

**Section 1 of 4: Project Team** 

# **Healthy Built Environment**

Work & Evaluation Plan

Grantee:								
Funding Award: \$								
Contract Length:								
Project Phase(s):								
Main Contact Person: Name: Phone Number: Email:  Project Team Members (name, role, and contact information):								
Name	Organization	Role	<b>Contact Information</b>					



## **Healthy Built Environment**

Work &Evaluation Plan

### Section 2 of 4: Work Plan

#### **Work Activities:**

Please document all planned work activities that will occur in the future. As work activities occur, please update the status and the date completed.

Phase	Activity	Status (yet to start, 30% done, completed, etc.)	[Expected] Date of Completion	Responsible Parties	Additional Notes

### **Healthy Built Environment** Department of Health

Work & Evaluation Plan

#### **Section 3 of 4: Project Changes/Barriers**



This may include budget alterations, limiting/expanding scope of activities, adding/cancelling activities, and any other relevant changes.

Are there any barriers to timely project completion? Please explain below.



## **Healthy Built Environment**

Work & Evaluation Plan

### **Section 4 of 4: Evaluation Plan**

#### **Evaluation Activities:**

Please document all planned evaluation activities that will occur in the future. As evaluation activities occur, please update the status and the date completed.

Phase	Activity	Status (yet to start, 30% done, completed, etc.)	[Expected] Date of Completion	Responsible Parties	Additional Notes