**STATEWIDEDEFERRED PROSECUTION**

**PROJECT IMPLEMENTATION SCHEDULE**

**NOFO # 2827-0925**

|  |  |
| --- | --- |
| Name of Program |  |
| Name of Organization |  |
| GATA ID # |  |

*Applicants must review, complete the tables, and upload this Word form to AmpliFund. If you have questions, please reach out to* [*CJA.SDPNOFO@illinois.gov*](mailto:CJA.SDPNOFO@illinois.gov).

**Project Implementation**

Please complete the implementation schedule below. Define each step in the implementation and operation of the proposed program, detail the staff position responsible for each task, and include a target date for completion. Do not use staff names only job titles.

Italicized font indicates examples that can be edited as needed. Please add additional lines as necessary.

|  |  |  |
| --- | --- | --- |
| **Task** | **Staff Position Responsible** | **Date Due** |
| *For example: Hire program coordinator* | *State’s Attorney* | *Month One* |
|  |  |  |
|  |  |  |
|  |  |  |
| Submit quarterly progress report to ICJIA, may include reporting to BJA |  | 15th day of each grant quarter |
| Submit quarterly financial performance report to ICJIA |  | 15th day of each grant quarter |