



**City of  
Richmond**

**Child Care Grants – Proposed Project Timeline**  
Community Services Division  
Community Social Development Department

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**Date:** \_\_\_\_\_

**Society Name:** \_\_\_\_\_

**Name of the Child Care Centre or Program (if applicable):** \_\_\_\_\_

<b>Task</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug.</b>	<b>Sept.</b>	<b>Oct.</b>	<b>Nov.</b>	<b>Dec.</b>