**IMPLEMENTATION SCHEDULE** Page 2

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| --- | --- | --- | --- |
|  Implementation Tasks | Person Responsible | Implementation Proposed Time Frame(Proposed Quarters) | Implementation Actual Time Frame(Actual Dates) |
|  |  | 1st Qtr | 2nd Qtr | 3rd Qtr | 4th Qtr | 1st Qtr | 2nd Qtr | 3rd Qtr | 4th Qtr |
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The implementation schedule is intended to give our office a proposed list of planned activities, implementation dates, and person responsible

for documenting implementation. Exact dates are not necessary in the "Implementation Proposed Time Frame" section. Please use an ‘X’ to

denote which quarter you plan to implement the activity.

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| Page 3 |
| **GRANT TERMS AND CONDITIONS** |
| NOTE: THE GRANT TERMS AND CONDITIONS MUST BE SUBMITTED WITH GRANT APPLICATION |
|  |
|  |
|  | GRANT NO. |
|  |
| **CERTIFICATION BY PROJECT DIRECTOR \*** |
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| I certify that I understand and agree to comply with the general and fiscal provisions of this grant application including the terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the requirements of this grant application; that costs incurred prior to Grantee approval may result in the expenditures being absorbed by the subgrantee; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds. |
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|  | Name: |  |  | Title: |  |  |
|  |  |  (Please Print or Type) |  |  |  |  |  |  |
|  | Mailing |
|  | Agency: |  |  | Address: |   |  |
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|  | Phone Number: |  |  |  |  |  |
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|  Pager Number: |  |  |
|  | Fax Number: |  |  | E-Mail Address: |  |
|  |
|  | Signature: |  |  |  |  |  | Bonded: | [ ] Yes [ ] No |
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| **CERTIFICATION BY FINANCIAL OFFICER \*** |
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| I certify that I understand and agree to comply with the general and fiscal provisions of this grant application including the terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Financial Officer as they relate to the requirements of this grant application; that costs incurred prior to Grantee approval may result in the expenditures being absorbed by the subgrantee; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds. |
|  |
|  | Name: |  |  |  | Title: |  |  |
|  |  |  (Please Print or Type) |  |  |  |  |  |  |
|  |  |  |  |  | Mailing |  |  |  |
|  | Agency: |  |  |  | Address: |  |  |
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|  | Phone Number: |  |  |  |  |  |  |
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|  | Fax Number: |  |  |  | E- Mail Address:  |
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|  |  |  |  |  | Bonded: |  | [ ] Yes [ ] No |  |
|  | Signature: |  |  |  |  |  |  |  |

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| Page 4 |
| **GRANT TERMS AND CONDITIONS** |
| NOTE: THE GRANT TERMS AND CONDITIONS MUST BE SUBMITTED WITH GRANT APPLICATION |
|  |
|  |
|  | GRANT NO. |  |  |
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| **CERTIFICATION BY OFFICIAL AUTHORIZED TO SIGN \* (Administrator)** |
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|  | I certify that I understand and agree to comply with the general and fiscal provisions of this grant application including the terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of the Official Authorized to Sign as they relate to the requirements of this grant application; that costs incurred prior to Grantee approval may result in the expenditures being absorbed by the subgrantee; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds. |
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|  | Name: |   |  | Title: |  |  |
|  |  |  (Please Print or Type) |  |  |  |  |  |  |
|  | Mailing |
|  | Agency: |  |  | Address: |  |  |
|  |  |  |  |  | City/State, Zip:  |
|  |  |  |  |  |  |  |  |  |
|  | Phone Number: |  |  |  |  |  |  |
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|  | Pager Number:  |  |  |  |  |  |  |  |
|  | Signature: |  |  | Bonded: |  | [ ] Yes [ ] No |  |
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|  | **\* NOTE:** | THE PROJECT DIRECTOR, FINANCIAL OFFICER AND OFFICIAL AUTHORIZED TO SIGN CANNOT BE THE SAME PERSON. STAFF BEING FUNDED UNDER THIS GRANT MAY NOT BE ANY OF THE ABOVE OFFICIALS WITHOUT SAA APPROVAL. |
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