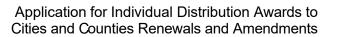


701 East Franklin Street, Suite 803, Richmond, Virginia 23219 | 804-500-1810 | info@voaa.us | www.voaa.us

. C	or	ntact Information
а		Name of City or County: City County
b	٠.	Physical address:
С		Mailing address:
d		Contact Person for this application: (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	tribution Information
а		Complete the Direct Distribution Reporting Workbook.
b		Does the city or county intend to reserve any portion of its direct distributions from FY2023, FY2024, and/or FY2025 for future year abatement efforts?
		☐ Yes
		☐ No
		If yes, the city or county must (1) ensure those future projects meet the terms of the settlement(s), (2) separately account for the direct distribution, the OAA distribution, and the reserved amount (3) publicly publish the projected financial strategy for this reserve fund, and (4)If the city of county is participating in the OAA's "Gold Standard" Incentive program, the reserved funds may only be used in accordance with the "Gold Standard" as described in the OAA's Incentive Policy.
		Utilize the space below to describe the methodology for the reserve and how this will be publicly posted





3.

4.

c. Does the program	e city or county intend to apply for the OAA's city or county "Gold Standard" Incentive ?
Yes	
☐ No	
If yes, co and Cour	omplete the form entitled "Application and Terms and Conditions for OAA "Gold Standard" Cities nties".
	proposed project in FY2024 and/or FY2025, complete and attach Part 5 "Project Proposal" oplication.
Total OAA F	Funding Request
a. For all pr	oject proposals included with this application:
i. What	t is the total amount of Individual Distribution funds requested?
ii. What	t is the total amount of "Gold Standard" Incentive funds requested (if applicable)?
	amount of funding requested should match the requested amount(s) as stated in the Budget s(s), and should not exceed the amount for the city or county as published in this document.
Signature	
Signature se	ection must be completed by the person designated with signatory authority for the city or county.
"I swear or a	ffirm that all information contained in and attached to this application is true to the best of my
knowledge a	nd that I agree that any awards resulting from this application will follow the OAA's established
terms & cond	ditions."
Signature _	
Print Name	
Title	_
Date	

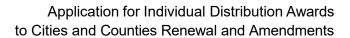


5. Project Proposal Renewal/Amendment(s)

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

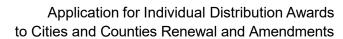
Additional Project Proposal Renewal/Amendment(s) forms can be found here.

a.	Name of City or County:
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 p	roposed project renewal (including any amendments)?	
i. Provide the amount of I	ndividual Distribution requ	ested for the proposed renewal.	
ii. Provide the amount of "	Gold Standard" Incentive	requested for the proposed renewal.	
iii. Provide the amount of a	nny renewed matching fun	ds pledged toward the project:	
iii. Provide the amount of a	nny renewed matching fun	ds pledged toward the project:	
Fund Source Direct Distribution	nny renewed matching fun	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 d amount from each source	Amount ee:	
Fund Source Direct Distribution General Fund Other	Yes/No d amount from each source	ds pledged toward the project: Amount	
Fund Source Direct Distribution General Fund Other If other, list the source and	Yes/No d amount from each source	Amount ee:	
Fund Source Direct Distribution General Fund Other If other, list the source and	Yes/No d amount from each source	Amount ee:	
Fund Source Direct Distribution General Fund Other If other, list the source and	Yes/No d amount from each source	Amount ee:	
Fund Source Direct Distribution General Fund Other If other, list the source and	Yes/No d 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		

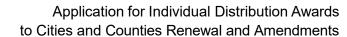
If other, list the source and amount from each source:

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	



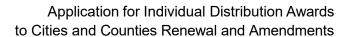


k.

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

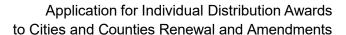
, and how





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.
 - i. If the city/county is requesting carryforward, the OAA understands that the exact amount available for carryforward may not be known until the end of the fiscal year. Provide a best estimate for this renewal/amendment application. The exact amount will be due to the OAA on July 15, 2024. The OAA will then determine if a subsequent amendment to any approved renewed and/or amended award will be needed.
- o. Complete and attach the Progress Reporting Workbook (includes performance measures and timeline updates) for each project covering both FY2024 and FY2025.

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.