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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