



VIRGINIA OPIOID ABATEMENT AUTHORITY APPLICATION FOR INDIVIDUAL DISTRIBUTION AWARDS TO CITIES AND COUNTIES RENEWAL AND AMENDMENTS

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

1. Contact Information

- a. Name of City or County: _____ city county
- b. Physical address: _____
- c. Mailing address: _____
(if different than physical 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: _____

2. Distribution Information

- a. 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 or 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.



c. Does the city or county intend to apply for the OAA's city or county "Gold Standard" Incentive program?

Yes

No

If yes, complete the form entitled "Application and Terms and Conditions for OAA "Gold Standard" Cities and Counties".

d. For each proposed project in FY2024 and/or FY2025, complete and attach Part 5 "Project Proposal" of this application.

3. Total OAA Funding Request

a. For all project proposals included with this application:

i. What is the total amount of Individual Distribution funds requested? _____

ii. What is the total amount of "Gold Standard" Incentive funds requested (if applicable)? _____

The total amount of funding requested should match the requested amount(s) as stated in the Budget Workbook(s), and should not exceed the amount for the city or county as published in this document.

4. Signature

Signature section must be completed by the person designated with signatory authority for the city or county.

"I swear or affirm that all information contained in and attached to this application is true to the best of my knowledge and that I agree that any awards resulting from this application will follow the OAA's established terms & conditions."

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: _____ 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.)



f. If amending, provide an explanation and any methodology related to the amendments.

[Empty box for explanation and methodology]

g. What is the total cost of the proposed 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. _____

iii. Provide the amount of any renewed 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

iv. If amending, what is the total cost of the amendment? _____

1. Provide the amount of Individual Distribution requested for the amendment. _____

2. Provide the amount of "Gold Standard" Incentive requested for the amendment. _____



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

h. 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	
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5	



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- 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

- k. Is there any change in the specific groups of individuals this project was designed to reach, and how many individuals are expected to participate per year?



l. 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		<input type="checkbox"/>	
Evidence Informed		<input type="checkbox"/>	
Certified or Credentialed by a State/Federal Government Agency, or Other Organization/Non-Profit		<input type="checkbox"/>	
Received Award(s) and/or Recognition(s)		<input type="checkbox"/>	
Organization with an established record of success		<input type="checkbox"/>	

m. If amending, does the amendment alter the estimated percentage of opioid-related abatement involved from the original submission?

Yes

No

If yes, please describe the amendment(s)' impact.



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- 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.
- 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.