## U.S. Embassy Accra - Ambassador's Special Self Help Program

## **Optional Implementation Plan Template**

Please describe each stage, or phase of work needed to complete the project. Mark each month where work on that part will take place with an X.

Name of Project:					Name of Project Coordinator:								
Name of Activity	October	November	December	January	February	March	April	May	June	July	August	September	
Example: Purchase of materials		Х	Х										
Example: Construction of roof				Х	Х	Х							