**EXHIBIT E**

**DEPARTMENT OF CHILDREN AND FAMILIES**

**PROJECT IMPLEMENTATION TIMELINE**

**Child Advocacy Center-TREATMENT**

**AWARDEE/PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Tasks to Complete** | **Responsible Party** | **Proposed Start Date** | **Proposed Finish Date** | **Comments** |
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