ARCTIC SLOPE COMMUNITY FOUNDATION

Implementation Schedule

Submit a separate implementation schedule for each project category.

1. Name of Applicant	2. Application/Grant Number *(to be assigned by ASCF)*
3. Original Application Date *(mm/dd/yyy)*	
Amendment *(submitted after grant approval)* Yes ☐ NO ☑	
4. Name of Project *(as shown on application)*	

5. Effective Date *(mm/dd/yyyy)*	Expected Completion Date *(mm/dd/yyyy)*	Expected Closeout Date *(mm/dd/yyyy)*	7. Applicant's Fiscal Year *(mm/dd/yyyy)*

If the project begins in May, for example, enter under "1st Qtr. " A(April), M(May), J(June). Indicate time period required to complete each activity, e.g., acquisition, by entering "X" under the months it will begin and end. Draw a horizontal line from the first to the second "X". If the completion date will extend beyond the 8th quarter, enter date in the far right column and attach an explanation.

9. Project Implementation Schedule.	Date (mm/dd/yyyy

List each task and coincides with the month in which to be complete If more than one year … use one form for each year.	Calendar Year _____ to Calendar Year _____ 1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	6th Qtr	7th Qtr	8th Qtr
8. Task List								
10. **Planned Expenditure by Quarter** (Enter amounts non-cumulatively)	$	$	$	$	$	$	$	$
11. **Cumulative Expenditures**	$	$	$	$	$	$	$	$Total 0