

**COUNTY OF SANTA CLARA
 PROPOSED IMPLEMENTATION TIME SCHEDULE
 FY 2009/2010**

EXHIBIT C

AGENCY NAME: _____

Date Prepared: _____

PROJECT NAME: _____

PROJECT # _____

SPECIFIC ACTIVITIES	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL