Minnesota Department of Health

# Attachment C: Work Plan Traumatic Brain Injury Grant Request for Proposal

**August 17, 2023 – July 31, 2028**

***Instructions:*** *Add and/or delete rows as needed to align with your project.*

**Grantee Organization:**

**Brief Project Summary (500 characters maximum):**

**Detailed Work Plan:**

**GOAL 1:**

**OBJECTIVE 1.1:**

| Activity | ROLE RESPONSIBLE | Timeline | OUTCOME/DELIVERABLE |
| --- | --- | --- | --- |
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**OBJECTIVE 1.2:**

| Activity | ROLE RESPONSIBLE | Timeline | OUTCOME/DELIVERABLE |
| --- | --- | --- | --- |
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**GOAL 2:**

**OBJECTIVE 2.1:**

| Activity | ROLE RESPONSIBLE | Timeline | OUTCOME/DELIVERABLE |
| --- | --- | --- | --- |
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**OBJECTIVE 2.2:**

| Activity | ROLE RESPONSBILE | Timeline | OUTCOME/DELIVERABLE |
| --- | --- | --- | --- |
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7/5/2023

To obtain this information in a different format, call: 651-201-3969.