DEPARTMENT OF ECONOMIC OPPORTUNITY CDBG DISASTER RECOVERY PROGRAM

**ATTACHMENT 3 - ACTIVITY WORK PLAN**

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| **RECIPIENT** |  | **DATE PREPARED** |  |
| **CONTRACT NO.** |  | **PROJECT BUDGET $** |  |

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| --- | --- | --- | --- | --- | --- |
| Date Start  (month & year) | Date End  (month & year) | Describe Proposed Action to be Undertaken or Contract Special Condition  Clearance Documentation  to be submitted by “Date End” | # Units to be completed by “Date End” | Proposed $$ to be Requested by “Date End” | Proposed Administration $$ to be Requested by “Date End” |
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Note: More than one activity may be included per form. (Rev. Aug 2004)