

# Timeline for Project Number #4

Proposed by: Galax  
(insert name of city or county)

Project Name: Peer Recovery

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

		REQUIRED																							
#	Objective	FY23				FY24												FY25							
		March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	Q1	Q2	Q3	Q4	Q1	Q2		
1	Non-profits conduct peer recovery meetings weekly	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								
2	Non-profits submit receipts and rosters for reimbursement				x						x						x								
3	Non-profits track and submit data	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								
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