



Community Care Hub Demonstration to Scale Evidence-Based Falls Prevention Interventions Through Clinical-Community Partnerships

Appendix E. Work Plan Template

Applicants are required to provide a Work Plan for the project using the template below. Provide a work plan for each year of the project period: Year 1 (Months 1–6), Year 2 (Months 7–18), and Year 3 (Months 19–30); note year 1 represents a 6-month period, year 2 and 3 represent a 12-month period. Ensure that the work plan reflects the activities described in the application, budget, and budget narrative.

[Applicant Name]

Year 1: Start and end dates

Goal(s):

Measurable Outcome(s):

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1.														
2.														
3.														
4.														

*Indicates time frame (start/end dates by month in project cycle)



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Year 2: Start and end dates

Goal(s):

Measurable Outcome(s):

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1.														
2.														
3.														
4.														

*Indicates time frame (start/end dates by month in project cycle)