Healthy Behaviors Initiative Mini Grant

Work Plan & Timeline

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| **Name of Organization:** | | **Project Coordinator:** | | | |
| **Program Goal:** | | | | | |
| **Major activities/Tasks to be performed**  List the high-level activities/tasks to be completed ex. hire staff, create a community advisory council, identify partnerships, develop surveys, implement educational workshops, etc. | **Projected Timeline** | | | **Person Responsible** | **Expected Outputs**  Products of activities, ex, number of workshops, number of people in attendance, etc. |
| Start Date | | End Date |
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