

Timeline for Project Number #3

Proposed by: Galax
(insert name of city or county)

Project Name: Mount Rogers CSB Naloxone Training

Insert Project Objectives and place an "X" in the appropriate month/year. Add additional objectives as needed.		REQUIRED																		FY25				
		FY23				FY24																		
#	Objective	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	Q1	Q2	Q3	Q4	Q1	Q2	
1	Reserve event space for two events			X																				
2	Design brochures				X																			
3	Recruit community serving organizations for events						X																	
4	Recruit guest speakers for both events						X																	
5	Order training materials						X																	
6	Advertise						X	X	X	X	X													
7	Implement event for Recovery Month							X																
8	Implement 2nd event										X													
9	Complete outcomes report										X						X							
10																								
11																								
12																								
13																								
14																								
15																								