**Rural Health Network Technical Assistance**

**Scope of Work Format**

**Applicant Name:**

**Contract Period:** April 1, 2022 – June 30, 2022

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