

Form C – ACA Milestone Chart

Please indicate the main milestones/phases and the sub-milestones/phases for the project, the person responsible, and the timelines associated with the completion of each milestone/phase.

County ACAC: _____
County ACAC Contact Person: _____ **Phone Number:** _____ **Email Address:** _____
Date of Application: _____
Project Title: _____

MILESTONES AND SUB-MILESTONES	Person(s) Responsible	Estimated Timeframe for Achievement [in suitable units - days, weeks, months]
<i>Order and Receive Equipment</i>	<i>John Doe</i>	<i>3 months</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____