**2016 Comprehensive Local Opioid Medication Assisted Treatment program**

**Illinois Criminal Justice Information Authority**

**Funding Opportunity #ICJIA-2016-0002**

Implementation Schedule

*Complete the table below, defining each step in the implementation and operation of the proposed program and detailing the staff position responsible for each task and a target date for completion. Do not use staff names. Please add additional lines as necessary.*

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| --- | --- | --- |
| **Task** | **Staff Position Responsible** | **Date Due** |
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| Submit unified quarterly data report to the Authority |  | April 15, 2017,  July 15, 2017  October 15, 2017  January 15, 2018 |
| Submit quarterly fiscal reports to the Authority |  | April 15, 2017  July 15, 2017  October 15, 2017 January 15, 2018 |