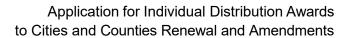


5. Project Proposal Renewal/Amendment(s)

Complete the information below **for each project** the city or county is requesting to be renewed and/or amended.

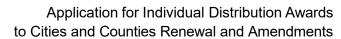
Additional Project Proposal Renewal/Amendment(s) forms can be found here.

a.	Name of City or County: City county
b.	Project name:
C.	Contact Person for this project: (please check here if this is a change from the previous submission)
	i. Name:
	ii. Job Title:
	iii. Office Phone: Cell Phone:
	iv. Email:
d.	Is this project:
	A renewal (Requesting next fiscal year's funds as originally submitted without any changes). (Complete items e, g i-iii, h, j, k, n,o, and p)
	A renewal with amendments (Modifying current and/or next fiscal year's funds from original submission). This option includes requests for any carryforward amounts. (Complete all items)
	An amendment of the current year without renewing. (Complete items e, f, g iv 1-3, i, j, k, l, m, n, o p, and q)
e.	Provide an update on the status of the project. (Attach additional pages as necessary.)





hat is the total cost of the pr	roposed project renewal (including any amendments)?			
i. Provide the amount of Individual Distribution requested for the proposed renewal.					
ii. Provide the amount of "Gold Standard" Incentive requested for the proposed renewal.					
i. Provide the amount of "C	Gold Standard" Incentive	requested for the proposed renewal			
ii. Provide the amount of a	ny renewed matching fur	ds pledged toward the project:			
ii. Provide the amount of a	ny renewed matching fur	ds pledged toward the project:			
ii. Provide the amount of all Fund Source Direct Distribution	ny renewed matching fur	ds pledged toward the project:			
Fund Source Direct Distribution General Fund Other	yes/No	ds pledged toward the project: Amount			
Fund Source Direct Distribution General Fund Other If other, list the source and	yes/No	Amount ee:			
Fund Source Direct Distribution General Fund Other	yes/No	ds pledged toward the project: Amount			
Fund Source Direct Distribution General Fund Other If other, list the source and	yes/No	Amount ee:			
Fund Source Direct Distribution General Fund Other If other, list the source and	yes/No	Amount ee:			
Fund Source Direct Distribution General Fund Other If other, list the source and	yes/No	Amount ee:			
Fund Source Direct Distribution General Fund Other If other, list the source and	Yes/No amount from each source	Amount ee: Amount			





3. Provide the amount of any amended matching funds pledged toward the project:

Fund Source	Yes/No	Amount
Direct Distribution		
General Fund		
Other		

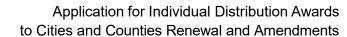
If other, list the source and amount from each source:

Source	Amount

١.	What is the strategy for long-term sustainability once OAA funds are reduced or no longer available?

i. If amending: List and describe any amended objectives for this project. (Attach additional sheets if necessary.)

1	
2	
3	
4	
5	



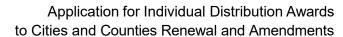


k.

j. Briefly describe the organization(s), including any sub-recipients or contractors (if known) that are involved in this project as a renewal, addition, or removal from the original submission. Attach any contracts and/or memoranda of understanding/agreement. If not fully executed, a draft or a narrative describing the scope of services may suffice. (Attach additional sheet if necessary.)

Name of Organization	Amount of Funding	Description of Role	Renewal, Addition, or Removal	Entity Type

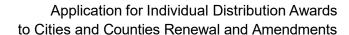
there any chang any individuals a		ject was desig	ned to reach,	and how





I. If amending, does the amendment alter any of the following classifications from the original submission:

	Classification	Yes/No	Document Attached	Description or Link
	Evidence Based			
	Evidence Informed			
	Certified or Credentialed by a State/Federal Government Agency, or Other Organization/Non-Profit			
	Received Award(s) and/or Recognition(s)			
	Organization with an established record of success			
m.	If amending, does the amendment a from the original submission?	alter the es	timated perce	ntage of opioid-related abatement involved
	Yes			
	☐ No			
	If yes, please describe the amendme	ent(s)' impa	ct.	





- n. Complete and attach the Budget Workbook covering both FY2024 and FY2025. If carryover is expected from FY2024 into FY2025 and/or FY2025 into FY2026, include this in the workbook.
- o. Complete and attach the Progress Reporting Workbook (includes performance measures and timeline updates) for each project covering both FY2024 and FY2025.

p.	Provide a narrative for any budgetary and/or timeline changes noted in Items n and o.

q. (Optional) Attach any letters of support, articles, or other items that may assist the OAA Board of Directors in making an award decision for this project.