



SWHHS Opioid Settlement Funding Application

Round 3 Appendix A - Work Plan Attachment

Project Work Plan

Complete the project work plan and timeline by completing the table below. If more than one strategy/project is identified, add additional project tables.

Only needed for funding requests OVER \$1,500

Project Category: (Choose at least 1)	<input type="checkbox"/> Prevention <input type="checkbox"/> Harm Reduction <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Treatment and Recovery <input type="checkbox"/> Other				
Project Goal:					
Timeframe:					
Objective(s):					
Community(ies) Served:					
Implementation Activity <i>(Activities, steps or processes to achieve objectives)</i>	Milestones <i>(How will you know you have accomplished the activity)</i>	Start Date	End Date	Lead <i>(Name of person or group responsible for the activity)</i>	Key Partners <i>Individuals or organizations helping to implement the activity.</i>