### GEORGIA DEPARTMENT OF COMMUNITY HEALTH

### STATE OFFICE OF RURAL HEALTH

### PROJECT TIMELINE TEMPLATE APPENDIX G

**Instructions:** The timeline below indicates a 12-month project period. For each item identified in the Components column of the Work Plan (Appendix F), identify the month in which the proposed work/spending will begin and the month in which the proposed work/spending will end. Place an “X” in the boxes below to indicate **all** months in which the Work and Spending will occur for each Activity listed. This timeline must match the Workplan.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATION:** | | | | | **POINT OF CONTACT:** | | | | | | | |  |
| **GRANT PROGRAM: *RHS***  ***Stabilization 2023*** | | **GRANT NUMBER:**  **(*TBD)*** | | | **FUNDING PERIOD: *State Fiscal Year 2023*** | | | | | | | |  |
| **ACTIVITY/**  **DELIVE RABLE:** | **Month**  **#1** | **Month**  **#2** | **Month**  **#3** | **Month**  **#4** | | **Month**  **#5** | **Month**  **#6** | **Month**  **#7** | **Month**  **#8** | **Month**  **#9** | **Month**  **#10** | **Month**  **#11** | **Month**  **#12** |
| Projects: |  |  |  |  | |  |  |  |  |  |  |  |  |
| Project #1 (Required) |  |  |  |  | |  |  |  |  |  |  |  |  |
| Project #2 (Optional) |  |  |  |  | |  |  |  |  |  |  |  |  |
| Project #3 (Optional) |  |  |  |  | |  |  |  |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |
| Skills & Systems (Optional) |  |  |  |  | |  |  |  |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |
| Debt Avoidance (Optional) |  |  |  |  | |  |  |  |  |  |  |  |  |