



# Arorp Hero Milestones

Award ID Number

22-13

**When discussing milestones please include names, dates, and locations****Please discuss your milestones completed this quarter**

\* must provide value

Milestones completed by ARORP on behalf of this project.

**1st Quarter****Designate staff**

\* must provide value

☐ No  
☒ Yes**Develop naloxone training(s)**

\* must provide value

☐ No  
☒ Yes**Develop education materials**

\* must provide value

☐ No  
☒ Yes**2nd Quarter****Implement naloxone training(s)**

\* must provide value

☐ No  
☒ Yes**3rd Quarter****Implement naloxone training(s)**

\* must provide value

☐ No  
☒ Yes**4th Quarter****Complete naloxone distribution**

\* must provide value

☐ No  
☒ Yes**Form Status****Complete?**

Complete ▼