



Arorp Hero Milestones

Award ID Number

22-15

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 ▼