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| **Q1**  **7/1/20-9/30/20** | **Q2**  **10/1/20-12/31/19** | **Q3**  **1/1/21-3/30/21** | **Q4**  **4/1/21-6/30/21** | **Q1**  **7/1/21-9/30/21** | **Q2**  **10/1/21-12/31/21** | **Q3**  **1/1/22-3/30/22** | **Q4**  **4/1/22-6/30/22** | **Q1**  **7/1/22-9/30/22** | **Q2**  **10/1/22-12/31/22** | **Q3**  **1/1/23-3/30/23** | **Q4**  **4/1/23-6/30/23** |
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Attachment C

**MHSA CYCLE V REQUEST FOR APPLICATION – TIMELINE/SCHEDULE OF ACTIVITIES WORKSHEET**

Completed worksheets shall be submitted with the funding application. List all key staff and activities, and identify the quarter that each activity will occur.