

Opioid Abatement Grant Project Proposal Application

1. Organization Name

2. Name of Organizational Contact

3. Phone Number

4. Email Address

5. Address

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

6. Project Title:

7. Total Project Cost:

8. OAA Funding Requested:

9. Is this project:

- A new project
- A supplement or enhancement to an existing project
- A combination of enhancing an existing project with new components
- Other (please specify)

10. Is this project:

- Evidence-based
- Evidence-informed
- Neither
- Both

11. Has this project been certified or credentialed by a state/federal government agency or other organization/non-profit?

- Yes
- No

12. Has this project received any awards or recognition?

- Yes
- No

13. Does this project have components other than opioid-related treatment as defined by the OAA?

- No, it is 100% related to opioid treatment
- Yes, there are other substances involved

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14. What is the approximate percentage of the project that covers opioid-related abatement or remediation, as defined by the OAA (i.e., 20% of the patients who seek services have opioid-related disorders)?

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15. Provide an unduplicated count of how many individuals from Harrisonburg and Rockingham County this project is expected to serve:

16. Is your organization planning to provide any matching funding for the project?

Yes

No

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17. How much matching funding are you providing? Please provide a dollar amount and a percentage of the total project cost.

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18. What is the need, how was it determined, and how does it relate to abatement? Please provide data to support the stated need, as necessary. (250 word maximum)

19. Please describes the project's plan to address the identified need and reach the target population through implementing opioid abatement and remediation activities. (250 word maximum)

20. Please provide a summary of the project objectives, connecting them to the objectives in the OAA's Performance Measurement Workbook. (250 word maximum) Note: Applicants are not required to fill out and submit the Performance Measurement Workbook. Rather, they must explain how their project meets at least one of the applicable measures.

21. Who are the targeted beneficiaries, and how many individuals will be impacted each year from the City and from the County? (250 word maximum)

22. What is the expected duration of the project? (250 word maximum)

23. Please provide a budget narrative explaining how your budgeted costs are necessary for the proposed project. Please also include a brief description of other financial resources supporting this project. (250 word maximum)

24. Please describe the sustainability of your project once OAA funding expires after a maximum of five years.? (250 word maximum)

25. Line-Item Budget

Please create and submit a line-item budget for your proposed project. Supported file types include PDFs.

Choose File

Choose File

No file chosen

26. IRS 501(c)(3) Determination Letter

Please review the example document on the City's website before uploading your organization's letter.

Choose File

Choose File

No file chosen

27. IRS Tax Form 990 or 990-EZ

Please review the example document on the City's website before uploading your organization's tax form.

Choose File

Choose File

No file chosen

28. Audit, Financial Review, or Compilation

Please upload an audit by an independent CPA, a financial review, or a compilation. Please review the example documents on the City's website prior to uploading your organization's financial documents.

Choose File

Choose File

No file chosen