[County Name] County Opioid Board

Work Plan for Opioid Funding Application

Organization: [**enter name**]

Funding Requested: [**enter amount**]

| **Objective**What is the measurable result you are seeking to achieve? | **Activities**What activities will be completed that help achieve the corresponding objective? | **Outcomes**What outcome do you hope to achieve? | **Measures of Success**How will the success of the objective be assessed? What data points will be measured? | **Timeframe**When will this part of the project begin and end? | **Accountability**Who is responsible for each project activity? | **Funds Requested**What are the requested grant funds for this part of the project? |
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