### 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) |  |  |  |  |  |  |  |  |  |  |  |  |