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| Project Title:  |
| Activity | Staff | 23/24 | 24/25 | 25/26 |
|  |  | **Q1****7/1/23-9/30/23** | **Q2****10/1/23-12/31/23** | **Q3****1/1/24-3/31/24** | **Q4****4/1/24-6/30/24** | **Q1****7/1/24-9/30/24** | **Q2****10/1/24-12/31/24** | **Q3****1/1/25-3/31/25** | **Q4****4/1/25-6/30/25** | **Q1****7/1/25-9/30/25** | **Q2****10/1/25-12/31/25** | **Q3****1/1/26-3/31/26** | **Q4****4/1/26-6/30/26** |
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Attachment C

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**MENTAL HEALTH SERVICES ACT PROJECTS**

**CYCLE VI - FISCAL YEARS 23/24 THROUGH 25/26**

**TIMELINE/SCHEDULE OF ACTIVITIES WORKSHEET**

List key staff and activities and identify the quarter that each activity will occur.