F

APPLICANT ORGANIZATION:			POINT OF CONTACT:	PHONE:
RFGA: PACE OPERATIONAL READINESS GRANT	GRANT NUMBER: To Be Determined Upon Award	FUNDING PERIOD: State Fiscal Year 2024 Funding		AWARD AMOUNT: Up to \$500,000
<p>The Workplan MUST match the Proposed Use of Funds and Spending Plans outlined in the Project Narrative. In the columns below, "Proposed Activities" refers to the initiatives described in the Project Narrative.</p> <p>INSTRUCTIONS: For each proposed activity identified in the Project Narrative, include the proposed start and end dates. Identify the primary objective(s) necessary to meet the goal of the activity. State the action to be taken to meet the deliverables, and the person responsible for ensuring objectives and deliverables are met. The work plan should follow a logical progression. Objectives should correlate to a deliverable and an action item for achieving deliverable(s). The work plan MUST identify a person responsible for achieving and facilitating the deliverable and action item. The anticipated outcome should be clearly articulated and relate to the objective(s), deliverable(s) and action item(s).</p>				
Proposed Activities Start Date: Mm/Yr	Proposed Activities End Date: Mm/Yr	Proposed Activities Objective(s):	Deliverable(s): Action Item(s): Person Responsible:	Anticipated Outcome(s):
			Deliverable(s): Action Item(s): Person Responsible:	Anticipated Outcomes:
			Deliverable(s): Action Item(s): Person Responsible:	Anticipated Outcomes:
			Deliverable(s): Action Item(s): Person Responsible:	Anticipated Outcomes: