## **CROSS BORDER COMMUNITY RESILIENCE ACTIVITY**

Name of Applicant:

**Title of Proposed Grant Activity:** 

See instructions to fill out this budget under "Budgeting Instructions"

IMPLEMENTATION PLAN																	
Task List	Task Description Please be as specific as possible.	Target Audience	Cost	18 Month Timeline Place an X in the appropriate box to indicate the months of the task  1 2 3 4 5 6 7 8 9 10 11 12												Responsible For implementing the	Evaluation Indicators and Milestones How will you measure the success of the task?
Activity I:																	
I																	
2																	
3																	
4																	
5																	