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| **Section 3: Timeline** | | | | القسم 3: الجدول الزمني | | | | | | |
| Project will take place over a period of (check the appropriate box): ⬜ Weeks ⬜ Months  سيتم تنفيذ المشروع خلال الفترة الزمنية التالية (اختر المربع المناسب): ⬜ أسابيع ⬜ شهور | | | | | | | | | | |
| Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_\_\_\_\_\_\_ Anticipated End Date: \_\_\_\_\_\_\_\_\_\_\_  **عنوان المشروع:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ تاريخ البدء:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ الإنتهاء:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **Activity Description**  مواصفات الأنشطة | **Week or Month** الأسبوع أو الشهر | | | | | | | | | |
| **1** | **2** | **3** | | **4** | **5** | **6** | **7** | **8** | **9** |
| *Sample Activity #1نموذج النشاط 1#* | *X* | *X* | *X* | |  |  |  |  |  |  |
| *Sample Activity #2نموذج النشاط 2#* |  | *X* |  | | *X* |  | *X* |  | *X* |  |
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| **Special Notes (use this section to specify considerations that may impact the project timeline):** *(e.g. the goal is to begin a government development project in October 2020. However, if the inputs collection process takes longer the start date may be delayed until November 2020).*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | ملاحظات خاصة إستخدم هذا الجزء لكتابة بعض الأمور التي من شأنها أن تؤثر في الجدول الزمني للمشروع):  *(على سبيل المثال: الهدف هو البدء في تطوير مشروع حكومي في أكتوبر 2020. ولكن، إذا استغرقت عمليةجمع الأدلة وقتاًأطول قد يتأخر تاريخ البدء حتى نوفمبر2020).*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | |