



COMMUNITY HEALTH INVESTMENTS 2023-2024

Enrollment Navigator Program Workplan - Attachment A

Name of Organization: _____

Submitted by Name, Title and Phone Number(s): _____

Email: _____

Project Duration: 12 Months

Targeted Population(s) of Focus: _____

Project Goal: _____

List only activities related to this project and corresponding timelines. This workplan is limited to four pages.

Month 1 (ex. Nov.)	Objective	Activities / Strategies	Outputs, Outcomes / Impact	Evaluation (methods, metrics and tools)



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