Project Work Plan

Complete the project work plan and timeline by completing the table below. If more than one strategy/project is identified, add additional project tables.

\*\*Only needed for funding requests OVER $1,500\*\*

**Work Plan 1**

|  |  |
| --- | --- |
| **Project Category:** **(Choose at least 1)** | [ ]  **Prevention**[ ]  **Harm Reduction**[ ]  **Criminal Justice**[ ]  **Treatment and Recovery**[ ]  **Other** |
| **Project Goal:** |  |
| **Timeframe:** |  |
| **Objective(s):** |  |
| **Community(ies) Served:** |  |
| **Implementation Activities**Activities, steps or processes to achieve objectives | **Milestones**How will you know you have accomplished the activity | **Start Date** | **End Date** | **Lead**Name of person or group responsible for the activity | **Key Partners**Individuals or organizations helping to implement the activity. |
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