

Virginia Opioid Abatement Authority

Timeline for Cooperative Project

Fiscal Agent: Wise County
(insert name of city or county)

Project Name: PD1BHS/FH Adolescent Intensive Outpatient Program

Insert Project Objectives and place an "X" in the appropriate month/year. Add additional objectives as needed.		REQUIRED											
		FY24											
#	Objective	July	August	September	October	November	December	January	February	March	April	May	June
1	Identify location for initial program	X											
2	Hire staff for program			X									
3	Furniture/Equipment ordered			X									
4	MOUs developed and implemented with courts			X									
5	MOUs developed and implemented with schools			X									
6	Launch program				X								
7	Serve at least 10 in program							X					
8	Serve at least 15 in program												
9	Serve at least 20 in program												
10	Initiate search for additional location for 2nd program												
11	Revise current MOUs to add program location												
12	Hire staff for 2nd program												
13	Launch 2nd program												
14	Serve at least 10 in 2nd program												
15	Serve at least 15 in 2nd program												

Required based on number of renewal years requested to be funded (listed in the narrative section of the application 5.b)															
FY25				FY26				FY27				FY28			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
X															
		X													
X															
		X													
			X												
				X											
						X									
							X								
								X	TBD						
												TBD			