**Attachment 10: Timeline**

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| **Activity** | **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month 5** | **Month 6** | **Month 7** | **Month 8** | **Month 9** | **Month 10** | **Month 11** | **Month 12** |
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**Eliminating Hepatitis C by Improving Access to Hepatitis C Care and Treatment– Central New York and Long Island Regions.**

**RFA #** **20-0001**

*List proposed program activities and place an “X” in the month during which each activity will be implemented*