

**Table 3 - AIMAP Cash Flow Projections**

**Instructions:**

Use this table to indicate desired AIMAP payments.

Please limit AIMAP payment requests to once per quarter.

Please provide a separate table for each fiscal year, if applicable.

Arrange by fiscal year (April 1 - March 31).

**Copy and paste into your proposal.**

Table 3 - AIMAP Cash Flow Projections

**Fiscal Year:** 2012-13

<b>Month</b>	<b>AIMAP Amount (\$)</b>
April	
May	
June	
July	
August	
September	
October	
November	
December	
January	
February	
March	
<b>Total</b>	<b>\$0</b>