### GEORGIA DEPARTMENT OF COMMUNITY HEALTH

### STATE OFFICE OF RURAL HEALTH

###  PROJECT WORK PLAN TEMPLATE APPENDIX F

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| **ORGANIZATION:** | **POINT OF CONTACT:** | **PHONE:** |
| **GRANT PROGRAM: *Rural Hospital Stabilization Grant Program (RHSGP) 2023*** |  **GRANT NUMBER:** ***(TBD)*** | **FUNDING PERIOD: *State Fiscal Year 2023*** | **AWARD AMOUNT: *$833,333.00*** |
| **The Workplan MUST match the Projects and Spending Plans outlined in the Project Narrative.****Projects:** For each Project listed below, provide the Overarching Goal and Primary Objective for use of funds as described for this Component in *Resource Document Section 3: Spending Components.* Please be specific regarding the objectives of the project(s) listed. 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).**Skills and Systems:** Provide the Overarching Goal and Primary Objective for use of funds as described for this Component in *Resource Document Section 3: Spending Components.* **Debt Avoidance**: Provide the Overarching Goal and Primary Objective for use of funds as described for this Component in *Resource Document Section 3: Spending Components.* |
| **Spending****Components** |  | **Overarching Goal:****Primary Objective:** | **Deliverable(s): Action Item(s): Person Responsible:** | **Anticipated Outcome(s): Actual Outcome(s): Additional Action Item(s):** |
| **Project #1***(Required)* |  |  | **Deliverable(s): Action Item(s): Person Responsible:** |  |
| **Project #2***(Optional)* |  |  | **Deliverable(s): Action Item(s): Person Responsible:** |  |
| **Project #3***(Optional)* |  |  | **Deliverable(s): Action Item(s): Person Responsible:** |  |
| **Skills and Systems***(Optional)* |  |  | **Deliverable(s): Action Item(s): Person Responsible:** |  |
| **Debt Avoidance***(Optional)* |  |  | **Deliverable(s): Action Item(s): Person Responsible:** |  |