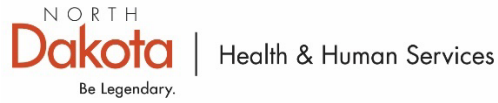


ATTACHMENT C: PROJECT WORK PLAN TEMPLATE



STATEWIDE HEALTH STRATEGIES GRANT PROJECT WORK PLAN EXAMPLE

Organization Name:		
Project Title:		
Name the SHIP priority this project aligns with:		
Project Goal/Strategy (What You Want to Accomplish):		
Evaluation: Describe how you plan to determine the IMPACT of this project/goal (include data points and data sources, if available):		
Activities/Milestones (Steps You Will Take To Implement)	Resources Needed	Timeline to Complete