**Attachment 5**

**Rural Health Network Technical Assistance**

**Scope of Work Format**

**Applicant Name:**

**Contract Period:** April 1, 2021 – June 30, 2021

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| --- | --- | --- |
| **Project Objective:** | | |
| **Final Deliverable:** | | |
| **Activity** | **Time Frame** | **Outcome** |
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