

Virginia Opioid Abatement Authority  
**Timeline for Project Number #1**

Proposed by: \_\_\_\_\_  
(Insert name of city or county)

Project Name: \_\_\_\_\_ OBOT Enhancement and Expansion

Insert Project Objectives and place an "X" in the appropriate month/year. Add additional objectives as needed.		REQUIRED														Optional															
		FY23				FY24										FY25				FY26				FY27							
#	Objective	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
1	Hire and onboard a FTE therapist for the OBOT program				Therapist starts																										
2	Develop a Request for Proposal for a vendor to assess the OBOT program and suggest changes to ensure use of best					Post RFP		Execute Contract																							
3	Work with vendor to assess program and develop a plan to implement changes as needed							Work with vendor																							
4	Expand OBOT services to people aged 16 - 18							Expand treatment to include 16+																							
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