## Virginia Opioid Abatement Authority

## **Timeline for Cooperative Project**

Fiscal Agent:	Smyth County
	(Insert name of city or county)
Project Name:	Mount Rogers Regional Opioid Abatement Partnership Project

Project Name. Mount Rogers Regional Opioto Adatement Partnership 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.		FY24											FY25				FY26				<u>FY27</u>				FY28			
#	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	Upon award, develop MOU with MRCS	х	х																										
2	MOU signed by MRCS		х											х				х				Х	1			х			
3	MRCS recruit and onboard open project positions	х	х	х																									
4	MRCS establish recovery housing MOA with HOPE, Inc.		х	х										х				х				Х	1			х			
5	Expansion of OBOT/MAT services to serve 60 individuals annu	ıally		х	х	x	x	х	х	x	х	х	х	х	х	x	х	х	х	x	x	х	х	х	х	х	х	х	х
6	Development of recovery housing				х	x	х	х	х	х	х			х	х	х		х	х	x		х	х	х		х	х	х	
7	Recovery House Opens											х					х				x				х				x
8	Submit OAA Project Report													х				х				х				х			
9																													
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