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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