

Virginia Opioid Abatement Authority
Timeline for Cooperative Project

Fiscal Agent: Grayson County, VA
(insert name of city or county)

Project Name: Recovery Court Enhancement

Insert Project Objectives and place an "X" in the appropriate monthly/year. Add additional objectives as needed.

#	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	Rental for Fitness Recovery Sessions	x	x	x	x	x	x	x	x	x	x	x																	
2	Purchase Financial Education Curriculum		x																										
3	Implement Financial Education Program			x	x	x	x	x	x	x	x	x																	
4	Contract with and begin work with Life Coach		x	x	x	x	x	x	x	x	x	x																	
5	Purchase vehicle for use in participant transportation		x																										
6	Provide transportation services for participants			x	x	x	x	x	x	x	x	x																	
7	Implement and offer Housing Assistance Program		x	x	x	x	x	x	x	x	x	x																	
8	Hire peer support specialist(s)	x																											
9	Implement and offer in-patient treatment options		x	x	x	x	x	x	x	x	x	x																	
10	Increase hours of Coordinator	x																											
11	Hire support staff	x																											
12																													
13																													
14																													
15																													