DEPARTMENT OF ECONOMIC OPPORTUNITY CDBG DISASTER RECOVERY PROGRAM

**PROJECT WORK PLAN**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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” |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Note: More than one activity may be included per form. (Rev. Aug 2004)