

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

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

Project Name: Central Virginia Mobile Outreach and Recovery Resources Program

#	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	Support mobile units that offer recovery supports/treatment.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2	Add Col. Hts. to the existing Opioid & Prevention Task Force.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3	Expand naloxone distribution and harm reduction services.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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