ATTACHMENT C- WORK PLAN

Goal 1: Provide recovery h	nousing and intensive case m	anagement to returning citize	ns.																		
							Fiscal Year														
Objective(s)	Actions/Activities	Results	Person(s) Responsible	Duration		Put an X in the corresponding month(s) this activity will occur.															
Provide key activity which will directly contribute to the project goal.	Name the key actions to be implemented to achieve this objective.	List the results you expect to achieve which directly contribute to the objective for the goal identified.	Indicate the staff member, group, or other person responsible for overseeing the activity.	ex., 2 weeks, 3 months.	ост	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP					
Objective 1: Provide recovery housing to returning citizens.																					
Objective 2: Provide intensive case management to returning citizens.																					
Objective 3:																					
Objective 4:																					
Goal 2: Submit documentation	on detailing plans and procedure	es for program implementation.								Fiscal	l Year										
Goal 2: Submit documentation Objective(s)	on detailing plans and procedure Actions/Activities	es for program implementation. Results	Person(s) Responsible	Duration			P	utan X in	the corre			this activi	ty will occ	eur.							
	Actions/Activities	Results	Person(s) Responsible Indicate the staff member, group, or other person responsible for overseeing the activity.		ОСТ	NOV	P	utan X in	the corre			this activi	ty will occ	eur. JUL	AUG	SEP					
Objective(s) Provide key activity which will directly contribute to the project	Actions/Activities Name the key actions to be implemented to achieve this	Results List the results you expect to achieve which directly contribute	Indicate the staff member, group, or other person responsible	ex., 2 weeks, 3	ост	NOV				sponding	month(s)				AUG	SEP					
Objective(s) Provide key activity which will directly contribute to the project goal. Objective 1: Submit document detailing organization policies and procedures for the Recovery residences which comply	Actions/Activities Name the key actions to be implemented to achieve this	Results List the results you expect to achieve which directly contribute	Indicate the staff member, group, or other person responsible	ex., 2 weeks, 3	ОСТ	NOV				sponding	month(s)				AUG	SEP					
Objective(s) Provide key activity which will directly contribute to the project goal. Objective 1: Submit document detailing organization policies and procedures for the Recovery residences which comply with Level III or IV NARR Standards. Objective 2: Submit recruitment plan for program residents, i.e. returning	Actions/Activities Name the key actions to be implemented to achieve this	Results List the results you expect to achieve which directly contribute	Indicate the staff member, group, or other person responsible	ex., 2 weeks, 3	OCT	NOV				sponding	month(s)				AUG	SEP					

Goal 3: Ensure key staff and hou	use residents receive certified o																
									Fisca	l Year							
Objective(s)	Actions/Activities	Results	Person(s) Responsible	Duration		Put an X in the corresponding month(s) this activity will occur.											
rovide key activity which will directly contribute to the project goal.	Name the key actions to be implemented to achieve this objective.	List the results you expect to achieve which directly contribute to the objective for the goal identified.	Indicate the staff member, group, or other person responsible for overseeing the activity.	ex., 2 weeks, 3 months.	OCT NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEF		
bjective 1:																	
Ensure house monitor and case manager to take DBH-certified opioid overdose prevention training course.																	
Objective 2:						1	†										
Ensure house residents to take DBH-certified opioid overdose prevention training course.																	
Objective 3:																	
Objective 4:																	
Goal 4: Collect, track, and rep	port information on services	provided and individuals serv	ed in addition to GPRA data.														
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Goal 4: Collect, track, and reposition of the Collective (s)	port information on services Actions/Activities	provided and individuals serv	ed in addition to GPRA data. Person(s) Responsible	Duration		F	Putan X in	the corre			this activi	ty will occ	eur.				
Objective(s)			Person(s) Responsible			DEC	Putan X in	the corre			this activi	ty will occ	eur. JUL	AUG	SEF		
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Objective(s) Provide key activity which will directly contribute to the project goal. Objective 1: Conduct intake GPRA assessments.	Actions/Activities Name the key actions to be implemented to achieve this	Results List the results you expect to achieve which directly contribute	Person(s) Responsible Indicate the staff member, group, or other person responsible	ex., 2 weeks, 3					esponding	month(s)				AUG	SEP		
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Objective(s) Provide key activity which will directly contribute to the project goal. Objective 1: Conduct intake GPRA assessments. Objective 2: Submit monthly programmatic reports.	Actions/Activities Name the key actions to be implemented to achieve this	Results List the results you expect to achieve which directly contribute	Person(s) Responsible Indicate the staff member, group, or other person responsible	ex., 2 weeks, 3					esponding	month(s)				AUG	SEF		
Objective(s) Provide key activity which will directly contribute to the project goal. Objective 1: Conduct intake GPRA assessments. Objective 2: Submit monthly programmatic reports. Objective 3: Conduct follow-up and/or	Actions/Activities Name the key actions to be implemented to achieve this	Results List the results you expect to achieve which directly contribute	Person(s) Responsible Indicate the staff member, group, or other person responsible	ex., 2 weeks, 3					esponding	month(s)				AUG	SEP		
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Objective(s) Provide key activity which will directly contribute to the project goal. Objective 1: Conduct intake GPRA assessments. Objective 2: Submit monthly programmatic reports. Objective 3: Conduct follow-up and/or discharge GPRA assessments.	Actions/Activities Name the key actions to be implemented to achieve this	Results List the results you expect to achieve which directly contribute	Person(s) Responsible Indicate the staff member, group, or other person responsible	ex., 2 weeks, 3					esponding	month(s)				AUG	SEF		

	Goa	al 5: Clearly state the goal the program/proje	ect will pursue to address the issues identified.													
					Fiscal Year											
Objective(s)	Actions/Activities	Results	Person(s) Responsible	Duration	Put an X in the corresponding month(s) this activity will occur.											
Provide key activity which will directly contribute to the project goal.	Name the key actions to be implemented to achieve this objective.	List the results you expect to achieve which directly contribute to the objective for the goal identified.	Indicate the staff member, group, or other person responsible for overseeing the activity.	ex., 2 weeks, 3 months.	ост	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
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