

**2018 CDFA HSP INCENTIVES PROGRAM
WORK PLAN TEMPLATE**

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| Applicant Organization Name and Last Four digital of Applicant's Tax ID/Social Security Number |
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|------------------------------|------------------------------|-------------------------------|
| Project Year 1 | Project Year 2 | Project Year 3 |
| July 1, 2019 – June 30, 2020 | July 1, 2020 – June 30, 2021 | July 1, 2021 – March 31, 2022 |

Fill in the table management practice name; APN, field number, acres, and time (specifically when in each project year) to implement; activities and persons who implement the practice(s).

| Management Practice Name | APN | Field Number | Acres to be Implemented | Time to Implement (Months/Dates in each project year) | Activities (Describe each activity that supports implementation of the identified management practice(s)) | Performed by |
|---|------------|---------------------|--------------------------------|--|--|---------------------|
| Soil samples for soil organic matter content analysis | | | | Prior to practice implementation | | |
| | | | | | | |
| | | | | 1-year after implementation | | |
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| | | | | 2-year after implementation | | |
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| | | | | 3-year after implementation | | |
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