Weatherization Implementation Plan

| Agency: | | |
|---|-----------------------------|-----------------------|
| Grant Number: |] [| Total Allocated Units |
| Wx Coordinator: | | |
| Program Year: |] | |
| Enter the number of units you plan to complete each quarter of this program year. | | |
| 1st Quarter | | |
| April - May - June | | |
| | | |
| 2nd Quarter | | |
| July - August -September | | |
| | | |
| 3rd Quarter | | |
| October -November - Dec | cember | |
| | | • |
| 4th Quarter | | |
| January - February - Marc | ch | |
| | | |
| | Total units to be completed | oe e |

The total units completed should be at least as many as has been allocated. You may complete more units than allocated.

Failure to adhere to this implementation plan may result in the deobligation of funds.