

Timeline for Cooperative Project

Fiscal Agent: City of Lynchburg
(insert name of city or county)

Project Name: Adult Detox Program

Insert Project Objectives and place an "X" in the appropriate month/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	Complete Program & Schematic Design (Started in FY23)	X																											
2	Design Development	X																											
3	Finalize facility acquisition		X																										
4	Signoff on Architectural Design		X																										
5	Review Construction Documents		X																										
6	Receive Final Construction Documents			X																									
7	General Contractor RFP				X																								
8	RFP Respondents Review and Selection					X																							
9	Site Renovation & Outfitting						X	X	X	X	X	X	X	X	X														
10	Facility is Operational															X	X	X	X	X	X	X	X	X	X	X	X	X	
11																													
12																													
13																													
14																													
15																													