Virginia Opioid Abatement Authority

Timeline for Cooperative Project

Fiscal Agent: City of Buena Vista Virginia

(Insert name of city or county)

Project Name: HOPE House Project

		REQUIRED												Required based on number of renewal years requested to be funded (listed in the narrative section of the application 5.b)															
	Insert Project Objectives and place an "X" in the appropriate month/year. Add additional objectives as needed.	<u>FY24</u>												<u>F</u>)	<u> </u>		<u>FY26</u>				<u>FY27</u>				<u>FY28</u>				
#	Objective	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	HOPE House CleanUp and Preperation	х																											
2	HOPE House Material Purchase		х																										
3	Renovation Phase			х	х	х																							
4	Staff Training & Facility Visits					Х	X																						
5	Soft (2 Man) opening of the HOPE House							X	X																				
6	Increased Capacity (6 Man) opening of the HOPE House									х	х	X	Х																
7	House operates at Full Capacity (9) Men (1) Pass Bed													Х	X	X	X	Х	х	х	х	Х	Х	Х	Х	Х	Х	Х	Х
8																													
9																													
10																													
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