

Virginia Opioid Abatement Authority  
**Timeline for Cooperative Project**

Fiscal Agent: \_\_\_\_\_  
(insert name of city or county)

Project Name: \_\_\_\_\_

#	Objective	REQUIRED												Required based on number of renewal years requested to be funded (listed in the narrative section of the application 5.b)															
		FY24												FY25				FY26				FY27				FY28			
		July	August	September	October	November	December	January	February	March	April	May	June	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	Advertise and hire for all four positions.	X	X	X									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
2	Develop inter county implementation team	X	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
3	Develop referral forms and process	X																											
4	Develop criteria for reimbursement for recovery housing	X																											
5	Inform stakeholders of new application/requirements for	X	X	X																									
6	reimbursement for housing women in recovery + child																												
7	Accept applications from recovery homes for		X	X	X																								
8	reimbursement for housing women in recovery + child												X				X				X				X				
9	Conduct inspections of those recovery homes that apply		X	X	X								X				X				X				X				
10	Meet with stakeholders and potential referral sources to		X	X	X																								
11	discuss referral process and who to refer																												
12	Accept first clients - timeframe depends on hire dates		X	X																								X	
13	Quarterly outcome reports to intercounty implementation team			X			X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
14	Apply for Gold Standard Status					X																							
15	Annual inspections of homes												X	X							X	X			X	X		X	