California Department of Education

Special Education Division

2024 Family Empowerment Centers on Disability Grant

January 2024

# Form D

## Project Work Plan

**Year 1: July 1, 2024, to June 30, 2025**

**Name of Applicant Organization:** [Enter name of Applicant Organization]

**Lead Applicant Contact:** [Enter name of Lead Applicant Contact]

**Contact Title:** [Enter Contact Title]

**Phone Number:** [Enter Phone Number]

**Email Address:** [Enter Email Address]

**Region Number:** [Enter Region Number]

**County or Counties Proposed for Services:** [Enter County of Counties Proposed for Services]

Applicants shall complete the Form D, Project Work Plan, which presents key milestones and tasks for the proposed Family Empowerment Center on Disability (FEC) for the first year of the project (July 1, 2024, to June 30, 2025).

The Project Work Plan shall include the following information:

* Timeline of major program activities
* Performance outcome(s) for each activity
* Person(s) responsible for ensuring that activities are completed on time and consistent with FEC program design, stated goals, and objectives.

The 30-page limit requirement does not apply to Form D: Project Work Plan.

2024 Family Empowerment Centers on Disability Grant

Form D: Project Work Plan

*Please refer to the Request for Applications document for Submission Instructions.*

| **Row** | **Timelines** | **Activities** | **Performance Outcomes** | **Responsible Persons** |
| --- | --- | --- | --- | --- |
|  | * [Enter project timeline] | * [Enter project activities] | * [Enter performance outcomes] | * [Enter names of Responsible Persons] |
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