**FORM D**

**PROJECT TIMELINE**

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| Applicant’s Health Care Facility Name: | | |
| In **Form D, Project Timeline**, Applicant must provide a timeline of key activities and benchmarks for the Project in chronological order for an 18-month implementation period. Each entry in the timeline should include a description of the activities or milestones for each month and any additional comments Applicant wants to include. | | |
| **Grant Period Month** | **Description of Activity/Benchmark/Milestone** | **Comments** |
| Month 1 |  |  |
| Month 2 |  |  |
| Month 3 |  |  |
| Month 4 |  |  |
| Month 5 |  |  |
| Month 6 |  |  |
| Month 7 |  |  |
| Month 8 |  |  |
| Month 9 |  |  |
| Month 10 |  |  |
| Month 11 |  |  |
| Month 12 |  |  |
| Month 13 |  |  |
| Month 14 |  |  |
| Month 15 |  |  |
| Month 16 |  |  |
| Month 17 |  |  |
| Month 18 |  |  |